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PMWS development in pigs from affected farms in Spain and Denmark

Anders Stockmarr

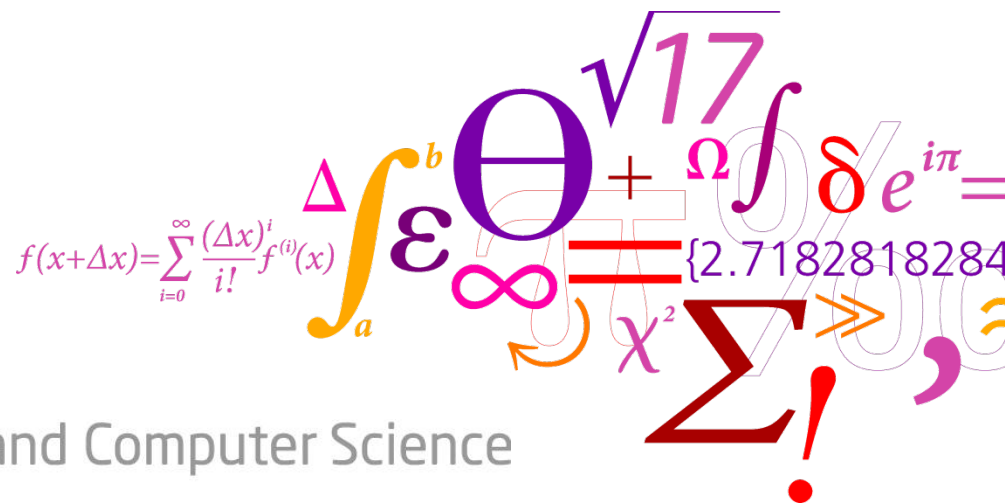
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Infectious risk factors for individual postweaning multisystemic wasting syndrome (PMWS) development in pigs from affected farms in Spain and Denmark

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Entered project group after all experiments had been performed

Postweaning Multisystemic Wasting Syndrome (PMWS)

- Multifactorial syndrome for pigs.
- Not a 'disease', but an immune system breakdown.
- Clinical signs:
 - Weight loss;
 - Enlarged lymph nodes;
 - Respiratory distress;
 - Some times diarrhea and jaundice;
 - Death/'wasting'.
- VERY costly (Armstrong and Bishop 2004); fattening pigs that do not put on weight or die are of course problematic.
- Cause: Unknown. Associated with Porcine Circovirus type 2 (PCV2), but the exact association is not clear.

Cause of PMWS and this study

- In general, Unknown (at least for what regards PMWS).
- Associated with Porcine Cirrovirus type 2 (PCV2), but very difficult to reproduce in controlled studies with PCV2 infections alone.

Cause of PMWS and this study

- In general, Unknown (at least for what regards PMWS).
- Associated with Porcine Cirrovirus type 2 (PCV2), but very difficult to reproduce in controlled studies with PCV2 infections alone.
- Meta analysis (Thomás 2008) suggests that PMWS may be reproduced through infection with PCV2 and co-infections with other pathogens.
- Thus, in the study that this analysis is based on, we looked at measures for infections with PCV2 and the following pathogens:
 - Porcine parvovirus;
 - Svine influenza virus, strains H1N1 or H3N2;
 - *Lawsonia intracellularis*;
 - Porcine Reproductive and Respiratory Syndrome virus, European and American variant;
 - Aujeszky's disease virus;
 - *Mycoplasma hyopneumonia*;
 - *Salmonella* Spp.

Purpose of Study Analysis

- To uncover the role of specific pathogens in the development of PMWS

Working Hypotheses:

1. The development of antibodies towards pathogens through seroconversion after infection **increases** the risk of developing PMWS.
2. Immunity inherited from the mother animal has a **reducing** effect on the risk of developing PMWS.

PMWS Diagnosis

- Presence of compatible clinical signs
- Moderate to severe lymphocyte depletion
- Granulomatous inflammation in lymphoid tissues
- Detection of moderate to high amount of PCV2 within these lesions

(Segalés et al., 2005; Sorden, 2000).

PMWS Diagnosis

- Presence of compatible clinical signs
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(Segalés et al., 2005; Sorden, 2000).

Not possible to diagnose without an autopsy.

