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1 Interference of paratuberculosis with the diagnosis of tuberculosis in a goat flock

2 with a natural mixed infection

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13 Abstract

14 Detection of infected animals is a key step in eradication programmes of tuberculosis. 15 Paratuberculosis infection has been demonstrated to compromise the specificity of the 16 diagnostic tests. However, its effect on their sensitivity has not been clarified. In the 17 present study, skin tests and the interferon-gamma (IFN- γ) assay were evaluated in a 18 goat flock (n=177) with a mixed tuberculosis-paratuberculosis infection in order to 19 assess the possible effect of paratuberculosis on their sensitivity. Culture of 20 mycobacteria was performed as the gold standard to determine the true infection status. 21 All techniques showed lower sensitivities than previously described; the single 22 intradermal tuberculin (SIT) test and the IFN- γ assay detected 71% (62.4-78.6, 95%) 23 C.I.) of the infected animals; the single intradermal cervical comparative tuberculin 24 (SICCT) test detected only 42.7% (34.1-51.7, 95% C.I.) of infected animals. The 25 highest level of sensitivity was obtained when SIT test and IFN- γ assay were combined 26 in parallel (90.8%, 84.5-95.2, 95% C.I.). Sensitivities of the tests were also assessed by 27 comparing animals suffering tuberculosis and animals with a mixed infection; tests were 28 found to be more effective in the former group. Paratuberculosis seems to have a major 29 effect in the sensitivity of the diagnostic tests under study, and therefore must be taken 30 into account; in particular, the use of the SICCT test should be questioned when both 31 tuberculosis and paratuberculosis are present.

Keywords: tuberculosis; paratuberculosis; goat; skin test; SIT; SICCT; IFN-γ;
sensitivity.

34 **1. Introduction**

Caprine tuberculosis can be caused by *Mycobacterium bovis* and *M. caprae* (Gutierrez et al., 1995; Aranaz et al., 2003); both pathogens represent a serious concern because of the economic impact and possible spread to bovine herds. Moreover, it represents a potential source of infection to humans through unpasteurised dairy products and direct contact (Gutierrez et al., 1997; Kubica et al., 2003).

Paratuberculosis, caused by *Mycobacterium avium* subsp. *paratuberculosis*(*Map*), also causes reduced production. The involvement of Map in the development of
Crohn's disease has not been demonstrated but its zoonotic potential is still under study
(Grant, 2005). In Spain, several studies indicate that it is present in all domestic
ruminant species with variable prevalences (Reviriego et al., 2000; de Juan et al.,
2006a).

46 Several diagnostic tests are used to ascertain the tuberculosis status. The single 47 intradermal tuberculin (SIT) test measures the cell mediated immune (CMI) response to 48 a *M. bovis* purified protein derivative (PPD). As some of the proteins in PPD tuberculin 49 are shared among different mycobacterial species (Aagaard et al., 2003), false positive 50 reactions have been described in animals exposed to other mycobacteria (de la Rua-51 Domenech et al., 2006). To limit those false positive results, the single intradermal 52 comparative cervical tuberculin (SICCT) test compares the response to the bovine PPD 53 against an avian PPD (Paterson et al., 1958). Therefore specificity of the test is 54 increased, though its sensitivity might be hampered, especially in adult animals (Collins, 2006). 55

56 The interferon-gamma (IFN-γ) assay is an *in vitro* alternative that has 57 demonstrated a higher sensitivity compared with the intradermal tuberculin tests (Wood 58 et al., 1992; Liebana et al., 1998; Gonzalez-Llamazares et al., 1999) and can detect 3

infected animals at an earlier stage (Gormley et al., 2006); therefore, it has been
proposed as an ancillary test in cattle (Council Directive 64/432/EEC, amended by (EC)
No. 1226/2002 of 8 July 2002, Anon. 2002).

