

SWINE HEALTH

Title: Assessing the risk of African swine fever virus (ASFV) transmission in feed – NPB #17-057

Investigator: Megan Niederwerder

Institution: Kansas State University

Date Submitted: February 5, 2019

Industry Summary: African swine fever virus or ASFV is a highly contagious foreign animal disease and a significant threat to pork production in the U.S. Disease caused by ASFV is characterized by severe disseminated hemorrhage and high mortality rates. Since spreading into Eastern Europe and Russia in 2007 and most recently into Belgium and China in 2018, the concern for further spread and introduction into negative countries such as the U.S. has heightened. With no effective treatment or vaccine available for ASFV control, preventing virus introduction is a primary goal of all virus-negative countries. Although the introduction of porcine epidemic diarrhea virus into the U.S. in April 2013 unveiled the risk of feed as a route for transboundary virus transmission, very little is known about the risks of other foreign animal diseases, such as ASFV, being transmitted through feed. The objectives of this project were to 1) define the relationship between infection probability and ASFV dose, 2) identify the minimum infectious dose (MID) or lowest dose required to result in ASFV infection of at least one pig, and 3) identify the median infectious dose (ID₅₀) or dose required to result in ASFV infection of 50% of pigs for ASFV Georgia 2007 when consumed naturally in contaminated feed or liquid. To investigate these objectives, individually housed pigs were exposed to a single dose of ASFV ranging between 10⁰ TCID₅₀ and 10⁸ TCID₅₀ in small volumes of media (100 ml) or complete feed (100 g). Pigs were euthanized and assessed for ASFV infection by PCR and virus isolation at 5 days post-exposure. The MID of ASFV in liquid was 10⁰ TCID₅₀ whereas 10⁴ TCID₅₀ was the MID in complete feed. The ID₅₀ was 10^{1.0} TCID₅₀ for liquid and 10^{6.8} TCID₅₀ for feed. Experimental data were statistically analyzed to model infection probability through multiple exposures, where the infection probability was shown to increase at all dose levels for both liquid and feed for exposures greater than 1. This is significant, as once a feed batch becomes contaminated with ASFV, it is likely that pigs would consume contaminated feed in higher volumes (>100 g) and at higher frequencies (>1 exposure) than what was tested in the current experiment. Overall, this work demonstrates that infection probability of ASFV through natural drinking and feeding behavior is dependent on dose, matrix, and number of exposures. Taken together, this study provides evidence that ASFV can be easily transmitted orally through contaminated liquid and feed when consumed naturally, with higher doses required for infection in complete feed, and provides additional information supporting the potential role of feed in ASFV transmission.

These research results were submitted in fulfillment of checkoff-funded research projects. This report is published directly as submitted by the project's principal investigator. This report has not been peer-reviewed.

For more information contact:

National Pork Board • PO Box 9114 • Des Moines, IA 50306 USA • 800-456-7675 • Fax: 515-223-2646 • pork.org

Keywords: African swine fever virus, oral dose, minimum infectious dose, median infectious dose, feed, pigs, natural consumption

Citation: Niederwerder, M.C., A.M.M. Stoian, R.R.R. Rowland, S.S. Dritz, V. Petrovan, L.A. Constance, J.T. Gebhardt, M. Olcha, C.K. Jones, J.C. Woodworth, Y. Fang, J. Liang, T.J. Hefley. 2019. Infectious dose of African swine fever virus when consumed naturally in liquid or feed. *Emerging Infectious Diseases*. <https://doi.org/10.3201/eid2505.181495>

Scientific Abstract:

African swine fever virus (ASFV) is a contagious rapidly spreading transboundary animal disease and a significant threat to pork production throughout the world. Although plant-based feed has been identified as a potential route for virus introduction onto swine farms, little is known about the risks of ASFV transmission in feed. The objectives of this study were to determine the minimum infectious dose (MID) and median infectious dose (ID₅₀) for ASFV Georgia 2007 through oral exposure via natural drinking and feeding behaviors. The MID of ASFV in liquid was 10⁰ TCID₅₀ compared to 10⁴ TCID₅₀ in feed. The ID₅₀ was 10^{1.0} TCID₅₀ for liquid and 10^{6.8} TCID₅₀ for feed. Taken together, this study demonstrates that ASFV Georgia can be easily transmitted orally, with higher doses required for infection in plant-based feed. These data provide important information that can be incorporated into the risk models for ASFV transmission.

Introduction:

African swine fever virus (ASFV) is an emerging threat to North American and European swine production. Over the last decade, ASFV has spread into Eastern Europe and Russia (1, 2) and most recently into China (3, 4) and Belgium (5). Disease caused by ASFV is characterized by severe disseminated hemorrhage with case fatality rates approaching 100% (6). The virus is a member of the Asfarviridae family and the only known vector-borne DNA virus (7). Challenges to disease control include the lack of available vaccines and the potential for ASFV to become endemic in feral swine and ticks (8). With no effective vaccine or treatment, preventing ASFV introduction is the primary goal of disease-free countries. Mitigation strategies during an ASFV outbreak are centered around restricting pig movement and conducting large-scale culling of infected herds. It is estimated that the introduction of ASFV into the U.S. would cost producers more than \$4 billion in losses (9).

