

Science-guided evaluation of FMD control policies: disposal of the 5th quarter under the microscope

Armanda Bastos

Department of Veterinary Tropical Diseases



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of
Veterinary Science

Fakulteit Veeartsenykunde
Lefapha la Disaense tša Bongakadiruiwa

Make today matter

www.up.ac.za

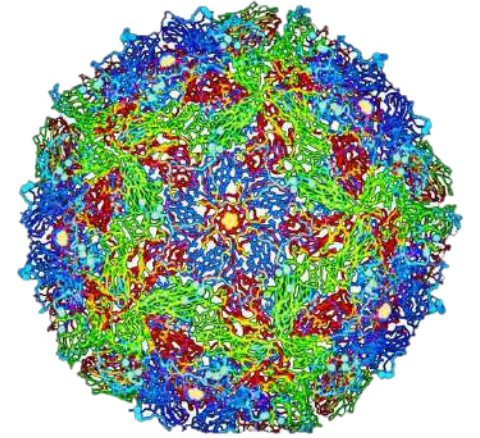
The SAT serotypes of FMD are different

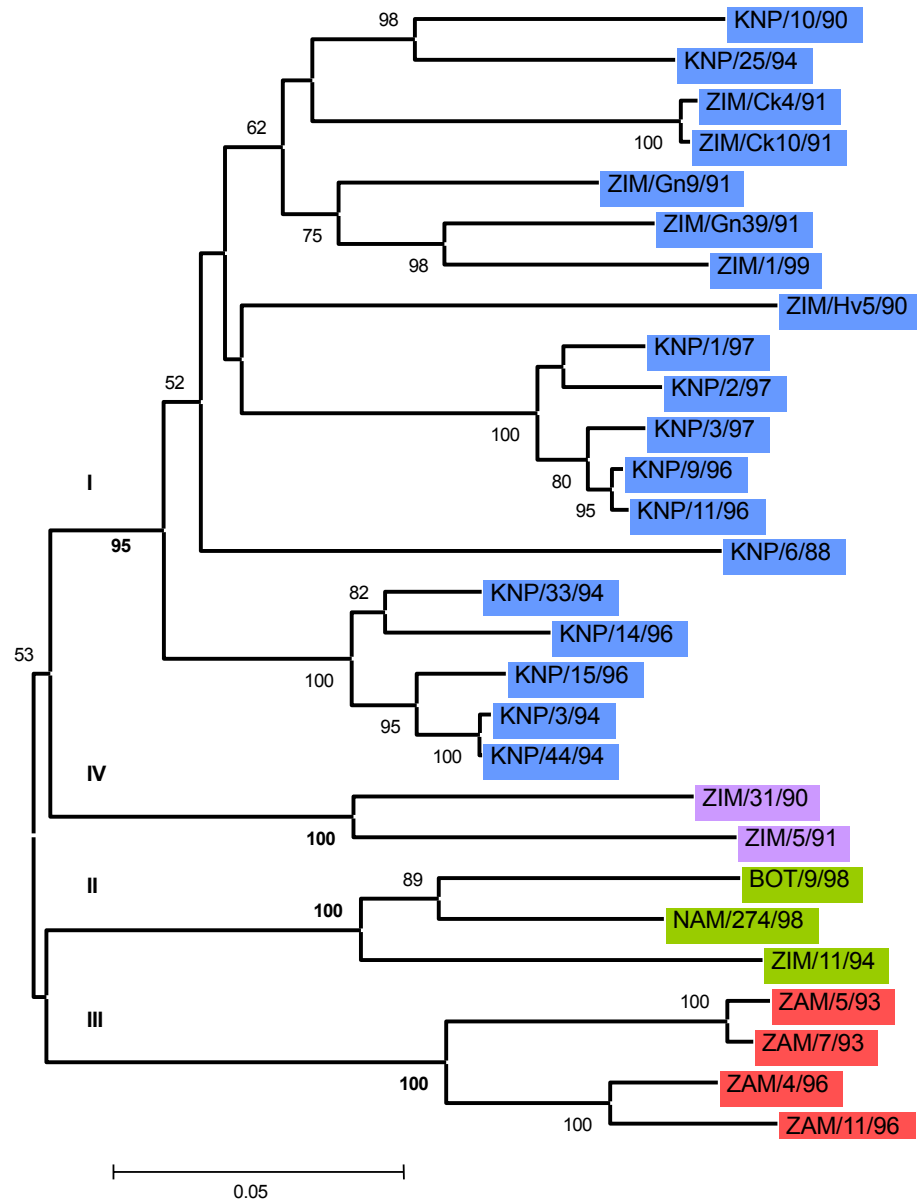
Seven FMD serotypes:

- Eurasian strains: A, O, C, Asia-1
- South African Territories (SAT) types 1, 2 and 3
- Acid labile, thermolabile, UV-sensitive, RH < 60%

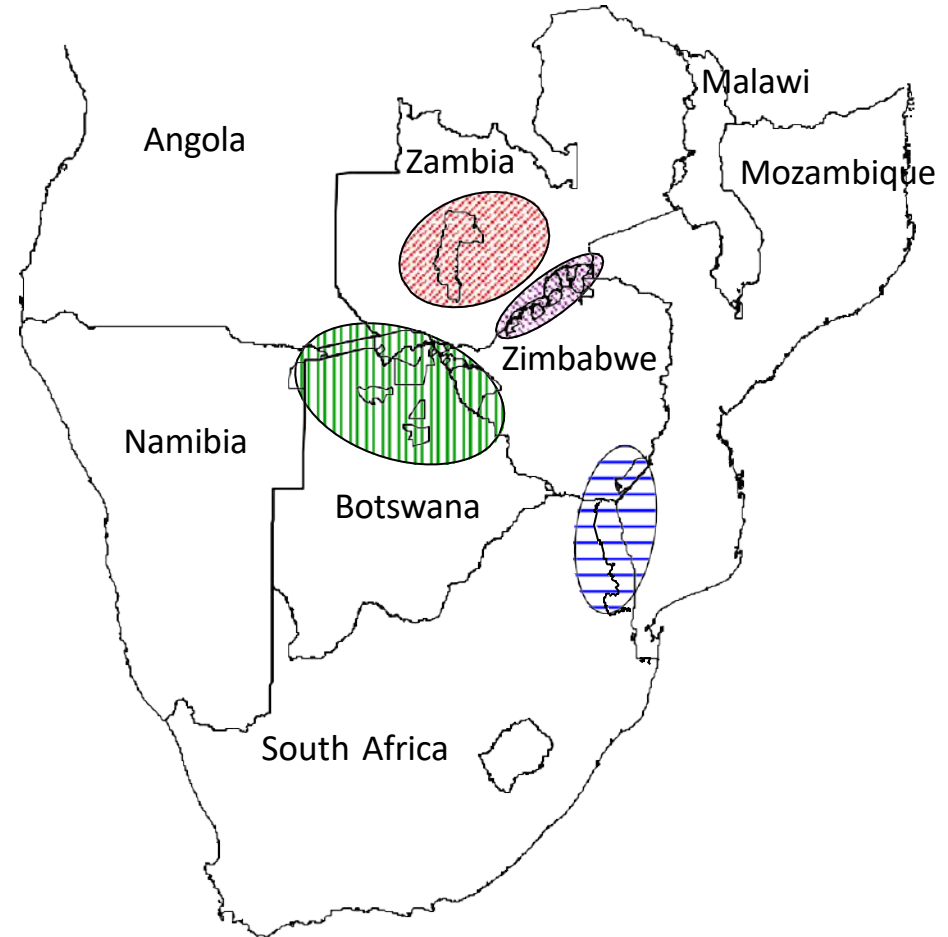
SAT types (sub-Saharan Africa, African buffalo):

