PEER REVIEWED

Considerations for Bovine Viral Diarrhea (BVD) Testing

Academy of Veterinary Consultants (AVC) ad hoc BVD Committee

R.L. Larson, *DVM*, *PhD*¹; **B.W. Brodersen**, *DVM*, *PhD*²; **D.M. Grotelueschen**, *DVM*, *MS*³;

B.D. Hunsaker, *DVM*, *PhD*⁴; **W.** Burdett, *DVM*⁵; **K.V.** Brock, *DVM*, *PhD*⁶; **R.W.** Fulton, *DVM*, *MS*, *PhD*⁷; **D.R.** Goehl, *DVM*⁸; **R.W.** Sprowls, *DVM*, *PhD*⁹; **J.A.** Kennedy, *DVM*, *MS*¹⁰; **G.H.** Loneragan, *BVSc*, *PhD*¹¹;

D.A. Dargatz, DVM, PhD¹²

¹Commercial Agriculture Beef Focus Team, University of Missouri, Columbia, MO 65211
²Nebraska Veterinary Diagnostic Center, University of Nebraska, Lincoln, NE 68583
³Veterinary Technical Services, Pfizer Animal Health, Gering, NE 69341
⁴Livestock Technical Services Division, Schering-Plough Animal Health, Preston, ID 83263
⁵Veterinary Technical Services, Intervet Animal Health, Cairo, NE 68824
⁶Department of Pathobiology, College of Veterinary Medicine, Auburn University, AL 36849
⁷Department of Veterinary Pathobiology, Center for Veterinary Health Sciences, Oklahoma State University, Stillwater, OK 74078
⁸Canton Veterinary Medical Diagnostic Laboratories, Texas A&M University, Amarillo, TX 79106
¹⁰Rocky Ford Veterinary Diagnostic Laboratory, Rocky Ford, CO 81067
¹¹Feedlot Research Group, West Texas A&M University, Canyon, TX 79016

¹²Centers for Epidemiology and Animal Health, USDA-APHIS-VS, Fort Collins, CO 80526

Abstract

Available diagnostic tests for bovine viral diarrhea virus (BVDV) and the persistently infected (PI) BVDV carrier state are reviewed and presented in table format. The test of choice will depend on the age of animal being tested, whether the animal is alive or dead and whether the veterinarian is only interested in identifying PI animals or if transiently infected (TI) animals are also of interest. Economic considerations, including the likelihood of finding a PI animal in a given population (expected prevalence), cost of disease due to the presence of a PI animal and the economic risk of selling a PI animal to a customer, will impact the choice of BVD testing strategy. Potential advantages and disadvantages for the available laboratory tests and suggested tests for particular situations are presented in table format.

Résumé

Les tests diagnostics disponibles pour la détection du virus de la diarrhée virale bovine (BVDV) et de l'état d'immunotolérance envers le BVDV sont revus et présentés sous forme de tableau. Le choix d'un test dépendra de l'âge de l'animal testé et selon que l'animal soit vivant ou mort. De plus, il doit être ajusté selon l'intérêt du vétérinaire à identifier les animaux immunotolérants ou ceux qui sont infectés temporairement. La stratégie de détection sera aussi influencée par des considérations économiques incluant les chances de détecter un individu immunotolérant dans une population (prévalence attendue), le coût entraîné par la présence d'un individu immunotolérant et le risque de vendre un individu immunotolérant à un client. Les avantages et les inconvénients possibles reliés à chacun des tests disponibles de même que les choix suggérés dans des situations particulières sont présentés sous forme de tableau.

Introduction

Infection with bovine viral diarrhea virus (BVDV) contributes to a variety of economically important disease syndromes in beef cattle.^{13,16,17} In response, the Academy of Veterinary Consultants (AVC) adopted a position statement in November of 2001 stating, "It is the resolve of the Academy of Veterinary Consultants that the beef and dairy industries adopt measures to control and target eventual eradication of BVDV from North America." To support the position statement, the AVC formed an *ad hoc* committee that produced and published a peer-reviewed literature review and a BVD

decision and management guidelines document.^{14,15} To further support the aims of the AVC Position Statement, the *ad hoc* committee prepared this review of current BVDV testing methodologies.

