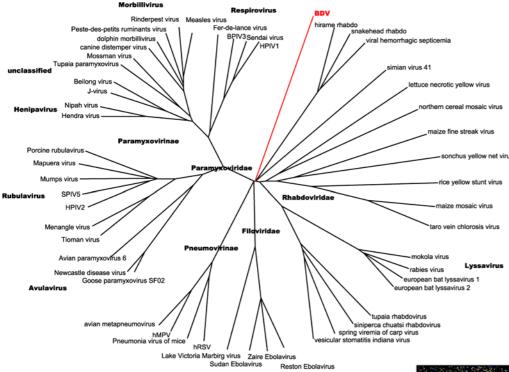
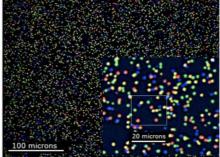
Polly doesn't want a cracker: Identification of a novel avian bornavirus in psittacine proventricular dilation disease





Microarray Workshop, Teramo Italy 15 March 2010 Amy Kistler, Ph.D., M.P.H. Ganem & DeRisi labs, UCSF

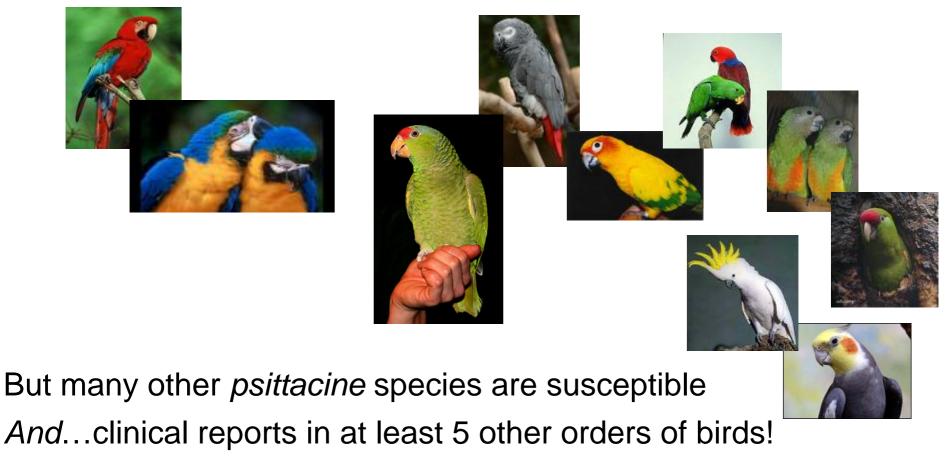


Virochip applications: Proventricular dilation disease (PDD)

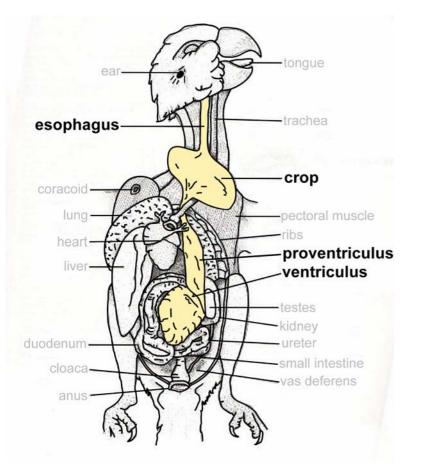
Identified in 1970s--'Wasting Macaw syndrome'

•100% fatality rate if left untreated

•no preventive or generally accepted therapeutic treatment



PDD: named for clinical hallmark



Disordered peristalsis of upper GI tract Dilation of proventriculus, abdominal swelling Regurgitation, poor food absorption Wasting, bacteria/fungal overgrowth

*CNS lesions--ataxia, encephalitis

Histological hallmarks of PDD: ganglioneuritis

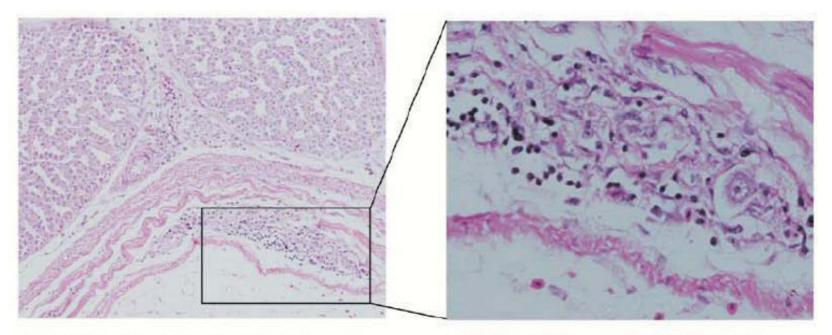
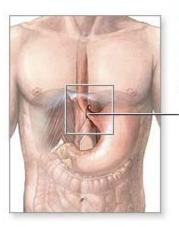


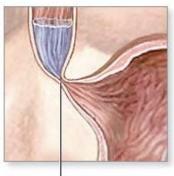
Fig. 2: Mononuclear lymphoplasmacytic infiltrates within a ganglion of proventriculus (X10).

Fig. 3: The ganglion area of Fig. 2, higher power (X40).

