

ENDOTHELIOTROPIC ELEPHANT HERPES VIRUS INFECTIONS IN ASIAN ELEPHANTS OF INDIA

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Incidence reporting

- No historic references in old treatise or camp records
- First hemorrhagic report with lesions of EEHV was reported but not confirmed in Mudumalai elephant camp, Tamilnadu India
- Confirmed Index case was a 9 year old captive born male 'Sunny' in Muthanga elephant camp, Kerala
- Since then 32 cases were reported across India
- All cases were sporadic except for mortality of two calves in contact.
- Primarily affecting young animals
- Sex wise bias not observed

Regional distribution of cases

- 28 cases were reported in Southern India
- 2 cases from orphan camp in Assam, North east India
- 2 cases from an elephant camp from Tadoba Tiger Reserve in Maharashtra, Central India
- Four where captive born, eight was orphan calves raised in camps and 18 from free ranging wild elephant populations

EEHV in captive Elephants-14 death,8 captive orphan calves and Six captive born calves



EEHV in free ranging elephants-18 cases



Conducting Post-Mortem in Free Ranging and Captive cases



Methodology

- Conducting systematic post-mortem in all elephant deaths.
- Collection of appropriate samples and gross lesions recorded.
- Histo-pathological examinations for inclusion bodies.
- PCR amplification and sequencing.
- Interpretation of epidemiological relations .

CLINICAL AND PATHOLOGICAL LESIONS

CLINICAL SIGNS

• Per acute in onset

 Pyrexia, Anorexia ,Dyspepsia and dullness

• Facial edema, Cyanosis of the tongue

PATHOLOGICAL LESIONS

•Extensive

hemorrhagic lesions

•Petechiae of pericardium

& endocardium

- pericardial effusion
- •Petechiae of peritoneum
- •Hepatomegaly
- Intestinal hemorrhage and ulceration

