1	Development and evaluation of the first immunochromatographic test that can detect specific
2	antibodies against Cryptosporidium parvum
3	
4	Ragab M. Fereig ^{a, b, c} , Hanan H. Abdelbaky ^a , Fumiaki Ihara ^a , and Yoshifumi Nishikawa ^{a,*}
5	
6	^a National Research Center for Protozoan Diseases, Obihiro University of Agriculture and
7	Veterinary Medicine, Inada-cho, Obihiro, Hokkaido 080-8555, Japan
8	^b Research Center for Global Agromedicine, Obihiro University of Agriculture and Veterinary
9	Medicine, Obihiro, Hokkaido 080-8555, Japan
10	^c Department of Animal Medicine, Faculty of Veterinary Medicine, South Valley University,
11	Qena City, Qena 83523, Egypt
12	*Correspondence
13	Yoshifumi Nishikawa, PhD
14	Obihiro University of Agriculture and Veterinary Medicine, Inada-Cho, Obihiro, Hokkaido
15	080-8555, Japan
16	Tel: +81-155-495642, Fax: +81-155-49643, e-mail: nisikawa@obihiro.ac.jp
17	

Abbreviations: CpGP15, *Cryptosporidium parvum* 15-kDa recombinant glycoprotein;
CpP23, a 23-kDa glycoprotein of *C. parvum*; HRP, horseradish peroxidase; ICT,
immunochromatographic test; iELISA, indirect enzyme-linked immunosorbent assay; IgG,
immunoglobulin G; PBS, phosphate buffered saline; PBS-T, Tween 20 formulated in PBS; SK,
skim milk.

26 Abstract

Cryptosporidium parvum is a major cause of diarrhea among human and calves, resulting in 27 severe health hazards and drastic economic losses, respectively. Although *C. parvum* infection 28 29 leads to high morbidity and mortality in immunocompromised patients and bovine calves, this infection remains a neglected disease. Currently available diagnostic tests for *C. parvum* are 30 primarily based on detection of oocysts, DNA, or secreted antigens in fecal specimens. 31 32 Demonstration of specific antibodies with a rapid immunochromatographic test (ICT) will be 33 advantageous not only in providing a simple, rapid, accurate, and affordable tool but also in surveillance because of the ability to recognize recent and past infections. Herein, we 34 35 developed two ICTs using the diagnostic antigen CpP23 and immunodominant antigen CpGP15 to detect *C. parvum*-specific antibodies in cattle sera. Because of unavailability of a 36 reference test for antibody detection, evaluation and validation of our developed ICTs were 37 conducted using reference cattle samples and unknown field cattle sera. Serum samples were 38 simultaneously tested by a previously validated enzyme-linked immunosorbent assay (ELISA) 39 40 using the same antigens (CpGP15 and CpP23). ICTs showed substantial ability to discriminate between positive and negative control cattle sera for both CpGP15 and CpP23. Even against 41 field sera, high sensitivity, specificity, and agreement rates were recorded for ICTs compared 42 with the previously validated ELISA with the same antigens (CpGP15 = 78.78%, 100%, and 43 85.11%; CpP23 = 80%, 100%, and 80.56%, respectively). Moreover, a high correlation was 44 observed between the test band intensity of ICTs and optical density of ELISA, particularly in 45 the case of CpP23-specific IgM. To our knowledge, this study represents the first development 46 of ICTs that can detect *C. parvum*-specific antibodies. Our tests will contribute greatly to *C.* 47 parvum infection control in cattle by providing a method for on-site diagnosis of early and 48 latent infections. 49

51 Keywords:

52 Cryptosporidiosis; Cattle; Serodiagnosis; CpP23; CpGP15

54 **1. Introduction**

The genus *Cryptosporidium* consists of obligatory intracellular protozoan parasites that 55 are globally distributed and invade intestinal cells of animals and human (Xiao et al., 2004). 56 Among the 14 identified species of genus *Cryptosporidium*, the two major species of medical 57 importance include C. parvum, which infects animals and human, and C. hominis, which 58 primarily infects human (Morgan-Ryan et al., 2002; Rose et al., 2002). The fecal-oral route is 59 60 the common mode of transmission of *Cryptosporidium* disease, which occurs via ingestion of food or water contaminated with oocysts or direct contact with infected humans, animals, tools, 61 62 or soil (Arrowood, 1997; Rose, 1997). Infective oocysts are shed in stools of diarrheic animals or patients and can survive for several weeks in harsh environmental conditions (Rose and 63 Slifko, 1999; Ramirez *et al.*, 2004). Cryptosporidiosis is recognized as a ubiquitous cause of 64 65 severe diarrhea in pre-weaned calves and accompanied with high mortalities because of 66 resultant dehydration and electrolyte imbalance. Moreover, this disease causes high mortality rates in malnourished children and AIDS patients due to persistent diarrhea (Rose *et al.*, 2002). 67 A number of studies have focused on cell surface antigens of *C. parvum* sporozoites or 68 merozoites as potential immunomodulators or diagnostic markers, of which CpGP15 and 69 70 CpP23 are recognized as the most promising antigens (Boulter-Bitzer *et al.*, 2007; Chekley *et* al., 2015). CpGP15 is a glycoprotein that has a crucial role in pathogenesis of C. parvum 71 72 infection because of its contribution to parasite motility, attachment, and invasion of host 73 epithelial cells (Tilley et al., 1991; Reperant et al., 1994). As an immunodominant antigen, specific antibody to CpGP15 is recognized in sera of children infected with *C. parvum* or *C.* 74 hominis (Ajjampur et al., 2011; Allison et al., 2011), and in serum and colostrum of cattle 75 76 infected with *C. parvum* (Mead *et al.*, 1988; Tilley *et al.*, 1990). The glycoprotein CpP23 is an immunogenic protein in human and cattle (Arrowood et al., 1991), and identified during 77 sporozoite gliding and locomotion (Enriquez and Riggs, 1998). Moreover, several studies 78

reported CpP23 as a potential antigen for serodiagnosis of *C. parvum*-specific antibodies in
field animal samples, particularly among cattle (Wyatt and Perryman, 2000; Bannai *et al.*,
2006; Inpankaew *et al.*, 2009; Wang *et al.*, 2009; Fereig *et al.*, 2016). Accordingly, CpGP15
and CpP23 effectively contribute to pathogenesis of *C. parvum* infection and their diagnostic
potentials are strongly anticipated.