Data material

- Antibody measurements were taken at pre-specified time points;
- Animals were selected in Denmark and Spain after clinical signs (cases) and youthanized;
- Age-matched controls were selected (fewer) and youthanized;

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- However, the 'cases' were not diagnosed at selection, as this requires an autopsy.
- Some of the 'cases' turned out not to be PMWS diagnosed...

Data material

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- Animals were selected in Denmark and Spain after clinical signs (cases) and youthanized;
- Age-matched controls were selected (fewer) and youthanized;
- However, the 'cases' were not diagnosed at selection, as this requires an autopsy.
- Some of the 'cases' turned out not to be PMWS diagnosed...
- And some of the controls could turn out to be cases, had they been allowed to live on...

Solution: Survival Analysis Framework

- PMWS status at autopsy; death/failure is PMWS development, if not observations are censored at autopsy. Wasting non-PMWS animals excluded but used for control.
- Covariates: Herd ID, and:
- Longitudinal measurements of antibody titres / OD% for the following pathogens on 135 pigs (DK), 120 pigs (E) :
 - ❑ Porcine parvovirus (**PPV**);
 - ❑ Porcine circovirus type 2 (**PCV2**);
 - ❑ Swine flu H1N1 or H3N2 (**SIV**);
 - ❑ Lawsonia intracellularis (**LAW**);
 - ❑ European Porcine Reproductive and Respiratory Syndrome virus (**PRRSV.E**);
 - ❑ American Porcine Reproductive and Respiratory Syndrome virus (**PRRSV.U**).

Relations to Working Hypotheses

- No direct measure of time for seroconversion;
- No direct measure of maternal immunity (mother animals cannot be used due to cross-fostering).

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Construction of such measures necessary

Maternal immunity

- Not possible to use values for mother animals due to cross-fostering: Piglets are taken from one mother animal and laid at another, to maximize piglet survival.
- Maternal immunity estimated as the *maximum registered antibody measurement in the first three weeks of life*.

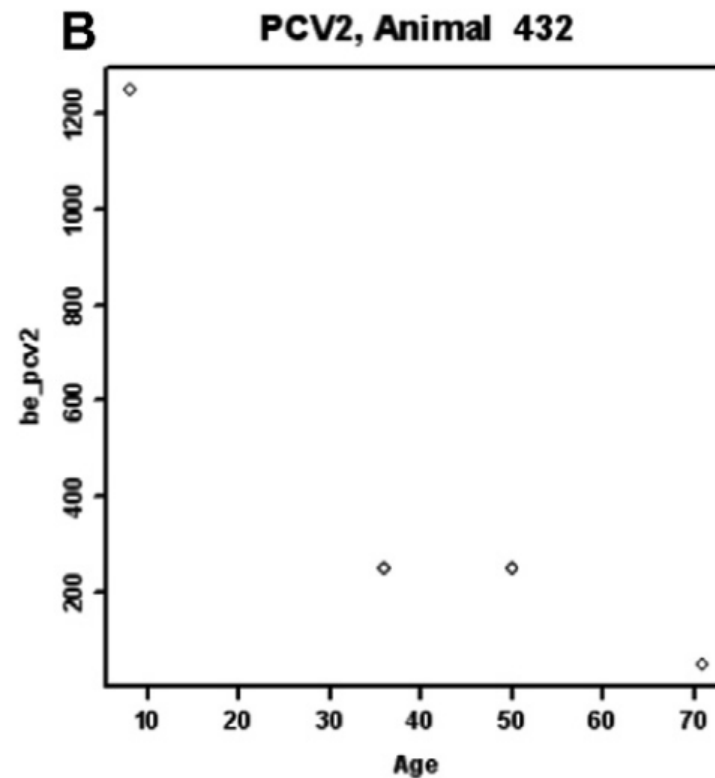
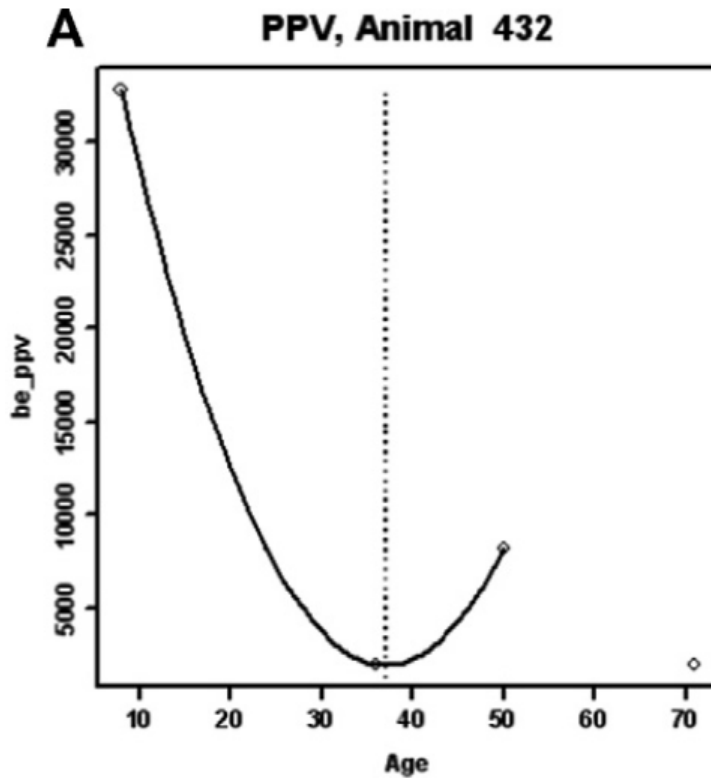
Seroconversion Times

