



Original article

Purification and characterization of *Setaria equina* antigen and evaluate its Efficacy for diagnosis of human filariasis

^aIbrahim Rabia, ^bManal Ahmed, ^cMona Zohery, ^dFaten Nagy, ^dAmany Rady, ^bNoha Mahana, ^aTarek Diab, ^bAzza El Amir.

^{a,b} Department of Parasitology and Immunology, Theodor Bilharz Research, Institute, Giza, Egypt

^b Zoology Department, Faculty of Science, Cairo University, Giza, Egypt

^d Department of Medical Parasitology, Faculty of Medicine, Menoufia University, Egypt

ARTICLE INFO

Keywords:

W. bancrofti,
S. equina,
antigens,
polyclonal antibody (pAb)

ABSTRACT

Lymphatic filariasis (LF) is still a public health problem in tropical and subtropical countries. The most common causative agents of human filariasis are *Wuchereria* (W.) *bancrofti*, *Brugia* (B.) *malayi* and *B. timori*. This work was designed to evaluate the diagnostic efficacy of 3 types of antigens including crude *Setaria* (S.) *equina*, purified *S. equina* and *Dirofilaria* (D.) *immitis* antigens in detecting anti-W. *bancrofti* IgG polyclonal antibody (pAb) in W. *bancrofti* infected patients. Crude *S. equina* antigen from *S. equina* adult worms was purified by DEAE sephadex G-50 ion exchange chromatography and gel filtration chromatography on Sephadex-G-200 HR column. A total of 92 Egyptian individuals were enrolled in this study and divided into 3 groups. Group I included 42 patients infected with W. *bancrofti*, group II included 30 patients infected with other parasites as a parasitic control group (10 patients with *Schistosomiasis mansoni*, 10 patients with *Fasciolosis* and 10 patients with *Hydatidosis*) and group III as healthy controls (n=20). Detection of anti-W. *bancrofti* IgG pAb in patient's sera by indirect ELISA using crude *S. equina*, purified *S. equina* and *D. immitis* antigens showed 78.6 %, 85.71% and 80.95% sensitivity rates and 68%, 76% and 80% specificity rates, respectively. In conclusion, purified *S. equina* antigen is promising for diagnosis of W. *bancrofti* in human. Further study is highly recommended in order to obtain monoclonal antibody against purified fractions of *S. equina* adult worm antigen to reach higher specificity and sensitivity.

© Copyright 2010 BioMedSciDirect Publications IJBMR - ISSN: 0976:6685. All rights reserved.

1. Introduction

Lymphatic filariasis (LF) is a globally distributed disease recognized by the World Health Organization (WHO) as one of the most disabling diseases [1]. LF caused by *Wuchereria* (W.) *bancrofti* and *Brugia* (B.) *malayi* is a major public health and socioeconomic problem in tropical and subtropical countries include central Africa, the Nile delta [2, 3]. An estimated 120 million people in 73 countries are infected with LF, and an estimated 1.4 billion live in areas where the disease is endemic [4, 5]. A series of studies revealed that incidence of microfilaria (mf), increased in different governorates in Egypt [6]. Approximately 50 million people in Egypt and Sub-Saharan Africa have bancroftian filariasis and together they represent about a third of all cases of LF worldwide [7].

Serological diagnosis of filariasis is more sensitive than detection of mf in blood samples due to nocturnal periodicity

phenomena of mf. Immunodiagnosis is the only possible line of investigation of cases with chronic filariasis in which mf are not detected [8, 9]. Trials were done to explore the potential of heterogeneous filarial antigen isolated from *D. immitis* [10, 11], *S. cervi* [12], *S. digitata* and *S. equina* [13].

Adult *S. equina* is a filarial parasite commonly found floating free within the peritoneal cavity of equines in all parts of the world [14, 15]. It infects both human and equines [16, 17]. Cross-reaction has previously been reported between the antigens of *S. equina*, *D. immitis* and *S. digitata* adult worms and sera from human infected with W. *bancrofti* [18, 19, and 20]. *D. immitis* adult worm was used as a source of antigens and excretory-secretory (ES) products to detect human filariasis [21, 22]. *S. equina* adult worms are large and so huge amounts of antigens can be prepared [13]. In addition, *S. equina* adult worm is more economic than the imported antigens prepared from *D. immitis* and others. So, diagnosis of human filariasis by indirect ELISA using *S. digitata* antigen appeared to be sensitive and specific test in surveillance for filariasis instead of traditional night blood surveys and may be helpful for diagnosis of occult filariasis [23, 24].