Currently, the diagnosis of *Cryptosporidium* generally relies on detection of oocysts or 84 85 antigens in fecal specimens from infected human or animals. The conventional method comprises detection of oocytes using a fecal smear with modified acid-fast staining and 86 87 microscopical examination. This method is fast and inexpensive but has low sensitivity and specificity and requires technical expertise (Chalmers et al., 2011). In addition to high 88 sensitivity and specificity, molecular detection methods based on amplification of species-89 90 specific gene sequences provide additional advantages for genotyping, quantification, and 91 differentiation of multiple Cryptosporidium species (Robinson et al., 2010; Hadfield et al., 2011; Ichikawa-Seki et al., 2015). However, the use of such methods is limited because they 92 93 require specialized equipment, expensive reagents, and high technical expertise. In the same context, although antigen detection methods using enzyme-linked immunosorbent assay 94 95 (ELISA), immunofluorescence, or immunochromatographic assays have several advantages such as feasible sensitivity, specificity, and practicability, their high costs and short lifetime of 96 97 antigen release render them transient methods for diagnosis of acute and symptomatic 98 cryptosporidiosis (Garcia and Shimizu, 1997; Uga et al., 2000). Although ELISA and immunoblot with various recombinant antigens are used for detection of Cryptosporidium-99 specific antibodies (Ares-Mazás et al., 1999; Wyatt and Perryman, 2000; Priest et al., 2001; 100 101 Bannai *et al.*, 2006; Inpankaew *et al.*, 2009; Wang *et al.*, 2009; Fereig *et al.*, 2016), they are time-consuming, laborious, and require specialized instruments and reagents, which decrease 102 their feasibility for field applications. In the same context, tremendous advances in 103

nanotechnology are greatly contributing to the fight against protozoan parasites including *C*. *parvum* (Benelli, 2018). The coupling of anti-*C. parvum* cyst antibody and alkaline
phosphatase with gold nanoparticles has improved the sensitivity of the conventional immunodot blot assay by 500-fold (Thiruppathiraja *et al.*, 2011).

IgG and IgM antibodies have been extensively investigated in immunological and 108 seroepidemiological studies of *C. parvum* in human and different animal species (Mtambo et 109 110 al., 1995; De Graaf and Peeters, 1997; Wang et al., 2009; Ajjampur et al., 2011; Allison et al., 2011). IgG is generally considered as a marker for chronic infection, while IgM is widely 111 112 accepted as an indicator for acute infection. In mice, the response to IgM was specified for the early stage post-infection (5 weeks post-infection), whereas the IgG response was recorded 113 during a later stage (25 weeks post-infection) after infection with *C. parvum* oocysts (Yu and 114 115 Lee, 2007). Another study reported an earlier increase and peak of IgG than IgM (within a 116 period of 2 weeks post-infection) in a mouse model of cryptosporidiosis (Martín-Gómez et al., 2006). 117

In the current study, we attempted to evaluate the diagnostic performance of previously recognized potent antigens CpGP15 and CpP23 for demonstration of their use as relevant antibodies in the immunochromatographic test (ICT). Our developed ICTs were evaluated using positive and negative control cattle sera and validated against a number of field cattle sera. Additionally, the performance of ICT was compared with IgG and IgM ELISAs using the relevant antigens.

124

125 2. Materials and methods

126 2.1. Control and field serum samples from cattle

127 Blood samples were obtained from cattle after obtaining the consent of all animal owners. Samples were identified with a unique code and placed in an ice box. Sera were then 128 separated by centrifugation and stored at –20°C until use. Sera from calves before feeding with 129 130 colostrum were used as negative control samples (n = 6). Sera from cattle with cryptosporidiosis were used as *C. parvum*-positive sera (*n* = 8). *C. parvum* was confirmed in 131 calves showing diarrhea by a commercial ICT kit (Bio-X Diagnostics SPRL, Jemelle, 132 Belgium). The time interval from demonstration of infection to sample collection was 133 approximately 2 years to detect persistence of specific antibody. Field samples (n = 47) were 134 collected from a cattle farm at which monthly diarrheal cases were observed. 135

136

137 2.2. Preparation of recombinant antigens

138 Genomic DNA was used for amplification of the target gene sequence for CpGP15 using the following primers: forward primer including restriction enzyme *Eco*RI (underlined) 139 5'-GGG GAA TTC GAA ACC AGT GAA GCT GCT GCA ACC-3' and reverse primer 140 including restriction enzyme BamHI (underlined) 5'-GGG GGA TCC ATC CTT CAA AAG 141 AAC TGT GTT GTC-3'. PCR products were digested with the respective restriction enzymes 142 143 and then ligated to a similarly cut pGEX-6P1 vector containing an open reading frame encoding glutathione-S-transferase (GST) fused to the N-terminus of the protein (GE Healthcare, 144 Uppsala, Sweden) using DNA Ligation Kit Mighty Mix (Takara Bio Inc., Shiga, Japan). The 145 146 constructed plasmid was transformed into Escherichia coli (BL21) cells. Recombinant proteins were expressed as GST fusion proteins as illustrated previously for CpP23 antigen (Bannai et 147 al., 2006, Fereig et al., 2016) and CpGP15, with slight modifications. Protein expression was 148 induced by 1 mM isopropyl b-D-1-thiogalactopyranoside (Wako Inc., Osaka, Japan) at 37°C 149

overnight. The eluted protein lots were dialyzed in phosphate-buffered saline (PBS) overnight 150 and filtered using a 0.45-µm low-protein binding Supor membrane (Pall Life Sciences, Ann 151 Arbor, MI, USA). Protein purity and quantity were determined by sodium dodecyl sulfate-152 polyacrylamide gel electrophoresis (SDS-PAGE), followed by Coomassie brilliant blue R250 153 staining (MP Biomedicals Inc., Illkirch-Graffenstaden, France). Protein concentration was 154 measured using a bicinchoninic acid (BCA) protein assay kit (Thermo Fisher Scientific Inc., 155 156 Rockford, IL, USA).

157

158 2.3.

Production of antisera and IqG purification

Polyclonal antibodies against CpGP15-GST or CpP23-GST were generated and 159 purified as IgG. The recombinant proteins (1 mg) were emulsified in Freund's complete 160 adjuvant (Sigma, St Louis, MO, USA) and subcutaneously injected into female Japanese white 161 rabbits (Kitayama Labes, Nagano, Japan) on day 0. The same protein in Freund's incomplete 162 adjuvant (Sigma) was injected into the rabbits on days 14, 28, and 42 after the first 163 immunization. Sera were collected from immunized rabbits at -2, 12, 26, and 40 days from the 164 ear vein and with heart puncture after 49 days. Presacrifice serum was collected and checked 165 for antibody titers before euthanization. IgG titers were estimated by indirect ELISA using the 166 method described below. Two milliliters of rabbit serum were used for IgG purification using 167 168 protein A chromatography columns (Bio-Rad Laboratories, Hercules, CA, USA), according to the manufacturer's instructions. Purified IgGs were checked for protein purity and quantity by 169 SDS-PAGE and the concentration was measured with a BCA protein assay kit. 170

