

Table S1. Primers used to complete the sequencing of the crocodile-derived WNV.

CROCKUNV3F	GATGCGGAAATCACAGGTTC
CROCKUNV3R	CAGCCAGCCCATCTCATTGG
CROCKUNV4F	CTGAAATCATTCAAAGACTTCGC
CROCKUNV4R	GCCTCACGCTCTTCATCCACC
CROCKUNV5F	GGAACGAGAGCAGTGGGAAGAC
CROCKUNV5R	TGCGGCACGGGTCTCCACTAACC
CROCKUNVseq1F	CCTGATTGCTGGTGTGG
CROCKUNVseq1R	GCTGTCACCTCAAGGACC
CROCKUNVseq2R	GGAATGGCCATAGAGTCC
CROCKUNVseq3F	GGAACAGTTTGGAGGTGG
CROCKUNVseq3R	CCAAGAACACGACCAGAAGG
CROCKUNVseq4F	GCTGATGTCTCCTCATAGG
CROCKUNVseq4R	CCCAGTCATCGTTCTTGC
CROCKUNVseq5F	CGTACCACCCCATCATGC
CROCKUNVseq5R	GGTGTCTGAATTGAGTAGAGG
CROCKUNVseq6R	CCAGAGTATGGAACATCGC
CROCKUNVseqEF	GGAGTTTGAAGAACCACATGC
CROCKUNVseqER	CCCTGAGTTATCCAAGACATG
WNV NS1 F	CATGCTGACACTGGATGTGCCATAG
WNV NS2B R	CTCCTCTCTTTGTGTATTGGAGAGTTATC

Table S2. Standard for estimation of TCID₅₀-equivalents of WNV_{KUN} in pen-water as determined by qRT-PCR.

Standard	Log 10 (standard)	CT score
10 ^{5.92} TCID ₅₀ /ml (neat)	5.92	12.788361
1:10	4.92	18.738192
1:100	3.92	22.422401
1:1000	2.92	25.790836
1:10000	1.92	28.877739
1:100000	0.92	32.220005
1:1000000	-0.08	36.105015
1:10000000	-1.08	39.028511

Table S3. Summary of histopathological changes

Tissue/ Organ	Tongue	Conjunctiva	Kidney	Stomach	Intestine	Liver	Lung	Brain	Pancreas	Adrenal gland
Group										
Control		Transepithelial lymphoid aggregate in the lachrymal glands	Rare minute interstitial lymphoid infiltrates				Lymphoid aggregates in lung interstitia			
10⁵ IU	Locally extensive lymphoplasmacytic infiltrate with high endothelial postcapillary venules Lymphoplasmacytic infiltrates with activated dendritic cells & transendothelial migrating cells	Lymphoplasmacytic perivascular, non-glandular consistent with focal reaction to insult	Interstitial lymphoplasmacytic & histiocytic infiltrate in the interstitium consistent with interstitial nephritis Focal lymphoplasmacytic in the renal medulla	Activated lymphoplasmacytic infiltrates in the mucosa and submucosa		Multifocal lymphoplasmacytic infiltrate in the portal area Blood clot in the portal area with no signs of inflammation suggesting an iatrogenic incident. There is an infiltrate of dead and dying cells in the affected areas	Congestion with a mononuclear cell infiltrate	Gliosis		

10 ⁵ IU in-contact control	Locally extensive lymphoplasmacytic infiltrate with high endothelial postcapillary venules	Lymphoplasmacytic aggregate with transepithelial migration and damage on the epithelium	Focal lymphoplasmacytic in the renal medulla	Multifocal lymphoplasmacytic & histiocytic infiltrates with dominance of lymphocytes (lymphoid aggregates) with a few monocytes in the mucosa of the stomach	Mucosal lymphoplasmacytic infiltrate	Lymphoplasmacytic heterophilic infiltrate	Interstitial lymphoplasmacytic infiltrate	Lymphoplasmacytic & heterophilic infiltrate with activated dendritic cells		Lymphoplasmacytic infiltrate
10 ⁴ IU	Lymphoplasmacytic histiocytic infiltrate with high endothelial post capillary venules with a mixed population (migrating) cells Vascular centric lymphoplasmacytic infiltrate	Subepithelial lymphoplasmacytic histiocytic infiltrate with activated high endothelial post capillary venules Lymphoplasmacytic infiltrate compressing the epithelium		Subepithelial multifocal lymphoplasmacytic histiocytic infiltrate compressing the crypts with activated high endothelial post capillary venules		Multifocal lymphoplasmacytic infiltrate in the portal area	Vascular centric and interstitial lymphoplasmacytic infiltrate	Lymphoplasmacytic histiocytic infiltrate	Lymphohistiocytic infiltrate with isolated dying cells	

