NEOSPOROSIS

ETIOLOGY

- Neosporosis is caused by the microscopic, one-celled, protozoan parasite Neospora caninum.
- Having wide host range major domestic livestock species, companion animals, a few wild animals and marine mammals.



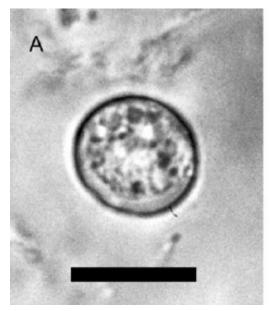
INTRODUCTION

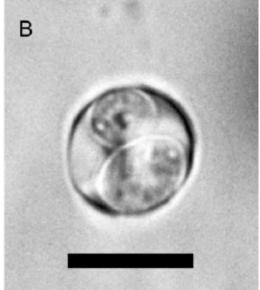
- Neosporosis is a worldwide disease of dogs that can cause neurologic signs and muscle inflammation.
- ▶ It also causes reproductive failure in cattle.
- Earlier misclassified as Toxoplasma gondii.
- First recognized in dogs in 1984 in Norway and defined as a new genus and species *Neospora caninum*.

Morphology: Neospora caninum

Oocyst

- Small, sub-spherical, smooth coat, no polar cap, single embryo when passed = unsporulated (sporulate after 1-3 days)
- Sporulated oocyst contains <u>2 sporocysts</u> with 4 sporozoites each = 8 sporozoites total

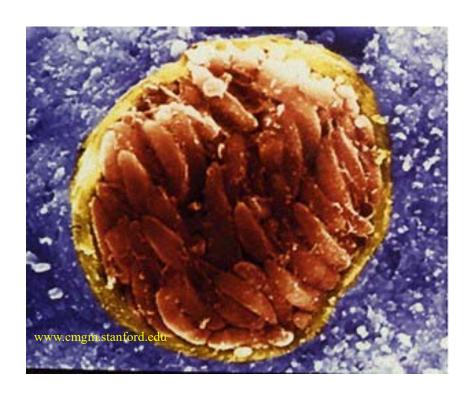




https://www.researchgate.net/figure/8663822_fig2_Fig-2-PCR-for-Neospora-caninum-and-Hammondia-heydorni-using-DNA-extracted-from-oocysts

Morphology: Neospora caninum

Bradyzoite cyst (cysts found in tissue); facilitate persistent infection





Neospora caninum tissue cysts in histologic sections of tissues

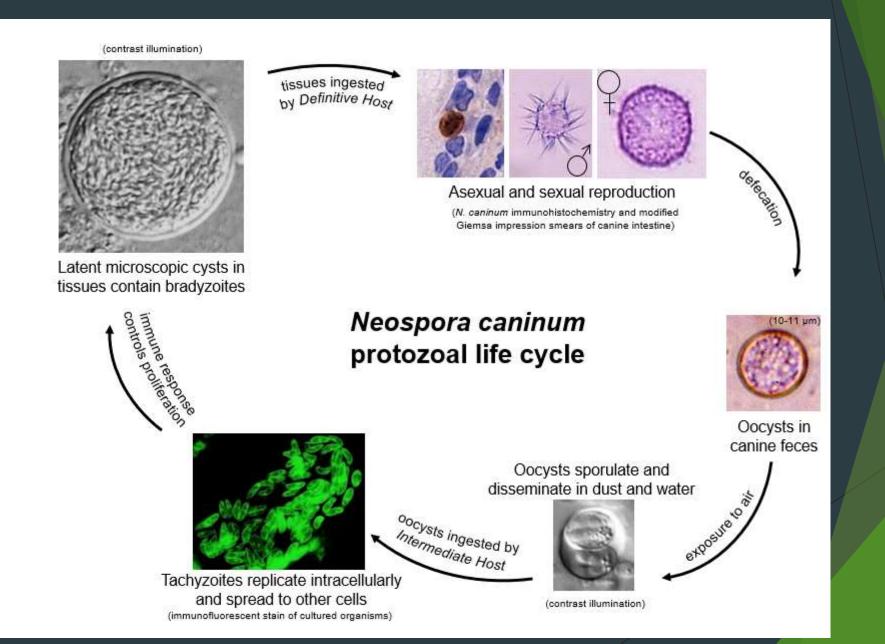
EPIDEMIOLOGY

- N. caninum infections reported from most parts of the world causing abortion and neonatal mortality.
- Studies in the USA, New Zealand, the Netherlands and Germany indicate that 12 to 42% of aborted foetuses from dairy cattle are infected.
- In India, sero-prevalence of 12.61 and 9.97 % in dairy cattle and water buffaloes respectively were documented in Karnataka and Andhra Pradesh (2012).

