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Washington State VETERINARIAN

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Message from the State Veterinarian, Dr. Brian Joseph

What is African Swine Fever?

African Swine Fever (ASF) is a highly contagious and deadly viral disease affecting domestic and feral pigs of all ages. The disease currently threatens global food security and economic stability. The recent overseas outbreak appeared 13 months ago and has spread with devastating effect to at least 50 countries in Africa, Asia and parts of the European Union. It is not contagious to humans and is not a food safety issue.

How has ASF affected China?

China is the world's largest producer and consumer of pork and pork products. Unfortunately, about half of China's 300 million hogs have been destroyed in an attempt to control ASF during this outbreak. Unlike U.S. swine production, more than two-thirds of China's pork producers are small, with two or three pigs. The loss of their hogs places these families' food and financial security at risk.

Is ASF present in the U.S.?

ASF has never occurred in the U.S. and is considered a Foreign Animal Disease. ASF introduction into to the U.S. would devastate our pork industry and economy. The U.S. is the world's third-largest producer and consumer of pork and pork products. The National

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Pork Producers Board estimates more than 60,000 pork producers in the U.S. support about 550,000 jobs and annually market more than 115 million hogs with a total gross income of more than $20 billion. If the virus became established in feral hogs within the U.S., it would be nearly impossible to eradicate and would have long term food security and trade consequences

What are the signs of ASF infection?

Signs of ASF infection in hogs include decreased appetite, high fever, reddening of the ears and skin, loss of appetite, lethargy and death. Pigs may have diarrhea, constipation or signs of abdominal pain. Respiratory and neurological signs have been reported and abortions may be the first sign of infection. In acute cases, death occurs within 7 to 10 days, but less virulent isolates result in recovery in three to four weeks. The disease can be confused with other swine diseases such as classical swine fever, erysipelas, influenza, Nipah virus and salt poisoning. Beware of the above signs of illness and immediately report their occurrence to USDA's toll-free number at 1-866-536-7593. Timeliness is essential to prevent the spread of ASF.

Can we prevent ASF with vaccination or can we treat infected animals?

There is no effective ASF vaccine or treatment at this time. On-farm biosecurity is critical to prevent introduction and spread of ASF. Pig owners and swine workers must follow strict biosecurity practices to help protect pigs in the U.S. from ASF.

How can we keep the ASF virus out of the U.S.?

The virus is hardy and can survive in pork for more than six months after slaughter. It can survive extreme pH, elevated temperature, salting, curing and, for at least a month, in the grain products and feed additives used in hog rations that come from China. In addition, the virus could be carried into the U.S. intentionally or unintentionally in smuggled meat and meat products. International travelers could unknowingly bring back this disease from an ASF-affected country, especially if they visit farms. A backyard hog or pet pig in the U.S. could contract the disease by eating a food scrap from an infected pork product coming into the U.S. from an affected country. The virus could spread pig to pig, then into a production facility via clothing, boots or even a crow's feet.

Abnormal blood accumulation and hemorrhage in ear tips due to ASF
Photo provided by USDA APHIS.

If you do travel internationally, make sure you thoroughly clean, disinfect or dispose of clothing or shoes you wore around pigs on international farms before returning to the U.S. Do not visit a farm, premises with pigs, livestock market, sale barn, zoo, circus, pet store with pot-bellied pigs, or any other animal facility with pigs for at least 5 days after your return. If you go visit an ASF-affected country, do not bring back pork or pork products. Visit the APHIS swine disease information page for further information concerning products you can safely and legally bring into the U.S.

In addition to stringent biosecurity practices, the most important preventive measure we can take is to avoid feeding garbage to pigs, especially imported pork products less likely to meet USDA standards. Eradicating ASF is difficult and costly. Control is accomplished by swift detection, reporting and control, and prevention. Heat treatment does not always inactivate virus; that's why swill or garbage feeding has been forbidden in some countries as a disease prevention measure. ⌘

Reminders from the State Veterinarian's Office

Dr. Ben Smith, WSDA Regional Field Veterinarian, Region IV

Here are a few things we see or hear in the office that can serve as reminders to practicing veterinarians.

