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1	Canine parvovirus type 2 vaccine protects against virulent challenge with
2	type 2c virus.
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25	
26	Abstract
27	The ability of dogs vaccinated with a live attenuated CPV type 2 vaccine to resist
28	challenge with a current CPV 2c isolate was investigated. Six SPF beagle dogs were
29	given the minimum recommended course of vaccination, comprising a single
30	inoculation of leptospirosis vaccine (Nobivac Lepto) at ten weeks of age followed
31	two weeks later with a parvovirus vaccine in combination with distemper, adenovirus
32	and parainfluenza virus (Nobivac DHPPi) and a repeat leptospirosis vaccine. Six
33	control dogs were kept unvaccinated. All animals were challenged orally with a type
34	2c isolate of CPV and monitored for clinical signs, virus shedding, white blood cell
35	fluctuations and serological responses. All vaccinated dogs were fully protected;
36	showing no clinical signs nor shedding challenge virus in the faeces, in contrast to
37	control animals which displayed all the typical signs of infection with pathogenic
38	CPV and shed challenge virus in the faeces.
39	
40	Keywords: Canine parvovirus, vaccine, protection

41	
42	Introduction
43	
44	Canine parvovirus (CPV2) is a single stranded DNA virus which is responsible for an
45	acute and sometimes fatal enteritis in dogs (Kelly, 1978; Appel et al., 1979). The
46	virus, which first appeared in 1977/1978, probably arose from a very closely related
47	virus in cats, feline panleukopaenia virus (FPL) through a small number of mutations
48	in the single capsid protein; a species jump which may have involved intermediate
49	passage in other carnivores such as mink or raccoons (Truyen et al., 1996). As early
50	as 1979 the first variants of CPV 2 appeared, termed CPV2a, and they were quickly
51	followed by the appearance of CPV2b in 1984.(Parrish et al 1985, 1991). The original
52	type 2 virus has now virtually disappeared from the field having been replaced by the
53	2a and 2b variants; although the relative proportions of these two types varies from
54	country to country (Truyen et al., 1996; Chinchkar et al., 2006; Pereira et al., 2006).
55	
56	The amino acid changes in the capsid protein (VP2) which characterise the shift from
57	2 to 2a and to 2b are very limited. Substitutions at positions 87 (Met to Leu), 300 (Gly
58	to Ala), 305 (Tyr to Asp) and 555 (Val to Ile) occurred in the evolution of 2 to 2a and
59	426 (Asn to Asp) and 555 (Ile to Val) in the emergence of 2b from 2a (Parrish et al.,
60	1991; Truyen et al., 1995). However as recent 2a strains lacking the Val to Ile
61	substitution at position 555 have been reported (Wang et al., 2005; Martella et al.,
62	2006), then a single amino acid change can differentiate the CPV2a and CPV2b VP2
63	sequences. More recently strains have emerged in Italy in which the amino acid at
64	position 426 (Asn in 2a and Asp in 2b) has become a glutamic acid (Glu) residue
65	(Buonavoglia et al., 2001; Martella et al., 2004). The fact that these Glu 426 variants,

66	termed CPV2c viruses, are circulating and co-existing with other CPV types in Italy
67	and other European countries (Decaro et al., 2006b:;C. Buonavoglia personal
68	communication) and have also been isolated in countries as geographically diverse as
69	Vietnam and Scotland (Nakamura et al., 2004; C. Buonavoglia personal
70	communication) suggests that they have an advantage in at least a proportion of the
71	dog population. The relatively rapid evolution of canine parvovirus has resulted in the
72	loss and then re-gaining of the feline host range (Truyen et al., 1996), and this
73	regained ability to replicate in cats may well account for the replacement of the
74	original type 2 virus with the 2a, 2b and 2c variants.
75	
76	In the late 1970's and early 1980's both live and inactivated FPL vaccines were used
77	to protect dogs against CPV disease due to the shared antigens which stimulated
78	cross protection, however the levels of protection they afforded was poor and duration
79	of immunity was short. These vaccines were replaced by live attenuated CPV
80	vaccines which provided excellent protection and longer duration of immunity.
81	Currently the live attenuated vaccines are derived from either CPV2b isolates or the
82	original type 2 virus. Since the type 2 virus has been entirely replaced in the field by
83	2a, 2b and now 2c viruses there has been concern over the level of protection afforded
84	by attenuated type 2 vaccines (Pratelli et al., 2001). However, based on studies with
85	available monoclonal antibodies each new antigenic variant has lost at least one
86	neutralising epitope compared with the former variant (Strassheim et al., 1994, Pereira
87	et al., 2006). Previously it has been demonstrated that the live attenuated CPV 2
88	vaccine is able to protect dogs against 2a and 2b field challenges (Greenwood et al.,
89	1995) even though cross neutralisation studies conducted in vitro using sera raised
90	against the various antigenic types do show marked differences (Pratelli et al., 2001).

