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TRYPANOSOMA CRUZI INFECTION IN A DOG IN A NON-ENDEMIC AREA: IMPLICATIONS FOR ONE HEALTH

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ABSTRACT

The protozoan *Trypanosoma cruzi* causes Chagas disease also known as American trypanosomiasis, a vector-borne zoonosis widely dispersed across 21 countries in the Americas that can be transmitted to humans, wild and domestic animals mostly through the infected faeces of the blood-sucking triatomine insects. The role of dogs as sentinels or domestic reservoir for *T. cruzi* has been reported around the world. This study reports for the first time a natural infection by *T. cruzi* in a dog in Northeastern Brazil, and draws attention to the importance of dogs in the epidemiology of this disease within the context of One Health.

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INTRODUCTION

The American trypanosomiasis, also called Chagas disease, is an endemic zoonotic disease caused by the protozoan Trypanosoma cruzi (Chagas, 1909), and it is distributed in all countries in Latin America and Brazil is one of the most important chagas disease endemic countries in latinamerica (PAHO, 2020). The parasite that causes the disease is mostly transmitted through the infected feces of triatomine bugs (Rosypal et al., 2007). T.cruzi can infect more than 180 wild species of mammals, particularly armadillos, squirrel monkeys, rodents and opossums; domestic animals, especially dogs, cats, pigs and goatsand humans (Breniére et al., 2016). Concerning domestic animals, T. cruzi infection in dogs has been reported in different canine populations inNorth America (Elmayan et al., 2019), Central America (Montenegro et al., 2002; Galaviz-Silva et al., 2017) and South America (Gürtler et al., 1986; Lauricella et al., 1989). In Brazil, the frequencies of T. cruzi infection in dogs have been reported in all five official geographical regions of the country, by means of parasitological, serological or molecular tests (Martins-Melo et al., 2014).

The state of Pernambuco have been reported infection by *T. cruzi* in humans in practically all its mesoregions, but there are areas with low endemicity or non-endemic (Santos *et al.*, 2015). However, no canine infection has previously been reported. The present report describes the first case of *T. cruzi*infection in a dog in a non-endemic area of northeastern Brazil and its implications for One Health.

CASE REPORT

A five-year-old female **Labrador Retriever**dog was brought to a private veterinary hospital in Camaragibe County, Pernambuco, with a history of muscle spasms and diarrhea. This animal was living in Camaragibe ($8^{\circ}01'19''$ South; $34^{\circ}58'51''$ West), situated in the Metropolitan Region of Recife, where she had been born. The owner reported that the dog had a habit of eating garbage, food scraps and insects. On physical examination, fever, dehydrated, pale mucous membranes, tachypnea, tachycardia, enlarged lymphnodes, abdominal distension and pain were observed. Also, the animal showed mild infestation with ticks. The hematological results showed hypochromic anemia with moderate anisocytosis, polychromasia, presence of

platelet aggregate and hypochromasia, leukocytosis with neutrophilia, lymphopenia, monocytosis and presence of trypomastigotes forms of Trypanosoma sp. The biochemical profile showed elevation of serumalanine aminotransferase (ALT) levels. Tests for antibodies to L. infantum and D.immitis were negative. Blood aliquots were separated and stored at -20 °C.For whole blood DNA extraction, the QIAamp® DNA Blood Mini Kit (QIAGEN® Sample and Assay Technologies, Germantown, MD, USA) was used, according to manufacturer's instructions. Quantitative real-time PCR (qPCR) was carried out using two different primer sets for T. cruzi: CRUZI 1 and CRUZI 2, as described by Piron et al. (2007); TcSAT 1 (F) and TcSAT 2 (R) (Figure 1). As a complementary laboratorial test, whole blood culture was carried out for parasitological confirmation. A volume of 200 µl of peripheral blood from the dog was added to tubes containing Novy-MacNeal-Nicolle (NNN) medium (agar slant tube). Thereafter, 1 ml of Liver Infusion Triptose (LIT) medium was added to the tubes. The cultures were maintained in a temperature of 27°C and analyzed microscopically each 15 days. After 60 days, the parasites were observed, and the culture was then considered positive.

DISCUSSION

Canine trypanosomiasis comes in four different forms in Brazil, as follows: T.cruzi, T.evansi, T. caninum and T. rangeli. Infection by T. cruzican be acquired through consumption of triatomines or of infected synanthropic or wild small mammals (FUNG et al., 2014; Curtis-Robles et al., 2017; Meyers et al., 2017). According to Gomes et al. (2009), the diagnosis of Chagas disease can be made through detection of the parasite using parasitological methods during the acute or chronic phase of the disease. However, these diagnostic methods may lead to misdiagnosis of parasite species. On the other hand, the qPCR methodology is adequate forspecific detection of T. cruzi, as well as for detection of low parasitemia in patients with chronic Chagas disease (Moreira et al., 2013). Hematological profile of dogs infected by T. cruzi are nonspecific as they will depend on factors such as: parasite load, serological status and molecular profile of the parasite strain (Guedes et al., 2012; Jaimes-Dueñez et al., 2020). Moreover, the clinical signs observed are not pathognomonic. Dogs with Chagas disease may remain undiagnosed as asymptomatic animals or may display a few clinical signs such as fever or lymph node enlargement, as we observed here. In this way, dogs may develop acute or chronic disease and pathological changes such as hypertrophy, abnormal cardiac rhythms and congestive cardiac insufficiency with right ventricle dysfunction (Souza et al., 2008). However, due to the multisystemic nature of Chagas disease and the variety of clinical signs, the diagnosis is always difficult to make, and it can often be missed. In Brazil, the infection of T.cruziin dogs hinfection has been reported in all regions. The state of Pernambuco 37.8% of the counties have reported at least one case of acute Chagas disease in humans (Santos et al., 2015). However, no canine infection has previously been reported. This is the first report of T cruzi infection in a dog in the metropolitan region of Recife, state of Pernambuco.From an epidemiological perspective, dogs can play an important role because they live close to dwellings where they serve as a link between the wild and peridomestic environments (Roque et al., 2008; Freitas et al., 2018). In conclusion, dogs sharing the same environment with humans can present the potential to act as sources of T. cruzi infection. Because of this close relationship with humans, dogs have key epidemiological importance within the context of One Health.

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