	Histiocytic infiltrate destroying the lachrymal gland	in the lachrymal gland								
10⁴ IU in-contact control	Focal lymphoplasmacytic infiltrate in the mucosa-muscularis plagued endothelial cells, transepithelial and surrounding vessels		Lymphoplasmacytic infiltrate along with exudative accumulation in the vascular lumen			Locally extensive lymphohistiocytic infiltrate			Activated lymphoplasmacytic infiltrated compressing the pancreatic acini	

Figure S1.

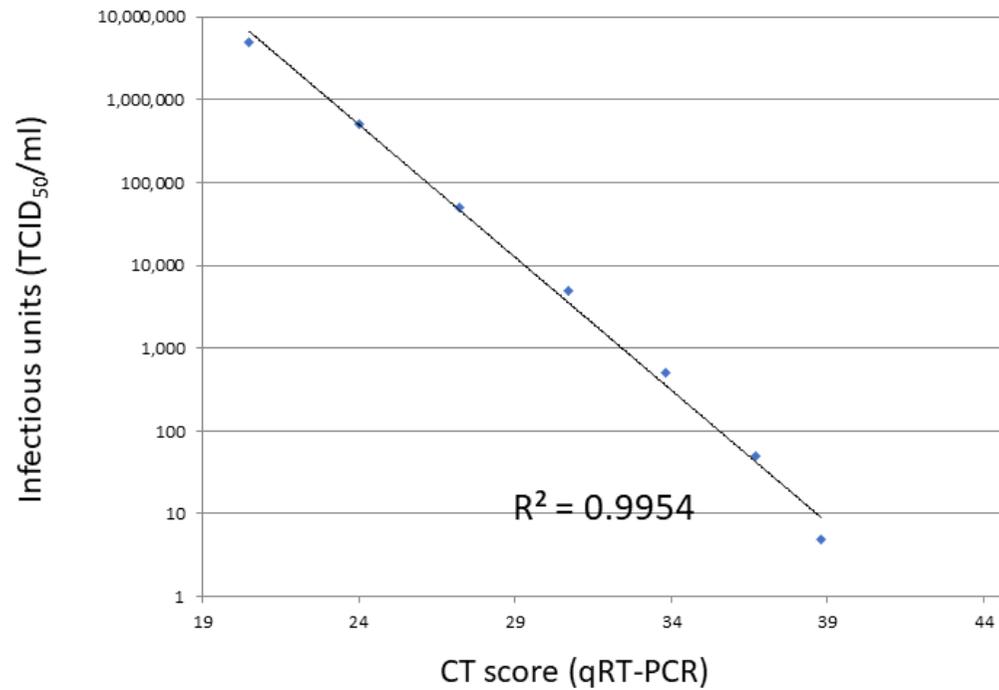


Figure S1. Standard curve to determine WNV_{KUN} infectious units equivalents from plasma qRT-PCR CT scores. Ten-fold dilutions of WNV_{KUN} (10⁻¹ to 10⁻⁷) were simultaneously assessed for infectious titre by TCID₅₀ assay and levels of viral RNA by Taqman qRT-PCR. An exponential trend line was generated from the derived CT scores and calculated infectious units of the standard dilution series using the Excel Growth Function. Infectious unit equivalents were then predicted for each plasma sample from their derived CT scores. R² value indicates line of best fit (closest to 1).

Figure S2.

