

## Essentials and basics of ASF

*K Depner*  
18 February 2019  
Belgrade

### How much do we need to know about ASF to be able to prevent, control and eradicate?

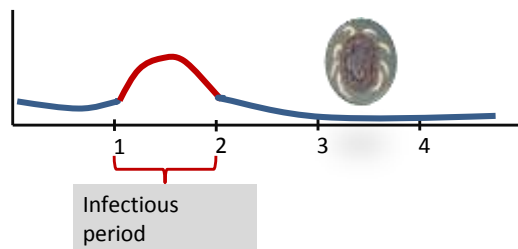
- Something about the virus
- Something about the clinical course
- Something about diagnosis
- Something about contagiousity, infectiosity, transmission...
- Much about epidemiology
- Very much about  
**human - host interactions**
- Very much about  
**human behaviour**

ASF is a human driven disease  
(“anthropogenic factors”)

Sylvatic cycle: warthog/bushpig - soft ticks



No clinic



Chenais et al., 201

FRIEDRICH-ALEXANDER-UNIVERSITÄT  
**FLI**  
Bundesforschungsinstitut für Tiergesundheit  
Federal Research Institute for Animal Health



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EUROPE:  
*O. Erraticus*  
(Vector competence  
is lower)

3

## Domestic cycle: domestic pigs - pig products



Oral infection!!!

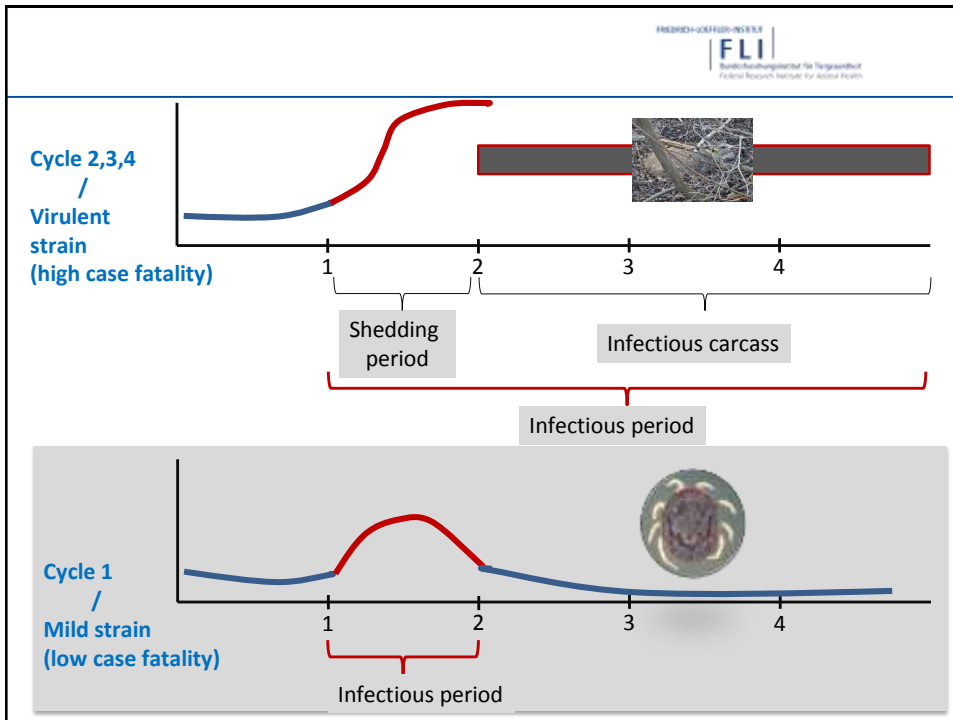
Chenais et al., 2018

## Wild boar-habitat cycle



Chenais et al., 2018

- 1) Sylvatic cycle: the common warthogs; bushpigs and soft ticks.
- 2) Tick-pig cycle: soft ticks; domestic pigs.
- 3) Domestic cycle: domestic pigs and pig products.
- 4) Wild boar-habitat cycle: wild boar; pig- and wild boar products and carcasses; the habitat.



