The occurrence of maedi-visna virus (MVV) in Lebanon

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Summary

Maedi-visna (MV) is a chronic viral disease prevalent in adult sheep that is caused by a virus belonging to the small ruminant lentivirus group (SRLV). This disease is considered to affect the international trade of sheep and is classified in the World Organisation for Animal Health (OIE) list of notifiable animal diseases.

Although maedi-visna virus (MVV) has been detected in many countries, no study on its occurrence has been carried out in Lebanon. For this purpose a serological survey of infection with MVV was
conducted in all seven Lebanese governorates using a competitive enzyme-linked immunosorbent assay (ELISA).

A total of 184 individual blood samples from sheep of the local breed ‘Awassi’, originating from 16 farms distributed throughout the Lebanese governorates, were collected and analysed. Among the 184 tested sheep, 131 sheep from the 16 farms visited were MVV positive. This presents a prevalence of 71% MVV-positive animals and 100% MVV-positive farms. The results indicate the need for further systematic investigations into the between-herd and within-herd prevalence of MV in Lebanon.

Keywords


Introduction

Maedi-visna (MV) is a contagious disease mainly affecting sheep that is caused by maedi-visna virus (MVV), a retrovirus of the Lentivirus family belonging to the small ruminant lentivirus group (SRLV). The name of the disease is formed by two Icelandic words that describe two of the clinical signs it produces: maedi, a progressive pneumonia, and visna, a nervous form; the disease sometimes also causes mastitis and arthritis (1). The MVV is not transmissible to humans but the OIE must be notified because it affects the international trade of sheep (2). Currently, there is no vaccination or treatment that is active against MVV (3).

With the exception of Australia and New Zealand, the disease is present in all countries and can cause important losses (4). The MVV is closely related to the caprine arthritis encephalitis virus (CAEV) that is adapted mainly to goats (5).

Although the approximate number of sheep in the Mediterranean countries is 100 million, few studies have been made on the prevalence of MVV in this region and relevant data are rather scarce. Furthermore, for a number of countries such as Lebanon, Syria, Egypt and Algeria, studies on the occurrence of SRLV do not exist (6).
France is the only Mediterranean country that has national accreditation of MV-free flocks (6); this followed its first clinical detection and pathological confirmation of maedi cases in 1977 (7). France started the national MV accreditation programme in 1990. The programme involves two types of accreditation: (1) certification for MV-free flocks to be exported to other countries, in which ‘sheep of the flock older than one year must be blood tested’; (2) certification of flocks for the internal market in France, where ‘50 sheep are tested randomly from the entire flock’. In 1997, a national MV sampling and testing of 915 flocks revealed 507 flocks certified as MV-free for exportation, 84 flocks certified as MV-free for the internal market and 324 flocks infected, among which 5 presented more than 10% MVV-seropositive sheep (6).

In Greece, MV was initially described in 1967 (8), appearing first in East Friesian sheep that had been imported from Germany. Some data showed that 17% of sheep in the Larissa region in central Greece had lesions in their lungs equivalent to signs of maedi. Sheep on the island of Crete were blood tested in 1994, indicating a MV herd-level prevalence of 33.5% (9). However, the MV prevalence in the isolated islands of the Aegean Sea was reported as 5.7% (10). In Spain, MV was first described in 1984 but a detailed distribution of the virus in the country has not been provided (11). Interestingly, one study suggests a very high MV herd prevalence in the North-east of Spain, where 97% of the sampled flocks were seropositive (12). In Italy, the herd prevalence of MV is also relatively high, as it can reach 90% of the flocks in some districts (13).

In Turkey, 324 sheep of various flocks were tested at slaughter, showing 4% of these animals to be seropositive (14). In Morocco in the early 1980s, out of 13 flocks tested, 1 imported flock was MV positive (15). In Lebanon, there have been no studies to assess the real impact of MVV on sheep production. However, one study confirmed the presence of CAEV in Lebanese goats (5), leading the authors to investigate the presence of MVV in the Lebanese sheep population.
**Materials and methods**

A total of 184 sheep above 12 months of age, belonging to 16 farms, were sampled. Farms were chosen randomly throughout the seven Lebanese governorates: Lebanon South (three farms), Mount Lebanon (four farms), Lebanon North (two farms), Nabatiyeh (two farms), Bekaa (two farms), Baalbeck-Hermel (two farms) and Akkar (one farm). At least 10% of individuals were sampled from most flocks, but on farms with fewer than 20 animals samples were taken from all the sheep.

Blood samples for serological analysis were taken from the jugular vein under aseptic conditions. The animals were restrained to ensure that they remained in an upright position.

All samples were tested in triplicate for MVV antibodies using a commercially available direct enzyme-linked immunosorbent assay (ELISA) kit (cELISA: CHEKIT* CAEV/MVV, Nr: FLI-B 424 version 06 – 40799 – 02; IDEXX, AG Laboratories, Switzerland). This competitive (c)ELISA kit utilises 48-well microtitre plates coated with an inactivated viral antigen (+Ag).

