



Seroprevalence of antibodies to *Encephalitozoon cuniculi* and *Encephalitozoon intestinalis* in humans and animals

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ABSTRACT

The presence of antibodies against *Encephalitozoon cuniculi* (*E. cuniculi*) and *Encephalitozoon intestinalis* (*E. intestinalis*) was examined in 215 samples from humans and in 488 samples from five different species of domestic and companion animals in Slovakia. The 215 human samples and samples from 90 swine, 123 non-infected cattle (cattle), 24 cattle infected with bovine leukosis virus (BLV-positive cattle), 140 sheep and 111 dogs were examined by the enzyme-linked immunosorbent assay (ELISA). Samples with serum titres 1:200 or higher were considered as positive. Specific anti-*E. cuniculi* antibodies were found in humans (0.9%), swine (52%), cattle (2%), sheep (9%) and dogs (15%) except for the BLV-positive cattle at the titre of 1:200. The titre of 1:400 was detected only in humans (0.5%). The presence of specific anti-*E. intestinalis* antibodies at the titre of 1:200 was confirmed in humans (6%), swine (51%), cattle (11%), BLV-positive cattle (13%) and dogs (6%) but not in sheep. The anti-*E. intestinalis* antibodies reached the 1:400 in humans (1%), swine (4%) and BLV-positive cattle (17%). The presence of specific anti-*E. intestinalis* antibodies at the titre of 1:600 was observed only in one swine (1%). Significant differences were observed in animals at titres 1:200 and 1:400 (chi-squared test: $p < 0.0001$) for both pathogens and in humans only for *E. cuniculi* at the titre of 1:400 (chi-squared test: $p < 0.0075$).

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1. Introduction

Microsporidia are obligate intracellular parasites that were recently reclassified from protozoa to fungi (Keeling and Doolittle, 1996; Keeling et al., 2000; Van de Peer et al., 2000; Keeling, 2003). Microsporidia are considered to be the cause of emerging infections in a wide range of animals and also in humans (Halánová et al., 2003; Báľent et al., 2004; Mathis et al., 2005; Valenčáková et al., 2006; Valenčáková et al., 2008; Santaniello et al., 2009).

The species *Encephalitozoon cuniculi* (*E. cuniculi*) and *Encephalitozoon intestinalis* (*E. intestinalis*) are the most spread microsporidian species in animals and humans and cause disease called encephalitozoonosis. In 1995, the zoonotic character of *Encephalitozoon* spp. was confirmed and microsporidia became the subject of considerable interest of both veterinary and human medicine (De Grotte et al., 1995). Long-lasting subclinical infections usually develop in immunocompetent adult hosts infected with microsporidia, while in immunodeficient or immunosuppressed hosts, such

as patients with an acquired immunodeficiency syndrome (AIDS) or those with organ transplants, clinically significant and potentially lethal infections may occur. Acute and frequently lethal infections generally develop in hosts infected in the transplacental way (Valenčáková et al., 2003). Microsporidian spores appear to be relatively resistant under environmental conditions and species of microsporidia capable of infecting humans and animals have been identified in water sources. There is an increasing concern about water-borne transmission among farm animals (Didier et al., 2004).

Serological methods for the detection of microsporidia-specific antibodies include immunofluorescent antibody staining, complement fixation, enzyme-linked immunosorbent assay (ELISA) and western immunoblot assays (Garcia, 2002). These tests require the use of microsporidia antigens and therefore microsporidian antigens that could be grown in cell cultures were cultivated for the detection of antibodies in microsporidia species. Serological testing is the method commonly used for diagnosing microsporidian infections.

The aim of the present study was to evaluate the prevalence of specific anti-*E. cuniculi* and anti-*E. intestinalis* antibodies in randomly selected humans and animals.

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$p < 0.0075$.

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