

VIRUSES AND PRIONS TRANSMITTED VIA FOOD AND WATER

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Introduction

Viruses transmitted via food and water are, with one exception, **human enteric viruses**.

Only a few primate species other than humans are infected by these viruses.

Enteric viruses infect perorally and are shed in feces.

Classification: see Table 1

Replication occurs only in susceptible cells; no DNA is involved in the replicative cycle.

Prions are a newly recognized class of infectious agents that cause fatal neurological illnesses.

Hepatitis A virus

CDC (U.S., '93-'97): 23 outbreaks, 729 cases, 0 deaths (Table 2); est. ~11,000 cases/yr

CAST: 4,800–35,000 cases/year, ≤14 deaths, \$5030/case; no FoodNet coverage

Picornavirus: ca. 28 nm diameter, single (+) strand RNA; coat protein comprises 60 copies of each of four structural polypeptides; virus is relatively resistant to heat and to drying

History — Viral hepatitis recognized ca. time of World War II; fecal-oral transmission of “infectious hepatitis” (now hepatitis A) recognized much later; 5–6 hepatitis viruses now known, but only hepatitis A is known to be transmitted via food and water **in North America**

The disease

Virus in feces of infected person

Entry via intestines

Liver colonized; infected cells destroyed by host's immune response; incubation 15–50 days (average 28–30); virus shed in feces 1–2 weeks before onset

Illness: fever, malaise, anorexia, nausea, abdominal discomfort—jaundice (?); usually complete recovery after a few weeks, with permanent immunity

Transmission/Control

Routes — person-to-person, or via water (drinking, irrigation?), “undercooked” shellfish, or food handled by an infected person

Prevention — sanitation, cooking, **vaccination** (U.S., 1995)

Food as a vehicle

Norwalk-like gastroenteritis viruses → “Noroviruses”

CDC (U.S., '93-'97): 9 outbreaks, 1233 illnesses, 0 deaths; **est. 9.2 million foodborne/yr**

CAST: 181,000 cases/year, 0 deaths, \$890/case

History and naming

Norwalk, Ohio, gastroenteritis outbreak, 1972

Small round structured viruses (SRSV), “Norwalk-like”

Calicivirus group — small (~30 nm), single-stranded RNA, protein coat has

“dimples”

The disease — vomiting and diarrhea; less common than rotavirus in infants

Virus from ill or convalescent person via feces or vomitus

Colonization of intestines — incubation: 1–2 days

Severe diarrhea & vomiting — 12–60 hr (usually 24–48), virus shedding up to 7 days

Antibody is not protective

Transmission/Control

Routes — person-to-person, or via water, “undercooked” shellfish, or food handled by an infected person

Prevention — sanitation, cooking

Diagnosis

Virus in feces: ELISA for antigen; RT-PCR for viral nucleic acid; serogroups

Antibody production

Other gastroenteritis viruses

Astroviruses — occasionally foodborne, some replicate in cell culture

Rotaviruses — more often infant diarrhea than foodborne disease

Adenoviruses — serotypes 40 & 41, not known to be foodborne

Coronaviruses — questionable cause of human diarrhea, foodborne once?

Other viruses and food

Human enteroviruses (polioviruses, coxsackieviruses, echoviruses)

Hepatitis E virus — **water**, food?

Tick-borne encephalitis virus — milk & milk products, Slovakia

Industry alarms

“Non-problems” — hepatitis B, C, & D; herpes, HIV, hantavirus

Detection & monitoring: cytopathic effects in cell culture, plaques

Diagnosis

Detection of viruses in food

Sample processing — liquefaction, clarification, concentration

Test methods — probes, PCR, antigen capture

Indicators — bacteria, viruses, phages

Prevention

Food vehicles

Shellfish (bivalve mollusks)

Other food vehicles

Sanitation (handwashing)

Depuration of shellfish — not very successful

Cooking, inactivation

Prions

Transmissible spongiform encephalopathies (TSEs)

- Accumulation of abnormal prions in brain leads to spongiform degeneration
- All are fatal
- Some are “contagious”

Prions are

- Low MW peptides found in CNS & some other organs
- Normal folding (“PrP^C”) depends on amino acid sequence.
- Abnormal (various causes, “PrP^{Sc}”) produces a protease-resistant molecule

“Old” TSEs

- Scrapie in sheep
- Creutzfeldt-Jakob disease (CJD), sporadic, etc., in humans
- Transmissible mink encephalopathy
- Chronic wasting disease (deer, elk)

“New” TSEs

- Bovine spongiform encephalopathy (BSE) — “mad cow disease”
- Feline spongiform encephalopathy
- New variant CJD (vCJD) in humans