1. **Certificates of Veterinary Inspections (CVI) must be turned in within 7 days of issuing (WAC 16-54-032).** This timeline is very important because if we need to trace an animal, we need to look it up in our database ASAP. Better yet, sign up for the OVIS electronic system and you won't have to send anything, it is automatically sent to us. These electronic certificates (small and large animal) are free and very easy to use. There is also a module in this system for entering brucellosis vaccination and TB testing reports. There is a short YouTube video available to walk you through the process.
2. **Official identification for livestock is another common topic.** Any tag for livestock with "US" inside a shield is official ID. These may be electronic radio frequency tags or metal, but if they have that US shield, they are official. They will also state "Do Not Remove." Never take one of these tags out because that would disable all traceability for that animal and may cause compliance action.

3. **Horses pose a bit of challenge because the USDA has not defined official identification for them.** An RFID chip in the neck is pretty tough to deny, especially if you have good photographs from 4 sides and/or a brand associated with the animal. RFID chips are becoming more common, so scanning the neck of a horse with a reader should be part of a CVI exam.

If you have questions, please ask. We are here to help you stay compliant. ⌘

Washington Reportable Disease Stats

NOVEMBER 2019		
DISEASE REPORTED	**ANIMAL**	**NUMBER**
Pigeon Fever (*Corynebacterium Tuberculosis*)	Equine (horse)	1
Equine influenza	Equine (horse)	4
Heartworm	Canine (dog)	2

DECEMBER 2019		
DISEASE REPORTED	**ANIMAL**	**NUMBER**
Equine influenza	Equine (horse)	1
Heartworm	Canine (dog)	3
Leptospirosis	Canine (dog)	1
Viral hemorrhagic disease of rabbits (calicivirus)	Lagomorph (rabbit)	3

Online reporting for animal reportable diseases

Kate McConnell, MPH
Minden Buswell, DVM, MPH, DACVPM

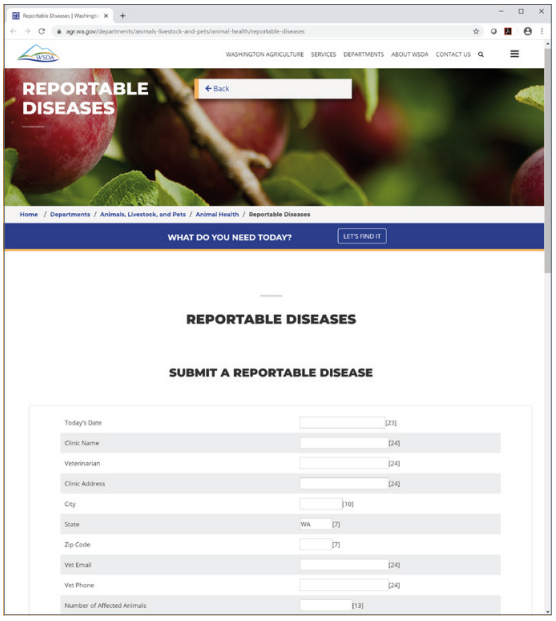
Part of WSDA Animal Health Program's (AHP) disease control efforts requires veterinarians and veterinary laboratories to report the occurrence of any animal diseases on the World Organization of Animal Health's (OIE) notifiable disease list, as well as any other animal diseases reportable within WA.

Historically, these reports were made via phone, fax, and/or email. The AHP's protocols for receiving, recording, managing, and sharing these animal health surveillance data have evolved in recent years. Notably, in 2018 AHP moved from a paper-based recordkeeping system to an electronic database, referred to as the Reportable Animal Diseases (RAD) Database.