Historical outbreaks, including the introduction of ASFV into the Caucasian region in 2007 and subsequent spread into Russia, have been attributed to feeding contaminated pork products (1) or direct contact with pigs (10). ASFV survives in meat and blood at room temperature for several months (11, 12) and is resistant to temperature and pH extremes (13). Molecular characterization of the more recent ASFV incursions into China (4) and Siberia (14) demonstrate similarity in viral isolates to ASFV Georgia 2007. Importantly, these outbreaks have occurred in herds separated by thousands of km (15). For example, ASFV spread approximately 2100 km from the city Shenyang in northern China to the city Wenzhou, south of Shanghai, in approximately 3 weeks (16). Additionally, an ASFV incursion has been recently reported in a large-scale high biosecurity Romanian farm (17). Contaminated water from the river Danube has been implicated in introducing ASF onto the 140,000 pig breeding farm (18). Contaminated feed as a transmission vehicle for introducing transboundary animal diseases onto high biosecurity swine operations has been recognized as a significant risk factor since the introduction of porcine epidemic diarrhea virus (PEDV) into the U.S. in 2013 (19-24). The lesson learned from PEDV underscores the need to quantitate the risk that feed plays in the introduction of other transboundary animal diseases. Nonetheless, data defining the risk of ASFV transmission through feed or feed ingredients is limited. In 2014, the introduction and spread of ASFV in Latvia was associated with the feeding of virus-contaminated fresh grass or crops to naïve pigs (25). Furthermore, recent work has demonstrated that ASFV survives in feed ingredients, such as

soybean meal, soy oil cake, and choline, under conditions simulating trans-Atlantic shipment from Eastern Europe to the U.S. (21). These reports suggest the spread of ASFV may be attributed to less recognized transmission routes, such as feed or water.

ASFV can be experimentally transmitted via several routes, including intramuscular, oronasal or through direct contact (6). In many of the oronasal studies, however, ASFV was placed directly in the mouth or on the tonsils. The infectious dose of ASFV in plant-based feed or liquid consumed naturally is lacking; moreover, nothing is known regarding ASFV Georgia 2007 in feed. While field-based epidemiologic reports provide information suggesting routes of transmission, they provide little information about infectious dose. Thus, our objectives were to 1) define the relationship between infection probability and dose, 2) identify the minimum infectious dose (MID) or lowest dose required to result in ASFV infection of at least one pig, and 3) identify the median infectious dose (ID₅₀) or dose required to result in ASFV infection of 50% of pigs for ASFV Georgia 2007 when consumed naturally in contaminated feed or liquid.

Objectives:

1. Determine the median infectious dose (ID₅₀) for ASFV Georgia 2007 through oral exposure via natural drinking behavior
2. Determine the median infectious dose (ID₅₀) for ASFV Georgia 2007 through ingestion of contaminated complete feed via natural feeding behavior

Materials & Methods:

ASFV inoculum preparation

The ASFV Georgia 2007/1 isolate (2) used in this study was kindly provided by Linda Dixon (Pirbright Institute) and through the generosity of David Williams (Commonwealth Scientific and Industrial Research Organization's Australian Animal Health Laboratory). Viral stocks were created from spleen tissue collected from pigs during acute infection with ASFV Georgia 2007 (26). Splenic tissue was minced and passed through a cell strainer in the presence of phosphate-buffered saline (PBS) supplemented with penicillin/streptomycin and fungizone. The suspension was centrifuged at 4000 × g for 30 min and the supernatant was stored at 4°C. The pellet was resuspended in sterile PBS with antibiotics and antimycotics and additional virus was obtained by 3 freeze-thaw cycles. The suspension was centrifuged and clarified supernatant stored at 4°C.

For virus titration, porcine alveolar macrophages (PAMs) were collected by lung lavage of 3 to 5 week old pigs. PAMs were cultured for 2 days in RPMI media supplemented with 10% fetal bovine serum and antibiotics in a 37°C 5% CO₂ incubator. Ten-fold serial dilutions of virus were prepared in triplicate and added to PAMs in a 96-well plate. After 3 days at 37°C, cells were fixed using 80% acetone for 10 min. Cells were stained using a p30 monoclonal antibody (27) diluted 1:6000. The plate was incubated at 37°C for 1 h, washed 3 times with PBS and bound antibody detected using a goat-anti mouse antibody (AlexaFluor 488, Life Technologies, Carlsbad, CA) diluted 1:400 and incubated for 1 h at 37°C. Stained cells were observed under an inverted fluorescence microscope (Evos FL, Life Technologies, Carlsbad, CA). The log₁₀ 50% tissue culture infectious dose (TCID₅₀)/ml was calculated according to the method of Reed and Muench (28).

Dilutions of the clarified ASFV Georgia 2007 splenic homogenate were made using RPMI media, with doses ranging from 10⁰ TCID₅₀ to 10⁸ TCID₅₀ added to a final volume of 100 ml RPMI or 100 g complete feed. The feed was a typical corn soybean meal-based diet formulated to be nutritionally adequate according to NRC recommendations for 10 to 25 kg pigs (29). The diet did not contain any animal-based feed ingredients. For mixing virus with feed, 10 ml of virus was allowed to absorb onto 100 grams of feed in a 500 ml wide-mouth high-density polyethylene round bottle (Nalgene™, ThermoFisher Scientific, Waltham, MA) for 30 s prior to homogenization by rolling and gently mixing the bottle by hand.