In addition, Tables 1 and 2 provide current recommendations from the AVC *ad hoc* BVD Committee when considering testing strategies for BVD.

Bovine Viral Diarrhea Virus Ecology

The primary reservoir for and source of BVDV are cattle persistently infected (PI) with BVDV, with transiently (acutely) infected (TI) cattle considered a less important source. Cattle become PI as a result of exposure in utero to non-cytopathic BVDV prior to development of a competent immune system, which occurs by about 125 days of gestation.^{7,18} Persistently infected animals are generally much more efficient transmitters of BVDV than transiently (acutely) infected animals because they secrete much higher levels of virus for a much longer period of time. After a short incubation period, transiently infected animals become viremic, and virus may be shed in body secretions and excretions from days four to 15 post-infection.^{5,11} In contrast, PI animals usually have a very high and persistent viremia, and BVDV is shed throughout life.^{1,3,4,28} In relatively uncommon outbreaks of severe acute BVD, the spread following acute, transient infection is described as significant and is similar to that found with PI cattle.^{2,6,9} Horizontal transmission of BVDV to seronegative cattle has been shown to occur after only one hour of direct contact with a single PI animal.³¹ Over-the-fence contact with a PI animal from a neighboring herd can also introduce BVDV into a susceptible herd.^{22,29} Transiently infected cattle are considered to be much less efficient at transmitting the virus to susceptible animals.^{20,25,26} However, seroconversion among cattle without PI animals present indicates that transmission from transiently infected animals does occur, although spread is slower.^{19,23}

Bovine Viral Diarrhea Virus Diagnostic Testing

Various methods have been developed to identify cattle PI with BVDV, including virus isolation from serum, blood, and other tissues (VI); fluorescent antibody staining (FA) of tissues; immunohistochemical (IHC) staining of skin biopsy specimens for viral antigen; antigen-capture ELISAs (AC-ELISA) applied to serum, plasma or phosphate buffered saline-incubated skin samples; and reverse-transcriptase polymerase chain reaction (RT-PCR) assays.^{10,30} Virus isolation from buffy coat or serum samples, RT-PCR assays and AC-ELISA applied to serum or plasma detect viremia, but are not able to differentiate between transient and persistent infection. Thus, for cattle with positive test results, a second sample must be obtained three to four weeks later and tested to differentiate transient from persistent infection. The specificity for IHC staining of skin biopsy specimens (and probably AC-ELISA) appears to vary by PI prevalence as an indication of BVDV exposure level, with good specificity in herds with low BVDV exposure, and poorer specificity in herds with high PI prevalence.^{8,27}

The best test method to use in a particular situation will depend on the age of animal being tested, whether the animal is alive or dead, and whether the veterinarian is only interested in identifying PI animals or if TI animals are also of interest. In addition, economic considerations, such as the likelihood of finding a PI animal in a given population (expected prevalence), cost of the presence of a PI animal and the economic risk of selling a PI animal to a customer, will impact the BVD testing strategy.

When testing young calves for PI status, maternal antibody interference is a concern. Skin samples assayed for viral antigen by IHC or AC-ELISA, VI from buffy coat lysates (two repeated samples three-four weeks apart), or RT-PCR of whole blood (two repeated samples three-four weeks apart) are the best tests to minimize the risk of false negative results.^{12,32} When testing older animals such as replacement heifers, bulls, or feeder calves, cost and other factors may cause one to consider pooled blood samples for PCR testing. The best size of the initial pool is determined by the balance between the cost savings of having large numbers of individuals represented in negative pools and few individuals represented in positive pools that require further diagnostics. Muñoz-Zanzi et al developed a simulation model and determined that the economically optimal sample size depends on prevalence of true positives in the population. For a PI prevalence of 0.5 to 1.0%, the optimum number of samples in an initial pool is 20 to 30, and as prevalence increases the least-cost initial pool size decreases.²⁴ If one is interested in identifying transiently (acutely) infected animals, positive test results from FA or IHC of tissue samples other than skin, VI or PCR from serum, whole blood, or tissues, or serology of unvaccinated cattle may provide evidence for transient **BVDV** infection.