The most exciting change for 2019 is the web-based reporting option for veterinarians. This web page allows veterinarians to submit a reportable case directly online. This page collects all necessarily information and provides an option to upload laboratory results associated with the case. No more printing, saving, attaching, and emailing!

Please go to the webpage and see the newest advancement in easing the reporting burden for our private veterinary colleagues!

Check it out: Submit a Reportable Disease. ⌘



EQUINE

Equine Influenza

Dr. Brian Joseph

Equine influenza -- a highly contagious viral disease of horses -- is the most important equine respiratory disease in many countries. Characterized by high morbidity and occasional mortality, some circulating strains can be fatal, especially in donkeys and mules. Infected horses cough or snort infective droplets into the air; airborne viral particles can then be inhaled by nearby horses. The virus can also be spread by contact with contaminated surfaces such as stalls, wash racks, stocks, water sources, feed, tack, grooming equipment, vehicles, human activity and clothing. The incubation period is typically 24 to 72 hours. Horses 1 to 5 years old are most susceptible.

Signs of infection include fever, lethargy, lack of appetite, muscle pain and weakness, and a dry, hacking cough. Nasal discharge is usually clear, but secondary bacterial infections may cause the nasal discharge to thicken and become white or yellow. Lymph nodes around the head and neck may become swollen and painful. Horses displaying these signs should be seen immediately by a veterinarian for examination, diagnosis, and treatment recommendations.

A confirmed diagnosis of equine influenza requires either virus isolation from nasal swabs, a polymerase chain reaction (PCR) positive test from nasal swabs, a positive serum enzyme-linked immunosorbent assay (ELISA) or a fourfold increase in antibodies comparing serum samples taken during the acute stage of illness and convalescence. Horses rarely shed virus following recovery. A positive diagnosis of equine influenza should trigger extensive cleaning and disinfection activity on affected premises; fortunately, the virus is easily killed by most disinfectants.

Treatment includes supportive care, rest, and non-steroidal anti-inflammatory medications to control fever and increase appetite. Antibiotics may be necessary to treat secondary bacterial infections that often develop. Recovery can take as long as six months. Horses should be restricted from strenuous activity for a month or more to allow healing of respiratory tissue. Influenza spreads easily and rapidly between horses so affected horses should be placed in isolation at the first signs of fever and respiratory illness. Equine influenza has not been reported in humans, but has been found to affect camels, cats and dogs.

More information concerning equine influenza including locations of current outbreaks can be found on the Equine Disease Information Center website. ⌘

We are entering the typical equine influenza season in Washington and there are measures horse owners can take to prevent infection in their horses:

1. **Immunization with the currently available inactivated virus vaccine is of great importance. All three Washington horses recently diagnosed with equine influenza were unvaccinated. Vaccine provides incomplete and short-term protection and should be repeated at least every six months for horses traveling or participating in events. Just like human influenza virus, different strains of the virus are present in different years. Seek veterinarian guidance regarding vaccines.**
2. **Avoid congregating horses more than necessary during the cooler part of the years when equine influenza is most common. If participating in an event, park trailers away from others and prevent nose-to-nose contact between horses.**
3. **Do not share tack.**
4. **Wash hands before and after handling horses and between handling different horses.**
5. **Only trailer horses in routine contact with each other.**
6. **Thoroughly clean and disinfect trailers before and after use.**
7. **Promote use of metal vs wood surfaces to facilitate cleaning and disinfection.**
8. **Quarantine new or returning horses for 30 days.**
9. **After weaning, group horses according to age to reduce risk of transmission from older to younger horses.**

From the WSDA Ag Briefs Blog

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wastatedeptag.blogspot.com

- **Additional rules to contain deadly rabbit disease**
- **Deadly deer virus detected in Western Washington yak**

SMALL ANIMAL

Known canine influenza viruses and history

Dr. Ric Torgerson, WSDA Regional Field Veterinarian, Region II

Influenza in canines is caused by type A influenza viruses that are members of the Orthomyxoviridae family. Currently, active dog-to-dog transmission of influenza in the U.S. occurs with strains H3N8 and H3N2. Other influenza virus types have occasionally affected dogs, but to date they are not infectious between dogs.