## ASF virus is relatively stable

- frozen meat: indefinitely
- dry meat and fat: almost one year
- blood, salted meat and offal: more than 3 months
- faeces: over one week

*Temperature plays an important role in decreasing the survival duration of ASF virus in any matrix.*

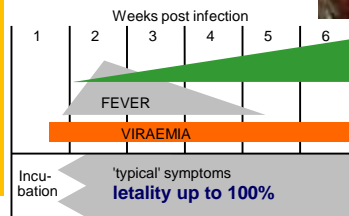


**ASFV survives the process of putrefaction and carcasses may remain infectious for weeks**

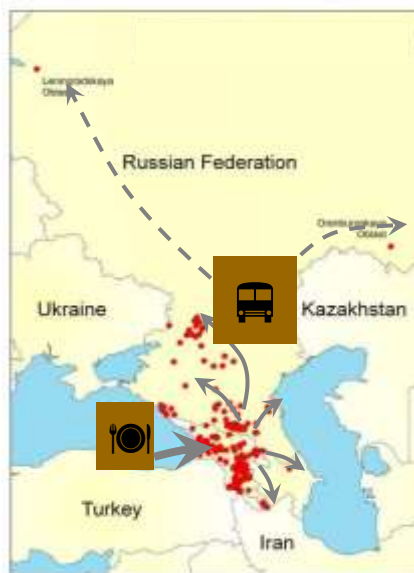
## A bit about ASF

- ✓ Scientific information available
- ✓ Knowledge about ways & routes of transmission
- ✓ Diagnostic tools available

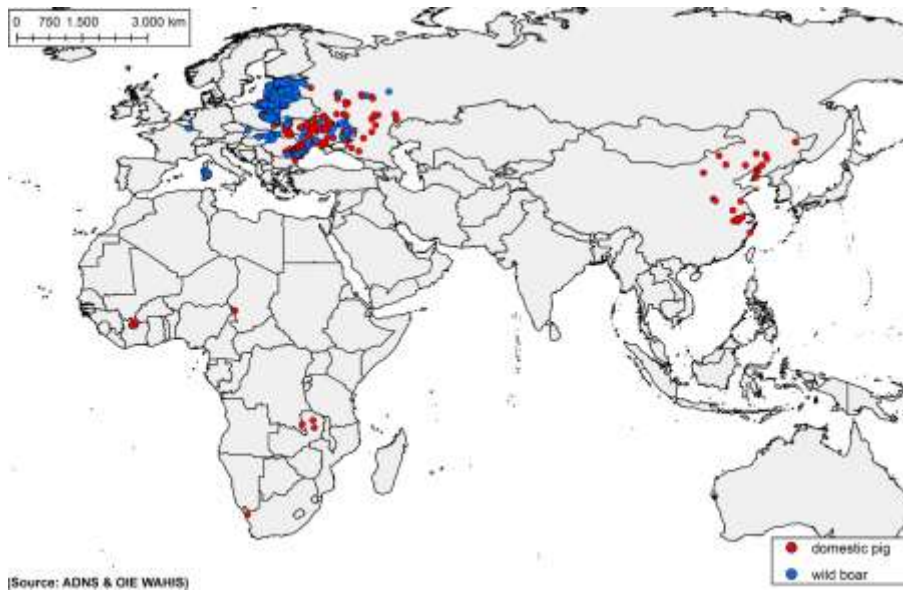
### Acute course of ASF



If we do not manage ASF, it's not because of lack of knowledge...



# ASF 2018



## ASF: Working hypotheses for wild boar

1) ASF **will fade out rapidly** from the affected wild boar population  
ASFV (IMF) **years later.....**

both hypotheses proved to be wrong !!!

