

COMPARISON OF THE SUSCEPTIBILITY OF THE RED FOX (*VULPES VULPES*) TO A VACCINIA-RABIES RECOMBINANT VIRUS AND TO COWPOX VIRUS

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ABSTRACT

Sylvatic rabies can be efficiently controlled by vaccination of foxes with a vaccinia-rabies recombinant virus. However, the risk of recombination between the engineered vaccine virus and other orthopoxviruses endemic in wildlife, such as cowpox virus, still needs to be investigated. In this study, foxes inoculated orally and intradermally with cowpox virus were found to be not very susceptible to cowpox virus, which was isolated from only the oropharynx and tonsils, at low titre and for only five days after inoculation. Thus the risk of recombination between these viruses in foxes is very low.

Rabies remains a disease of major importance in Europe where the main vector is the red fox. Research has shown that control of sylvatic rabies is possible by vaccinating foxes with a vaccinia-rabies recombinant vaccine which expresses the immunogenic glycoprotein of rabies virus¹. Previous experiments have demonstrated the efficacy and innocuity of this vaccine in target and non-target species²⁻⁵. The use of this vaccine is therefore preferable to the use of conventional attenuated strains of rabies virus which are pathogenic to some non-target species⁶⁻¹⁰. Several large-scale fox vaccination campaigns with this vaccine have led to almost complete elimination with this vaccine have led to almost complete elimination of rabies in Belgium^{11,12}. However, before the recombinant vaccine can be routinely used in wildlife, it is important to know how its efficacy and safety might be affected by possible interaction with other orthopoxviruses, particularly cowpox virus, that are endemic in European wildlife. Cowpox virus is believed to circulate in populations of wild rodents from which transmission to other species, particularly domestic cats and man, may occur¹⁴⁻¹⁸. The possibility of genetic recombination in the field between cowpox virus and the engineered vaccinia virus should not be ignored. For genetic vaccinia virus should not be ignored of the sites of virus replication after intradermal and oral inoculation.

Materials and methods

ANIMALS

Twenty foxes aged between 4 and 5 months were captured in Belgium and kept in quarantine for one month before use in this study.

VIRUSES

Low-passage (sixth passage in Vero cells) cowpox virus strain L9720 and a recombinant vaccinia (Copenhagen strain) virus which expresses the rabies (ERA strain) glycoprotein (VVTGgRAB-26D3 187XP)¹ were used in this study. Both viruses were propagated on Vero cells with Dulbecco's Modified Eagle Medium (DMEM) supplemented by 5% fetal calf serum.

EXPERIMENTAL PROTOCOL

The susceptibility of foxes to cowpox virus was studied after intradermal or oral inoculation with different amounts of virus. Two foxes (foxes 1 and 2) were inoculated intradermally on the flank with 100 µl containing 0.25, 5, 10^2 , 2×10^3 , 4×10^4 and 2×10^5 plaque-forming units (p.f.u.) of cowpox virus and two (foxes 3 and 4) were inoculated intradermally with 7×10^2 , 7×10^3 , 7×10^4 , 7×10^5 and 7×10^6 p.f.u. of cowpox virus. Each fox was also inoculated with 100 µl of DMEM as control. A further two foxes (foxes 5 and 6) were inoculated with 100 µl containing 3×10^2 , 3×10^3 , 3×10^4 , 3×10^5 and 3×10^6 p.f.u. of vaccinia-rabies recombinant virus and DM EM. Two weeks after inoculation, foxes were killed by intracardiac injection of T61 (Hoechst Veterinar) after sedation with Hypnorm (0.1 ml kg⁻¹ (Janssen Pharmaceutica)). Ten foxes (foxes 7 to 16) were inoculated orally with 8×10^6 p.f.u. cowpox virus and two others (foxes 17 and 18) with 3×10^7 p.f.u. of the vaccinia-rabies recombinant virus (1 ml administered directly into the oral cavity). Two foxes (foxes 19 and 20) were inoculated orally with DMEM. Foxes were killed at various times after inoculation (Tables 1 and 2). Rectal temperatures were measured every two days. Blood samples and oropharyngeal and nasal swabs in 1 ml of medium were taken every two days and on the day of death. Buffy coats and plasma were separated by centrifugation at 1300g for 30 min and stored at -80°C for virus isolation and serology.

