CHAPTER 3.1.6.

ECHINOCOCCOSIS (INFECTION WITH ECHINOCOCCUS GRANULOSUS AND WITH E. MULTILOCULARIS)

SUMMARY

Human cystic echinococcosis, caused by Echinococcus granulosus, and alveolar echinococcosis, caused by E. multilocularis, are important public health threats in many parts of the world. Diagnosis of echinococcosis in dogs or other susceptible carnivores relies on the detection of adult cestodes of the Echinococcus genus or their eggs in the faeces or small intestine. Coproantigen and coproDNA assays have proven useful for safe, fast and accurate diagnosis. In intermediate hosts, diagnosis is dependent on post-mortem detection of the larval cyst form that can infect almost any organ, particularly the liver and lungs, with subsequent species confirmation by polymerase chain reaction (PCR).

Identification of the agent: It was previously accepted that there were five valid species of the genus Echinococcus; the current view however, informed by biology, epidemiology and particularly molecular genotyping, recommends the inclusion of at least nine species within the genus. All those species of Echinococcus known to cause cystic echinococcosis in the intermediate host may be referred to as E. granulosus sensulato (s.l.), whereas strains G1-G3 (which are closely related) are now referred to as E. granulosus sensu stricto (s.s.). It is also widely believed that within E. granulosus s.l., E. equinus (G4), E. ortleppi (G5) and E. canadensis (G6, G7, G8, G10) should be considered as distinct species although there is still some debate as to whether E. canadensis represents more than one species. Larval forms of Echinococcus can usually be visually detected in visceral organs. Special care has to be taken for a specific diagnosis of E. granulosus in instances where Taenia hydatigena in sheep is also a problem. Histological examination may confirm the diagnosis after formalin-fixed material is processed by conventional staining methods. The presence of a periodic-acid-Schiff positive, acellular laminated layer with or without an internal cellular, nucleated germinal membrane can be regarded as a specific characteristic of metacestodes of Echinococcus. Genotyping via PCR is the only method available to confirm the exact species of Echinococcus infecting animals. The identification of larval E. multilocularis in rodents and other hosts is possible by macroscopic or microscopic examination and confirmed by DNA detection using the PCR.

The small intestine is required at necropsy for the detection of adult Echinococcus spp. in wild or in domestic carnivores. Handling infected material needs detailed safety precautions to avoid risk to the operator of contracting a potentially fatal disease.

Coproantigen or CoproDNA tests: Significant progress is being made in the development of immunological tests for the diagnosis of intestinal Echinococcus infections by use of coproantigen detection. The technique has been used successfully in surveys of E. granulosus in dogs and is currently used in surveys for E. multilocularis in populations of dogs and foxes in high endemic areas. Coproantigen detection is possible in faecal samples collected from dead or living animals or from the environment. However, as these tests were developed based on adult worm proteins, false positives may occur, especially in low endemic areas. PCR DNA methods for the detection of E. multilocularis and more recently E. granulosus in definitive hosts have now been validated as diagnostic techniques.

Serological tests: Antibodies directed against oncosphere, cyst fluid and protoscolex antigens can be detected in the serum of infected dogs and sheep, but this approach is presently of limited practical

use as it does not distinguish between current and previous infections. The sensitivity in cases of low worm burden is poor. Cross-reactivity between Echinococcus and Taenia species also may occur.

Requirements for vaccines: Progress has been made in the development of an effective vaccine (EG95) against infection with the larval stage of E. granulosus in sheep and cattle.

A. INTRODUCTION

The species within the genus Echinococcus are small (1-11 mm length) tapeworms of carnivores with larval (metacestode) stages known as hydatids that proliferate asexually in various mammals including humans. Until recently it was accepted that there were five morphologically distinct species in this genus: E. granulosus, E. multilocularis, E. oligarthra, E. vogeli and E. shiquicus. Echinococcus granulosus, formerly regarded as a single species with a high genotypic and phenotypic diversity, is now recognised as an assemblage of cryptic species, which differ considerably in morphology, development, host specificity (including infectivity or pathogenicity for humans). This diversity is reflected in the mitochondrial and nuclear genomes. Based on phenotypic characters and gene sequences, E. granulosus (sensu lato [s.l.]) has now been subdivided into E. granulosus (sensu stricto [s.s.]) (including the formerly identified genotypic variants G1-3), E. felidis (the former 'lion strain'), Echinococcus equinus (the 'horse strain', genotype G4), E. ortleppi (the cattle strain', genotype G5) and E. canadensis. The latter species, as recognised here, shows the highest diversity and is composed of the 'camel strain', genotype G6, the 'pig strain', genotype G7, and two 'cervid strains', genotypes G8 and G10 (Nakao et al., 2013; Romig et al., 2015). Several authors consider that strains G6 and G7 should be referred to as E. intermedius. Echinococcus granulosus (s.l.) has a global distribution; E. multilocularis occurs in wide areas of the Northern Hemisphere, E. shiquicus is found in China (People's Rep. of) and E. oligarthra and E. vogeli are confined to Central and South America. All five of the originally described species are infective to humans causing various forms of echinococcosis although in the most recent taxonomic classification there is no evidence of E. equinus infections in humans. Human cystic echinococcosis, caused by E. granulosus, and alveolar echinococcosis, caused by E. multilocularis, are important public health threats in many parts of the world (WHO/OIE, 2001) caused by ingestion of eggs derived directly or indirectly from definitive hosts. Clinical specimens and eggs of Echinococcus spp. should be handled with appropriate biosafety and containment procedures as determined by biorisk analysis (see Chapter 1.1.4 Biosafety and biosecurity: Standard for managing biological risk in the veterinary laboratory and animal facilities).