- Pathogen antibody measurements declines with time, until an infection makes it rise again.
- The time point for seroconversion is **the point in time where antibody concentration increases after the initial decline**, without delay.

Seroconversion Times

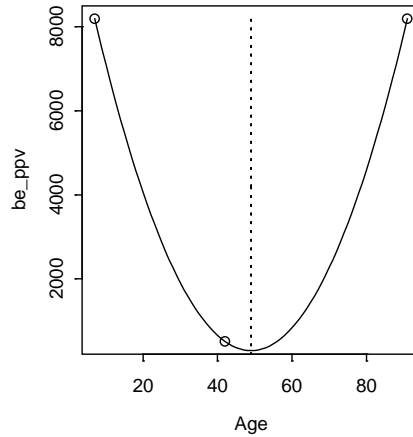
- Pathogen antibody measurements declines with time, until an infection makes it rise again.
- The time point for seroconversion is **the point in time where antibody concentration increases after the initial decline**, without delay.
- To estimate this estimate from only a few observations, the antibody concentration progress is estimated through regression of 2nd order polynomials on the longitudinal data.
- The Seroconversion Time is estimated as the time point corresponding to the vertex of the parabola.

Seroconversion and No Seroconversion

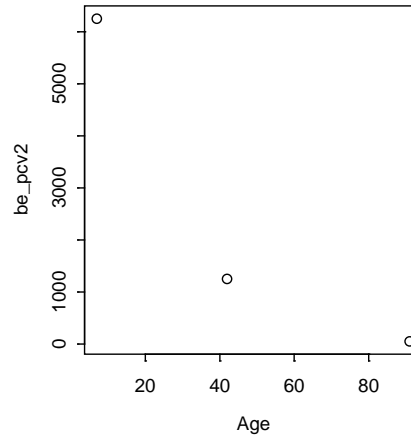


Seroconversion and No Seroconversion

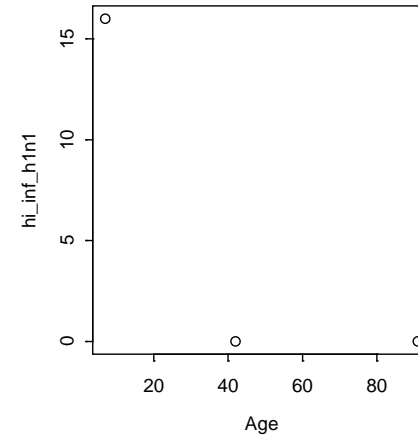
PPV, Animal 208



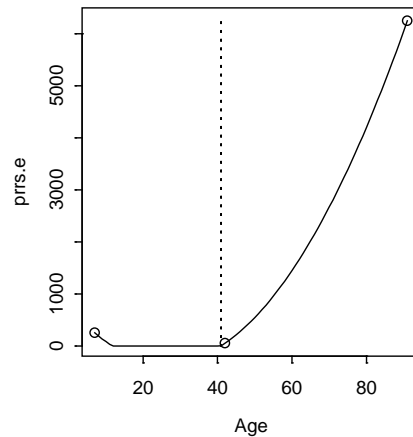
PCV2, Animal 208



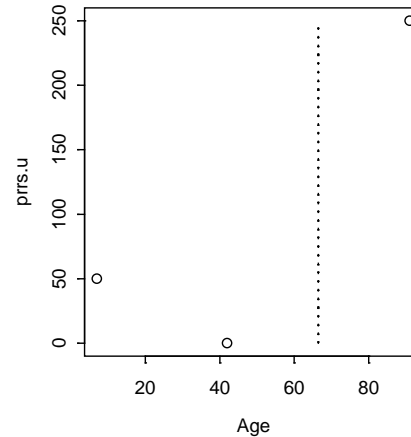
H1N1, Animal 208



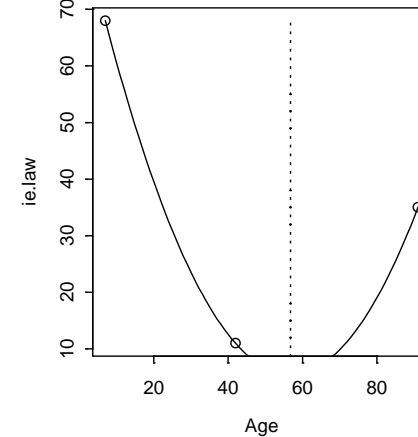
PRRS.e, Animal 208



PRRS.u, Animal 208



ie.LAW, Animal 208



Survival Analysis

- $P(\text{PMWS case in } [t:t+\Delta t) \mid \text{no case at } t) \approx \lambda(t) \Delta t$
- Cox' Proportional Hazards model for animal i :

$$\lambda_i(t) = \lambda_0(t) \exp(\beta_1 X_{i1}(t) + \beta_2 X_{i2}(t) + \dots + \beta_k X_{ik}(t))$$

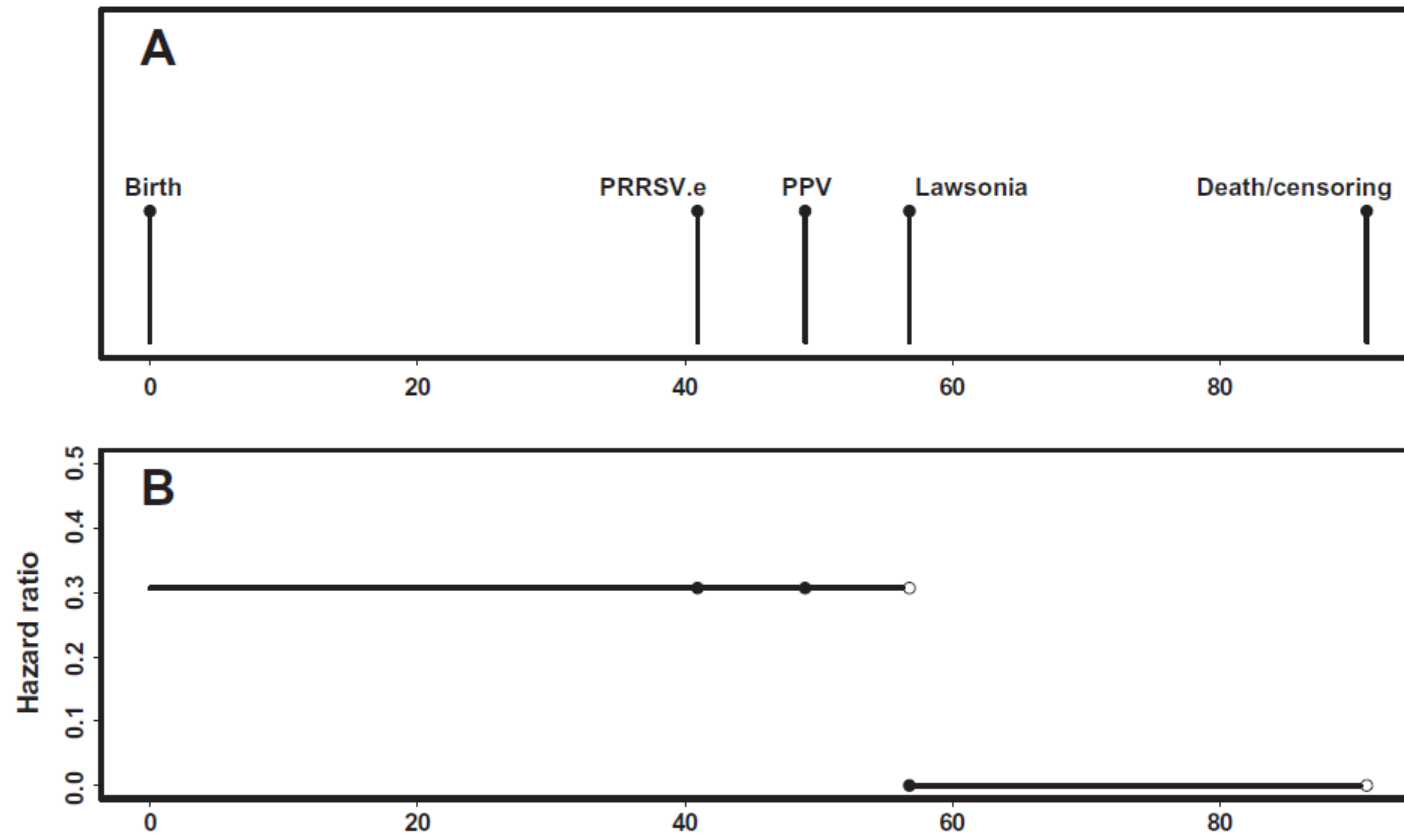
- Covariates are maternal immunity (not time dependent), seroconversion times. and interactions within and between these (time dependent).
- λ_0 is non-parametric and not modelled.

