Review Article

BOVINE HERPES VIRUS-1 AND ITS INFECTION IN INDIA - A REVIEW

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This review article summarizes recent information on the molecular biology of bovine herpesvirus 1 (BoHV-1). This may provide a better understanding of BoHV-1 latency. DNA fingerprinting of isolates allow tracing diseases and gaining a picture of the molecular epizootiology. The major immunogenic proteins, especially a 74 Kd glycoprotein which gives rise to neutralizing antibodies, have been defined as those structural components being involved in cross-reactions with the goat herpesvirus (BoHV-6) and being of importance for diagnostic assays. Besides the known clinical appearance of BoHV-1 infections, expressing them mainly as respiratory or genital infections, the immune response is discussed and its value outlined for diagnostics and epizootiology. In conclusion, recommendations are given to control or eradicate BoHV-1 infections.

Key words: Bovine herpes virus, Cattle diseases, Immunity, Latent infection, Viral diseases

Bovine herpesvirus1 (BoHV-1) causes two diseases in cattle: Infectious bovine rhinotracheitis (IBR) and Infectious pustular vulvovaginitis (IPV). These infections occur worldwide. The clinical signs are characterised by fever and involvement of the upper respiratory tract, including conjunctivitis, rhinitis and tracheitis. Secondary bacterial infections may lead to pneumonia, especially in intensively managed livestock, such as beef cattle and in feedlots. The venereal forms of the disease result in pustular lesions in the prepuce and penile epithelium of the bull and vulva and vagina of the cow. These lesions can impair reproduction. Strains of BoHV-1 that can cause abortion are found in many countries. In India, the disease is endemic. As BoHV-1 is excreted in semen and can be spread by artificial insemination, bulls entering artificial breeding centres are screened for freedom from infection. Freedom from infection is most frequently determined by serological methods, using the virus neutralization test (VNT) or enzyme-linked immunosorbent assay (ELISA). Disease is diagnosed by demonstration of seroconversion with paired sera or by virus isolation from specimens collected during the acute phase of the disease. Semen certification is achieved by use of the real time polymerase chain reaction (rPCR) to detect viral DNA.

Aetiology :

Infectious bovine rhinotracheitis or Infectious pustular vulvovaginitis (IBR or IPV), caused by Bovine herpesvirus (BoHV-1), is a disease of domestic and wild cattle. BoHV-1 is a member of the genus Varicellovirus in the subfamily Alphaherpesvirinae, which belongs to the Herpesviridae family, order Herpesvirales. Three subtypes of BoHV-1 are recognised worldwide: BoHV-1.1, BoHV-1.2a and BoHV- 1.2b. Viruses from the BoHV-1.1 subtype cause severe respiratory disease and can be associated with abortion. Viruses isolated from buffaloes and goats and previously identified as BoHV-1 by serological tests have a different restriction enzyme profile than the subtypes of BoHV-1, are now regarded as separate viruses and have been classified as BoHV-2 and caprine herpesvirus, respectively. The bovine herpesvirus causing meningoencephalitis (previously BoHV1.3) has been classified as BoHV-5.1. BoHV-4, which was found wide spread in Israel, can cause mastitis, pneumonia, metritis, vaginitis, conjunctivitis, inter digital dermatitis and abortion in cattle.

History :

The first report of disease caused by BoHV-1 was made as a venereal disease in a bull and contact cows (Rychner, 1841) which