91	The aim of this study was to investigate the ability of a live attenuated type 2 vaccine
92	(Nobivac- Intervet) to protect dogs from challenge with one of the most recent CPV
93	variants, CPV2c.
94	
95	
96	
97	Materials and Methods
98	Viruses & cell culture
99	
100	Nobivac DHPPi vaccine (Intervet) containing canine parvovirus (CPV2 – strain 154),
101	canine adenovirus (type 2), distemper virus, and parainfluenza virus, Nobivac Lepto
102	(inactivated leptospirosis vaccine - Intervet), and Nobivac Pi (live parainfluenza virus
103	only) were used.
104	A CPV2c pathogenic strain (kindly provided by C. Buonavoglia, Department of
105	Animal Health and Well-being, Faculty of Veterinary Medicine of Bari, Italy) was
106	used as challenge virus.
107	CPV2c and CPV2-154 were propagated and titrated in Crandell Rees feline kidney
108	cells (CrFK); isolation of virus from rectal swabs was also performed in CrFK cells
109	which were cultured essentially as described by Mochizuki et al (1993) using M6B8
110	medium (Intervet) supplemented with 5% foetal bovine serum containing penicillin
111	and streptomycin.
112	
113	Serology & immunofluoresence
114	Serum samples were assayed for antibodies to canine parvovirus using both
115	haemaglutination inhibition (Churchill 1982) and serum neutralisation assays . The

116	CPV2 and CPV2c viruses were used in the HAI test at a constant 4 HA units. In the
117	serum neutralisation assays viruses were used at a titre of 10 ^{1.76} /well.
118	Immunofluoresence was carried out as described previously (Vihinen-Ranta, 1998).
119	Briefly, monolayers of CrFK cells were fixed ~72 hours post infection with methanol.
120	The anti CPV monoclonal antibody A2F8 (Parrish et al., 1982) was used, followed by
121	rabbit anti mouse FITC conjugate (SIGMA)
122	
123	Efficacy Study
124	Twelve beagle dogs were obtained from unvaccinated unexposed bitches and
125	therefore devoid of maternally derived antibodies against canine parvovirus. All the
126	dogs were declared fit and healthy by veterinary inspection and shown to be sero
127	negative with respect to CPV at the start of the experiment. The animals were divided
128	into two groups, vaccinates and controls, with six animals in each group; each group
129	was housed separately. The vaccinated group was given the minimum recommended
130	course of vaccination which consisted of vaccination at 8 weeks of age with Nobivac
131	Pi and Nobivac Lepto followed by a second vaccination at 10 weeks of age with
132	Nobivac DHPPi and Lepto. The vaccinate group therefore only received a single
133	vaccination with parvovirus vaccine. The control dogs received no vaccinations. Four
134	weeks following vaccination both groups were challenged with the CPV2c
135	parvovirus. Animals were deprived of food for 24 hours prior to, and for 12 hours
136	following challenge; although water was available throughout. The challenge virus
137	$(10^{5.0} TCID_{50})$ was administered orally in a volume of 1.0ml. The dogs were bled pre-
138	vaccination, pre-challenge and on selected days post challenge for measurement of
139	serological responses and leucocyte/lymphocyte estimation. Animals were also
140	swabbed at regular intervals for virus isolation and observed closely for clinical signs