2) ASF **will** westwards • NO implosion  
an infected • NO explosion  
population  
naïve neighbor => **Endemic in the region, slow spread**  
within a short period of time  
initiating an epidemic wave...  
(EXPLOSION)



*Textbooks are misleading...*

*copy/paste ...*

*“ASF is a highly contagious disease... causing high mortality up to 100%...”*

- Mortality: Dead animals / epidemiological unit
- Case fatality (lethality): Dead animals / infected animals



# Contagiousness/Contagiousness

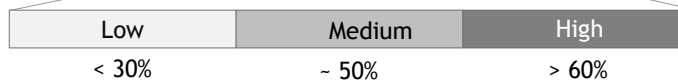
percentage of animals which get infected after contact with an infectious agent.

**probability that an animal picks up an infection after contact with a pathogen**

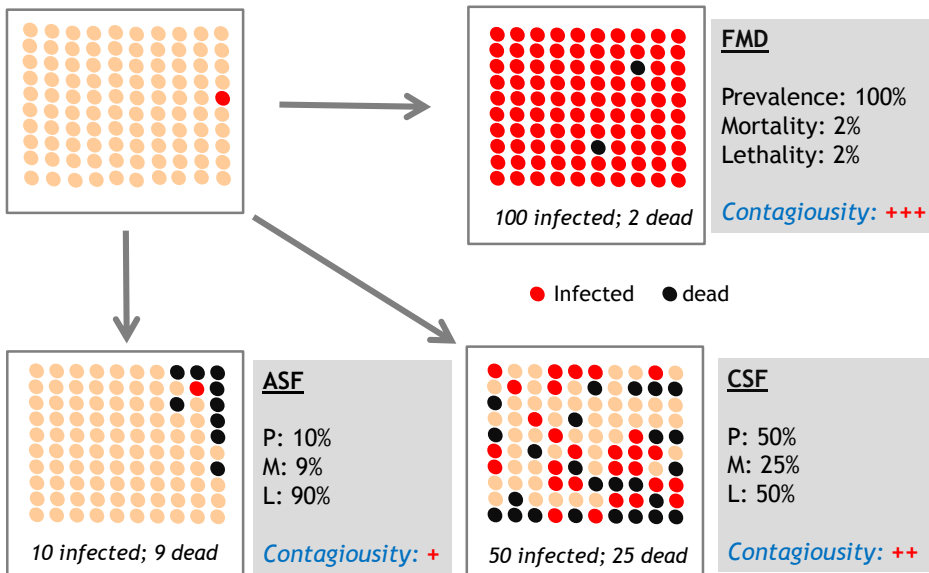
**It is NOT an indicator for disease severity and impact!!!**

- Low contagious diseases with severe course and high impact
- Highly contagious diseases with mild course and low impact

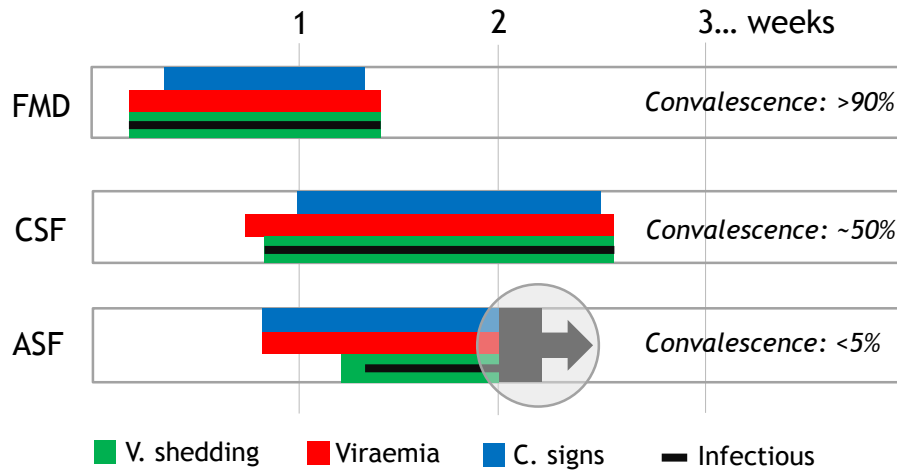
**Contagiousness**  
**Probability of infection**



