CEMI 17, actualités sur les arboviroses

17^{ème} Colloque sur le Contrôle Epidémiologique des Maladies Infectieuses

15 et 16 mars 2012 – Institut Pasteur - Pari TJETBT1 0 0 1 5433n9216 26.232 Tm()]TJE

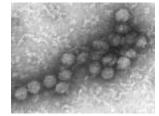
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Pathogenic arboviruses: RVFV and WNV



Virus	Classification: family genus	Vector	Animals affected	Disease (SFI ¹ , HF ² , E ³)	Endemic presence	OIE* listed
Rift Valley fever virus	Bunyaviridae Phlebovirus	Mosquito (Aedes spp.)	Humans, sheep, goats, camels	SFI/HF/abortion	Africa	Yes
West Nile virus	Flaviviridae Flavivirus	Mosquito (Culex spp.)	humans, cattle, horse, avian + many other	Ε	Africa, Eurasia, Americas Australia	Yes

¹SFI: systemic Febrile Illness; ²HF: haemorrhagic fever; ³E: encephalitis. *Office International des Epizooties (World Organisation for Animal Health).

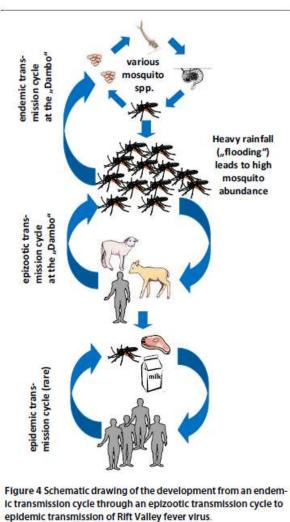




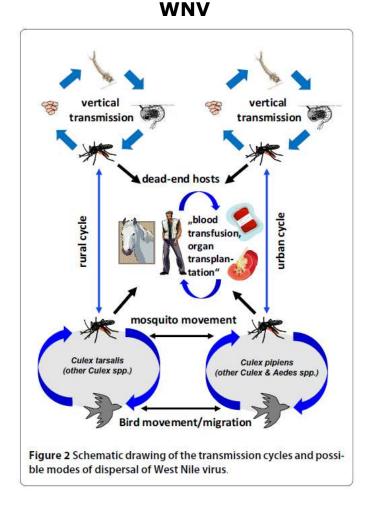
Adapted from N. Johnson et al., JBB, 2012 Rapid molecular detection methods for « Arboviruses of livestock of importance to Northern Europe »



Rift Valley Fever Virus and West Nile Fever Virus : transmission



RVFV



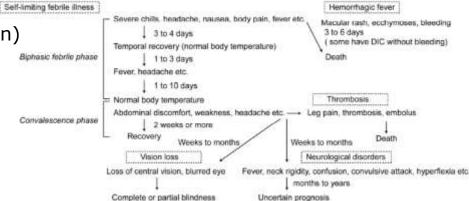
Pfeffer and Dobler *Parasites & Vectors* 2010, **3**:35 http://www.parasitesandvectors.com/content/3/1/35



Rift Valley Fever Virus and West Nile Fever Virus: clinical symptoms in humans

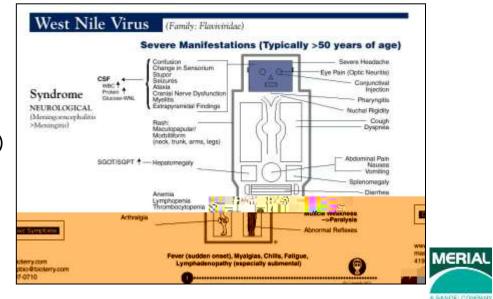
RVFV: (Systemic Febrile Illness, Haemorrhagic Fever) Figure 1. The pathological forms of Rift Valley fever in humans.

