

FIV and FeLV: An update on vaccination and diagnostics for NZ clinicians

Dr Mark Westman, University of Sydney



Shaping the future
of animal health



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SYDNEY

What we will cover:

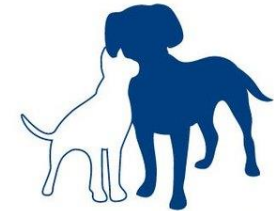
1. FIV and FeLV infection – Pathogenesis
2. FIV and FeLV infection – Disease associations
3. FIV and FeLV prevalence – Australia and NZ
4. FIV and FeLV infection – Diagnostic challenges
5. FIV and FeLV vaccination



My background



For all creatures great and small.



ANIMAL
WELFARE LEAGUE NSW

'because every animal is special'

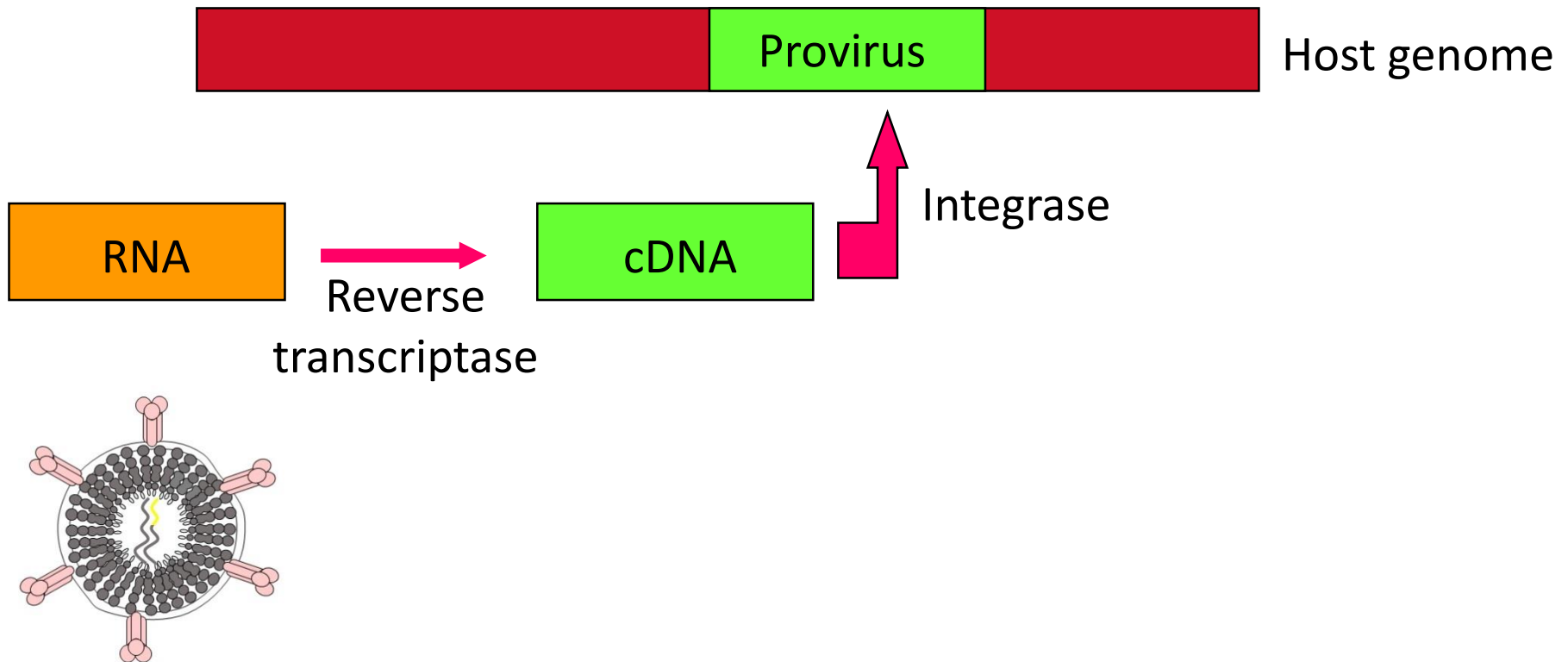


Helping the homeless care for their pets



Image courtesy of Linda Warlond, Clique Photography

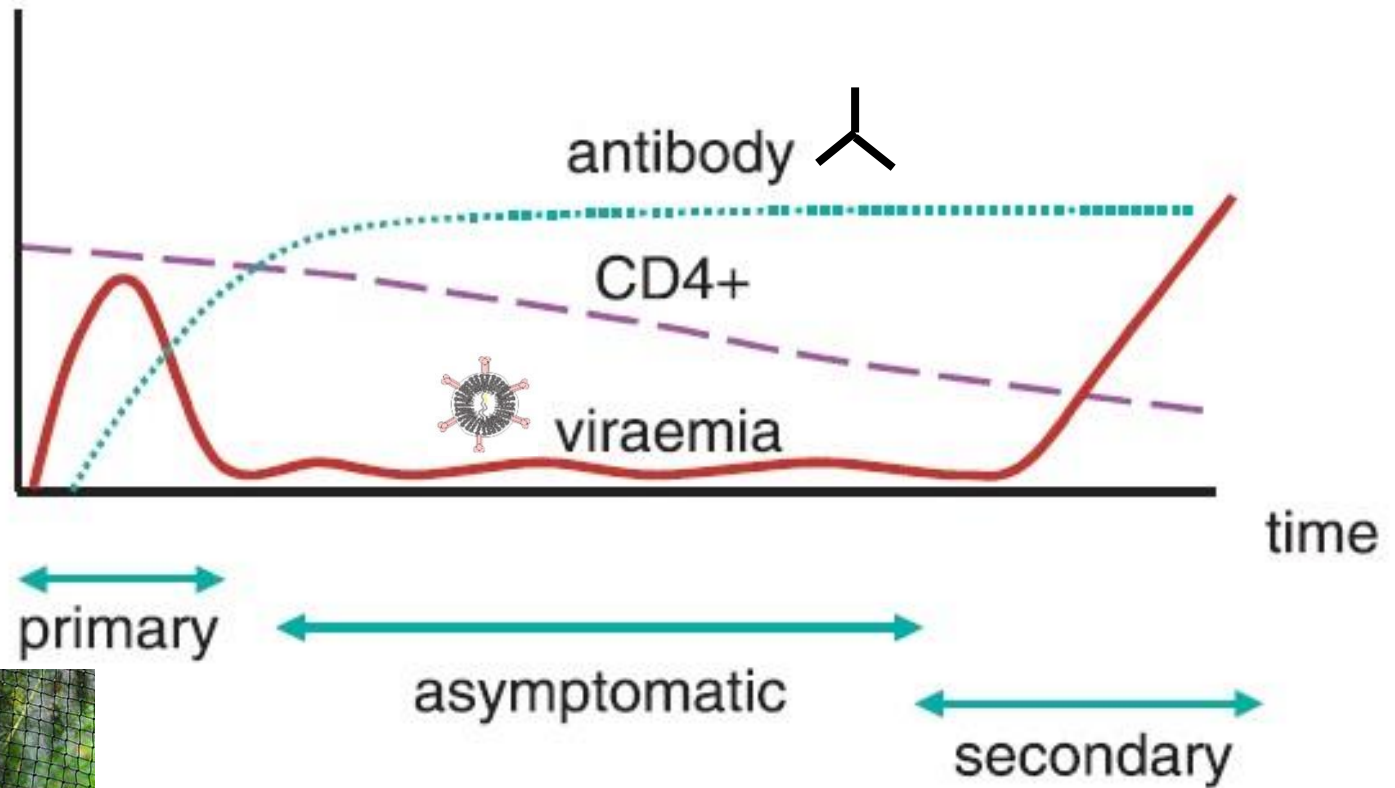
1. Retroviruses – A review of pathogenesis



A retrovirus

Retrovirus image courtesy of Prof Brian Willett

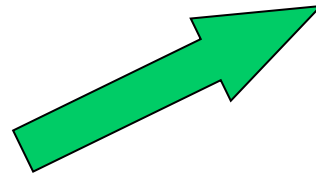
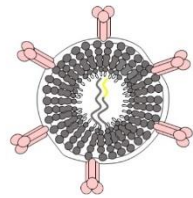
1. FIV pathogenesis



