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# Periodicity of Brugia malayi Appearance in **Blood of Domestic Thai Cats in Surat Thani Province**

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#### **Abstract**

his study aimed to determine the periodicity of appearance in the blood circulation of a cat sample. Sixty-five domestic Thai cats from Tha Chana District, Surat Thani Province were recruited and their blood was collected, stained with Giemsa and examined microscopically for the parasite. Ten cats (15.4%) were infected with *Brugia* spp, but the remainder were not. The average age of the infected cats was  $5\frac{1}{3}$  years. All isolates of Brugia spp from infected cats were identified as B. malayi, using PCR technique with primer Bm-1/Bm-2 (specific to B. malayi) and using DNA (at 10 ng/50 ml) extract from feline WBC and W. bancrofti as negative control. The sensitivity of B. malayi DNA detection was 0.0001 ng, and the amplified DNA was shown to represent the same specific type as infects man. The appearance of *B. malayi* was monitored every two hours over 24 hours' observation. A modified harmonic equation showed the highest parasitemia peak at 00.54 hr. All five domestic cats showed the appearance of microfilariae at almost all observed intervals with the maximal peaks at nighttime, the highest peaks expressed being 59.3, 74.0, 618.0, 210.3 and 32.0 microfilariae at 20.00, 18.00, 24.00, 06.00 and 06.00 hr, respectively, These findings indicated the nocturnal subperiodic type of microfilariae presented in the cat sample. They also indicated that the mode of transmission was transient and restricted, considerably at nighttime, and would be helpful for epidemiological study of the parasite reservoir.

Keywords: periodicity, Brugia malayi, domestic Thai cat

#### Introduction

Lymphatic filariasis has a wide geographic distribution. Wuchereria bancrofti and Brugia malayi infect some 128 million people, and about 43 million have symptoms, 10.7 million with W. bancrofti, and 13 million with B. malayi and B.

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Dr Usa Lek-Uthai Tel & Fax: 66-2644-5130 e-mail: phulu@mahidol.ac.th timori [1]. B. malayi, a zoonotic infection, is endemic in Asia and is transmitted by mosquitoes of the genera Mansonia, Anopheles, and Aedes. Wild monkeys and felines are reservoirs for B. malayi [2]. In Thailand, a survey of human filariasis first revealed infection in Nakhon Si Thammarat, Phatthalung, Pattani, and Surat Thani provinces. Twenty-one percent of individuals were infected with B. malayi, of whom 5.2% were symptomatic [3]. The study by Harinasuta et al [2] suggested a nocturnal subperiodic character of B. malayi microfilariae in Chumporn Province, where two cases presented peak counts of microfilaria periodicity at 22.00 hr and 24.00 hr, but the highest number of microfilariae in the peripheral blood was found in the daytime, at 12.00 hr. Study of the prevalence of sub-periodic *B. malayi* in areas near the Thai-Malaysian border found that Mansonia mosquitoes were important vectors [4]. Phantana et al [5] reported 104 (4.1%) of 2,515 cats in 5 districts of Narathiwat, a southern province of Thailand, were infected with Brugia spp, 76 cases (3.0%) with Dirofilaria repens, and 2 cases (0.2%) with D. immitis. The peak of periodicity for Brugia spp in 6 infected cats was 20.04 hr. The *Brugia* species were not identified.

This experimental field research was designed to study the periodicity of microfilariae for 24 hours and to identify Brugia spp in domestic cats. The study was performed among microfilariainfected people at Tha Chana District, Surat Thani Province, where *M. bonneae* is the primary vector of B. malayi. The objective of this study was to describe the periodicity of microfilariae in cats over a 24-hour period.

#### **Materials and methods**

# Study area

The research was carried out at Tha Chana District, Surat Thani Province, where Brugia spp are endemic.

#### Assessment of microfilariae

Sixty-five adult male and female domestic Thai cats were screened for Brugia infection by blood smear. The Brugia-positive cats were then investigated and diagnosed for type of infection. B. malayi infection per 20 µl of fresh blood from the ear veins was identified, using morphological characteristics [6], and PCR-based methods. Three duplicate lines of thick-blood samples were immediately made on a clean glass slide by Sahli's pipette. The microfilariae (mf) were counted microscopically after Giemsa staining of blood films. Cats that showed >  $5 \text{ mf}/60 \mu l$  of blood were maintained in the laboratory for 15 days, after which they were determined for microfilaria periodicity by collecting blood at 2-hour intervals for 24 hours (12 records) and analysis by modified harmonic equation method [7-11].

