

Identification of *Campylobacter* Species Isolates with Phenotypic Methods and Polymerase Chain Reaction

Biljana Miljković-Selimović^{1,2}, Tatjana Babić², Branislava Kocić^{1,2}, Aleksandra Matkić¹, Ljiljana Ristić²

¹School of Medicine, University of Niš, Niš, Serbia;

²National Referent Laboratory for *Campylobacter* and *Helicobacter*, Center for Microbiology, Institute for Public Health, Niš, Serbia

SUMMARY

Introduction *Campylobacter jejuni* (*C. jejuni*) and *Campylobacter coli* (*C. coli*) are the most common bacterial causes of enterocolitis in humans. However, identification of the species level is not always possible using standard biochemical tests.

Objective Therefore, the goal of this study was to identify these microorganisms by both phenotyping and polymerase chain reaction (PCR) technique.

Methods A total of 153 species of thermophilic campylobacters were examined with standard biochemical tests and PCR technique to prove *hipO* genes of *C. jejuni* and *asp* genes of *C. coli*.

Results Standard biochemical tests enabled the speciation of 121 strains of *C. jejuni*, while application of PCR detected 126 *C. jejuni* strains.

Conclusion PCR technique allowed not only identification of hippurate-positive *C. jejuni*, but also hippurate-negative strains of *C. jejuni* which otherwise would be detected as *C. coli* if only biochemical tests were applied.

Keywords: *Campylobacter jejuni*; *Campylobacter coli*; identification; PCR

INTRODUCTION

Campylobacter jejuni (*C. jejuni*), and closely related organisms *Campylobacter coli* (*C. coli*), *Campylobacter lari* (*C. lari*) and *Campylobacter upsaliensis* (*C. upsaliensis*) are recognized as the major cause of bacterial enterocolitis in developed countries as well as in non-industrialized ones with substantial economic burden [1, 2]. Although there are similar clinical presentations of infection with *C. jejuni* and *C. coli*, which is characterized by a sudden onset of fever, abdominal cramps, and diarrhea with blood and leukocytes, they enormously differ in epidemiological characteristics and sensitivity to antimicrobials [3]. Apart from intestinal, more serious extraintestinal infections may appear, such as transient bacteremia and localized infections including septic arthritis, meningitis, peritonitis, cholecystitis, hepatitis, pancreatitis, and abscesses. In addition, fulminant sepsis and myocarditis may also occur [4]. Rarely, infection with *C. jejuni* results in severe consequences on the peripheral nervous system manifested by flaccid paralysis in Guillain-Barré syndrome (GBS) and Miller Fisher syndrome (MFS) [3]. Diseases of the musculoskeletal system triggered by *C. jejuni* include reactive arthritis, tendinitis, enthesopathy, bursitis or Reiter's syndrome (oligoarthritis, conjunctivitis, and urethritis in men or cervicitis in women) [5]. *C. jejuni* associated diseases of the intestinal tract are inflammatory bowel disease (IBD) and immunoproliferative small intestinal disease (IPSID) [6, 7].

Although thermophilic *Campylobacter* species are ubiquitous in most environments, food of animal origin is substantial reservoir of human infection. The most common source of infection is poultry and pork, and even shellfish. Of all thermophilic *Campylobacters*, *C. lari* and *C. upsaliensis* are less frequently isolated. The primarily source of *C. lari* is sea-gulls, while *C. upsaliensis* is most commonly isolated from dogs, kittens, and puppies, especially with diarrhea [8].

Campylobacter organisms were assumed as a cause of human infection even before disclosure of successful isolation technique; however they have been recognized for a long period only in veterinary medicine. Filtration techniques and development of the selective media were major progress in detection of *Campylobacter* in stool specimens [9]. To identify *Campylobacter* species, biochemical tests are performed in routine diagnostic laboratories. However, detection, identification and quantification of these pathogens, transmitted commonly through food, might be often misleading due to a small number of microorganisms present in the specimen or some metabolic alterations which unable their identification. Indeed, at least variable enzymatic activity of *C. jejuni* hippuricase and reduced sensitivity to nalidixic acid cause difficulties and misleading in identification. Namely, some of *C. jejuni* strains, although possessing gene for enzyme synthesis, do not hydrolyze hippurate [10]. Moreover, false positive reactions are described [11]. Strain resistance to

Correspondence to:

Biljana MILJKOVIĆ-SELIMOVIĆ
Nacionalna referentna laboratorija
za *Campylobacter* i *Helicobacter*
Centar za mikrobiologiju
Institut za javno zdravlje
Bul. dr Zorana Đinđića 81
18000 Niš
Srbija
biljanams@medfak.ni.ac.rs

nalidixic acid refers to *C. lari*, but nowadays, in some geographic areas, more than 90% of *C. jejuni* and *C. coli* strains are resistant to this antimicrobial diminishing the value of the test [12].

