

Estimation the viral load and pathology of high pathogenic avian influenza virus (H₅N₈) in chickens

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Abstract

The aims of this study were detect the pathological changes and viral loads of AIV subtype-H₅ as the causative pathogen in the industrial broilers farm in Iraq. In Iraq in the last 2017 and early 2018 and 2019 the high pathogenic avian influenza A subtype H₅N₈ virus was detected in several regions, and cause a high economic losses for the poultry industry. Avian influenza H₅N₈ is an infectious disease that mainly causes extreme respiratory illness in poultry that is associated with a high percentage of morbidity and mortality in the infected chickens. One hundred and fifty collected samples (trachea and lung) from different parts of broiler chicken from Baghdad were obtained during this study and neighboring governorates during the winter of 2019. The results of RT-PCR of collected samples showed that only 12 out of 150 tested samples were positive for H₅N₈. Real Time RT-PCR is considered a sensitive, rapid, and practical molecular technique for detection of avian influenza disease viruses. Avian influenza viral loads were estimated in tissues from infected chickens by using quantitative real time RT-PCR technique to calculate the viral particles in each sample. The main clinical findings include depression, lack of agitation, ruffling feathers, and increase mortality of chicken, redness of wattle, hemorrhage of legs and subcutaneous tissues, swollen and edema of the face severe rals, sinusitis, edema of the head and wattle with diarrhea and even sudden death. Cross pathogenic lesion in post-mortem examination of chicken revealed that is accumulation of small quantities of yellowish color sero-fibrinous exudates and the walls of the thoracic air sacs are covered with fibrin and thickened with notable congestion of capillary blood vessels. congestion and petechial hemorrhage of internal organs (intestine & pancreas) with accumulation of sero-fibrinous exudate

Key works:- Avian flu, high pathogenic avian influenza, H₅N₈.

I. Introduction:-

Avian influenza (AI) is a disease caused by influenza type A virus from avian origin, these viruses cause a disease in domestic and wild avian and mammalian species, viruses of avian influenza are a single-

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stranded with a negative sense RNA viruses belonging to the family *Orthomyxoviridae*. Genome of avian influenza viruses consist of eight genomic segments[1].Based on two surface glycoproteins, hemagglutinin (HA) and neuraminidase (NA), encoded by the genes (HA) and (NA), influenza A viruses have been classified. Internal gene cassettes consist of six gene segments that code for the polymerase complex (basic polymerase 1 (PB1), basic polymerase 2 (PB2) and acid polymerase (PA), matrix proteins (M1 and M2), nucleoprotein (NP) and non-structural proteins 1&2 (NS1 and NS2). There are currently 18 subtypes of HA (from NS1 and NS2) [2].The enveloped RNA viruses are influenza viruses, and the family of Orthomyxoviridae currently consists of seven types: influenza A, influenza B, influenza C, influenza D, Thogotovirus and Isavirus. Long ago, the first four genera were recognized. A relatively new addition to *Orthomyxoviridae*, the Isavirus family contains an infectious salmon anemia virus, which is a debilitating pathogen in the world's fish farms. Influenza D is likely to be produced shortly because it is separated from cattle and swine[3].

Circulation of avian influenza viruses different host species may be lead to genomic exchange of their gene segments, which is subsequent leads to antigenic variation and creation of a new viral strains.This may cause serious outbreaks and epidemics, leading to tremendous economic losses for the poultry industry, and poses a serious threat to human and animals health [4].Hemagglutinin is the most common important gene in influenza virus replication and it plays a central role in influenza A viruses' life cycle through its participation in receptor recognition, virus attachment, membrane fusion and entry [5].

Hemagglutinin glycoprotein of Influenzavirion should be cleaved by a host proteases at a specific site to make a functional the receptor for entry to the target cells. The sequence at the hemagglutinin cleavage site determines whether easily it can be catalyze the host proteases enzymes. Hemagglutinin of low pathogenic avian influenza viruses can be cleaved by trans membrane serine proteases, and trypsin-like proteases in the airways, this limited cleavage ability restricts infection to certain tissues. Therefore, continuous surveillance of H₅ and H₇ subtype of avian influenza viruses in is imperative to avoid distribution by this type of infection [7].

