

Republic of Iraq  
Ministry of Higher Education  
and Scientific Research  
University of Diyala  
College of Medicine



# **Immunological and Molecular Study of *Giardia lamblia* in Patients with Diarrhea**

**A Thesis**

**Submitted to College of Medicine - University of Diyala in Partial  
Fulfillment of the Requirements for the Degree of Master of Science in  
Medical Microbiology.**

**BY**

**Haider Aasad Saleh**

**BSc. Medical Analysis 2015\ Al-Yarmouk University**

**Supervised by**

**Assistant Professor**

**Dr. Rawaa Abdulkhaleq Hussein**

**Professor**

**Dr. Mehdi SH. AL-Zuheiry**

**2018 A.D.**

**1439 A.H.**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

{يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ}

صَدَقَ اللَّهُ الْعَلِيِّ الْعَظِيمِ

المجادلة : 11

**Approved by**

**College of Medicine \ Diyala University**

**As the thesis for the degree of**

**Master in Medical Microbiology**

**Professor**

**Dr. Talib Jawad Kadhim**

Dean

College of Medicine \ Diyala University

**Seal**

**Higher Studies Registration**

College of Medicine \ Diyala University

### **Committee Certification**

We, the examining committee, certify that we have read this thesis entitled (Immunological and Molecular Study of *Giardia lamblia* in Patients with Diarrhea) was prepared by (**Haider Aasad saleh**) and as the examination committee examined the student in its content and in our opinion it adequate for award of the Degree of Master of the Science in Medical Microbiology.

**Professor**

**Dr. Abdul-lateef molan mohamad**

**Chairman**

Date: 2018\ \

**Assistant Professor**

**Dr. Ahmed Medab Athab**

**Member**

Date: 2018\ \

**Assistant Professor**

**Dr. Munim Radwan Ali**

**Member**

Date: 2018\ \

**Assistant Professor**

**Dr. Rawaa Abdulkhaleq Hussein**

**Member\ Supervisor**

Date: 2018\ \

**Professor**

**Dr. Mehdi SH. AL-Zueriry**

**Member\ Supervisor**

Date: 2018\ \

## SUPERVISOR CERTIFICATION

We certify that this thesis entitled (Immunological and Molecular Study of *Giardia lamblia* in Patients with Diarrhea) submitted by (**Haider Aasad saleh**) to the College of Medicine- University of Diyala was under our supervision as a partial fulfillment of the requirements for the Degree of Master of Science in Medical Microbiology.

Signature

**Assistant Professor**

**Dr. Rawaa Abdulkhaleq Hussein**

Department of Medical Microbiology

College of Medicine

University of Diyala

Date: 2018\ \

Signature

**Professor**

**Dr. Mehdi SH. AL-Zueriry**

Department of Pediatrics

College of Medicine

University of Diyala

Date: 2018\ \

In view of the available recommendation, I forward this thesis for debate by the examining committee.

Signature

**Assistant Professor**

**Dr. Areej Atiya Hussein**

Head of Medical Microbiology Department

College of Medicine

University of Diyala

Date: 2018\ \

## **Dedication**

**To our security forces (army and the popular crowd) who work  
for our protection ...**

**To the light of my life my mother, to whom who gave me strength  
and morals my father, may God have mercy on him ...**

**To my sisters...**

**To my friends...**

## **Acknowledgements**

To “ALLAH” and to his prophet “Muhammad” my praise and thanks are due for their blessings without which this research would not have been achieved. It is a pleasure to express my deep appreciation to my supervisors Assist. Prof. Dr. Rawaa Abdulkhaleq Hussein and Prof. Dr. Mehdi SH. AL-Zueriry for their invaluable advice, assistance, cooperation, and support throughout the course of preparing my thesis. Faithful thanks to are my parents who have continuously supported me to complete this study.

I would like to thank all my lecturers who taught me during the courses. My thanks are extended to the College of Medicine/ University of Diyala University for providing the chance to get the degree of Master in Microbiology.

I would also like to thank the staff of the Department of Medical Laboratories and Blood Bank at AL-Batol Hospital for their kind cooperation.

I also address my thanks to the patients and to my friends who cooperated with me during this study.

