

## Overview

# An Overview of Animal Models for Arthropod-Borne Viruses

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Arthropod-borne viruses (arboviruses) have continued to emerge in recent years, posing a significant health threat to millions of people worldwide. The majority of arboviruses that are pathogenic to humans are transmitted by mosquitoes and ticks, but other types of arthropod vectors can also be involved in the transmission of these viruses. To alleviate the health burdens associated with arbovirus infections, it is necessary to focus today's research on disease control and therapeutic strategies. Animal models for arboviruses are valuable experimental tools that can shed light on the pathophysiology of infection and will enable the evaluation of future treatments and vaccine candidates. Ideally an animal model will closely mimic the disease manifestations observed in humans. In this review, we outline the currently available animal models for several viruses vectored by mosquitoes, ticks, and midges, for which there are no standardly available vaccines or therapeutics.

**Abbreviations:** arbovirus, arthropod-borne virus; CHIKV, Chikungunya virus; DENV, Dengue virus; TBEV, tick-borne encephalitis virus; ZIKV, Zika virus

In nature, arthropod-borne viruses (arboviruses) are transmitted between vertebrate hosts by hematophagous (blood-feeding) arthropod vectors, including mosquitoes and ticks. Before its transmission to a susceptible host, an arbovirus must first replicate to sufficient levels inside the arthropod vector. The virus then disseminates to the salivary glands of the vector, and the infectious saliva is injected into a host during the blood-feeding process. Thus, the maintenance of an arbovirus in nature involves a triad of interactions between the virus, the vertebrate host, and the arthropod vector. Mosquitoes, ticks, and midges are well-established vectors for transmission of many viruses that cause disease in humans. Over the past 20 y, there has been a significant increase in the number of human cases and in the geographic distribution of several arboviruses.<sup>39</sup> Every year, millions of people become infected with a mosquito-borne virus, and several thousand people are infected with a tick-borne virus. The emergence of various arboviruses can be attributed to several factors, including virus adaptation to new susceptible hosts, travel of persons between endemic and nonendemic regions, and climate changes that allow for greater worldwide distribution of vector species.<sup>39</sup>

To better understand and effectively control these viruses, it is necessary to establish appropriate animal models that demonstrate similar clinical manifestation and disease progression as seen in humans. However, there are many challenges in developing arbovirus animal models, given that many arboviruses do not readily cause lethal infection, nor do they approximate the pattern of human disease in standardly used laboratory animal species.

In addition, the presence of saliva at the site of vector blood feeding enhances the infection of mosquito- and tick-borne viruses.<sup>50,59</sup> The role of arthropod saliva in disease progression makes evident the need to replicate the natural route of virus transmission in a laboratory setting, and it further complicates the development of suitable animal models. Here we examine currently available animal models for several viruses transmitted by mosquitoes, ticks, and midges, for which vaccines and therapeutics are not readily available or do not exist.

### Animal Models for Mosquito-borne Viruses

Dengue virus (DENV), Chikungunya virus (CHIKV), and Zika virus (ZIKV) have caused large outbreaks on multiple continents, and large portions of the world's population live in regions where there is a risk of DENV, CHIKV, or ZIKV transmission. Although there are numerous mosquito-borne viral diseases (Table 1), this section focuses on the currently available animal models for DENV, CHIKV, and ZIKV. The primary vector for each of these viruses is the *Aedes aegypti* mosquito. *A. albopictus* is also a competent vector for both DENV and CHIKV, whereas other vector species for ZIKV have yet to be identified.<sup>21,44,63,69</sup> Both *A. aegypti* and *A. albopictus* are dispersed throughout tropical and subtropical regions of the world. *A. albopictus* tolerates more temperate regions than *A. aegypti*, and *A. albopictus* has expanded further north into the Americas, Europe, and Asia.<sup>34</sup> As global climate changes continue, the regions for both of these species of mosquito might continue to expand.

**Dengue virus.** DENV is a member of the *Flaviviridae* family and has 4 serotypes (DENV 1 through 4). Clinical symptoms of DENV are rapid onset of fever, headache, arthralgia, abdominal pain, nausea, and rash. Although many cases are self-limiting, some

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Table 1. Mosquito-borne viruses

Disease	Family	Vector	No. of infections annually	Mortality rate	Treatment	vaccine	Animal models available			Notes	References
							Immuno-competent	Immuno-compromised	Humanized or zoonosed		
Dengue virus (types 1–4)	Flaviviridae	<i>Aedes aegypti</i> (primary) and <i>A. albopictus</i>	284–528 million	1% to >20% depending on care	none	for people 9 to 45 y old in endemic areas	Mice (A/J), NHP	Mice (AG129, A129, Stat1, Stat2, MAVS)	SCID xenografted with human cells	Potential vaccines should be tetra-valent	11, 26, 72
Zika virus	Flaviviridae	<i>Aedes aegypti</i>	>25,000 in USA and territories; 0.5–1.5 million in Brazil	None reported, but rise in Guillain-Barré and micro-encephaly	none	none	Cynomolgus macaques, rhesus macaques	Mice (AG129; A129; IFN $\alpha$ / $\beta$ R $^{+/-}$ ; IFN $\alpha$ / $\beta$ R $^{-/-}$ )	None	Other mosquito species being tested	17, 32, 48, 55
Yellow fever virus	Flaviviridae	<i>Aedes aegypti</i>	200,000	15% to 50%	none	available but not safe in some patients	Mice (CD1), hamsters, rhesus macaques	Mice (AG129)	None	AG129 mice can be used with vaccine strain of virus at ABSL2	58, 67
West Nile virus	Flaviviridae	<i>Culex</i> spp.	~2000 in USA	<1% neuro-invasive cases, ~10% for neuro-invasive	none	available for horses	Mice (C57Bl/6, Swiss-Webster), hamsters, zebra finches	None	None	Can cause disease in horses and birds (corvids)	2, 4, 25
Japanese encephalitis virus	Flaviviridae	<i>Culex</i> spp.	30,000–60,000	20% to 30%	none	available	Mice (C57Bl/6, Swiss), rhesus macaques	Mice (AG129)	None	≤50% of people develop neurologic sequelae	8, 49, 68
Rift Valley fever virus	Bunyaviridae	<i>Aedes, Anopheles, Coquillettidia, Culex, Eretmapodites, and Mansonia</i> spp.	Small outbreaks (~1 per year)	10% to 20%	supportive care	for use in animals only	Mice (Balb/c), rats (Wistar-Furth, Lewis, Brown Norway), rhesus macaques	None	None	Causes disease with 10% to 20% mortality and high rates of abortion in ruminant animals	5, 54
Chikungunya virus	Togaviridae	<i>Aedes aegypti</i> (primary) and <i>A. albopictus</i>	110,000 (N and S America)	<1%	none	none	Mice (infant), hamsters, cyno-molgus macaques, rhesus macaques	Mice (IFN $\alpha$ / $\beta$ R $^{+/-}$ , IFN $\alpha$ / $\beta$ R $^{-/-}$ )	None	Hamsters do not exhibit clinical signs of illness but develop inflammatory lesions in joints and skeletal muscle	6, 12, 13, 36, 46