Certain improvements in the molecular-genetic methods (polymerase chain reaction – PCR), real-time PCR (RT-PCR), multiplex PCR, nested PCR, blotting methods (i.e., Western blot, Southern blot), microarray analysis etc. [13, 14] facilitate the diagnosis of *Campylobacters* and represents basic techniques that are recently used in many diagnostic laboratories. Moreover, in some cases, the PCR based methods can be applied directly to the specimens, without cultivation, which endows a rapid diagnosis [15]. There are several features such as a high sensitivity, specificity, and amplification of very small samples that makes PCR an irreplaceable method in almost every microbiological laboratory [16].

Precise identification of *C. jejuni* and *C. coli* is necessary for surveillance of their migration through ecological niches, as well as for a more complete understanding of the pathogenesis of the disease, development of drug resistance, epidemiological characteristics and risk factors for infection and application of proper treatment.

OBJECTIVE

The objective of the study was the identification of the isolated bacteria of the genus *Campylobacter* using classical methods and PCR technique and identifying potential problems associated with the identification.

METHODS

The tested strains

The study involved 153 *Campylobacter* strains of enteric origin from the collection of the Serbian National Reference Laboratory (NLR) for *Campylobacter* and *Helicobacter*. The strains were isolated from stool specimens at the Centre for Microbiology, Public Health Institute, Niš, and in other laboratories in Serbia which send cultures of *Campylobacters* to NLR for confirmation and identification. Selective *Campylobacter* Agar with 5% Sheep Blood (Liofilchem, Italy) were used for the isolation and cultivation of *Campylobacter*; inoculated plates were incubated at 42°C in microaerophilic atmosphere (9-10% CO₂) in the pCO₂ incubator (BINDER, USA) for 48 hours.

All cultures of *Campylobacters* in an Amies Transport Medium (Oxoid, UK) submitted to the NLR for *Campylobacter* and *Helicobacter* were processed immediately upon arrival by inoculating on Columbia Agar plate (Columbia blood agar, CBA) containing 5% sheep blood, *Campylobacter* agar (CA) with 5% Sheep Blood (Liofilchem, Italy), Brain Heart Infusion (BHI) Broth (Blood agar base heart infusion, Biolife, Italy), and *Campylobacter* Enrichment Broth (Bolton's) (Fluka, Suisse) with lysed horse blood (Fluka, Suisse) for the selective enrichment of *Campylo-*

bacter spp. Enriched isolates were subcultured on CBA and CA plates for further investigation.

Biochemically based identification

Phenotypic *Campylobacter* species identification method includes typical appearance of colonies, a distinctive microscopic feature when stained with carbol-fuchsin, spiral rod morphology (spiral, S-shaped or in pairs showing seagull-wings-shape), oxidase test (Himedia, India), catalase test, the test for hippurate-hydrolysis (Rosco, Denmark), hydrolysis of indoxyl acetate (Rosco, Denmark), susceptibility to cephalothin (30 µg disc) and nalidixic acid (30 µg disc) (Rosco Diagnostica, NeoSensitabs, Denmark) [17]. Also, API (Appareils et procédés d'identification) Campy test (bioMérieux, France), which consists of 11 enzymatic and 9 assimilation and inhibition tests were performed.