Relevance to human disease? Parallels between PDD and achalasia

Lower esophageal sphincter fails to relax





Lower esophageal sphincter

Shared clinical hallmarks:

Disordered peristalsis of distal esophagus Obstruction, esophageal dilaton Regurgitation, wasting

Similar pathology: Loss of myenteric ganglia, nerves

Inflammation (CD8+ Tcells) precedes neuronal loss.

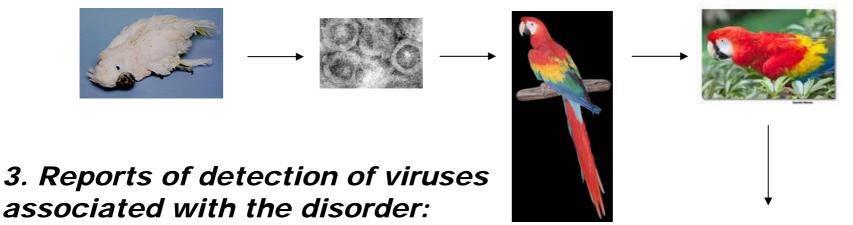
*ADAM. Etiology: unknown

Initial thoughts-degenerative disease More recently--autoimmune? viral? both??

No known naturally occurring animal model

PDD: evidence for viral etiology

- 1. Observed transmission/outbreaks within aviaries
- 2. Anecdotal reports of experimental transmission of PDD



-avian paramyxovirus -coronavirus



Two sources of PDD specimens

Source 1: Florida Dr. Susan Clubb, DVM crop tissue biopsies 5 PDD+, 5 PDD- birds



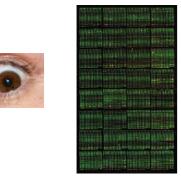
Source 2 = Israel Dr. Ady Gancz, DVM RNA + DNA from brain, stomach 6 PDD+, 3 PDD-

Virochip analysis

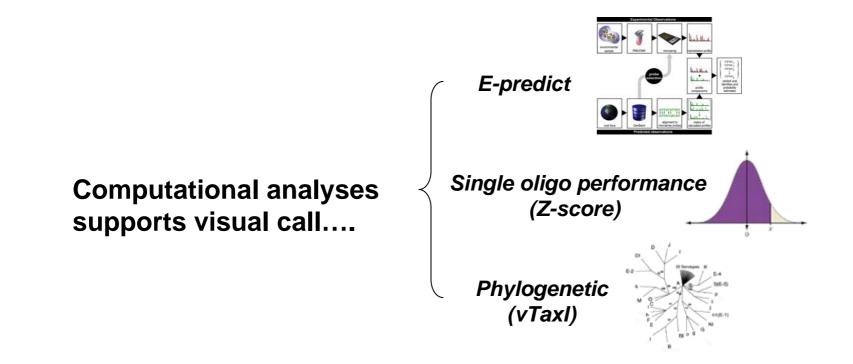




Virochip analysis of PDD case/control series:



Visual inspection of each array during scanning 2 oligos with saturating signal never seen before--present only in cases...



5/8 cases and 0/8 controls contain a bornavirus signature!

Borna disease virus (BDV): history

Named for town of Borna, Germany

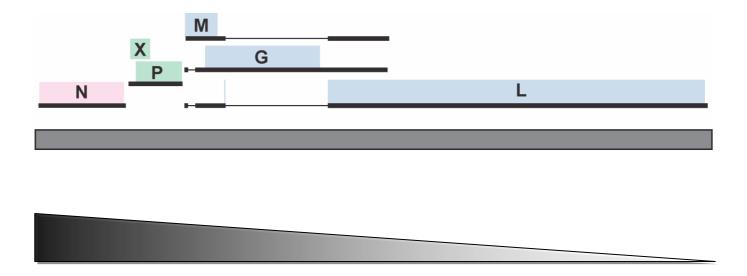
1800s (and subsequent years): Encephalitis outbreaks horses 80-100% fatality rate



Symptoms: -ataxia -'pipe-smoking': hay in mouth... *but no eating!* -unusual behaviour



