**Presentation:**
- **Severity varies** with
  1. Age: Young animals: Most severe, high mortality
  2. Immune status of herd
  3. Strain
- Main sources of infection **carrier pigs, garbage feeding**

**Clinical Signs**
- **Acute form (~100% morbidity / mortality)**
  - High fever >105°F (>41°C), anorexia
  - Constipation followed by watery diarrhea
  - Cyanosis, erythema, skin hemorrhages
  - Staggering, incoordination, posterior paresis, seizures
  - Death within 1-3 weeks
- **Some cases ASYMPTOMATIC**, inapparent carriers

**DDX, Testing:** **African swine fever**, clin. indistinguishable from CSF
- **Suspect CSF IF:**
  - Septicemia, high fever, incoordination, diarrhea, deaths
  - History of garbage feeding, new / returning animals to herd
  - NO response to Rx
  - Cases on nearby farm

**Necropsy:** Widespread hemorrhages, necrotic foci on intestinal mucosa, larynx, epiglottis
- **RT-PCR:** commonly used in CSF surveillance. DDXs CSF from BVD & Border dz

**Rx of choice:** DO NOT TREAT CSF positive pigs **Reportable**
- If you suspect CSF, notify Federal, State vets
- Quarantine farm until definitive diagnosis determined. Isolate CSF-suspect animals

**Prevention:**
- NEVER feed pigs undercooked garbage (swill) or pork products
- Quarantine newly purchased, returning animals: minimum 30 days

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**Zuku Review FlashNotes™**

**Classic Question(s)**

List the two most common ways Classical Swine Fever (CSF) is transmitted.

List the most common clinical signs for the acute vs. chronic forms of CSF.
What necropsy findings are consistent with acute and chronic CSF?

Why is RT-PCR particularly useful in CSF testing?
How long should new additions to a herd be quarantined?