

# Detection of PPR in the field and differential diagnosis

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#### OUTLINE

- 1. PPR aetiology and transmission
- 2. PPR clinical signs and post-mortem lesions
- 3. Differential diagnosis
- 4. Summary and conclusions



#### **PPR AETIOLOGY**

Peste des Petits Ruminants (PPR) is caused by an RNA virus

Order: Mononegavirales

Family: Paramyxoviridae

Sub-Family: Paramyxovirinae

Genus: Mobillivirus Measles virus Rinderpest virus PPR virus



Schematic diagram of PPR virion structure (adapted from Banyard et al., 2010)



PPR virus is highly contagious



Sheep and goats are the primary hosts

Wildlife species also affected

Atypical species, e.g., cattle and camels, have also been affected

#### **PPR DISEASE MANIFESTATION**



### Acute form

- Sudden rise in body temperature (40–41°C) pyrexia can last for 3–5 days
- Animals become depressed or restless, anorexic and develop a dry muzzle and dull coat
- Serous nasal discharge becoming mucopurulent and resulting, at times, in a profuse catarrhal exudate which crusts over and occludes the nostrils; signs of respiratory distress (up to 14 days)
- Within 4 days of onset of fever, gums become hyperaemic (congestion of the blood), and erosive lesions develop in the oral cavity with excessive salivation



#### Acute form

- necrotic stomatitis with halitosis is common
- Small areas of necrosis on the visible mucous membranes
- Congestion of conjunctiva,
- Severe, watery, blood-stained diarrhoea is common in later stages
- Bronchopneumonia evidenced by coughing is a common feature; rales and abdominal breathing
- Abortions may occur
- Dehydration, emaciation, hypothermia and death may occur within 5–10 days
- Survivors undergo long convalescence



#### **PPR CLINICAL SIGNS (ACUTE FORM)**



#### **PPR CLINICAL SIGNS (ACUTE FORM) - CONTINUED**

Oral lesions may become necrotic with caseous deposits on tongue (d & e)

Coughing Labored breathing Halitosis

Watery blood-stained diarrhea (f)

Weight loss, emaciation, and death (g & h)











### **GASTRO-INTESTINAL LESIONS**

Prominent crusty scabs along outer lips

Ulcerative or necrotic lesions in the buccal cavity (a & b)

Congestion, oedema and ulceration of digestive tract mucosa – "zebra striping" (d)

Haemorrhage of ileo-caecal valve







#### **PPR POST-MORTEM LESIONS - CONTINUED**

#### **RESPIRATORY LESIONS**

Hyperaemic nasal mucosa

Froth in trachea and bronchi

Pulmonary congestion, oedema and consolidation (e)

Fibrin deposits on pleura



#### **OTHER LESIONS**

**Necrotic Peyer Patches** 

Enlarged lymph nodes

Necrotic spleen and liver



#### **PNEUMO-ENTERITIS SYNDROME**

### **CASE DEFINITION**

# Bilateral ocular and nasal discharge (clear or purulent)

Fever, coughing, and sneezing

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One or more of the following: Conjunctivitis Dyspnoea Oral erosions Diarrhoea or Dysentery Death



- Bluetongue
- Contagious Caprine Pleuro-Pneumonia (CCPP)
- Foot-and-Mouth Disease (FMD)
- Sheep and Goat Pox
- Orf
- Bacterial pneumonia





#### **BLUETONGUE**

**AETIOLOGY:** Bluetongue virus (Genus: Orbivirus; Family: Reoviridae)

**TRANSMISSION:** Vector-borne (biting midges belonging to genus Culicoides)

**SPECIES AFFECTED:** Domestic and wild ruminants (e.g., sheep, goats, cattle, buffaloes, deer, camels)

Picture courtesy of Institute of Animal Health, Pirbright

**DISEASE:** 

- Sub-clinical to serious and fatal:
- species and breed affected
- virus strain
- husbandry factors

#### **BLUETONGUE CLINICAL SIGNS**

Depression and transient pyrexia

Congestion and hyperaemia of oral and nasal mucosa which may become haemorrhagic and eroded

