SOUTHEASTERN COOPERATIVE WILDLIFE DISEASE STUDY

SCWDS BRIEFS

A Quarterly Newsletter
Southeastern Cooperative Wildlife Disease Study
College of Veterinary Medicine
The University of Georgia
Athens, Georgia 30602

Spring 2026 — Volume 44 — Number 1

Eds. M. Ruder and B. Kurimo-Beechuk

White-tailed deer, L. Jorge

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Wild turkeys, J. Woodward

Wildlife health updates

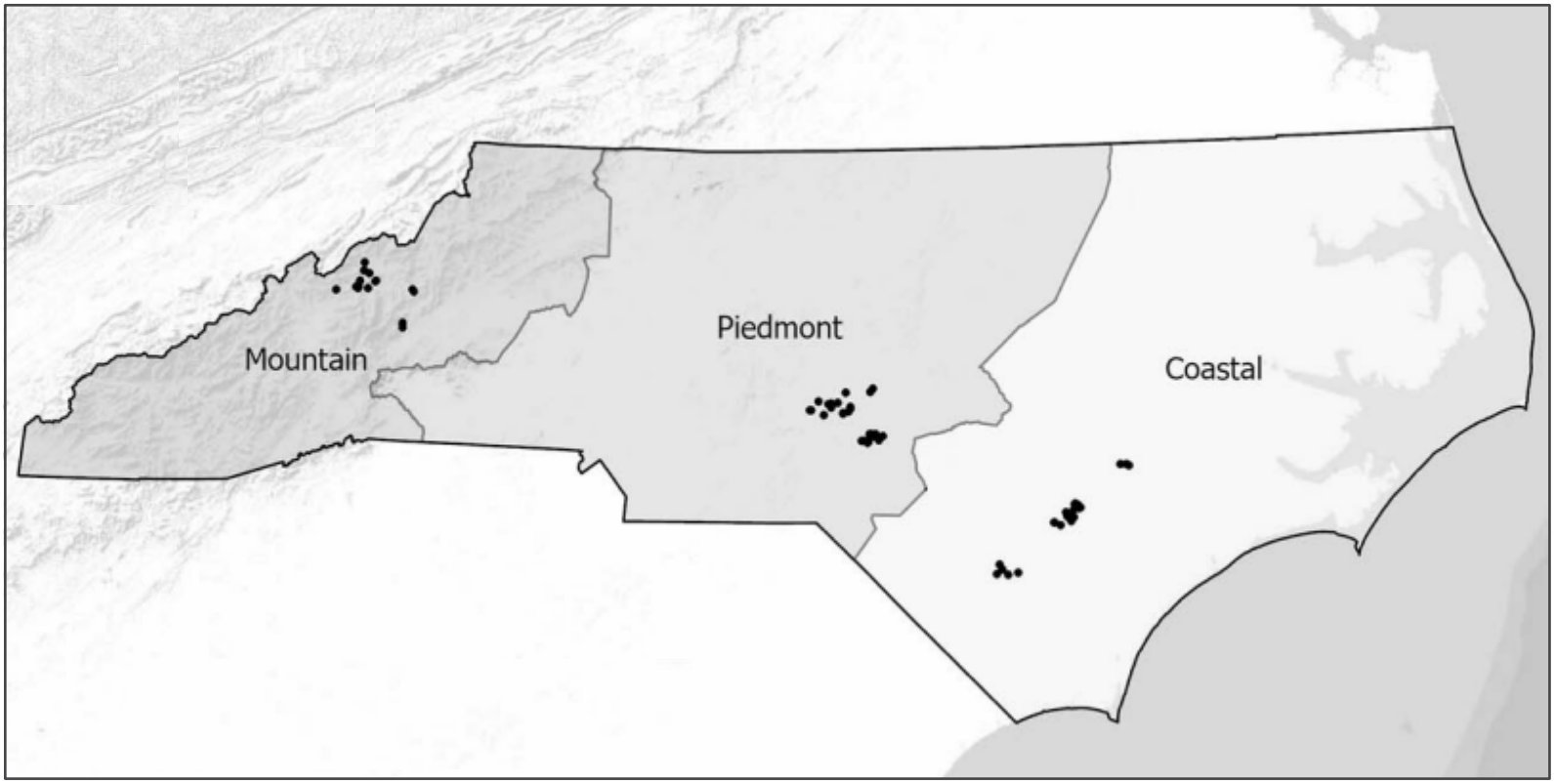
Pathogen surveillance in wild turkeys

As a popular game species, there is an increasing focus on the status of wild turkey populations in the US. Findings from a **recent publication** has demonstrated that population trends across the central and eastern US are declining since approximately the early 2000s; the causes are suspected to be multi-factorial and include: habitat loss and degradation, decreased reproductive success, genetic viability, hunting pressure, and the potential effects of various pathogens, including spillover from domestic poultry to wild turkeys.