# Summary



## Summary

---

Diarrhea is one of the most common health complaints. It can range from a mild, temporary condition, to a potentially life-threatening one. Most cases of diarrhea are caused by an infection in the gastrointestinal tract. The microbes responsible for this infection include bacteria, viruses and parasites.

This study aimed to determine the infection rate of *Giardia lamblia* among other intestinal parasites in fecal samples collected from patients with diarrhea and to compare between the performance characteristics of microscopy and enzyme linked immunosorbent assay (ELISA) to identify the standard test for the diagnosis of *Giardia* in fecal samples. The study also aimed to investigate the relationship between *Giardia* infection and some of the socio-environmental factors. *G. lamblia* genotypes were identified and the role of genotypes in the establishment of different clinical signs was determined. Molecular characterization of sub genotypes and the association between these sub genotypes and the presence of sever clinical signs were studied.

The present study included 100 patients who attended the parasitology laboratories in AL-Batol Hospital, AL-Khalis Hospital, Health Centers in Dali Abbas and Khan Bani Saad in Diyala, suffering from gastrointestinal complaints with acute diarrhea, together with additional 100 persons who had no diarrhea or other gastrointestinal complaints and considered as a control group. Age ranged from >2 year to ≤19 years, 61 males and 39 females. All patients were infected with different intestinal parasites. The information regarding socio-demographic, health factors were collected from healthy subjects and patients. All samples of fresh feces were examined by light microscopy; the remaining samples were kept at -20 °C for ELISA test and DNA extraction were analyzed with nested polymerase chain reaction (PCR).

The rates of intestinal parasite infection detected by microscopy from patients with diarrhea were *Entamoeba histolytica\ dispar* (51%), *Giardia*

## Summary

---

*lamblia* (34%), *Entamoeba coli* (6%), *Cryptosporidium spp.* (4%), and *Hymenolepis nana* (3%).

The infections in males were more than in females in all types of intestinal parasites. The highest positivity rate was observed in children aged 2-5 years (46 cases). Whereas the age group 12-18 years revealed the lowest infection rate (6 cases).

*Giardia lamblia* antigen was detected in 39 out of 100 samples (39%) by ELISA. The light microscopy was compared with ELISA and the sensitivity was 87.17%, while the specificity was 100%. *G. lamblia* infection was associated with socio-demographic risk factors that include residence in urban area, family size, other family members infected with *G. lamblia*, presence of patients, water sources, type of feeding (1&2 years), presence of animals, washing of hands and vegetables\ fruit before consumption. The abdominal pain was the most frequent clinical symptoms of giardiasis infections which appeared in 20 cases (51.28%) cases, while vomiting only in 4 (10.25%) cases. The highest incidence was in April with 13 cases, while no infection with giardiasis were detected during December. Most common co-infections was between giardiasis cases and *E. histolytica/ dispar* with 3 cases (7.69%), while 2 (5.12%) cases of co-infection among giardiasis with *Cryptosporidium spp.*

Molecular characterization of 39 giardiasis patients was done by nested PCR was performed for detecting *G. lamblia* genotype by amplification triose phosphate isomerase gene (tpi). Twenty one samples amplified out of 39 samples (53.84%). However, the amplification of these samples showed that 5 (23.80%) contained genotype A and 15 (71.42%) samples contained genotype B, while 1(4.76%) sample contained mixed A and B genotypes. Regarding to the gender, *Giardia* genotypes A and B were more significant in males than in females. The highest distribution of genotypes were in patients aged 2-5 years. Regarding to the clinical presentations of giardiasis in this study, there were

## Summary

---

differences in the genotypes whether it was A, B or mixed genotype. In type of diarrhea, assemblage B was associated with fatty diarrhea (80 %), while assemblage A was associated with watery diarrhea (60 %).

