



INFECTION WITH TILAPIA LAKE VIRUS (TiLV) – A NOVEL ORTHOMYXO-LIKE VIRUS

PATHOGEN INFORMATION

1. CAUSATIVE AGENT

1.1. Pathogen type

Virus.

1.2. Disease name and synonyms

Infection with tilapia lake virus (TiLV).

1.3. Pathogen common names and synonyms

Tilapia lake virus (TiLV) has been classified by the ICTV as *Tilapia tilapinevirus* (ICTV, 2018).

1.4. Taxonomic affiliation

TiLV was tentatively assigned to the Orthomyxoviridae (Bacharach *et al.*, 2016). However, it has now been classified within a new family, Amnooniviridae which is related to the Orthomyxoviridae (ICTV, 2018).

1.5. Authority (first scientific description, reference)

The virus was first described by Eyngor *et al.* (2014).

1.6. Pathogen environment (fresh, brackish, marine waters)

Fresh and brackish water.

2. MODES OF TRANSMISSION

2.1. Routes of transmission (horizontal, vertical, indirect)

Co-habitation studies have demonstrated that direct horizontal transmission is an important route of transmission. Detection of the virus in the gonads of breeders and detection of virus in fry at 2, 5- and 10-days post-hatching suggest possible vertical transmission of TiLV (Yamkasem *et al.*, 2019). The biophysical characteristics of the virus are not well characterised, so it is difficult to determine the significance of indirect transmission by fomites.

2.2. Reservoir

Infected populations of fish, both farmed and wild, are the only established reservoirs of infection. The original source of TiLV is not known.

2.3 Risk factors (temperature, salinity, etc.)

Disease has been associated with transfer between ponds and thus may be associated with stress (Ferguson *et al.*, 2014; Dong *et al.*, 2017). No other factors (temperature, salinity, etc.) have been identified as potential risk factors.

3. HOST RANGE

3.1. Susceptible species

Mortalities attributed to infection with TiLV have been observed in wild tilapia *Sarotherodon (Tilapia) galilaeus*, farmed tilapia *Oreochromis niloticus* and commercial hybrid tilapia (*O. niloticus* X *O. aureus*) (Bacharach *et al.*, 2016; Ferguson *et al.*, 2014; Eyngor *et al.*, 2014). Experimental infections with TiLV by injection and co-habitation resulted in mortalities in the giant gourami (*Osphronemus goramy*) (Jaemwimol *et al.*, 2018). Eight additional warm water fish species were found not to be susceptible in the study.

3.2. Affected life stage

In the outbreaks reported by Ferguson *et al.* (2014) and Dong *et al.* (2017) fingerlings were mainly affected. Dong *et al.* (2017) reported approximately 90% mortality in red tilapia fingerlings within one month of stocking into cages. Mortality just over 9% in medium to large sized Nile tilapia was noted by Fathi *et al.* (2017). Other reports have not commented on different levels of mortality by life stage (Eyngor *et al.*, 2014).

3.3. Additional comments

There is some evidence that certain genetic strains of tilapia are resistant. Ferguson *et al.* (2014) noted that one strain of tilapia (genetically male tilapia) incurred a significantly lower level of mortality (10-20%) compared with other strains.

There is preliminary evidence to suggest that frozen tilapia fillets pose a lower risk of TiLV transmission due to lowered viral viability post freezing (Thammatorn *et al.*, 2019).

4. GEOGRAPHICAL DISTRIBUTION

Infection with TiLV has been reported in Bangladesh, Chinese Taipei, Colombia, Ecuador, Egypt, India, Indonesia, Israel, Malaysia, Mexico, Peru, Philippines, Tanzania, Thailand, Uganda and the United States of America (Ahasan *et al.*, 2020; Amal *et al.*, 2018; Bacharach *et al.*, 2016; Behera *et al.*, 2018; Chaput *et al.*, 2020; Dong *et al.*, 2017; Fathi *et al.*, 2017; Ferguson *et al.*, 2014; Koesharyani *et al.*, 2018; Mugimba, 2018; OIE, 2018a; OIE, 2018b; OIE, 2018c; Tsofack *et al.*, 2016).

5. CLINICAL SIGNS AND CASE DESCRIPTION

5.1. Host tissues and infected organs

The main organs where pathology is observed are the eyes, brain and liver (Eyngor *et al.*, 2014).