Numerous pathogens can affect wild turkeys and population parameters such as reproductive success and survival of both adult and juvenile individuals; however, pathogen effects at the population level are not fully understood. Compounding the lack of understanding regarding the role of pathogens in wild turkey population trends is that **previous research** was primarily focused on the examination of sick, dead, or hunter-harvested individuals. While these studies are informative, **sex and age are known biases** and do not provide the best data to assess population-level effects of pathogens in free-ranging wild turkeys.

Given this background, collaborators from the **Department of Forestry and Environmental Resources at North Carolina State University**, **North Carolina Wildlife Resources Commission**, the **School of Renewable Natural Resources at Louisiana State University**, the **Warnell School of Forestry and Natural Resources at the University of Georgia**, and **SCWDS** conducted a multi-year movement and space-use pathogen surveillance study across three ecoregions: Piedmont, Mountains, and Coastal Plain in North Carolina from 2020-2022 to establish a baseline for wild turkey pathogens in the Southeast. The results from this **comprehensive study** are highlighted below.

Samples from 586 live, free-ranging turkeys including 22 recaptured individuals (n=608: 194



Map depicting the study site locations (black circles) of free-ranging wild turkeys captured across the ecoregions of the Mountains, Piedmont, and Coastal Plain of North Carolina from 2020-2022. Original figure was **published** in the **Journal of Wildlife Diseases** and has been modified for use in this article.

males, 414 females; 159 juveniles, 449 adults) were collected to test for exposure to or infection with the following pathogens: blood parasites (*Borrelia* spp., *Haemoproteus* spp., *Leucocytozoon* spp., *Plasmodium* spp.), *Mycoplasma* spp., tumor-inducing viruses including lymphoproliferative disease virus (LPDV) and reticuloendotheliosis virus (REV), *Salmonella* spp., *Toxoplasma gondii*, turkey Coronavirus, West Nile virus (WNV), and avian influenza virus (AIV). Samples were tested at the **University of Georgia's Poultry Diagnostic and Research Center**, **Athens Veterinary Diagnostic Laboratory**, and in-house at SCWDS.

Overall pathogen detections: *Haemoproteus* spp. was the most frequently detected pathogen in tested samples (57%), followed by LPDV (46.8%), *Mycoplasma* spp. (39.8%), *Leucocytozoon* spp. (8.8%), and REV (3.4%). Antibodies represent previous exposure to a given pathogen, and were detected for the following pathogens: *T. gondii* (21.3%), WNV (15.4%), and AIV (2.0%). Antibodies to turkey Coronavirus, and infections with *Plasmodium* spp., *Borrelia* spp., and *Salmonella* spp. were not detected in any of the samples tested. Additionally, coinfections were common, with 52.3% of turkeys testing positive for two or more pathogens. Specifically, two (53.5%), three (36.2%), four (9.7%), and five pathogens (0.6%) per bird were detected. The pathogens with the greatest prevalence (i.e., *Haemoproteus* spp., LPDV, and *Mycoplasma* spp.) were also associated with the greatest rates of coinfection.

Age & sex differences: Age-related differences in prevalence were noted for several pathogens with adults having higher pathogen prevalence than juveniles for LPDV (adult=52%, juvenile=33%), WNV (adult=19%, juvenile=6%), *Haemoproteus* spp., (adult=60%, juvenile=49%), *T. gondii* (adult=24%, juvenile=14%), and *Leucocytozoon* spp., (adult=11%, juvenile=3%). For all other pathogens, there were no significant differences between age groups in this study. There were no significant differences of prevalence between sexes, with the exception of REV (females=5%, males=1%).

Wild turkey pathogen surveillance


Wild turkeys, L. Jorge

Ecoregion differences: Prevalence for the different pathogens in this study varied across ecoregions with significant differences found for the following pathogens: LPDV prevalence was greatest in the Piedmont (62%), followed by the Mountains (51%), and the Coastal Plain (27%); WNV antibody prevalence was significantly greater in the Piedmont (24%) than in the Mountains (8%); both *Haemoproteus* spp., and *Leucocytozoon* spp. prevalence increased over a regional gradient, with detections of 24% and 0% in the Mountains, 65% and 6% in the Piedmont, and 85% and 21% in Coastal Plain, respectively. *Mycoplasma* spp. prevalence was greatest in the Mountains (45%), followed by the Coastal Plain (47%), and Piedmont (27%) ecoregions.

