Original article



## Molecular Detection of *Campylobacter* Species: Comparision of *16SrRNA* with *slyD*, *cadF*, *rpoA*, and *dnaJ* Sequencing

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## Abstract

**Background:** Campylobacter spp. are the main cause of human gastroenteritis. The 16SrRNA sequencing is one of fast molecualr method to detect this fastidious. In this study, we compared the sequencing of 16srRNA genewith four housekeeping genestodetect Campylobacter spp. in patients with diarrhea and healthy people.

*Methods:* 60 samples of *Campylobacter* DNA extracted from stool samples of 30 patients with diarrhea and 30 healthy people were used. In order to detect *Campylobacter*, we designed primers for proliferation of *16SrRNA*, *cadF*, *dnaJ*, *slyD*, and *rpoA* genes using Primer 3, Mega 4.0 and Blast software. Then the PCR products were sequenced using ABI system.

**Results:** The sequencing showed concordance of PCR-products with deposited sequences in the Gene Bank. Among diarrhea patients, 53.3% of samples were significantly (p < 0.05) positive for *slyD* and *cadF* genes and 50% of samples were positive using *16SrRNA*, *rpoA*, and *dnaJ* genes by PCR assay. The average of sensitivity and specificity were found 53.33% and 83.33%, respectively.

*Conclusions:* Due to various copies of repeated sequences *of 16SrRNA* gene, analyzing its amplicons on electrophoresis may be more difficult than the *slyD* and *cadF* genes. According to our results, among the 5 studied genes; the highest detection rate was related to *slyD* and *cadF* genes. Although, *dnaJ* and *rpoA* genes, instead of *16SrRNA* gene, can be considered as appropriate genes for molecular detection of *Campylobacter* bacteria.

Keywords: cadF, Campylobacter, Diarrhea, Molecular detection, slyD.

## Introduction

*Campylobacter* spp. are gram-negative, spiral, and coma-shape bacteria. *Campylobacter* spp. require microaerophilic conditions (10% CO2, 5% O2) and also temperatures 37- 42 °C to grow (1). The size of *Campylobacter* genome is 1.6 to 7.1 MBp (2). Virulence factors of *Campylobacter* such as motility, adhesion, invasion to host cell, and production toxin contribute in pathogenicity and causing host cell necrosis (3, 4). Among virulence genes of *Campylobacter, flaA, flaB, racR, dnaJ,* and, *slyD* are known to be responsible for pathogenesis, while *ciaB* and *pldA* contribute in gene expression and colonization. Also, *cdtA, cdtB,* and *cdtC* genes are

known to be responsible for production of cytotoxin (5). The slyD gene encodes Peptidyl Prolyl cis/ trans-isomerase which has role in the synthesis of amino acids(6). Small subunit ribosomal RNA (16SrRNA) gene is one of the most important target genes in molecular studies on the bacterial evolution and epidemiology (7). The 16SrRNA gene is considered as a gold standard gene for estimating of phylogenetic diversity in microbial communities (8.9);Nevertheless. widespread the usage of 16SrRNA, it can limit several aspects of the results as its high copy numbers in the genome, 1-15 or more copies (10). The copy numbers can differs between *Campylobacter* spp. and only a limited number of bacterial genomes have one copy of *16SrRNA* gene that its varies may be simultaneous with increasing number of copies (11). Also, the sequence of *16SrRNA* gene can be different among bacteria communities (12).

One of the main causes of diarrhea in humans is *Campylobacter* infection and its detection using bacterial culture is not easy. Therefore, accurate identification of this gene by molecular methods is very important.

The purpose of this study is to compare the detection of *Campylobacter* using the *16SrRNA* gene with *slyD*, *cadF*, *rpoA*, and *dnaJ* genes for determination in patients with diarrhea admitted to Amirkabir Hospital in Arak and healthy individuals people referred to the Arak health center in 2017-2018.

## Materials and methods

#### Primary isolation

This study was approved by the ethics committee of Arak Universityof Medical Sciences (Ethics code: IR.ARAKMU.REC.1397.229). We used 60 DNA samples available in DNA Bank of Infectious Diseases Research Center of Arak University of Medical Sciences, Iran. DNA samples were extracted from human stools and included 30 samples of patients with diarrhea and 30 fecal specimens from healthy individuals exposed to poultry meat. Because the chicken is a major host for the transmission of Campylobacter species.

