

Chronic Wasting Disease

Last Updated: August 2024

Importance

Chronic wasting disease (CWD) is a contagious neurodegenerative disease, caused by a prion, that affects cervids such as deer, elk, reindeer and moose, and is always fatal once the clinical signs appear. It is one of the most difficult diseases to control, as the incubation period is very long, cervids can shed prions before they become symptomatic, diagnostic tests do not identify some animals during the early stages, and prions may remain infectious in contaminated environments for years. Introduction of chronic wasting disease into a farmed cervid herd usually triggers a regulatory response with strict quarantine or depopulation and may result in the loss of the farmer's livelihood.

In the 1960s and 1970s, chronic wasting disease was an obscure illness mostly found only in a small geographic area in northeastern Colorado and southeastern Wyoming. However, this disease now affects wild or farmed cervids in many parts of the U.S. and Canada. Cases have been seen among captive cervids in South Korea since 2001, after infected animals were imported from Canada, and what appear to be unrelated CWD prions have been found in wild cervids in parts of Europe since 2016. Although many wild or captive cervids have been killed during attempts to control this disease in the U.S., Canada, South Korea and Norway, these efforts have mostly failed to prevent its spread in wild populations. There are also concerns that CWD prions, which cannot be destroyed by cooking, might be able to affect humans or animals other than cervids, though to date, there is no evidence that this occurs in nature.

Etiology

CWD is a member of the transmissible spongiform encephalopathies (TSEs), a group of neurodegenerative disorders caused by prions. Prions are infectious proteins that appear to replicate by converting a normal cellular protein into copies of the prion. This cellular protein, which is called PrP^c, is found on the surface of neurons and various other cells in the body, but its functions are still incompletely understood. PrP^c proteins differ somewhat between species of animals, and a given host's PrP^c may or may not be convertible by a specific prion. Individuals within a species can also have PrP^c variants that influence their susceptibility.

Pathogenic isoforms of PrP^c are designated by various terms such as PrP^{Pres} or PrP^{TSE} or, when referring specifically to chronic wasting disease, PrP^{CWD}. Some variants of the CWD prion, including those in North America, spread readily in cervid populations, while others seem to arise spontaneously in the CNS of individual animals, with no apparent transmission to other cervids. In Europe, the latter strains have been designated 'spontaneous (or atypical) moose CWD' and 'spontaneous (or atypical) red deer CWD,' and are analogous to spontaneously developing prions in other species, such as the genetic form of Creutzfeldt-Jakob disease (sCJD) in humans or atypical bovine spongiform encephalopathy (BSE) in cattle. Cases caused by spontaneous prions in cervids have also been designated Ly- cases, based on the absence of prions from lymphoid tissues, while contagious CWD is termed Ly+.

Species Affected

Chronic wasting disease is known to affect a number of cervid species. Naturally acquired cases have been reported in mule deer (*Odocoileus hemionus*), black-tailed deer (*O. hemionus columbianus*), white-tailed deer (*O. virginianus*), Rocky Mountain elk (*Cervus elaphus nelsoni*), red deer (*Cervus elaphus elaphus*), moose (*Alces alces*), reindeer (*Rangifer tarandus tarandus*) and sika deer (*Cervus nippon*), as well as crosses between some of these species. Reeve's muntjac deer (*Muntiacus reevesi*) have been infected by oral inoculation in the laboratory, and some other species, such as caribou (various subspecies of *R. tarandus*), are also likely to be susceptible. However, some cervids might be more resistant. Although prions replicated in fallow deer (*Cervus dama dama*) after intracerebral inoculation, prion deposition in the brain was sparse, and no fallow deer became infected after 6 or more years of exposure to infected deer and contaminated pastures.

There is currently no evidence that CWD prions have infected any animals other than cervids in nature, including domestic livestock that shared pastures with cervids



IOWA STATE UNIVERSITY
College of Veterinary Medicine



for long periods, or carnivores and scavengers such as coyotes (*Canis latrans*), mink (*Mustela vison*), opossums (*Didelphis virginiana*) and raccoons (*Procyon lotor*) from endemic areas, though some of the latter species may transiently excrete prions in the feces after eating contaminated tissues.