# **Extraction of microfilaria DNA from blood** samples

Microfilaremia was determined by filtration of 5 ml venous cat blood with 15 ml phosphate buffer saline (PBS), through a polycarbonate membrane millipore (0.5 µm pore size). One microliter of blood from each microfilaria-positive cat was then thoroughly mixed with 800 µl PBS and centrifuged to pellet red cells and microfilariae. The pellets were centrifuged for 10 min at 5,000 rpm. After centrifugation, the pellet was washed again in 800 ml PBS and then carefully resuspended in 200 µl DSP buffer (20 mM Tris-HCl, pH 7.6, 2.5 mM MgCl<sub>2</sub>, 50 mM KCl, 0.01% proteinase K, 0.5% Tween 20®). Incubation in DSP buffer was performed at 42 °C for 14 hours to lyse the microfilaria and release the DNA. The proteinase K was then inactivated by incubating the samples at 90°C for 10 min. Following brief centrifugation to pellet debris, the supernatant was kept for PCR analysis. DNA extracts were kept frozen at -20°C in 0.1 M EDTA until processed for PCR analysis. In addition, DNA of W. bancrofti, D. immitis, and D. repens, were used to confirm the species-specificity of the PCR assay. Blood was also obtained from human volunteers living in a non-endemic area. These additional blood samples were processed and amplified by PCR, exactly as described for the cat blood samples.

#### Polymerase chain reaction (PCR)

Specific identification of Brugia from cats was done by PCR. This technique can detect as little as one femtogram (10<sup>-15</sup>g) of purified *B. malayi* DNA, and has been used to identify microfilaremia 'day blood' in areas where periodic or nocturnal subperiodic microfilaria are endemic [9]. Blood samples from microfilaria-positive cats were collected in EDTA tubes for identification by PCR. Forward and reverse PCR primers, designated Bm-1 and Bm-2, were designed. The Bm-1/Bm-2 primer set designed for PCR amplification of a 280 bp DNA fragment from B. malayi are 5'-GCG CAT AAA TTC ATC AGC AA-3' and 5'-ATG ACA ACA CAA TAC ACG AC-3' [13]. The PCR was performed using 50 µl of the DNA extracts prepared from

blood samples, and 10 mM Tris-HCl, pH 9.2, 2 µl 50 mM MgCl<sub>2</sub>, 8 µl 10 mM deoxynucleotide triphosphate (dNTPs), 5 µl of each primer, and 2 units of Taq polymerase were used as reagents. The mixture was denatured for 1 min at 95°C and chilled on ice. Taq polymerase (2 units) was added, and the mixture was overlaid with mineral oil. Thirty amplification cycles were completed with denaturation for 1 min at 95°C, annealing for 1 min at 72°C and a final extension of 10 min at 72°C. Twenty microliters of the PCR product was loaded onto 1.5% agarose gel and a unique band of 280 bp was visualized by ethidium bromide staining, and amplified DNA bands were visualized by ultraviolet (UV) light illumination.

#### Results

### **Domestic cat blood survey**

Ten of 65 (15.4%) domestic cats were positive for Brugia spp by blood smear (3-68 mf/60 µl). Six (17.1%) cats were male, and four (13.3%) were female, aged between 1-12 years, with an average age of  $5\frac{1}{2}$  years. Sheathed microfilariae of B. malayi in infected domestic cats were identified with Giemsa staining under a microscope  $(10 \times 100).$ 

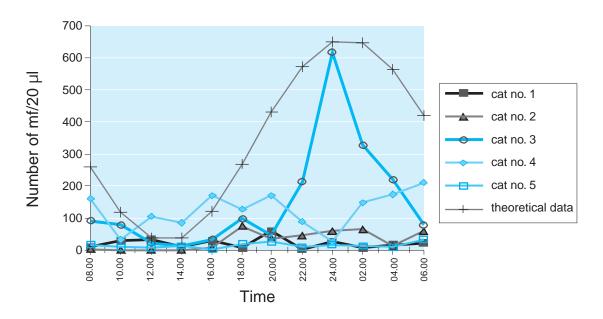
### Microfilaria periodicity study

Of the ten positive cats, five had shown more than 5 mf/60 µl of blood and they were studied for microfilaria periodicity.