PCR method

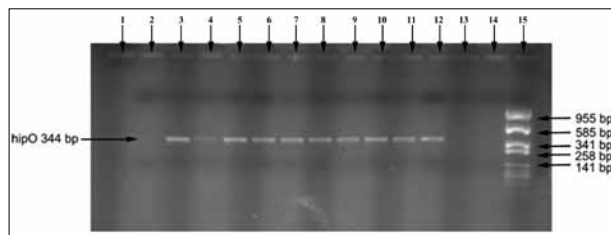
DNA was isolated by PrepMan Ultra Sample Preparation Reagent (Applied Biosystems, California, USA) kit according to the manufacturer's instructions. PCR assay was performed in a total volume of 50µl. The primers sets used were: 0.4 µM *hipO* (*hipO*-F: 5'-GACTTCGTGCA-GATATGGATGCTT and *hipO*-R: 5'-GCTATAAC TATCGAAGAAGCCATCA) for the species identification of *C. jejuni* [18], and 0.8 µM *asp* (CC18F: 5'-GGT ATG ATT TCT ACA AAG CGA G and CC519R: 5'-ATA AAA GAC TAT CGT CGC GTG) (Invitrogen, Carlsbad, CA, USA) for *C. coli* [19]. Commercial kit used for amplifications consisted of *Taq* DNA polymerase, buffer with dNTP and MgCl₂ (AmpliTaq Gold PCR Master Mix, Applied Biosystems, California, USA). Of the total volume of isolated DNA, 5µl was used for PCR. PCR reaction was carried out in a PCR thermocycler (Eppendorf, Germany). The PCR amplification cycles included initial denaturation at 95°C for 6 min, followed by 35 cycles of denaturation at 94°C for 50 sec, annealing at 57°C for 40 sec and extension at 72°C for 50 sec. The final stage was an extension cycle at 72°C for 3 min. The amplified PCR products were stained with ethidium bromide (1%). Following 1.5% gel electrophoresis, amplicons were visualized and documented with system for professional gel documentation (BioDocAnalyze, Biometra, Göttingen, Germany). The sizes of PCR amplicons of 344 bp were estimated as *C. jejuni* and of 500 bp as *C. coli*. To determine the size of the fragment, pUC19DNA – Sau3A I Digested DNA molecular weight size marker (Ambion, Austin, Texas, USA) was used.

RESULTS

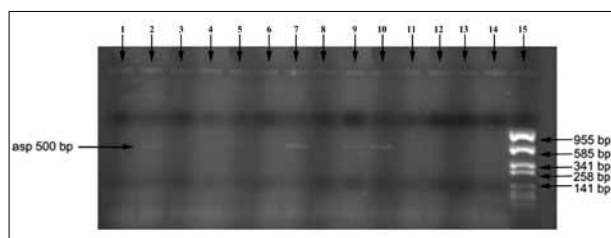
Identification was performed on 153 isolates. By phenotyping, 121 strains that hydrolyzed hippurate were identified as *C. jejuni*, while 32 strains failed to give positive

Table 1. Phenotypic *Campylobacter* spp. identification

Microorganism	Number of strains (%)
<i>C. jejuni</i>	121 (79)
<i>C. coli</i>	27 (17.7)
Other hippurate-negative <i>Campylobacter</i> spp.	5 (3.3)
Total	153 (100)

**Figure 1.** Agarose gel electrophoresis of PCR products from *C. jejuni* using *hipO* primers. Lines 1 and 2: hippurate negative *Campylobacter* spp.; lines 3-11: *C. jejuni*; line 12: *C. jejuni* NCTC 11351 positive control; line 13: *C. coli* ATCC 33559, negative control; line 14: negative control; line 15: DNA size markers.**Table 2.** PCR *Campylobacter* spp. identification

Microorganism	Number of strains (%)
<i>C. jejuni</i>	121 (79)
Hippurate-negative <i>C. jejuni</i>	5 (3.3)
<i>C. coli</i>	22 (14.4)
Other hippurate-negative <i>Campylobacter</i> spp.	5 (3.3)
Total	153 (100)

**Figure 2.** Agarose gel electrophoresis of PCR products from *C. coli* using *asp* primers. Lines 2, 5, 7, 9, 10: *C. coli*; lines 1, 3, 4, 6, 8, 11, 12: *asp* negative *Campylobacter* spp.; line 13: *C. jejuni* NCTC 11351, negative control; line 14: negative control; line 15: DNA size markers.

reaction (Table 1). Twenty-seven strains with negative hippuricase activity, but indoxyl acetate, oxidase and catalase positive were identified as *C. coli*.

Having in mind a possible presence of co-infection with both strains, PCR for *C. jejuni* and *C. coli* was performed on all investigated strains. PCR technique enabled the identification of 126 *C. jejuni* strains (Figure 1); 121 hippurate-positive and five hippurate-negative ones. Twenty two isolates were identified as *C. coli* (Table 2, Figure 2).