Animals and housing

The use of pigs and viruses in research was performed in accordance with the Federation of Animal Science Societies Guide for the Care and Use of Agricultural Animals in Research and Teaching, the USDA Animal Welfare Act and Animal Welfare Regulations, and approved by the Kansas State University Institutional Animal Care and Use Committee and the Institutional Biosafety Committee. A total of 84 crossbred pigs (average age, 51.8 ± 2.2 days) were obtained from a single high-health commercial source. Pigs were housed in three identical 66 m² rooms at

the Kansas State University Biosecurity Research Institute and maintained under biosafety level 3 agriculture containment conditions. Rooms were environmentally controlled and complete exchange of air occurred 14.5 times/hour within each room. Pigs were maintained individually in 1.9 m² pens and each pen was separated by at least 1.5 m within the room. The stainless-steel pens were raised and contained slotted fiberglass flooring. Three sides of the pen were solid with a 4th side consisting of bars and a gate. All efforts were made to prevent aerosol spread of virus. Negative animals were maintained in the room as a means to monitor the potential for cross-contamination between pens.

Experimental design

The experimental design and approach for determining the median infectious dose of ASFV Georgia 2007 was adapted from previous work on porcine reproductive and respiratory syndrome virus (30, 31). Seven replicates were conducted for both liquid and feed, each composed of 6 pigs for liquid and 6 pigs for feed. Within each replicate for feed or liquid, 5 pigs were administered a specific dose of ASFV while 1 pig served as the negative control. An adaptive study design was incorporated throughout the course of the experiment to result in the most precise estimate of the ID₅₀ while maximizing the information gained from the trial (32, 33). The most likely ID₅₀ was based on a review of the available literature (34-40). This information was used to identify the initial infectious dose tested of 10³ TCID₅₀ for liquid and 10⁴ TCID₅₀ for feed. After completion of the first replicate, the continual reassessment method was used to update the ID₅₀ estimate (32, 33). The results of each replicate were utilized to select dosages for subsequent replicates; in general, this resulted in liquid doses decreasing and feed doses increasing after the initial replicates were completed. All replicates and pig numbers for each dose are listed in Table 1.

Table 1. Replicates of 6 pigs orally exposed to ASFV in liquid or feed based on a sequential adaptive experimental design*

Dose ASFV (TCID ₅₀)	Liquid media replicates							Plant-based feed replicates						
	No. tested (No. positive)							No. tested (No. positive)						
10 ⁰	-	-	-	-	3 (3)	-	5 (0)	-	-	-	-	-	-	-
10 ¹	-	-	5 (3)	5 (1)†	-	-	-	-	-	-	-	-	-	-
10 ²	-	4 (2)	-	-	2 (2)	2 (2)	-	-	-	-	-	-	-	-
10 ³	5 (5)	1 (0)	-	-	-	-	-	5 (0)	-	-	-	-	-	-
10 ⁴	-	-	-	-	-	3 (3)	-	5 (2)	-	-	-	-	-	-
10 ⁵	-	-	-	-	-	-	-	-	5 (2)	5 (2)†	-	-	-	-
10 ⁶	-	-	-	-	-	-	-	-	-	-	3 (0)	-	5 (2)	-
10 ⁷	-	-	-	-	-	-	-	-	-	-	2 (0)	3 (2)	-	-
10 ⁸	-	-	-	-	-	-	-	-	-	-	-	2 (1)	-	-

*Data is shown for the 5 infected pigs. Within each replicate, 1 negative control pig was present.

†One pig in each of these replicates died prior to 5 dpi for causes other than ASF and was eliminated from the data analysis.

For drinking, pigs consumed ASFV mixed in a 100 ml volume of RPMI media. Liquid was provided through a gravity-fed restricted-flow nipple drinker (Arato® 76 piglet drinker, Ag Works International, Irvington, NE) attached to an adjustable galvanized wall bracket (1.3 cm × 61 cm pipe, SMB Manufacturing, Wallenstein, ON). Under those circumstances where pigs became averse to drinking from a nipple, liquid media was placed in a small stainless-steel bowl for pigs to drink. For feeding, pigs consumed ASFV mixed in a 100 g volume of complete feed provided in a 23 cm stainless-steel creep feeder (Vittetoe Inc., Keota, IA). Infectious titers of each virus dilution were back-titrated on PAMs by end-point titration assay (TCID₅₀/ml) to confirm accurate dosing. Negative control pigs received the same volumes of sterile media or complete feed without virus.

Pigs were acclimated to the drinkers or feeders for 3 to 4 days prior to ASFV inoculation. During this acclimation period, water and feed (drinking) or feed alone (feeding) were withheld for 10 to 14 hours prior to being offered liquid media or feed. Pigs were monitored during the drinking/eating process. Once pigs had consumed the specified volume of liquid or feed, pigs were given access to feed and water *ad libitum* until the next withholding period. After acclimation, 5 pigs in each replicate were offered the same substrate containing a specific dose of ASFV followed by access to feed and water *ad libitum*.

Pigs were evaluated for clinical signs of ASF twice daily. Blood was collected from each pig on 0 and 5 days post-inoculation (dpi). Pigs showing clinical signs prior to 5 dpi were humanely euthanized and blood and tissues were collected. Remaining pigs were humanely euthanized on 5 dpi and complete necropsies were performed. Infection status was determined based on qPCR detection of ASFV in the serum or spleen, and virus isolation (VI) from spleen. Dose-response curves were constructed and the ID₅₀ was calculated as described in detail below.

ASFV PCR

Nucleic acid was extracted from serum or splenic homogenate using the MagMAX™-96 Viral RNA Isolation Kit (ThermoFisher Scientific, Waltham, MA). For nucleic acid isolation, 50 µl of sample was combined with 20 µl of Bead mix (containing Lysis/Binding Solution, Carrier RNA, and 100% isopropanol) on a U-bottom 96-well plate. Cells were lysed using 130 µl Lysis/Binding solution and mixed for 5 minutes on a shaker. The beads were captured on a magnetic stand and washed twice using 150 µl Wash Solution 1 and 2 with a final elution volume of 50 µl.