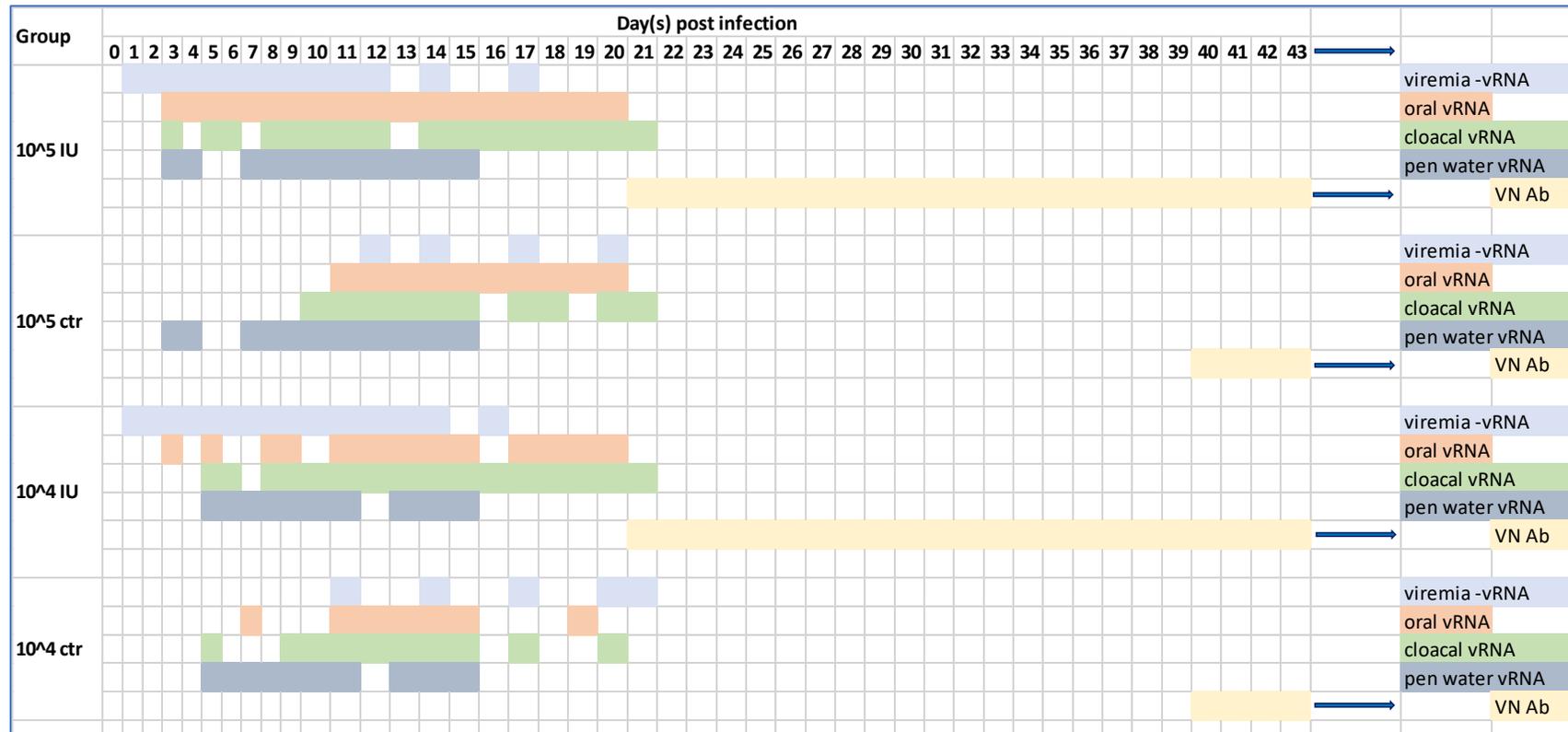


Figure S2. Overview of relationship between first detection of virus-neutralizing antibodies (VN Ab) and viremia as detected by RT-PCR, viral RNA (vRNA) in pen-water and oral and cloacal swabs. The notable delay in VN Ab development in the in-contact animals is suggestive of a different virus-host dynamic in these animals compared to hatchlings inoculated directly with WNV_{KUN}.