

Oral passive immunization using chicken egg yolk immunoglobulins against bovine rotavirus and coronavirus infections

Masahiko Kuroki

Immunology Research Institute, Ghen Corporation, 839-1 Sano, Gifu-City 501-1101, Japan

ABSTRACT

Chicken egg yolk immunoglobulins (yIg) specific for bovine rotavirus (BRV) serotypes G6, G10 and bovine coronavirus (BCV) were prepared with egg yolks derived from hens immunized with these viral antigens. Anti-BRV yIg preparations purified with ammonium sulfate were examined in homotypic and heterotypic protection in suckling mouse model. The anti-BRV and anti-BCV yIg preparations purified with enteric coating polymers (hydroxypropylmethylcellulose phthalate) for mass production were examined in calf trials including experimental challenge tests for BRV and BCV and field trial in BRV-positive farm. The data of these tests showed that oral yIg administration had significant efficacies against BRV and BCV infections. These results raise the possibility of wide application of specific yIg against enteropathogenic diseases caused by other pathogens in animals and humans.

INTRODUCTION

Many kinds of innate and acquired defense

mechanisms exist that protect the host from potential pathogenic microorganisms like virus and bacteria. The outcome of a particular infection depends on interactions between the virulent capability of the pathogen to evade and damage the host as well as the degree of adaptive immune responses in the host. The adaptive response is quiescent until stimulated by immunizing events, usually infections. Vaccination is the intentional process that can stimulate adaptive resistance in the host by enhancing humoral immune responses. Since a variety of microbial infections occur at the mucosa or penetrate through mucosal surfaces of the body, induction of antibodies in the mucosa is desirable in vaccinations. However, since it is frequently difficult to induce sufficient immunoglobulin levels for protecting the host following current active immunization procedures, passive immunization may be considered as an alternative measure for controlling infectious diseases in humans and animals. Use of chicken egg yolk immunoglobulins (yIg) from hens immunized by specific virulence factors or microorganisms may provide a novel approach to the control of

infectious disease; this approach is reviewed in this article.

NATURALLY OCCURRING PASSIVE IMMUNITY

Empirical observations of the transfer of immunity from mother to offsprings represent perhaps the first observation for passive antibody protection. The factors conferring immunity not produced by the infants or the fetus could be provided by the mother who possessed antibodies directed against microbes present in her environment (19). It is now well known that immunoglobulin G (IgG) alone among the five immunoglobulin classes is actively transported across the placenta in humans. This property provides passive immunity to the newborn baby. Evidence indicates that colostrum and mother's milk sustain and even augment the protection of infants against infections in humans and in experimental animals prior to the development of gastrointestinal tract immunity. On the other hand, there is essentially no prenatal transfer of immunoglobulin across the placenta in neonatal calves and other ruminants, horses, pigs, and Marsupialia animals. Neonatal calves are therefore born agammaglobulinaemic or severely hypogammaglobulinaemic (56), and they are easy to get septicemia by secondary infection of bacteria after viral infection. They get maternal antibodies by absorption of colostrum from their dams. The absorption of colostrum antibodies is limited to the first few hours of life (7). And the efficiency of absorption of maternal colostrum antibody depends on feeding of colostrum and environmental conditions in the farm (6,13,55). In summary, the dam's colostrum is important

in neonatal calves for getting maternal antibody, but it is difficult to acquire maternal immunity completely under natural occurring field condition.

BOVINE COLOSTRUM AND CHICKEN EGG YOLK IMMUNOGLOBULINS

Bovine group A rotavirus is an important virus in neonatal calf diarrhea (59). As allopathy in the field, antibiotics and electrolyte solution are used for prevention of secondary bacterial infections after viral infection, though the use of antibiotics induces the appearance of drug-resistant bacteria. Although oral administration of attenuated live rotavirus vaccine as soon as possible after birth has successfully reduced morbidity and mortality in neonatal calf (35), live vaccine is usually inactivated by neutralizing antibody titer of colostrum (2,37, 59). Therefore, artificial and intentional passive immunization in neonatal calves by oral feeding specific colostrum derived from hyperimmunized cow has been employed (51, 61). Bovine colostrum immunoglobulins given orally passively have been shown to prevent infections in the gastrointestinal tract. Colostral IgG and IgA were found to exhibit anti-pathogen activities (14,39,49). There have been reports in some papers concerned with passive protection by bovine immune-colostrum (10, 14, 16, 17, 24, 34, 37, 38, 43, 51, 57, 58, 62, 63). However, this bovine immune colostrum has some drawbacks in practice. Rapid decrease of neutralizing antibody titer of colostrum in a few days after initial harvest (5,61), reduction in virus-neutralizing activity by gastric acid and digestive enzymes (49), high cost of feeding cow (9), and the difference of neutralizing antibody titer in colostrum between cows and

heifers (12) have been reported.

