Epidemiological Study on Toxoplasmosis in Cat, Healthy and Contact Human in Al-Anbar Governorate

Salaah Aldeen M. Sadeq Alkubaisi^{1*}, Ibrahim Abdul-Hussein Swear Al-Zubaidy²

^{1,2}College of Veterinary Medicine, Department of Public Health, Zoonotic Diseases Unite, University of Baghdad, Iraq

*Corresponding author: Salaah Aldeen M. Sadeq Alkubaisi. Mobile (+964)7707592904,

Email: salahaldeen.mohammed1204@covm.uobaghdad.edu.iq

ABSTRACT

Introduction: One of the most typical illnesses in women is toxoplasmosis, and considered a transmissible disease between humans and animals. Cats show a major part in contributing to the spread of toxoplasma, so they stay the final host, which shed their eggs with feces to the environment, which leads to contamination of water and food. **Objective:** The purpose of the current research is to determine if keeping cats at home contributes to the spread of toxoplasmosis or not, and what is the difference between stray and pet cats in the spread of the disease. **Patients and Methods:** An epidemiology research on toxoplasmosis was undertaken in Anbar province. A total 120 human blood samples were collected from people attending veterinary clinics in Anbar Governorate and 62 fecal samples of cats, from November 2021 to April 2022. Human's samples were tested by Latex agglutination, while cat's samples were tested by direct detection of oocyst.

Results: The result showed that 33 of 120 (27.5%) blood sample of female human were positive by (latex test IgM, IgG) and 87 of 120 (72.5%) were negative. These samples were divided into woman having cat (51.67%) and woman don't have cat (48.33%). The result of cats showed oocyst (9.67%) positive result fecal samples of cats, using feces flotation method. **Conclusion:** Toxoplasmosis infection does not only occur in people who own cats, because many infected people did not have direct contact with cats, but may be infection by undercooked meat or by the soil that holds the eggs.

Keywords: Toxoplasmosis, Epidemiological Study, Human, Cats, Cross sectional study, University of Baghdad.

INTRODUCTION

Toxoplasmosis is composed of intracellular obligate protozoan organism *Toxoplasma gondii* (*T.gondii*), that able to infected people and other warm blood animals. Toxoplasmosis had a world-wide propagation with almost one third of the world-wide people expected to have infection with that organism ⁽¹⁾. Toxoplasmosis is an expanded infectious disease caused by *T.gondii*. Human, veterinary, and environmental health all have economic value ⁽²⁾. Toxoplasmosis is a cause of fetus dead because *T.gondii* can be transferred to the fetus across the placenta (trans-placental) from an infested mother or at vaginal liberation ⁽³⁾.

Recently, Asal revealed the highest infection rate reported among younger animals while it was the lowest in older animals ⁽⁴⁾. However, **Bisson** et al. concluded that health then ingesting of infected milk and meat can enable zoonotic diffusion of toxoplasmosis has a large variation of hosts ⁽⁵⁾, as approximately each warm-blooded domestic animal can be infested. Sexual reproduction of parasite that cause by only happening cat and Felids (final host), while asexual reproduction occurs in together final and intermediate host ^(6,7). Oocyst remain transit in the fecal of cats and be transmissible within 21 days of actuality shed. Tachyzoites escape and reproduce only in an intracellular site but tissue cysts having many nor do limited bradyzoites take place in the tissues of infested animals during a week of infectivity (8). Consumption of tissue cysts in infested meat or oocyst from water, food, or soil infective by feline feces are the two main ways of diffusion (9). Rarely, T.gondii transmission occurs after

blood transfusions and organ replacements in individuals who 90% immunocompetent were asymptomatic when they contracted toxoplasmosis ⁽¹⁰⁾. Symptomatic diseases commonly cause few mark fever, headache, malaise, cervical Lymphadenopathy. Severe and pneumonia are rare but can complicate severe ⁽¹⁰⁾. lead to death in immunocompromised patient (11). Diagnosis of toxoplasmosis infectivity may be recognized by serologic checks, molecular techniques, histological validation of the parasite, a toxoplasmin skin experiment and by isolation of the parasite (12,13). Molecular techniques trust on PCR for the exclusive detection or examination of T. gondii DNA. From humans and animals (14, 15). Real-time PCR remains to amplify DNA of T.gondii B1 gene (16). Real-time PCR utilizes the 59nuclease activity of Tag DNA polymers ⁽¹⁷⁾.