Table 1. Continued

Disease	Family	Vector	No. of infections annually	Mortality rate	Treatment supportive care	Animal models available			Notes	References
						vaccine for use in animals only	Immuno-competent Mice (Balb/C and C3H/HeN) cyno-molgus macaques	Immuno-compromised Mice (SCID)		
Venezuelan equine encephalitis virus	Togaviridae	<i>Aedes spp.</i> <i>Culex spp.</i>	Outbreak involving 75,000–100,000 people in Venezuela in 1995	<1%	supportive care	for use in animals only	Mice (Balb/C and C3H/HeN) cyno-molgus macaques	Mice (SCID)	none	18, 29, 66
Eastern equine encephalitis virus	Togaviridae	<i>Culiseta melanura</i> in birds; <i>Aedes</i> , <i>Coquillettidia</i> , and <i>Culex</i> spp. transmit to humans	~6 human cases in N and S America per year	~33%	supportive care	none	Mice (Balb/c), golden hamsters, common marmosets	none	none	1, 10, 51

cases progress to dengue hemorrhagic fever or dengue shock syndrome. Natural hosts of DENV are mosquitoes, humans, and nonhuman primates. Numerous models using small animals have been developed with varying degrees of success (Table 1). Several commercially available strains of immunocompetent adult mice have been evaluated for susceptibility, including BALB/c, C57BL/6, A/J, and C3H/He. Most immunocompetent strains were not susceptible to DENV, with the exception of A/J mice, which had detectable viremia, transient thrombocytopenia, and developed paralysis.<sup>26</sup> The majority of DENV mouse models require humanized or immunosuppressed animals to develop clinical manifestations resembling human disease. SCID mice have been xenografted with a variety of human cells, including peripheral blood lymphocytes, liver cells, K562 cells, and hepatocarcinoma cells; after inoculation with DENV, many of these humanized mouse models displayed disease characteristics similar to human disease manifestations.<sup>11,72</sup> After DENV challenge, AG129 mice, which lack IFN $\alpha$ / $\beta$  and IFN $\gamma$  receptors, develop clinical symptoms similar to human infection and have a sustained antibody response.<sup>11,72</sup>

As a naturally occurring host, NHP can be used for DENV research as well. Although NHP do not have a clinical disease manifestation, they do demonstrate immune responses that are helpful for vaccine and pathogenesis research.<sup>72</sup>

**Chikungunya virus.** CHIKV is a member of the *Togaviridae* family. The name Chikungunya comes from the East African language of Makonde and means “that which bends up.” This name refers to the incapacitating arthralgia that is characteristic of the disease and that lasts for several days or becomes a chronic condition. Additional symptoms include fever, headache, muscle pain, nausea, and rash. Mouse, hamster, and NHP models have been established for studying CHIKV disease pathophysiology and evaluation of therapeutic and vaccine candidates.<sup>6,12,13,36,46</sup> Immunocompetent adult mice are not susceptible to CHIKV, but neonatal C57BL/6 mice are susceptible to CHIKV infection.<sup>13</sup> In addition, adult IFN $\alpha$ / $\beta$  receptor knockout mice, similar to those used for DENV research, can be used for models of mild or severe CHIKV infection, depending on the degree of the receptor deficiency. The results of these studies align with clinical manifestations in humans of comparable age and are useful for pathogenesis studies.<sup>13</sup> Unlike the established mouse models, golden hamsters do not exhibit clinical signs of illness after CHIKV infection. Despite this characteristic, there are benefits to using hamsters in CHIKV studies. First, the hamster model yields a sufficiently high viremia, enabling over 50% of mosquitoes to become infected after feeding on a CHIKV-infected hamster.<sup>6</sup> Furthermore, CHIKV-infected hamsters develop inflammatory lesions in joints and skeletal muscle, mimicking the disease in humans.<sup>6</sup> Studies using rhesus macaques (*Macaca mulatta*) and cynomolgus macaques (*M. fascicularis*) have demonstrated that not only do these animals develop an acute illness similar to human disease, they can be used to study the reproductive effects and age-associated changes in disease progression.<sup>12,36,46</sup>

**Zika virus.** Like DENV, ZIKV is a member of the *Flaviviridae* family. In 2012, it was determined that there were 2 distinct ZIKV lineages (African and Asian), and the Asian lineage has been responsible for the recent global expansion.<sup>23</sup> Typically ZIKV infection is asymptomatic or presents as a mild febrile illness with headache, muscle pain, and rash. A correlation between increases in microcephaly and neurologic disorders in infants and

Guillain-Barré syndrome in adults spurred the World Health Organization to declare a public health emergency in February 2016.<sup>70</sup> Several rodent models have been attempted, and it appears that, as needed to study DENV and CHIKV, mice deficient in IFN receptors are the most susceptible to ZIKV. Immunocompetent CD1 and C57BL/6 mice showed no evidence of susceptibility to ZIKV infection.<sup>55</sup> In comparison, A129 and AG129 mice showed disease manifestations and offer potential models for antiviral and vaccine testing.<sup>55</sup>