Hosie and Beatty 2007¹

1. FeLV pathogenesis

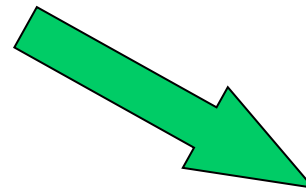
FeLV



a) Abortive infection



b) Progressive infection

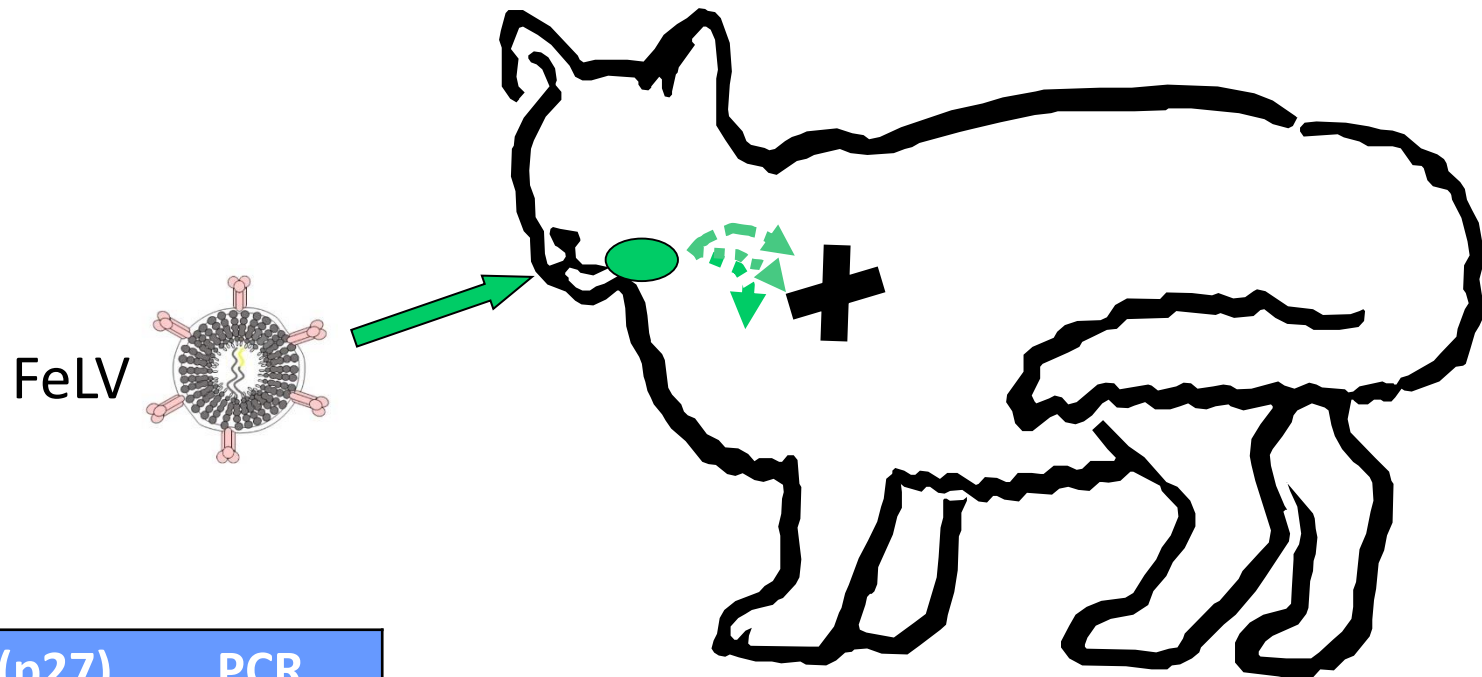


c) Regressive infection



1. FeLV pathogenesis

a) Outcome of FeLV exposure: ABORTIVE infection



FeLV

Antigen (p27)

