Tick-borne rickettsiosis in the Altay region of Russia

S. Shpynov^{1,2,3}, P.-E. Fournier¹, N. Rudakov^{2,3}, I. Arsen'eva⁴, M. Granitov⁴, I. Tarasevich⁵ and D. Raoult¹

¹URMITE, CNRS-IRD UMR 6236, Université de la Méditerranée, Faculté de Médecine, Marseille Cedex 5, France, ²Omsk Research Institute of Natural Foci Infections, Prospect Myra, Omsk, Russia, ³Omsk State Medical Academy, Omsk, Russia, ⁴Barnaul Medical University, Barnaul, Russia and ⁵The Gamaleya Research Institute of Epidemiology and Microbiology, Moscow, Russia

INTRODUCTION

North Asian tick typhus (NATT) is a tick-borne zoonosis caused by Rickettsia sibirica subsp. sibirica (R. sibirica) in the Asiatic part of Russia [1,2]. In the Russian Far East, this disease was identified as early as 1932 [3]. Currently, active foci of this communicable disease are identified in 18 administrative territories of Siberia and the Russian Far East. More than 66 000 cases of NATT have been registered in Russia between 1936 and summer 2007. The Altay region of western Siberia (average morbidity 24.3-70.4 per 100 000 inhabitants per year) and the Altai Republic (54.2-97.3) exhibit the highest morbidity for NATT in Russia. The highest incidence was observed in 2001 in Altay when 1867 cases of NATT were registered, representing 54% of all NATT cases in Russia. Cases of NATT are registered between April and October-November, with a peak in May-June (67.4% of cases). Following a period of decrease in July and August, a second peak, though less intense than the first one, is registered in September. The morbidity of NATT is registered in all landscapegeographical areas of the Altaian region, but is distributed unevenly [4]. NATT is known to be transmitted to humans by Dermacentor nuttalli, D. silvarum, D. marginatus, D. reticulatus, Haemaphysalis concinna and Ixodes persulcatus. However, the diagnosis of NATT is mostly based on clinical and serological data, and no direct confirmation is available. As R. raoultii has also been detected in D. nuttalli ticks in the Altai Republic using PCR, we investigated whether some patients diagnosed serologically or by culture as having NATT could have another rickettsiosis. In addition, we searched for members of the *Rickettsiales* order in ticks collected in this area, and we characterised genetically 13 rickettsial strains cultivated from ticks.

MATERIAL AND METHODS

In spring 2005, inoculation eschar biopsies were taken from 12 patients with clinically typical NATT in the city of Barnaul, Altay. In addition, we studied 15 rickettsial strains cultivated from patients (2) and from ticks (13) from Altai, from 1965 to 1989. We also screened 115 ticks collected in the forest-steppe zone of the Altai region (Aleiskiy, Byiskiy and Shypunovskiy districts) for bacteria from the *Rickettsiales* order.

Rickettsiae were detected using partial amplification and sequencing of the 5'-end of the *ompA* gene (190–70 and 190–701 primers), and of the *gltA* gene (CS1d-CS535r and CS409d-RP1258n primers). Ehrlichial DNA was detected using the 16EHRD and 16EHRR primers which amplify a 345-bp fragment of the 16S rRNA gene of all known ehrlichiae and anaplasma. PCR reactions were carried out in a PTC-200 thermal cycler (MJ Research, Inc., Watertown, MA, USA). PCR-positive products were sequenced using the d-Rhodamine Terminator Cycle Sequencing Ready Reaction kit (Applied Biosystems, Warrington, UK) and an ABI 3100 PRISM automated sequencer (Applied Biosystems). Obtained sequences were compared with the GenBank database.

RESULTS

Ten of the 12 skin biopsies were positive by PCR amplifying the *ompA* and *gltA* genes. Sequences obtained from PCR products were identical and were 100% similar to those of *R. sibirica* subsp. *sibirica* (*gltA* GenBank accession number: U59734; *ompA*: U43807). All 10 proven NATT cases were characterised by a mild clinical picture different from that of Far-Eastern rickettsiosis caused by *Rickettsia heilongjiangensis* in the Russian Far East.

