

RESEARCH ARTICLE

Development and Application of an ELISA for the Detection of Porcine Deltacoronavirus IgG Antibodies

Anil Thachil¹, Priscilla F. Gerber², Chao-Ting Xiao¹, Yao-Wei Huang³, Tanja Opriessnig^{1,2*}

¹ Department of Veterinary Diagnostic and Production Animal Medicine, Iowa State University, Ames, Iowa, United States of America, ² The Roslin Institute and The Royal (Dick) School of Veterinary Studies, University of Edinburgh, Midlothian, United Kingdom, ³ Institute of Preventive Veterinary Medicine, College of Animal Sciences, Zhejiang University, Hangzhou, China

* Tanja.Opriessnig@roslin.ed.ac.uk



Abstract

Porcine deltacoronavirus (PDCoV), also known as porcine coronavirus HKU15, was first detected in North America in early 2014 and associated with enteric disease in pigs, resulting in an urgent need to further investigate the ecology of this virus. While assays detecting nucleic acids were implemented quickly, assays to detect anti-PDCoV antibodies have not been available. In this study, an indirect anti-PDCoV IgG enzyme-linked immunosorbent assay (ELISA) based on the putative S1 portion of the spike protein was developed and utilized to determine the prevalence of anti-PDCoV IgG in U.S. pigs. The diagnostic sensitivity of the PDCoV ELISA was 91% with a diagnostic specificity of 95%. A total of 968 serum samples were tested including samples with confirmed infection with PDCoV, porcine epidemic diarrhea virus (PEDV), transmissible gastroenteritis virus or porcine respiratory coronavirus. There was no cross-reactivity with any of the other coronaviruses. Among 355 arbitrarily selected serum samples collected in 2014 and originating from 51 farms across 18 U.S. states, anti-PDCoV IgG antibodies were detected in 8.7% of the samples and in 25.5% of the farms whereas anti-PEDV IgG was detected in 22.8% of the samples and in 54.9% of the farms. In addition, anti-PDCoV IgG antibodies were detected in archived samples collected in 2010, perhaps indicating an earlier undetected introduction into the U.S. pig population. Overall, the obtained data suggest that PDCoV seroprevalence in U.S. pigs is lower compared to PEDV and PDCoV may have been introduced to the U.S. prior to PEDV.

OPEN ACCESS

Citation: Thachil A, Gerber PF, Xiao C-T, Huang Y-W, Opriessnig T (2015) Development and Application of an ELISA for the Detection of Porcine Deltacoronavirus IgG Antibodies. PLoS ONE 10(4): e0124363. doi:10.1371/journal.pone.0124363

Academic Editor: Nagendra R Hegde, Ella Foundation, INDIA

Received: October 6, 2014

Accepted: March 2, 2015

Published: April 16, 2015

Copyright: © 2015 Thachil et al. This is an open access article distributed under the terms of the [Creative Commons Attribution License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Data Availability Statement: All relevant data are within the paper.

Funding: The authors received no specific funding for this work.

Competing Interests: The authors have declared that no competing interests exist.

Introduction

Porcine deltacoronavirus (PDCoV) was first identified in a 6-month-old pig collected in 2009 from a pig in Hong Kong, China, and related to a 6-month-old pig and a 1-year-old pig identified in apparent health 6-month-old animal [1–3]. Recently, PDCoV has been described in association with diarrhea in pig acroacross all production age in North America [4–6]. Specifically, in February 2014, the Ohio Department of Agriculture identified a pig indicating ha

PDCoV was detected in 6-line feces from five separate pig farms in Ohio. 6-line clinical signs of 6-line diarrhoea in 6-line and enteric diarrhoea associated 6-line increased mortality in piglets [4]. The presence of transmissible gastroenteritis virus (TGEV) was a potential cause of the 6-line outbreak. 6-line is a potential cause for porcine epidemic diarrhoea virus (PEDV) [4]. In the presence of the 6-line emerging porcine coronavirus, PEDV [7,8] and PDCoV [4] in the U.S. pig population, the USDA issued a federal order requiring reporting of all non-clinical associated 6-line all porcine enteric coronavirus effects. June 5, 2014 [9]. In contrast to PEDV [10–12], the epidemiological, pathogenesis and clinical symptoms associated 6-line PDCoV infection are still largely unknown. Nevertheless, preliminary results obtained after experimental infection of gnotobiotic pig 6-line have indicated enteric clinical signs (diarrhoea, vomiting, dehydration) and microscopic lesions consistent with coronavirus infection in the small intestine [13]. However, serological assays to undertake field based epidemiological studies are not available. Sequencing of the complete genome of U.S. PDCoV strains from different

porcine of the first collection ($n = 60$ /farm). The last 30 samples came from PDCoV negative Farm D. The PDCoV infection was determined based on real-time RT-PCR for PDCoV on fecal samples. PEDV, PRCV and TGEV RNA were not detected in the feces. All RT-PCR were performed according to protocols performed and standardized by the ISU-VDL Farm A sample collected at the first time point and sample from the negative Farm D were classified as negative ($n = 60$). Farm A sample collected at the second time point and sample from the 60 positive Farm B and C were classified as positive ($n = 150$). For the paired sample set from Farm A, PDCoV seroconversion was defined as a two-fold increase in the antibody titer when comparing the first and second sample collection point.

