The Pathology of Vaccination of Chickens with Varying Doses of Lentogenic LaSota Strain of Newcastle Disease Virus

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SUMMARY
Recently, it was demonstrated under laboratory conditions that increased doses of LaSota vaccine increased ND antibody response significantly in chickens. In this study, we have used the same model to investigate whether vaccination with increased doses of lentogenic LaSota strain of Newcastle disease virus are associated with pathological changes in chickens. Four-week-old broiler chickens (n=100) were randomly assigned into four groups of 25 each: ZD, each drenched with phosphate-buffered saline, SD, DD and TD broilers were each drenched with single, double and triple dose of LaSota vaccine, respectively. The chickens were observed for clinical signs and lesions. Serum samples were collected from the chickens in all the groups at weekly intervals post inoculation (PV) and assayed for haemagglutination inhibition (HI) antibodies. The vaccinated broilers showed no morbidity and mortality. Only the bursa of all the vaccinated groups appeared slightly reduced in size on day 10 PV. The histopathological changes were lymphoid hyperplasia and formation of germinal centres in the spleen and caecal tonsils from days 3 to 6 PV and mild depletion of bursal lymphocytes on day 10 PV. Generally, the integrity of the lymphoid organs was intact. Groups DD and TD antibody titres were significantly (P < 0.05) higher than that of the SD on day 21 PV. This suggests that increased doses of LaSota vaccine does not cause pathologic impairment and may be considered in improving the performance of the vaccine in the control of velogenic ND.

Key words: Newcastle disease, LaSota vaccine, pathology, broiler chickens

INTRODUCTION
Newcastle disease (ND), caused by virulent strains of avian orthoavulavirus-1 (formerly designated as Avian avulavirus-1, commonly known as avian paramyxovirus-1, or Newcastle disease virus, NDV, used in this paper). The virus was recently classified to the genus Orthoavulavirus, subfamily Avulavirinae, family
Paramyxoviridae and order Mononegavirales (Amarasinghe et al., 2019). ND is one of the most important poultry diseases around the globe, and often the cause of severe economic losses from morbidity, mortality, reduction in growth and egg production, and condemnation of carcasses in the poultry industry (Alexander et al., 2012; Amarasinghe et al., 2019). According to the World Organisation for Animal Health (OIE), ND is defined as an infection of birds by vNDV that are characterized by an intracerebral pathogenicity index (ICPI) in day-old chickens of 0.7 or greater; or demonstration of multiple basic amino acids (either directly or by deduction) at the C-terminus of the F2 protein (at least three arginine or lysine residues between positions 113 and 116) and phenylalanine at the N-terminus (position 117) of the F1 protein (OIE, 2012). Because of the highly contagious nature of NDV causing serious economic consequences to the poultry industry, as well as impacting the international trade of poultry and poultry products (and trade restrictions), the disease is reportable to the World Organization for Animal Health (OIE, 2012).

Although there are different strains of the virus, pathotypes of ND defined by clinical signs in chickens after experimental inoculations were created to describe the virulence of ND strains and are classified into velogenic, mesogenic, lentogenic and asymptomatic (Alexander and Senne, 2008; Miller and Koch, 2013). These have varying virulence in the type and severity of the disease produced. Although all NDV strains belong to a single serotype (serotype 1), there is large genetic variability among NDV isolates. Strains are divided into 2 classes (I and II) based on molecular characterization, with class I composed of only 1 genotype (class I, genotype I) and with class II divided into 18 genotypes (class II, genotypes I–XVIII) (Diel et al., 2012a; Snoeck et al., 2013). While class I are mostly low pathogenic NDV strains (except for 1, APMV-1/chicken/Ireland48/90) (Alexander et al., 1992), found mainly in waterfowl, class II includes both virulent and avirulent strains (Miller et al., 2010; Afonso and Miller, 2013). The virulent ND is endemic in Africa, a recurring concern to poultry industries (Bello et al., 2018), and causes disease in birds which manifests in respiratory and gastrointestinal and or nervous system symptoms (Miller and Koch, 2013; Igwe et al., 2018a). The lesions of ND have been reported to be dependent on the strain and dose or amount of virus received (Miller and Koch, 2013). The velogenic pathotype causes systemic lesions, with necrosis and lymphocytic depletion (Igwe et al., 2018b). The mesogenic pathotype includes the moderately pathogenic which are also used in producing vaccines such as Komarov and Mukteswar, depending on the disease situation and national requirements (OIE, 2012). They cause mainly the respiratory form of ND. The lentogenic and asymptomatic pathotypes referred to as low virulence are used as live vaccines (Miller and Koch, 2013).