Sequence of the assemblage A isolates yielded genetic variation, one over one position was noticed for all the isolates: C to T at position 926 with silent mutation D Aspartic acid 309 to D Aspartic acid (according to the GenBank isolate accession no. L02120). One subtype of *G. lamblia* based on these sequences was evident. The isolates representing this subtype were as follows: ST1 (A1, A2, A3, A4, A5). These isolates were identical with isolate sequences of *G. lamblia* an assemblage A available in the GenBank database (accession no. KF963573). However, assemblage B isolates yielded a degree of sequence polymorphisms. One heterogeneous mixed base substitution over one position was noticed: A to G at position 752 with silent mutation E glutamic acid 251 E glutamic acid (according to the GenBank isolate accession no. L02116). Two distinct subtypes of *G. lamblia* based on these sequences were evident. The isolates representing these subtypes were as follows: ST1 (B3) in the present study was identical with isolates sequences of *G. lamblia* an assemblage B available in the GenBank database references (accession no KY320582). While the ST2 (B4, B5) had not been reported before and showed high level of similarity (99%) with isolates from GeneBank database. Therefore, these isolates were considered new types of sequences and recorded in National Center Biotechnology Information (NCBI).

## List of Contents

No.	subjects	Page
	Supervisor certification	
	Dedication	
	Acknowledgments	
	Summary	I
	List of contents	IV
	List of Tables	VIII
	List of Figures	X
	List of Abbreviations	XII
	Chapter One : Introduction	
1.1	Introduction	1
2.1	Aims of Study	3
No.	Chapter Two : Literature Review	Page
2.1	Historical Perspective of <i>Giardia</i>	4
2.2	<i>Giardia lamblia</i> Taxonomy	4
2.3	Morphology and Life cycle	5
2.4	Routes of Transmission	8
2.4.1	Direct transmission between humans	8
2.4.2	Zoonotic Transmission	9
2.4.3	Waterborn Transmission	9
2.4.4	Foodborn Transmission	10
2.4.5	Mechanical transmission	10
2.5	Molecular Biology	11
2.6	<i>Giardia</i> assemblages and subassemblages	11
2.7	Epidemiology	13
2.8	<i>Giardia lamblia</i> Co-Infections	16
2.9	pathogenicity	17
2.10	Clinical manifestation	18
2.11	Extraintestinal consequences of <i>Giardia</i> infection	20
2.12	Assemblage, sub-assemblage and disease	21
2.13	Immune response	22
2.14	Escape mechanism	24
2.15	Diagnostic methods	24
2.15.1	Microscopic methods	24
2.15.2	Immunology methods	25

2.15.3	Molecular methods	25
2.16	Treatment	26
<b>No.</b>	<b>Chapter Three : Subjects, Materials and Methods</b>	<b>Page</b>
3.1	Subjects and samples	27
3.2	Materials	28
3.2.1	Laboratory equipment and apparatus	28
3.2.2	Chemical materials	30
3.2.3	Kits	31
3.3	Methods	31
3.3.1	Preparation of solution and stain	31
3.3.1.1	Physiological Saline Solution	31
3.3.1.2	Logules iodine solution	32
3.3.1.4	Giemsa Stain Solution	32
3.3.2	Buffers and solutions for Gel Electrophoresis	32
3.3.2.1	Tris Borate EDTA electrophoresis buffer (10X TBE)	32
3.3.2.2	Red safe nucleic acid staining solution	32
3.4	Parasitological study	32
3.4.1	Collection and preservation of stool samples	32
3.4.2	Laboratory diagnosis of stool samples	32
3.5	Immunological study	34
3.5.1	Detection of <i>Giardia Lamblia</i> antigen by RIDASCREEN® Giardia test	34
3.6	Molecular study	37
3.6.1	DNA extraction from stool samples	37
3.6.2	Measurement of DNA purity and concentration	38
3.6.3	Gene amplification by conventional polymerase chain reaction	39
3.6.4	Primer preparation	39
3.6.5	PCR programs	40
3.6.6	Agarose gel preparation	41
3.6.7	DNA marker	41
3.6.8	DNA Loading and Electrophoresis	41
3.7	DNA sequence of <i>G. lamblia</i> genotype A and B	42
3.8	Statistical analysis	42
<b>No.</b>	<b>Chapter four: Result</b>	<b>Page</b>
4.1	Intestinal parasites	43
4.1.1	Enteroparasitic infections	43
4.1.2	The distribution of enteroparasitic species according to	44