	<i>E. granulosus</i> (sensu lato)	E. multilocularis	E. oligarthra	E. vogeli	E. shiquicus
Distribution	Cosmopolitan	Holoarctic region	Neotropical region	Neotropical region	Tibet plateau
Definitive Host	Dogs	Foxes/dogs	Wild felids	Bush dog	Tibetan fox
Intermediate Host	ntermediate Host Ungulates		Neotropical rodents	Neotropical rodents	Plateau pika
Adult					
Body length (mm)	2.0–11.0	1.2–4.5	2.2–2.9	3.9–5.5	1.3–1.7
No. segments 2–7		2–6	3	3	2–3
Length of large 25.0–49.0 hooks (μm)		24.9–34.0	43.0–60.0	49.0–57.0	20.0–23.0
Length of small 17.0–31.0 hooks (µm)		20.4–31.0	28.0–45.0	30.0–47.0	16.0–17.0
No. testes	25–80	16–35	15–46	50–67	12–20
Position of genital pore					
a. Mature segment Near to middle		Anterior to middle	Anterior to middle	Posterior to middle	Near to upper edge
b. Gravid segment	Posterior to middle	Anterior to middle	Near to middle	Posterior to middle	Anterior to middle

 Table 1. Useful characteristics for identification of Echinococcus species in definitive hosts (source: Xiao et al., 2006)

	<i>E. granulosus</i> (sensu lato)	E. multilocularis	E. oligarthra	E. vogeli	E. shiquicus
Gravid uterus	Branching laterally	Sac-like	Sac-like	Tubular	Sac-like
Metacestode	Unilocular cysts in viscera	Multilocular cysts in viscera	Polycystic cysts in muscles	Polycystic cysts in viscera	Unilocular cysts in viscera

1. Echinococcus granulosus (sensu lato)

The parasite is most frequently transmitted between the domestic dog and a number of domestic ungulate species. The dog or sheep cycle of *E. granulosus* (s.s.) is most important. Sylvatic definitive and intermediate hosts also occur, e.g. wolf or cervid (*E. canadensis*) (see Deplazes *et al.*, 2017 for further illustration). The adult varies between 2 and 11 mm in length and usually possesses from two to seven segments, averaging from three to four segments. The penultimate segment is mature, and the genital pore normally opens posterior to the middle in both mature and gravid segments. The last (gravid) segment is usually more than half the length of the entire worm. There are rostellar hooks of various sizes on the protoscolex in two rows. The size of the hooks varies between 25 and 49 μ m in the first row, and between 17 and 31 μ m in the second row. The gravid uterus has well-developed sacculations.

The larval stage is a fluid-filled bladder or hydatid cyst that is unilocular, although communicating chambers also occur. Growth is expansive, and endogenous daughter cysts may be produced. Individual bladders may reach up to 30 cm in diameter and occur most frequently in liver and lungs, but may develop in other internal organs. The infection with this stage is referred to as cystic echinococcosis.

2. Echinococcus multilocularis

The parasite is transmitted primarily between wild definitive hosts (e.g. foxes, *Vulpes vulpes, V. corsac, Alopex lagopus*) and small arvicolid rodents (voles and lemmings). The adult varies between 1.2 and 4.5 mm in length and usually possesses from two to six segments, with an average of four to five. The penultimate segment is characteristically mature, and the genital pore is anterior to the midline in both mature and gravid segments. The gravid uterus is sac-like. On the rostellum, the larger hooks of the first row vary in size between 24.9 and 34.0 μ m and the smaller hooks of the inner row between 20.4 and 31.0 μ m.

The metacestode is a multivesicular structure consisting of conglomerates of small vesicles, usually not exceeding a few millimetres in diameter. Unlike *E. granulosus*, the larval mass often contains a semisolid rather than a fluid matrix. It proliferates by exogenous budding, which results in infiltration of tissues. Infection with this stage is commonly referred to as alveolar echinococcosis.

This zoonotic parasite is found mainly in the Northern Hemisphere, and its life cycle is mainly maintained in wildlife (Deplazes *et al.*, 2017). Like *E. granulosus*, there are a number of genetic variants or haplotypes based on microsatellite EmsB and mitochondrial gene sequences. These are associated with different geographical regions and have been named the Asian, the Mongolian, the North American 1, the North American 2 and the European haplotypes. In Europe the prevalence of *E. multilocularis* in red foxes varied from zero to >10% in different countries, and over 50% in high endemic areas. *E. multilocularis* has also been detected in Arctic foxes (Deplazes *et al.*, 2017). Domestic dogs, raccoon dogs, golden jackals and wolves have also been shown to act as definitive hosts. Experimental studies indicate that domestic cats play an insignificant role in transmission (Kapel *et al.*, 2006). Rodents of the genus *Microtus, Arvicola, Myodes* and *Lemmus* are all known to be suitable intermediate hosts as are muskrats (*Ondatra zibethicus*), nutria/coypu (*Myocastor coypus*) and beaver (*Castor fiber*).

3. Echinococcus oligarthra

The parasite typically uses neotropical wild felids as definitive hosts (e.g. *Felis concolor, F. jaguarundi*) and large rodents (e.g. *Dasyprocta* sp., *Cuniculus paca*) as intermediate hosts. The adult varies between 2.2 and 2.9 mm in length, and normally possesses three segments, the penultimate of which is mature. The genital pore is anterior to the middle in mature segments and approximately at the middle in gravid segments. The gravid uterus is sac-like.

The metacestode is polycystic and fluid-filled with a tendency to become septate and multichambered. The rostellar hooks of the protoscolex vary in length between 25.9 and 37.9 μ m. The hooks are described in more detail in the next section where they are also compared with those of *E. vogeli*. The single cyst may reach a diameter of approximately 5 cm. Predilection sites are internal organs and muscles. To date, there have only been a few reports of human disease. The parasite appears not to mature in dogs.

4. Echinococcus vogeli

The parasite typically uses the South American bush dog (*Speothus venaticus*) as a wild definitive host, but the domestic dog is susceptible, as are large rodents (e.g. *Cuniculus paca*) as intermediate hosts. The adult varies between 3.9 and 5.5 mm in length, and usually has three segments, the penultimate of which is mature. The genital pore is situated posterior to the middle in both the mature and gravid segments. The gravid uterus has no lateral sacculations and is characterised by being relatively long and tubular in form, compared with the other segments, which are sac-like.

The metacestode is similar to that of *E. oligarthra*. It has been reported that the two species can be distinguished by comparing differences in the dimensions and proportions of the rostellar hooks on the protoscolex. The hooks of *E. oligarthra* vary in length between 25.9 and 37.9 μ m (average 33.4 μ m) and between 22.6 and 29.5 μ m (average 25.45 μ m) for large and small hooks, respectively. Those of *E. vogeli* vary between 19.1 and 43.9 μ m (average 41.64 μ m) and between 30.4 and 36.5 μ m (average 33.6 μ m) for the large and small hooks, respectively. The hook-guard for *E. oligarthra* also divides the hook 50:50, compared with 30:70 for *E. vogeli*.