A questionnaire was completed by the livestock producers in order to collect information on the herd size, production system, breed and other health and herd management parameters. These data will be analysed at a later date.

**Results and discussion**

The results of the MVV ELISA tests (Table I) showed that 131 (standard deviation [sd] 27.3) of the 184 sheep were positive, representing an overall infection rate of 71.2%. Sheep that tested positive originated from all of the 16 farms included in the study. Therefore, the MV herd prevalence rate reached 100%.

Insert Table I
A relatively wide geographical variation was observed for the farms in the different Lebanese geographical regions, as outlined in Table II and Figure 1.

The results indicate that most Lebanese sheep flocks have probably been in contact with MVV. Throughout the sampling period severe clinical signs of MV were not observed, which may indicate that Lebanese sheep breeds have some form of natural protective immunity against MVV. In Lebanon, most sheep and goats are kept at pasture day and night with only a shelter provided against extreme weather conditions. In addition, they are not protected against parasites or infections. The data from this study indicate relevant exposure of Lebanese sheep flocks to MVV and probably many more viral and other infectious diseases that need further investigation.

References


Table I
Occurrence of maedi-visna virus (MVV) in Lebanon

<table>
<thead>
<tr>
<th>Parameter</th>
<th>(N)</th>
<th>MVV ± (sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of sheep</td>
<td>184</td>
<td>131 (27.3)</td>
</tr>
<tr>
<td>MVV-infection rate (%)</td>
<td></td>
<td>71.2</td>
</tr>
<tr>
<td>Number of farms</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>MVV-infection rate at farm level (%)</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

sd standard deviation
**Table II**

Occurrence of maedi-visna virus (MVV) on 16 farms in Lebanon

<table>
<thead>
<tr>
<th>Region</th>
<th>Governorate*</th>
<th>Herd size (n)</th>
<th>Samples (n)</th>
<th>MV-seropositive (n) (sd)</th>
<th>Within-herd prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saida</td>
<td>LS</td>
<td>75</td>
<td>7</td>
<td>7 (0.7)</td>
<td>100</td>
</tr>
<tr>
<td>Tyr</td>
<td>LS</td>
<td>170</td>
<td>17</td>
<td>16 (1.4)</td>
<td>94</td>
</tr>
<tr>
<td>Jezzine</td>
<td>LS</td>
<td>84</td>
<td>8</td>
<td>5 (1.4)</td>
<td>63</td>
</tr>
<tr>
<td>Bent jbeil</td>
<td>N</td>
<td>153</td>
<td>17</td>
<td>16 (1.4)</td>
<td>94</td>
</tr>
<tr>
<td>Marjeoun</td>
<td>N</td>
<td>96</td>
<td>9</td>
<td>8 (2.1)</td>
<td>89</td>
</tr>
<tr>
<td>Baabda</td>
<td>ML</td>
<td>14</td>
<td>9</td>
<td>3 (1.4)</td>
<td>33</td>
</tr>
<tr>
<td>Aley</td>
<td>ML</td>
<td>25</td>
<td>2</td>
<td>1 (0.7)</td>
<td>50</td>
</tr>
<tr>
<td>Keserwan</td>
<td>ML</td>
<td>13</td>
<td>8</td>
<td>5 (0.7)</td>
<td>63</td>
</tr>
<tr>
<td>Chouf</td>
<td>ML</td>
<td>86</td>
<td>9</td>
<td>4 (2.1)</td>
<td>44</td>
</tr>
<tr>
<td>West Bekaa</td>
<td>B</td>
<td>60</td>
<td>5</td>
<td>1 (1.4)</td>
<td>20</td>
</tr>
<tr>
<td>Zahle</td>
<td>B</td>
<td>148</td>
<td>15</td>
<td>11 (4.2)</td>
<td>73</td>
</tr>
<tr>
<td>Baalbeck</td>
<td>BH</td>
<td>173</td>
<td>17</td>
<td>11 (4.2)</td>
<td>65</td>
</tr>
<tr>
<td>Hermel</td>
<td>BH</td>
<td>187</td>
<td>18</td>
<td>11 (0.7)</td>
<td>61</td>
</tr>
<tr>
<td>Zgharta</td>
<td>LN</td>
<td>88</td>
<td>9</td>
<td>5 (2.8)</td>
<td>56</td>
</tr>
<tr>
<td>Koura</td>
<td>LN</td>
<td>168</td>
<td>17</td>
<td>14 (0.7)</td>
<td>82</td>
</tr>
<tr>
<td>Akkar</td>
<td>A</td>
<td>166</td>
<td>17</td>
<td>13 (1.4)</td>
<td>76</td>
</tr>
</tbody>
</table>

**Mean**

| All          | 106.6        | 11.5         | 8.2         | 66.4                     |

LS Lebanon South
N Nabatiyeh
ML Mount Lebanon
B Bekaa
BH Baalbeck- Hermel
LN Lebanon North
A Akkar
sd standard deviation

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Fig. 1
Maedi-visna prevalence in each governorate