

WVDL SPRING NEWSLETTER

APRIL 2023



Wisconsin Veterinary Diagnostic Laboratory UNIVERSITY OF WISCONSIN-MADISON



MESSAGE FROM THE DIRECTOR

Spring is finally here! I cannot believe I am writing this, but I am hoping for some rain for a successful start to the planting season. Our team has been busy, and we are preparing for seasonal increases in disease management diagnostics and outbreak surge due to a potential resurgence of highly pathogenic avian influenza as the wild bird populations make their way north for the summer. Additionally, sustained warmer weather is right around the corner, which will start Salmonella

season. See the article below by Dr. Sockett about a case study and lessons learned from salmonellosis on a dairy farm.

WVDL has been active with federal and state advocacy this spring with the legislatures in session. We are asking for support of the National Animal Health Laboratory Network (NAHLN) in the 2023 Farm Bill and support of the AVMA's legislative priorities. In Wisconsin, we are deep in the biennial budget process and WVDL has requests to increase service for NAHLN scope diseases like CWD and foreign animal disease response as well as bioinformatics support for whole genome and next generation sequencing.

Thank you for taking the time to read our spring newsletter. As always, there is plenty of great information from our diagnostic sections and doctoral staff to improve service for our stakeholders in animal and public health in Wisconsin.

On Wisconsin!

Keith Poulsen, Director

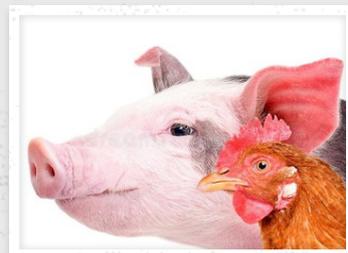
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SWINE & POULTRY CONFERENCE - REGISTER TODAY!

Swine & Poultry Conference
Held at UW-River Falls Campus
Saturday, April 29th, 2023
8 am – 3 pm

This conference is being held and available to:
Backyard producers, veterinarians & certified veterinary technicians





Poultry & Swine Club
University of Wisconsin-River Falls



Wisconsin Veterinary
Diagnostic Laboratory
UNIVERSITY OF WISCONSIN-MADISON

scan for the
registration link!



the UWRF Poultry & Swine Club and Wisconsin Veterinary Diagnostic Lab present

Poultry & Swine Conference for Independent Producers

- WHEN** Saturday April 29th, 2023, 8am - 3pm
WHERE UW-River Falls Agricultural Science Bldg.
WHAT A day of presentations on **poultry & swine nutrition, disease prevention, and necropsies**, including an **East African Swine Fever Symposium**, and a talk by **Michael Perry**.
Morning and afternoon refreshments & lunch will be provided
CREDIT **CE credits available** for DVM's and CVT's in attendance
FEE **\$25**, which includes the entire conference

WISCONSIN  PORK ASSOCIATION



Michael Perry is a New York Times bestselling author, humorist, playwright, and radio show host from New Auburn, Wisconsin. Perry's bestselling memoirs include *Population: 485* (recently adapted for the stage), *Truck: A Love Story*, *Coop*, *Visiting Tom*, *Million Billion*, *Peaceful Persistence*, and *Hunker*. Among his other dozen titles are *The Scavengers* (for young readers) and his novel *The Jesus Cow*. Raised on a small Midwestern dairy farm, Perry put himself through nursing school while working on a ranch in Wyoming, then detoured into writing. He lives with his wife and two daughters in rural Wisconsin, where he still makes an occasional call with the local volunteer fire and rescue service. He hosts the nationally-syndicated "Tent Show Radio," performs widely as a humorist, and tours with his band the Long Beds. His three live humor albums include *Never Stand Behind A Sneezing Cow* and *The Clodhopper Monologues*. He can be found online at www.sneezingcow.com. Michael also hosts a subscription audio newsletter at www.michaelperry.substack.com.