- Asymptomatic (vast majority of cases)
- Influenza-like syndrome (small proportion)
- Severe RVF disease
 - Wide range of clinical signs
 - Hepatitis
 - Retinitis
 - Encephalitis
 - Hemorrhagic disease

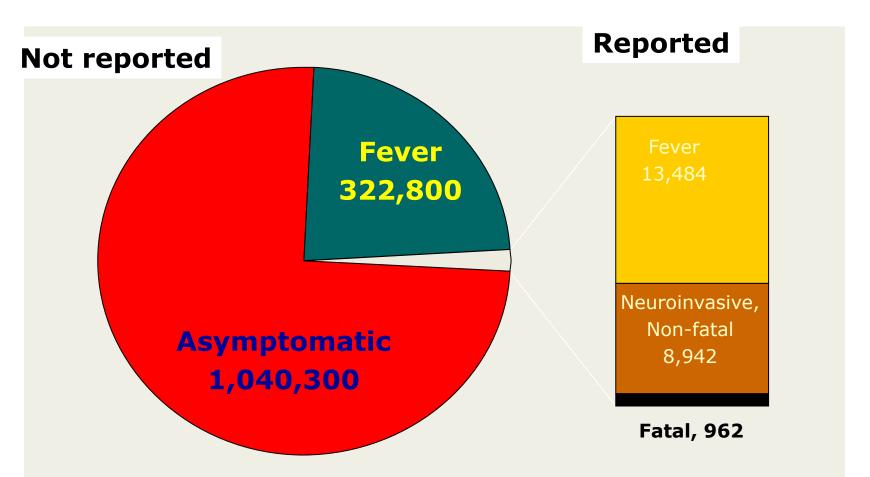


WNV: Encephalitis

- Asymptomatic (approx. 75%)
- West Nile fever (approx. 25%)
- Neuroinvasive disease (approx. 1/140)
 - Encephalitis
 - Meningitis
 - Flaccid paralysis



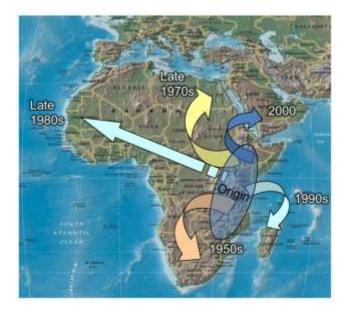
Human WNV Infections in the US, 1999-2006 (n=1.4 million)



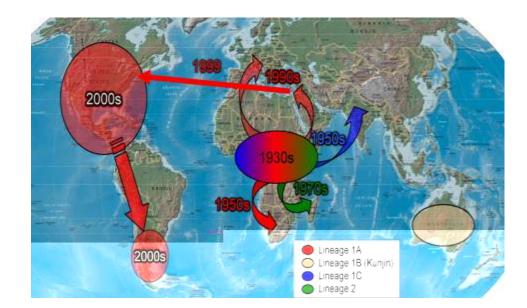


RVFV





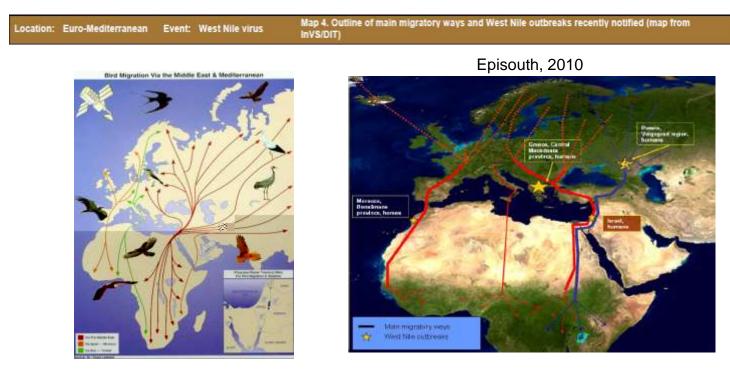
Temporal patterns of dispersal by RVFV in Africa (Bird et al., 2003). Dates indicate the earliest detection and possible establishment of virus in each area.



Probable temporal sequence and dispersal routes of WNV from its proposed center of origin in sub-Saharan Africa (Powers et al., 2000) (Lanciotti et al., 2002)



