

Classical swine fever virus strain "C" protects the offspring by oral immunisation of pregnant sows

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V. Kaden, E. Lange, H. Steyer, B. Lange, R. Klopfleisch, et al.. Classical swine fever virus strain "C" protects the offspring by oral immunisation of pregnant sows. Veterinary Microbiology, 2008, 130 (1-2), pp.20. 10.1016/j.vetmic.2007.12.022 . hal-00532383

HAL Id: hal-00532383 https://hal.science/hal-00532383

Submitted on 4 Nov 2010

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Accepted Manuscript

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PII:	S0378-1135(07)00643-8
DOI:	doi:10.1016/j.vetmic.2007.12.022
Reference:	VETMIC 3925
To appear in:	VETMIC
Received date:	7-3-2006
Revised date:	5-12-2007
Accepted date:	11-12-2007



Please cite this article as: Kaden, V., Lange, E., Steyer, H., Lange, B., Klopfleisch, R., Teifke, J.P., Bruer, W., Classical swine fever virus strain "C" protects the offspring by oral immunisation of pregnant sows, *Veterinary Microbiology* (2007), doi:10.1016/j.vetmic.2007.12.022

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3	immunisation of pregnant sows
4	
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1 Abstract

2 The aim of this study was to evaluate if oral immunisation of wild sows protects 3 the fetuses from transplacental infection. Two experiments were carried out with 4 gilts vaccinated orally with C-strain virus approximately five weeks after 5 insemination. They were challenged at mid-gestation with highly virulent classical 6 swine fever virus (CSFV) or moderately virulent field virus. The results revealed that 7 oral vaccination has no negative impact on the pregnancy, and all vaccinated sows 8 developed neutralising antibodies. After infection no symptoms were detected in the 9 six vaccinated-infected sows. Challenge virus could neither be found in blood, nasal 10 and fecal swabs or saliva nor in organs sampled at necropsy. Likewise, all fetuses 11 originating from vaccinated sows were virologically and serologically negative. In 12 contrast, the controls developed a short viremia and as a result of the transplacental infection all fetuses were CSFV positive. In addition, 22 serologically positive wild 13 14 sows of an endemically infected area, where oral vaccination had also been carried 15 out, and their offspring were free from CSFV or viral RNA.

16 Our results confirm that oral immunisation of pregnant wild sows with C-strain17 vaccine may protect the fetuses against CSF.

18

19 *Keywords*: wild boar, classical swine fever, oral immunisation, C-strain vaccine,20 transplacental infection

21

22 1. Introduction

Classical swine fever (CSF) is one of the highly contagious, notifiable and
economically important infectious viral diseases affecting domestic pigs and wild
boar. During the past decades the disease has been present in Europe not only in
domestic pig farms but also in wild boar populations. As CSF eradication in wild

1 boar is very problematical, oral immunisation has been studied as an additional 2 control measure, first in Germany (Kaden et al., 2000, 2002, 2003a) and later on also 3 in Luxembourg. For the past few years, oral vaccination has also been part of the 4 CSF control measures in wild boar in France, in the Slovak Republic and in Bulgaria. 5 After the adoption of oral vaccination by Council Directive 2001/89/EC on 6 Community measures for the control of CSF (Anonymous, 2001), vaccination may 7 now be one element of the eradication measures in wild boar in the European Union 8 (EU). Emergency vaccination of wild boar should be performed in situations, where 9 an extensive spread of CSF virus (CSFV) is expected and the European Commission 10 has acknowledged the submitted vaccination plan.