Occasionally, cattle that initially test positive for PI status should be retested at least three to four weeks later to determine viremic status (repeated virus isolations or PCR of serum or blood) to confirm the PI status of the animal. A qualified laboratory experienced with BVDV testing using tests with high specificity for PI status in populations with relatively low PI prevalence will rarely have false-positive results. However, situations may arise when a false-positive is more likely or when a false-positive has a relatively greater cost. Falsepositive PI tests appear to be more likely if a herd has

Table 1.	Suggested diagnostic laboratory tests for given testing situations.
----------	---

Situation	Test	Rationale
Testing sick suckling calves (scours, pneumonia, septicemia, etc.) for possible BVD involvement	 IHC or AC-ELISA from skin sample will identify PI calves and sometimes TI calves PCR of blood or serum to identify both PI and TI calves – (cost consideration) 	Maternal antibody may interfere with microtiter VI and AC-ELISA using serum or plasma, therefore these tests are not recommended for young calves. If a live calf is IHC or AC-ELISA negative from a skin sample, but BVDV positive from a blood or serum
		sample, transient infection is likely. False positive indication of PI with IHC or AC-ELISA of skin samples from TI cattle can occur in situations with high viral exposure due to the presence of multiple PI cattle.
Testing dead suckling calves (scours, pneumonia, septicemia, etc.) for	 IHC or AC-ELISA from skin sample will identify PI calves and sometimes TI calves – IHC will work if skin is not desiccated 	Maternal antibody may interfere with microtiter VI and AC-ELISA using serum or plasma, therefore these tests are not recommended for young calves.
possible BVD involvement	 IHC, FA, or VI from tissues (thymus, Peyer's patches, mesenteric lymph nodes) to identify infected calves (won't differentiate between PI and TI) 	If a dead calf is IHC or AC-ELISA negative from a skin sample, but positive from a tissue sample, transient infection is likely.
Screening a herd (suckling calves, cows that lost calves, replacement	• IHC or AC-ELISA from skin sample will identify PI cattle and sometimes TI cattle	Maternal antibody may interfere with microtiter VI and AC-ELISA using serum or plasma, therefore these tests are not recommended for young calves.
animals) because there is laboratory evidence of BVDV in the herd		The positive predictive value of the IHC and AC-ELISA tests in herds with confirmed BVD presence is high; therefore any animal that is positive is usually considered PI. However, false positive IHC or AC-ELISA of skin samples from TI cattle can occur in situations with high viral exposure due to the presence of multiple PI cattle.
Screening open replacement heifers (raised or purchased), purchased open cows, or bulls (raised or purchased)	 IHC or AC-ELISA from skin sample will identify PI cattle and sometimes TI cattle PCR - pool serum or whole blood into groups of 30-40 or less. Test individual skin samples of animals in positive pools to identify PIs. Animals in negative pools are considered not-PI 	The positive predictive value of any of these tests in animals that don't have any other risk factors for being PI is good, but not perfect. Therefore, any positive test in valuable animals could be confirmed by segregating the animal and using IHC, AC-ELISA, VI, or PCR of serum or blood samples taken not less than 21 days later. This will eliminate TI animals and false-positive animals from being incorrectly called a PI.
Screening purchased pregnant replacement heifers or cows prior to entry into the herd	 IHC or AC-ELISA from skin sample will identify PI cattle and sometimes TI cattle PCR – pool serum or whole blood into groups of 30-40 or less. Test individual skin samples of animals in positive pools to identify PIs. Animals in negative pools are considered not-PI Isolate pregnant cattle from resident herd until the calf is born and tested for PI status via IHC or AC-ELISA from a skin sample 	The positive predictive value of any of these tests in animals that don't have any other risk factors for being PI is good, but not perfect. Therefore, any positive test in valuable animals could be confirmed by segregating the animal and using IHC, AC-ELISA, VI, or PCR of serum or blood samples taken not less than 21 days later. This will eliminate TI animals and false-positive animals from being incorrectly called a PI. A PI test-negative pregnant dam can have a PI fetus. Cattle that conceived off the premises should be isolated from the resident herd until the calf is born and
Screening raised replacement heifers and bulls prior to sale by a seedstock supplier	 IHC or AC-ELISA from skin sample will identify PI cattle and sometimes TI cattle PCR – pool serum or whole blood into groups of 30-40 or less. Use skin samples of animals in positive pools to identify PIs. Animals in negative pools are considered not-PI 	determined to be PI test-negative. The positive predictive value of any of these tests in animals that don't have any other risk factors for being PI is good, but not perfect. Therefore, any positive test in valuable animals could be confirmed by segregating the animal and using IHC, AC-ELISA, VI, or PCR of serum or blood samples taken not less than 21 days later. This will eliminate TI animals and false-positive animals from being incorrectly called a PI.
Testing ill or dead stocker or feedlot animals for possible BVD involvement	 IHC or AC-ELISA from skin sample will identify PI cattle and sometimes TI cattle – IHC will work if skin is not desiccated 	The positive predictive value of any of these tests in animals that have other risk factors for being PI is very high, therefore any test-positive animal is likely a PI. To rule out possible transient BVD infection interfering with identification of PI animals, any positive test can be confirmed in three weeks.