PCR

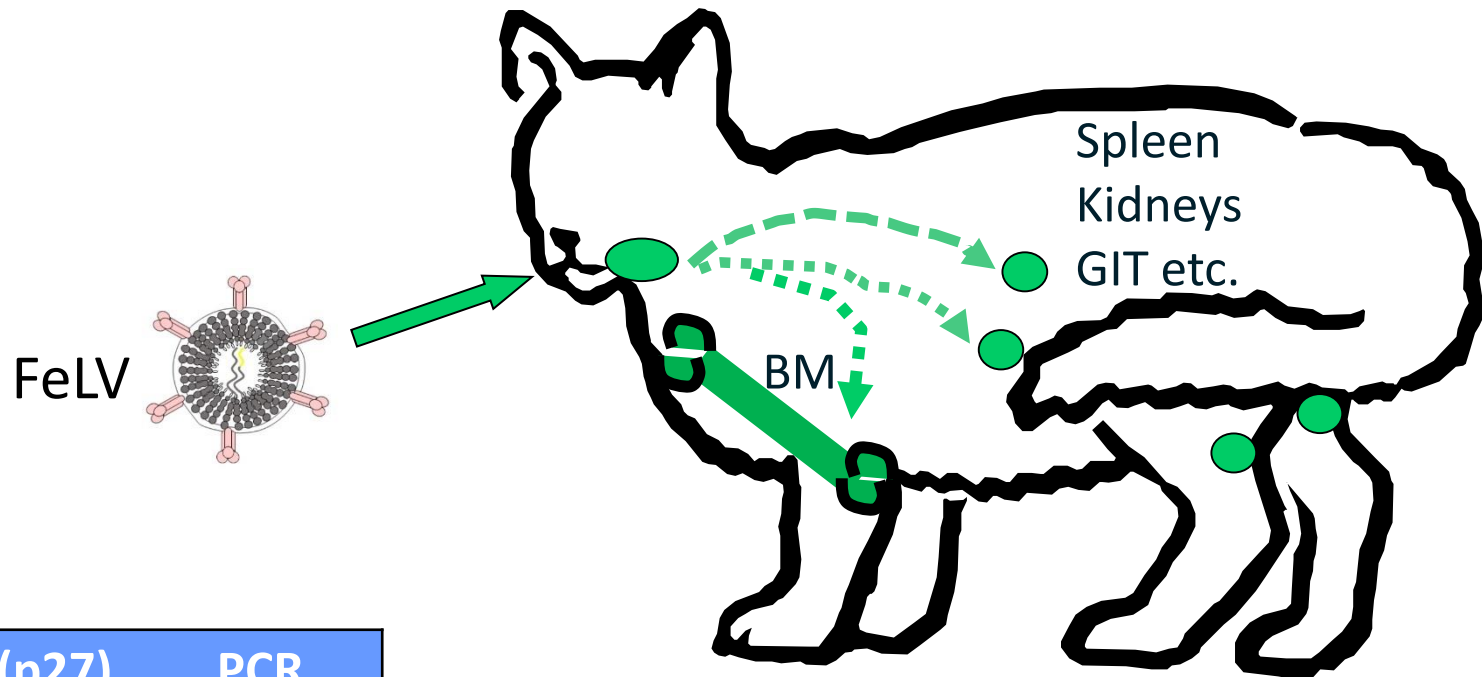
✗

✗

Image courtesy of Prof Vanessa Barrs

1. FeLV pathogenesis

b) Outcome of FeLV exposure: PROGRESSIVE infection



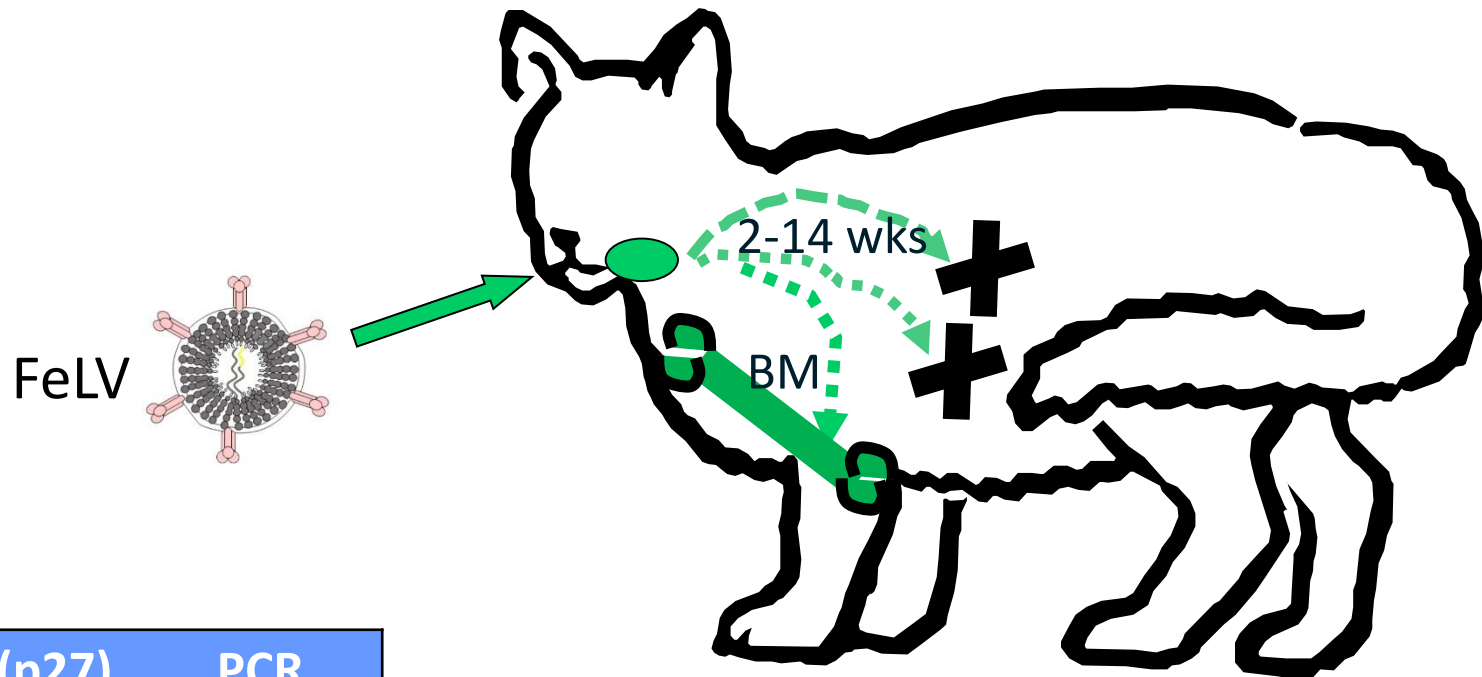
Antigen (p27)	PCR
✓	✓



Image courtesy of Prof Vanessa Barrs

1. FeLV pathogenesis

c) Outcome of FeLV exposure: REGRESSIVE infection



Antigen (p27)

PCR

✓ then ✗

✓

Image courtesy of Prof Vanessa Barrs

2. FIV disease associations

1/17 cats in Group 1 (Chicago) died from hypertrophic cardiomyopathy

17/27 cats in Group 2 (Memphis) died, of which 9 died from lymphoma and 13 had some evidence of lymphoid disease (lymphoma, lymphoid hyperplasia or lymphoid depletion)



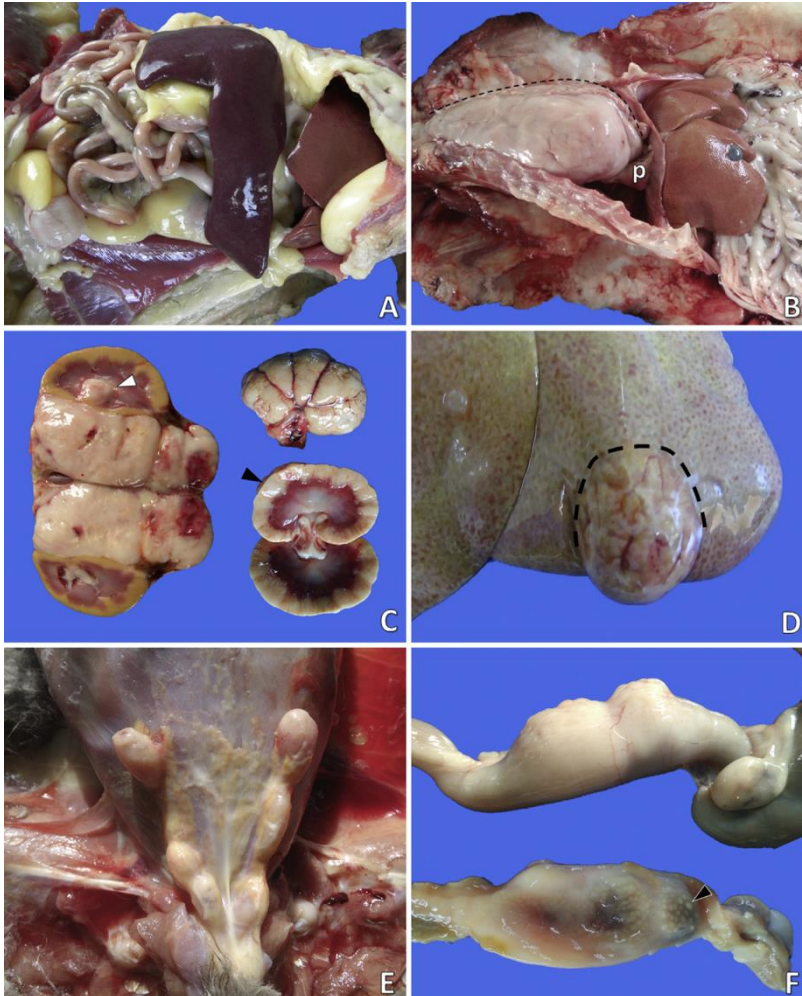
“Therefore, it appears that FIV infection is more likely to progress in cats kept in crowded shelter conditions compared to those living in spacious environments”²

2. FIV disease associations

USA study - FIV-infected cats were **six times more likely** to develop leukaemia or lymphoma than FIV-uninfected cats³



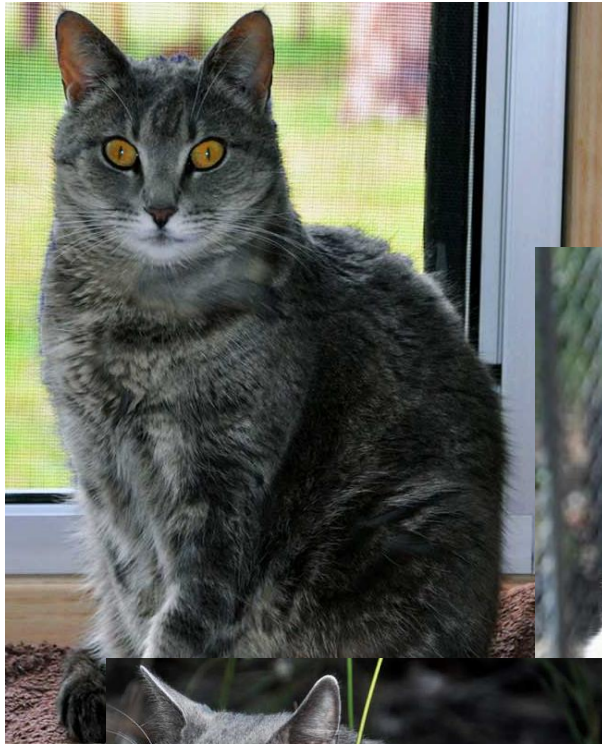
2. FeLV disease associations (progressive)



Brazil - 57% (30/53) of lymphomas from FeLV-positive cats⁴

USA study - FeLV-infected cats **62** **times more likely** to develop leukaemia or lymphoma than FeLV-uninfected cats³

2. FeLV disease associations (progressive)



“...most will develop disease. Of these, 70 – 90% will have died within 18 months – 3 years”



BUT

“Some may remain healthy for many years before one of the FeLV-related diseases develops, and occasional cases remain permanently healthy”⁵



Images courtesy of Lynda du Cross

2. Re-homing progressively FeLV-infected cats

FeLV Adoption Center

About the FeLV Adoption Center

The FeLV Adoption Center provides a home for cats that have been diagnosed with Feline Leukemia, with the ultimate goal of finding each FeLV cat a home to call their very own.



Feline Leukemia (FeLV) is a virus that impacts the immune system and may shorten the lifespan of an infected cat to just 2-4 years after diagnosis. Because of the contagious nature of disease, FeLV+ cats are kept isolated from other cats who are not infected.

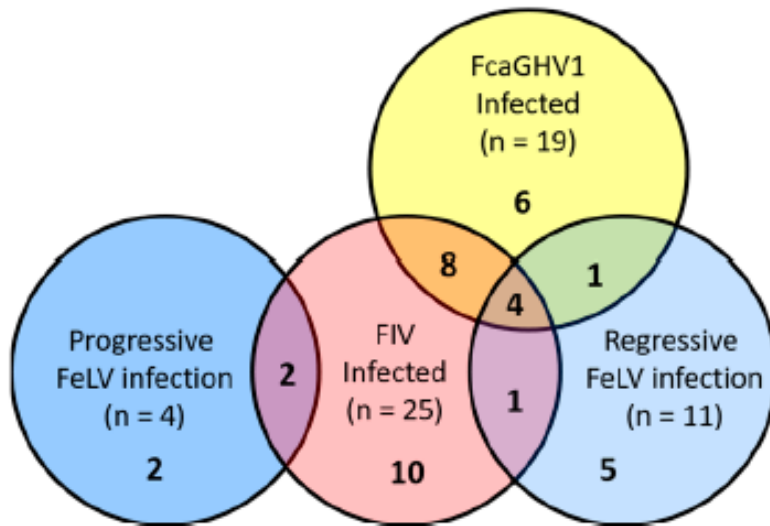
The quarantine combined with the estimated lifespan means that our FeLV cats have a harder time getting adopted, and thus are often the first to be euthanized when they test positive at shelters. However, **APA! believes that these cats and kittens deserve a chance** – even if it's a chance for just a few years.

