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Development of a primary cell model derived from porcine dorsal soft palate for foot-and-mouth disease virus research and diagnosis anses

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INTRODUCTION & OBJECTIVES

- Foot-and-mouth disease is a highly contagious disease affecting wild and domestic artiodactyls, caused by a Picornavirus named Foot-and-mouth disease virus (FMDV).
- FMDV is able to persist (i.e. infectious virus detected after 28 days post-infection (dpi)) for several years in the pharyngeal epithelium of ruminants after resolution of clinical signs¹. However, this is not the case in pigs where only viral RNA could be detected in vivo for more than 60 dpi in the oropharyngeal tonsils and dorsal soft palate^{2,3}.
- No porcine cell model from a tissue of interest is currently available.
- <u>Aim of the study:</u> To develop a specific cellular model to study FMDV infection in porcine cells.





Workflow

Swine oropharyngeal tonsils and dorsal soft palate (DSP) were sampled. Epithelial structures were identified and isolated (1). Epithelial cells derived from DSP were propagated in monolayers, caracterized (2), then infected with FMDV (3). Epithelial cells were then grown in multilayers at the air-liquid interphase to mimic a pluristratified epithelium (4).

DAPI





(2) DSP cells caracterization

FITC

Merge

Occludin

Cytokératin

- DSP cells were cultured in monolayers, fixed, then labelled with antibodies targeting epithelial markers (occludin, cytokeratin), fibroblastic markers (vimentin) and FMDV receptor ($\alpha_v \beta_6$ integrin).
- Significant expression of occludin was detected, indicating an epithelial nature.
- Greater expression of vimentin than cytokeratin was detected, indicating an epithelial-mesenchymal transition.
- High expression of the major receptor for FMDV was
- detected.

Jpper compartme

Culture mediun

Cell multilavers

Porous membrane

Lower compar

(1) Epithelial structures caracterization

- Oropharyngeal tonsils and DSP samples were stained using HES (hematoxylin-eosinsaffron) in order to localize epithelial structures.
- Epithelium were identified in both oropharyngeal tonsils and DSP samples





Oropharyngeal Tonsils

(3) Assessment of DSP susceptibility

to FMDV infection

- DSP cells were infected with a panel of FMDV strains in order to compare their susceptibility to other cell lines : ZZ-R127, IBRS-2 and bovine DSP.
- Culture supernatants were collected 48 hpi in order to perform viral titration on BHK-21 cells.

6,00 -									
5,00 -									-
ous titer (Log TC 00'+ -	I					h-	h-	1	_
3,00 -	h.		H-	h	h.			LL.	
1,00 -									
0,00 -	Asia1/PAK/2011	SAT1/NIG/2015	O/OMN/2020 Inoculum	SAT3/ZIM/1981 ZZ-R127 IBRS-2	O/FRA/2001 Porcine DSP Bovi	O/MUR/2016	O/ALG/2018	A/TUN/2017	

Porcine DSP were susceptible to the eight strains tested.



(4) Infection of DSP multilayers

- DSP cells were grown in multilayers, on collagen membrane, at the air-liquid interface and then infected with a type-O FMDV at MOI 1.
- Culture supernatants were collected every two or three days for 39 dpi and analyzed for infectious virus, antigen and viral RNA.



40,000

45.000

Ecole

- Multilayer depth was determined using HES staining.
- Infectious virus were detected by virus isolation up to 7 dpi in culture supernatants.
- Cytopathic effect on porcine DSP were easy to observe for all the strains.
- Porcine DSP susceptibility to certain strains, in particular from SAT1 and SAT3 serotypes, was lower than that of the cells currently used.

Conclusion & perspectives

- Viral antigen were detected up to 9 dpi by immunofluorescence.
- Viral RNA were detected up to 23 dpi by RTqPCR.



- A similar model based on oropharyngeal tonsil cells, could not be developed since these cells did not maintain in culture.
- Consistent with what has been observed in vivo in pigs, no evidence of FMDV persistence could be detected in our cell model (no infectious virus) detected after 28 dpi).

> Porcine DSP cells could be immortalized to obtain a cell line suitable for FMDV research and diagnosis. > These cells could constitute a privileged tool in the differential diagnosis of FMDV.

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