Laboratory studies also seem to indicate that most animals other than cervids are not susceptible to CWD. Some researchers study hosts by direct intracerebral inoculation (injection) of prions. This method, which typically uses a high dose unlikely to reach the CNS in nature, can identify species with incompatible cellular prions that cannot propagate CWD. However, it bypasses barriers that may prevent initial infection or transport of prions to susceptible tissues, and cannot determine whether a species could be infected by a natural route such as oral exposure. Some mammals that have been identified as susceptible to intracranial inoculation of CWD include cattle, sheep, goats, pigs, ferrets, mink, cats, raccoons, squirrel monkeys (*Saimiri sciureus*) and several North American or European rodents. CWD prions do not replicate readily in most laboratory rodents, including non-transgenic mice, though hamsters are susceptible to intracerebral inoculation to a limited degree.

Some species have been investigated further by either oral dosing or controlled environmental exposure. There is particular interest in livestock, which may interact with cervids or their environments, and in felids, which seem to be particularly susceptible to certain prions such as BSE. Attempts to infect cattle, cats and other felids, ferrets and mink by feeding prions from cervids failed to infect any animals. Published studies, to date, include a 10-year experiment in 41 cattle that either dosed them once orally with a very high quantity of CWD prions or exposed them continuously to infected cervids in the same pens, as well as a long-term (18 year) feeding trial of 3 mountain lions (*Puma concolor*), which exposed them weekly to CWD-infected tissues in their diet.

A few studies have, however, suggested that some sheep, pigs or nonhuman primates might be susceptible, at least under laboratory conditions. One group reported that, in one of 7 oronasally dosed sheep, prions were found in lymphoid tissues near the inoculation site when it was killed at 5 years. This animal had no clinical signs, and prions were not detected either in the brain or in a limited selection of more distant lymphoid organs, where prions usually spread eventually in cervids. Another study reported that one orally challenged 6-year-old-pig had evidence of prions in the CNS, though not in any lymphoid tissues, using standard prion detection techniques. Using highly sensitive methods, they also found prions at low levels in the brain and/or lymphoid tissues of several other 6-month or 6-year-old pigs (though they apparently did only very limited testing of their control animals with this assay). None of the inoculated pigs had any clinical signs attributed to CWD, and no histopathological evidence of prion damage was found in the brain of any animal.

Studies in nonhuman primates, as of 2024, have reported that squirrel monkeys, which are highly susceptible to various prions, became infected after either intracranial or oral inoculation of CWD prions, while one study of cynomolgus macaques (*Macaca fascicularis*) observed for up to 13 years and an interim report from another group found no evidence of infection after intracranial, oral or intradermal inoculation. Another interim report briefly mentions not finding any evidence of infection in macaques up to 7 years after an unspecified route of exposure. A different group reported finding atypical clinical signs, subclinical infections and evidence of prion staining in some orally inoculated cynomolgus macaques at a conference in 2017, and later reported finding CWD prions in CNS tissues from experimentally infected macaques with highly sensitive techniques; however, none of their research has yet been published, and a published report of nonspecific CWD prion staining in both control and CWD-inoculated older macaques suggests caution in interpreting some of their results.

Zoonotic potential

Currently, there is no evidence for any CWD infections in humans, though the possibility cannot be ruled out. As of 2024, surveillance, investigation of potentially suspicious cases of neurological disease in humans (e.g., cases in young patients) and epidemiological studies of people who accidentally ate CWD-contaminated meat have found no evidence that this disease is zoonotic. However, the rarity of spontaneous (genetic) prion diseases in humans (1-2 cases per million persons per year) can make small changes in their epidemiology difficult to detect by surveillance.