The results from this study provide valuable data regarding wild turkey pathogen dynamics and the sampling of live birds allows for the testing of pathogens that are potentially not detected by examining only sick or dead birds, as is the case for much of the previous research regarding wild turkey pathogens. Additionally, the spatial movement data and inclusion of demographic parameters such as age and sex provide valuable information that is often lacking in the literature. Results from this work demonstrate that pathogen prevalence in apparently healthy wild turkeys from North Carolina is common. Given that many individuals in this study had infections with pathogens that are known to cause clinical disease in wild turkeys, especially in poults, future research with these data is expanding upon how pathogens potentially impact survival, movement, and reproductive success while incorporating spatial and demographic effects.

Prepared by Betsy Kurimo-Beechuk, Michael Yabsley

Cryptosporidiosis outbreaks at wildlife facilities

Cryptosporidium is a genus of zoonotic protozoan parasites that infect the gastrointestinal tract of numerous vertebrate species, including humans, livestock, wildlife, and companion animals. Transmission is via the fecal-oral route, so lack of proper hygiene (i.e., hand washing or glove use) can increase the risk of transmission when people are in close contact with wildlife or their feces.

There are over 150 non-human mammalian hosts of *C. parvum*. The two species most often responsible for human illness are *Cryptosporidium parvum* (with many zoonotic genotypes) and *Cryptosporidium hominis* (generally considered human-specific). Rarely, illness in immunocompromised individuals has been reported with other species (e.g., *C. meleagridis*, *C. canis*, *C. felis*, *C. suis*, *C. muris*). In healthy adults, cryptosporidiosis typically involves profuse diarrhea and abdominal pain that can begin as early as two days after exposure and can last for weeks; most people recover without treatment. In immunocompromised individuals, cryptosporidiosis can be severe, prolonged, and potentially life-threatening.

Many zoonotic transmission events are single human infections, although outbreaks of zoonotic transmission have been documented at farms, petting zoos, or facilities where contact between humans and animals is frequent. Here, we highlight two recent publications that documented outbreaks of human cryptosporidiosis associated with raccoons at wildlife rehabilitation facilities in Iowa and Virginia.

Outbreak 1, Virginia 2019: The first documented human cryptosporidiosis outbreak directly linked to raccoons occurred in a wildlife rehabilitation center in Virginia. Juvenile raccoons at the facility were experiencing intermittent diarrhea for about 11 days before the first human case. During this outbreak, 10 of 24 staff became ill with vomiting and diarrhea. A retrospective study of all 49 facility personnel (staff, interns, and volunteers) found that 15 people (31%) met the case definition for cryptosporidiosis, but only four were laboratory confirmed. Symptoms included: diarrhea (100% of cases), abdominal cramps (87%), headache (73%), and vomiting (53%). Illness lasted a median of four days with no required hospitalization. Individuals with direct raccoon contact were more likely to report illness (73%), compared to those without direct contact (17%).

Cryptosporidim parvum was detected in fecal samples from six of the seven raccoons with diarrhea. Genetic characterization of both the raccoon and human samples indicated they were infected with the same subtype (IIaA16G3R2). After the outbreak was identified, the center's protocols were changed to include hydrogen peroxide disinfection to target *Cryptosporidium* oocysts. Also, additional training for volunteers and interns was conducted to ensure all individuals were using proper personal protective equipment (PPE) and procedures (e.g., washing hands).

Outbreak 2, Illinois & Iowa 2024: A second outbreak involving raccoons at a wildlife rehabilitation facility was diagnosed in 2024 in Illinois. The first cases involved seven people that resided in Iowa, but had volunteered at the wildlife center in Illinois. The **Illinois Department of Natural Resources (DNR)** subsequently inspected the facility and found it was housing ~120–130 raccoons at high density, along with several other species. During the outbreak, 18 humans were diagnosed with cryptosporidiosis in Illinois (n=10) and Iowa (n=8). Interestingly, the only positive cases were among newer, less experienced volunteers and many had handled raccoons without gloves. Some of these volunteers also noted that the raccoons receiving care were exhibiting diarrhea. Fecal samples from five raccoon cages were positive for *C. parvum*. Genetic testing of raccoon and

Cryptosporidiosis outbreaks at wildlife facilities

Raccoon, A. Thompson

human samples by **US Centers for Disease Control and Prevention (CDC)** showed they were all *C. parvum* subtype IIaA15G2R1, strongly suggesting zoonotic transmission. This strain was different from the 2019 Virginia outbreak and is one of the most common strains detected in humans, in addition to being commonly detected in cattle. The Illinois DNR made the following recommendations to address the outbreak at this facility: mandatory PPE for all volunteers and staff, restricting new volunteers for a specified period of time, conducting appropriate cleaning and disinfection, requiring that raccoons be confirmed negative for *Cryptosporidium* before release, and housing raccoons in stainless steel cages for ease of disinfection.

