Extension Update for Veterinarians

VDL Infectious Disease Update

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Calf enteric disease

• No concerning trends in detection/diagnosis from this past spring

• Bovine enteric panel PCR results

Infectious Agent	Positives/823 Total tests	Percent positive
Bovine coronavirus	236	28.68%
Rotavirus	251	30.50%
K99+ E. coli	18	2.19%
Cryptosporidium parvum	217	26.37%
Salmonella sp.	64	7.78%



Send fresh and fixed colon!

Make certain to include fresh and fixed (several pieces) colon in all enteric cases

- Rumen/abomasum also commonly missing from submissions
- Impression smears of the colon mucosa: quick way to ID coccidia



Abortion diagnostics

- Nov. 1, 2019 through Apr. 30, 2020
- 79 bovine abortion cases
 Idiopathic: 34
 - BVDV: 1
 - IBR: 3
 - Neospora: 4
 - Campylobacter sp: 3
 - Listeria: 3
 - Mycotic: 3 Placentitis: 5
 - Misc. bacterial: 14
 - Other: 9





Neurologic cases: Listeria monocytogenes

- Potential contributing factors
- Fall 2018: Wet weather during harvest in some parts of Iowa
- Spring 2019: Marked delay in planting (wide distribution)
- Fall 2019: Wet weather, very tough harvest conditions
 - Differences in crop maturity?
 - Differences in moisture content?
 - Differences in overall quality?
 - Consistency of ensiling/fermentation?





Neurologic cases: Polioencephalomyelitis

- Case submission information
 Feed changes
 - Distillers product availability/consistency
 - Source of ration components
- Very similar total bovine case numbers during these timeframes
 Increased investigation of neurologic cases?

Neurologic cases: submit brain....even if it doesn't look like brain anymore!



BVDV Persistent Infection

- Historical positive IHC rate: ~0.14%
- 2019: increase to 0.4% Some portion attributed to extensive testing of a small numbers of herds following a positive test
- 2020 (so far): return back to historical rate

BVDV PI testing options

- Fixed ear notches BVDV IHC
 - Formalin fixed Trimmed on arrival
 - Results next day

BVDV PI testing options

Fresh ear notches

• BVDV Antigen ELISA

BVDV PCR

- Fresh ear notch submitted individually; placed in PBS at arrival
- Fresh ear notch submitted individually; placed in PBS at arrival
 Next day: PBS extracted for pooled PCR testing; ear notch placed in formalin
 If all pools are PCR negative > testing complete
 If PCR positive, ear notches from the positive group trimmed in for IHC testing (to ID any
 individual PI calves)
 Next day: IHC testing completed, individual results reported

BVDV PCR for PI testing

- Potential advantages
 - Don't have to place ear notch in formalin
 - Pooling samples → Decreased cost (in some situations)
- Example: 100 samples
 - BVDV IHC: 100 samples x \$3.75 = • Pools of 20: 5 PCR tests x \$30 =
- \$150 (if all negative)

\$375 (regardless of result)

• Each positive pool adds: 20 samples x \$3.75/IHC test = \$75

BVDV PCR for PI testing

- Potential disadvantages
 - Other sources of BVDV than PI (acute infection, vaccine)
 - PCR positive groups → all IHC negative individual samples
 Need to clean collection tools when collecting samples
 - Can track BVDV onto subsequent samples
 - Can delay ID of positives one day (or over the weekend)
 - Time until fixation \rightarrow some degree of autolysis that may affect IHC testing
- May work well for testing low risk populations

 May not work well for high risk groups, processing crews that don't/won't clean collection tools, or recently vaccinated cattle

Johne's disease

- Majority of our Johne's disease cases: individual testing of mature cows with typical clinical disease (weight loss, watery diarrhea)
- PCR detection rate during herd level surveillance remains low
- Johne's serology: ~4.0% positive and ~0.75% suspect
 Questions regarding serology test reliability

Johne's disease: Serum ELISA + Fecal PCR

- 2015-2019: 554 occurrences of both tests from same animal at the same time
 - 451 negative ELISA's→98.4 % were also negative on fecal PCR
 1.6% PCR positive/suspect: Potential contamination during sample collection?
 - Strong positive ELISA's
 - Greater than 1.2→97.6% were positive/suspect on fecal PCR
 Suspect/weak positive ELISA's (only 19 total tests)
 - Suspect/weak positive ELISA's (only 19 total tests)
 0.45 through 1.2→basically a coin-flip for fecal PCR results
- Be very careful with suspect/weak positive serology results; also realize that false negatives occur fairly commonly with serum ELISA Reported diagnostic sensitivities of commercial ELISA tests: 30-45%
- · Long term: we need reliable predictive testing options

Johne's disease: Fecal sample collection

• Clean, clean, clean....

- Must avoid contamination between samples
- New sleeves for every animal
- Collect feces from sleeve into container (50ml conical, small plastic cup)
- Have a helper scrape feces off of glove with tongue depressor
 Label (legibly) and ensure the outside of the container is clean
- Herd level surveillance/pooled sampling
 - Organize samples to reduce the number of positive pools needing retest
 Group by age
 - Body condition
 - Fecal consistency

• Avoid sending multiple samples in tied-off OB sleeves or gloves!

Submission forms

- Provide pertinent information
- Accurate clinical history/physical exam findings→incredibly important!
 Perform full necropsy exam; provide complete gross descriptions
- Have a diagnostic question....and a plan to utilize the results
- Handwriting
- The less sure you are after the necropsy....the more tissues you should send (depending on your diagnostic question)

Thank you!

- Participating veterinarians
- Iowa State University Extension and Outreach
- Iowa State University Experiment Station
- lowa Beef Center

