





How to control PEDV in Era of ASF

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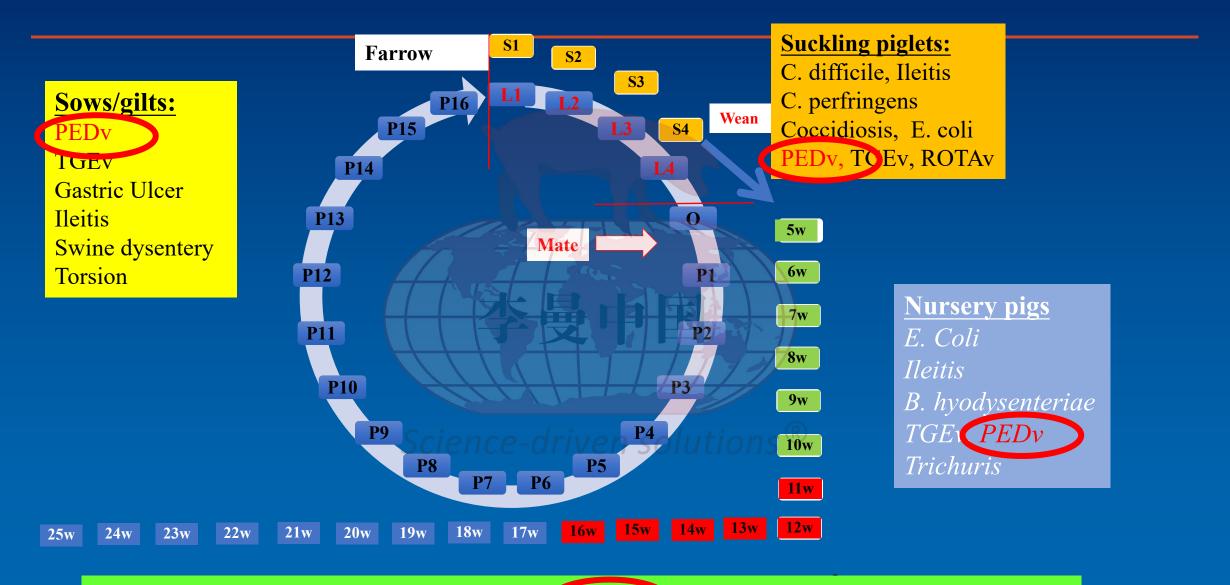






Swine production cycle: where can we find PED











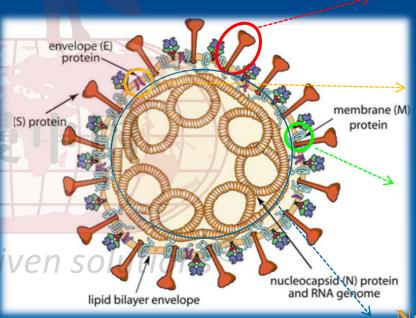




Porcine epidemic diarrhea (PED)

- Caused by porcine epidemic diarrhea virus, a member of the *Coronaviridae*
- The same family as:
 - Transmissible gastroenteritis virus (TGE)
 - Porcine respiratory coronavirus, PRCV
 - Hemagglutinating encephalomyelitis virus