BACTERIOLOGY

SALMONELLA: WHY IT'S IMPORTANT TO KNOW THE SEROTYPE



D.C. Sockett DVM, Ph.D., Diplomate ACVIM-LA

Recently, diagnostic samples (tissues and feces) were submitted to the WVDL from an 1,800-cow dairy herd located in the upper Midwest. The dairy has been experiencing high death loss

in its calves for 12-14 months. Roughly 27% of the calves from 3-21 days of age were dying despite treatment with oral electrolytes and antimicrobial drugs. Some of the calves were found dead without any treatment. A few deceased calves were submitted to a veterinary diagnostic laboratory located in another state. *Salmonella enterica* subspecies *enterica* was found, but no serotyping was performed making it difficult for the calf manager and submitting veterinarian to determine the significance of the *Salmonella* finding.

All the cows and first-calf heifers in the dairy operation are immunized with a commercial calf scour vaccine according to the manufacturer's recommendations. Newborn calves are removed from the maternity pen within 2 hours of birth and immediately fed 4 quarts of colostrum (Brix score $\geq 22\%$) followed by another 2 quarts 8-12 hours later. Colostrum is administered via an esophageal feeder. Calves are housed in group pens in an automated calf feeder barn and fed ~ 2.3 lbs. (dry matter) of a 24:20 all milk replacer/day. Surveillance for transfer of passive immunity (TPI) in 2-5 day old calves has exceeded national guidelines for TPI. At least 90 percent of the calves had a serum total protein ≥ 5.8 g/dL.

Four fecal samples collected from sick calves plus tissue samples from 2 dead calves were submitted to the WVDL for a diagnostic work-up. The calves' ages ranged from 2-10 days. *Salmonella* ser. Brandenburg was found in all-six calves and *Salmonella* ser. Dublin was found in tissue samples from one calf. No other pathogens were consistently found that could explain the high morbidity and mortality. The submitting veterinarian was immediately contacted via telephone and informed of the seriousness of finding two distinct "calf-killer" serotypes of *Salmonella*. While *Salmonella* ser. Dublin is a well-known cause of high morbidity and mortality in calves, many dairy producers and veterinarians are not aware that *Salmonella* ser. Brandenburg can cause high morbidity and mortality as well. A few days after communicating the results to the submitting veterinarian, the herd veterinarian, owner, calf manager, plus calf and heifer specialists representing the milk replacer company plus Dr. Sockett discussed the laboratory findings via a Zoom call. A number of recommendations were made to address the problem of high calf mortality. Of particular importance was the implementation of science-based cleaning and disinfection protocols which included low-pressure foam cleaning. The importance of controlling farm traffic with fecal-contaminated boots was also emphasized. Other recommendations included pasteurization of colostrum, feeding transition milk (or a small amount of a high, quality colostrum replacement product) for the first 5-7 days of the calf's life as well as feeding probiotics to support gut health and establishment of a healthy microbiome. The importance of heat and cold stress mitigation plus a reduction in the number of immunizations given to newborn calves was discussed. These recommendations were implemented on the dairy and in 3-4 weeks the death loss decreased to just under 10% for calves less than a month of age. The long-term goal in the dairy operation is to reduce morbidity caused by enteric disease to less than 10% with death loss no higher than 2-3%.

The WVDL has learned that once a dangerous *Salmonella* serotype becomes widespread in the maternity pen and calf raising environment, it takes a minimum of 3-6 weeks to markedly reduce the environmental load of *Salmonella* when proper cleaning and disinfection protocols are implemented. The WVDL has been performing *Salmonella* serotyping for roughly 10+ years. Serotyping was implemented to provide better service and faster turn-around-times to WVDL clients. One of the benefits of serotyping is that it educates veterinarians and livestock

producers that not all *Salmonella* serotypes behave the same and that some serotypes are much more dangerous than others. For example, while *Salmonella* ser. Cerro is the most common serotype found in dairy operations, it, unlike other *Salmonella* serotypes, seldom leads to serious morbidity and mortality problems in dairy operations.