11 In the past, the efficacy of oral vaccination against CSF based on C-strain live 12 vaccine (Riemser Schweinepestoralvakzine) was established in laboratory and field 13 studies (Kaden et al., 2000, 2001, 2002, 2003a,b, 2005a,b; Kaden and Lange, 2001; 14 Kern and Lahrmann, 2001). For evaluation of the efficacy of CSF vaccines it is very 15 important to study not only the prevention of the horizontal transmission of CSFV 16 from vaccinated pigs to contact animals but also from vaccinated pregnant sows to 17 their offspring. As demonstrated by several groups (Trautwein et al., 1977; Van 18 Oirschot and Terpstra, 1977; Van Oirschot, 1979; Frey et al., 1980; Meyer et al., 19 1980; Richter-Reichhelm et al., 1980; von Benten et al., 1980 and others), transplacental transmission of low virulent CSFV causes the development of 20 21 persistently infected piglets. In principle, these animals are one of the causes for 22 perpetuation of the disease in the population (Depner et al., 1995; Kaden 1998; 23 Kaden et al., 2005b). If such a scenario also occurs in vaccinated pregnant wild sows, 24 oral immunisation is an unsuitable tool for eradication of CSF in wild boar. 25 Therefore, the goal of our studies was to investigate if oral vaccination with C-strain

- 1 vaccine protects the offspring from virus infection in utero when gilts are challenged
- 2 with CSFV at mid-gestation.
- 3
- 4 2. Materials and methods
- 5

6 2.1. Vaccine and vaccination

For oral vaccination the conventional C-strain bait vaccine (Riemser Schweinepestoralvakzine) manufactured by the RIEMSER Arzneimittel AG (Greifswald-Insel Riems, Germany) was used (Kaden et al., 2000, 2004a). Two batches were administered, batch no. $101096 (10^{4.75} \text{ TCID}_{50}/\text{ml})$ in experiment 1 and batch no. $540804 (10^{5.5} \text{ TCID}_{50}/\text{ml})$ in experiment 2. To guarantee a complete uptake of the vaccine, the sows were vaccinated orally with the content of one vaccine bait (1.6-1.8 ml vaccine) by means of a syringe.

14

15 2.2. Challenge virus

In experiment 1, the pregnant sows were challenged intranasally with 200 TCID₅₀ whole blood (1 ml into each nostril) of the highly virulent CSFV strain "Koslov". In experiment 2, the moderately virulent field isolate "11722-WIL" (subtype 2.3 Rostock) derived from a wild boar shot in Rhineland-Palatinate was applied intranasally (1 ml, $10^{5.5}$ TCID₅₀). This challenge virus had undergone two passages in PK-15 cell cultures before use.

22

23 2.3. Animals and housing

For the animal experiments eight gilts (crossbreeding between Danish Landrace
and German Edelschwein -F1- and Leicoma or German Landrace thoroughbred)
obtained from a pig breeding farm in Mecklenburg-Western Pomerania were used.

Oestrus synchronisation and insemination were carried out at the pig holding. The
 animals were kept conventionally during the vaccination period. At the time of
 challenge, gilts were housed in separate pens and stables under isolated and high
 containment conditions.

5 Prior to oral vaccination, the animals were tested negative for antibodies to
6 pestiviruses using virus neutralisation tests (VNT).

7

8 2.4. Experimental design of the animal experiments

9 In experiment 1, two gilts were vaccinated orally with the content of one vaccine 10 dose (one bait) 35 days after insemination. On day 75 of pregnancy, 40 days after 11 vaccination, the sows were challenged with the CSFV strain "Koslov". Both sows 12 farrowed between days 103 and 106 post inseminationem. In experiment 2, four gilts 13 were immunised per os 36 days after insemination and were challenged 34 days later 14 with the field isolate "11722-WIL". On the same day of pregnancy two unvaccinated 15 control sows were also infected. 35 days post infectionem (dpi), that is on day 105 of 16 gestation, the fetuses from all sows were obtained by hysterectomy.

17 The sows of both experiments were observed for clinical signs post vaccinationem 18 (pv) and pi. For serological investigations, blood samples were taken before 19 vaccination, four weeks pv, on the day of farrowing and eight weeks later (day of 20 necropsy) in experiment 1. Whole blood and nasal swabs were collected for detection 21 of CSFV on the day of challenge as well as 5 and 7 days pi. Immediately after birth 22 the piglets were tested for antibodies and virus. Subsequently, the offspring was used 23 in a further study. In experiment 2, serum samples were collected on the days of 24 vaccination and challenge (34 days pv) and at the time point of hysterectomy. For 25 detection of CSFV pi all challenged gilts were bled on the day of challenge and 4, 7

6

as well as 9 days pi. At the same time nasal and fecal swabs as well as saliva werecollected for detection of challenge virus.