141	of disease including malaise, reduced appetite, poor general condition and blood in
142	faeces from 2 days before until 14 days after challenge.
143	
144	Statistical analyses.
145	A one way analysis of variance test was carried out using the Mini Tab TM statistics
146	software package.
147	
148	RESULTS
149	Clinical Observation
150	The clinical observations are set out in TABLE 1 . The control animals started to show
151	clinical signs from 4 days post challenge and by day 6 post challenge three of the
152	control dogs showed severe clinical signs and were euthanased on welfare grounds.
153	The remaining control animals exhibited less severe signs although oral electrolytes
154	were needed to aid recovery. Nevertheless reduced appetite resulted in a marked
155	check in their growth rate (results not shown). All the control animals exhibited a
156	severe mucoid diarrhoea which was also haemorrhagic in the three dogs which
157	required euthanasia, whereas the vaccinated group did not display any clinical signs of
158	disease at any stage during the experiment. Rectal swabs taken post challenge were
159	assayed for virus content by culture on CrFK cells (TABLE 2). Virus could be
160	detected in swabs taken from all the control animals from day 3 to day 7 post
161	challenge, whereas no evidence of viral excretion could be detected in any of the
162	vaccinated dogs.
163	The mean white blood cell counts (mwcc) are shown in TABLE 3 . Values were
164	similar in both the vaccinates and control dogs prior to challenge, and in the
165	vaccinated group the mwcc did not show a significant change after challenge (p=

0.12). In the control group however there was a significant drop ($p=0.003$) in the
mwcc post challenge to almost half the pre-challenge value.
Serological responses
In keeping with their SPF status and their derivation from unvaccinated mothers none
of the animals had any detectable antibodies to canine parvovirus prior to vaccination
(data not shown). At the time of challenge after the single parvovirus vaccination all
the vaccinated dogs had developed HAI antibody titres ranging from 1600 to 6400
(TABLE 4). There was no observable difference in HAI titre when the assay was
conducted with 2c or vaccine parvovirus antigens. The serological responses were
also measured in virus neutralisation assays against the challenge and vaccine viruses
(TABLE 4) and in these assays the vaccinates demonstrated a markedly higher
response to the type 2 strain compared to the 2c strain.
Following challenge the vaccinated animals did not show an anamnestic response to
CPV, in HAI or VN assays when either the CPV 2c antigen or the vaccine antigen
was used. The control animals remained seronegative up until the time of challenge,
however after challenge the control animals did mount an antibody response which
was noticeably higher in the recovered animals compared with the animals which
were subsequently euthanased.
Discussion
Canine parvovirus continues to be an important pathogen of dogs and is responsible
for serious occurrences of morbidity and mortality, despite the availability of safe and

effective vaccines (Decaro et al., 2006a, 2006b). Since the replacement of the original
type 2 virus by the 2a, 2b variant and more recently the type 2c viruses (Parrish et al
1991, Martella et al 2004) there have been concerns expressed over the efficacy of
canine parvovirus vaccines which are based on the original type 2 strain (Martella et
al., 2005; Truyen, 2006).
Although it has previously been demonstrated that a type 2 vaccine is able to provide
protection against 2a and 2b field isolates (Greenwood et al 1995), the emergence of
the 2c variant naturally raises the question of whether the type 2 vaccines can provide
protection against this new variant also. We clearly demonstrate here that dogs
vaccinated with a single dose of one particular type 2 parvovirus vaccine are protected
from challenge with one of the type 2c field isolates; furthermore this isolate was able
to cause a severe enteritis in unvaccinated dogs. Analysis of the rectal swabs (TABLE
2) reveals that the vaccinated dogs were not only protected from clinical disease but
also that vaccination prevented shedding of challenge virus. This finding is in line
with the ability of this type 2 vaccine to prevent shedding of type 2a and type 2b virus
following challenge (Greenwood et al., 1995). In addition the duration of virus
shedding in the control animals was similar to that observed with other CPV strains
(Greenwood et al., unpublished observations). Leucopoenia is often a consequence of
CPV infection (Chalmers et al., 1999) and is therefore another criterion by which
infection and protection can be determined. The white cell counts (TABLE 3)
demonstrate that the type 2c virus causes a leucopoenia in the unvaccinated control
animals, whereas the vaccinated group remained normal. Interestingly a differential
white cell count did not show a specific drop in the lymphocytes normally associated
with CPV infection.