Further animal model development examining the reproductive effects of ZIKV used IFNAR1<sup>-/-</sup> dams crossed with wild-type male mice to produce IFNAR1<sup>+/-</sup> offspring. All dams were infected with ZIKV around gestational day 7 and fetuses were harvested 1 wk later. Many of the IFNAR1<sup>+/-</sup> offspring had been reabsorbed, and all others showed signs of intrauterine growth restriction.<sup>48</sup> Although these current models will be useful in the treatment and prevention of ZIKV, their immunocompromised status means that additional models are needed to evaluate pathogenesis. NHP models have successfully been developed using rhesus and cynomolgus macaques. For both species, clinical findings were limited to a rash at the site of injection in few animals and mild to moderate inappetence in some rhesus macaques. Viral titers have been detected in blood, urine, and saliva samples from both species, as well as in vaginal swabs taken from the rhesus macaques.<sup>17,32</sup> Reproductive effects are currently being evaluated in the rhesus model, and although complete results were not published at the time of this review, blood samples yielded detectable viral titers for several weeks longer taken in pregnant macaques infected during the first trimester than non-pregnant animals.<sup>17</sup> Because NHP are both immunocompetent and a naturally occurring host for ZIKV, these models may provide a more accurate translation to human cases than currently available mouse models.

## Animal Models for Tick-borne Viruses

Unlike many mosquito-borne diseases, tick-borne viruses tend to have low species specificity. This characteristic reflects the natural feeding cycle of the tick: throughout its lifecycle, ticks may feed on different sizes or species of host, often with little regard to the host species. Humans are not a normal host for ticks, and human infection is inevitably the result of sylvatic escape. Due to their comparative host promiscuity, most tick-borne viruses lend themselves well to study in laboratory animals. The best-known tick-borne viruses come from 3 main viral families (Table 2): Flaviviridae, Bunyaviridae, and Thogotoviridae. A special case also exists for African swine fever virus, an asfivirus. This virus is not medically significant in humans but instead is agriculturally important. We include African swine fever virus in this review because the solution to the challenge posed by its unique species-specificity is illustrative of the scientific potential of 'zooized' mice. Like humanized mouse models, which have received human cells or tissues to better model diseases that infect humans, zooized mice have been implanted with cells or tissues from another species to provide an alternate option for species-specific pathogens.

**Flaviviridae.** The flaviviruses are a diverse group of enveloped viruses vectored both by ticks and mosquitoes. The tick-borne subgroup (group B) flaviviruses are led by the tick-borne encephalitis virus (TBEV). TBEV is actually a group of closely related virus subtypes found throughout Europe and northern

Asia, including the European, Siberian, and Far-eastern subtypes. The primary model for this disease is immunocompetent mice, commonly BALB/c or C57BL/6, which develop signs of febrile and neuroinvasive illness when dosed intracerebrally or intraperitoneally with TBEV.<sup>19,71</sup> Primate models using African green monkeys (*Cercopithecus aethiops*) and cynomolgus macaques have been attempted but fail to produce signs of illness beyond mild fever.<sup>53</sup> There is some indication that dogs may be able to serve as a larger-animal model compared with mice, because dogs develop illness when infected naturally by ticks;<sup>62</sup> however, further studies are needed to examine the potential of such a model.

Alternatively, TBEV can be modeled using Langat virus, which is a close relative of TBEV but is unknown to produce human disease naturally. C57BL/6 mice injected subcutaneously with Langat virus develop febrile illness.<sup>47</sup> The disease manifestations and mortality of the virus can be enhanced by using immunocompromised Ccr5<sup>-/-</sup> or IPS1<sup>-/-</sup> mice.<sup>35</sup> In addition, infant rats have been used with Langat virus to model the effects of TBEV.<sup>42</sup>

BALB/c mice have been used to study Powassan virus, another group B flavivirus that can be thought of as a North American version of TBEV. Mice infected intradermally with greater than 10<sup>3</sup> pfu of Powassan virus quickly develop febrile and neuroinvasive illness that mirrors human Powassan encephalitis.<sup>24,56</sup> In addition, *Peromyscus* mice, one of the natural reservoirs of Powassan virus, may prove to be a useful research animal for modeling persistent resistance, given that these species are both available for and have been used in laboratory settings.<sup>3</sup>

Alkhumra hemorrhagic fever virus and Kyasanur Forest virus have been shown to infect BALB/c mice, with varying degrees of clinical outcomes between the 2 viruses.<sup>57</sup> Louping ill virus, an agriculturally important flavivirus of sheep, can be modeled in BALB/c mice and (albeit less reliably) in lambs.<sup>60</sup> As the natural host, adult laboratory sheep show promise for pathogenesis studies.

**Bunyaviridae.** Several bunyaviruses are transmitted by ticks. The most well-known of these is Crimean-Congo fever virus, a hemorrhagic disease. This virus has been studied in both STAT1<sup>-/-</sup> and IFN $\alpha$ / $\beta$ R<sup>-/-</sup> mice for vaccine studies.<sup>16,33</sup> In addition, transmission studies have been accomplished by using infected infant mice as a source for tick infection and guinea pigs as a final host.<sup>15</sup>

Severe fever with thrombocytopenia syndrome virus has been tested in mice. Immunocompetent C57BL/6J mice have been used in immunization trials after being dosed intraperitoneally with 3 × 10<sup>7</sup> pfu of this virus; however, these mice cleared the virus and failed to develop severe symptoms.<sup>40</sup> Immunocompromised A129 mice infected with 10<sup>6</sup> ffu of the virus were shown to develop lethal illness, although the exact cause of the variable lethality was not clear.<sup>61</sup> A lethal infection can be produced by using IFNAR<sup>-/-</sup> transgenic mice.<sup>65</sup>

Heartland virus was recently described as a cause of human disease in the United States, and animal models are still under development. Rabbits have been shown to seroconvert without developing viremia or signs of infection.<sup>22</sup> Recently published studies indicate that, similar to many other arboviruses, AG129 mice infected with Heartland virus develop viremia and clinical signs that are consistent with human disease.<sup>7</sup>

**Thogotoviridae.** Several varieties of thogotovirus are transmitted by ticks. Thogoto virus is an orthomyxovirus that is related to influenza virus and is generally modeled in mice, where it pro-