Because FeLV+ cats and kittens are often hard to place and they can't be placed in the cattery with non-infected cats, APA! has created a special place that these kitties can call home until their forever family finds them.

Program Accomplishments

- The FeLV Adoption Center placed 65 cats in their forever homes in 2016
- The average Length of Stay for a FeLV cat in 2017 is currently just 90 days, proving that *not only can these cats be adopted, but they don't stay with us for long before finding a home*

2. FeLV disease associations (regressive)

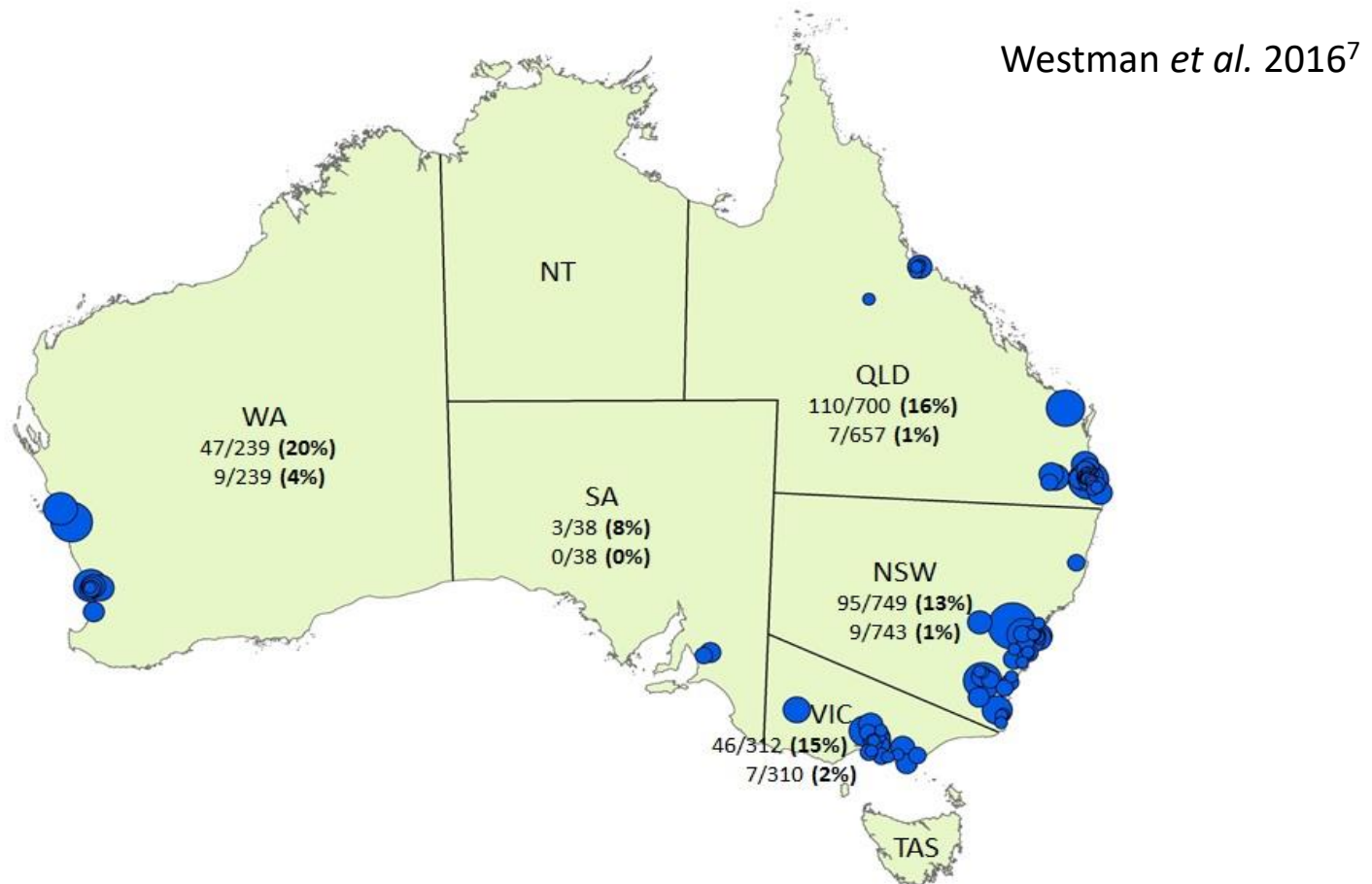


McLuckie *et al.* (2018) – 42 cases of lymphoma in cats with formalin-fixed, paraffin embedded tissue available, as well as FeLV/FIV PoC testing and FeLV PCR testing (note figure shows results for 59 cats)⁶

- 11/42 (26%) cats diagnosed with regressive FeLV infection (Ag-, PCR+)
- 2/42 (5%) cats diagnosed with progressive FeLV infection (plus two more lymphoma cases with only blood samples available)

“Our results [from Australia] support further investigation of a role for regressive FeLV infection in tumorigenesis in cats”⁶

3. FIV and FeLV prevalence - Australia



FIV

305/2,083 (15%) in 2011-13⁷

Progressive FeLV

32/2,032 (2%) in 2011-13⁷

3. FIV and FeLV prevalence – NZ



Original Article

Prevalence and risk factor analysis of feline haemoplasma infection in New Zealand domestic cats using a real-time PCR assay

Journal of Feline Medicine and Surgery
 15(12) 1063–1069
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 DOI: 10.1177/1098612X13488384
jms.com




FIV

20/200 (10%) – published 2013⁸

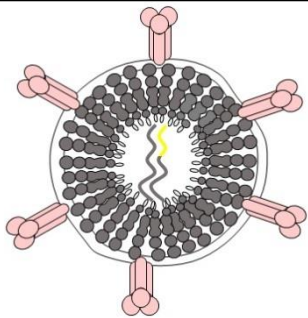
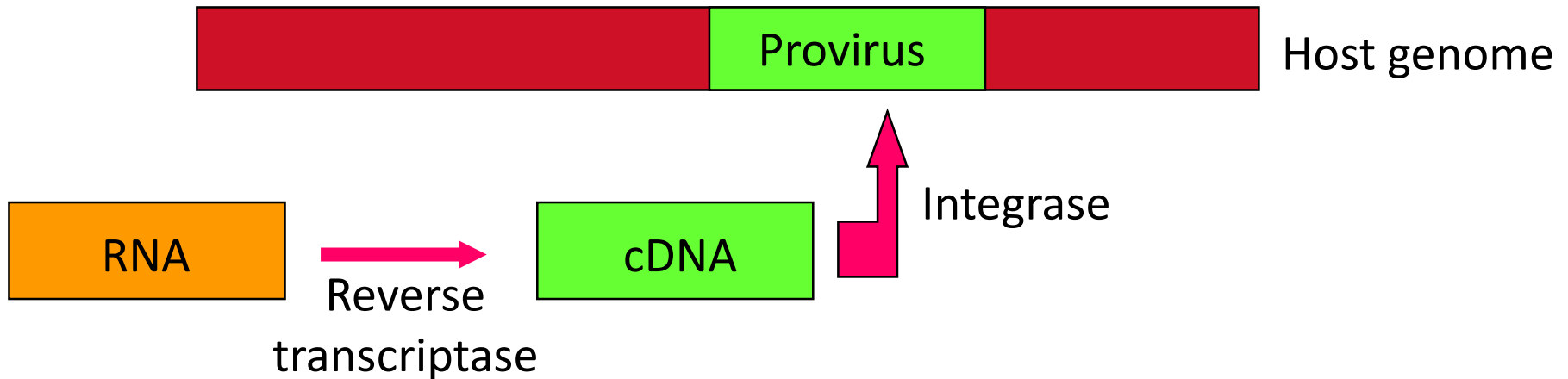
Progressive FeLV

11/200 (5.5%) – published 2013⁸

3. Regressive FeLV prevalence

Country	FeLV-infected	
	Progressive infections	Regressive infections
Switzerland ⁹	41/597 (7%)	61/597 (10%)
Switzerland ¹⁰	54/445 (12%)	24/445 (5%)
UK ¹¹	56/465 (12%)	45/465 (10%)
Australia ¹²	2/248 (1%)	3/248 (1%)
Germany ¹³	9/495 (2%)	6/495 (1%)