Recently a high specific antibody response of long duration in poultry as detected in egg yolk of immunized hens has been documented (31). Egg yolks from hyperimmunized hens may provide a convenient and economical source of exogenous antibodies for passive immunization because a single chicken can provide up to 30 kg of immunoglobulin per year (4,70). Another advantage of yolk immunoglobulin is that collecting eggs from laying hens does not require the bleeding of animals for antiserum production, which is especially suited to current regulations for experimental animal protection (22). Immunized hens produce IgM and IgG antibodies in serum. Serum IgG is then transported as maternal antibody into egg yolks that are similar to those seen in serum (25,53). Both IgM and IgA antibodies are found in egg white, but not in egg yolk. Thus, the yolk is an excellent source of IgG antibody for passive immunity (50). Hen egg contains as much as 200 mg of immunoglobulin, which is found almost exclusively in the yolk (50). The chicken egg yolk IgG is described as being similar to mammalian IgG, although recently, evidence has emerged to suggest that this avian immunoglobulin, called either IgG and IgY, is antigenically similar to mammalian IgA (21). The avian IgG (200 to 220 kDa) (22,60) is a monomer with molecular weight slightly higher than that of mammalian IgG (180 kDa) (60). For purification of egg yolk IgG, egg yolks separated from egg whites must first be delipidated by addition of saline and chloroform (22,48), propane-2-ol, and acetone (3) or by hydration and sedimentation (25,44). After removing lipids, yolk antibodies present in the water-soluble fraction were separated by

differential precipitation with ethanol (22,25), ammonium sulfate precipitations (31,44), and other procedures. The use of chicken egg yolk immunoglobulins (yIg) is promising as it has become possible to mass-produce yIg using improved bioengineering methods (18, 26, 32, 33, 64, 65).

PASSIVE PROTECTION WITH YIG AGAINST BOVINE ROTAVIRUS AND CORONAVIRUS

Oral administration or feeding of yIg specific for pathogenic agents like virus, bacteria, and protozoa has provided a means for the prevention of infectious diseases of the alimentary tract (4, 11, 15, 22, 26, 29, 31, 32, 33, 44, 47, 48, 64, 67, 68, 69, 70, 71). The passage of yIg in neonatal calf (28) and pigs (66) has been researched. The yIg purified with enteric coating polymers (hydroxypropylmethylcellulose phtalate) for oral passage trials was used in neonatal calves. Using enzyme-linked immunosorbent assay, specific antibody activity and pattern of distribution of this yIg preparation in the gastrointestinal tract of neonatal calves were compared with control yIg prepared without hydroxypropylmethylcellulose phtalate. These results showed that the yIg purified with hydroxypropylmethylcellulose phtalate was more resistant against gastric juice in the stomach, thereby, ensuring a transfer of functional antibody activities to the small intestine of neonatal calves after oral administration (28).

(A) BOVINE ROTAVIRUS

Rotaviruses are ubiquitous in humans and infect

animals worldwide. Group A bovine rotavirus (BRV) is the principal cause of acute diarrhea with dehydration in neonatal calves. BRV serotypes G6 and G10 predominate in cattle (54). This problem has been approached by oral administration of yIg specific for BRV in suckling mice (31), neonatal calf (32), and in field trial in BRV-positive farm (33).

Firstly, a standardized murine model for testing anti-BRV yIg preparations against either of two distinct BRV serotypes [strain Shimane (52) and KK-3 (42) representing BRV serotypes G6 and G10] was established (31), because the availability of genetically well-defined strains of mice provides opportunities for elucidating the passive immune mechanisms (20,45,46).