Other five hippurate-negative *Campylobacter*s have been described by API Campy as *C. lari*. *C. lari* differ from *C. coli* in negative indoxyl acetate reaction and resistance to nalidixic acid. *C. upsaliensis* give positive indoxyl acetate test but were referred to as the catalase-negative/catalase weak (CNW) group sensitive to cephalothin and nalidixic acid. In this study, we did not detect any *C. upsaliensis*, which is not frequently isolated pathogen from clinical samples, since cephalothin is often used in *Campylobacter* spp. selective media. The method of choice for isolation of

C. upsaliensis would be filtration technique which could be the reason for suboptimal detection of these bacteria.

DISCUSSION

Accurate identification of *C. jejuni* and precise discrimination of two the most frequently isolated human enteropathogen campylobacters, *C. jejuni* and *C. coli* are essential for microbiological and epidemiological studies. Discrimination among thermophilic strains is based only on biochemical hippurate-hydrolysis test. There are, however, some *C. jejuni* strains that harbor the hippuricase gene but do not express hippuricase activity and are therefore false negative by the hippurate-hydrolysis test, which may lead to misinterpretation of the test results. Indeed, the performance of biochemical tests, in bacteria that have weak biochemical activity, are sensitive to environmental conditions, require special growth and reproduction conditions, is often time- and labor-consuming as not being always efficient.

Enzyme activity and results interpretation depend on the applied methodology and variations which can influence the final outcome of reaction [20]. Therefore, the application of molecular techniques for the determination of genetic sequences characteristic for *C. jejuni* and *C. coli* made their identification significantly accurate.

In this work, on the examination of biochemical characteristics of 153 thermophilic campylobacters, it was found that 121 (79%) isolates hydrolyzed hippurate and were identified as *C. jejuni*. Thirty-two strains (21%) lacked the ability to hydrolyze hippurate. Species that gave a negative reaction were hippurate-negative *C. jejuni*, *C. coli*, *C. lari*, and *C. upsaliensis*.

All strains that were identified by conventional biochemical tests were also subjected to PCR. In all 121 strains, *hipO* gene was determined and *C. jejuni* was confirmed. Out of 32 hippurate-negative strains, in five strains the presence of *hipO* gene was also detected endorsed *C. jejuni* species, while 22 strains were confirmed as *C. coli*. Five tested strains, however, were not verified by PCR and two sets of primers, but they were subsequently identified as *C. lari* using API Campy system (bioMérieux, Marcy l'Etoile, France).

Since the introduction of PCR techniques in the early '80s of the last century, the method has become widely used in the identification of microorganisms [21]. In the early '90s, methods based on PCR were developed for the detection and identification of *Campylobacter* spp. targeting distinctive sequences. The fact that existence of the gene does not necessarily mean the simultaneous mRNA synthesis and subsequent enzymes production, PCR technique also enables the identification of hippurate-negative *C. jejuni*, as was confirmed in this study.

The target genes used for the PCR identification of *Campylobacter* spp. are *C. coli*-specific *asp*, *hipO* gene in *C. jejuni* [22], species specific sequences of *ceuE* gene [11], *cadF* [23], 16S rRNA [24], *cdt* [25], and *lpxA* [26]. Wang et al. [15] used *hipO* gene for *C. jejuni*, and *glyA* for

synthesis of serine hydroxymethyl-transferase for *C. coli* identification.

Rautelin et al. [20] examined 28 hippurate-negative thermophilic *Campylobacter* isolates, from human stool specimens in Finland. Re-testing of negative strains, using standard biochemical tests, revealed that 10 isolates hydrolyse hippurate, and 18 remained negative. PCR method and primers for variable region of *ceuE* gene allowed accurate molecular identification of *C. jejuni* and *C. coli*: all 10 hippurate-positive strains were confirmed as *C. jejuni*, while out of the remaining hippurate-negative 18 isolates, five were identified as *C. jejuni*, and 13 as *C. coli*

Nakari et al. [27] investigated 240 human isolates (95 hippurate-positive and 145 hippurate-negative) originated from Finland collection of enterocolitis strains, using standardized hippurate-hydrolyze test. Two PCR sets of primers were utilized: *ceuE* gene primers specific for *C. jejuni* and for *C. coli*, and *hipO* gene for *C. jejuni* subsp. *jejuni* and *glyA* gene for *C. coli*. Gene *hipO* was detected in all *C. jejuni* hippurate-positive strains. In hippurate-negative strains, 93 (64%) was diagnosed as *C. coli*, and *hipO* gene of *C. jejuni* was proved in 46 (32%) hippurate-negative strains [27].