# Detection of Campylobactergenus by Polymerase chain reaction (PCR) and Sequencing

For each sample, five housekeeping genes, *l6SrRNA*, *cadF*, *rpoA*, *dnaJ*, and, *slyD* were used in PCR. Properties of primers are shown in Table 1. The reaction mixture in final volume was 15  $\mu$ l, contained 6.2  $\mu$ l of Master mix (ID No: 5200300-1250, YTA, Iran), 50 ng genomics DNA, and 0.7  $\mu$ l (10 pmol) of each primer (Copenhagen, Denmark). The PCR was

performed in Thermocycler device (Eppendorf, Germany) under the following temperature conditions: denaturation at 95 °C for 5 min, 35 cycles including initial denaturation of 95 °C for 1 min, annealing 56.4 °C (16SrRNA gene) for 55 sec, Extension 72 °C for 1 min and final Extension 72 °C for 10 min. Annealing temperature for each gene is provided in Table 1. DNA extracted from Campylobacter colonies (from previous study Reference?) and distilled water were used as positive and negative control, respectively. The identification of *Campylobacter* at genus level from the extracted DNA of fecal specimen was done based on the size of amplicons on agarose 1% gel (Gene Fanavaran, Iran) in horizontal electrophoresis system (Padide Nozhen Pars, Iran) and gel documentation (Quantum ST4. Germany). Then, PCR products were sent to Macrogen company (South Korean) for sequencing and final confirmation by ABI Applied Biosystems 3730xl instrument.

#### Statistical Analysis

Statistical analyses were carried out using MedCal 18.11. P values less of 0.05 were considered as statistically significant.

## Results

#### PCR results of housekeeping genes

Among of 60 samples, 21 samples (35%), 21 samples (35%), 20 samples (33.33%), samples (33.33%), 20 samples (33.33%), and 20 samples (33.33%) were positive for *Campylobacter* by *slyD*, *cadF*, *dnaJ*, *rpoA*, and *16SrRNA*, respectively Table 2).

#### Sequencing

Results of sequencing were analyzed by using Mega4 and Chromas software. Figure 1 (a-e) showed amplifications and sequencing results of different genes in present study. Data were compared with sequences of gene bank and confirmed statistically significant using BLAST software.

Primers ID	Sequence (5' to 3')	Target gene	Size (bp)	Annealing temperature (°C)	
slyD-F slyD-R	GCGAAGGTGAAAATGGCGAA GATGATCGTGTCCATGTCCG	slyD	216	62	
MD16S-F MD16S-R	ATCTAATGGCTTAACCATTAAAC GGACGGTAACTAGTTTAGTATT	16SrRNA	857	56.4	
cadF-F cadF-R	TAAAAGCGGTGGATTTGGAC CAGGACATTTTGCTTGTGGA	cadF	218	54	
rpoA-F rpoA-R	CGAGCTTGCTTTGATGAGTG AGTTCCCACAGGAAAACCTA	rpoA	121	52	
dnaJ-F dnaJ-R	GGCAGGGGACAAGTAGGAA CCCCTATTGCCACTTTTGCT	dnaJ	227	52	

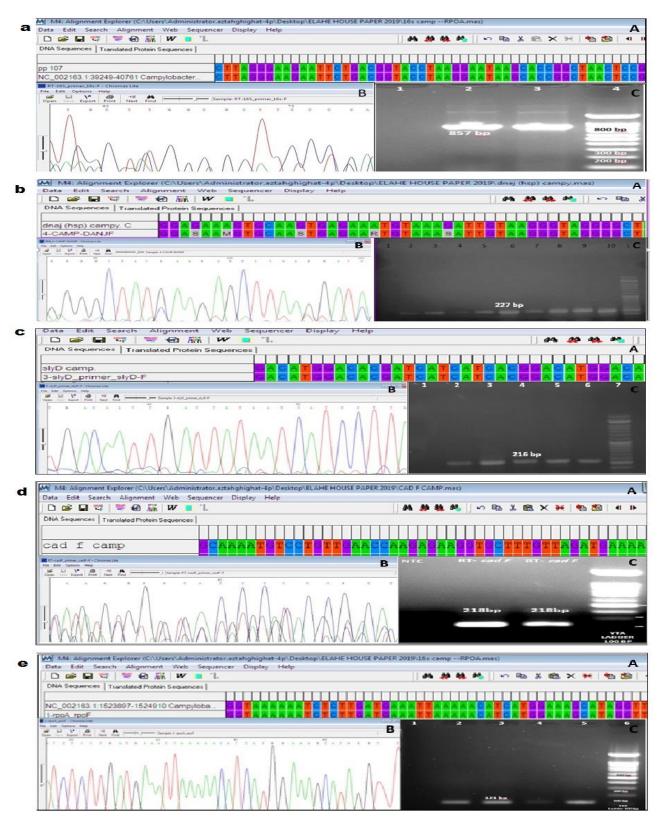
#### Table 1. Properties of primers used to detect of Campylobacter genus.