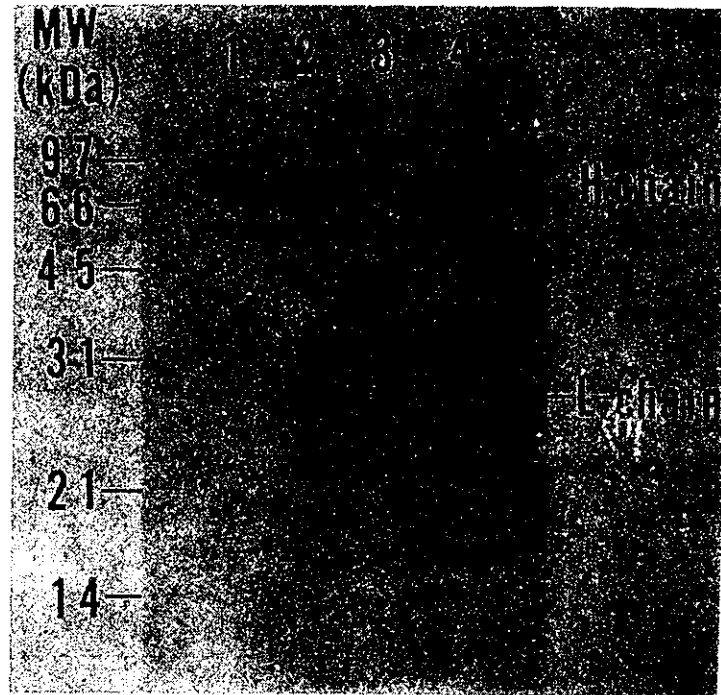


Figure 1. Sodium dodecyl sulfate-polyacrylamide gel electrophoresis profile of anti-BRV yIgs purified with ammonium sulfate in a 15% acrylamide gel; Molecular weight standards (MW) are indicated on the left side in kDa, [1] anti-Shimane yIg, [2] anti-KK-3 yIg, [3] yIg derived from not immunized control hen, [4] commercial chicken IgG (Cappel, Organon Teknica Corp.). All preparations were applied in electrophoresis after reduction treatment with 2-mercaptoethanol. The MW of Heavy (H) and Light (L) chains of yIg are indicated on the right side.

Anti-Shimane or anti-KK-3 yIg was prepared from egg yolk derived from hens (strain Hyline, W-36) immunized with Shimane or KK-3 antigen by the use of chloroform extraction and ammonium sulfate precipitations (Figure 1). The protective capacity of yIg was tested against challenge for Shimane or KK-3 strain. There was a significant homotypic and heterotypic protection against diarrhea using 160 anti-Shimane or 160 anti-KK-3 neutralizing antibody titer per dose. The titer of infectious BRV recovered from intestinal tissue or luminal chyme decreased with increasing homotypic yIg. A decrease in degree and duration of BRV antigen localization and pathologic change in the villus epithelial lining was observed in mice treated with homotypic yIg at optimum dose for prevention of diarrhea. The neutralizing antibody titer in sera of challenged mice increased with decreasing neutralizing antibody titer in the yIg given before challenge suggesting that protection was dose-dependent. These results indicate that passive protection could be achieved by the use of yIg against BRV-induced diarrhea in this murine model (31).

To evaluate exactly the efficacy of passive immunization requires the use of BRV-seronegative neonatal colostrum-deprived calves (51,61), because BRV as well as other non-murine strains of rotavirus do not replicate well in mice (8,31). Secondly, a colostrum-single-fed neonatal calf model as susceptible homologous animal host for testing anti-Shimane or anti-KK-3 yIg was established (32), because colostrum-deprived calves are difficult to obtain and expensive to maintain in an isolated environment for tests. Anti-BRV yIg was purified from egg yolk derived from hens immunized with Shimane or KK-3 antigen by

the use of enteric coating polymers (hydroxypropylmethylcellulose phtalate). Purified anti-Shimane or anti-KK-3 yIg was spray-dried to powder form. Colostrum-fed-neonatal calves (40 serum neutralizing antibody titer) challenged with a virulent Shimane or KK-3 on the second day after birth (day 0) were orally given three times a day from day 0 to day 9. A significant protection by anti-BRV yIg having 6,400 neutralizing antibody titer per dose could be achieved in neonatal calves from the data of clinical sign and body weight gain (32).