PATIENTS AND METHODS:

Sampling: Samples were collected from 120 female human blood from different areas in Al-Anbar governorate (52) in Ramadi city center of Al-Anbar and (43) Jazert Alramadi, Falluja (19) and (6) from Heet.

Serological test: The sample of all cases survived examined for the existence of exclusive IgG, IgM anti-Toxoplasma antibodies. The kit was used concurring to the company's orders but can briefly illustrated by adding 50µl of Toxo-latex substance was additional to 50µl of blood samples on slid, mixed and revolved on involuntary rotator (100 rpm) for 5 min. After mark of agglutination showed mean positive sensitive. Positive and negative controls were involved. **Fecal samples:** the cat shedding the oocyst of *T.gondii* with fesses to environment oocysts were recognized according to the Sheather, Hoffman Pons Janer or Lutz (HPJL), Willis techniques $^{(18_-20)}$. The oocysts of *T.gondii* in cat were identified by measurement of oocyst diameter using the procedure designated by **Simamora** *et al.* ⁽²²⁾.

Ethical consideration:

The analysis was accepted by the Ethics Board of the University of Baghdad, College of Veterinary Medicine and written informed consent was taken from each person in the analysis. This is work was carried out in agreement with World Medical Association for studies that include Human.

Statistical analysis:

Data calm and processed were encoded it was analyzed by means of SPSS (the statistical packet for Medical Sciences) v20 aimed at Windows (IBM SPSS Corporation, Illinois, USA). To ensure that our data for normal distribution, we performed the data tested qualitative data ratios. Chi square analysis (χ 2) to evaluate the alteration among two or more qualitative collections variants. P value < 0.05 was considered significant.

RESULTS

The result showed 33 out of 120 (27.5%) blood sample of female human were positive by (latex test IgM, IgG) and 87 out of 120 (72.5%) showed negative that show in **Figure 1**.



Figure (1): Results give the positive and negative case of toxoplasma latex agglutination test from female human blood sample.

The result of total 120 blood sample from female human that have cat was 62 (51.66%) show 20 (32.25%) positive result for toxoplasmosis in latex agglutination test and female human that don't have cats was 58 (48.33%) show 13 (22.41) positive result for toxoplasmosis in latex agglutination test in **Table 1**.

 Table (1): Female human of toxoplasmosis that have and don't have cats.

Variable	Have cats	Don't have cats	Total
Positive	20	13	33
Negative	42	45	87
Total	62	58	120

Blood Samples were composed from 120 female human from dissimilar regions in Al-Anbar governorate (**Figure 2**).



Figure (2): Result of distribution according to districts of Al-Anbar governorate.

Cats divided in to pet (35 out of 62) and local (27 out of 62) cats. Positive the oocyst in the direct examination of microscope as show 2 (5.7%) in pet cat and 4 (14.8%) in stray cat, all these result are summarized in **Table 2** and **Figures 3 and 4**.

Variable	Pet cats	Stray cats
See oocyte	2	4
Don't see oocyst	33	23
Total	35	27

Table (2): The oocyst in the direct examination of microscope.



Figure (3): Oocyst of Toxoplasmosis.



Figure (4): Oocyst of toxoplasmosis.

DISCUSSION

The rate of infection with Toxoplasma in women blood was 27.5% (33\120), this result was close agreement with Al-Mosawi, ⁽²²⁾ and Al-Ghezy, ⁽²³⁾ in Thi-Qar who recorded 21.94% and 23% respectively, and the rates Al-Sary reported are the closest ⁽²⁴⁾ in Al Kut who recorded 17.8% rate and with Razan and Hamad ⁽²⁵⁾ in Kirkuk who recorded 16.13%, and was opposed to **Qazaz**⁽²⁶⁾ and Al-Sorchee⁽²⁷⁾ in Baghdad that recorded 78.33% and 80.6% rate of infection respectively and Al-Doori⁽²⁸⁾ who recorded 49% in Tikrit, and Hade et al. (3) in Baghdad (61.54%). The differences in the total rate of infection with Toxoplasma in women blood by serological test latex attributed to several factors such as the number of samples collected, kind of serological tests used also other factors related to the socioeconomic and cultural habits of community and close contact with cats as a final host of the parasite, and the environmental conditions that effect on the infection. With regards to the studies out of Iraq this study disagreed with the results of seroprevalence in (40%) in Iran such as study recorded by Sharif et al. ⁽²⁹⁾. who revealed that when using ELISA respectively whether 58% were recorded by Switzer et al. ⁽³⁰⁾. In Istanbul (76.4%) toxoplasmosis antibodies were positive in street kitten (31). While Tehran in Iran, the seropositive occurrence reached from 40% in north Iran to 86-90% street cats ^(32,33). Due to difference in amount of sample, methods life of this cats, nutrition and circumstance create seroprevalence outcomes hard to compare with Tiao et al. (34). The diagnosis and identification of T.gondii oocyst was done according to shape and size of this oocyst duo to their similarity to some of the parasite, and other parasites especially Cryptosporidium spp. These oocysts were well identified by their size and shape considering the large similarities and were confirmed as toxoplasma oocyst by Nasiru et al. ⁽³⁵⁾ who found in cat fecal samples an infection rate 3.5% in Malaysia by the direct wet mount smear. These differences in the infection rates could be due to the difference in the sample numbers used, the experience of the examiner and the environmental conditions.