CHANGES TO ANTIMICROBIAL SUSCEPTIBILITY TESTING

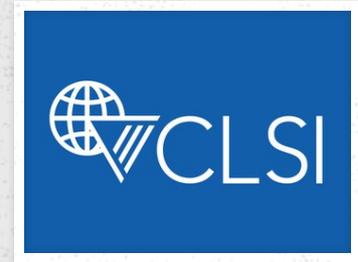


In an effort to participate further in Antimicrobial Stewardship, the WVDL will be changing how we report antimicrobial susceptibility testing (AST). Antimicrobial Stewardship at the diagnostic laboratory level includes, “positively affecting clinical outcomes, help maintain antimicrobial effectiveness, assist clinicians in using antimicrobial agents safely, and minimizing the selection of resistant pathogens, laboratories must use a standardized, well-defined method for performing AST.”¹ The WVDL uses primarily the broth microdilution method, which quantitatively measures the *in vitro* activity of an antimicrobial agent against a particular bacterial pathogen. Antimicrobial agents, in a serial dilution, are prepared and mixed with a standardized suspension of the bacterium. The WVDL does not prepare these drug dilutions in-house, but rather relies on panels provided in 96-well plate format by Trek Diagnostics (ThermoFisher Scientific). These are incubated and the minimum inhibitory concentration (MIC), which is the highest dilution (lowest concentration) of an antimicrobial drug that completely inhibits bacterial growth, is determined. Based on the MIC, the resistance, intermediate or susceptibility of an organism, from a particular host species and tissue to a particular antimicrobial is established using the Clinical and Laboratory Standards Institute (CLSI) breakpoints. A breakpoint is established by CLSI utilizing microbiological characteristics, pharmacokinetic-pharmacodynamic (PK/PD) parameters, and/or clinical outcome data. Veterinary-specific breakpoints were established with particular attention to the product label. The MIC for the particular pathogen-drug combination is used against the CLSI breakpoint established for that pathogen-drug combination to determine interpretative criteria which is susceptible, intermediate or resistant (see example). The CLSI guidelines also allow for >S as an interpretation which indicates ‘not susceptible’ and <R as an interpretation which indicates ‘not resistant’.

Example: *Escherichia coli* was isolated from a canine urine sample. The MIC for enrofloxacin was 0.25 µg/mL. Using the breakpoints listed below, the MIC for the isolate is categorized as susceptible because it is < 0.5 µg/mL.¹

Interpretive Category	Enrofloxacin Breakpoints (MIC, µg/mL)
Susceptible	≤ 0.5
Intermediate	1 – 2
Resistant	≥ 4

The CLSI guidelines are specific to a particular bacterium isolated from a particular host species' tissue. As an example, there are specific breakpoints for particular antimicrobial agents that have been established for bovine respiratory disease pathogens such as *Pasteurella multocida*, *Mannheimia haemolytica* and *Histophilus somni*. These breakpoints do not apply to these bacteria isolated from non-respiratory tissues from cattle. Additionally, these breakpoints do not apply to non-bovid species such that a *P. multocida* isolated from a cat would not get these same breakpoints. Therefore, the CLSI guidelines utilize a grouping system for interpretations of antimicrobial agents and their uses for veterinary pathogens.



- **Group A:** includes antimicrobial agents with VETERINARY-SPECIFIC breakpoints and interpretive categories that are considered appropriate for routine, primary testing for food and companion animals. These antimicrobial agents are considered first to report and use, and are preferred over using those with human medical breakpoints. These Group A compounds have demonstrated an acceptable level of correlation between *in vitro* susceptibility test results and clinical outcome.
- **Group B:** includes antimicrobial agents with veterinary-specific breakpoints and interpretive categories but are considered antimicrobials that should only be tested and reported as 'drugs of last resort'. The Subcommittee on Veterinary Antimicrobial Susceptibility Testing (VAST) considers these antimicrobials to be 'drugs of last resort' and concern exists for selecting for resistance, which could be transferred from animals to humans. The veterinary laboratory can report these at their discretion but are mostly used as antimicrobial resistance monitoring.
- **Group C:** includes antimicrobial agents that use HUMAN medical breakpoints and interpretive categories. These agents may perform adequately, but outcomes for many veterinary applications have not been demonstrated. The veterinary laboratory can report these at their discretion.
- **Group D:** include antimicrobial agents that are regulatory agency-approved for use in the specific animal species. Although quality control data is available, these antimicrobial agents DO NOT have CLSI-approved veterinary-specific or human medical breakpoints or interpretive categories. These agents may be approved for use in other animal species and have veterinary-specific breakpoints in those animals. However, it is not recommended to use breakpoints set for a particular animal species to be applied to a different animal species. This is because there are differences in dosages and pharmacokinetics between animals, people and between animal species. Thus, these agents should be reported selectively before extra-label use agents (Group D), but after agents in Group B.
- **Group E:** includes antimicrobial agents that are NOT APPROVED but may be used in an extra-label manner per the Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA) guidelines in the US. These agents maybe selective tested and reported and are often used for antimicrobial resistance monitoring. Group E may also include certain antimicrobial agents that are used only for a specific infection site (such as nitrofurantoin for treating urinary tract infections) in non-food-producing animals.¹

Table 1: Antimicrobial Agents that could be Considered for Routine Testing by Veterinary Microbiology Laboratories can be found [here](#) as well as on the WVDL website.

