

## **STUDIES ON SOME ZONOTIC ENTEROPATHOGENS CAUSING ACUTE DIARRHEA IN CHILDREN IN KALYOBIA PROVINCE**

**By**

**Lobna, M.A. Salem\* and Nagwa, S.M. Ali\*\***

*\* Dept. of Zoonoses, Fac. Vet. Med., Benha University*

*\*\* Dept. of Parasitology, Fac. Med., Benha University*

### **ABSTRACT**

One hundred stool samples were collected from young children aged below 5 years with acute diarrhea attended to health units of rural areas at Kalyobia province, Egypt, as well as 66 faecal samples were collected from different animal species and birds living in contact with children. Moreover, 50 water samples collected from water supply (piped or pumped). All the collected samples were examined for bacterial and protozoal pathogens. The recovered enteric pathogens were *Shigella* spp. (16.7%), *Salmonella* spp. (16.7%), *Escherichia coli* (66.7%), *Entamoeba histolytica* (30%) and *Giardia lamblia* (70%) from diarrheal children, while they were detected with percentages of 15.4%, 15.4%, 69.2%, 25% and 75% respectively in contact domestic animals but they were 0%, 22.2%, 77.8%, 0% and 100% respectively in birds. Meanwhile, they were 0%, 25%, 75%, 33.3% and 66.7% respectively found in the examined water samples. The occurrence of diarrhea was more evident in males (57.5%) than females (42.5%) and the majority of cases existed among children in the first 2 years of life. Moreover, fever was present in bacterial but not in protozoal diarrhea, vomiting was present in 50% of bacterial and in 20% of protozoal diarrhea and blood was present in the stools of some cases of Salmonellosis, Shigellosis and Ambiasis. The majority of diarrheal cases with positive enteropathogens had out-door (pumped) water supply (90%) and with positive history of animal contact (75%). The zoonotic importance of enteropathogens as well as the suggested hygienic measures were discussed.

## INTRODUCTION

Diarrhea is a significant public health problem and it is ubiquitous prevailing everywhere in the world, its annual incidence in Asia and Africa is much higher than that in the rest of the world (**Alikhani *et al.*, 2007**).

Diarrhea is one of the leading causes of morbidity and mortality among infants and young children due to repeated attacks and their lack of resistance to overcome infections. Among children under 5 years in developing countries, diarrhea accounts for 17% of all deaths and annually 4 million deaths caused by diarrhea occur in children under 5 years age (**United Nation, 2006**).

Acute diarrhea was defined as abnormal faecal discharge characterized by frequent at least 3 times per day liquid or semi liquid loose stools, accompanied by symptoms such as nausea, vomiting, fever and involving dehydration and electrolyte loss (**Urbina *et al.*, 2003**).

Diarrhea can be caused by wide range of bacteria (e.g. *Shigella* spp., *Salmonella* spp. and *Escherichia coli*) or entero protozoa (e.g. *Giardia* spp. and *Entamoeba histolytica*) (**Martha, 2004**). The infectious agents associated with diarrheal disease are transmitted chiefly through faecal-oral route (**Black, 2001**). An estimated 94% of the diarrheal burden of diseases is attributable to the environment, and associated with risk factors such as unsafe drinking water, lack of sanitation and poor hygiene (**Pruss-Ustun and Corvalan, 2006**). Moreover, animals and birds play a great role in the epidemiology of childhood diarrheal infection as animals and birds act as reservoirs of some enteric pathogens causing diarrhea. There are many risk factors for young children such as inadequate personal hygiene, childhood habits like nail-biting and thumb-sucking and close contact with domestic animals (**O'Brien *et al.*, 2001**). The isolation of multiple enteric pathogens is common in many developing countries. This problem may reflect the high degree of faecal contamination in the environment, or the high probability of person-to-person transmission and poor hygiene measures in foods and water (**Mattar *et al.*, 1999**).

The aim of this study is to investigate the bacterial and protozoal organisms associated with acute diarrhea among children in rural areas at Kalyobia province and to throw some light on animals and or birds as reservoirs and water as a source of intestinal infectious agents, in addition, to conclude the available preventing measures to overcome such problem.