**Table 2.** Results of amplifications for each group.

Genes	16SrRNA	slyD	cadF	rpoA	dnaJ		
Group	Positive num	Positive number (Percentage)					
Healthy	5 (16.66%)	5 (16.66%)	5 (16.66%)	5 (16.66%)	5 (16.66%)		
Patient	15 (50%)	16 (53%)	16 (53%)	15 (50%)	15 (50%)		

Table 3. Sensitivity an	d specificity of PCR.
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Total Sample	Gene Diagnostic	Result	Person	Percentage	Diagnostic analysis	Chi-square analysis	<i>p</i> value	DF
30 samples     Detection       Patient     With       +     I6SrRNA       30 samples     gene       healthy people     gene		20	15 Patient	25%	Sensitivity: 50.00%			
	Detection		5 healthy	8.3%	(31.297%-68.703%) Specificity: 83.33%			
			15 Patient	25%	(65.279%-94.358%)			
	NA 40 Negative	25 healthy	41.7%	Positive Predictive Value: <b>75.00%</b> (55.529%-87.816%) Negative Predictive Value: <b>62.50%</b> (52.967%-71.153%) Disease prevalence: <b>50.00%</b> (36.806%-63.194%)	7.375	0.006	1	
		21	16 Patient	26.7%	Sensitivity: 53.33%			
20 1		positives		(34.326%-71.658%) Specificity: 83.33%				
30 samples			14 Patient	23.3%	(65.279%-94.358%)			
Patient     Detection       +     With       30 samples     cadF gene       healthy people	39 Negative	25 healthy	41.7%	Positive Predictive Value: <b>76.190%</b> (57.341%-88.396%) Negative Predictive Value: <b>64.103%</b> (54.119%-72.998%) Disease prevalence: <b>50.00%</b> (36.806%-63.194%)	8.717	0.0032	1	
		21	16 Patient	26.7%	Sensitivity: 53.33%			
30 samples		positive	5 healthy	8.3%	(34.326%-71.658%) Specificity: 83.33%			
So samples       Patient     Detection       +     With       30 samples     slyD gene       healthy people		14 Patient	233%	(65.279%-94.358%)				
	39 Negative		Positive Predictive Value: <b>76.190%</b> (57.341%-88.396%) Negative Predictive Value: <b>64.103%</b> (54.119%-72.998%) Disease prevalence: <b>50.00%</b> (36.806%-63.194%)	8.717	0.0032	1		
	Detection	20	15 Patient	25%	Sensitivity: 50.00%			
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Patient			15 Patient	25%	(65.279%-94.358%)			
+ With <b>30 samples</b> <i>poA</i> gene healthy people		40 Negative	25 healthy	41.7%	Positive Predictive Value: <b>75.00%</b> (55.529%-87.816%) Negative Predictive Value: <b>62.50%</b> (52.967%-71.153%) Disease prevalence: <b>50.00%</b> (36.806%-63.194%)	7.375	0.006	1
		20 positive5 healthyDetection15With15dnaJ gene40PatientNegative25	15 Patient	25%	Sensitivity: <b>50.00%</b> (31.297%-68.703%) Specificity: <b>83.33%</b> - (65.279%-94.358%) Positive Predictive Value: <b>75.00%</b> (55.529%-87.816%) Negative Predictive Value: <b>62.50%</b> (52.967%-71.153%) Disease prevalence: <b>50.00%</b> (36.806%-63.194%)			
30 samples Patient + 30 samples healthy people	With		5 healthy	8.3%				
			15 Patient	25%		7 <i>3</i> 75	0.006	1
			25 healthy	41.7%				



**Fig. 1.** (A, B) a-e: Sequencing results in Mega4 and chromes software for *16SrRNA* /max score: 67.1, QC: 40%, total score: 67.1, Percent Identity: 82.54 %, E value: 1e-09)}, *dnaJ* {max score: 301, QC: 92%, total score: 301, Percent Identity: 94.09%, E value: 5e-80}, *slyD* {max score: 234, QC: 79%, total score: 270, Percent Identity: 87.13%, E value: 7e-60}, *cadF* {max score: 301, QC: 92 %, total score: 301, Percent Identity: 94.09%, E value: 5e-80} and *rpoA* {max score: 115, QC: 76%, total score: 115, Percent Identity: 97.10%, E value: 4e-2}, (C) a-e: Results of PCR product for *16SrRNA*, *dnaJ*, *slyD*, *cadF* and *rpoA* on 1.3% agarose gels. Product size: 857, 227, 216, 218 and 121bp.