Number and viability of fetuses were recorded and necropsy was carried out on all
sows and their offspring. To detect CSFV in fetuses tonsils, spleen, kidney and
mandibular as well as mesenteric lymph nodes were collected.

6

7 2.5. Field analysis on the transplacental infection in a vaccination zone

8 Twenty-two serologically positive wild sows of different age and stage of 9 pregnancy as well as their offspring derived from an endemically infected area 10 (northern part of Mecklenburg-Western Pomerania), where oral immunisation had 11 also been carried out, were investigated for CSFV over a period of three and a half 12 years. Eighteen wild sows were ≥1 year old, three ≤1 year old. In total, 104 embryos 13 and fetuses were collected. The adults and their offspring were investigated for 14 CSFV and viral RNA.

15

16 2.6. Virus isolation

Re-isolation of challenge virus from buffy coat, nasal and fecal swabs, from saliva
and organ samples was carried out on confluent PK-15 cell cultures as described by
Kaden et al. (2004b). For detection of CSFV in cell cultures, a mouse anti-CSFV-E2
monoclonal antibody (mAb α 18, kindly provided by E. Weiland, Tübingen, or mAb
HCTC 50/2/1, kindly provided by B. Köllner, Insel Riems) was used in combination
with a horseradish peroxidase-conjugated anti-mouse antibody (Pierce, Rockford,
USA).

24

25 2.7. Reverse transcription polymerase chain reaction (RT-PCR)

1 RT-PCR was carried out directly from organ samples, whole blood, squeezed 2 nasal, fecal and saliva swabs as well as from organ suspensions obtained from 3 embryos. RNA was extracted from organs and organ suspensions by means of 4 QIAamp Tissue Kit, from whole blood using QIAamp RNA Blood Mini Kit 5 according to the manufacturer's instructions (QIAGEN GmbH, Hilden, Germany). 6 RT-PCR was performed with commercially synthesised primers (MWG BIOTECH AG, Ebersberg, Germany) from the E^{rns} region of CSFV followed by a nested PCR 7 8 described by Liu et al. (1991) in experiment 1, and later with the primers NTR 51 9 (anti-sense) and NTR 53 (sense) corresponding to the 5' non-translated region as 10 described by Kaden et al. (2004a). The PCR amplified products were analysed by 11 agarose gel electrophoresis with visualisation by UV transillumination using the gel documentation system "ImageDoc" (Herolab, Wiesloch, Germany). Each RT-PCR 12 run included two negative controls (DEPC-treated H₂O, negative tissue sample) and 13 14 a positive control (CSFV positive tissue sample).

15

16 2.8. Antibody detection

Sera of the field samples were tested for antibodies using the commercial ELISA
"CHEKIT CSF-Sero" according to the manufacturer's instructions (Dr. Bommeli
AG, Liebefeld-Bern, Switzerland, Intervet BV, The Netherlands). In contrast, sera
derived from animal experiments were checked by means of VNT as described by
Kaden et al. (2001).

22

23 2.9. Determination of the leukocyte counts

Heparinised blood was collected 0, 5 and 7 dpi (experiment 1) or 0, 4, 7, 9 and 36 dpi (experiment 2) for determination of the leukocyte counts using the automatic

analysers Technicon H1, Bayer Diagnostics, Munich, or Cell Dyn 3700 (Abbot
 GmbH, Wiesbaden, Germany).
 3

0

4 **3. Results**

- 5
- 6 3.1. Animal experiments
- 7

8 Clinical, serological and virological findings in sows after vaccination

9 No clinical signs were observed in the vaccinated gilts of both experiments except
10 for one animal of the second group, which showed lameness and partial anorexia.
11 The pregnancy was not disturbed in any of the sows. The body temperatures
12 remained normal in all vaccinated animals as well as in the controls.

