

Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Journal of Microbiology, Immunology and Infection

Journal homepage: <http://www.e-jmii.com>

Original Article

***FlaB* PCR-based Identification of Pathogenic Leptospiral Isolates**Kalimuthusamy Natarajaseenivasan^{a*}, Paluru Vijayachari^b, Sameer Sharma^b, Attayoor Purushothaman Sugunan^b, Kumaresan Vedhagiri^a, Joseph Selvin^a, Subhash Chandra Sehgal^b^aDivision of Medical Microbiology, Department of Microbiology, School of Life Sciences, Bharathidasan University, Tiruchirappalli, Tamilnadu, India.^bRegional Medical Research Centre, Indian Council of Medical Research, WHO Collaborative Centre for Diagnosis, Research, Reference and Training in Leptospirosis, Port Blair, Andaman and Nicobar Islands, India.

BACKGROUND/PURPOSE: The genus *Leptospira* comprises pathogenic and saprophytic strains. Conventional methods for the identification of pathogenic leptospiral isolates are cumbersome and laborious. In view of these limitations, the search for alternative methods have been focused on DNA based techniques. In this study, we have developed an effective method for the rapid identification of pathogenic and saprophytic leptospiral isolates based on DNA-based techniques.

METHODS: A polymerase chain reaction (PCR)-based approach was developed using specific primer sets (*flaB*, G1-G2, B64I-II, and A-B) to differentiate pathogenic and saprophytic leptospiral strains. Fifty-five leptospiral isolates were used for this study. The pathogenic status of the isolates was compared with the results obtained using conventional techniques, which included growth in the presence of 8-azaguanine and growth at 13°C.

RESULTS: In this analysis, 46 leptospiral isolates were confirmed as pathogenic and nine were confirmed as saprophytic. PCR with the A-B primer set yielded an amplified product of 331 bp in all of the pathogenic and saprophytic isolates. The other primer sets, G1-G2, B64I-II and *flaB*, yielded products of 258 bp, 568 bp, and 793 bp, respectively, exclusively for the pathogenic leptospiral strains. None of the saprophytic strains yielded products with these primer sets.

CONCLUSION: The *flaB*-specific primers consistently yielded an amplification product for all of the pathogenic leptospiral isolates, indicating the presence of the *flaB* gene only among pathogenic leptospire, and making this a useful tool for distinguishing between pathogenic and saprophytic leptospire. The efficiency of PCR-based identification corroborates the implementation of these techniques for the identification of pathogenic and saprophytic leptospiral strains.

KEYWORDS: 8-azaguanine, G1-G2, B64I-II, *flaB*, PCR, pathogenic leptospire

*Corresponding author. Division of Medical Microbiology, Department of Microbiology, School of Life Sciences, Bharathidasan University, Tiruchirappalli 620 024, India.

E-mail: natarajaseenivasan@rediffmail.com

Article History:

Received: Sep 30, 2008

Revised: Jan 20, 2009

Accepted: Mar 25, 2009

Introduction

Leptospirosis is considered the most widespread zoonotic disease in the world, occurring in a variety of urban and rural settings. Leptospirosis is caused by infection with pathogenic *Leptospira* species and can frequently lead to life-threatening disease in humans. It is characterized by hematogenous dissemination of the bacteria to multiple organs including the brain, aqueous humor, liver, lungs,

and kidneys.¹ Heterologous *Leptospira* species can cause disease and more than 300 serovars of *Leptospira interrogans* sensu lato and 45 serovars of *Leptospira biflexa* sensu lato have been described.² These pathogenic leptospires are responsible for human/animal infections. The pathogenic mechanisms of leptospires are not clearly defined but potential virulence factors include hemolysins, glycolipoproteins, heat shock proteins, and flagella.³

The saprophytic leptospires are indigenous to fresh surface water and to date, a clear parasitic or saprophytic role has not been established for these organisms. Mammals are not susceptible to experimental infection by these leptospires.⁴ These pathogenic leptospires commonly inhabit the mammalian kidney and organisms are therefore excreted through urine. The presence of pathogenic leptospires in streams and water bodies is an index of leptospirosis in wildlife or domestic animals having access to these waters. Differentiation of pathogenic from saprophytic leptospires is important to classify the pathogenic status of the leptospires for epidemiological and taxonomical purposes.