The primary strategy available to the poultry industry to control virulent NDV, the causative agent of ND, along with good biosecurity practises, is vaccination. Vaccines and vaccine programs have proven to be very beneficial for controlling diseases in domestic animals, as their widespread use has dramatically reduced the incidence of severe and fatal diseases (Roth, 1999). Although many high-quality vaccines are commercially available for the control ND, the commonly used ND vaccines worldwide are live vaccine viruses of low virulence (lentogenic) that belong to genotype II (B1 and LaSota vaccines) (Kapczynski et al., 2013). LaSota vaccine has been used for years to provide protection from disease caused by virulent forms of the virus, referred to as mesogenic and velogenic NDV, and always used in countries where virulent NDV is endemic (Diel et al., 2012b; Dimitrov et al., 2017). Despite extensive vaccination with prophylactic vaccines and vaccination practises, outbreaks have been reported in vaccinated chickens in many parts of the world (Dimitrov et al., 2017; Bello et al., 2018), indicating that there
is room for improvement in biosecurity measures and the current vaccine programs. However, creating an effective vaccine strategy poses many challenges.

There is considerable controversy regarding the issue of vaccine failure on NDV control. It has been suggested that a better understanding of genetic variability of all strains of NDV and characteristics, is crucial for developing new vaccines and vaccination strategies (Dimitrov et al., 2017). Some suggest that vaccine failure is mainly caused by poor flock immunity due to inadequate vaccination and strict biosecurity practices and not antigenic variation between the vaccine strains and circulating field strains (Dortmans et al., 2012; Miller and Koch, 2013; Dimitrov et al., 2017). However, others have suggested that the use of higher doses of classical vaccines, which should induce higher antibody levels, would be enough to prevent ND caused by vNDV from genotypes more distant from vaccine strains (Cornax et al., 2012). Cornax et al. (2012) and Igwe et al. (2019) reported that to double the normal dose of LaSota vaccine will increase the level of antibody response in broilers; however, this cannot be easily recommended without finding out the likely adverse effect on the organs of chickens. This is because, a vaccine or vaccination protocol that lacks adverse reactions is very much needed by the poultry industry. The present study investigated the pathological changes from previously published studies (Igwe et al., 2019) in the organs of experimental commercial broiler chickens inoculated with varying doses of lentogenic strain (LaSota) of NDV.

MATERIALS AND METHODS

Broiler Chickens

One hundred commercial Cobb broiler chicks (Gallus gallus domesticus) were purchased at one-day old from a reputable local commercial hatchery and randomly assigned into four groups of 25 broilers each. The parent stocks of the broilers were vaccinated against ND while the broilers were not vaccinated against any disease. They were kept in high security isolation in the departmental facility. Brooding was on deep litter. Feed and water were supplied ad libitum. General care of the birds was provided in accordance with the Institutional Animal Care and Use Committee, as outlined in the Guide for the Care and Use of Agricultural Animals in Research and Teaching (https://www.aaalac.org/about/Ag_Guide_3rd_ed.pdf).

LaSota Vaccine

Live, freeze-dried lentogenic NDV (strain LaSota) vaccine manufactured and obtained from the National Veterinary Research Institute, Vom, Plateau State, Nigeria was used. It had a medium embryo infective dose (EID$_{50}$) of $10^{6.2}$ per ml.

Vaccination

At the age of four weeks, the randomly assigned four groups were named ZD (Zero dose) group, SD (Single dose) group, DD (Double dose) group and TD (Triple dose) group. Each broiler in the ZD group received 0.5 ml of the phosphate-buffered saline (PBS) used in dissolving the vaccine orally as placebo. The SD broilers each was drenched with single dose of the vaccine in 0.5 ml. Each of the broilers in groups DD and TD received double and triple doses of the vaccine in 0.5 ml by drenching, respectively.