$$\frac{P(\text{PPV seroconverted animal case in } [t:t+\Delta t) \mid \text{not case at } t)}{P(\text{non-seroconverted animal case } i \text{ in } [t:t+\Delta t) \mid \text{not case at } t)} = \exp(\beta_{\text{ppv}})$$

if all other characteristics match;

- Relative risks only because λ_0 is not modeled.

Exemplified Hazard Ratio Development



Sensitivity Analysis

- In order to contemplate the impact of the built-in impreciseness of the estimates of seroconversions, a sensitivity analysis was carried out after model reduction. Gaussian noise was added to the seroconversion times considering that 95% of the new seroconversion times should be within one week of the original estimates.
- Noise addition and model reduction was performed 20 times;
- In order to be rendered truly significant a significant factor must appear in at least half of the analyses' final models.

Estimation Method – Few Data, Many Covariates

1. Include all seroconversions and interactions. Reduce.
2. Include each maternal immunity in a pre-specified sequence, and all interactions with factors in current model. Reduce.
3. Include all apparently non-significant factors again through forward selection, one at a time. Reduce.
4. Repeat steps 1-3 until no changes results; ie no increase in Cox' partial likelihood.

Results

- DK:
 - Seroconversion against **LAW**;
 - Seroconversion against **PRRSVe**;
 - maternal immunity against **PCV2**;
 - maternal immunity against **LAW**.

- Spain:
 - Maternal immunity against **LAW**, **PCV2**, **PPV**, **PRRSV** and **SIV**.

Results

- DK:
 - Seroconversion against ~~LAW~~;
 - Seroconversion against ~~PRRSVe~~;
 - maternal immunity against PCV2;
 - maternal immunity against LAW.
- Spain:
 - Maternal immunity against LAW, PCV2, PPV, PRRSV and SIV.