5.2. Gross observations and macroscopic lesions

Gross lesions included ocular alterations, including opacity of the lens and in advanced cases ruptured lens. Other lesions included skin erosions, haemorrhages in the leptomeninges and congestion of the spleen (Eyngor *et al.*, 2014).

5.3. Microscopic lesions and tissue abnormality

Histologic lesions have been observed in the brain, eye and liver (Eyngor *et al.*, 2014). Lesions in the brain included oedema, focal haemorrhages in the leptomeninges, and capillary congestion in both the white and grey matter and neural degeneration. Foci of gliosis and occasional perivascular cuffs of lymphocytes have been detected. Ocular lesions included ruptured lenticular capsule and cataractous changes. Foci of hepatocellular swelling were observed. The spleen was hyperplastic, with proliferating lymphocytes. Melanomacrophage centres (MMCs) were increased in size and number in both the liver and the spleen. Transmission electron microscopy confirmed the presence of an orthomyxo-like virus within diseased hepatocytes and thus confirmed earlier reports of syncytial hepatitis (del-Pozo *et al.*, 2016).

5.4. WOA status

Infection with TiLV has been defined as an emerging disease by WOA and Members must report it in accordance with Article 1.1.4. of the *Aquatic Code*. The 2022 OIE General Assembly agreed to include TiLV in Chapter 1.3. Diseases listed by the OIE of the *Aquatic Code*.

6. SOCIAL AND ECONOMIC SIGNIFICANCE

Tilapines, comprising more than 100 species, are the second most import group of farmed fish worldwide after

carp. Global production is estimated at 4.5 million metric tons with a current value in excess of U.S.\$7.5 billion (FAO, 2014). In some regions they are ecologically important (algae and mosquito control and habitat maintenance for shrimp farming) and an important wild capture species. Introduction of the virus has been shown to cause significant mortality (up to 90%) and thus result in serious economic losses to both farmers and fishers (Eyngor *et al.*, 2014; Dong *et al.*, 2017).

7. ZONOTIC IMPORTANCE

None

8. DIAGNOSTIC METHODS

8.1. Definition of suspect cases

High levels of mortality in tilapine species, associated with ocular alterations (opacity of the lens or more severe pathology), should be considered suspicious of TiLV. Skin erosions, haemorrhages in the leptomeninges and moderate congestion of the spleen and kidney may be observed on post-mortem.

8.2. Presumptive test methods

TiLV can be cultured in primary tilapia brain cells or in an E-11 cell line, inducing a cytopathic effect at 3-10 days (Eyngor *et al.*, 2014; Liamnimitr *et al.*, 2017). Tsofack *et al.* (2016) describe optimal conditions for culturing TiLV.

8.3. Confirmatory test methods

Four PCR assays allow for reliable detection and diagnosis of infection with TiLV (OIE, 2021). Two real-time probe-based PCR assays (Cefas RT-qPCR and Hong RT-qPCR assays) had the highest sensitivity, repeatability and robustness of the assays evaluated and are the recommended assays for detecting TiLV (OIE, 2021).

9. CONTROL METHODS

Restrictions on the movement of live tilapines from farms and fisheries where the virus is known to occur will limit the spread of the disease. Generic biosecurity measures to minimise fomite spread via equipment, vehicles or staff (i.e. cleaning and disinfection) should also be implemented. Common disinfectants are effective against TiLV provided usage conditions are adhered to (Jaemwimol *et al.*, 2019). Appropriate disinfection protocols should be incorporated into biosecurity procedures.

Currently, no published methods have been shown to be effective in limiting the impact of an outbreak on an infected farm. It has been suggested that breeding for resistance or the development of a vaccine may offer the long-term prospects for managing the disease (Ferguson *et al.*, 2014). A breeding programme would need to select

and test a range of different strains of tilapia with a view to finding those least susceptible.

10. TRANSMISSION RISK

As TiLV has been horizontally transmitted through cohabitation, disease transmission is likely with movement of live aquatic animals. There is limited information about TiLV biophysical properties, and the risks associated with aquatic animal products. However, it may be assumed that it will share properties of other aquatic orthomyxoviruses, such as infectious salmon anaemia virus. Current evidence suggests that the eye, brain and liver are likely to contain highest concentrations of TiLV and thus solid and liquid waste is likely to be contaminated. However, it is possible that the pathogenic agent may also be found in musculature of infected fish. TiLV has been detected by real-time RT-PCR and virus isolation in mucous but not faeces (Liamnimitr *et al.*, 2017).

11. ADDITIONAL USEFUL INFORMATION

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