African Swine Fever (ASF)
Condensed Version

Presentation:
- **Acute form**: Most common (~100% mortality), High fever >105°F (>41°C), Hemorrhages, Death
- Close contact between domestic pigs and wart hogs, infected ticks
- Warthogs have NO clinical signs
- **Swill feeding** domestic pigs contaminated pig remnants = BAD

**DDX:** Classical swine fever- Clinically indistinguishable

Test of choice:
- **Field Diagnosis**: Hx, clinical signs, lesions followed by lab testing
  - IF suspect, REPORT IMMEDIATELY:
  - Samples sent ONLY to authorized state Dx lab, secure shipping.
  - Tonsil best, (kidney, spleen, lymph nodes, whole EDTA blood)

- **Necropsy and Histopathology**: THINK HEMORRHAGIC

- **PCR**: on tonsil scraping can detect virus before onset clinical signs

Rx of choice:
- **NO treatment**. Devastating economic consequences, ~ 100% mortality with acute form of ASF.
- Quarantine farm
- Slaughter all, burn or bury carcasses

Prevention:
- Strict biosecurity and sanitation protocols, importation restrictions on pigs and pork products
- NEVER feed pigs undercooked garbage (swill) or pork products

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Zuku Review FlashNotes™

**Classic Question(s)**

What important swine disease is clinically indistinguishable from African swine fever (ASF)?

What is the reservoir host for ASF and what clinical signs do you see in them?

List 5 clinical signs in a pig infected with the acute form of ASF.

List 5 common necropsy findings in a pig infected with acute ASF.

What is the main advantage of PCR testing for ASF, and what tissue is preferred for this test?