



SURVEILLANCE AND MONITORING OF TARGET AND NON-TARGET SPECIES AVIAN INFLUENZA VIRUS



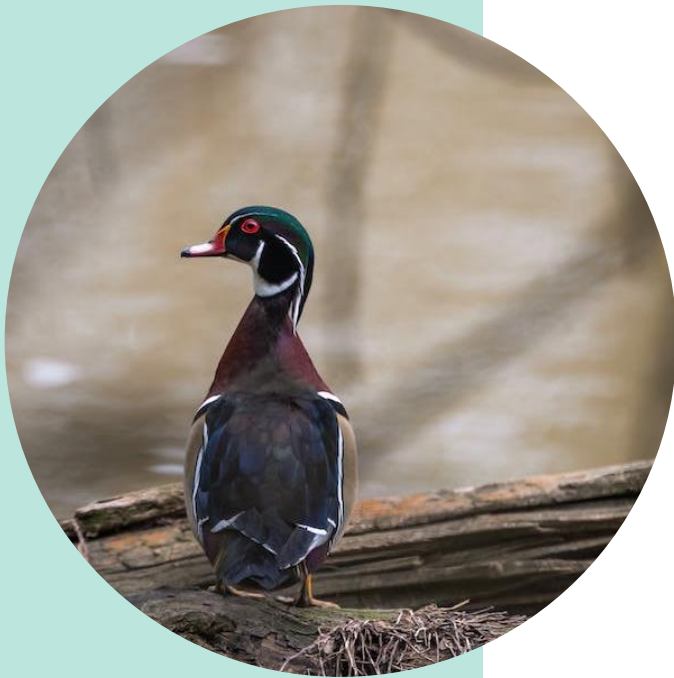
Mini Project by Charlotte Fryday



INTRODUCTION

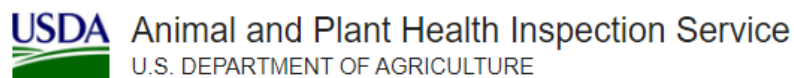
1. BACKGROUND – *AVIAN INFLUENZA*
2. THE DATASET
3. RESEARCH QUESTION
4. METHODS
5. RESULTS
6. CONCLUSIONS AND FUTURE WORK





AVIAN INFLUENZA

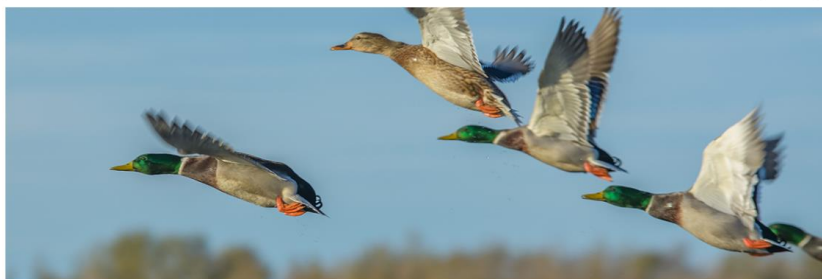
- Recent increase in its detection globally
- Risk for the wildlife and poultry industry
- Wild migratory birds => primary reservoirs
- Need for effective monitoring strategies



2022-2023 Detections of Highly Pathogenic Avian Influenza in Wild Birds

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Print



NATIONAL FLYWAY COUNCIL

Pacific est. 1952 - Central est. 1948 - Mississippi est. 1952 - Atlantic est. 1952

Implementation Plan for Avian Influenza Surveillance in Waterfowl in the United States

THE DATASET

- Records of the detection of highly pathogenic avian influenza in wild birds in the United states 2022 including location (state) and date (month)

Records of detection from:

- Strategic monitoring of live target species
- Dead birds of all species

METHODS

- Split the data between target and non-target species and summarized the counts for State and Month.

- Generalized linear mixed effect model, Poisson distribution

Hypothesis: In HPAI positive detections the deaths of non-target species is predicted by the occurrence in target species.

Formula:

$\text{Nontarget} \sim \text{logTarget} + (1|\text{Month:State})$

Target Species for Wild Bird AIV Surveillance

American Green-winged Teal	Mallard
Northern Pintail	American Black Duck
Wood Duck	Blue-winged Teal
Cinnamon Teal	Northern Shoveler
Mottled Duck	American Wigeon
Gadwall	Muscovy Duck
Fulvous Whistling Duck*	



**not taxonomically a dabbling duck*



RESULTS

HPAI detection data for 606 birds → 324 target and 282 non-target
→ In 24 states over 7 months

SIGNIFICANT

→ As the number of detections in target species increased the number of detections in mortality cases decreased.

<i>Fixed effects</i>	<i>Estimate</i>	<i>SE</i>	<i>z value</i>	<i>p value</i>
<i>(Intercept)</i>	1.75	0.24	7.25	<0.001
<i>logTarget</i>	-0.31	0.14	-2.22	0.02 *
<i>Random effects</i>	<i>Variance</i>	<i>SD</i>		
<i>Month:State</i>	0.90	0.94		



CONCLUSIONS AND FUTURE WORK

Results were different to what was expected.

- Could be significant

→ Lack of detections of mortality do not equate to the absence of disease

- We need more data collected over **larger time periods**

- Employment of larger efforts to collect cases of mortality

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