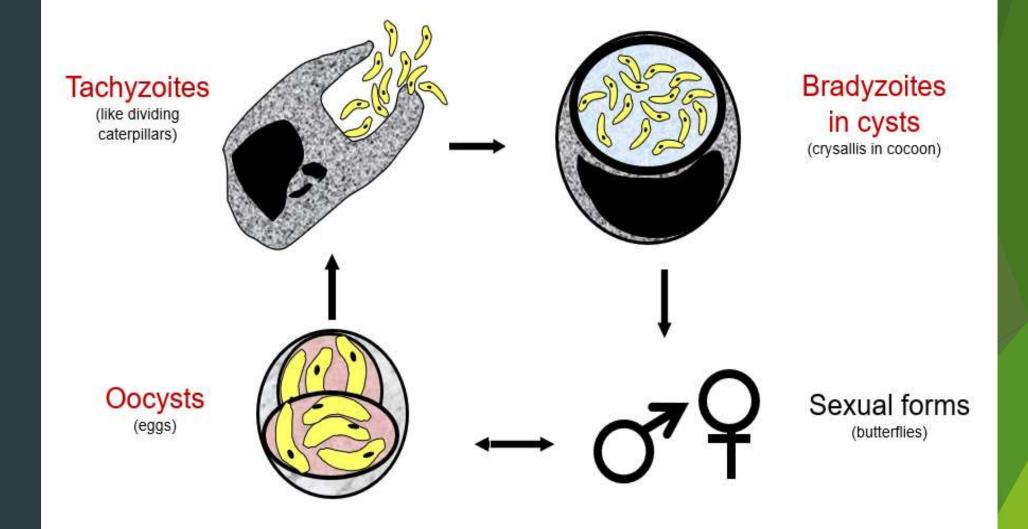
RISK FACTORS

- Age of cattle
- Definitive hosts
- Intermediate hosts other than cattle
- Feeding colostrum or milk
- Seropositivity of individual cattle

