Differential serological diagnostics of different Rabbit Haemorrhagic Disease Viruses co-circulating

in Australia

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Abstract:

The lagovirus Rabbit Haemorrhagic Disease Virus (RHDV) has been circulating in Australia since the

mid-1990s when it was deliberately released to control overabundant rabbit populations. In recent

years, the viral diversity of different RHDVs circulating in Australia has increased. An additional strain

of an antigenic RHDV variant was deliberately released to boost rabbit control in 2017, and two

exotic incursions of lagoviruses, including the novel calicivirus RHDV2, have also been reported in

Australia. RHDV2 has since become the dominant strain in Australian wild rabbits. To allow for

ongoing epidemiological studies and impact assessments of these viruses on rabbit populations, it is

essential that serological tools are updated. Here we describe the adaptation of a competition

enzyme linked immunosorbent assay (cELISA) for the specific detection of antibodies against the

Australian RHDV2 virus, as well as modified isotype ELISAs to allow for the more sensitive detection

of RHDV2 specific IgM and IgA antibodies. We also assessed the patterns of cross-reactivity of sera

raised against all virulent caliciviruses known to be present in Australia in a series of available

competition ELISAs and isotype ELISAs originally developed for the prototype RHDV. The new

serological assays provide valuable tools to study presence, prevalence and impact of RHDV2 on

Australian rabbit populations; however the discrimination of different antigenic variants of RHDVs at

the serological level remains challenging.

Introduction:

Rabbit Haemorrhagic Disease Virus (RHDV, sometimes also referred to as RHDV1 or GI.1c, according

to a new proposed nomenclature [1]), belongs to the genus lagovirus within the family *caliciviridae*.

RHDV was released in Australia as a biological control agent for introduced wild rabbits, a

devastating agricultural and environmental pest species in this country [2]. While initially very

effective in reducing rabbit populations across large parts of the continent [3, 4], RHDV was not

effective in the more temperate areas of South Eastern Australia. This lack of effectiveness was likely

due to the presence of endemic, non-pathogenic caliciviruses (Rabbit calicivirus Australia 1, also

termed RCV-A1, or GI.4) that can provide transient and partial immunological cross protection to

RHDV [5, 6], thereby reducing both case fatality and infection rates [7]. In addition to the impeding

effects of RCV-A1, rabbit populations have been recovering in recent years [8], and developing

genetic resistance to RHDV has been reported in some Australian rabbit populations [9, 10]. In an

attempt to 'boost' rabbit biocontrol in Australia and to maintain the substantial economic and

environmental gains made by the long term suppression of rabbit populations by RHDV [11, 12], an

additional strain of RHDV was released nationwide in Australia in March 2017 [13]. This strain

termed RHDVa-K5 is a naturally occurring antigenic variant of RHDV from Korea [14] which was

shown experimentally to be more effective in infecting rabbits from known genetically resistant

populations [9] and in overcoming partial protection conveyed by the benign RCV-A1 [15]. These

antigenic variants of RHDV, referred to as RHDVa (GI.1a, or RHDV1a), were first reported in the late

1990s [16], and although they exhibit antigenic differences they are considered to be of the same

serotype [17].

Prior to the release of RHDVa-K5, the incursions of two additional RHDV variants were reported in

Australia. The first incursion was another variant RHDVa (GI.1a) strain in the greater Sydney area

that most closely resembled a Chinese isolate [18] that appeared in early 2014. This virus, termed

RHDVa-Aus, caused a number of recorded outbreaks mostly in domestic rabbit farms, however, its

distribution appeared geographically limited to the east and north east of New South Wales [19]. In

May 2015, the incursion of a second exotic virus, the recently emerged RHDV2 (GI.2) was reported in

Australia [20]. RHDV2 is a new lagovirus that was first reported in Europe in 2010 [21, 22]. It is not

only genetically distinct from RHDV and RHDVa but, unlike RHDV and RHDVa, is also able to cause

highly fatal disease in very young rabbits [23, 24] and capable of fatally infecting several species of

hares, making it the only known lagovirus that does not exhibit strict species specificity [25-30].

Since its arrival in Australia, RHDV2 has become the dominant strain circulating in the field,

seemingly replacing older RHDV1 strains and accounting for the majority of reported cases in wild

and domestic rabbits [31].

With the increasing diversity of co-circulating RHDVs both in Australia and Europe it was essential to

update the diagnostic tools available, to allow for specific identification of strains and to measure

the impact they were having on wild rabbit (and hare) populations. Due to the genetic variability, the

development of specific molecular diagnostics was comparably straightforward, and accordingly

several tailored approaches have been described in both Europe and Australia [13, 29, 32, 33]. In

contrast, the development of specific serological tools was more challenging. Although strain specific

epitopes have been described for lagoviruses and specific monoclonal antibodies have been

developed [16, 34-38], discriminatory serology remains difficult, in particular for closely related

RHDVs, due to the large number of shared epitopes [17]. The infection history of populations can

often only be inferred based on reactivity patterns [39, 40].