Antibody prevalence in 2014 pig farms. A total of 355 serum samples were analyzed during 2014 from U.S. pig farms identified by geographic origin as part of a national diagnostic mission of the ISU-VDL. Five serum samples were collected from each of 71 independent farm locations from 51 different farms ($n = 5$ to 25 samples per farm) located in 18 different states in the U.S. (Colorado, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, South Dakota, and Wisconsin). All 355 samples were tested for presence of an anti-PDCoV IgG and for an anti-PEDV IgG antibody using an adapted protocol described [25].

Archived serum samples ($n = 403$) collected from 2006 to 2013 prior to initial recognition of PDCoV from 25 different farms from 11 different states in the U.S. (Iowa, Illinois, Nebraska, North Carolina, Missouri, Texas) [25–27] were also included and tested for presence of an anti-PDCoV IgG.

Antibody prevalence in 2010 pig farms. A total of 52 pooled liquid porcine plasma samples collected in 2010 as part of a project [28] were tested for serology. Each porcine plasma sample consisted of pooled plasma originating from a single farm with a population of approximately 10,000 pigs slaughtered on the same day. The samples were collected from 14 federal inspection facilities located in the eastern part of the Midwestern U.S. [28]. Based on real-time RT-PCR testing, all samples obtained in 2010 were negative for PDCoV RNA.

PDCoV S1 ELISA development

Antigen production. The region encoding the predicted S1 domain (amino acid 1–573) of the PDCoV strain PDCoV-IA2014-1 (GenBank accession number KM613173) was a 3' terminal fragment of the full-length gene sequence followed by a human IgG Fc domain, which was subsequently cloned into a eukaryotic expression vector as previously described [25]. The S1-Fc fusion protein was expressed by transfection of HEK-293T cells, purified using a column purification, cleaved from the fusion protein, and tested for endotoxin removal.

ELISA development. The optimal antigen concentration and the serum dilution for the S1-PDCoV ELISA were determined using a checkerboard titration. Microtiter plates (Nunc; ThermoFisher Scientific, Waltham, MA, USA) were coated with the S1 polypeptide diluted in coating buffer (50 mM carbonate buffer, pH 9.6) at a concentration of 0.95 µg per well and incubated overnight at 4°C. After washing with PBS containing 0.05% Tween 20 (PBST), the plate was blocked with 1% bovine serum albumin (Jackson ImmunoResearch, West Grove, PA, USA) for 2 hours at 22°C and then incubated with the serum or plasma sample diluted 1:100 in PBS containing 10% goat serum (Gibco; Life Technologies, Grand Island, NY, USA) for 30 minutes at 37°C. After washing, a 1:10,000 diluted peroxidase-conjugated goat anti-human IgG (Jackson ImmunoResearch) was added and incubated at 37°C for 30 minutes. The peroxidase reaction was visualized by adding the same horseradish peroxidase substrate as the

buffer (KPL, Gaithersburg, MD, USA) for 10 min at room temperature and topped by adding 50 µL of 2 M Tris-HCl acid to each well. Optical density (OD) were measured at 450 nm using an ELISA plate reader (BioTek, Winooski, VT, USA). Serial dilution was done by increasing the ratio between positive and negative sample (P/N) were elected a control for background and positive, negative and blank (negative) sample were tested in duplicate and included on each plate.

Specificity. The specificity of the PDCoV S1 ELISA was evaluated by testing 150 samples including 150 positive and 60 high titer negative samples against TGEV ($n = 30$), PRCV ($n = 30$) or PEDV ($n = 30$) which were obtained through the ISU-VDL. The coefficient calculated by receiver operating characteristic (ROC) analysis for maximum diagnostic sensitivity and specificity using sample classified a PDCoV positive ($n = 150$) or negative ($n = 60$ sample). The coefficient was elected to maximize sensitivity and specificity while minimizing the number of false negative and false positive. The obtained value was defined as the cut-off of the PDCoV S1 ELISA using MedCalc for Windows, version 13.3.0.0. (MedCalc Software, Ostend, Belgium).