These two outbreaks highlight the risk of zoonoses when people are in close contact with wildlife. Wildlife rehabilitation centers provide important care for injured and orphaned wildlife, but proper training, use of appropriate PPE, and disinfection protocols are important to minimize risk to volunteers and staff. *Cryptosporidium* oocysts are immediately infectious, therefore fresh feces is a risk for transmission. The oocysts are also highly resistant to standard chlorine disinfection and can survive on surfaces for up to 60 days. Per the CDC, a 3-6% hydrogen peroxide solution is the most effective surface disinfectant. Dishwashers and washing machines should be run with hot water cycles for food bowls, water bowls, and soiled linens so that items are heated to 113°F for 20 minutes, 122°F for 5 minutes, or 162°F for 1 minute. Also, Kilco Cyclex disinfectant is effective for surface decontamination. The oocysts are resistant to alcohol-based hand sanitizers, so proper hand hygiene (e.g., wearing gloves and washing hands with soap and water) is very important to lower the risk of human exposure.

Prepared by Michael Yabsley

Fatal rabies case in a transplant patient

Rabies in humans currently is a rare, but serious public health issue in the U.S. with fewer than ten cases per year. Prior to the 1960s, hundreds of people died annually, and the majority of reported rabid animal cases were dogs. Fortunately, domestic animal vaccination and control programs, public health tracking and testing of human and animal cases, and post exposure prophylaxis (PEP) have greatly reduced the incidence of rabies in domestic animals with a concomitant drop in humans. Of the approximately 4,000 nonhuman animal rabies cases reported each year in the U.S., 90% of them are wild animals. Here, we highlight an unfortunate human rabies case that was **recently published** by the CDC and state and county public health officials from multiple jurisdictions.

Rabies was confirmed in early 2025 in a Michigan man who died after receiving a kidney from a deceased organ donor from Idaho with undiagnosed rabies. The organ recipient developed tremors, confusion, urinary incontinence, and leg weakness, 37 days following transplant surgery in an Ohio hospital. He was hospitalized a week later with fever, hydrophobia, and difficulty swallowing. The man required invasive mechanical ventilation the following day and died one week after admission.

Since the patient's signs and symptoms were consistent with rabies, hospital clinicians collected diagnostic samples by the third day of hospitalization and consulted the **Ohio Department of Health** and the CDC on the fourth day. Rabies virus RNA was detected by CDC in saliva, skin from the back of the neck, and in brain tissue that was collected postmortem. Additionally, antibodies to rabies virus were detected in the patient's serum. Analysis of the viral material indicated it was consistent with

Striped skunk, S. Lattner

the rabies virus variant of the silver-haired bat (*Lasionycteris noctivagans*). Family members reported no animal exposures of the recipient.

Investigation of the organ donor as the possible rabies source was conducted by the CDC, **Idaho Department of Health and Welfare**, and local public health officials. Family members reported that the organ donor was scratched on the shin by a skunk in late October 2024, but he did not think he had been bitten. In early December, the donor developed confusion, hallucinations, a stiff neck, and difficulty swallowing and walking. Two days later he was found unresponsive at home and was assumed to have suffered cardiac arrest. He was resuscitated and admitted to

the hospital but never regained consciousness. His illness was believed to be due to chronic comorbidities. On the fifth day of hospitalization, he was declared brain dead and life support was discontinued. His heart, lungs, left kidney, and both corneas were collected for potential transplant recipients and scientific uses. During the follow-up investigation, rabies virus RNA consistent with the silver-haired bat variant was detected by CDC in a biopsy sample from the right kidney; the left biopsy sample was insufficient for testing.

Public health investigations revealed three patients received grafts of corneal tissue from this donor in December 2024 and January 2025. The grafts were removed and the patients received PEP; one of the removed grafts tested positive for the same rabies virus variant detected in the donor and kidney transplant recipient. None of the cornea transplant patients developed clinical illness. The heart and lungs were used for training, were not transplanted, and were unavailable for diagnostic testing.

Additional public health investigations to identify individuals exposed to the skunk, donor, or recipient determined the donor was the only one exposed to the skunk. Four community contacts of the donor and 80 health care workers were identified and completed risk assessments: All four community contacts and 17 health care workers were recommended to receive PEP. Regarding the recipient, 14 community contacts and 269 health care worker contacts were identified. Risk assessments were completed for all 14 community contacts (six were recommended to receive PEP) and for 256 health care workers (16 were recommended to undergo PEP).