H3N8 is thought to have been an equine source virus that became infective for dogs via antigenic drift within the H gene. The hemagglutinin (H) unit is host specific and essential for host invasion, whereas the neuraminidase (N) unit enables the virus to propagate with release of viral progeny from infected cells. Prior to 1999, equine H3N8 had only been occasionally found in dogs and only with direct horse contact. By 2004, the first outbreak of canine transmissible influenza A (H3N8) was documented in racing greyhounds. Genetic analysis of lung tissue from these cases revealed this H3N8 strain bore many similarities to the equine strain. This led to the realization this strain jumped from horses to dogs. Additional dog-adapted H3N8 disease outbreaks occurred at 14 racetracks in 6 states between 2014 and 2016. Canine H3N8 has slowly spread to a total of 46 states to date.

During 2007 in South Korea, H3N2 was isolated from a dog with respiratory signs and determined to be an avian influenza virus. Other similar cases were reported in China and shown to be like the South Korean virus. The first H3N2 outbreak in the U.S. occurred in 2015 in Chicago and was followed by another outbreak in Atlanta. Subsequent examination of over 450 dogs from 13 states found low seroconversion for H3N2 with all positive dogs originating from Indiana and Illinois, suggesting H3N2 exposure was low and a large portion of canines would be highly susceptible to infection. Since then, this canine viral type has been reported as sporadic in more than 30 states. However, genetic analysis from subsequent reintroductions indicates H3N2 from Asia has contributed to additional U.S. outbreaks.

An additional Asian strain (H5N2) has not been reported in the U.S., but was isolated in 2009 in China from a dog with signs of respiratory disease and found to spread among dogs, producing mild disease and no fatalities.

Canine Influenza Virus (CIV) is the term currently used for the known dog-adapted, disease-causing strains H3N8 and H3N2 discussed above. Since 2004, there has been continuous spread of these viruses in the U.S. However, this is still a relatively unusual infectious disease in the overall canine population. In general, the U.S. dog population is naïve; therefore, these influenza viral strains are highly concerning. Morbidity has been reported to be as high as 80 percent in such naïve populations. The essentially unexposed greyhound populations experienced mortality as high as 36%, but CIV mortality is estimated to be 1-5 percent in the general dog population. Thus, in the general dog population only a small mortality percentage is expected even though most dogs will become infected on exposure.

Transmission is by respiratory secretions, aerosols and fomites. Incubation is only 2-3 days with high levels of viral replication and shedding. Onset of clinical signs begins at the end of incubation and is marked by the beginning of rapid decline in viral shedding. H3N8-infected dogs continue to shed virus for an estimated 7-10 days whereas infection with H3N2 comes with viral shedding more than 21 days after infection. Thus, infectious shedding occurs before and after clinical disease with continued shedding in the case of H3N2 for more than three weeks.

Signs are indistinguishable from other pathogens causing canine infectious respiratory disease and history mirrors other respiratory diseases. This makes diagnosis by presentation and history impossible.

Early testing within 4-5 days of first onset of clinical disease with influenza PCR assay for H3N8 and H3N2 variants is the preferred method done in time when viral shedding is peaking and to avoid false negative results that may occur later when viral shedding is declining. Adhere to the laboratory's collection and handling directions, collecting deep nasal (both nostrils) and oropharynx and pool the samples.

Cornell University's College of Veterinary Medicine maintains a database of CIV incidence. The database shows for the 90 days through the end of September 2019, there were no new CIV cases out of eight suspected animals in WA. ⌘

CANINE INFLUENZA VIRUS PREVENTION

Vaccination is recommended for dogs at higher risk of contact with infected dogs.

CONTROL

- Quick detection
- Minimization of exposed
- Owner education
- Isolation of sick and exposed
- Proper Cleaning & Decontamination

BOVINE

Update on Tuberculosis in the U.S.