4. FIV/FeLV – A review of diagnosis

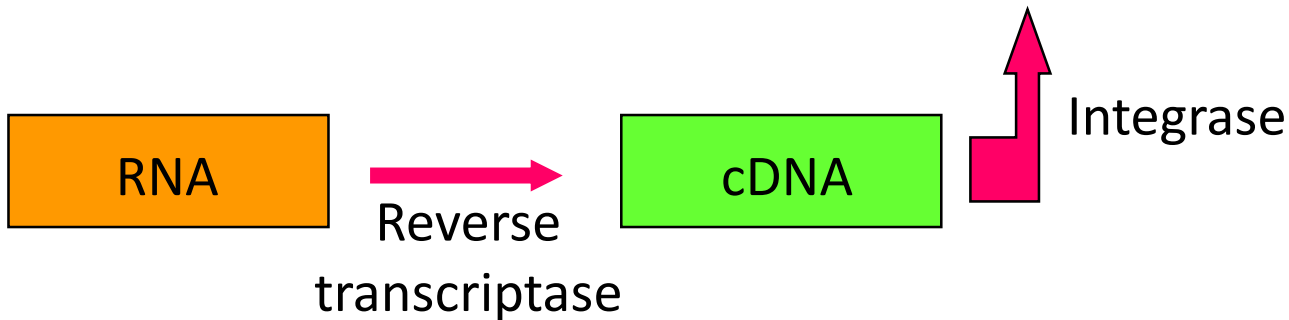


FeLV/FIV



1. Antigen testing (FeLV)

4. FIV/FeLV – A review of diagnosis



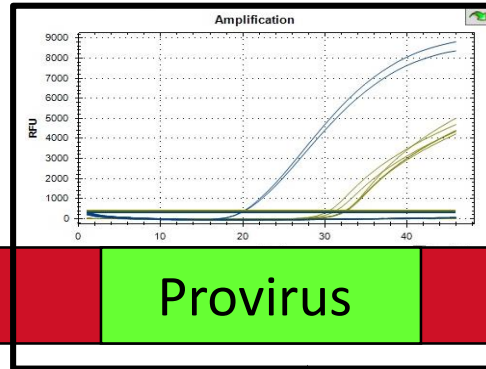
FeLV/FIV

1. Antigen testing (FeLV)

2. Antibody testing (FIV)

4. FIV/FeLV – A review of diagnosis

3. PCR testing (FIV and FeLV)



Reverse transcriptase



Integrase



FeLV/FIV

1. Antigen (Ag) testing (FeLV)

2. Antibody (Ab) testing (FIV)

4. Challenges with diagnosis – FIV infection



IDEXX
LABORATORIES



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BIONOTE



Test	Target Abs	Can differentiate FIV-vaccinated and FIV-infected? ¹⁴
SNAP Combo [®]	p15, p24 +/- gp40	✗
Witness [®]	gp40	✓
Anigen Rapid [®]	gp40	✓

FIV testing – Take home message #1

In areas where FIV vaccination is practiced (currently Australia, New Zealand and Japan), and particularly in shelters where FIV vaccination history is often unknown, screening for FIV infection should be performed using Witness[®] or Anigen Rapid[®] FIV test kits^{14,15}



BUT beware false-positives can occur for 6 months following primary FIV vaccination (so confirm with FIV PCR testing)¹⁶



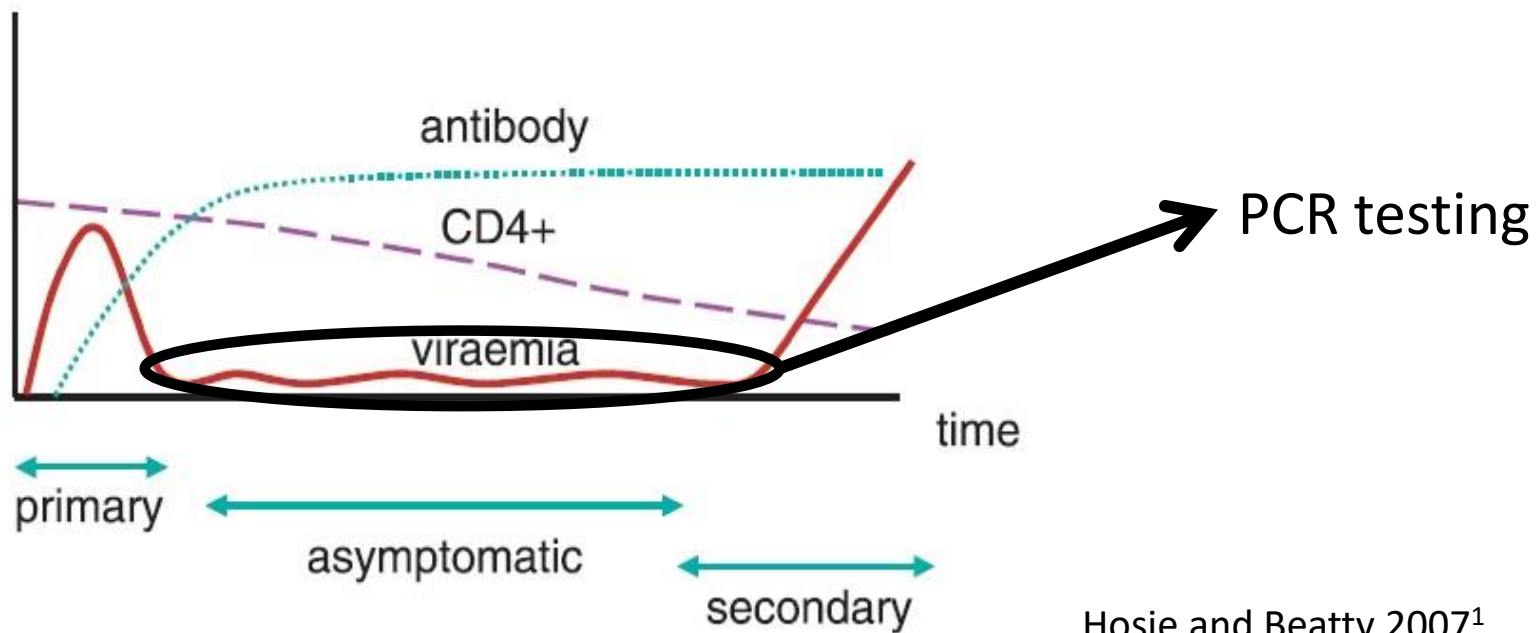
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BIONOTE

4. Challenges with diagnosis – FIV infection

FIV antibody-testing (with Witness and Anigen Rapid) is more reliable than PCR testing

2/5 FIV-vaccinated/FIV-infected cats required multiple IDEXX FIV RealPCR™ testing to get a positive result (i.e. some false-negative PCR results)



4. Challenges with diagnosis – FIV infection

How?

A recent study has shown that the FIV antibodies detected by the test kits are specific to FIV infection.

What does this mean?

A positive FIV test indicates infection only. Any antibodies present due to vaccination will not produce a positive result.

Why use ?

Other test kits can produce false positive results due to vaccination, which can cost time and money, but most importantly, can affect treatment of the patient.

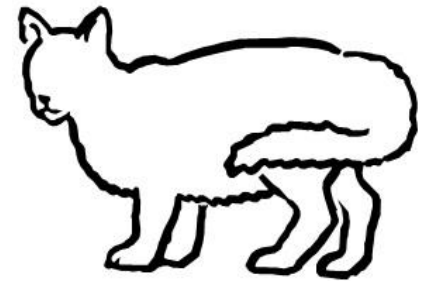
	Vaccinated	Vaccinated and Infected	Infected
Other kits	-	+	+
	+	+	+

Encourage companies to invest in independent research by asking questions and thinking critically!