Since 1978, there have been four transplant-transmitted rabies events involving 13 recipients in the U.S., including this case. All six transplant recipients who received PEP survived while the seven who did not receive PEP died. Available data suggest that PEP, when administered prior to onset of clinical disease, can prevent rabies in patients who received transplant organs or tissues from an infected donor.

Rabies virus is maintained in different animal reservoir species in the U.S. depending on the region: bats are common reservoir species in all states except Hawaii, raccoons (*Procyon lotor*) are the dominant reservoir species in the eastern U.S., gray foxes (*Urocyon cinereoargenteus*) are the primary reservoirs in Arizona and surrounding regions, arctic foxes (*Vulpes lagopus*) maintain the virus in Alaska, and skunks (*Mephitis mephitis* and *Spilogale* spp.) dominate in the Midwest, California, and adjacent Nevada.

Skunks are not a recognized rabies virus reservoir in Idaho; however, bat-associated virus variants, including the variant associated with silver-haired bats, are enzootic (naturally occurring) in the state. It is believed that in the case described above, spillover of rabies virus from a silver-haired bat to a skunk occurred. The subsequent exposure and infection of the organ donor by an infected skunk, followed by the transplant of infected tissues from the organ donor to the organ recipient, was the likely route of transmission of the virus in this case.

Additional information on rabies in the U.S. can be accessed **here**.

Prepared by John Fischer

Unknown amphibian pathogen in the pet trade

During the week of November 17, 2025, reports of morbidity and mortality in a private collection of salamanders (genus *Salamandra*) began in the eastern United States. Samples from affected salamanders were submitted to the **USGS National Wildlife Health Center** and the **University of Tennessee** for diagnostic testing. *Batrachochytrium salamandrivorans* (Bsal), the causative agent of salamander chytridiomycosis and a fungal pathogen that has not been detected in the United States but has the potential to cause significant mortality events in native wild salamanders in this country, was not detected. Other well-known amphibian pathogens, including ranavirus and *Batrachochytrium dendrobatidis* (Bd), the latter being the causative agent of chytridiomycosis in a wide range of amphibians, were also ruled out as the cause of this event. Scientists are still actively working to identify the causative agent of this morbidity and mortality event, as well as potential diagnostic tests and treatment options for this presumed infectious pathogen.

A collaborative inter-agency response team was rapidly assembled following initial morbidity and mortality reports, including representatives from state fish and wildlife agencies, **U.S. Geological Survey (USGS)**, **U.S. Fish and Wildlife Service (USFWS)**, **North American and regional Associations of Fish and Wildlife Agencies (AFWA)**, university researchers, **North American Bsal Task Force**, and the **Healthy Trade Institute (HTI)**. Forward tracing efforts indicate that other private collections of *Salamandra* species may have been exposed, although it is believed that this morbidity and mortality event is limited in scope at this time. Businesses and pet owners with private collections involved in the forward tracing were advised on best practices for quarantine, containment, and biosecurity practices by the HTI.

Abnormal skin shedding and sloughing, lesions and ulcerations on the skin, and behavioral changes, including lethargy and inappetence, are common clinical signs observed in salamanders suspected to be part of this outbreak. Currently, only species in the genus *Salamandra* have demonstrated susceptibility to this unknown pathogen. Specifically, two salamander species native to North America, the spotted salamander (*Ambystoma maculatum*) and the eastern newt (*Notophthalmus viridescens*), and three species not native to North America, including the fire salamander (*Salamandra salamandra*), near eastern fire salamander (*Salamandra infraimmaculata*), and alpine salamander (*Salamandra atra*), have exhibited morbidity and/or mortality following exposure to the unknown pathogen, either through exposure via private collections or through preliminary laboratory exposure trials. At this time, it is unclear if subclinical carriers (i.e., exposed animals that carry the pathogen but do not exhibit disease) exist and if they can transmit the pathogen to other individuals. Preliminary laboratory trials suggest that the pathogen may be transmissible via contaminated soils and water, although additional research is needed to understand the full extent of transmissibility once the pathogen is identified. Research is ongoing to understand the full range of susceptible species, the pathogenesis and transmissibility of this pathogen, and the threat risk to wild, native, North American amphibians.

To better understand the risk this unknown pathogen may pose to wild native amphibians in North America, USGS scientists, in collaboration with representatives from state natural resource agencies, USFWS, North American and regional AFWAs, and amphibian disease experts, developed a rapid risk assessment in early 2026. This effort provided information to key decision makers to estimate how various intervention strategies, such as biosecurity measures, may reduce or alter the risk of spread among private

Spotted salamander, N. Friedeman

captive collections and spillover to native wild amphibians. Such disease risk analyses can be useful when decision makers are faced with the challenging task of choosing among multiple potential courses of action that may influence different aims of various agencies, while recognizing other stakeholder values.