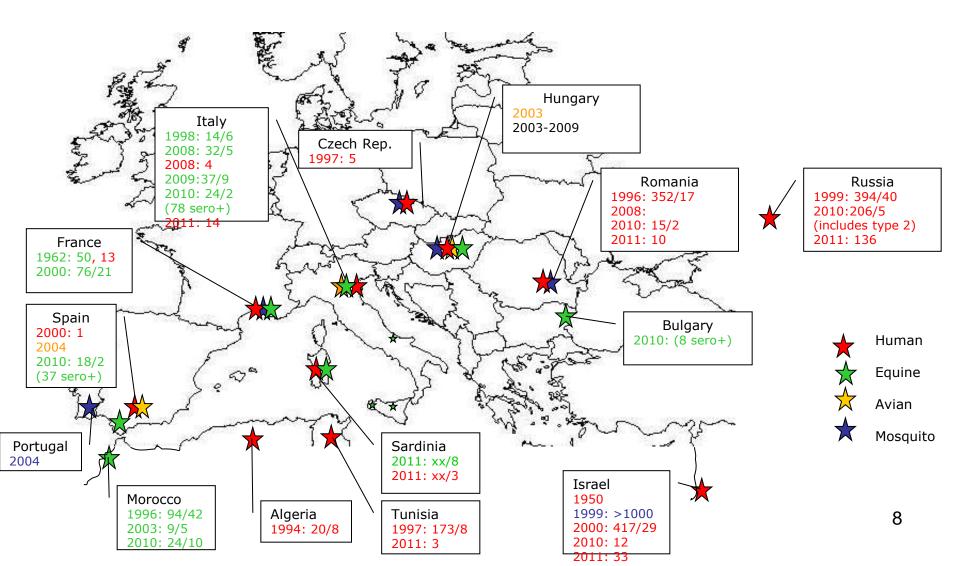
A matter of climate change?



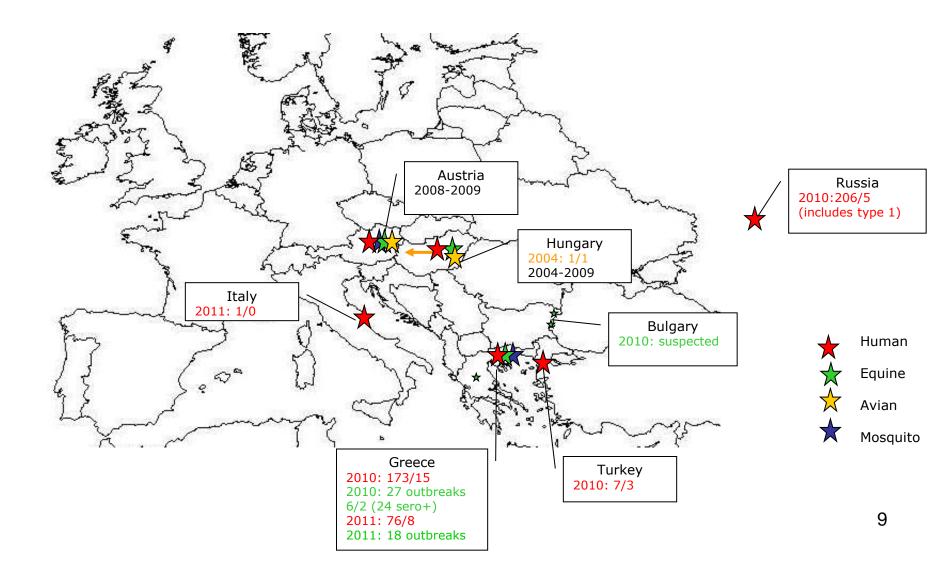
- No... Most likely viraemic migratory birds brought the virus from Africa to Europe, or infected ticks on migratory birds.
- BUT: Higher temperatures in spring, summer and autumn allow mosquitoes more reproduction cycles and thus contribute significantly to the establishment of a new infection in an area and facilitate the spread of the infection
- Also, the competent vectors for virus propagation and transmission have already been present in Europe (*Culex sp.*) and new vectors spread thorough Europe