During investigation of a Danish collection involving 2,382 phenotypic identified *Campylobacter* strains from poultry, 108 *C. jejuni* and 351 „non-*jejuni*“ isolates were randomly selected and further investigated by PCR using several sets of primers (Hip-PCR and VS-PCR for *C. jejuni*, CS-PCR and *CeuE*-PCR for *C. coli*, COL/JUN-PCR for *C. jejuni* and *C. coli*) [28]. Out of 108 isolates identified by biochemical tests as *C. jejuni*, 103 were verified, while four were identified as *C. coli*. In one case, there were mixed culture of *C. jejuni/C. coli*. Out of 309 „non-*jejuni*“ strains, 97 strains were confirmed as *C. jejuni* by PCR. Hippurate-hydrolysis retesting of these strains showed that even 84 strains were hippurate-positive, while 13 *C. jejuni* were hippurate-negative [28].

REFERENCES

1. Senok AC, Botta AG. *Campylobacter* enteritis in the Arabian Gulf. *J Infect Developing Countries*. 2009; 3(2):74-82.
2. Batz MB, Hoffmann S, Morris JG Jr. Ranking the disease burden of 14 pathogens in food sources in the United States using attribution data from outbreak investigations and expert elicitation. *J Food Prot*. 2012; 75(7):1278-91.
3. Bereswill S, Kist M. Recent developments in *Campylobacter* pathogenesis. *Curr Opin Infect Dis*. 2003; 16(5):487-91.
4. Allos BM. *Campylobacter jejuni* Infections: update on emerging issues and trends. *Clin Infect Dis*. 2001; 32:1201-6.
5. Hannu T, Mattila L, Rautelin H, Pelkonen P, Lahdenne P, Siitonen A, et al. *Campylobacter*-triggered reactive arthritis: a population-based study. *Rheumatology (Oxford)*. 2002; 41(3):312-8.
6. Kalischuk LD, Buret AG. A role for *Campylobacter jejuni*-induced enteritis in inflammatory bowel disease? *Am J Physiol Gastrointest Liver Physiol*. 2010; 298(1):G1-9.
7. Lecuit M, Abachin E, Martin A, Poyart C, Pochart P, Suarez F, et al. Immunoproliferative small intestinal disease associated with *Campylobacter jejuni*. *N Engl J Med*. 2004; 350(3): 239-48.
8. Nichols GL, Richardson JF, Sheppard SK, Lane C, Sarran C. *Campylobacter* epidemiology: a descriptive study reviewing 1 million cases in England and Wales between 1989 and 2011. *BMJ Open*. 2012; 12:2(4).
9. Butzler JP. *Campylobacter*, from obscurity to celebrity. *Clin Microbiol Infect*. 2004; 10:868-76.
10. Hani EK, Chan VL. Expression and characterization of *Campylobacter jejuni* benzoylglycine amidohydrolase (hippuricase) gene in *Escherichia coli*. *J Bacteriol*. 1995; 177:2396-402.
11. Gonzalez I, Grant KA, Richardson PT, Park SF, Collins MD. Specific identification of the enteropathogens *Campylobacter jejuni* and *Campylobacter coli* by using a PCR test based on the *ceuE* gene encoding a putative virulence determinant. *J Clin Microbiol*. 1997; 35:759-63.
12. de Jong A, Bywater R, Butty P, Deroover E, Godinho K, Klein U, et al. A pan-European survey of antimicrobial susceptibility towards human-use antimicrobial drugs among zoonotic and commensal enteric bacteria isolated from healthy food-producing animals. *J Antimicrob Chemother*. 2009; 63(4):733-44.
13. Dingle KE, McCarthy ND, Cody AJ, Peto TE, Maiden MC. Extended sequence typing of *Campylobacter* spp., United Kingdom. *Emerg Infect Dis*. 2008; 14(10):1620-2.
14. Miljković-Selimović B, Kocić B, Babić T, Ristić Lj. Bacterial typing methods. *Acta Fac Med Naiss*. 2009; 26(4):225-33.
15. Wang G, Clark CG, Taylor TM, Pucknell C, Barton C, Price L, et al. Colony multiplex PCR assay for identification and differentiation of *Campylobacter jejuni*, *C. coli*, *C. lari*, *C. upsaliensis*, and *C. fetus* subsp. *fetus*. *J Clin Microbiol*. 2002; 40(12):4744-7.