Echinococcus vogeli is a zoonotic agent with approximately 200 human cases in total reported in South America. The infection caused by the larval stage of this species is commonly referred to as polycystic echinococcosis.

5. Echinococcus shiquicus

The parasite was found in the Tibetan fox (*Vulpes ferrilata*) its definitive host and the plateau pika (*Ochotona curzoniae*), the intermediate host. In most species of *Echinococcus*, the gravid segment is connected to a mature segment; however, a strobila consisting of only two segments (a gravid segment directly attaching to a premature segment) is unique to this species (Xiao *et al.*, 2005). The adult stage is morphologically similar to *E. multilocularis* but differs by its smaller hooks, fewer segments, upper position of genital pore in the premature segment and fewer eggs in the gravid segment. It is easily distinguishable from *E. granulosus* by its shorter length, branchless gravid uterus and the anterior position of the genital pore in the gravid segment. The adult measures 1.3 to 1.7 mm.

The metacestode is found mainly in the lungs of pika and is essentially a unilocular minicyst containing fully developed brood capsules; however, oligovesicular forms have also been observed. It is differentiated from *E. granulosus* by the absence of daughter cysts within the fertile cyst (WHO/OIE, 2001).

A detailed description of echinococcosis in humans and animals can be found in the WHO/OIE Manual on echinococcosis (WHO/OIE, 2001).

B. DIAGNOSTIC TECHNIQUES

	Purpose (metacestode cysts in intermediate hosts)								
Method	Population freedom from infection	Individual animal freedom from infection prior to movement	Contribute to eradication policies	Confirmation of clinical cases ¹	Prevalence of infection – surveillance	Immune status in individual animals or populations post- vaccination			
	Agent identification								
Parasite Identification /meat inspection	++	_	++	++	++	_			
Antigen detection	-	_	-	-	-	_			
PCR	-	-	-	+++	++	-			

 Table 2. Test methods available for the diagnosis of echinococcosis and their purpose

¹ Post-mortem in the case of intermediate hosts.

	1							
	Purpose (metacestode cysts in intermediate hosts)							
Method Population freedom from infection		Individual animal freedom from infection prior to movement	Contribute to eradication policies Confirmation of clinical cases ¹		Prevalence of infection – surveillance	Immune status in individual animals or populations post- vaccination		
Detection of immune response								
ELISA	+ +							
Purpose (adult worms in carnivorous definitive hosts)								
Agent identification								
Parasite isolation/ microscopy	+ + +++ +++ -							
Antigen detection	+	+++	+++	+++	+++	-		
PCR	_	++	+++	+++	+++	-		
Detection of immune response								
		Detect	tion of immune fo	esponse				

Key: +++ = recommended method, validated for the purpose shown; ++ = suitable method but may need further validation; + = may be used in some situations, but cost, reliability, or other factors severely limits its application; - = not appropriate for this purpose.

PCR = polymerase chain reaction; ELISA = enzyme-linked immunosorbent assay.

1. Identification of the agent

In the intermediate host, diagnosis depends on the meat inspection or post-mortem detection of the larval cyst form, which can occur in almost any organ, particularly in the liver and lungs. The diagnosis of echinococcosis in dogs or other carnivores requires the demonstration of the adult cestodes of *Echinococcus* spp. in their faeces or the small intestine or the detection of specific coproantigens or coproDNA. Comprehensive reviews are available relating to diagnostic procedures for *E. granulosus* (Craig *et al.,* 2015) and *E. multilocularis* (Conraths & Deplazes, 2015).

Investigators carrying out these procedures are exposed to the risk of infection and severe disease, which must be minimised by appropriate biosafety and containment procedures as determined by biorisk analysis (see Chapter 1.1.4 *Biosafety and biosecurity: Standard for managing biological risk in the veterinary laboratory and animal facilities*). Infective (egg/adult) material can be decontaminated by freezing at -80°C (core temperature) for 5 days, or by heating to 70°C for 12 hours. Face masks, disposable gloves and an apron must be worn. Chemical disinfection is not reliable, although sodium hypochlorite (10% bleach) can be used to destroy eggs. Contaminated material must be destroyed by incineration or autoclaving.

1.1. Diagnosis of larval echinococcosis in intermediate hosts

1.1.1. Necropsy

Whereas surveillance for *E. granulosus* in domestic animals may take place in licensed slaughter houses, that for *Echinococcus* sp. in wildlife must be done by field surveys. When undertaking surveillance work with *E. granulosus* in intermediate hosts, it is vitally important that data are stratified and reported according to the age of animals slaughtered. Prevalence rates are strongly age dependent and reports from abattoirs that may slaughter only young animals will substantially under-represent the true situation. This is because older animals may be heavily infected even when animals have very few larvae.

Hydatid cysts can be observed in many organs, but in large animals, such as sheep and cattle, palpation or incision should be done. Pigs, cattle, sheep and goats may also be infected with larval *Taenia hydatigena*, and it is sometimes difficult to differentiate between these two parasites when they occur in the liver. In wild animals, such as ruminants and rodents, several other larval

cestodes should be considered for differential diagnosis. Please refer to Chapter 3.9.5 *Cysticercosis* for information on other cestodes found at meat inspection.

- i) Suspect parasite material should be removed from the organ by cutting with a scalpel to include the immediate host tissue, and kept in a cool location. (NB: hydatid cyst tissue in intact cysts will remain viable for more than 24 hours after death even at ambient temperatures. However viability will be prolonged by storage at 4°C for up to 72 hours. If material cannot be examined within this time, it should be stored either in 10% formol saline for subsequent microscopic examination or in 70–90% ethanol for subsequent DNA analysis. Ideally a sample of parasite material should be preserved in both media. Parasite tissues that are frozen will not be viable but can be examined morphologically on thawing and subjected to DNA analyses.
- ii) For morphological analysis of cyst contents, fluid should be removed and retained using a syringe. The material inside the cyst should then be washed with saline and the contents examined under the microscope (x4 objective) for the presence of protoscoleces. Note that some hydatid cysts may be sterile and not contain protoscoleces. If no protoscoleces are present, the laminated layer on the inside of the cyst cavity may be observed as a gelatinous structure that can easily be pulled away. Formalin-fixed material can be stained by conventional histological techniques. The presence of a periodic-acid-Schiff (PAS) positive acellular laminated layer, underlying a connective tissue layer, and with or without an internal cellular, nucleated germinal membrane can be regarded as a specific characteristic of the metacestodes of *Echinococcus* spp.
- iii) In all cases exact species/genotype identification can only be made through extraction of DNA from ethanol-fixed material and subsequent genotyping by polymerase chain reaction (PCR). This requires either protoscoleces or pieces of germinal layer to be present. Cysts removed from animals should be cut open after the fluid has been removed and pieces of cyst wall removed to 70% ethanol. It is important to remember that identification of the parasite genotype can give significant information on transmission cycles and that an individual animal may contain mixed infections of more than one genotype. Specific primers based on mitochondrial genes (cox 1, NAD) and ribosomal genes (12s) have been identified for all *Echinococcus* species and related taeniids and are summarised by Roelfsema *et al.* (2016). These also include primers listed for the detection of adult worms in Table 3, Section B.2.2.1.