was subsequently referred to as Blaschenausschlag in German literature. The viral aetiology of the disease was proved by Reisinger and Reimann (1928). The first published report on respiratory IBR came from Schroeder and Moys (1954) where they described an apparently new upper respiratory disease of dairy cattle that occurred in California in 1953. It appeared suddenly and was characterized by high fever and agalactia in addition to respiratory signs. The following year, Miller (1955) described a disease that was first seen in a Colorado feedlot in the fall of 1950 and which has been present in that state ever since. By 1954, it was occurring in dairy cattle and all ages of beef cattle both in feedlots and occasionally in cattle on pasture. The actual cause was undetermined at that time but the disease could be transmitted with tissues and exudates from natural cases (Schroeder and Moys, 1954). The disease was known as red nose, necrotic rhinitis or dust pneumonia. In the year 1955, at a meeting of the US livestock sanitary association, the accepted name for the disease became Infectious bovine rhinotracheitis. Madin et al. (1956) first isolated the causative agent, and it was further characterized by Tousimis et al. (1958). Armstrong et al. (1961) suggested that the IBR virus (BoHV-1) belongs to the herpesvirus group. The virus was first isolated from respiratory disease in the United Kingdom in the early 1960s (Darbyshire et al., 1964). Kendrick et al.

(1958) described its association with Infectious pustular vulvovaginitis (IPV). Huck *et al.* (1971) described its association with Balanoposthitis. The virus has been reported to be associated with infection of respiratory tract causing rhinotracheitis and conjunctivitis; reproductive tract causing vulvovaginitis and balanoposthitis, skin lesions as well as neonatal infection causing red nose, necrotic rhinitis, epididymitis, abortion, infertility, dermatitis and mastitis (Gibbs and Rweyemamu, 1977).

Virion structure :

BoHV-1 has a typical herpesvirus virion structure and it's double stranded DNA genome is contained within an icosahedral protein capsid. The capsid is wrapped in a protein complex called the tegument, which is made up of about 20 viral proteins The tegument connects the capsid with the outer cell-derived envelope, which contains the viral membrane proteins and glycoproteins that are essential for the successful penetration of the cell membrane, including glycoproteins gD, gB, gH, and gL.

Replication cycle :

The BoHV-1 virion penetrates the cell membrane via a three step process. First, glycoproteins gB and gC on the virion envelope interact with certain cellular structures, creating a low affinity attachment between the virus and the host cell. Second, glycoprotein gD binds to cell membrane protein nectin-1, an immunoglobulin protein. This initiates the third phase, during which the virion envelope fuses with the cell membrane, allowing the capsid and tegument to enter the cytoplasm. Upon entering the host cell, the virion begins to move towards the nucleus. As it is transported, the tegument proteins surrounding the capsid are shed into the cytoplasm. Although many of these tegument proteins are poorly understood some are known to have important functions, such as disabling host defenses or subverting the host's resources. For example, the virion host shutoff (vhs) tegument protein is responsible for halting the host's regular protein synthesis and tegument protein VP16 is required to induce expression of early BoHV-1 genes. Once it has breached the nuclear membrane, the linear viral genome end-joins and becomes a combination of viral and cellular proteins induces the expression of the "immediate early" (IE) genes. The IE gene products induce the expression of "early" genes, at which point viral DNA replication begins. "Early late" gene expression begins during viral genome replication, and then finally the "true late" genes are expressed, which code for the capsid-forming structural proteins. Meanwhile, replication of the nowcircular viral genome proceeds via a "rolling circle" mechanism, which produces multiple genomes connected to each other in sequence from head to tail (concatemeric DNA). This long strand of DNA is then cleaved into individual copies of the viral genome, which are loaded into the newlyformed virion capsids without leaving the nucleus. How the virion capsid proceeds to exit the nucleus and acquire its tegument proteins and outer envelope is a matter of debate. The leading theory suggests that the mature capsid acquires a primary envelope as it buds out of the inner nuclear membrane, and into the perinuclear space. The new primary membrane then fuses with the outer nuclear membrane, so that the naked capsid is released into the cytoplasm. The capsid then acquires its tegument coating and final envelope by budding with a trans Golgi compartment.