171

172 2.4. Indirect ELISA

Recombinant CpGP15 and CpP23 antigens at a final concentration of 0.1 µM were 173 coated onto ELISA plates (Nunc, Roskilde, Denmark) and incubated overnight at 4°C with 174 carbonate-bicarbonate buffer (pH 9.6). After blocking with PBS containing 3% skim milk 175 (PBS-SM), plates were washed once with washing buffer (0.05% Tween 20 in PBS), and 50 176 µl of serum samples (diluted with PBS-SM at 1:100) were added to each well. Plates were then 177 incubated at 37°C for 1 h with horseradish-peroxidase-conjugated anti-bovine IgG or IgM 178 179 (Bethyl Laboratories, Montgomery, TX, USA), diluted with PBS-SM at 1:4,000 and 1:6,000 for IgG and IgM, respectively. After six washes, 100 µl of substrate solution [0.1 M citric acid, 180 0.2 M sodium phosphate, 0.003% H₂O₂, and 0.3 mg/ml 2,2'-azino-bis(3-ethylbenzothiazoline-181 6-sulfonic acid) (Sigma)] was added to each well and incubated for 1 h at room temperature. 182 The absorbance was measured using an ELISA reader at a wavelength of 415 nm. ELISA 183 184 results for specific antibody to CpGP15 or CpP23 were determined by measuring the mean 185 optical density (OD) of GST protein subtracted from that of the relevant antigen. Sera from calves before feeding with colostrum were used as *C. parvum*-negative sera (*n* = 8). The ELISA 186 cutoff value was calculated from the OD value obtained from each antigen against negative 187 controls and after subtraction of the OD value of GST (cutoff values for CpGP15: IgG = 0.1, 188 IgM = 0.05; cutoff values for CpP23: IgG = 0.03, IgM = 0.035). 189

190

191 2.5. Design and preparation of ICTs

192 Recombinant CpGP15-GST or CpP23-GST antigen at a concentration of 0.5 mg/ml 193 was conjugated with a gold colloid (British Biocell International, Cardiff, UK) (1:10, vol/vol) 194 at pH 6.3 by incubation at room temperature for 10 min. To stabilize and block conjugate 195 particles, 0.05% polyethylene glycol 20000 (PEG) and 1% bovine serum albumin (BSA) were 196 added to the solution. After centrifugation at 18,000 $\times g$ for 30 min, around 90% of the

supernatant was discarded, the pellet was resuspended by sonication, washed with PBS 197 containing 0.05% PEG and 0.5% BSA, and re-centrifuged. The pellet was then resuspended in 198 PBS with 0.5% BSA and 0.05% PEG. The concentration of the conjugate was adjusted until 199 the absorbance at 520 nm reached 5. The conjugate was diluted in 5% sucrose prepared in 10 200 mM Tris-HCl (pH 8.2), sprayed onto glass fiber (Schleicher & Schuell BioScience, Inc., 201 Keene, NH, USA), and then dried overnight. Rabbit anti-CpGP15-GST or anti-CpP23-GST 202 203 IgG was purified with an Econo-Pac protein A kit (Bio-Rad Laboratories). Purified antigens (CpGP15-GST, CpP23-GST, or GST alone) and IgG (rabbit anti-CpGP15-GST or anti-CpP23-204 205 GST) were diluted in PBS at an optimal concentration of 0.5 mg/ml and linearly jetted onto nitrocellulose (Schleicher & Schuell) using a BioJet Quanti 3050 quanti-dispenser (BioDot 206 Inc., Irvine, CA, USA). After desiccation of the membrane at 50°C for 30 min, blocking 207 208 solution (0.5% casein in 50 mM boric acid buffer, pH 8.5) was applied for 30 min. The 209 membrane was directly incubated in a solution of 50 mM Tris-HCl (pH 7.4) containing 0.5% sucrose and 0.05% sodium cholate for washing, followed by overnight incubation in air. The 210 nitrocellulose, absorbent pad, conjugate pad, and sample pad were assembled onto an adhesive 211 card (Schleicher & Schuell) and cut into 3-mm-wide strips by using a BioDot cutter (Fig. 1). 212 For sample testing, 40 µl of diluted serum in PBS (1:2, vol/vol) was placed on the sample pad 213 by pipetting. The development of band coloration was judged within 20 min for test or control 214 lines. To optimize ICT condition and reactions, various antigen concentrations, serum 215 216 dilutions, and gold colloidal pHs were tested.

217

218 2.6. Statistical analyses

Significant differences in ELISA values were calculated using GraphPad Prism 5
 software (GraphPad Software Inc., La Jolla, CA, USA). Statistical analyses were performed

221 with Student's *t* test for group comparisons. Specificity, sensitivity, agreement proportion, kappa values, and 95% confidence intervals were calculated using an online statistical 222 tool (www.vassarstats.net). The strength of agreement was graded with kappa values of fair 223 (0.21–0.40), moderate (0.41–0.60), and substantial (> 0.61). The correlation coefficients 224 between relative intensity in the ICT band and absorbance values in the ELISA were calculated 225 226 using Pearson's correlation coefficient. To calculate the relative intensity in the ICT, ICT pictures were converted into 8-bit JPEG images, then the intensity of the gray scale images was 227 analyzed using ImageJ software v. 1.49 (Mac version of NIH Image, http//rsb.info.nih.gov/nih-228 229 image/).

230 3. Results and discussion

Cryptosporidium is implicated as the potential causative agent in most recorded 231 waterborne outbreaks of parasitic origin worldwide, in which diarrhea or abdominal distress 232 was revealed as a major clinical sign (Xiao, 2010; Efstratiou *et al.*, 2017). To perform this 233 study, we had to overcome several challenges such as: 1) unavailability of a reference test for 234 235 detection of *C. parvum*-specific antibodies, 2) lack of previous studies or information on the technology of developing an ICT for detection of anti-Cryptosporidium antibodies, and 3) 236 validation of our ICTs against a number of authentic *C. parvum*-negative and -positive samples 237 obtained from the field. 238

Because our goal is to develop an ICT that can detect Cryptosporidium-specific 239 240 antibodies from infected cattle, positive and negative control sera obtained from field cattle 241 were used to evaluate and validate our test. Strikingly, all negative samples (n = 8) were also negative for CpGP15 and CpP23 ICTs, and all positive samples (n = 6) were positive in the 242 243 ICTs (Fig. 2). These results were identical to IgG or IgM ELISA results (Fig. 3), indicating the high performance of the ICT with CpGP15 and CpP23 for discrimination between C. parvum-244 negative and -positive cattle sera. Testing of both IgG and IgM was proven as a necessary step 245 for accurate diagnosis of *C. parvum* infection (Wang *et al.*, 2003; Yu and Lee, 2007; Campbell 246 and Mutharasan, 2008) and for comprehensive evaluation and analyses of ICT results because 247 248 of the difference in the dynamicity and reactivity of both antibodies. CpGP15 and CpP23 have previously been demonstrated as highly conserved antigens among diverse *Cryptosporidium* 249 species and *C. parvum* isolates, respectively, which render them as potential diagnostic 250 antigens for *C. parvum* infection with no or low possibility for cross-reactions with other 251 microbial infections (Boulter-Bitzer et al., 2007; Checkley et al., 2015). 252