Our results, as well as outcomes of other authors, confirmed the variability of biochemical testing results, especially hippurate-hydrolysis, and that correct identification is possible using PCR technique and specific primers. Although negative hippurate-hydrolysis indicates the presence of *C. coli* and hippurate-negative *C. jejuni*, test alone may be insufficiently reliable, questioning accuracy of phenotyping identification scheme of *C. jejuni*.

Now, Restriction Fragment Length Polymorphism (RFLP), PCR-RFLP on 23S rRNA gene [29], PCR/ELISA (PCR-Enzyme Linked Immuno Assay) for *glyA* gene [30], RT-PCR on *hipO* and *glyA* gene [31] can be used to identify *C. jejuni* and *C. coli*. Al Amri et al. [32] as a target sequence used genus specific *cadF* gene (*Campylobacter* adhesion to fibronectin) and species specific genes, *hipO* gene (for *C. jejuni*) and *asp* (a gene encoding aspartokinase of *C. coli*) for RT-PCR. Also, in the identification of *Campylobacter*, it is possible to apply a very sophisticated techniques such as microarray detection of *fur*, *glyA*, *cdtABC*, *ceuB* – E and *fliY* gene [33].

CONCLUSION

Although the biochemical identification can discriminate the two most common species of *Campylobacters*, *C. jejuni* and *C. coli* in most cases, the PCR method, obtaining rapid results, has the advantage in the identification of *C. jejuni* strains that possess but do not express the hippuricase gene and that by using only phenotypic methods would be misdiagnosed.

ACKNOWLEDGMENT

The authors would like to thank Ana Milojković for her excellent technical assistance.