SEROLOGY

Antibody to Orthopoxvirus was determined by immunofluorescence (IF) and haemagglutination inhibition (HA)²¹. IF antibody titres were determined using cowpox virus-infected Vero cells in 96-well plates and an anti-dog IgG FITC conjugate (Sigma). Titres were expressed as the reciprocal of the greatest dilution of serum which gave fluorescence. Rabies virus-neutralizing antibodies were determined by a fluorescence inhibition technique (RFFIT). Antibody titres were expressed in IU (international units) per ml as determined by comparison with a standard serum (titre = 4.4 IU ml⁻¹)²². The arbitrarily defined level of 0.5 IU ml⁻¹ in humans is considered indicative of successful rabies immunization.

VIRUS ISOLATION AND TITRATION

After death, the following tissues were collected for virus isolation from each orally inoculated animal : tonsils, buccal mucosa, maxillary and parotid salivary glands, submaxillary, retropharyngeal, axillary, bronchial and mesenteric lymph nodes, thymus, spleen, liver, kidney, small and large intestine, lung and brain. Tissues were washed in sterile phosphate-buffered saline containing antibiotics and stored at -80°C. Samples were weighed, ground, freeze-thawed three times and clarified by centrifugation for 15 min at 1300g. Swabs, buffy coats, plasma and clarified tissue samples were inoculated in Vero cells in 24-well plates. Three days after inoculation, cells were examined for cytopathic effect and negative samples were passaged once more. Virus isolated from tissues at first passage was titrated on Vero cells. Titres were expressed in p.f.u. ml⁻¹ for swabs and p.f.u. g⁻¹ for tissues.

HISTOLOGICAL EXAMINATION

Skin samples from normal or depilated areas were fixed in 10% formol-saline or in 4% paraformaldehyde, and plastic-embedded (JB-4; Polysciences Ltd) before being processed and stained with haematoxylin and eosin. Immunoperoxidase staining was undertaken using a rabbit hyperimmune anti-cowpox virus serum as previously described.²³

Results

CLINICAL SIGNS

No obvious clinical signs were observed in any foxes apart from small depilated areas observed at the intradermal inoculation sites of 105 p.f.u. cowpox or recombinant virus and a small induration in one fox (fox 2) at 102 p.f.u. from 4 to 8 days postinoculation (dpi). No pyrexia was detected in any fox.

SEROLOGY

No antibody to orthopoxviruses was detected in any fox by either IF or HAI assays at the beginning of the experiment. Foxes inoculated intradermally with cowpox virus developed detectable IF and HAI antibody by 6-15 dpi (Table I). A strong correlation was found between HAI and IF assays in all foxes. Of two foxes inoculated intradermally with vaccinia-rabies recombinant virus, one seroconverted at 7 dpi but no antibody was detected in the other. One fox inoculated orally with cowpox virus (fox 16) seroconverted at 9 dpi but no antibody was detected in any other fox inoculated orally with either virus (Table I). Five foxes had detectable antibody against rabies prior to the beginning of the experiment (Table I). These titres did not significantly vary during the experiment except in fox 5 which developed an increase in rabies antibody titre 13 days after intradermal inoculation with recombinant virus (data not shown).

VIRUS ISOLATION

No viraemia was detected in any fox and no virus was isolated from swabs or tissues from foxes inoculated intradermally with either virus. From foxes inoculated orally, no virus was isolated from nasal swabs but cowpox virus was isolated at up to 10^3 p.f.u. ml⁻¹ from oropharyngeal swabs until 5 dpi and vaccinia-rabies recombinant virus was isolated from oropharyngeal swabs at 1 dpi (Table 2). Cowpox virus was isolated from tonsils at up to 10^4 p.f.u. g⁻¹ for 2-3 dpi and after passage until 5 dpi. The recombinant virus was reisolated for only one day from tonsils (Table 2). No virus was detected in any other tissues tested.

HISTOLOGICAL EXAMINATION

Examination of the mild skin lesions which developed at some sites of intradermal inoculation revealed none of the changes usually associated with cowpox virus infection^{2,3}; no characteristic A-type inclusions were seen and no Orthopoxvirus antigen was detected by immunoperoxidase staining (data not shown).

Discussion

Genetic recombination between orthopoxviruses and the production of recombinant viruses with novel biological properties after dual infection of cell and tissue cultures is a well known phenomenon²⁴⁻²⁷. Similar recombination has also occurred in whole animals, for example among capripoxviruses²⁸ and leporipoxviruses²⁹. The purpose of the experiments described here was to