* Corresponding Author : **Ibrahim R Aly** .
Prof. Of Parasitology
Thodur bilhariz Research Inst.
Cairo-Egypt
e-mail :- ibrahimshalash@yahoo.com

The focus of previous studies was to identify antigens from available filarial parasites including those in animals in order to diagnose *W. bancrofti* infection [20, 25], using ELISA and Dot ELISA tests, in addition to immunoblotting technique which revealed presence of antigenic sharing between *W. bancrofti* and *S. equina* antigens. This antigenic similarity of whole *S. equina* worm makes it an ideal molecule for discovery of a new easily available diagnostic marker and monoclonal antibody production for human LF especially after its purification and fractionation [18]. However the possibility of human infection with those parasites and subsequent misdiagnosis has received little attention.

This work was designed to evaluate the diagnostic efficacy of crude and purified *S. equina* and *D. immitis* antigens in detecting anti- *W. bancrofti* IgG pAb in *W. bancrofti* infected patients using indirect ELISA.

MATERIALS AND METHODS

Study population and collection of samples: A total of 92 individuals were chosen for the present study. Forty-two patients with chronic filariasis (group I) were diagnosed clinically and by detection of microfilaria in blood film by Giemsa stain. Thirty patients with parasitic diseases other than filariasis (group II) were chosen and served as a parasitic control group (schistosomiasis =10, fasciolosis =10, hydatidosis =10). Twenty individuals free from any parasitic infection served as normal control (group III). All cases were subjected to complete history and clinical examination. All patients gave informed consents before inclusion according to Institution's human Research Ethics Committee. Microfilaria diagnosis: Thick and thin blood film examination by fresh finger-prick blood samples were done by using day time blood sample collected after one hour (1 hr) of taking a single dose of 100 mg diethylcarbamazine citrate (DEC, filarlan) as a provocative test. Blood smears were stained using Giemsa and examined microscopically for detection of *W. bancrofti* mf. All the examined patients of group I had mf in their blood samples.

Preparation and characterization of different filarial antigens:

Crude *S. equina* antigen: The adult worms of *S. equina* were collected from the abdominal and peritoneal cavity of infected donkey. Briefly, worms were washed several times with 0.9% saline solution to get rid of mucus and debris then washed in phosphate buffer saline (PBS, pH 7.2), and grounded in cold PBS using homogenizer. The homogenate was kept overnight at 4°C and centrifuged at 12000 rpm for 30 minutes (min.). The supernatant was used as crude adult worm antigen after addition of few drops of 0.1% merthiolate as preservative. The protein content of the antigen was estimated by Bio-Rad kit (Richmond, CA, USA) according to [26], aliquoted and stored at -20°C until use.

Purified *S. equina* antigen: Crude *S. equine* antigen were concentrated using an Amicon 8400 ultra filtration unit with membrane (3000 Da cut-off) and applied to a 120 ml DEAE Sephadex G-50-ion exchange chromatography equilibrated in 0.1

M Tris-HCl, pH 7. Fractions of 5 ml were collected and applied to gel filtration chromatography on sephadex-G-200 HR column [27]. Absorbance of each fraction was measured at 280 nm.

D. immitis adult worm antigen: Lyophilized adult *D. immitis* worm antigens were purchased from Seroimmunodiagnostic Inc. (Georgia, USA). They were homogenized in physiological saline, and centrifuged for 10 min. The supernatant was collected for protein content assessment using Bio-Rad kit (Richmond) then aliquoted and kept at -20°C till use.

Sodium dodecyl sulphate- polyacrylamide gel electrophoresis (SDS-PAGE):-

The two antigens were resolved by SDS-PAGE under reducing conditions using 12.5% gel by a casting apparatus (Hoefer Scientific Instruments San Francisco, California, USA). The gel was stained with commasie blue stain to visualize the antigenic pattern of the prepared antigens [28].

Detection of circulating filarial antibody by different filarial Antigens:

Wells of polystyrene microtitre plates (96-flat bottomed wells, M 129A Dynatech) (Costar, Corporate Headquarters, Cambridge, MA, USA) were coated with 100 µl/well of crude and purified *S. equina* and *D. immitis* antigens (10 µg protein in 100 µl coating buffer/well) pH 7.4, overnight at 4°C. The wells were washed 3 times with washing buffer, and then blocked with 200 l/well of blocking buffer for 1 hr. at 37°C. The plate wells were washed with washing buffer 5 times. Hundred µl of human sera infected with filariasis, schistosomiasis, fasciolosis and hydatidosis diluted 1/100 in washing buffer were added to each well and incubated for 1 hr. at 37°C. The plates were washed 3 times with washing buffer. Hundred µl of polyvalent anti-human peroxidase conjugate (Sigma) diluted in washing buffer (1/1000) was dispensed into each well and the plates were incubated for 1 hr at 37°C. The plates were washed 5 times with washing buffer. Hundred µl per well of substrate solution one tablet of OPD (Sigma) dissolved in 25 ml of 0.05 M. Phosphate citrate buffer, pH 5 with peroxidase H₂O₂ (Sigma) was added and the plates were incubated in the dark at room temperature for 30 min. Fifty µl/well of 8 N H₂SO₄ was added to stop the enzyme substrate solution. The absorbance was measured at 492 nm using ELISA reader (Bio-Rad microplate reader).