Classification and biology of the viruses:

The IBR /IPV viruses have been classified as BoHV-1. This is based on serology. Their identity was later proved by DNA studies. With certain restriction enzymes such as 'HpaP, however, a clear separation into IBRlike and IPV-like strains is possible, grouping all the foetal isolates, some of the brain isolates and abortigenic viruses with the IBRlike viruses. Different findings with viruses from other countries, where the classical picture of European IPV is not known or has become modified, most probably reflect rapid changes of the viruses in cattle populations. BoHV-1 does not cross-react with BoHV-2 (Bovine herpes mammillitis virus), with the African malignant catarrhal fever virus (tentatively grouped as BoHV-3) or with BoHV-4. Caprine herpesvirus (tentatively grouped as BoHV-6) is antigenically and serologically closely

related to BoHV-1, but clearly differs in DNA fingerprinting. The BoHV-1 genome is similar to that of pseudorabies virus, equine herpesvirus types 1 and 3, and varicella-zoster virus, belonging to the class D herpesviruses. The BoHV-1 genome has a molecular weight of 135 Kd and is known to be composed of a unique short (Us; 13 Kd) sequence which inverts relatively to the unique long (UL; 100 Kd) sequence, leading to two isomeric forms of DNA which are flanked by internal (11 Kb) and terminal repeats (11 Kb). Recent findings show that the BoHV-1 genome has a small unique DNA "tail" on the terminal repeat sequence which might be involved in replication and could turn out to be important for the latency of the virus. Short repeats in BoHV-1 DNA terminal fragments which are responsible for the heterogeneity of the genomes appear to play a role in the circularization or concatamerization of the viral genome during DNA replication and subsequent cutting. Although BoHV-1 replication is far from being understood, genome structures of this virus have proved to be a good model of the general properties of herpesviruses, e.g. the terminase cleaving the DNA into the right genome length size (Pandey et al., 2000)

Proteins and antigens :

BoHV-1 induces approximately fifty infected cell proteins, about thirty of which are structural proteins of the virus and approximately fifteen are non-structural

polypeptides. Eight to eleven are glycosylated (Misra et al., 1981). The glycoproteins appear on the outer envelope of viral particles as well as on the surface of infected cells and represent the main target for the immune system, inducing a response which may neutralize free virus and destroy infected cells. BoHV-1 glycoproteins are divided into three groups, each consisting of two or three polypeptides which appear to be different forms of the same basic molecule, i.e. as a monomer or dimer or as a precursor and its final products. It emerged from different studies and was essentially pointed out for the first time by that a glycoprotein with a molecular weight between 74,000 and 82,000 represents the main immunogenic component, which induces the strongest neutralizing immune response. Therefore, the 74 Kd glycoprotein is the most suitable candidate for a possible future subunit or recombinant vaccine. Antibodies against other glycoproteins seem to neutralize BoHV-1 weakly or only in the presence of complement BoHV-1 strains of different origin and pathogenicity exhibit a high degree of uniformity in their protein composition, although strain-specific differences were observed with some minor polypeptides. It is of special interest that the goat herpes virus (BoHV-6) shares the major immunogenic glycoproteins with BoHV-1, which is the reason for strong immunological cross-reactivity and a marked one-way cross-neutralization of BoHV-6 by antibodies directed against BoHV-1.

Virus ecology and pathology :