PCR amplification of p72 was performed according to King et al. (2003) (41). The primers/probe mixture was commercially synthesized using PrimeTime® Mini qPCR Assay (IDT Technologies, Coralville, IA): probe (5'-[6-FAM]- CCA CGG GAG ZEN GAA TAC CAA CCC AGT G-3'-[IBFQ]), sense primer (5'-CTG CTC ATG GTA TCA ATC TTA TCG A-3') and anti-sense primer (5'-GAT ACC ACA AGA TCR GCC GT-3'). The 15 µl PCR mixture consisted of 10 µl 2X iTaq Universal Probes supermix (Bio-Rad Laboratories, Hercules, CA), 1 µl 1X PrimeTime Mini (500nM primers and 250nM probe), and 4 µl nuclease free water. This mastermix was dispensed into a Hard-Shell® optical 96 well reaction plate (Bio-Rad Laboratories, Hercules, CA). DNA samples were added and the plate was briefly centrifuged to remove air bubbles. Real-time PCR was performed on a CFX96™ Real-Time System (Bio-Rad Laboratories, Hercules, CA) with the following conditions: 95°C for 2 min followed by 45 cycles of 94°C for 30 s, 58°C for 1 min, and 60°C for 30 s. Data analysis was performed using CFX96 software and results were reported as cycle threshold (Ct).

Data analysis

Infectivity was assessed using three diagnostic methods (PCR of spleen, PCR of serum, and VI of spleen), which resulted in three binary response variables (i.e., positive or negative) for each individual pig. ASFV infection was categorized as positive if one or more diagnostic test indicated evidence of infection. All binary responses were analyzed simultaneously in order to account for imperfect test agreement (42-44).

Without assuming a functional form for the relationship between dose and probability of infection, we used a constrained spline regression model. The constraints used were limited to the assumptions that infection probability increases as dose increases and that the relationship is continuous. A constrained regression spline was used within a Bayesian hierarchical model to estimate the infection probability at each dose for a single exposure based on the results of the three diagnostic methods. Based on the single exposure, we also modeled repeated exposures assuming repeated exposures are independent events. Thus, the infection probability for multiple exposures was calculated as $1-(1-p)^q$ where p is the single exposure infection probability and q is the number of exposures. Repeated exposures can be viewed interactively at: <https://trevorhewley.shinyapps.io/asfv/>. Previously described algorithms were used for statistical model implementation (45, 46) using the `cgam` package in R (47). We provide a tutorial with the computational details, annotated computer code to assist readers implementing similar models, and the necessary code to reproduce results and figures related to the analysis.

Results:

A summary of the infection results is shown in Table 2. A total of 68 pigs were included in the study. No evidence of ASFV infection was detected in the 14 negative control pigs. Therefore, adequate biosecurity was maintained throughout the study. Of the 32 pigs with evidence of ASFV infection, 16 (50%) were positive on VI and PCR of spleen, 8 (25%) were positive on VI of spleen alone, and 8 (25%) were positive on all three tests. The 34 pigs in the feeding trial consumed the 100 g of feed in a mean and standard deviation of 14.8 ± 5.5 min (minimum: 7 min and maximum: 30 min). For the liquid trial, the 34 pigs consumed the 100 ml of ASFV-inoculated media in a mean and standard deviation of 21.1 ± 18.2 min (minimum: 3 min and maximum: 63

min). A small number of pigs (3/34; 8.8%) averse to the restricted-flow nipples consumed media from a bowl.

Table 2. Summary of results for pigs orally exposed to ASFV in liquid or feed

Dose ASFV (TCID ₅₀)	Liquid media			Plant-based feed		
	No. tested	No. positive	%	No. tested	No. positive	%
10 ⁰	8	3	37.5	-	-	-
10 ¹	9	4	44.4	-	-	-
10 ²	8	6	75	-	-	-
10 ³	6	5	83.3	5	0	0
10 ⁴	3	3	100	5	2	40
10 ⁵	-	-	-	9	4	44.4
10 ⁶	-	-	-	8	2	25
10 ⁷	-	-	-	5	2	40
10 ⁸	-	-	-	2	1	50

Overall, the probability of infection increased as the dose increased for both feed and liquid (Figure 1). Reported as the lowest dose required to result in ASFV infection of at least one pig, the MID after liquid consumption was 10⁰ TCID₅₀ whereas 10⁴ TCID₅₀ was the MID required to result in infection after consumption of contaminated complete feed. For a single exposure, liquid had a higher infection probability when compared to feed at doses up to 10^{7.5} TCID₅₀ where the 95% credible intervals (CI) overlap (Figure 1). At the highest dose tested in liquid (10⁴ TCID₅₀), 100% of pigs were infected with ASFV; in contrast, no feed dose resulted in a 100% infection rate in this experiment.

