Serological survey for antibodies reactive with *Ehrlichia canis* and *E. chaffeensis* in dogs from the Bloemfontein area, South Africa

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ABSTRACT

Sera from 161 dogs in the Bloemfontein area in South Africa were tested for the presence of antibodies reactive with *Ehrlichia canis* and *E. chaffeensis* by indirect fluorescent antibody testing. Overall, 68 (42 %) of the dogs had significant antibody titres (\geq 1/64) against *E. canis* and 61 (38 %) had significant titres (\geq 1/64) against *E. chaffeensis*. Seven (11 %) dogs had higher titres to *E. chaffeensis* than *E. canis* (1/2048 and 1/1024 (2 dogs); 1/1024 and 1/512 (2 dogs); 1/2048 and 1/512; 1/512 and 1/256 and 1/512 and <1/64, respectively). The remaining seropositive dogs had equal (n = 26; 42 %) or 2- (n = 17; 25 %), 3- (n = 13; 2 %) or 4-fold (n = 5; 7 %) higher titres against *E. canis*. Dogs from economically depressed, high-density suburbs (60/112; 48 %) had significantly higher prevalences of antibodies against *E. canis* than those from more affluent, low-density suburbs (8/49; 14 %) ($\chi^2 = 19.38$, p < 0.001). Higher titres to *E. chaffeensis* than *E. canis* were found in dogs from affluent, low-density suburbs (3/49) and in dogs from economically depressed, high-density suburbs (4/112).

Key words: Bloemfontein, dogs, Ehrlichia, serological survey, South Africa.

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INTRODUCTION

Ehrlichia canis is the aetiological agent of canine tropical pancytopenia that was first described in dogs from Algeria in 19358 and has subsequently been reported to occur worldwide⁹. Previous serological surveys have indicated that E. canis infections are common in dogs in countries in North Africa⁴, Egypt³, Senegal¹⁷ and Zimbabwe 13,14,15. In South Africa, clinical cases of canine tropical thrombocytopenia are apparently common²¹ but no supportive serological data are available. E. chaffeensis is the agent of human monocytic ehrlichiosis, which was first described in the United States of America (USA) in 1987¹. Subsequent studies have indicated that human infections also occur in Europe¹⁶ and Africa^{5,20}, and in the USA dogs are regarded as potential reservoirs of infection, as they are susceptible to natural⁷ and experimental⁶ infections with E. chaffeensis.

To provide serological data on the prevalences of *E. canis* and *E. chaffeensis* infections in dogs in South Africa, we tested

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sera collected in the Bloemfontein area for antibodies reactive with the organisms.

MATERIALS AND METHODS

Sera

Whole blood was collected from 161 apparently healthy dogs in the Bloemfontein area that were presented to veterinary clinics for sterilisation. Sera were separated and stored at 70 °C until indirect fluorescent antibody (IFA) testing was performed.

Serology

Each serum was tested for antibodies to E canis (Oklahoma strain) and E. chaffeensis (Arkansas strain) grown in DH82 continuous cell cultures as described previously14. Sera were screened at the recommended 1/64 dilution⁷ in phosphate-buffered saline (PBS; pH 7.4) and reactive antibodies detected with an optimised dilution (1:50) of fluorescein isothiocyanate-labelled protein A conjugate (Biogenesis Inc., Sandown, USA) in PBS and a fluorescence light microscope using ×400 magnification. Protein A conjugate reacts with IgG of a wide range of mammalian species, including dogs12, and is used in our laboratory to avoid the expense of purchasing specific antisera.

Serial 2-fold dilutions of sera positive at 1/64 were made to determine end titres.

RESULTS

Sera from 161 dogs were tested for the presence of antibodies reactive with *E*. canis and E. chaffeensis by IFA (Table 1). The Botshabelo, Thaba Nchu and Heidedal areas are high-density, economically depressed suburbs situated within a 65 km radius of Bloemfontein, while the Bloemfontein residential areas are more affluent, low-density suburbs situated within the city itself. Of the dogs tested, 68 (42 %) had significant antibody titres (≥1/64) against *E. canis* and 61 (38 %) had significant titres ($\geq 1/64$) against E. chaffeensis. Seven (11 %) dogs had higher titres to E. chaffeensis than E. canis (1/2048 and 1/1024 (2 dogs); 1/1024 and 1/512 (2 dogs); 1/2048 and 1/512; 1/512 and 1/256 and 1/512 and <1/64, respectively). The remaining seropositive dogs had equal (n = 26; 42%) or 2- (n = 17; 25%), 3- (n = 13; 2%), or 4-fold (n = 5; 7 %) higher titres against E.canis. Dogs from Botshabelo, Thaba Nchu and Heidedal (60/112; 48 %) had significantly higher prevalences of antibodies against E. canis than those from the Bloemfontein residential areas $(8/49; 14 \%) (\chi^2 = 19.38, p < 0.001)$. Of the dogs that were seropositive for antibodies against E. chaffeensis, higher titres to E. chaffeensis than E. canis were found in dogs from Bloemfontein residential areas (3/7; 6 %) and in dogs from Thaba Nchu (3/25; 12 %) and Heidedal (1/13; 8 %).