Encoded proteins



ORF3 protein

Pathogenicity factors

Spike protein

Receptor binding activity
Neutralizing antibody induction

Envelope protein

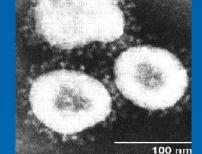
Envelope organization

Membrane protein

Viral assembly process (S and N protein fusion) α- IFN induction

Nucleocapsid protein

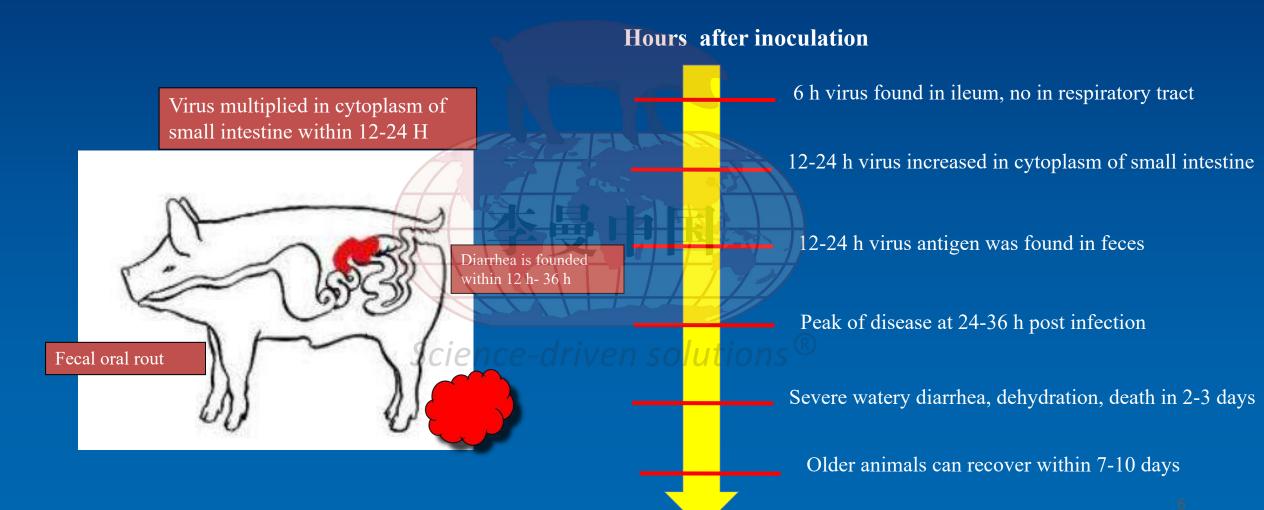
Package of viral RNA, Transcription process Antigenic determinant Inducing CMI







Pathogenesis of PEDV infection









- 1. Take a DEEP breath and accept what will happen in next 2 -3 months
 - First time outbreak 100% morbidity; 90-100% mortality



2. Confirmed and identified an outbreak ASAP: PED, TGE, PDCoV, Rota, or mixed infection

*** First time PED outbreak can not be clinically differentiated from TGE and Delta Corona virus***



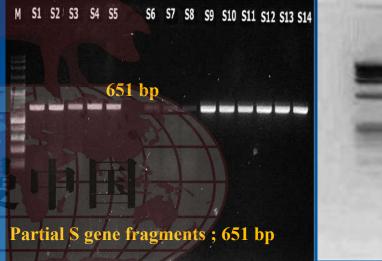


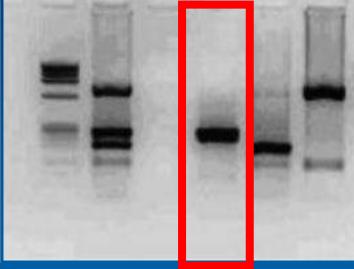


2. Confirmed and identified PED: Laboratory diagnosis

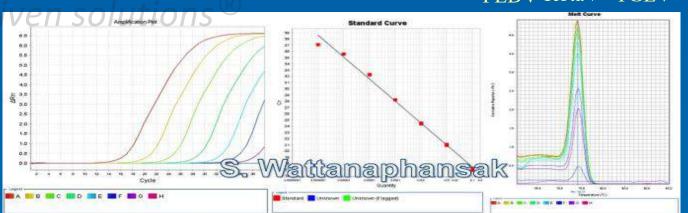
- Laboratory methods are necessary:
 - PCR or Multiplex RT-PCR (PED, TGE, Rotavirus)
 - RT-PCR of PEDV alone is more sensitive than multiplex RT-PCR

• qRT-PCR for PED quantification





PEDV RotaV TGEV









2. Confirmed and identified PED: Clinical signs of PED in piglets



- First, vomit with undigested milk then diarrhea with in 24H, incubation period 1-3 days
- Piglets <7 days: morbidity 100%, watery diarrhea, dehydration, metabolic acidosis, mortality 90%-100%