- Subclinical infections → clinical surveillance?
- Low mortality rates (<5%)
- Thermolability: SAT-1 > SAT-2 > SAT-3 > O > C > Asia-1 > A (Doel & Baccarini, 1981)
- Genetically and antigenically more heterogeneous





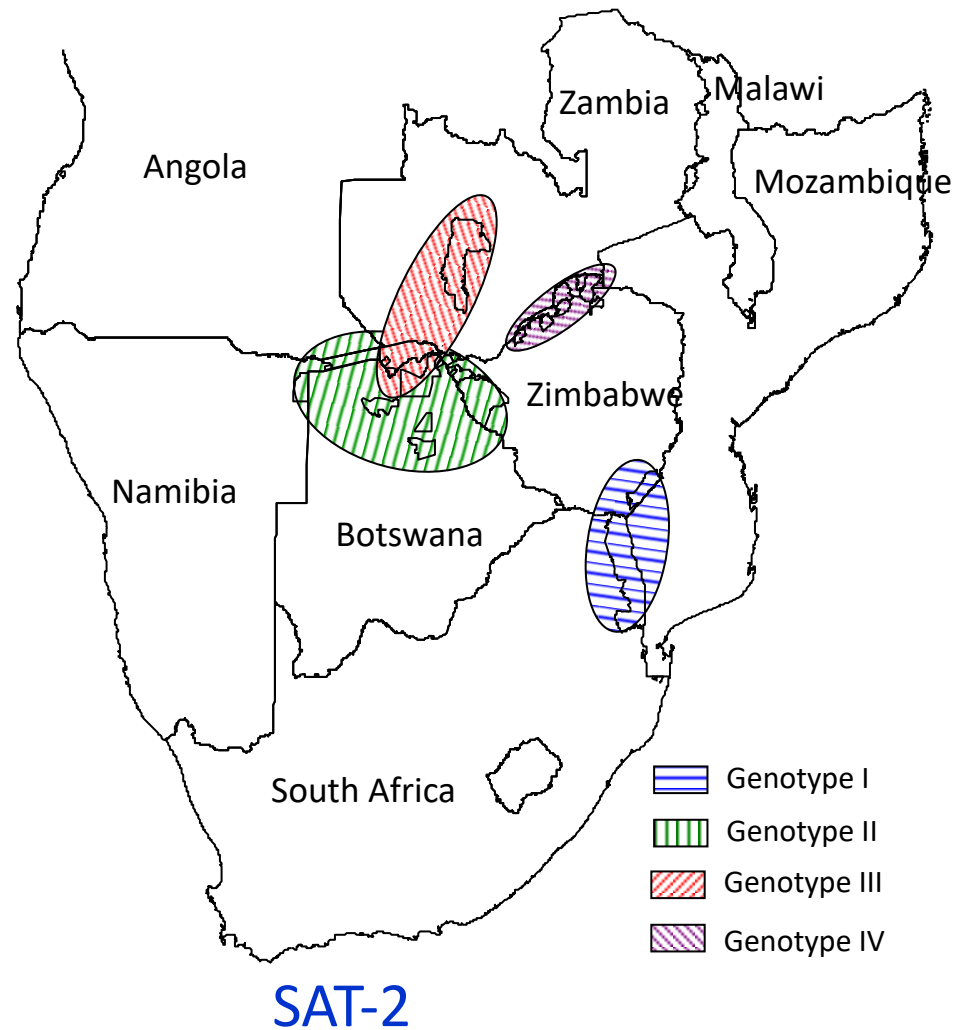
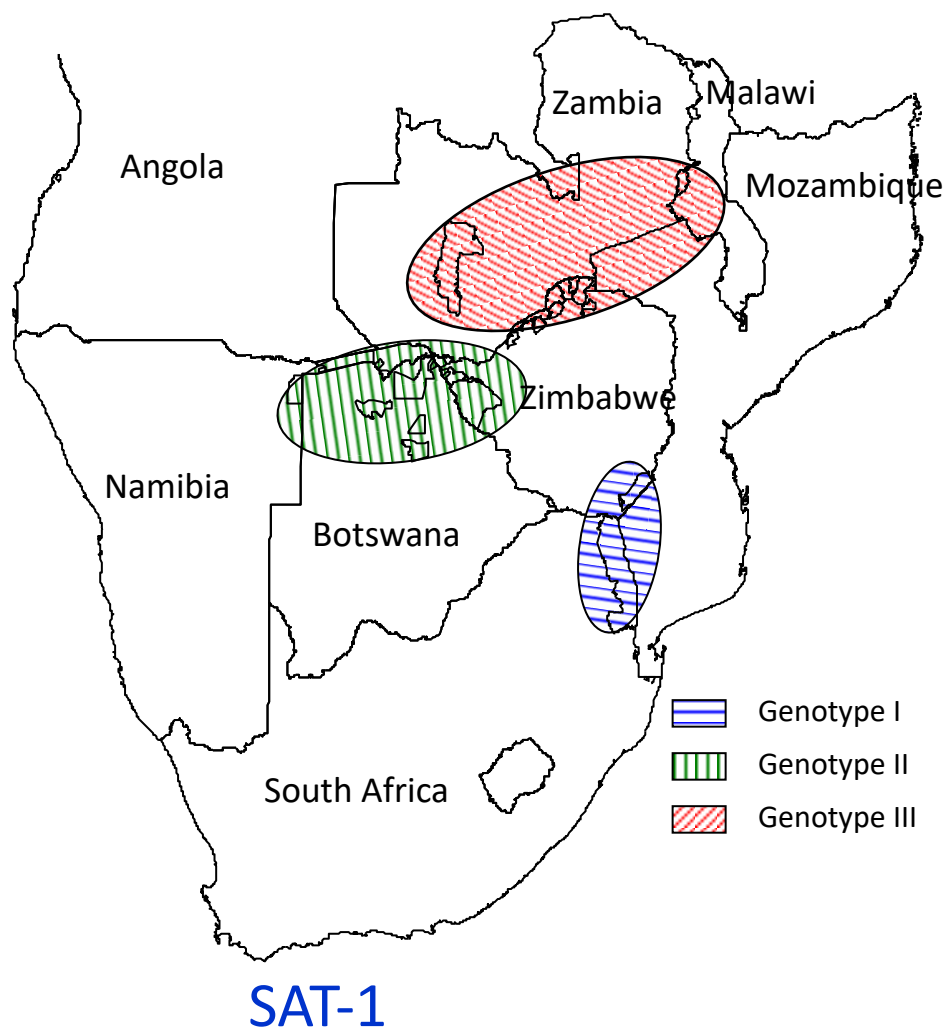
SAT-3 (Thomson & Bastos, 2004)