In Australia, the development of specific serological tools to discriminate between different

lagoviruses was of particular importance. Here, RHDV2 was actively circulating at the time the new

strain RHDVa-K5 was released nationwide [13] and specific serological tools were needed to

investigate the respective impacts and potential interactions the two strains had on wild Australian

rabbits at a population level. Secondly, in the years leading up to the national release of RHDVa-K5,

extensive serological monitoring of several Australian rabbit populations was carried out. Screening

these sample banks with a serological assay specific to RHDV2 might allow a more accurate

determination of the exact time point this virus entered into Australia and started to circulate in wild

rabbit populations before it was detected in May 2015 [20].

This study describes the adaptation of a European RHDV2 cELISA to the Australian strain of RHDV2,

and the modification of IgM and IgA isotype ELISAs for the detection of RHDV2 antibodies. It also

assesses the cross-reactivity patterns of reference sera raised against all virulent RHDV strains

known to be circulating in Australia in a panel of serological assays to infer disease dynamics of
RHDV in rabbit populations.

Material and methods:

Production of antigen, virus inoculum and experimental vaccine

Two five week old New Zealand white rabbits were infected with 0.5 ml of a 2% clarified liver
homogenate of the first RHDV2 field isolate found in Australia (BlMt-1, Gen Bank# KT280060) [20].
Rabbits were monitored twice daily for signs of terminal rabbit haemorrhagic disease (RHD), which
was defined as 10% weight loss within a 24 hour period, no resistance to handling or lateral
recumbency, or hypothermia following a fever episode, often in combination with lethargy. Both
rabbits experienced a peracute form of RHD, one was found displaying signs of terminal RHD at 66
hours post infection (h.p.i.) and was euthanized, the second was found dead 90 h.p.i. with no prior
signs of terminal RHD detected.

The liver of one of the RHDV2 infected rabbits was used for the production of an experimental
vaccine, according to methods published previously [17]. Briefly, a 20% w/v liver homogenate
(containing approximately 3×10^8 capsid gene copies/ml) was prepared in sterile PBS and clarified by
centrifugation for 20 min at 2,000 g. Chloroform was added to the supernatant to a final
concentration of 2% (v/v) and incubated at 4°C overnight, followed by a second clarification at
10,000g and 4°C. Part of the clarified supernatant was removed, mixed 1:1 with glycerol and stored
at -80°C as RHDV2 inoculum for subsequent infections (0.5 ml/rabbit). Formalin was added to the
remaining supernatant to a final concentration of 0.8% v/v and incubated at room temperature
overnight. A second inactivation step was performed by adding formalin to a total concentration of
1% v/v with overnight incubation at 4°C. This preparation was stored at 4°C until used. Immediately
prior to use, the vaccine was brought to room temperature, mixed 1:1 with Addavax (Invivogen, San
Diego, USA), and between 0.6 and 1.2 ml were injected subcutaneously in the scruff of the neck.

For the production of RHDV2 ELISA antigen, a 10% w/v homogenate of the liver of the second rabbit
was clarified using two centrifugation steps (20 min at 3000g, followed by 30 min at 6000g, at 4°C),
and then passed through a 0.8 μm filter. The resulting homogenate was mixed 1:1 with glycerol and
stored at -80°C.

A commercially produced preparation of RHDVa-K5 was used as inoculum to produce hyperimmune
sera, diluted to 10,000 RID_{50}/ml (Elizabeth Macarthur Agricultural Institute, Menangle, Australia).
RHDVa-Aus inoculum was prepared from a 2% of clarified liver homogenate of RHDVa-Aus (Ber-3,

GenBank # KY628310) [19]. The infectious dose of the RHDVa-Aus and the RHDV2 inoculum was not

titrated.

Production of reference sera

For the production of RHDVa hyperimmune sera, five-week old rabbits were infected with RHDVa-

Aus (n=4) and RHDVa-K5 (n=5). Due to the age related innate resistance to lethal RHDV infection [41,

42] it was expected that rabbits of this age group would not succumb to fatal RHDV infection, but

survive and mount a strong antibody response. Rabbits were orally infected with 0.5 ml of virus

inoculum using a 1 ml syringe. Rabbits were monitored twice daily for the first four days and then

daily afterwards. A small (0.1-0.2 ml) blood sample was collected from the marginal ear vein at day

0, 7 and 14. Two rabbits in each group were sacrificed and bled at 14 dpi the remaining rabbits at 20

dpi (RHDVa-K5) and 22 dpi (RHDVa-Aus) (Table 1).

