



#### Dr. Ed Dubovi NYS Animal Health Diagnostic Laboratory



- History
  - Clinical disease recognized in 1870's
  - Viral etiology established in 1969
  - Experimental transfer of disease with lymphocytes from infect animal in 1972
  - Recognition of virus as type C oncornavirus in 1972
  - Serology test introduced in 1979



Bovine Leukosis	
<u>Enzootic</u>	Sporadic
Asymptomatic	Calf form
Persistent	Thymic form
Lymphocytosis	Skin form
Lymphosarcoma	



**DELV Clinical States** 

- >Lymphadenopathy (rectal)
- Exophthalmos
- Diffusely thickened uterus
- ➢ Melena (ulcers, esp mid lactation)
- Congestive heart failure brisket and ventral edema



BLV Clinical States -con't
 Ataxia, paresis, downer cows
 Emaciation
 Edema / swelling of extremities
 Sudden death - splenic rupture



- Prevalence
  - Worldwide distribution
    - Prevalence rates vary dramatically with country
  - Prevalence increases with age
  - Dairy cattle generally have higher prevalence rates than beef cattle
    - Management factors
    - ⇒Breed susceptibility differences?

#### **BLV Prevalence Estimates: U.S. Dairy Cattle**



#### **BLV Prevalence by Age Group**





#### Bovine Retroviruses

- Oncornavirus Bovine leukemia virus -BLV
- Spumavirus Bovine syncytial virus BSV
- Lentivirus Bovine lentivirus BIV





#### Retrovirus

- Proviral DNA integrates into the chromosome of host cell
  - ⇒Infection persists for life of cell or animal
  - Virus generally evades immune surveillance system
  - May assume control of cell division
  - ⇒Can exist in absence of viremia



Detection of Infected Animals
 Leukosis "keys"
 Serology tests
 Agar-gel immunodiffusion
 Enzyme immunoassays
 Radioimmunoassays
 Virus neutralization



Detection of Infected Animals-con't
 Virus neutralization
 Antigen detection tests
 Plasma Blocking Factor
 Nucleic Acid detection tests
 DNA probes
 Polymerase Chain Reaction





#### Vertical Transmission

- No evidence for the transmission of BLV through semen or through embryos from BLV-positive animals
- In utero infection of the fetus does occur with variable frequency

⇒Status of dam is critical factor



#### **BLV+ calves born to all sero+ dams:**

#### 23/208=11%; 95% CI: 7-16%



#### **BLV+ calves born to all sero+, Non-PL dams**

#### 13/189= 6.9%; 95% CI: 4-11%



#### **BLV+ calves born to PL dams:**

### 10/19= 53%; 95% CI: 30-75%

# **Persistent Lymphocytosis**

1. Absolute Lymphocyte count greater than three SD above the mean

2. Breed and Age Specific

3. Minimum Duration- 3 months



- Poor transmittors transmittors
- **+**Gp51
- **-P** 24
- Normal lymphocyte count

- Efficient
- +Gp51 + P24 +Lymphocytosis



## How does BLV spread?

# Transfer of blood or other body fluids with blood cells to uninfected animals



#### Horizontal Transmission

- General
  - Viremia is non-existent or extremely transient
  - BLV infectivity is associated with the transfer of blood cells
  - Incidence of transmission is not constant

Widely held belief that young calves are more susceptible to infection



#### Horizontal Transmission con't

#### Direct Contact

- In absence of viremia, physical proximity of infected and uninfected animals may be low risk
  - Most studies fail to take into account the "range" of infectivity of BLV-positive animals
  - →Animals with lymphosarcoma and animals persistently lymphocytotic are more likely to transfer the disease
  - Close contact does increase likelihood of transmission



Output: Contract C > latrogenic ⇒Multiple use of single needle  $\rightarrow$  Frequency of vaccination increases risk ⇒Multiple use of obstetric sleeves ⇒Contaminated vaccines ⇒Dehorning instruments ⇒Tattooing instruments



# How does BLV spread?

#### **C**Equipment:

- Needles
- ≻Syringes
- Obstetrical sleeves
- Dehorners
- Tatoo pliers
- Ear taggers
- Medicine vials (oxytocin)

Hoof knives Nose tongs Rectal ultrasound equipment Tail docking equipment >Ear notchers Milking equipment



#### Horizontal Transmission con't

- ➢Insects
  - ⇒Larger insects more likely to transmit
  - ⇒No evidence for biological vector
  - Increased incidence rates in summer and fall
  - ⇒Higher prevalence in warmer climates
  - Higher prevalence in wetter areas



#### Horizontal Transmission-con't

#### ≻Milk

BLV infected lymphocytes exist in milk and colostrum from BLV-positive animals

- Bulk tank milk fed to BLV-negative calves will transmit the disease
- Feeding colostrum from BLV-positive animals is still controversial

→May be protective under certain conditions



- Direct Losses
  - Condemnation at slaughter
  - Higher culling rates
  - Decreased reproductive performance
  - Decreased milk yields

Most all economic analyses have failed to distinguish various clinical entities of BLV



Indirect Losses

Loss of export market
 Loss of sales to AI industry
 Loss of sales to embryo transfer industry
 Loss of consumer confidence
 Expenses involved in status testing



**Zoonotic Potential** 

BLV will infect human cells

No study has linked BLV to human disease

⇒Most not willing to deny potential exists

Molecular technology should be able to provide definitive answer



Control Options

Test and Slaughter
Test and Segregate
Test with Management Changes



# Controlling Spread of BLV

- Critical to prevent the horizontal transmission of white blood cells from infected to uninfected animals
  - Clean maternity pen, remove calf ASAP
  - Feed colostrum from negative cows
  - If prevalence in herd is high (over 60%) freeze colostrum to destroy virus
  - Do not feed waste milk
  - Manage positive and negative groups separately



# Controlling spread...cont.

Use single-use needles
 Discard syringes with blood contamination
 Prevent blood contamination of medicine/vaccine vials

- Clean and disinfect equipment used between animals
- Use electric dehorners rather than cutting dehorner
- Use new OB sleeve for each cow
- Use artificial insemination



# Controlling spread...cont.

Do not over crowd animals
 No greater than 110% in freestalls
 Implement an integrated pest management program



# Is testing necessary?

- Testing can be helpful
  - Determine which animals are infected
  - Monitor progress for control or eradication
  - Determine if and where horizontal transmission is occurring in herd



## **Timeframe to Eradication**

Dependent upon: Initial herd prevalence Higher prevalence = longer time to eradication ⇒Very high prevalence (60-80%) may not be able to accomplish without separation of negative and positive groups Level of commitment ⇒Need to implement ALL management practices Ability to raise only BLV negative heifers ⇒Break cycle of new infections



## **Timeframe to Eradication**

- Dependent upon:
  - Degree of crowding and possibility of animal-toanimal contact
    - Horizontal transmission nasal/ocular discharge
  - Feasibility of separating negative and positive groups
  - Priority given to culling BLV positive animals
  - Frequency of testing
    - ⇒Herd testing (6 months and older) every 6 months
    - Identify groups with new infections
    - ⇒Confirmation of negatives