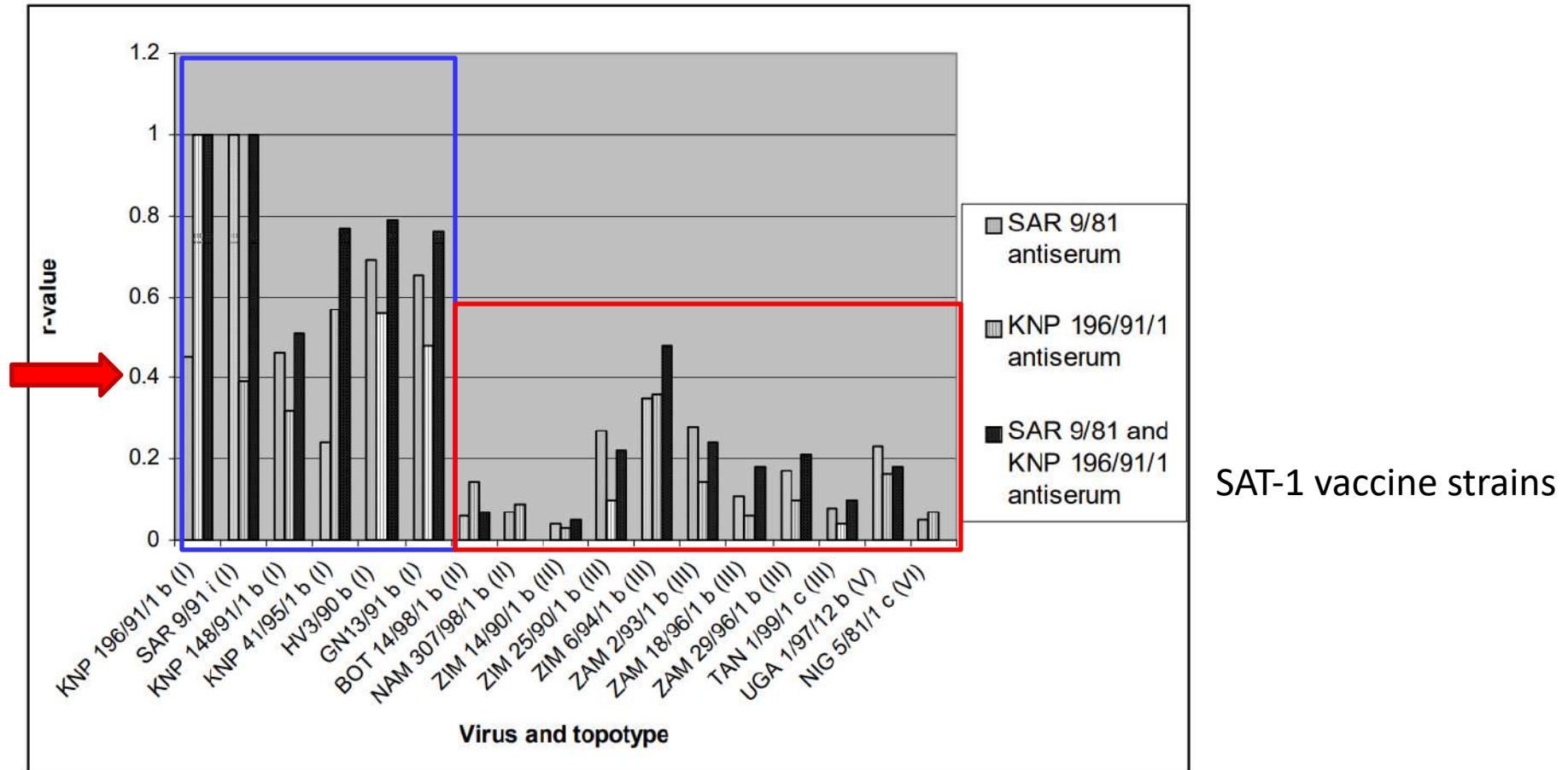
Temporal versus geographical structuring

Implications for vaccination

The South African viruses are distinct



Antigenic variation mirrors genetic variation



r-values (serum titre of field strain/serum titre of vaccine strain):

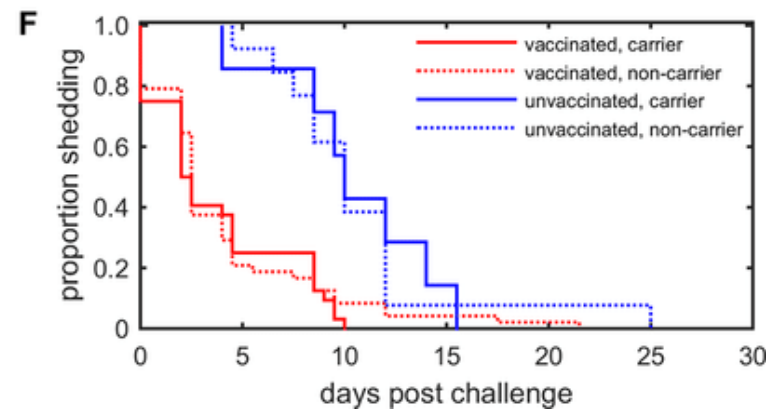
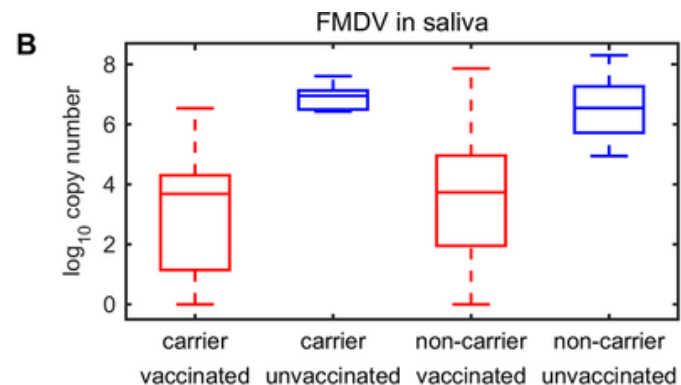
0.00 – 0.19 (field and vaccine strains are poorly matched)

0.20 - 0.39 (not well matched, but a potent vaccine may provide protection)

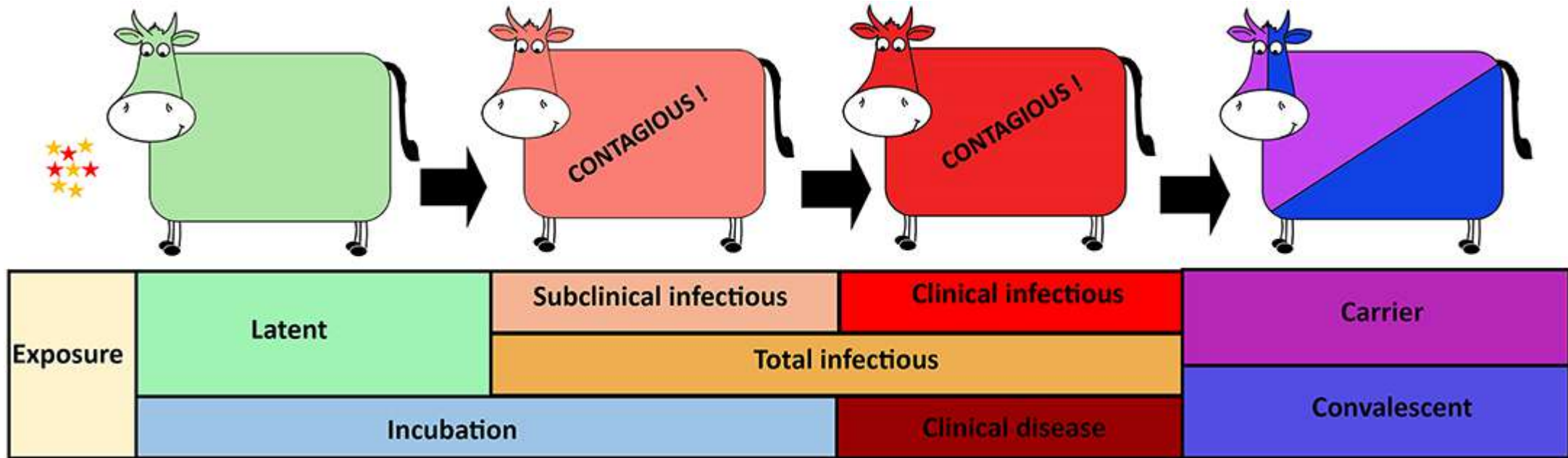
0.40 – 1.0 (good match, vaccine should provide good protection)