Neither CSFV-specific antibodies nor virus were detected in the blood of the
animals on the day of vaccination. On the day of challenge, neutralising antibodies
were diagnosed in all orally vaccinated gilts (Table 1).

16

17 Clinical and haematological findings after infection

Whereas none of the vaccinated gilts reacted with an increased body temperature (>40 °C) pi, a transient slight increase of the body temperatures was already recorded between days 5 and 11 pi in the control sows (data not shown). None of the vaccinated gilts of both experiments developed clinical signs as result of CSFV challenge.

Both vaccinated sows of experiment 1 as well as three out of four vaccinated gilts
of experiment 2 showed constant leukocyte counts after infection. A slight
leukopenia (<10.000 leukocytes/µl) occurred in one gilt (no. 9318) of the second
experiment on day 4 pi as a result of partially clotted blood. Three days later the

leukocyte count was on the normal level again. On different days pi a moderate
 leukopenia was detected in the control gilts (data not shown).

3 Neither abortions nor other disturbances of pregnancy were observed after 4 infection. In experiment 1, one sow (no. 2) farrowed 11 normally developed viable 5 piglets, one dead and one macerated fetus 39 dpi. The second sow (no. 5) farrowed 6 42 dpi. Her litter consisted of 15 animals, 11 normally developed viable piglets, two 7 dead fetuses and one mummified fetus. The following litters were obtained by 8 hysterectomy from the four vaccinated gilts of the second experiment: 15 fetuses 9 (sow no. 9318), 13 fetuses (sow no. 9347), 18 fetuses (sow no. 9441), 8 fetuses (sow 10 no. 9492). The control sows of this experiment contained 10 fetuses (sow no. 9330) 11 and 13 fetuses (sow no. 9427). Further details are described in Table 2.

12

13 Serological and virological findings pi

Both gilts of experiment 1 as well as the vaccinated-infected sows of experiment 2
showed increased neutralising antibody titres beginning 4 or 9 dpi. The controls also
became seropositive (Table 1).

Whereas none of the vaccinated gilts developed viremia after infection, the controls were diagnosed viremic for at least two days (Table 3). Blood samples and all swabs taken from vaccinated animals pi as well as the tissues sampled at necropsy were negative for CSFV and viral RNA (Tables 2 and 3). The controls were also virologically negative at the end of the study. In contrast, all fetuses of both controls were positive for CSFV or CSFV-RNA (Table 2), whereas the fetuses derived from the vaccinated gilts were virologically negative.

24

25 3.2 Analysis of field samples

The investigated embryos and fetuses of the wild sows were diagnosed with a
crown-rump length of 1.8 to 27 cm (Table 4). All 22 sows and their fetuses (104)
were virologically negative independently of the age of the wild sows and the stage
of pregnancy.

5

6 4. Discussion

7 After CSF has been confirmed, the main goal of all control measures in wild boar 8 is to interrupt the chain of infection by a reduction of the reproduction rate $(R_0) < 1$ 9 (Guberti et al., 1998; Artois et al., 2002; Kaden et al., 2002). Oral immunisation of 10 wild boar against CSF may support the eradication (Kaden et al., 2000, 2002, 11 2003a,b; Kern and Lahrmann, 2000). Despite oral vaccination, the fading out of the 12 disease took a long time in Mecklenburg-Western Pomerania and in Brandenburg 13 (Kaden et al., 2002). The causes may be numerous and diverse. Besides the 14 ineffectiveness of oral immunisation persistent infections may also be the cause for a 15 prolonged eradication period. One source for the persistence of CSF in wild boar 16 populations might be persistently infected piglets as a result of transplacental 17 transmission of CSFV from susceptible pregnant wild sows to their offspring 18 (Depner et al., 1995; Kaden, 1998; Artois et al., 2002). Although it can be assumed 19 that this transmission route does not play a key role in the spread of virus among 20 wild boar (Kaden et al., 2005b), it is possible that individual pregnant wild sows 21 transmit CSFV to their progeny by this route. As it is difficult to obtain gravidity in 22 wild sows by artificial insemination or to determine the stage of gestation in wild 23 sows after natural covering we studied the transplacental transmission of CSFV in 24 pregnant domestic gilts which had been vaccinated orally before, and also evaluated 25 field samples from pregnant wild sows and their offspring. These wild sows were 26 shot in an endemically infected area, where vaccination had also been carried out.