1.2. Diagnosis of adult parasites in carnivores

1.2.1. Necropsy

Necropsy is invariably employed in studies of echinococcosis in wildlife and is useful if domestic carnivores are humanely culled. It should be emphasised that it is necessary to isolate and identify the adult *Echinococcus*, because under normal conditions of faecal examination, the eggs of *Echinococcus* cannot be differentiated from those of *Taenia* spp. The eggs of *E. granulosus* and *E. multilocularis* can now be identified and differentiated from other taeniid eggs by PCR. It should also be emphasised that any possible contact with eggs is potentially very hazardous and requires risk management.

The small intestine is removed as soon as possible after death, and tied at both ends. If the material is not frozen or formalin fixed (4–10%), it should be examined quickly, as the parasite can be digested within 24 hours. Formalin does not kill eggs. The fresh intestine is divided into several sections and immersed in 0.9% saline at $38\pm1^{\circ}$ C for examination. Worms adhering to the intestinal wall may be observed and counted by means of a hand lens (for *E. granulosus* and *E. vogeli*). For accurate counts, the unfixed intestine is best divided into four or six sections, opened up and immersed in 0.9% saline at $38\pm1^{\circ}$ C for 30 minutes to release the parasites. The contents are washed into another container for detailed examination, and the intestinal wall is scraped with a spatula. All material is boiled and washed by sieving to eliminate most of the particulate material and to make it non-infectious. The washed intestinal contents and scrapings are placed on a black tray, and the worms are counted with the aid of a hand lens or stereoscopic microscope. *Echinococcus granulosus* is usually found in the first third of the small intestine of dogs and *E. multilocularis* in the mid/posterior sections. This approach has a greater than 95% sensitivity, except under low worm burdens where false negative results may occur.

Necropsy is considered to be the most reliable form of diagnosis for *E. multilocularis* in definitive hosts. It is an inexpensive method for determining the prevalence in a population and the best way to determine worm burden. Carcasses or intestines of definitive hosts for examination should

be deep frozen at between -70° C and -80° C for 3–7 days before necropsy to kill any eggs. Eggs of *E. multilocularis* are resistant to freezing to -50° C.

1.2.2. Sedimentation and counting technique (SCT) (Eckert, 2003)

This well established technique has been widely used, but is less sensitive than the coproDNA (PCR) test.

- The small intestine is incised longitudinally and cut into 20 cm long segments or into 5 pieces of approximately the same length. These pieces are transferred to a glass bottle containing 1 litre physiological saline (0.9% NaCl) solution.
- ii) The glass bottle is shaken vigorously for a few seconds and the pieces of intestine are removed. The superficial mucosal layer is stripped by exerting pressure between thumb and forefinger to dislodge attached helminths.
- iii) The glass bottle is left for 15 minutes for sedimentation to occur; the supernatant is then decanted. The glass bottle is refilled with physiological saline solution. This procedure is repeated 2–6 times until the supernatant is cleared of coloured particles.
- iv) The sediment fraction is examined in small portions of about 5-10 ml in rectangular plastic or Petri dishes with a counting grid (9 × 9 cm) in transmission light under a stereomicroscope at a magnification of ×120.
- v) If up to 100 worms are found, the entire sediment fraction is checked; if higher numbers are present, the total worm burden is calculated from the count of one subsample.

1.2.3. Preserving specimens

Intact worms are fragile and for morphological studies are best handled in normal saline with a Pasteur pipette. They are washed free of other material and left for approximately 30 minutes for all movement to cease. For all DNA characterisation, worms should be transferred to 70–90% ethanol. For morphological studies, the worms should be fixed in 5–10% formalin. Persons involved in such examinations should receive serological screening for anti-*Echinococcus* serum-antibodies at least once a year (WHO/OIE, 2001).

Methods have been developed aimed at simplifying and improving epidemiological investigations in final host populations and allowing diagnosis in living animals. These methods include the detection of coproantigens and PCR DNA detection (see below).

1.3. Arecoline surveys and surveillance

Purgation with arecoline has been used to perform surveys of tapeworm infections in dog populations. Its use as a control agent has been superseded by praziquantel. Arecoline can cause discomfort to dogs and its use for diagnostics is not recommended.

2. Coprological tests

Adult *Echinococcus* worms inhabiting the intestine will release both surface or secretory molecules (antigens) and DNA (usually contained within eggs). Both types of molecules can be detected by assaying faecal samples. The sensitivity of the tests is strongly influenced by the worm burden and stage of maturity.

2.1. Coproantigen tests

Coproantigen ELISA (enzyme-linked immunosorbent assay) or coproELISA provides an alternative method for diagnosing canine echinococcosis, and both polyclonal and monoclonal antibodies have been used, directed against either somatic or excretory/secretory (ES) antigens. However, tests are generally not available on a commercial basis and are developed within individual research laboratories. As such there may be a certain amount of variability between tests from different laboratories regarding sensitivity and specificity. CoproELISAs are usually genus-specific for *Echinococcus* spp. (Allan & Craig, 2006). For canine echinococcosis due to *E. granulosus* most authors report reasonable sensitivity (78–100%) and good genus specificity from 85% to greater than 95% as well as a degree of pre-patent detection (Deplazes *et al.*, 1992). Where cross-reactions occur these generally appear to be caused by infection with *Taenia hydatigena*, the most common taeniid of dogs, and attempts to improve specificity by using monoclonal antibodies in coproELISAs have not been able to eliminate this problem. CoproELISA sensitivity broadly correlates with worm burden of *E. granulosus*, however some low intensity infections (worm burdens <50–100) may give false negatives in coproELISA (Allan & Craig, 2006).