BDV is a non-segmented negative stranded RNA virus

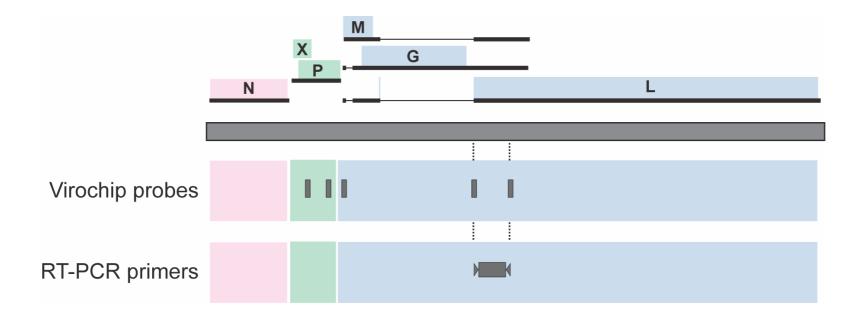


BDV=prototype of Bornaviridae family of viruses

•Nuclear replication AND pre-mRNA splicing

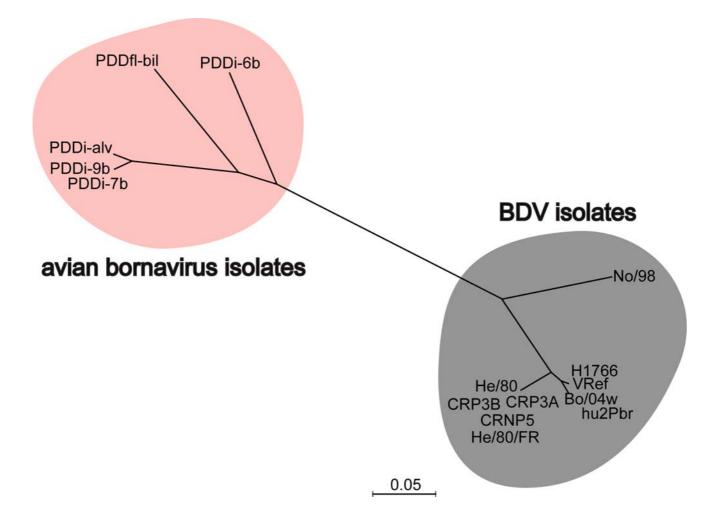
•Little sequence diversity (13/14 genome sequences share >96% identity)

PCR confirmation & sequence recovery

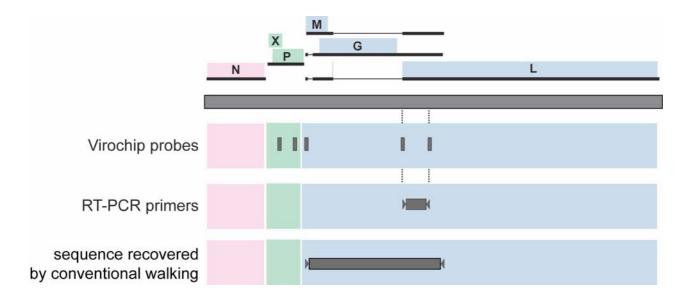


Utilize array probes as a guide for RT-PCR primer design To directly recover ABV sequence from clinical specimen

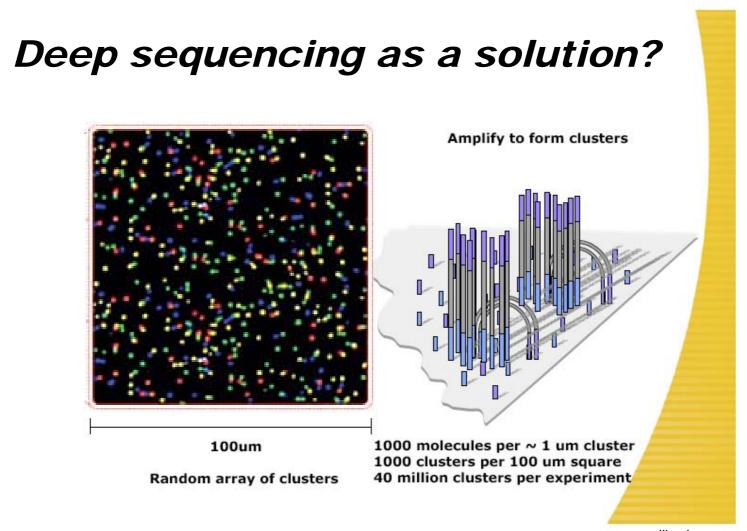
Recovered avian bornavirus sequences diverge from known BDVs and each other!



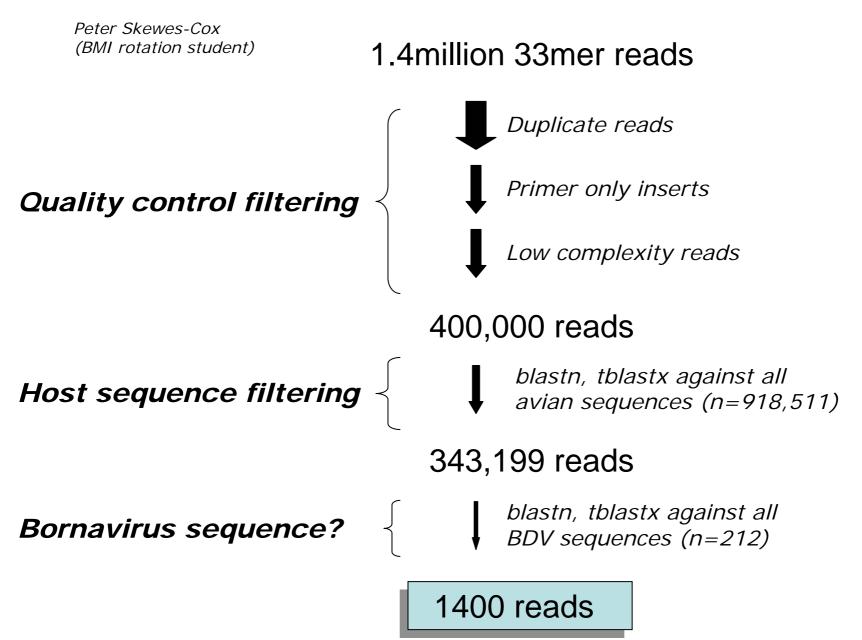
ABV diversity presented a problem for recovery of the entire genome sequence



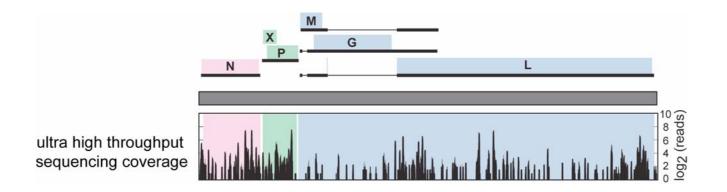
Multiple efforts to design PCR primers beyond this region based on known BDV sequences failed to yield ABV products from the PDD affected tissues....