Gross pathology-Facial edema

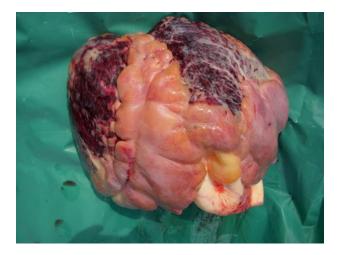


Cyanosis of the tongue







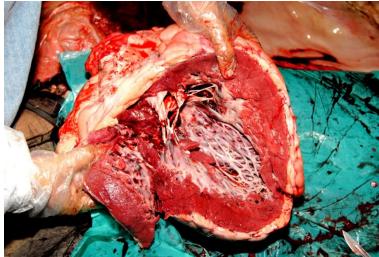


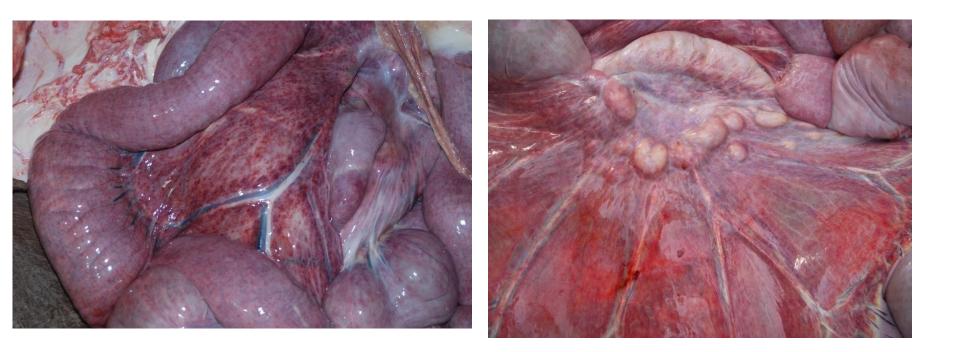


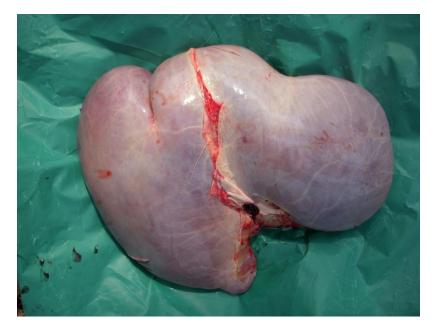










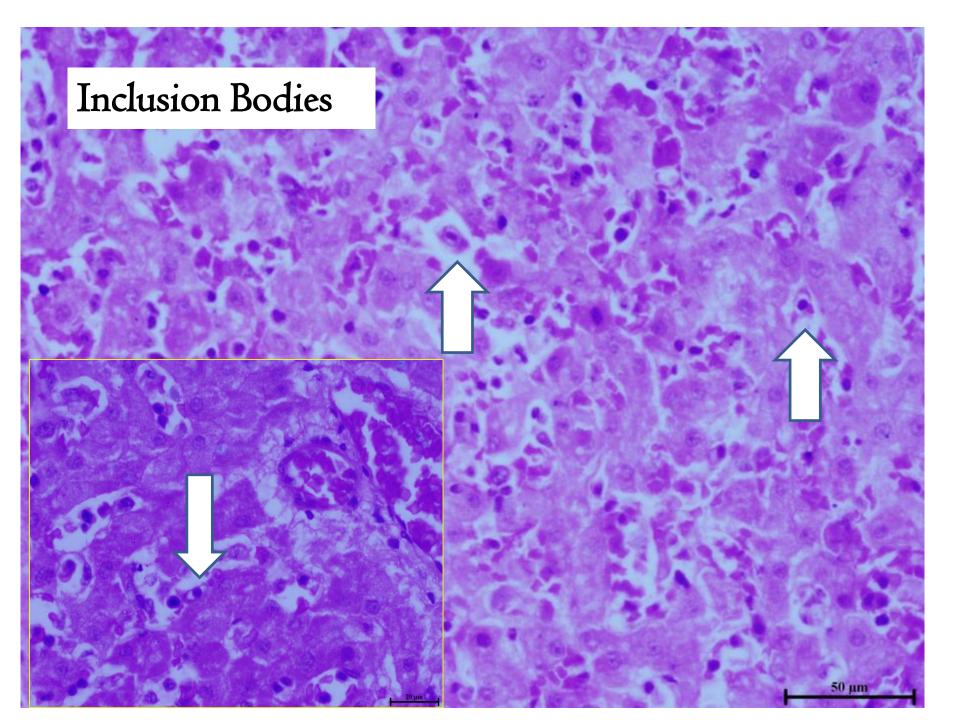


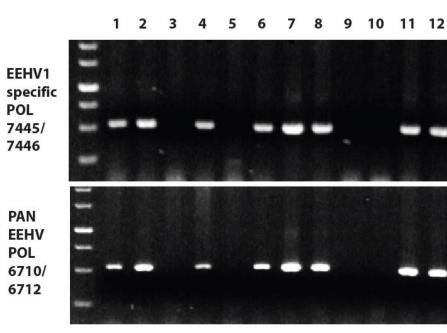








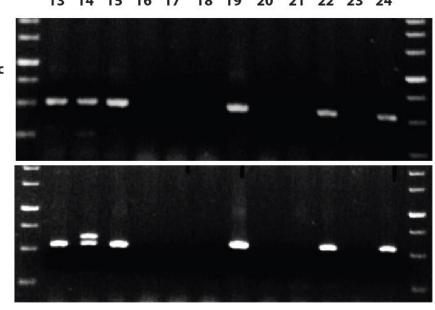




22 23 24 13 18 19 21

EEHV1 specific POL 7445/ 7446

PAN EEHV POL 6710/ 6712



24x DNA samples from 16 E.maximus in Weyanad, Kerala, India. [20 x necropsy, 4 x blood samples]

First round positives for EEHV1: Lane Numbers:

Case #1: Niranjen = 7, 8, 13, 14, 24 Case #2: Aswathi = 1, 2, 12 Case #4 = 11, 19 Case #6 = 6Case #7 = 7, 22 Case #14 = 15

[Cases #3 (23), #11 (5), #15 (9) were also positive after second round PCR]

8/9 hemorrhagic disease positive. 0/3 control necropsy positive. 1/4 live herdmate blood positive.