1 Our laboratory experiments revealed that orally vaccinated gilts neither showed an 2 increase of body temperature nor other clinical signs and that the pregnancy was not 3 disturbed by C-strain virus. This demonstrates the safety of the C-strain oral vaccine 4 for gilts. This result complies with the findings established in the field after oral 5 vaccination of wild boar (Kaden et al., 2000, 2002, 2003b) or after parenteral 6 immunisation (Tesmer et al., 1973) or after oral immunisation of non-pregnant pigs 7 and wild boar with C-strain vaccine (Chenut et al., 1999; Kaden et al., 2001). As 8 expected, all vaccinated animals seroconverted pv. Whereas one gilt developed only 9 a low antibody titre 28 dpv, all others had antibody titres between 90 and 641 ND₅₀. 10 Similar antibody titres were also detected after vaccination of weaner pigs and wild 11 boar (Kaden and Lange, 2001; Kaden et al., 2004b).

12 The infection of the vaccinated pregnant gilts with highly (experiment 1) or 13 moderately virulent (experiment 2) CSFV at mid-gestation did not result in clinical 14 signs in any of the animals. Whereas both controls showed distinct leukopenia the 15 leukocyte counts of the vaccinated and infected gilts were inconspicuous. Challenge 16 virus could neither be detected in blood, nasal and fecal swabs or saliva nor in organ 17 samples of vaccinated-infected sows at necropsy. In contrast, the control gilts 18 became viremic. However, neither CSFV nor viral RNA was detected pi in the 19 swabs. This result was not expected. It is possibly related with the time points of 20 sampling, as sampling was not carried out daily. At the end of the experiment, the 21 control sows were also investigated virologically negative, i.e. the controls survived 22 the infection without virus persistence and developed neutralising antibody titres 23 $(>100 \text{ ND}_{50})$. The vaccinated gilts showed a distinct booster reaction pi except for 24 two animals which had relatively high antibody titres (641 ND₅₀) on the day of 25 challenge.

1 The oral vaccination of pregnant gilts with C-strain vaccine successfully protected 2 all fetuses of these sows from infections with the highly virulent CSFV strain 3 "Koslov" or the moderately virulent field isolate. Whereas in the litters of the control 4 gilts infected with the field isolate mummies and dead fetuses were found at 5 necropsy (Fig. 1) in addition to alive piglets which all were diagnosed CSFV 6 positive, neither virus nor RNA was found in any of the samples of the fetuses of the 7 vaccinated-infected sows taken at the time of hysterectomy. Dead fetuses were 8 detected in three vaccinated sows which had litters consisting of 12 to 18 fetuses. 9 One fetus derived from a sow with 15 animals was mummified. This death rate 10 represents a physiological mortality rate in large litters. Normally, one to two dead 11 fetuses can be expected in such litters (Rommel, 1987). Our results in vaccinated-12 infected gilts indicate that a single dose of the C-strain bait vaccine prevents 13 transplacental transmission of CSFV in mid-gestation. Vertical transmission of 14 challenge virus in pregnant sows vaccinated with C-strain has not been reported yet. 15 Tesmer et al. (1973) neither found challenge virus in the blood of piglets derived 16 from pregnant sows which were vaccinated parenterally with the vaccine strain "C", 17 which also was the basis for the oral vaccine used in our animal studies. In contrast, 18 E2 subunit vaccines did not prevent virus transmission in utero. They were only able 19 to reduce transplacental CSFV transmission (Ahrens et al., 2000; De Smit et al.,

Our investigations of pregnant wild sows and their unborn offspring derived from an endemically infected area, where oral immunisation had also been carried out, demonstrated that all tested animals (22 wild sows and 104 fetuses) were virologically negative. These antibody-bearing sows may have seroconverted as a result of vaccination or after survival of an infection or both. As the pregnant animals were hunted within a population infected endemically with CSFV we assume that

2000; Depner et al., 2001).

also vaccinated and infected sows were involved in our investigations. These field
 data confirm the laboratory findings regarding the absence of transplacental
 transmission of CSFV in sows vaccinated before.