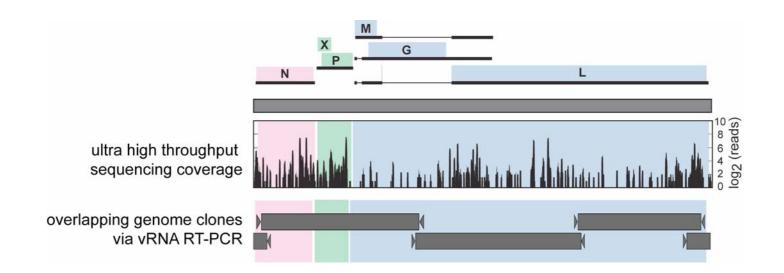
Deep sequencing of ABV+ crop tissue



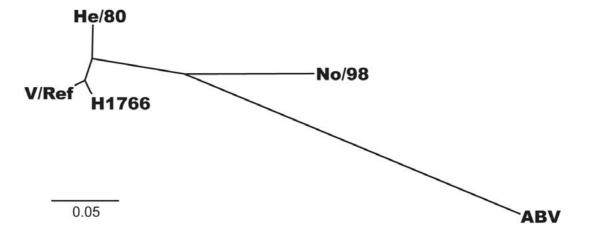
Deep sequencing reads span the bornavirus genome



Deep sequencing facilitates recovery of complete ABV genome sequence



ABV genome is highly diverged from BDVs



Summary: PDD study

1. We have identified a new clade of avian bornaviruses in cases of proventricular dilation disease of parrots.

2. We have found these avian bornaviruses are highly diverged from previously identified isolates *AND* each other.

3. Recovery of complete ABV genome sequence from PDD+ tissue demonstrates that the Virochip and RT-PCR assays accurately reflect the presence of a virus in these specimens.

Unresolved...

Does ABV cause PDD? or is it merely a bystander??

1. PDD case/control study: Is ABV infection associated with PDD?

•Independent set of 21 additional case/control specimens Clinical status blinded until ABV analysis is completed

Yes!

	cases	controls	totals
ABV PCR ⁺	5	0	5
ABV PCR ⁻	2	14	16
totals	7	14	21

P=0.01, Fisher[®] Exact Test

2. PDD outbreak investigation--A window on the natural history of acute ABV infections

Setting: CA breeder 100+ birds outdoors, 40+ indoors

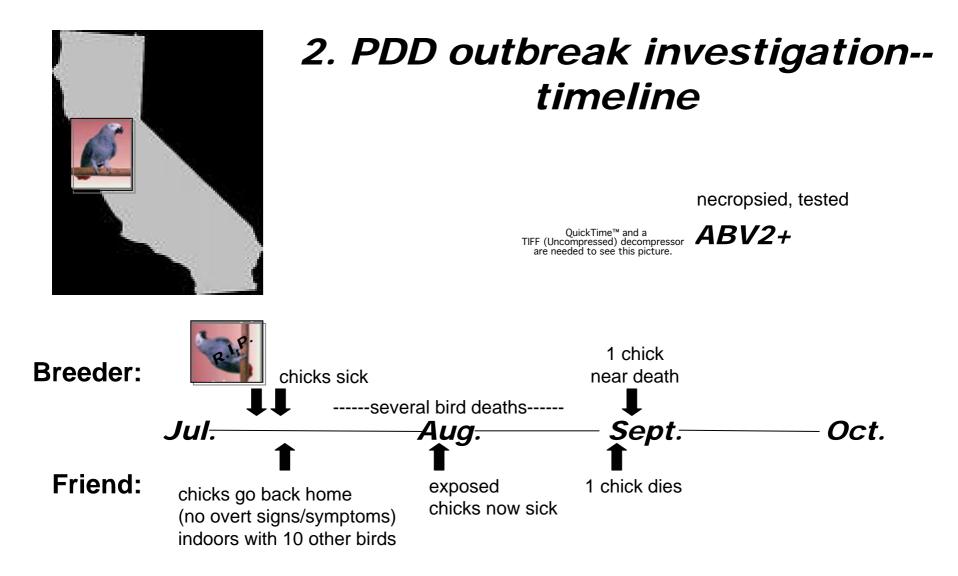
Early July: outdoor bird ('Kiwi') sick v. thin, dropping weight, passing undigested seeds •Vet recommends isolation, meds •Kiwi is brought indoors for treatment

Meanwhile in the same area....