Statistical Analysis: Data are expressed as mean ± standard deviation (SD). Receiver operating curve (ROC) is used to determine the cutoff values and diagnostic indices (sensitivity, specificity, positive and negative predictive values and efficacy) of different assays. Statistical analysis was performed with the aid of the SPSS computer program (version windows 16.0).

RESULTS

Parasitological parameters in studied patients: According to parasitological and clinical examination, a total of 92 individuals were chosen for the present study. Forty two patients with chronic filariasis (group I) were diagnosed clinically and by detection of mf in blood film by Giemsa stain. Thirty patients with parasitic diseases other than filariasis were chosen as other parasitic infected patients (schistosomiasis =10, fasciolosis =10 and hydatidosis = 10). Twenty individuals are free from any parasitic infections served as normal control (Fig.1).

Figure 1: Thick blood film showing *W. bancrofti* mf of with unstained sheath, bluish green nuclei and free anterior and posterior ends (Giemsa stain X400).



Purification of *S. equina* antigens: The eluted *S. equina* antigen after purification by DEAE-Sephadex G-50-ion exchange chromatography was represented by a single peak with maximum OD value equal to 1.3 at fraction number (6)(Fig.2).The partially purified antigen eluted by DEAE sephadex G-50 ion exchange chromatography (peak a) was further purified by DEAE sephadex G-200 gel filtration column chromatography and two peaks (b and e) were obtained represents the column elution volume fractions which contain *S. equina* antigen with OD values 0.7 and 1.0 respectively (Fig. 3).

Figure 2: OD280 profile of the antigen fractions following purification by DEAE Sephadex. G-50 ion exchange chromatography.

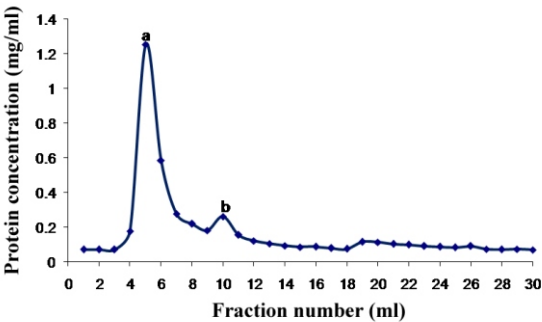
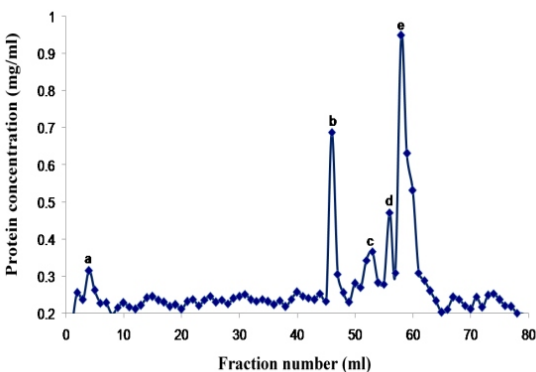


Figure 3: OD280 profile of the antigen fractions following purification by Sephadex G-200 column chromatography.



Estimation of total protein content of *S. equina* antigens: The protein content of the crude *S. equina* antigens was 16.6 mg/ml using Bio-Rad Protein assay while it was 4.6 and 1.9mg/ml after purification by DEAE-sephadex G-50 and G-200 ion exchange chromatography, respectively.

Characterization and identification of purified filarial antigens by SDS-PAGE:

The eluted protein fractions resulted from the different purification methods were analyzed by 12% SDS-PAGE under reducing condition and showed only 1 band at about 112 kDa which representing purified *S. equina* antigens (Fig. 4).

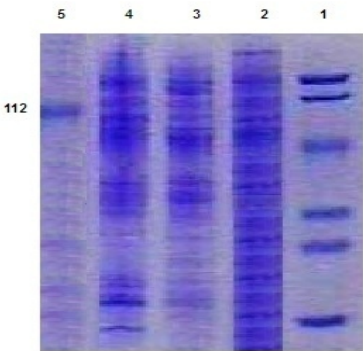


Figure 4: SDS-PAGE (12%, reducing) of target antigens eluted from affinity chromatography columns.