Clinical and Pathology Examinations

The chickens were observed twice daily for clinical signs from 0-day post-vaccination (PV) to 21 days PV. Three chickens in each group were randomly selected and sacrificed by cervical dislocation. The sacrificed chickens were necropsied and examined for gross lesions on days 3, 6 and 10 PV. Samples of the bursa of Fabricius, spleen, thymus, lungs, kidney, liver and caecal tonsils, were fixed in 10% formal saline for minimum of 24 hours. The fixed tissues were trimmed and routinely processed before being embedded in paraffin wax. Sections (5 µm) were stained with haematoxylin and eosin (H&E) staining using the method of Suvarna et
Serology
Blood samples (One ml of blood) were collected from 10 chickens in each group on days 0, 7, 14 and 21 PV. Each time different chickens were randomly selected. Sera were harvested and the humoral immune response was measured by the haemagglutination inhibition (HI) test using a suspension of LaSota vaccine in PBS as antigen at four haemagglutinating units according to the method of OIE (2012). Titres were calculated as the reciprocal of the last HI-positive serum dilution, and samples with HI titres of 3 (log2) and below were considered negative.

Statistical Analysis
The HI data were analysed using the one-way analysis of variance (ANOVA). Variant means were separated post hoc using the least significant difference method (Okafor, 1992). Statistical significance was defined as 5% level of significance (P<0.05) for all tests.

RESULTS
Clinical Signs
No clinical sign was observed in all the groups of chickens throughout the experimental period (days 0 to 21 PV).

Pathology
Gross Pathology
There were no abnormal gross findings in the organs of the chickens in all the vaccinated groups on days 3 and 6 PV (Plate 1 (A, B, C)), and throughout the experimental period for the spleen, thymus, caecal tonsils, kidney, liver and lungs. But there was only mild reduction in size of the bursa of Fabricius in all the vaccinated groups on day 10 PV (Plate 2 (A, B, C)). There were no abnormal gross findings in the control birds.

Histopathology
Histopathological sections of the bursa of Fabricius, spleen, thymus, lungs, kidney, liver and caecal tonsils showed normal architecture throughout the experimental period in all the groups. Histopathological sections of the bursa of Fabricius showed mild inflammatory cellular infiltration with normal lymphocytic population on day 3 PV in all the vaccinated groups (Plate 3). Lymphoid hyperplasia and formation of germinal centres were common in the spleen and caecal tonsils from days 3 to 6 PV (Plates 4 and 5) and increased markedly on day 10 PV in all the vaccinated groups. Mild depletion of lymphocytes which did not alter the normal architecture of the bursa was observed on day 10 PV in the SD, DD and TD groups. There were no histopathological findings in the control birds.

Serology
The pre-vaccination mean HI antibody titres to NDV of all the broilers was negative at 4-weeks old (day 0 post-vaccination). During the following weeks after vaccination, the HI titers increased progressively, reaching a moderately high level by day 14 post-vaccination. However, the HI antibody titres were significantly (P < 0.5) higher in the DD and TD groups than the SD on day 21 PV (Table 1). Throughout the experiment, titres of the control group, ZD, remained negative.

DISCUSSION
The continuous threat of ND outbreaks in commercial poultry flocks in Nigeria necessitates vaccines and vaccination practices which will induce better flock immunity with minimal and negligible tissue damage along with strict biosecurity. Good biosecurity practice is a critical component of preventing the virus away from the flock before they achieve a protective level of immunity. Assessment of the protection attained in earlier study was based on antibody response only, as it was found that the development of satisfactory antibody levels or that increasing the dose of the LaSota vaccine will increase the level of antibody response in
broilers significantly (Igwe et al., 2019). In the present study, we aimed to investigate if there

Plate 1: (A, B, C). Bursa of Fabricius, spleen and thymus of broilers on day 3 post-vaccination showing no difference in sizes. Plate 2: (A, B, C). Bursa of Fabricius, spleen and thymus of broilers on day 10 PV. Note: only the bursa of Fabricius in all the vaccinated groups showed mild reduction in size than the ZD group.