Numerous state and federal partners, university researchers, businesses, and pet owners worked collaboratively to respond rapidly to this amphibian morbidity and mortality event. These efforts and collaborations continue through ongoing work to identify the unknown pathogen and understand the risk it may pose to native wild amphibians. Partners are also collaborating on efforts to create and facilitate messaging around outreach and education to numerous stakeholder groups. Examples of such messages include general awareness of amphibian health threats, the benefits of increased biosecurity measures, increased vigilance for sick or dead captive and wild amphibians, who to contact if you find sick or dead captive or wild amphibians, and state-specific policies and regulations. The **Herpetofaunal Disease Alert System (HDAS)** is one existing resource that allows members of the public to report observations of sick or dead wild amphibians or reptiles in the United States. The responsiveness of many partners allowed for a rapid response to this current event and interest in continued collaborative efforts will hopefully facilitate even more efficient, coordinated efforts in the future.

This event serves as a reminder that vigilant monitoring and reporting of captive and wild amphibian health and transparent communication is critical to reduce the risk of introduction of novel pathogens that threaten the health and diversity of herpetofauna in the United States. The **Partners in Amphibian and Reptile Conservation (PARC)** website maintains the most up to date information on this unknown amphibian pathogen morbidity and mortality event.

Prepared by Melanie Kunkel (NEAFWA) and Ellen Haynes

Diagnostic Case Highlight

Brain abscess in a white-tailed deer

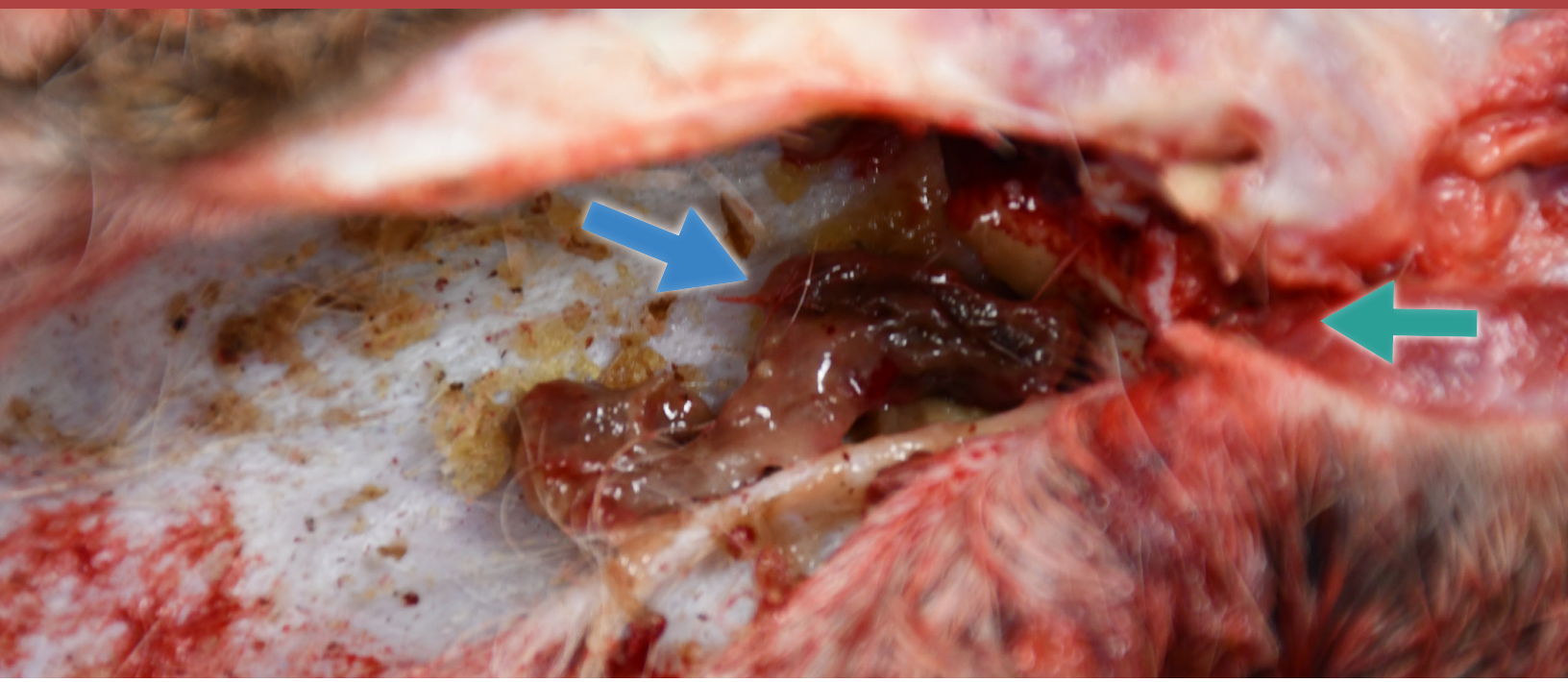
Brain abscesses are a common diagnosis among white-tailed deer across North America, particularly adult bucks. There are strong associations between male breeding behavior and physiology, thus brain abscesses are far more common in adult bucks, compared with does and subadults.