Oedema of the face, eyelids, and ears

Tongue becomes oedematous and cyanotic

Hyperaemia of coronary band of the hoof, groin, axilla, and perineum

Reluctance to move and torticollis



Picture courtesy of VLA – Bury St Edmunds



Picture courtesy of Arbovirology, Institute for Animal Health, Pirbright

#### **BLUETONGUE POST-MORTEM LESIONS**

Inter-alveolar hyperaemia of lungs

Severe alveolar odema

Froth in bronchial tree

Plasma-like fluid in thoracic cavity & pericardial sac

Distinctive haemorrhage near base of pulmonary artery



#### Picture courtesy of S. Williamson



Picture courtesy of VLA – Bury St Edmunds



#### **CONTAGIOUS CAPRINE PLEURO-PNEUMONIA (CCPP)**

**AETIOLOGY:** *Mycoplasma capricolum subsp. capripneumoniae* (Mccp)

**TRANSMISSION:** Direct droplet transmission

**SPECIES AFFECTED:** Primarily goats Sheep affected in mixed-herds (may act as reservoirs) Wild ruminants

**DISEASE:** Peracute, acute, and chronic form



**STRICTLY RESPIRATORY** 

Fever and anorexia

Respiratory signs, e.g., dyspnoea, polypnoea, cough and nasal discharge





Lung adhesions

Uni-lateral sero-fibrinous pleuropneumonia

Severe pleural effusion with straw-colored thoracic fluid



Picture courtesy of Peter Roeder



Picture courtesy of ILRI



**AETIOLOGY:** FMD virus (Genus: Aphthovirus; Family: Picornaviridae)

**TRANSMISSION:** Direct or indirect contact via infected airborne droplets or secretions

**SPECIES AFFECTED:** Domestic and wild cloven-hoofed animals, e.g., cattle, goats, sheep, pigs, and water buffalo

DISEASE:Sub-clinical, mild, to severe clinical manifestationFatalities may occur especially in young animals

#### **FMD CLINICAL SIGNS & POST-MORTEM LESIONS**



Picture courtesy of Ryan Waters



#### **SHEEPPOX AND GOATPOX**

AETIOLOGY:Sheeppox virus and Goatpox virus(Genus: Capripoxvirus; Family: Poxviridae)

**TRANSMISSION:**Via direct contactIndirectly via infected hides, sheep skin, or unprocessed wool products

**SPECIES AFFECTED:** Sheep and goats

#### SHEEPPOX AND GOATPOX CLINICAL SIGNS



Rhinitis Conjunctivitis Enlarged lymph nodes Blepharitis



Pictures courtesy of Bryony Jones

#### **SHEEPPOX AND GOATPOX POST-MORTEM LESIONS**

Skin lesions not as obvious during necropsy

Necrotic mucous membranes

Lymph nodes enlarged and oedematous

Ulcerated papules on in gastro-intestinal tract

Hard lesions throughout the lungs



Picture courtesy of Colin Schrivener



**AETIOLOGY:** Orf Virus (Genus: Parapoxvirus; Family: Poxviridae)

**TRANSMISSION:** Infection usually established through skin or mucosal abrasions

**SPECIES AFFECTED:** Sheep and goats \*Zoonotic disease\*

DISEASE:Typically affects young lambsCan also affect older lambs and adults



#### **ORF CLINICAL SIGNS**

Lesions around the mouth and nostrils

Occasionally in the mouth and throat

Sometimes on the feet, tail, udder and teats

Crusts can be picked off revealing granulating areas and raised lesions







#### **BACTERIAL PNEUMONIA**

**AETIOLOGY:** Bacteria such as *Mannheimia haemolytica* 

CLINICAL SIGNS: Rapid onset of fever Depression and anorexia Coughing and dyspnoea Muco-purulent nasal and ocular discharges (encrusted nose) Fibrinous broncho-pneumonia Sudden death

**SPECIES AFFECTED:** Young lambs

DISEASE:Outbreaks triggered by stress factors e.g., transport or climatic changesCould also be a secondary infection of PPR

### (In-field) Rapid tests

### Lateral flow device (LFD)



## In-field (Rapid) tests





Peste-Test (Baron J, et al. Transbound Emerg Dis. 2014, 61(5):390)

### In-field (Rapid) tests









PPR is a highly contagious disease of sheep and goats

Causes pneumo-enteritis syndrome

Differential diagnosis with other diseases causing similar clinical signs and / or postmortem lesions

Definitive diagnosis requires lab confirmation