Plate 2: Bursa of Fabricius of all groups showing a normal architecture, normal lymphocytic population, with mild inflammatory cells in vaccinated groups compared with ZD group on day 3 PV. H&E, X400

Plate 3: Spleen showing nodular hyperplasia of lymphoid cells and formation of germinal centres without evidence of necrosis in vaccinated groups compared with ZD group on day 3 PV. H&E, X400.
would be pathological changes on the organs of commercial chickens experimentally vaccinated with varying doses of live lentogenic strain (LaSota) of NDV. Clinically, our results showed that all the chickens vaccinated with higher doses of LaSota exhibited no signs of disease. This finding is consistent with previous observations using lentogenic strains (Ulster, B1, QV4 and LaSota) (Gough and Allan 1976; Brown et al., 1999; Kapczynski and King, 2005; Cornax et al., 2012; Igwe et al., 2019). Our observation showed that the LaSota vaccine induced much better clinical protection from vaccine reactions regardless of the varying doses administered. The absence of clinical reactions to LaSota vaccination in this study is in agreement with the strategy to use less virulent strains that reduce disease rates after vaccination as the seed viruses for vaccine production (van Boven et al., 2008).

The only gross finding in chickens in all the vaccinated groups with LaSota was moderate reduction in size of the bursa at day 10 PV. Results of various investigators with LaSota or other commercial vaccine strains using single dose, while consistent, do vary somewhat, particularly in the occurrence of organ vaccinal reactions. Winterfield et al. (1980) did not observe any gross lesions in chickens inoculated with LaSota via the eye drop. Hamid et al. (1990) observed only moderate enlargement of the spleen and slight swelling of the bursa on day 4 after oro-nasal infection with the lentogenic V4 strain of NDV in seven-week-old commercial White Leghorn chickens. Brown et al., 1999 reported only moderate reddening of the thymus

TABLE 1: Newcastle disease haemagglutination inhibition antibody titres in the broilers ± standard error of the mean

<table>
<thead>
<tr>
<th>Days post-vaccination</th>
<th>Zero dose group</th>
<th>Single dose group</th>
<th>Double dose group</th>
<th>Triple dose group</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3.2 ± 0.33a</td>
<td>3.6 ±0.78a</td>
<td>3.6 ±0.78a</td>
<td>3.2 ±0.33a</td>
</tr>
<tr>
<td>7</td>
<td>0 ±0.00a</td>
<td>137.6 ±32.37a</td>
<td>300.8 ±123.22a</td>
<td>275.2 ±125.14a</td>
</tr>
<tr>
<td>14</td>
<td>0 ±0.00a</td>
<td>435.2 ±129.70b</td>
<td>678.4 ±101.06b</td>
<td>537.6 ±133.30b</td>
</tr>
<tr>
<td>21</td>
<td>0 ±0.00a</td>
<td>665.6 ±78.21b</td>
<td>1536 ±170.67c</td>
<td>1433.6 ±167.22c</td>
</tr>
</tbody>
</table>

Note: a, b, c Different superscripts in a row indicate significant differences between the groups (P < 0.05)
on day 5 post infection in chickens inoculated with lentogenic isolates (B1 and QV4) via the conjunctival sac. Other investigators have determined that poultry infected with lentogenic NDV are more susceptible to secondary respiratory infections that cause disease considering that viral replication and subsequent compromise of air sac epithelium could be a mechanism allowing for entry for secondary agents (Ficken et al., 1987; Nakamura et al., 1994). While it is not possible to explain all the differences, it is known that different breeds/strains of birds vary in their responses to vaccination (Abdul-Aziz and Arp, 1983; Seal et al., 2000; Dalgaard et al., 2010). In addition, genetic background of a host determines how the immune response to a given microorganism will evolve (Sharma, 2013). Grossly, our results supported and correlate with the absence of clinical signs and results of the HI tests and from previous findings suggesting that where the LaSota vaccine is used for either primary or secondary vaccination, even at increased doses, excellent organs and respiratory tract protection will be apparent and can minimize susceptibility to secondary respiratory infections that cause disease.

