

#### 4.3. Alternative disease models

The third method, to find an alternative natural disease model that can be studied in the field, is more problematic. Studies of the natural transmission of the only known naturally-occurring TSE of small ruminants, scrapie, might provide a model for BSE in sheep, should it occur under field conditions. Both scrapie and experimental BSE in sheep have similar clinical signs and they have similar diffuse tissue distributions of PrP<sup>Sc</sup> [34, 35, 59, 115]. If natural ovine BSE is similar to experimental ovine BSE, then ovine BSE may potentially behave in a similar manner to scrapie as far as routes and mechanisms of transmission are concerned.

##### 4.3.1. Scrapie

This is the most extensively studied TSE model. Several institutions have established, maintained and recorded naturally infected flocks of sheep in order to study various aspects of scrapie, including its transmission. These include the INRA Langlade flock of Romanov sheep, various Institute for Animal Health flocks and the VLA scrapie-affected flock.

Analyses of data collected over more than a decade from the first of these have provided epidemiological evidence for both a maternal and lateral component of transmission [22, 99]. Higher relative risks of clinical scrapie were observed associated with lambing periods. There was also a reduced risk of clinical scrapie in artificially-reared lambs from healthy dams, and an increased risk in maternally-reared lambs from scrapie-affected dams. They proposed that transmission may occur within the first 24 h of life with additional risk for those that then continue to share the maternal environment (all lambs remained on their dams for the first intake of colostrum and then for 24 h).

The Institute for Animal Health flocks have established that, despite earlier contradictory findings [30, 31, 33], true vertical transmission of ovine scrapie (via the germ-line or in utero) is improbable [36, 37]. A scrapie-free flock has been established by embryo-transfer (ET) from one with a long-standing scrapie

problem. The ET-derived flock has remained scrapie-free since its establishment in 1996, even though it has a similar *PrP* genetic profile to the original flock. Of interest to mechanisms of horizontal/lateral transmission is the fact that the “clean” flock was established and maintained in a scrapie naïve environment; a parallel ET-derived flock that was maintained in close proximity to, but separate from, the original scrapie-affected flock did experience clinical scrapie cases [37]. Lateral transmission has also been shown to occur in the absence of lambing [38].

In the VLA flock it has been shown that lateral transmission occurs [84] and that exposure to a contaminated environment only is sufficient to produce disease (Dexter, Tongue, Bellworthy, unpublished data).

These flocks are managed in a way that maintains high frequencies of sheep with PrP genotypes at high risk of developing clinical disease. Thus with a high incidence of clinical disease and high infectious load, they also provide controlled environments in which to study the pathogenesis of naturally acquired disease. They effectively counter the difficulties of studying a disease that occurs at a low flock-level incidence, however it must be recognised that whilst they provide evidence for routes and mechanisms of natural transmission and estimates of transmission parameters, they are probably not representative of any but the most heavily affected (worst-case scenario) commercial flocks. They are also limited in the range of breeds present, and (potentially) in the number of different scrapie isolates/strains present. These flocks may mimic natural exposure, but at a level that no commercial flock-owner would be able to tolerate and remain as an economically viable unit. Because of this the relative importance of different components of transmission may vary in commercial field flocks and therefore intervention measures may have different outcomes. These institutionalised research flocks, therefore, act as an important bridge between the artificial exposure – natural route transmission experiments – and the true field situation.

A variety of experimental studies using the approaches outlined above have provided

evidence for possible routes of transmission of scrapie. PrP<sup>Sc</sup> has been found in tissues that could be involved in the natural dissemination of the infectious agent i.e., routes that could lead to exit of the infectious agent from the animal, and result in either environmental contamination or direct transmission. These tissues include the lympho-reticular system of the gut [40, 103, 115], chronically inflamed mammary tissue associated with lymphocytic mastitis [73], kidney tissue [90], salivary glands [104], nictitating membrane [77], and placentae [2, 81, 101].

For the majority of these tissues, evidence of infectivity or the presence of PrP<sup>Sc</sup> in associated secretions and excretions is still elusive for scrapie in small ruminants. The exception is blood [55]. Although experimental blood transfusions have resulted in clinical scrapie [55], just as with BSE, it is unlikely to play a major role: blood transfusions are not regular occurrences in sheep veterinary practice.

On the other hand, not only has PrP<sup>Sc</sup> and infectivity been demonstrated in placentae [3, 81, 101], but it has also been shown to produce clinical scrapie when administered orally to sheep [78, 79]. This was proposed by the authors as a mechanism for lateral transmission from ewe to ewe at lambing time. Placenta has also been cited as a possible explanation for some of the epidemiological findings thought to be associated with mechanisms of maternal transmission [74], although much of the epidemiological evidence may also be interpreted as a contribution to transmission via the lateral route, especially that of environmental contamination. For example, there are reduced odds of ever becoming a scrapie-affected flock if the flock sometimes lambs in different places, compared to those flocks that always lamb in the same place [74]; there is decreased risk of disease associated with lambing in individual pens [75], and there were increased odds for scrapie-positive status of a flock that was found to be associated with failure to remove placenta from bedding along with its disposal in compost.