Despite the long time interval (approximately 2 years) from diagnosis of infection to 253 sample collection of positive control sera, specific IgM antibodies were detectable by ELISA 254 255 using both antigens (Fig. 3). IgM is generally involved in the early response to microbial infections (Geisberger et al., 2006); thus, it is difficult to explain the exact reason for this result. 256 However, available information suggests reinfection of these animals because these samples 257 were collected from a farm with many *C. parvum*-related diarrheal cases. Based on information 258 259 obtained from veterinarians in charge of this farm, diarrheal cases occurred monthly. For this reason, negative control samples were collected from newly born calves before being fed with 260 261 colostrum of dams because colostrum is a rich source of anti-*C. parvum* antibodies (Tilley *et al.*, 1990). In addition to IgG antibody, the persistence of IgM antibody may be the triggering 262 factor for the induction of long-lasting protective immunity and this may explain the high rate 263 264 of self-recovery in immunocompetent individuals (Racine et al., 2011). IgM is crucial for the 265 activation of complement system for pathogen removal (Cooper et al., 1983), B cell development (Baker and Ehrenstein, 2002), and regulation of inflammatory responses (Zhang 266 et al., 2004). Consistently, numerous reports on C. parvum and other pathogens indicate the 267 crucial role of IgM in chronic infection (Shehab et al., 2002; Couper et al., 2005; Martín-268 Gómez et al., 2006; Secundino et al., 2006; Ortarik et al., 2011; Racine et al., 2011; Matteucci 269 et al., 2014). Additional studies are required to understand the contribution of IgM in immunity 270 against *C. parvum* infection and its usefulness for diagnostic purposes. 271

Furthermore, a number of field serum samples obtained from cattle (*n* = 47) were also checked using the two ICTs and compared with the previously validated ELISA. Similar results were obtained from ICTs and ELISAs when CpGP15 and CpP23 were used as the coated antigen (Fig. 4). Next, we applied objective evaluation to estimate the correlation between ICT band intensity and ELISA OD values using ImageJ software v. 1.49 (Fig. 5). A weak to moderate correlation for CpGP15 was observed between ICT and IgG and IgM ELISAs 278 (Pearson's r = 0.1193 and 0.3287, respectively). In the case of CpP23, a weak to moderate 279 (Pearson's r = 0.3960) and a moderately strong correlation (Pearson's r = 6880) between the 280 color gradient of the ICT test band and IgG and IgM ELISAs were found, respectively.

Consistently high, positive rates were obtained for field cattle sera against both antigens using ICTs (CpGP15 = 55.32%, CpP23 = 68.01%) and combined ELISA (either IgG or IgM: CpGP15 = 70.21%, CpP23 = 97.87%) (Table 1). These results may be attributed to the high number of infected animals; particularly, these samples were collected from a cattle farm close to a *C. parvum*-endemic area. Another factor for the higher IgM prevalence may be related to the higher binding affinity of IgM than IgG because of topological structure (Roux *et al.*, 1999).

288 As shown in Table 2, sensitivity, specificity, kappa value, and agreement proportion of 289 our developed ICTs were evaluated and compared with previously validated ELISAs for both antigens. CpGP15-ICT demonstrated moderate and substantial concordance with IgM ELISA 290 291 and IgM and/or IgG ELISA results using CpGP15 antigen, as evidenced by kappa values of 0.566 and 0.689 to 1, respectively (Table 2). Moreover, CpP23-ICT showed moderate 292 concordance with IgG ELISA results using CpP23 (kappa value = 0.431) (Table 2). The 293 294 divergence in responses of antigens (CpP23 and CpGP15) and antibodies (IgM and IgG) may be related to the different role of both antigens in the pathogenesis of *C. parvum* (Tilley *et al.*, 295 1991; Reperant et al., 1994; Enriquez and Riggs, 1998). Previous reports also indicated the 296 correlation of CpP23-specific IgG antibody to chronic or latent infection, whereas the CpGP15-297 specific IgM response is primarily concerned with recent infection (Boulter-Bitzer *et al.*, 2007; 298 Checkley *et al.*, 2015). Thus, our data suggest that CpGP15-ICT and CpP23-ICT may be 299 300 practical and reliable tests for the serodiagnosis of *C. parvum* based on IgM- and IgG-specific 301 antibodies, respectively.

Herein, we provide additional evidence about the usefulness of CpGP15 and CpP23 in 302 detection of specific antibodies in sera from *C. parvum*-infected cattle using ICT as the first 303 serodiagnostic system and previously validated ELISAs. The potential use of CpP23 and, to a 304 lesser extent, CpGP15 for detection of relevant antibodies was previously demonstrated by 305 numerous reports using ELISA and immunoblotting (Wyatt and Perryman, 2000; Bannai et al., 306 2006; Shayan et al., 2008; Inpankaew et al., 2009; Wang et al., 2009; Ajjampur et al., 2011; 307 308 Allison *et al.*, 2011; Fereig *et al.*, 2016). This potential may be attributed to the high proportion of epitopes sensitive for antibody neutralization in the case of CpP23 (Perryman *et al.*, 1996). 309 310 We anticipate our developed ICTs will be able to supplement or replace currently available diagnostic tests because ICT is a rapid, simple, and cost-effective method that can be applied 311 for research purposes or survey in remote endemic areas that lack research facilities. Since our 312 ICTs are efficient in detecting IgG and IgM-specific antibodies, they will be helpful in the 313 diagnosis of early or latent *C. parvum* infection. Hence, more accurate seroprevalence and 314 epidemiological investigations will be conducted. In the future, we could expect the ability of 315 ICT for direct demonstration of specific antibodies without requiring secondary or detection 316 antibodies, facilitating the diagnosis of infection caused by C. parvum or other 317 *Cryptosporidium* species in animals including human. 318

319

320 4. Conclusions

In the current study, we showed the successful development of ICTs for detection of *C*. *parvum*-specific antibodies using two immunodominant *C. parvum* antigens, CpGP15 and CpP23. Both ICTs exhibited excellent performance with control cattle sera. Additionally, high agreement was observed between the result of our developed ICTs and previously validated ELISAs in unknown field cattle sera. Our developed ICTs are regarded as specific diagnostic tools because of the use of conserved antigens CpP15 (among *Cryptosporidium* species) and

CpP23 (among C. parvum isolates). On-site diagnosis using ICTs will contribute to 327 *Cryptosporidium* surveillance because antibody detection can provide an inclusive record of 328 the endemic status of cryptosporidiosis in cattle, including acute, sub-acute, or chronic 329 infections. Our developed ICTs will be valuable for diagnosis of *Cryptosporidium* infection 330 and are expected to reduce economic losses caused by cryptosporidiosis in cattle if 331 accompanied with proper control strategies, such as quarantine measures, symptomatic 332 333 treatment of infected animals, hygienic disposal of infected excreta, and disinfection of contaminated utensils with chlorine. 334

335

336 Conflict of interest

337 The authors declare that they have no conflicts of interest.

338

339 Acknowledgments

340 We wish to acknowledge the invaluable help and collaboration of Dr. Ichikawa-Seki (Iwate University), Dr. Kinami and the staff of each cattle farm in collecting serum samples used in 341 this study. Ragab M. Fereig was supported by the Mission and Scholarship Sector, Egyptian 342 Ministry of Higher Education and Scientific Research. We thank Christina Croney, PhD, from 343 Edanz Group (www.edanzediting.com/ac), for editing a draft of this manuscript. This research 344 345 was supported by a Grant-in-Aid for Scientific Research (B) from the Ministry of Education, Culture, Sports, Science and Technology KAKENHI (15H04589, Y.N.) and the Ito Foundation 346 Grant (H28-Ken154, Y.N.). 347

348

350 **References**

Ajjampur, S.S., Sarkar, R., Allison, G., Banda, K., Kane, A., Muliyil, J., Naumova, E., Ward,
H., Kang, G., 2011. Serum IgG response to *Cryptosporidium* immunodominant
antigen gp15 and polymorphic antigen gp40 in children with cryptosporidiosis in South
India. Clin. Vacc. Immunol. 18, 633–639.