CONCLUSION

Toxoplasmosis is a potential illness that might affect women with or without cats, and this is attributed to other possibilities, including living in the countryside or eating food and water contaminated with toxoplasma eggs, as well as stray or pet cats, both of which are not free from toxoplasma eggs.

Conflict of interest: The authors state that there is no conflict of interest

Sources of funding: Nil

Author contribution: Each of the researchers has a contribution rate equal to the rest of the researchers in the study

REFERENCES

- 1. **Dubey J, Jones J (2008):** Toxoplasma gondii infection in humans and animals in the United States. International journal for parasitology, 38(11), 1257-1278
- 2. Hill D, Chirukandoth S, Dubey J (2005): Biology and epidemiology of Toxoplasma gondii in man and animals. Anim. Health Res. Rev., 6:41-61.
- **3.** Hade B, Ghareeb A, Kawan M (2015): Direct amplification of B1 gene of *Toxoplasma gondii* DNA using nested polymerase chain reaction following microwave treatment for whole blood samples. Iraqi J Vet Med., 39(1):23-27.
- 4. Asal S (2022): Seroprevelance study of Toxoplasma gondii in horses and camels animal in Wasit province: Shoob Naser Asal and Ibrahim A. Al Zubaidy. The Iraqi Journal of Veterinary Medicine, 40(1):147-150. https://doi.org/10.30539/iraqijvm.v40i1.152
- 5. Bisson A, Maley S, Rubaire C, Watling J (2000): The seroprevalence of antibodies to Toxoplasma gondii in domestic goats in Uganda. Acta Tropica, 76:33-38.
- 6. Frenkel J (1970): Pursuing Toxoplasma. Journal Infectious Diseases, 122:553-559.

- 7. Tenter A, Hackworth A, Weiss L (2000): Toxoplasma gondii: from animals to humans. International Journal of Parasitology, 30:1217-1258.
- 8. Lainson R (1958): Observations on the development and nature of pseudocysts and cysts of Toxoplasma gondii. Transactions of the Royal Society for Tropical Medicine and Hygiene, 52:396-407.
- **9.** Montoya J, Remington J (2008): Management of Toxoplasma gondii infection during pregnancy. Clinical Infectious Diseases, 47(4):554-566.
- **10. Kravetz J, Fedeman D (2002):** Cat associated zoonosis. Archives Journal of International Medicine, 162:1945-1952.
- **11. Singh S (2003):** Mother-to-child transmission and diagnosis of Toxoplasma gondii infection during pregnancy. Indian Journal of Medical Microbiology, 21(2):69-76.
- 12. Remington J, McLeod R, Thulliez P, Desmonts G (2001): Toxoplasmosis Infectious diseases of the fetus and newborn infant. Philadelphia, 205-346.
- **13. Zghair Z** (2017): Histopathological and diagnostic study of Toxoplasmosis in human and sheep by using ELISA in Kut city. The Iraqi Journal of Veterinary Medicine, 40(2):94-99.
- 14. Contini C, Seraceni S, Cultrera R, Incorvaia C, Sebastiani A, Picot S (2005): Evaluation of a Real-time PCR-based assay using the light cycler system for detection of Toxoplasma gondii bradyzoite genes in blood specimens from patients with toxoplasmicretinochoroiditis. International Journal for Parasitology, 35:275-283.
- **15. Bastien P, Jumas E, Varlet E, Marty P (2007):** Three years of multi-laboratory external quality control for the molecular detection of Toxoplasma gondii in amniotic fluid in France. Clinical Microbiology and Infection, 13:430-433.
- 16. Costa J, Pautas C, Ernault P, Foulet F, Cordonnier C, Bretagne S (2000): Real-time PCR for diagnosis and follow-up of Toxoplasma reactivation after allogeneic stem cell transplantation using fluorescence resonance energy transfer hybridization probes. Journal Clinical Microbiology, 38:2929-2932.
- **17.** Holland P, Abramson R, Watson H, Gelfand D (1991): Detection of specific polymerase chain reaction product by utilizing the 59-39 exonuclease activity of Thermos aquatics DNA polymerase. Proc Natl Acad Sci., 88:7276-7280.
- **18.** Willis H, Med J (1921): A simple levitation method for the detection of hookworm ova. http://dx.doi. org/10.5694/j.1326-5377.1921.tb60654.
- **19.** Sheather A (1923): The detection of intestinal protozoa and mange parasites by a floatation technique. J Comp Pathol Ther., 36:266-275.
- **20. Hoffman W, Pons J, Janer J** (1934): Sedimentation concentration method in schistosomiasis mansoni. Journal Public Health Tropical Medicine, 9:283-298.
- **21. Simamora A, Suratma N (2015):** Apsari IAP. Isolasi dan Identifications Oocyst Toxoplasma gondii pada Feses