Archival serum samples from five rabbits collected at various time points were used as RHDV

hyperimmune reference sera. In this previous study (T. Strive, unpublished), three 5 week old New

Zealand white rabbits were infected orally with 500 LD_{50} of a commercial RHDV preparation (RHDV

v351, Elizabeth Macarthur Agricultural Institute, Menangle, Australia), blood samples were collected

at 7 dpi and a final bleed was carried out at 14 dpi. Hyperimmune RHDV sera from an additional four

rabbits harvested at various time points were available from a previous study [41]. Seven RCV-A1

polyclonal sera were also included [38], as well as an additional seven negative control sera.

For the production of RHDV2 polyclonal sera, rabbits needed to be partially vaccinated prior to the

challenge, as young rabbits are not innately resistant to lethal RHDV2 infection [23]. Three five-week

old rabbits and two adult rabbits of approximately three years of age were injected with the

experimental vaccine preparation as described above. One adult animal was challenged 10 days

after vaccination (dpv) the remaining four rabbits in this group were challenged six dpv. Monitoring

and blood sampling of these animals was carried out as for the RHDVa infected rabbits (Table 1).

RHDV2 specific monoclonal antibody

A mouse monoclonal antibody (Mab) conjugated to horse radish peroxidase (4H12-HRP, lot 150416)

and raised against a European strain of RHDV2 was purchased from the Instituto Zooprofilatttico

Sperimentale (IZS, Brescia, Italy).

ELISA

The RHDV IgM, IgA and IgG isotype ELISA [38], the RHDV competition ELISA (cELISA) [43] and the

RCV-A1 blocking ELISA (bELISA) [44] were performed as described previously.

The RHDV2 cELISA workflow and volumes used were similar to the RHDV cELISA, with modifications.

Plates were coated overnight at 4°C with a polyclonal RHDV2 rabbit serum (A#Jul, 17 dpi) at a 1:2000

dilution in carbonate buffer (pH 9.6). The plates were washed with PBS –Tween (PBS-T) prior to the

addition of serial dilutions of rabbit sera starting at 1:40 dilution followed immediately with the

addition of RHDV2 crude antigen at a 1:20 dilution and incubated at 37°C for 1 hour.   The plate was

washed and the MAb 4H12-HRP at a 1:300 dilution (0.8 µg/ml) was added and incubated at 37°C for

1 hr. The plate was washed and OPD substrate was added and incubated for 5 minutes before being

stopped by the addition of 1M sulphuric acid. The plate was read at 492nM. Optimal concentrations

of antigen and MAb were determined by checkerboard titrations using rabbit sera known to be

positive and negative to RHDV2. Concentrations were selected that resulted in an optical density

(OD) of between 1 and 1.2 for a panel of 15 negative reference sera as well as the highest signal to

noise ratio when compared to the positive control serum. A serum was scored positive when the OD

was reduced to 75% or less compared to the OD of the negative reference serum at the same

dilution.

RHDV2-adapted IgM and IgA ELISAs were carried out as described previously for RHDV [38],

substituting RHDV virus like particles with crude RHDV2 virus antigen at a 1:20 dilution, and using

MAb 4H12-HRP as the detecting antibody at a 1:300 dilution (0.8 µg/ml).

RHDV2 cELISA analysis of field samples collected before and after RHDV2 arrival

Sera from wild rabbits were obtained as described previously [45]. Two field sites located in the

central tablelands of New South Wales were visited to collect samples prior to the arrival of RHDV2

in October 2012 (n=20) and April 2014 (n=20), respectively, and again throughout 2017 and 2018

(n=48) after the arrival of RHDV2 in Australia but before the nationwide release of RHDVa-K5.

Results:

Serum production

As expected, none of the five week old rabbits infected with RHDVa-Aus or RHDVa-K5 developed

severe clinical signs or succumbed to RHD. A short fever episode of ≥40°C was observed in all four

kittens infected with RHDVa-Aus and three out of four kittens infected with RHDVa-K5 between 2

and 4 dpi. These fever episodes were not associated with any changes in behavior and all animals
continued to gain weight throughout the experiment.

In the group of rabbits used to produce RHDV2 polyclonal serum, no adverse reaction to the
experimental vaccine was observed in any of the animals at the injection sites. No behavioral
abnormalities or elevated temperatures were recorded in any of the rabbits in this group following
vaccination and subsequent challenge with RHDV2.

Cross-reactivity of reference sera in RHDV isotype ELISAs

High levels of cross-reactivity in the RHDV IgM, IgA and IgG isotype ELISAs were observed in sera
raised against RHDVa-Aus and RHDVa-K5 compared to the RHDV-Czech polyclonal sera (Table 1).
Sera raised against RHDV2 also showed varying levels of cross-reactivity in this assay, but with
different patterns. Cross-reactivity was highest in the IgG ELISA, with detectable titres in all animals
at 8 dpi, and in one case day 6 post vaccination and prior to RHDV2 challenge. IgM antibodies were
detected in all RHDV2 polyclonal sera although titres were lower compared to those of the RHDVa-
K5, RHDV-Aus and RHDV-Czech reference sera collected at similar time points post infection. IgA
antibodies are indicative of active replication of RHDV following a natural infection and are not seen
in vaccinated rabbits [17] and accordingly, no IgA responses were observed in this group following
vaccination. IgA cross-reactivity in the RHDV2 polyclonal sera was present but with overall lower
titres and with a later onset compared to rabbits infected with RHDV and RHDVa strains, indicating
an active but possibly attenuated infection with RHDV2 in these previously vaccinated animals (Table
1).

