Disease in focus: Leptospirosis

DISCONTOOLS Project Management Board meeting

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Leptospirosis

•Infectious disease (Weil 1886)



•Pathogenic bacteria: leptospires

•Zoonotic disease affecting humans, livestock, and companion animals around the world

•Leptospires can be directly or indirectly transmitted to incidental hosts

•In a maintenance host, leptospires can colonize the proximal tubules of the kidney where they chronically persist in reservoir hosts and be subsequently shed in the urine.



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Leptospira

- Bacteria: Spirochaetes, corkscrew shaped
- size 6-20 µm x 0,1 µm
- Aerobic, 28-30 °C, generation time 6-8 hours
- ~300 serovars in 26 serogroups
- Species, sensu lato: 2 species
 - Leptospira interrogans (pathogenic,
 - Leptospira biflexa

>250 serovars) >60 serovars)

• Species, sensu stricto: 64 species

(pathogenic, 17 species)(intermediate, 21 species)(nonpathogenic, 26 species)

(sapropytic,



Leptospira serovars

Associated with natural host and geographical distribution:

- Icterohaemorrhagiae & Copenhageni rats
 Grippotyphosa mice, muskrats
 Hardjo cattle
 Poi, Ballum mice
 Mozdok voles
 Canicola dogs
 Pomona pigs
 - → Weil's syndroom
 → mud fever
 → dairy fever



Survival in the environment

Pathogenic leptospires:

1. via urine into the environment

 2. Can survive for months under favorable conditions: Humid Temperature 13 – 30 °C pH neutral – slightly alkaline (pH 6.5 – 8.5)

3. Do not survive:

freezing drying UV (sun) heat (>40 °C) desinfectants



Adapted from: Ko AI, Goarant C, Picardeau M. Leptospira: the dawn of the molecular genetics era for an emerging zoonotic pathogen. Nat Rev Microbiol 2009; 7(10): 736-47

Human leptospirosis

• Acute undifferentiated fever with possible headache, muscle pain, chills, jaundice, renal failure

Animal leptospirosis

- Acute: agalactia, jaundice, haemoglobinuria, meningitis, acute renal failure, abortion
- Chronic: leptospires may persist in kidney or reproductive tracts

Laboratory diagnosis

- Detection of leptospiral antibodies (e.g ELISA, Microscopic Agglutination Test)
- Detecting leptospiral antigen (PCR)
- Culture

Treatment

Human

- broad range of antibiotics including the beta-lactam antibiotics, cephalosporins, aminoglycosides and macrolides
- (but not to: vancomycin, rifampicin, metronidazole and chloramphenicol)

Animal

• Tetracyclines, Penicillin/Ampicillin, dihydrostreptomycin, streptomycin, fluoroquinolones

Vaccins

- Whole cell cultures
- Serovar specific

DISCONTOOLS expert group for Leptospirosis

Africa

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Diagnostics

- Lack of validated tests (rapid, low costs, geographical area, cut-off titres)
- Serovar specific ELISA needed for Pomona in cattle and Hardjo in sheep
- No tests to differentiate between vaccinated and infected animals
- Lack of internationally validated guidelines on diagnosis of *Leptospira* associated abortions in livestock

Vaccine

- No human vaccin which protects across continents
- In EU no vaccine for dogs against serovar Pomona
- Knowledge needed about circulating serovars
- Challenge to develop genetic tools for vector technology in order to develop vaccines which could induce a longer duration of immunity than 1 year

Treatment

• Clear guidance needed on chemoprofylaxis for animals (consequences for milk or meat production)

Pathogen

- Mapping of maintenance host in different geographic areas for source of infection and control intervention
- Support isolation of local strains
- Survival factors in the environment: temperature, soil type, moisture, pH

Carrier animal

Gap in knowledge on dynamics of leptospirosis in rodent carriers

- Interactions of rodents with other animal hosts in spreading serovars
- Correlation of rodent population dynamics (seasonality, breeding, migration) with leptospirosis incidence
- Other animals than rodents involved in disease transmission
- Effect of climate changes

Surveillance

- Lack of international system to support reporting of leptospirosis outbreaks hinders disease surveillance in animals
- Human: mandatory notification only in some countries