62 In certain areas of the European Union co-infection with M. bovis or M. caprae 63 and Map may occur in a same herd. The effect of paratuberculosis in the induction of 64 false positive responses has been already studied in cattle (Walravens et al., 2002; Dunn 65 et al., 2005), but little has been investigated about the possible effect of a natural mixed 66 tuberculosis-paratuberculosis infection in their sensitivity. Previous studies 67 demonstrated a decreased sensitivity of these tests when applied to cattle previously infected with *M. avium* (Amadori et al., 2002; Hope et al., 2005). In a preliminary 68 69 study, the sensitivity of SICCT and IFN- γ test in a cattle herd with dual tuberculosis-70 paratuberculosis infection (Aranaz et al., 2006) was lower than in previous reports, but 71 the selection of animals may have resulted in an artificially biased higher sensitivity.

No investigation regarding the sensitivity of diagnostic tests in goat flocks with a dual infection has been published, in spite of the possible impact on control programs. The aim of the present study was to evaluate the sensitivity of SIT, SICCT and IFN- γ tests in a goat flock with a natural tuberculosis-paratuberculosis infection in order to determine the possible effect of paratuberculosis on their accuracy in detecting tuberculosis infection.

78

79 2. Material and methods

80 2.1. Flock and design of the study

This study was performed on a flock of Spanish *Guadarrama* breed with a previous diagnosis of both *M. caprae* and *Map* infection. The flock was composed of 177 goats older than 2 years that had never been vaccinated against paratuberculosis. Seroprevalence against *Map*, estimated by ELISA (*Mycobacterium paratuberculosis* Antibody Test Kit, ParachekTM Johne's Absorbed EIA), was 64.4%. All goats were analysed using the SIT test, the SICCT test and the IFN-γ detection assay. Animals were euthanized and necropsied for the collection of samples for bacteriology.

The goats included in this field trial were not experimental animals. Handling of the animals, sampling and euthanasia were performed by veterinarians according to Spanish Legislation.

91 **2.2. Diagnostic tests**

92 2.2.1. Skin tests

SIT and SICCT were performed after blood sampling for IFN-γ using official
bovine and avian PPDs (CZ Veterinaria, Porriño, Spain). Animals were inoculated 0.1
mL containing 0.1 mg of bovine PPD (2500 CTU) on the left side of the neck and 0.1
mL (2500 IU) avian PPD on the right side. The results were determined by measuring
the increase of the skin-fold thickness 72 h later.

98 Regarding the SIT test, animals were classified as positive if a bovine reaction 99 (increase of the skin-fold thickness after the application of the bovine PPD) of 2 or more 100 millimetres or the presence of clinical signs such as oedema, exudation, necrosis, pain 101 or inflammation at the injection site were observed (severe interpretation).

102 Animals were considered positive for the SICCT test if a positive bovine 103 reaction of 2 or more millimetres was observed which was greater than the avian 5

104 reaction, or if the presence of clinical signs at the injection site of the bovine PPD were

- 105 observed (severe interpretation).
- 106 2.2.2. *In-vitro* test (IFN- γ test)

107 Blood samples were stimulated with the avian and bovine PPDs used in the skin 108 tests as previously described (Liebana et al., 1998). Plasma was tested in duplicate using a sandwich EIA kit for bovine IFN-y (BovigamTM Bovine Gamma Interferon Test) 109 110 according to methods described by the supplier (Prionics, Schlieren, Switzerland). The 111 interpretation of the test has been described elsewhere (Aranaz et al., 2006). Two cut-off 112 points were selected to evaluate the sensitivity: the "severe interpretation" considered an 113 animal positive when the mean OD of its sample stimulated with bovine PPD minus the 114 mean OD of nil antigen was greater than 0.05, and greater than the same value of the 115 sample stimulated with avian PPD; the "standard interpretation" declared an animal 116 positive if the same data was above 0.1. Interpretation of the test was also performed 117 just using the results of the stimulation with bovine PPD to check if significant 118 differences could be observed.

- 119 **2.3. Bacteriology**
- 120 2.3.1. Tissue collection

Samples from lung and retropharyngeal, mediastinal and bronchial lymph nodes were taken for culture of *M. tuberculosis* complex; samples from ileocecal valve and adjacent tissue, and mesenteric lymph nodes were taken for *Map* culture. All samples were stored at -20°C until analysis.