	gender and age groups	
4.2	Immunological study of <i>Giardia lamblia</i>	45
4.2.1	<i>Giardia lamblia</i> infections	45
4.2.2	Comparative analysis of various techniques for detection of <i>G. lamblia</i> in study patients with diarrhea	45
4.2.3	Demographic characteristics of <i>G. lamblia</i> patients group	45
4.2.4	Frequency of clinical symptoms in giardiasis patients	48
4.2.5	Distribution of giardiasis cases by months	48
4.2.6	Parasitic co-infection cases among giardiasis patients	49
4.3	Molecular study of <i>Giardia lamblia</i>	50
4.3.1	Identification of giardiasis genotypes	50
4.3.2	Characteristics of genotypes groups in study	52
4.3.3	Clinical symptoms among giardiasis patients	53
4.3.4	Distribution of giardiasis genotypes according to types of diarrhea	54
4.4	Variation in the <i>tpi</i> nucleotide sequences of <i>G. lamblia</i> isolates belonging to the genotypes A and B of these isolates	55
<b>No.</b>	<b>Chapter five: Dissociation</b>	<b>Page</b>
5.1	intestinal parasites	60
5.1.1	Enteroparasitic infections	60
5.1.2	The distribution of enteroparasitic species according to gender and age groups	62
5.2	<i>Giardia lamblia</i> infection	63
5.2.1	Comparison between various techniques for detection of <i>G. lamblia</i>	63
5.2.2	Demographic characteristics of patients infected with <i>G. lamblia</i>	64
5.2.3	Frequency of clinical aspects in giardiasis patients	68
5.2.4	Distribution of infections with <i>Giardia lamblia</i> throughout study period	69
5.2.5	Parasitic co-infection cases among giardiasis patients	70
5.3	<i>Giardia lamblia</i> genotypes	71
5.3.1	Identification of giardiasis genotypes	71
5.3.2	Characteristics of genotypes	73
5.3.3	Clinical aspects among giardiasis patients	74
5.3.4	Distribution of giardiasis genotypes according to types of diarrhea	75
5.4	Variation in the <i>tpi</i> nucleotide sequences of <i>G. lamblia</i> isolates belonging to the genotypes A and B of these isolates	75

<b>No.</b>	<b>Chapter six: Conclusion and Recommendation</b>	<b>Page</b>
<b>6.1</b>	Conclusion	79
<b>6.2</b>	Recommendation	81
	Reference	82
	Appendix	
	Summary in Arabic	

## List of Tables

No.	Title	Page
3.1	Equipments and apparatus used in the present study	28
3.2	Chemical materials used in the present study	30
3.3	The kits used in the present study	31
3.4	Sequence of primers utilized in the present study	39
3.5	Thermo cycling condition for primary and secondary amplification of the <i>tpi</i> gene	41
4.1	Enteroparasitic species identified by direct microscopy technique in the fecal samples collected from patients and healthy control group	43
4.2	Distribution of enteroparasitic species according to gender and age.	44
4.3	The <i>Giardia lamblia</i> identified from patients group with diarrhea	45
4.4	Compared between microscope and ELISA techniques for detection of <i>Giardia lamblia</i> in study patients group	45
4.5	Variable factors of <i>Giardia lamblia</i> infection according to questionnaires obtained from patients with diarrhea.	47
4.6	Frequency of clinical symptoms with giardiasis among the study group	48
4.7	Parasitic co-infection cases among giardiasis patients	49
4.8	Identification of <i>Giardia lamblia</i> genotypes according to the amplification of <i>tpi</i> gene	50
4.9	Distribution of <i>Giardia lamblia</i> genotype groups according to gender and age groups of 21 patients	53
4.10	Frequency of clinical symptoms among giardiasis	54



	patients of A, B and mixed A & B genotypes	
<b>4.11</b>	Relationship between types of diarrhea and <i>G. lamblia</i> genotypes	54