Avian influenza viruses strains with a high pathogenicity (H₅N₈) of the clade (2.3.4.4) were first detected among the wild birds in Asia during 2010, later it was spread to domestic birds across Japan, China, and South Korea, (8).More recently, a novel H₅N₈ subtype reassorting virus of the clade(2.3.4.4) was identified in Russia and spread to several countries in Asia, Europe and the Middle East(9).The spread of strains of H₅N₈ viruses has been related to the overlapping flyways of migratory wild birds coming from different continents(10) In Iraq the highly pathogenic strains of avian influenza viruses were reported in several governorates during the end of 2017 early 2018 and 2019, but the virus is not well characterized. In this study, the detection, viral load and histopathological changes of a H5N8 HPAI was described for isolates detected from domestic poultry.

II. Materials and methods:-

Samples collection and screening:-

During winter 2019, 150 samples including (trachea, larynx and lung) were collected from different areas from Baghdad and neighboring governorates, samples from suspected poultry farm which given symptoms of avian influenza illness. These farms showed a symptoms as ocular and nasal discharge, sneezing, coughing,

and enlarged infra-orbital sinuses. The mortality rate varies from 10% to 75%, subcutaneous and petechial hemorrhages on visceral organs and muscles in extreme inflammation, edema and red discoloration of the shanks and feet. Greenish diarrhea was common in badly affected birds, paralysis, and drooping of wings. These samples were collected in sterile container and cooled in ice bag and examined in the laboratory by RT-PCR test.

Samples preparation and RNA extraction:-

Samples were prepared and RNA was extracted from collected samples by using kit for total RNA extraction (KyltR RNA extraction Kit). After extraction RNA was eluted in 60 µL of RNase-free DD water, (20 U) of RNase inhibitor was added and RNA was stored at (-80 °C) until using for Real-Time PCR.

Estimation of the H₅ AI viral load by qRT-PCR:-

After preparation of standard curve of six dilution tubes, the viral particles in each dilution were known, RNA from collected samples were introduced to the reaction, the weight of each sample was taken by using a sensitive balance and the results of qRT-PCR were compared with the standard curve calculated previously, and the viral particles were calculated using specific software calculating system.

Histopathological examination of samples:-

Collected samples (trachea, larynx, lung, kidney and spleen) were examined for histopathological changes in comparison with healthy non-infected and non-vaccinated chicken. These samples were fixed in buffered 10% formalin for 24-48 hrs. after that the tissues were embedded in a low melting point of paraffin then sectioned at 5 µm thickness and then stained with Hematoxylin and eosin stains according to Luna, 1968[12].

III. Results:-

Clinical finding:-

All the samples were collected after clinical finding and post mortem examination of cases from chickens that give a clinical symptoms with suspected avian influenza infection from different provinces and locations of Iraq includes (Baghdad 75 samples, Dialla 42 samples, and Hilla 33 samples) from suspected poultry farm which given symptoms of avian influenza illness, these samples were collected based on information and case history, then the clinical signs and Post-Mortem examination.

The main clinical signs were depression, lack of agitation, ruffling feathers, and increase mortality of chicken, redness of wattle, hemorrhage of legs and subcutaneous tissues, swollen and edema of the face severe rals, sinusitis, edema of the head and wattle with diarrhea and even sudden death.