## Discussion

The increasing isolation of *Campylobacter* from clinical specimens and healthy people has increased its importance in public health (13). Due to the presence of *Campylobacter* in food products with the animal origin, vegetables, and water, this bacterium has been identified as a foodborn pathogen (14). In addition, *Campylobacter* can cause gastrointestinal diseases in humans (gastroenteritis) and abortions in animals (15). Since molecular methods are faster and more accurate than microbial culture methods, in this study we compared molecular diagnostic assay using different genes to detect *Campylobacter* in human fecal samples.

In previous studies, 16SrRNA gene was mainly used for molecular detection of Campylobacter species. Due to the existence of different types of bacterial genomes in the excreted DNA from the feces as well as repeated nucleotide sequences in the 16SrRNA gene in most bacteria, the identification of the Campylobacter is not sufficiently certain by using only 16SrRNA gene. Regarding the necessity of accurate detection of *Campylobacter*, this study examined the detection of these bacteria by using cadF, rpoA, dnaJ, and slyD genes compared with 16SrRNA gene. Bang et al. in 2003 proposed cadF, flaA, and ceuE genes for determination of Campylobacter by PCR assay (16). Ritz et al. in 2009 suggested usage of rpoA gene for genotyping of Campylobacter species by Multilocus sequence typing (MLST) and evaluation of each gene by using the real time-PCR assay (6). Konkel ME et al. in 1999 used different genes to detect Campylobacter, and used cadF gene for reproduction and sequencing of gene, and according to this study, this gene can be very suitable for diagnosis of Campylobacter (17). Datta et al. in 2003 determinated Campylobacter spp. with 11 virulence gene by multiplex-PCR assay. Among 11 primers designed for virulence genes, dnaJ, cadF, and cdtB were present in all samples were positive for Campylobacter (18).

In this study, not only *16SrRNA* gene was used but also *rpoA*, *cadF*, *slyD*, and *dnaJ* genes were used as housekeeping genes for molecular detection of *Campylobacter*. Among of 30 samples of patients with diarrhea, 15 samples (50%) were positive for Campylobacter by 16SrRNA gene which was the same with the results of rpoA and dnaJ genes, While the results of slyD and cadF genes in patients with diarrhea were 16/30 (53.33%), therefor, the results of these genes were more sensitivity than 16SrRNA, dnaJ, and rpoA genes. Also among of healthy people samples, the results of all genes were consistent with each other, among 30 healthy people and samples, Campylobacter were identified in five healthy people samples by studied housekeeping genes. These data showed that cadF and slyD are probably the most suitable genes for accurate detection for Campylobacter. According to similar studies, *cadF* and *cdtB* have been identified as suitable genes for the detection this bacterium, and results of this gene are consistent with other studies. The *dnaJ* gene has been reported to be suitable for the diagnosis for Campylobacter and its results are consistent with the 16SrRNA gene. The *rpoA* gene in this study was able to detect 90% of Campylobacter isolates, and this result is consistent with other studies. Here, total DNA was extracted from the stool so it is a mixture of genome of different organisms and can the inconsistency with other studies. As shown in Table 3, the sensitivity and specificity of using cadF and slvD gene for detection of Campylobacter by PCR were 53.33% and 83.33%, respectively. The sensitivity and specificity of using these genes have been reported more than 16SrRNA, rpoA, and dnaJ housekeeping genes. Therefore, the amplification of the slvD and cadFgenes with specific primers, can be adequate for identification of Campylobacter in both groups, patients with diarrhea and healthy people.

In this study, we showed that *Campylobacter* can be detected from a mixture of different genomes with the highest accuracy using housekeeping genes, including *cadF*, *slyD*, *dnaJ*, and *rpoA*, without using the *16srRNA* gene. Probably, replication *of cadF* and *slyD* genes can be considered as a alternative for *16SrRNA* in diagnosis of *Campylobacter*, however research in a larger statistical society is suggested.

The application of PCR molecular method is a more accurate method for diagnosis of *Campylobacter* bacteria in genomic DNA extracted from the feces. The diagnostic standard in different laboratories is based on the usage of the *I6SrRNA* gene. One of important implications of our study is molecular detection of *campylobacter* within template DNA that has been purified from the stool with mixture of genomes of different organisms. In this study, we showed that *Campylobacter* can be detected from a mixture of different genomes with the highest accuracy using housekeeping genes, including *cadF*, *slyD*, *dnaJ* and *rpoA*, Apart from the *I6srRNA* gene. Probably, *replication of cadF* and *slyD* genes can be considered

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as an alternative for *16SrRNA* in molecular detection of *Campylobacter*.

Campylobacter species.

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