125 2.3.2. *M. tuberculosis* complex culture

Samples for culture included tuberculosis compatible lesions and the adjacent areas, or a pool of the collected tissues if no macroscopic lesion was observed. Tissue samples were homogenized with sterile distilled water and decontaminated with 0.35% 6

hexadecylpyridinium chloride (HPC) for 30 minutes (Corner and Trajstman, 1988), centrifuged at 1068 *g* for 30 min and cultured onto Coletsos and 0.2% (w/v) pyruvateenriched Löwenstein-Jensen media (bioMérieux España and Biomedics, Madrid, Spain). Isolates were identified by staining for acid-alcohol fastness and PCR amplification of *Mycobacterium* genus-specific 16S rRNA fragment and MPB70 sequence (Wilton and Cousins, 1992). Isolates were characterised using spoligotyping (Kamerbeek et al., 1997).

136 2.3.3. *Map* culture

Samples of each animal were pooled, decontaminated using 0.75% HPC for 18
hours (Greig et al., 1999) and inoculated onto selective media (de Juan et al., 2006b).
Isolate identification was confirmed by mycobactin-dependency, and specific PCR for
the detection of IS*900* and f57 sequence (Coetsier et al., 2000). Isolates were further
characterized using the PCR test described by Collins et al. (2002).

142 2.3.4. Classification of the animals according to the culture results

To evaluate the performance of the diagnostic test for tuberculosis depending on their infection status, animals were classified using the culture result as the gold standard. Animals that showed lesions compatible with tuberculosis but had negative culture results (n=14) were excluded from the study to avoid considering them as negative.

Secondly, in order to determine if paratuberculosis infection could produce significant differences in the reliability of the tests, tuberculosis-infected animals were classified as 1) animals positive to tuberculosis: all animals from which *M. caprae* was cultured regardless of *Map* culture results, and 2) animals positive to tuberculosis and paratuberculosis (tbc+/ptb+): only animals from which *M. caprae* and *Map* were isolated from their tissues.

- 154 Statistical analysis of the data was carried out using the software PEPI 4.0
- 155 (Computer Program for Epidemiologist), J.H. Abramson and P.M. Gahlinger.

156 **3. Results**

157 **3.1. Culture results**

After completing the *in-vivo* tests, all animals (n=177) were tested by bacteriology. Fourteen animals showing tuberculosis-compatible lesions but negative to *M. caprae* culture were excluded from the study to overcome a possible lack of sensitivity of the culture procedure. From the remaining 163 goats, *M. caprae* was isolated from 131 animals (74%), and 30 (18.4%) were positive for the culture of *Map* (Table 1).

164 All the *M. caprae* isolates belonged to the spoligotype SB1084, and all *Map* 165 isolates were classified as cattle type (type II).

166 **3.2. Assessment of the diagnostic tests**

167 Sensitivity for each test was calculated using the culture results as the gold 168 standard (Table 2). The SICCT test was the least sensitive, detecting only 56 out of 131 169 (42.7%) infected animals, even though a severe interpretation was applied. The tests 170 that detected the maximum number of infected animals were both SIT test and IFN- γ 171 assay when the cut-off point was fixed in 0.05 ("severe interpretation"). If the results of 172 the stimulation with avian PPD were ignored in the interpretation of the IFN- γ assay, 173 the sensitivity did not change significantly, regardless of the cut-off point (Table 2).

174 Animals with a positive culture of *M. caprae* are represented on the basis of their 175 skin tests results in Fig. 1. SIT test detected 37 (28.2%) more infected animals than 176 SICCT, but 38 animals remained undetected by both skin tests. Twenty-six of those 177 animals were detected by the IFN- γ assay, and thus 12 remained undetected. *Map* 178 infection was confirmed by culture in 5 out of those 12 animals.

When the different tests are combined in parallel, the best sensitivity was
obtained when SIT and "severe" IFN-γ assay are used together (90.8%) (Table 3).

181 Results of SIT test and IFN- γ assay in the tuberculosis-infected animals (n=131) 182 are compared in Table 4. The agreement found between the 2 tests was very low 183 (Kappa=0.036, Confidence Interval 95%, -0.135-0.207). The same result was obtained 184 when the IFN- γ assay results were compared with the SICCT readings (Kappa=0.036, 185 C.I. 95%, -0.109-0.181). The regression lines for positive and negative animals in the 186 IFN- γ test were also determined and compared (Fig. 2). Both lines showed a similar 187 equation (y=0.69x+2.2 and y=0.64x+1.9).

