

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



Association of interleukin-6 and interleukin-11 with neonatal sepsis in Diyala Province

A Thesis

Submitted to the College of Medicine-University of Diyala as partial fulfillment of the requirement for the degree of M.Sc. in Biology

By

Rahma Mohammad Abbas

BVMS. (2011) - College of Veterinary Medicine - University of **Diyala**

Supervised by

Assistant Professor Dr.

Professor Dr.

Anfal Shakir Motib

Jalil Ibrahim Kadhim

PhD Molecular Biology

FICMS,Ped

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بِسْمِ اللَّهِ الرَّحْمَٰنِ الرَّحِيم

(وَأَنْ لَيْسَ لِلْإِنْسَانِ إِلَّا مَا سَعَى)

صدق الله العظيم سورة النجم الاية (39)

Dedication

| To my mother's soul that didn't leave me for a moment, M. | 1ay God have |
|---|--------------|
| mercy on her and make her one of the women of Paradise | 2. |

The apple of my eyes and my refuge after God.....my father

To the most precious people to me... my husband (Mohammed),

he always encourages, helps and supports me in all of my life, without he I wouldn't be who I am today

To my support in life.......my brothers(Omar, Ali, Othman)

To my second mother... ...my sister (Zainab)

To my supervisors Assistant professor . Dr. Anfal Shakir Motib and ProfessorDr. Jalil Ibrahim elezzi

To the pure souls of neonatal patients in any place...

To everyone who supports me, even with a word, I dedicate the fruit of my humble effort this

Rahma

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Supervisor Certification

I, certify that this thesis entitled (Association of interleukin-6 and interleukin-11 with neonatal sepsis in diyala Province) has been conducted under my supervision at the College of Medicine, University of Diyala, as partial fulfillment of the requirements for the Master Degree of Science in Medical Microbiology.

Assistant professor Dr.
Anfal Shakir Motib

Professor Dr. Jalil Ibrahim Kadhim

Given the available recommendation, I forward this thesis for debate by the examining committee.

Signature Professor Dr. Luma Taha Ahmed

Head of Microbiology Department

College of Medicine - University of Diyala

Committee Certification

We, as the examining committee, certify that we have read this thesis and examined the student (**Rahma Mohammad Abbas**)in and its contents, found it adequate as a thesis for the Master Degree of Science in Medical Microbiology.

| | Professor | | |
|-----------|-----------|----|-----------|
| | Dr | | |
| | Chairman | | |
| | | | |
| | | | |
| Professor | | | Professor |
| Dr | | Dr | |
| Member | | | Member |

Assistant professor Dr. Anfal Shakir Motib Professor Dr. Jalil Ibrahim Kadhim

(Supervisor)

Approved by the Council of College of Medicine

The Dean

Professor Dr. Ismail Ibrahim LatifDate:

Summary

Summary

Sepsis or septicemia are severe bloodstream infections that can quickly become life-threatening. Sepsis is most often caused by bacteria infection, but can also be caused by fungi, viruses, or parasites, and it is one of the major causes of mortality and morbidity in newborns (< 1 month). The aim of this study is to investigate the role of interleukin-6 (IL-6) and interleukin-11 (IL-11) in the early diagnosis of sepsis in newborns.

From November/ 2020 to April/ 2021, 100 blood samples were collected from neonates admitted to the pediatrics-neonatal wards at Al-Batool Teaching Hospital for Gynecology and Pediatrics in Baquba / Diyala Governorate who were clinically diagnosed with sepsis. The neonates ranged in age from 1 - 30 days, and blood samples were obtained to determine the levels of Interleukins IL-6 and IL-11.

The findings of this study show that (43%) of newborns have early onset sepsis (infected within the first seven days of their lives), while the remaining (17%) have late onset sepsis (infected during 7-30 days of their life). Bacterial isolation was performed on the samples collected. Bacterial culture was positive in (60%) patients versus (40%) patients revealed a negative bacterial culture. The most common types of bacteria isolated were *Staphylococcus epidermidis*, 26 isolates (43.3%) followed by *Klebsiella pneumonia*, 13 isolates (21.7%), and *Staphylococcus aureus*, 10 isolates (16.7%), *Pseudomonas aeruginosa*, 8 isolates (13.3%) and *Escherichia coli*, 3 isolates (5%). The susceptibility of bacteria to some antibiotics included in this study was determined *in vitro*, and it was showed that gentamicin, amikacin, and ceftazidime are the most efficient antibiotics against various pathogenic bacteria.