Dr. Amber Itle, WSDA Assistant State Veterinarian and Regional Field Veterinarian, Region 1

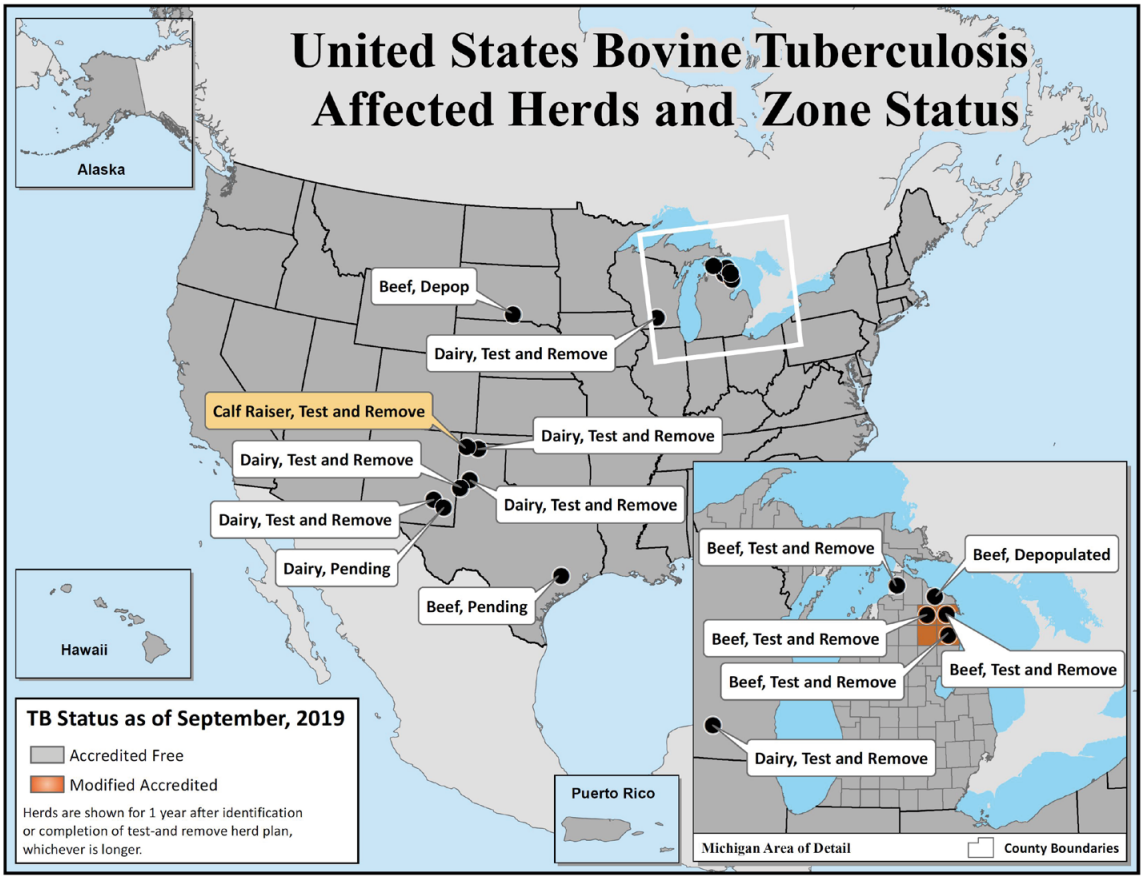
Mycobacterium bovis is a chronic but asymptomatic bacterial disease of cattle. Bovine tuberculosis can be transmitted to humans by consuming raw milk products, inhalation of aerosolized respiratory tract bacteria, or inoculation by contaminated instruments. In the early 1900s, bovine tuberculosis was an endemic disease and the leading cause of human death in the U.S. accounting for 450 deaths/day.