Table 2. Tick-borne viruses

Disease	Family	Vector	No. infected annually	Mortality rate	Treatment	Vaccine	Models available			Notes	References
							Immuno-competent Mice (Balb/C, C57Bl/6)	Immuno-compromised	Humanized or zoonized		
Tick-borne encephalitis virus	Flaviviridae	<i>Ixodes ricinus</i> and <i>I. persulcatus</i>	5000–10,000	TBEV-Eu and TVEV-Si: 0.5% to 2% TBEV-FE: 40%	None	Available	Mice (Balb/C, C57Bl/6)	None	None	Has been tested in primates but did not cause disease; dogs develop illness	19, 71
Tick-borne encephalitis virus (modeled with Langat virus)	Flaviviridae	NA	NA	0%	None	None	Mice (C57Bl/6), Mice (Ccr5 <sup>-/-</sup> or IPS-1 <sup>-/-</sup> )	None	None	Langat virus can infect humans but does not naturally cause disease	35, 42, 47
Powassan virus	Flaviviridae	<i>Ixodes scapularis</i> , <i>Ixodes cookei</i>	~70 in USA since 2001)	10% to 15%	None	TBE vaccine may produce limited protection	Mice (Balb/C)	None	None	<i>Peromyscus</i> spp. are natural reservoir and can be used to study disease resistance	24, 56
Alkhurma hemorrhagic fever virus and Kyasanur Forest virus	Flaviviridae	Alkhurma: <i>Ornithodoros savignyi</i> , <i>Hyalomma dromedarii</i> Kyasanur: <i>Haemaphysalis</i> spp.	A: 20% since 1995; K: 400–500	A: 30% K: 20%	None	None	Mice (Balb/C)	None	None	Closely related viruses (~90%), with similar modeling	57
Louping ill virus	Flaviviridae	<i>Ixodes ricinus</i>	Unknown	78% in <i>Lagopus lagopus</i> ; variable in sheep	None	Available for sheep	Mice (Balb/C), lambs	None	None	Does not naturally infect humans; mouse model produces less variation than lamb model	60
Crimean-Congo hemorrhagic fever virus	Bunyaviridae	<i>Hyalomma</i> spp.	Unknown	10% to 40%	None	None	Guinea pigs	Mice (STAT1 <sup>-/-</sup> or IFN $\alpha$ / $\beta$ R <sup>-/-</sup> )	None	Usually only pathogenic in humans; humanized animals may be valuable	15, 16, 33

Table 2. Continued

Disease	Family	Vector	No. infected annually	Mortality rate	Treatment	Vaccine	Models available			References	
							Immuno-competent	Immuno-compromised	Humanized or zootized		
Heartland virus	Bunyaviridae	<i>Amblyomma americanum</i>	Unknown	Unknown	None	None	Rabbits seroconvert without illness	Mice (AG129)	None	Emerging virus; only a few cases studied; no animal model available; only immuno-deficient mice develop disease	6, 22
Severe fever with thrombocytopenia syndrome virus	Bunyaviridae	<i>Haemaphysalis longicornis</i> and <i>Rhipicephalus microplus</i>	Unknown	≤30%	None	None	Mice (C57Bl/6)	Mice (INFAR <sup>-/-</sup> or A129)	None	T705 and antivirals show some efficacy in animals	40, 61, 65
Thogotovirus	Thogotoviridae	<i>Boophilus</i> and <i>Rhipicephalus</i> spp.	Unknown	Unknown	None	None	Mice (infant), hamsters, sheep	None	None	Closely related to Dhori virus; can be used to model highly pathogenic influenza	31, 52
Dhori virus	Thogotoviridae	<i>Hyalomma</i> spp.	Unknown	Unknown	None	None	Mice (ICR)	None	None	Bourbon and Batken viruses are likely very similar	38, 43
Bourbon virus	Thogotoviridae	Unknown N American tick	Unknown	Unknown (supposed ~90%)	None	None	None established (likely similar to Dhori virus and Thotogovirus)	None	None	Emerging virus; only a few cases studied; no animal model available	none
African swine fever virus	Asfiviridae	<i>Ornithodoros</i> spp.	Unknown	100%	None	None	Swine	None	None	SCID-beige mice with porcine bone marrow	30, 41, 64

**Table 3.** Midge-borne viruses

Disease	Family	Vector	No. infected annually	Mortality rate	Treatment	Vaccine	Animal models			Notes	References
							Immuno-competent	Immuno-compromised	Humanized or zooized		
Akabane virus	Bunyaviridae	<i>Culicoides</i> spp.	>500 (cattle)	Unknown	None	Available	Mice (infant), cattle	None	None	Infects ruminants only; usually nonfatal but results in abortion	27, 37
African horse sickness virus	Reoviridae	<i>Culicoides</i> spp.	Unknown	90%	None	Available, provides partial protection	Ponies	Mice (IN-FAR <sup>-/-</sup> )	None	Infects horses only; research ponies have not been used specifically for this disease but can be adapted from studies of equine infectious anemia	9
Bluetongue virus	Reoviridae	<i>Culicoides</i> spp.	Unknown	Variable by breed	None	Available	Sheep	Mice (IN-FAR <sup>-/-</sup> )	None	Infects ruminants only	20, 28, 45

duces a systemic infection, febrile illness, and weight loss similar to the human infection.<sup>31,52</sup> The livestock effect (abortions in sheep) has not been modeled in mice. For equipped laboratories, a sheep model of this phenomenon may be viable.

Dhori virus, a close relative of Thogoto virus, has similarly been modeled in mice. Intranasal infection of Dhori virus produces rapid and fatal infection in ICR mice, with clinical manifestations similar to those seen in humans infected with highly virulent influenza A virus.<sup>38</sup> Intraperitoneal and subcutaneous inoculation of Dhori virus have also been used, with intraperitoneal inoculation producing the most rapid decline.<sup>43</sup> Due to its pathogenesis and close relation to influenza, Dhori virus has been proposed as a model of severe influenza.