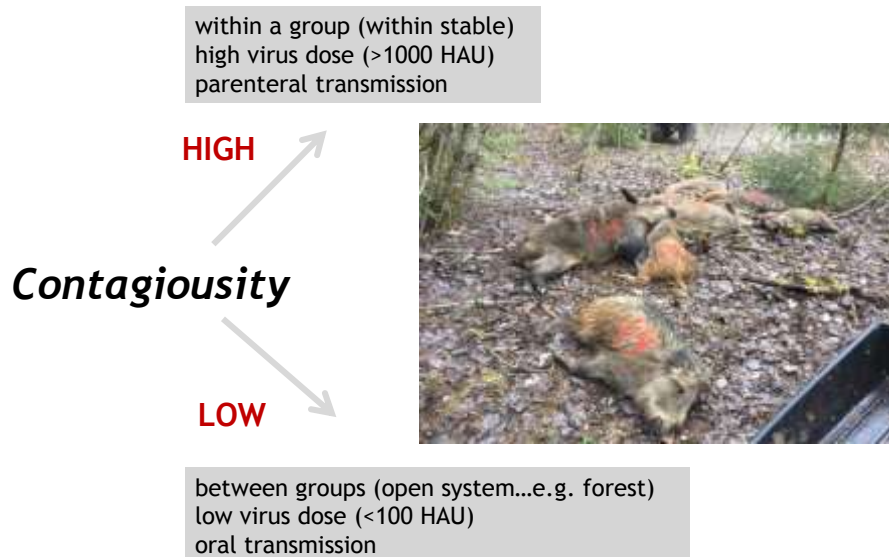
## ASF - CSF - FMD



## ASF - CSF - FMD



## Probability of infection



# Virus dose & contagiousity

Inoculated	Dose	Infected	Index
12 x ASPV Armenia	25 HAU	1	0,08 (1)
12 x ASPV Armenia	3 HAU	1	0,08 (1)
6 x ASPV Armenia	1000 HAU	0	0 (0)
30 x ASPV NL 1986	20.000 HAU	20	0,66 (1)
10 x ASPV Estland	100.000 HAU	9	0,9 (1)
5 x ASPV Estland	100.000 HAU	4	0,8 (1)

(Beer and Blome, FLI-IVD)

**8% - 90%**



Foto: M. Masulis  
 Vet. Service Lithuania

## Characteristics of epidemics in wildlife populations (and backyards???)

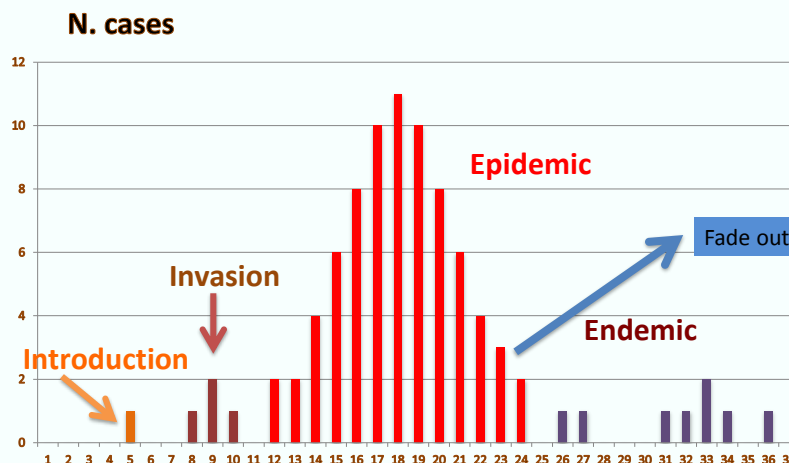
**Complex situation:** interaction of many factors  
 (infected animals, animal density, hunting activities, agriculture, etc.)

