Incidence of *Clostridium perfringens* in Intestinal Contents of Domestic Livestock Detected by PCR

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**ABSTRACT**

*Clostridium perfringens* (C. perfringens) is a Gram-positive anaerobic spore-forming bacterium that is widespread in environmental soil and sewage, as well as in animal intestines. C. perfringens is an important pathogen in both human and veterinary medicine. The incidence and numbers of C. perfringens in the intestinal contents of 100 cattle, 86 turkey and 177 chickens from September 2015 to April 2016 were determined. C. perfringens was found in 26%, 22% and 40% of intestinal contents of cattle, turkey and chickens, respectively. In this research samples were tested for isolation of C. perfringens by culturing and biochemical method and then they were confirmed by the polymerase chain reaction (PCR) methods. We suggest that PCR assay could be a replacement of the culture method for quantifying C. perfringens in the intestinal tracts. These research helping us to establish the role of each C. perfringens toxin in animal disease, to investigate the in vivo mechanism of action of these toxins, and to develop more effective vaccines against diseases produced by these microorganisms.

**Keywords:** *Clostridium perfringens, Cattle, Turkey, Chickens, PCR.*
Introduction

*C. perfringens* is a Gram-positive, spore-forming, rod shaped anaerobic pathogen, non-motile and is frequently found in the intestinal tract of man and animals (1). The virulence of this bacterium largely results from its ability to produce at least 15 different *C. perfringens* toxins (2). *C. perfringens* strains are classified into five groups (types A, B, C, D and E) on the basis of their production of four major toxins (known as the alpha (CPA), beta (CPB), epsilon (ETX), and iota (ITX) toxins) (3). Due to their short reproductive cycle and their worldwide popularity as a food, poultry represent the most highly selected livestock. Throughout the world the majority of broilers are reared using very similar, modern, intensive systems of production where birds are confined for their lifetime within high density housing (4). In poultry, it can cause a deadly disease called necrotic enteritis (NE). Since *C. perfringens* was first described as *Bacillus aerogenes capsulatus* in 1892 (5), the bacterium has been identified as an anaerobe responsible for a wide range of diseases in humans and animals (6). The overgrowth of *C. perfringens* caused Necrotic Enteritis (NE) disease in the small intestine of different animals throughout the world. It is commonly found in the environment (in soil, on the skin and sewage) and in the intestines of animals and humans as a member of the normal flora (7). *C. perfringens* is found in undercooked or improperly sterilized canned foods (germination of endospores) and in water (surface water). The natural contamination source is human and animal faeces transmitted into food products primarily by water. *C. perfringens* produces an extensive range of invasions and exotoxins (8). Also, *C. perfringens* normally grows at 44 °C, whereas some other clostridia are inhibited at this temperature. This property is used in ISO methods to give the medium more selectivity (9). *C. perfringens* is usually considered to be an exclusively extracellular pathogen that secretes powerful cytotoxins that lyse cells and break down connective tissue (1). *C. perfringens* was first implicated as a cause of antibiotic-associated diarrhoea (AAD) in 1984 (10). Once initiated, the disease spreads rapidly through healthy tissues, leading to shock and death if not treated. Shock, which is a common and frequent occurrence in gangrene infections, is most likely due to extracellular toxins produced by *C. perfringens* (11). *C. perfringens*, a part of normal gut flora, is commonly involved in diseases in most domestic animals and some wildlife, including horses, poultry, birds, rabbits, sheep, goats, cattle, mink, ostrich, dogs and cats (12). The primary host immune defense against *C. perfringens* in the earliest stages of a post-traumatic infection is likely to be the phagocytic cells of the innate immune system, mainly PMNs and monocytes/macrophages. In later stages of the infection, when the bacteria have multiplied to the extent that a clinical case of gangrene is evident, there is a profound lack of phagocytes in the immediate vicinity of the bacteria (1). The *C. perfringens* infections in poultry may present as acute clinical disease or subclinical disease. The acute form of the disease leads to increased mortality in the broiler flocks (13). Vaccination is a widely used preventive measure against many infectious diseases in mammals and poultry. *C. perfringens* may cause necrotizing enteritis in several mammalian species including humans, and some of these conditions have been successfully prevented by vaccination (14). Despite some success with vaccines in animal experiments (15), there is no effective vaccine against *C. perfringens* infections (1). Owing to its ability to produce spores under adverse environmental conditions, it is one of the most widespread potential bacterial pathogen in nature as well as in the gastrointestinal tract of most animal species (16). Many heat processes are incapable of inactivating the *C. perfringens* endospores. Survival of spores in these products allows the subsequent outgrowth
where spores can germinate and commence growth at temperatures of 43 to 47˚C. In foods such as meats with gravy, heating reduces the oxygen tension (lowered redox) to cause sufficient anaerobiosis in which greater numbers of *C. perfringens* will rapidly divide. Importantly, *C. perfringens* has been documented to have very rapid doubling times, in some cases as low as 7 to 9 minutes in beef broth (17, 18). PCR technique, a molecular biology method, is an interesting alternative for detecting microbiological indicators in water samples based on the detection of genetic material from target bacteria (19). However, understanding of the pathogenicity and physiology of *C. perfringens* is still poor compared with other well studied pathogenic bacteria (3). The study was performed to determine the frequency of *C. perfringens* from cattle, turkey and chickens by culturing and PCR assay.