Recently, species-specific primers which amplify the 16S and 23S rRNA regions and a portion of the *flaB* gene coding for the flagellar protein have been developed for the identification of pathogenic and saprophytic leptospires.⁵⁻⁷ In an earlier study, the leptospiral strains belonging to similar serovars recovered from patients presenting with different clinical manifestations were compared using the randomly amplified polymorphic DNA fingerprinting technique, to understand the clonal relatedness and distribution of these strains.⁸ The standard methods available for the differentiation of pathogenic from saprophytic leptospires are growth in the presence of 8-azaguanine and growth at 13°C.

In this study, polymerase chain reaction (PCR) amplification was performed using four primer sets (*flaB*, G1-G2, B64I-II and A-B) on the leptospiral isolates recovered from various sources to distinguish the pathogenic and saprophytic leptospires. The results were compared with those obtained using the standard methods of growth in the presence of 8-azaguanine and growth at 13°C.

Methods

Leptospira strains

A total of 55 leptospiral isolates, of various serovars, recovered from different sources, were included in this

study. All of the strains were maintained in the leptospiral repository of the Regional Medical Research Centre, Port Blair, Andaman Islands, India with periodical subculture in Ellinghausen-McCullough-Johnson-Harris (EMJH) medium. Commercial EMJH (Difco, Detroit, Michigan, USA) medium was used, with the addition of 0.2% agarose (Sigma, St. Louis, MO, USA), 1% bovine serum albumin (Sigma), 2% rabbit serum, 0.1% sodium pyruvate (Merck, Germany) and 100 µg/mL 5-fluorouracil (Merck) as a selective agent.

Isolation of leptospires from humans

Individual consent was obtained from patients or their guardians and ethical clearance for sample collection was obtained from the ethical committee of the Regional Medical Research Centre. Blood samples (1–2 drops) from clinically suspected human cases of leptospirosis were immediately used to inoculate EMJH semisolid medium. Urine samples were processed according to standard procedures.⁹ Urine samples (1–4 drops) were used to inoculate EMJH semisolid medium in McCartney bottles, with a hole cut in the aluminum cap and a rubber lining placed underneath.¹⁰

Isolation of leptospires from rat kidney

Trapped field rats (*Rattus norvegicus*) were sacrificed by cervical dislocation, then washed in cetrimide solution. The body cavity was opened aseptically and a piece of kidney was extracted using rat toothed forceps and used to inoculate media in tubes, as described previously.¹¹

Isolation of leptospires from water

Water samples collected from endemic areas were centrifuged at 5000g and 1–3 mL of the supernatant was filtered through 0.22 µm nitrocellulose membrane filters (Millipore, Cork, Ireland) and aseptically added to EMJH medium.⁴ All of the samples were inoculated into three sets of EMJH semisolid media tubes and the tubes were incubated at 30°C in the dark. The tubes were examined at weekly intervals by dark field microscopy for the presence of leptospires. Tubes showing evidence of growth were subcultured into fresh EMJH semisolid media vials and further monitored.

Growth of leptospires with 8-azaguanine

A total of 0.5 mL of 8-azaguanine solution (2.25 mg/mL; Sigma) was added aseptically to 4.5 mL of EMJH media and mixed thoroughly. The tubes were then inoculated

with 0.5 mL of a well-grown culture of the test strain along with the controls in duplicate. The tubes were incubated at 30°C and examined twice a week up to 21 days.¹² For growth at 13°C, 0.5 mL of the strain under investigation was subcultured in 4.5 mL of EMJH medium in duplicate. Then the tubes were incubated at 13°C and examined twice a week up to 21 days.¹³ A pathogenic strain (RGA) and a saprophytic strain (Patoc I) were included as controls.