LIFE CYCLE AND TRANSMISSION

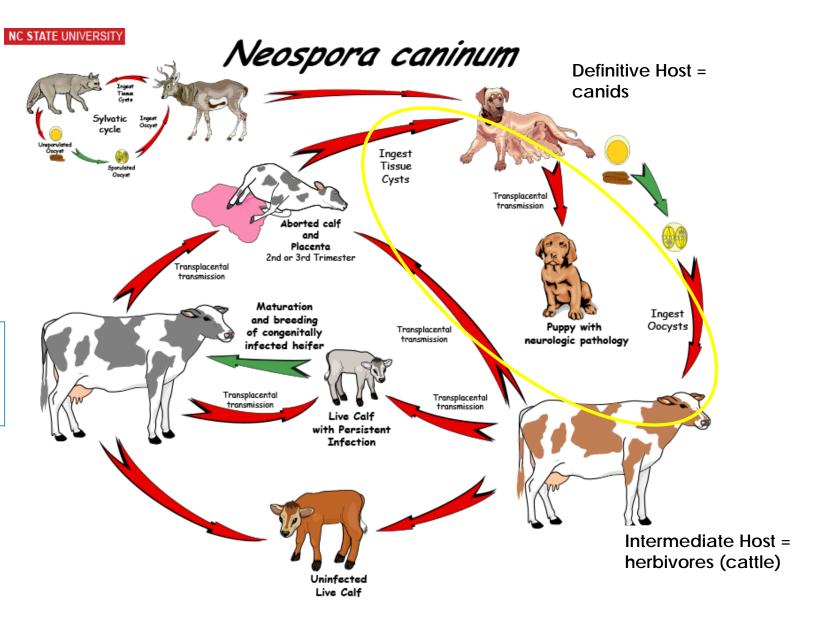


Stages of Neospora caninum or Toxoplasma gondii

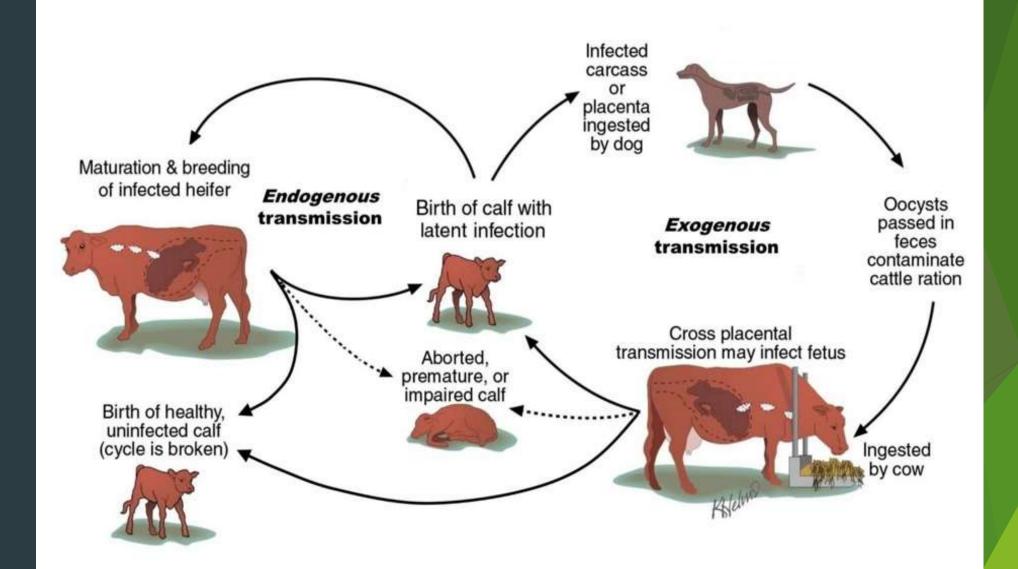


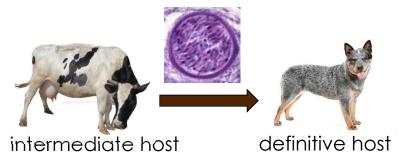
Obligate Indirect Life Cycle

Transgenerational infection



Transmission of Neospora caninum.





Obligate Indirect Life Cycle: N. caninum Canids

- Obligate Indirect Life Cycle (heteroxenous)
 - Definitive host Canids only (Dog, Coyote, Wolf, etc.)
 - Intermediate Host (IH) Cattle and other animals
- Transmission -- carnivorism, ingestion of tissue cysts from aborted cattle fetus
- Invasion -- Zoites excyst from tissue cyst and invade enterocytes
- Asexual reproduction (enterocytes and other cells)
 - endodyogeny AND merogony



Obligate Indirect Life Cycle: *N. caninum*Canids

- Sexual reproduction (only occurs in canids) in enterocytes
 - Gametogony, Macrogamete, Microgamete, Exflagellation, Fertilization, Zygote, Oocyst formation.

Dissemination

- Oocysts (unsporulated) exit the canid in the feces and contaminate the environment ~ 4 days post ingestion → sporulate after 1-3 days
- Canids (definitive hosts) are the only hosts to pass oocysts
- Oocysts highly resistant and remain infectious for many months.



Obligate Indirect Life Cycle: *N. caninum*Canids

Transmission / Invasion (details)

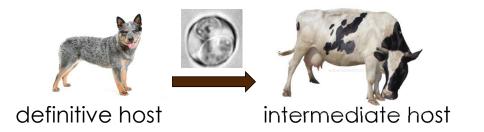
After ingestion of cow tissue cyst



- Intestinal
 - Some zoites infect intestinal cells to complete sexual cycle → oocyst in the feces

Systemic

- Other zoites go to deeper tissue and go through asexual cycles → tachyzoites become tissue cysts with bradyzoites (predilection for neural tissue).
- Congenital
 - If dog is pregnant, zoites → transplacental to puppies.



Obligate Indirect Life Cycle: N. caninum Cattle

Transmission - Cattle ingest sporulated oocysts from canid feces



Invasion

- Intestinal sporozoites penetrate intestinal lining (no replication and invasion of enterocytes)
- Systemic zoites move to extra-intestinal cells \rightarrow asexual replication
 - tachyzoites (fast replication and transform into bradyzoites)
 - bradyzoite (slow replication, form tissue cysts in neural, muscle, myocardial, placenta, fetus)
- Congenital Transmission zoites → transplacental to infect calf

Complex Life Cycle: N. caninum Cattle

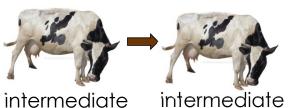
intermediate host intermediate host

Congenital Transmission (details)