- Lane 1: Low molecular weight standard
- Lane 2: Dirofilarial antigen
- Lane 3: Crude *S. equina* antigen
- Lane 4: Target antigen eluted from sephadex G 50
- Lane 5: Target antigen eluted from sephadex G 200

Detection of anti-filarial antibodies in different studied groups: The anti-filarial antibodies level was measured as OD readings at wave length 492 nm. The results were expressed as m ± SD of the mean. The OD values of anti-filarial antibody were 0.92± 0.80, 1.86±0.71 and 1.30± 0.63 using crude *S. equina*, purified *S. equina*, and *D. immitis* antigens, respectively (Table 1).

Table 1: Detection of anti-filarial antibodies in different studied groups using crude *S. equina*, purified *S. equina* and *D. immitis* antigens.

Groups (no. of individuals)	Positive cases of crude <i>equina</i> antigens (M SD)		Positive cases of purified <i>S. equina</i> (M SD)		Positive cases of <i>D.immitis</i> antigen (M SD)	
Healthy control (n=20)	No.	0.27 – 0.21	No.	0.21 – 0.21	No.	0.22 – 0.21
<i>Filaria</i> (n= 42)	33	0.92–0.80	36	1.86 – 0.71	34	1.30 – 0.63
<i>S. mansoni</i> (n= 10)	6	0.27 – 0.13	2	0.24 – 0.15	5	0.25 – 0.12
<i>Fasciola</i> (n= 10)	5	0.11 – 0.14	6	0.15 – 0.16	2	0.16 – 0.14
<i>Hydatid</i> (n= 10)	5	0.23 – 0.21	4	0.28 – 0.21	3	0.29 – 0.21

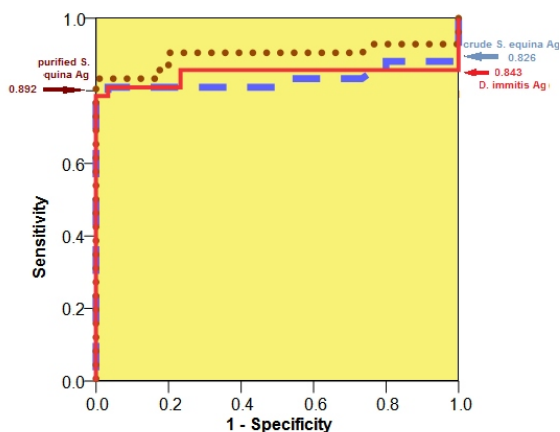
M= Mean; SD= Standard deviation; No.= Number.

The sensitivity and specificity of anti-filarial antibodies against crude *S. equina*, purified *S. equina* or *D. immitis* antigens by indirect ELISA were 78.6 %, 85.71% and 80.95% sensitivity rates and 68%, 76% and 80% specificity rates, respectively (Table 2). A significance in the level of anti-filarial antibodies was observed in the filarial group than the other studied groups represented by the area under the curve reached to 0.826 (crude *S. equina* antigen), 0.892 (purified *S. equina* antigens) or 0.843 (*D. immitis* antigen) respectively (Fig. 5).

Table 2: Sensitivity and specificity of different studied antigens.

	Area under Roc curve	Cut/Off	Sensitivity	Specificity
Crude <i>S. equina</i> Ag	0.826	0.482	78.6%	68.0%
Purified <i>S. equina</i> Ag	0.892	0.495	85.71%	76.0%
<i>D. immitis</i> Ag	0.843	0.512	80.95%	80.0%

Figure 5: ROC curve for antibody against crude *S. equina*, purified *S. equina* and *D. immitis* antigens



Discussion

Filariasis is a vector-borne parasitic disease that is endemic in many tropical and subtropical countries [29]. The disease is endemic in 80 countries and 1.1 billion people are at risk from infection [30]. In Egypt, nocturnally periodic LF caused by *W. bancrofti* infection has been endemic in rural areas for centuries [31, 32, 33 & 34].

Various parasitological examination techniques such as thick smear, counting chamber procedure, and concentration test and nucleopore membrane filtration are not useful in low MF, occult or chronic infection. Hence there is a need for simple, sensitive and specific immunodiagnostic test which would be of great value in nocturnally periodic filarial infection as a mean of avoiding laborious night blood surveys and in serology for early detection [35, 11, 36 & 37] and loss of mf from the film during processing especially if anti-coagulated blood is used [38].

Immunological diagnosis using antibodies detection techniques were useful for identifying different filarial Igs such as IgG, IgM, IgE and IgG4 [39]. Moreover, it is used to confirm the absence of infection, and to identify recent infections [24].