I

Summary

The level of Interleukins was quantified using for the immune antibodies binds to the enzyme (Sandwich ELISA test). For one hundred ninety-six samples, of which hundred were from patients and ninety-six samples from healthy ones. The Interleukin levels showed that a significant increase in the level of interleukin-6 (IL-6) for all patients males and females preterm or full-term and who their weight <2.5 or >2.5 kg compared with a control group. In terms of interleukin -11 levels, the current study found a significant increase in patients with sepsis in terms of gestational age, gender, and birth weight when compared to the control group.

In conclusion, the findings revealed that neonatal early onset sepsis is more common than late onset sepsis in NICUs in Baquba city / Diyala Governorates. The results showed that IL-6 can be a reliable marker for predicting neonatal sepsis and can be used as a good guide for early detection of sepsis in neonatal care units, in comparison to blood culture whereas the blood culture technology (the gold standard) takes at least 24–48 hours, and prenatal antibiotic use further reduces blood culture accuracy. Finally, the study found that the levels of the interleukins IL-6 and IL-11 levels increase in early time of inflammation, making them a good diagnosis marker for neonatal sepsis.

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List of Abbreviations

| NS | Neonatal Sepsis |
|-------|--------------------------------|
| EOS | Early onset sepsis |
| LOS | Late onset sepsis |
| LBW | Low Birth Weight |
| VLBW | Very Low Birth Weight |
| TLR | Toll-like receptor |
| G+ | Gram positive bacteria |
| G- | Gram negative bacteria |
| TNF-α | Tumor necrosis factor alpha |
| IL-6 | Interleukin-6 |
| IL-11 | Interleukin-11 |
| CARS | compensatory anti-inflammatory |
| | response syndrome |
| SIRS | systemic inflammatory response |
| | syndrome |

| HRP | Horseradish Peroxidase |
|-------|-----------------------------------|
| KDa | Kilo Dalton |
| GI | Gastrointestinal tract |
| GUT | Genitourinary Tract |
| NICU | Intensive Care Unit Neonatal |
| EMB | Eosin Methylen Blue Agar |
| VP | Voges-proskauer test |
| KIA | Kligler iron agar |
| CLSI | Clinical and Laboratory Standards |
| | Institute |
| WHO | World Health Organization |
| PCT | procalcitonin |
| EMB | Eosin Methylene Blue |
| CONS | Coagulase Negative Staphyococcal |
| | Bacteria |
| CBC | Complete Blood Count |
| CSF | Cerebrospinal Fluid |
| CRP | C-Reactive Protein |
| IMVIC | Indole, Methyl red test ,Voges- |
| | proskauer test |

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Chapter one Introduction

1.1 Introduction

Neonatal bacterial septicemia is a more important syndrome of infections at early stage of infant's life Worldwide (Russell , 2015). The one of the largest causes of morbidity and mortality in infants is neonatal septicemia (Jain *et al.*,2003). Edwards (2006) classified Neonatal sepsis as early onset sepsis (EOS) that occurs at age through one to seven days or late onset sepsis (LOS) that occurs at age through eight to twenty eight days. The spectrum of infecting organisms has evolved over the last two decades from a predominance of gram negative bacteria to gram positive bacteria. Most community-acquired infections are due to *Streptococcus* spp. and *Escherichia coli*, and other Enterobacteriaceae and non-ferment Gram-negative bacteria like *Pseudomonas* and *Acinetobacter spp*. (Ramphal , 2004).