In 1917, the USDA implemented the Tuberculosis Eradication Program that still exists today. As of 2018, the prevalence of TB in cattle, bison and captive cervids remains low in the U.S. at approximately 7 per 1 million herds on an annual basis, leaving 99.99% of herds unaffected. The program has been hugely successful; however, sporadic cases of tuberculosis still arise in beef and dairy cattle herds across the U.S. due to spillover from wildlife. Although still unfounded, there is increasing concern over possible infections from asymptomatic infected humans to cattle.

The challenge to eradicating tuberculosis has been that wildlife, such as white-tailed deer, are considered reservoirs of the disease, maintaining the microorganism in the environment and functioning as a source of re-infection for livestock. The disease can be spread between livestock and wildlife (and vice versa) through the fecal-oral route, ingestion of contaminated food, or though the respiratory tract. Elk, mule, bison, raccoons, moose, coyotes, opossums, feral cats, gray foxes, black bears, feral swine, gray wolves, red foxes and bobcats have all been implicated in disease spread. In certain geographic areas where wildlife is known to harbor the infection (e.g., Michigan and Minnesota), there is active surveillance for the disease. There are several herds currently undergoing test and cull programs (see map).

Although overall herd prevalence is low, intensification of animal agriculture presents challenges for disease control, containment and eradication. Providing veterinary personnel for testing and securing funding for indemnity for large herds is becoming increasingly difficult. For example, a recent detection in an organic dairy in Texas resulted in testing of 55,000 exposed animals in 7 states. The index herd of 8,700 head, the affiliated 5,400 head dairy grower and an additional 14,500 head within a 70,000 head group were identified as “exposed.” Those herds must be tested every 6 months for 5 years and all animals that test positive will be culled.

In Washington, there has not been a case of bovine tuberculosis detected since 2013 and there are no known wildlife reservoirs. However, all the USDA inspected slaughter facilities in WA have a proactive surveillance program identifying and testing any lesions consistent with tuberculosis at slaughter. WSDA also requires Tuberculosis testing for certain classes of cattle imported into WA. ⌘

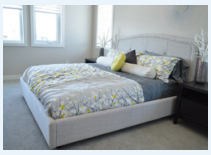


Source: USDA APHIS

Dr. Susan Kerr, Extension and Outreach Specialist

Tuberculosis: Where we've been, where we are

Here's a fun and educational activity about the history of tuberculosis and how it affected—and continues to affect—various aspects of life in the U.S. Guess how each connects to the legacy of TB; answers are below.

1 

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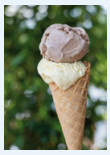
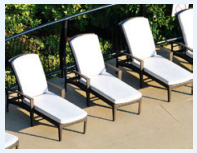
3 

4 

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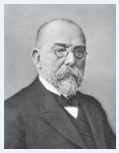
8 

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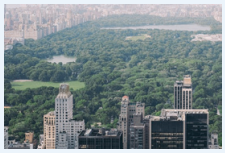
10 

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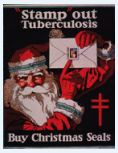
13 AMERICAN LUNG ASSOCIATION®