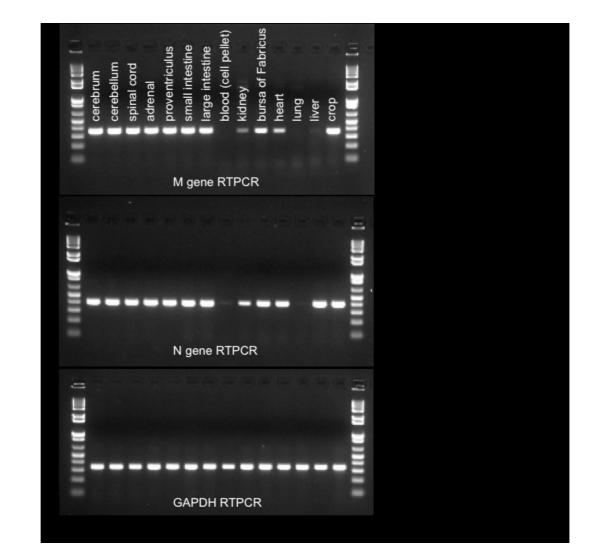


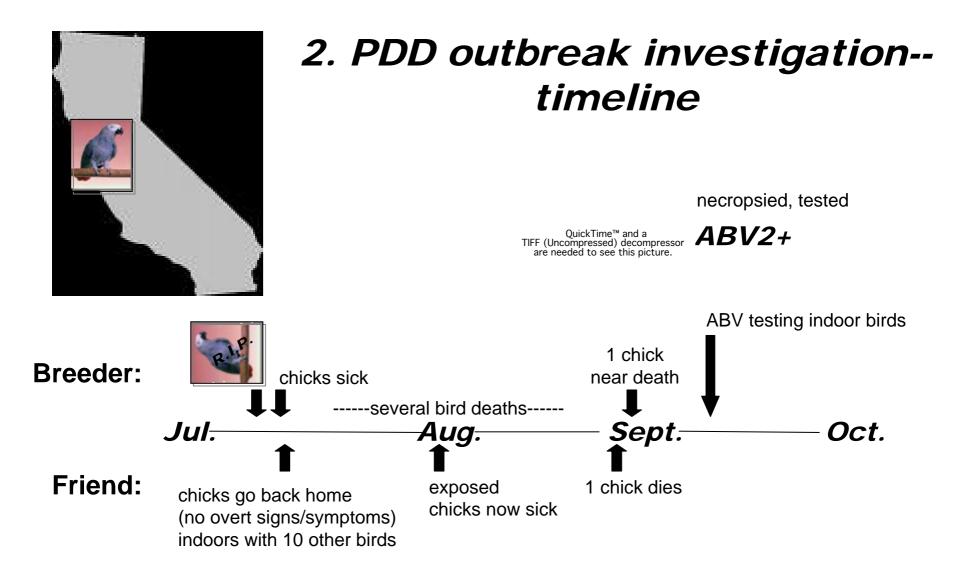
(Hand feeding of unweaned chicks)

And, as a favor to a friend, breeder is boarding 3 additional unweaned chicks....



ABV RT-PCR analysis of necropsied tissues: reveals broad tropism





Breeder 1: who else harbors ABV?

46 birds sampled: all from indoors, potentially exposed to index case (processed in order, lowest to highest exposure)

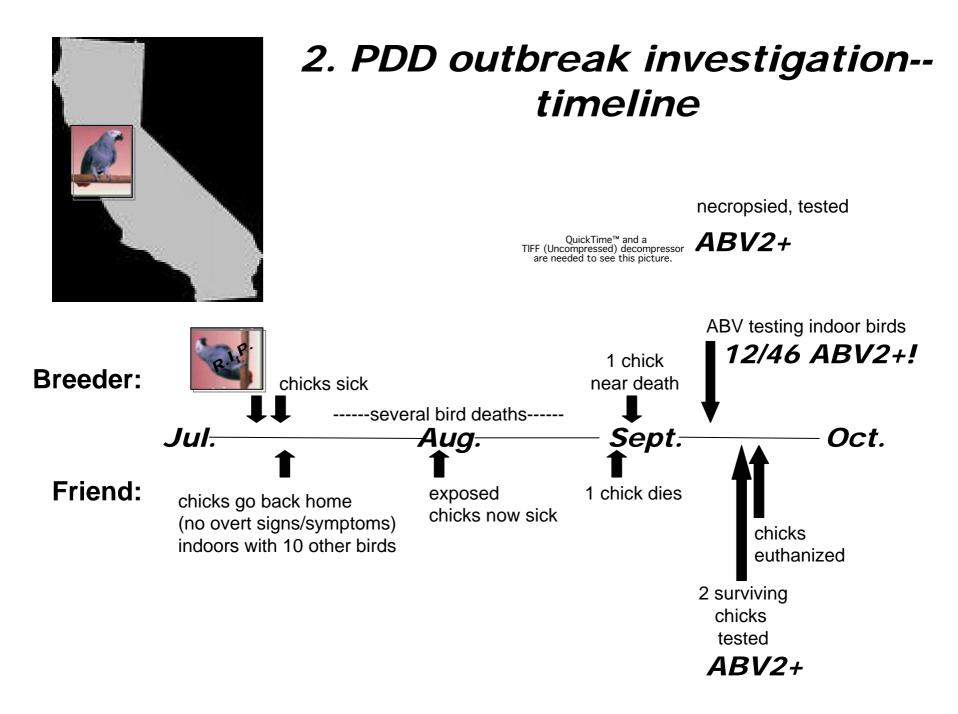


Blood: only 2 positives detected

1 from 'low exposure' group, but feather picker with dermatitis (like index case) 1 from a bird that was briefly exposed to index case None of these birds were showing classic PDD signs!