- Allison, G.M., Roger, K.A., Borad, A., Ahmed, S., Karim, M.M., Kane, A.V., Hibberd,
 P.L., Naumova, E.N., Calderwood, S.B., Ryan, E.T., Khan, W.A., Ward, H.D., 2011.
 Antibody responses to the immunodominant *Cryptosporidium* gp15 antigen and gp15
 polymorphisms in a case-control study of cryptosporidiosis in children in Bangladesh. Am.
 J. Trop. Med. Hyg. 85, 97–104.
- Ares-Mazás, M.E, Fernández-da Ponte, B., Vergara-Castiblanco, C.A., Freire-Santos,
 F., Quílez-Cinca, J., Causapé-Valenzuela, A.C., Sánchez-Acedo, C., 1999. Oocysts, IgG
 levels and immunoblot patterns determined for *Cryptosporidium parvum* in bovine
 examined during a visit to a farm (northeastern Spain). Vet. Parasitol. 81, 185–193.
- Arrowood, M.J., 1997. Diagnosis. In: Fayer R, editor. *Cryptosporidium* and cryptosporidiosis.
 Boca Raton: CRC Press, Inc., pp. 251.
- Arrowood, M.J., Sterling, C.R., Healy, M.C., 1991. Immunofluorescent microscopical
 visualization of trails left by gliding *Cryptosporidium parvum* sporozoites. J. Parasitol. 77,
 368 315–317.
- Baker, N., Ehrenstein, M.R., 2002. Cutting edge: selection of B lymphocyte subsets is
 regulated by natural IgM. J. Immunol. 169, 6686–6690.
- Bannai, H., Nishikawa, Y., Seo, J., Nakamura, C., Zhang, S., Kimata, I., Takashima, Y., Li, J.,
 Igarashi, I., Xuan, X., 2006. Development and evaluation of an-enzyme linked

- immunosorbent assay using recombinant p23 for the detection of antibodies to *Cryptosporidium parvum* in cattle. J. Protozool. Res. 16, 9–12.
- Benelli G., 2018. Gold nanoparticles against parasites and insect vectors. Acta Trop. 178,
 73–80.
- Boulter-Bitzer, J., Lee, H., Trevors, J.T., 2007. Molecular targets for detection and
 immunotherapy in *Cryptosporidium parvum*. Biotechnol. Adv. 25, 13–44.
- Campbell, G.A., Mutharasan, R., 2008. Near real-time detection of *Cryptosporidium parvum*oocysts by IgM-functionalized piezoelectric-excited millimeter-sized cantilever biosensor.
- 381 Biosens. Bioelectron. 23, 1039–1045.
- Chalmers, R.M., Campbell, B.M., Crouch, N., Charlett, A., Davies, A.P., 2011. Comparison
 of diagnostic sensitivity and specificity of seven *Cryptosporidium* assays used in the UK. J.
 Med. Microbiol. 60, 1598–1604.
- 385 Checkley, W., White, A.C. Jr., Jaganath, D., Arrowood, M.J., Chalmers, R.M., Chen,
- 386 X.M., Fayer, R., Griffiths, J.K., Guerrant, R.L., Hedstrom, L., Huston, C.D., Kotloff,
- 387 K.L., Kang, G., Mead, J.R., Miller, M., Petri, W.A.Jr., Priest, J.W., Roos, D.S., Striepen,
- 388 B., Thompson, R.C., Ward, H.D., Van Voorhis, W.A., Xiao, L., Zhu, G., Houpt, E.R.,
- 2015. A review of the global burden, novel diagnostics, therapeutics, and vaccine targets
 for *cryptosporidium*. Lancet Infect. Dis. 15, 85–94.
- Cooper, N.R., Nemerow, G.R., Mayes, J.T., 1983. Methods to detect and quantitate
 complement activation. Springer Semin. Immunopathol. 6, 195–212.
- Couper, K.N., Phillips, R.S., Brombacher, F., Alexander, J., 2005. Parasite-specific IgM plays
 a significant role in the protective immune response to asexual erythrocytic stage *Plasmodium chabaudi* AS infection. Parasite Immunol. 27, 171–180.

- 396 De Graaf, D.C., Peeters, J.E., 1997. Specific interferon-gamma, IgA and IgM responses after
 397 experimental infection of neonatal calves with *Cryptosporidium parvum*. Int. J. Parasitol.
 398 27, 131–134.
- Efstratiou, A., Ongerth, J.E., Karanis, P., 2017. Waterborne transmission of protozoan
 parasites: Review of worldwide outbreaks-An update 2011-2016. Wat. Res. 114, 14–22.
- Enriquez, F.J., Riggs, M.W., 1998. Role of immunoglobulin A monoclonal antibodies against
 P23 in controlling murine *Cryptosporidium parvum* infection. Infect. Immun. 66, 4469–
 403 4473.
- Fereig, R.M., AbouLaila, M.R., Mohamed, S.G., Mahmoud, H.Y., Ali, A.O., Ali, A.F., Hilali,
 M., Zaid, A., Mohamed, A.E., Nishikawa, Y., 2016. Serological detection and
 epidemiology of *Neospora caninum* and *Cryptosporidium parvum* antibodies in cattle in
 southern Egypt. Acta Trop. 162, 206–211.
- Garcia, L.S., Shimizu, R.Y., 1997. Evaluation of nine immunoassay kits (enzyme
 immunoassay and direct fluorescence) for detection of *Giardia lamblia* and *Cryptosporidium parvum* in human fecal specimens. J. Clin. Microbiol. 35, 1526–1529.
- Geisberger, R., Lamers, M., Achatz, G., 2006. The riddle of the dual expression of IgM and
 IgD. Immunol. 118, 429–437.
- Hadfield, S.J., Robinson, G., Elwin, K., Chalmers, R.M., 2011. Detection and differentiation
 of *Cryptosporidium* spp. in human clinical samples by use of real-time PCR. J. Clin.
 Microbiol. 49, 918–924.
- Ichikawa-Seki, M., Aita, J., Masatani, T., Suzuki, M., Nitta, Y., Tamayose, G., Iso,
 T., Suganuma, K., Fujiwara, T., Matsuyama, K., Niikura, T., Yokoyama, N., Suzuki,
 H., Yamakawa, K., Inokuma, H., Itagaki, T., Zakimi, S., Nishikawa, Y., 2015. Molecular