14 

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1. **Bed covers:** Public sanitation laws were enacted to reduce infectious disease transmission at hotels and public lodging houses. Regulations included pulling the flat sheet up and over the top cover because sheets were washed between guests, but top covers were not.
2. **Man shaving:** Beards were very common in the mid-19th and early 20th centuries, but after the advent of the germ theory and its application to TB, shaving became a widespread hygiene practice for men.
3. **Ice cream cones:** Ice cream cones replaced "penny lick" or small glass containers of ice cream that customers purchased for one penny and licked the ice cream from. They returned the containers, which were often reused without washing.
4. **Lounge chairs:** Reclining chairs were created for use by patients "taking the air cure" at sanitoriums.
5. **Sleeping porch:** Implementing the concept of fresh air being good for health, architects started incorporating sleeping porches into house designs. They are common in Victorian-era homes.
6. **Dress hemlines (2):** To reduce contact of women's dresses with spit-covered public sidewalks, hemlines were raised.
7. **Playgrounds:** Public playgrounds were established to encourage children to be physically active in fresh air.
8. **Koch's Postulates of Bacterial Disease:** Dr. Robert Koch refined and applied germ theory to the causes of cholera and TB. Remember the four postulates? The bacterium must be present in every case of the disease; the bacterium must be isolated from a diseased host and grown in pure culture; that disease must be reproduced when the bacterium is given to a healthy susceptible host; and the bacterium must be recovered from the experimentally-infected host.
9. **Art:** TB (a.k.a. "consumption" and "the great white plague") has been a common theme in paintings, theater, opera, films, novels, songs, and even sculptures for centuries.
10. **Public parks:** Public areas were set aside to encourage people to go outside for fresh air.
11. **Public recreation areas:** Public ball fields were provided to promote physical activity.
12. **Public health campaigns (4):** TB eradication was the first public health campaign. Educational posters encouraged people to eat well, get enough sleep, get fresh air, etc. Subsequent public health campaigns have included smoking cessation and early breast cancer detection.
13. **American Lung Association:** This active organization was originally called the National Association for the Study and Prevention of Tuberculosis. It was established in 1904 and was the U.S.'s first voluntary health organization. After TB was drastically reduced, the Association's outreach has focused on anti-smoking efforts, the Clean Air Act, cystic fibrosis, and lung cancer screening.
14. **Christmas seals:** These annual stamps first appeared in 1907 as a fund raiser to fight TB. For a penny each, people could receive stamps with that year's Christmas seal design to decorate holiday mailings and promote lung health. The program continues.
15. **Westward expansion:** In addition to gold seekers, religious sects, and homesteaders, the U.S. westward expansion included those hoping to improve their health in the reportedly hot, dry, and clean western air.
16. **Clinical trials:** TB treatment was the first instance of clinical trials in human subjects.
17. **Pasteurization:** Prevention of zoonotic TB and brucellosis transmission from infected cow's milk hastened the practice of pasteurizing milk for human consumption.
18. **Handwashing:** TB prevention efforts helped usher in new standards of personal hygiene practices, such as making handwashing routine.
19. **No spitting campaigns:** Part of the improved sanitation effort to reduce TB cases, the anti-spitting campaign targeted the very common practice of people spitting in the street. Once an accepted and ordinary sight, public spitting became frowned upon and condemned, which continues to this day.

[1]"The Sick Child" 1927, by Edvard Munch, photo by A.Davey, is licensed under CC BY 2.0; [2]Image: www.ebay.com

TB Performance Standards for Veterinarians

Dr. Amber Itle, WSDA Assistant State Veterinarian and Regional Field Veterinarian, Region 1

WSDA relies on accredited veterinarians to conduct TB surveillance by performing caudal fold tests prior to interstate or international movement. The official tuberculin test should yield a false positive responder rate of 1-3 percent. USDA monitors the response rate reported by each accredited and regulatory veterinarian conducting official tuberculin tests. A response rate of less than one responder for each progressive specified range of caudal fold tests (CFT) conducted after 300 animals have been tested (as outlined in Appendix C of Bovine Tuberculosis Eradication Uniform Methods and Rules), must be addressed and appropriate action taken and documented. One of our field veterinarians must visit each accredited veterinarian failing to meet the appropriate response rate. If a veterinarian's false-responder rates don't align with expectations without valid justification, they are at risk of being reported to NVAP for removal of accreditation. ⌘

AVIAN

The National Poultry Improvement Plan: What is it?

Beth Reitz, WSDA Avian Health Program

The National Poultry Improvement Plan (NPIP) is a cooperative effort of the poultry industry and state and federal governments to use technology to keep poultry healthy, establish standards for evaluating poultry health, and use common terminology for these standards. In exchange for having annual site inspections and having birds regularly tested for disease, participants in the program are listed on the NPIP database showing their poultry or poultry products are free from specific diseases of concern, making it easier to sell and show poultry throughout the country.