There was no anamnestic response following challenge in the vaccinated dogs
indicating that they had sterilising immunity to CPV. Moreover the HAI responses in
the vaccinated group did not show a marked difference in titre whether the test was
performed with the 2c antigen or the type 2 vaccine antigen. However the responses
of the 3 control dogs which survived the challenge did show a difference in HAI when
measured against the 2c antigen compared with the vaccine antigen. All the control
animals were able to mount an immune response and it may be that differences in the
serological responses observed in the control group may have been due in part to the
different sampling intervals, in that the recovered dogs were sampled 7 days post
challenge whereas the other control dogs were sampled at the point of euthanasia on
day 6 post challenge.
These data indicate that whilst there may be antigenic differences between the type 2c
virus and the precursor type 2 virus used in the vaccine these differences do not have
a material significance in terms of protection from disease, i.e there is effective cross
reactivity of the type 2 vaccine against the 2c virus.
Whilst the haemaglutination inhibition assay has been routinely used to assess
protective serological responses in CPV studies, it may be argued that serum
neutralisation would give a more accurate view of the protection afforded by a
vaccine against any variant field strains. Not surprisingly in all the vaccinated dogs
the neutralisation titres are higher when measured against the vaccine strain compared
with the 2c challenge virus. However after challenge the neutralisation titres against
2c or the vaccine did not increase indicating that as shown with the HAI responses the
animals had sterilising immunity. Therefore it is interesting to note that antibody titres

in these dogs were as high as in the recovered control dogs. These and other data
support the view that despite the minor differences between the original type 2 virus
and the 2a, 2b and now 2c variants, dogs vaccinated with this type 2 vaccine will
mount a robust immune response to CPV and are fully protected against challenge
from any of the current CPV types.

TABLE 1 Clinical observations of dogs challenged with CPV Glu-426

Animal Number	1															
		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
5256		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
5260		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
9815		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
9819	Vaccinate	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
9823		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
9829		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
5254		N	N	N	N	M, RA,	M, RA	E								
						BF	BF									
5258		N	N	N	N	M, RA, BF	M, RA, BF	E								
9813	Control	N	N	N	N	M, RA, BF	M, RA, BF	M, RA, BF	PC, RA	RA	N	N	N	N	N	N
9817		N	N	N	N	M, RA, BF	M, RA, BF	Е								
9821		N	N	N	N	M, RA, BF	M, RA, BF	M, RA, BF	PC, RA	PC, RA	RA	N	N	N	N	N
9827		N	N	N	N	M, RA, BF	M, RA, BF	M, RA, BF	PC, RA	RA	N	N	N	N	N	N

N= Normal, M= Malaise, RA= Reduced appetite, BF= Blood in faeces, PC= Poor condition

TABLE 2 Post challenge viral excretion

CPV titre (Days post challenge)											
Group/ Animal Number		0	3	4	5	6	7				
	5254	0	3.30	6.70	6.30	5.45 (euthanased)	<u>.</u>				
Control	5258 0		4.45	6.20	7.45	7.10 (euthanased)					
	9813	0	3.45	5.54	7.20	6.20	5.01				
	9817	0	4.30	7.10	6.45	3.30 (euthanased)	-				
	9821	0	3.95	5.70	5.85	5.85	6.30				
	9827	0	<1.45	4.20	7.95	6.30	6.70				
	5256	0	0	0	0	0	0				
	5260	0	0	0	0	0	0				
Vaccinate	9815	0	0	0	0	0	0				
	9819	0	0	0	0	0	0				
	9823	0	0	0	0	0	0				
	9829	0	0	0	0	0	0				