## List of Figures

No.	Title	Page
2.1	<i>G. lamblia</i> trophozoites	6
2.2	<i>G. lamblia</i> cysts	6
2.3	Life cycle of <i>Giardia lamblia</i>	8
3.1	The RIDASCREEN® <i>Giardia</i> test	34
4.1	Distribution of infections with <i>Giardia lamblia</i> throughout the study period.	49
4.2	<i>Tpi</i> – specific PCR for <i>G.lamblia</i> genotyping, first round on 1.5% agarose gel stained with red stain. Lane's L: 100-DNA ladder; and lanes 1-5: PCR products of <i>G. lamblia</i> (band 605 bp) from examined samples	51
4.3	<i>Tpi</i> – specific PCR for <i>G.lamblia</i> genotyping, second round on 1.5% agarose gel stained with red stain. Lane's L: 100-DNA ladder; and lanes 4, 7,8: PCR products of genotyping A (band 322bp) from examined samples.	51
4.4	<i>Tpi</i> – specific PCR for <i>G. lamblia</i> genotyping, third round on 1.5% agarose gel stained with red stain. Lane's L: 100-DNA ladder; and lanes 1-3: PCR products of genotyping B (band 400bp) from examined samples	52
4.5	Variation in the <i>tpi</i> nucleotide sequences of <i>G. lamblia</i> isolates belonging to the assemblage A according to accession number L02120.	56
4.6	Identical in the <i>tpi</i> nucleotide sequences of <i>G. lamblia</i> isolates belonging to the assemblage A according to	57

	accession number KF963573	
<b>4.7</b>	Figure (4-7) Variation in the <i>tpi</i> nucleotide sequences of <i>G. lamblia</i> isolates belonging to the assemblage B (according to accession no. L02116).	58
<b>4.8</b>	Identical between the query and subject sequences with their percentage of similarities in the <i>tpi</i> nucleotide sequences of <i>G. lamblia</i> isolates belonging to the assemblage B	59

## List of Abbreviations

Abbreviation	Meaning
<b>ASH</b>	Allelic sequence heterozygosity
<b>AF</b>	Anterior flagella
<b>BLAST</b>	Basic local alignment search tool
<b>Bp</b>	Base pair
<b>Bg</b>	Beta giardin
<b>CF</b>	Caudal flagella
<b>CDC</b>	Centers for Disease control and prevention
<b>CWP</b>	Cyst wall proteins
<b>COX-2</b>	Cyclooxygenase-2
<b>dATP</b>	Deoxyadenosine triphosphate
<b>dCTP</b>	Deoxycytosine triphosphate
<b>dNTP</b>	Deoxynucleotide triphosphate
<b>dTTP</b>	Deoxythymidine triphosphate
<b>DNA</b>	Deoxyribonucleic acid
<i>D. fragilis</i>	<i>Dientamoeba fragilis</i>
<b>DFA</b>	Direct fluorescent antibody
<b>DCs</b>	Dendritic cells
<b>ELISA</b>	Enzyme- link immunosorbient assay
<b>Esvs</b>	Encystation-specific vesicles
<i>E. coli</i>	<i>Entamoeba coli</i>
<i>E. histolytica\dispar</i>	<i>Entamoeba histolytica\dispar</i>
<i>E. vermicularis</i>	<i>Enterobius vermicularis</i>
<b>E-64</b>	L-trans-epoxysuccinyl-L-leucylamido-(4-guanidino)-butane

<b>GC</b>	Guanine-cytosine
<b>gdh</b>	Glutamate dehydrogenase
<b>gm</b>	gram
<b>HIV</b>	Humain Immunodeficiency Virus
<b>ICAM-1</b>	Intracellular adhesion molecule-1
<b>IFN-<math>\gamma</math></b>	Interferon gamma
<b>IL-1</b>	InterlucKin-1
<b>iNOS</b>	Inducible NOS
<b>MCH</b>	Major Histocompatibility
<b>NF-<math>\kappa</math>B</b>	Nuclear Factor- $\kappa$ B
<b>NO</b>	Nitric oxide
<b>NCBI</b>	National Center Biotechnology Information
<b>PCR</b>	polymerase chain reaction
<b>PLF</b>	Posterior/lateral flagella
<b>rRNA</b>	Ribosomal ribonucleic acid
<b>SSU</b>	Small subunit
<b>SPP.</b>	Species
<b>Tm</b>	Melting Temperature
<b>Th</b>	T helper cell
<b>TNF-<math>\alpha</math></b>	Tissue necrosis factor- $\alpha$
<b>TFT</b>	Triple feces tester
<b>TBE</b>	Tris Borate EDTA electrophoresis buffer
<b><math>\mu</math>m</b>	Micrometer
<b>VCAM-1</b>	Vascular cells adhesion molecule-1
<b>VSPs</b>	variant-specific surface proteins
<b>WHO</b>	World Health Organization