Increased sensitivity and specificity in the RHDV2 adapted IgA and IgM ELISAs

In the isotype ELISAs adapted for RHDV2, the titres of the RHDV2 reference sera were at least four
fold greater when compared to the respective original RHDV isotype assays, and where sufficient
amounts of serum were available for testing, both IgM and IgA antibodies were detected earlier
(Table 1). RHDV-Czech, RHDVa-K5, and RHDVa-Aus reference sera also cross-reacted in the RHDV2
IgM and IgA ELISA, but had lower titres compared to the RHDV2 reference sera (Table 1). Due to the
high level of cross reactivity of RHDV2 polyclonal sera in the in the IgG assay, the IgG isotype ELISA
was not adapted.

Cross-reactivity of reference sera in specific competition or blocking ELISAs for RCV-A1, RHDV and
RHDV2

The RHDV2 cELISA developed here from Australian and European reagents proved to be highly
sensitive and specific. Low levels of reactivity were detected as early as 6 dpv with titres increasing

until the end of the trial (Table 1). Sera raised against RHDV-Czech, RHDVa-Aus and RHDVa-K5 only

showed low levels of cross-reactivity in this assay, only in one case exceeding titres of 1:40 (1:160,

K#315, 22 dpi, Table 1). None of the seven archival RCV-A1 control sera reacted in the RHDV2 cELISA.

In contrast, the RHDV cELISA showed low to moderate levels of cross-reactivity with RHDV2

polyclonal sera, and very high levels of cross-reactivity with the sera raised against the two RHDVa

strains (Table 1). Only one of the RHDV-Czech reference sera tested here showed a very low level of

cross-reactivity with the RCV-A1 bELISA (1:10, K#177, 14 dpi, Table 1). Only sera from the terminal

bleeds were tested in the RHDV cELISA and RCV-A1 bELISA as there was not sufficient serum left

from the previous sampling points.

Evaluation of pre- and post RHDV2 field samples

Of the 40 serum samples tested that were collected from wild rabbits in NSW prior to the detection

of RHDV2 in Australia, 5 samples (12.5%) were seronegative in all six serological assays used (Table

2). Seven samples (17.5%) tested positive for RHDV IgM and A, and 33 samples (82.5%) reacted in

the RHDV IgG ELISA. The more specific but less sensitive RHDV cELISA returned a positive result for

25 sera (62.5%), and 80% of rabbits (n=32) tested positive in the RCV-A1 bELISA. Seven samples

showed cross-reactions in the RHDV2 cELISA which were considered to be unspecific as RHDV2 was

thought to be absent from Australia in 2012. Of these, 4 samples showed low-level cross-reactivity at

a titre of 1:20, whereas three samples returned a higher titre of 1:80. This higher reading in all three

cases coincided with the presence of IgA or IgM and IgA responses, indicating a recent infection,

however, not all animals with IgM and/or IgA responses (n=11) cross-reacted in the RHDV2 cELISA

(Table 2). In all but one sample (2012, OC-OCT-19), sera returning a positive reading in the RHDV2

cELISA consistently had a higher titre in the RHDV cELISA (Table2).

In the 48 samples collected from wild rabbits throughout 2016 and 2017, after the known arrival of

RHDV2 in Australia, 7 (14.6%) tested negative in all six assays, 7 (14.6%) had detectable IgA

antibodies, 38 (79.2%) tested positive for IgG, 23 (47.9%) reacted in the RHDV cELISA, 26 (54.2%) in

the RCV-A1 bELISA, and none (0%) had detectable IgM antibodies (Table 2). Twenty three (47.9%)

sera tested positive in the RHDV2 cELISA, with 10 of these returning titres of >1:80 (Table 2). In 12 of

the 23 samples returning a positive test result in the RHDV2 cELISA, the corresponding titres in the

RHDV cELISA were much lower. In the remaining 11 samples the titres of the RHDV cELISA were

higher compared to the RHDV2 cELISA. In these samples, similar to the pre-RHDV2 samples from

2012 and 2014, none of the RHDV2 cELISA titres exceeded a titre of 1:80.