The program was created in response to disease that spread quickly through the poultry industry in the late 19th and early 20th centuries, particularly Pullorum Typhoid (PT). This disease was once rampant in the poultry industry and outbreaks could kill 80 percent of chicks.

Several states started PT testing programs in the early 1920s and before long, a few breeding flocks were identified as free of pullorum. As news of the availability of their healthier stock spread, those breeders became overwhelmed with orders for baby poultry from all over the country. It was then more important than ever that stock be free of PT and production be improved.

Equally important was terminology. States having PT testing programs used their own criteria and terminology to identify the various levels of freedom from the disease. With the distribution of stock over a wide geographical area, it soon became apparent nationwide criteria and common terminology for both breeding and disease control programs were needed.

The NPIP is meant to provide consistent criteria and common terminology. The provisions of the NPIP are changed from time to time to conform to the development of the industry and use new information as it becomes available. These changes are based upon recommendations made at the National Plan Conferences by official delegates representing participating flock owners, breeders, and hatchery owners from all cooperating states.

The Washington State Avian Health Program is currently unable to certify new NPIP flocks due to a nationwide shortage of the PT antigen necessary to perform PT testing. Once we have received a new supply of the antigen, we will be able to accept new applications for the program. Washington state poultry owners interested in becoming NPIP certified can find information on joining the program and updates on the PT antigen shortage on our NPIP web page. ⌘

ANIMAL DISEASE TRACEABILITY

USDA delays timeline to transition to RFID

David Hecimovich, ADT Program Coordinator
Dr. Amber Itle, Assistant State Veterinarian

In late October, USDA announced its plan to phase-in the use of official 840 RFID ear tags for cattle and bison would be delayed. USDA remains committed to electronic ID but will take additional public comment on the proposed timeline.

USDA's Animal and Plant Health Inspection Service (APHIS) said in a statement the policy shift was in response to executive orders from President Trump that have highlighted the need for transparency and communication of issues "before placing any new requirements on American farmers and ranchers." Despite the executive orders withdrawing the timeline, APHIS acknowledged the continuing need for a national animal ID plan. Feedback obtained from industry stakeholders, and state and federal animal health officials during extensive outreach efforts in 2017 provided details on the progress of animal disease traceability, successes, and challenges or problematic areas of the initial framework. However, at that time the RFID phase-in timeline was not discussed.

In April, APHIS announced its plan to transition to radio frequency identification (RFID) tags from metal ear tags for all dairy cattle, sexually intact beef animals over 18 months of age moving in interstate commerce, and cattle used for exhibition, rodeo and recreations events. That plan has now been postponed.

The plan did not include any changes to current identification requirements, but rather proposed a change in the tag type from metal to RFID only. USDA will now continue to provide the free metal tags until the public comments have been reviewed and new proposed timeline is agreed upon.

"While the need to advance a robust joint Federal-State-Industry Animal Disease Traceability capability remains an important USDA-APHIS objective, we will take the time to reconsider the path forward and then make a new proposal, with ample opportunity for all

stakeholders to comment," the APHIS statement said. "We continue to believe that RFID devices will provide the cattle industry with the best protection against the rapid spread of animal diseases, as well as meet the growing expectations of APHIS."

USDA's goals to enhance ADT are to 1) Encourage the use of electronic identification for animals that move interstate under the current ADT regulation; 2) Enhance electronic sharing of basic animal disease traceability data; 3) Enhance the ability to track animals from birth to slaughter; and 4) Increase the use of electronic health certificates.

WSDA will continue to build infrastructure to support ADT and will offer veterinarians a choice between free electronic or metal official identification for regulatory work to support USDA's goals. Contact David Hecimovich at (360) 725 5493 or dhecimovich@agr.wa.gov ⌘

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AGR Pub 402-777 (R/1/20)