Results

| Covariate | Estimated $\beta \pm 1.96SE$ | p^* |
|-----------------------------|------------------------------|----------|
| <i>(A)</i> | | |
| Law | 10.322 ± 7.10 | 0.002 |
| log(mat.pcv2) | -0.561 ± 0.26 | <0.0001 |
| log(mat.law) | -4.02 ± 2.73 | 0.0005** |
| Covariate | Estimated $\beta \pm 1.96SE$ | p^* |
| <i>(B)</i> | | |
| log(mat.law) | -11.46 ± 6.49 | 0.002 |
| log(mat.pcv2) | 7.26 ± 7.22 | 0.007 |
| log(mat.pcv2) ² | -0.72 ± 0.60 | 0.008 |
| log(mat.ppv) | 11.29 ± 6.49 | <0.0001 |
| mat.prrsv | 11.08 ± 5.97 | 0.0001 |
| mat.siv | 64.87 ± 47.39 | <0.0001 |
| log(mat.law): log(mat.pcv2) | 0.64 ± 0.60 | 0.03 |
| log(mat.law): mat.prrsv | -2.64 ± 1.46 | 0.0003 |
| log(mat.law): mat.siv | 7.94 ± 4.58 | 0.0008 |
| log(mat.ppv): mat.siv | -13.46 ± 6.87 | <0.0001 |

* Tests of main effects includes removal of interaction terms.

** The effect of mat.law extends to lawsonia sero-converted animals only.

Significant Impact?

- Create an index I for animals with maternal immunity around average, by differentiating the log of the Cox PH after the covariates (in distributional sense for seroconversions) for factors interacting, and take means of these. For factors not interacting, the index I is the parameter estimate.

$$(a) I(\text{law}|\text{Danish}) = \beta_{\text{law}} + \beta_{\text{law:mat.law}} \cdot \text{mean}(\log(\text{mat.law}))$$

$$(b) I(\text{mat.law}|\text{Spanish}) = \beta_{\text{mat.law}} \\ + \beta_{\text{mat.law:mat.pcv2}} \cdot \text{mean}(\log(\text{mat.pcv2})) \\ + \beta_{\text{mat.law:mat.prrsv}} \cdot \text{mean}(\text{mat.prrsv}) \\ + \beta_{\text{mat.law:mat.siv}} \cdot \text{mean}(\text{mat.siv})$$

$$(c) I(\text{mat.pcv2}|\text{Spanish}) = \beta_{\text{mat.pcv2}} \\ + 2\beta_{\text{mat.pcv2:2}} \cdot \text{mean}(\log(\text{mat.pcv2})) \\ + \beta_{\text{mat.pcv2:mat.siv}} \cdot \text{mean}(\text{mat.siv})$$

$$(d) I(\text{mat.ppv}|\text{Spanish}) = \beta_{\text{mat.ppv}} + \beta_{\text{mat.ppv:mat.siv}} \cdot \text{mean}(\text{mat.siv})$$

$$(e) I(\text{mat.prrsv}|\text{Spanish}) = \beta_{\text{mat.prrsv}} + \beta_{\text{mat.prrsv:mat.siv}} \cdot \text{mean}(\text{mat.siv})$$

$$(f) I(\text{mat.siv}|\text{Spanish}) = \beta_{\text{mat.siv}} \\ + \beta_{\text{mat.pcv2:mat.siv}} \cdot \text{mean}(\log(\text{mat.pcv2}))$$

Indexes; Values and Significances

| Pathogen type | Covariate type | Calculated index $\pm 1.96SE$ | Hazard ratio* (CI) | <i>p</i> (Chisq) |
|-----------------------|-------------------|-------------------------------|--------------------|------------------|
| I (law Danish) | Seroconversion | -1.45 \pm 1.44 | 0.23 (0.06;0.99) | 0.05 |
| I (mat.law Spanish) | Maternal immunity | -0.29 \pm 0.64 | 0.75 (0.39;1.42) | 0.63 |
| I (mat.PCV2 Spanish) | Maternal immunity | -2.75 \pm 1.05 | 0.06 (0.02;0.18) | <0.0001 |
| I (mat.PPV Spanish) | Maternal immunity | -3.35 \pm 1.80 | 0.04 (0.01;0.21) | <0.0001 |
| I (mat.PRRSV Spanish) | Maternal immunity | 2.32 \pm 1.23 | 10.18 (2.97;34.81) | 0.0002 |
| I (mat.SIV Spanish) | Maternal immunity | -4.15 \pm 4.14 | 0.02 (0.00;0.99) | 0.05 |

* For continuous covariates, the hazard ratio is per increase of 1.

