# ANTIGEN REACTION IN DETECTION OF TOXOPLASMA GONDII ANTIBODIES IN THE SERUM OF PREGNANT WOMEN HOUSEHOLD PETS IN BAQUBA SECTOR

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ABSTRACT: This study was aimed to detect the presence of antibodies of *Toxoplasma gondii* parasite in pregnant women in Baquba sector in order to determine the rate of infection and the risk, when they are dealing with the cats around or in their houses. This study was conducted in a period between March 2019 to September 2019 on a sixty pregnant women. The rate of infection with *T. gondii* in pregnant women was 4.2% (7 from 60) and 31.8% (53 from 60) were free from infection.

Key words: Pregnant women, Toxoplasma gondii, pets diseases.

#### INTRODUCTION

Toxoplasma gondii is one-celled eukaryote microorganism, obligate intracellular that causes toxoplasmosis and consider asinfectious disease (Dardé et al, 2011). All warm-blooded animals considered as at the high risk of infection with T. gondii virtually, but the domestic cats known as definitive hosts in which the parasite may undergo sexual reproduction (Knoll et al, 2019; Aguirre et al, 2019). It is postulated that T. gondii originated in South American felids with relatively recent expansion through migratory birds and in particular the transatlantic slave trade that promoted migration of domestic cats, rats and mice (Lehmann et al, 2006). In humans, T. gondii is one of the most common parasites in developed countries (Flegr et al, 2014). For example, previous estimates have shown the highest prevalence of persons infected to be in France, at 84% (Berdoy et al, 2000). This asymptomatic state of infection is referred to as a latent infection and has recently been associated with numerous subtle adverse or pathological behavioral alterations in humans. Though, it has been shown recentlythat the association between behavioral changes and infection with T. gondii is weak. In infants, HIV/ AIDS patients and others with weakened immunity, infection may cause a serious and occasionally fatal illness, toxoplasmosis (Karen et al, 2016).

The risk factors for human and animal infection

include consuming infected raw or undercooked meat, ingestion of contaminated with oocysts shed infection; blood transfusion or organ transplants; intrauterine or transplacental transmission and drinking infected unpasteurized milk (Monoz-Zanzi *et al*, 2010). Frenkel *et al* (2003) were refer to the dogs fur considered as source of oocytes result in *T. gondii* infection.

# MATERIALS AND METHODS

#### Samples collection

Sixty samples of blood (5mls) had been taken from the sixty pregnant women whom treated in the consultant center for obstetrics and gynecology in Al-Batool hospital in Baquba. The ages of all members of this study between 15-45 years. The collected blood samples were kept in gel tubes then, serum was separated and conserved at (-20°C) in the freezer till used.

# Test principle

Direct Agglutination Test (DAT) for diagnosis of infected from uninfected. Toxoplasmosis Latex (KIT) which carry *Toxoplasma gondii* antigen treated with formalin, which can agglutinate the *Toxoplasma* antibodies which are present in the serum of infected women. The kit is produced by AVMA USA company, which is contain suspension of latex granules covered by *T. gondii* antigen with 0.1% sodiumazide as a preservative material. Positive control from human serum with 0.1%

sodiumazide as a preservative material. Negative control from human serum with 0.1% sodiumazide as a preservative material. Test cards. One drop of the serum and antigen were mixed on the test card for minutes then, examined grossly and by using the microscopic power X 40 to see the antigen – antibody reaction (Gray *et al*, 1990).

#### **RESULTS**

Sixty blood samples had been taken from sixty pregnant women in the mid stage and late stage of gestationto determine the infected women and whom carrier to *T. gondii*.

The results in Table 1 are revealed the number of infected women with *T. gondii* reach to 7 at a rate 4.2% and 53 were free from infection at a rate 31.8% and their ages between 25 to 35 years.

The results in Table 2 revealed the occupation of the infected women with *T. gondii* so, the 5 infected women are home misses from a rural region at a rate of 3% and, another one is a teacher from urban region at a rate of 1.2%.

**Table 1 :** The number of pregnant women included in this study and the number of positive and negative results of the Direct Agglutination test.

Total number of pregnant women			Stage of the age mostly affected
60	7	53	25-35

**Table 2:** The occupation of the infected women.

Total number of infected women	Occupation	
7	5 home misses	2 teacher

### **DISCUSSION**

Toxoplasmosis, if it is either acute or chronic and can cause active infection at each ages (Boyer *et al*, 2011; Delair *et al*, 2011). In the USA, an estimated 1.1 million people are infected with *T. gondii* each year, and approximately (10.4%) of the population (Jones and Holland, 2010; Jones *et al*, 2018). Serological studies estimate that 30–50% of the global population has been exposed to and may be chronically infected with *T. gondii*, although infection rates differ significantly from country to country (Flegr *et al*, 2014). Our study approximately come with agree with previous studies were done in Vietnam and European seroprevalence, within approximate range of 10-50% in pregnant women.

Previous study was done by Almasian *et al* (2014) reported high seroprevalence rate ranged from 29.8-83.1%. Other study was done by Xiao *et al* (2010) refer to the seroprevalence rate in China reach to 12.3%.

Previous study was done in Yemen refer to (20.43%) rate of seroprevalence of *T. gondii* antibodies (AL-Shaibani *et al*, 2018).

In Yemen Al-Nahari and Al-Tamimi (2010) and Saif *et al* (2014) reported lower ratesthan other researchers and in different part of the world (Mahdi *et al*, 2008; in Qatar; Xiao *et al*, 2010 in China; Hassanain *et al*, 2013). in Egypt reported the seroprevalence rates of antibodies between 11.88-60%, 1.5-19.6% and 3.5-22.6%, respectively.

