

Ornamental Aquatic Trade Association (OATA)



# **KOI HERPES VIRUS**

## **(KHV)**

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## SUMMARY OF SUGGESTED ACTIONS

This summary is provided as a concise reminder of the suggestions made in this report. In each case the reader should refer to the relevant section of the report to satisfy themselves that they understand the strengths and weaknesses of the information upon which it is based. This summary should not be read in isolation from the main text of the document.

Very careful questioning of sources of fish supply using the type of questions outlined in this report should be a first step in managing the risks presented by KHV. This might apply equally to importers (both wholesalers and consolidators) seeking assurances from exporters and to retailers seeking assurances from wholesalers or consolidators (page 22).

As the state of knowledge stands at the moment, a negative PCR (polymerase chain reaction) result must not be taken as giving any guarantees or assurances beyond the fact that the virus could not be found in a batch of fish at a particular time. This may mean little more than the fish were not ill at the time. No absolute claims to be "disease free" or have "virus free" status can or should be made on the basis of these tests (page 20).

The PCR test available at CEFAS may be used to help screen sources of supply. Care should be taken to understand when this test may be used and how any results may be interpreted (page 20).

Each batch of fish should be isolated completely. No transfer of fish, water or equipment should be permitted. If you require exporters to give assurances as part of the contract of supply, they may require that you provide evidence of effective isolation policy of new stocks and its effective practical application (page 23-24).

Basic records of water quality, mortalities and observations of fish stocks should be maintained and held for reference (page 24).

Fish should be subject to a period of "preventative acclimatisation/isolation" of at least 14 days, ideally longer at between 23 and 28°C. Any batch of fish in which signs of illness or disease and particularly showing mortalities similar to what this report has called the "calling card" of KHV should be subject to PCR tests. If these prove positive then that source of supply may be considered unsuitable until adequate remedial action has been undertaken (page 24).

Batches from major sources of supply might usefully be screened prior to the start of the next coldwater season. To be confident of the results of such screening, the isolation policy must be absolute. Given the apparent infectious nature of the virus in closed systems, no chances of cross contamination should be tolerated if the PCR results are to be useful (page 24).

All water should be discharged via the foul sewerage system (page 24).

No koi or other carp should be accepted from any unknown source, including retail customers, and returned to your holding systems (page 24).

The risk of losses may be reduced by importing smaller consignments more frequently than perhaps has been the custom in the past. However this may require more investment in isolation facilities (page 24).

Any claims to supply immunised fish or fish which are naturally immune should be accompanied by written assurances, as part of an enforceable contract of supply that these fish are not carriers of latent KHV

infections. Once again in the event of a claim you may justifiably be called upon to establish the efficiency of your isolation policy (page 24-25).

Properly supervised administration of correctly chosen antibiotics may enable some fish to survive outbreaks. However these may remain carriers of KHV (page 25).

Fish surviving outbreaks of KHV should be regarded as potential carriers of the disease. It may prove unwise to mix these fish with any other stocks. Members of the public presented with this situation may choose to dispose of the remaining stock and buy new fish or maintain a lower stocking (page 25-26).

Disinfection, following a suspected outbreak of KHV or indeed any serious disease, may be carried out using the techniques outlined in Annex B by MAFF (now DEFRA) for SVC. Further advice on this technique or alternatives is available from the Fish Health Inspectorate at CEFAS T: 01305 206673/4 or [fishhealthinspectorate@cefass.co.uk](mailto:fishhealthinspectorate@cefass.co.uk) (page 26).