Reproducibility. The reproducibility of the PDCoV S1 ELISA was evaluated by testing eight samples with different titers. The coefficient of variation (CV) was calculated as the in- and inter-assay variation. Each sample was tested on each of three plates on different occasions to determine the intra-assay CV, and three replicates within the same plate were tested to calculate the inter-assay CV.

Results

PDCoV S1 ELISA development

The ROC analysis based on 210 samples with known PDCoV exposure was used for the cut-off determination (Fig 1). The optimal cut-off for the PDCoV S1 ELISA at a 1:100 dilution sample OD value of 0.34 for which the sensitivity and specificity were higher than 90%. Sensitivity was 90.6% and the specificity was 94.8%. The diagnostic accuracy of PDCoV S1 ELISA was considered to be high as the area under the curve (AUC) index was 0.986 with a standard error of 0.01. Intra- and inter-assay coefficient of variation (CV) of eight control sera tested with PDCoV S1 ELISA were less than 10%. The intra-assay CV ranged from 2.6% to 4.2% while the inter-assay CV ranged from 5.2% to 9.4%, indicating high inter-assay reproducibility. The assay specificity was determined by testing samples positive for antibodies to TGEV, PRCV or PEDV. The obtained PDCoV S1 ELISA OD values ranged from 0.04 to 0.33 (average \pm SD, 0.12 \pm 0.06), indicating a lack of cross-reaction with other porcine coronaviruses. Among the 90 samples positive for antibodies against TGEV, PRCV or PEDV, only one had an OD value higher than 0.3 for PDCoV. Specifically, PDCoV OD values ranged from 0.04 to 0.33 (average \pm SD, 0.12 \pm 0.08) for TGEV; 0.05 to 0.291 (average \pm SD, 0.10 \pm 0.06) for PRCV; and 0.07 to 0.244 (average \pm SD, 0.13 \pm 0.05) for PEDV.

Presence of anti-PDCoV IgG antibodies in pig serum during an acute outbreak and four weeks later

Anti-PDCoV IgG antibodies positive samples were detected in 7 (23.3%) of the 30 acute outbreak affected diarrheal and in 28 (93.3%) samples four weeks after PDCoV RT-PCR diagnosis (Fig 2). Total of 61 negative samples were collected during the seroconversion, characteristic of a first-fold increase in the OD value was detected in 16 (53.3%) of the seroconversion identified during the first collection, 1/7 had a seroconversion

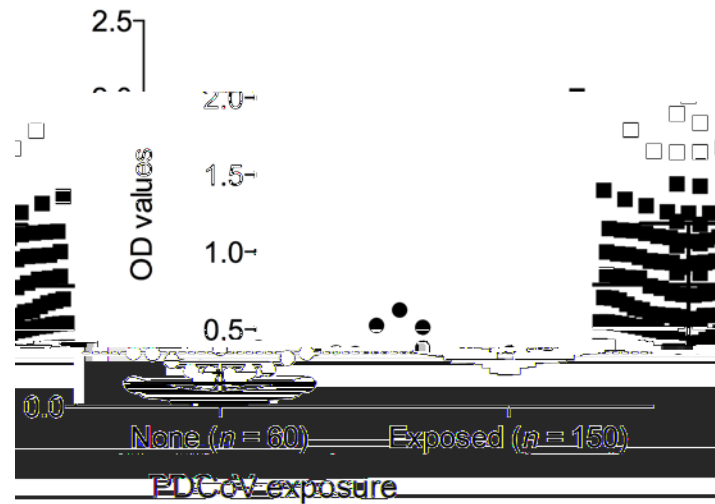


Fig 1. Distribution of serum anti-PDCoV IgG antibodies obtained from farms with known PDCoV exposure. Serum samples were classified as negative or positive based on viral RNA detection on fecal samples at the farm. Data presented as ELISA OD values \pm SEM. The assay cut-off (OD value of 0.34) is indicated by the dashed line.

doi:10.1371/journal.pone.0124363.g001

(4.4-fold increase in the OD value); 3/7 had a least a 2-fold increase in the OD value (average \pm SD 2.46 \pm 0.74); and 3/7 had OD value increments \geq 6-fold than 1.5-fold.