Cloacal swabs: 12 positives detected

2=same birds as above that were positive by blood test2=very sick and subsequently euthanized (1 on site!)4=african greys in 'low exposure' (1 very thin)4='low exposure' (3 cockatoos and a macaw)

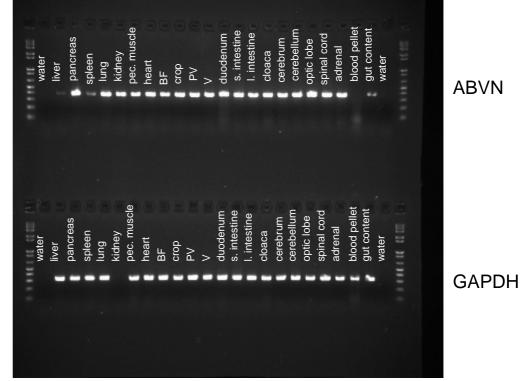


ABV RTPCR on tissues of exposed chicks



chick 2: Exposed as chick Sickened, appeared to recover

chick 3: Exposed as chick (Nestmate to chick 2) Sickened, still symptomatic



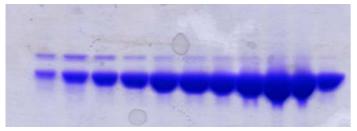
ABVN

rProtein expression of antigenic ORFs

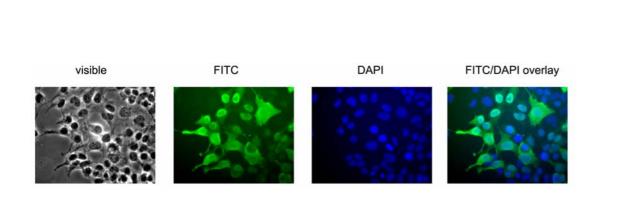
(Alexander Greninger)

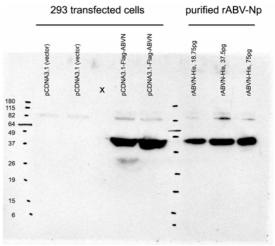
Progress: nucleocapsid expression





- •Expresses well
- •Soluble
- •Binds MBP, elutes well with TEV cleavage
- •Purified by sizing column
- •pAbs generated, work well in westerns, IFA

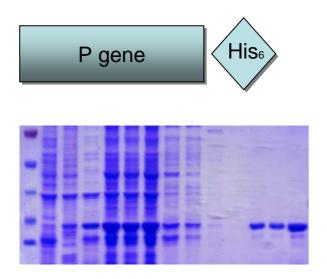




rProtein expression of antigenic ORFs

(Alexander Greninger)

Progress: phosphoprotein expression



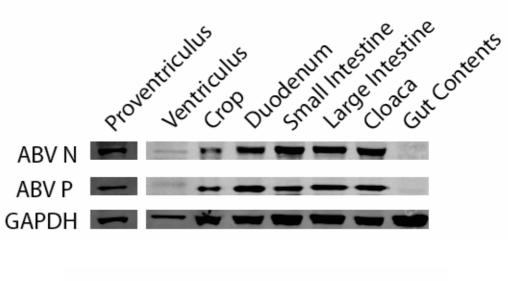
- •Expresses well
- •Soluble
- •Binds Nickel column well
- •Purified by sizing column
- •pAbs generated

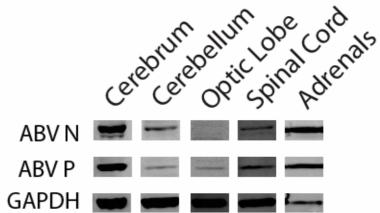
Western blot on tissues of exposed chicks