# Chapter one

## Introduction

### 1.1 Introduction

Diarrhea is the reversal of the normal net absorptive status of water and electrolyte absorption to secretion. Acute diarrhea is defined as the abrupt onset of 3 or more loose stools per day and lasts no longer than 14 days; chronic or persistent diarrhea is defined as an episode that lasts longer than 14 days (WHO, 2017). Diarrhea is the main cause of morbidity and mortality among infants and young children, particularly in low-resource settings (Basmaci *et al.*, 2018). Diarrhea is a symptom of infections caused by several bacterial, viral and parasitic organisms, over 350 million with intestinal protozoan parasitic infection (Scanes and Toukhsati, 2018). The parasitic diseases are responsible for causing a significant amount of morbidity and mortality, most of which are located in the tropical and subtropical regions (Sah *et al.*, 2013). However, with regard to developed countries, the prevalence of intestinal protozoan parasites is higher than that of intestinal helminthes (Rai *et al.*, 2017).

Infection with *G. lamblia* is one of the most important non-viral infections causing diarrheal illness in humans. It has been recognized as the most common intestinal protozoan parasite infecting humans in Iraq (Abd-Al-Zahra *et al.*, 2012).

Giardiasis is traditionally considered an epidemic and zoonosis disease between human and animals (farm animals, dogs, cats, birds and rodents) (Thompson *et al.*, 2008). The infection in humans is usually asymptomatic or mild enough to escape diagnosis, most cases are self limited, yet significant acute and chronic infection can occur (Wicki *et al.*, 2009). Acute infection can produce bloating, cramp abdominal pain and explosive diarrhea, with pale, frothy, steatorrheic stool (foul smelling, greasy stool often mixed with mucus but not blood) (Nyamngee *et al.*, 2009). Transmission of *Giardia* occurs from person to person, hand to mouth transmit of cysts from the feces of infected person. Outbreaks of *Giardia* infections in institutions and families, such as

nursing homes and day care centers, especially those with diapered children, have been linked with fecal-oral route (Efstratiou *et al.*, 2017).

Traditionally, the diagnosis of *Giardia* infection is performed through the identification of trophozoites and cysts by microscopy in faecal samples. However, this parasite presents variable patterns of excretion which can cause a false-negative outcome (Cama and Mathison, 2015). Beside the microscopy, a variety of different diagnostic tests have been reported: immunoassays such as enzyme-linked immunosorbent assay (ELISA), rapid tests (immunochromatographic tests), and the detection of *Giardia* specific genes by conventional polymerase chain reaction (PCR) (Soares and Tasca, 2016). *Giardia* isolates are morphologically identical; they vary significantly in their biology, virulence and genetics (Lalle *et al.*, 2005).

However, molecular methods like PCR are used to classify *G. lamblia* into genotypes and subgenotypes. Most studies use methods which depend on single or multiple genetic loci. However, the use of a different gene, or even a different set of PCR primers, can occasionally present the same isolate to a various genotype (Haque, 2007). It was shown that *G. lamblia* consists of eight assemblages (or genotypes). Only assemblages A and B infect humans. Human infections of assemblage B (~58% of the cases) are more common worldwide compared to assemblage A (~37%). (Ryan and Cacciò, 2013).

Recent investigation indicates the importance of studying *G. lamblia* assemblages and sub-assemblages. These findings increase our knowledge of transmission dynamics, dispersion of drug-resistant alleles, and evolutionary patterns of giardiasis in different geographical regions of the world (Spotin *et al.*, 2018).



**1.2 Aims of the study:**

- 1- Study the infection rate of *G. lamblia* among other intestinal parasites in fecal samples collected from patients with diarrhea.
- 2- Compare the test performances characteristics of Microscopy and ELISA in order to identify the best diagnostic method of *Giardia* in fecal samples.
- 3- To investigate the relationship between *Giardia* infection and some socio-environmental factors.
- 4- Identification of *G. lamblia* genotypes and then determine the role of genotypes in the establishment of different clinical symptoms.
- 5- Molecular characterization of subgenotypes and to study the association between these subgenotypes and the presence of sever clinical symptoms.