2. Confirmed and identified PED: Clinical signs of PED in piglets

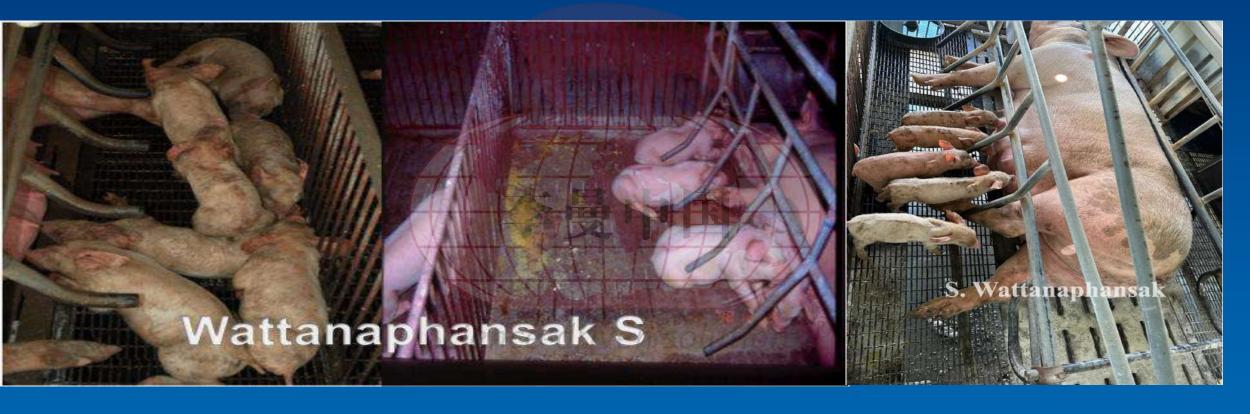








2. Confirmed and identified PED: Clinical signs of PED in piglets



- •Piglets >14 days old: morbidity 100%, watery diarrhea but less severe, mortality 20-30%
- •Low weaning weight: 3.5-5.5 kg for 2-3 months







2. Confirmed and identified PED: Clinical signs of PED in gilts/sows

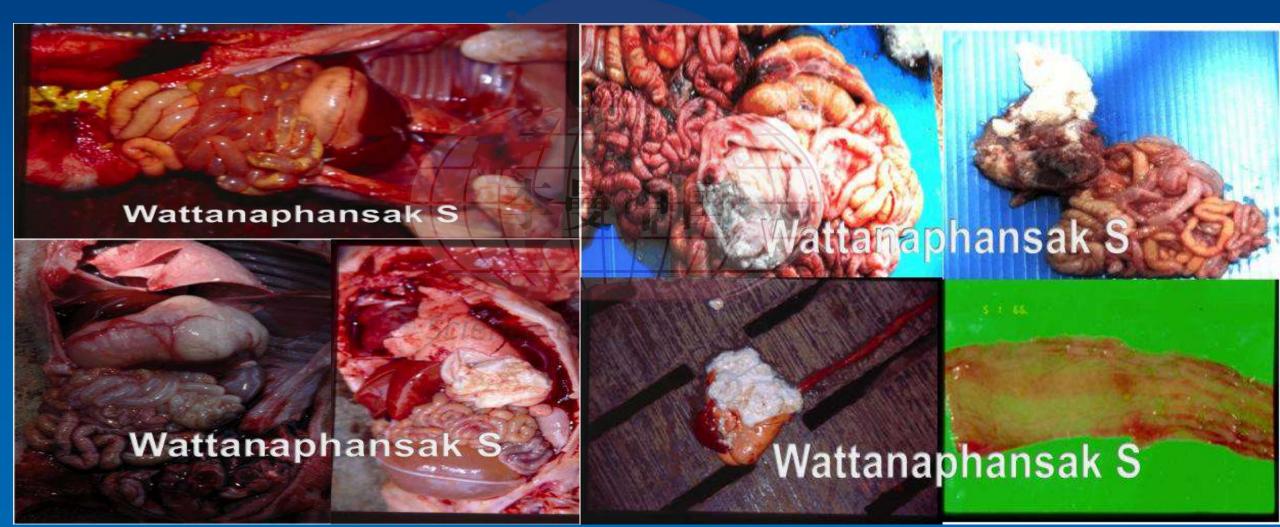


- •Gilts/ Sows: watery diarrhea with fishy smell, the dynamic of diarrhea progress with in 1-2 days, off-feeding
- •Gilts/ Sows recover after 7-10 days of infection but recover gilts/sows still shedding the virus for 14- 21 day