Table 2.	Tests currently available for persistent BVDV infection (PI).
----------	---

Test	Cost	Advantages	Disadvantages	Specimens / Shipping
Virus Isolation ♦ 1-3 week turnaround	Moderate to High cost	 The Gold Standard for BVDV diagnosis High specificity Virus is available for study at a later date 	 Slow lab turnaround Laboratory labor- intensive Specimens must be shipped on ice to keep virus viable Potential false negative due to interference by maternal antibodies To distinguish between PI and TI, must retest positive cattle in 3-4 weeks 	 Whole blood (10 mL) or serum (2-3 mL) Send in insulated container with cold packs Do not freeze samples
Immunohistochemistry (IHC) of skin ◆ 2-5 day turnaround	Low cost	 High sensitivity Usually identifies persistent infections (PI) only – transiently infected animals usually test negative 	 Laboratory labor- intensive Formalin usage Will generally not identify transiently infected animals 	 Skin samples – usually taken from ear with ear notching pliers Send fresh on wet ice or stored in 1:10 volume of 10% neutral buffered formalin Samples can be held in formalin for several weeks (lab dependent) Work closely with your laboratory to provide their preferred sample
Antigen-capture ELISA of serum ◆ 1-5 day turnaround	Low cost	 High sensitivity 	 Potential false negative due to interference by maternal antibodies To distinguish between persistent and transient infections, must retest animal in 3 weeks 	 Serum (2 mL) Send in insulated container with cold packs
Antigen-capture ELISA of skin ◆ 1-3 day turnaround	Low cost	 High sensitivity Usually identifies persistent infections (PI) only – transiently infected animals usually test negative 	 Will generally not identify transiently infected animals 	 Skin samples – usually taken from ear with ear notching pliers Send in insulated container with cold packs Do not allow to dry out – can hold samples by freezing Determine laboratory's preferred method of packaging and shipping
Polymerase chain reaction (PCR) ◆ 1-3 day turnaround	Moderate to high cost (can be reduced by pooling 30 or more samples)	 High sensitivity 	 Potential for laboratory contamination (false positive) To distinguish between PI and TI, must retest positive cattle in 3 weeks 	 Whole blood (10 mL) or serum (2-3 mL) Send in insulted container with cold packs

many PI cattle and BVDV exposure is extremely high (which may result in TI cattle testing false-positive for PI status). It may also be desirable to confirm a positive PI test if the PI test-positive animal is valuable, but at very low risk for being PI, such as in a seedstock herd with an aggressive BVD PI control plan.