**Obscure situation:** not all important parameters are known  
 (e.g. animal density, animal movements, etc...)

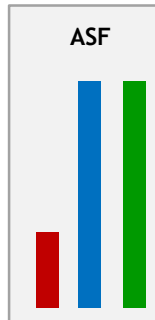
**Dynamic situation:** permanent change of parameters  
 (e.g. seasonal influences, fluctuation in animal number)

Influencing one factor can cause unpredicted side-effects

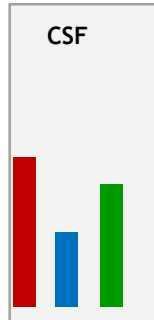
## The 4 phases of a transmissible disease



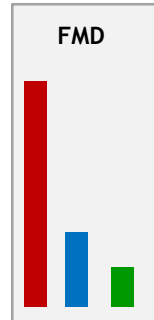
## Summary



Endemic situation,  
slow spread,  
does not fade out



Fades out after  
reducing  
susceptibles by  
vaccination



Fades out  
spontaneously

Contagiousity  
Tenacity  
Case fatality

*Two of three parameters should be low/medium for the epidemic to fade out*

## Persistency triangle (ASF)

**High tenacity** ensures long term virus persistence in the environment

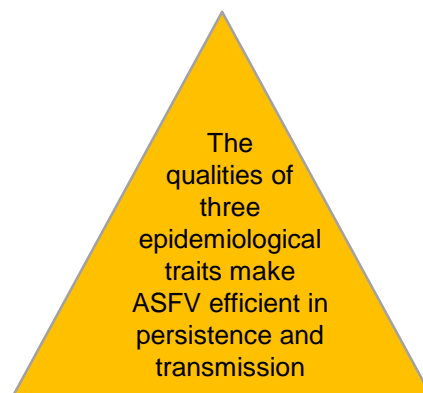
**High case fatality** rate makes the virus largely available in the form of many carcasses.,

The relatively **low contagiousity** prevents the complete depletion of the host population and may hamper early detection.

*The interaction of these three parameters maximize local persistence and limits fast geographical spread of the virus within an affected population. ASF is maintained locally, with a low but steady presence, making its eradication a challenge.*

Chenais et al. 2019

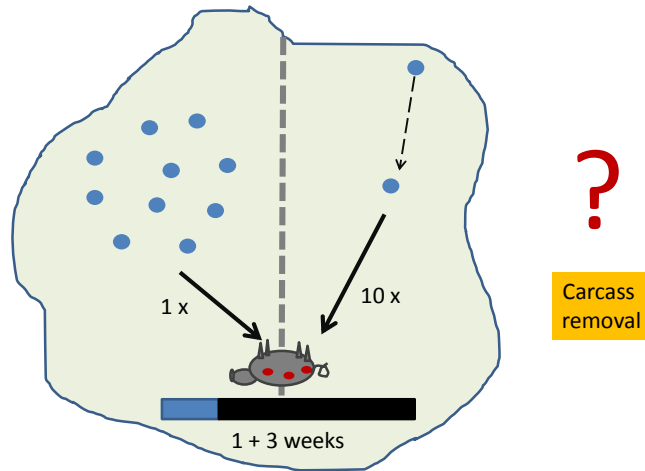
Low contagiousity



High case  
fatality

High tenacity &  
long exposor

## Exposure opportunity



- If carcasses will be removed, exposure opportunity will decrease -> less contacts
- If carcasses will NOT be removed, exposure opportunity will increase -> more contacts

### Passive surveillance for DP and WB

*5/95 surveillance concept is not purposeful*

**Active surveillance gives a false sense of security**

## Early detection of ASF in wild boar

*Passive surveillance vs. active surveillance*

	tested	positive	% positive
<b>Passive</b> <b>(found dead)</b>	245	177	<b>72.24</b>
<b>Active (hunted)</b>	2765	40	<b>1.45</b>
		217	

Passive / Active: **72.24 / 1.45 = 49,82**

*The probability to detect an ASF positive case is  
**50** times higher in dead animals than in hunted animals*