For detection of *E. multilocularis* infection of foxes, necropsy is time-consuming. Coproantigen testing by ELISA offers a specific practical alternative. Fox faecal samples should be taken at post-mortem from the rectum rather than from the small intestine. *Echinococcus* coproantigens are also stable in fox or dog faeces left at 18–25°C for 1 week and in dog faeces frozen at –20°C. Coproantigen testing has also been successfully used to evaluate the efficacy of deworming wild foxes infected with *E. multilocularis* using praziquantel-laced bait, which proved to be a successful combination of eliminating the source of infection.

2.1.1. Typical coproantigen test procedure (Echinococcus genus specific) (Craig et al., 1996)

- i) The faecal sample (collected per rectum or from the ground) is mixed with an equal volume of phosphate buffered saline (PBS), pH 7.2, containing 0.3% Tween 20 (PBST), in a capped 5 ml disposable tube. This is shaken vigorously and centrifuged at 2000 g for 20 minutes at room temperature. Faecal supernatants can be tested immediately or stored at -20°C or lower. Supernatants that appear very dark or viscous are still acceptable for use.
- A 96-well ELISA microtitre plate is coated with optimal concentration (typically 5 μg per ml) of a protein A purified IgG fraction of rabbit anti-*E. granulosus* proglottid extract in 0.05 M bicarbonate/carbonate buffer, pH 9.6 (100 μl per well). The plate is covered and incubated overnight at 4°C.
- iii) The wells are rinsed three times in PBST with 1 minute between washes; 100 µl of the same buffer is added to each well, and the plate is incubated for 1 hour at room temperature.
- iv) The PBST is discarded and 50 µl of neat fetal calf serum is added to all wells. This is followed by the addition of 50 µl per well of faecal sample supernatants is added (in duplicate wells). The plate is incubated at room temperature for 1 hour with plastic film to seal the plate.
- v) The wells are rinsed as in step iii, but the contents are discarded into a 10% bleach (hypochlorite) solution.
- vi) An optimal dilution concentration of around 1 µg/ml of an IgG rabbit anti-*E.-granulosus* proglottid extract peroxidase conjugate in PBST is prepared and 100 µl per well is added to all wells. The plate is incubated for 1 hour at room temperature (22–24°C).
- vii) The wells are rinsed as in step iii.
- viii) Next, 100 µl per well of tetramethyl benzidene (TMB) or similar peroxidase substrate is added and the plate is left in the dark for 20 minutes at room temperature (22–24°C).
- ix) Absorbance of wells is read at 650 nm. The enzyme-substrate reaction can be stopped by adding 100 μ l of 1 M phosphoric acid (H₃PO₄) to each well. The colour turns from blue to yellow if positive and is read at 450 nm.
- x) Laboratories should establish their own end-point criteria using standard positive and negative samples. Standards can also be obtained from the OIE Reference Laboratory (see Table given in Part 4 of this *Terrestrial Manual*). Usually, the positive to negative threshold is taken as 3 standard deviations above the mean absorbance value of control negatives, or against a reference standard control positive using absorbance units equivalence.

2.2. CoproDNA methods

2.2.1. Definitive hosts

While coproantigen ELISAs provide a better overall and practical alternative to arecoline purgation for pre-mortem detection of canine echinococcosis, their lack of species specificity is a disadvantage, especially for epidemiological studies. The amplification of small fragments of species-specific Echinococcus DNA in eggs or in faeces by PCR was first reported for E. multilocularis infections in foxes, with reduced inhibition and sensitivity subsequently increased by egg concentration through sieving and zinc chloride flotation of faecal samples (Mathis et al., 1996). Cabrera et al. (2002) applied this approach targeted to the mitochondrial cytochrome c oxidase subunit 1 (cox1) gene of E. granulosus as proof of principle for PCR identification of eggs of E. granulosus (with an analytic sensitivity of four eggs) isolated from adult tapeworms and faecal samples from necropsied dogs in Argentina. The ability to perform PCR with faecal samples or extracts directly without first isolating taeniid eggs is an advantage, especially when relatively large numbers of samples require testing. However faecal material preserved in formol saline is not suitable for DNA amplification and 70% ethanol should be used. Commercial extraction kits designed for faecal speciments can be used to extract total DNA from canid faecal samples (1-2 g). This approach has been used with at least two coproPCRs based on the EgG1 Hae III repeat (Abbasi et al., 2003) and the NADH dehydrogenase subunit 1 gene (ND1) (Boufana et al., 2013).

In recent years there have been a number of key developments attempting to simplify DNA amplification (e.g. loop-mediated isothermal amplification [LAMP]) (Ni et al., 2014; Salant et al., 2012) and improve sensitivity and specificity (e.g. real-time PCR) (Dinkel et al., 2011; Knapp et al., 2014; Øines et al., 2014). This is important in relation to differential diagnosis between E. granulosus genotypes, E. multilocularis and other taeniids that occur in the same geographical area. Multiplex PCR in particular are a useful approach to multispecies detection. (Dinkel et al., 2011; Trachsel et al., 2007). Currently there are several published PCRs for the E. granulosus complex and E. multilocularis (Table 3) and their great value is in provision of absolute or extremely high specificity to the extent that a result can be taken as an alternative to the finding of worms at necropsy or purgation. However, diagnosis based solely on PCR techniques is considered an unsuitable strategy for large-scale surveillance and screening programmes due to the high labour intensity and high expense of the procedure. The most practical and cost-effective way to undertake testing of dogs on a large-scale is to adopt a serial testing strategy based on primary screening of all samples using the coproELISA, followed by testing of all positives using coproPCR ensuring that duplicate samples are taken from each animal and fixed appropriately for each technique.