Titres are given in $TCID_{50}/ml$

TABLE 3 White Blood Cell Counts

Dog		Days Prior to Challenge					Days post challenge															
ID/Group	5		3		0		mean		1		2		3		4		5		7		9	
Control	twc	ly	twc	ly	twc	ly	twc	ly	twc	ly	tec	ly	twc	ly	twc	ly	twc	ly	twc	ly	twc	ly
5254	15.30	7.04	15.60	8.27	11.70	4.91	14.20	6.74	13.60	5.98	13.10	4.19	18.00	2.52	8.93	2.59	8.25	1.73	Euthana			
9813	14.90	8.2	16.90	8.28	11.80	4.48	14.53	6.99	15.00	6.15	13.90	4.73	14.60	2.48	10.20	4.69	12.70	2.67	9.87	4.84	8.77	6.67
9817	13.00	7.15	16.30	9.94	12.00	5.52	13.77	7.54	12.40	5.83	11.30	3.96	10.20	1.94	8.84	1.86	1.56	0.66	Euthana	sed		
9821	12.20	5.73	12.30	5.66	9.14	3.93	11.21	5.11	10.30	5.05	16.00	6.24	11.70	1.17	8.68	2.86	8.03	1.98	3.18	3.02	6.33	2.66
5258	12.20 12.50	5.75	14.30	6.44	13.00	5.59	13.27	5.93	15.90	7.47	13.60	6.26	17.10	2.22	7.55	1.06	7.79	3.82	Euthana	sed		
9827	15.20	6.99	15.10	8	11.10	5.66	13.80	6.88	16.30	6.68	14.10	6.63	13.60	5.71	13.10	2.1	7.55	1.06	9.87	2.86	8.63	6.3
mean	13.85	6.81	15.10	7.77	11.46	5.0	13.46	6.53	13.92	6.19	13.67	5.34	14.20	2.67	9.55	2.53	7.65	1.99	7.64	3.57	7.91	5.18
Vaccinate																						
9815	11.10	5	12.00	6.24	8.85	3.19	10.65	4.81	13.30	6.25	12.90	5.29	13.80	7.59	13.90	5.14	13.70	4.8	9.86	4.63	9.56	4.4
9819	18.00	7.74	14.10	4.79	9.59	2.78	13.90	5.10	15.90	4.61	13.20	6.2	12.50	5.63	12.00	4.8	11.70	4.68	11.10	5.11	11.00	4.84
9823	15.30	6.89	14.60	7.74	10.70	3.32	13.53	5.98	13.80	5.66	12.30	4.55	15.20	6.84	13.40	7.91	15.10	5.74	13.90	6.81	12.90	7.35
5256	14.10	4.65	13.00	4.94	10.60	3.82	12.57	4.47	16.40	6.56	13.90	4.87	13.80	5.11	12.20	5.37	14.60	4.23	12.00	5.64	11.70	4.1
5260	17.50	5.95	14.40	3.02	10.20	3.88	14.03	4.28	11.90	4.17	11.60	4.99	12.40	5.33	8.92	3.75	12.10	4.24	11.90	3.81	10.90	4.58
9829	15.00	5.4	14.40	4.9	10.40	2.5	13.27	4.27	13.90	3.38	12.80	5.12	10.80	3.89	13.80	6.35	13.70	3.7	11.10	2.44	13.20	4.22
mean	15.17	5.94	13.75	5.27	10.06	3.25	12.99	4.82	14.20	5.11	12.78	5.17	13.08	5.73	12.37	5.55	13.48	4.57	11.64	4.74	11.54	4.92

twc= total white cell count; ly= lymphocyte count Counts are given in 10⁹ cells/litre

TABLE 4 Serum neutralisation and HAI responses

			Post Vac	ecination		Post challenge*						
Group	Animal	I	HAI	`	VN	I	HAI	VN				
	ID	2c	Vaccine	2c	Vaccine	2 c	Vaccine	2c	Vaccine			
	5254	<10	<10	<3	<3	†1280	† 320	†2896	†2656			
Control	9813	<10	<10	<3	<3	10240	2560	38968	16384			
	9817	<10	<10	<3	<3	†5120	†640	†2896	†2656			
	9821	<10	<10	<3	<3	10240	2560	13141	11585			
	5258	<10	<10	<3	<3	†5120	†640	†2299	†4598			
	9827	<10	<10	<3	<3	10240	2560	55109	46341			
	9815	1600	3200	18390	>370328	2560	2560	7298	105130			
	9819	1600	6400	36781	>370328	2560	2560	23170	339959			
Vaccine	9823	3200	1600	12634	339959	2560	2560	14218	~210261			
	5256	1600	3200	10624	147123	2560	2560	9195	65536			
	5260	3200	1600	32768	339959	2560	2560	46341	~262144			
	9829	1600	3200	18390	202141	2560	2560	36781	65536			
+ve control		800	1600	2896	13141	1280	2560	2896	13141			

^{*} Samples taken 7 days post challenge

[†] Samples taken at time of euthanasia

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