IMPORTANT FINDINGS

We have reported 31 cases EEHV1 A and one case of EEHV 1B with pathologic and molecular epidemiological evidences in Indian Subcontinent for the first time.

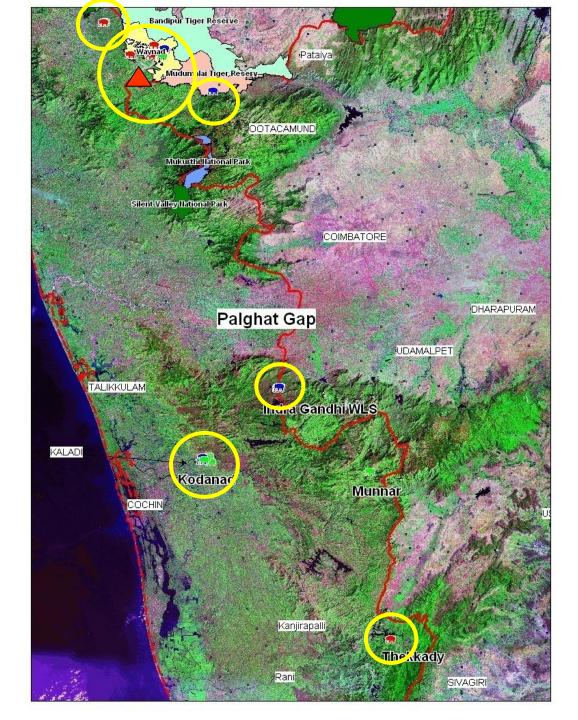
We have reported EEHV 1 A mortality free ranging elephants for the first time thus giving insight to the disease ecology and possible emergence of the virus.

Molecular epidemiology-strain sub typing

- In the beginning PCR amplification were performed in the core regions of 3,300 bp with 4 conserved region Pol, Ter, Hel and gM region and two hyper variable variable regions of gH-TK and vGPCR 1
- This was further extended to 6100 bp of genome by adding two terminal hyper variable region vOX2 vGPCR5 plus and extended version of U60(Ter ex3)

Molecular epidemiology-strain sub typing

- 31 different EEHV 1A strain subtypes were identified showing high variability of the virus as shown in US and European strains
- However 13 novel strains were identified
- Spatial and temporal epidemiological correlations were not established
- Two cases that were infected and died in contact had 100% similarity sub strain indicating horizontal transmission.



South India Range :

Kerala/ Tamil Nadu/ Karnataka :

18x Documented cases of Hemorrhagic Disease:

Red e-symbol= Wild bornBlue e-symbol= Captive born



Transmission is horizontal EEHV in captive herd mates



EEHV in Free-ranging herd mates Multiple strain circulating in a single herd



Viral shedding in the captive Asian elephants in South India

Detection of pathogenic elephant endotheliotropic herpesvirus in routine trunk washes from healthy adult Asian elephants (*Elephas maximus*) by use of a real-time quantitative polymerase chain reaction assay

Jeffrey J. Stanton, DVM; Jian-Chao Zong, PhD; Erin Latimer, BS; Jie Tan, BS; Alan Herron, DVM; Gary S. Hayward, PhD; Paul D. Ling, PhD

Objective—To investigate the pathogenesis and transmission of elephant endotheliotropic herpesvirus (EEHVI) by analyzing various elephant fluid samples with a novel EEHVI-specific real-time PCR assay.

Animals—5 apparently healthy captive Asian elephants (Elephas maximus) from the same herd.

Procedures—A real-time PCR assay was developed that specifically detects EEHVI. The assay was used to evaluate paired whole blood and trunk-wash samples obtained from the 5 elephants during a 15-week period. Decorythonucleia acid sequencing and virial gene subtyping analysis were performed on trunk-wash DNA preparations that had positive results for EEHVI. Viral gene subtypes were compared with those associated with past fatal cases of herpsvirus-associated disease within the herd.

Results—The PCR assay detected viral DNA to a level of 1,200 copies/mL of whole blood. It was used to detect EEHVI in trunk secretors of 3 of the 5 elephants surveyed during the Fib-week period. Viral gene subtyping analysis identified 2 district elephant herpesviruses, 1 of which was identical to the virus associated with a previous fatal case of herpesvirus-associated disease within the herd.