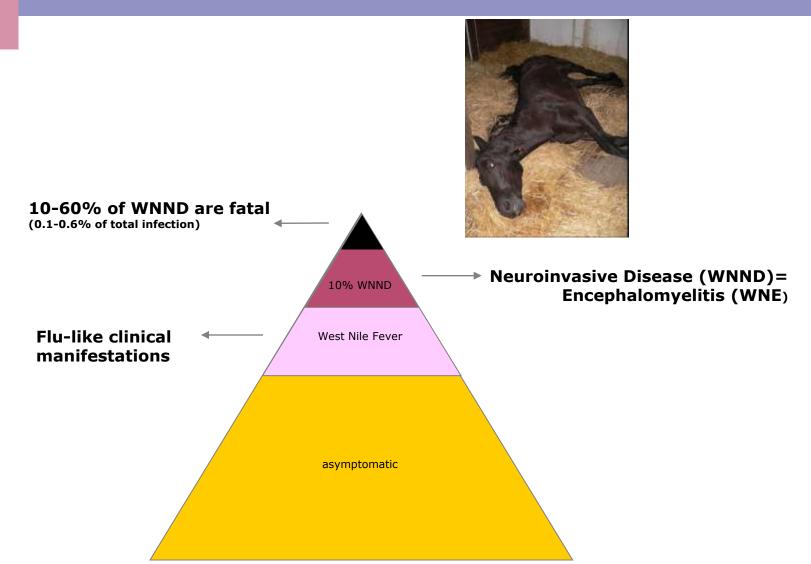
Epidemiology – WNV **lineage 1**, reported cases of WNND/death at peak by year and by species



Epidemiology – WNV **lineage 2**, reported cases of WNND/death at peak by year and by species



West Nile Virus: Disease in horses





West Nile disease: Symptoms in horses

- Weakness (94%)
- Ataxia (72%)
- Abnormal Mentation (67%)
- Increased Body Temperature (65%)
- Fasciculation (61%)
- Anorexia (57%)
- Cranial Nerve Deficits (44%)
- Teeth Grinding (20%)



Courtesy Dr. G. Dauphin

30% mortality in the US among confirmed clinical cases



Rift Valley Fever Virus : vaccines

• Veterinary vaccines: African Market

Name of the vaccine	МА	Туре	Characteristics	Secondary effects	Advantages	Drawbacks
Live RVF (Smithburn strain, Ouganda) OBP	Africa	Live attenuated /Non DIVA	Long-life immunization One single shoot	Abortion Teratology in the fetuses	High immunogenicity	Potential risk of reversion or rest of virulence Use only in non- pregnant animals
Inactivated RVF (South Africa field strain) OBP	Africa	Killed /Non DIVA	Booster needed 3 to 6 months after initial vaccination Annual vaccination	No side-effect	Efficient after several boosts Safe, including in pregnant animals	Lower efficacy Short term immunity
Clone 13 (Central African Republic, human isolate, deletion of 70% in NSs) OBP / Institut Pasteur	Some countries in Africa (RSA)	Live attenuated /Non DIVA		No side-effect	Safe, and efficient including in pregnant animals Inability to revert	



• Veterinary vaccines: European market

Name of the vaccine	MA	Туре	Characteristics	Secondary effects	Advantages	Drawbacks
Duvaxyn West Nile Virus (FDAH-Pfizer)*	EU	Formalin inactivated and adjuvanted whole virus	2 shoots the first year Annual vaccination	No side effect	Reduction in viremia	Immunity: 4 weeks after the second injection
Proteq West Nile (Merial)**	EU	Live Canarypox vectored vCP2017	2 shoots the first year Annual vaccination Safe, including in pregnant animals True DIVA potential	No side effect	Immunity: 4 weeks after the first injection Reduction in viremia and clinical signs Cross-efficacy L1-L2	
Prevenile (ISP)***	(US)	Live Chimera based on the Yellow fever 17D vaccine strain	One single shot Annual vaccination	Side effects	Immunity: 4 weeks after the first injection Efficacy	Safety

*FDAH-Pfizer: -West Nile Innovator and West Nile Innovator combo are registered in the US

- -a West Nile Innovator DNA vaccine is also registered in US but is not commercialized
- **Merial: -Recombitek WNV and Recombitek WNV + EWT are registered in the US
- *** ISP: -Prestige V + WNV is registered in the US
 - -Prevenile is registered in the US but withdraw from the market

****BI: -Vetera WNV, VEWT + WNV, EIV + EWT + WNV are registered in the US



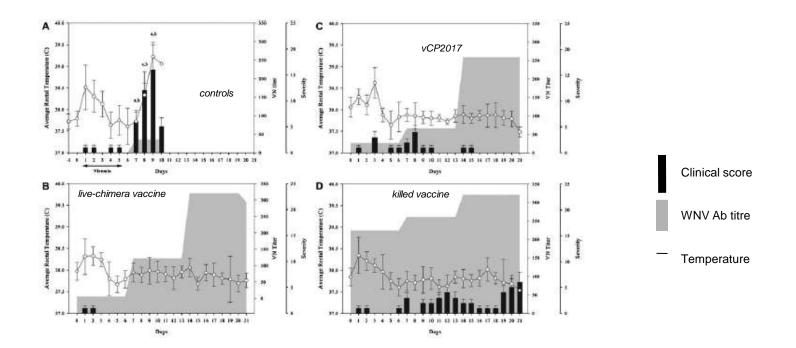
West Nile vaccines: comparative efficacies