**Materials and methods**

**Sampling and DNA extraction**

In the present study intestinal contents were obtained from 100, 86 and 177 of slaughtered cattle, turkey and chickens, respectively. All animals were healthy and showed no signs of enteritis or other illness. Each sample was placed in a sterile plastic bag, transported to the laboratory and analyzed on the day of slaughter. Initially Cooked meat broth medium was prepared in tubes by mixture of 500 mg of cooked meat with 10 ml distilled water, heated at 80°C for 5 minutes in water bath. This will force Oxygen bubbles leave the medium to give a partial anaerobic medium. 5 gr of Intestine samples were uniformed with 5 ml of PBS (phosphate buffer) in a sterile mortar. The above suspension is added to the cooked meat broth and heated at 65°C for 10 minutes to leave only spore forming microorganisms. Tubes were then incubated for 72 hours at 37°C in an anaerobic CO₂ incubator. In the next step each samples were cultured by streak plate method using a loop on already prepared blood agar plates and incubated for 18 hours at 37°C anaerobic condition. The round, disordered, flat, bright colonies were considered to be clostridium colonies. DNA extraction was performed by boiling method, where few colonies were scratched off the blood agar plates and dissolved in 200µl distilled water in test tubes, and incubated in boiling water bath for 10-15 minutes. The last step was a 12000 rpm centrifugation for 5 minutes, and kept in -20 for further analyses.

**Gene amplification**

Detection was performed by amplification with the specific primers. The best primer concentrations were identified by performing a series of experiments with varying primer combinations (Table 1). Primers performed at the NCBI with experimental GENINFO BLAST Network Service to assess degree of homology between these primers and other reported sequences.

**Table 1. Sequence and concentration of primers for PCR**

| Primers | Primer Sequences (5’ to 3’ | Primer concentrations (nM) | Tms (˚C) | Product Size (bp) |
|---------|--------------------------|---------------------------|----------|------------------|
| CPE     | GGAGATGGTTGGATATTCAG      | 600 300                   | 55       | 233              |
|         | GGACCAGCTTGTTGTA          |                           |          |                  |

The PCR reaction mixture (50µl) contained 5 µl of bacterial lysate as template DNA (100 ng), 0.4 mM dNTPs, 5 µl 10 X PCR buffer, 0.25 µl of 5 U/µl Taq DNA polymerase, 0.4 uM of each primers (10 pmol/µl) and 2 mM MgCl₂. The PCR reaction mixture were placed in an Eppendorf PCR thermal cycler. Amplification was obtained with 32 cycles following an initial denaturation step at 95°C for 5 minutes. Each cycle comprised denaturation at 94°C for 60
seconds, annealing at 55°C for 60 seconds, and synthesis at 72°C for 60 seconds. The final extension step occurred at 72°C for 5 minutes. Then, 10 μL of the amplified product was electrophoresed at 90 V in a 2% agarose gel and stained with ethidium bromide. Amplified bands were visualized and photographed under UV illumination.