Cattle are very commonly kept in extremely crowded and unsanitary conditions which allow BoHV-I to easily spread through a herd. The most common route of infection by BoHV-1 is via the direct exchange of nasal runoff between an infected individual and an uninfected individual, although other routes of horizontal transmission include genital contact, semen transmission, and short-distance aerosol transmission (Mars et al., 1999). The virus can also be transmitted vertically from mother to calf during pregnancy. The virus immediately infects the new host's epithelial cells at the contact site, where it rapidly begins its standard lytic replication cycle, spreading to surrounding cells via local dissemination. If the virus makes contact with the ordinary infection site, the nasal epithelial cells, then it can very quickly establish secondary infections via the shedding of virion-loaded nasal mucus. After spreading within the same tissue, the virus may go on to infect the host's blood, although the mechanism of this advance is poorly understood. Access to the circulatory system gives the virus access to many other types of the host's tissue, accounting for the large diversity in symptoms. In addition to this systemic spread, the virus can also make contact with nerve endings in nasal mucosal surfaces, through which the infection spreads to the central nervous system. BoHV-1 typically infects the trigeminal nerve endings, through which it establishes a latent infection in ganglionic neurons. Even after the animal stops exhibiting symptoms of infection, the latent infection can be reactivated later in life, at which point the animal begins shedding the virus. After genital infection, BoHV-1 replicates in the mucous membranes of the vagina or prepuce, and becomes latent in the sacral ganglia (Miller, 1991). The viral DNA remains in the neurons of the ganglia, probably for the entire life of the host (status of latency). Stress, such as transport and parturition, but also the application of corticosteroids can induce reactivation of the latent infection leading to standard viral lytic cycle which can lead to pustular vulvovaginitis or balanoposthitis.

Clinical signs :

BoHV-1 infection causes an acute, contagious disease that affects either the respiratory or reproductive tracts in the following forms :

Respiratory infection - The respiratory form of the disease is most frequently observed in cattle managed under intensive conditions (for example, feedlots) and is not often noticed in cattle under grazing conditions. The clinical signs and pathological changes of BoHV-1 infection of cattle are not characteristic and could easily be confused with disease produced by a number of other pathogens. Laboratory confirmation is therefore essential. The incubation period ranges from 2-7 days. If the cases are uncomplicated, the disease may be very mild with only slight serous nasal discharge and a modest rise in body temperature over one to two days. Many cases remain unnoticed. In more severe cases, there is pronounced pyrexia of 40 -42°C, which may last for several days. Affected animals are depressed with an increased respiratory rate and show a decline in milk production. The initial serous nasal discharge often becomes muco-purulent within a few days. The mucosa of the nares becomes reddened and shallow erosions may be present. Some animals develop excessive salivation. Oral lesions, which are uncommon, consist of shallow erosions of the oral mucosa. Some animals develop unilateral or bilateral conjunctivitis and have a clear ocular discharge, which may later become mucopurulent. In feedlot or other intensively managed cattle, there can be a severe laryngotracheitis necrotising and pneumonia that is complicated by secondary bacterial infections. These infections are usually encountered within the first 3 - 4 weeks of animals entering a feedlot. From time to time, there can be outbreaks of severe pneumonia due to BoHV-1 infection at later times after entry to the feedlot. Abortion as a complication of the respiratory form of BoHV-1 infection has been frequently reported.



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BoHV-1 Structure



Replication cycle of BoHV-1

Genital infection - Genital infection with BoHV-1 occurs in both sexes and is a more frequent manifestation of this herpesvirus Infection in cattle on pasture. The infection may result in the development of vesicles, pustules and erosions or ulcers in the mucosa of the vulva and vagina or on the penis and prepuce (Afshar, 1965).

Vulvovaginitis - This painful condition, which is known as Infectious pustular vulvovaginitis (IPV), may be observed within a few days of mating. Frequent micturition and raising of the tail are the first clinical signs. There may be hyperaemia or oedema of the vulva and the posterior third of the vagina. Small red to white ulcers develop into pustules (0.5 - 3mm in diameter). There may be a thick yellow or white mucopurulent exudate, especially in cases complicated by secondary bacterial infection.

Balanoposthitis - The disease in bulls is known as Infectious pustular balanoposthitis (IPB). After a 2–3 day incubation period, pustules appear on the mucosal surface of the penis and prepuce. These pustules can progress to ulcers with a mucopurulent discharge and may prevent a bull from servicing. A proportion of infected bulls will also excrete virus in their semen. In turn, infected semen can infect susceptible females, by natural or artificial insemination(Afshar and Eaglesome, 1990).