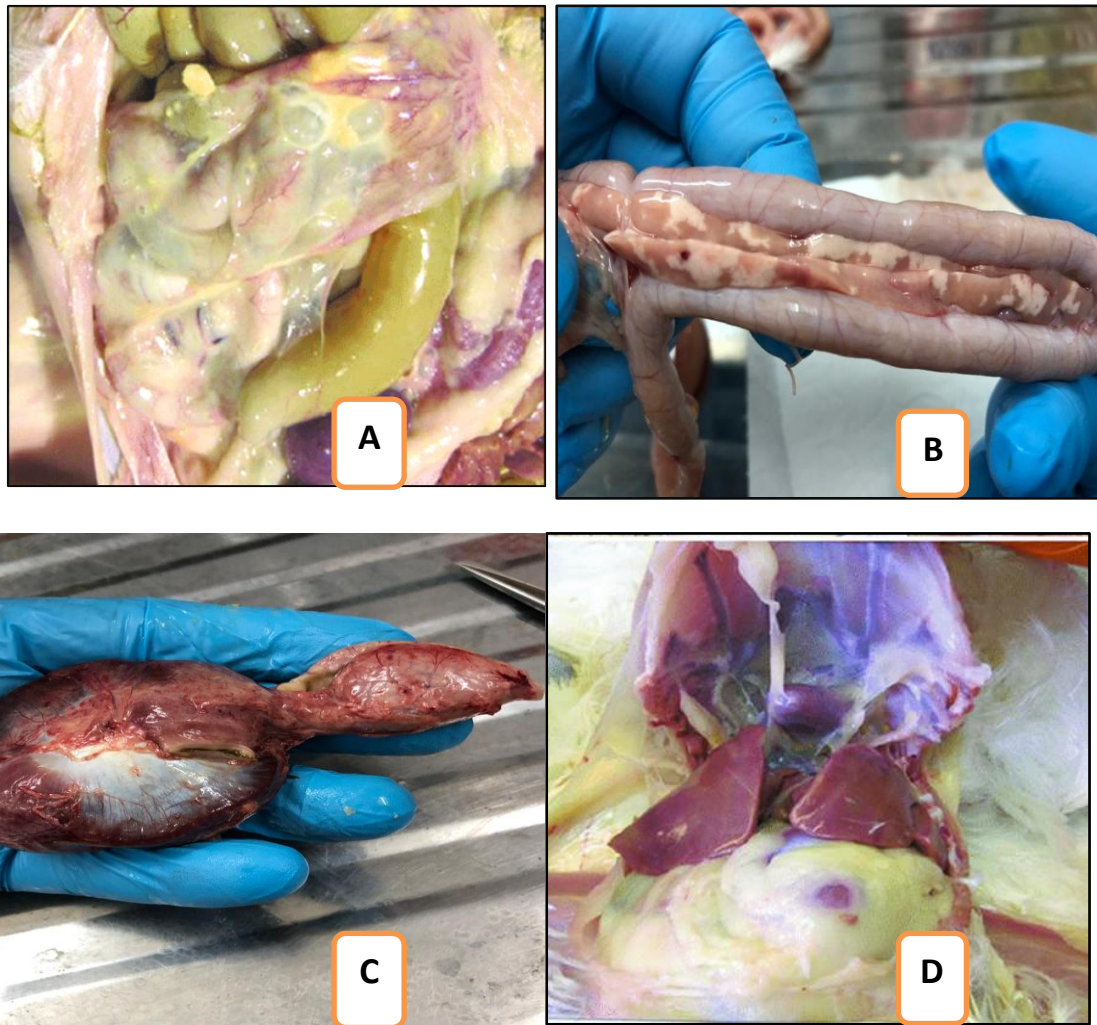


Fig(1):- Clinical finding of chicken suspected to be infected with a high pathogenic avian influenza disease:-

A and B :- (clinical finding of chicken suspected to be infected with AI. Show sever edema with) red discoloration of feet andshanks due to subcutaneousecchymotic hemorrhages and congestion which is a pathognomic feature of avian influenza infections.

C :- (clinical lesion of chicken suspected to be infected with AI. Show sever petechial) hemorrhages on the thoracic muscles and other organs.

D :- (clinical lesions of chicken suspected to be infected with AI show cyanosis and edema of the head, comb and wattles).



Fig(2):- cross pathogenic lesion in post-mortem examination of chicken suspected to be infected by high pathogenic avian influenza disease:-

A) Small amountsof yellowish color sero-fibrinousexudates were accumulate and the walls of the thoracic air sacs are covered with fibrin and thickened with notable congestion of capillary blood vesicles.

B) Congestion and petechial hemorrhage of internal organs(intestine & pancreas) with accumulation of sero-fibrinous exudate .

C) There is sever congestion of blood vessels in the internal organs(Gizzard&Proventriculus) and diffuse petechial hemorrhage.

D) Thickened and cloudy walls of thoracic air sacs to gather with accumulation of sero-fibrinous exudates in the cavities, particularly in the posterior thoracic air sacs.

Results of qRT – PCR(viral load) of H₅ avian influenza:-

The result of serial dilution quantification of standard curve was performed according to the manufacturer instructions by using RT-PCR technique, this results were listed in the following table:-

Table (1)Results of stranded curve dilution series.