The ratio of the two specific cELISAs for RHDV and RHDV2 can be used to infer the presence of RHDV2

specific antibodies

We explored if the ratios between the RHDV and RHDV2 cELISAs could be used to infer the presence

of RHDV2 antibodies in the populations, similar to an approach used previously to discriminate

between RHDV2 and European Brown Hare Syndrome Virus (EBHSV) antibodies in wild hare

populations in Europe [25]. While there was some level of cross-reactivity between the respective

cELISAs in the reference sera produced for this study, the titres were always higher for the

respective specific viral antigen. To investigate this further, negative results were set to a titre of 1:5

for the purpose of forming ratios between titres, and only samples were included in the analysis that

had returned a positive reaction in either of the two assays [25]. The RHDV2 cELISA/RHDV cELISA

titre ratios were >1 in all reference sera raised against RHDV2, with ratios ranging from 1 to 100. In

all reference sera raised against RHDV or RHDVa the ratios were <1, ranging from 0.008 to 0.125 for

sera raised against RHDVa-K5 and RHDVa-Aus, and from 0.0002 to 0.0156 for sera raised against

RHDV-Czech (Figure 1).

When applied to the pre- and post RHDV field samples, 13 of the 39 post RHDV2 samples that were

positive in either one or both cELISAs returned a ratio of >1. Only one serum in the pre-RHDV2

sample had a ratio of >1 (Figure 1). This particular sample was seronegative in all assays except for a

very low level (1:40) RCV-A1 titre, and a very low (1:20) titre for RHDV2. When only test results from

dilutions at 1:40 or greater were considered, none of the pre-RHDV2 samples had a ratio of >1 in this

analysis.

Discussion/conclusions:

Specific serology of different lagoviruses can be challenging, as high levels of cross-reactivity are

often observed even between antigenically very different members of this genus [38, 46, 47]. For the

more specific detection of different viruses, less sensitive and more specific cELISAs or bELISAs have

been described [44, 48, 49], however, isotype ELISAs detecting IgG antibodies are so cross-reactive

that they have historically been used to infer the presence of previously unknown and often

antigenically quite different lagoviruses [46, 47, 50, 51].

These difficulties notwithstanding, there is a need for improved serological tools to discriminate

between antibodies to the different lagoviruses circulating in Australia, to better understand their

role in naturally occurring disease dynamics as well as biological control operations of wild rabbits.

For over two decades, only RHDV and RCV-A1 were known to be present in Australia, and their

disease dynamics have been studied extensively, utilising specific cELISAs or bELISAs for RHDV and

RCV-A1, as well as isotype ELISAs for both viruses [38, 44, 50]. The recent arrival of two different

strains of RHDVa (RHDVa-Aus and RHDVa-K5) as well as RHDV2 has highlighted the need to update

and extend the panel of serological tools available on this continent to enable better studies of the

epidemiology and interactions of these viruses.

Disease dynamics of RHDV can be inferred by interpreting the reaction profiles in a different isotype

and cELISAs [43]. In this approach, IgM is interpreted as an indicator of a recent outbreak and first

time exposure of an individual to RHDV, a boost in IgA titres as a measure for re-exposure to RHDV,

and the highly sensitive but cross-reactive IgG is used to infer the presence of maternal antibodies in

very young rabbits. In our study, the reference sera raised against RHDV-Czech, RHDVa-Aus, RHDVa-

K5 and RHDV2 all reacted to varying degrees in these assays, indicating that they should be suitable

to detect broad patterns of disease activity caused by any of the virulent lagovirus strains in wild

rabbit populations in Australia, however they do not allow for the discrimination between the

various strains. Adaptation of the IgM and IgA ELISA to RHDV2 by using RHDV2-specific antigen and

Mab increased the sensitivity of these assays for RHDV2 IgM and IgA detection substantially. As

RHDV2 has rapidly become the dominant strain in the Australian landscape [31], switching to these

more sensitive assays for future large scale field epidemiology studies should be considered.

The RHDV2 cELISA described here proved to be highly specific for the detection of RHDV2

antibodies, with low levels of cross-reactivity to the experimentally produced RHDV and RHDVa

reference sera as well as the 40 sera from wild rabbits collected before the arrival of RHDV2 in

Australia. In contrast, the existing RHDV cELISA [48] showed low to medium levels of cross-reactivity

to RHDV2 and high levels of cross-reactivity to both RHDVa-Aus and RHDVa-K5. However, in the

RHDV and RHDV2 cELISAs, titres were higher in the sera raised against the respective strain in all but

one case, such that the ratios of the reciprocal titres of the two assays can potentially be used to

infer which strain the rabbit was most likely exposed to. There was only one exception in the pre-

RHDV2 sera analysed here where the animal tested negative in all RHDV assays but showed a low

titre of 1:20 recorded in the RHDV2 cELISA. The observed relatively high chance of cross-reactivity at

low serum dilutions (Table 1) indicates that these are not likely to be very informative, and broad

scale population level serological studies would benefit from only considering titres of ≥ 1:40, even if

this means a possible slight reduction in sensitivity.