Infected fetus aborts in 2nd or 3rd trimester, or born early, impaired

OR

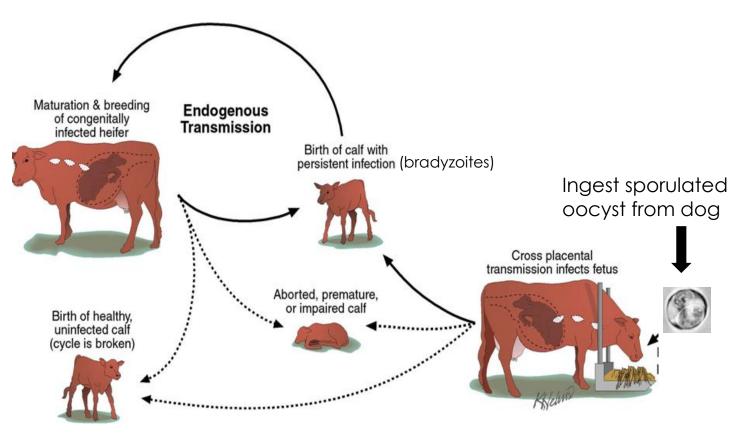
- Infected fetus survives, passes infection on to offspring
 - = Trans-generational infection
 - Cows infected in utero will in-turn infect their calves, without reinfection from sporocyst in dog feces
 - These calves are usually seropositive and less likely to have abortions



host host

> "re-activated" bradyzoites invade the placenta and fetus

Complex Life Cycle: N. caninum cow-to-cow (Congenital Neosporosis)



PATHOGENESIS

Intestinal phase = no pathology (only in canids)

- The organism has a predilection for foetal chorionic epithelium and foetal placental blood vessels producing a foetal vasculitis and inflammation and degeneration of the chorioallantois, and widespread necrosis in the placentome.
- Tachyzoites penetrate host cells and are located in a parasitophorous vacuole.
- They can be found in macrophages, monocytes, vascular endothelial cells, fibroblasts, hepatocytes, renal tubular cells, and in the brain of infected animals.
- ► Cell death is by the active multiplication of tachyzooites.

Tissue cysts bradyzoites may cause tissue damage; low inflammation; latent "Re-activation" source for transplacental transmission

CLINICAL DISEASE (DOGS)

- Signs more severe in young and immunocompromised.
- Weakness (Part. Neck), Incoordination and difficulty in swallowing.
- In dogs, neurological signs esp in congenitally infected pups- cysts in CNS.
- Neuromuscular degeneration observed- Hind limb paralysis.
- Adult dogs may develop skin lesions or pneumonia.

Clinical Disease: *N. caninum*Puppies

Congenital Neosporosis

- Litter-mates dying with signs of polyradiculitis (inflammation of the nerve roots, especially of the hind limbs)
- Puppy with signs of paralysis of the rear limbs at 3-8 weeks of age (ascending paralysis)
- Puppy with flaccid hind limb paresis



CLINICAL DISEASE (CATTLE)

- Abortion in cattle.
- ▶ Abortion from 3 month gestation to term. Mostly 5-6 month.
- Foetuses may die in-utero, be resorbed, mummified, autolysed, stillborn, born alive with clinical signs, or born clinically normal but chronically infected.
- Clinical signs reported in cattle younger than 2 months of age.
- ▶ Hind limbs or forelimbs or both may be flexed or hyperextended.
- Neurologic examination may reveal ataxia, decreased patellar reflexes, and loss of conscious proprioception.
- Calves may have exophthalmia or asymmetrical appearance in the eyes.



Clinical Disease: *N. caninum*Cattle

- Abortions (10-20% of abortions caused by N. caninum)
 - Abortions usually occur with 1st post-infection pregnancy; autolysis of fetus
 - Later pregnancies usually go to term, but calves are infected (maintenance of dz in herds)
- Trans-generational infections
 - Seropositive calves give birth to seropositive calves – without reinfection via sporocyst ingestion
- ↓ milk production and ↓ weight gain