**Statistical analyses**
The frequency of re-isolation of *C. perfringens* were analyzed by the chi-square test using the SPSS 24 (SPSS Inc, Chicago IL, USA) software. P values <0.05 were considered significant.

**Results**
The quality of the extracted DNA was examined through 2% agarose gel and confirmed. The results showed a high frequency of *C. perfringens* infection in examined samples.

**Discussions**
*C. perfringens*, although it is a member of the normal intestinal flora, is regarded as one of the most important causes of intestinal disease in farm animals and wild animals and, to a lesser extent, in humans (20). *C. perfringens* plays a significant role in food-borne human disease and is among the most common food-borne illnesses in industrialized countries (21, 22). Outbreaks are frequently associated with temperature-abused meat or poultry dishes and typically involve a large number of victims (22). The broiler chicken industry is a main source of animal protein and body fat of broiler chicks is one of the major concerns in chicken industry (23). If a sufficient number of *C. perfringens* cells are ingested from contaminated food, these cells are capable of passage from the stomach to the intestinal tract where, upon sporulation, CPE is released causing the disease state of *C. perfringens* food poisoning (17, 18). *C. perfringens* is recognized as an enteric pathogen in humans, domestic animals, and livestock. This organism is associated with NE, gangrenous dermatitis, clostridial dermatitis, and gizzard erosions in poultry (24).

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**Table 2. Incidence and numbers of *C. perfringens* in intestinal contents of domestic livestock**

