LOUISIANA STATE UNIVERSITY
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And Rural Development

LOUISIANA AGRICULTURAL EXPERIMENT STATION

DEPARTMENT OF VETERINARY SCIENCE

504/388-4194

21 February 1983

Dr. Arthur V. Tennyson
American Veterinary Medical Association
930 North Meacham Road
Schaumburg, IL 60196

Dear Dr. Tennyson:

Re: American Association of Avian Pathologists (AAAP) Disease Reporting and Nomenclature Committee

Your letter to Dr. Robert J. Eckroade, Secretary for the AAAP has been forwarded to me for response.

The duties of the AAAP Disease Reporting and Nomenclature Committee are primarily to establish appropriate nomenclature and provide guidelines for its use in disease reporting, and to compile and publish an annual disease report in Avian Diseases. Enclosed is Section I of the 1980 published report (pink copy) which shows the nomenclature currently in use, and a copy of Guidelines for Diagnosticians (blue copy). The AAAP Disease Report is compiled from four regional conference reports which encompass the North American continent (including Mexico and Canada). The report has not been coded. Attempts to find some institution to store the report on a computer for possible use at a later date have been unsuccessful thus far.

The Southern Conference for Avian Disease uses the same nomenclature as established by the AAAP and publishes an expanded monthly report. A coding system has been devised for computer use and the report is compiled with the assistance of Cooperative Extension Service at Louisiana State University. The coded reporting form and the last published monthly report is enclosed for your information.

If I can provide additional information, please contact me.

Sincerely,

W.T. Springer, Chairman
AAAP Disease Reporting
and Nomenclature Committee

WTS/pah
enc
cc: DR. Robert J. Eckroade

American Association of Avian Pathologists
Guide for Disease Reporting
Diseases of Pet, Zoo, and Wild Birds
October 1985

Disease	Criteria
Acariasis	Observe and identify.
Adenovirus (unclassified)	This reporting category is for disorders caused by adenovirus infection for which there is no named syndrome. The following should be reported under their specific headings: Enteritis, Hemorrhagic; Bronchitis, Quail; Marble spleen disease.
Airsacculitis	Inflamed air sacs in which Mycoplasma gallisepticum infection, aspergillosis, or other specific disease entity is not incriminated.
Amyloidosis	Enlarged, firm liver, spleen, and/or kidneys with microscopic confirmation.
Anemia	Any condition of uncertain etiology characterized by paleness, low packed cell volume and/or hypoplastic bone marrow.
Anatipestifer infection	Report under "Pasteurellosis, anatipestifer."
Arizonosis	Report under "Salmonellosis, arizonae."
Arthritis	(Not to include arthritis caused by M. synoviae, M. gallisepticum, P. multocida, S. pullorum. These are to be listed under the category of the specific etiological agent.)
E.coli	Report under "Colibacillosis" when accompanied by systemic lesions.
Staph	Arthritis in which Staph is incriminated as sole or primary etiological agent.
Unidentified	Arthritis in which no specific etiology is determined.
Ascaridiasis	Observe and identify ascaridia.
Ascites	Accumulation of clear yellow fluid in peritoneal cavity.
Aspergillosis	Characteristic gross and/or microscopic lesions. Culture or identification by morphology of Aspergillus fumigatus.

AAAP Guide for Reporting Diseases of Pet, Zoo, and Wild Birds.

Disease	Criteria
Botulism	Typical history, signs, necropsy findings (suspicious ingesta) and absence of infectious CNS diseases. Confirmatory inoculation tests (chicken/mouse) are encouraged.
Bronchitis, Quail	History, signs, lesions, and positive FA, virus isolation, and/or serology.
Candidiasis	Isolaton and identification of Candida albicans from active lesions, or presence of mycelial elements of Candida in mucosa of digestive tract. Do not report unless clincally significant.
Cestodiasis	Gross or microscopic demonstration of tapeworms.
Capillariasis	Observe and identify Capillaria worms or eggs in digestive tract.
Chlamydiosis	History, gross lesions, and demonstration of chlamydia in a stained smear of tissues. confirm by isolation only if properly equipped facilities are available.
Cholera, fowl	Report under "Pasteurellosis, fowl cholera".
Cloacal papilloma	Demonstration of tumor with histologic confirmation of cell type.
Coccidiosis	History, lesions, and demonstration of oocysts or other developmental stages.
Colibacillosis	Lesions and/or clinical syndrome suggesting bacteremia. Isolation and identification of E. coli. Record specific conditions as omphalitis in their respective places.
Coligramuloma	(Hjarre's Disease). Gross and microscopic lesions. Cultural procedures often fail.
Conjunctivitis/ Keratitis, etc.	Include all inflammatory eye problems for which specific etiology that would fit it into other category cannot be established.
Crop bloat	"Sour crop". Crop with flaccid wall filled mucoid fluid and fermented ingesta.
Cryptosporidiosis	History, signs, and lesions with diagnosis confirmed with histologic examination of infected tissues.

