

SURVEILLANCE OF INFECTIOUS DISEASES IN ANIMALS AND HUMANS IN SWEDEN 2019

Chapter excerpt -
Tuberculosis



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Reporting guidelines: Reporting guidelines were introduced in 2018 for those those chapters related to purely animal pathogens. The guidelines build on experiences from several EU projects, and have been validated by a team of international experts in animal health surveillance. The aim is to develop these guidelines further in collaboration within the global surveillance community and they have therefore been made available in the form of a wiki on the collaborative platform GitHub (<https://github.com/SVA-SE/AHSURED/wiki>). Feel free to contribute!

Layout: The production of this report continues to be accomplished using a primarily open-source toolset. The method allows the source text, produced by authors, to be edited independently of the template for the layout which can be modified and reused for future reports. Specifically, the chapter texts, tables and captions are authored in Microsoft Word and then converted using pandoc and R to the LaTeX typesetting language. Most figures and maps are produced using the R software for statistical computing. Development for 2019 has further improved the importing of content from Word to LaTeX. The method can now import text, tables and figure captions from Word, as well as the newly designed 'IN FOCUS' sections of some chapters. The tool is available as an R-package at GitHub (<https://github.com/SVA-SE/mill/>). This year the report was also built with a continuous integration pipeline on Microsoft's Azure DevOps platform, allowing every committed change to the content to be built and tested automatically. The report generation R-package and process was designed by Thomas Rosendal and Stefan Widgren. In 2019, figures and the final typesetting were done by Wiktor Gustafsson and Thomas Rosendal with contributions from the report authors.

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Tuberculosis

BACKGROUND

Tuberculosis (TB) is a serious disease in humans and animals caused by bacteria included in the *Mycobacterium tuberculosis* complex. *Mycobacterium bovis* causes bovine TB in several animal species as well as in humans. Historically, the reservoir has been cattle, but many other wild and domestic species can also maintain the infection. Wildlife reservoirs including badgers, deer and wild boar cause persistent problems in some countries. Humans usually acquire *M. bovis* infection via unpasteurised milk or via inhalation. The predominant cause of human TB globally is however *Mycobacterium tuberculosis*. In countries where human TB caused by *M. tuberculosis* is common, this bacterium is also frequently isolated from various species of animals.

Bovine TB was introduced to the Swedish cattle population through imports in the first half of the 19th century. In 1958, after a successful control programme, Sweden was declared officially free from bovine TB. Since then, sporadic cases have occurred in cattle, the most recent in 1978. Compulsory tuberculin testing of all cattle was abolished in 1970 and the national TB control in cattle is now based on meat inspection and clinical surveillance.

When Sweden joined the European Union in 1995, the status of OTF (officially tuberculosis free) was obtained.

In 1987, *M. bovis* infection was introduced into the farmed deer population through imports. A control programme for TB in farmed deer was introduced in 1994 and made compulsory in 2003. The last case of TB in farmed deer was identified in 1997.

The yearly incidence among humans in Sweden in the early 1940's was above 300 per 100 000 inhabitants. This was followed by a rapid decline, beginning before effective treatment was available in the early 1950's. Currently, the yearly incidence is 4.8 per 100 000 inhabitants, which is among the lowest in the world. Around 90% of the cases are born outside of Sweden and the vast majority of them are immigrants originating from countries that still have a high incidence of TB. The yearly incidence among people born in Sweden is 1 per 100 000 inhabitants. A large majority of the cases detected in humans in Sweden are caused by *M. tuberculosis* and only a few cases per year are caused by *M. bovis*.

DISEASE

The symptoms caused by TB in both humans and animals depend largely on the localisation of the infection. The disease progresses slowly, and clinical signs may take a long time to develop, even in cases with substantial lesions. Weight loss and sometimes coughing (in cases with respiratory tract infection), ascites (due to infection in intestinal lymph nodes or liver) or mastitis (mainly in cattle with udder infection) can be seen. The incubation period varies from weeks to years.

