

The Arboviruses Next Door: Orphaned and Emerging Arboviruses of the US

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APHL annual meeting

June 3, 2018

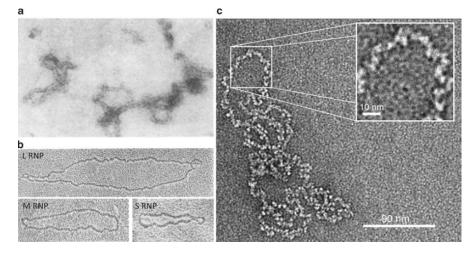


Orphaned arboviruses

Orphan ≠ neglected

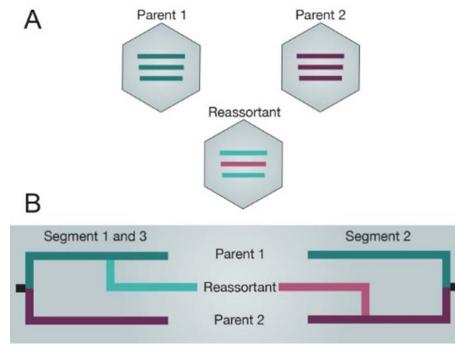
Orthobunyavirus (Order Bunyavirales, Family Peribunyaviridae)

- Negative sense, single-stranded, segmented, RNA genome
 - Large (L) : RNA-dependent RNA polymerase
 - Medium (M) : structural polyprotein Gn-NSm-Gc
 - Small (S): nucleocapsid and NSs
- 20 serogroups
 - California (US/North America)
 - Bunyamwera (US/North America, South America, Africa)



Guu et al. Bunyavirus: structure and replication. In Advances in Experimental Medicine and Biology. 2012

Segment reassortment (rapid evolution)



Vijaykrishna, D et al. PLoSPathog. 2015 Jul; 11(7): e1004902

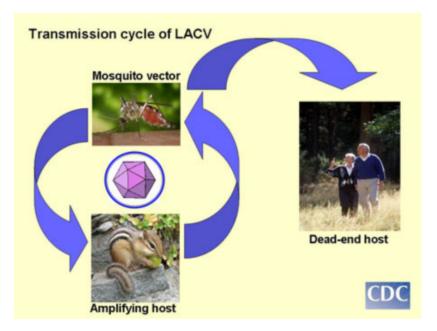
- Superinfection of closely related viruses
 - Mosquitoes
- Increased pathogenesis
 - Ngari (Garissa) virus
 - Schmallenberg virus
- Vector/host expansion
- New ecological niches
- Prevalent in bunyaviruses

California serogroup

- Endemic viruses of public health importance
 - La Crosse virus pediatric encephalitis
 - Jamestown canyon virus
 - Snowshoe hare virus
 - California encephalitis virus
- Human infection
 - Encephalitis
 - Febrile illness
 - Asymptomatic
- Mosquito borne
 - "strict" vector and small mammalian vertebrate host preferences
- Widely distributed



La Crosse virus



- Aedes triseriatus (treehole mosquito)
 - Aggressive daytime-biting

Vertebrate hosts

• Chipmunks and squirrels

Human infection

- Fever (low viremia), headache, nausea
- Severe neuroinvasive disease

La Crosse virus

Changing distribution

- Historically upper Midwest, now central Atlantic
- Widespread Midwest Southeast

Clinical Lab Diagnosis

- Difficult to culture and identify with molecular methods
- Serological diagnosis remains primary method

La Crosse disease 2007-2016 (ArboNet) (~70 per year)



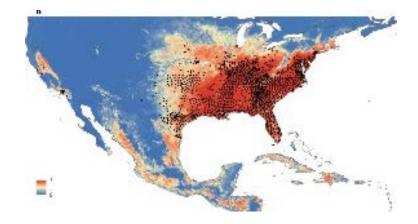
La Crosse virus

Changing distribution

DISPATCHES

La Crosse Virus in *Aedes albopictus* Mosquitoes, Texas, USA, 2009

Amy J. Lambert, Carol D. Blair, Mary D'Anton, Winnann Ewing, Michelle Harborth, Robyn Seiferth, Jeannie Xiang, and Robert S. Lanciotti Predicted occurrence of Ae. albopictus



Kraemer et.al. eLIFE 2015: 4; e08347

Jamestown Canyon virus

- California serogroup
- Aedes and Ochlerotatus
 - 26 species of mosquito
 - 3 tabanid (horse) flies
- Vertebrate host
 - White-tailed deer (likely)
 - Wild ungulates and domestic livestock

Human infection

- Febrile, headache, nausea, photophobia
- Respiratory symptoms
 - Not often reported
- Meningitis and encephalitis
- Predominantly in adults

Jamestown Canyon virus

Jamestown Canyon 2000-2013 (31 cases) Pastula et al. Am. J. Trop. Med. Hyg., 93(2), 2015, pp. 384–389