It was reported that Streptococcus agalactiae (Group B Streptococcus) is considered the main cause lead to meningitis and neonatal sepsis. Many clinical isolates of pathogenic bacterial species that including, septicemia cause *Mycobacterium*, tuberculosis, can faeceium, Staphylococcus Pseudomonas Enterococcus aureus, aeruginosa, Kleibsiella pneumonia, Neisseria gonorrhea, Acinetobacter baumanii, enterobacter, Salmonella, and Shigella spp., are the most antimicrobial-resistant and the problem remains out of control (Nathan and Cars, 2014). Many clinical diseases, include upper respiratory tract; infection and urinary tract (UTI), cystitis, pneumonia, thrombophlebitis, wound infection; meningitis, osteomyelitis can led to bacteremia, sepsis and septic shock, that may result from the bacteria entering the blood stream (Jung et al., 2012; Siham and Rachid, 2016). On the other hand, the microorganisms commonly isolated with early - onset septicemia in neonate were K. pneumonia, S. aureus, P. aeruginosa and Enterobacter

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Chapter One Introduction

spp (Baltimore *et al.*, 2001), while in late- onset septicemia, the bacteria are those acquired from human contacts or equipment's and contaminated materials and organisms from maternal genital canal. (Stoll *et al.*, 2002). There are difficulties in diagnosis of the neonate sepsis that attributed to nonspecific signs of sepsis and may observe same signs with other noninfectious cases (Al-Saady *et al.*, 2018). For example many neonate have bacteremia with absence of clinical signs (Ottolini *et al.*, 2003). Blood cultures or other fluids in the body are the typical diagnostic method in the conditions of neonatal sepsis (Chiesa *et al.*, 2004). Recently the molecular assays have been used as a substitute for blood cultures that due to direct pathogen detection and get the results within less time (Mancini *et al.*, 2010). The therapy of effective antibiotic must be used in treating sepsis and the untreated cases lead to rapidly fatal (Brocklehurst *et al.*, 2011).

Cytokines is defined as proteins (small polypeptides) secreted by variety of tissue cells, which most commonly of the immunity system, that have functions of pleotropic at the local tissue or sometimes at the systemic level. Different cell types' activation, growth and differentiation are all regulated to them. They work by binding to cytokine receptors on cell membranes, as well as plasma and receptors of tissue fluids. The molecular weight ranging from 27 to 30 KD (Paradkar *et al.*, 2014).Interleukins are the most numerous cytokines, ranging from IL-1 to IL-35, and are divided into many smaller families (Williams *et al.*, 2012).Interleukin-6 is one of the most essential multifunctional cytokines, with a molecular weight of (22-30) K D. Many types of cells generate it, including active T and B lymphocytes, monocytes, macrophages, epithelial cells, and meningeal cells in the brain (Swami Nathan, 2014). Interleukin-6 (IL-6R) receptors are widespread in the body, as they are present on hematopoietic precursors, macrophages, myeloid cells,

hepatocytes, and plasma cells (Thandavan et al., 2015). In sepsis, IL-6 is a key mediator during the acute phase of the inflammatory response and several studies have looked at its therapeutic benefit in patients with septic conditions (Takahashi and different Talcahashiw.2016). Interleukin-11 is a protein that induces platelet synthesis (mega karyo cyto poiesis), as well as activating osteoclasts, inhibiting macrophage mediator production and epithelial cell apoptosis and proliferation. These roles may be especially significant in mediating interleukin 11's mucosal protective effects (Leng et al., $1 \square \square \nearrow$. IL-11 was isolated for the first time from bone marrow-derived fibrocystic-like stromal cells. It was thought to be essential for hematopoiesis, especially megakaryocyte maturation (Paul SR et al., $1 \square \square 0$) \square owever, in both mice and humans, it was later discovered to be redundant for platelets and other blood cell forms (Nandurkar $\square \square$., $1 \square 7 \square$ -Brischoux-Boucher \square ., 2018). It's also known as adipose genesis inhibitory factor, as the drug substance oprelvekin (Kawashima I et al., $1 \square \square$ Chen et al., 2002). Therefore, it is important to study the role and concentration of interleukin 6 and 11 in neonatal septicemia.

□ □ □ he current □ tud □ ai □ ed to □

- 1-Identify the common bacterial species which is isolated from blood samples of neonatal sepsis cases.
- 2-Determine the antibiotic Susceptibility of bacterial isolates.
- 3-Detect the level of interleukin 6 and the level of interleukin 11 in newborns serum with septicemia and to compare the level of them with their levels in healthy newborns.
- 4- Study the correlation of the levels of interleukin 6 and 11 with neonatal ages, gender, and weight.