Currently, the WVDL provides interpretations based on CLSI guidelines as well some breakpoints supplied by Trek Diagnostics (ThermoFisher Scientific). The breakpoints supplied by Trek Diagnostics will no longer be used. The WVDL will solely be using breakpoints supplied by CLSI and will be reporting per Table 1. Therefore, the WVDL will report mostly Group A and Group C antimicrobial agents based on the pathogen and what species and location on that host species the pathogen was isolated from. On occasion, some Group B, D and E antimicrobials may be interpreted with an MIC and interpretive criteria based on CLSI Vet011 and Vet092 guidelines. An example is applying *M. haemolytica* breakpoints for bovine respiratory disease to other members of the *Pasteurellaceae* family is acceptable such as *Biberstienia* and *Gallibacterium* species². As well, the CLSI Vet09 extrapolates the *Staphylococcus aureus* breakpoints and interpretive criteria for bovine mastitis so that Gram-positive cocci (but not *Enterococcus*) can be interpreted.² Interpretations for bovine respiratory disease, metritis and mastitis have been extrapolated for camelid, caprine, cervid and ovine species. **Therefore, the WVDL would like to remind clients that there will be less antimicrobials reported with interpreted categories as we continue to move to reporting only CLSI and improving the visual look of the reports.** Veterinarians can always contact the WVDL for more information regarding AST or if additional antimicrobial agent breakpoints are needed.

References:

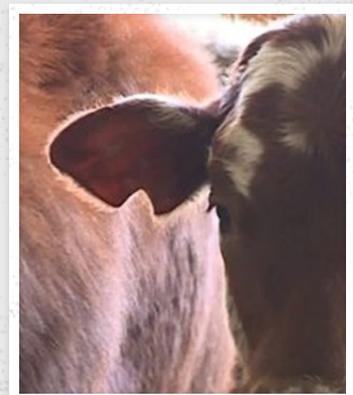
1CLSI Performance Standards for Antimicrobial Disk and Dilution Susceptibility tests for Bacteria Isolate from Animals. CLSI, Vet01, Edition 5.

2Understanding Susceptibility test Data as a Component of Antimicrobial Stewardship in Veterinary Setting. CLSI, Vet09, Edition 1.

MOLECULAR DIAGNOSTICS

FREE BVD PCR PLATES FOR EAR NOTCH SUBMISSIONS

The Molecular section is currently in the process of evaluating 24 well plates for ear notch submissions for BVD PCR. WVDL pools up to 24 individual ear notches into a single sample for BVD PCR testing; so each plate will hold enough samples for one pool. The use of these plates for sample processing of ear notches is a more ergonomical alternative to individual tube submissions. For each ear notch sample submitted in individual tubes, microbiologists must remove and re-cap the tubes a minimum of two times per sample. This process creates an immense amount of physical stress on microbiologists processing



hundreds of samples daily. Alternatively, use of the 24 well plates with rubber lids eliminate the need and stress of removing the caps and also cuts down processing time.

Ear notch samples are collected and placed directly into the 24 well plates and sealed with rubber plate sealer included in sampling kit. See below for the picture of plate and lids. When collecting samples, start at well A1 and go across by row for samples 1-6. Then the second row will contain 7-12 and so on. Label the plates so that the lab is aware of which plates correspond with the submission form.

The plates/lids are available at **no cost** to our clients. Clients are welcome to contact the WVDL by sending an email to supplyroom@wvdl.wisc.edu and requesting the 24 well BVD PCR collection supplies, which will include the plate and lid for each pool required. There is a submission form available specifically for these cases that must be used for these plates and that will be emailed when plates/lids are requested. We will also be including a survey in order to solicit feedback on the use of these plates/submission forms. Please see below for an example of the BVD PCR Plates for Ear Notch submissions.