**African Swine Fever Virus.** African swine fever virus varies from other tick-borne viruses in that, as an asfivirus, it is a large DNA virus. It also differs in the fact that it is highly host-specific, affecting only swine and constituting a strictly agricultural threat. African swine fever virus is asymptomatic in wild porcine species but causes hemorrhagic illness in domestic hogs; swine have been used for pathogenesis studies and vaccine development.<sup>30,41</sup> The virus has also been studied in zooized mice. In this case, SCID mice were injected intraperitoneally with porcine bone marrow cells prior to challenge with African swine fever virus. Development of this zooized animal model allows labs to use a species that is lower on the phylogenetic scale and to bypass the need for the extensive facilities required for work on pigs.<sup>64</sup>

### Animal Models for Midge-borne Viruses

Midges are biting, hematophagous flies prevalent in North America. Many of the viruses that they transmit do not cause illness in humans but rather are of agricultural significance (Table 3). Akabane virus is a bunyavirus transmitted by *Culicoides* midges that is responsible for causing encephalomyelitis and birth defects in cattle.<sup>37</sup> Cattle have been used experimentally to study the pathogenesis of the virus and for vaccine development.

However, cows did not develop fatal illness unless inoculated intracerebrally or intrasubarachnally.<sup>37</sup> Cattle inoculated through other routes develop histologic changes of the brain but show no illness. This clinical pattern may indicate that a live vector is required or that the infection probability is low. In addition, akabane virus has been modeled by using infant mice, where it has been used to study the comparative lethality of viral mutants injected intraperitoneally.<sup>27</sup>

The other main group of midge-borne viruses are members of the orbivirus genus of the *Reoviridae* family. This group includes equine encephalosis virus (not to be confused with equine encephalitis virus), the closely related African horse sickness virus, and bluetongue virus. Equine encephalosis virus and African horse sickness virus cause lethal horse diseases native to Sub-Saharan Africa. African horse sickness virus has been studied in IN-FAR<sup>-/-</sup> mice for vaccine studies, where it produces viremia, illness, and eventual fatality when injected subcutaneously at 10<sup>4</sup> to 10<sup>5</sup> pfu.<sup>9</sup> Ponies have been used for vaccine studies of equine infectious anemia (a retrovirus vectored by horseflies) and likely could be adapted to studying the disease caused by African horse sickness virus in its natural host.<sup>14</sup> The facilities required for such an undertaking would be extensive.

Bluetongue virus affects various ruminants. Sheep have been used to study the pathogenesis of the virus and for vaccine development.<sup>20,45</sup> In both cases, the sheep were injected intradermally. Vaccine studies have also been performed in IN-FAR<sup>-/-</sup> mice, in which bluetongue virus produces lethal disease.<sup>28</sup> Comparatively, the mouse infection model had a much shorter course of disease than the sheep model.

### Conclusions

In this review, we outlined currently available animal models for various arboviruses, including those transmitted by mosquitoes, ticks, and midges. Arboviruses are responsible for millions of human infections each year; thus, to alleviate the burden and

costs associated with these diseases, it is important that research focuses on arbovirus disease control and treatment strategies. Animal models for these vector-borne viruses are valuable experimental tools that can shed light on the pathophysiology of the infection and will enable the evaluation of future treatments and vaccine candidates. There is no substitute for using animal models if we are to understand in detail the interactions between the virus, vector, and host or the interactions between the host cells and tissues involved in the response to an arbovirus. Yet significant challenges are often associated with animal model development for arboviruses. Many of the arboviruses fail to cause a lethal infection in common laboratory animal species, or the pattern of disease in the animal model does not accurately represent the course of human infection. Despite such challenges, the number and variety of animal models developed for arbovirus research have increased steadily in recent years. With each of the animal models developed comes a better understanding of the disease and how to best implement preventative and therapeutic measures.