Until then, infected mosquitoes and humans are the only sources for filarial infective larvae and mf, respectively, making it difficult to get required parasite material. *W. bancrofti* mf can be maintained in culture or isolated from blood of infected individuals and used to prepare antigens for diagnostic studies [40, 41]. The viability of separated or cultured mf can be ascertained by means of a tetrazoliumformazan assay [42]. The only animals that can be infected with *W. bancrofti* are the leaf monkeys *Presbytis (P.) cristata* [43, 44], *P. melalophos* [45] and Taiwan monkeys *Macacacyclopis* [46]. These animals are expensive and difficult to maintain in captivity. Hence studies using homologous *W. bancrofti* antigens are scanty [40].

Due to comparatively easy availability of heterologous antigens, a good amount of work has been done to explore immunodiagnostic potential of heterologous filarial antigens isolated from *D. immitis* [10, 11]. *D. immitis* adult worm was used as a source of antigens and ES products to detect human filariasis [22].

Moreover, Kaushal et al. [19] revealed the presence of antigenic sharing between *W. bancrofti* and *S. equina* antigens by using ELISA, in addition to/or immunoblotting techniques.

S. equina antigens were prepared from the adult worms of *S. equina* which are available and easily collected from peritoneal cavity of infected donkey and equines; the worms are large and so huge amounts of antigens can be prepared according to Sakla et al. [13], Sonin [16] and Dalai et al. [17]. The antigenicity of the purified *S. equina* was tested by indirect ELISA, detecting the highly antigenicity as the major factor in the pathogenesis of filariasis.

Accordingly, in the present study, three types of antigens crude and purified *S. equina* and *D. immitis* antigens were used for detection of anti-filarial antibodies in different studied groups. The eluted protein fractions resulted from the different purifications methods was analyzed by 12% SDS-PAGE under reducing condition and showed only one band at about 112 kDa which representing purified *S. equina* antigen.

Zoheiry et al. [18] showed fractionation of both whole *S. equina* crude and imported *D. immitis* antigens was done by polyacrylamide gel electrophoresis. The two antigens shared the same three major bands pattern at molecular weights of 112, 65 and 34 kDa, respectively. Also, immunoblotting revealed sharing of two antigens with one common band at 112 kDa when probed with sera of filarial infected patients. Such antigen could be used to elicit specific antibodies which could bind it and it will be useful in filariasis diagnosis.

Indirect ELISA using *W. bancrofti* mf ES antigen has been found to be quite useful in detection of filarial infection and in better coverage of large population in endemic areas. Sensitivity and specificity of the test may be increased by including additional tests for detection of antigen or immune complexes [47]. Mahanty et al. [48] have shown that anti-filarial IgG4 is a good index of the intensity and

duration of filarial exposure in endemic populations; also Maizels et al. [49] found that the level of IgG4 antibody correlates with MF counts. Several studies reported a sensitive and specific ELISA that detects anti-filarial specific IgG4 in serum samples from *W. bancrofti* infected patients, the IgG4 responses were significantly higher in early asymptomatic patients whether microfilaremic or amicrofilaremic than in hydrocele or in chronic elephantiasis and higher in the high endemic community than in the low one [6, 24, 50, 51].

So, in the current work, the antigenicity of the three types of filarial antigens was tested by indirect ELISA technique to evaluate their efficacy for diagnosis of human filariasis. Serum samples from human-infected with filarial parasite gave positive reaction against the crude *S. equina*, purified *S. equina* and *D. immitis* antigens and no cross reactions were recorded with sera of patients infected with any other parasites e.g., *S. mansoni*, *Fasciola* and *Hydatid*. The strong reaction was detected against the purified *S. equina* antigen. The sensitivity of the indirect ELISA using crude *S. equina*, purified *S. equina* and *D. immitis* antigens was 78.6 %, 85.71% and 80.95%, respectively, while specificity was 68%, 76% and 80%, respectively.

Similarly, several studies measured the sensitivity and specificity of antifilarial IgG antibodies against *D. immitis* adult worm and/or *S. equina* antigens by using indirect ELISA. Riyong et al. [52] found the sensitivity and specificity of the assay was 80% and 52.8 %, respectively, against *D. immitis* antigen. While Zoheiry et al. [18] showed 88% and 82.5% sensitivity rates and 92.2% and 87.4% specificity rates, respectively, against *D. immitis* and *S. equina* antigens. In addition Rao et al. [53] showed 100% sensitivity and 88% specificity.

The immunoreactivity of crude somatic antigens of male and female *D. immitis* adult worms was examined against sera from patients with bancroftian filariasis, other parasitic infections and healthy controls at the optimal conditions for the ELISA , sensitivity and specificity values for crude male antigen were 100% and 60.8%, respectively. With crude female antigen, the sensitivity, specificity values were 80 % and 52.8%, respectively [52].