Si de ID	Result assay	Ct.	FAM con.	Sample type
A1	Standard	15.2	100 E07	STD1
A2	Standard	19	100 E06	STD2
A3	Standard	22.4	100 E05	STD3
A4	Standard	25.6	100 E04	STD4
A5	Standard	30.8	100 E03	STD5
A6	Standard	33.3	100 E02	STD6

Table(2) Results of quantification avian influenza viral particles in collected samples by using qReal-Time RT- PCR .

Sit ID	Sample ID	Canal result	Ct	No. of viral particles
A1	1	PASS	24.1	929,460.58091±28 6307
A2	2	PASS	31.1	9,903.53697749±19614
A3	3	PASS	26.7	95,880.1498127±34082
A4	4	PASS	27.2	94,117.6470588±23529
A5	5	PASS	25.2	888,888.88888±8888
A6	6	PASS	26.3	11,711.02661596±581
A7	7	PASS	24.5	914,285.714285±71428
A8	8	PASS	27.4	93,430.656934±3065

A9	9	PASS	28.2	90,780.1418439±7163
A10	10	PASS	29.3	87,372.0136518±7713
A11	11	PASS	29.1	87,972.5085910±6529
A12	12	PASS	19.0	10.000000±6444

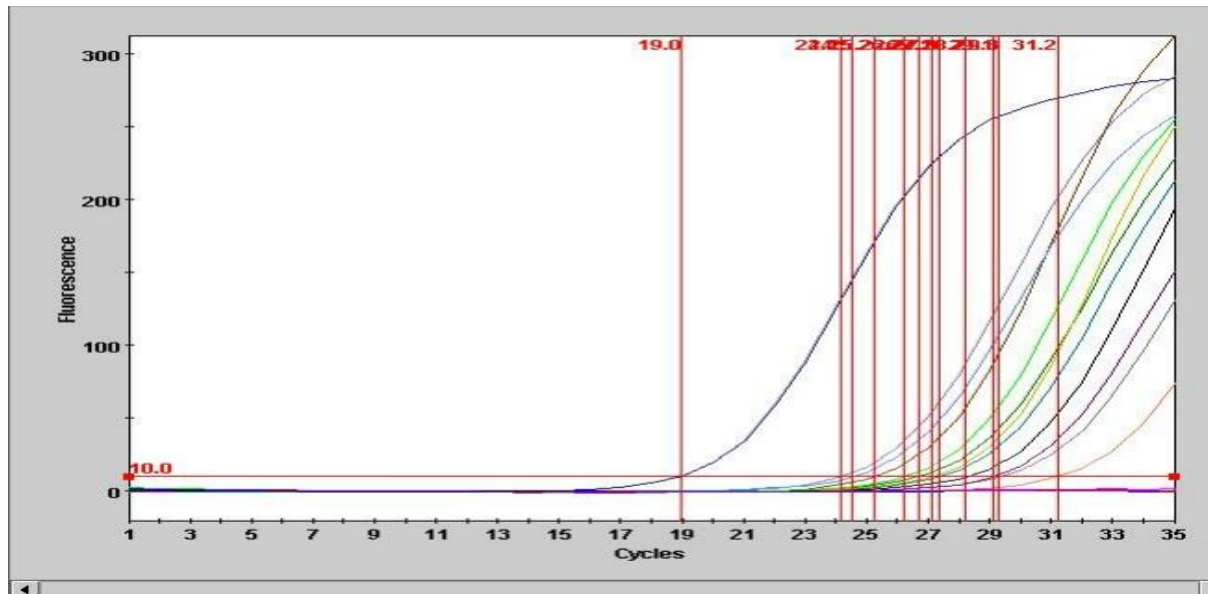
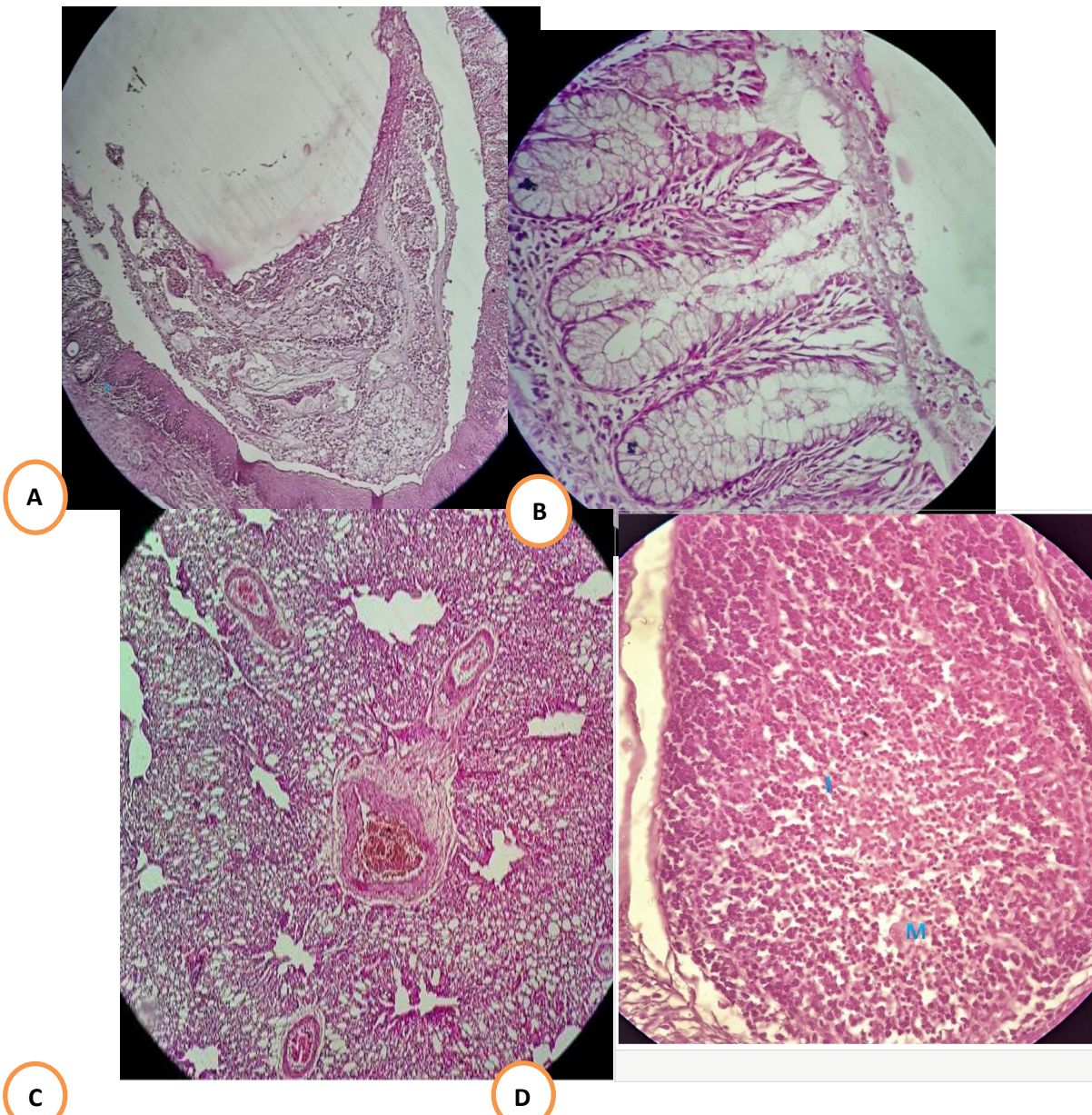