Conjunctivitis - The conjunctival form of BoHV-1 infection, which resembles 'pink

eye', is relatively uncommon. There can be occasional involvement of the cornea and a panophthalmitis. In some cases, the only sign of infection is conjunctivitis.

Occurrence and distribution :

IBR occurs worldwide. In India, the disease was first reported by Mehrotra et al. (1976) who isolated IBR virus from cases of keratoconjunctivitis amongst crossbred calves in an organized cattle herd in Uttar Pradesh. Since then the disease had been reported in most of the states of India. The disease was found to be more prevalent in exotic and crossbred cattle than in indigenous breeds. Satyanarayana and Suri Babu (1987)using indirect Haemagglutination test, reported 56.5 % BoHV-1 seroprevalence in the states of Uttar Pradesh, Haryana, West Bengal, Orissa, Andhra Pradesh, Tamil Nadu and Karnataka. Suri Babu et al. (1984) screened serum samples for BoHV-1 antibodies by indirect Haemagglutination test and reported a seroprevalence of 64.72 % in the states of Andhra Pradesh, Karnataka, Orissa, Tamil Nadu and West Bengal. Renukaradhya et al. (1996) found that 50.9 % cattle population in the states of Andhra Pradesh, Karnataka and Tamilnadu are seropositive for BoHV-1 antibodies. Suresh et al. (1999) standardised Avidin Biotin ELISA for detection of BoHV-1 antibodies in serum samples. They conducted the first large scale seroprevalence of BoHV-1 in India covering eighteen states and union territories. They reported 38.01 % of cattle

in India are seropostive for BoHV-1 antibodies. The state wise BoHV-1 seroprevalence what they recorded is as follows: 96.55 % in Andaman and Nicobar; 37.56 % in Andra Pradesh; 69.05 % in Arunachal Pradesh; 13.64 % in Assam; 76.74 % in Bihar; 42.50 % in Goa; 10 % in Gujarat; 9.095 in Haryana; 12.82 % in Himachal Pradesh; 95.35 % in Jammu and Kashmir;64.22 % in Karnataka; 46.67 % in Madyapradesh; 77.90 % in Maharashtra; 51.11 % in Manipur; 13.64 % in Mizoram; 100 % in Orissa; 23.66 % in Punjab; 60.16 % in Rajastan; 20.16 % in Tamilnadu and 82 % in the state of Uttarpradesh. Mallick (1986) studied the seroprevalence of IBR disease in seven states and observed that 65.3% exotic, 73% crossbred and 62% indigenous cattle were seropositive. Since then, several seroprevalence studies have been carried out by different researchers and it was seen that the disease is prevalent in almost all the states of India. The disease has been recorded from states of Kerala (Sulochana et al., 1982), Gujurat (Singh et al., 1983), Tamil Nadu (Manickam and Mohan, 1987), Uttar Pradesh (Mehrotra, 1977), Orissa (Misra and Misra, 1987), Karnataka (Mohan et al., 1994), West Bengal,(De et al., 1989 and Ganguly et al., 2008) and Andhra Pradesh (Satyanarayana and Suri Babu, 1987). An outbreak of balanoposthitis was reported from A.I. centre in U.P. (Pandey et al., 2000). An 8.56% of serum samples from Tamil