4. FeLV diagnosis

Outcomes of FeLV exposure:

1. Abortive infection
2. Progressive infection
3. Regressive infection



	Antigen (p27)	PCR
1. Abortive (20-30%)	✘	✘
2. Progressive (30-40%)	✔	✔
3. Regressive (30-40%)	✔ then ✘	✔

4. Challenges with diagnosis - progressive FeLV

IDEXX Laboratories, SNAP FIV/FeLV Combo[®]

Sensitivity (progressive FeLV) 98.6%

Specificity (progressive FeLV) 98.2%¹⁷

***** What is the positive predictive value? (PPV) *****



4. Challenges with diagnosis - progressive FeLV

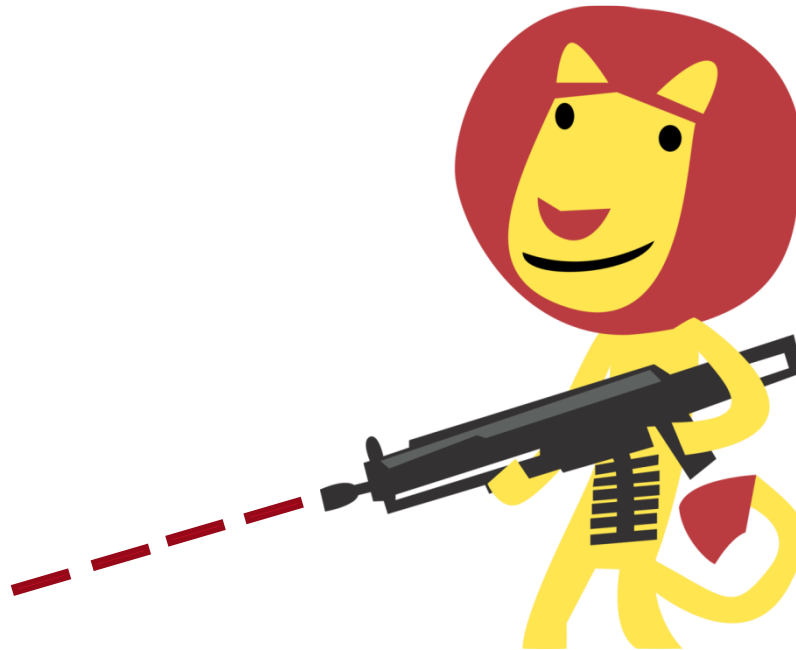
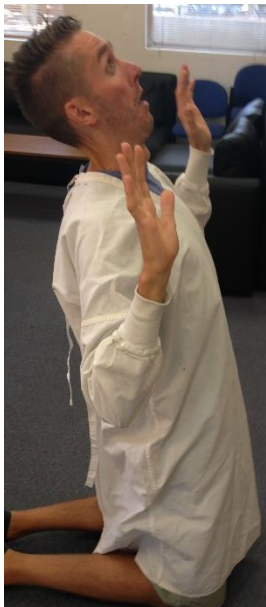
Prevalence	2.0%		
Sensitivity	98.6%		
Specificity	98.2%		
Test population	1000		
	Test positive	Test negative	Total
True positive	19.72	0.28	20
True negative	18	962.36	980
Total	37.36	962.64	1000
PPV/NPV	52.8%	100.0%	

4. Challenges with diagnosis - progressive FeLV

Prevalence	5.5%		
Sensitivity	98.6%		
Specificity	98.2%		
Test population	1000		
	Test positive	Test negative	Total
True positive	54.23	0.77	55
True negative	17	927.99	945
Total	71.24	928.76	1000
PPV/NPV	76.1%	99.9%	

FeLV testing – Take home message #2

A positive FeLV result with rapid (point-of-care) testing should ALWAYS be followed by PCR testing⁵



'Randy'
No FeLV PCR?

FeLV testing: examples of false-positives

Sick animal – ‘Marcus’



Sick animal (2
different kits) –
‘Skittles’

Healthy animal – ‘Claudia’



Sick animal
after blood
transfusion –
‘Ranger’





Original Article



Prevalence and risk factor analysis of feline haemoplasma infection in New Zealand domestic cats using a real-time PCR assay

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DOI: 10.1177/1098612X13488384
jfms.com


Kathryn S Jenkins¹, Keren E Dittmer¹, Jonathan C Marshall¹
and Séverine Tasker²

Abstract

Haemotropic mycoplasmas (haemoplasmas) are small epierythrocytic bacteria that have the potential to cause severe, life-threatening haemolytic anaemia. The aim of the current study was to evaluate feline haemoplasma prevalence using real-time polymerase chain reaction (PCR) from a convenience sample of New Zealand domestic cats, including blood film examination and a risk factor analysis. DNA was extracted from 200 blood

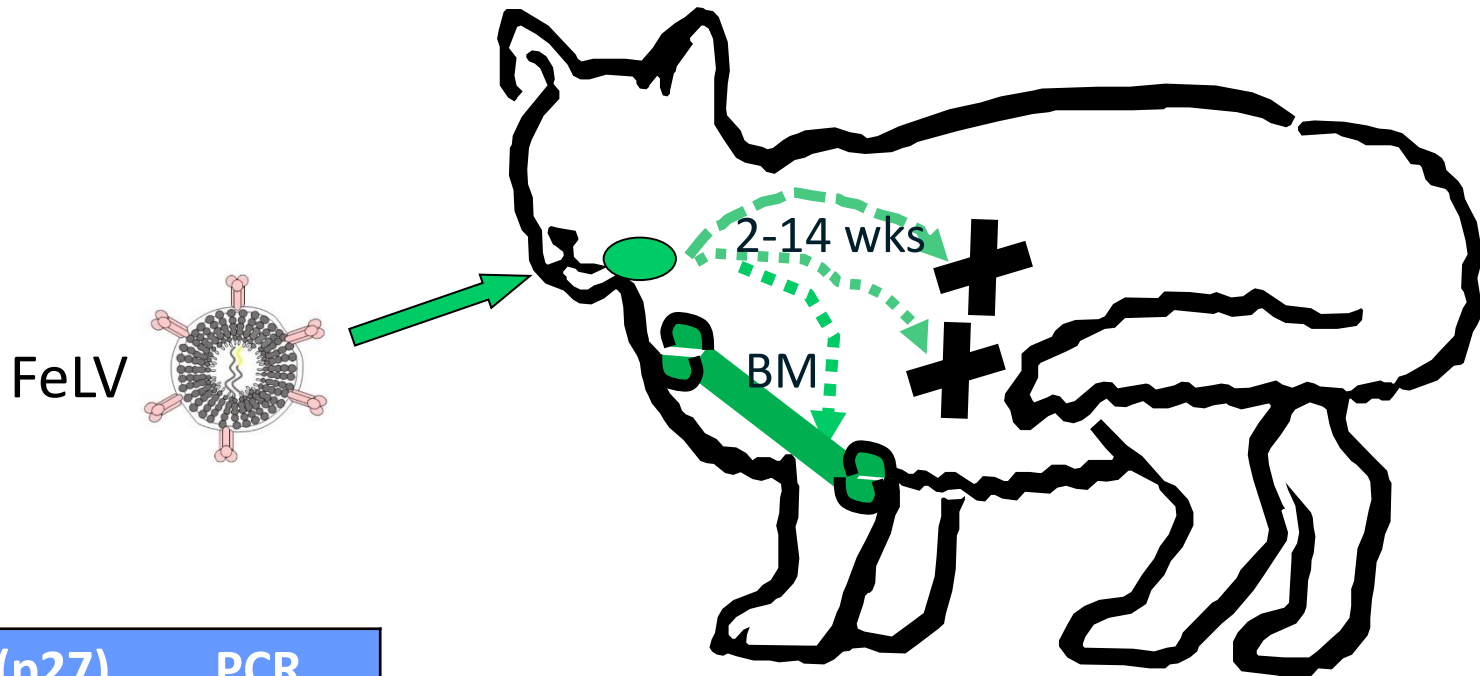
Progressive FeLV

11/200 (5.5%) cats from this study were FeLV antigen positive⁸

None of these 11 samples were FeLV PCR positive (unpublished)

4. Challenges with diagnosis - regressive FeLV

Outcomes of FeLV exposure: REGRESSIVE infection



Antigen (p27)