The periodicity found in this study was between 24.00-06.00 hr. The periodicity index was 63.02. The highest peak of Brugia microfilariae was at 00.54 hr (Fig 1). Table 1 shows the microfilaria count for B. malayi from positive cats over the 24hour period. All five cats showed the appearance of microfilariae at almost all observed intervals. Cat no. 3 showed a maximal peak count, 618.0 mf, at 24.00 hr, cats nos. 1 and 2 showed the highest peaks, 59.3 and 74.0 mf, at 20.00 hr and 18.00 hr, respectively, while cats nos. 4 and 5 showed the highest peaks, 210.3 and 32.0 mf, at 06.00 hr. These findings indicated the nocturnal subperiodic type of microfilariae presented in the cat sample.

# PCR screening for Brugia malayi

Ten Brugia-positive cats were venipunctured with 100 µl in EDTA tubes for *B. malayi* screening. The sensitivity of primers Bm-1/Bm-2, which was used for B. malayi DNA detection, were concentrations of 10, 1.0, 0.1, 0.01, 0.001, and



The appearance of microfilariae of Brugia sp in the blood of five domestic cats Fig 1 (fitted harmonic wave after theoretical data plot).

Table 1 The microfilaria count for B. malayi from five domestic cats at two hourintervals for 24 hours.

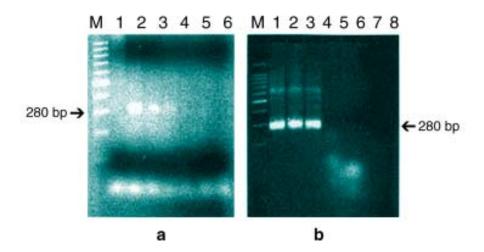
Cat no.	Number of microfilariae in every 2 hours											
	08.00	10.00	12.00	14.00	16.00	18.00	20.00	22.00	24.00	02.00	04.00	06.00
1	9.0	28.0	31.3	10.0	30.0	7.7	59.3	3.7	27.0	7.7	16.3	23.3
2	4.7	0	0.3	0	6.3	74.0	37.0	44.7	57.7	66.3	13.7	58.3
3	92.0	79.7	22.3	12.7	32.3	99.7	47.0	213.7	618.0	327.0	219.7	78.3
4	160.3	32.7	106.3	84.3	170.3	127.7	170.3	87.7	26.0	146.7	174.0	210.3
5	15.0	10.7	7.3	12.3	2.3	18.3	25.7	11.0	16.3	13.7	8.3	32.0

0.0001 ng. These confirmed the effectiveness of the PCR method, which could be used to detect less than 1 microfilaria density, according to a concentration of 0.0001 ng (Fig 2a). The specificity of Bm-1/Bm-2 primers, which was specific to detecting only B. malayi (Fig 2b), was shown.

# **Discussion**

This outcome agrees with Phantana et al [5], who found maximal numbers of B. malayi microfilariae in domestic cats at midnight. Nevertheless, this finding contrasts with those of the Institute for Medical Research in Malaysia [7],

who indicated the maximal peak counts at 20.00 hr in Wiang Sa District, Surat Thani Province. Hawking [13] also reported that transmissions of nocturnal subperiodic type B. malayi from man to animals developed peak periodicity shifting from subperiodic type to periodic type, or periodic type to subperiodic type, in cats and langurs, respectively. Moreover, Guptavanij et al [14] found the periodicity of B. malayi in cats had changed its natural peak of nocturnal periodic type to nocturnal subperiodic type. Chunhasawadikul et al [15] reported that there was a relationship between the infection rate in the transmission area



PCR screening for Brugia malayi; 1.5% agarose gel electrophoresis of PCR products Fig 2 with 280 bp from Bm-1/Bm-2 primers in cats; (a) sensitivity of less than 1 mf, DNA concentrations in Lanes 1-6 were 10, 1.0, 0.1, 0.01, 0.001, and 0.0001 ng, respectively; and (b) the specificity to only B. malayi. (Lane 1-3), W. bancrofti (Lane 4), D. repens (Lane 5), D. immitis (Lane 6), human DNA (Lane 7), negative control (Lane 8), M, molecular weight standards (280-bp ladder).