Serovar level identification of the isolates

A microscopic agglutination test using group sera was applied for the serogroup level identification and monoclonal antibodies (mAbs) of specific serovars were used for the serovar level identification. Both techniques were performed as previously described.¹ A panel of 37 “group sera” (rabbit antisera) representative of all pathogenic serogroups were used. To determine the serovar status of isolates, a panel of mouse mAbs (WHO/FAO Collaborating Centre for Reference and Research, KIT-Biomedical Research, Amsterdam, The Netherlands) belonging to serogroups: Grippotyphosa (F71C3, F71C9, F165C3, F165C8); Icterohaemorrhagiae (F52C1, F70C4, F70C14, F70C20, F70C24); Autumnalis (F69C15, F64C10, F69C11, F69C9); Australis (F81C1, F81C8, F90C5, F90C6); Sejroe (F13C193, F106C53, F16C28, F21C2); Hebdomadis (F50C3, F106C5); Javanica (F20C4, F98C8, F98C12, F98C19, F98C20); Pyrogenes (F134C6); Pomona (F46C9, F46C6); and Canicola (F152C11, F152C14, F152C17, F152C18) were used.

Preparation of genomic DNA

Genomic DNA was extracted and purified according to the method described previously.¹⁴ Exponentially growing

Leptospira cultures were centrifuged at 12,000g for 30 minutes at 4°C. The pellet was resuspended in Tris-EDTA buffer (10 mM Tris, 10 mM MgCl₂, 2 mM EDTA, 400 mM NaCl, and 10 mM KCl) with lysozyme (5 mg/mL) and proteinase K (10 mg/mL) and then lysed in CTAB/NaCl solution (CTAB, 270 mM; NaCl, 700 mM). The mixture was then subjected to chloroform-isoamyl alcohol extraction and ethanol precipitation. After washed twice with 70% ethanol, the pellet was dried and then dissolved in Milli-Q water and used for PCR analysis.

PCR amplification

PCR was carried out in a 50 µL reaction mixture, contained 50 ng of purified DNA, 0.1 µM of each primer, 250 µM of dNTP (Genei, Bangalore, India), 3 mM of MgCl₂, 0.5 U of Taq DNA Polymerase (NEB, MA, USA), in 10 mM Tris-HCl (pH 9) and 50 mM KCl. Four sets of primers were used in the PCR, according to the standard procedures described previously.⁵⁻⁷ Primers sequenced were listed in Table 1. Initiation at 94°C for 5 minutes, followed by 30 cycles of denaturation at 94°C for 1 minute, annealing at specific temperature for each primer pair for 59 seconds (Table 1), extension at 72°C for 1 minute, and final extension at 72°C for 7 minute. PCR was performed in a DNA Engine PTC 200 thermal cycler (MJ Research Inc., USA). The PCR products were electrophoresed in a 1.5% agarose gel along with a 100 bp DNA ladder (Bangalore, Genei, India) in TAE buffer containing 0.5 µg/mL ethidium bromide. The PCR products were viewed under UV illumination and documented using a gel documentation system (Bio-Rad, USA).

Table 1. Primer sequences used in this study⁵⁻⁷

Gene	Primer	Sequences	Annealing (°C)
G1-G2	forward	5'-CTG AAT CGC TGT ATA AAA GT-3'	60
	reverse	5'-GGA AAA CAA ATG GTC GGA AG-3'	
B64I-II	forward	5'-CTG AAT TCT CAT CTC AAC TC-3'	60
	reverse	5'-GCA GAA ATC AGA TGG ACG AT-3'	
<i>flaB</i>	forward	5'-TCT CAC CGT TCT CTA AAG TTC AAC-3'	59
	reverse	5'-CTG AAT TCG GTT TCA TAT TTG CC-3'	
A-B	forward	5'-GGC GGC GCG TCT TAA ACA TG-3'	62
	reverse	5'-TTC CCC CCA TTG AGC AAG ATT-3'	