188 Following the criteria detailed above, results obtained from all tuberculosis-189 infected animals (n=131) were compared with those from the sub-group of animals with 190 mixed infection (tbc+/ptb+) (n=24) (Table 5). SIT test showed a lower sensitivity in the 191 animals with the dual infection (54.2%) than that achieved in the overall group (71%); 192 differences were found to be statistically significant (C.I. 95%). SICCT test also 193 performed worse in the tbc+/ptb+ group, but the differences were not found to be 194 significant (C.I. 95%). IFN- γ assay showed a similar sensitivity in both groups 195 regardless the threshold applied. The small differences found between the 2 groups were 196 not statistically significant (C.I. 95%).

197 **4. Discussion**

Bovine tuberculosis is subject of control and eradication programs in many countries worldwide; these programs are based on the early detection and removal of infected animals, therefore they rely on the sensitivity of available diagnostic tests. In this sense, the presence of non-tuberculous mycobacteria has been pointed out as a possible cause of misdiagnosis (Lauzi et al., 2000; Dunn et al., 2005). Caprine tuberculosis is also important, as it can jeopardise the success of the programs for bovine tuberculosis and represents a public health threat.

205 In the present study we have applied an adaptation of the diagnostic tests used in 206 cattle to a goat flock with a mixed infection of tuberculosis and paratuberculosis. The 207 sensitivity observed in all tests were lower than results published by other authors for 208 cattle (Francis et al., 1978; Wood, et al., 1992; Whipple et al., 1995) and goats (Gutierrez et al., 1998, Liebana et al., 1998). As there are no established criteria for the 209 210 interpretation of the skin tests in goats, in this study we have adopted the criteria of the 211 European legislation for cattle but considering positive the inconclusive reactors 212 (animals with a bovine reaction of more than 2 mm and less than 4 mm with no clinical 213 signs at the injection site in the SIT test; and animals with a bovine reaction of more 214 than 2 mm but equal to or less than an avian reaction and the absence of clinical signs in 215 the SICCT test). SIT test, under a severe interpretation, showed the highest sensitivity, 216 as it detected 71% of the infected animals, which lies within previously described 217 sensitivity rates though on the lower side.

To avoid a possible lack of specificity of the SIT test, the application of the SICCT test has been recommended in areas where a high number of avian reactors are expected (Monaghan et al., 1994). However, in this study the SICCT test was an unreliable test, as it could only detect 42.7% of the infected animals even when the

severe interpretation was applied. These data show that SICCT test is not adequate for diagnosis of tuberculosis in goats if tuberculosis and paratuberculosis coexist in the same flock.

225 The low sensitivities observed in the present study are most likely caused by a 226 particular cause such as the paratuberculosis co-infection. Another possible explanation 227 for the decreased sensitivity could be the presence of high rates of anergic animals in 228 the flock that would not produce a detectable immune response. However, this 229 possibility was ruled out because a high proportion of false negative reactors showed a 230 response to the stimulation with the avian PPD in the SICCT test. Therefore, a plausible 231 explanation was the masking effect of the reaction against avian PPD in animals with a 232 mixed infection.

To confirm if paratuberculosis infection was affecting the sensitivity of the 233 234 tuberculosis diagnostic tests, we have compared the results obtained from all 235 tuberculosis-infected animals with those from goats with a mixed infection. This 236 comparison revealed that SIT test performed significantly better in the former group 237 (Table 5), as the differences between sensitivities in each group were statistically 238 significant (C.I. 95%). This observation points out the possible effect of the 239 paratuberculosis co-infection in the performance of the SIT test. The same remark can 240 be done regarding the SICCT test, though in this case the differences found were not 241 statistically significant (C.I. 95%). However, this could be attributed to the small size of 242 the tbc+/ptb+ group.