In conclusion, our study demonstrated that, purified *S. equina* antigen is promising for diagnosis of *W. bancrofti* in human using indirect ELISA techniques which appear to be sufficiently sensitive and specific for detection of human filariasis. Further study is highly recommended to prepare antibody against purified fractions of *S. equina* adult worm antigen for detection of circulating filarial antigen in human sera to reach higher specificity and sensitivity.

References :

1. Moustafa, M.A., H.S. Thabet, G.A. Saad, M. El-Setouhy, M. Mehrez and D.M. Hamdy, 2014. Surveillance of lymphatic filariasis 5 years after stopping mass drug administration in Menoufia Governorate, Egypt. *E a s t . M e d i t . H l t h . J . La Revue de Santé de la Méditerranée orientale*, 20: 295-299.
2. Hotez, P.J. and J.P. Ehrenberg, 2010. Escalating the global fight against neglected tropical diseases through interventions in the Asia Pacific Region. *Adv. Parasitol.*, 72: 31-53.
3. Utzinger, J., R. Bergquist, R. Olveda and X.N. Zhou, 2010. Important helminthes infections in Southeast Asia diversity, potential for control and prospects for elimination. *Adv. Parasitol.*, 72: 1-30.
4. Rocha, A., G. Lima, Z. Medeiros, A. Santos, S. Alves , U. Montarroyos, P. Oliveira ,F. Beliz, M. Netto and A. Furtado, 2004. Circulating filarial antigen in the hydrocele fluid from individuals living in a bancroftian filariasis area- Recife, Brazil: Detected by the monoclonal antibody Og4C3- assay. *Memorias do Instituto Oswaldo Cruz.*, 99(1):101-105.
5. Babu, B.V. and G.R. Babu, 2014. Coverage of, and compliance with, mass drug administration under the programme to eliminate lymphatic filariasis in India: a systematic review. *Trans. Roy. Soc. Trop. Med. Hyg.*, 108: 538-549.
6. El- Serougy, A. O., A. A. Fekry, A. M. Farrag and W. A. Saleh, 2000. Evaluation of the IgG4 in Egyptian bancroftian filariasis. *J. Egypt. Soc. Parasitol.*, 30(1):59-67.
7. Ramzy, R.M., H. Helmy, and A.S. EL-Lethy, 2002. Field evaluation of a rapid-format kit for the diagnosis of bancroftian filariasis in Egypt. *East. Mediterranean Hlth. J.*, 5: 880-887.
12. Atmadja, A. K., R. Atkinson, E. Sartono, et al. 1995. Differential decline in filarial- specific IgG1, IgG4 and IgE antibodies in Brugia malayi- infected patients after diethylcarbamazine chemotherapy. *J. Infect. Dis.*, 172(6): 1567-1572.
13. Sakla, A. A., A. A. Hassan, A. K. Dyab and A. E. Mahmoud, 2000. A new promising antigen for Immunodiagnosis of bancroftian filariasis using ELISA. *Assuit Med. J.*, 24(1):21-28.
14. Coleman, S. U., T. R. Klei and D. D. Fremch, 1985. Prevalence of *S. equina* (Nematode: Onchocercidae) in Southeastern Louisiana horses. *J. Parasitol.*, 71: 512– 513.
15. Bahgat, M.M., A.H. Saad, G.A. El-Shahawi, A.M. Gad, R. M. Ramzy, A. Ruppel, and M. Abdel-Latif. 2011. Cross-reaction of antigen preparations from adult and larval stages of the parasite *S. equina* with sera from infected humans with *W. bancrofti*. *East. Mediterranean Hlth. J. La Revue de Santé de la Méditerranée orientale.*, 17: 679- 686.
16. Sonin, M.D. 1985. Filariasis of animals and man and diseases caused by them. Vol.28. New Delhi, Calcutta: Oxonian Press PVTL td.
17. Dalai, S. K., D. Das and S. K. Kar, 1998. Setaria adult 14 to 20 KDa antigens induce differential Th1/Th2 cytokine responses in the lymphocytes of endemic normals and asymptomatic microfilariae carriers in bancroftian filariasis. *J. Clin. Immunol.*, 18(2):114-123.
18. Zoheiry, M.M.K., F.M. Nagy, W.A. Mansour, G.M. El-Atar and W.M. El-Kersh, 2008. Effective diagnosis of Bancroftian Filariasis by using *S. equina* Antigen. *Egypt. J. Schistosomiasis, Infect. End. Dis.*, 30:1-93.
19. Kaushal, N.A., N.Srivastava, H. Mustafa, A. Tandon, S. K. Singh and D. C. Kaushal 2009. Isolation of an antigen fraction from *S. cervi* adults having potential for immunodiagnosis of human filariasis. *Immunol. Inv.*, 38:749–761.
20. Rathaur, S., R. Rai, E. Srikanth and S. Srivastava, 2009. *S. cervi* dual specific phosphatase: characterization and its effect on eosinophils degranulation. *Parasitol.*, 136:895–904.
21. Hany, A. M., M. S. Hussein and A. M. Mandour, 1992. Complicated filariasis in rural Upper Egypt El-Nikhila, Assuit Governorate. *Assuit Med. J.*, 303.
22. Dekumyoy, P., D. Insun, J. Waikagul, M.T. Anantaphruti , Y. Rongsriyam and W. Choochote, 2000. IgG- and IgG4- detected antigens of *D. immitis* adult worms for bancroftian filariasis by enzyme- linked immunoelectrotransfer blot. *South. Asian J. Trop. Med. Public Hlth.*, 31(1):58-64.
23. Freedman, D.O. 1998. Immune dynamics in the pathogenesis of human lymphatic filariasis. *Parasitol. Today*, 14, 6:229-34.