## MATERIALS AND METHODS

The present study was carried out in the laboratory of zoonoses department, Faculty of Veterinary Medicine, Benha University, Egypt.

### **1-Collection of samples:**

#### **1-a-Children's stool specimens:**

A total of 100 fresh stool specimens were collected from young children aged less than 5 years, attended to health units of rural areas in some villages at Kalyobia province, Egypt. They were suffering from acute diarrheal episode less than one week duration and did not receive any chemo-therapy. Histories were established by the use of questionnaires eliciting data from parents on the child's age, sex, presence of associated symptoms (as fever, vomiting, blood in faeces), water supply and contact with animals or birds in their houses. The stool specimens were collected in clean sterile disposable plastic containers, labeled and transferred as soon as possible with a minimum of delay to laboratory for examination.

#### **1-b- Animal's faecal samples:**

Faecal samples were collected from 40 animal species (cattle, calves, buffaloes and dogs) and 26 birds (chickens and ducks) which were living in contact with children in their houses. The samples were collected and sent to laboratory as mentioned previously.

#### **1-c-Water samples:**

Fifty samples were collected from either piped or hand pumped water in glass bottles, cleaned and sterilized in hot air oven to be examined.

### **2-Bacteriological examination for enteropathogens:**

Stool and faecal samples were macroscopically examined for consistency, blood and mucus. A loopful of each faecal sample (either from children, animals or birds) was inoculated on to nutrient broth and selenit F broth tubes. Then a loopful from the incubated broths was streaked on Macconkey agar plates and Salmonella shigella agar plates and incubated at 37°C for 24 hrs (Koneman et al., 1993). The non lactose fermenting as well as lactose positive colonies were picked up and subcultured on nutrient agar slope and incubated at 37°C for 24 hrs to obtain pure cultures. Such cultures were identified according to schemes described by (Kauffmann 1972, Finegold & Martin 1982 and Quinn et al., 2002).

### 3-Parasitological examination for protozoal pathogens:

This was done by direct microscopic examination of the collected samples either unstained (Direct wet mount) according to **Levine (1985)** or stained by trichrome stain according to **Fleck & Moody (1988)** as the staining allow recognition of detailed organism morphology and help in identification of protozoa.

### 4-Examination of water samples:

The collected water samples were examined bacteriologically according to **American Public Health Association (1989)** and parasitologically according to **Carlose et al.,(1980)**.

## RESULTS AND DISCUSSION

**Table (1):**Enteropathogens isolated from diarrheal children, animal and or birds in contacts and water

Enteropathogens	Children (100)		Animals (40)		Birds (26)		Water (50)	
	No	%	No	%	No	%	No	%
<b>Bacteria</b>	30	30	13	32.5	9	34.6	16	32
<b>Protozoa</b>	10	10	4	10	1	3.8	6	12
<b>Total</b>	40	40	17	42.5	10	38.5	22	44

**Table (2):**Types and percentages of isolated enteropathogens:

Isolated from	No. of positive	Bacteria							Protozoa				
		<i>Shigella spp.</i>		<i>Salmonella spp.</i>		<i>E.coli spp</i>		Total	<i>E.Histolytica</i>		<i>G.lamblia</i>		Total
		No	%	No	%	No	%	No	No	%	No	%	No
<b>Children</b>	40	5	16.7	5	16.7	20	66.7	30	3	30	7	70	10
<b>Animals</b>	17	2	15.4	2	15.4	9	69.2	13	1	25	3	75	4
<b>Birds</b>	10	0	0	2	22.2	7	77.8	9	0	0	1	100	1
<b>Water</b>	22	0	0	4	25	12	75	16	2	33.3	4	66.7	6