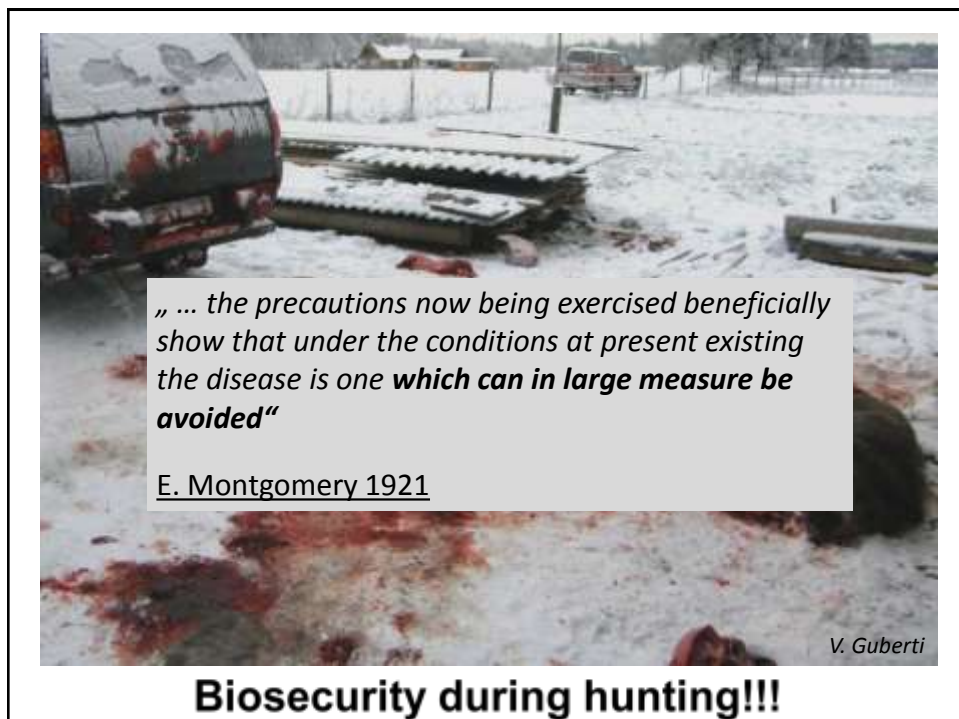
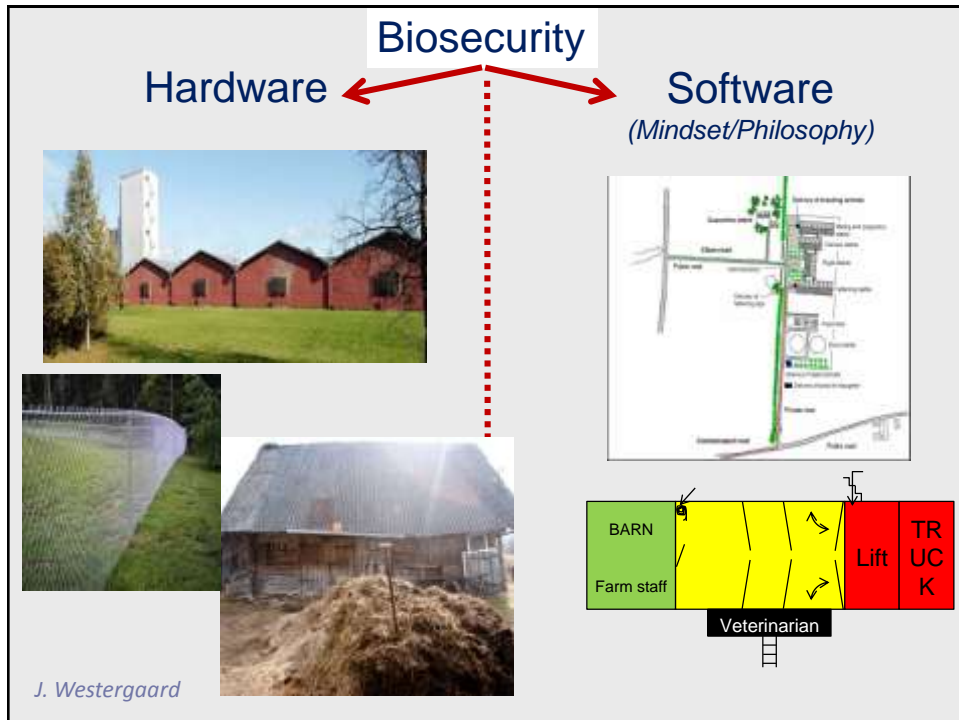
**81 out of 100** positive cases are likely to be detected in **dead** wild boar  
( $177 / 217 \times 100 = 81$ )

## Biosecurity

the most effective control tool

The only potent tool we have...

