From:	Dr. Scott Leibsle
То:	Lloyd Knight; Chanel Tewalt
Cc:	Miranda Juker
Subject:	FW: {External}RE: Cervidae Admin Order
Date:	Saturday, June 5, 2021 11:03:04 AM
Attachments:	image001.png Halev2016.pdf REVISED-USDACWD-Program-Standards-final_05_2019.pdf Spraker et al2016.pdf image003.png

Please add to the cervidae rulemaking record and post on the comments page.

From: Hebdon,Tricia <tricia.hebdon@idfg.idaho.gov> Sent: Wednesday, June 2, 2021 4:34 PM To: Dr. Scott Leibsle <Scott.Leibsle@ISDA.IDAHO.GOV> Subject: {External}RE: Cervidae Admin Order

Scott,

Thank you for forwarding the Administrative Order.

As for your comments on specific CWD sample types: obex versus medial retropharyngeal lymph nodes (MRPLN); I am attaching several papers and USDA APHIS National CWD Herd Certification Program standards.

According to USDA APHIS CWD Herd Certification Program; Obex and RPLN should be taken for all animals if possible. Lymph nodes are acceptable for both domestic and wild elk to be tested by IHC. Wild Elk can also be tested by ELISA for surveillance; similar to its use for slaughter surveillance for domestic cervids. We usually (not always) have a piece of tissue or paired lymph node for IHC confirmation if we have a positive ELISA.

I have attached a paper by Spraker et al. on obex versus lymph node sampling in elk. The conclusion out of 226 positive elk, 155 had deposits of PrP(cwd) protein in both the obex and the lymph nodes (MRPLN). 43 had only deposits in the lymphoid tissue and 28 had deposits in the obex. Immunostaining of brain alone would have detected only 81 percent of the infected elk and immunostaining lymphoid tissue alone would have detected only 88 percent.

Also, based on the Haley paper (also attached) genetic susceptibility plays a role in obex versus lymph node positivity but post-mortem IHC lymph nodes had a higher correlation with clinical variables than IHC obex. In addition most of the CWD positive states (Wyoming, Colorado, Montana, National Elk Refuge) that manage wild elk use lymph nodes for surveillance and testing because they have a greater positivity rate, can be used on both the ELISA and IHC and do not have issues with poor samples. Lymph nodes can be utilized for both tests even when highly degraded, where obex cannot.

I understand that the domestic cervid industry would like consistency between domestic and wild cervids. I originally made a suggestion during the first negotiated rule meeting that maybe the industry should start taking lymph nodes when they can't get an obex sample (degraded or damaged sample) for submission. This way they always have a sample to test.

IDFG has taken obex from elk since 1998, but switched to taking lymph nodes in 2018 for routine surveillance by ELISA based on the recommendation of other state partners and peer-reviewed research. We could double sample in the future (lymph node and obex), but we will continue to use lymph nodes for ELISA surveillance because obex cannot be used on ELISA. We will always confirm with IHC on either obex or lymph node. In addition, we are going to begin genotyping our wild elk and deer in the next year or two so we will have a better idea of their susceptibility and pattern of prion deposition.

Let me know your thoughts and if you would like you can include this information in the negotiated rule making file.

Tricia

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From: Dr. Scott Leibsle <<u>Scott.Leibsle@ISDA.IDAHO.GOV</u>>
Sent: Wednesday, June 2, 2021 11:02 AM
To: Hebdon,Tricia <<u>tricia.hebdon@idfg.idaho.gov</u>>
Subject: Cervidae Admin Order

Prior to August 2020, there was no official language in place that restricted domestic imports from areas beyond a CWD endemic area. ISDA felt it was necessary to address that risk, largely due to what we

perceived as a reduction in surveillance in Alberta, but also because each state/province uses different criteria to establish their endemic areas, thereby creating different import rules based upon the origin of the animals. The 25 mile "safe zone" was meant to set a minimum standard for those imports.

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