assess the risk of genetic recombination between cowpox and vaccinia-rabies recombinant viruses in foxes in the field. In order to evaluate the risk of such recombination, it was essential to determine first whether foxes were susceptible to cowpox virus. Intradermal titration of cowpox virus in the flanks of four foxes demonstrated that foxes are not very susceptible to infection by this route. Indeed, unlike cats, in which as little as 5 p.f.u. can cause primary lesions at the inoculation site, viraemia and secondary skin lesions^{2,3}, only mild skin lesions, with no evidence of virus replication, were provoked when $\geq 2 \times 10^5$ p.f.u., or 10^2 p.f.u. in one case, of cowpox virus were inoculated into foxes. These lesions may be similar to those reported after abortive Avipoxvirus infection of mammals³⁰⁻³². No lesions at all were observed in foxes inoculated orally, although cowpox virus was isolated from sils and oropharyngeal swabs until 5 dpi, indicating that transient local infection probably did occur. However, no evidence of systemic infection was found in any fox. None of the foxes had detectable antibody against cowpox virus at the beginning of the experiment but all of those inoculated intradermally and one fox inoculated orally seroconverted at 6-15 dpi. Five foxes had detectable rabies antibody at the beginning of the experiment. The age and health of the foxes suggest that this antibody was unlikely to have been due to either rabies virus infection or maternally derived antibody. However, the foxes may have eaten baits containing the recombinant vaccine brought back to the earth by their mothers during a recent vaccination campaign. If some foxes had been previously exposed to the recombinant vaccine, then pre-existing immunity might have reduced the susceptibility of some of these foxes to cowpox virus infection and might particularly have reduced the amounts of virus reisolated from foxes 8 and 9. However, only three of 14 foxes inoculated with cowpox had pre-existing rabies antibody so this argument does not affect the overall conclusion that foxes are relatively unsuceptible to cowpox.

The prevalence of antibody to cowpox virus in wild foxes is low: none of 72 foxes from South Belgium had detectable Orthopoxvirus antibody (unpublished data). The low prevalence of Orthopoxvirus infection in foxes and the restricted replication of both cowpox and vaccinia-rabies recombinant viruses¹⁹ suggests that the risk of recombination between these two viruses in foxes is very low. This work therefore adds support to arguments in favour of the use of the vaccinia-rabies recombinant vaccine in large-scale vaccination campaigns to eliminate rabies in Europe.

Table 1. Serology for cowpox (IF) and rabies (RFFIT) in foxes inoculated orally or intradermally with cowpox or recombinant rabies-vaccinia virus

Fox	Virus / route ^a	Rabies RFFIT titre (IU ml ⁻¹) at day 0	Cowpox antibody IF titre ^b (days after inoculation)											
			0	1	2	3	5	6	7	9	11	13	15	
1	cpx/i.d.	6.3	<5		<5		<5	10		40	20	20	20.	
2		<0.5	<5		<5		<5	<5		<5	<5	<5	10.	
3		<0.5	<5			<5	<5		<5	<5	<5	10	20.	
4		<0.5	<5			<5	<5		<5	20	80	160	80'	
5	rec/i.d.	4.0	<5			<5	<5		80		160	160	160'	
6		<0.5	<5			<5	<5		<5	<5	<5	<5.		
7		cpx/oral	<0.5	<5	<5'									
8			4.9	<5	<5'									
9	4.3		<5		<5.									
10	<0.5		<5		<5'									
11		<0.5	<5			<5'								
12		<0.5	<5			<5*								
13		<0.5	<5			<5	<5*							
14		<0.5	<5			<5	<5		<5*					
15		<0.5	<5			<5	<5		<5	<5*				
16		<0.5	<5			<5	<5		<5	10	20	40*		
17		rec/oral	1.3	<5	<5*									
18			<0.5	<5		<5*								
19	media control	<0.5	<5			<5	<5		<5	<5	<5	<5*		
20		<0.5	<5			<5	<5		<5	<5	<5	<5*		

Légende de la table : ^acpx, cowpox virus; rec, rabies-vaccinia recombinant virus; i.d., intradermal - ^bReciprocal of last dilution which gave fluorescence - *Indicates the day on which foxes were killed

Table 2. Reisolation of cowpox and recombinant vaccinia viruses from oropharyngeal swabs and tonsils after oral inoculation

Fox	Virus		2	3	5	7	9	11	13	15	Isolation from tonsils (p.f.u. g ⁻¹)
7	Cowpox	— *									25
8		— *									—
9			200*								4000
10		— *									35
11				300*							1800
12				1000*							(+)
13				5	— *						(+)
14				30	—	— *					—
15					—	—	— *				—
16					+	—	—	—	— *		—
17	Recombinant	55*									250
18		— *									—
19			—	—	—	—	—	—	—	— *	—
20			—	—	—	—	—	—	—	— *	—

Légende de la figure. : indicates the day on which foxes were killed : - Indicates that no virus was isolated after two passages / + Indicates that virus was isolated but the titre was not determined (very low) (+) Indicates that virus was isolated after passage

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