- Africa - double fencing
- Three golden rules of biosecurity





**Good news (domestic pigs):** no (rapid) spread of the disease

*ASF in domestic pigs can be controlled effectively by good biosecurity!!!*

**Bad news (wild boar):** no (rapid) spread of the disease

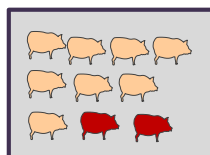
*ASF in wild boar survives locally over months or years in wild boar populations (a habitat disease)*

## ASF control and eradication

### Key characteristics of ASF:

- low contagiousity, slow spread, few secondary infections
- no transmission by wind or insects,
- **site fidelity** (stable disease / habitat disease),

#### DP: stable disease

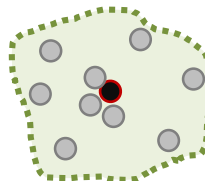


##### Measures:

1. Standstill
2. Culling
3. C&D

***Successful approach!!***

#### WB: habitat disease



##### Measures:

1. Standstill (no disturbance of WB, no hunting, electrical fence, (feeding)
2. (Trapping)
3. Disposal of carcasses

***"Virtual stable" in forest***

## Freedom of disease

### Wild boar management measures

*e.g. population reduction to avoid agricultural damage*

*e.g. Intensive hunting*

## Presence of disease

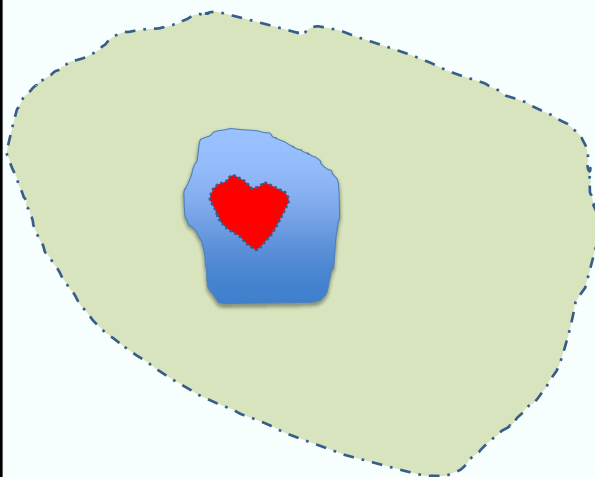
### Disease control measures

*not wild boar management measures!!!*

Movement restriction  
 Ban of feeding  
 Prohibition of hunting  
 Intensive hunting

Hunting/Slaughtering ↔ Culling

## Measures based on ASF biology



**CA:** defined by carcasses found within 1-2 months  
**BA:** defined by home range, ~ 6 km  
**IA:** "legal area" >200km<sup>2</sup>  
 400 - 1000 WB

Slow disease => be very patient in CA + BA!!!  
 Avoid any activity which disturb WB

## Lessons learned in recent years

- **ASF is in the field not a highly contagious disease**
- **ASF in WB is a habitat disease**
- **ASF is a “slow” disease**
  - ASF did not fade out: **NO implosion**
  - ASF did not spread rapidly (Rabies-like...) **NO explosion**
  - Lethality high (>90%)
  - Starting mortality low (<5%)
  - Prevalence low (<5%)
  - Not necessarily a density dependent process

**Endemic in the region, slow spread**

It changed the understanding of ASF

*...identify the essentials,  
spot the disease characteristics  
important for epidemiological  
understanding...*