Fourteen strains were identified as *R. sibirica*. These strains were isolated from humans (2) and

Corresponding author and reprint requests: S. Shpynov, URMITE, CNRS-IRD UMR 6236, Université de la Méditerranée, Faculté de Médecine, 27 Bd Jean Moulin, 13385 Marseille Cedex 5, France

E-mail: stanislav63@yahoo.com

No conflict of interest declared.

Tick species	Number of positive ticks/ total examined (%)	Gene	Identification
D. marginatus	12/27 (44,4)	ompA, gltA	Rickettsia raoultii
D. reticulatus	17/41 (41,5)	ompA, gltA	Rickettsia raoultii
I. persulcatus	3/8 (37,5)	gltA	«Candidatus Rickettsia tarasevichiae»
	3/8 (37,5)	16S rRNA	Bacterium 'Montezuma'
	3/8 (37,5)	16S rRNA	Ehrlichia muris
	1/8 (12,5)	16S rRNA	Anaplasma phagocytophilum
	1/8 (12,5)	ompA, gltA	Rickettsia raoultii
	1/8 (12,5)	ompA	closely related to R. tamura
H. concinna	6/20 (30)	ompA, gltA	Rickettsia raoultii
	4/20 (20)	ompA, gltA	Rickettsia heilongjiangensis

 Table 1. Detection and identification of bacteria described in ticks from Altay

from six tick species: *D. nuttalli* (2), *D. silvarum* (2), *D. marginatus* (4), *D. reticulatus* (2), *H. concinna* (1) and *I. persulcatus* (1). The remaining strain, isolated from *H. concinna*, was identified as *R. heilongjiangensis* [5].

In *D. reticulatus* and *D. marginatus* ticks, we detected *R. raoultii* (Table 1). In *I. persulcatus*, we detected *'Candidatus* R. tarasevichiae', *Ehrlichia muris, Anaplasma phagocytophilum,* a rickettsia closely related to *R. tamurae,* bacterium 'Montezuma' and *R. raoultii.* In *H. concinna,* we detected a co-infection with *R. heilongjiangensis* and *R. raoultii.*

DISCUSSION

We demonstrate for the first time by direct identification the causative role of *R. sibirica* in NATT in the Altay territory of Russia. To date,

this is the only rickettsia species detected in humans in this area. However, we acknowledge the fact that our investigation was conducted on a small number of patients, and further studies will be necessary to evaluate the incidence of other rickettsioses. In particular, we herein demonstrated the presence of another pathogenic species, R. heilongjiangensis, in ticks collected in a NATT focus, and have previously found R. slovaca, R. aeschlimannii and R. helvetica in ticks in Russia. In addition, we also detected in ticks Anaplasma phagocytophilum, the agent of granulocytic ehrlichiosis. Our results highlight the need to pursue the molecular identification of tickborne human infections in different regions of Russia.

REFERENCES

- Lyskovtsev MM. Tickborne rickettsiosis. Misc Publ entomol Soc Am 1968; 26: 42–140.
- Rudakov NV. Tick-borne rickettsiosis in Russia: epidemiology and current conditions of natural foci. In: Kazar J, Toman R, eds, *Proceedings of the 5th international symposium on rickettsiae and rickettsial diseases*. Bratislava: Veda, 1996; 216–220.
- 3. Mill EI. Tick-borne fever in Primorye. *Far East Med J* 1936; **3:** 54–56.
- Veselov YV, Granitov VM, Gorbunov NS. Materials to geography of tick-borne spotted fever in the Altaian region. The actual problem of modern medicine. *Barnaul* 1970; 2: 93–94.
- Shpynov SN, Fournier PE, Rudakov NV *et al.* Molecular identification of a collection of spotted fever group rickettsiae obtained from patients and ticks from Russia. *Am J Trop Med Hyg* 2006; 74: 440–443.