Nadu and Andhra Pradesh were found to be positive for IBR (Selvaraj et al., 2008). In a seroprevalence study carried out in three south Indian states by Renukaradhya et al. (1996), 50.9% cattle and 52.5% buffalo were found positive to BoHV1. In Gujarat, Patel (1983) reported that 24 out of 32 paired sera of aborted buffaloes were positive for IBR antibodies. Khan (2004) from Gujarat reported 21.30% seroprevalence of IBR in cattle and buffaloes. Seroprevalence of BoHV-1 is also reported in yaks (Nandi and Kumar, 2010) and mithuns (Rajkhowa et al., 2004) with an overall seroprevalence of 60.1% and 19%, respectively. A 32.34% seropositivity was observed in bulls by Singh et al. (1985, 1986 a,b). Deka et al. (2005) observed 45.09% seropositivity in breeding bulls and detected presence of virus in semen by isolation and PCR methods. The seroprevalence in buffalos varied from 2.75 - 81% (Sinha et al., 2003). Pandita and Srivastava (1993) carried serological survey against IBR with 94 serum samples from aborted cows and 135 in cattle serum using indirect ELISA kit and found an incidence rate of 73.40% and 37.78%, respectively. In addition to that while indigenous crossbred, exotic cattle and buffaloes showed an incidence rate of 55.50%, 76.70% and 50.50%, respectively, with a history of abortion, the in-contact animals showed an incidence rate of 40%, 36%, 66.70% and 30%, respectively. Pandita and Srivastava (1995) studied the efficacy of dot ELISA and plate ELISA with 239 bovine serum samples from Haryana against IBR antibody and 51.9% and 48.5% were positive by plate ELISA and dot ELISA, respectively. Some of the other important reports on seroprevalence of BoHV-1 in Indian states are 18.75 % in Kerala (Rajesh et al., 2003); 17.68 % in Andaman and Nicobar (Sunder et al., 2005); 10.75 % in Uttaranchal (Jain et al., 2006) and 19.2 % in Karnataka (Kiran et al., 2007). In India, the most recent reports on BoHV-1 seroprevalence are by Ravi (2009) who reported seroprevalence of BoHV-1 at 18.18 % and 12.42 %, in cows and heifers respectively in the state of Karnataka using Avidin - Biotin ELISA kits supplied by PD_ADMAS, Bangalore. Nandi et al. (2004) recorded that 17.5 % of breeding bulls in India are seropositive to BoHV-1 when tested by an indirect ELISA. Ganguly et al. (2008) adopted serum neutralisation test for detecting antibodies in serum samples and they reported 38 % of cattle in West Bengal state are seropositive for BoHV-1. Analysis of the Annual Activity Report of the I. A. H. & V. B., Kolkata, ARD Department, Government of West Bengal over a period of more than 10 years depicts that the sero prevalence of IBR in organized farms is more (60.95%) compared to rural area (35.86%) with an overall prevalence 48.98 %. Saha et al., 2010 reported nucleotide sequencing of part of the regions encoding gH, gB and gC from different isolates in the state of West Bengal and showed in gH