The analysis of the reference sera as well as field sera collected pre- and post-RHDV2 arrival in

Australia indicates that the ratio between the RHDV2 and RHDV cELISA titres should allow for the

detection of the presence of RHDV2 specific antibodies with high levels of certainty, even in the

presence of RHDV or RHDVa antibodies, and thus allow for retrospective analysis of archival field

sera for a more accurate estimate of the time of RHDV2 arrival in Australia. However, due to the

high levels of cross-reactivity of RHDV2 reference sera in the RHDV cELISA, detecting RHDV or RHDVa

antibodies in samples collected post RHDV2 arrival is challenging. In particular, inferring mixed

infections of RHDV/RHDVa/RHDV2 or the absence of RHDV antibodies in RHDV2 positive populations

will be difficult to discern with certainty. Similarly, the discrimination of antibodies to RHDV and

RHDVa strains is not feasible with the serological tools currently available. Despite these remaining

challenges in the differential serodiagnostics of Australian lagoviruses, the additional assays

described here represent an important addition to the tool kit that will benefit ongoing continent-

wide lagovirus epidemiology studies, and help inform the development of effective rabbit

management strategies.

Declarations:

Ethics approval and consent to participate: All work involving animals was approved by the CSIRO

Ecosystem Sciences Animal Ethics Committee (ESAEC #10-13, #11-01, #13-01, #13-10, #DOMRAB)

and the Orange Animal Ethics Committee (ORA11/14/001, ORA14/17/001) and carried out in

accordance with the Australian code for the care and use of animals for scientific purposes.

Consent for publication: All authors have read and approved the final version of the manuscript.

Availability of data and material: All data generated or analysed during this study are included in

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Tables

Table 1:

rabbit ID	dpv	dpi	RHDV IgM	RHDV IgA	RHDV IgG	RHDV cELISA	RHDV-2 IgM	RHDV-2 IgA	RHDV-2 cELISA	RCV-A1 bELISA
RHDV-2 polyclonal sera										
A#Zor	0		0	0	0	–	–	–	0	–
A#Zor	6		640	0	160	–	40960	0	160	–
A#Zor	10	0	640	0	160	–	40960	0	320	–
A#Zor	14	4	640	0	640	–	40960	0	160	–
A#Zor	16	6	2560	0	2560	–	40960	10240	1280	–
A#Zor	24	14	640	80	2560	–	10240	10240	2560	–
A#Zor	26	16	640	80	10240	–	10240	10240	2560	–
A#Zor	34	24	640	640	10240	320	2560	40960	5120	0
A#Jul	0		0	0	0	–	–	–	0	–
A#Jul	5		0	0	0	–	640	0	10	–
A#Jul	6	0	0	0	0	–	2560	0	80	–
A#Jul	14	8	0	20	2560	–	10240	640	320	–
A#Jul	16	10	0	0	10240	–	10240	640	1280	–
A#Jul	24	17	80	20	10240	20	10240	10240	1280	0
K#316	0		0	0	0	–	–	–	0	–
K#316	5		0	0	0	–	–	–	0	–
K#316	6	0	0	0	0	–	640	–	10	–
K#316	14	8	640	160	2560	–	40960	10240	1280	–
K#316	16	10	640	160	10240	–	40960	10240	160	–
K#316	24	17	640	40	10240	20	10240	2560	2560	0
K#317	0		0	0	0	–	–	–	0	–
K#317	5		0	0	0	–	–	–	0	–
K#317	6	0	160	0	0	–	–	–	10	–
K#317	14	8	640	80	2560	–	10240	10240	160	–
K#317	16	10	160	80	2560	–	10240	10240	160	–
K#317	24	17	320	320	2560	20	10240	2560	1280	0
K#318	0		0	0	0	–	–	–	0	–
K#318	5		0	0	0	–	–	–	10	–
K#318	6	0	0	0	0	–	–	–	20	–
K#318	14	8	160	80	2560	–	–	–	320	–
K#318	16	10	160	80	10240	–	10240	10240	320	–
K#318	24	17	640	80	10240	20	10240	2560	1280	0
RHDVa-K5 polyclonal sera										
K#307		0	0	0	0	–	–	–	0	–
K#307		7	40960	2560	2560	–	10240	2560	10	–
K#307		14	10240	2560	2560	–	2560	640	0	–
K#307		20	10240	10240	40960	320	640	2560	10	0
K#308		0	0	0	0	–	–	–	0	–
K#308		7	10240	1280	2560	–	10240	640	0	–
K#308		14	10240	1280	2560	–	2560	640	10	–
K#308		20	5120	2560	10240	320	640	2560	40	0

Sample	Day								
K#309	0	0	0	0	–	–	–	0	–
K#309	7	40960	2560	2560	–	10240	2560	10	–
K#309	14	10240	1280	2560	–	640	160	10	–
K#309	20	5120	1280	10240	640	640	640	40	0
K#310	0	0	0	0	–	–	–	0	–
K#310	7	40960	2560	2560	–	2560	160	10	–
K#310	14	10240	640	2560	320	640	640	10	0
K#311	0	0	0	0	–	–	–	0	–
K#311	7	40960	2560	2560	–	10240	160	20	–
K#311	14	2560	5120	2560	640	2560	2560	10	0