4

5 Acknowledgements

6

7 The authors thank Brigitte Dannenfeld and Sybilla Welsch for their excellent8 technical assistance as well as Anette Beidler for critical review of the manuscript.

9

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1 Table 1

Neutralising antibody titres (ND₅₀) Experi-Number ment of the sow dpv dpi 39/42 nt nt nt nt nt nt 9330* 9427*

2 Neutralising antibody titres after vaccination and infection

4 Comments: * – non-vaccinated controls

P-Cox

5 nt – not tested

- Table 2 1
- Virological findings in blood and organ samples of fetuses 2

Sample	Number of CSFV/RNA positive fetuses per sow								
Sample	Vaccinated sows (offspring)						Contro	Control sows	
	Sow 2	Sow 5	Sow 9318	Sow 9347	Sow 9441	Sow 9462	Sow 9330	Sow 9427	
	(11 alive, 1 dead)	(12 alive, 2 dead,	(15 alive)	(13 alive)	(17 alive, 1 dead)	(8 alive)	(8 alive, 2 dead)	(8 alive, 4 dead,	
		1 mummified)						1 mummified)	
Buffy coat	0/11	0/12	0/15	0/13	0/17	0/8	8/8	8/8	
Tonsils	0/12	0/14	0/15	0/13	0/18	0/8	10/10	13/13	
Spleen	0/12	0/14	0/15	0/13	0/18	0/8	10/10	13/13	
Mandibular	0/12	0/14	0/15	0/13	0/18	0/8	10/10	13/13	
lymph nodes									
Mesenteric	0/12	0/14	0/15	0/13	0/18	0/8	10/10	13/13	
lymph nodes									
Kidney	0/12	0/14	0/15	0/13	0/18	0/8	10/10	13/13	

1 Table 3

2 Virological findings in two control sows after challenge

d pi	CSFV or RNA positive sample per animal (sow no. 9339 / sow no. 9427)						
	Buffy coat	Whole blood	Nasal	Saliva	Feces ¹	Organs ²	
	(VI)	(RT-PCR)	excretion				
0	-/-	-/-	_/_	-/-	-/-		
4	_/_	+/+	_/_	_/_	-/-		
7	+/-	+/-	_/_	-/-	-/-		
9	-/+	_/_	_/_	-/-	-/-		
36	-/-	_/_	-/-	-/-	-/-	-/-	

- 3
- 4 Comments: ¹only virus isolation

- ²virus isolation and RT-PCR
- 6

5

1 Table 4

2 Results of the investigated wild sows and their progeny from the field study

WS	Progeny (emb	pryos/fetuses)	Number of virologically positive			
			animals per group			
Number	Number of individuals	Crown-rump length (cm, fromto)	Wild sows	Embryos or fetuses		
18	87	1.8 – 27	0/18	0/87		
3	12	1.9 – 27	0/3	0/12		
1	5	2.8 - 25	0/1	0/5		
22	104	1.8 – 27	0/22	0/104		
	18 3 1	NumberNumber of individuals188731215	Number Number of individuals Crown-rump length (cm, fromto) 18 87 1.8 - 27 3 12 1.9 - 27 1 5 2.8 - 25	NumberNumber of individualsCrown-rump length (cm, fromto)Wild sows1887 $1.8 - 27$ $0/18$ 312 $1.9 - 27$ $0/3$ 15 $2.8 - 25$ $0/1$		

- 1 Figure 1
- 2 Offspring of control-sows (a: no. 9427; b, c: no. 9330)
- 3 a: One mummified fetus and 4 dead fetuses with subcutaneous edema and
- 4 progressive autolysis within a litter of 13 relatively equal piglets
- 5 b: Note cutaneous petechiation of the upper fetus
- 6 c: Diffuse subcutaneous edema and autolysis
- 7

1 Figure 1