Table 3. PCR primers used for coproDNA detection (modified from Craig et al., 2015). Tissue indicates that the	
technique is also compatible with DNA extraction from metacestode tissues	

Gene	Species	Copro- sample	Tissue	Reference
cox1 Forward primer: 5'-TCA-TAT-TTG-TTT-GAG-KAT-YAG-TKC-3', reverse primer: 5'-GTA-AAT-AAM-ACT-ATA-AAA-GAA-AYM-AC-3'	E. granulosus	Eggs	Yes	Cabrera <i>et al.,</i> 2002
EgG1HaeIII Eg1121a 5'-GAA-TGC-AAG-CAG-CAG-ATG-3' (upstream) Eg1122a 5'-GAG-ATG-AGT-GAG-AAG-GAG-TG-3' (downstream)	E. granulosus s.l	Faeces	Yes	Abbasi <i>et al.,</i> 2003
12sRNA Eg1f, 5'-CAT-TAA-TGT-ATT-TTG-TAA-AGT-TG-3'; Eg1r, 5'-CAC-ATC-ATC-TTA-CAA-TAA-CAC-C-3'	<i>E. granulosus</i> G1	Eggs/ Faeces	Yes	Stefanic <i>et al.,</i> 2004
12S rRNA G1: E.g.ss1for. 5'-GTA-TTT-TGT-AAA-GTT-GTT-CTA-3' E.g.ss1rev. 5' CTA-AAT-CAC-ATC-ATC-TTA-CAA-T-3' G5, G6, G7: E.g.cs1for. (5'-ATT-TTT-AAA-ATG-TTC-GTC-CTG-3') E.g.cs1rev. (5'-CTA-AAT-AAT-ATC-ATA-TTA-CAA-C-3' To discriminate between <i>E. ortleppi</i> and <i>E. granulosus</i> G6/7, semi- nested PCRs specific for G6/7 (<i>g6/7 PCR</i> ; primer pair E.g.camel.for. 5'-ATG-GTC-CAC-CTA-TTA- TTT-CA-3' and E.g.cs1rev.) and for <i>E. ortleppi</i> (<i>g5 PCR</i> ; primer pair E.g.cattle.for. 5'-ATG-GTC- CAC-CTA-TTA-TTT-TG-3' and E.g.cs1rev.)	<i>E. granulosus</i> G1, G5, G6/7	No	Yes	Dinkel <i>et al.,</i> 2004
Cox1, NAD, rrnS Multiple sequences referred to	<i>E. granulosus,</i> <i>Taenia</i> spp.	Eggs	Yes	Trachsel et al., 2007
Real-time multiplex-nested PCR Primer/probe sequence (5'-3') P60.short.for TGG-TAC-AGG-ATT-AGA-TAC-CC P375.short.rev TGA-CGG-GCG-GTG-TGT-ACC CVF.for TTA-ATG-ACC-AAC-ATT-CGA-AA CVF.rev AGG/T-ACA/G-TAG/C-CCC-ATA/G-AAA/T-GC Pnest.for ACA-ATA-CCA-TAT-TAC-AAC-AAT-ATT-CCT-ATC Pnest.rev ATA-TTT-TGT-AAG-GTT-GTT-CTA CVF.light for TCA/T-GCC/T-TGA-TGA/G-AAC-TTC-GGA/G-TCC CVF.light rev AC/TA/G-ATT-CCA-ATA/G-TTT-CAT-GTC/T-TCT emulti-fl	E. multilocularis, E. granulosus (G1), E. ortleppi, E. canadensis (G6, G7), other taeniids	Faeces	Yes	Dinkel et al., 2011

Gene	Species	Copro- sample	Tissue	Reference
CTA-AAA-CTA-CAC-AAA-CTT-ACA-TTA-CTAFL emulti-705 LC705-ACA-ATA-ATA-TCA-AAC-CAG-ACA-TAC-ACC-APH CaVuFe1-fl ATA-CAC-TAT-ACA-TCT-GAC-ACFL CaVuFe2-640 LC640-GCT-ACT-GCT-TTC-TCA-TCT-GPH				
LAMP method Eg1121aGAA-TGC-AAG-CAG-CAG-ATGEg1122aGAG-ATG-AGT- GAG-AAG-GAG-TGFIP1echCTT-TTC-CGG-ATG-GGT-AGG-CAT- CTT-TTG-ATC-ACT-CCT-ATT-CTA-GCA-TGTBIP1echCGT-GCT- GTG-GAG-GTA-GTT-TCG-TTT-TCA-GTG-AGA-TGA-GTG-AGA-AGG	E. granulosus G1	Eggs	Yes	Salant <i>et al.,</i> 2012
ND1 Eg1F81, 5'-GTT-TTT-GGC-TGC-CGC-CAG-AAC-3' and Eg1R83, 5'- AAT-TAA-TGG-AAA-TAA-TAA-CAA-ACT-TAA-TCA-ACA-AT-3' EmF19/3, 5'-TAG-TTG-TTG-ATG-AAG-CTT-GTT-G-3' and EmR6/1, 5'-ATC-AAC-CAT-GAA-AAC-ACA-TAT-ACA-AC-3'	E. granulosus G1; E. multilocularis; E shiquicus	Faeces	Yes	Boufana <i>et al.,</i> 2013
Many mitochondrial and nuclear primers	<i>E. granulosus</i> complex G1– G10	(Eggs)	Yes	Boubaker <i>et al.,</i> 2013
Nad5 gene primers inc. (LAMP method) Primer name Sequence $(5' \rightarrow 3')$ FIP TTA-ACC-AAC-CAA-TAA-CAA-CCC-AGT-gaattc-GTG-GTG-TTA- GTT-ATT-TGG-TTA-GG BIP ATG-TGA-CGT-TTG-GTG-TGG-TAG-TTA-gaattc-AAG-AAC-CAC- CAA-AAT-AAT-GTC-T F3 GTG-TGT-TGC-TAT-ATT-GCT-TGT B3 AAC-TTT-AAC-AAC-ATA-CAC-CTA-GT	E. granulosus s.s (G1)	Faeces	Yes	Ni <i>et al.,</i> 2014
Magnetic capture – PCR mt 12S rRNA gene EMrtCO1F' (5'-TGG-TAT-AAA-GGT-GTT-TAC-TTG-G-3'), EMrtCO1Rew' (5'-ACG-TAA-ACA-ACA-CTA-TAA-AAG-A-3'), and Zen probe: 5'-56-FAM/-TCT-AGT-GTA/Zen/-AAT-AAG-AGT-GAT- CCT-ATT-TTG-TGG-TGG-GT/3IABkFq/-3'	E. multilocularis	Faeces	Yes	Isaksson <i>et al.</i> , 2014
Real-time PCR large ribosomal subunit gene (rrnL) Em-rrn forward primer: 5'-CTG-TGA-TCT-TGG-TGT-AGT-AGT-TGA-GAT-TT-3' Em-rrn reverse primer: 5'-GGC-TTA-CGC-CGG-TCT-TAA-CTC-3' Em-probe with reporter 6-carboxyfluorescein (FAM) and quencher tetramethylrhodamine (TAMRA): 5'-TGG-TCT-GTT-CGA-CCT-TTT-TAG-CCT-CCA-T-3'	E. multilocularis	Faeces	Yes	Knapp <i>et al.,</i> 2014