FMD outbreaks

- Main route of transmission is by inhalation of **aerosolised** virus particles
 - direct transmission (close contact between naive and infected animal)
 - indirect/airborne transmission (“low probability–high consequence” event)
- Variation in the infectious dose needed to establish an infection:
 - for cattle and sheep, it is low (10-25 TCID₅₀)
 - for pigs it is high (>300 TCID₅₀) Alexandersen et al., 2002
- Successfully controlled with quarantine and targeted **vaccination** (for slaughter)
 - Vaccination does not prevent infection
 - Vaccination reduces the levels and duration of viraemia (Parthiban et al., 2015)



Serotypes O, A and Asia-1 (Yadav et al. 2019)



Latent phase = 1.5 days (1.1–2.1)

Subclinical infectious phase = 2.2 days (1.5–3.5)

Clinical infectious phase = 8.5 days (6.2–11.6)

14-21 days from infection to recovery

Day 28: Cleared the virus or carrier/persistence (estimates range from 20-60%)

Foot-and-Mouth Disease (FMD) Biosecurity and Risk Mitigation at Abattoirs (19 June 2025)

Heads (including tongues) and feet have to be removed and either processed to inactivate the virus or disposed of safely from any animal slaughtered **up to 6 months** after **Day zero**.

Day zero is defined as the date that:

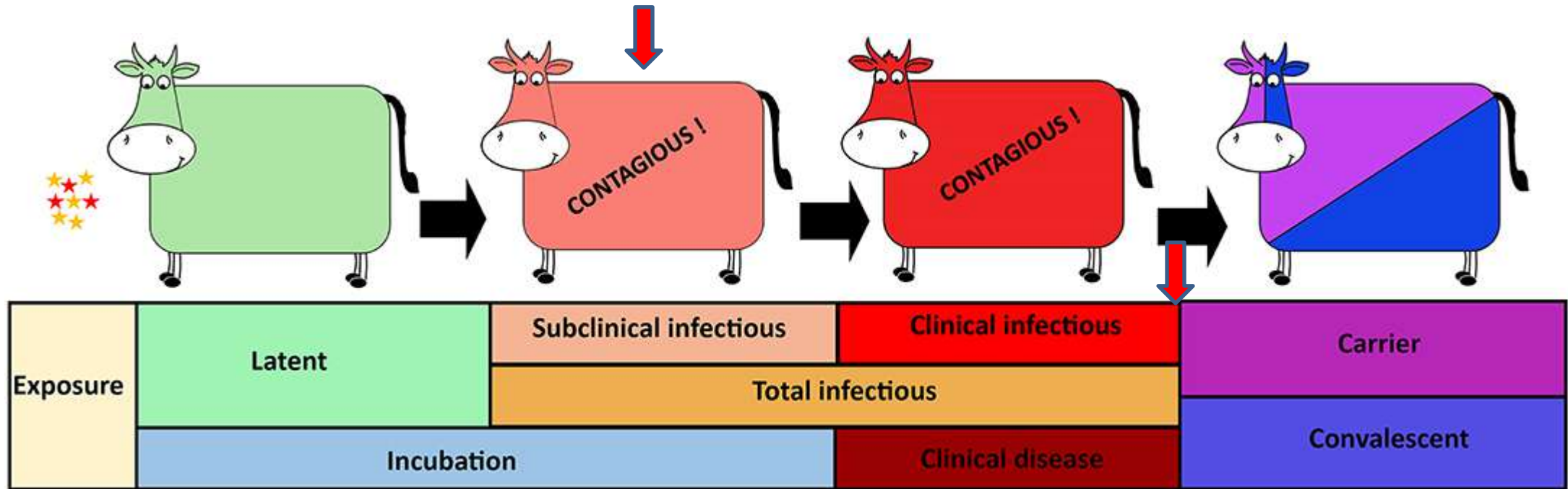
- the last animal received its first FMD vaccination
- last day of new clinical symptoms, whichever comes last

Additional risk mitigation measures include carcass **maturation** (and confirmation of pH drop below 6), **deboning** and **deglanding** of carcass, **removal and treatment/disposal** of **5th quarter derivatives** (head & tongue, feet, and offal).

Offal destruction, and the deboning and deglanding of the carcass are required up until **6 weeks** after day 0; all other requirements apply until **6 months** after **Day zero**.

Skins can be salted and released after 28 days

Where is the risk?



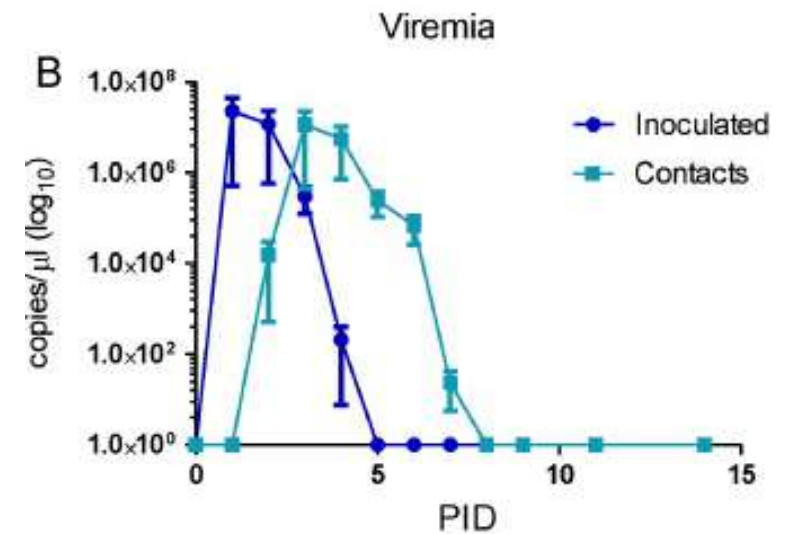
Outbreak: quarantine with vaccination of all animals

Vaccination removes the risk:

Day 0 is properly defined

Only the "carrier risk" remains post day 14

% carriers (20-60%) – strain dependent?