LEGISLATION

Animals

Suspect and confirmed cases of infection with *Mycobacterium bovis* or *M. tuberculosis*, are notifiable in all animal species according to the Swedish Act of Epizootic diseases (SFS 1999:657, with amendments), other mycobacteria in the *M. tuberculosis*-complex are notifiable according to the Swedish act on notifiable animal diseases and pathogens (SJVFS 2012:24).

Humans

Tuberculosis in humans is a notifiable disease according to the Communicable Disease Act (SFS 2004:168 with the amendments of SFS 2013:634). Contact tracing is compulsory, and the treatment is free of charge. Refusing treatment as a patient when being contagious can lead to detention.

SURVEILLANCE

Passive surveillance

Animals

TB is notifiable both on suspicion and confirmed diagnosis and farmers and veterinarians are obliged to report suspicion of TB. Clinical signs in animals or lesions detected at slaughter, surgery or postmortem of an animal prompt investigations, which may include sampling for histopathology, bacteriology, PCR, tuberculin testing of contact animals and epidemiological investigations.

Surveillance for TB is mainly performed by meat inspection at slaughter of food producing animals. Official inspectors from the Swedish Food Agency perform the inspections. Suspect lesions are sent to the National Veterinary Institute for histology and bacteriology, as described above. For tissue from macroscopic lesions indicating TB, histology and direct smears are performed. If TB cannot be ruled out by histology or if direct smears are positive, culture is performed. Cultures are performed on solid media (Löwenstein-Jensen and Stonebrink's) at the National Veterinary Institute and cultured for up to twelve weeks. Suspected colonies are tested with PCR and, if necessary, with sequencing of a specific gene. Isolates suspected to belong to the *M. tuberculosis*-complex or where the *M. tuberculosis*-complex cannot be ruled out are sent for confirmation, e.g. to the Norwegian Veterinary Institute or the Public Health Agency of Sweden. Positive isolates are further subtyped.

Skin fold tuberculin tests are performed according to EC 1226/2002 (amending annex B of EC 64/432) and SJVFS 2003:33, (K62). The comparative intradermal test is used, mostly at the neck site. In case of positive tuberculin test reactors, the animal is culled and samples from organs with macroscopic lesions and lymph nodes from five different areas (retropharyngeal, submandibular, mediastinal, mesenteric and inguinal) are collected and examined as described above.



The tuberculosis control programme in Swedish farmed deer has been successful and is soon to come to an end. Photo: Jan Miko/Shutterstock.

A positive finding of mycobacteria belonging to the *M. tuberculosis*-complex in animals, either detected through active or passive surveillance, will generate contacts with public health representatives to ensure that possible exposure of humans can be investigated.

Humans

The surveillance in humans is mainly passive but contact tracing from diagnosed cases is compulsory and asylum seekers from high incidence countries are offered health examination where screening for TB is included, mainly with IGRA.

In humans, culture on sputum smear is the standard test when pulmonary TB is suspected. Otherwise culture from urine, faeces, blood or liquor is also a possibility, or biopsies from suspected site of infection. All isolates from humans are genotyped with whole genome sequencing, mainly to detect clustering of cases that could indicate ongoing transmission, but also to look for genetic mutations associated with resistance.

Active surveillance

Animals

The control programme in farmed deer was, until October 2012, based on regular whole-herd tuberculin testing, or whole-herd slaughter and meat inspection. Since October 2012, tuberculin tests are no longer performed in TB-free herds, but inspections at slaughter and postmortem of animals found dead or euthanized are still required.

A voluntary control programme in alpacas was launched

by Farm & Animal Health in 2015. Testing of alpacas for TB is done using a serological test (Enferplex) instead of an intradermal test as the intradermal test has a demonstrated low sensitivity in alpacas. All adult animals in the herd are serologically tested and all animal purchases and contacts with other herds are recorded.