24. Itoh, M., M.V. Weerasooriya, G. Qiu, N.K. Gunawardena, M.T. Anantaphruti, S. Tesnan, P. Rattanaxay, Y. Fujimaki and E. Kimura, 2001. Sensitive and specific enzyme-linked immunosorbent assay for the diagnosis of *Wuchereria bancrofti* infection in urine samples. *Am. J. Trop. Med. Hyg.*, 62:362-365.
25. Bal, M.S., N.N. Mandal, M.K. DAS, S.K. Kar, S.S. Sarangi, et al. 2010. Transplacental transfer of filarial antigen from *Wuchereria bancrofti*-infected mothers to their offspring. *Parasitol.*, 23:1-5.
26. Bradford, M. M. 1976. A rapid and sensitive method for the quantitation of microgram quantities of utilizing the principle of protein- dye binding. *Analytical Bioch.*, 72:248-254.
27. Smith, A.M., A.J. Dowd, S. McGonigle, P.S. Keegan, G. Brennan, A. Trudgett and J.P. Dalton, 1993. Purification of a cathepsin L-like proteinase secreted by adult *Fasciola hepatica*. *Mol. Biochem. Parasitol.*, 62: 1-8.
28. Laemmli, U.K. 1970. Cleavage of structural proteins during the assembly of the head of bacteriophage T4. *Nature*, 227: 680-685.
29. Michael, E., M.N. Malecela-Lazaro, P.E. Simonsen, E.M. Pedersen, G. Barker, A. Kumar and J.W. Kazura, 2004. Mathematical modeling and the control of lymphatic filariasis. *Lancet Infect. Dis.*, 4: 223-234.
30. Ramachandran, C.P. 1997. The control of lymphatic filariasis: Despair to hope. Published by the WHO Collaborating Centre for the Control of Lymphatic Filariasis, James Cook University, and Townsville Australia. *Filarial Links*, 2:4-6.
31. Shawarby, A.A., A.H. Mahdi, K. Naguib and A. Mohamed, 1965. Incidence of filariasis in Egypt. *J. Egypt. Pub. Hlth. Assoc.*, 40:267-82.
32. Rifaat, M.A., A.H. Mahdi, S.F. Wassif and T.A. Morsy, 1971. Laboratory efficiency ratio of *Culex pipiens* and *C. antennatus* filarial vectors in U.A.R. *J. Egypt. Pub. Hlth. Assoc.*, 25:266-70.
33. Gad, A.M., F.M. Feinsod, B.A. Soliman, G.O. Nelson, P.H. Gibbs and A. Shoukry, 1994. Exposure variables in bancroftian filariasis in the Nile Delta. *J. Egypt. Soc. Parasitol.*, 24, 2:439-55.
34. El-Setouhy, M., K.M. AbdElaziz, H. Helmy, H.A. Farid, H. A. Kamal, R.M. Ramzy, W.D. Shannon and G.J. Weil et al. 2007. The effect of compliance on the impact of mass drug administration for elimination of lymphatic filariasis in Egypt. *Am. J. Trop. Med. Hyg.*, 77:1069-73.
35. Panicker, K.N., K. Krishnamoorthy, S. Sabesan, J. Prathiba and K. Abidha, 1991. Comparison of effects of mass annual and biannual single dose therapy with diethylcarbamazine for control of Malayan filariasis. *South. Asian J. Trop. Med. Pub. Hlth.*, 22:402-411.
36. Turner, P.F., D. Copeman and J.P. Usurup, 1996. A possible case of lymphatic filariasis in a white miner in Papua New Guinea [letter]. *Med. J. Australia*, 166:223.
37. Faris, R., O. Hussein, M. El Setouhy and G.J. Weil, 1997. Bancroftian filariasis in Egypt: visualization of adult worms and subclinical lymphatic pathology by scrotal ultrasound. *Am. J. Trop. Med. Hyg.*, 57:214-217.
38. Youssef, F.G., S.H. Hassanein and C.E. Cummings, 1995. A modified staining method to detect *Wuchereria bancrofti* microfilariae in thick-smear preparations. *Anal. Trop. Med. Parasitol.*, 89:93-94.
