

Slenkdalkoors

Slenkdalkoors is 'n erge insekgedraagde virussiekte wat hoefdiere soos skape, bokke en beeste aantast. Dit hou ook 'n ernstige gesondheidsgevaar vir die mens in.

Diere word aanvanklik besmet as hulle deur die muskiete wat die virus dra, gebyt word.

Hierna word die diere direk besmet omdat hulle blootgestel word aan geaborteerde fetusse en besmette materiaal.

Lammers en bokke onder die ouderdom van twee weke is baie vatbaar. Hulle word baie gou siek, gewoonlik binne 24 tot 72 uur na besmetting. 'n Hoë koors word ontwikkel, hulle is lusteloos en verloor hulle eetlus. Tot 95% van aangetaste lammers kan vrek. Skape is lusteloos, met 'n hoë koors, traag om te loop, eet nie en gooi op.

Dragtige ooie aborteer en die fetus ontbind gou. Vrektes onder skape is so hoog as tussen 15 en 30% en tussen 40 en 60% van dragtige ooie kan aborteer.

By kalwers kom ligte kliniese tekens en tien tot 15% vrektes voor. By volwasse beeste is die tien tot 40% van borsies soms die enigste siektetekens.

Slenkdalkoors kom gewoonlik in die laat somer voor as dit warm en die lugvogtigheid hoog is. Diere wat in die somer in laagliggende dele by panne, vleie en damme wei, loop die grootste risiko om die siekte te kry.

In Suid-Afrika raak mense gewoonlik besmet deur regstreekse aanraking met die Slenkdalkoorsvirus indien hulle nadoodse ondersoek op besmetlike karkasse of geaborteerde fetusse doen of in laboratoriums met die virus werk. Dit is veral veeartse, veeboere en plaaswerkers wat die gevaar staan om besmet te raak.

Wat voorkoming en beheer betref, is die volgende belangrik:

- Dit is nie prakties moontlik om die muskiete wat die Slenkdalkoorsvirus dra, uit te roei of te beheer nie. Daarom is die immunisering van beeste, bokke en skape, die enigste praktiese en werkbare beheermaatreël. Die periodes tussen die siekte kan jare duur. Daarom ent die meeste vee-eienaars nie hulle diere nie en is die oorgrote meerderheid vee in Suid-Afrika vatbaar en dit versprei baie vinnig van plaas tot plaas.
- Die lewende entstof wat deur Onderstepoort Biologiese Produkte gemaak word, kan in alle nie-dragtige beeste, skape en bokke gebruik word en gee goeie beskerming aan vee.
- Dragtige vee kan met die dooie entstof ingeënt word. Dit is duur en tydrowend om te produseer en het 'n raklewe van een jaar.
- Die dra van beskermende klere wanneer nadoodse ondersoek gedoen word, is uiters belangrik.
- Melk moet gepasteuriseer word vir menslike gebruik.
- Die toepassing van goeie insektebeheer, kan moontlik bydrae tot voorkoming van die siekte.
- Verskuif diere van laagliggende na hoëliggende dele en voorkom dat dit naby vleie, damme en riviere wei waar daar baie muskiete is.

Rift Valley Fever

- Rift Valley fever is a fever-causing viral disease that affects livestock and humans in Africa. It is most common during years of heavy rainfall.

- People get Rift Valley fever mainly from the bite of an infected mosquito. The disease can also be spread by contact with the blood or body fluids of an infected animal.
- Rift Valley fever can cause serious eye infection, inflammation of the brain, severe bleeding (haemorrhage), and death.
- To prevent Rift Valley fever, travellers to Africa should take precautions against insect bites: 1) use insect repellent, 2) wear long sleeves and pants, and 3) use bed nets. Travellers should also avoid contact with livestock in areas where outbreaks of Rift Valley fever are occurring.

What is Rift Valley fever?

Rift valley fever is a fever-causing disease that affects livestock (including cattle, buffalo, sheep, and goats) and humans in Africa. It is named after a trough stretching 4,000 miles from Jordan through eastern Africa to Mozambique. Rift Valley fever is spread mainly by infected mosquitoes and appears most often during years of heavy rainfall.