22 - 23 April 2009

**Table (3):** Frequency distribution of isolated diarrheal pathogens among 40 positive cases:

Characters	Exam. No	Positive		Bacteria		Protozoa	
		No	%	No	%	No	%
<b>Sex</b>							
Males	52	23	57.5	18	60	5	50
Females	48	17	42.5	12	40	5	50
<b>Total</b>	100	40	40	30	75	10	25
<b>Age</b>							
<1 years	35	15	37.5	12	40	3	30
1-2 years	30	16	40	12	40	4	40
3-5years	35	9	22.5	6	20	3	30
<b>Total</b>	100	40	40	30	75	10	25
<b>Bloody stool</b>							
Yes	4	4	10	3	10	1	10
No	96	36	90	27	90	9	90
<b>Total</b>	100	40	40	30	75	10	25
<b>Vomiting</b>							
Yes	34	17	42.5	15	50	2	20
No	66	23	57.5	15	50	8	80
<b>Total</b>	100	40	40	30	75	10	25
<b>Fever</b>							
Yes	6	6	15	6	20	0	0
No	94	34	85	24	80	10	100
<b>Total</b>	100	40	40	30	75	10	25
<b>Animal contact</b>							
Yes	66	30	75	22	73.3	8	80
No	34	10	25	8	26.7	2	20
<b>Total</b>	100	40	40	30	75	10	25
<b>Water sources</b>							
Pipe	35	4	10	2	6.7	2	20
pump	65	36	90	28	93.3	8	80
<b>Total</b>	100	40	40	30	75	10	25

Results recorded in **Table (1)** illustrated the percentage distribution of the enteropathogens isolated from diarrheal children in relation to incontact animals or birds and from water sources. It is evident that the bacterial pathogens were detected with a percentage of 30%,32.5%,34.6% and32% in diarrheal children, in contact animals, birds and water respectively, while the protozoa were detected with a percentage of 10%,10%,3.8% and 12% in the previously mentioned examined samples respectively. Regarding types of isolated pathogenic bacteria causing acute diarrhea in children, *Shigella* spp. were encountered in 5% of all examined children representing 16.7% of bacterial pathogens (**Table 2**). Concerning *Salmonella* spp., it was detected in 5% of all examined children representing 16.7% of bacterial pathogens. Meanwhile, *E.coli* was encountered in 20% in the examined children representing 66.7% of bacterial pathogens. These results substantiate what had been reported by (**Taha, 1989; El-Sherbini, 1992; Haggag et al.,2005;Olesen et al., 2005 and Abu-Elamreen et al., 2008**) but higher than obtained by (**El-Sheikh & El-Assoli 2001; Basil, 2002; Shebib et al.,2003 and Khan Mohammed et al.,2005**) and lower than recorded by (**El-Wakeil,1990;Urbina et al.,2003 and Patel et al.,2008**).

The detection of *Shigella*, *Salmonella* and *E.coli* among children in rural areas may be due to poor sanitary conditions, ingestion of food or drinking water contaminated by excreta of animals and or birds, presence of arthropods especially flies which acting as mechanical vector of such organisms. Moreover, *E.coli* is a normal inhabitant of the intestinal tract of man and animals and is the commonest organism that may cause severe outbreak of diarrhea and gastroenteritis. Concerning the pathogenic protozoa causing diarrhea, *Entamoeba histolytica* was encountered in 3% of examined children and 30% of protozoal organisms but *Giardia lamblia* was found in 7% of them and represented 70% of protozoal organisms. These results were in accordance with (**El-Sherbini, 1992; Shebib et al., 2003; Urbina et al., 2003 and Rai et al., 2005**) but lower results were recorded by (**El-Sheikh&El-Assouli 2001;Olesen et al., 2005 and Abu-Elamreen et al., 2008**). The high incidence of *Giardia lamblia* was explained on the basis of easy transmission and greater chance of exposure to infection due to lack of hygiene, as well as faecal contamination of water supplies from animal sources and over crowding (**VanKeulen et al., 2002& Shebib et al., 2003**). Regarding bacterial and protozoal enteropathogens detected in different domestic animals and birds in contact with diarrheal children, *Shigella* spp., *Salmonella* spp., *E.coli*, *Entamoeba histolytica* and *Giardia lamblia* were detected with a percentage of 15.4%,15.4%,69.2%,25% and 75% from the totally detected enteropathogens in domestic

animals, while they were 0%,22.2%,77.8%,0%, and 100% respectively in birds in their houses (**Table 2**). These results were more or less similar to those mentioned by (**El-Taher & Ismail 1981;Gross,1983; Gilman et al., 1988& Taha, 1989**).