39. Rahmah, N., B.H. Lim, A.K. Anuar, R.K. Shenoy, V. Kumaraswami, S.L. Hakim, P. Chotechuang, K. Kanjanopas and C.P. Ramachandran, 2001. Recombinant antigen-based IgG4 ELISA for the specific and sensitive detection of *B. malayi* infection. *Trans. Roy. Soc. Trop. Med. Hyg.*, 95:280-284.
40. Franke, E.D., W. Rauber and I. Wadded 1987. In-vitro cultivation of third stage larvae of *Wuchereria bancrofti* to the fourth stage. *Am. J. Trop. Med. Hyg.*, 37:370-375.
41. El Bassiouny, A.E.I., N.E. EL Gammal and A.M. Mahmoud, 1993. Isolation and concentration of microfilariae from peripheral blood of *W. bancrofti* infected patients by density gradient centrifugation. *J. Egypt. Soc. Parasitol.*, 23:255-262.
42. Comley, J.C.W. and C.H. Turner, 1990. Potential of a soluble tetrazolium / formazan assay for the evaluation of filarial viability. *Int. J. Parasitol.*, 20:251-255.
43. Palmieri, J.R., D.H. Conner, D.T. Purnomo and H.A. Marwoto, 1982. Experimental infection of *W. bancrofti* in the silvered leaf monkey *Presbytis cristatus* Eschscholtz. *J. Helminthol.*, 56:243-245.
44. Rajasekariah, G.R.; Parab, P.B.; C.S. Sreedhara, K.H.; Subrahmanyam, D. (1986). Relevance of species- specific filarial antigens for diagnosis. *Journal of Communicable diseases.*, 18:223-233.
45. Sucharit, S., C. Hariansota and W. Choochote, 1982. Experimental transmission of sub-periodic *W. bancrofti* to leaf monkey *Presbytis melalophos* and its periodicity. *Am. J. Trop. Med. Hyg.*, 31:423-429.
46. Cross, J.H., F. Partono, M.Y.K. Hsu, L.R. Ash and S. Oemijati, 1979. Experimental transmission of *W. bancrofti* to monkeys. *Am. J. Trop. Med. Hyg.*, 28:56-66.
47. Malhotra, A., M.V.R. Reddy, J.N. Naidu, S.N. Ghirnikar and B.C. Harinath, 1982. *J. Biosci.*, 4: 507.
48. Mahanty, S., K.P. Day, M.P. Alpers and J.W. Kazura, 1994. Antifilarial IgG4 antibodies in children from filarial- endemic areas correlate with the duration of infection and are dissociated from antifilarial IgE antibodies. *J. Infect. Dis.*, 170:1399-1343.
49. Maizels, R.M., E. Sartono, A. Kurniawan, F. Partono, M.E. Selkrik and M. Yazdanbakhsh, 1995. T cell activation and the balance of antibody isotypes in human lymphatic filariasis. *Parasitol. Today*, 11:50-56.
50. Jaoko, W.G., P.E. Simonsen, D.W. Meyrowitsch, B.B. Estambale, M.N. Malecelalazaro and E. Michael, 2006. Filarial- specific antibody response in East African bancroftian filariasis: effect of host infection, clinical disease, and filarial endemicity. *Am. J. Trop. Med. Hyg.*, 75(1): 97-107.
51. Dixit, V., A.V. Subhadra, P.S. Bisen, B.C. Harinath and G.B. Prasad, 2007. Antigen- specific immune complexes in urine of patients with lymphatic filariasis. *J. Clin. Lab. Anal.*, 21:46-8.
52. Riyong, D., J. Waikagul, C. Panasonponkul, W. Choochote, A. Ito and P. Dekumyoy 2010. Size and charge antigens of *Dirofilaria immitis* adult worm for IgG-ELISA diagnosis of bancroftian filariasis. *South. Asian J. Trop. Med. Pub. Hlth.*, 41(3):754.
53. Rao, K. V., M. Eswaran, V. Ravi, B. Gnanasekhar, R.B. Narayanan, P. Kaliraj, K. Jayaraman, A. Marson, N. Raghavan and A.L. Scott, 2000. The *W. bancrofti* orthologue of *Brugia malayi* SXP1 and the diagnosis of bancroftian filariasis. *Mol. Bioch. Parasitol.*, 107(1): 71-80.