

REACTIVITY BETWEEN RICKETTSIAE AND WEIL-FELIX ANTIGENS AGAINST SERA OF RICKETTSIAL DISEASE PATIENTS

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Summary. - Of the sera which were positive to *Rickettsia tsutsugami* by indirect immunoperoxidase test, approximately 80 % sera were positive to a *Proteus* OXK antigen by Weil-Felix test at 10 or more days after the onset of fever, while only 10 % sera were positive within 9 days from the onset of fever. In ELISA using the OXK antigen, almost all of the paired sera of tsutsugamushi disease (TD) patients increased on the IgM antibody titres with the rise of their titres by Weil-Felix test, whereas the IgG antibody titres of these sera were unrelated with the titres of Weil-Felix test. We suspect that the reactivity of TD patients sera to the OXK antigen in Weil-Felix test was derived from the reactivity of the IgM antibody against the OXK antigen common with *R. tsutsugamushi*. The patient sera infected with a Japanese isolate of spotted fever group rickettsia (SFGR) cross-reacted with the Thai Tick Typhus (TTT) antigen of SFGR by indirect immunoperoxidase test. In Weil-Felix test, the reactivity of these sera to OX2 antigen were higher than that to OX19 antigen, like the sera infected with other SFGR, except of *R. rickettsii*. These sera also reacted with TTT and OX2 antigens by ELISA. The titres of IgM antibody against OX2 antigen of the sera in ELISA were in parallel with the titres of the sera against OX2 antigen in Weil-Felix test, but not the titres of IgG antibody. We suggest that the reactivity of the patient sera infected with SFGR to OX2 antigen of Weil-Felix test is dependent on the IgM antibody.

Keywords: Weil-Felix test; indirect immunoperoxidase test; *Rickettsia tsutsugamushi*; spotted fever group rickettsia; immunoblot

Introduction

Some strains of *Proteus* have been used as antigens in the Weil-Felix (WF) test for the diagnosis of rickettsial diseases (Vinson, 1976). Whole cells (WC) of *P. vulgaris* strain OX2 react strongly with the sera from persons infected with spotted fever group rickettsia (SFGR), except with Rocky Mountain spotted fever (RMSF), while the WC of *P. vulgaris* strain OX19 reacts with sera from persons infected with the typhus group rickettsia as well as with RMSF rickettsia. The WC of *P. mirabilis* strains OXK reacts only with sera from persons infected with *Rickettsia tsutsugamushi*. In this study we tried to define the common antigens between *Proteus* and rickettsiae using indirect immunoperoxidase (IP) test, WF test, ELISA, and immunoblotting.

Materials and Methods

Bacteria and growth conditions. *Proteus* bacteria were grown in liquid medium at 37 °C for 16 hr at shaking (Mizushiri *et al.*, 1990). After cultivation, the bacteria were killed by adding phenol to a final concentration of 0.1 %. *R. tsutsugamushi* was propagated in cultured L cells as described (Suto, 1985). The SFGR strain Thai tick typhus TT-118 (TTT) and the Japanese isolate of SFGR (strain Katayama) were propagated in cultured green monkey kidney cells (Suto, 1985).

Immunological assays. The sera of patients with rickettsial diseases were analysed by IP test, WF test, and ELISA (for details see Amano *et al.*, 1990).

SDS-PAGE and immunoblotting. SDS-PAGE was performed as described (Laemmli, 1970) at 12.5 % gel concentration. The gels were stained with silver according to the method of Oakley *et al.* (1980). Immunoblotting was accomplished by a modification of the technique of Towbin *et al.* (1979).

Results and Discussion

Reactivity of sera from tsutsugamushi disease patients by immunological tests

Antisera of tsutsugamushi disease patients were collected from Akita prefecture of Japan in 1989. The sera of 28 patients including paired sera of 22 patients were analysed by the immunological tests. Among sera that were positive to *R. tsutsugamushi* by IP test, approximately 80 % sera were positive to *Proteus* OXK antigen by WF test at 10 or more days after the onset of fever, while only 10 % sera were positive within 9 days from the onset of fever (data not shown). Table 1 shows the data of IP test, WF test, and ELISA of the selected paired sera from the Tsutsugamushi disease patients. The sera of all patients reacted with three prototype strains, Gilliam, Karp, and Kato of *R. tsutsugamushi* by IP test. Specially, 5 patient's sera reacted strongly with Karp strain, and 1 patient serum (No. 7) with Kato strain. In WF test using OXK whole cells as antigen, titres of the patient sera increased dependent on days after the onset of fever in each patient.