Concerning the identification of common bacterial pathogens isolated from diarrheal cases, as well as animals and birds revealed *Shigella sonni* and *Shigella flexneri*, while *Salmonella typhimurium* and *Salmonella enteritidis* and Enteropathogenic *E. coli* (*EPE. coli*) were the most commonly identified. The previously mentioned results showed that the enteropathogens (bacteria & protozoa) isolated from diarrheal children were the same isolated from animals and birds in contact with children and this indicated the probability of cross infection between animals and birds to contact children in their houses. It has been observed that animals and animal excreta play an important role in diarrheal diseases. The environmental hazards of freely living animals and birds inside the houses with the continuous excretion of dropping on the ground which in turn contaminated the hands of crawling children who subsequently contracted the infection (**Last et al., 1980**). Also **Davies et al (1983)** mentioned that the licking of home pets to infants gives an easy opportunity to share protozoal infection. Moreover, *Giardia lamblia* from animals were the same structure to that of human (**Owen et al., 1979**). From the zoonotic point of view, animals act as reservoir of certain etiologic agents of infectious diarrhea as *Entamoeba histolytica*, *Salmonella* and different form of pathogenic *Ecoli* (**Engleberg et al., 1982**).

The bacteria and protozoal enteropathogens detected in water supply (piped or pumped) were *Salmonella*, *E.coli* ,*Entamoeba histolytica* and *Giardia lamblia* with a percentage of 25%, 75%, 33.3% &66.7% respectively. These results in agreement with (**Lifshitz et al., 1988**) who stated that water-borne bacterial infections include some strains of *Ecoli*, *Salmonella* & others. and **Salata & Aucott, 1992** who recorded that the transmission of amebiasis, giardiasis included water borne route. Moreover, children with practice of using hands during meals and the contamination of water used for hand washing before meals could be the source for infection (**Midzi et al., 2000**).

**Table (3)** demonstrated the distribution of diarrheal pathogens among 40 positive cases, it is evident that the occurrence of diarrhea was more in males (57..5%) than in females (42.5%). Similar findings were reported by (**El-Sherbini 1992, Shebib et al., 2003 and Rai et al., 2005**). It appears to be associated with more active and outdoor wandering nature of male children (**Ishiyama et al., 2001**). Concerning the age distribution among 40 cases,15 were

less than 1 year old ,16 were of 1-2 years old and 9 were of 3-5 years old with the corresponding percentages 37.5%,40% & 22.5%.These finding indicated that the majority of diarrheal cases existed among children in the first two years of life and this may be attributed to the poor defense mechanisms against infection in this age group and beginning of supplementary food beside breast feeding (**Shebib et al., 2003**). Moreover, the infant trials to compensate the milk feeding by inserting the fingers into the mouth at weaning which facilitate the ingestion of all forms of infective agents (**Yoeli et al., 1972**). Also **table (3)** indicates that only 4 cases of diarrhea with positive enteropathogens had blood in their stools ,2 cases were Shigella , 1 case was Salmonella and 1 case was Entamoeba histolytica. This is in agreement with **Riley et al., (1983)** who stated that the infectious agents with bloody diarrhea are Shigella, Salmonella and Entamoeba histolytica due to their invasive nature to the intestinal wall. **Rennels and Levine (1986)** found that in shigellosis, atypical clinical course was biphasic beginning with watery diarrhea followed with in 24 hrs by tenesmus and dysentery, during the later stage, organisms invade the colonic mucosa causing inflammation and hemorrhage, while **Lifshitz et al (1988)** reported that a typical episode of Salmonellosis involved watery diarrhea accompanied by fever ,some infections could result in dysentery like disease with bloody stools. In addition to stools are blood stained with mucus and few leukocytes in severe Entamoeba histolytica infections (**Mahmoud, 1987**).

