

Clinical signs of pathogenic fungal infection in *Coluber constrictor foxii* (Colubridae, Squamata) in Illinois, USA

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Fungal pathogens are increasingly prominent issues for wildlife health and management and are implicated as major drivers of population declines in amphibians (Skerratt et al., 2007) and bats (Blehert et al., 2009). Recently, snake fungal disease (SFD), predominantly caused by the pathogen *Ophidiomyces ophiodiicola*, has been documented in the wild in at least 23 states and over 30 species in the United States (Lorch et al., 2016; Haynes et al., 2020). Herein we report observations of clinical signs of an apparent SFD infection in *Coluber constrictor foxii* (Baird & Girard, 1853), which could be the third species to be infected in the state of Illinois and the southern-most documentation of the pathogen in the state.

At 15:11 h on 1 April 2017, we observed one adult *C. c. foxii* basking on a stone wall in Trail of Tears State Forest, Union County, Illinois (37.484, -89.3593; WGS84, 122 m elevation). It became apparent as we approached that the snake was not healthy. At least six lesions were visible on its dorsum, many crusty and discoloured lesions covered its cranial scales, and both eyes were completely clouded (Fig. 1); all clinical signs of SFD (Sleeman 2013; Lorch et al., 2015). The individual did not appear to notice our presence at first and did not attempt to flee as expected. It repeatedly extended the anterior portion of its body slowly against the side of the

stone wall, attempting to scrape its cranial scales across the wall and in crevices. This behaviour could indicate an attempt to initiate a moult, which occurs more often in snakes with SFD (Lorch et al., 2015). The individual also gaped its mouth periodically over several minutes. While the majority of skin lesions occurred on the head, and the ocular opaqueness likely inhibited vision and olfactory cues for effective foraging, the snake did not appear emaciated as commonly reported in snakes with SFD (Dolinski et al., 2014; Lorch et al., 2015). At approximately 2000 h, the individual was at the same location we observed it in the afternoon, but coiled in a small burrow against the wall. The following afternoon on 2 April 2017 at approximately 13:30 h, the snake was again found basking on the same wall.

Published reports of confirmed species with SFD infections in Illinois prior to our observation include *Sistrurus catenatus* (Rafinesque, 1818) in 2008 found approximately 120 km to the north of our observation (Allender et al., 2011) and *Thamnophis radix* (Baird & Girard, 1853) in 2012 found approximately 300 km to the north of our observation (Dolinski et al., 2014). Confirmed cases of SFD in the genus *Coluber* Linnaeus, 1758 have previously been reported in Florida (Sleeman 2013), New York (Lorch et al., 2016), Virginia (Guthrie et al., 2016), Connecticut (Licitra et al., 2019), and Georgia (Haynes et al., 2020).

Without permission from state wildlife officials or institutional approval, we were unable to sample the lesions for confirmation of *O. ophiodiicola* or other fungi associated with SFD (Barber et al., 2016) by histopathology (Lorch et al., 2015) or molecular genetic techniques (Allender et al., 2015; Bohuski et al., 2015). However, the *C. c. foxii* displayed obvious clinical signs (as described above) consistent with reports of moderate SFD infection (Allender et al., 2011; Sleeman, 2013; Dolinski et al., 2014; Lorch et al., 2015), and recent research suggests that the observation of clinical signs, especially in spring or summer, are reliable indicators of *O. ophiodiicola* infection (McKenzie et al., 2019).

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Figure 1. *Coluber constrictor foxii* displaying clinical signs of snake fungal disease infection in Union County, Illinois, USA. (A) Snake *in situ* as we approached. (B) Close-up of ocular opaqueness and mouth gaping behaviour. (C) Two dorsal lesions. (D) Lateral view of multiple cranial lesions. Photos by Bennett M. Hardy.

We also note that the proximity of our observation to the major snake hibernaculum on LaRue “Snake” Road (~ 10 km) is particularly concerning. Our observation of clinical signs consistent with SFD could add to the geographic and host ranges of SFD and highlights the need for further research in this sensitive geographic area.

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