3. Serological tests

3.1. Intermediate hosts

Serological diagnosis of ovine echinococcosis has long been considered a potentially important tool for epidemiological studies in endemic areas, as well as for surveillance of hydatid control programmes. It has been known for many years that sheep infected experimentally with *E. granulosus* can mount detectable specific IgG responses within weeks. However, serum antibody levels varied greatly in natural infections resulting in reduced sensitivity and cross-reactions with *Taenia hydatigena* or *T. ovis* infected animals. At present this approach cannot replace necropsy (Craig *et al.*, 2015; McManus, 2014).

3.2. Definitive hosts

Serodiagnostic tests for canine echinococcosis were considered to have good potential for practical testing of dogs for *E. granulosus* infection and, initially, as a potential substitute for arecoline purgation. Diagnostic specificity was good (>90%) but sensitivity was generally poor (35–40%) with natural

infections, and was much lower when compared directly with coproantigen detection (Jenkins *et al.,* 1990). Further research to assess existing or develop better recombinant antigens may improve the sensitivity of serological tests for canine echinococcosis.

C. REQUIREMENTS FOR VACCINES

1. Intermediate hosts

Application of an effective vaccine to reduce hydatid infection in livestock may have a substantial impact on the rate of transmission of the disease to humans (Lightowlers, 2006). As *E. granulosus* belongs to the *Taeniid* family, many aspects of its immunological relationship with its intermediate host are similar to that occurring in *Taenia* species. Moreover, it was considered that the vaccine development approach used in *Taenia* species, such as the native host-protective antigens of *T. ovis*, would also be successful for *E. granulosus*. A recombinant antigen vaccine, EG95, was therefore developed in 1996 using an *E. granulosus* oncosphere protein expressed in *Escherichia coli*. The vaccine has been shown to produce high levels of protection (96–100%) against an experimental challenge infection with *E. granulosus* in sheep. Thereafter, the vaccine has been successfully applied in experimental trials in different countries in sheep and in other intermediate hosts. The EG95 vaccine has been licensed in some countries (Lightowlers, 2006).

2. Definitive hosts

Development of *E. granulosus* vaccines for dogs would ideally reduce worm fecundity and populations, and would be a crucial step towards the reduction (prevention) of the infection pressure on intermediate hosts, and thus reduce (prevent) infection in dogs. However, no clear candidate molecules have yet been identified.

REFERENCES

ABBASI I., BRANZBURG A., CAMPOS-PONCE M., ABDEL HAFEZ S.K., RAOUL F., CRAIG P.S. & HAMBURGER J. (2003). Coprodiagnosis of *Echinococcus granulosus* infection in dogs by amplification of a newly identified repeated DNA sequence. *Am. J. Trop. Med. Hyg.*, **69**, 324–330.

ALLAN J.C. & CRAIG P.S. (2006). Coproantigens in taeniasis and echinococcosis. Parasitol. Int., 55, S75–S80.

BOUBAKER G., MACCHIAROLI N., PRADA L., CUCHE M.A., ROSENZVIT M.C., ZIADINOV I., DEPLAZES P., SAARMA U., BABBA H., GOTTSTEIN B. & SPILIOTIS M. (2013). A multiplexPCR for the simultaneous detection and genotyping of the *Echinococcus granulosus* complex. *PLoS Negl. Trop. Dis.*, **7**, 1–13.

BOUFANA B., UMHANG G., QIU J., CHEN X., LAHMAR S., BOUE F., JENKINS D.J. & CRAIG P.S. (2013). Development of three PCR assays for the differentiation between *Echinococcus shiquicus, E. granulosus* (G1 genotype), and *E. multilocularis* DNA in the co-endemic region of Qinghai-Tibet plateau, China. *Am. J. Trop. Med. Hyg.* **88**, 795–802.

CABRERA M., CANOVA S., ROSENZVIT M. & GUARNERA E. (2002). Identification of *Echinococcus granulosus* eggs. *Parasitology*, **44**, 29–34.

CONRATHS F.J. & DEPLAZES P. (2015). *Echinococcus multilocularis:* Epidemiology, surveillance and state-of-the-art diagnostics from a veterinary public health perspective. *Vet. Parasitol.*, **213**, 149–161.

CRAIG P.S., ROGAN M.T. & ALLAN J.C. (1996). Detection, screening and community epidemiology of taeniid cestode zoonoses: cystic echinococcosis, alveolar echinococcosis and neurocysticercosis. *Adv. Parasitol.* **38**, 169–250.

CRAIG P.S., MASTIN A., VAN KESTERIN F. & BOUFANA B. (2015). *Echinococcus granulosus*: Epidemiology and state-of-the-art of diagnostics in animals. *Vet. Parasitol.*, **213**, 132–148.

DEPLAZES P., GOTTSTEIN B., ECKERT J., JENKINS D.J., WALD D. & JIMENEZ-PALACIOS S. (1992). Detection of *Echinococcus* coproantigens by enzyme-linked immunosorbent assay in dogs, dingoes and foxes. *Parasitol. Res.*, **78**, 303–308.

DEPLAZES P., RINALDI L., ALVAREZ ROJAS C.A., TORGERSON P.R., HARANDI M.F., ROMIG T., ANTOLOVA D., SCHURER J.M., LAHMAR S., CRINGOLI G., MAGAMBO J., THOMPSON R.C. & JENKINS E.J. (2017). Global Distribution of Alveolar and Cystic Echinococcosis. *Adv. Parasitol.*, **95**, 315–493.

DINKEL A., KERN S., BRINKER A., OEHME R., VANISCOTTE A., GIRAUDOUX P., MACKENSTEDT U. & ROMIG T. (2011). A realtime multiplex-nested PCR system for coprological diagnosis of *Echinococcus multilocularis* and host species. *Parasitol.Res.*, **109**, 493–498.