This study revealed that 34% of diarrheal children had vomiting at attendance and 42.5% of diarrheal cases with positive stool enteropathogens presented with vomiting. According to types of stool pathogens, higher frequency of vomiting was observed among bacterial cases (50%) than protozoal cases (20%). These are in accordance with (**Rennels & Levine 1986**) who found that vomition in cases of Shigella might associated with tenesmus and colic and **Buchino et al., (1984)** mentioned that vomiting might occur with Salmonella gastroenteritis.

It is noticed that only 6% of all diarrheal children presented with fever at attendance and all diarrheal cases with fever had positive stool bacterial enteropathogens and there is no fever presented in all protozal cases .This is in agreement with **Feigin & Stoller (1992)** who stated that fever was commonly associated with bacterial diarrhea and the protozoan diarrhea is not accompanied with fever except in some cases with amebic dysentery

Concerning animal contact, it is evident that the infection among diarrheal children with history of animal contact was higher (75%) than in children with no history of animal

contact (25%). This indicates the importance of animal contact in spreading intestinal infections either bacterial or protozoal. Regarding water supply, infection among diarrheal children use pumped water sources was higher(90%) than children use piped water source (10%). Water forms a potential danger in rural areas, which is no in-door water source in most houses and water is obtained from either public tap or pump water that could be contaminated at several routes either from source contamination or during storage in the houses (**Soliman,1985**).

**In conclusion**, the results of this study revealed that the exposure of children to various enteric pathogens in rural areas may be indicative of poor access to quality drinking water, lake of knowledge about hazards of animals and or birds in houses and lack of education and personal hygiene. So the suggested measures for prevention and control of diarrhea among children in rural areas required sanitary disposal of human ,animal and birds excreta, personal hygiene, hand washing after defecation and before eating, Health education especially educate mothers about caring children under 2 years of age as it is the most susceptible age group and parents should be made aware of association with animals, thus hygienic precautions should be emphasized to control of animals or birds gaining access to contaminate living houses and lastly, protection of food and water supplies from faecal contamination.

## REFERENCES

- Abu-Elamreen, Farid; Abed, A.A. and Sharif, F.A. (2008):** Viral, bacterial and parasitic etiology of pediatric diarrhea in Gaza, Palestine. *Intr. J. of Kuwait Univ. Health. Scie. Centre*, Vol. 17, No. 4.
- Alikhani, M.Y.; Mirsalehian, A.; Fatollah Zadeh, B.; Pourshafie, M.R. and Aslani, M.M. (2007):** Prevalence of enteropathogenic and shiga toxine-producing E. coli. among children with or without diarrhea in Iran. *J. of Health Popul and Nutrition*, Vol. 25; No. 1, P. 88-93.
- American Public Health Association (1989):** Standard method for examination of water and waste water. 17<sup>th</sup> ed., A.P.H.A., W.P.C.F.; Inc. Washington D.C., U.S.A.
- Basil, Nzeako (2002):** Bacterial enteropathogens and factors associated with seasonal episodes of gastroenteritis in Nsukka, Nigeria. *British. J. of Biomedical Science*.
- Black, R.E. (2001):** Diarrheal diseases, in "Infectious Disease Epidemiology". Theory and Practice. Giathersburg, MD: Aspen Publisher, Inc.
- Buchino, J. J.; Suchy, F. J. and Snyder, J. W. (1984):** Bacterial diarrhea in infants and children. *Perspec. Pediatr. Pathol.*, 8: 163.
- Carlose, L.; Aubert, C.D.; Dennis, D.J.; Susanne, P.S. and Maynard, H.M. (1980):** Water borne giardiasis: A community wide out break of disease and a high rate of a symptomatic infection. *Am. J. epidemiology*, Vol. (112), No. 4.
- Davis, R.B.; Kukutaki, K. and Hibler, C.P. (1983):** Cross transmission of Giardia. Project Summary. EPA 600/SI 82-013.
- El-Sheikh, S.M. and El-Assouli, S.M. (2001):** Prevalence of viral, bacterial and parasitic enteropathogens among young children with acute diarrhea in Jeddah, Saudi Arabia. *J. Health Popul. Nutr. Mar*; 19 (1): 25-30.