Conclusions and Clinical Relevance—EEHVI was shed in the trunk secretions of healthy Asian elephants. Trunk secretions may provide a mode of transmission for this virus. Results of this study may be useful for the diagnosis, treatment, and management of EEHVIassociated disease and the overall management of captive elephant populations. (Am JVer Res 2010;71:225–233)

Elephant endotheliotropic herpeviruses can cause Lacute hermortagic disease in endangered Asian and African (Laxodonta dritom) elephants, resulting in considerable liness, reproductive loss, and death in captive elephant populations.¹⁴ This herpevirus-associated disease primarily affects juvenile Asian elephants and results in rapid-onset endotheliolytic disease with a mortality rate of 85% in elephants that have positive results for the disease as indicated by semiguanitative conventional PCR-assay blood tests.⁸ After the origi-

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washington, D. 20015 (Latime). Supported by Houston Zoo Incorporated, Elephant Managers Association, and National Institutes of Health training grant T32-AI-07471. Address correspondence to Dr. Ling (pling@bcm.edu).

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ABBREVIATIONS Cycle threshold

- EHV Elephant endotheliotropic herpesvirus EGHV Elephant gammaherpesvirus gM Glycoprotein M IFN-y Interferon y MDBP Maior DN-binding protein
- DBP Major DNA-binding protein AP North American proboscivirus
- POL DNA polymerase qPCR Quantitative PCR
- VGC Viral genome copy vGPCR Viral G-protein coupled receptor
- . . .

nal report of EEHV in 1999,² > 60 cases of systemic herpesvirus-associated hemorrhagic disease have been identified worldwide, with most disease developing in capitve-born juvenile Asian elephants.⁹ The clinical course of herpesvirus-associated disease has a rapid progression over 1 to 7 days.^{153,10} II begins with the onset of lethargy, anorexia, edema, and

begins with the onset of lethargy, anorexia, edema, and cyanosis of the tongue and often culminates in death with pathological findings of disseminated hemorrhag-

- No of individuals tested
 48 elephants from 3 camps
- 2 elephants shed EEHV 1A virus
- One elephant sheds EEHV5 virus.

Viral shedding in the Free ranging wild Asian elephants in South India



 No of individuals tested:
 22 elephants from Wayanad wildlife sanctuary

2 elephants shed EEHV 1A virus and 4 has viremia

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EEHV 1 CLUSTER IN ASIAN ELEPHANTS

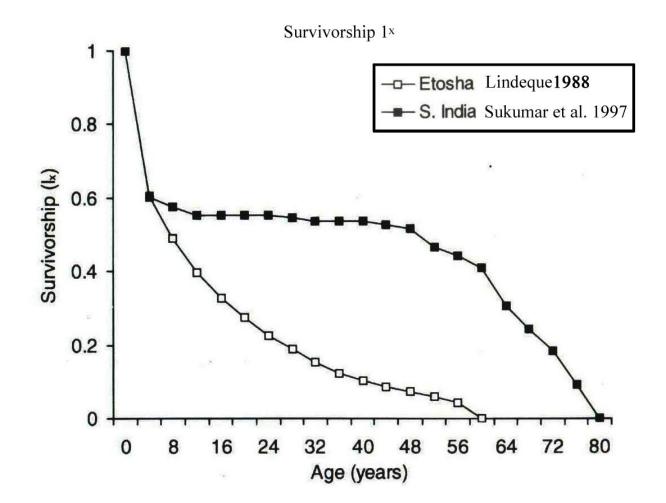
TRULY EMERGING

OR

CO:EVOLVED WITH THE SPECIES?

IMPACT ON THE SURVIVAL OF THE SPECIES

Survivorship 1x curve for African and Asian elephants



Projects undertaking for characterization of host genotype and development of markers for population risk assessment

1. Whole genome sequencing of 16 strains to understand viral evolution

2. Identification of MHC genotype mapping

3. Host genotyping in EEHV mortality and possible development of markers (Genetic association studies)

Acknowledgements

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THANK YOU