## References

- Adams AP, Aronson JF, Tardif SD, Patterson JL, Brasky KM, Geiger R, de la Garza M, Carrion R Jr, Weaver SC. 2008. Common marmosets (*Callithrix jacchus*) as a nonhuman primate model to assess the virulence of eastern equine encephalitis virus strains. *J Virol* 82:9035–9042.
- Appler KK, Brown AN, Stewart BS, Behr MJ, Demarest VL, Wong SJ, Bernard KA. 2010. Persistence of West Nile virus in the central nervous system and periphery of mice. *PLoS One* 5:e10649.
- Barbour AG. 2017. Infection resistance and tolerance in *Peromyscus* spp., natural reservoirs of microbes that are virulent for humans. *Semin Cell Dev Biol* 61:115–122.
- Beasley DW, Li L, Suderman MT, Barrett AD. 2002. Mouse neuroinvasive phenotype of West Nile virus strains varies depending upon virus genotype. *Virology* 296:17–23.
- Bird BH, Ksiazek TG, Nichol ST, Maclachlan NJ. 2009. Rift Valley fever virus. *J Am Vet Med Assoc* 234:883–893.
- Bosco-Lauth AM, Han S, Hartwig A, Bowen RA. 2015. Development of a hamster model for Chikungunya virus infection and pathogenesis. *PLoS One* 10:e0130150.
- Bosco-Lauth AM, Calvert AE, Root JJ, Gidlewski T, Bird BH, Bowen RA, Muehlenbachs A, Zaki SR, Brault AC. 2016. Vertebrate host susceptibility to Heartland virus. *Emerg Infect Dis* 22:2070–2077.
- Calvert AE, Dixon KL, Delorey MJ, Blair CD, Roehrig JT. 2014. Development of a small animal peripheral challenge model of Japanese Encephalitis virus using interferon deficient AG129 mice and the SA14-14-2 vaccine virus strain. *Vaccine* 32:258–264.
- Castillo-Olivares J, Calvo-Pinilla E, Casanova I, Bachanek-Bankowska K, Chiam R, Maan S, Nieto JM, Ortego J, Mertens PP. 2011. A modified vaccinia Ankara Virus (MVA) vaccine expressing African Horse Sickness Virus (AHSV) VP2 protects against AHSV challenge in INFAR<sup>-/-</sup> mouse model. *PLoS One* 6:e16503.
- Centers for Disease Control and Prevention. 2016. Technical fact sheet: eastern equine encephalitis. [Cited 24 October 2016] Available at: <http://www.cdc.gov/easternequineencephalitis/tech/factsheet.html>.
- Charlier N, Leyssen P, De Clercq E, Neyts J. 2004. Rodent models for the study of therapy against flavivirus infections. *Antiviral Res* 63:67–77.
- Chen CI, Clark DC, Pesavento P, Lerche NW, Luciw PA, Reisen WK, Brault AC. 2010. Comparative pathogenesis of epidemic and enzootic Chikungunya viruses in a pregnant Rhesus macaque model. *Am J Trop Med Hyg* 83:1249–1258.
- Couderc T, Chrétien F, Schilte C, Disson O, Brigitte M, Guivel-Benhassine F, Touret Y, Barau G, Cayet N, Schuffenecker I, Despres P, Arenzana-Seisdedos F, Michault A, Albert ML, Lecuit M. 2008. A mouse model for Chikungunya: young age and inefficient type-I interferon signaling are risk factors for severe disease. *PLoS Pathog* 4:e29.
- Craig JK, Ezzelarab C, Cook SJ, Liu C, Horohov D, Issel CJ, Montelaro RC. 2015. Protective efficacy of centralized and polyvalent envelope immunogens in an attenuated Equine Lentivirus vaccine. *PLoS Pathog* 11:e1004610.
- Dohm DJ, Logan TM, Linthicum KJ, Rossi CA, Turell MJ. 1996. Transmission of Crimean-Congo hemorrhagic fever virus by *Hyalomma impeltatum* (Acari: Ixodidae) after experimental infection. *J Med Entomol* 33:848–851.
- Dowall SD, Graham VA, Rayner E, Hunter L, Watson R, Taylor I, Rule A, Carroll MW, Hewson R. 2016. Protective effects of a modified vaccinia Ankara-based vaccine candidate against Crimean-Congo Haemorrhagic fever virus require both cellular and humoral responses. *PLoS One* 11:e0156637.
- Dudley DM, Aliota MT, Mohr EL, Weiler AM, Lehrer-Brey G, Weisgrau KL, Mohns MS, Breitbart ME, Rasheed MN, Newman CM, Gellerup DD, Moncla LH, Post J, Schultz-Darken N, Schotzko ML, Hayes JM, Eudailey JA, Moody MA, Permar SR, O'Connor SL, Rakasz EG, Simmons HA, Capuano S, Golos TG, Osorio JE, Friedrich TC, O'Connor DH. 2016. A rhesus macaque model of Asian-lineage Zika virus infection. *Nat Commun* 7:12204.
- Dupuy LC, Richards MJ, Ellefsen B, Chau L, Luxembourg A, Hannaman D, Livingston BD, Schmaljohn CS. 2011. A DNA vaccine for Venezuelan equine encephalitis virus delivered by intramuscular electroporation elicits high levels of neutralizing antibodies in multiple animal models and provides protective immunity to mice and nonhuman primates. *Clin Vaccine Immunol* 18:707–716.
- Ershova AS, Gra OA, Lyaschuk AM, Grunina TM, Tkachuk AP, Bartov MS, Savina DM, Sergienko OV, Galushkina ZM, Gudov VP, Kozlovskaya LI, Kholodilov IS, Gmyl LV, Karganova GG, Lunin VG, Karyagina AS, Gintsburg AL. 2016. Recombinant domains III of tick-borne encephalitis virus envelope protein in combination with dextran and CpGs induce immune response and partial protectiveness against TBE virus infection in mice. *BMC Infect Dis* 16:544.
- Feenstra F, Maris-Veldhuis M, Daus FJ, Tacken MG, Moormann RJ, van Gennip RG, van Rijn PA. 2014. VP2-serotyped live-attenuated bluetongue virus without NS3/NS3a expression provides serotype-specific protection and enables DIVA. *Vaccine* 32:7108–7114.
- Ferreira-de-Brito A, Ribeiro IP, Miranda RM, Fernandes RS, Campos SS, Silva KA, Castro MG, Bonaldo MC, Brasil P, Lourenço-de-Oliveira R. 2016. First detection of natural infection of *Aedes aegypti* with Zika virus in Brazil and throughout South America. *Mem Inst Oswaldo Cruz* 111:655–658.
- Godsey MS Jr, Savage HM, Burkhalter KL, Bosco-Lauth AM, Delorey MJ. 2016. Transmission of heartland virus (*Bunyavirus*: *Phlebovirus*) by experimentally infected *Amblyomma americanum* (Acari: Ixodidae). *J Med Entomol* 53:1226–1233.
- Haddow AD, Schuh AJ, Yasuda CY, Kasper MR, Heang V, Huy R, Guzman H, Tesh RB, Weaver SC. 2012. Genetic characterization of Zika virus strains: geographic expansion of the Asian lineage. *PLoS Negl Trop Dis* 6:e1477.
- Hermance ME, Thangamani S. 2015. Tick saliva enhances powassan virus transmission to the host, influencing its dissemination and the course of disease. *J Virol* 89:7852–7860.
- Hofmeister EK, Lund M, Shearn-Bochsler V, Balakrishnan CN. 2017. Susceptibility and antibody response of the laboratory model zebra finch (*Taeniopygia guttata*) to West Nile virus. *PLoS One* 12:e0167876.
- Huang KJ, Li SY, Chen SC, Liu HS, Lin YS, Yeh TM, Liu CC, Lei HY. 2000. Manifestation of thrombocytopenia in Dengue-2-virus-infected mice. *J Gen Virol* 81:2177–2182.
- Ishihara Y, Shioda C, Bangphoomi N, Sugiura K, Saeki K, Tsuda S, Iwanaga T, Takenaka-Uema A, Kato K, Murakami S, Uchida K, Akashi H, Horimoto T. 2016. Akabane virus nonstructural protein



