



Maintaining productivity in mainland Southeast Asia by addressing CMD

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The Alliance of Bioversity International and the International Center for Tropical Agriculture (CIAT) is part of CGIAR, a global research partnership for a food-secure future

Mosaic Diseases of cassava



Mosaico común (virus de ARN) **LAC** Mosaico 'Caribeño/Cuero de Sapo' (infecciones mixtas) **LAC** Mosaico 'Africano'/Mosaico Asiático (virus de ADN) **Africa y Asia**



LAC = Las Americas y el Caribe

CMD in SEA emerged after a 'first wave' of CWBD

- 2010: CWBD incidence ~80% in Yen Bai, Quang Ngai and Dong Nai (north, central and south Vietnam)
- 2012: CWBD incidences of 30-40% in Cambodia in the provinces of Kampong Cham, Kratie and Prey Veng.
- 2012: field surveys in Chachoengsao and Rayong in southern Thailand, report similar "high incidences" of CWBD.
- 2014: average incidence of CWBD in SEA 32% (highest in Cambodia, 46%)
- High impact on planting material for next season





KU50 the mos timportant cassava variety in the world (shows tolerance to CMD but is susceptible to CWBD)



Cassava Mosaic Disease



Ann. appl. Biol. (1982) 101, 33–42 With 1 plate Printed in Great Britain 33

Serological studies on cassava latent virus

BY J. C. SEQUEIRA* AND B. D. HARRISON

Trop. Sci. 1994, 34, 3-14

Particles of cassava latent to 3 mg per 100 g of syster antiserum was prepared and u which detected purified virus reached a greater concentration than in those at 15 °C or 30 ° infected cassava plants kept a comparable extracts from Nleaves with fluorescent antibo

Scottish Crop Resea

African cassava mosaic virus disease: an under-estimated and unsolved problem

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J. M. Thresh, L. D. C. Fishpool, G. W. Otim-Nape* and D. Fargette[†] Natural Resources Institute, Chatham Maritime, Kent, ME4 4TB, UK. *Namulonge Agricultural and Animal Production Research Institute, PO Box 7084, Kampala, Uganda; †ORSTOM/LPRC/CIRAD, BP 5035, 34032, Montpellier, France

Abstract A brief history is presented of research on African cassava mosaic disease, which is caused by a whitefly-borne geminivirus. Particular attention is given to epidemiology, control and effects on yield. It is estimated that mosaic disease in Africa causes crop losses of 28–40% totalling 28–49 million tonnes per annum. Attention is drawn to the opportunity for considerable increases in production by using virus-resistant varieties and sanitation, although it will be difficult to ensure the adoption of these control measures on a sufficiently wide scale.

"The disease now known as African cassava mosaic (ACMD) was first reported in 1894 in Tanzania"

"No virus was detected in or transmitted from infected plants until 1975"

"Bock et al. (1978), found that the virus is widespread in mosaic-affected cassava growing in East Africa to the west of the Rift Valley but could not detect it in mosaicfree plants from the same fields"

"Cassava latent virus (CLV) is almost entirely confined in East Africa to upland cassava-growing areas west of the Rift Valley, where it is often associated with cassava mosaic disease. However, it is not the causal agent, because it was not recovered from any of 31 mosaicdiseased plants in coastal districts"



Diagnostics – Symptoms vs PCR

Symptoms start 3-5 months after planting

Phenotype		CWBD		CMD		
	No of samples	PCR (-)	PCR (+)	No of samples	PCR (-)	PCR (+)
Asymptomatic	20	19	1	284	244	40
Symptomatic	31	0	31	76	1	75
Other symptoms	3	3	0	0	0	0
Total	54 (1 field; one country)			360 (8 fields; 2 countries)		



Incidence maps (Province level) – standard protocols



Transect sampling, 50 observations per field; 3-5 months plants



Transect sampling, 60 observations per field; 4-6 months plants



Use of AI for bulk classification of CMD symptoms

Healthy plants

This first evaluation was carried out with 1932 images previously identified by an expert as healthy (or no-CMD). The tool classified those images in the following way:



The follwing evaluation corresponded to a dataset of 3252 images of CMD symptoms identified by an expert. The results were as follows:

CMD symptoms



In this case a 78% of the images (2541) were rightly classified as CMD by the tool, but the 22% restante was classified as other disease (or as Healthy).

78%

94%

1831 images were classified as 'Healthy', which corresponded to 94% of the images. 57 images







PCR and LAMP versus Genome Sequencing



Extraction

Not infected



Washing

Asymptomatic

Symptomatic

Symptomatic



Coffee cup droid

UQueensland







Process

DipSticks

CTAB

CMD in Asia - One virus species (so far)

Built with pestdisplace/CMDASIA1. Maintained by PestDisPlace.

Showing 68 of 68 genomes sampled between Sep 1971 and Nov 2020.







Leiva et al., 2022

Chi et al., 2020

CGIAR

Alliance Bioversity & CIAT

Relative abundance of the insect vector

Table 1. List of surveyed provinces and abundance data for whiteflies associated to cassava in Lao PDR. Comparative whitefly abundance data from Tanzania and Nigeria is included. SD = standard deviation. The asterisks indicate provinces where CMD was observed. Asia II 1 and its haplotypes are indicated in red.

Country	Province	No. of Fields	Abundance (Per Leaf)	SD	Cryptic Species	Haplotype	Ref.	
Lao PDR	LaoungNamTha	2	0.150	0.012	Asia II 1	H1		
	Saiyabouly	9	0.041	0.041 0.021 Asia II 1		H1		
	Vientiane	5	5 0.014 0.012 Asia II 1/Asia II 6		H1, H2, H3, H14, H17			
	Xaysomboun Borlikhamsai	3	0.078 0.04 0.145 0.03 0.166 0.00	0.040	Asia II 1	H1 H1, H5, H20, H13 H1	This work	
		11		0.034	Asia II 1/Asia II 6			
	Khammoun	1		0.000	Asia II 1			
	Salavan	7	7 0.129 0.031 Asia II 1/Asia II 6		H12, H17, H15, H16			
	Sekong	1	0.167	0.000	Asia II 6	H18		
	Champasack *	25	0.177	0.043	Asia II 1/Asia II 6	H1, H2, H6, H17, H16, H14, H21		
	Attapue *	6	0.233	0.072 Asia II 1/Asia II 6		H1, H17, H16		
Tanzania			2.35–71.99 (14.3)	0.86-22.07	SSA1-SG1-SG2-SG3	ND	[47]	
Nigeria		24	2.34-265.5		SSA1-SG5, SSA3, SSA1-SG1-Bemisia afer, MED-ASL	ND	[48]	



Strengthen existing networks







Awareness raising leads to early detection and rapid response







- Identifying tolerant/resistant varieties against CMD in the current context (i.e. consider CWBD)
- Timely detection of resistance-breaking strains (e.g. African geminiviruses)
- Raise awareness on other cassava transboundary pests and diseases
- Monitoring of whitefly abundance
- Harmonize quarantine and seed movement protocols
- Establish disease models (biological and epidemiological) for risk and impact analyses
- Access to Biosafety Level 2-3 facilities?





Thanks!