and the breeding places. They observed and also compared the relation between the cats' circadian temperature cycle and the microfilaria cycle. A daytime body temperature < 35°C caused the microfilaria count in the blood to decline according to body activity. Cats normally sleep during the day and are alert at nighttime; the periodicity of the microfilariae could be controlled by minor cyclical changes in the body temperature of the host. Hawking [16] revealed that host factors played an essential role in the removal of microfilariae, which was emphasized by the fact that DEC was not microfilaricidal (in vitro) without host factors, but induced a rapid decrease in microfilaria levels in vivo. The periodicity of microfilariae is also linked to the feeding habits of the vectors. Moreover, this study found that 7 from 10 infected cats had been living in houses that had reported microfilaria-infected cases. The other three cats were resting at nearby houses where non-infected cases were found. This study demonstrated the presence of B. malayi by PCR reactions in domestic cats. Although the number of subjects examined was very limited, variations in peaks were found among nocturnal subperiodic type in all cases [17]. Obviously, a nocturnal subperiodic type of B. malayi was present individually in five domestic cats in Tha Chana District, Surat Thani Province. These findings indicated that the mode of transmission is transient and restricted, considerable at nighttime and would be helpful for epidemiological study of the parasite reservoir. Therefore night-bloodscreening campaigns and vector control are important links to consolidate filariasis control. In addition, personal protection from bites of vector mosquitoes is a practical way of preventing filariasis infection.

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# References

- 1. Harinasuta C, Charoenlarp P, Sucharit S, Deesin T, Surathin K, Vutikes S. Studies on filariasis in Thailand. Southeast Asian J Trop Med Public Health 1970;1:20-39.
- 2. Harinasuta C, Sucharit S, Guptavanij P. Subperiodic Brugia malayi in the South of Thailand. Southeast Asian J Trop Med Public Health 1970:1:162-3.
- 3. Guptavanij P, Harinasuta C, Sucharit S, Vutikes S. Studies on sub-periodic Brugia malayi in southern Thailand. Southeast Asian J Trop Med Public Health 1971;2:44-50.
- 4. Guptavanij P, Harinasuta C, Sucharit S, Vutikes S. Prevalence of sub-periodic Brugia malayi in areas near the Thai-Malaysian border. Southeast Asian J Trop Med Public Health 1971;2:100-1.
- 5. ศิริชัย พรรธนะ, สาลินี เซ็นเสถียร, สุรพงศ์ ชุมพล. การ สำรวจพยาธิไมโครฟิลาเรียในแมวในจังหวัดนราธิวาส. วารสารโรคติดต่อ 2538:21:10-3.
- 6. Aoki Y, Nakajima Y, Kanamina D. Studies on Malayan filariasis in Che-ju Is, Korea. 3. Microfilarial surface architecture of Brugia malayi (Che-ju strain) in comparison with that of Brugia pahangi. Jpn J Trop Med Hyg 1976;4:129-37.
- 7. Redington BG, Montgomery CA, Jervis HR, Hockmeyer WT. Histochemical differentiation of the microfilariae of Brugia pahangi and subperiodic Brugia malayi. Am J Trop Med Parasitol 1975;69:489-92.
- 8. Mak JW. Filariasis: epidemiology and control of filariasis. Bull Inst Med Res Press 1983;19: 83-94.
- 9. Sasa M. Human filariasis: analysis of the microfilarial periodicity. Tokyo: University of Tokyo Press;1976. pp. 594, 701-17, 819.
- 10. Aikat TK, Das M. A modified statistical method for analysis of periodicity of microfilariae. Indian J Med Res 1977;65:58-64.
- 11. Control of lymphatic filariasis: a manual for health personnel. Geneva: WHO; 1987.
- 12. Michelle RJ, taniavati S, Felix P, Steven AW. A polymerase chain reaction assay for the detection of Brugia malayi in blood. Am J Trop Med Hyg 1994;5:314-21.

- 13. Hawking F. The periodicity of microfilariae. Geneva: WHO; 1967.
- 14. Guptavanij P, Harinasuta C, Vutikes S, Deesin T. A trial on the transmission of periodic Brugia malayi from man to cats. Southeast Asian J Trop Med Public Health 1971;2:98-9.
- 15. บัณฑิต ชุนหสูวัสดิกุล, จิระพัฒน์ เกตุแก้ว, พิษณุวัฒน์ พื้นที่พรุกับการเกิดโรคและการแพร่ระบาด พานารถ.
- ของโรคฟิลาเรีย. วารสารโรคติดต่อ 2532;15:23-7.
- 16. Hawking F. Diethylcarbamazine and new compounds for the treatment of filariasis. AdvPharmacol Chemother 1979;16:129-94.
- 17. Purnomo PF. Periodicity studies of Brugia malayi in Indonesia: recent findings and a modified classification of the parasite. Trans R Soc Trop Med Hyg 1987;81:657-62.