Laboratory models have provided contradictory evidence about whether human PrP^c might be converted by CWD prions. At least seven intracerebral inoculation studies in transgenic mice expressing high levels of human prion proteins found no evidence for infections, though one recent study reported that their mice were susceptible. An attempt to infect cultured human cerebral organoids with CWD prions *in vitro* was unsuccessful, while the evidence from *in vitro* prion compatibility studies is mixed.

Geographic Distribution

In 2024, chronic wasting disease was known to occur in at least 32 US states and 4 Canadian provinces, though its distribution can be patchy. South Korea found this disease in imported deer and elk in 2001, in the offspring of imported elk in 2004, and in various captive cervids from 2010 to 2016. It still appears to be present on some Korean farms, based on a research article investigating CWD infections and variability in PrP^c that was published in 2021.

Chronic wasting disease has also been found in wild cervids (reindeer, moose and red deer) in Norway, Sweden and Finland since 2016. European cases appear to be caused by different strains of CWD prions than those in North America, and the cases in moose and red deer, to date, appear to be spontaneous (genetic); only Norway is known to have contagious CWD in wild reindeer. It should be noted that the

prions found in moose in North America can be found in lymphoid tissues and mostly appear to be caused by the contagious North American CWD strains.

Transmission

Unlike some prion diseases, chronic wasting disease can be transmitted between cervids by direct contact. Studies have reported finding CWD prions in saliva, urine, semen, feces, antler velvet and interdental gland secretions from at least some cervid species, with particularly high concentrations in saliva. Some secretions and excretions, including saliva, feces, urine and semen, can contain prions before the animal develops clinical signs. Most animals are thought to be infected by ingestion, including grazing in contaminated pastures; however, inhalation is also possible and there might be other routes such as sexual transmission. CWD prions have been found in the fetuses of a number of cervid species, though there has been only limited investigation of live offspring, and the disease can be transmitted experimentally between cervids by blood transfusions. These prions have also been detected in various arthropods associated with cervids, such as nasal bot larvae and ticks, but the significance of these findings, if any, is currently unclear.

CWD prions can remain infectious for long periods in the environment, and fomites are important in their transmission. Infections have been reported in cervids exposed to pastures where either infected deer had grazed 2 years earlier or an infected carcass had been left to decompose at that time. It is possible that they can persist even longer at some highly contaminated sites. Prions are known for binding to a variety of surfaces ranging from farm equipment and structures (e.g., metal, polypropylene) to plants and soil, and can retain their infectivity when bound to fomites. How long CWD prions persist in different areas seems to be influenced by the type of soil. Some soil components (e.g., montmorillonite mineral particles) bind tightly to these prions and appear to increase their longevity, while humic acid, a major component of organic matter, has been associated with decreased infectivity. Repeated cycles of wetting and drying, freeze-thaw cycles and some microorganisms (e.g., in soil, compost or lichens) also appear to degrade prions. There is at least one report that CWD prions have been found in environmental water; however, this finding needs to be confirmed, and the concentrations appeared to be very low.

Predators and scavengers that eat prions in various cervid tissues can excrete them in the feces. Coyotes have been shown to shed infectious CWD prions for up to 3 days, and crows for several hours. However, the significance of fecal shedding among carnivores is still unclear, and one study found that mountain lions fed CWD-containing meat shed only 3-4% of the prions they ingested, and no shedding occurred after the first defecation. This raises the possibility that predation might reduce CWD prion contamination in the environment rather than contributing significantly to its spread.

Disinfection

Complete decontamination of prion-contaminated tissues, surfaces and environments can be difficult. These agents are very resistant to common chemical disinfectants and can also resist heat, ultraviolet radiation, microwave emissions and ionizing radiation, particularly when they are protected in organic material or preserved with aldehyde fixatives, or when the prion titer is high. They can bind tightly to some surfaces, including stainless steel and plastic, without losing infectivity, and seem to be highly resistant to decontamination when bound to metal.