White-tailed deer, Blake Graber DNR

In late January 2026, a white-tailed deer buck was observed circling with the right ear drooped downward, while holding its left ear in a normal upward position, as seen in the image above. The buck also exhibited abnormal behavior, remaining within the same forest stand for several days, often standing still in the same spot. Eventually, the buck was found lying on the ground and the **Georgia Department of Natural Resources** was contacted to dispatch the animal. The carcass was then transported to SCWDS for postmortem examination.

Upon diagnostic evaluation, the buck was in fair nutritional condition. Bilaterally, antler pedicles were covered with dark red scabs, consistent with recent antler casting. Multiple small skin abrasions were scattered across the carcass. The right ear canal was filled with abundant tan-brown gelatinous material, visible in the image on the next page. Within the skull, the right side of the brain adjacent to the ear was surrounded and compressed by a

Brain abscess in a white-tailed deer



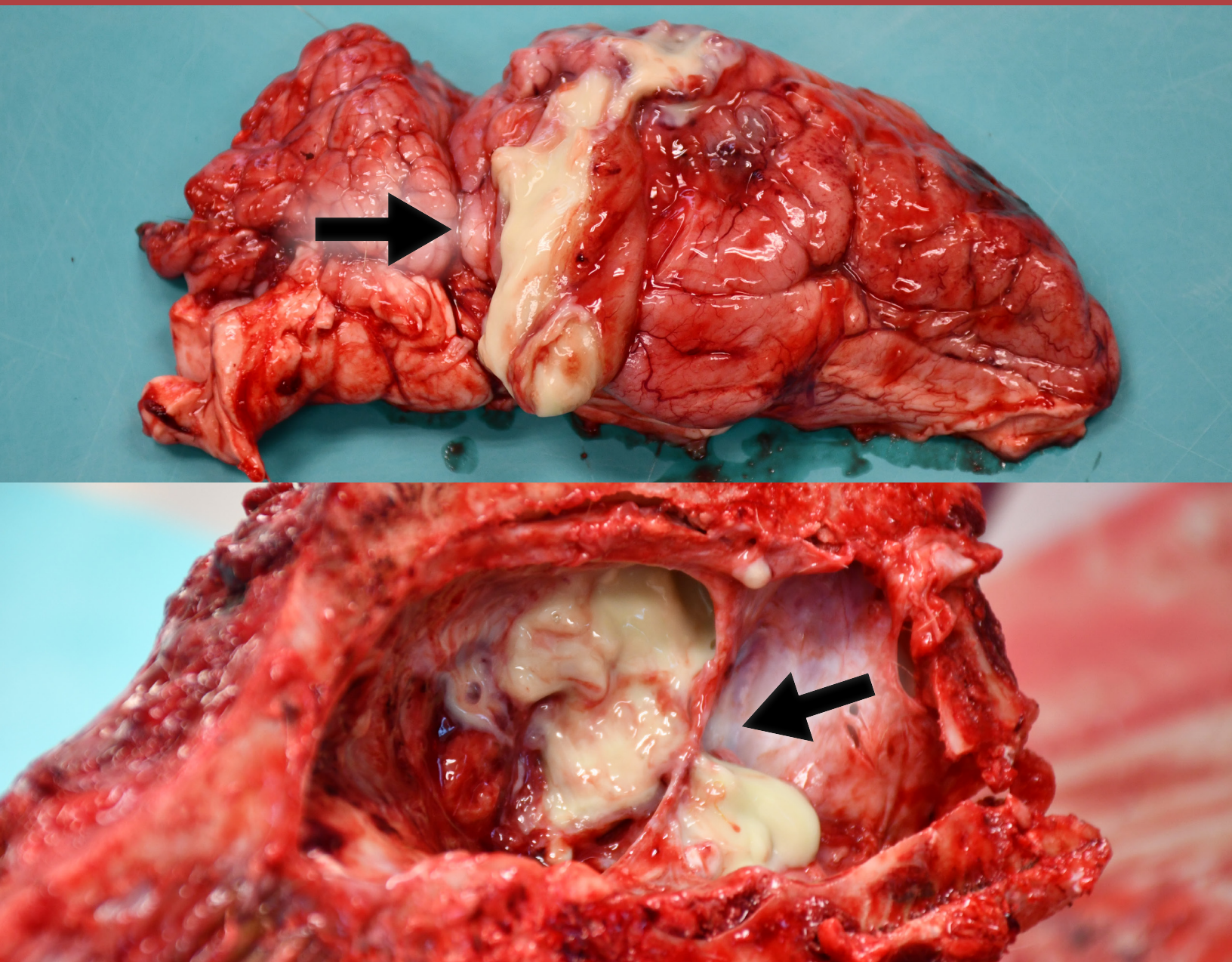
Inflammatory material found in the right ear canal during necropsy, as indicated by the blue arrow. The base of the ear is located on the right side of the image and is denoted by the teal arrow. Photo, SCWDS