The histopathological findings of normal architecture throughout the experimental period in all the groups clearly show that the broiler chickens responded well to a primary inoculation of LaSota vaccine administered in varying doses. Mild inflammatory cellular infiltration of the bursa was seen on day 3 PV in all the vaccinated groups. The immune system of birds is functionally divided into an early responding, innate and a slow-reacting adaptive immune system, which are essential and cooperate for antimicrobial, primary and vaccination-induced immunity. Due to their ability to replicate in the host, live vaccines induce a variety of innate and adaptive immune responses (Schijns et al., 2008). It has been suggested that innate immunity can play an important role against NDV infection (Rohollahzadeh et al., 2018). Studies also confirmed that innate defence system is necessary for vaccination-induced immunity (Schijns et al., 2008). Innate immune cells include epithelial cell, macrophages, dendritic cells, various granulocytes and natural killer cells. They are able to respond within minutes, until adaptive responses (B and T cell mediated) become mobilized, and are also likely to play an important role in the early onset of immunity associated with live vaccines that not only prevent disease of the individual bird but also limit virus transmission (Jeurissen et al., 2000; Schijns et al., 2008). Our results indicated that mild local and systemic reactions to vaccines are to be expected as a natural consequence of stimulating the immune system (Hammer, 1974; Schijns et al. 2008). Evidence of lymphoid hyperplasia was observed in the spleen and caecal tonsils of birds in all the vaccinated groups regardless of the doses administered, suggesting that LaSota vaccine is immunogenic and protective. Live NDV vaccines based on the LaSota strain have been studied for many years. Early trials suggested that such vaccines were immunogenic and protective (Westbury, 1981). This finding of the present study shows that increased doses of LaSota vaccine exerts a significant boosting effect and correlates with the HI titers of broiler chickens observed in earlier studies (Cornax et al., 2012; Igwe et al., 2019). It is also in agreement with the report of Hamid et al. (1990), who reported that the chief histological changes observed in the lymphoreticular system were the formation of new germinal centres with a peak on the third week after infection in spleen and the cortex and medulla of the bursa probably indicate the presence and processing of antigen. However, in the present study, lymphoid hyperplasia was observed in the spleen and caecal tonsils as we only relied on necropsies at days 3, 6 and 10 with daily clinical and weekly serological observations at the terminations of the study at 21 days PV. Mild depletion of lymphocytes which did not alter the normal architecture of the
bursa was observed on day 10 PV in the SD, DD and TD groups suggesting that mild lymphocytic depletion of the bursa may occur following vaccination of chickens with lentogenic NDV pathotypes. Vaccination for NDV is primarily by mass application of live-virus vaccines among commercial poultry. Although protection is measured by presence of antibodies to NDV, vaccinated B-cell depleted chickens are resistant to disease. Consequently, immune protection involves responses that are presently incompletely defined (Seal et al., 2000). Interestingly, we found that increased doses of LaSota vaccine in chickens was associated with lymphoid hyperplasia and no decrease in HI titres in bursa mildly depleted vaccinated groups, compared with unvaccinated group. These results revealed that although antibody responses induced by live vaccines are the key modulators of protection, adaptive immune response is also an important mediator of protection against intracellular pathogens (Sharma, 2013).

CONCLUSION
In conclusion, increased doses of lentogenic LaSota strain of Newcastle disease virus inoculation in broilers caused moderate reduction in size of the bursa. Histopathological changes included lymphoid hyperplasia and formation of germinal centres in the spleen and caecal tonsils. Clinically our results suggest that increased doses of LaSota has met the goal of current vaccination procedures, which is, to induce protective immunity while producing a minimal antagonistic response in the bird. For the poultry producer, this decreases economic losses at harvest. The presented study supported and extended previous findings regarding the safety of increased doses of LaSota vaccine in chickens. This suggests that doubling the dose of LaSota vaccine does not cause pathologic impairment and may be considered in improving the performance of the vaccine in the control of velogenic ND.

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