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Disease	Criteria
Cyathostomiasis	Demonstration of species of Cyathostoma in trachea.
Dermatitis:	
Gangrenous	Identification or organism (culture, FA) is encouraged. Clostridia or coagulase poitive Staph. may be isolated.
Undetermined	No etiology or other than above.
Encephalitis, Viral	Include California, Eastern, St. Louis, and Western. Confirm diagnosis by virus isolation and serology. Eliminate Newcastle disease and Marek's disease.
Encephalmalacia	History, signs, gross, and microscopic lesions. Characteristic gross lesions often visible in brain.
Enteritis:	
Duck virus	"Duck plague". Typical lesions with history and signs confirmed with FA or serology.
Hemorrhagic	Gross lesions (massive hemorrhages, peracute mortality). Supported by confirming tests when developed.
Mycotic	Presence of hairlike filaments, often internally beaded, extending from the mucosa into the lumen of the intestine, as revealed by microscopic examination (100X-400X) of a wet mount preparation of a deep mucosal scraping.
Necrotic	Diffuse necrosis of the intestinal mucosa, often with formation of diphtheritic membranes and casts.
Ulcerative	Focal to diffuse necrosis of posterior intestinal tract and ceca, often stellate in character. Lesions readily observed from serosal surface and often perforate the tract. Liver lesions frequently observed, particularly in peracute cases. Isolation of Clostridium colinum is encouraged.
Unidentified	Those conditions, enteric in nature, that do not fit the above categories or other specific disease syndromes.
Erysipelas	Lesions, bacterial identification, serology.

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Disease	Criteria
French molt	Defective, weak, or absence of flight and tail feathers observed in young parakeets submitted for necropsy.
Giardiasis	Typical signs and lesions accompanied by identification of stages of the protozoan.
Gizzard erosion	Lesions. Differentiate from helminth problems.
Gout	Lesions.
Haemoproteus infection	Demonstration of Haemoproteus in blood smears.
Hepatitis:	
Duck virus	History, age of host, virus isolation.
Inclusion body	Report under specific disease syndrome, i.e., Pacheco's disease, Marek's disease, Adenovirus infection, Herpes virus infection, etc.
Reovirus	Report under Psittacine reovirus infection.
Vibrionic	Lesions, identification of organism.
Unidentified	Other liver inflammations not attributable to above disease conditions.
Herpes virus infections	Virus isolation and identification, FA, or serology. Marek's disease is reported under neoplasms; duck virus enteritis under enteritis; diagnoses from psittacine reported under Pacheco's disease.
Heterakiasis	Presence of heterakid worms in ceca.
Hexamitiais	Typical lesions accompanied by demonstration of Hexamita. Elimination of other infectious agents as primary pathogens.
Histomoniasis	Intestinal and cecal lesions and demonstration of H. meleagridis, and/or typical liver lesions.
Impaction:	
Soybean	Mechanical blockage of digestive tract with soybeans.
Lead poisoning	Acute signs of impaction of the upper digestive tract when accompanied by a diagnosis of lead poisoning.

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Disease	Criteria
Impaction (continued):	
Unidentified/other	Digestive tract impaction when not attributable to one of the above or the cause is unkown.
Lead poisoning	Signs and lesions suggestive of chronic poisoning accompanied by lead in the gizzard or high levels of lead in the liver, kidney, or blood.
Leucocytozoonosis	Suggestive lesions accompanied by identification of the parasite in blood smears.
Macaw wasting syndrome	Idiopathic weight loss, accompanied by proventricular dilatation; elimination of nutritional, and infectious causes.
Marble spleen disease	Histopathologic examination.
Miscellaneous causes	As indicated, conditions not appropriate for other categories.
Mismanagement	Case history primarily accompanied by signs and lesions; all other disease conditions eliminated.
Mycoplasmosis:	
Gallisepticum	Characteristic respiratory signs and lesions. Positive serology or identification of the agent.
Meleagridis	Characteristic lesions. Identification of agent if feasible.
Synoviae	Lameness and/or swollen joints, and possibly airsacculitis. Serology, or identification of agent.
Unidentified	Isolation of a Mycoplasma species not listed above.
Mycosis	Fungi other than Candida and Aspergillus.
Neoplasms:	
Lymphoid leukosis	Neoplastic processes usually accompanied by intrafollicular proliferations of bursa; absence of nerve lesions; microscopically, uniformily lymphoblastic, pyroninophilic neoplastic cells.
Marek's disease	Neoplastic processes often include ovarian, testicular, skin, ocular, or neural tissues; may be accompanied by interfollicular proliferation of bursa; microscopically, pleomorphic infiltrates of plasma cells, lymphocytes, and lymphoblasts.