| Source | Number of Samples | Number of Samples | Number of samples containing *C. perfringens* in MPN/100 g |
|--------|-------------------|-------------------|----------------------------------------------------------|
|        | Tested            | Positive (%)      | <10<sup>2</sup> | 10<sup>2</sup>-10<sup>3</sup> | 10<sup>3</sup>-10<sup>4</sup> | 10<sup>4</sup>-10<sup>5</sup> |
| Cattle | 100               | 27 (27)           | 10             | 3                          |                              |                              |
| Turkey | 86                | 23 (26.74)        | 10             | 1                          |                              |                              |
| Chicken| 177               | 58 (32.76)        | 8              | 6                          | 5                            | 1                            |
It was first recognized as a frequent cause of death among children in New Guinea in the 1960s. It has also been reported to occur among malnourished adults or people with chronic diseases such as diabetes in USA, United Kingdom, Germany and other developed nations (25, 26). Disease outbreaks have been minimized to a significant extent through the use of in-feed antibiotics. However, the incidence of NE in broiler flocks has increased in Western Europe since the implementation of a ban on the growth promotion use of avoparcin in 1997 and of tylosin, spiramycin, virginiamycin, and zinc bacitracin in 1999 (27). Despite the identification of approximately 100 species of Clostridium, only a small number have been recognized as relatively common etiologic agents of medical and veterinary importance. Nonetheless, some of these species are associated with very serious diseases (28). The pathogenicity of this bacterium is associated with the production of extracellular toxins produced by some of its strains, such as beta2 toxin (29). The incidence of the disease may have been exacerbated by the use of wheat and barley as basal ingredients in European poultry diets. Dietary grains rich in water-soluble nonstarch polysaccharides (NSP) such as wheat, barley, or rye increase intestinal viscosity through enhanced mucus production (27). C. perfringens type A food poisoning is one of the most common food borne diseases in the United States. The factor responsible for the characteristic disease symptoms (diarrhea and abdominal cramps) of C. perfringens food poisoning has been shown (30). C. perfringens types B and C disease begins in the host intestine (31). Type B isolates cause an often fatal hemorrhagic dysentery in sheep, and possibly in other species, while type C isolates cause enteritis necroticans (also called pigbel) in humans and necrotic enteritis and/or enterotoxemias in almost all livestock species. Both types B and C animal disease are often accompanied by sudden death or acute neurological signs (31). Clinical signs and histopathologic findings in type C infections are very similar in most livestock animal species. The course of disease can be peracute, acute, or chronic, with signs of the acute and peracute condition including intense abdominal pain, depression, and bloody diarrhea (32). Type B and D strains are causative agents of fatal enterotoxaemia in domestic animals and occasionally humans (33). In the United States, C. perfringens induced gas gangrene affects over 3000 people annually, with a mortality rate of 25%, even when aggressive medical treatment is administered. Gas gangrene caused by C. perfringens type A, most often occurs when the bacteria enter the host through a deep penetrating wound. If this wound is anaerobic, C. perfringens will grow and the clinical signs of gangrene will appear as soon as 6 hours after infection (1). Gas gangrene, or clostridial myonecrosis, is an infection that originates in ischemic tissues in which the blood supply has been cut off due to trauma or circulatory blockages. Once the infection begins, it rapidly spreads to healthy tissues and, if left untreated, the disease is always fatal due to the release of toxins into the bloodstream resulting in severe shock and cardiac stress (34, 35). An importance aspect of pathogenesis of C. perfringens induced gas gangrene infections involves the role of the immune system in ischemic tissues. In response to ischemia, connective tissue cells and resident macrophages release monocyte chemoattractant protein-1 (MCP-1) (36, 37, 38). Penicillin is the drug of choice for the prophylaxis and treatment of gas gangrene due to C. perfringens (39). C. perfringens is a spore forming bacterium and widely occurring pathogen. Vaccines against epsilon and beta toxins is manufactured using secreted toxin by virulent C. perfringens types B and D. Large scale production of vaccines from virulent strains requires stringent safety conditions and costly detoxification and control steps. Therefore it would be beneficial to produce...
these toxins in a safe production host and in an immunogenic form (28). The symptoms, predominantly diarrhea and abdominal pain, appear 6 to 24 hour after ingestion of contaminated food. Vomiting and fever are unusual. Death occurs occasionally among debilitated patients, particularly the elderly (40). Death usually is caused by dehydration and occurs among the very young, the very old, and persons debilitated by illness (21). A C. perfringens count of >106 cells/g in fecal samples of patients is indicative of C. perfringens food poisoning (41). Epidemiological investigations involve enumerating C. perfringens in suspected food. Characterization of enterotoxigenic C. perfringens strains is not performed routinely, since C. perfringens sporulation, which is a prerequisite for CPE production, is limited in the usual culture media (40). The presence of cpb2-positive C. perfringens strains in the intestine has been associated with intestinal disease in humans, ruminants, horses, and pigs. However, cpb2-positive C. perfringens strains have also been reported in animals and humans without any signs of intestinal disease (20). Miwa et al study the prevalence of C. perfringens from chicken intestinal contents was 40% when a direct PCR method from enriched samples (42). The presence of C. perfringens in current study was 25% (25 of 100). Many researchers have been used PCR method to detect sequences of interest in C. perfringens in purpose of identification and classification (43, 44, 45). According to the high prevalence of C. perfringens in Europe For example, the incidence of NE in France increased from 4% in 1995 to 12.4% of reported diseases in 1999 (Drouin, 1999) (7, 46). Bueschel, et al (2003), showed that 85.8% of swine isolates of C. perfringens all from type A possessed cpb2 gene (47). In a survey of the prevalence of cpb2 in C. perfringens field isolates performed in Arizona, USA 197/1537 (12.8%) of bovine isolates were tested positive by PCR assay (Bueschel et al 2003) (47). Zerbini and Ossiprandi (2009) indicated that 23.1% (3/14) of type A isolates obtained from diarrheic dogs were cpb2 positive (48). The same method (multiplex PCR) in southeastern Iran showed that The frequency of C. perfringens infection among 130 sheep-dung samples were 17.39% type A, 21.74% type B, 34.78% type C and 26.09% type D (49). The study by Laura and Ossiprandi (2010) showed that 19 of the 104 (18.3%) faecal and intestine specimens from C. perfringens infection (16). Jabbari et al (2011) indicated that frequency of C. perfringens were genotype A (14.07%), genotype B (31.25%), genotype C (26.56%) and genotype D (28.12%) (33). Jabbari et al (2012) reviewed that C. perfringens was 57.6% isolates screened by PCR were cpb2- positive (2). In conclusion the PCR that was developed in this study can be used to type C. perfringens isolates in epidemiological studies as an alternative to conventional procedures.

**Statement of animal rights**

All applicable international, national, and institutional guidelines for the care and use of animals were followed.

**Conflict of interest**

The authors declare that they have no conflict of interest.

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