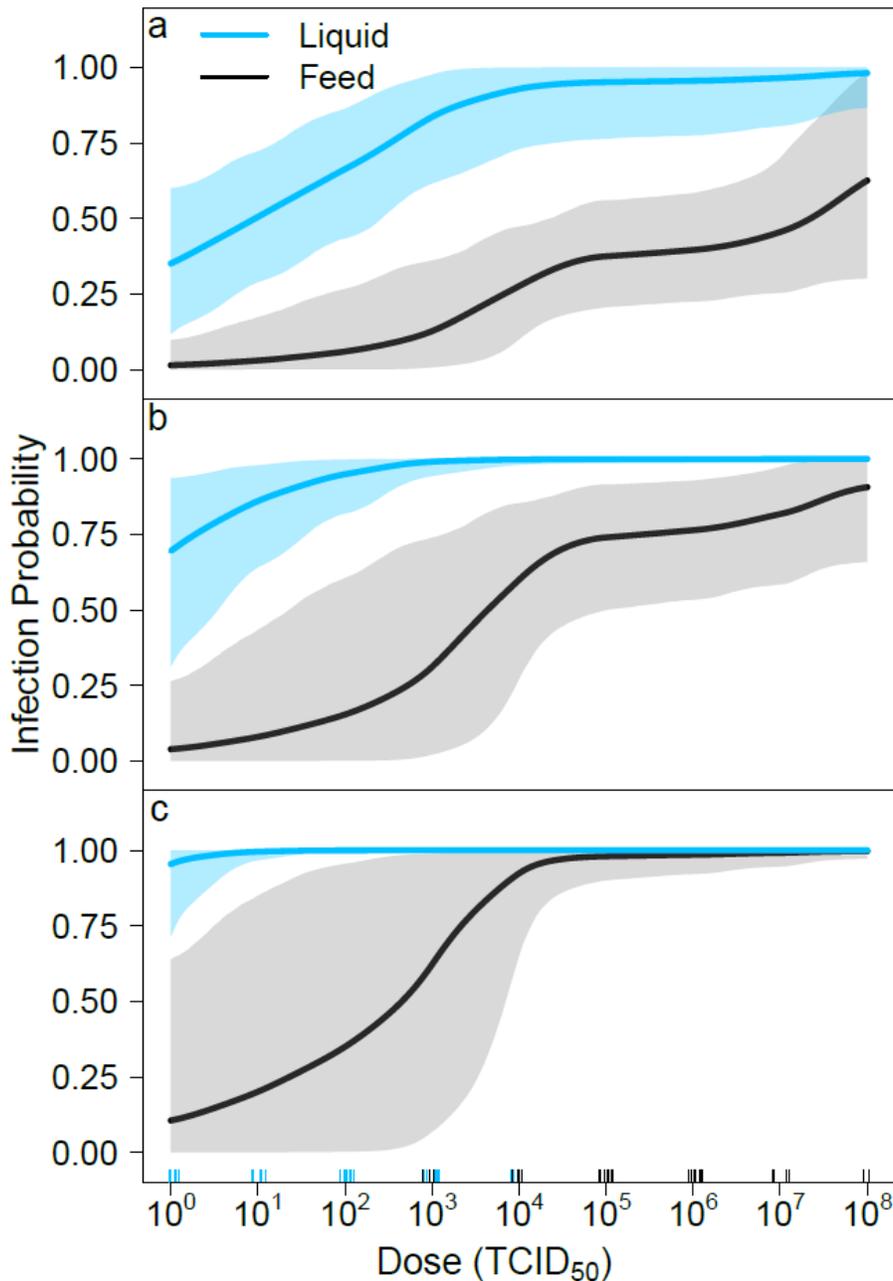


Figure 1. Estimated liquid (blue solid line) and feed (black solid line) infection probability at different oral doses of ASFV. Data is shown for 1 exposure (a), 3 exposures (b), and 10 exposures (c). The shaded areas are the 95% credible intervals. Number of individual pig dosages are represented by the tick marks on the horizontal axis. Further exposures are provided interactively at: <https://trevorhefley.shinyapps.io/asfv/>.

When multiple exposures are considered, the infection probability increases at all dose-levels for both liquid and feed (Fig. 1B and 1C). By 10 exposures with liquid, the probability of infection increases to near 1 at the lowest dose of 1 TCID₅₀ ASFV. For feed with multiple exposures, there was an increase in the width of the 95% CI at the lower dosages, indicating that with repeated exposures, the uncertainty in the infection probability increased. This was due to uncertainty related to fewer pigs infected with lower doses and the lower infection probability for a single exposure. The distribution of plausible doses that could produce infection in 50% of pigs is shown in Figure 2. The ID₅₀ was 10^{1.0} (95% CI: 10⁰, 10^{2.3}) for liquid and 10^{6.8} (95% CI: 10^{4.6}, 10⁸⁺) for feed.

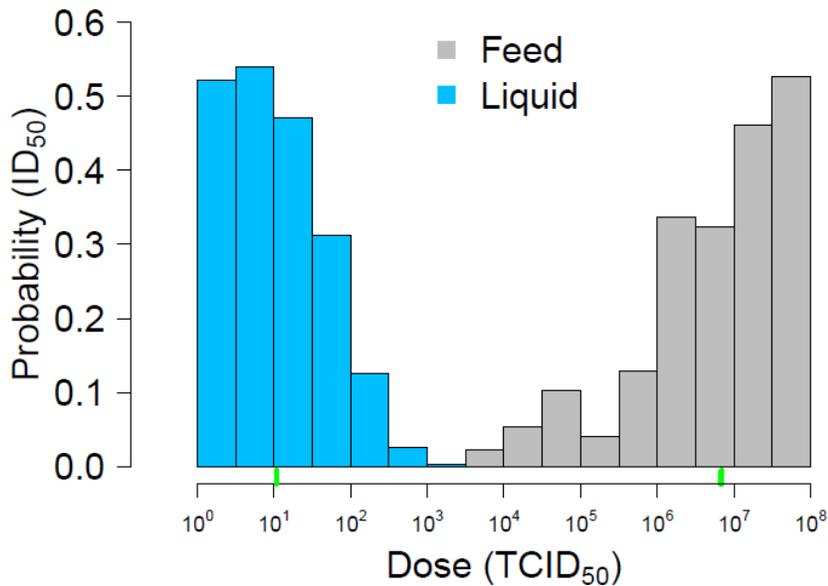


Figure 2. Liquid and feed ASFV median infectious dose (ID₅₀) distribution. For liquid, the ID₅₀ was 10^{1.0} and for feed, the ID₅₀ was 10^{6.8} (represented by green tick marks).