The detection of IFN- γ has been accepted as a useful ancillary tool in the diagnosis of tuberculosis in cattle. In our study, IFN- γ assay with the cut-off point fixed at 0.05 showed the same sensitivity as the SIT test in the whole flock. It must be remarked that ignoring the results of stimulation with avian PPD allows the detection of 12

247 a few more infected animals. Thus, in situations of goat populations with a mixed 248 tuberculosis-paratuberculosis infection, the IFN- γ assay might show the same sensitivity 249 but better specificity than skin tests. In addition, it might be more cost-effective to 250 perform IFN- γ assay stimulating the lymphocytes only with bovine PPD. The cut-off 251 value of the ELISA for the IFN- γ must be adjusted to obtain a higher sensitivity (in our 252 study, PPD minus the mean OD of nil antigen greater than 0.05 instead of 0.1). 253 Interestingly, the sensitivity rates of the IFN- γ assay obtained in the two groups 254 (tuberculosis-infected and mixed infection animals) showed no statistically significant 255 differences (confidence level 95%), which could imply that this test is not as influenced 256 by a concurrent paratuberculosis in a flock than the skin tests. Adverse effects of the 257 paratuberculosis on the sensitivity of the tuberculosis diagnostic tests used in this study 258 (SIT, SICCT and IFN- γ detection tests) were also reported in cattle with a dual 259 mycobacterial infection (Aranaz et al. 2006).

Comparison between IFN-y assay and SIT test in the infected animals revealed a 260 261 low agreement, meaning they behaved differently, detecting different populations of infected animals. This is also observed in Figs. 1 and 2, as the IFN- γ test results are 262 263 distributed independently of the quantitative skin test results throughout the whole 264 graphic. This is in line with the general assumption that some infected animals might 265 respond to only one test, so the population which is positive to each test is not exactly the same (Neill et al., 1994; Pollock et al., 2005; Aranaz et al., 2006), and highlights the 266 267 importance of the use of the IFN- γ assay as an ancillary test.

Twelve out of 131 infected animals (9.16%) did not show any CMI response. They are represented in the bottom left corner of Fig. 1. *Map* was isolated from five of them. However, *M. caprae* was cultured from the intestinal samples of other four animals, and therefore could have overgrown a possible culture of *Map*. No obvious 13

cause for the lack of response, apart from a concomitant *Map* infection, was found.
These animals represent a great risk, as they were not detected by any diagnostic
technique and therefore would have maintained the tuberculosis infection in the farm.
On the other side, nine of these animals showed macroscopic lesions compatible with
tuberculosis, and therefore could have been detected in the slaughterhouse.

277 Conclusion

The sensitivities of the diagnostic tests were below the values described in previous
reports, and paratuberculosis co-infection was considered the most likely cause.

- The SICCT test was the least sensitive test, probably because the paratuberculosis infection induced an important reaction to the avian PPD. Therefore, the use of SICCT test in goats in areas where tuberculosis and paratuberculosis are present should be discouraged.

- Skin tests and IFN-γ detection assay detected different populations of infected animals.

This highlights the usefulness of IFN- γ assay as an ancillary test. In our study, IFN- γ detection test seemed to be more consistent regardless the concomitant paratuberculosis infection as compared to skin tests.

Some infected animals (12/131, 9.16%) were undetectable for the tuberculosis
diagnostic tests used in this study. Nine of these "undetectable" animals (75%) could
have been detected in the slaughterhouse because of their visible lesions; this points out *post-mortem* inspection as a still essential tool in eradication plans for tuberculosis.

292 Paratuberculosis represents a serious impairment on the reliability of routine 293 tuberculosis diagnosis tests in goats, and should be taken into account in eradication 294 programs in areas with high paratuberculosis prevalences. Moreover, the impact of 295 paratuberculosis in the sensitivity of these diagnostic tools in cattle should also be 296 addressed in further studies, because of the economic and social consequences of a 297 failure of the diagnostic tests. Above all, a great deal of common sense added to the use 298 of the best diagnosis tools and proper epidemiological studies are necessary elements of 299 the eradication programmes, as the overall assessment of the situation of each 300 epidemiological unit cannot rely exclusively on the results of the diagnostic tests.

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434

Table 1. Culture results of *Mycobacterium caprae* and *Mycobacterium avium* subsp. *paratuberculosis* (*Map*) of the animals included in this study (n=163)*

Culture results	Map +	Map -	Total
M. caprae +	24	107	131
M. caprae -	6	26	32
Total	30	133	163

* After the exclusion of 14 animals with lesions compatible with

tuberculosis but negative culture of *M. caprae*.

