

Disease Risk Analysis in European polecat reintroduction: improving conservation outcomes



Núria Banet Carreras

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INTRODUCTION

- Conservation translocations are conducted to restore populations, but they can also magnify the spread of pathogens.
- A Disease Risk Analysis (DRA) is a tool to gather information, identify the hazards, analyze the risks and manage the process in an informed way.



OBJECTIVE

 Perform the hazard identification step of a DRA for the reintroduction of European polecats in Catalonia.

METHODS

- Initial bibliographic search to list infectious and toxic diseases that could potentially affect polecats or mustelids (=hazards)
- Subsequent specific search to gather relevant information on each hazard

RESULTS

| Pathogen / Toxic agent | Symptoms | Mode of transmission | Detected in <i>M.</i> putorius |
|--|--|--|-----------------------------------|
| Virus | | | |
| Suid herpesvirus type 1 | depression/ coma | Direct contact/ ingestion of infected wild boar carcasses | No |
| Canine distemper virus | Neurological, respiratory and gastrointestinal signs | Inhalation/ direct contact | Yes, in Spain |
| Influenza viruses | Respiratory and neurological signs/ systemic lesions | Ingestion/inhalation | No |
| Rotaviruses | Diarrhea/ dehydration/ abdominal distension | Fecal-oral route | No (detected in domestic ferrets) |
| Aleutian mink disease virus | Apathy/ poor pelt/ anorexia/ weight loss/ diarrhea/ melaena/ infertility/ polydipsia/ neurological signs/ blood-clotting abnormalities/ ocular lesions | Direct contact with contaminated urine, feces and saliva/vertival transmission | Yes, but not in Spain |
| Infectious canine hepatitis virus | Loss of apetite/ depression/ vomiting/ diarrhea/ abdominal pain/ cough/ nasal discharge/ neurological signs | Ingestion/ inhalation | Yes, but not in Spain |
| Sars-CoV-2 | Asymptomatic | Direct contact/ inhalation | No (detected in domestic ferrets) |
| Bacteria | | | |
| Clostridium botulinum (botulism) | Flaccid paralysis of skeletal muscles | Ingestion of preformed toxin of <i>C. botulinum</i> | Yes, but not in Spain |
| Mycobacterium bovis (tuberculosis) | Asymptomatic (coughing and nasal exudates in severe cases) | Ingestion/ inhalation/ vertical transmission | Yes, but not in Spain |
| Streptococcus | Non-specific | Direct contact/ ingestion/ mastitic milk/ pus/ nasal discharge | Unknown |
| Clostridium perfringens type A | Abdominal distension/ dyspnea | Fecal-oral route/ fomites | Yes, but not in Spain |
| Staphylococcus delphini group A | Hypersecretory diarrhea in ferret kits | Mustelids are natural hosts of <i>S. delphini</i> g. A | Yes, but not in Spain |
| Lawsonia intracellularis (proliferative colitis) | Poor growth/ diarrhea/ hypoproteinemic edema | Fecal-oral route | Yes, but not in Spain |
| <i>Leptospira</i> spp. (leptospirosis) | Unknown in wildlife | Via mucosal surfaces/ via skin cuts or trauma | Yes, but not in Spain |
| Emmonsia spp. (adiaspyromicosis) | Usually asymptomatic (but causes granulomatous pneumonia) | Inhalation of the ubiquitous fungus <i>Emmonsia</i> spp. | Yes, but not in Spain |
| Anaplasma phagocytophilum | Unknown | Tick-borne disease | Yes, but not in Spain |

| Pathogen / Toxic agent | Symptoms | Mode of transmission | Detected in <i>M.</i> putorius |
|--|--|---|---|
| Yersinia spp. | Acute forms: fulminating septicaemia/ Chronic forms: loss of weight, fever, abdominal pain, nausea, necrotizing enteritis, anorexia, diarrhea, respiratory distress, muscular weakness, incoordination | Fecal-oral route/ vertical | Yes, but not in Spain |
| Candidatus Neorerlichia mikurensis | Unknown | Tick-borne disease | Yes, but not in Spain |
| Toxic agent | | | |
| Anticoagulant rodenticide | Haemorrhages/ lethargy/ reduced scape respone | Ingestion of the drug or contaminated preys | Yes, but not in Spain |
| Parasite | | | |
| Fleas (e.g. Ctenocephalides spp., Paraceras spp.,) | Asymptomatic or pruritus and flea allergy dermatitis | Direct/ indirect contact | Yes, in Spain |
| Ticks (e.g. <i>Ixodes</i> spp., Dermacentor spp.,) | Asymptomatic or symptoms of tick-borne diseases | Direct/ indirect contact | Yes, in Spain |
| Mites (e.g. Otodectes spp., Sarcoptes spp., Demodex spp.,) | Pruritus/ crusty dermatitis/ erythema/ papules/otitis | Direct/ indirect contact | Yes, in Spain |
| Diptera (e.g. Wohlfahrtia spp., Oestrus spp.,) | Myasis/ dermatologic signs/ lancinating pain/ serosanguineous discharge/ agitaton/ insomnia | Flies deposit living larvae that penetrate skin and feed subcutaneously | Yes, in Spain |
| Trematoda: Lung flukes (e.g. Paragonimus spp.), intestinal flukes (e.g. Troglotrema spp.,) and liver flukes (e.g. Fasciola spp.,) | Lung flukes: cough, weakness and lethargy/ Intestinal flukes: enteritis and pulmonary hemorrhages during migration/ Liver flukes: usually asymptomatic. But in severe infections weakness, vomiting, jaundice, diarrhea, coma and death. | Ingestion of intermediate hosts | Yes, but not in Spain |
| Cestoda: tapeworms (e.g. Taenia spp., Monordotaenia spp., Oschmarenia spp.,) | Intestinal signs | Ingestion of contaminated food or intermediate hosts | Yes, but not in Spain |
| Nematoda: lung worms (e.g. Skrjabingylus nasicola,), heartworms (Dirofilaria spp.,), trichinosis (Trichinella spp.,), ascariasis (e.g. Toxocara spp.,) | Asymptomatic, remodelation of frontal bone (<i>S. nasicola</i>) or affectation of many organs (lungs, heart) with unspecific symptoms Anorexia, polypnea and pale | Paratenic hosts (<i>S. nasicola</i>)/ vectorial transmission (<i>Dirofilaria</i> spp.)/ ingestion Tick-borne disease | Yes, but not in Spain (<i>Toxocara spp</i> . and <i>Dirofilaria</i> spp. are present) Yes, in Spain (<i>L</i> . |
| Protozoa (e.g. Babesia spp., Toxoplasma gondii, Leishmania infantum) | mucous membranes (Babesia spp.), papular lesions (L. infantum) and lethargy, corneal edema, ataxia and abortions | (Babesia spp.)/ vector (L. infantum)/ ingestion/ vertical transmission | infantum has only been reported in domestic ferrets) |

CONCLUSIONS

After gathering the information to perform the "hazard identification", we have identified 27 hazards that could have an impact in the outcome of the reintroduction project. Assessing the risks and plan proper measures for these hazards will increase the possibilities of success.