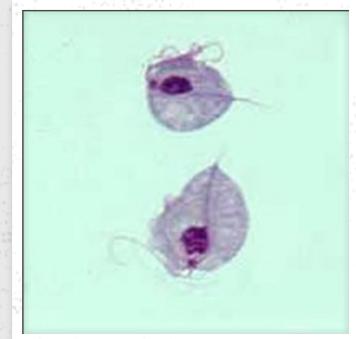
24 well plate-not sealed



24 well plate with rubber seal

CHANGES TO TRITRICHOMONAS FOETUS PCR TESTING

WVDL has changed the days *Tritrichomonas foetus* PCR testing is being performed in order to decrease our result turnaround time and better serve our client needs. The PCR will now be performed Monday, Wednesday and Friday with same day test results. As a reminder, the pouches need to be incubated for 24 hours before testing. So pouches tested on Monday will need to be received either Friday or special Saturday deliveries. Pouches received Monday or Tuesday will be tested on Wednesday and so on.



WVDL is currently evaluating a new test to eliminate the 24 hour incubation in the future to make PCR submissions easier for our clients. We will provide update when we are ready for

implementation.

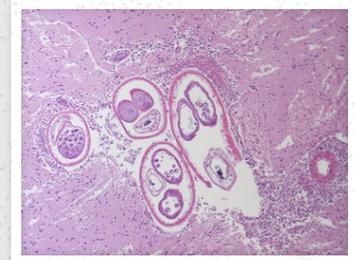
PATHOLOGY

UPDATE ON FORENSIC/LEGAL NECROPSY COSTS

Effective May 1, 2023, the cost of forensic/legal necropsy cases will be adjusted so that a single additional fee of \$176.82 will be added to the standard necropsy fee for each case. The WVDL had previously been charging a single flat rate fee of \$535.81 for all forensic/legal necropsy cases, regardless of the species or size of animal. This modification will simplify the WVDL's billing process, in addition to charging a more appropriate by-weight fee to our clients. This fee is added due to the increased storage of tissues and time invested in these cases. As a reminder, all forensic/legal cases must be submitted by animal or law enforcement agencies, using the Forensic Exam Submission Form, found on the WVDL website: <https://www.wvdl.wisc.edu/wp-content/uploads/2022/08/Forensic-Exam-Submission-Form2022.pdf> (see Submission Guidelines drop down menu to locate this form as well).

DIGITAL MICROSCOPY IMPLEMENTATION AT WVDL

A Leica Aperio GT 450 digital slide scanner was recently purchased and installed at the WVDL. This was made possible through a USDA Veterinary Services Cooperative Agreement that was awarded to WVDL. This equipment allows us to create digital files of our glass slides, which can then be viewed on a computer located anywhere in the world. The primary goals of implementing digital pathology at WVDL are as follows:



- Improve ability to recruit highly qualified diagnostic pathologists with remote work capabilities via enhanced ability to rapidly distribute diagnostic materials.
- Continue to respond to the growing national caseload for Chronic Wasting Disease (CWD), a NAHLN scope disease. The WVDL has developed a national reputation for excellence and performs ~50,000 tests per year with ~ 500 IHC confirmations. Minimizing turnaround time for the ~20 states that submit samples is critically important for hunters and states to manage their captive and wild cervid herds.
- The immediate positive impacts of this equipment will be to facilitate remote work and to decrease sample turnaround time by removing time required for shipping and handling to our diagnostic lab located in Barron, WI. Barron is 250 miles from the Madison Laboratory, where tissues are processed for histopathology.
- Scanned slides can be easily shared among several pathologists for consultation or training purposes and digital archives allow for collation of related case material. Digital

microscopy also greatly enhances opportunities to develop standardized images for diagnostic training of NAHLN scope diseases, which the WVDL regularly handles.

PATHOLOGY SCIENCES STAFF HIGHLIGHTS AND UPCOMING EVENTS

Three members of the Pathology Sciences section will be attending some exciting up-coming training opportunities.