Comparative Efficacies of Three Commercially Available Vaccines against West Nile Virus (WNV) in a Short-Duration Challenge Trial Involving an Equine WNV Encephalitis Model^v

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Received 19 June 2007/Accepted 29 July 2007





West Nile vaccines: comparative efficacies

	No. of hotses with criterion ^a							
group	Clinical signs	Fever"	Death	Vinas isolation	Histopathic lesions			
WN-FV	0/6	0/6	0/6	0/6	1/6 ^h			
CP-WN	1/56	1/5	0/5	0/5	1/5k			
K-WN	4/6 ^r	1/6	0/6	0/6	3/6*			
Controls	6/6 ^d	3/6	6/6	6/6	6/65			

TABLE 1. Summarization of case criteria for vaccinated and control horses after intrathecal WNV challenge

* Results are shown as number of horses with criterion/total number of horses.

^b Mild signs in several neurological categories (mentation, paresis, fasciculations, and ataxia) were noted for 1 day.

² Mild to moderate signs in at least one of the following categories were noted for 1 to 2 days: mentation, paresis, fasciculations, and ataxia.

^d Moderate or severe signs in at least one of the following categories were noted for at least 2 days: mentation, patesis, fasciculations, and ataxia.

⁶ Fever was indicated by a body temperature of ≥39.2°C (102.5°F).

^f Death due to development of WNV disease severe enough to require enthanasia for humane reasons.

⁸ Encephalitic horses in the control group had moderate or severe encephalitis on histopathology.

^b Mild inflammatory histopathologic changes were seen in neural tissues of vaccinated botses.



There is no specific cure for WNV.

Protection against WNV of horses living in or travelling to at risk areas can only be achieved through proper vaccination.

Considering the current epidemiological context in Europe, a good WNV vaccine is one that:

- protects horses against viraemia and clinical disease
- protects against the 2 lineages of the virus
- provides rapid and long lasting immunity
- can be administered to young foals
- does not interfere with epidemiological surveillance testing

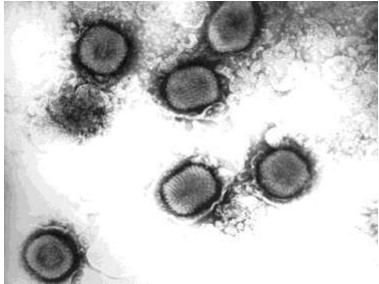


- Tradename : Proteq West Nile
- Canarypox-vectored recombinant vaccine adjuvanted with Carbopol, expressing the prM/E gene from the equine West Nile virus strain
- Liquid vaccine, « ready-to-use », 1ml/dose
- IM route, preferably in the neck region
- Primary vaccination in 2 injections 4-6 wks apart and annual booster with 1 injection
- Targeted Indications and Administration :
 - Active immunisation of horses from 5 months of age against West Nile disease by reducing the number of viraemic horses. If clinical signs are present, their duration and severity are reduced.
 - Onset of immunity: 4 weeks after the first dose of the primary vaccination course. In order to achieve
 full protection, the full vaccination course of two doses must be given.
 - Duration of immunity: 1 year after a full primary vaccination course of two injections.
- Pack size : 1, 2, 5, 10 doses pack (Marketed packs TBD)
- Targeted shelflife : at least 21 months



The vector canarypox virus: vCP

- Double strand DNA genome
- Large capacity for insertion of foreign genes
- Cytoplasmic replication in permissive cells





.Thermostable

.Genetically stable

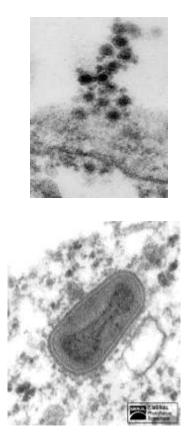
.Replicates only in some cells of avian origin