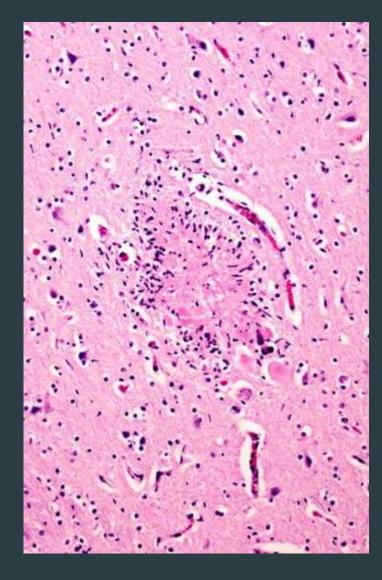


https://www.cityu.edu.hk/ph/en/Research/VDP.html

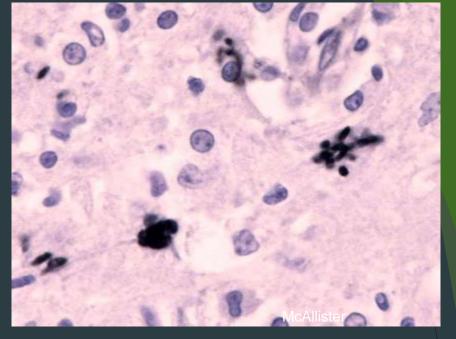


DIAGNOSIS (CATTLE)

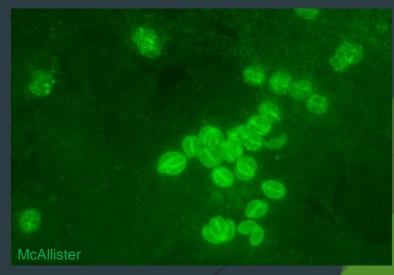
- Serum from aborting cow only indicative of exposure.
- Histologic examination of the foetus necessary for DD.
- Brain, heart, liver, placenta, and body fluids or blood serum are best specimens.
- ► The most characteristic lesion of neosporosis is focal encephalitis characterized by necrosis and non-suppurative inflammation.
- Other serological tests- ELISA, IFAT, NAT.
- Necropsy findings: Gross findings Autolysis (Brain).



Necrotic focus rimmed by infiltrating leukocytes in the brain of an aborted calf



Immunohistochemistry demonstrating tachyzoites (black) within a cerebral lesion



Tachyzoites in cell culture (fluorescent antibody label)

DIAGNOSIS (DOGS)

- Routine laboratory tests, chest and abdominal x-rays, and abdominal ultrasound recommended.
- ► Tests for antibodies- blood samples or CSF.
- Electromyography (EMG) may show numerous abnormalities.
- Microscopic examination- Tissue samples, CSF, cells from the trachea or lungs helpful in identification and diagnostic confirmation.

Diagnosis: N. caninum

Dogs

- Puppy classic flaccid hind limb
- Serology, molecular tests-PCR
- Organism on biopsy, necropsy of litter mates

Cattle

- Diagnostic arrays for multiple abortion infectious agents
- Serology and molecular tests-PCR
- Antibody tests for whole milk

cyst filled with bradyzoites



https://www.koofers.com/flashcards/c pb-exam-2-egglist-add-ons/review

DIFFERENTIAL DIAGNOSIS

- From Toxoplasma gondii and Sarcocystis cruzi.
- Immunohistochemical and detection of parasite DNA by PCR can distinguish them from N. caninum.
- Sarcocystis cruzi schizonts in vascular endothelium, rarely in aborted foetal brains. N. caninum- in extravascular tissues.
- ▶ Infection by *T. gondii* in bovine foetuses is rare.
- Other causes of abortion (DD) -brucellosis, trichomoniasis, genital campylobacteriosis, Leptospirosis, IBR, mycotic abortion, listeriosis, epizootic viral abortion (borrelia-like spirochete), nutritional reasons.

TREATMENT

- Clindamycin- Upto 22mg/kg bid for 60 days- drug of choice for muscle and skin involvement.
- Trimethoprim-sulfa drugs- 15-30 mg/kg bid for 28 days- particularly when neurologic disease is present.
- Additional supportive care.
- Treatment uneconomical in cattle- no chemotherapy for bovine neosporosis that has been shown to be safe and effective.

PREVENTION AND CONTROL

DOGS

- ▶ No vaccines that prevent disease in dogs.
- Avoid feeding raw meat.
- Avoid access to aborted bovine fetal materials.
- Cease breeding from infected dams- transplacental route.
- ▶ Introduce serological monitoring programme in pups.

PREVENTION AND CONTROL

CATTLE

- ▶ Bulk milk testing- monitoring seroprevalence in lactating cows.
- Prevention of transmission from dogs and other potential definitive hosts.
- Transfer of embryos from infected dams into uninfected recipients can prevent endogenous transplacental transmission of *N. caninum*.
- Quarantine and testing of replacement and purchased cattle.
- Bovilis Neoguard is commercially developed vaccine contains killed Neospora tachyzoites and applied to healthy pregnant cows during first trimester @ 5 ml twice s/c at 3-4 wk interval efficacy is upto 54%

THANK YOU!!!