

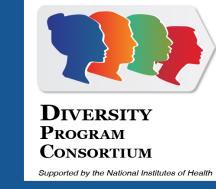


# Serological Survey for Tick-Borne and Flea-Borne Pathogens on Human Blood Samples

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## **INTRODUCTION**

Approximately **642,602** cases of vector-borne diseases were reported to the Centers for Disease Control and Prevention (CDC) during 2004-2016.

• Tick-borne diseases account for more than 77% of these reported cases in the United States.

There is increasing **concern** about the rising incidence of vector borne-disease outbreaks.

 Severe, prevalent and rapidly increasing tick-borne diseases in the United States include the Rocky Mountain spotted fever caused by Rickettsia rickettsii and human erlichiosis caused by Erlichia chaffeensis as well as the flea-borne disease, murine typhus, caused by Rickettsia typhi.

The distribution and prevalence of tick-borne and flea-borne pathogens in the US-Mexico border region is poorly understood.

 Identifying Rickettsial antibodies in human blood samples illustrates the importance of tick-borne and flea-borne disease surveillance and research, but more importantly, determines if the El Paso region is affected by these pathogens.

# **Vector-Borne Diseases- An Increasing Threat**

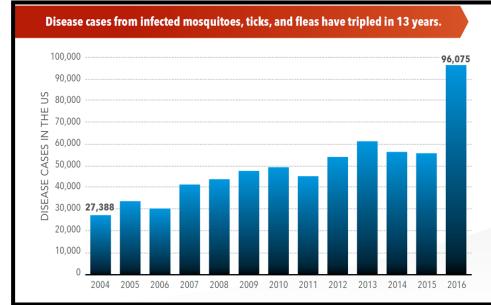


Figure 1. CDC reported that cases of diseases transmitted by mosquitoes, ticks, and fleas tripled during the years 2004-2016.

#### **OBJECTIVE**

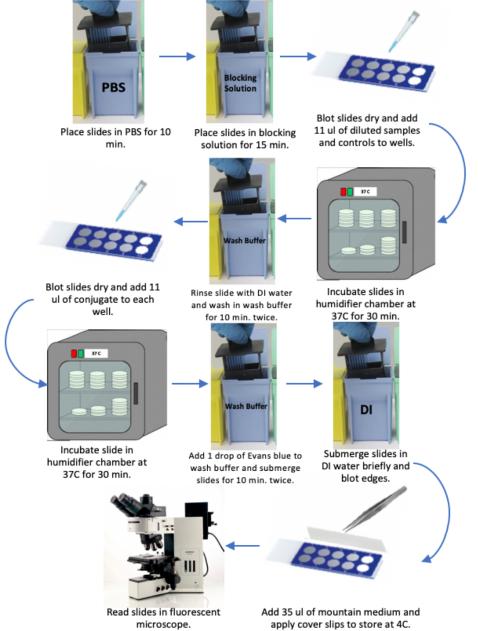
To determine if humans in the El Paso community are infected by *R. rickettsii*, *R. typhi*, or *E. chaffeensis* using an IFA.

 Test a collection of approximately 3,000 human cord-blood plasma samples that were collected during 2017 and 2018 from child-bearing mothers at 3 hospitals in the city of El Paso, Texas.

## **METHODS & RESULTS**

The testing of human serum samples was performed using an IgG immunofluorescence assay (IFA) specific for *R. rickettsii, R. typhi*, and *E. chaffeensis*.

- IFA slides were provided and coated with inactivated Rickettsia and Erlichia antigens by The University of Texas Medical Branch at Galveston.
- The following were diluted: blood serum samples to 1:64, antihuman IgG conjugated with FITC to 1:1200, and positive controls for *R. rickettsia and R. typhi to* 1:20 and *E. chaffeensis to* 1:10.



We tested 40 human blood samples for *Rickettsia rickettsii* which resulted negative.

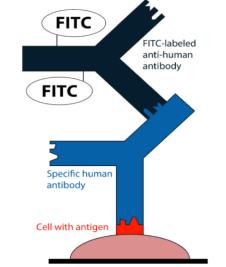


Figure 2. If the sample is positive, antibodies from the sample will bind to antigens in the infected cells with Rickettsia. Then, the FITC conjugated anti-human IgG antibody will bind to the antibodies from the sample (EUROIMMUN US, Inc. 2020).

#### Rickettsiales IFA



Figure 3. *Rickettsia ricketsii i*ndirect immunofluorescence assay showing the morphology of *R. rickettsii* in Vero cells.

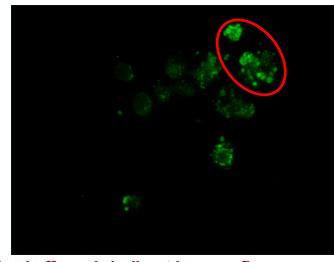


Figure 4. *Ehrlichia chaffeensis* indirect immunofluorescence assay showing the morphology of *E. Chaffeensis* in DH282 cells.



Figure 5. Rickettsia typhi indirect immunofluorescence assay showing the morphology of R. typhi in Vero cells.

# **FUTURE DIRECTIONS**

- Continue testing for Rickettsia in approximately 3,000 blood samples from child-bearing women with an IFA.
- Isolate *R. rickettsii* from samples collected in Mexico to compare the virulescenses of Mexican vs. American Rickettsial strains.
- Get permission from El Paso Animal Control Center to collect ticks and fleas from domestic animals.
- Begin testing deer blood samples for Heartland virus and Bourbon virus with IgG ELISA. Then, test if ticks collected from deer are infected by Heartland or Bourbon using a real-time PCR.