- NSm regulates viral growth and pathogenicity in a mouse model. *J Vet Med Sci* 78:1391–1397.
28. Janowicz A, Caporale M, Shaw A, Gulletta S, Di Gialleonardo L, Ratniner M, Palmirini M. 2015. Multiple genome segments determine virulence of Bluetongue virus serotype 8. *J Virol* 89:5238–5249.
29. Julander JG, Skirpstunas R, Siddharthan V, Shafer K, Hoopes JD, Smee DF, Morrey JD. 2008. C3H/HeN mouse model for the evaluation of antiviral agents for the treatment of Venezuelan equine encephalitis virus infection. *Antiviral Res* 78:230–241.
30. Karalyan Z, Voskanyan H, Ter-Pogossyan Z, Saroyan D, Karalova E. 2016. IL-23/IL-17/G-CSF pathway is associated with granulocyte recruitment to the lung during African swine fever. *Vet Immunol Immunopathol* 179:58–62.
31. Kochs G, Anzaghe M, Kronhart S, Wagner V, Gogesch P, Scheu S, Lienenklaus S, Waibler Z. 2016. In vivo conditions enable INFAR-independent Type I interferon production by peritoneal CD11b+ cells upon Thogoto virus infection. *J Virol* 90:9330–9337.
32. Koide F, Goebel S, Snyder B, Walters KB, Gast A, Hagelin K, Kalkeri R, Rayner J. 2016. Development of a Zika virus infection model in cynomolgus macaques. *Front Microbiol* 7:2028.
33. Kortekaas J, Vloet RP, McAuley AJ, Shen X, Bosch BJ, de Vries L, Moormann RJ, Bente DA. 2015. Crimean-Congo Hemorrhagic fever virus subunit vaccines induce high levels of neutralizing antibodies but no protection in STAT1 Knockout mice. *Vector Borne Zoonotic Dis* 15:759–764.
34. Kraemer MU, Sinka ME, Duda KA, Mylne AQ, Shearer FM, Barker CM, Moore CG, Carvalho RG, Coelho GE, Van Bortel W, Hendrickx G, Schaffner F, Elyazar IR, Teng HJ, Brady OJ, Messina JP, Pigott DM, Scott TW, Smith DL, Wint GR, Golding N, Hay SI. 2015. The global distribution of the arbovirus vectors *Aedes aegypti* and *Ae. albopictus*. *eLife* 4:e08347.
35. Kurhade C, Zegenhagen L, Weber E, Nair S, Michaelsen-Preusse K, Spanier J, Gekara NO, Kröger A, Överby AK. 2016. Type I Interferon response in olfactory bulb, the site of tick-borne flavivirus accumulation, is primarily regulated by IPS-1. *J Neuroinflammation* 13:22.
36. Labadie K, Larcher T, Joubert C, Mannioui A, Delache B, Brochard P, Guigand L, Dubreil L, Lebon P, Verrier B, de Lamballerie X, Suhrbier A, Cherel Y, Le Grand R, Roques P. 2010. Chikungunya disease in nonhuman primates involves long-term viral persistence in macrophages. *J Clin Invest* 120:894–906.
37. Lee H, Jeong H, Park S, Yang MS, Kim J, Bae J, Kwon Y, Kim MS, Oem JK, Lee MH, Lim CW, Kim B. 2016. Experimental infections of cows with newly isolated Akabane virus strain (AKAV-7) causing encephalomyelitis. *Vet Res* 47:62.
38. Li G, Wang N, Guzman H, Sbrana E, Yoshikawa T, Tseng CT, Tesh RB, Xiao SY. 2008. Dhori virus (*Orthomyxoviridae: Thogotovirus*) infection of mice produces a disease and cytokine response pattern similar to that of highly virulent influenza A (H5N1) virus infection in humans. *Am J Trop Med Hyg* 78:675–680.
39. Liang G, Gao X, Gould EA. 2015. Factors responsible for the emergence of arbovirus; strategies, challenges and limitations for their control. *Emerg Microbes Infect* 4:e18.
40. Liu R, Huang DD, Bai JY, Zhuang L, Lu QB, Zhang XA, Liu W, Wang JY, Cao WC. 2015. Immunization with recombinant SFTSV/NSs protein does not promote virus clearance in SFTSV-Infected C57BL/6J Mice. *Viral Immunol* 28:113–122.
41. Lokhandwala S, Waghela SD, Bray J, Martin CL, Sangewar N, Charendoff C, Shetti R, Ashley C, Chen CH, Berghman LR, Mwangi D, Dominowski PJ, Foss DL, Rai S, Vora S, Gabbert L, Burrage TG, Brake D, Neilan J, Mwangi W. 2016. Induction of robust immune responses in swine using a cocktail of adeonovirus-vectored African swine fever virus antigens. *Clin Vaccine Immunol* 23:888–900.
42. Maffioli C, Grandgirard D, Engler O, Leib SL. 2014. A tick-borne encephalitis model in infant rats infected with Langat virus. *J Neuropathol Exp Neurol* 73:1107–1115.
43. Mateo RI, Xiao SY, Lei H, DA Rosa AP, Tesh RB. 2007. Dhori virus (*Orthomyxoviridae: Thogotovirus*) Infection in mice: a model of the pathogenesis of severe Orthomyxovirus infection. *Am J Trop Med Hyg* 76:785–790.
44. Mbaika S, Lutomiah J, Chepkorir E, Mulwa F, Khayeka-Wandabwa C, Tigoi C, Oyoo-Okoth E, Mutisya J, Ng'ang'a Z, Sang R. 2016. Vector competence of *Aedes aegypti* in transmitting Chikungunya virus: effects and implications of extrinsic incubation temperature on dissemination and infection rates. *Virology* 13:114.
45. Melzi E, Caporale M, Rocchi M, Martin V, Gamino V, di Provvido A, Marruchella G, Entrican G, Sevilla N, Palmirini M. 2016. Follicular dendritic cell disruption as a novel mechanism of virus-induced immunosuppression. *Proc Natl Acad Sci USA* 113:E6238–E6247.
46. Messaoudi I, Vomaske J, Totonchy T, Kreklywich CN, Habberthorpe K, Springgay L, Brien JD, Diamond MS, DeFilippis VR, Streblow DN. 2013. Chikungunya virus infection results in higher and persistent viral replication in aged rhesus macaques due to defects in anti-viral immunity. *PLoS Negl Trop Dis* 7:e2343.
47. Michlmayr D, Bardina SV, Rodriguez CA, Pletnev AG, Lim JK. 2016. Dual function of Ccr5 during Langat virus encephalitis: reduction of neutrophil-mediated CNS inflammation and increase in T cell-mediated viral clearance. *J Immunol* 196:4622–4631.
48. Miner JJ, Cao B, Govero J, Smith AM, Fernandez E, Cabrera OH, Garber C, Noll M, Klein RS, Noguchi KK, Mysorekar IU, Diamond MS. 2016. Zika virus infection during pregnancy in mice causes placental damage and fetal demise. *Cell* 165:1081–1091.
49. Monath TP, Levenbook I, Soike K, Zhang ZX, Ratterree M, Draper K, Barrett ADT, Nichols R, Weltzin R, Arroyo J, Guirakhoo F. 2000. Chimeric yellow fever virus 17D-Japanese encephalitis virus vaccine: dose-response effectiveness and extended safety testing in rhesus monkeys. *J Virol* 74:1742–1751.
50. Nuttall PA, Labuda M. 2004. Tick-host interactions: saliva-activated transmission. *Parasitology* 129:S177–S189.
51. Paessler S, Aguilar P, Anishchenko M, Wang HQ, Aronson J, Campbell G, Cararra AS, Weaver SC. 2004. The hamster as an animal model for eastern equine encephalitis—and its use in studies of virus entrance into the brain. *J Infect Dis* 189:2072–2076.
52. Pichlmair A, Buse J, Jennings S, Haller O, Kochs G, Staeheli P. 2004. Thogoto virus lacking interferon-antagonistic protein ML is strongly attenuated in newborn *Mx1*-positive but not *Mx1*-negative mice. *J Virol* 78:11422–11424.
53. Priyuzova NS, Gmyl LV, Romanova Llu, Tereshkina NV, Rogova YV, Terekhina LL, Kozlovskaya LI, Vorovitch MF, Grishina KG, Timofeev AV, Karganova GG. 2013. Exploring of primate models of tick-borne flaviviruses infection for evaluation of vaccines and drugs efficacy. *PLoS One* 8:e61094.
54. Ross TM, Bhardwaj N, Bissel SJ, Hartman AL, Smith DR. 2012. Animal models of Rift Valley fever virus infection. *Virus Res* 163:417–423.
55. Rossi SL, Tesh RB, Azar SR, Muruato AE, Hanley KA, Auguste AJ, Langsjoen RM, Paessler S, Vasilakis N, Weaver SC. 2016. Characterization of a novel murine model to study Zika virus. *Am J Trop Med Hyg* 94:1362–1369.
56. Santos RI, Hermance ME, Gelman BB, Thangamani S. 2016. Spinal cord ventral horns and lymphoid organ involvement in Powassan virus infection in a mouse model. *Viruses* 8:220.
57. Sawatsky B, McAuley AJ, Holbrook MR, Bente DA. 2014. Comparative pathogenesis of Alkhuma hemorrhagic fever and kyanasur forest disease viruses in a mouse model. *PLoS Negl Trop Dis* 8:e2934.
58. Sbrana E, Xiao SY, Popov VL, Newman PC, Tesh RB. 2006. Experimental yellow fever virus infection in the golden hamster (*Mesocricetus auratus*) III. Clinical laboratory values. *Am J Trop Med Hyg* 74:1084–1089.
59. Schneider BS, Higgs S. 2008. The enhancement of arbovirus transmission and disease by mosquito saliva is associated with modulation of the host immune response. *Trans R Soc Trop Med Hyg* 102:400–408.
60. Sheahan BJ, Moore M, Atkins GJ. 2002. The pathogenicity of louping-ill virus for mice and lambs. *J Comp Pathol* 126:137–146.