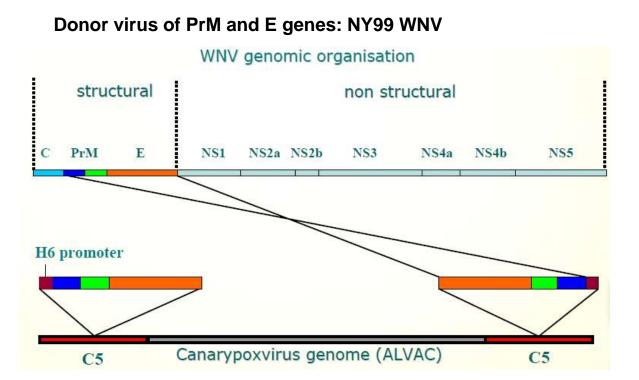
.Does not replicate in many bird species

Non replicative in mammals in vitro and in vivo



Canarypox West Nile virus construct vCP2017





Vector virus: Canarypox ALVAC



Facts about ALVAC platform

Efficacy

- Can work with and without adjuvant
- Provides early onset of immunity
- Efficacy in presence of Maternally Derived Antibody (MDA)
- Can be used in a DIVA program
- Long lasting protection ...
- Stimulates B and T cell immunity

Safety

- No shedding
- No risk of reversion to virulence

Safe for environment

Convenience

- May be combined with/and boost other antigens
- Stable (liquid or freeze-dried)
- No blocking anti-vector immunity



PROTEQ WEST NILE CLINICAL STUDIES

To demonstrate in laboratory conditions the efficacy of the vaccine on horse, two different models were successfully developed based on two routes of virus administration:

-via WNV-infected mosquitoes (natural model, mosquito).

The natural model (with WNV-infected mosquitoes) was designed to mimic the natural conditions of infection. Similarly to field exposure, it induces viraemia (in 81% of challenged horses), and rarely clinical signs.



-via the intrathecal administration of WNV (experimental clinical model, IT). This model induces clinical signs such as abnormal mentation, gait deficit, muscle fasciculation, seizure (in 69% of challenged horses), but does not represent the pathogenesis of the disease. It represents a worst case scenario injecting the virus directly into the cerebrospinal fluid of the animals (cisternal space at the atlanto-occipital joint).







Protection provided by a recombinant ALVAC[®]-WNV vaccine expressing the prM/E genes of a lineage 1 strain of WNV against a virulent challenge with a lineage 2 strain

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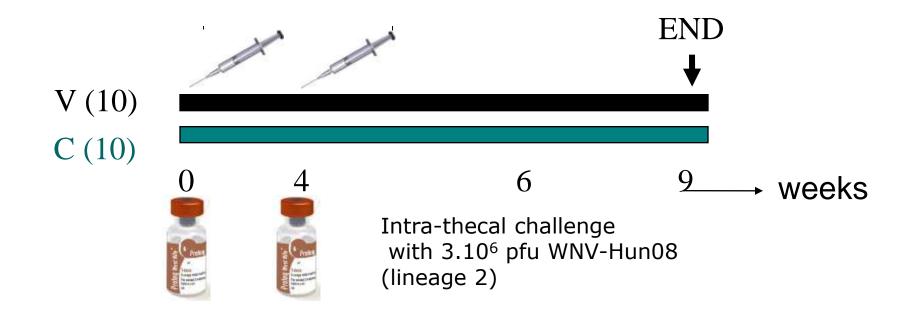
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PROTEQ WEST NILE CLINICAL STUDIES: Onset Of Immunity, V1-V2, IT challenge, L2





Read out:

- . Incidence of viremia post-challenge
- Neurological signs

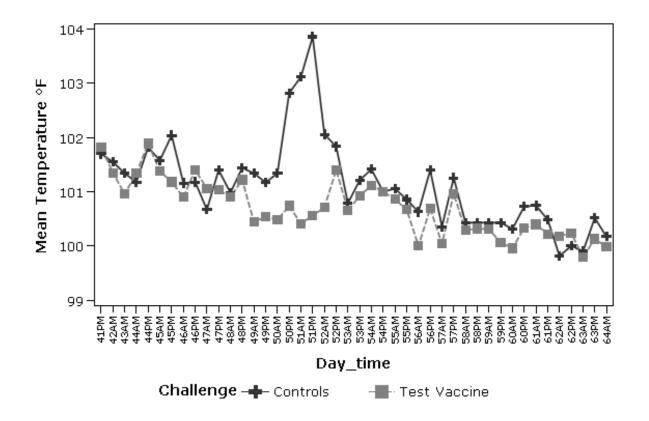




. Fever

PROTEQ WEST NILE CLINICAL STUDIES: Onset Of Immunity, V1-V2, IT challenge, L2

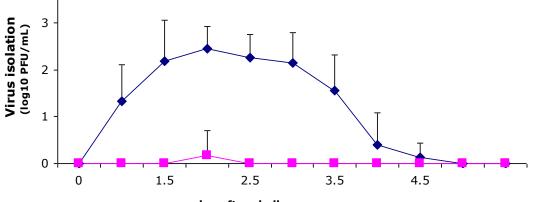
Fever



The temperatures in the control group were significantly higher on Days 49, 50, 51, 52 and 56 (Days 6, 7, 8, 9 and 13 post-challenge) Hyperthermia \geq 39.2°C



Viremia post-challenge



day after challenge

	Vire	mia			
	Negative	Positive			
Group_name					
Controls	0	10			
Test Vaccine	9	1			
Fisher's Exact Test: P=0.0001					

Prevented Fraction	95% Confidence Interval				
0.90	0.56 - 0.98				



Clinical signs

		Absent	Present	P-value				
					Group_name	Disea	ase	
Mortality	С	7	3	0.21	_			
	V	10	0		Frequency	-	+	Tota
Mentation	С	3	7	0.0031				
	V	10	0		Controls	1	9	10
Gait deficits	С	4	6	0.01	Test Vaccine	10	0	10
	V	10	0			10	0	1
Fasciculation	С	2	8	0.0007	Fisher's exact test: P=0.0001			
	V	10	0					
Recumbency	С	10	0	N/A				
	V	10	0					
Lip twitching	С	6	4	0.09				
. 5	V	10	0					
Head shaking	С	6	4	0.09	Durante d Fuentieur	050/ 000	0.5% 0 (1)	
5	V	10	0		Prevented Fraction	95% Confidence Inte		interval
Anorexia	С	4	6	0.01				
	V	10	0		1.00	0.0	68 - 1.00	0

9 out 10 control horses developed WNV disease, while none of the vaccinated horses became sick. The incidence of WNV disease was statistically significantly lower in the vaccinated horses then in the control horses (P < 0.0001).



OOI: results of experimental clinical model

Group	Clinical signs	Fever	Viremia
V	0/10	1*/10	1**/10
С	9***/10	9/10	10/10
Stat. significant	Yes	Yes	Yes

*only at two time points **only at a single timepoint at low titer ***3/10 controls were euthanized

Using a severe challenge model, ALVAC® WNV was shown to significantly prevent the incidence of clinical disease, and viremia against a contemporary neurovirulent lineage 2 WNV isolate, currently circulating in Europe, after a primary course of two doses.



Thanks to its outstanding vector technology, we believe that Proteq West Nile is the vaccine of choice for protecting horses against the growing threat of WNV in Europe:

- Protection demonstrated by challenge against both viraemia and clinical signs
- Protection demonstrated against lineage 1 and lineage 2 of the virus responsible for recent outbreaks of WNV neuroinvasive disease in horses in Europe.
- Onset of immunity demonstrated 4 weeks after a single dose
- . Safety confirmed in foals as young as 2 months of age
- Can be used in pregnant and lactating mares
- . Induction of both WNV neutralizing antibodies and Cell-mediated immunity
- . True DIVA potential

The vaccine provides veterinarians with an important tool in controlling WNV infection during a natural outbreak. It is also based on the demonstration of the efficacy and the safety of the vaccine for years in the USA in strong endemic conditions.





Acknowledgments:

•Norbert Nowotny, Vetmeduni Vienna, Austria

•Richard Bowen, Colorado State University, Fort Collins, USA

•MERIAL R&D, Lyon, Gerland, France: L. Gahinet, V. Woerly, M. Henaff, L. Siger, D. Calmels, D. Corneille, J. Minke



The canarypox platform is now used for a variety of Veterinary Vaccines



The fight against West Nile virus just took an exciting new twist.



HEALTH

MERIA