- characterization of *Cryptosporidium parvum* from two different Japanese prefectures,
 Okinawa and Hokkaido. Parasitol. Int. 64, 161–166.
- Inpankaew, T., Jittapalapong, S., Phasuk, J., Pinyopanuwut, N., Chimnoi, W., Kengradomkit,
 C., Sunanta, C., Zhang, G., Aboge, G.O., Nishikawa, Y., Igarashi, I., Xuan, X., 2009.
 Seroprevalence of *Cryptosporidium parvum* infection of dairy cows in three northern
 provinces of Thailand determined by enzyme-linked immunosorbent assay using
 recombinant antigen CpP23. Ondersepoort J. Vet. Res. 76, 161–165.
- Martín-Gómez, S., Alvarez-Sánchez, M., Rojo-Vázquez, F., 2006. A newborn mouse *Cryptosporidium parvum* infection model: its application to the study of therapeutic and
 prophylactic measure for controlling cryptosporidiosis in ruminants. Parasitol. Res. 99, 1–
 6.
- 430 Matteucci, C., Sorrentino, R., Bellis, L., Ettorre, G.M., Svicher, V., Santoro, R., Vennarecci,
- 431 G., Biasiolo, A., Pontisso, P., Scacciatelli, D., Beneduce, L., Sarrecchia, C., Casalino, P.,
- 432 Bernardini, S., Pierimarchi, P., Garaci, E., Puoti, C., Rasi, G., 2014. Detection of high levels
- 433 of Survivin-immunogloblin M immune complex in sera from hepatitis C virus infected434 patients with cirrhosis. Hepatol. Res. 44, 1008–1018.
- Mead, J.R., Arrowood, M.J., Sterling, C.R., 1988. Antigens of *Cryptosporidium* sporozoites
 recognized by immune serum of infected animals and humans. J. Parasitol. 74, 135–143.
- 437 Morgan-Ryan, U.M., Fall, A., Ward, L.A., Hijjawi, N., Sulaiman, I., Fayer, R., Thompson,
- 438 R.C., Olson, M., Lal, A., Xiao, L., 2002. *Cryptosporidium hominis* n. sp. (Apicomplexa:
- 439 *Cryptosporidiiae*) from *Homo sapiens*. J. Eukaryot. Microbiol. 49, 433–440.
- 440 Mtambo, M.M.A., Nash, A.S., Wright, S.E., Smith, H.V., Blewett, D.A., Jarrett, O., 1995.
- Prevalence of specific anti-*Cryptosporidium* IgG, IgM, and IgA in cat sera using an indirect
- immunofluorescence antibody test. Vet. Rec. 60, 37–43.

- Ortarik, Z., Toyran, A., Sen, S., Mart Kömürcü, S.Z., Güvener, E., 2011. Evaluation of serum
 IgG, IgA and IgM levels as indicators of hepatic fibrosis in patients with chronic hepatitis
 C infection. Mikrobiyol. Bul. 45, 296–305.
- 446 Perryman, L.E., Jasmer, D.P., Riggs, M.W., Bohnet, S.G., McGuire, T.C., Arrowood, M.J.,
- 447 1996. A cloned gene of *Cryptosporidium parvum* encodes neutralization-sensitive
 448 epitopes. Mol. Biochem. Parasitol. 80,137–147.
- 449 Priest, J.W., Li, A., Khan, M., Arrowood, M.J., Lammie, P.J., Ong, C.S., Roberts, J.M., Isaac-
- 450 Renton, J., 2001. Enzyme immunoassay detection of antigen-specific immunoglobulin G
- 451 antibodies in longitudinal serum samples from patients with cryptosporidiosis. Clin. Diagn.
- 452 Lab. Immunol. 8, 415–432.
- Racine, R., McLaughlin, M., Jones, D.D., Wittmer, S.T., MacNamara, K.C., Woodland, D.L.,
 Winslow, G.M., 2011. IgM production by bone marrow plasmablasts contributes to longterm protection against intracellular bacterial infection. J. Immunol. 186, 1011–1021.
- Ramirez, N.E, Ward, L.A, Sreevatsan, S., 2004. A review of biology of cryptosporidiosis in
 humans and animals. Microbes Infect. 6, 773–785.
- Reperant, J.M., Naciti, M., Iochmann, S., Tilley, M., Bout, D.T., 1994. Major antigens of *Cryptosporidium parvum* recognized by serum antibodies from different infected animal
 species and man. Vet. Parasitol. 55, 1–13.
- Robinson, T.J., Cebelinski, E.A., Taylor, C., Smith, K.E., 2010. Evaluation of the positive
- 462 predictive value of rapid assays used by clinical laboratories in Minnesota for the diagnosis
- 463 of cryptosporidiosis. Clin. Infect. Dis. 50:e50–e5.
- 464 Rose, J.B., 1997. Environmental ecology of *Cryptosporidium* and public health impacts. Ann.
 465 Rev. Publ. Health. 81, 709–713.

- Rose, J.B., Slifko, T.R., 1999. *Giardia, Cryptosporidium*, and *Cyclospora* and their impact on
 foods: a review. J. Food Prot. 62, 1059–1070.
- 468 Rose, J.B., Huffman, D.E., Gennaccaro, A., 2002. Risk and control of waterborne
 469 cryptosporidiosis. FEMS Microbiol. Rev. 26, 113–123.
- 470 Roux, K.H., 1999. Immunoglobulin structure and function as revealed by electron microscopy.
- 471 Int. Arch. Allegy Immunol. 120, 85–99.
- 472 Secundino, I., López-Macías, C., Cervantes-Barragán, L., Gil-Cruz, C., Ríos-Sarabia, N.,
 473 Pastelin-Palacios, R., 2006. Salmonella porins induce a sustained lifelong specific
 474 bactericidal antibody memory response. Immunol. 117, 59–70.
- Shayan, P., Ebrahimzadeh, E., Mokhber-Dezfouli, M.R., Rahbari, S., 2008. Recombinant *Cryptosporidium parvum* p23 as a target for the detection of *Cryptosporidium*-specific
 antibody in calf sera. Parasitol. Res. 103, 1207–1211.
- 478 Shehab, A.Y., Allam, A.F., El-Sayed, M.H., 2002. Serum IgM. Does it relate to the level of
- 479 chronicity in facioliasis?. J. Egypt. Soc. Parasitol. 32, 378–380.
- Tilley, M., Fayer. R., Guidry, S., Upton, S.J., Blagburn, B.O., 1990. Antigens of oocysts and
 sporozoites of *Cryptosporidium parvum* (Apicomplexa: *Cryptosporidiidae*) recognized by
 bovine colostral antibodies. Infect. Immun. 58, 2966–2971.
- 483 Tilley, M., Upton, S.J., Fayer, R., Barta, J.R., Chrisp, C.E., Freed, P.S., Blagburn,
- B.L., Anderson, B.C., Barnard, S.M., 1991. Identification of a 15-kilodalton surface
 glycoprotein on sporozoites of *Cryptosporidium parvum*. Infect. Immun. 59, 1002–1007.
- 486 Thiruppathiraja, C., Kamatchiammal, S., Adaikkappan, P., Alagar, M., 2011. An advanced dual
- 487 labeled gold nanoparticles probe to detect *Cryptosporidium parvum* using rapid immuno-
- dot blot assay. Biosens. Bioelectron. 26, 4624–4627.