Thirdly, the oral efficacy of yIg specific for BRV in protecting neonatal calves was examined in a herd of cattle under field conditions (33). Anti-Shimane or anti-KK-3 yIg powder was prepared from eggs derived from the immunized hens using hydroxypropylmethylcellulose phtalate. The anti-Shimane and anti-KK-3 yIgs were integral components of our bivalent yIg trial product (each with homotypic neutralizing antibody titer of 12,800). A herd of Japanese Black beef calves in Hokkaido in Japan was selected for the field trials because the herd had neonatal calf diarrhea and pneumonia for the three years immediately prior to the field trials. The pathogens of pneumonia in this herd were gram-negative bacteria like *Pasteurella* and *Haemophilus*. The pathogen associated with a serious outbreak of diarrhea in September (12 dead calves) in 1992 was enterotoxigenic *Escherichia coli* K99 (Figure 2). Since October in 1992, the farm workers began to use a commercial vaccine for enterotoxigenic *E.coli* K99 among dams. Since then, there were 18 mortalities associated with diarrhea in February (4 dead calves), August (4 dead calves), and December (10 dead calves) in 1993 (Figure 2).

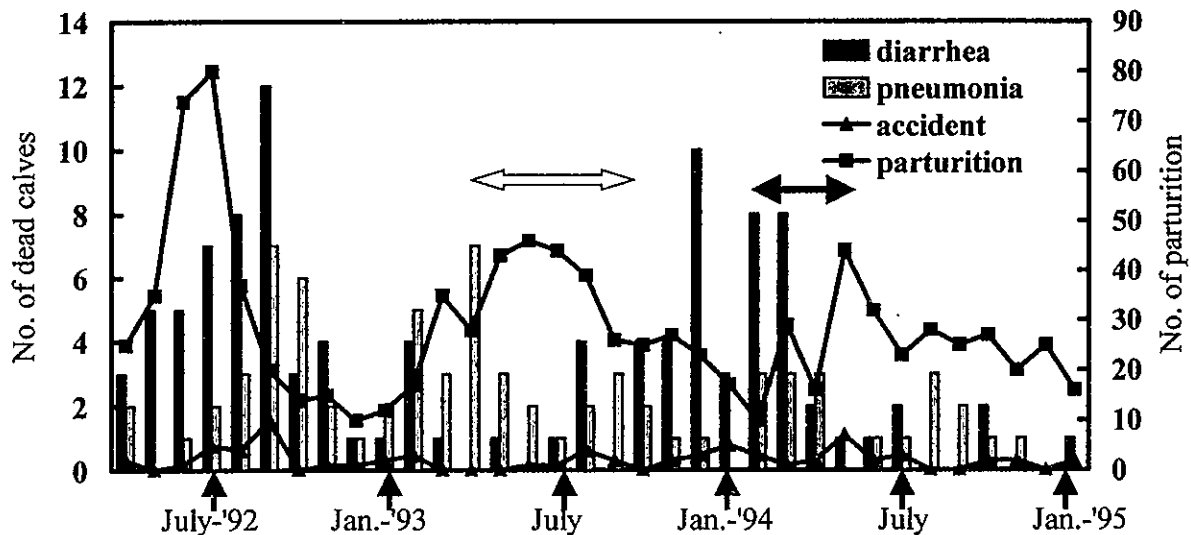


Figure 2. Bars and curves show the frequency of mortality associated with diarrhea, pneumonia, or accident in the trial herd before, during and after treatment with anti-BRV yIg. The duration of pre-trial field survey for BRV detection (open arrow) and field trials (closed arrow) for anti-BRV yIg are indicated.

The pathogenic agent inducing this diarrhea in 1993 was confirmed to be BRV. The results of BRV serotyping from feces of the 21 heads of calves during pre-trial survey in April to September in 1993 are summarized in Table 1. The number of BRV-positive calves was 14 out of 21 diarrheic calves. BRV isolates from 14 calves were all identified as belonging to serotype G6 (Table 1).

Thereafter, a series of three field trials to evaluate yIg efficacy in neonatal calves were conducted sequentially in 1994 (February 21 to March 29, April 2 to May 12, and May 1 to 29) in the same barn. All of the calves in the yIg-treated groups were orally administered two grams of trial product three times a day for two weeks after birth. All the yIg-treated calves were left in contact with the control (not treated) calves in order to evaluate the efficacy of yIg in preventing natural BRV transmission.