61. Shimada S, Posadas-Herrera G, Aoki K, Morita K, Hayasaka D. 2015. Therapeutic effect of postexposure treatment with antiserum on severe fever with Thrombocytopenia Syndrome (SFTS) in a mouse model of SFTS virus infection. *Virology* **482**:19–27.
62. Sievert C, Richter H, Beckmann K, Kircher PR, Carrera I. 2017. Comparison between proton magnetic resonance spectroscopy findings in dogs with tick-borne encephalitis and clinically normal dogs. *Vet Radiol Ultrasound* **58**:53–61.
63. Simmons CP, Farrar JJ, Nguyen vV, Wills B. 2012. Dengue. *N Engl J Med* **366**:1423–1432.
64. Takamatsu H, Denyer MS, Oura C, Childerstone A, Andersen JK, Pullen L, Parkhouse RM. 1999. African swine fever virus: a B cell-mitogenic virus in vivo and in vitro. *J Gen Virol* **80**:1453–1461.
65. Tani H, Fukuma A, Fukushi S, Taniguchi S, Yoshikawa T, Iwata-Yoshikawa N, Sato Y, Suzuki T, Nagata N, Hasegawa H, Kawai Y, Uda A, Morikawa S, Shimojima M, Watanabe H, Saijo M. 2016. Efficacy of T-705 (Favipiravir) in the treatment of infections with lethal severe fever with Thrombocytopenia syndrome virus. *mSphere* **1**:1–11.
66. Taylor KG, Paessler S. 2013. Pathogenesis of venezuelan equine encephalitis. *Vet Microbiol* **167**:145–150.
67. Thibodeaux BA, Garbino NC, Liss NM, Piper J, Blair CD, Roehrig JT. 2012. A small animal peripheral challenge model of yellow fever using interferon-receptor deficient mice and the 17D-204 vaccine strain. *Vaccine* **30**:3180–3187.
68. Tolle MA. 2009. Mosquito-borne diseases. *Curr Probl Pediatr Adolesc Health Care* **39**:97–140.
69. Tssetsarkin KA, Chen R, Yun R, Rossi SL, Plante KS, Guerbois M, Forrester N, Perng GC, Sreekumar E, Leal G, Huang J, Mukhopadhyay S, Weaver SC. 2014. Multi-peaked adaptive landscape for chikungunya virus evolution predicts continued fitness optimization in *Aedes albopictus* mosquitoes. *Nat Commun* **5**:4084.
70. World Health Organization. 2017. (WHO.) Zika virus and complications. [Cited 13 October 2016]. Available at: <http://www.who.int/emergencies/zika-virus/en/>
71. Zhang X, Zheng Z, Liu X, Shu B, Mao P, Bai B, Hu Q, Luo M, Ma X, Cui Z, Wang H. 2016. Tick-borne encephalitis virus induces chemokine rantes expression via activation of IRF-3 pathway. *J Neuroinflammation* **13**:209.
72. Zompi S, Harris E. 2012. Animal models of dengue virus infection. *Viruses* **4**:62–82.