Rachel Stanford, Barron WVDL, and Tori Smith, Madison WVDL, were accepted to participate in the Kentucky Veterinary Diagnostic Laboratory Necropsy training program. The University of Kentucky, Veterinary Diagnostic Laboratory is offering a one-week experience with a focus on ruminant and production animal necropsy. This opportunity is made possible with funding from a three-year grant from USDA-NIFA. The aim of this program is to allow veterinarians, veterinary technicians, necropsy technicians, or veterinary assistants currently working with production animals within the United States of America, an opportunity to improve their necropsy skills as well as better understand further diagnostic testing options. During the week the participant will work with technicians and pathologists performing gross necropsy examinations. In addition, there is the opportunity for access to continuing education modules, time with toxicology, clinical pathology and microbiology sections as caseload allows.

Tori is also planning to host the Wisconsin Histotechnology Society's (WHS) Spring 1-day educational series to be hosted at WVDL on June 10th. This event will be open to WHS members and non-members and will consist of 4 educational presentations. Two WVDL team members, Dr. Maggie Highland and Safety Specialist/Quality Coordinator, Deb Hartley will be presenting on pathology and safety topics. Certified Histotechnicians and Histotechnologists will receive continuing education credits for their ASCP recertification. Breakfast will be sponsored by Newcomer Supply of Middleton, WI and Lunch provided by Eprexia, a vendor of WVDL.

Ashlee McDonald will be attending the International Veterinary Forensic Sciences Association Conference in Arizona. This year's conference will feature a forensic radiology workshop which will further our staff's knowledge and expertise in operating our digital radiology system. Conference topics include large scale animal cruelty investigations, wildlife investigations, the role of pathologists in forensic casework, several panel discussions on report writing and career development, and an interactive tour of Midwestern University's Diagnostic Pathology Center. There will also be limitless opportunities provided for networking with some of the world's top veterinary forensic experts.

SEROLOGY

BRUCELLOSIS TUBE TEST DELAY

Due to an unexpected backorder, the WVDL will stop testing serum using the Brucellosis Tube Test for the week of April 17-21. It is estimated that testing will resume on April 24, with the first results being posted on April 26th. Serum samples submitted for Brucellosis Tube Test will be saved and run the week of April 24. Please contact the WVDL with any concerns or questions.

REMINDER TO AVOID HEMOLYSIS IN SERUM SAMPLES

As we start to experience warmer weather the WVDL would like to provide client with some simple steps to take to avoid hemolysis of serum samples. To ensure optimal quality we highly recommend that collected whole blood be kept in tubes sitting upright at room temperature for a minimum of 30 minutes to a maximum of 60. For bovine samples, please leave upright. For avian samples, leave tubes in a slanted position while clotting. This allows for the clotting factors to bind red blood cells through the serum. This timeframe allows the blood clot to form and minimizes the likelihood of any clotting factors remaining in the serum. If possible, samples may then be centrifuged and serum removed for submission. If centrifugation is not possible, samples shall be chilled and submitted directly to the laboratory for testing.



Best Practice for Serum Submissions

- Collect blood for serum submissions in an appropriate tube with no additives (glass, glass serum separator, plastic – polystyrene or polypropylene) and allow to clot at room temperature for 30-60 minutes. This timeframe is essential for blood clot formation and minimizes the likelihood of any clotting factors remaining in the serum.
- Centrifuge blood, if able, and remove serum from the clot for submission. If centrifuging is not possible, collecting a greater volume of sample is recommended to ensure the laboratory is able to obtain an adequate volume of serum that is free of red blood cells.
- Protect blood samples from direct sunlight, extreme heat/freezing and vigorous mixing to prevent hemolysis and degradation of serum.
- Be mindful of extreme temperature shifts. On warm weather days, blood should be kept in a chilled cooler. Or on cold weather days, blood samples should be kept in a cooler with warm packs. Do not allow for cold or warm packs to have direct contact with the samples.
- Avoid jostling, vibrating or excessive movement of the blood tubes such as leaving the blood tubes on the vehicle's dash board (which may also be hot) or on the floor.
- Excessive serum lipids (clotting factors) and hemolysis (lysed red blood cells) both have an interference effect on serology assays and will be rejected. Lipemic serum will appear thick/milky after centrifugation. Hemolyzed serum will appear dark red with little differentiation between the clot and serum. It will also leave a pink residue along the

inside wall of the specimen tube when twirled. These samples should be discarded and a new sample shall be collected for testing.