The calves in both groups were nursed by their dams for the whole duration of the trial including the suckling of the colostrum. Mortalities of calves were found to be associated with diarrhea and pneumonia aside from accidental causes in the farm. Data on body weight gain and BRV excretion in the three field trials are summarized in Table 2. In the first trial, the yIg-treated calves, compared with control calves, showed a significant increase in body weight as well as a significant decrease in the number of calves excreting high titer of BRV (over 10^4 median tissue culture infective dose/gram of feces). The second and third trials did not show significant yIg efficacy (Table 2) due to mildness of symptoms associated with infection, compared to the first trial associated with high relative humidity (1, 40,41). The percentage of total rainy days, mean of relative humidity, and mean

Table 1. Pre-trial survey for BRV detection from calves associated with diarrhea in April to September in 1993

BRV-positive calves (n=14)				BRV-negative calves (n=7)		
Calf No.	Date of Birth (1993)	Appearance of diarrhea ^a	Serotype Of Isolates	Calf No.	Date of Birth (1993)	Appearance of diarrhea ^a
664	Apr. 9	7	G6	669	Apr. 14	16
667	Apr. 23	7	G6	672	Apr. 20	12
975	Apr. 24	14	G6	673	Apr.20	8
680	Apr. 25	11	G6	679	Apr.24	10
681	Apr. 26	11	G6	974	May 2	8
684	Apr. 27	13	G6	700	May 6	1
686	Apr. 30	13	G6	827	Aug. 4	13
691	May 2	6	G6			
784	Jul. 5	32	G6			
814	Jul. 26	11	G6			
821	Jul. 30	13	G6			
837	Aug. 10	7	G6			
850	Aug. 20	6	G6			
875	Sept. 16	0	G6			

^a Given in days after birth

precipitation during the first trial were significantly higher than the means of the second or third trial. The observation that yIg-treated calves had a marked advantage in overall body weight gain and virus excretion led us to conclude that the efficacy of our bivalent (G6, G10) trial product derived from specific reactivity between our yIg specific for G6 serotype and the field strain isolated in the farm. Although colostrum-fed calves were used as preferred by the farmers for their live stock in this field trial, the effect of yIg would probably have been more dramatic in a dairy

herd in which calves received no colostrum or milk but yIg plus artificial milk replacer. In conclusion, the data reported herein indicate that oral administration of anti-BRV yIg given as a regular supplement to calves within the immediate post-natal period may be a clinically amenable option for controlling BRV infections particularly in neonatal calves.

(B) BOVINE CORONAVIRUS

Bovine coronavirus (BCV) is an important agent of neonatal calf diarrhea and is associated

Table 2. Summary of results in three field trials

No. of trial	Treatment group (n)	Body weight gain (Mean±S.D.)		No. of calves excreting BRV		
		kg	%	below 10 ^{2a}	10 ² -10 ⁴	over 10 ⁴
1st	yIg (10)	3.5±5.2 ^b	11.1±17.0	8 ^c	0	2 ^c
	control (10)	-0.5±2.5	-1.4±9.3	1	0	9
2nd	yIg (10)	2.9±4.5	9.3±14.6	10	0	0
	control (10)	3.0±5.6	10.9±20.3	9	0	1
3rd	yIg (10)	2.7±5.4	8.3±18.1	6	4	0
	control (10)	1.8±3.4	8.0±13.4	5	4	1

^a Median tissue culture infective doses/gram of feces

^b $P < 0.05$, compared with control group of the first trial

^c $P < 0.01$, compared with control group of the first trial

with acute diarrhea of adult cattle referred to as winter dysentery. This virus is known to cause a more severe disease than those caused by the BRV because it multiplies in both the small intestine and the large intestine whereas the rotavirus infects only the small intestine (30). BCV vaccines have not been found to be efficacious in protecting against infection (23, 30). This problem has been approached by oral administration of egg yolk antibody powder (yAbp) including yIg. Our group has evaluated the efficacy of yAbp and cow colostrum antibody powder (cAbp) against BCV-induced diarrhea in neonatal calves, and compared the therapeutic value of yAbp and cAbp. The protective effect of yAbp and cAbp prepared

from hens and cows vaccinated with BCV-NCDC (36) antigen was evaluated in a challenge model with a virulent BCV strain. All calves in treated groups received either yAbp or cAbp containing BCV specific immunoglobulins. Control calves received no antibody powder had severe diarrhea and all died within 6 days after infection. In contrast, all calves fed milk including yAbp or cAbp with 2,560 or 10,240 neutralizing antibody titer survived and had positive weight gain unlike the other treatment groups. It took about four times more colostrum antibody than egg yolk antibody to prevent mortality in neonatal calves. These results indicate that the orally administered yAbp and cAbp protected against

BCV-induced diarrhea in neonatal calves and that the use of yAbp provided a higher degree of protection compared to cAbp on a titer basis. Two possible explanations may be suggested for the difference in the minimal protective titers between yAbp and cAbp. Firstly, the avidity of antibodies derived from bovine colostrum is lower than that of antibodies obtained from egg yolk (27). Secondly, it is suggested that yolk components in the yAbp such as proteins and fats may have protected the immunoglobulins fraction from digestive enzymes and allowed safe passage of yIg through the stomach enough to confer protection in the target areas of the small intestine of neonatal calves (29).