- El-Sherbini, M. (1992):** Study of etiological agents of acute diarrhea in children in Kalyobia (Rural areas). M.Sc. Thesis, Fac. Of Medicine, Benha, Zagazig University.
- El-Taher, A.M. and Ismail, A. (1981):** Escherichia coli infection in ducklings. Vet. J. Zag. Univ. IV (9): 227-233.
- El-Wakeil, A.A. (1990):** Studies on bacteria causing gastroenteritis in infants fed on milk of animal origin in sharkia Governorate. M.V.Sc. Thesis, Fact. Vet. Med., Zagazig University.
- Engleberg, N.C.; Holbert, E.N. and Barrett, T.J. (1982):** Epidemiology of diarrhea due to Rota virus on an Indian reservation risk factors in the home environment. J. Infect. Dis. 145: 894-898.
- Feigin, R. D. and Stoller, M. L. (1992):** Diarrhea. In: Behrman RE, Kliegman RM, Nelson WE & Vaughan VC (eds): Nelson Textbook of pediatrics. 14<sup>th</sup> ed. Saunders Co., Philadelphia. P 662.
- Finegold, S.M. and Martin, M.J. (1982):** Baily and Scotts diagnostic microbiology. 6<sup>th</sup> Ed., The C.V. Mosby Company, St. Louis, Toronto, London.
- Fleck, S.L. and Moody, A.H. (1988):** Diagnostic technique in medical parasitology 1<sup>st</sup> ed., Baillere, Tindall, London.
- Gilman, R.H.; Marquis, G.S.; Miranda, E.M.; Vestegui, M. and Martinez, H. (1988):** Rapid reinfection by Giardia lamblia after treatment in hyperendemic third world community. Lancet 1 (8581): 343-344.
- Gross, R.J. (1983):** Echerichia coli entritis. J. of Infec. Dis. 7 (3): 117-129.
- Haggag, Y.N.; Samaha, A.A.; Draz, A.A. and Enass Abdou (2005):** Public health importance of Escherichia coli and Salmonella isolated from cattle and man. 4<sup>th</sup> Int.Sci Conf .Mansoura. April 2005 :303-315.

- Ishiyama, S.; Ono, K. and Rai, C.K. (2001):** Study of enteropathogens and its predisposing factors in sub-urban public school children in Kathmandu, Nepal. Nepal Med. College J. 3: 5-9.
- Kauffmann, G. (1972):** Kauffmann-White Scheme, WHO. BD, 1972, 1, Rev, 1, Acta. Path. Microbiol. Scand., 61: 385.
- Khan-Mohammed, Z.; Adesiyun, A.A.; Swanston, W.H. and Chadee, D.D. (2005):** Frequency and characteristic of selected enteropathogens in fecal and rectal specimens from childhood diarrhea in Trinidad, Rev. Panam Salud Publica 17 (3): 170-177.
- Koneman, E.W.; Allen, S.D.; Dowell, V.R.; Janda, W.H. and Sommers, H.M. (1993):** Colour Atlas and Text book of Diagnostic Microbiology. 4<sup>th</sup> ed., J.B. Lippincott Co., New York.
- Last, J.M.; Sartwell, P.E.; Chin, J. and Selikoff, I.J. (1980):** Regulation and control of occupation of healthy problems. Pub. Health and Prev. Med. Maxcy-Rosenau. 11<sup>th</sup> Ed. Appleton Century Crofts: 831, 1026-1032.
- Levine, N.D. (1985):** Veterinary protozoology, Iowa State Univ., Press Ames. 1<sup>st</sup> ed. P365-367.
- Lifshitz, F., DeCosta Ribeiro, J. R. and Silverberg, M. (1988):** Childhood infectious diarrhea. In: Silverberg M & Fredric D (eds): Textbook of pediatric Gastroenterology, 2<sup>nd</sup> ed., Year Book. Medical publishers inc. Chicago, London, Boca Ration P. 284.
- Mahmoud, A. F. (1987):** Parasitic infections. In: Nelson WE, Behrman RE & Vaughan VC (eds): Nelson Textbook of pediatrics. 12<sup>th</sup> ed., Saunders Co., Philadelphia. P 834.
- Martha, V. (2004):** Etiology of diarrhea in children less than five years of age in Ifahara, Tanzania. Am. J. of Trop. Med. and Hygiene 70 (5): 536-9.
- Mattar, S.; Pulido, N.; Mulett, R.; Coronado, M. and Gamboa, A. (1999):** Etiology of acute infectious diarrhea in a private hospital in Colombia. Med. Sci. Res. 27: 29-32.