Presence of anti-PDCoV and -PEDV IgG antibodies in pig serum samples with unknown PDCoV exposure collected during 2014

Anti-PDCoV and -PEDV IgG antibody prevalence in 355 serum samples collected during 2014 are summarized in Table 1. This seronegative sample (8.7%) 6 were anti-PDCoV IgG antibody positive which were identified in 13/51 (25.5%) farms. Positive detection in

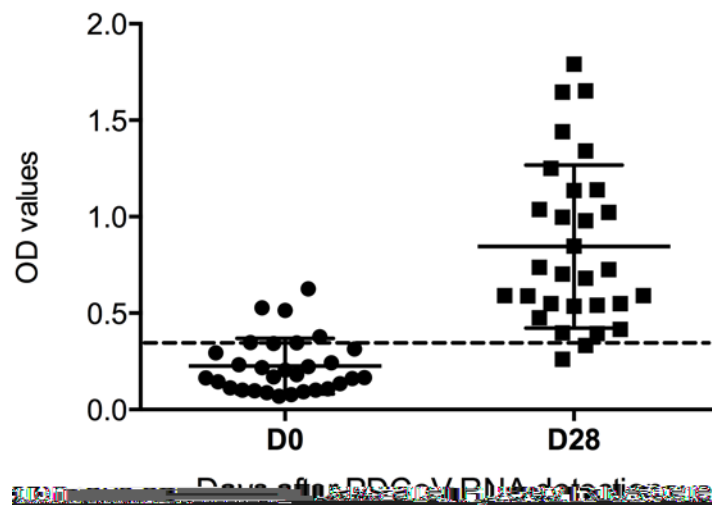


Fig 2. Distribution of serum anti-PDCoV IgG antibodies during an acute outbreak and four weeks later. An acute outbreak was defined as presence of clinical disease and demonstration of PDCoV RNA in feces. Data presented as ELISA OD values \pm SEM. The assay cut-off (OD value of 0.34) is indicated by the dashed line.

doi:10.1371/journal.pone.0124363.g002

Table 1. Detection rate of anti-PDCoV and anti-PEDV IgG antibodies in pig sera samples collected during 2014.

State	Number of positive samples/number samples tested	
	(Number of positive farms/number of farms tested)	
	PDCoV	PEDV
Colorado	0/5 (0/1)	3/5 (1/1)
Iowa	12/145 (7/20)	21/145 (11/20)
Illinois	1/15 (1/3)	4/15 (2/3)
Indiana	3/20 (1/4)	7/20 (2/4)
Kansas	0/5 (1/1)	0/5 (1/1)
Kentucky	0/5 (0/1)	0/5 (0/1)
Michigan	0/5 (0/1)	0/5 (0/1)
Minnesota	0/5 (0/1)	0/5 (0/1)
Missouri	3/20 (1/3)	20/20 (3/3)
Montana	0/5 (0/1)	0/5 (0/1)
North Carolina	0/30 (0/2)	1/30 (1/2)
Nebraska	8/10 (2/2)	7/10 (2/2)
New Jersey	0/5 (0/1)	0/5 (0/1)
Ohio	0/5 (0/1)	0/5 (0/1)
Oklahoma	0/35 (0/4)	15/35 (2/4)
Pennsylvania	4/20 (1/3)	3/20 (1/3)
South Dakota	0/5 (0/1)	0/5 (0/1)
Wisconsin	0/5 (0/1)	0/5 (0/1)
Total	31/355 (13/51)	81/355 (28/51)

All serum samples were obtained from commercial pig farms in 18 different states across the U.S.A.

doi:10.1371/journal.pone.0124363.t001

individual PDCoV farms ranged from 20 to 100%. An anti-PEDV IgG antibody was detected in 81/355 (22.81%) of all samples and in 28/51 (54.9%) of the individual farms. Concurrent detection of an anti-PEDV and an anti-PDCoV IgG antibody occurred in 8/51 farms (15.7%) and 23/355 (6.5%) of all samples.

Presence of anti-PDCoV IgG antibodies in pig serum and plasma samples with unknown PDCoV exposure collected prior to 2014

Among the 403 archived samples collected between 2006 and 2013, 44 (10.9%) of all samples were found to be positive for an anti-PDCoV IgG antibody by the S1 ELISA (Table 2). The majority of positive samples were collected in 2013 (40/44, 90.9%). On positive farms, 20 to 60% of the samples were found to be positive. In England, for 1 sample collected in 2010; specifically, these samples originated on a farm in Illinois and one sample from a farm in Iowa. The OD values on these samples were 0.38, 0.39, 0.42, and 1.27. Due to the limited availability of reagents and of the confirmation finding, 52 porcine pooled plasma samples from 2010 were also tested. Two of 52 (3.8%) pooled plasma samples were positive for an anti-PDCoV IgG antibody; the OD values were 0.34 and 0.38 whereas the OD values of negative samples ranged from 0.05 to 0.15 (average SD, 0.08 ± 0.01).

Table 2. Detection rate of anti-PDCoV IgG antibodies from 2006 to 2014 in the U.S.A.