Relatively few prion decontamination techniques have been published and confirmed to be effective for routine use. Cleaning to remove organic matter, followed by either a 1-2 N sodium hydroxide solution or sodium hypochlorite with at least 2% (20,000 ppm) available chlorine, has traditionally been recommended for equipment and surfaces, with a treatment time of > 1 hour at 20°C (68°F), and overnight for some materials. Experimentally, some milder treatments (e.g., various alkaline and enzymatic detergents, a formerly marketed acidic phenolic disinfectant, hypochlorous acid, hydrogen peroxide gas plasma) were effective against certain prions, under some conditions, and might be useful for items that cannot withstand harsher chemicals. However, these agents have mainly been tested against prions other than CWD and should be validated before considering their use.

Physical inactivation of prions can be carried out by autoclaving. Guidelines on prion-specific procedures should be consulted for detailed recommendations, as resistance to heat may vary with the specific prion, degree of contamination, type of sample, and even the cleaning agent used. Prions in dried tissue films are more difficult to destroy with steam, and human guidelines recommend that surgical instruments be kept moist or wet until they are autoclaved. It may also be worth considering a combination of chemical and physical methods, which can be more effective than either alone. However, even the harshest combination of procedures is not guaranteed to destroy all prions in all types of samples.

Farm buildings and soil may be particularly difficult or impossible to decontaminate: there are reports of test sheep becoming infected with the scrapie despite the apparent absence of these prions after extensive efforts including multiple treatments with the recommended high concentrations of sodium hypochlorite. However, it should be noted that recent work suggests that sodium hydroxide (2N) may be significantly more effective than sodium hypochlorite on soil-bound prions. Incineration is commonly used for carcasses.

Incubation Period

The minimum incubation period is thought to be about 16 months, and the average incubation period is probably 2-4 years, though longer periods have been reported in animals with resistant genotypes. The maximum incubation period is not certain; however, cases have been reported in cervids that

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were more than 15 years old in infected herds, where many animals are probably infected when they are young.

Clinical Signs

Chronic wasting disease begins with an asymptomatic period of varying duration, and is always fatal once the clinical signs appear. Typically, cervids develop progressive weight loss and loss of condition, accompanied by lassitude, behavioral changes and/or overt neurological signs, over several weeks to months. The CNS signs are sometimes subtle, especially early in the course of the disease or in certain species (e.g., elk), but often include ataxia, head tremors, teeth grinding, repetitive walking of an enclosure's perimeter and hyperexcitability when handled. Some affected animals carry their head low and have a fixed gaze, particularly in the late stages of disease; this can alternate with more normal alertness. Animals may have difficulty swallowing, leading to excessive salivation.

Some affected animals also develop esophageal dilation and regurgitation, and aspiration pneumonia can lead to death. Polydipsia/ polyuria and syncope may occur late in the disease, and many animals become severely emaciated before they die. Reproductive losses, including stillbirths and the deaths of offspring soon after birth, have been reported in experimentally infected muntjac deer, but many or most naturally-infected pre-symptomatic cervids seem to carry their offspring to term.

Most animals with clinical signs die within a few months, though a few may live for up to a year or more. There are, however, reports of cervids, particularly elk, that had noticeable clinical signs for only a few days before death, and stress from handling has sometimes caused sudden deaths in apparently asymptomatic animals or those with mild clinical signs.

Species other than cervids

Chronic weight loss, including severe wasting, was the most prominent sign in experimentally infected squirrel monkeys, although muscle tremors, excessive salivation and mild ataxia occurred terminally in a few animals. Intracerebrally inoculated sheep and goats developed clinical signs that resembled scrapie rather than CWD, suggesting that any cases in these animals might differ from those in cervids. No clinical signs were seen in sheep or pigs that became infected after oronasal inoculation in recent experiments.

Post Mortem Lesions [Click to view images](#)

The gross lesions are nonspecific. Some carcasses may be in good condition, with few or no lesions, particularly in the early stages of the disease; however, many are emaciated and the hair coat may be rough and dry, with patchy retention of the winter coat in summer. Megaesophagus, aspiration pneumonia and/or abomasal or omasal ulcers can be found in some individuals, while the rumen contents may be watery, frothy or contain increased amounts of sand and

gravel. The urine is often dilute in animals that had access to water, but some wild cervids are dehydrated.