EIA/COGGINS TESTING INFORMATION



As spring continues, the WVDL wants to ensure that we are able to continue providing exceptional diagnostic services for EIA Testing. Please read below for more information on EIA Testing offer at the WVDL Barron Location.

Updates to EIA Testing Services

1. Official certificates can be expected within 72 hours of receipt at the Barron laboratory.
2. Testing services may be expedited with results available within 24 hours of receipt for an added fee. Please see the website for more information.
3. Submissions that do not meet USDA requirements and require clerical attention for processing will be charged an additional processing fee. Testing services may also be delayed.

Helpful Hints for Frustration-Free EIA Testing

1. The only EIA/Coggins testing available is ELISA.
2. Please submit at least 1mL of serum, refrigerated and shipped on cold packs. ****Please note, hemolyzed serum will be rejected.****
3. Samples must be submitted with their completed submission form. Please note, the animal ID listed on the paperwork MUST match and be clearly identified on the serum sample.
4. Submitting veterinarians MUST have a valid National Accreditation Number.
5. The WVDL-Barron accepts 3 types of submission forms: the Official Federal VS10-11 form, as well as electronic forms via Global Vet Link and APHIS Veterinary Services Process Streaming (VSPS). See more information here: <https://www.wvdl.wisc.edu/wp-content/uploads/2022/02/Equine-Infectious-Anemia-EIA-Submissions-Frustration-Free-Equine-Infectious-Anemia-Testing.pdf>

Please feel free to call (715-637-3151) or email (info@wvdl.wisc.edu) us at any time for answers to your questions. More information can be found at:

<https://www.wvdl.wisc.edu/index.php/equine-infectious-anemia-virus-eia-diagnostic-testing/>

VIROLOGY

HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI): PREPARING FOR SPRING SAMPLE

SUBMISSIONS

H5N1 continues to be on the forefront of WVDL's testing preparedness. We are closely watching the spring migration of birds through Wisconsin and anticipate a busy spring testing for H5N1. The Cornell Lab of Ornithology currently produces a live bird migration map: <https://birdcast.info/migration-tools/live-migration-maps/>.

As a reminder, wild birds can be infected with H5N1 and show no signs of illness. They can carry the disease to new locations when migrating therefore continue to pose a threat to the poultry industry. The Eurasian H5N1 strain H5N1 outbreak that started in the spring of 2022 is not yet over. As the spring is here, all bird owners should review their biosecurity procedures and continue to stay vigilant to protect poultry and pet birds from H5N1.

WHAT YOU NEED TO KNOW ABOUT AVIAN INFLUENZA PCR TESTING AT WVDL:



Media: WVDL is able to send media for AI testing upon request.

The form and a video on proper sampling technique can be found at <https://www.wvdl.wisc.edu/forms/> under the "Supply Order Forms" header.

WVDL email contacts: One email address has been created to streamline point of contacts at WVDL. Please use AIsubmissions@wvdl.wisc.edu when contacting WVDL about avian influenza questions and sample submissions.

WVDL submission form: <https://www.wvdl.wisc.edu/forms/> We have recently updated the avian submission form with boxes to check for which category of testing is requested. **NOTE: this affects testing turnaround time, so please complete the boxes.**

Testing schedule: Routine testing is performed 2 days/week. The expected time for results to be reported is around 5-6 pm or later on testing day. Additional testing schedule will be added only when same day testing results is needed, thus advance arrangement is **required** for these type of testing. Please reach out to us as soon as you anticipate urgent testing need for permitted movement, control zone surveillance testing, restocking re-movement testing or over mortality threshold testing. If you have questions of needing additional information, please refer to resources available on the DATCP website:

- [DATCP avian influenza webpage](#). Includes a biosecurity self-assessment, prevention tips, and other information about the disease.
- [USDA Defend the Flock program](#). Biosecurity information and videos to learn about protecting your flock.
- [DATCP's AI resource center](#). Fact sheets and brochures to learn about food safety, protecting your pets, and biosecurity.

Any high increase in mortality or abnormal clinical signs should be reported to DATCP at (608) 224-4872 on Monday-Friday, 7:45 a.m.-4:30 p.m. or (800) 943-0003 on evenings and weekends or email to datcpanimalimports@wisconsin.gov.



CONTACT US

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With Reliable Results and Exceptional Customer Service*

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