Skin biopsies for IHC or AC-ELISA can be accurately tested for PI status for several weeks after collection if they are properly collected and stored, depending on the laboratory and the testing procedure.²¹ However, in most situations the rapid removal of PI animals is

desirable. Therefore, samples should be sent to the laboratory in a timely manner, usually within a week of collection. For cow-calf herds, PI status of the herd should be determined before the breeding season begins.

References

1. Bezek DM, Stofregen D, Posso M: Effect of cytopathic bovine viral diarrhea virus (BVDV) superinfection on viral antigen association with platelets, viremia, and specific antibody levels in two heifers persistently infected with BVDV. *J Vet Diagn Invest* 7:395-397, 1995.

2. Bolin SR, Ridpath JF: Differences in virulence between two noncytopathic bovine viral diarrhea viruses in calves. Am J Vet Res 53:2157-2163, 1992.

3. Brock KV, Grooms DL, Ridpath J, *et al*: Changes in levels of viremia in cattle persistently infected with bovine viral diarrhea virus. J*Vet Diagn Invest* 10:22-26, 1998.

4. Brock KV, Redman DR, Vickers ML, *et al*: Quantification of bovine viral diarrhea virus in embryo transfer flush fluids collected from a persistently infected heifer. *J Vet Diagn Invest* 3:99-100, 1991.

5. Brownlie J, Clarke MC, Howard CJ, *et al*: Pathogenesis and epidemiology of bovine virus diarrhoea virus infection of cattle. *Annls Rech Vet* 18:157-166, 1987.

6. Carman S, van Dreumel T, Ridpath J, et al: Severe acute bovine viral diarrhea in Ontario, 1993-1995. J Vet Diagn Invest. 10:27-35, 1998.

7. Casaro APE, Kendrick JW, Kennedy PC: Response of the bovine fetus to bovine viral diarrhea-mucosal disease virus. Am J Vet Res 32:1543-1562, 1971.

8. Cornish TE, van Olphen AL, Cavender JL, *et al*: Comparison of ear notch immunohistochemistry, ear notch antigen-capture-ELISA, and buffy coat virus isolation for detection of calves persistently infected with bovine viral diarrhea virus. *J Vet Diagn Invest* 17:110-117, 2005. 9. David GP, Crawshaw TR, Gunning RF, *et al*: Severe disease in adult dairy cattle in three UK dairy herds associated with BVD viral infection. *Vet Rec* 134:468-472, 1994.

10. Dubovi EJ: Laboratory diagnosis of bovine viral diarrhea virus infections. Vet Med 91:867-872, 1996.

11. Duffell SJ, Harkness JW: Bovine virus diarrhea-mucosal disease infection in cattle. *Vet Rec* 117:240-245, 1985.

12. Ellis JA, Martin K, Norman GR, Haines DM: Comparison of detection methods for bovine viral diarrhea virus in bovine abortions and neonatal death. *J Vet Diagn Invest* 7:433-436, 1995.

13. Fulton RW, Ridpath JF, Saliki JT, *et al*: Bovine viral diarrhea virus (BVDV) 1b: predominant BVDV subtype in calves with respiratory disease. *Can J Vet Res* 66:181-190, 2002.

14. Larson RL, Grotelueschen DM, Brock KV, *et al*: Bovine viral diarrhea (BVD): Review for beef cattle veterinarians. *Bov Pract* 38:93-102, 2004.

15. Larson RL, Grotelueschen DM, Brock KV, et al: BVD decision / management guidelines for beef veterinarians. Bov Pract 38:103-112, 2004.