CONCLUSION

In this review article, these results raise the possibility of wide application of yIg in the treatment of enteropathogenic diseases caused by other pathogens in animals and humans; the yIg can be added to feed or formula or applied as a separate therapeutic agent. The yIg may well minimize the dependency on antibiotics inducing appearance of drug-resistant bacteria as the drug of choice against many infectious animal diseases.

ACKNOWLEDGEMENTS

I thank Dr. Yutaka Ikemori, Dr. Hideaki Yokoyama, and Dr. Icatlo, F. C. Jr., of the Immunology Research Institute, Ghen Corporation, for their valuable advice during preparing this manuscript. I thank Dr. Yoshikatsu Kodama, Director of the Immunology Research Institute, Ghen Corporation, for his guidance and

encouragement to work on these studies to the end.

REFERENCES

1. Abad, F.X., Pintó, R.M. & Bosch, A. 1994 *Appl Environ Microbiol* 60: 3704-3710
2. Babiuk, L.A. 1990 In: Dinter, Z. & Morein, B. (Editors), *Virus infections of ruminants*, Page 555, Elsevier, Amsterdam
3. Bade, H. & Stegemann, H. 1984 *J Immunol* 74: 421-426
4. Bartz, C.R., Conklin, R.H., Tunstall, C.B. & Steele, J.H. 1980 *J Infect Dis* 142: 439-441
5. Bellinzoni, R.C., Blackhall, J., Baro, N., Auza, N., Mattion, N., Casaro, A., La Torre, J.L. & Scodeller, E.A. 1989 *Vaccine* 7: 263-268
6. Besser, T.E., Gay, C.C. & Pritchett, L. 1991 *J Am Vet Med Assoc* 198: 419-422
7. Besser, T.E. & Gay, C.C. 1994 *Vet Clin North Am Food Anim Pract* 10: 107-117
8. Broome, R.L., Vo, P.T., Ward, R.L., Clark, H.F. & Greenberg, H.B. 1993 *J Virol* 67: 2448-2455
9. Brunser, O., Espinoza, J., Figueroa, G., Araya, M., Spencer, E., Hilpert, H., Link-Amster, H. & Brüssow, H. 1992 *J Pediatr Gastroenterol Nutr* 15: 63-72
10. Brüssow, H., Hilpert, H., Walther, I., Sidoti, J., Mietens, C. & Bachmann, P. 1987 *J Clin Microbiol* 25: 982-986
11. Cama, V.A. & Sterling, C. 1991 *J Protozool* 38: 42S-43S
12. Cornaglia, E.M., Fernández, F.M., Gottschalk, M., Barrandeguy, M.E.,