Where is Rift Valley fever found?

Rift Valley fever is most common in the livestock-raising regions of eastern and southern Africa. The disease is also found in most countries of sub-Saharan Africa and in Madagascar.

What is the infectious agent that causes Rift Valley fever?

The disease is caused by the Rift Valley fever virus.

How do people get Rift Valley fever?

- People can get Rift Valley fever from the bite of mosquitoes and possibly other bloodsucking insects. The virus usually lies dormant in the eggs of *Aedes* mosquitoes. During heavy rains and floods, the eggs hatch large numbers of infected mosquitoes that feed on livestock and spread the virus. Other species of mosquitoes, and possibly other biting insects, can also become infected and spread the disease. The occurrence of disease in a large number of domestic animals is referred to as an "epizootic." The presence of a mosquito-borne epizootic can lead to an epidemic in humans.
- People can get Rift Valley fever if they are exposed to the blood or other body fluids of infected animals. This can happen during the slaughtering or handling of infected animals or during the preparation of food.
- Laboratory workers have become infected through airborne transmission during work with virus cultures or laboratory samples containing the virus.

What are the signs and symptoms of Rift Valley fever?

People with Rift Valley virus infections typically have a flu-like illness with fever, weakness, back pain, dizziness, and weight loss. Infected people usually get better in 2 days to 1 week after the start of the illness. Sometimes, however, the infection can cause haemorrhage (severe bleeding), encephalitis (inflammation of the brain), or severe eye complications.

How is Rift Valley fever diagnosed?

Diagnosis can be made by use of several types of laboratory tests.

Who is at risk for Rift Valley fever?

- People who sleep outdoors at night in areas where outbreaks occur
- Animal herdsman, slaughterhouse workers, veterinarians, and others who handle tissues of infected animals in areas where the virus is present
- International travellers who visit areas where the virus is present during periods when outbreaks or epidemics are occurring

What is the treatment for Rift Valley fever?

The drug ribavirin is being studied for its effectiveness against Rift Valley fever.

What complications can result from Rift Valley fever?

The most common complication is inflammation of the retina (a structure connecting the nerves of the eye to the brain). About 1% to 10% of affected persons might have some resulting vision problems or partial blindness.

Approximately 1% of infected people die of the disease. Those who die are usually malnourished, sick with other diseases, or far from good medical care. Death rates are much higher for infected animals.

Is Rift Valley fever an emerging infectious disease?

The Rift Valley virus was first isolated in 1931 in livestock on a farm in Kenya. The most notable epizootic occurred in Kenya in 1950-1951 and resulted in the death of an estimated 100,000 sheep. In 1978, the virus was detected in Egypt and caused a large outbreak of illness in animals and humans.

The first epidemic of Rift Valley fever in West Africa was reported in 1987. It was linked to construction of the Senegal River Project, which caused flooding in the lower Senegal River area. In late 1997, after exceptionally heavy rains, an epidemic resulted in the deaths of at least 300 people and large numbers of animals in remote parts of north-eastern Kenya, southern Kenya, and southern Somalia.

How can Rift Valley fever be prevented?

No licensed vaccine or virus-killing medicine is available for human use. Travellers to Africa should always wear long sleeves and pants and use insect repellents and bed nets to protect against bites from mosquitoes and other blood-sucking insects.

Persons who work with animals in areas where the virus is present should avoid exposure to the blood or tissues of potentially infected animals.

This fact sheet is for information only and is not meant to be used for self-diagnosis or as a substitute for consultation with a health-care provider. If you have any questions about the disease described above, consult a health-care provider.

Rift Valley Fever



Rift Valley Fever is an infectious disease of sheep, goats and cattle. Dogs and cats can also contract the disease when eating meat from infected animals.

The disease is caused by a virus which is transmitted by mosquitoes. Outbreaks usually occur from spring to late summer.