DISCUSSION

Our results show that sera from a high proportion of apparently healthy dogs in the Bloemfontein area of South Africa have antibodies reactive against *E. canis* and *E. chaffeensis*. The prevalence of antibodies against *E. canis* we detected was significantly higher in dogs from the economically depressed suburbs surveyed (Botshabelo, Thaba Nchu and Heidedal) than in dogs from the more affluent Bloemfontein residential areas. Since ticks are the principal vectors of *Ehrlichia* spp.⁹, it appears likely that the lack of effective tick control in economically depressed areas was responsible for

Table 1. Prevalences of antibodies reactive with *Ehrlichia chaffeensis* and *E. canis* in sera from dogs in the Bloemfontein area, South Africa.

	n	Reciprocal IFA titres to:					
Location		E. chaffeensis			E. canis		
		<64 n (%)	64–1024 n (%)	≥2048 n (%)	<64 n (%)	64–1024 n (%)	≥2048 n (%)
Bloemfontein	49	42 (86)	5 (10)	2 (4)	41 (84)	5 (10)	3 (6)
Botshabelo	47	31 (66)	9 (19)	7 (15)	30 (64)	9 (19)	8 (17)
Heidedal	32	19 (59)	10 (31)	3 (9)	17 (53)	9 (28)	6 (19)
Thaba Nchu	33	8 (24)	23 (70)	2 (6)	5 (15)	24 (73)	4 (12)
Total	161	100 (59)	47 (33)	14 (9)	93 (54)	47 (33)	21 (14)

the difference in prevalence rates.

Although we tested for antibodies reactive against E. canis and E. chaffeensis, serological cross-reactivity occurs between these organisms and other members of the tribe Ehrlichieae, some of which may infect dogs. These include Cowdria ruminantium¹¹, E. ewingii², Neorickettsia helminthoeca¹⁸, E. equi¹⁰ and E. risticii¹⁹. Of these, only C. ruminantium is known to occur in Africa, but the organism is not present in the Bloemfontein area where our samples were collected²². The previously reported serological cross-reactivity between E. canis and E. chaffeensis^{1,6} was also evident from our results, with most seropositive dogs having antibodies reactive against both organisms. The higher titres to E. canis in the majority of our positive sera indicate that most of the dogs we surveyed had been infected with E. canis. The seroprevalences we report to E. canis are similar to those recorded elsewhere in Africa, mainly Zimbabwe (33-68 %)^{13,14,15} countries in North Africa (47 %)⁴, Senegal (13–78 %)¹⁷ and Egypt (33 %)³. Tropical canine pancytopenia is a difficult disease to diagnose as there are no pathognomonic signs and organisms are difficult to detect in peripheral blood smears 13,14,15. Serology remains the most effective means of diagnosing infections and the results of our study indicate a need for a routine Ehrlichia serological diagnostic facility to be established in South Africa.

Our finding that 7 seropositive dogs had higher titres to *E. chaffeensis* provides further evidence that the agent of human monocytic ehrlichiosis or a closely related species occurs in Africa. There are now over 400 reported cases of human monocytic ehrlichiosis in people, with fever, headache, malaise, myalgia, arthralgia, nausea and/or vomiting being the most common clinical signs¹. Experimental infections of dogs with *E. chaffeensis* result in only mild clinical signs, including low-grade transient fever and ocular discharges that are not associated with haematological abnormalities.⁶

Dogs may, however, harbour infections for up to 26 days, and such infections provide no protection against subsequent *E. canis* challenge⁶. Recent surveys in the USA have shown that natural infections of dogs with *E. chaffeensis* are more prevalent than *E. canis* infections in some areas⁶. With growing evidence for the presence of *E. chaffeensis* in Africa, further studies are required to determine the role of dogs in the epidemiology of human monocytic ehrlichiosis on the continent.

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