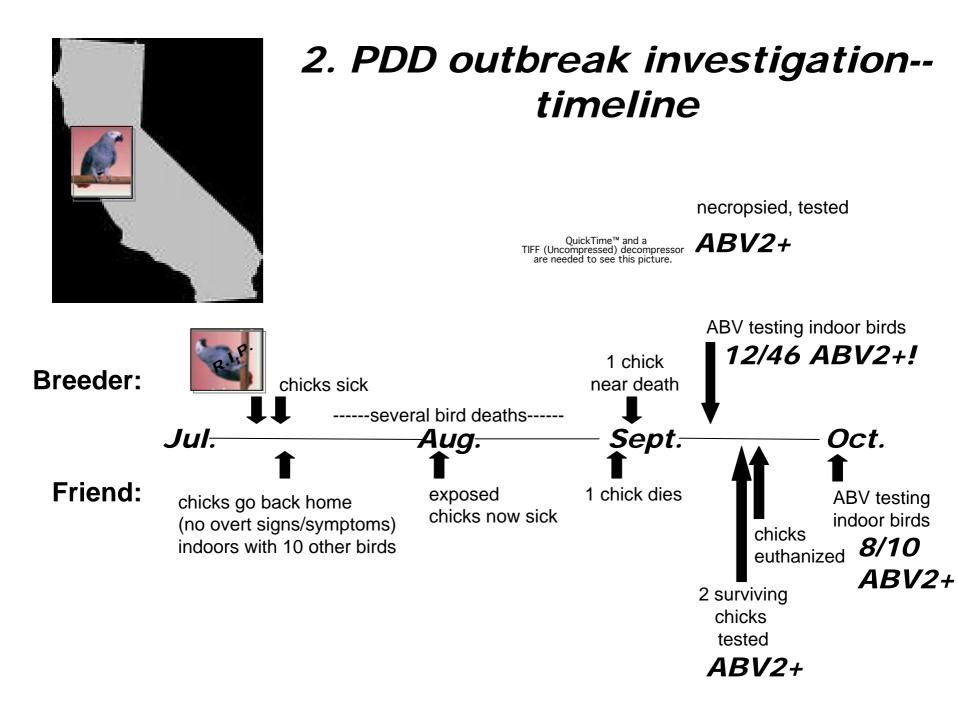


chick 2: Exposed as chick Sickened, apparently recovered

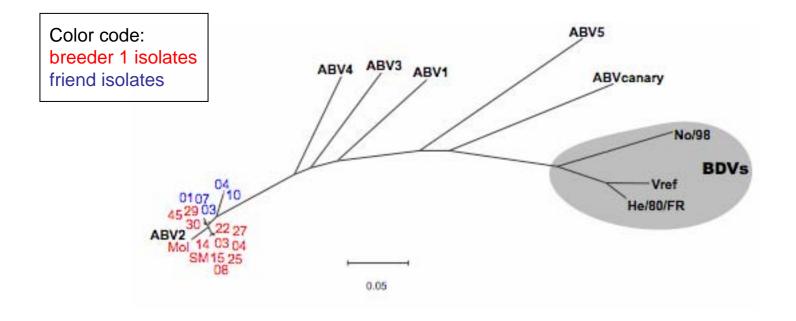
chick 3: Exposed as chick (Nestmate to chick 2) Sickened, still symptomatic







Confirming transmission, all ABV isolates recovered in outbreak are virtually identical



Partial ABVN gene nucleotide sequence phylogeny

PDD outbreak: summary

- 1. A single isolate of ABV2 linked to outbreak of PDD cases
- 2. Incubation time 2-4 weeks before PDD symptoms develop
- 3. Multiple tissues enriched for signs of ABV infection

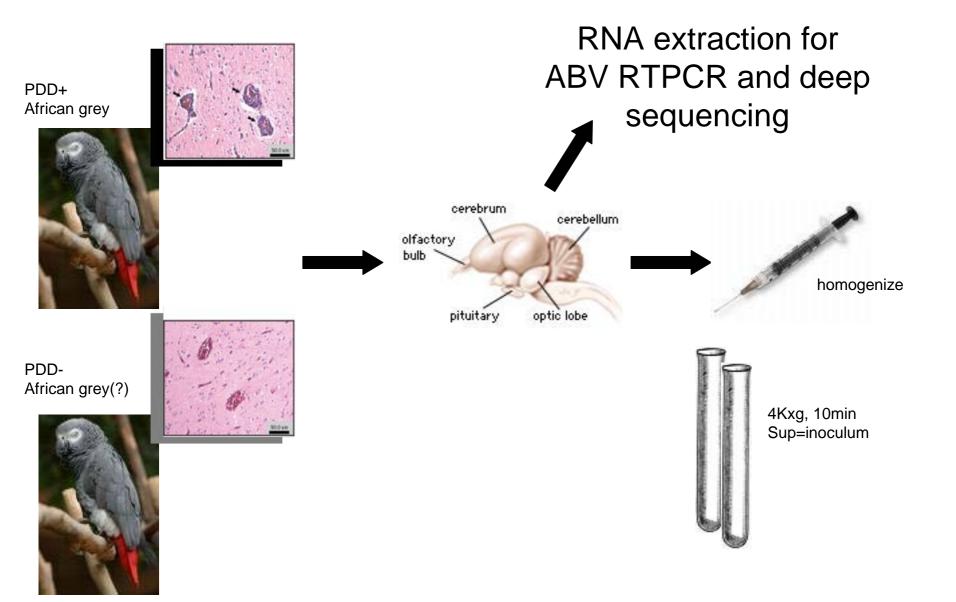
3. ABV challenge study: approaching Koch's postulates



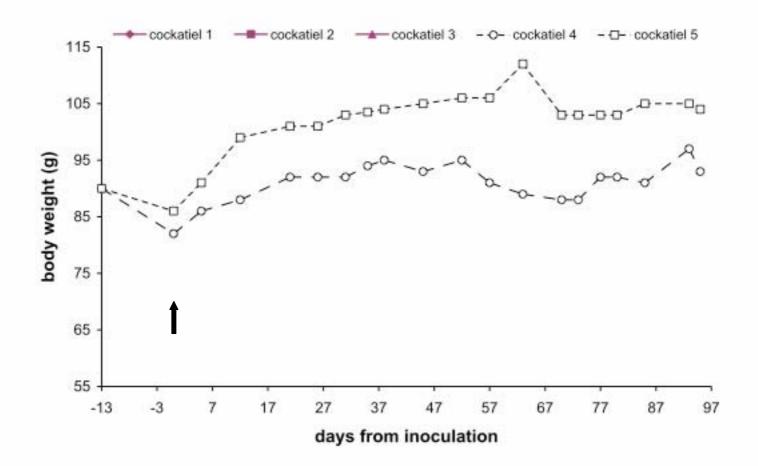
Can experimental exposure to ABV confer PDD?