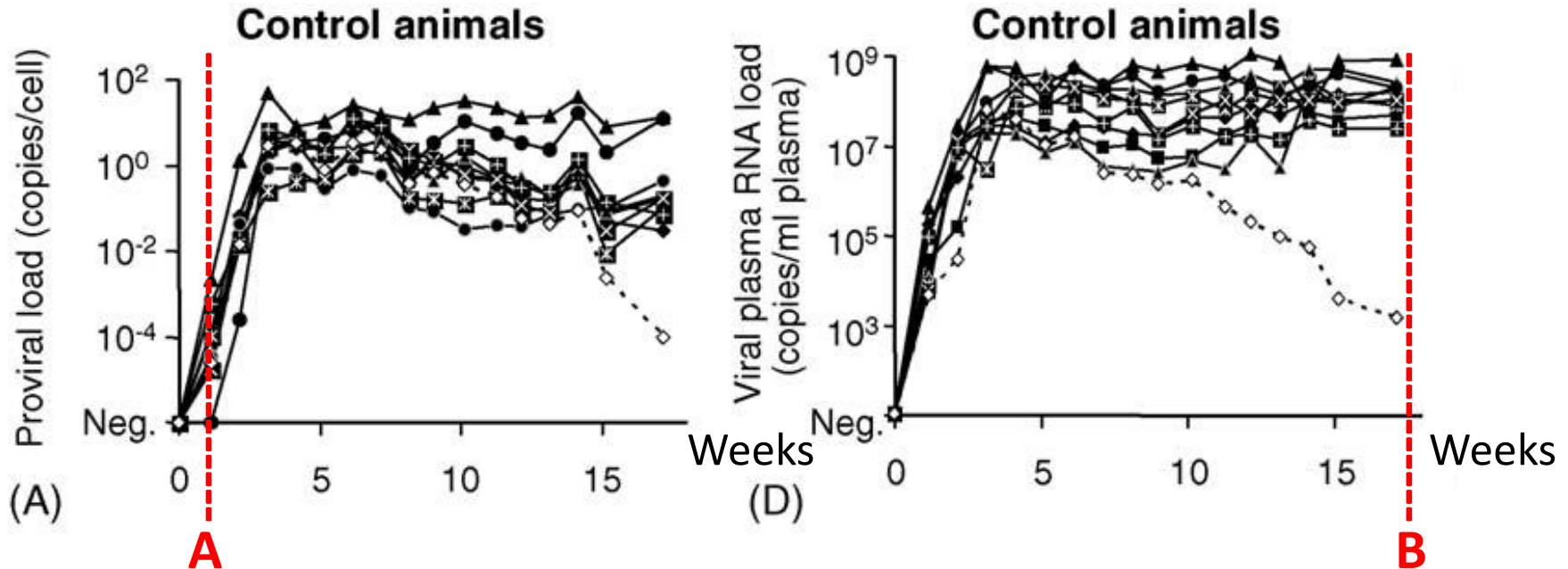
PCR

✓ then ✗

✓

Image courtesy of Prof Vanessa Barrs

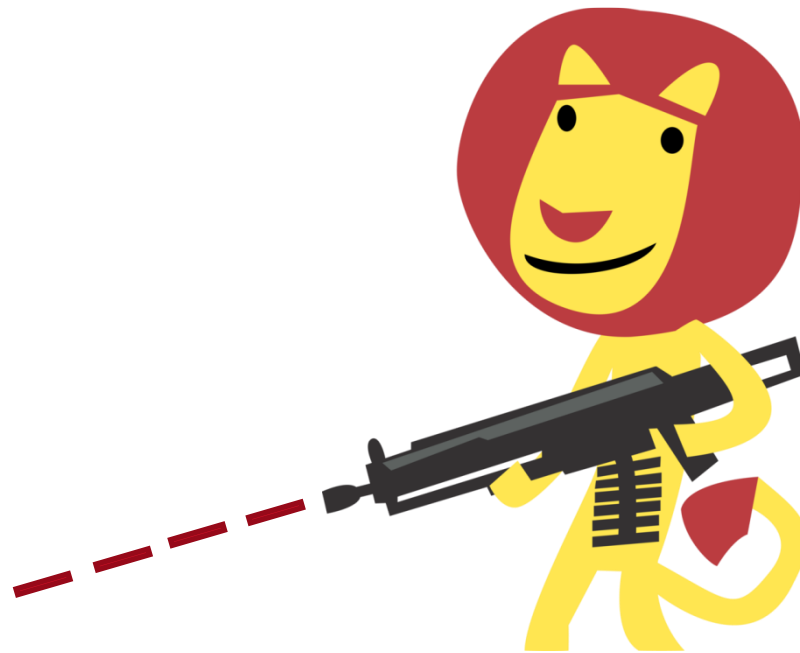
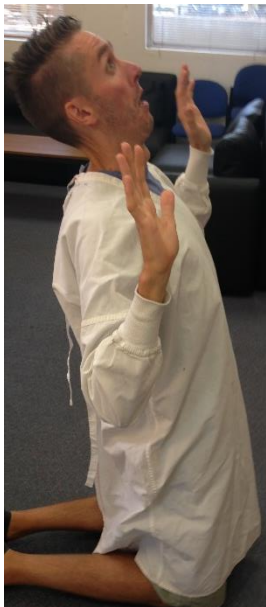
4. Challenges with diagnosis - regressive FeLV



No significant difference was found in the very early phase of the infection between cats that subsequently became progressively FeLV infected and cats that became regressively FeLV infected¹⁸

FeLV testing – Take home message #3

A positive FeLV result with rapid (point-of-care) testing should ALWAYS be followed by PCR testing⁵



‘Randy’
No FeLV PCR?



And if both are positive, FeLV point-of-care testing should be repeated 3-4 months later⁵

4. Challenges with diagnosis - regressive FeLV



10 uninfected cats transfused with blood from regressively FeLV infected cats (Ag-, PCR+)

2/10 of the transfused cats developed progressive FeLV infection, 6/10 developed regressive FeLV infection¹⁹

Image courtesy of Dr Duana Mc Bride

FeLV testing – Take home message #4

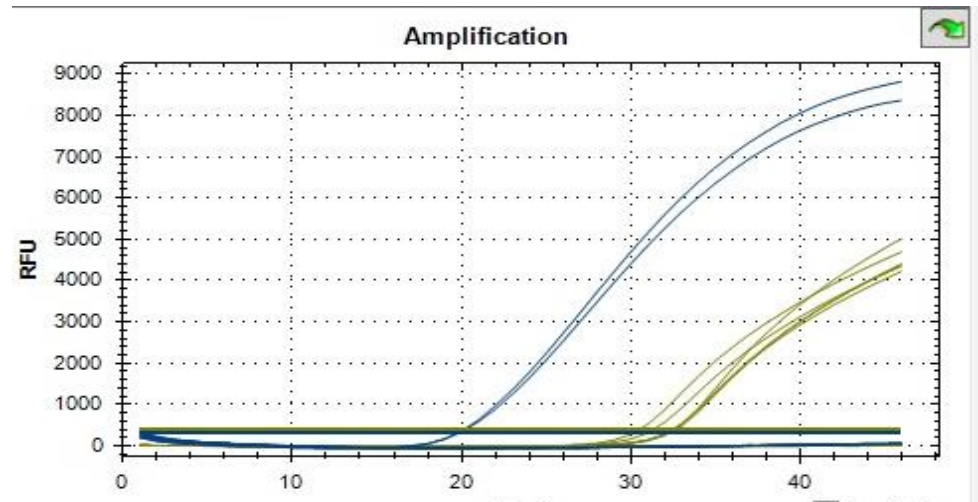


Image courtesy of Dr Duana Mc Bride

FeLV Ag and PCR testing of all blood donor cats should be performed!²⁰

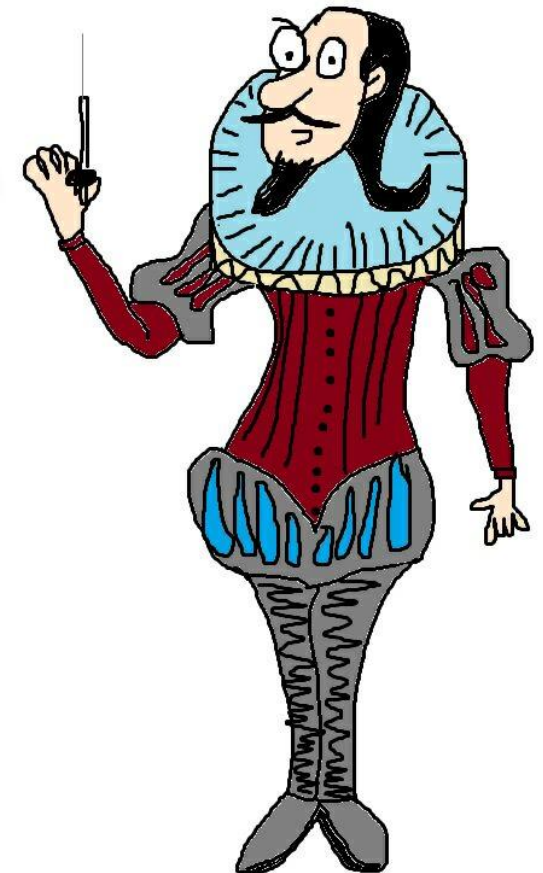
4. Challenges with FIV and FeLV diagnosis



Why are some shelters no longer testing all cats for FeLV and FIV?



5. FIV and FeLV vaccination



Q - To vaccinate or not to vaccinate?