Results

In total, 55 leptospiral isolates from various sources, including human blood ($n=40$), human urine ($n=2$), rat kidney ($n=5$), cow urine ($n=1$), dog blood ($n=2$), and water bodies ($n=5$) were used for this study. The isolates from human specimens were collected from patients with suspected leptospirosis. Serovar level identification of the isolates was carried out using 37 group sera in a cross agglutination test and was further confirmed by serovar specific mAbs using a microscopic agglutination test. The serovar status of the pathogenic and the unclassified non-pathogenic isolates can be seen in Tables 2 and 3. The mAb patterns observed for the pathogenic isolates are presented in Figure 1. Of the 55 isolates obtained, 22 belonged to serogroup Grippityphosa, six to serogroup Pomona, five to serogroup Icterohaemorrhagiae, five to serogroup Canicola, three to serogroup Australis, and one belonged to each of the following serogroups: Pyrogenes, Sejroe, Autumnalis, Hebdomadis, and Javanica. The remaining nine were unclassified. The pathogenic status of the isolates were initially determined by conventional techniques, such as growth in the presence of 8-azaguanine and growth at 13°C. Inoculated tubes were incubated up to 21 days and the tubes were observed at days 0, 7, 14, and 21, and the number of leptospires was recorded under dark field microscopy with a magnification of (10× and 20×).¹⁵ The maximum number of leptospires observed for pathogenic isolates was in the range of 10–150, during the 21-day incubation period, and for saprophytic isolates it was in the range of 400–1,020 organisms/field. When comparing the standard procedure results with the group sera analysis, 46 isolates were classified as pathogenic and nine as saprophytic. The saprophytic isolates did not react with any of the 37 group sera of the pathogenic serovars representing the 23 serogroups in the cross agglutination test and were categorized as unclassified isolates. The saprophytic isolates also did not show any agglutination with the hyper immune sera raised against the saprophytic strain Patoc I.

Apart from the conventional identification methods, PCR-based methods were also employed using specific primers for the *flaB* gene, the G1-G2 region, the B64I-II region and the A-B region, and the product sizes are shown in Figure 2. The leptospiral *flaB* gene was detected in all of the 46 pathogenic isolates, the G1-G2 region

amplified in 44 isolates and the B64I-II region amplified in two isolates. A 793 bp fragment was amplified using the *flaB*-specific primers in the pathogenic leptospiral isolates. Amplification of the A-B region yielded a product of 331 bp in all of the isolates, which corresponded to nucleotides 38–57 and 348–368 in the *L. interrogans* 16S rRNA gene. These primer sets therefore amplified a specific portion of the DNA invariably from all of the pathogenic and saprophytic leptospires.⁶ The G1-G2 primers amplified a product of 285 bp from all of the pathogenic isolates of non-*Leptospira kirschneri* groups whereas the B64I-II primers yielded a product of 563 bp from *L. kirschneri*. Interestingly, the strains shown to be pathogenic leptospires by conventional techniques were confirmed by the PCR-based approaches. As with the PCRs for the G1-G2 and B64I-II regions, the *flaB* PCR yielded a consistent amplification product with all pathogenic strains, indicating conservation of this gene amongst pathogenic leptospires.

Discussion

Conventional methods for the identification of pathogenic leptospiral isolates are time consuming and laborious and there is, therefore, a need for a rapid and simple molecular based identification method as an alternative. In earlier studies, a single set of G1-G2 primers along with A-B primers were used for the identification of pathogenic leptospires.¹⁶ However, this approach does not accurately detect *L. kirschneri* strains and may wrongly classify pathogenic strains of *L. kirschneri* as saprophytic strains. This may be overcome by using another set of primers, B64I-II, which specifically amplify *L. kirschneri*. In southern India, *L. kirschneri* is one of the prevailing species and therefore a multiplex PCR, including both the G1-G2 and B64I-II primer sets, is essential for accurate identification of leptospires.¹⁸ In one study, multiplex PCR was performed on urine samples collected from patients, but they focused on diagnosis rather than identification of the species.¹⁷ In another study, a nested PCR-restriction fragment length polymorphism assay was developed for the identification of the predominant pathogenic species in clinical samples for the early diagnosis of leptospirosis.¹⁹ Recently, many techniques have been applied to the identification of *Leptospira* species, such as randomly amplified polymorphic DNA fingerprinting and a three-step procedure with