Fig (3):- Blot of amplification of H gene to quantification avian influenza viral particles(viral load) for H5 positive samples using qReal-Time RT- PCR .

Results of histo-pathological examination of samples:-

A positive samples of tracheas,kidney spleen and liver ofinfected chicken with HPAI subtype H₅ were examinedhistopathologically, The results of tracheas revealed there is desquamation of epithelial lining and marked aggregation of polymorphonuclear cells(PMNC)and disappearance of cilia, in lungs tissues there is sever vesicular congestion with damage of alveolar tissue there is deposition of fibrineus material, in splenic tissues if infected birds and diffuse lymphoid depletion with manifestation of sinusoidal congestion.

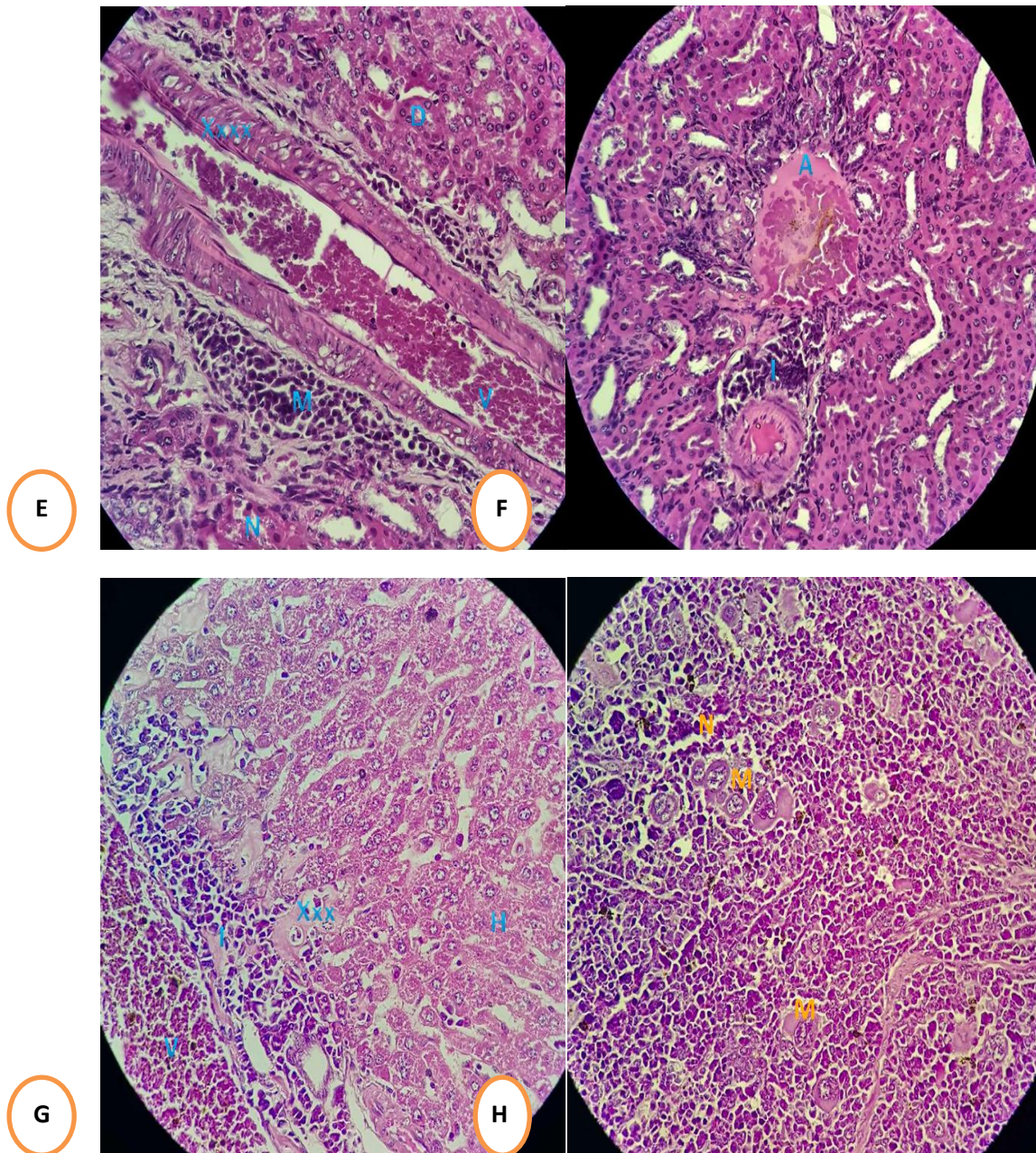


A:-Histophotography of trachea from infected group showed exudate accumulation within lumen and inflammation process in sub mucosa (H&E X10).

B:-Histophotography of trachea from infected group showed exudate accumulation within lumen(A) and goblet cell hyperplasia and hyper secretions (B) (H&E X10).

C:-Histophotography of lung from infected group showed dilated and congested blood vessels (H&E X4).

D:-Histophotography of larynx from infected group showed sever cell depletion (I) and megakaryocytes proliferation(M)(H&E X40).