Year	PDCoV positive samples/number of samples tested (PDCoV positive farms/number of farms tested)
2006	0/19 (0/1)
2007	0/16 (0/1)
2010	4/58 (2/4)
2011	0/9 (0/2)
2012	0/91 (0/9)
2013	40/210 (6/10)
2014	31/355 (13/51)
Total	75/758 (21/78)

All serum samples were obtained from commercial pig farms.

doi:10.1371/journal.pone.0124363.t002

Discussion

PDCoV was initially discovered in U.S. pig in 2014 [4] leading to many questions on basic infection dynamics and time of introduction of this emerging pig virus. The objective of this study was to develop a serological assay to evaluate the 2014 prevalence rate of PDCoV in U.S. pig and to determine evidence for PDCoV infection in pre-2014 years.

In order to accomplish this goal, a recombinant PDCoV S1 polypeptide-based ELISA was developed and the S1 antibody was selected according to an antigen. The amino acid identity of the PDCoV S1 antibody and the corresponding PEDV control epitope (IA1 strain, GenBank accession number KF468753) is 20.2%, for TGEV (P1d strain, GenBank accession number AJ271965) is 20.7% and for PRCV (ISU-1 strain, GenBank accession number DQ811787) is 22.1% [5]. Therefore, the PDCoV S1 antibody used in the present study was unlikely to cross-react with PEDV, PRCV or TGEV and as expected, cross-reactivity was not observed. Furthermore, *in silico* prediction of the PDCoV epitope was performed and the results were compared with the alphacoronavirus PEDV, TGEV and PRCV. As expected, the S1 protein contained the majority of the mapped epitopes within the coronavirus protein known to elicit humoral response (E, M, N and S). In addition, a comparison of the amino acid identity between the present PDCoV S1 antigen for the developed ELISA and the other 19 PDCoV sequences in the GenBank indicated a similarity higher than 99% for the S1 polypeptide which suggests high antigenic conservation of the gene.

A preliminary generalised sample of a gold standard for PDCoV antibody detection was not available at the time the study was conducted, field samples with known PDCoV exposure and from pre-medicated piglets were included to gain insight on basic PDCoV seroconversion. An anti-PDCoV antibody and seroconversion were detected within 6 weeks of initial observation of clinical disease and detection of PDCoV RNA in fecal sample. Ideally, the correlation should be determined by using a panel of samples obtained from reference animals with known history and infection status related to the disease [29]. Due to difficulties in classifying pig from farm as a negative, i.e. no pre-exposure to PDCoV which would have required to obtain fecal sample over time from an adequate number of pig on the farm, samples from the site of perceived PDCoV outbreak (PDCoV real-time RT-PCR positive pig) were considered to be seronegative for the development purpose. Although this strategy was efficient to confirm diagnosis of acute infection as seroconversion was detected in paired sample from PDCoV outbreak, the lack of a serological assay and known negative sample did not permit a precise estimation of the diagnostic sensitivity and specificity of the test. Selecting a single antibody for correlation on the basis of field sample and

accuracy in clinical history and RT-PCR results in a lot of encephalitis and/or specificities. To further address this, we established a cutoff value of 0.346 as a guideline for the clinical data of 573 samples originating from a pig farm (classified as negative due to absence of an PDCoV ELISA positive pig among the pig tested) by calculating the average OD (data not shown). This value determined the adoption of this method obtained a cutoff value (0.24; OD average = 3 SD; average SD 0.09–0.05), and provided a greater sensitivity. Therefore, samples with an OD value between 0.24 and 0.34 would perhaps be considered inconclusive. The lack of a gold standard for PDCoV antibody detection further contributes to the problem in establishing an appropriate cutoff and accurate measurement of sensitivity and specificity of the ELISA developed herein.

Based on clinical data from the National Animal Health Laboratory Network (NAHLN) laboratory through Sep 17, 2014, 6.6% (382) of 5827 cases obtained from 17 of 31 active pig populations for PDCoV RNA [30]. In the present study, 8.7% (31/355) of the 31 samples collected from 7/18 active pig populations for anti-PDCoV IgG which is in agreement with the Animal and Public Health Information System (APHIS) surveillance data and PDCoV RNA detection by RT-PCR. In contrast, the percentage of PEDV RNA positive cases was 26.0% (8386/32211) obtained from a total of 31/42 U.S. states according to the most recent NAHLN survey [30]. In further agreement, in this study, 22.8% (81/355) of the samples submitted collected in 2014 were positive for PEDV IgG.