Table 2. Serovar and the pathogenic status of the leptospiral isolates

Sample	Isolate	Serovar	Source	Pathogenic status
1	MG347	Australis	Human blood	Pathogenic
2	AHF651	Australis	Human blood	Pathogenic
3	MG392	Australis	Human blood	Pathogenic
4	N2	Autumnalis	Human urine	Pathogenic
5	PAI	Canicola	Human urine	Pathogenic
6	H12	Canicola	Human blood	Pathogenic
7	IAH	Canicola	Human blood	Pathogenic
8	D14	Canicola	Dog blood	Pathogenic
9	D7	Canicola	Dog blood	Pathogenic
10	H22	Grippotyphosa	Human blood	Pathogenic
11	DS15	Grippotyphosa	Human blood	Pathogenic
12	DCHCF30	Grippotyphosa	Human blood	Pathogenic
13	ALC10	Grippotyphosa	Human blood	Pathogenic
14	R41	Grippotyphosa	Rat kidney	Pathogenic
15	R42	Grippotyphosa	Rat kidney	Pathogenic
16	D22	Grippotyphosa	Human blood	Pathogenic
17	MG472	Grippotyphosa	Human blood	Pathogenic
18	DS18	Grippotyphosa	Human blood	Pathogenic
19	BL10	Grippotyphosa	Human blood	Pathogenic
20	MG670	Grippotyphosa	Human blood	Pathogenic
21	MG100	Grippotyphosa	Human blood	Pathogenic
22	MG23	Grippotyphosa	Human blood	Pathogenic
23	MG11	Grippotyphosa	Human blood	Pathogenic
24	TB19	Grippotyphosa	Human blood	Pathogenic
25	Thankachan	Grippotyphosa	Human blood	Pathogenic
26	H2	Grippotyphosa	Human blood	Pathogenic
27	Mg373	Grippotyphosa	Human blood	Pathogenic
28	Mg663	Grippotyphosa	Human blood	Pathogenic
29	MG569	Grippotyphosa	Human blood	Pathogenic
30	GC1	Grippotyphosa	Human blood	Pathogenic
31	TB6	Grippotyphosa	Human blood	Pathogenic
32	ALC1	Hebdomadis	Human blood	Pathogenic
33	AF61	Icterohaemorrhagiae	Human blood	Pathogenic
34	GC3	Icterohaemorrhagiae	Human blood	Pathogenic
35	AHFY	Icterohaemorrhagiae	Human blood	Pathogenic
36	APSK1	Icterohaemorrhagiae	Rat kidney	Pathogenic
37	APSK2	Icterohaemorrhagiae	Rat kidney	Pathogenic
38	R1	Javanica	Rat kidney	Pathogenic
39	H578	Pomona	Human blood	Pathogenic
40	MG39	Pomona	Human blood	Pathogenic
41	289MC	Pomona	Human blood	Pathogenic
42	H3	Pomona	Human blood	Pathogenic
43	L36	Pomona	Human blood	Pathogenic
44	H48	Pomona	Human blood	Pathogenic
45	DrGhoshA	Pyrogenes	Human blood	Pathogenic
46	AHF421	Sejroe	Human blood	Pathogenic