Diagnostic Tests

Infections in live animals are usually diagnosed by detecting prions in biopsies of lymphoid tissues, particularly rectal lymphoid tissues or palatine tonsil (other sites have also been investigated). Prions usually accumulate first in the lymphoid organs of the head and neck (e.g., the retropharyngeal lymph node) of oronasally exposed cervids, but subsequently spread to lymphoid tissues in other parts of the body and to the brain, with varying distributions and timing in different species and individuals. The standard tests to detect CWD prions are immunohistochemistry (considered to be the "gold standard"), immunoblotting (Western blotting) and rapid tests including ELISAs. Rapid tests are generally used for initial screening and confirmed by immunohistochemistry. Prions are easiest to find in animals with clinical signs, and false negatives are relatively common in the early preclinical stages.

Two highly sensitive assays, protein misfolding cyclic amplification (PMCA) and quaking-induced conversion (QuIC) or real-time quaking-induced conversion (RT-QuIC) are employed in research, and have also been considered as potential antemortem diagnostic tests. These techniques detect tiny amounts of prions by their ability to convert PrP^c into CWD prions *in vitro*. However, they must be used with care and optimized for the intended use, as prolonged incubation times or high cycles in QuIC tests can result in nonspecific amplification and false positive results. Some analyses have found that, as with other diagnostic tests, false negatives may not be uncommon in the early stages of CWD when prions occur only in limited locations.

Histopathological examination of the brain can be very helpful in postmortem diagnosis. The characteristic lesions, neuronal vacuolation and non-inflammatory spongiform changes in the gray matter, are usually bilaterally symmetrical, and are most prominent in the diencephalon, olfactory cortex and nuclei of the medulla oblongata, particularly at the level of the obex. Amyloid plaques are fairly common in deer, but immunohistochemical staining is necessary to demonstrate the presence of amyloid in elk. The diagnosis can be confirmed by detecting prions in the CNS and/or the lymphoid tissues, especially the retropharyngeal lymph node. In the CNS, they are most likely to be found in the medulla oblongata at the level of the obex, and can sometimes be detected in areas that do not have spongiform changes. In autolyzed brains, CWD might be confirmed by finding characteristic prion fibrils called scrapie-associated fibrils (SAF) with electron microscopy; however, this test has low sensitivity.

Animal inoculation may be used to detect prions in special circumstances, but this technique is lengthy and labor intensive. Serology is not useful, as antibodies are not made against CWD prions.

Treatment

There is no treatment for chronic wasting disease.

Control

Disease reporting

Veterinarians who encounter or suspect chronic wasting disease should follow their national and/or local guidelines for reporting. State agencies should be consulted regarding the current regulations for farmed cervids in the U.S.

Prevention

The risk of introducing chronic wasting disease can be reduced by maintaining a closed herd or minimizing outside purchases of stock. If replacement animals must be added, they should be from herds known to be negative for this disease. Measures such as fencing (especially double perimeter fencing) can help prevent transmission from wild cervids, and other biosecurity measures, such as avoiding shared equipment, reduce the risk of acquiring prions from other farms. Regular testing may help identify infected cervids early.

Voluntary and/or mandatory programs to control or manage CWD in farmed cervids have been established in the U.S. and Canada, with eradication from captive populations as the ultimate goal. When CWD is found in captive cervids, the herd is usually quarantined. One option for the animals' disposition is a herd management plan, but most herd owners in the U.S. choose depopulation due to economic and other considerations. Initial results from one study suggest that selective breeding may reduce CWD prevalence in farmed white-tailed deer, though further research is necessary. Carcasses from CWD-infected animals cannot be used as food for other animals or people and must be destroyed.

