Introductory statement

Duck viral enteritis is **not found** in Australia. Duck viral enteritis (DVE) (also known as duck plague) is a contagious and often deadly infection of wild and domestic ducks, geese, swans and other waterfowl (Anatidae family). It is caused by a herpesvirus (Anatid herpesvirus-1) of the genus Mardivirus, family Herpesviridae, and subfamily Alphaherpesvirinae. Duck viral enteritis occurs in most parts of the world and in areas where it occurs, it is a disease of economic concern in the poultry industry as well as causing mass mortalities in wild birds.

Epidemiology

The disease is highly contagious and the virus is transmitted via faecal-oral contact. Environmental contamination (including water sources) with bird faeces containing the virus may spread the disease. Flock density is an important factor in disease outbreaks. Duck viral enteritis can cause mass mortalities in susceptible Anatidae species. The severity of the disease and the mortality rate varies between epidemics and also with the host species affected.

Vertical transmission can occur through eggs, but the epidemiological significance of this is not clear. Birds of all ages (from as young as 7 days) are susceptible to infection.

The disease course is usually acute but may be chronic. Latent infection can establish in the trigeminal ganglia with reactivation inducing shedding and disease outbreaks. Birds that survive infection may become carriers for up to 4 years and continue to shed the virus in the faeces. The disease can spread between domestic birds and wild birds sharing the same environment.

Mallards may be reservoirs of the virus as they are less susceptible to the disease. Migratory waterfowl play an important epidemiological role in transmission of DVE within and between continents. Disease outbreaks have only been seen in Anatidae however migratory non-anatid waterbird species are known to carry the virus (Dhama et al. 2017).
There is no regular migration of ducks or geese to or from Australia, however some natural movement of birds does occur (McCallum et al. 2008) and nomadic waterfowl species in Australia can move large distances within the country (Roshier et al. 2002; Tracey et al. 2004).

DVE is not a zoonotic disease.

**Clinical signs, pathology, diagnosis and control**

Many birds infected with DVE die acutely. Clinical signs include partially closed eyelids, photophobia, extreme thirst, inappetence, ataxia, nasal discharge, drooping plumage, watery diarrhoea, soiled vents and tremors of head, neck and body.

Pathological changes include vascular damage, internal haemorrhage, lesions in lymphoid organs, digestive mucosal eruptions and degenerative lesions in parenchymatous organs.

Diagnosis is based on characteristic gross and histopathologic changes, with herpetic inclusion bodies in the epithelium of the digestive tract and liver, and by viral isolation.

Vaccination is used in farmed birds. There is no effective treatment once birds are infected.

Wildlife disease surveillance in Australia is coordinated by Wildlife Health Australia. The National Wildlife Health Information System (eWHIS) captures information from a variety of sources including Australian government agencies, zoo and wildlife parks, wildlife carers, universities and members of the public. Coordinators in each of Australia’s States and Territories report monthly on significant wildlife cases identified in their jurisdictions. NOTE: access to information contained within the National Wildlife Health Information System dataset is by application. Please contact admin@wildlifehealthaustralia.com.au.

There are no reports of DVE in National Wildlife Health Information System.

DVE is a nationally notifiable animal disease. More information on DVE can be found on the OIE website [www.oie.int/](http://www.oie.int/).

If you suspect a case of duck viral enteritis in Australian birds, you should immediately call the free Emergency Animal Disease Watch Hotline (1800 675 888).

**References**


Acknowledgements

We are extremely grateful to the people who have input into this fact sheet. Without their ongoing support, production of these fact sheets would not be possible.

Created: July 2019

To provide feedback on this fact sheet

We are interested in hearing from anyone with information on this condition in Australia, including laboratory reports, historical datasets or survey results that could be added to the National Wildlife Health Information System. If you can help, please contact us at admin@wildlifehealthaustralia.com.au.

Wildlife Health Australia would be very grateful for any feedback on this fact sheet. Please provide detailed comments or suggestions to admin@wildlifehealthaustralia.com.au. We would also like to hear from you if you have a particular area of expertise and would like to produce a fact sheet (or sheets) for the network (or update current sheets). A small amount of funding is available to facilitate this.

Disclaimer

This fact sheet is managed by Wildlife Health Australia for information purposes only. Information contained in it is drawn from a variety of sources external to Wildlife Health Australia. Although reasonable care was taken in its preparation, Wildlife Health Australia does not guarantee or warrant the accuracy, reliability, completeness, or currency of the information or its usefulness in achieving any purpose. It should not be relied on in place of professional veterinary or medical consultation. To the fullest extent permitted by law, Wildlife Health Australia will not be liable for any loss, damage, cost or expense incurred in or arising by reason of any person relying on information in this fact sheet. Persons should accordingly make and rely on their own assessments and enquiries to verify the accuracy of the information provided.

Find out more at www.wildlifehealthaustralia.com.au
email admin@wildlifehealthaustralia.com.au
or call +61 2 9960 6333