2. Confirmed and identified PED: Necropsy lesions of PED in piglets

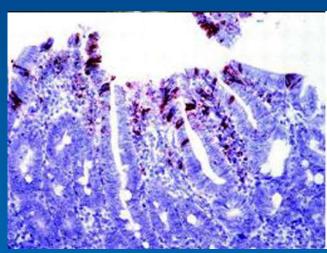




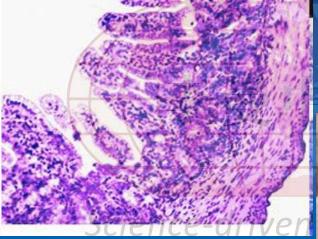


2. Confirmed and identified PED: Histopathology & scanning EM

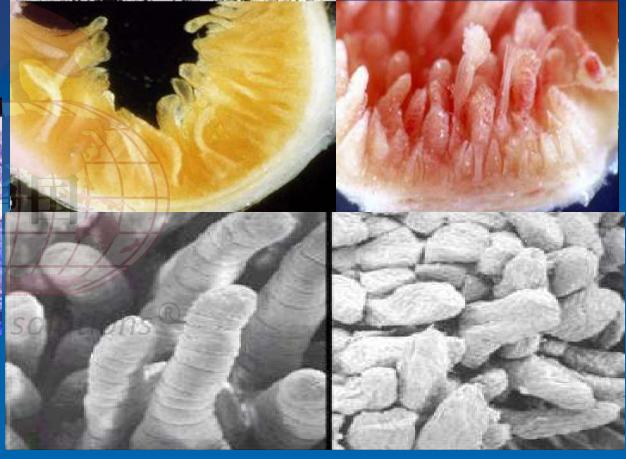
• Immunohistochemistry Vs H&E



IHC labeling of PEDV antigen in porcine small intestinal enterocytes



Small intestine from a infected pig with PEDV, villous shortening (H&E)



(Pospischil A et al, 2002, JSHAP)

From non-infected pig







Differentiation between TGE vs PED vs PDCoV vs Rota

	TGEV	PEDV	PDCoV	RotaV (A&C)
Etiology	Very similar to each other (corona virus)			Reoviridae
Incidence	Seasonal	All year round	Seasonal	All year round
Survival of virus in the environment	Weak	Relatively resistant	Relatively resistant	Strong resistant in the environment
Piglet mortality	+++++	+++ / / / / //	+++	++
Duration of clinical losses	3-4 weeks Science-dri	3-4 weeks ven solutions	4-6 weeks	3 weeks
Fecal smell	Fishy smell	Fishy smell	Normal fecal smell	Normal fecal smell
Clinical sign	Vomiting and severe watery	diarrhea, mortality rate	e 50-100%	Mild watery diarrhea but Rota C severe watery diarrhea







Disease	Assay	Samples
-Transmissible gastroenteritis (TGE),	1. Virus isolation	Feces, small intestine,
-Porcine epidemic diarrhea (PED)	2. PCR, qPCR	Colostrum milk, serum
-Porcine Deltacorona virus (PDCoV)	3. Histropathology, SEM	
- Rota virus (A,C)	4. Immunohistrochemistry, IPMA	







3. Applied strictly bio-security

- Eliminated biological and mechanical vectors- human, vehicle, birds, fly, rat
- Limited moving people, sows, gilts, and piglets prevent virus enter to FARROWING UNIT
- Applied disinfectants and intensive cleaning
 - Sodium hydroxide 2%
 - Potassium peroxymonosulfate 1:100
 - Calcium oxide powder





*** Never reuse SACK in Farrowing Unit***

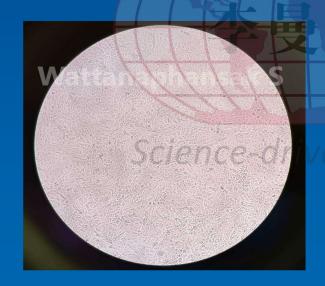




4. Stimulate instestinal mucosa or humural immune response



- No more gut feedback, high risk of ASF outbreak
- PED live attenduated vaccine or killed vaccine is the best option- Farm with No outbreak
- Live PED pure culture low passage whole herd orally- during an outbreak