- Uga, S., Matsuo, J., Kono, E., Kimura, K., Inoue, M., Rai, S.K., Ono, K., 2000. Prevalence of *Cryptosporidium parvum* infection and pattern of oocyst shedding in calves in Japan. Vet.
 Parasitol. 94, 27–32.
- Wang, H.F., Swain, J.B., Besser, T.E., Jasmer, D., Wyatt, C.R., 2003. Detection of antibodies
 to a recombinant *Cryptosporidium parvum* P23 in serum and feces from neonatal calves. J.
 Parasitol. 89, 918–923.
- Wang, C., He, H., Duan, M., 2009. Development and Evaluation of a recombinant CP23
 antigen-based ELISA for serodiagnosis of *Cryptosporidium parvum*. Exp. Parasitol. 121,
 157–162.
- Wyatt, C.R., Perryman, L.E., 2000. Detection of mucosaly delivered antibody to *Cryptosporidium parvum* p23 in infected calves. Ann. N. Y. Acad. Sci. 916, 378–387.
- Xiao, L., 2010. Molecular epidemiology of cryptosporidiosis: an update. Exp. Parasitol. 124,
 80–89.
- Xiao, L., Fayer, R., Ryan, U., Upton, S.J., 2004. *Cryptosporidium* taxonomy: recent advances
 and implications for public health. Clin. Microbiol. Rev. 17, 72–97.
- Yu, J.R., Lee, S.U., 2007. Time gap between oocysts shedding and antibody responses in mice
 infected with *Cryptosporidium parvum*. Korean J. Parasitol. 45, 225–228.
- Zhang, M., Austen, W.G. Jr., Chiu, I., Alicot, E.M., Hung, R., Ma, M., 2004. Identification of
- 507 a specific self-reactive IgM antibody that initiates intestinal ischemia/reperfusion injury.
- 508 Proc. Natl. Acad. Sci. USA. 101, 3886–3891.

510 Figure legends

Fig. 1. Schematic diagram for ICT using CpGP15 or CpP23 to detect *C. parvum*-specific antibodies in sera. Three lines were sprayed onto the nitrocellulose membrane including two control lines containing recombinant GST-tagged protein or anti-rabbit IgG and one test line containing recombinant CpGP15 or CpP23 antigen. The concentration of all antigens or antibody used in this study was optimized at 500 µg/ml.

516

Fig. 2. Reactivity of ICT against control sera. Strip tests using CpGP15 (A) and CpP23 (B) are
shown as before testing (untreated) and after testing against control cattle sera. No. 1: pretest,
No. 2: PBS, Nos. 3–10: *C. parvum*-negative control sera, Nos. 11–16: *C. parvum*-positive
control sera.

521

Fig. 3. Reactivity of ELISA against control sera. (A) Responses of both recombinant antigens (CpGP15 and CpP23) against cattle sera using IgG ELISA. (B) Reactivity of both antigens using IgM ELISA. Sera from *C. parvum*-infected (n = 8) and non-infected (n = 6) cattle were tested against each antigen. *** P < 0.0001, Student's *t* test.

526

Fig. 4. Comparison of ICT and ELISA for detection of *C. parvum*-specific antibodies in cattle. Serum samples (n = 47) collected from a cattle farm were tested using ICTs for CpGP15 and CpP23 and compared against IgG and IgM ELISAs of both antigens. Dotted horizontal lines represent ELISA cutoff values. ELISA results were considered positive at an OD₄₁₅ of (A) > 0.1 for CpGP15 IgG, (B) > 0.05 for CpGP15 IgM, (C) > 0.03 for CpP23 IgG, and (D) > 0.035 for CpP23 IgG and IgM. * P < 0.05, ** P < 0.01, *** P < 0.0001, Student's *t* test.

- **Fig. 5.** Analyses of ICT results with different antibodies and ELISA OD values. Scatter graphs
- show the correlation between relative intensity in the ICT and absorbance values in the ELISA
- 536 using serum samples. The equation represents the approximation formula. The break line
- 537 represents the calculated line of best fit. Correlation coefficients were calculated using
- 538 Pearson's correlation coefficient: $|\mathbf{r}| = 0.70$, strong correlation; $0.5 < |\mathbf{r}| < 0.7$, moderately strong
- 539 correlation; and $|\mathbf{r}| = 0.3 0.5$ weak to moderate correlation. Correlation coefficient (r): (A) $\mathbf{r} =$
- 540 0.1193; (B) r = 0.3287; (C) r = 0.3960; (D) r = 0.6880.

Fig. 1. Fereig et al.

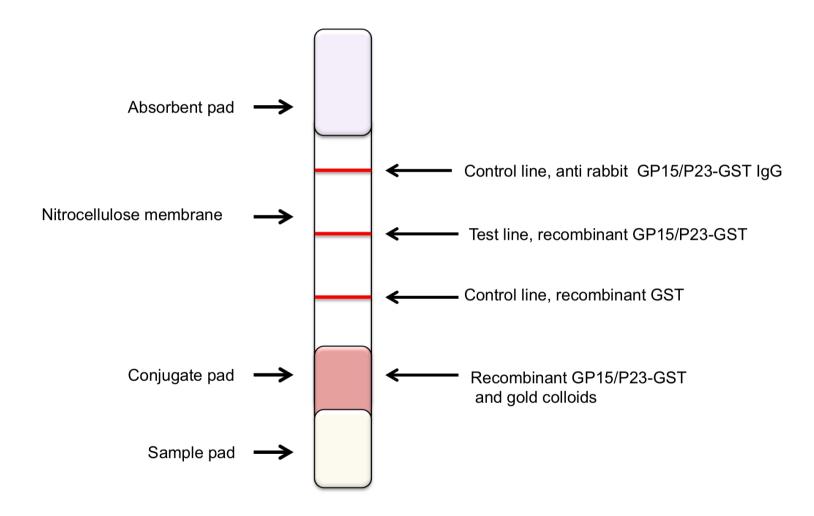
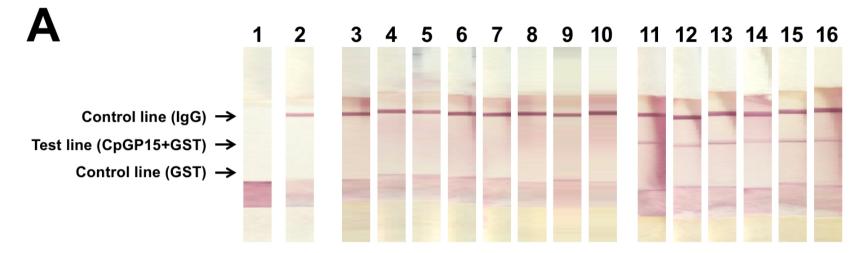
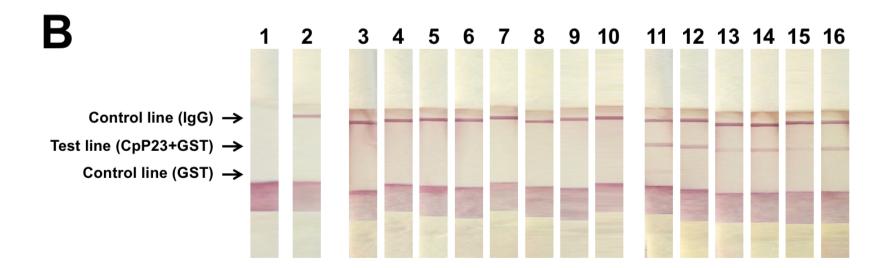