RHDVa-Aus polyclonal sera

Sample	Day								
K#312	0	0	0	0	–	–	–	0	–
K#312	7	40960	640	10240	–	–	–	0	–
K#312	14	10240	2560	10240	640	10240	2560	10	0
K#313	0	0	0	0	–	–	–	0	–
K#313	7	40960	640	2560	–	2560	40	10	–
K#313	14	10240	1280	2560	320	2560	640	0	0
K#314	0	0	0	0	–	–	–	0	–
K#314	7	10240	2560	10240	–	640	40	0	–
K#314	14		2560	40960	–	–	–	0	–
K#314	22	10240	5120	40960	1280	2560	640	10	0
K#315	0	0	0	0	–	–	–	0	–
K#315	7	40960	10240	40960	–	10240	160	0	–
K#315	14	10240	2560	40960	–	2560	160	10	–
K#315	22	10240	1280	10240	640	2560	640	160	0

RHDV-Czech polyclonal sera

Sample	Day								
K#175	4	640	0	0	–	–	–	0	0
K#175	7	40960	2560	40	–	640	0	0	0
K#175	14	40960	10240	40960	5120	160	1280	0	0
K#176	4	160	0	0	–	–	0	0	0
K#176	7	10240	1280	640	–	640	160	0	0
K#176	14	20480	10240	10240	320	40	160	0	0
K#177	4	2560	0	0	–	–	–	0	0
K#177	7	10240	160	2560	–	2560	160	0	0
K#177	14	40960	5120	10240	5120	2560	640	10	10
K#184	4	2560	0	160	–	0	0	0	0
K#185	4	80	0	0	–	0	0	0	0
K#135	0	0	0	0	–	–	–	0	–
K#135	15	40960	10240	40960	10240	640	160	0	0
K#136	0	0	0	0	–	–	–	0	–
K#136	15	40960	10240	40960	10240	640	640	10	0
K#137	0	0	0	0	–	–	–	D	–
K#137	4	40960	5120	0	–	2560	–	10	0
K#138	0	0	0	0	–	–	–	0	–
K#138	15	40960	40960	40960	20480	2560	640	0	0
K#139	0	0	0	0	–	–	–	D	–
K#139	15	10240	5120	40960	5120	0	0	0	0

RCV-A1 polyclonal sera									
RCV-3	7	0*	0*	0*	0*	–	–	0	160**
RCV-4	7	2560*	320*	320*	80*	–	–	0	320**
RCV-8	11	0*	0*	40*	0*	–	–	0	40**
RCV-11	28	0*	160*	2560*	0*	–	–	0	160**
RCV-12	28	0*	0*	640*	0*	–	–	0	160**
RCV-24	9	0*	0*	0*	0*	–	–	0	320**
RCV-25	9	160*	0*	320*	0*	–	–	0	160**

dpv = Days post vaccination
dpi = Days post infection
* Data from Liu et al., 2012a
**Data from Liu et al., 2012b
D= doubtful

528   Table 2:

Year	rabbit ID	RHDV IgM	RHDV IgA	RHDV IgG	RHDV cELISA	RHDV-2 cELISA	RCV-A1 bELISA
Wild rabbit sera Pre-RHDV							
2012	OC-OCT-1	0	0	1280	0	*0*	160
2012	OC-OCT-2	0	POS	10240	160	*20*	>160
2012	OC-OCT-3	0	0	640	40	*0*	160
2012	OC-OCT-4	0	0	>40960	>>>640	*20*	160
2012	OC-OCT-5	0	0	10240	<80	*20*	>160
2012	OC-OCT-6	0	0	20480	0	*0*	>160
2012	OC-OCT-7	0	0	>40960	320	*0*	>160
2012	OC-OCT-8	0	0	20480	>>640	*0*	>160
2012	OC-OCT-9	0	0	2560	0	*0*	40
2012	OC-OCT-10	0	POS	10240	320	*80*	160
2012	OC-OCT-11	0	0	2560	160	*0*	10
2012	OC-OCT-12	0	0	>40960	>>640	*0*	>160
2012	OC-OCT-13	0	0	20480	80	*0*	>160
2012	OC-OCT-14	0	0	20480	40	*0*	>160
2012	OC-OCT-15	0	0	40960	20	*0*	>160
2012	OC-OCT-16	0	0	40960	160	*0*	>160
2012	OC-OCT-17	0	0	5120	20	*0*	>160
2012	OC-OCT-18	0	POS	2560	0	*0*	160
2012	OC-OCT-19	0	0	0	0	20	40
2012	OC-OCT-20	0	0	2560	40	*0*	>160
2014	MIR-APR-1	0	0	40960	320	*0*	0
2014	MIR-APR-2	POS	POS	>>40960	>640	*80*	40
2014	MIR-APR-3	0	0	0	0	*0*	0
2014	MIR-APR-4	0	0	0	0	*0*	0
2014	MIR-APR-5	0	0	2560	0	*0*	160
2014	MIR-APR-6	POS	0	5120	40	*0*	0
2014	MIR-APR-7	0	0	5120	0	*0*	160
2014	MIR-APR-8	POS	0	0	>640	*0*	80
2014	MIR-APR-9	POS	POS	>40960	>640	*0*	80
2014	MIR-APR-10	POS	0	20480	80	*0*	160
2014	MIR-APR-11	0	POS	2560	20	*0*	40
2014	MIR-APR-12	POS	POS	>40960	>640	*80*	80
2014	MIR-APR-13	0	0	0	0	*0*	0
2014	MIR-APR-14	0	0	640	0	*0*	10
2014	MIR-APR-15	0	0	10240	20	*0*	80
2014	MIR-APR-16	0	0	0	0	*0*	0
2014	MIR-APR-17	0	0	5120	160	*0*	0
2014	MIR-APR-18	POS	0	1280	0	*0*	160
2014	MIR-APR-19	0	0	0	0	*0*	0
2014	MIR-APR-20	0	0	2560	0	*0*	>160
Wild rabbit sera Post-RHDV							
2016	MIR-APR-1	0	0	320	20	*0*	40
2016	MIR-APR-2	0	0	5120	320	*1280*	10
2016	MIR-APR-3	0	0	0	0	*0*	0
2016	MIR-APR-4	0	POS	10240	>640	*80*	160