The lower rate of our study may be due to that cats live in the home but did not in a direct contact with pregnant women as in other countries as America, China, Qatar and Yamen.

### REFERENCES

- Aguirre A, Basu N, Kahn L, Morin X K, EchaubardP, Wilcox B A, and Beasley V R (2019) Transdisciplinary and social-ecological health frameworks-Novel approaches to emerging parasitic and vector-borne diseases. *Parasite Epidemiol. Control* **4**, e00084.
- Al-Nahari A and Al-Tamimi A (2010) Seroprevalence Of Anti *Toxoplasma gondii* IgG and IgM Among Pregnant Women in Sana'a Capital and Capital Trusteeship. *Scientific J. King Faisal Univ.* **11**(2), 1431.
- Almasian R, Almasian M and Zibaei M (2014) Sero-Epidemiology of toxoplasmosis among the People of Khorram Abad, Iran. J. Infect. Dis. Ther. 14, 2-5.
- AL-ShaibaniI R M, Al-Mahdi H and Alshwkani A (2018). Epidemiological Study on Toxoplasmosis of Human and Animals at Dhamar Governorate, Yemen. *Int. J. Curr. Microbiol. Appl. Sci.* **7**(12).
- Berdoy M, Webster J P and Macdonald D W (2000) Fatal attraction in rats infected with *Toxoplasma gondii*. *Proc. Royal Soc. London B: Biol. Sci.* **267**(1452), 1591–1594.
- Boyer K, Hill D, Mui E, Wroblewski K, Karrison T and Dubey J P (2011) Unrecognized Ingestion of *Toxoplasma gondii* Oocysts Leads to Congenital Toxoplasmosis and Causes Epidemics in North America. *Clin. Infect. Dis.* **53**, 1081-1089.
- Dardé M L, Ajzenberg D and Smith J (2011) Population structure and epidemiology of *Toxoplasma gondii*. In: Weiss L M and Kim K (eds.). *Toxoplasma gondii*: The Model Apicomplexan. Perspectives and Methods. Amsterdam, Boston, Heidelberg, London, New York: Elsevier. pp. 49–80.
- Delair E, Latkany P, Noble A G, Rabiah P, McLeod R and Brezin A (2011) Clinical Manifestations of Ocular Toxoplasmosis. *Ocular Immunol. Inflam.* **19**, 91-102.
- Flegr J, Prandota J, Sovièková M and Israili Z H (2014) Toxoplasmosis a global threat. Correlation of latent toxoplasmosis with specific disease burden in a set of 88 countries. *PLoS ONE* **9**(3), 10.
- Frenkel J K, Lindsay D S, Parker B B and Dobesh M (2003) Dogs as possible mechanical carriers of *Toxoplasma* and their fur as a source of infection of young children. *Int. J. Infect. Dis.* 7, 292-293.
- Gray J J, Balfour A H and Wreight T G (1990) Evaluation of a commercial latex agglutination Test for detecting antibodies to *Toxoplasma gondii* serodiagnoseimmuno infect. *Dis.* 4, 335-340.

- Hassanain M A, El-Fadaly H A, Hassanain N A, Shaapan R M, Barakat A M and Abd El-Razi K A (2013) Serological and Molecular Diagnosis of Toxoplasmosis in Human and Animals. *World J. Med. Sci.* **9**(4), 243-247.
- Jones J L and Holland G N (2010) Annual burder of ocular toxoplasmosis in the united states. Am. J. Trop. Med. Hyg. 98, 551-557.
- Jones J K, Kruszan Moran D, Elder S, Rivera H N, Press C, Montoya J G and Mquillan G M (2018) *Toxoplasma gondii* infection in the united states, 2011-2014. *Am. J. Trop. Med. Hyg.* 82, 464-465.
- Karen S, Terrie E M, Lauriane P, Richie P, Benjamin S W and Avshalom C (2016) Is *Toxoplasma gondii* Infection Related to Brain and Behavior Impairments in Humans. Evidence From a Population-Represervative Birth Conort. *PLoS ONE* **11**(2), 10.
- Knoll L J, Dubey J P, Wilson S K and Genova B M (2019) Intestinal delta-6-desaturase activity determines host range for *Toxoplasma* sexual reproduction. *bioRxiv*: 688580.

- Lehmann T, Marcet P L, Graham D H, Dahl E R and Dubey J P (2006) Globalization and the Population Structure of *Toxoplasma gondii. Proc. Natl. Acad. Sci. USA* 103, 11423-11428.
- Mahdi M A, Al-Molawi M and Behnke J M (2008) Seroprevalence and epidemiological correlates of *Toxoplasma gondii* infections among patients referred for hospital-based serological testing in Doha, Qatar. *Parasites & Vectors* 1, 39.
- Monoz Zanzzi C A, Tamayo R, Balboa J and Hill D (2010) Specific Antibodies and Source of Infection. *Emerg. Infect. Dis.* **16**, 1591.
- Saif N, AlAmeeri G, Alhweesh M, Alkadasi M and Zaid A A (2014) Sero Prevalence of Toxoplasmosis in Pregnant Women in Taiz-Yemen. *Int. J. Curr. Microbiol. Appl. Sci.* **3**(7) 680-: 1480-1495
- Xiao Y, Yin J, Jiang N, Xiang M, Hao L, Lu H, Sang H, Liu X, Xu H, Ankarklev J, Lindh J and Chen Q (2010) Seroepidemiology of human *Toxoplasma gondii* infection in China. *BMC Infect. Dis.* 10, 4.