Carrier concerns

- The carrier state of FMDV was first described in 1958 (van Bekkum *et al.* 1959).
- Defined as an animal where **infectious FMDV** can be detected for at least **28 days after infection** (Sutmoller *et al.*, 1968).
- The epidemiological relevance of subclinical FMDV persistence is controversial (Sutmoller & Casas, 2002; Garland & de Clercq, 2011; Babu *et al.* 2015).
 - **Experimental studies** (Moonen *et al.*, 2004; Golde *et al.*, 2005; Tenzin *et al.*, 2008; Parthiban *et al.*, 2015)
 - **Field studies** (Bertram *et al.*, 2018)

have **failed to demonstrate transmission** from carrier cattle to naive cattle

- More recently, the carrier status was defined as the point an animal clears the infection, and the virus can only be detected in sites of persistence (Stenfeldt *et al.*, 2016)
 - **10 days** in vaccinated cattle
 - **21 days** in unvaccinated cattle

Virus persistence (carriers)

FMDV can be recovered from the naso-pharyngeal region (dorsal soft palate and nasopharynx) at **28 days post-infection** (Zhang & Alexandersen, 2004; Pacheco et al. 2015).

FMDV is cleared from peripheral sites (lungs, interdigital cleft, coronary band and hilar, renal and popliteal lymph nodes) by **10 days post-infection**.

FMDV is cleared from the lungs and kidneys **21 days post-infection** (Prato Murphy et al. 1994).

Very **low levels** of detectable virus present in the naso-pharynx after **28 dpi** (Stenfeldt & Belsham 2012).

The science to guide the 5th quarter disposal requirement

Color coding of prevalence

80-100%

60-80%

40-60%

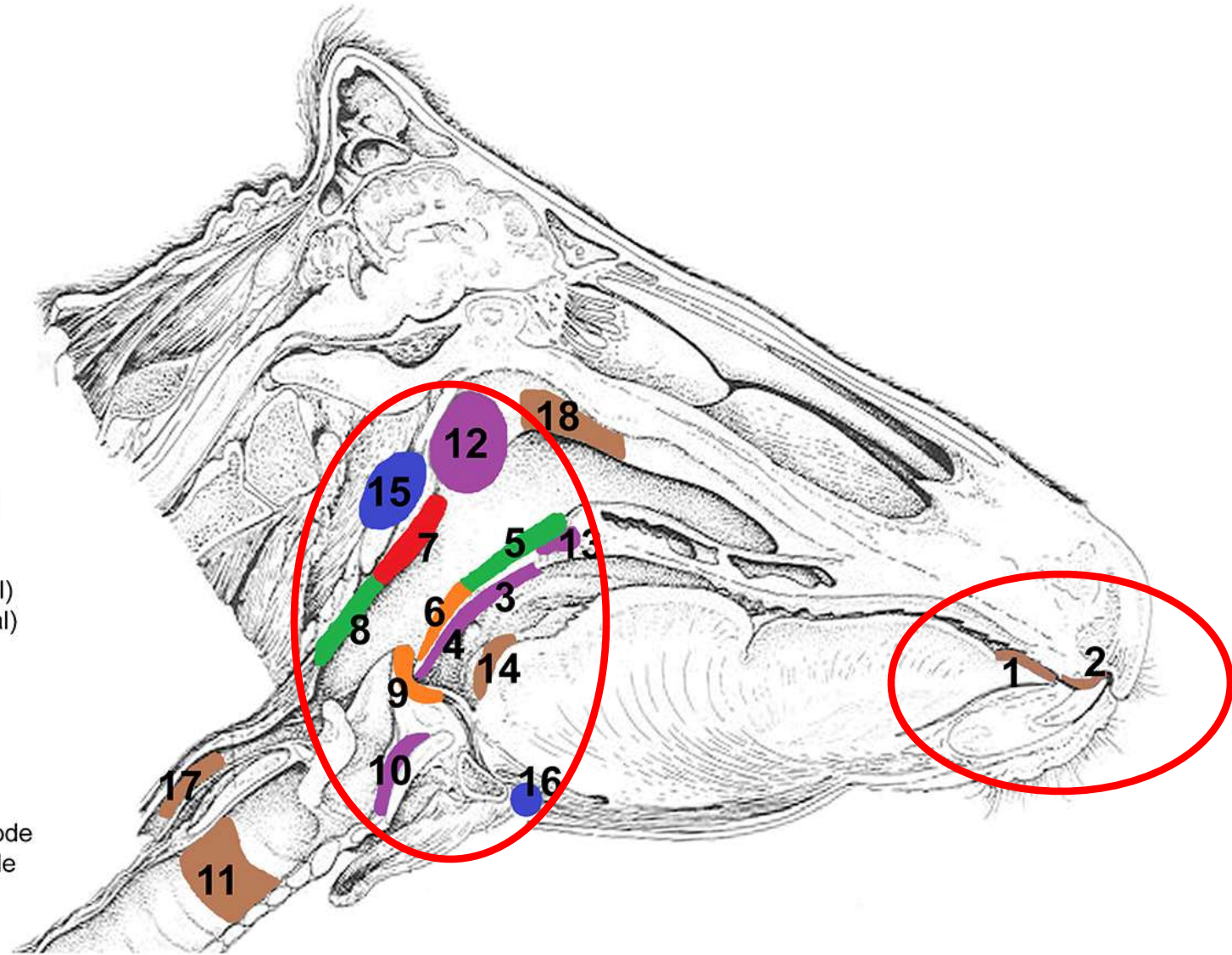
20-40%

0.1-20 %

Negative

Tissue identification key

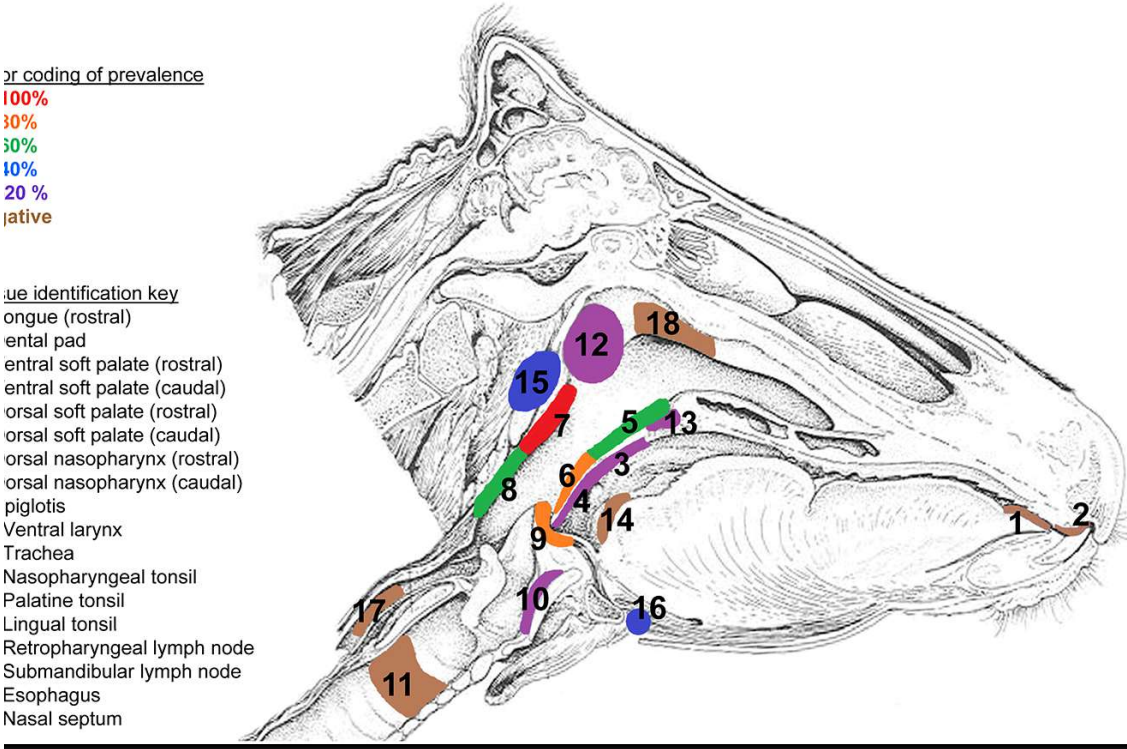
1. Tongue (rostral)
2. Dental pad
3. Ventral soft palate (rostral)
4. Ventral soft palate (caudal)
5. Dorsal soft palate (rostral)
6. Dorsal soft palate (caudal)
7. Dorsal nasopharynx (rostral)
8. Dorsal nasopharynx (caudal)
9. Epiglottis
10. Ventral larynx
11. Trachea
12. Nasopharyngeal tonsil
13. Palatine tonsil
14. Lingual tonsil
15. Retropharyngeal lymph node
16. Submandibular lymph node
17. Esophagus
18. Nasal septum