E:-*Histophotography of kidney from infected group showed congestion and dilated blood vessel (V), mononuclear cell infiltration (M), hydropic degeneration of epithelial cell (D) and coagulative necrosis(N) Endothelial cell hypertrophy(xxxx.)(H&E X40).*

F:-*Histophotography of kidney from infected group showed inflammatory cell accumulation (I) and amyloid like substance depositions (A) (H&E X40).*

G:-*Histophotography of liver from infected group showed hepatocellular necrosis (H), congestion of the blood vessel (V) and inflammatory cell aggregation (I) (H&E X10).*

H:-*Histophotography of spleen from infected group showed megakaryocytes hyperplasia (M) and sever focal necrosis (N) (H&E X40).*

IV. Discussion:-

Avian influenza is a highly infectious extremely contagious respiratory viral disease, affected not only respiratory system but can affect digestive, and/or nervous system of many species of birds of both domestic and wild birds, avian influenza varies greatly in their ability to cause disease in birds from subclinical infection in wild birds to a severe illness with a high morbidity and mortality in case of a high pathogenic avian influenza infection (Hause, *et al.*, 2014). In the last few years there is a marked increase in the number of avian influenza outbreaks infections caused by subtype H₅ & H₇ and also increase in avian species infections (Kapczynski, 2013). In Iraq, avian influenza with a high pathogenicity was reported in several governorates at the end of 2017, early 2018, and 2019, but the virus is not well characterized by a highly pathogenic avian influenza virus subtype H₅ that frequently causes human and animal disease and especially high economic losses in the poultry industry. The genetic characterization of H₅N₈ HPAI was identified in this study for isolates previously detected from domestic poultry and for viral load studies in domestic poultry. Real-time detection of RNA viruses and influenza viruses RT-PCR is considered a powerful, sensitive and practical molecular technique for the detection of AI disease viruses and has been used worldwide (WHO, 2015). In this study AI subtype H₅N₈ was detected by using H₅ and N₈ kit respectively from (Kylt[®]) company for veterinary diagnostic kits, the results of detection were in agreement with (Fanaret *et al.*, 2020) who detected the presence of avian influenza subtype H₅N₈ by using real time PCR technique. Because of lack of the continuous surveillance of avian influenza subtype H₅, therefore the HPAI viruses were still circulating in different countries of the world (Lee *et al.*, 2018). Clinical finding and macroscopic examination of infected birds as red discoloration of shanks and feet due to subcutaneous ecchymotic hemorrhages and congestion which are a characteristic lesion of influenza disease was agreed with (Kim *et al.*, 2015). Histopathological and anatomical changes of infected tissues detected as a result of viral invasion, RNA replication and immune response against viral infection, desquamation of epithelial lining of trachea, focal deposition of pink hyaline like substances mixed with polymorphonuclear cells infiltration as a result of antibody-antigen reaction, in lung there is severe vesicular congestion with damage of alveolar tissue there is deposition of fibrinous material these results were agreed with (Swayne, 2007). Because the location of Iraq in the migration pathways between the black sea Mediterranean west Asian east African fly ways of the migratory birds it was suggested that H₅N₈ A/duck/Egypt/F446/2017 was originated from the same source and it was arrived to Iraq by means of migratory birds, this result was in agreement with (Kilpatrick *et al.*, 2006) who suggest that the source of influenza infection was originated from the same avian source. Using RT-qPCR for estimation of viral load in tissues is a useful mean to determine the number of viral particles that can produce infections, survival of viruses in the environments, shedding of viruses, pathogenesis of viral infection and evaluation of efficacy treatment. Viral load, also known as viral titer or viral burden, it is a numerical expression of the number of virus in a given volume of samples, these samples may be blood, plasma, tissues, or any other fluids (Wolfe *et al.*, 2020) The number of virus /ml can be determined by calculating the live quantity of virus in a fluid involved. In this study quantitative RT-PCR was used for the first time for detection of viral load in different organs and tissues infected by estimation of the RNA copies, in this technique, the number of virus /ml can be determined by calculating the live quantity of virus in a fluid involved, it is a useful means to determine the number of virus particles that can produce infections (ID₅₀), (EID₅₀) and (LD₅₀), as well as survival of viruses in the environments, shedding of viruses, pathogenesis of viral infection and evaluation of treatment (Puren, *et al.* 2010). AI viral antigens were mainly

localized in the endothelial cells of these systemic organs in accordance with the histopathological photo, which may affect the integrity of the blood vessels and cause bleeding in these organs. Therefore, in view of these observations were in agreement lesion of (Brojeret *al.*2009 and van Riel et al.2009). Multiple organs failure including cardiovascular system in avian influenza disease is proposed as the most likely cause of death during these outbreaks.

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