- Luchelli, A., Pasini, M.I., Saif, L.J., Parraud, J.R., Romat, A. & Schudel, A. A. 1992 *Vet Microbiol* 30: 191-202
13. Donovan, G.A., Badinga, L., Collier, R. J., Wilcox, C.J. & Braun, R.K. 1986 *J Dairy Sci* 69: 754-759
14. Ebina, T., Sato, A., Umezu, K., Ishida, N., Ohshima, S., Oizumi, A., Aikawa, K., Katagiri, S., Katsushima, N., Imai, A., Kitaoka, S., Suzuki, H. & Konno, T. 1985 *Med Microbiol Immunol* 174: 177-185
15. Ebina, T., Tsukada, K., Umezu, K., Nose, M., Tsuda, K., Hatta, H., Kim, M. & Yamamoto, T. 1990 *Microbiol Immunol* 34: 617-629
16. Fayer, R., Andrews, C., Unger, B.L.P. & Blagburn, B. 1989 *J Parasitol* 75: 393-397
17. Fayer, R., Perryman, L.E. & Riggs, M.W. 1989 *J Parasitol* 75: 151-153
18. Fichtali, J., Charter, E.A., Lo, K.V. & Nakai, S. 1992 *Biotechnol Bioeng* 40: 1388-1394
19. Goldman, A.S., Pong, A.J.H. & Goldblum, R.M. 1985 *Adv Pediatr* 32: 71-100
20. Gouvea, V.S., Alencar, A.A., Barth, O.M., De Castro, L., Fialho, A.M., Araújo, H.P., Majerowicz, S. & Pereira, H.G. 1986 *J Gen Virol* 67: 577-581
21. Hadge, D. & Ambrosius, H. 1984 *Mol Immunol* 21: 699-707
22. Hamada, S., Horikoshi, T., Minami, T., Kawabata, S., Hiraoka, J., Fujiwara, T. & Ooshima, T. 1991 *Infect Immun* 59: 4161-4167
23. Heckert, R.A., Saif, L.J., Myers, G.W. & Agnes, A.G. 1991 *Am J Vet Res* 52: 845-851
24. Hilpert, H., Brüssow, H., Mietens, C., Sidoti, J., Lerner, L. & Werchau, H. 1987 *J Infect Dis* 156: 158-166
25. Horikoshi, T., Hiraoka, J., Saito, M. & Hamada, S. 1993 *J Food Sci* 58: 739-742
26. Ikemori, Y., Kuroki, M., Peralta, R.C., Yokoyama, H. & Kodama, Y. 1992 *Am J Vet Res* 53: 2005-2008
27. Ikemori, Y., Peralta, R.C., Kuroki, M., Yokoyama, H. & Kodama, Y. 1993 *Poultry Sci* 72: 2361-2365
28. Ikemori, Y., Ohta, M., Umeda, K., Peralta, R.C., Kuroki, M., Yokoyama, H. & Kodama, Y. 1996 *J Vet Med Sci* 58: 365-367
29. Ikemori, Y., Ohta, M., Umeda, K., Icatlo, Jr.F.C., Kuroki, M., Yokoyama, H. & Kodama, Y. 1997 *Vet Microbiol* 58: 105-111
30. Kapil, S., Trent, A.M. & Goyal, S.M. 1990 *Arch Virol* 115: 127-132
31. Kuroki, M., Ikemori, Y., Yokoyama, H., Peralta, R.C., Icatlo, Jr.F.C. & Kodama, Y. 1993 *Vet Microbiol* 37: 135-146
32. Kuroki, M., Ohta, M., Ikemori, Y., Peralta, R.C., Yokoyama, H. & Kodama, Y. 1994 *Arch Virol* 138: 143-148
33. Kuroki, M., Ohta, M., Ikemori, Y., Icatlo, Jr.F.C., Kobayashi, C., Yokoyama, H. & Kodama, Y. 1997 *Arch Virol* 142: 843-851
34. Lyerly, D.M., Bostwick, E.F., Binion, S.B. & Wilkins, T.D. 1991 *Infect Immun* 59: 2215-2218
35. Mebus, C.A., White, R.G., Stair, E.L., Rhodes, M.B. & Twiehaus, M.J. 1972 *Vet Med Small Anim Clin* 67: 173-178
36. Mebus, C.A., Stair, E.L., Rhodes, M.B. & Twiehaus, M.J. 1973 *Am J Vet Res* 34: 145-150