11 cases (2015), 15 (2016)

Widely distributed

- US and Canada
- Likely under-reported
 - 15 reported in 2016
- Clinical Lab diagnosis
 - No human isolations to date
 - RT-PCR of S segment
 - Serological diagnosis primary method
 - Persistent IgM possible

Cache Valley virus

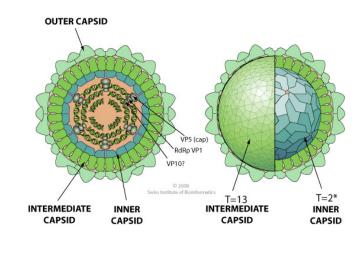
- Bunyamwera serogroup
- Anopheles
 - >30 mosquito species
- Vertebrate host
 - White-tailed deer
- Widely distributed
 - North and Central America
- Livestock disease
 - Abortion and still birth

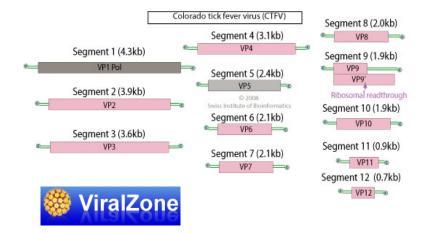
Human infection

- Neuroinvasive encephalitis
- 5 human cases identified in US (2015 most recent)
- 18% seropositive in Yucatan
 - Febrile illness
- Clinical Lab diagnosis
 - PRNT primary method
 - Virus isolated from CSF and serum
 - Real-time RT-PCR

Colorado tick fever (CTF)

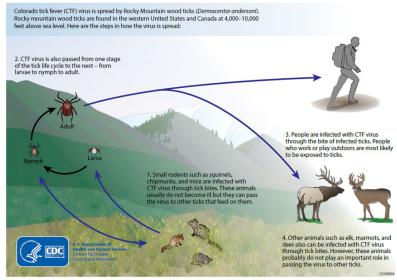
- Reoviridae, genus Coltivirus
- Non-enveloped virion
- 12 segments
- Double-stranded RNA
- Tropism for hematopoietic stem cells
 - Mature erythrocytes
- Virus found in RBCs ~ 6 weeks after symptom onset

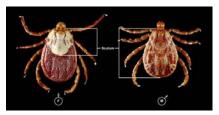




Colorado tick fever (CTF)

Ecology of Colorado Tick Fever Virus





 Dermacentor andersoni (Rocky Mountain wood tick)

Vertebrate hosts

• Chipmunks, squirrels, and mice

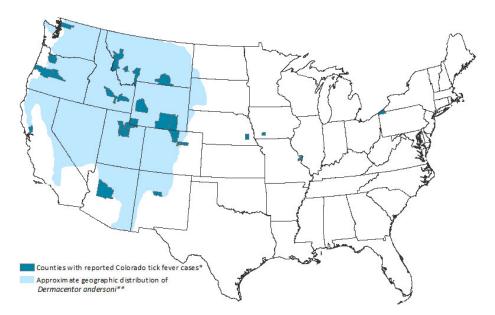
Human infection

- Febrile, head and body aches
- Biphasic fever
- Leukopenia
- Rarely neuroinvasive

Colorado tick fever (CTF)

- Distributed widely in Western States (4,000-10,000 feet)
- Clinical lab diagnosis
 - Real-time RT-PCR
 - Sensitive <21 dpo
 - RNA detected up to 42 dpo
 - Delayed antibody response
 - PRNT
 - >15 dpo

Distribution of D. andersoni and CTF cases 2002-2012 (83)



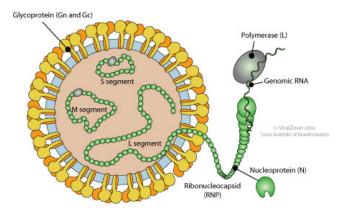
www.cdc.gov/coloradotickfever

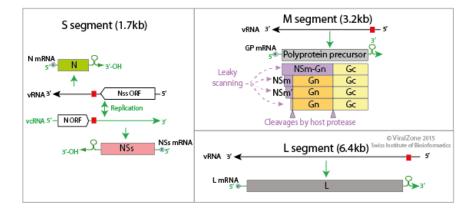
Emerging arboviruses

Heartland virus

- Order Bunyavirales, Family Phenuiviridae, genus Phlebovirus
 - Ukuniemi serogroup
- 3 segment, negative sense RNA genome
 - Ambisense S segment
- 2009, Missouri
- Genetically similar to Severe Fever with Thrombocytopenia Syndrome virus (SFTS)