It has been determined previously that co-infection of PDCoV with other enteric viruses are common [9]. In the present investigation, 38% of PEDV ELISA positive pig population positive for anti-PDCoV antibody (data not shown). This investigation further reports which found that 78% of PDCoV RNA positive samples were also positive for PEDV RNA, 10% for porcine A RNA, 10% for porcine B RNA, 10% for porcine C RNA and 33% were co-infected with PEDV as determined by RT-PCR [14]. Experimental studies are needed to better understand the comparative sensitivity of PDCoV serology in pig herds.

PDCoV was first identified in U.S. pig in 2014 [4] and seroprevalence detection of RNA has been able to identify herds in late 2013 [30]. Accurately identifying samples can be limited and overcome this issue, archived porcine plasma samples collected in this study. While the PEDV assay was not validated on plasma, evidence in the literature suggests that the degree of antibody detection in serum and plasma is essentially identical [31–34]. Overall, the obtained data suggest that PDCoV has been circulating in the North American pig population prior to 2013 with being recognized. Specifically, an antibody to PDCoV were detected in archived serum and plasma samples from 2010, whereas anti-PDCoV IgG antibody were not detected in serum samples collected in 2011 or 2012. This could be due to the limited number of available seroprevalence serum samples in combination with an overall low PDCoV seroprevalence. Alternatively, the positive samples collected in 2010 could be false positive results, as a least one sample presented a high OD value. Upon availability of another PDCoV serological evaluation in the future, the results will need to be confirmed.

In conclusion, a study indicated by PDCoV RT-PCR surveillance results, we obtained an anti-PDCoV IgG seroprevalence data further confirm an overall seroprevalence rate of PDCoV infection in the U.S. pig population.

Acknowledgments

The authors thank Dr. Maïlin Hoogland, Dr. Paul Thoma and Dr. Peter Thoma for providing PDCoV positive field samples and Dr. Meli Spadaro for assistance with PEDV testing.

Author Contributions

Conceived and designed the experiment: TO. Performed the experiment: AT, CTX. Analyzed the data: PFG. Contributed reagents/materials/analysis tools: YWH. Wrote the paper: AT, PFG, CTX, YWH, TO. Carried out the statistical analysis and created the figure: PFG.