Table 3. Pathogenic status of the unclassified leptospiral isolates

Sample	Isolate	Serovar	Source	Pathogenic Status
1	G3	Unclassified	Human blood	Non-pathogenic
2	G6	Unclassified	Human blood	Non-pathogenic
3	W41	Unclassified	Pond water	Non-pathogenic
4	DrGhoshB	Unclassified	Human blood	Non-pathogenic
5	WTS1	Unclassified	Pond water	Non-pathogenic
6	WTS2	Unclassified	Pond water	Non-pathogenic
7	WT62	Unclassified	Pond water	Non-pathogenic
8	WT11	Unclassified	Pond water	Non-pathogenic
9	C5	Unclassified	Cow urine	Non-pathogenic

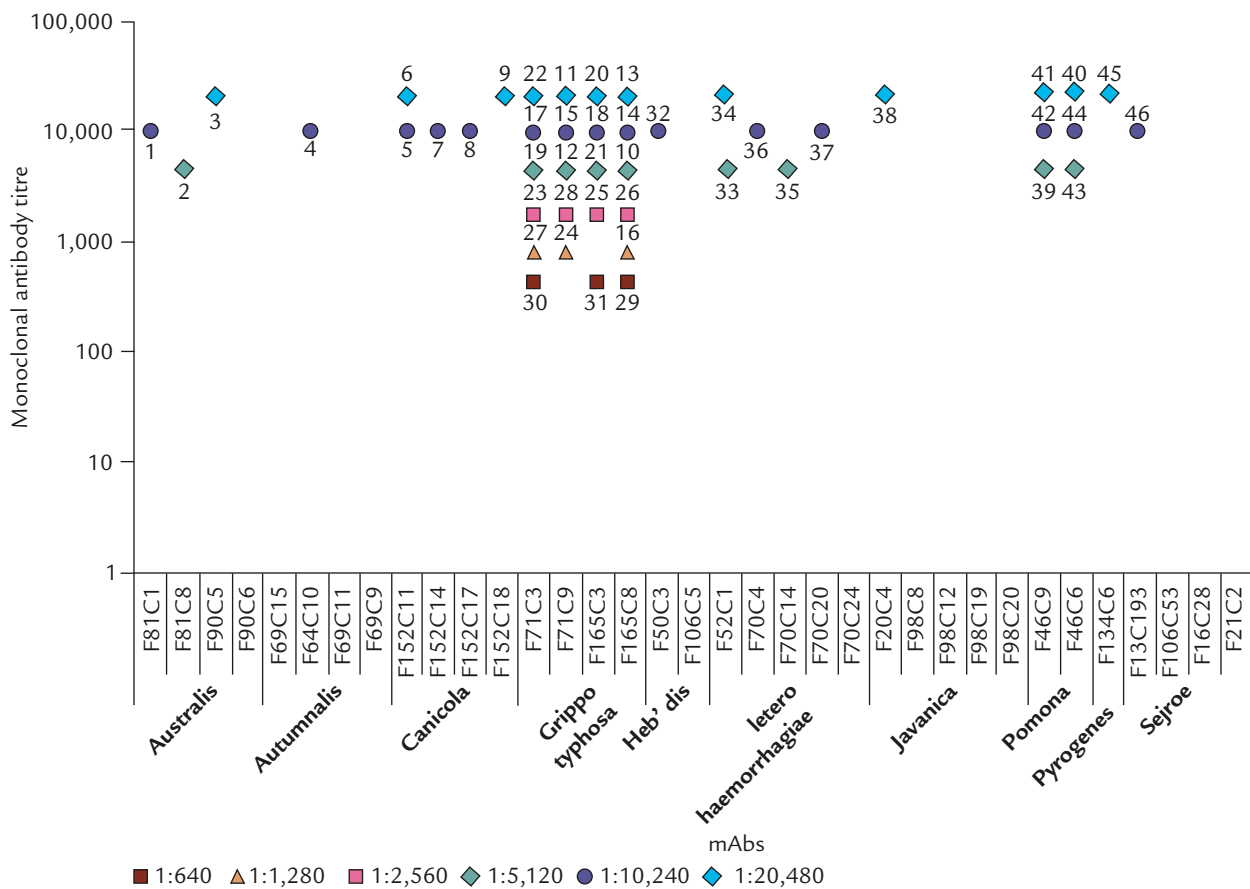


Figure 1. The monoclonal antibody pattern of the pathogenic leptospiral isolates.