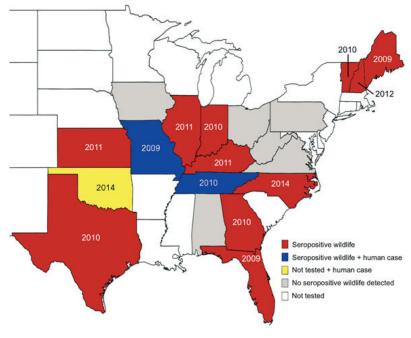




Heartland virus

- Tick associated disease
- Amblyomma americanum (Lone star)
 - Virus isolation
 - Laboratory transmission
- Vertebrate host unknown
 - Seropositive: white-tailed deer, raccoon, coyote, moose





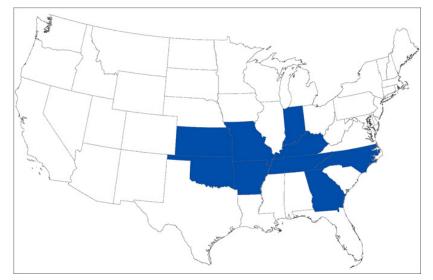
Riemersma and Komar 2015 EID

Heartland virus

Human infection

- Febrile, headache, nausea, muscle or joint pain, leukopenia, and thrombocytopenia
- Often confused with ehrlichiosis
- Clinical lab diagnosis
 - Real-time RT-PCR
 - Serology

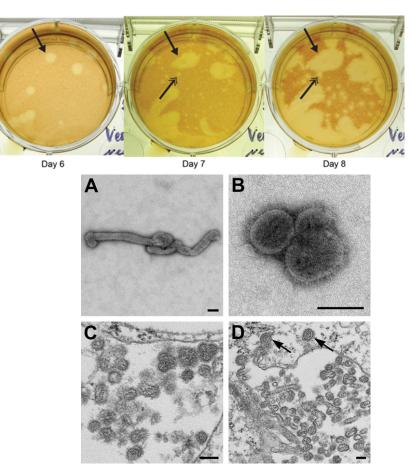
Heartland virus cases as of July 2017 (30)



www.cdc.gov

Bourbon virus

- Orthomyxoviridae, genus Thogotovirus
- 6 segments, negative stranded RNA genome
- Thogoto and Dhori viruses known human pathogens
 - Europe, Asia, Africa
 - Tick transmission
- Kansas 2014

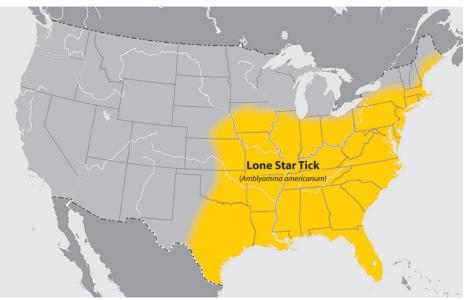


Kosoy et.al. 2015 EID

Bourbon virus

- Tick associated
- Amblyoma americanum (Lone star)
 - Isolated in ticks from MO 2013 and KS 2015
 - Nymph and adult
- Human infection
 - Febrile, thrombocytopenia, leukopenia
- Clinical lab diagnosis
 - Real-time RT-PCR
 - PRNT

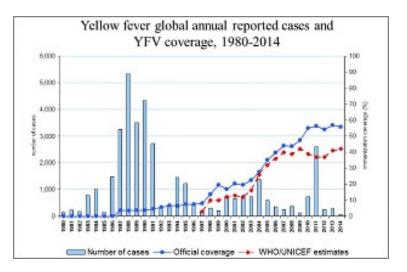
Distribution of A. americanum



www.cdc.gov

Yellow fever virus

- Flavivirus
 - Positive RNA genome
- Aedes aegypti
 - urban transmission
- Haemagogus and Sabethes
 - sylvatic transmission (most common)
- Human infection
 - Febrile ILI with jaundice
 - 12-15% severe disease
 - High fever, bleeding, shock, organ failure



www.who.int/emergenices/yellow-fever

- Clinical lab diagnosis
 - Serology
 - Real-time RT-PCR



Risk areas (vaccine recommended)

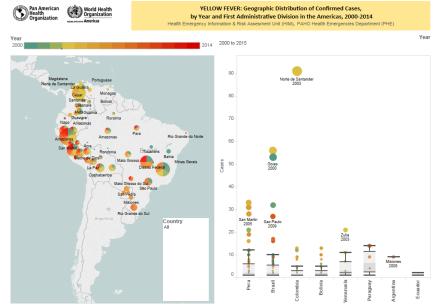


cdc.gov/yellowfever

Yellow fever virus

Recent notable outbreaks

- 2016 Angola, Democratic Republic of the Congo (3,137 suspect)
- 2016/2017 Brazil (777 confirmed)
- 2017 Nigeria (341 suspect)
- 2018 Brazil (920 confirmed)
 - 11 international travelers



Data Source: PAHO-WHO Member States reports to Health Emergency Information & Risk Assessment Unit (HIM), PAHO Health Emergencies Department (PHE). Data compilation, analysis and report production: PAHO Health Emergencies Department (PHE)

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Thank you

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For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