large, encapsulated pocket of pus (abscess), as seen in the images on the next page. Microscopically, the surface of the brain in this region had multiple large aggregates of neutrophils (inflammatory cells) intermixed with large colonies of gram-positive, rod-shaped bacteria. The surrounding brain tissue was infiltrated by additional inflammatory cells (lymphocytes, plasma cells, and macrophages) and glial cells, which are a group of specialized support cells in the brain with multiple roles, including responding to damage. Samples of the inflammatory material from the right ear canal and from the brain abscess were submitted to the Athens Veterinary Diagnostic Laboratory for aerobic bacterial cultures; the bacterium *Trueperella pyogenes* (a gram-positive rod) was isolated from both samples.

Brain abscesses most often develop following head trauma, although evidence of a traumatic injury may not always remain apparent by the time of death. They are frequently associated with the bacterium *Trueperella pyogenes*, which generally is considered a normal inhabitant of the skin and lining of the mouth in deer. Causes of head injuries in white-tailed deer include intraspecific sparring during the rut (mating season), velvet shedding, antler casting, and collision with stationary or moving objects (e.g., fencing or vehicles). In this buck, we suspect that the bacterial infection most likely began in the right ear and subsequently spread to the brain. The inciting cause of the infection remains unknown.

Clinical signs of a brain abscess may vary depending on what areas of the brain are affected, but often include dull mentation, circling, head tilt, and/or unsteady gait. However, these signs are not specific and can also be seen with other disease processes, such as chronic wasting disease. Although brain abscesses are a common cause of morbidity and mortality in white-tailed deer, they are not considered a population-level health threat. In some cases, deer will survive the initial infection and recover, although abnormal antler development may result if part of the pedicle is damaged by the infection.

Brain abscess in a white-tailed deer



Top and bottom images: A large pus-filled abscess within the cranial cavity compressing the surface of the brain is present next to the black arrows. Photo, SCWDS

White-tailed deer are an integral component of the natural ecosystem in the southeastern United States. They contribute to seed dispersal, plant diversity, and serve as prey for wild carnivores. Likewise, they are one of the most prominent big game species in North America and are an important cultural and spiritual symbol for many indigenous peoples. Accordingly, continued monitoring and research on individual and population-level health challenges are warranted. We thank Blake Graber and the Georgia Department of Natural Resources for submitting this case and for their continued support of the SCWDS Research and Diagnostic Service.

Prepared by Robert Stilz and Nicole Nemeth

Timber rattlesnake, L. Sullivan-Brugger

Several SCWDS graduate students and faculty received awards or honors over the last year. Below is a list of award recipients. We are proud of the good work of SCWDS personnel.

Tori Andreasen (PhD student)

International Symposium of Avian Influenza Travel Grant (2025)

Jillian Broadhurst (PhD student)

Shirey Forestry and Natural Resources Education Endowment Scholarship (2026)

Taylor Fisher (PhD student)

Bob Dittmar Student Travel Award, American Association of Wildlife Veterinarians and United States Animal Health Association (2025)

Corinna Mishin (PhD student)

Excellence in Professional and Applied Sciences Doctoral Research Award, UGA Graduate School (2026), Dennis Sikes Scholarship in Experimental Pathology, Department of Pathology, College of Veterinary Medicine, UGA (2026)

Taylor Pearson (PhD student)

Engaged Scholarship by Graduate Students Award, UGA Graduate School (2026) Dan Strickman Memorial Award, Best Student Presentation at Society of Vector Ecologists 9th International Congress, Greece (2025)

Allison Shaulis (PhD student)

Lincoln P. Brower Award, Monarch Butterfly Fund (2026)

Nicole Nemeth (faculty)

Mid-Career Excellence Award, American College of Veterinary Pathologists (2025)

Sonia Hernandez (faculty)

Outstanding Mentoring Award, UGA Graduate School (2025)

Prepared by Mark Ruder

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Parting views from the Southeast

Purple martin, J. Woodward