

<誌上発表>

○Laboratory-based surveillance of pertussis using multitarget real-time PCR in Japan: evidence for *Bordetella pertussis* infection in preteens and teens

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Between January 2013 and December 2014, we conducted laboratory-based surveillance of pertussis using multitarget real-time PCR, which discriminates among *Bordetella pertussis*, *Bordetella parapertussis*, *Bordetella holmesii* and *Mycoplasma pneumoniae*.

Of 355 patients clinically diagnosed with pertussis in Japan, *B. pertussis*, *B. parapertussis* and *M. pneumoniae* were detected in 26% (n = 94), 1.1% (n = 4) and 0.6% (n = 2), respectively, whereas *B. holmesii* was not detected. It was confirmed that *B. parapertussis* and *M. pneumoniae* are also responsible for causing pertussis-like illness. The positive rates for *B. pertussis* ranged from 16% to 49%, depending on age. Infants aged ≤ 3 months had the highest rate (49%), and children aged 1 to 4 years had the lowest rate (16%, p < 0.01 vs. infants aged ≤ 3 months). Persons aged 10 to 14 and 15 to 19 years also showed high positive rates (29% each); the positive rates were not statistically significant compared with that of infants aged ≤ 3 months (p ≥ 0.06). Our observations indicate that similar to infants, preteens and teens are at high risk of *B. pertussis* infection.

○Defining the Genome Features of *Escherichia albertii*, an Emerging Enteropathogen Closely Related to *Escherichia coli*

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*Escherichia albertii* is a recently recognized close relative of *Escherichia coli*. This emerging enteropathogen possesses a type III secretion system (T3SS) encoded by the locus of

enterocyte effacement, similar to enteropathogenic and enterohemorrhagic *E. coli* (EPEC and EHEC). Shiga toxin-producing strains have also been identified. The genomic features of *E. albertii*, particularly differences from other *Escherichia* species, have not yet been well clarified. Here, we sequenced the genome of 29 *E. albertii* strains (3 complete and 26 draft sequences) isolated from multiple sources and performed intraspecies and intragenus genomic comparisons. The sizes of the *E. albertii* genomes range from 4.5 to 5.1 Mb, smaller than those of *E. coli* strains. Intraspecies genomic comparisons identified five phylogroups of *E. albertii*. Intragenus genomic comparison revealed that the possible core genome of *E. albertii* comprises 3,250 genes, whereas that of the genus *Escherichia* comprises 1,345 genes. Our analysis further revealed several unique or notable genetic features of *E. albertii*, including those responsible for known biochemical features and virulence factors and a possibly active second T3SS known as ETT2 (*E. coli* T3SS 2) that is inactivated in *E. coli*. Although this organism has been observed to be nonmotile in vitro, genes for flagellar biosynthesis are fully conserved; chemotaxis-related genes have been selectively deleted. Based on these results, we have developed a nested polymerase chain reaction system to directly detect *E. albertii*. Our data define the genomic features of *E. albertii* and provide a valuable basis for future studies of this important emerging enteropathogen.

○口蹄疫埋却地周辺水質調査について

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平成22年4月に宮崎県で発生した口蹄疫では、約30万頭の家畜が殺処分・埋却され、埋却地周

辺環境への影響が懸念された。埋却地が周辺地下水へ与える影響を確認するため、口蹄疫埋却地周辺水質調査を実施した。これまでの調査で、埋却地からの影響を受けていると推定された地点は4地点であった。調査開始当初は、下水のような臭気が強く、有機物量を示すTOCが高い値であった。また、水質は4地点とも大きく変動し、水質が悪化している時期と比較的良好な時期を繰り返しており、その変動は降水量に左右されていることがわかった。ただし、埋却から約2年経過後、水質は比較的良好な状態が継続しており、埋却地からの影響が落ち着いてきたものと考えられた。

<学会及び研究発表会>

○宮崎県における*Escherichia albertii*の分布について

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「平成27年度 日臨技九州支部医学検査学会

(平成27年11月14日 鹿児島市)」

*Escherichia albertii*(Ea)はヒトに下痢症を起こす可能性がある菌として2003年に新たに報告された菌で、近年食中毒報告が相次ぎ注目されてきた菌種である。本菌の病原性や感染源、自然宿主についてはほとんど解明されてない。今回、当所に保存してある菌株のさかのぼり調査と環境水からのEaの検出を試み、本県におけるEaの分布調査を行った。

さかのぼり調査の材料は1993年6月から2015年4月までに分離されたEPEC 144株、1995年までに分離された赤痢菌16株の計160株を用いた。Eaの検出はHymaらが報告したDuplex PCR法でスクリーニング後、生化学的性状試験を実施した。また、Eaと同定された4株の薬剤感受性試験は米国臨床検査標準委員会(CLSI)の勧告に準拠した市販のK-Bディスク(BD)を用いて18薬剤について行った。

環境分布調査は2013年8月から2014年9月までの1年間に当所に搬入された事業場排水(295検体)、井戸水・湧水(51検体)ならびに県内河川水(22検体)の計368検体を材料としてインチミン(*eae*)をターゲットとしたMultiplex PCR法でスクリーニング後、Ea検出用プライマーを用いたDuplex PCR法で確認し、菌の分離を試みた。