amplified fragment length polymorphism,²⁰ but all of these approaches require a high degree of expertise for analysis of the results. Furthermore, these molecular-based techniques only determine the species and not the serovar status of the isolates. Therefore, we established a PCR assay that included the *flaB* primers as well as the A-B primers, to simplify the experimental approach for identifying

pathogenic *Leptospira* species. The *flaB* primers only amplify a specific fragment from pathogenic leptospires, allowing rapid identification of pathogenic isolates. The G1-G2 and B64I-II primer sets can be used in both single and multiplex PCR (data not shown). The A-B primer set amplifies a DNA fragment from both pathogenic and saprophytic leptospires. Together with the *flaB* PCR result, the

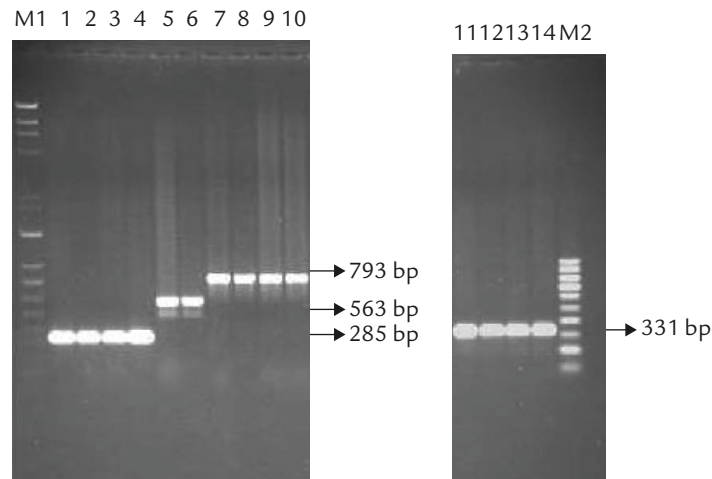


Figure 2. PCR amplified fragments of *flaB*, G1-G2, B64I-II, and A-B. M1, λ DNA/*Hind*III/pUC18/*Sau*3AI-pUC18/*Taq*I digest; lanes 1–4, G1-G2 product of H578, MG39, AF61, and N2; lanes 5–6, B64I-II product of DCHCF30, and ALC10; lanes 7–10, *flaB* product of H578, MG39, AF61, and N2; lanes 11–14, A-B product of H578, MG39, AF61, and N2; and M2, 100 bp DNA ladder.

pathogenic leptospires can be distinguished from the saprophytic leptospires. To conclude, the *flaB* PCR-based approach is an effective method for the rapid preliminary identification of the pathogenic nature of leptospiral isolates.

Acknowledgments

We thank the Department of Biotechnology, Ministry of Science and Technology, Government of India, New Delhi, for the financial support in this study. We also thank the Vice-Chancellor, Bharathidasan University, Tiruchirappalli and the Director General, ICMR, New Delhi for providing facilities and support in this study.