Indexes; Impact

| Covariate | Survival analysis | Single-term analysis |
|---------------------------|-------------------|----------------------|
| <i>(A)</i> | | |
| Seroconversion law | Protecting | Not significant |
| Seroconversion PCV2 | Not significant | Not significant |
| Seroconversion PPV | Not significant | Not significant |
| Seroconversion SIV | Not significant | Not significant |
| Seroconversion PRRSVe | Not significant | Not significant |
| Seroconversion PRRSVu | Not significant | Not significant |
| Maternal law | Protecting* | Not significant |
| Maternal PCV2 | Protecting | Protecting |
| Maternal PPV | Not significant | Not significant |
| Maternal SIV | Not significant | Aggravating |
| Maternal PRRSVe | Not significant | Not significant |
| Maternal PRRSVu | Not significant | Not significant |
| Covariate | Survival analysis | Marginal model |
| <i>(B)</i> | | |
| Seroconversion PCV2 | Not significant | Not significant |
| Seroconversion PPV | Not significant | Not significant |
| Seroconversion SIV | Not significant | Not significant |
| Seroconversion PRRSV | Not significant | Not significant |
| Seroconversion Salmonella | Not significant | Not significant |
| Maternal law | Not significant | Not significant |
| Maternal PCV2 | Protecting | Not significant |
| Maternal PPV | Protecting | Not significant |
| Maternal PRRSV | Aggravating | Aggravating |
| Maternal SIV | Protecting | Not significant |

* Applied to *Lawsonia intracellularis* seroconverted animals only.

Working Hypotheses

1. The development of antibodies towards pathogens through seroconversion after infection **increases** the risk of developing PMWS.

In CONTRAST to results for LAW

2. Immunity inherited from the mother animal has a **reducing** effect on the risk of developing PMWS.

CONFIRMED for

- » PCV2, LAW in Denmark,
- » PCV2, PPV and SIV in Spain.

CONTRASTED for

- » PRRSV in Spain.

Possible Explanations

- Seroconversion towards LAW:
 - We DON'T observe infections but merely seroconversions;
 - Animals may be infected but unable to seroconvert due to progressing immune deficiency;
 - That animals seroconvert may indicate a functioning immune system, which overshadows the weakening effect of infection with *Lawsonia intracellularis*.
- Lack of seroconversion effects for Spanish data:
 - Strongly heterogeneous population.
- Maternal immunity in Spanish data:
 - Consistent with literature for PCV2, PPV, SIV (see refs in paper).
 - PRRSV results may be explained by the heterogeneous population; thus maternal immunity may indicate high presence of PRRSV which is known from the literature as a PMWS trigger.

Spanish Data and Seroconversions

| PPV | sero-converted | not sero-converted | sum |
|----------|----------------|--------------------|-----|
| case | 2 | 45 | 47 |
| not case | 6 | 66 | 72 |
| sum | 8 | 111 | 119 |

| PCV2 | sero-converted | not sero-converted | sum |
|----------|----------------|--------------------|-----|
| case | 40 | 7 | 47 |
| not case | 68 | 4 | 72 |
| sum | 108 | 11 | 119 |

| PRRSV | sero-converted | not sero-converted | sum |
|----------|----------------|--------------------|-----|
| case | 2 | 45 | 47 |
| not case | 12 | 60 | 72 |
| sum | 14 | 105 | 119 |

| SIV | sero-converted | not sero-converted | sum |
|----------|----------------|--------------------|-----|
| case | 28 | 19 | 47 |
| not case | 59 | 13 | 72 |
| sum | 87 | 32 | 119 |

- Difficult to identify effects from such distributions of seroconversions.
- But the lack of time-dependent covariates means that it is sensible to compare risks and frequencies through grouping. They agree...

Conclusion

- Protective effect of seroconversion against law (DK).
- Protective effects of maternal immunity against PCV2 (DK,E), PPV (E) and SIV (E).
- Aggravating effect of maternal immunity against PRRSV.

- All effects may be compatible with present knowledge except law, where seroconversion increases the risk when maternal immunity is low; ie the disease triggers PMWS unless maternal immunity is high. First report on this.
- The level of detail in the analysis is new compared to existing knowledge.

- Care should be taken when generalizing spanish results due to population heterogeneity.

- Further work should include PCR data to counter indirect detection of infections.