Epidemiological cross-sectional [74, 75] and case-control studies [47, 51, 80] have provided supporting evidence for the role of var-

ious allied management practices in the transmission of scrapie in the field. So far they lack the consistency and specifics necessary for the development of appropriate intervention measures. The scrapie literature does however illustrate how the different types of investigations into aspects of transmission, and the different disciplines, are complementary. Experimental studies of transmission routes and epidemiological studies of risk factors are intrinsically linked in a positive feedback loop, each informing the other.

#### 4.3.2. Chronic wasting disease

The other naturally occurring TSE, CWD of deer is probably less relevant as a model for BSE in small ruminants, has been recently reviewed elsewhere [123] and is covered by Sigurdson in this special issue [89].

#### 4.3.3. Other disease models

Host-specific experimental studies in large animals are expensive and do take time to produce results. The former means that they are difficult to fund. The latter means that they may have to be run in parallel with other experiments, often with more start-up assumptions than desirable, rather than in a logical step-wise order following on from previous findings. They are, however, of paramount importance. They provide an opportunity to study the disease in the original host species; they can be comparable across studies, if standardised protocols are used, and they eliminate the noise of variability, the difficulties of loss to follow-up and the potential biases that are experienced with epidemiological studies. To counter the time and resource limitations, other models have been sought.

The role of hamsters, mice, the burgeoning range of murine transgenes and other models such as voles is a large subject in its own right, and is covered by Groschup and Buschmann in this special issue [44] and elsewhere [28, 43]. In the past such models have been useful [12, 13], but they also have limitations. For example, laboratory wild-type mice cannot replace the original donor species due to the species-transmission barrier and to their different biology and physiology compared

to ruminants. The former has been addressed with the advent of transgenic mice, the latter is insurmountable. Even these do not replicate reality, and the interpretation and extrapolation of any results back to the donor/host-species needs to be a considered, objective process. For example, data from different transgenic mouse lines are not directly comparable, even between lines which have a common transgene [16, 105].

### 5. PUBLIC HEALTH

The ultimate question of whether a TSE has implications for public health – i.e. is transmissible to man – is difficult to address in the absence of transmission experiments on people. The most appropriate alternative is to use non-human primates [48, 67, 68, 70] which have indicated that BSE transmits with a end-stage disease indistinguishable from variant Creutzfeldt-Jacob disease (vCJD). However these experiments are limited by ethical constraints. Here the development of transgenic mice has been of prospective value, but at the same time, can be misleading. For example, mice with a single copy of the human *PrP* gene were not susceptible experimentally to BSE [10] while at the same time, epidemiological and strain-typing studies were producing a very strong body of circumstantial evidence that vCJD was a consequence of BSE infection in man. The inevitable limitation of such transgenic mice is that only one human gene is present in the model, and disease susceptibility and incubation period are inevitably multi-factorial. Transgenic mouse models which overexpress human *PrP* are also available, and they are highly susceptible to BSE [7, 15, 65, 106] but these may not be a true indicator of susceptibility in humans. Detailed discussion of these models is outwith the scope of this paper and is covered in detail by Groschup and Buschmann in this special issue [44].

### 6. REMAINING CHALLENGES

Many challenges remain even when a spongiform encephalopathy has been identified as transmissible, and when routes and mechanisms have been proposed.

What are the effects of repeated low dose exposure? What happens when there is inter-current disease? How do *PrP* genetics influence the transmission process? Is any apparent reduction in susceptibility actually an effect of incubation period prolongation to beyond the natural lifespan? What is the implication of carrier state/subclinical disease for disease control and health? How can we detect animals in the early stage of disease incubation – a phase “silent” to current investigative tools?

For BSE and scrapie some of these questions have been addressed partially [39, 42, 45, 49, 56, 61]. It is possible that for novel TSE many of these questions will remain unanswered or unpursued, except by the most determined of researchers after the funding, stimulated by the public health and political aspects of BSE and vCJD, has dwindled.

Perhaps the greatest conundrum for researchers faced with a new TSE in a species, or a TSE in a species in which it has not previously been described, is whether it is “new”, or merely “newly observed”. This is a particular issue for BSE, should it be found in the sheep population. With much speculation over the years that scrapie could be the origin of BSE, it might not be too surprising if a detailed study of scrapie isolates revealed one with BSE-like characteristics. A number of studies in the UK and elsewhere [19, 66, 82] have taken a direct approach to this question by looking at the experimental phenotype in cattle experimentally challenged with scrapie isolates, but the diversity of scrapie isolates precludes this approach being exhaustive.

Given that no one type of study can provide all the details or all the answers required, and because of the constraints implicit in each type of study, it is important that researchers respect and integrate the work from other areas, are rigorous, do not overestimate their findings despite various pressures to do so, and are honest: both in the presentation of their findings and in the value of the outcomes. Some of those interested in pure science may disparage studies that they deem to be of low scientific merit, but which are actually of high value to those involved in policy and decision-making: equally some work of high scientific merit may

be extremely interesting in its own right, but not actually necessary to advance disease control and protect public health.