Controlling CWD in wild cervids is very difficult. To help reduce the spread of this disease, many localities have restrictions on transporting tissues from cervids hunted in endemic areas. Some states have also banned practices that encourage cervids to congregate in certain areas (e.g., feeding or baiting) or cull wild populations to reduce their population density. Except for some predictions from artificial computer simulations (models), there is very limited and conflicting information about the effectiveness of culling strategies once CWD has become established in an area.

Morbidity and Mortality

Most cases of CWD in captive cervids occur between the ages of 2 and 7 years. An animal's genotype can influence its susceptibility to infection, the length of the incubation period and/or the progression of clinical signs, but no cervid genotype is currently known to be completely resistant to this disease. When CWD first occurs in a herd of farmed cervids, its prevalence may be less than 1%, but in many cases, 50% or more of the herd eventually becomes infected. Despite this, only one to a few animals usually have clinical signs at any time. Chronic wasting disease is always fatal once an animal becomes symptomatic.

In wild cervids, CWD often seems to remain localized and at low prevalence for a decade or more after its

introduction to a new area, which probably hinders its recognition in many cases. Excluding spontaneous CWD, free-living male cervids are more likely to be infected than females. With traditional diagnostic methods, the prevalence of CWD in North American cervids generally ranges from 1% to 30%, and is less than 5% in many affected regions. However, there are also areas with rates > 30%, especially when using highly sensitive prion detection techniques such as QuIC or PMCA. In Norway, approximately 1% of the wild reindeer were infected in the area where the initial clinical case was discovered. Although the animals in this area were all culled, a few infected reindeer continue to be found sporadically in a different wild population. The vast majority of the infections detected by surveillance programs are subclinical.

Public Health

The emergence of variant Creutzfeldt Jakob disease in people who ate meat containing the BSE prion has raised concerns about the zoonotic potential of other TSEs including chronic wasting disease. While there is currently no evidence to indicate people are susceptible to CWD, the possibility cannot be ruled out at this time. Lymphoid tissues and CNS are the most likely sources of exposure, but these prions have also been found in the meat, fat, blood and viscera of some cervids, and no tissues from infected cervids should be eaten or fed to other animals. Hunters should check with their state wildlife agencies for current precautions and information on endemic areas, and should consider having carcasses tested for CWD. The Chronic Wasting Disease Alliance website (see Internet Resources) also contains useful information for people who may come in contact with infected animals.

Veterinarians and laboratory workers should use standard precautions (e.g., the use of protective clothing and the avoidance of penetrating injuries, contamination of abraded skin, and ingestion) when conducting necropsies on CWD-suspects or handling tissues; BSL-2 is the recommended level of protection. A negative pressure laminar flow hood may be considered for some tissue manipulations. Because prions may be able to survive in the environment for years and are difficult to disinfect, contamination of surfaces and equipment should be avoided as much as possible. Some measures to consider can include the use of disposable instruments and disposable plastic-coated paper sheets to protect surfaces.

Internet Resources

[Canadian Food Inspection Agency. Chronic Wasting Disease \(CWD\) of Deer and Elk](#) (including information on the herd certification program)

[Chronic Wasting Disease Alliance](#)

[European Food Safety Authority. Transmissible Spongiform Encephalopathies](#)

[U.S. Department of Agriculture, Animal and Plant Health Inspection Service \(USDA APHIS\). Chronic Wasting Disease](#)

[USDA APHIS. CWD Herd Certification Program](#)

[U.S. Geological Survey \(USGS\). National Wildlife Health Center](#)

Acknowledgements

This factsheet was written by Anna Rovid Spickler, DVM, PhD, Veterinary Specialist from the Center for Food Security and Public Health. The U.S. Department of Agriculture Animal and Plant Health Inspection Service (USDA APHIS) provided funding for this factsheet through a series of cooperative agreements related to the development of resources for initial accreditation training.

The following format can be used to cite this factsheet. Spickler, Anna Rovid. 2024. *Chronic Wasting Disease*. Retrieved from <http://www.cfsph.iastate.edu/DiseaseInfo/factsheets.php>.

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