Non-infected cell







4. Stimulate instestinal mucosa or humural immune response







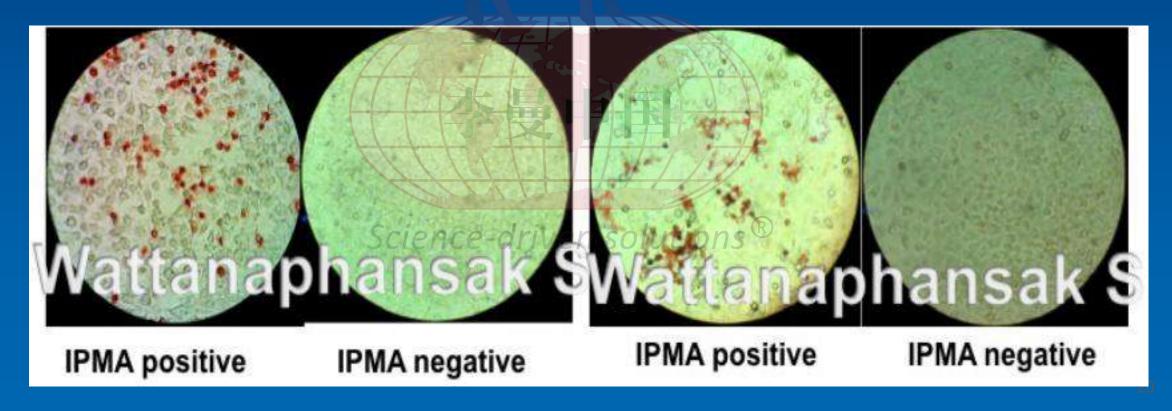




• Detected IgA, IgG level in colostrum by using IPMA: Imuunoperoxidase monolayer assay, 1:30, 1:60, 1:120, 1:240, 1:480, 1:960