Fig. 2. Fereig et al.





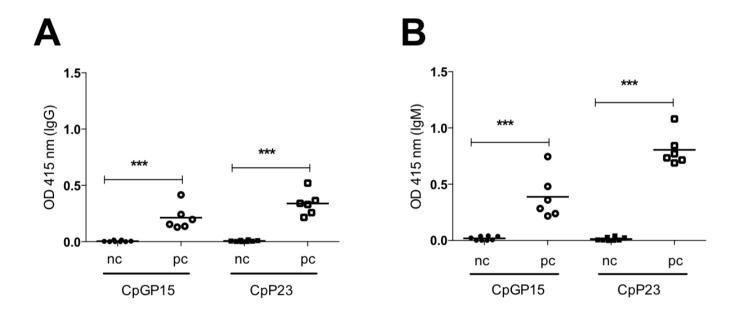
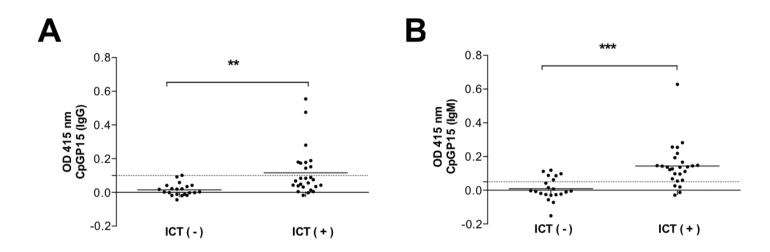


Fig. 4. Fereig et al.



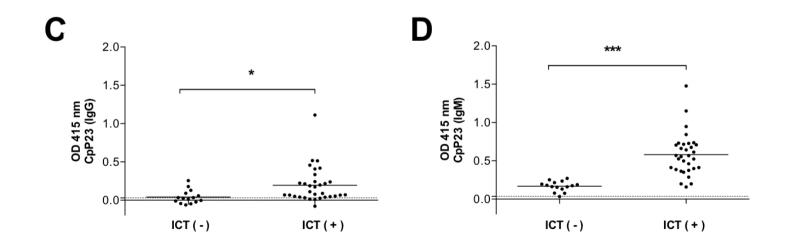


Fig. 5. Fereig et al.

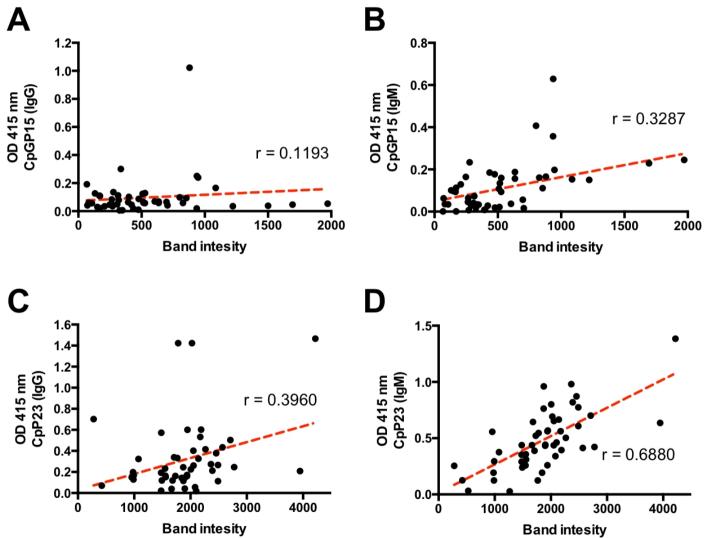


Table 1. Comparison of the reactivity of unknown field cattle sera against ELISA and ICT using the same antigen.

14		CpGP15 (n=47)		CpP23 (n=47)			
Item	Positive (%)	Negative (%)	CI (95%)	Positive (%)	Negative (%)	CI (95%)	
IgG-ELISA	10 (21.28)	37 (78.72)	11.2-36.07	35 (74.47)	12 (25.53)	59.36-85.58	
IgM-ELISA	28 (59.57)	19 (40.43)	44.3-73.28	46 (97.87)	1 (2.13)	87.28-99.89	
IgG or IgM ELISA [*]	33 (70.21)	14 (29.79)	54.92-82.21	46 (97.87)	1 (2.13)	87.28-99.89	
IgG and IgM ELISA [#]	5 (10.64)	14 (29.79)	3.98-23.9	35 (74.47)	1 (2.13)	59.36-85.58	
ICT	26 (55.32)	21 (44.68)	40.24-69.54	32 (68.01)	15 (31.91)	52.75-80.48	

95% CI, confidence interval.

* Samples positive for one or both antibodies (IgG or IgM) ELISA.

[#] Samples positive for both antibodies (IgG and IgM) ELISAs.

		CpGP15-ICT				CpP23-ICT			
Diagnostic parameter*	lgG	lgM	lgG or IgM	IgG and IgM	lgG	lgM	IgG or IgM	IgG and IgM	
	ELISA	ELISA	ELISA	ELISA	ELISA	ELISA	ELISA	ELISA	
Sensitivity	90	78.57	78.78	100	80	69.57	69.565	80	
Specificity	52.77	78.95	100	100	66.66	100	100	100	
Positive predictive value	34.62	84.92	100	100	87.5	100	100	100	
(PPV)									
Negative predictive value (PPV)	95	71.43	66.66	100	53.33	66.66	66.66	12.5	
Estimated prevalence (%)	21.74	59.57	70.21	26.32	74.47	97.87	97.87	97.22	
Kappa value	0.271	0.566	0.689	1	0.431	0.089	0.089	0.182	
Agreement proportion	60.87	78.72	85.11	100	76.6	70.21	70.21	80.56	

Table 2: Evaluation of ICTs against IgG and IgM ELISAs with relevant antigens.

*Parameters were calculated using an online statistical tool (<u>www.vassarstats.net</u>). The strength of agreement (kappa value) between each test and ELISA were graded as fair (0.21–0.40), moderate (0.41–0.60), and substantial (over 0.61).