Furthermore, tuberculin tests are performed at artificial insemination centres and prior to export of animals as required according to EU-legislation (Council Directive 64/432/EEC). Positive animals are treated as suspect cases of TB as described above.

RESULTS

Animals

Due to lesions detected at slaughter, 1 cattle, 1 goat, 10 pigs, 1 red deer and 5 fallow deer were investigated by histology and, where relevant, by culture and PCR. From these samples NTM (Non-tuberculous mycobacteria), from the *Mycobacterium avium/intracellulare*-complex were isolated from 1 red deer and 3 fallow deer (all in the same herd). No other slaughterhouse samples yielded any mycobacteria.

Due to clinical suspicions, macroscopic lesions, or findings of acid-fast bacteria, samples from two dogs and three cats were investigated. *Mycobacterium microti* (which belongs to the *M. tuberculosis*-complex) was isolated from a sample from a swollen prescapular lymph node from one of the dogs, a Swedish born hunting dog. The dog was euthanized, but further macroscopic lesions were not found. No other sample yielded any mycobacteria.

Furthermore, epidemiological investigation of an alpaca herd was done as part of contact tracing as the herd had purchased animals from a herd in UK where TB later had been detected. The herd joined the control program and the animals were serologically tested, with negative results

During 2019, 11 alpacas, 1 llama, and 1 camel were tested serologically in relation to export or import. Within the voluntary control program, 292 alpacas and 1 vicuna were tested, all with negative final results.

In 2019, there were approximately 300 holdings with farmed deer that were considered active. All except two had obtained TB free status. The two herds remaining were exempted from regular testing and following the alternative track to obtain a free status; slaughter of at least 20% of the herd yearly, for 15 years, without findings of TB at meat inspections and necropsies. TB was not detected in any farmed deer in Sweden during 2019.

Humans

The total number of detected cases of tuberculosis in humans in 2019 was 491, out of these, three cases of *M. bovis* were reported in humans in 2019; all three cases with extrapulmonary TB and all three most probably infected in their respective country of origin; El Salvador, Kuwait and Syria. All three isolates were unique when analysed with whole genome sequencing.

DISCUSSION

In summary, the overall TB situation in animals and humans remains favourable.

The case of *M. microti* in a dog was the first finding of *M. microti* in animals in Sweden since a finding of *M. microti* in a Suricat (exotic to Sweden) in a Zoo in 1991. *M. microti* has been described to occur in wildlife (e.g. voles) in several countries, and a limited number of cases in livestock, pets and humans have also been described. The epidemiological investigation did not identify the source of infection, but it did reveal that the dog had been in close contact with wildlife. The *M. microti*-situation in Swedish wildlife is largely unknown. *M. microti* has not been reported in humans in Sweden for at least ten years, if ever.

No cases of TB were detected in Swedish livestock during 2019. The officially free status for bovine TB in cattle has been maintained during 2019. Although the surveillance is mainly dependent on inspections of slaughtered animals,

this has been considered sufficient. However, the rate of submission of lesions from slaughtered ruminants has decreased over the years and work has been initiated in 2019 to increase submissions. Work is also ongoing to introduce PCR as initial analytic test. Passive surveillance based on clinical suspicions and post mortem findings will always have a low sensitivity as clinical symptoms and massive lesions are mainly seen in late stages of the infection. The eradication efforts in farmed deer have been successful and the probability that Swedish farmed deer are TB free is high. The aim is to eventually declare all deer herds officially free. Livestock imports to Sweden are very limited, and TB is an internationally regulated disease which means that precautionary measures are taken.

The rapid decline of TB in humans in the 1940's coincided with the eradication of TB in cattle and started before the introduction of effective treatment in the 1950's. A much larger part of the human population lived in close contact with domestic animals at the time, and the successful control of TB in cattle is likely to have contributed to the decline in human incidence of TB. Today, Sweden has one of the lowest incidences of human TB in the world and there are no signs of ongoing transmission between humans and animals, neither from animals to humans nor from humans to animals.

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