16. Ziprin RL, Harvey RB. Inability of cecal microflora to promote reversion of viable nonculturable *Campylobacter jejuni*. *Avian Dis.* 2004; 48(3):647-50.
17. Nachamkin I. *Campylobacter* and *Arcobacter*. In: Murray PA, Baron EJ, Jorgensen JH, Pfaller MA, Tenover FC, Tenover FC, editors. *Manual of Clinical Microbiology*. Washington, DC: American Society for Microbiology; 2003. p.902-914.
18. Persson S, Olsen KE. Multiplex PCR for identification of *Campylobacter coli* and *Campylobacter jejuni* from pure cultures and directly on stool samples. *J Med Microbiol.* 2005; 54(Pt 11):1043-7.
19. Linton D, Lawson A J, Owen RJ, Stanley J. PCR detection, identification to species level, and fingerprinting of *Campylobacter jejuni* and *Campylobacter coli* direct from diarrheic samples. *J Clin Microbiol.* 1997; 35:2568-72.
20. Rautelin H, Jusufovic J, Hanninen ML. Identification of hippurate-negative thermophilic campylobacters. *Diagn Microbiol Infect Dis.* 1999; 35:9-12.
21. Mullis K, Faloona F, Scharf S, Saiki R, Horn G, Erlich H. Specific enzymatic amplification of DNA in vitro: the polymerase chain reaction. *Cold Spring Harb Symp Quant Biol.* 1986; 51(Pt 1):263-73.
22. Lawson AJ, Shafi MS, Pathak K, Stanley J. Detection of campylobacter in gastroenteritis: comparison of direct PCR assay of faecal samples with selective culture. *Epidemiol Infect.* 1998; 121:547-53.
23. Englen MD, Fedorka-Cray PJ. Evaluation of a commercial diagnostic PCR for the identification of *Campylobacter jejuni* and *Campylobacter coli*. *Lett Appl Microbiol.* 2002; 35:353-6.
24. Bang DD, Wedderkopp A, Pedersen K, Madsen M. Rapid PCR using nested primers of the 16S rRNA and the hippuricase (*hipO*) genes to detect *Campylobacter jejuni* and *Campylobacter coli* in environmental samples. *Mol Cell Probes.* 2002; 16:359-69.
25. Eyigor A, Dawson KA, Langlois BE, Pickett CL. Cytolethal distending toxin genes in *Campylobacter jejuni* and *Campylobacter coli* isolates: detection and analysis by PCR. *J Clin Microbiol.* 1999; 37:1646-50.
26. Klena JD, Parker CT, Knibb K, Ibbitt JC, Devane PM, Horn ST, et al. Differentiation of *Campylobacter coli*, *Campylobacter jejuni*, *Campylobacter lari*, and *Campylobacter upsaliensis* by a multiplex PCR developed from the nucleotide sequence of the lipid A gene *lpxA*. *J Clin Microbiol.* 2004; 42(12):5549-57.
27. Nakari UM, Puhakka A, Siitonen A. Correct identification and discrimination between *Campylobacter jejuni* and *C. coli* by a standardized hippurate test and species-specific polymerase chain reaction. *Eur J Clin Microbiol Infect Dis.* 2008; 27(7):513-8.
28. Wainø M, Bang DD, Lund M, Nordentoft S, Andersen JS, Pedersen K, et al. Identification of campylobacteria isolated from Danish broilers by phenotypic tests and species-specific PCR assays. *J Appl Microbiol.* 2003; 95(4):649-55.
29. Engvall EO, Brandstrom B, Gunnarsson A, Morner T, Wahlstrom H, Fermer C. Validation of a polymerase chain reaction/restriction enzyme analysis method for species identification of thermophilic campylobacters isolated from domestic and wild animals. *J Appl Microbiol.* 2002; 92:47-54.
30. Al Rashid ST, Dakuna I, Louie H, Ng D, Vandamme P, Johnson W, et al. Identification of *Campylobacter jejuni*, *C. coli*, *C. lari*, *C. upsaliensis*, *Arcobacter butzleri*, and *A. butzleri*-like species based on the *glyA* gene. *J Clin Microbiol.* 2000; 38:1488-94.
31. LaGier MJ, Joseph LA, Passaretti TV, Musser KA, Cirino NM. A real-time multiplexed PCR assay for rapid detection and differentiation of *Campylobacter jejuni* and *Campylobacter coli*. *Mol Cell Probes.* 2004; 18:275-82.
32. Al Amri A, Senok AC, Ismaeel AY, Al-Mahmeed AE, Botta GA. Multiplex PCR for direct identification of *Campylobacter* spp. in human and chicken stools. *J Med Microbiol.* 2007; 56:1350-5.
33. Volokhov D, Chizhikov V, Chumakov K, Rasooly A. Microarray-based identification of thermophilic *Campylobacter jejuni*, *C. coli*, *C. lari*, and *C. upsaliensis*. *J Clin Microbiol.* 2003; 41:4071-80.

Препознавање изолата *Campylobacter Spp.* применом фенотипских метода и ланчане реакције полимеразе

Биљана Миљковић-Селимовић^{1,2}, Татјана Бабић², Бранислава Коцић^{1,2}, Александра Маткић¹, Љиљана Ристић²

¹Медицински факултет, Универзитет у Нишу, Ниш, Србија;

²Национална референтна лабораторија за *Campylobacter* и *Helicobacter*, Центар за микробиологију, Институт за јавно здравље, Ниш, Србија

КРАТАК САДРЖАЈ

Увод *Campylobacter jejuni* (*C. jejuni*) и *Campylobacter coli* (*C. coli*) се сматрају најчешћим бактеријским узрочницима ентероколитиса код људи. Због њихове сличности није их могуће јасно препознати применом биохемијских тестова.

Циљ рада Циљ рада је био да се препознају ови микроорганизми и фенотипским тестовима и техником ланчане реакције полимеразе (PCR).

Методе рада Испитана су 153 соја термофилних кампилобактера стандардном методом и техником PCR за доказива-

ње *hipO* гена *C. jejuni* и *asp* гена *C. coli*.

Резултати Класичном методом је утврђено да 121 сој припада врсти *C. jejuni*, а PCR техником да овој врсти припада 126 сојева.

Закључак Техника PCR је омогућила препознавање не само хипурат-позитивних, већ и хипурат-негативних сојева *C. jejuni*, који би класичним биохемијским методама били препознати као *C. coli*.

Кључне речи: *Campylobacter jejuni*; *Campylobacter coli*; идентификација; ланчане реакција полимеразе (PCR)