Pacheco et al. (2015). Persistent foot-and-mouth disease virus infection in the nasopharynx of cattle; tissue-specific distribution... *PLoS ONE* 10(5): e0125698. doi:10.1371/journal.pone.0125698

Summary of cattle tissue predilection sites of FMD virus (Pacheco et al. 2015 study)

Site No	Sampling site	SAT-type positivity (%)	Prevalence (%) - all serotypes	SAT-type positivity relative to total positivity/ prevalence
1	Tongue (rostral)	0	0.00	0
2	Dental pad	0	0.00	0
3	Ventral Soft palate (rostral)	0	5.26	0
4	Ventral Soft palate (caudal)	25	19.05	1.3125
5	Dorsal Soft palate (rostral)	50	47.62	1.05
6	Dorsal Soft palate (caudal)	75	57.14	1.3125
7	Dorsal Nasopharynx (rostral)	100	71.43	1.4
8	Dorsal nasopharynx (caudal)	50	52.38	0.954545455
9	Epiglottis	50	60.00	0.833333333
10	Ventral larynx	0	15.00	0
11	Trachea 10cm	0	0.00	0
12	Nasopharyngeal tonsil	0	9.52	0
13	Palatine tonsil	0	9.52	0
14	Lingual tonsil	0	0.00	0
15	Retropharyngeal lymph node	0	30.00	0
16	Submandibular lymph node	0	23.81	0
	Bronchial bifurcation	0	0.00	0
	Distal Cranial lobe	0	0.00	0



13 of the 16 sites of concern were positive for European serotypes A and O, whereas only 6 sites were positive for cattle persistently infected with SAT-2 type virus

Only 4 animals were infected with FMD SAT-2 (strain unknown), of which 3 were vaccinated and one was unvaccinated

Study to guide disposal of 5th quarter derivatives

Phase 1: 5th quarter derivative risk assessment (vaccinated - BVI vaccine)

From day 18-21 (post-vaccination of the last animal in the feedlot)

(a) Evaluate sites of persistence

- Sample 6 known sites of virus persistence in the head
- Bone marrow
- Lymph nodes
- Blood/serum (serology to confirm vaccination and infection status)

(b) Evaluate treatment options for rendering heads safe for sale

- Remove **specified risk material** (naso-pharyngeal tissue, including lymph nodes) → proof-of-concept concluded (Prof. Lieza Odendaal)
 - Treat the head tissue after removal (and test for virus)
- **Rapid turnaround to guide policy adjustments**

Phase 2: Repeat (BVI versus OVR vaccine), sample at **day 15**



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA





Media Statement: SAHRC notes alarming levels of food insecurity in South Africa

Monday, 14 October 2024

Attention: Editors and Reporters

The South African Human Rights Commission (SAHRC) acknowledges the findings of the **National Food and Nutrition Security Survey (NFNSS)** report and welcomes its detailed insights into the critical issues of food security and malnutrition across South Africa. The report highlights the alarming levels of food insecurity affecting **63.5%** of households and underscores the growing threat of severe food insecurity for vulnerable populations, particularly children.