Discussion:

The present study confirms the efficient transmission of ASFV by the oral route in liquid and feed lacking contaminated pork products and provides quantitative data for the Georgia 2007 strain. Early studies indicated a minimum dose of 10⁵ HAD₅₀ of ASFV KWH/12 was required to cause infection when administered orally in milk (38). Later, Howey et al. (2013) determined the infectious potential of 3 doses of ASFV Malawi 1983 delivered intraoropharyngeally to commercial pigs. Although a low dose of 10² HAD₅₀ did not induce infection (0/2), moderate (10⁴ HAD₅₀) and high (10⁶ HAD₅₀) doses were sufficient to cause infection in 100% of the pigs (4/4) (35). More recently, a study demonstrated that even lower doses of a contemporary ASFV isolate related to ASFV Georgia 2007 was capable of inducing infection. Specifically, Pietschmann et al. (2015) showed that oronasal doses as low as 3 and 25 hemadsorption units of ASFV Armenia 2008, when delivered in 2 ml of splenic suspension, caused infection in wild boar. Increased susceptibility was demonstrated in wild boar described as weak with poor condition (34). In the current study, we confirmed the high infectivity of ASFV Georgia through liquid via the oral route. Importantly, the pigs in our study consumed the contaminated liquid naturally through drinking and were considered healthy and robust. Productive infection resulted in almost 40% of the pigs exposed to an ASFV liquid inoculum containing as little as 1 TCID₅₀. The low infectious dose of ASFV through natural liquid consumption should be considered as a possible factor in the spread of ASF through water, such as the epidemiological evidence linking the Danube river with ASF spread in Romania (18).

ASFV delivered through liquid via the oronasal or intraoropharyngeal routes may result in infection due to virus exposure of the nasopharynx, including the tonsils, or of the gastrointestinal tract. Due to the high stability of ASFV in a wide range of pH values between 4 and 10 (13), survival in the acidic gastric environment is possible but unlikely. More likely is that liquid media provides an ideal substrate for viral contact with the tonsils, where primary virus replication occurs after natural exposure to ASFV (38).

Reports documenting experimental ASFV infection through contaminated feed involve consumption of tissues from infected animals. As early as 1954, it was reported that feeding ASFV required a minimum dose of 10⁵ (40). Plowright et al. (1969) failed to infect pigs with homogenized tissues from warthogs containing 10^{3.7}-10^{6.1} HAD₅₀ of ASFV administered in solid feed (37). In contrast, Colgrove et al. (1969) successfully infected domestic pigs by adding 50 grams of minced spleen and liver from an infected pig to solid feed. Each gram of tissue

contained $10^{7.0}$ - $10^{7.5}$ HAD₅₀ of ASFV isolate Hinde WH II (39). Our experimental studies utilizing the modern-day isolate Georgia 2007 shows that ASFV infection through the consumption of plant-based feed requires a higher dose compared to liquid. Compared to liquid media, feed may stimulate salivary proteases that degrade viral integrity. Furthermore, the feed matrix may inhibit tonsillar contact, reducing viral exposure to lymphoid and epithelial tissues prior to gastrointestinal entry (36).

Despite the higher MID in feed compared to liquid in this study, we hypothesize that feed may actually pose a higher risk compared to water sources in modern swine production systems. Feed delivery is a high frequency event and feed production is highly centralized; thus, contaminated feed can be easily distributed across a wide number of pig farms. Once feed is contaminated, it is likely that pigs would consume the feed in higher volumes (>100 g) and at higher frequencies (>1 exposure) than what was tested in the current study. As shown in Figures 1B and 1C, the likelihood of productive infection after consumption of ASFV-contaminated complete feed increases significantly after 3 or 10 exposures. Therefore, despite infection after consumption of ASFV in contaminated feed being a lower probability event compared to liquid, the high frequency of exposure may make feed a more significant risk factor for transmission. Adding to this risk is the fact that highly centralized feed mills use ingredients from a global distribution supply chain. For example, inventory from a Midwestern U.S. swine farm indicated feed ingredients originating from 12 countries in North America, Asia, and Europe (S.S. Dritz, pers. comm.).

As of December 2018, ASFV had spread to a high biosecurity Romanian farm (17) and had been detected in pig herds located in at least 20 provinces of China including the capital Beijing (48), with thousands of miles separating affected herds. How ASFV is moving across such vast areas within the largest pork-producing country in the world is unknown; however, movement of the virus within feed or feed ingredients should be considered. The results of the study described herein demonstrate that ASFV can be transmitted orally, in both liquid and feed, supporting the potential role of feed in the emergence of this virus in new pig populations throughout the world.

Acknowledgements:

We thank the staff of the Biosecurity Research Institute for their assistance in completing this research. This study was supported by the National Pork Board grant #17-057 and the State of Kansas National Bio and Agro-Defense Facility Fund. LC and MO were partially funded by the United States Department of Homeland Security's Science and Technology Directorate under contract number D15PC00276. The authors acknowledge Drs. Scott Dee, Diego Diel, and Jeff Zimmerman for their collaborative efforts in viral feed research.