fever

IP test against <i>R. tsutsugamushi</i> strain:				WF test against OXK-WF		ELISA against OXK-WC	
Gilliam		Karp		Kato		IgG IgM	
		IgG	IgM	IgG	IgM	IgG	IgM
1	4	<10	<10	<10	<10	<20	3200
	8	640	160	640	160	20	1600
	15	2560	1280	5120	1280	80	200
2	4	<10	80	<10	80	20	3200
	11	160	5120	640	10240	>1280	3200
3	3	<10	<10	<10	<10	1600	>102400
	5	<10	20	<10	20	1600	3200
	11	40	1280	640	2560	800	6400
	22	160	1280	640	1280	80	6400
4	4	10	40	80	2560	160	1600
	5	80	640	160	80	20	1600
	15	2560	20480	640	10240	40	800
5	4	<10	20	10240	2560	>1280	800
	11	20	1280	20480	20480	6400	25600
	6	<10	160	<10	10	20	1600
	10	320	1280	160	5120	80	6400
7	2	<10	<10	640	160	<20	3200
	7	20	160	<10	5120	80	12800
	11	20	80	20	<10	<20	1600
8	3	<10	<10	40	20	80	6400
	8	640	160	40	160	80	6400
	14	5120	1280	<10	<10	<20	400
				320	160	20	800
				5120	1280	320	6400

Table 2. Antibody titers of sera from patients with spotted fever diseases measured by IP, WF, and ELISA tests

Patient No.	Days after onset of fever	Antibody titres by:		WF test against				ELISA against:			
		IP test against:									
		Scrub typhus*		TTT				TTT			
		IgG	IgM	IgG	IgM	OX2	OX19	OXK	IgG	IgM	IgG
1	11 M**	<10	<10	>10240	<10	160	<20	<20	51200	6400	1600
2	138	<10	<10	1280	80	160	20	20	6400	3200	800
3	18	<10	<10	2560	1280	320	80	20	12800	12800	200
	28	<10	<10	2560	160	320	40	20	12800	12800	<100
	83	<10	<10	1280	160	160	40	20	6400	3200	400
4	8	<10	<10	40	40	20	<20	20	800	800	200
	18	<10	<10	20480	5120	160	80	40	102400	12800	400
5	3 M**	<10	<10	20480	<10	80	<20	<20	>204800	800	1600
6	5	<10	<10	40	40	40	20	<20	1600	800	400
	9	<10	<10	320	40	80	20	20	1600	1600	400
	22	<10	<10	1280	1280	640	40	20	12800	12800	400
	37	<10	<10	1280	320	640	20	20	6400	6400	6400
7	12	<10	<10	2560	160	<20	20	20	12800	1600	200
8	16	20	<10	5120	5120	40	<20	20	122800	800	<100
	35	20	<10	10240	2560	20	<20	<20	25600	800	<100
											200

*A mixture of *R. tsutsugamushi* strains Gilliam, Karp, and Kato was used for the antigen.

**Months.

We assayed the reactivity of these sera to OXK antigen by ELISA. Almost all of the paired sera increased in the IgM antibody titres with the rise of their titres by WF test, whereas the IgG antibody titres of these sera unrelated with the titres of WF test. Thus, we suspect that the reactivity of Tsutsugamushi disease patients sera against the OXK antigen by WF test is derived from the reactivity of the IgM antibody against the OXK antigen.

Reactivity of sera from patients infected with spotted fever group rickettsia in Japan by immunological tests

Antisera of patients infected with SFGR were collected from Shikoku island of Japan (Mahara, 1987). We analysed 8 patient's sera including 4 paired sera by IP test, WF test, and ELISA (Table 2). These sera cross-reacted with the Thai Tick Typhus (TTT) strain of SFGR by IP test, but not with any strains of *R. tsutsugamushi*. In WF test, the reactivity of these sera to OX2 antigen were higher than that to OX19 antigen. These sera also reacted with strain TTT and OX2 antigens by ELISA. The titres of IgM antibody against TTT antigen in the sera by ELISA seemed to be higher than those by IP test, because of the difference of the techniques used. The titres of IgM antibody against OX2 antigen in the sera by ELISA were in parallel with the titres of the sera against OX2 antigen by WF test, but the titres of IgG antibody were not. The data described above suggest that the reactivity of the sera infected with SFGR to OX2 antigen by WF test is dependent on the reactivity of IgM antibody. According to Cox (1981) in murine typhus infections the *Proteus* agglutinins are IgM class immunoglobulins. However, the nature of antibodies to other rickettsia is unknown.

Finally, we performed immunoblotting to compare the antigenic reactivity of the OX2 antigen in the sera of SFGR patients. The Japanese isolate (strain Katayama) and *Proteus* OX2 whole cells were used as antigens. Among the sera of patients infected with SFGR, IgM antibodies of No. 6 patient serum on 22nd and 37nd days after the onset of fever reacted with the OX2 antigen as well as the Japanese isolate whole cells, but IgM antibodies of the same patient sera on 5th or 9th day after the onset of fever did not. Based on the pattern of immunoblotting, it was recognized that the IgM antibody reacted with the ladder bands of lipopolysaccharide (LPS) contained in OX2 antigen. IgG antibodies of the same patient sera did not show any clear bands. IgG and IgM class antibodies in other sera of the patients infected with SFGR showed many bands reacting with the Japanese isolate antigen. However, these antibodies showed unclear reactivities with the OX2 antigen. The results described above suggest the possibility that OX2-LPS was the antigen in WF reaction.

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