sequence analysis, strain India 3 has identical sequences with the other isolates from India (strains India 4,5 and 6). Bhat *et al.*(1997) reported Serological evidence of bovine herpesviruses 1 and 2 in Asian elephants.

Epidemiology :

Infection occurs via the respiratory and genital routes. The virus is spread both within and between herds mainly by horizontal transmission such as direct and indirect contact (fomites) and aerosol droplets or from infected bulls by coitus and in infected semen either by artificial or natural insemination. Frozen semen is preserved at a condition that is optimal for virus survival. As with other herpesviruses, infection with BoHV-1 results in lifelong latent infection. This may occur in the absence of clinical signs and in the absence of detectable serum antibody. Corticosteroid treatment may induce a recrudescence of infection and excretion of virus (Rock et al., 1987 and Rock et al.,1992). Natural excretion may occur following stress but the mechanism of latency and reactivation has not yet been fully elucidated. BoHV-1 isolates vary in virulence in a manner unrelated to subtype. When introducing new animals into a closed herd or importing animals from overseas, those animals with antibody should be rejected, as they will be latently infected. Sero negative animals should be checked repeatedly for antibody and should preferably be treated with corticosteroid and sampled for virus excretion before being allowed entry to a breeding herd.

Diagnostic tests:

A. Identification of the agent:

The virus can be detected from nasal or genital swabs from animals with respiratory signs, vulvovaginitis or balanoposthitis, taken during the acute phase of the infection and in severe cases, from various organs collected at post-mortem by antigen capture ELISA (Collins et al., 1988) and reverse passive Haemagglutination test (Edwards and Gitao, 1987). Following infection, BoHV-1 may persist in infected animals in a latent state in sensory neurons e.g. in the trigeminal or sacral ganglia (Ashbaugh et al., 1997). The virus can be reactivated and this results in virus shedding (re-excretion) without exhibition of clinical disease (Darcel and Dorward, 1975 and Grom et al., 2006). Therefore, antibody-positive animals have to be classified as infected with BoHV-1 (with two exceptions: serological responses induced by vaccination with an inactivated vaccine or by colostral antibodies). For virus isolation, various cell cultures of bovine origin are used, for example, secondary lung or kidney cells or the Madin-Darby bovine kidney cell line (MDBK) (Mehrotra et al., 1987 and Mehrotra et al., 1994). The virus produces a cytopathic effect in 2-4 days. It is identified by neutralisation or antigen detection methods using monospecific antisera or monoclonal antibodies (Madbouly et al., 2008). BoHV-1 isolates can be further be subtyped by DNA

restriction enzyme analysis (RFLP) (Magyar et al., 1993) into subtypes 1.1 and 1.2. BoHV- 1.2 isolates can be further differentiated into 2a and 2b (Metzler et al., 1985). Development of rhinotracheitis or vulvovaginitis /balanoposthitis depends more on the route of infection than on the subtype of the virus. The virus previously referred to as BoHV-1.3, a neuropathogenic agent, is now classified as BoHV-5. Viral DNA detection methods have been developed and the polymerase chain reaction technique is increasingly used in routine diagnosis including real-time polymerase chain reaction (PCR) (Engelenburg et al., 1993; Wiedmann et al., 1993; Engelenburg et al., 1995; De Gee et al., 1996; Rocha et al.,1998; Masri et al., 1996; Santurde et al.,1996; Schynts et al.,1999; Kataria et al., 1997; Fuchs et al., 1999; Smits et al., 2000; Tiwari et al., 2000; Rola et al., 2003; Gupta et al., 2006; Jain et al., 2009 and Rana et al., 2011). Sachin et al. (2014) described loopmediated isothermal amplification (LAMP) assay for rapid detection of bovine herpesvirus 1 in bovine semen. On comparison with TaqMan real-time PCR, they claimed that the LAMP assay had a diagnostic sensitivity of 97 %, specificity of 100 %, and accuracy of 99.2 % for detection of BoHV-1 in bovine semen and could be used under field condition.

B. Serological tests :

The virus neutralisation test and various enzyme-linked immunosorbent assays (ELISA; indirect or gB-blocking) are most

widely used for antibody detection (Riegel *et al.*, 1987; Kramps *et al.*, 1993; Kramps *et al.*, 1994; Deregt *et al.*, 1993; Kramps *et al.*, 2004 and Reghuvanshi *et al.*, 2006). With the ELISAs, antibodies can be detected in serum or plasma, and with lower sensitivity in milk or bulk milk samples. Avidin – Biotin indirect ELISA kits supplied by PD_ADMAS, Bangalore has been the most widely used tool for detection of BoHV-1 antibodies in India (Suresh *et al.*, 1999 and Kiran *et al.*, 2005).

Prophylaxis against BoHV-1 virus:

Inactivated and attenuated live vaccines are available(Kaashoek *et al.*, 1994). The vaccines protect cattle clinically in case of infection and markedly reduce the subsequent shedding of field virus (Babiuk *et al.*, 1987; Babiuk *et al.*, 1988 and Bosch *et al.*, 1998). Although vaccination may not prevent field virus infection of individual animals, spreading of wild-type virus in infected herds is efficiently reduced. The vaccines must not induce disease, abortion, or any local or systemic reaction, and must be genetically stable (Abdelmagid *et al.*, 1998). Live gE- /tk- double gene deleted Bovine herpesvirus type 1 (BoHV-1), strain

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Indian Journal of Animal Health, June, 2016

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