References:

1. Gogin A, Gerasimov V, Malogolovkin A, Kolbasov D. African swine fever in the North Caucasus region and the Russian Federation in years 2007-2012. *Virus research*. 2013 Apr;173(1):198-203.
2. Rowlands RJ, Michaud V, Heath L, Hutchings G, Oura C, Vosloo W, et al. African swine fever virus isolate, Georgia, 2007. *Emerging infectious diseases*. 2008 Dec;14(12):1870-4.
3. Ge S, Li J, Fan X, Liu F, Li L, Wang Q, et al. Molecular Characterization of African Swine Fever Virus, China, 2018. *Emerging infectious diseases*. 2018 Nov 17;24(11).
4. Zhou X, Li N, Luo Y, Liu Y, Miao F, Chen T, et al. Emergence of African Swine Fever in China, 2018. *Transboundary and emerging diseases*. 2018 Aug 13.
5. SHIC. Swine Disease Global Surveillance Report. https://www.swinehealth.org/wp-content/uploads/2018/09/Sept.2018_Belgium_ASF-vf_.pdf; 2018 September 13, 2018.
6. Blome S, Gabriel C, Beer M. Pathogenesis of African swine fever in domestic pigs and European wild boar. *Virus research*. 2013 Apr;173(1):122-30.
7. Dixon LK, Alonso C, Escribano JM, Martins C, Revilla Y, Salas ML, et al. *Asfarviridae*. In: King A, Lefkowitz E, Adams MJ, Carstens EB, editors. *Virus Taxonomy: Ninth Report of the International Committee on Taxonomy of Viruses*. Oxford: Elsevier; 2011. p. 153-62.
8. McVicar JW, Mebus CA, Becker HN, Belden RC, Gibbs EPJ. Induced African swine fever in feral pigs. *Journal of the American Veterinary Medical Association*. 1981;179(5):441-6.
9. Rendleman CM, Spinelli FJ. An economic assessment of the costs and benefits of African swine fever prevention. *Animal Health Insight*. 1994(SPRI/SUMMER):18-27.

10. Guinat C, Gogin A, Blome S, Keil G, Pollin R, Pfeiffer DU, et al. Transmission routes of African swine fever virus to domestic pigs: current knowledge and future research directions. *The Veterinary record*. 2016 Mar 12;178(11):262-7.
11. Mebus C, Arias M, Pineda JM, Taiador J, House C, Sanchez-Vizcaino JM. Survival of several porcine viruses in different Spanish dry-cured meat products. *Food Chemistry*. 1997;59(4):555-9.
12. Montgomery RE. On a Form of Swine Fever Occurring in British East Africa (Kenya Colony). *Journal of Comparative Pathology and Therapeutics*. 1921;34(4):243-62 pp.
13. Niederwerder MC, Rowland RR. Is There a Risk for Introducing Porcine Reproductive and Respiratory Syndrome Virus (PRRSV) Through the Legal Importation of Pork? *Food and environmental virology*. 2017 Mar;9(1):1-13.
14. Kolbasov D, Titov I, Tsybanov S, Gogin A, Malogolovkin A. African Swine Fever Virus, Siberia, Russia, 2017. *Emerging infectious diseases*. 2018 Apr;24(4):796-8.
15. DEFRA. African Swine fever in China: Updated outbreak assessment #2. 31 August 2018. Ref: VITT/1200 ASF in China. .
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/737662/asf-china-update2.pdf; 2018 Accessed September 6, 2018.
16. SHIC. Swine Disease Global Surveillance Report. <https://www.swinehealth.org/wp-content/uploads/2018/08/Report-ASF-China-8.23.18.pdf>; 2018 August 23, 2018
17. OIE. African swine fever, Romania. In: Branescu GR, editor. Follow-up report No 3. https://www.oie.int/wahis_2/public/wahid.php/Reviewreport/Review?page_refer=MapFullEventReport&reportid=27687; World Organization for Animal Health; 2018.
18. Marinas R. African swine fever hits Romania's biggest pig farm. In: Popper H, editor. <https://www.reuters.com/article/us-romania-swineflu-pigs/african-swine-fever-hits-romanias-biggest-pig-farm-idUSKCN1LA0LR>; Reuters; 2018.
19. Pasick J, Berhane Y, Ojkic D, Maxie G, Embury-Hyatt C, Swekla K, et al. Investigation into the role of potentially contaminated feed as a source of the first-detected outbreaks of porcine epidemic diarrhea in Canada. *Transboundary and emerging diseases*. 2014 Oct;61(5):397-410.
20. Bowman AS, Krogwold RA, Price T, Davis M, Moeller SJ. Investigating the introduction of porcine epidemic diarrhea virus into an Ohio swine operation. *BMC veterinary research*. 2015;11:38.
21. Dee SA, Bauermann FV, Niederwerder MC, Singrey A, Clement T, de Lima M, et al. Survival of viral pathogens in animal feed ingredients under transboundary shipping models. *PLoS one*. 2018;13(3):e0194509.
22. Schumacher LL, Woodworth JC, Jones CK, Chen Q, Zhang J, Gauger PC, et al. Evaluation of the minimum infectious dose of porcine epidemic diarrhea virus in virus-inoculated feed. *American journal of veterinary research*. 2016 Oct;77(10):1108-13.
23. Dee S, Clement T, Schelkopf A, Nerem J, Knudsen D, Christopher-Hennings J, et al. An evaluation of contaminated complete feed as a vehicle for porcine epidemic diarrhea virus infection of naive pigs following consumption via natural feeding behavior: proof of concept. *BMC veterinary research*. 2014;10:176.
24. Dee S, Neill C, Singrey A, Clement T, Cochrane R, Jones C, et al. Modeling the transboundary risk of feed ingredients contaminated with porcine epidemic diarrhea virus. *BMC veterinary research*. 2016 Mar 12;12:51.
25. Olsevskis E, Guberti V, Serzants M, Westergaard J, Gallardo C, Rodze I, et al. African swine fever virus introduction into the EU in 2014: Experience of Latvia. *Research in veterinary science*. 2016 Apr;105:28-30.
26. Popescu L, Gaudreault NN, Whitworth KM, Murgia MV, Nietfeld JC, Mileham A, et al. Genetically edited pigs lacking CD163 show no resistance following infection with the African swine fever virus isolate, Georgia 2007/1. *Virology*. 2016 Nov 26;501:102-6.
27. Petrovan V, Fang Y, Rowland RR. Diagnostic application of monoclonal antibodies against African swine fever virus (ASFV) p30. *Diagnostics of Endemic & Emerging Diseases: Beyond The Status Quo*; 2018 June 11-13, 2018; Manhattan, KS; 2018.
28. Reed LJ, Muench H. A Simple Method of Estimating Fifty Per Cent Endpoints. *American Journal of Hygiene*. 1938;27:493-7.
29. NRC. Nutrient requirements of swine. 11th edition. ed. Washington, D.C.: National Academies Press; 2012.