References

1. Woo PC, Lau SK, Lam CS, Lai KK, Huang Y, Lee P, et al. Comparative analysis of complete genome sequences of three avian coronaviruses reveals a novel group 3c coronavirus. *J Virol*. 2009; 83: 908–917. doi: [10.1128/JVI.01977-08](https://doi.org/10.1128/JVI.01977-08) PMID: [18971277](https://pubmed.ncbi.nlm.nih.gov/18971277/)
2. Woo PC, Lau SK, Lam CS, Lau CC, Tsang AK, Lau JH, et al. Discovery of seven novel Mammalian and avian coronaviruses in the genus deltacoronavirus supports bat coronaviruses as the gene source of alphacoronavirus and betacoronavirus and avian coronaviruses as the gene source of gammacoronavirus and deltacoronavirus. *J Virol*. 2012; 86: 3995–4008. doi: [10.1128/JVI.06540-11](https://doi.org/10.1128/JVI.06540-11) PMID: [22278237](https://pubmed.ncbi.nlm.nih.gov/22278237/)
3. Dong BQ, Liu W, Fan XH, Vijaykrishna D, Tang XC, Gao F, et al. Detection of a novel and highly divergent coronavirus from asian leopard cats and Chinese ferret badgers in Southern China. *J Virol*. 2007; 81: 6920–6926. PMID: [17459938](https://pubmed.ncbi.nlm.nih.gov/17459938/)
4. Wang L, Byrum B, Zhang Y. Detection and genetic characterization of deltacoronavirus in pigs, Ohio, USA, 2014. *Emerg Infect Dis*. 2014; 20: 1227–1230. doi: [10.3201/eid2007.140296](https://doi.org/10.3201/eid2007.140296) PMID: [24964136](https://pubmed.ncbi.nlm.nih.gov/24964136/)
5. Marthaler D, Jiang Y, Collins J, Rossow K. Complete genome sequence of strain SDCV/USA/Illinois121/2014, a porcine deltacoronavirus from the United States. *Genome Announc*. 2014; 2: pii: e00218–14. doi: [10.1128/genomeA.00218-14](https://doi.org/10.1128/genomeA.00218-14) PMID: [24723704](https://pubmed.ncbi.nlm.nih.gov/24723704/)
6. Li G, Chen Q, Harmon KM, Yoon KJ, Schwartz KJ, Hoogland MJ, et al. Full-length genome sequence of porcine deltacoronavirus strain USA/IA/2014/8734. *Genome Announc*. 2014; 2: pii: e00278–14. doi: [10.1128/genomeA.00278-14](https://doi.org/10.1128/genomeA.00278-14) PMID: [24723718](https://pubmed.ncbi.nlm.nih.gov/24723718/)
7. Mole B. Deadly pig virus slips through US borders. *Nature*. 2013; 499: 388. doi: [10.1038/499388a](https://doi.org/10.1038/499388a) PMID: [23887408](https://pubmed.ncbi.nlm.nih.gov/23887408/)
8. Stevenson GW, Hoang H, Schwartz KJ, Burrough ER, Sun D, Madson D, et al. Emergence of Porcine epidemic diarrhea virus in the United States: clinical signs, lesions, and viral genomic sequences. *J Vet Diagn Invest*. 2013; 25: 649–654. doi: [10.1177/1040638713501675](https://doi.org/10.1177/1040638713501675) PMID: [23963154](https://pubmed.ncbi.nlm.nih.gov/23963154/)
9. USDA. Reporting, herd monitoring and management of novel swine enteric coronavirus diseases. Available: http://www.aphis.usda.gov/newsroom/2014/06/pdf/secd_federal_order.pdf. Accessed 17 September 2014.
10. Song D, Park B. Porcine epidemic diarrhoea virus: a comprehensive review of molecular epidemiology, diagnosis, and vaccines. *Virus Genes*. 2012; 44: 167–175. doi: [10.1007/s11262-012-0713-1](https://doi.org/10.1007/s11262-012-0713-1) PMID: [22270324](https://pubmed.ncbi.nlm.nih.gov/22270324/)
11. Huang YW, Dickerman AW, Pineyro P, Li L, Fang L, Kiehne R, et al. Origin, evolution, and genotyping of emergent porcine epidemic diarrhea virus strains in the United States. *MBio*. 2013; 4: e00737–13. doi: [10.1128/mBio.00737-13](https://doi.org/10.1128/mBio.00737-13) PMID: [24129257](https://pubmed.ncbi.nlm.nih.gov/24129257/)
12. Chen Q, Li G, Stasko J, Thomas JT, Stensland WR, Pillatzki AE, et al. Isolation and characterization of porcine epidemic diarrhea viruses associated with the 2013 disease outbreak among swine in the United States. *J Clin Microbiol*. 2014; 52: 234–243. doi: [10.1128/JCM.02820-13](https://doi.org/10.1128/JCM.02820-13) PMID: [24197882](https://pubmed.ncbi.nlm.nih.gov/24197882/)
13. National Pork Board PEDV Research Updates: Animal-focus 2014. The Ohio State University; Oglebee. The pathogenesis and characterization of porcine epidemic diarrhea virus (PEDV) and porcine deltacoronavirus (PdCV) in neonatal gnotobiotic swine. American Association of Swine Veterinarians News archive. Available: <https://www.aasv.org/news/story.php?id=7712>. Accessed 5 December 2014.
14. Marthaler D, Raymond L, Jiang Y, Collins J, Rossow K, Rovira A. Rapid detection, complete genome sequencing, and phylogenetic analysis of porcine deltacoronavirus. *Emerg Infect Dis*. 2014; 20: 1347–1350. doi: [10.3201/eid2008.140526](https://doi.org/10.3201/eid2008.140526) PMID: [25075556](https://pubmed.ncbi.nlm.nih.gov/25075556/)
15. Wang L, Byrum B, Zhang Y. Porcine coronavirus HKU15 detected in 9 US states, 2014. *Emerg Infect Dis*. 2014; 20: 1594–1595. doi: [10.3201/eid2009.140756](https://doi.org/10.3201/eid2009.140756) PMID: [25153521](https://pubmed.ncbi.nlm.nih.gov/25153521/)
16. Masters PS. The molecular biology of coronaviruses. *Adv Virus Res* 2006; 66: 193–292. PMID: [16877062](https://pubmed.ncbi.nlm.nih.gov/16877062/)
17. Brian DA, Baric RS. Coronavirus genome structure and replication. *Curr Top Microbiol Immunol*. 2005; 287: 1–30. PMID: [15609507](https://pubmed.ncbi.nlm.nih.gov/15609507/)
18. Woo PCY, Huang Y, Lau SKP, Yuen KY. Coronavirus genomics and bioinformatics analysis. *Viruses*. 2010; 2: 1804–1820. doi: [10.3390/v2081803](https://doi.org/10.3390/v2081803) PMID: [21994708](https://pubmed.ncbi.nlm.nih.gov/21994708/)