Kucing dengan Metode Pengapungan Gula Sheater. Ind Med Vet., 4(2):88-96.

- 22. Al-Mosawi R (2015): Diagnostic and epidemiological study of *T. gondii* for students of Thi-Qar University by ELISA and real-time PCR. techniques. Iraqi Journal of Biotechnology, 14(2):295-311.
- **23.** Al-Ghezy S (2012): Diagnostic study of *Toxoplasma* gondii and cytomegalic virus in pregnant and aborted women with some epidemiological and immunity parameter in Thi-Qar Province Iraq. Int J Adv Res., 7(1):629-635.
- 24. Abbas H, Noaman N (2015): Molecular and serological detection of T. gondii in sheep in Wasit province. AL-Qadisiya Journal of Vet. Med. Sci., 14(2):34-41.
- **25.** Razan B, Hamad S (2016): Diagnostic study of the causes of abortion parasitic and viral in women in Kirkuk city. KUJSS., 11(2):97-110.
- **26.** Qazaz E (2016): Seroprevalence of toxoplasmosis in human and goats in Baghdad city. Mirror of Research in Veterinary Sciences and Animals, 5(2):58-65.
- **27. Al-Sorchee S** (2005): Immunological study on women infected with toxoplasmosis with history of abortion. Italian Journal of Animal Science, 5(1):42-63.
- **28. Al-Doori A (2010):** Epidemiological study of *Toxoplasma gondii* between couples in Tikrit city, and experimental trial about probability of sexual transmission of infection in mice. The American Journal of Tropical Medicine and Hygiene, 77(8):342.
- **29.** Sharif M, Daryani A, Nasrolahei M, Ziapour S (2009): Prevalence of Toxoplasma gondii antibodies in stray cats in Sari, northern Iran. Tropical Animal Health and Production, 41(2):183-187.
- **30.** Switzer A, McMillan A, Kasten R, Stuckey M, Kass P, Chomel B (2013): Bartonella and Toxoplasma infections in stray cats from Iraq. The American Journal of Tropical Medicine and Hygiene, 89(6):1219.
- **31.** Karatepe B, Babür C, Karatepe M, Kiliç S, Dündar B (2008): Prevalence of Toxoplasma gondii antibodies and intestinal parasites in stray cats from Nigde, Turkey. Italian Journal of Animal Science, 7(1):113-118.
- **32. Haddadzadeh H Khazraiinia P, Aslani M** *et al.* (2006): Seroprevalence of Toxoplasma gondii infection in stray and household cats in Tehran. Veterinary Parasitology, 138(3-4):211-216.
- **33. Hooshyar H, Rostamkhani P, Talari S** *et al.* (2007): Toxoplasma gondii infection in stray cats. Iranian Journal of Parasitology, 2(1):18-22.
- **34. Tiao N, Darrington C, Molla B** *et al.* (2013): An investigation into the seroprevalence of Toxoplasma gondii, Bartonella spp., feline immunodeficiency virus (FIV), and feline leukaemia virus (FeLV) in cats in Addis Ababa. Ethiopia. Epidemiology and Infection, 141(5):1029-1033.
- **35.** Nasiru, M, Mohd M, Watanabe M *et al.* (2020): A Review on the Prevalence of Toxoplasma gondii in Humans and Animals. International Journal of Environmental Research and Public Health, 17(13):4809.