16. Liebler-Tenorio EM, Ridpath JF, Neill JD: Distribution of viral antigen and development of lesions after experimental infection with highly virulent bovine viral diarrhea virus type 2 in calves. Am J Vet Res 63:1575-1584, 2002.

17. Martin SW, Bateman KG, Shewen PE, *et al*: The frequency, distribution and effects of antibodies to seven putative respiratory pathogens on respiratory disease and weight gain in feedlot calves in Ontario. *Can J Vet Res* 53:355-362, 1989.

18. McClurkin AW, Littledike ET, Cutlip RC, *et al*: Production of cattle immunotolerant to bovine viral diarrhea virus. *Can J Comp Med* 48:156-161, 1984.

19. Meyling A, Houe H, Jensen AM: Epidemiology of bovine virus diarrhoea virus. *Rev Sci Tech Off Int Epiz* 9:75-93, 1990.

20. Meyling A, Jensen AM: Transmission of bovine virus diarrhoea virus (BVDV) by artificial insemination (AI) with semen from a persistently infected bull. *Vet Microbiol* 17:97-105, 1988.

21. Miller MA, Romos-Vara JA, Kleiboeker SB, *et al*: Effect of delayed or prolonged fixation on immunohistochemical detection of bovine viral diarrhea virus in ear-notch biopsies. Proc 47th Annual Meeting, American Association of Veterinary Laboratory Diagnosticians, Greensboro, North Carolina, Oct 22-25, 2004.

22. Miller MA, Ramos-Vara JA, Kleiboeker SB, *et al*: Elimination of persistent bovine viral diarrhea virus infection in a beef cattle herd. Proc 45th Annual Meeting, American Association of Veterinary Laboratory Diagnosticians, St. Louis, MO, Oct 19-21, 2002, pp 69.

23. Moerman A, Straver PJ, de Jong MCM, *et al*: A long term epidemiological study of bovine viral diarrhoea infections in a large herd of dairy cattle. *Vet Rec* 132:622-626, 1993.

24. Muñoz-Zanzi CA, Johnson WO, Thurmon MC, *et al*: Pooled-sample testing as a herd-screening tool for detection of bovine viral diarrhea virus persistently infected cattle. *J Vet Diagn Invest* 12:195-203, 2000. 25. Niskanen R, Lindberg A, Larsson B, *et al*: Lack of virus transmission from bovine viral diarrhoea virus infected calves to susceptible peers. *Acta Vet Scand* 41:93-99, 2000.

26. Niskanen R, Lindberg A, Traven M: Failure to spread bovine virus diarrhoea virus infection from primarily infected calves despite concurrent infection with bovine coronavirus. *The Vet J* 163:251-259, 2002.

27. Njaa BL, Clark EG, Janzen E, *et al*: Diagnosis of persistent bovine viral diarrhea virus infection by immunohistochemical staining of formalin-fixed skin biopsy specimens. *J Vet Diagn Invest* 12:393-399, 2000.

28. Rae AG, Sinclair JA, Nettleton PF: Survival of bovine virus diarrhoea virus in blood from persistently infected cattle. *Vet Rec* 120:504, 1987.

29. Roeder PL, Harkness JW: BVD virus infection: prospects for control. *Vet Rec* 118:143-147, 1986.

30. Thur B, Zlinsky K, Ehrensperger F: Immunohistochemical detection of bovine viral diarrhea virus in skin biopsies: a reliable and fast diagnostic tool. *Zentralblatt Veterinaermedizin B* 43:163-166, 1996.

31. Traven M, Alenius S, Fossum C, *et al*: Primary bovine viral diarrhoea virus infection in calves following direct contact with a persistently viraemic calf. *J Vet Med B* 38:453-462, 1991.

32. Zimmer GM, Van Maanen C, De Goey I, Brinkhof J, Wentink GH: The effect of maternal antibodies on the detection of bovine virus diarrhoea virus in peripheral blood samples. *Vet Micro* 100:145-149, 2004.