37. Mebus, C.A., White, R.G., Bass, E.B. & Twiehaus, M.J. 1973 *J Am Vet Med Assoc* 163: 880-883
38. Mietens, C., Keinhorst, H., Hilpert, H., Gerber, H., Amster, H. & Pahud, J.J. 1979 *Eur J Pediatr* 132: 239-252
39. Michalek, S.M., Gregory, R.L., Harmon, C.C., Katz, J., Richardson, G.J., Hilton, T., Filler, S.J. & McGhee, J.R. 1987 *Infect Immun* 55: 2341-2347
40. Moe, K. & Shirley, J.A. 1982 *Arch Virol* 72: 179-186
41. Moe, K. & Harper, G.J. 1983 *Arch Virol* 76: 211-216
42. Murakami, Y., Nishioka, N., Hashiguchi, Y. & Kuniyasu, C. 1983 *Infect Immun* 40: 851-855
43. Nord, J., Ma, P., Dijohn, D., Tzipori, S. & Tacket, C.O. 1990 *AIDS* 4: 581-584
44. O'Farrelly, C., Branton, D. & Wanke, C.A. 1992 *Infect Immun* 60: 2593-2597
45. Offit, P.A., Clark, H.F., Kornstein, M.J. & Plotkin, S.A. 1984 *J Virol* 51: 233-236
46. Offit, P.A., Shaw, R.D. & Greenberg, H.B. 1986 *J Virol* 58: 700-703
47. Otake, S., Nishihara, Y., Makimura, M., Hatta, H., Kim, M., Yamamoto, T. & Hirasawa, M. 1991 *J Dent Res* 70: 162-166
48. Peralta, R.C., Yokoyama, H., Ikemori, Y., Kuroki, M. & Kodama, Y. 1994 *J Med Microbiol* 41: 29-35
49. Petschow, B.W. & Talbott, R.D. 1994 *J Pediatr Gastroenterol Nutr* 19: 228-235
50. Rose, M.E., Orlans, E. & Buttress, N. 1974 *Eur J Immunol* 4: 521-523
51. Saif, L.J., Redman, D.R., Smith, K.L. & Theil, K.W. 1983 *Infect Immun* 41: 1118-1131
52. Sato, K., Inaba, Y., Takahashi, E., Ito, Y., Kurogi, H., Akashi, H., Satoda, K., Omori, T. & Matumoto, M. 1978 *Microbiol Immunol* 22: 499-503
53. Shimizu, M., Fitzsimmons, R.C. & Nakai, S. 1989 *Agric Biol Chem* 53: 3233-3238
54. Snodgrass, D.R., Fitzgerald, T., Campbell, I., Scott, F.M.M., Browning, G.F., Miller, D.L., Herring, A.J. & Greenberg, H.B. 1990 *J Clin Microbiol* 28: 504-507
55. Stott, G.H., Wiersma, F., Menefee, B.E. & Radwanski, F.R. 1976 *J Dairy Sci* 59: 1306-1311
56. Stott, G.H., Marx, D.B., Menefee, B.E. & Nightengale, G.T. 1979 *J Dairy Sci* 62: 1632-1638
57. Tacket, C.O., Losonsky, G., Link, H., Hoang, Y., Guery, P., Hilpert, H. & Levine, M.M. 1988 *N Engl J Med* 318: 1240-1243
58. Tacket, C.O., Binion, S.B., Bostwick, E., Losonsky, G., Roy, M.J. & Edelman, R. 1992 *Am J Trop Med Hyg* 47: 276-283
59. Theil, K.W. 1990 In: Saif, L.J. & Theil, K.W. (Editors) *Viral diarrheas of man and animals*, 35-72, CRC Press, Boca Raton
60. Tizard, I. 1987 *Veterinary Immunology*, Third edition, 41-46, W.B.Saunders Company, Philadelphia, PA
61. Tsunemitsu, H., Shimizu, M., Hirai, T., Yonemichi, H., Kudo, T., Mori, K. & Onoe, S. 1989 *Jpn J Vet Sci* 51: 300-308
62. Tzipori, S., Robertson, D. & Chapman, C. 1986 *Br Med J* 293: 1276-1277
63. Ungar, B.L.P., Ward, D.J., Fayer, R. & Quinn, C.A. 1990 *Gastroenterology* 98: 486-489
64. Yokoyama, H., Peralta, R.C., Diaz, R., Sendo, S., Ikemori, Y. & Kodama, Y.

- 1992 *Infect Immun* 60: 998-1007
65. Yokoyama, H., Peralta, R.C., Horikoshi, T., Hiraoka, J., Ikemori, Y., Kuroki, M. & Kodama, Y. 1993 *Poultry Sci* 72: 275-281
66. Yokoyama, H., Peralta, R.C., Sendo, S., Ikemori, Y. & Kodama, Y. 1993 *Am J Vet Res* 54: 867-872
67. Yokoyama, H., Hashi, T., Umeda, K., Icatlo, Jr.F.C., Kuroki, M., Ikemori, Y. & Kodama, Y. 1997 *J Vet Med Sci* 59: 917-921
68. Yokoyama, H., Umeda, K., Peralta, R.C., Hashi, T., Icatlo, Jr.F.C., Kuroki, M., Ikemori, Y. & Kodama, Y. 1998 *Vaccine* 16: 388-393
69. Yokoyama, H., Peralta, R.C., Umeda, K., Hashi, T., Icatlo, Jr.F.C., Kuroki, M., Ikemori, Y. & Kodama, Y. 1998 *Am J Vet Res* 59: 416-420
70. Yolken, R.H., Leister, F., Wee, S.-B., Miskuff, R. & Vonderfecht, S. 1988 *Pediatrics* 81: 291-295
71. Zúñiga, A., Yokoyama, H., Albicker-Rippinger, P., Eggenberger, E. & Bertschinger, H.U. 1997 *FEMS Immunol Med Microbiol* 18: 153-161