## 7. CONCLUSION

The approaches to the investigation of the transmission of BSE and scrapie, outlined above, differ only slightly. Those differences are due to the nature of the two diseases. BSE was a novel spongiform encephalopathy, in a hitherto unaffected species, that had characteristics of a point source epidemic, with an agent that could have been incorporated into a wide variety of feedstuffs and iatrogenically administered to naïve populations, and there was early evidence that it was not restricted to bovines. It was vital to establish, albeit experimentally, which other species might be affected, and whether the epidemic could be maintained by natural transmission, if the source was removed. In contrast, scrapie has been endemic throughout Great Britain for centuries, is maintained naturally (even if we don't know exactly how) and has a known host range. The principles, process and integration of evidence from different types of studies, however, are similar for both of these TSE and can be applied to any emerging or suspected spongiform encephalopathy.

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一般的名称	乾燥濃縮人アンチトロロンビンⅢ		研究報告 の公表状 況	56th Annual Meeting of the American-Society-of-Tropical- Medicine-and-Hygiene 1044	公表国 アメリカ	
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研究報告の概要	<p>ヒト顆粒球アナプラズマ症 [Human Granulocytic Anaplasmosis (HGA)] の発生率は、1999年以來2倍になった。原因病原体の Anaplasma phagocytophilum は、ニューイングランドの風土病であり、主にマダニ Ixodes scapularis の流行によってヒトに感染する。A. phagocytophilum によって引き起こされる疾患は、無症候なものから重篤なものまであり、一様ではない。A. phagocytophilum の輸血感染が1例報告されているが、現在 HGA のスクリーニングは実施されていない。</p> <p>この病原体によって引き起こされる血液の安全リスクを調査するため、我々はコネチカット州及びマサチューセッツ州の血液ドナーの陽性率を測定した。血液サンプルを春の後半から冬の初め (2001-2005年) 及び2006年の初めから1年間、採取した。参加ドナーからの血清について、間接蛍光分析 (IFA) を使って A. phagocytophilum のヒト IgG 抗体の試験を実施した。IFA 力価が <math>\geq 1:64</math> のときに陽性とした。IFA によって検査した 15,828 名のドナー中、432 名 (2.7%) が A. phagocytophilum 抗体陽性であった。力価の分布は以下の通りであった。1:64 が 256 名 (59%)、1:128 が 115 名 (27%)、1:256 が 42 名 (9.7%)、1:512 が 14 名 (3.2%)、<math>\geq 1:1024</math> が 5 名 (1.2%) であった。マサチューセッツ州ドナーの陽性率は 2.2% (30/1,346)、コネチカット州ドナーの陽性率は 2.8% (402/14,482) であった。血清陽性率ピークは、次の月に生じた：2月 (4.7%)、12月 (3.7%) と9月 (3.4%)。全体的に、年間陽性率は 1.7% (2004年) から 4.1% (2001年) まで変化が見られた。年間血清陽性率で観察された変動は、おそらく A. phagocytophilum の複雑なライフサイクルに影響する気候および環境因子によるものであろう。</p> <p>比較的高い陽性率が持続していることから、A. phagocytophilum の血液安全性に及ぼす影響を調査する必要がある。</p>					<p>使用上の注意記載状況・ その他参考事項等</p> <p>代表としてノイアート (献血) の記載を示す。 2. 重要な基本的注意 (1) 本剤の原材料となる献血者の血液については、HBs 抗原、抗 HCV 抗体、抗 HIV-1 抗体、抗 HIV-2 抗体、抗 HTLV-I 抗体陰性で、かつ ALT (GPT) 値でスクリーニングを実施している。更に、プールした試験血漿については、HIV-1、HBV 及び HCV について核酸増幅検査 (NAT) を実施し、適合した血漿を本剤の製造に使用しているが、当該 NAT の検出限界以下のウイルスが混入している可能性が常に存在する。本剤は、以上の検査に適合した血漿を原料として、Cohn の低温エタノール分画で得た画分から人アンチトロロンビン III を濃縮・精製した製剤であり、ウイルス不活化・除去を目的として、製造工程において 60℃、10 時間の液状加熱処理及びろ過膜処理 (ナノフィルトレーション) を施しているが、投与に際しては、次の点に十分注意すること。</p>
	報告企業の意見				今後の対応	
<p>米国ニューイングランド地方の供血者中の A. phagocytophilum の血清陽性率が比較的高い値を持続しているとの報告である。</p> <p>アナプラズマ属菌は、ウシ科、シカ科、ラクダ科動物の赤血球内に寄生する直径 0.2~1 <math>\mu\text{m}</math> のグラム陰性桿菌である。万一、原料血漿にアナプラズマ属菌が混入したとしても、除菌ろ過等の製造工程にて除去されるものと考えている。</p>				<p>本報告は本剤の安全性に影響を与えないと考えるので、特段の措置はとらない。</p>		