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Disease	Criteria
Neoplasms (continued): Unidentified/other	Neoplasms other than two above and cloacal papilloma.
Nephrosis	Gross and/or microscopic lesions.
Newcastle disease	Virus isolation and identification; serology; FA.
Nutritional deficiencies	Signs and lesions accompanied by ascertained deficiency.
Oil pollution	Evidence of oil contamination with signs of disease.
Omphalitis	History, lesions.
Osteomyelitis	Lesions, isolation, and identification of agent (Staphylococcus, E. coli, other) with involvement of bone.
Osteoporosis	Involvement of bone with lesions and cause determined to be different from perosis; maybe spontaneous vertebral fracture.
Pacheco's disease	Isolation and identification of causative agent.
Papovavirus infection	Isolation and identification of causative agent.
Paramyxovirus I	Isolation and identification of causative agent.
Parasites, misc.	Any parasite not otherwise listed.
Pasteurellosis: Anatipestifer	Lesions with isolation of P. anatipestifer.
Avian cholera	Lesions with isolation of P. multocida.
Pesticide poisonings	Presence of high levels of a pesticide in appropriate tissues accompanied by typical signs and lesions.
Peritonitis	Gross lesions and elimination of a specific attributable disease syndrome.
Perosis	Lesions.
Pox, Avian	Lesions and confirm histopathology, virus identification, or reproduction of lesions in susceptible host.
Proteus infection	Isolation and identification of causative agent.

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Pseudomonas infection	Isolation and identification of causative agent.
Pediculosis	Identification of host infestation as lice.
Psittacosis/ornithosis	Report under Chlamydiosis.
Psittacine beak and feather syndrome	Necrosis of oral surface of upper beak and abnormal growth of lower beak resulting in malocclusion; maybe with feather abnormalities.
Reovirus infection	Lesions with isolation and identification of virus.
Reproductive disorders	Lesions or anomalies. Gross physical findings (impaction, shell-less eggs, salpingitis, prolapse, etc.)
Respiratory conditions misc.	Conditions where specific etiology is unknown or respiratory conditions otherwise unlisted.
Rickets	History, age, signs, lesions.
Roundheart syndrome	History and lesions.
Salmonellosis:	
Arizonae	Isolate and identify organism.
Paratyphoid	Isolation of Salmonella species other than pullorum or gallinarum.
Pullorum	Isolation of S. pullorum.
Typhoid, Fowl	Isolation of S. gallinarum.
Sarcosporidiosis	Whitish-yellow muscle lesions with long axis parallel to muscle fibers. Demonstration of protozoan agent in smear of lesions, using Wright-Giemsa staining is encouraged.
Selenium deficiency	Hyaline degeneration of striated musculature; greenish subcutaneous edema; whitish yellow areas of gizzard or breast muscles. Confirmation of low content in feed (below 0.1 ppm for galliformes).
Sinusitis	Inflammation of sinus when etiology cannot be determined; report sinusitis under specific etiology if possible.
Staphylococcosis	Isolation of mannitol positive, hemolytic, coagulase positive Staphylococcus from blood or lesion.

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Streptococcosis	Isolation and identification of speicific *Streptococcus* (*S. gallinarum*, *S. zooepidemicus*, *S. faecalis*) from blood or lesions. Negative for other known pathogens.
Thyroid hyperplasia	Brown-red color, hyperplastic thyroids may be enlarged 5-10X.
Toxicosis:	
Drug	Signs and history of exposure. Histopath exam of kidney may identify granules.
Ag chemicals	Pesticides reported under pesticide poisoning. Others may be diagnosed by signs plus history of exposure. If no known exposure, chemical analysis of tissue may be necessary.
Heavy metals	Signs and history of exposure. Chemical analysis often necessary for confirmation. Lead reported under lead poisoning.
Mycotoxicosis	Identification of a mycotoxin or unequivocal signs and lesions for specific mycotoxin.
Other	Any toxic condition that cannot be classified as above conditions.
Trichomoniasis	Microscopic demonstration of parasite.
Tuberculosis	Lesions, confirm with smear and acid-fast stain, or culture and identification.
Tumors	Report under "neoplasms".
Vitamin A deficiency	Characteristic gross lesions and/or microscopic lesions (epithelial keratinization and squamous cell metaplasia of glandular epithelium).