30. Hermann JR, Munoz-Zanzi CA, Roof MB, Burkhart K, Zimmerman JJ. Probability of porcine reproductive and respiratory syndrome (PRRS) virus infection as a function of exposure route and dose. *Veterinary microbiology*. 2005 Sep 30;110(1-2):7-16.
31. Hermann JR, Munoz-Zanzi CA, Zimmerman JJ. A method to provide improved dose-response estimates for airborne pathogens in animals: an example using porcine reproductive and respiratory syndrome virus. *Veterinary microbiology*. 2009 Jan 13;133(3):297-302.
32. O'Quigley J, Pepe M, Fisher L. Continual reassessment method: a practical design for phase 1 clinical trials in cancer. *Biometrics*. 1990 Mar;46(1):33-48.
33. O'Quigley J, Iasonos A, Bornkamp B. *Handbook of Methods for Designing, Monitoring, and Analyzing Dose-Finding Trials*. 1 ed; 2017.
34. Pietschmann J, Guinat C, Beer M, Pronin V, Tauscher K, Petrov A, et al. Course and transmission characteristics of oral low-dose infection of domestic pigs and European wild boar with a Caucasian African swine fever virus isolate. *Archives of virology*. 2015 Jul;160(7):1657-67.
35. Howey EB, O'Donnell V, de Carvalho Ferreira HC, Borca MV, Arzt J. Pathogenesis of highly virulent African swine fever virus in domestic pigs exposed via intraoropharyngeal, intranasopharyngeal, and intramuscular inoculation, and by direct contact with infected pigs. *Virus research*. 2013 Dec 26;178(2):328-39.
36. McVicar JW. Quantitative aspects of the transmission of African swine fever. *American journal of veterinary research*. 1984 Aug;45(8):1535-41.
37. Plowright W, Parker J, Pierce MA. The epizootiology of African swine fever in Africa. *Veterinary Record*. 1969;85:668-74.
38. Greig A. Pathogenesis of African swine fever in pigs naturally exposed to the disease. *Journal of comparative pathology*. 1972 Jan;82(1):73-9.
39. Colgrove GS, Haelterman EO, Coggins L. Pathogenesis of African swine fever in young pigs. *American journal of veterinary research*. 1969;30:1343-59.
40. Heuschele WP. Studies on the pathogenesis of African swine fever. I. Quantitative studies on the sequential development of virus in pig tissues. *Archiv fur die gesamte Virusforschung*. 1967;21(3):349-56.
41. King DP, Reid SM, Hutchings GH, Grierson SS, Wilkinson PJ, Dixon LK, et al. Development of a TaqMan PCR assay with internal amplification control for the detection of African swine fever virus. *Journal of virological methods*. 2003 Jan;107(1):53-61.
42. Tyre AJ, Tenhumberg B, Field SA, Niejalke D, Parris K, Possingham HP. IMPROVING PRECISION AND REDUCING BIAS IN BIOLOGICAL SURVEYS: ESTIMATING FALSE-NEGATIVE ERROR RATES. *Ecological Applications*. 2003;13(6):1790-801.
43. Minuzzi-Souza TTC, Nitz N, Cuba CAC, Hagstrom L, Hecht MM, Santana C, et al. Surveillance of vector-borne pathogens under imperfect detection: lessons from Chagas disease risk (mis)measurement. *Scientific reports*. 2018 Jan 9;8(1):151.
44. Brost BM, Mosher BA, Davenport KA. A model-based solution for observational errors in laboratory studies. *Molecular Ecology Resources*. 2018;18(3):580-9.
45. Shaby BA, Fink D. Embedding black-box regression techniques into hierarchical Bayesian models. *Journal of Statistical Computation and Simulation*. 2011;82(12):1-14.
46. Dorazio RM, Rodríguez DT. A Gibbs sampler for Bayesian analysis of site-occupancy data. *Methods in Ecology and Evolution*. 2012;3(6):1093-8.
47. RCoreTeam. *R: A language and environment for statistical computing*. Vienna, Austria: R Foundation for Statistical Computing; 2018.
48. SHIC. Swine Disease Global Surveillance Report. <https://www.swinehealth.org/wp-content/uploads/2018/01/SHIC-109-SGDS-December-report-12-3-18-Final.pdf>; 2018 December 3, 2018.