The importance of vaccination

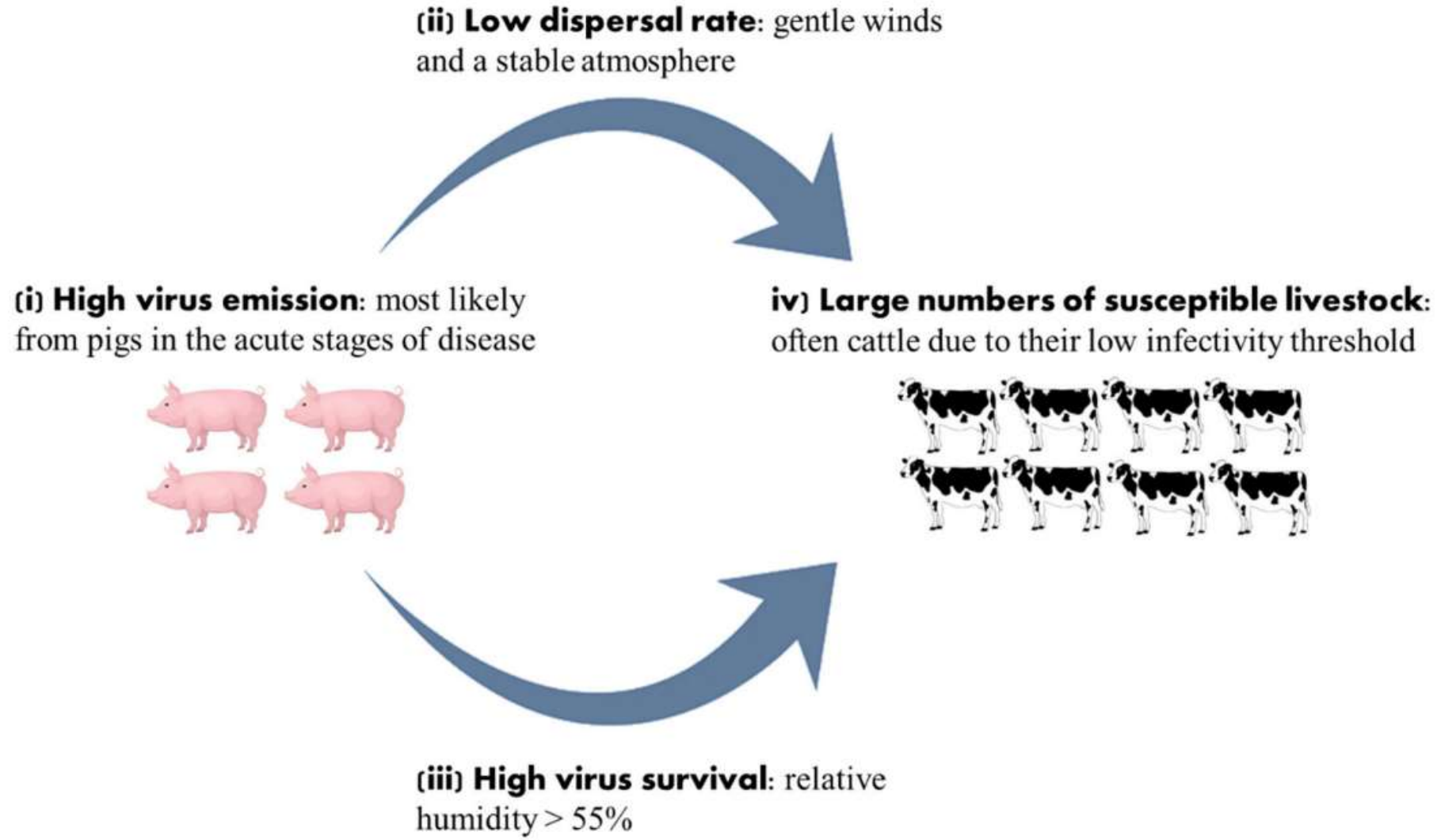
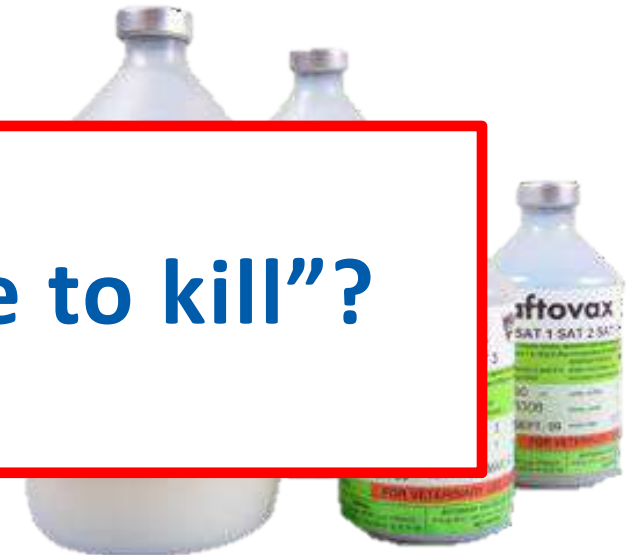
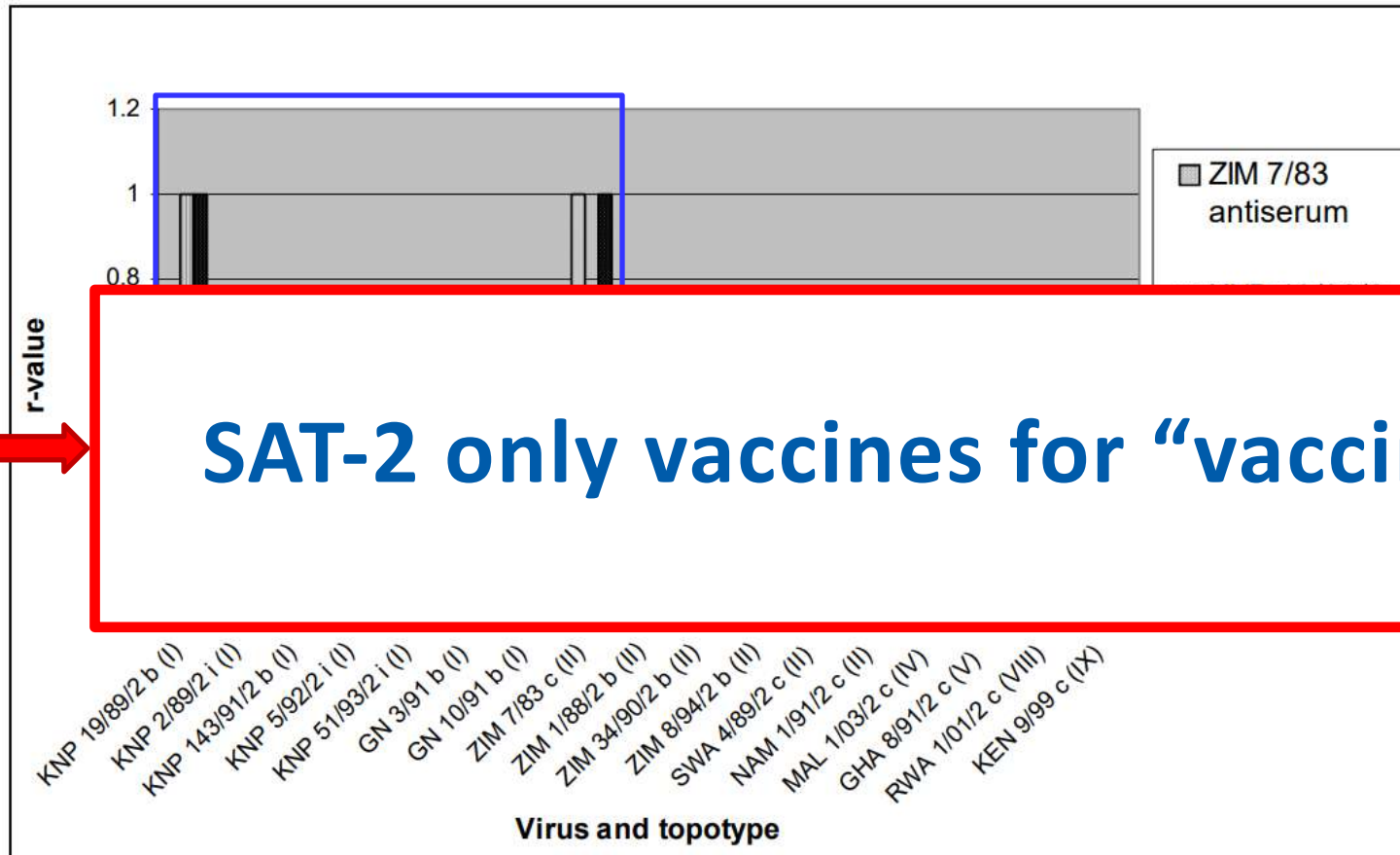


Figure 1. The factors required for airborne transport of foot-and-mouth disease virus aerosols over long distances.

SAT-2 – emergency *versus* preventive



r-values (serum titre of field strain/serum titre of vaccine strain):

0.00 – 0.19 (field and vaccine strains are poorly matched)

0.20 - 0.39 (not well matched, but a potent vaccine may provide protection)

0.40 – 1.0 (good match, vaccine should provide good protection)

Outbreak Response Team for FMD

Let science (on SAT-types) guide policy (on SAT-types)



RESEARCH ARTICLE

South African Ebola diagnostic response in Sierra Leone: A modular high biosafety field laboratory



Janusz T. Paweska^{1,2,3*}, Petrus Jansen van Vuren^{1,3}, Gunther H. Meier¹, Chantel le Roux¹, Ousman S. Conteh⁴, Alan Kemp¹, Cardia Fourie¹, Prabha Naidoo¹, Serisha Naicker¹, Phumza Ohaebosim¹, Nadia Storm¹, Orienka Hellferscee^{1,2}, Lisa K. Ming Sun¹, Busisiwe Mogodi¹, Nishi Prabdial-Sing^{1,2}, Desiree du Plessis¹, Deldre Greyling¹, Shayne Loubser^{1,2}, Mark Goosen¹, Stewart D. McCulloch³, Terence P. Scott³, Alexandra Moerdyk¹, Wesley Dlamini¹, Kelfala Konneh⁴, Idrissa L. Kamara⁴, Dauda Sowa⁴, Samuel Sorie⁴, Brima Kargbo⁴, Shabir A. Madhi¹