It is very important to know that humans can also contract the disease when handling sick animals or infected meat/blood. Infection may be inapparent or influenza-like symptoms may develop. Complications include blindness and even death due to liver damage.



The disease originated in the Rift Valley of Eastern Africa and was encountered in South Africa for the first time during the fifty's. Twenty thousand people got infected and about 100,000 sheep and cattle died. During the next major epidemic of 1974-1975 even more people and animals were affected.

Symptoms of the disease

Up to 95 % of pregnant animals may abort.

Animal deaths are common. Up to 95 % of young lambs and calves may die. Older animals are more resistant with mortality up to 25 %.

Younger animals die quickly without any clinical signs. Older animals stop eating, become listless and weak. They may develop nasal bleeding and bloody diarrhoea while the eyes and mucous membranes develop a yellow discolouration.



Goats are more resistant with less severe symptoms. In cattle the infection is usually inapparent but some may develop symptoms.



Post mortem findings



← The most common post-mortem finding is the occurrence of **haemorrhages** in various organs in the body.

This is especially prominent in the heart, lungs, liver and gall bladder. →





← Free blood may occur in the chest cavity.



The walls ↑ of the large stomach, milk stomach ↑ as well as those of the intestines ↑ frequently shows typical **striated haemorrhages**.



← Liver damage also occurs. The liver appears swollen with a yellow to orange colour.



Pin-point, grey-white spots of dead liver cells can be seen throughout the liver. →

Any person who came in contact with such a carcass should immediately wash him/herself properly in order to prevent infection.

Prevention

Preventative vaccination is the only reliable method of control.

In sheep and goats a live attenuated vaccine can be used which will give life-long immunity. It is important to note that this vaccine may not be used in pregnant animals as the pregnant ewe will abort and may even die. The unborn lamb will develop developmental defects resulting in death. Only the inactivated vaccine may be used in pregnant ewes. This vaccine protects the animals only for about a year.

In cattle both vaccines can be used but the same principles apply. It is recommended that all non-pregnant animals are vaccinated once-off with the live attenuated vaccine and the pregnant animals with the inactivated vaccine. Thereafter only the offspring and the non-pregnant animals not previously vaccinated with the live vaccine are vaccinated.

*Article originally compiled by A. O. de Kock, Veterinary Services: Western Cape Province
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INACTIVATED RIFT VALLEY FEVER VACCINE

Reg. No. G 1349 (Act 36/1947)
Number: NSR 0960

Formalinised Rift Valley fever virus with aluminium hydroxide gel as adjuvant for the prophylactic immunisation of cattle, sheep and goats against Rift Valley fever.

Store the vaccine at a temperature of 4 °C to 8 °C, in a refrigerator.
Do not use the vaccine after the expiry date printed on the bottle.

RECOMMENDATIONS FOR USE

Susceptible animals can be immunised at any age irrespective of the stage of pregnancy and lactation. Calves and lambs from immune animals can only be effectively immunised after the age of six months. Annual vaccination is recommended and it is advisable to immunise in the late winter or early spring.

WARNINGS

Do not slaughter animals for human consumption within 7 days of vaccination.

Vaccinate healthy animals only.

Keep out of reach of children, uninformed persons and animals.

Although this product has been extensively tested under a large variety of conditions, failure thereof may ensue as a result of a wide range of reasons. If this is suspected, seek veterinary advice and notify the registration holder.

DIRECTIONS FOR USE

Use only as directed.

Sterilise syringes and needles by boiling in water for at least 15 minutes.

Do not use disinfectants or methylated spirits for sterilising either syringes or needles.

Use a separate sterile needle for each animal.

Shake the bottle well each time before use.

Avoid exposure to high temperatures and direct sunlight.

DOSEAGE: Cattle 2 ml subcutaneously
Sheep and goats 1 ml subcutaneously

EFFECTS OF THE VACCINE

Optimal protection is conferred when a booster is given 3 - 4 weeks after initial vaccination. Thereafter vaccinate annually.

PACKING

Available in bottles of 100 ml.

BRON: www.rpofs.co.za > Dieregesondheid