References

- Vijayachari P, Hartskeerl RA, Sharma S, Natarajaseenivasan K, Roy S, Terpstra WJ, et al. A unique strain of *leptospira* isolated from a patient with pulmonary haemorrhages in Andaman islands: a proposal of serovar Portblairi of serogroup Sehgalii. *Epidemiol Infect* 2004;132:663–73.
- Kmety E, Dikken H. *Classification of the species Leptospira interrogans and history of its serovars*. Groningen, The Netherlands: University Press, 1993.
- Zhang Y, Geng Y, Bi B, He J, Wu C, Guo X, et al. Identification of all potential hemolysin encoding genes and their products from *Leptospira interrogans* serogroup Icterohaemorrhagiae serovar Lai. *Acta Pharmacol Sin* 2005;26:453–61.
- Faine SB, Adler B, Bolin C, Perolat P. *Leptospira and leptospirosis*. 2nd edition. Australia, Melbourne: MediSci, 1999.
- Gravekamp C, Kemp VD, Franzen M, Carrington D, Schoone GJ, VanEys GJ, et al. Detection of seven species of pathogenic leptospires by PCR using two sets of primers. *J Gen Microbiol* 1993; 139: 1691–700.
- Merien F, Amourieux P, Perolat P, Baranton G, SaintGirons I. Polymerase chain reaction for the detection of *Leptospira spp.* in clinical samples. *J Clin Microbiol* 1992;30:2219–24.
- Kawabata H, Dancel LA, Villanueva SY, Yanagihara Y, Koizumi N, Watanabe H. *flaB* polymerase chain reaction (*flaB*-PCR) and its restriction fragment length polymorphism (RFLP) analysis is an efficient tool for detection and identification of *Leptospira spp.* *Microbiol Immunol* 2001;45:491–6.
- Natarajaseenivasan K, Vijayachari P, Sharma S, Roy S, Sugunan AP, Biswas D, et al. Phylogenetic relatedness among leptospiral strains belonging to same serovar recovered from patients with different clinical syndromes. *Infect Genet Evol* 2005;5: 185–91.
- Djordjevic S, Hornitzky M, Ross AD, Wittington RJ. Restriction endonuclease analysis of Australian isolates of *Leptospira interrogans* Hardjo from cattle with agalactia and abortion. *Aust Vet J* 1993;70:98–100.
- Everard COR, ed. *Microscopy in leptospirosis diagnosis*. Proceeding of a CEC/STD3 Research Meeting, 17th–20th February 1992, Harare, Zimbabwe, 1992:120–5.
- Ratnam S, Subramanian S, Adinarayanan N. Experimental study with leptospires in *Bandicota bengalensis*. *Indian J Exp Biol* 1987; 25:105–7.
- Johnson RC, Harris VG. Differentiation of pathogenic and saprophytic *Leptospira* I. Growth at low temperatures. *J Bacteriol* 1967;94:27–31.
- Johnson RC, Rogers P. Differentiation of pathogenic and saprophytic leptospires with 8-azaguanine. *J Bacteriol* 1964;88: 1618–23.
- Boom R, Sol CJ, Salimans MM, Jansen CL, Wertheim-van Dillen PM, Van der Noordaa J. Rapid and simple method for purification of nucleic acids. *J Clin Microbiol* 1990;28:495–503.

15. Natarajaseenivasan K, Ratnam S. Experimental leptospirosis in laboratory mice and rats. *J Commun Dis* 1997;29:291-3.
16. Noubade R, Krishnamurthy GV, Murag S, Venkatesha MD, Krishnappa G. Differentiation of pathogenic and saprophytic leptospires by polymerase chain reaction. *Indian J Med Microbiol* 2002;20:33-6.
17. Bal AE, Gravekamp C, Hartskeerl RA, De Meza-Brewster J, Korver H, Terpstra WJ. Detection of leptospires in urine by PCR for early diagnosis of leptospirosis. *J Clin Microbiol* 1994;32:1894-8.
18. Sugathan S, Varghese TP. Multiplex PCR on leptospiral isolates from Kolenchery, Kerala, India. *Indian J Med Microbiol* 2005;23:114-6.
19. Djadid ND, Ganji ZF, Gouya MM, Rezvani M, Zakeri S. A simple and rapid nested polymerase chain reaction-restriction fragment length polymorphism technique for differentiation of pathogenic and nonpathogenic *Leptospira* spp. *Diagn Microbiol Infect Dis* 2009;63:251-6.
20. Vijayachari P, Sehgal SC. Recent advances in the laboratory diagnosis of leptospirosis and characterization of leptospires. *Indian J Med Microbiol* 2006;24:320-2.