with Ady Gancz & Avishai Lublin

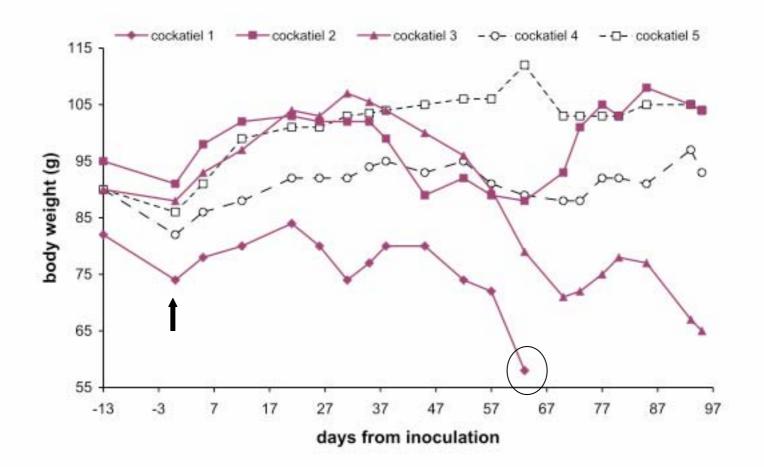
ABV inoculum preparation



ABV challenge: clinical observations



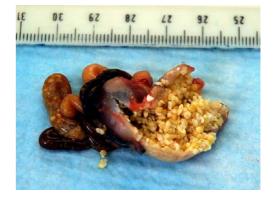
ABV challenge: clinical observations



ABV challenge: euthanized cockatiel



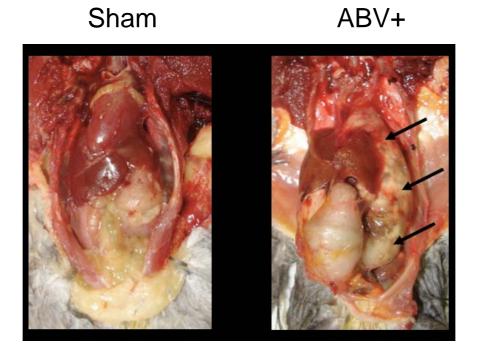




(Histology confirmed PDD+)

Pathology at study termination

Inoculum:



3/3 ABV-inoculated are PDD+ on histology 2/2 sham-inoculated are PDD- on histology

RT-PCR results for challenge study

RTPCR for ABV and host RNA from matched necropsy tissues of inoculees			
	ABV+ brain homogenate	ABV- brain homogenate	
Tissue	inoculees(n=3)	inoculees (n=2)	
→ Brain	3	0	
Spinal cord	1	0	
Adrenal	0	0	
→ PV/V	2	0	
Liver	0	0	
Lung	0	0	
→ Heart	1	0	
Pectoral muscle	0	0	
skin	0	0	

•Recovered ABV products are 99-100% identical to ABV in brain inoculum.

•Deep sequencing of brain inoculum performed to screen for other viruses--None of these were detected in any of the inoculees!

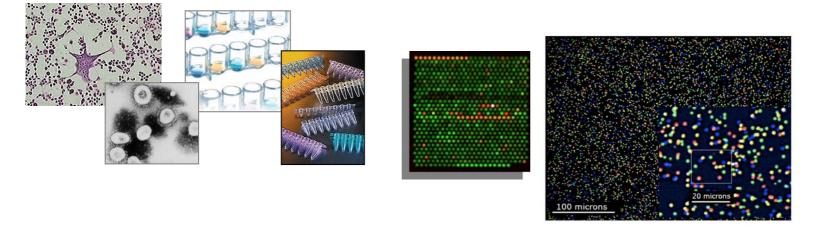
ABV challenge study: summary

1. Experimental inoculation indicates ABV can transmit the pathology associated with PDD.

2. ABV infection can confers waxing/waning clinical signs.

3. Deep sequencing analysis of inoculum provides a route to begin to investigate causality in settings where virus is not culturable.

Future directions Extend viral genomics studies



Utilize the combined power of conventional and viral genomics-based approaches to investigate 3 main types of clinical syndromes:

- •Acute and chronic diseases with hallmarks of infectious origins
- •Zoonotic diseases
- •Outbreaks of illnesses of unknown cause

Future directions Spin-off projects from the ABV discovery

Basic Biology:

•Develop in vitro culture system (live virus)

•Develop mini-replicon system

•Investigate viral lifecycle, pathology, mechanism of disease

Clinical side:

•Develop reliable RT-PCR diagnostic assay, ELISA

Investigate epidemiology

•Explore prevention/treatment possibilities

Screening/Isolation?

Potential for protective vaccine?

Impact of anecdotal treatments (NSAIDs, amatadine)?

Human side:

•Explore possible links to parallel syndromes in humans:

Achalasia

Guillaine Barre syndrome?

Other?

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Pedro Avila

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