1 National Institute for Communicable Diseases, National Health Laboratory Service, Sandringham, South Africa, **2** School of Pathology, University of the Witwatersrand, Johannesburg, South Africa, **3** Department of Microbiology and Plant Pathology, University of Pretoria, Pretoria, South Africa, **4** National Reference Laboratory, Ministry of Health and Sanitation, Freetown, Sierra Leone

How can SAFA members help

Let science on SAT-types guide policy on SAT-types

Be part of the outbreak response team - we need to learn everything we can about this virus to fight it effectively

- Reference sera for test validation (from onset of clinical signs and/or date of vaccination until clinical resolution / 28 days or more)
- Keep careful records of clinical signs, rate of spread, weather conditions, animal densities and breeds
 - Scientists need data to model and predict, eg. basic reproduction number (R_0) - number of new cases **caused by a single, infected individual** throughout its infection period)



Nabokov, CC BY-SA 4.0

Thank you

- *Karan Beef Team*
- *TAD Team*
- *UP Team*
- *FMD colleagues (old and new and departed)*



*Learn from the past
Leverage the expertise and technologies of the present
Secure the future*



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of
Veterinary Science

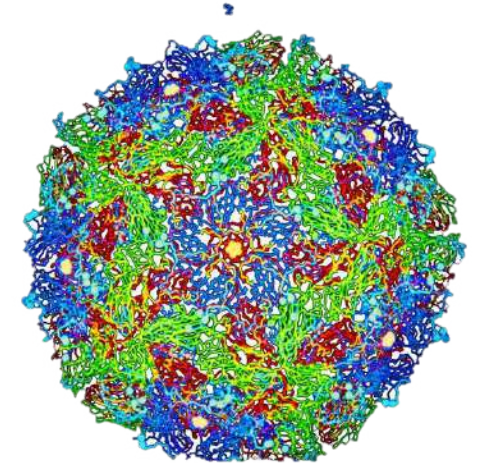
Fakulteit Veeartsenykunde
Lefapha la Disaense tša Bongakadiruiwa

Make today matter

www.up.ac.za

References

- AIEWSAKUN, P., PAMORNCHAINAVAKUL, N. & INCHASRI, C. 2020. Early origin and global colonisation of foot-and-mouth disease virus. *Scientific Reports*, 10.
- BLIGNAUT, B., VAN HEERDEN, J., REININGHAUS, B., FOSGATE, G. T. & HEATH, L. 2020. Characterization of SAT2 foot -and-mouth disease 2013/2014 outbreak viruses at the wildlife-livestock interface in South Africa. *Transbound Emerg Dis*, 67, 1595–1606.
- BRUCKNER, G. K., VOSLOO, W., DU PLESSIS, B. J. A., KLOECK, P. E. L. G., CONNOWAY, F. J., EKRON, M. D., WEAVER, D. B., DICKASO N, C. J., SCHREUDER, F. J., MARAIS, T. & MOGAJANE, M. E. 2002. Foot and mouth disease: the experience of South Africa. *Revue Scientifique et Technique de l'OIE*, 21, 751–764.
- DU TOIT, P. J. 1932. Foot and Mouth Disease in Southern Rhodesia. *Journal of the South African Veterinary Association*, 3, 26–37.
- FAO 2014. A value chain approach to animal diseases risk management. Technical foundations and practical framework for field application. *FAO Animal Production and Health Guidelines No. 4*. FAO.
- FERRIS, N. P., NORDENGRAHN, A., HUTCHINGS, G. H., PATON, D. J., KRISTERSSON, T., BROCCCHI, E., GRAZIOLI, S. & MERZA, M. 2010. Development and laboratory validation of a lateral flow device for the detection of serotype SAT 2 foot-and-mouth disease viruses in clinical samples. *J Virol Methods*, 163, 474–6.
- FERRIS, N. P., NORDENGRAHN, A., HUTCHINGS, G. H., REID, S. M., KING, D. P., EBERT, K., PATON, D. J., KRISTERSSON, T., BROCCCHI, E., GRAZIOLI, S. & MERZA, M. 2009. Development and laboratory validation of a lateral flow device for the detection of foot-and-mouth disease virus in clinical samples. *J Virol Methods*, 155, 10–7.
- FOGLIA, E. A., MIOULET, V., CAVALERA, S., BAGUISI, J., TURGUT, S. I., SANGULA, A., KHAN, S., JAMAL, S. M., BULL, H., ROSATI, S., NOGAROL, C., PEZZONI, G., BULUT, A., KING, D. P., ANFOSSI, L., ROSSO, F., BROCCCHI, E. & GRAZIOLI, S. 2025. Validation of two multiplex lateral flow devices for the rapid detection and typing of foot-and-mouth disease viruses. *Res Vet Sci*, 185, 105558.
- LAZARUS, D. D., FOSGATE, G. T., VAN SCHALKWYK, O. L., BURROUGHS, R. E. J., HEATH, L., MAREE, F. F., BLIGNAUT, B., REININGHAUS, B., MPEHLE, A., RIKHOTSO, O. & THOMSON, G. R. 2017. Serological evidence of vaccination and perceptions concerning Foot-and-Mouth Disease control in cattle at the wildlife-livestock interface of the Kruger National Park, South Africa. *Prev Vet Med*, 147, 17–25.
- MAREE, F. F., KASANGA, C. J., SCOTT, K. A., OPPERMAN, P. A., MELANIE, C., SANGULA, A. K., RAPHAEL, S., YONA, S., WAMBURA, P. N., KING, D. P., PATON, D. J. & RWEYEMAMU, M. M. 2014. Challenges and prospects for the control of foot-and-mouth disease: an African perspective. *Vet Med (Auckl)*, 5, 119–138.
- VOGEL, S. W. & HEYNE, H. 1996. Rinderpest in South Africa--100 years ago. *J S Afr Vet Assoc*, 67, 164–70.
- WONG, C. L., YONG, C. Y., ONG, H. K., HO, K. L. & TAN, W. S. 2020. Advances in the Diagnosis of Foot-and-Mouth Disease. *Front Vet Sci*, 7, 477.
- WU, L., JIANG, T., LU, Z. J., YANG, Y. M., SUN, P., LIANG, Z., LI, D., FU, Y. F., CAO, Y. M., LIU, X. T. & LIU, Z. X. 2011. Development and validation of a prokaryotically expressed foot-and-mouth disease virus non-structural protein 2C'3AB-based immunochromatographic strip to differentiate between infected and vaccinated animals. *Virol J*, 8, 186.
- YANG, M., ZHMENDAK, D., MIOULET, V., KING, D. P., BURMAN, A. & NFON, C. K. 2022. Combining a Universal Capture Ligand and Pan-Serotype Monoclonal Antibody to Develop a Pan-Serotype Lateral Flow Strip Test for Foot-and-Mouth Disease Virus Detection. *Viruses*, 14.



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of
Veterinary Science

Fakulteit Veeartsenykunde
Lefapha la Disaense tša Bongakadiriuiwa

Make today matter

www.up.ac.za