19. Sun DB, Feng L, Shi HY, Chen JF, Liu SW, Chen HY, et al. Spike protein region (aa 636–789) of Porcine epidemic diarrhea virus is essential for induction of neutralizing antibodies. *Acta Virol.* 2007; 51: 149–156. PMID: [18076304](#)
20. Liu DQ, Ge JW, Qiao XY, Jiang YP, Liu SM, Li YJ. High-level mucosal and systemic immune responses induced by oral administration with *Lac obacill* s-expressed porcine epidemic diarrhea virus (PEDV) S1 region combined with *Lac obacill* s-expressed N protein. *Appl Microbiol Biotechnol.* 2012; 93: 2437–2446. doi: [10.1007/s00253-011-3734-0](#) PMID: [22134641](#)
21. Knuchel M, Ackermann M, Muller HK, Kihm U. An ELISA for detection of antibodies against porcine epidemic diarrhoea virus (PEDV) based on the specific solubility of the viral surface glycoprotein. *Vet Microbiol.* 1992; 32: 117–134. PMID: [1441196](#)
22. Simkins RA, Weillna PA, Van CJ, Brim TA, Saif LJ. Competition ELISA, using monoclonal antibodies to the transmissible gastroenteritis virus (TGEV) S protein, for serologic differentiation of pigs infected with TGEV or porcine respiratory coronavirus. *Am J Vet Res.* 1993; 54: 254–259. PMID: [8381626](#)
23. Sestak K, Zhou Z, Shoup DI, Saif LJ. Evaluation of the baculovirus-expressed S glycoprotein of transmissible gastroenteritis virus (TGEV) as antigen in a competition ELISA to differentiate porcine respiratory coronavirus from TGEV antibodies in pigs. *J Vet Diagn Invest.* 1999; 11: 205–214. PMID: [10353350](#)
24. Elia G, Decaro N, Martella V, Lorusso E, Mari V, Maria SL, et al. An ELISA based on recombinant spike protein S for the detection of antibodies to transmissible gastroenteritis virus of swine-like canine coronaviruses. *J Virol Methods.* 2010; 163: 309–312. doi: [10.1016/j.jviromet.2009.10.015](#) PMID: [19878695](#)
25. Gerber PF, Gong Q, Huang YW, Wang C, Holtkamp D, Opriessnig T. Detection of antibodies against porcine epidemic diarrhea virus in serum and clostrum by indirect ELISA. *Vet J.* 2014; 202: 33–36. doi: [10.1016/j.tvjl.2014.07.018](#) PMID: [25135339](#)
26. Opriessnig T, Xiao CT, Gerber PF, Halbur PG. Identification of recently described porcine parvoviruses in archived North American samples from 1996 and association with porcine circovirus associated disease. *Vet Microbiol.* 2014; 173: 9–16. doi: [10.1016/j.vetmic.2014.06.024](#) PMID: [25081955](#)
27. Shen HG, Halbur PG, Opriessnig T. Prevalence and phylogenetic analysis of the current porcine circovirus 2 genotypes after implementation of widespread vaccination programmes in the USA. *J Gen Virol.* 2012; 93: 1345–1355. doi: [10.1099/vir.0.039552-0](#) PMID: [22398315](#)
28. Shen HG, Schalk S, Halbur PG, Campbell JM, Russell LE, Opriessnig T. Commercially produced spray-dried porcine plasma contains increased concentrations of porcine circovirus type 2 DNA but does not transmit porcine circovirus type 2 when fed to naive pigs. *J Anim Sci.* 2011; 89: 1930–1938. doi: [10.2527/jas.2010-3502](#) PMID: [21278103](#)
29. OIE. Principles and methods of validation of diagnostic assays for infectious disease. In: World Organisation for Animal Health, editor. *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals.* 2013. Paris. PMID: [24547648](#)
30. USDA. Swine enteric coronavirus disease testing summary report. Available: http://www.aphis.usda.gov/animal_health/animal_dis_spec/swine/downloads/secd_wkly_lab_%20rpt_09_11_14.pdf. Accessed 19 September 2014.
31. Dyckman JD, Wende RD. Comparison of serum and plasma specimens for syphilis serology using the reagin screen test. *J Clin Microbiol.* 1980; 11: 16–18. PMID: [7354126](#)
32. Scott Y, Parker P, McArdle B, Wallis JP. Comparison of plasma and serum for antibody detection using DiaMed microtubes. *Transfus Med.* 1996; 6: 65–67. PMID: [8696450](#)
33. Siev M, Yu X, Prados-Rosales R, Martiniuk FT, Casadevall A, Ach(0/eoprl6M.)-215.1Coerrtatio09.8(n)-220.5betw a764 plasma antibody toial ant(ges.n)-212.8(Clin)-214.5(Vaccinl)-208.9limmuioi. 2013; [10.128/Ca](#)