DINKEL A., NJOROGE E.M., ZIMMERMANN A., WÄLZ M., ZEYHLE E., ELMAHDI I.E., MACKENSTEDT U. & ROMIG T. (2004). A PCR system for detection of species and genotypes of the *Echinococcus granulosus*-complex, with reference to the epidemiological situation in eastern Africa. *Int. J. Parasitol.*, **34**, 645–653.

ECKERT J. (2003). Predictive values and quality control of techniques for the diagnosis of *Echinococcus multilocularis* in definitive hosts. *Acta Trop.*, **85**, 157–163.

ISAKSSON M., HAGSTÖM A., ARMUA-FERNANDEZ M.T., WAHLSTRÖM H., ÅGREN E., MILLER A., HOLMBERG A., LUKACS M., CASULLI A., DEPLAZES, P. & JUREMALM M. (2014). Asemi-automated magnetic capture probe based DNA extraction and real-time PCR method applied in the Swedish surveillance of *Echinococcus multilocularis* in red fox (*Vulpes vulpes*) faecal samples. *Parasit. Vectors*, **19**, 583.

JENKINS D.J., GASSER R.B., ZEYHLE E., ROMIG T. & MACPHERSON C.N.L. (1990). Assessment of a serological test for the detection of *Echinococcus granulosus* infection in dogs in Kenya. *Acta Trop.*, **47**, 245–248.

KAPEL C.M.O., TORGERSON P.A., THOMPSON R.C.A. & DEPLAZES P. (2006). Reproductive potential of *Echinococcus multilocularis* in experimentally infected foxes, dogs, raccoon dogs and cats. *Intl J. Parasitol.*, **36**, 79–86.

KNAPP J., MILLON L., MOUZON L., UMHANG G., RAOUL F., ALI Z.S., COMBES B., COMTE S., GBAGUIDI-HAORE H., GRENOUILLET F. & GIRAUDOUX P. (2014). Real time PCR to detect the environmental faecal contamination by *Echinococcus multilocularis* from red fox stools. *Vet. Parasitol.*, **201**, 40–47.

LIGHTOWLERS M.W. (2006). Cestode vaccines: origins, current status and future prospects. *Parasitology*, **133**, S27–42.

MATHIS A., DEPLAZES P. & ECKERT J. (1996). An improved test system for PCR-based specific detection of *Echinococcus multilocularis* eggs. *J. Helminthol.*, **70**, 219–222.

McManus D.P. (2014). Immunodiagnosis of sheep infections with *Echinococcus granulosus*: in 35 years where have we come? *Parasite Immunology*, **36**, 125–130.

NAKAO M., LAVIKAINEN A., YANAGIDA T. & AKIRA I. (2013). Phylogenetic systematics of the genus *Echinococcus* (Cestoda: Taeniidae). *Int. J. Parasitol.*, **43**, 1017–1029.

NI X.W., McManus D.P., LOU Z.L., YANG J.F., YAN H.B., LI L., LI H.M., LIU Q.Y., LI C.H., SHI W.G., FAN Y.L., LIU X., CAI J.Z., LEI M.T., FU B.Q., YANG Y.R. & JIA W.Z. (2014). A comparison of loop-mediated isothermal amplification (LAMP) with other surveillance tools for Echinococcus granulosus diagnosis in caninedefinitive hosts. *PLoS One* **9**, e100877.

ØINES Ø., ISAKSSON M., HAGSTRÖM Å., TAVORNPANICH S. & DAVIDSON R.K. (2014). Laboratory assessment of sensitive molecular tools for detection of low levels of *Echinococcus multilocularis* eggs in fox (*Vulpes vulpes*) faeces. *Parasit. Vectors*, **7**, 246.

ROELFSEMA J.H., NOZARI N. PINELLI E. & KORTBEEK L.M. (2016). Novel PCRs for differential diagnosis of cestodes. *Exp. Parasitol.*, **161**, 20–26.

ROMIG T., EBI D. & WASSERMANN M. (2015). Taxonomy and molecular epidemiology of *Echinococcus granulosus* sensu lato. *Vet. Parasitol.* **213**, 76–84.

SALANT H., ABBASI I. & HAMBURGER J. (2012). The development of a loop-mediated isothermal amplification method (LAMP) for *Echinococcus granulosus* coprodetection. *Am. J. Trop. Med. Hyg.*, **87**, 883–887.

STEFANIC S., SHAIKENOV B.S., DEPLAZES P., DINKEL A., TORGERSON P.R. & MATHIS A. (2004). Polymerase chain reaction for detection of patent infections of *Echinococcus granulosus* ('sheep strain') in naturally infected dogs. *Parasitol. Res.*, **92**, 347–351.

TRACHSEL D., DEPLAZES P. & MATHIS A. (2007). Identification of taeniid eggs in the faeces from carnivores based on multiplex PCR using targets in mitochondrial DNA. *Parasitology*, **134**, 911–920.

WORLD HEALTH ORGANIZATION (WHO)/OFFICE INTERNATIONAL DES EPIZOOTIES (OIE) (2001). WHO/OIE Manual on Echinococcosis in Humans and Animals: A Public Health Problem of Global Concern, Eckert J., Gemmell, M.A., Meslin F.-X., Pawlowski Z.S., eds. OIE (World Organisation for Animal Health), Paris, France, 1–265.

XIAO N., QIU J., NAKAO M., LIT., YANG W., CHEN X., SCHANTZ P.M., CRAIG P.S. & ITO A. (2005). *Echinococcus shiquicus* n. sp., a taeniid cestode from Tibetan fox and plateau pika in China. *Int. J. Parasitol.*, **35**, 693–701

XIAO N., QIU J., NAKAO M., LI T., YANG W., CHEN X., SCHANTZ P.M., CRAIG P.S. & ITO A. (2006). *Echinococcus shiquicus*, a new species from the Qinghai-Tibet plateau region of China: Discovery and epidemiological implications. *Parasitol. Int.*, **55**, S233–236.

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NB: There is an OIE Reference Laboratory for Echinococcosis (see Table in Part 4 of this *Terrestrial Manual* or consult the OIE Web site for the most up-to-date list: http://www.oie.int/en/scientific-expertise/reference-laboratories/list-of-laboratories/). Please contact the OIE Reference Laboratories for any further information on diagnostic tests, reagents and vaccines for Echinococcosis/Hydatidosis

NB: FIRST ADOPTED IN 1989 AS ECHINOCOCCOSIS/HYDATIDOSIS. MOST RECENT UPDATES ADOPTED IN 2019.