Serum IgG

Colostrum IgA

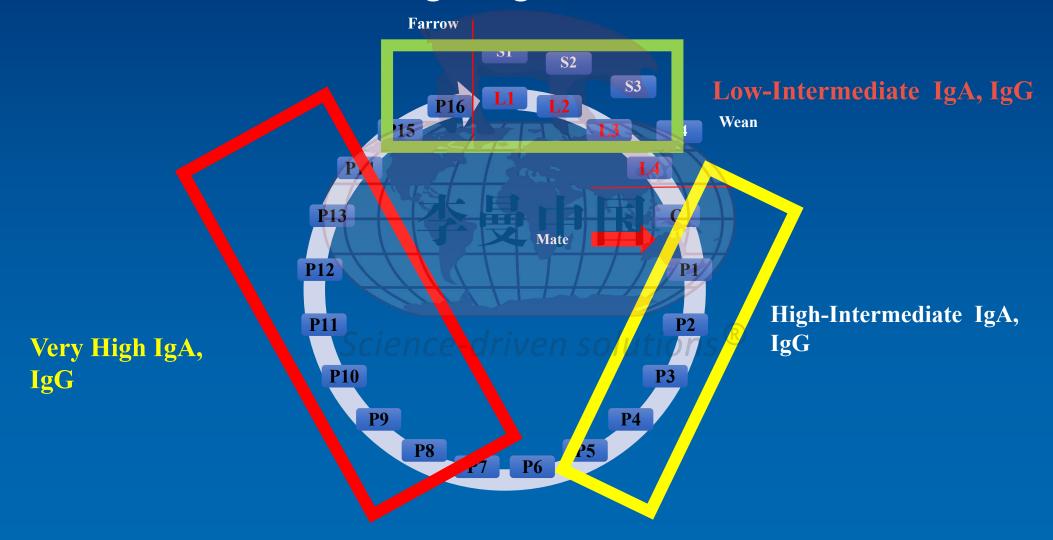






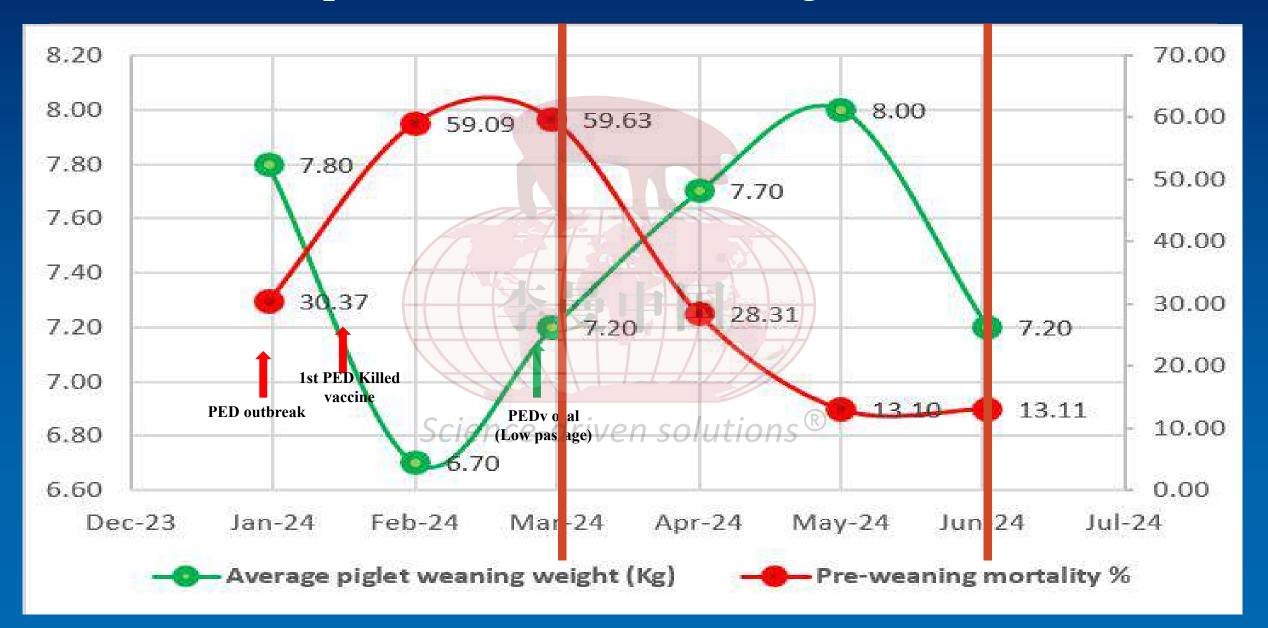


Level of colostrum IgA, IgG after stimulate whole herds



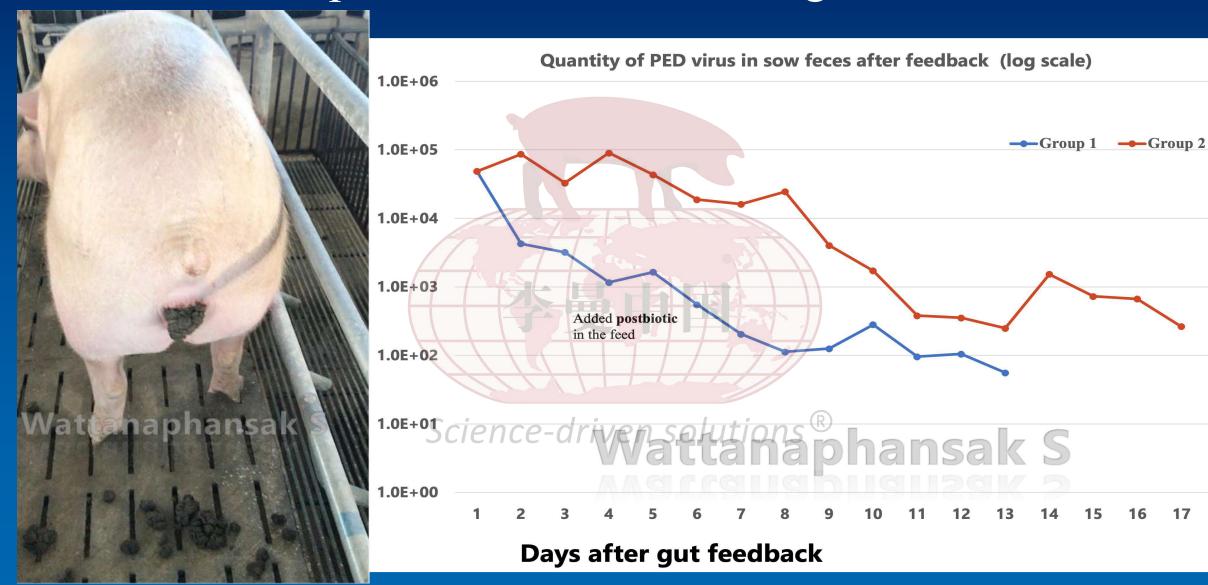
















5. Collected the colostrum from sows/gilts after orally virus as much as possible "Magic milk"



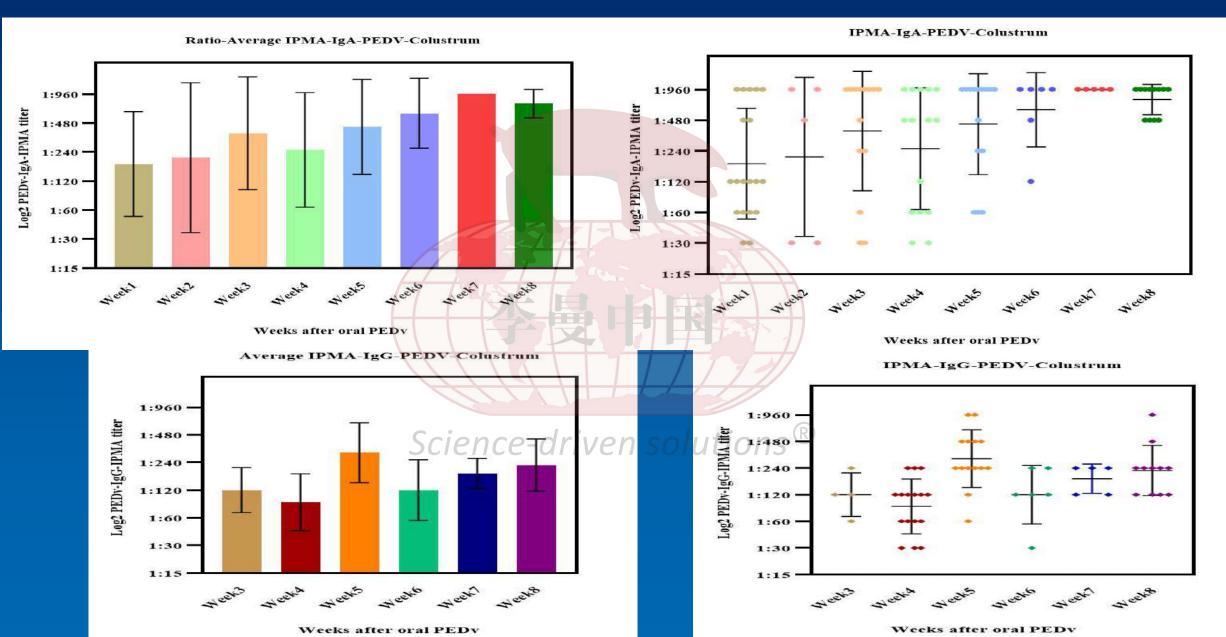


• Gave 10-15 cc/piglets at the first day of life, repeat 2-3 times, the more the better















6. Control Mastitis-Metritis-Agalactia (MMA) for prevent the 2nd outbreak due to piglets lacked or lose of the passive PED protective immunity













- 7. Applied PED vaccines (If available) to sows/gilts 2 times before farrowing
 - Modified live vaccine and killed vaccine alone: Both had GOOD and POOR results
 - Route of administrations: IM, PO, IR
 - Orally PED low passage should perform in gilts then maintained with vaccines
 (Killed or MLV) at 12 and 14 week of gestation
 - Goal: increased and maintained IgA level in sows/gilts milk and colostrum







- PEDV in adults pigs, very low mortality, mainly effect ADG &FCR
- Making all pigs infect at the same time then:
 - Added high concentration of electrolyte and mineral
 - Virus shedding though feces at 14-21 days
 - powder disinfectant to eliminate virus outside the pig
 - Added Probiotic or Postbiotic in the feed to improve gut health