435

Table 2. Sensitivity of the diagnostic tests performed in the flock (n=163)

Diagnostic test	Positive reactors	True positives ^a	S (95% CI)
SIT test (severe interpretation)	118	93	71 (62.4-78.6)
SICCT test (severe interpretation)	69	56	42.7 (34.1-51.7)
Standard IFN- γ detection test (cut-off point=0.1)	86	76	58 (49.1-66.6)
Standard IFN- γ detection test (no avian PPD) ^b	90	79	60.3 (51.4-68.7)
Severe IFN-γ detection test (cut-off point=0.05)	109	93	71 (62.4-78.6)
Severe IFN- γ detection test (no avian PPD) ^b	114	96	73.3 (64.9-80.6)

436 ^a True Positive: positive reactor animals with *M. caprae* infection confirmed by culture.

437 ^b Results obtained when the results of the stimulation with avian PPD are ignored.

438

Table 3. Sensitivity obtained combining the diagnostic tests performed in the flock

(n=163)

Diagnostic tests in parallel	Positive reactors	True positives ^a	S (95% CI)
Severe SIT + Standard IFN- γ	142	115	87.8 (80.9-92.9)
Severe SIT + Severe IFN-γ	149	119	90.8 (84.5-95.2)
Severe SICCT + Standard IFN- γ	118	99	75.6 (67.3-82.7)
Severe SICCT + Severe IFN-γ	131	108	82.4 (76.5-89.8)

439 ^a True Positive: animals with a *M. caprae* infection confirmed by culture.

440

Table 4. Agreement analysis between SIT test and IFN- $\!\gamma$

assay in the tuberculosis-culture positive animals (n=131)

	IFN-γ positive	IFN-γ negative
SIT positive	67	26
SIT negative	26	12

441

Table 5. Sensitivities with confidence intervals (95%) of the tests in the groups formed based on culture results

Diagnostic test	Tbc+ ^a (n=131)	Tbc+/Ptb+ b (n=24)
Severe SIT	71 (62.4-78.6)	54.2 (33-74)
Severe SICCT	42.7 (34.1-51.7)	29.2 (13-51)
Standard IFN- γ detection test (0.1)	58 (49.1-66.6)	58.3 (37-78)
Severe IFN- γ detection test (0.05)	71 (62.4-78.6)	66.7 (45-84)
Severe SIT + Standard IFN-γ	87.8 (80.9-92.9)	75 (53-90)
Severe SIT + Severe IFN-γ	90.8 (84.5-95.2)	79.2 (58-93)
Severe SICCT + Standard IFN-γ	75.6 (67.3-82.7)	70.8 (49-87)
Severe SICCT + Severe IFN-γ	82.4 (76.5-89.8)	75 (53-90)

442 ^a Animals with *M. caprae* positive cultures, regardless *Map* culture results.

443 ^b Animals with positive cultures of both *M. caprae* and *Map*.

- 444 Fig. 1. Culture positive animals for tuberculosis (n=131) represented based on their
- 445 reaction to the skin tests and IFN- γ results.
- 446 The continuous line represents the threshold of the SICCT test (animals over this line
- 447 are those detected by SICCT test). The dashed line represents the threshold of the SIT
- 448 test (animals over this line are those detected by SIT test).X: Difference in mm. after the inoculation of avian PPD
- 449 Y: Difference in mm. after the inoculation of bovine PPD
- 450 \bigcirc Animals with positive values in the IFN- γ assay
- 451 \blacktriangle Animals with negative values in the IFN- γ assay

- 452 Fig. 2. Culture positive animals with for tuberculosis (n=131) represented based on their
- 453 reaction to the skin tests, and regression lines of positive (dot-dashed line; y=0.69x+2.2)
- 454 and negative (continuous line; y=0.64x+1.9) animals in the IFN- γ assay.
- 455 The dashed line represents the threshold of the SIT test (2 mm.).
- 456 X: Difference in mm. after the inoculation of avian PPD
- 457 Y: Difference in mm. after the inoculation of bovine PPD
- 458 O Animals with positive values in the IFN- γ assay
- 459 \blacktriangle Animals with negative values in the IFN- γ assay