5. FIV and FeLV vaccination



WSAVA
Global Veterinary Community

Vaccination
Guidelines
Group


GUIDELINES FOR THE VACCINATION OF DOGS AND CATS

**COMPILED BY THE VACCINATION GUIDELINES GROUP (VGG)
OF THE WORLD SMALL ANIMAL VETERINARY ASSOCIATION (WSAVA)**

M. J. Day¹, M. C. Horzinek², R. D. Schultz³ and R. A. Squires⁴

WSAVA Vaccination Guidelines 2015²¹

Both FIV & FeLV vaccination are considered 'non-core' (AKA optional)

5. FIV and FeLV vaccination

Things to consider:

- Individual risk factors for the cat
 - Local prevalence
 - Safety of the vaccine
 - Vaccine effectiveness
- FIV vaccine – 56% (Australian field study)²²
 - Jarrett and Ganiere (1996) – combined efficacy for Leucogen was 63%²³



Jarrett & Ganiere (1996)	Leucat	12	8	-14.3%
	Leucogen	12		52.4%
	Leukocell 2	12		4.8%
Jarrett & Ganiere (1996)	Leucogen	6	6	80%

5. FIV and FeLV vaccination

Things to consider:


- Recommend FIV/FeLV testing prior to annual vaccination using a rapid (point-of-care) test kit to look for ‘vaccine breakthroughs’





REVIEW

Diagnosing feline immunodeficiency virus (FIV) and feline leukaemia virus (FeLV) infection: an update for clinicians

ME Westman,^{a*}  R Malik^b and JM Norris^a

With the commercial release in Australia in 2004 of a vaccine against feline immunodeficiency virus (FIV; Fel-O-Vax FIV®), the landscape for FIV diagnostics shifted substantially. Point-of-care (PoC) antibody detection kits, which had been the mainstay for diagnosing FIV infection since the early 1990s, were no longer considered accurate to use in FIV-vaccinated cats, because of the production of vaccine-induced antibodies that were considered indistinguishable from those produced in natural FIV infections. Consequently, attention shifted to alternative diagnostic methods such as nucleic acid detection. However, over the past 5 years we have published a series of studies emphasising that FIV PoC test kits vary in their methodology, resulting in differing accuracy in

Structure of FIV and FeLV

Both feline immunodeficiency virus (FIV) and feline leukaemia virus (FeLV) are retroviruses with a similar three-layered structure (Figure 1). The innermost layer consists of the genome–nucleoprotein complex, which contains the viral genetic material (two copies of single-stranded RNA), enzymes essential for viral activity (including integrase, reverse transcriptase and protease) and nucleocapsid protein; the middle layer consists of capsid protein surrounding the genome–nucleoprotein complex, which in turn is surrounded by a matrix protein shell; and the outer layer is the envelope from which glycoprotein ‘spikes’ project.^{1–5}

Westman M, Malik R, Norris J. Diagnosing feline immunodeficiency virus (FIV) and feline leukaemia virus (FeLV) infection: an update for clinicians. *Aust Vet J.* 2019; 97(3): 47-55.

Acknowledgements



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Acknowledgements



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References (1)

1. Hosie, M.J., Beatty, J.A., 2007. Vaccine protection against feline immunodeficiency virus: setting the challenge. *Aust. Vet. J.* 85, 5-12.
2. Bęczkowski PM, Litster A, Lin TL, Mellor DJ, Willett BJ, Hosie MJ. Contrasting clinical outcomes in two cohorts of cats naturally infected with feline immunodeficiency virus (FIV). *Vet Microbiol.* 2015;176(1–2):50-60.
3. Shelton GH, Grant CK, Cotter SM, Gardner MB, Hardy WD, Jr., DiGiacomo RF. Feline immunodeficiency virus and feline leukemia virus infections and their relationships to lymphoid malignancies in cats: a retrospective study (1968-1988). *J Acquir Immune Defic Syndr.* 1990;3(6):623-30.
4. Cristo TG, Biezu G, Noronha LF, Pereira L, Withoef JA, Furlan LV, et al. Feline Lymphoma and a High Correlation with Feline Leukaemia Virus Infection in Brazil. *J Comp Pathol.* 2019;166:20-8.
5. Lutz H, Addie D, Belák S, Boucraut-Baralon C, Egberink H, Frymus T, et al. Feline Leukaemia: ABCD Guidelines on Prevention and Management. *J Feline Med Surg.* 2009;11(7):565-74.
6. McLuckie AJ, Barrs VR, Lindsay S, Aghazadeh M, Sangster C, Beatty JA. Molecular Diagnosis of *Felis catus* Gammaherpesvirus 1 (FcaGHV1) Infection in Cats of Known Retrovirus Status with and without Lymphoma. 2018;10(3):128.
7. Westman ME, Paul A, Malik R, McDonagh P, Ward MP, Hall E, et al. Seroprevalence of feline immunodeficiency virus and feline leukaemia virus in Australia: risk factors for infection and geographical influences (2011-2013). *J Feline Med Surg Open Reports.* 2016;2.
8. Jenkins KS, Dittmer KE, Marshall JC, Tasker S. Prevalence and risk factor analysis of feline haemoplasma infection in New Zealand domestic cats using a real-time PCR assay. *J Feline Med Surg.* 2013;15(12):1063-9.
9. Hofmann-Lehmann R, Huder JB, Gruber S, Boretti F, Sigrist B, Lutz H. Feline leukaemia provirus load during the course of experimental infection and in naturally infected cats. *J Gen Virol.* 2001;82:1589-96.
10. Gomes-Keller MA, Gonczi E, Tandon R, Riondato F, Hofmann-Lehmann R, Meli ML, et al. Detection of feline leukemia virus RNA in saliva from naturally infected cats and correlation of PCR results with those of current diagnostic methods. *J Clin Microbiol.* 2006;44(3):916-22.
11. Pinches MDG, Helps CR, Gruffydd-Jones TJ, Egan K, Jarrett O, Tasker S. Diagnosis of feline leukaemia virus infection by semi-quantitative real-time polymerase chain reaction. *J Feline Med Surg.* 2007;9(1):8-13.
12. Beatty JA, Tasker S, Jarrett O, Lam A, Gibson S, Noe-Nordberg A, et al. Markers of feline leukaemia virus infection or exposure in cats from a region of low seroprevalence. *J Feline Med Surg.* 2011;13(12):927-33.
13. Englert T, Lutz H, Sauter-Louis C, Hartmann K. Survey of the feline leukemia virus infection status of cats in Southern Germany. *J Feline Med Surg.* 2012;14(6):392-8.
14. Westman ME, Malik R, Hall E, Sheehy PA, Norris JM. Determining the feline immunodeficiency virus (FIV) status of FIV-vaccinated cats using point-of-care antibody kits. *Comp Immun Microbiol Infect Dis.* 2015;42:43-52.

References (2)

15. Crawford C. Does a DIVA test exist for differentiating FIV infection from FIV vaccination? (2016 ACVIM Forum Research Abstract Program). *J Vet Intern Med.* 2016;30(4):1475.
16. Westman ME, Malik R, Hall E, Harris M, Hosie MJ, Sheehy PA, et al. Duration of antibody response following vaccination against feline immunodeficiency virus (FIV). *J Feline Med Surg.* 2016.
17. <https://www.idexx.co.uk/en-gb/veterinary/snap-tests/snap-fivfelv-combo-test/>.
18. Hofmann-Lehmann R, Tandon R, Boretti FS, Meli ML, Willi B, Cattori V, et al. Reassessment of feline leukaemia virus (FeLV) vaccines with novel sensitive molecular assays. *Vaccine.* 2006;24(8):1087-94.
19. Nesina S, Helfer-Hungerbuehler AK, Riond B, Boretti FS, Willi B, Meli ML, et al. Retroviral DNA - the silent winner: blood transfusion containing latent feline leukemia provirus causes infection and disease in naive recipient cats. *Retrovirology.* 2015;12(105):(21 December 2015)-(21 December).
20. Pennisi MG, Hartmann K, Addie DD, Lutz H, Gruffydd-Jones T, Boucraut-Baralon C, et al. Blood transfusion in cats: ABCD guidelines for minimising risks of infectious iatrogenic complications. *J Feline Med Surg.* 2015;17(7):588-93.
21. <http://www.wsava.org/sites/default/files/WSAVA%20vaccination%20Guidelines%202015%20Full%20Version.pdf>.
22. Westman ME, Malik R, Hall E, Norris JM. The protective rate of the feline immunodeficiency virus vaccine: an Australian field study. *Vaccine.* 2016;34:4752-8.
23. Jarrett O, Ganiere JP. Comparative studies of the efficacy of a recombinant feline leukaemia virus vaccine. *Vet Rec.* 1996;138(1):7-11.

Questions:

1. According to the Jenkins *et al.* study published in 2013, what is the prevalence of FIV infection in New Zealand?
2. According to the Jenkins *et al.* study published in 2013, what is the prevalence of progressive FeLV infection in New Zealand?
3. Witness and Anigen Rapid FIV test kits can differentiate between FIV-vaccinated and FIV-infected cats (Y/N)
4. A regressively FeLV-infected cat by definition tests Ag ___ and PCR ___ (fill blanks +ve or -ve)
5. A low positive predictive value (PPV) and false-positive test results are particularly a concern in ___ disease prevalence populations (low or high)
6. What FIV and FeLV testing should be performed on blood donors?
7. FIV and FeLV vaccination are considered ___ vaccines by the WSAVA?





Thank you for listening!



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