BSE in cattle, UK

- April 1985 to December 2004, 184,131 confirmed cases of BSE (3–5-yr incubation)
- Control by not feeding rendered bovine meat-and-bone meal (MBM) to cattle — slow enforcement
- Slaughter of affected *herds*
- Enormous research effort
- No BSE prions found in red meat (voluntary muscle) or milk
- Vertical transmission (cow-to-calf) “unlikely”
- Carcass disposal precautions

BSE in cattle elsewhere

- Some cattle, much beef, and a lot of MBM exported from UK to other countries
- Now ca. 24 countries have BSE (few thousand cases), all in Europe except Japan, Israel (occupied West Bank territories), Canada, and US, so far

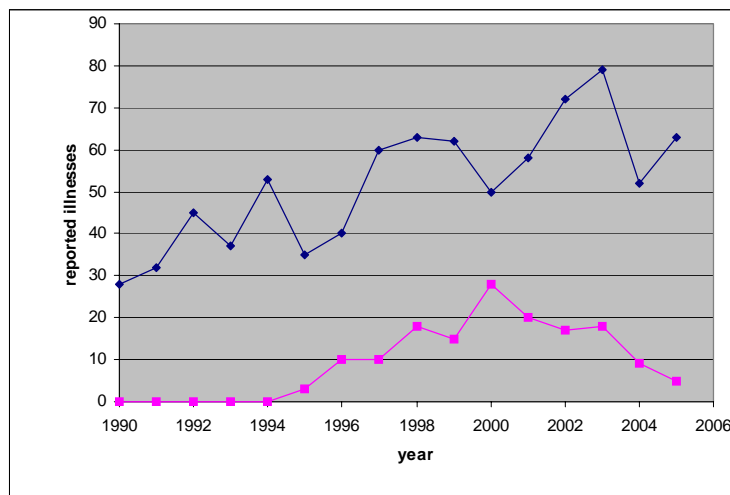
Inter-species transmission

- Ca. 1994, TSE in cats (UK), including zoo species
- In 1995, something resembling CJD began occurring in young people in the UK — “new variant CJD” or “vCJD” (>10-yr incubation?)
- vCJD differs in more than age distribution of victims

Impact of vCJD

- ~153 people in UK, ~23 in the rest of the world affected by 12/05 (almost all deceased)
- Even in UK, <CJD rate (28 vs 49 in peak year, 2000)
- Far less than deaths from other foodborne diseases
- HUGE public reaction
- Specified bovine offals banned from the food chain, most BSE countries
- Cattle >30 months old not eaten in UK, carcasses incinerated
- Slaughter cattle >30 (24 in some countries) months old tested in other BSE countries
- Genetic susceptibility — all vCJD patients tested have been homozygous for methionine at codon 129 of their prion gene (40% of population)
- Restrictions on blood donation and use

Sporadic CJD and vCJD in the UK, 1990–2005



BSE in Canada, spring 2003

- One cow, no trace
- Exports to U.S. (& other countries) cut off

BSE in US (Washington), December 2003

- One cow, possible “downer”
- Huge interstate recall of meat
- Media orgy
- Embargoes on US beef

US control measures

- Ban on feeding mammalian meat and bone meal (MBM, product of rendering) to food-source ruminants
- Restrictions on blood donation
- Scrutiny of biologicals
- Slaughter of downer cattle prohibited
- Risk materials, from animals >30 months old, prohibited from human food supply
- Other prohibitions pending
- More testing of downers, dead-on-farms, and suspects at slaughter
- Major over-reaction to minimal threat to human health

Drama in North America — chronic wasting disease

- Deer & elk, Colorado, Wyoming
- Other states (*Wisconsin*), Canadian provinces, farmed and wild animals
- Environmental transmission (feces?)
- Transmissible to humans??
- Processing carcasses — food safety?
- Now upstaged by BSE

Summary

- Human enteric viruses, fecal contamination
- Cooking or other means of inactivation (deuration)
- Detection vs. indicator systems for monitoring
- Prion diseases are here in North America.
- Threat to human health is minimal.
- Measures being imposed may well lessen overall food safety.

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<http://www.fda.gov/cber/bse/bse.htm> (has many links)

Table 1. Major groups of human enteric viruses.

Size (nm)	NA strands	RNA	DNA
25–35	single	astro- calici- picorna-	parvo-
70–85	double	reo- rota-	adeno-

Table 2. Causes of foodborne outbreaks, U.S., '93–'97

Rank	Causative agent	Cases	%
1	<i>Salmonella</i> spp.	32,610	37.9
2	<i>Escherichia coli</i>	3,260	3.8
3	<i>Clostridium perfringens</i>	2,772	3.2
5	Other viral	2,104	2.5
7	Norwalk-like viruses	1,233	1.4
9	Hepatitis A virus	729	0.8