2016	MIR-APR-5	0	POS	320	10	*0*	0
2016	MIR-APR-6	0	POS	2560	40	*20*	40
2016	MIR-APR-7	0	0	2560	20	*640*	>160
2016	MIR-APR-8	0	POS	2560	40	*0*	10
2016	MIR-APR-9	0	0	0	0	*0*	10
2016	MIR-APR-10	0	0	0	0	*0*	0
2016	MIR-APR-11	0	0	0	0	*0*	0
2016	MIR-APR-12	0	0	2580	160	*0*	10
2016	MIR-APR-13	0	POS	1280	20	*1280*	0
2016	MIR-APR-14	0	POS	640	20	*0*	10
2016	MIR-APR-15	0	POS	1280	320	*0*	40
2016	MIR-APR-16	0	0	80	0	*0*	0
2016	MIR-APR-17	0	0	5120	>640	*20*	80
2016	MIR-APR-18	0	0	320	0	*80*	160
2016	MIR-APR-19	0	0	320	80	*0*	10
2016	MIR-APR-20	0	0	0	0	*0*	0
2016	MIR-JUL-1	0	0	320	40	*1280*	0
2016	MIR-JUL-2	0	0	640	20	*80*	0
2016	MIR-JUL-3	0	0	1280	160	*0*	40
2016	MIR-JUL-4	0	0	5120	>>>640	*80*	80
2016	MIR-JUL-5	0	0	0	0	*0*	0
2016	MIR-JUL-6	0	0	5120	>640	*20*	0
2016	MIR-JUL-7	0	0	0	0	*0*	0
2016	MIR-JUL-8	0	0	5120	>>640	*20*	80
2016	MIR-JUL-9	0	0	5120	640	*1280*	160
2016	MIR-JUL-10	0	0	640	160	*320*	20
2016	MIR-JUL-11	0	0	5120	>>640	*20*	0
2016	MIR-JUL-12	0	0	5120	160	*0*	40
2016	MIR-JUL-13	0	0	320	40	*160*	0
2016	MIR-JUL-14	0	0	0	0	*0*	0
2016	MIR-JUL-15	0	0	5120	>640	*0*	10
2016	MIR-OCT-1	0	0	2560	>160	*80*	10
2016	MIR-OCT-2	0	0	160	0	*320*	10
2016	MIR-OCT-3	0	0	5120	>640	*40*	160
2017	MIR-JAN-1	0	0	1280	320	*0*	0
2017	MIR-JAN-2	0	0	0	0	*320*	160
2017	MIR-JAN-3	0	0	10240	640	*0*	0
2017	MIR-JAN-4	0	0	640	320	*80*	0
2017	MIR-JAN-5	0	0	2580	20	*0*	0
2017	MIR-JAN-6	0	0	320	10	*0*	0
2017	MIR-JAN-7	0	0	160	320	*0*	0
2017	MIR-JAN-8	0	0	0	0	*80*	0
2017	MIR-JAN-9	0	0	320	0	*320*	160
2017	MIR-JAN-10	0	0	1280	40	*0*	10

529   POS = Positive at 1:40 dilution. Only one dilution was tested.

531 **Figures:**

534 **Figure 1.** RHDV2/RHDV cELISA ratios of experimentally produced reference sera and selected field
535 caught rabbits.

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