- Midzi, S.M.; Tshimanga, M.; Siziya, S.; Marufu, T.; Mabiza, E.T. (2000):** An out break of dysentery in a rural district of Zimbabwe: The role of personal hygiene at public gatherings. *Cent. Afr. J. Med.*; 46: 150-153.
- O'Brien, S.J.; Adak, G.K. and Gilham, C. (2001):** Contact with farming environment as a major risk factor for shiga toxin-producing *E. coli* O157 infection in humans. *Emerg Infect. Dis.*, 7: 1049-51.
- Olesen, Bente; Neimann, Jacob; Bottiger, Blenda and Jensen, Charlotte (2005):** Etiology of diarrhea in young children in Denmark: a case control study. *J. of Clinic. Micro. Aug*, P. 3636-3641.
- Owen, R.L.; Nemanic, P.C. and Stevens, D.P. (1979):** Ultra structural observations on Giardiasis in murine model *Gastroenterol.* 76: 757-769.
- Patel, P.K.; Mercy, J.; Shenoy, J. and Ashwini, B. (2008):** Factors associated with acute diarrhea in children in Dhahria, a hospital-based study. *Eastern Mediterranean health journal* Vol. 14, No. 3-May-June.
- Pruss-Ustun, A. and Corvalan, C. (2006):** Preventing disease through health environments: toward an estimate of the environmental burden of disease-Geneva: WHO.
- Quinn, P.J.; Markey, B.K.; Carter, M.E.; Donnelly, W.J. and Leonard, C.F. (2002):** *Veterinary microbiology and microbial disease textbook* MPG Books Ltd., Bodmin Cornwall.
- Rai, K.; Sherchand, J.B.; Bhatta, D.R. and Bhattarai, N.R. (2005):** Status of giardia intestinalis infection among the children attending kanti children hospital, Nepal. *Scientific World*, Vol. 3, No. 3, P. 102-104.
- Rennels, M. B. and Levine, M. M. (1986):** Classical bacterial diarrhea: perspectives and update. *Salmonella, shigella, E. scherichia Coli, and Aeromonas* .*Pediatr. Infect. Dis.*, 5: 591.

- Riley, L. W.; Remis, R. S. and Helgerson, S. D. (1983):** Hemorrhagic colitis associated with a rare E. coli serotype, N. Engl. J. Med., 308:681.
- Salata, R. A. and Aucott, J. N (1992):** Infectious diseases: Parasitic infections. In: Behrman ER, Kliegman RM, Nelson WE & Vaughan VC (eds): Nelson Textbook of pediatrics. 14<sup>th</sup> ed., Saunders Co., Philadelphia. P 872.
- Shebib, Z.A.; Abdel-Ghani, Z.G. and Mahdi, L.Kh. (2003):** First report of Escherichia coli O157 among Iraqi children. Eastern Mediterranean Health. J. Vol.9, No. 1-2.
- Soliman, A. S. (1985):** Role of water quality in etiology and management of diarrhea. M. Sc. Thesis in Public Health, Cairo Univ.
- Taha, N.A. (1989):** Epidemiological studies on animal pathogens causing infantile diarrhea in Sharkia Governorate. M.V.Sc. Thesis, Fac. Vet. Med., Zagazig University.
- United Nations (2006):** UN statistical division-progress towards the millennium development goals, 1990-2005, New York.
- Urbina, D.; Arzuza, O.; Young, G.; Castro, R. and Puello, M. (2003):** Rota virus type A and other enteric pathogens in stool samples from children with acute diarrhea in the Colombian northern coast. Int. Microbiol. J. 6: 27-32.
- VanKeulen, H.; Macech, I.; Wade, S.; Wallis, P. and Erlandsen, S.L. (2002):** Presence of human Giardia in domestic, farm and wild animals and environmental samples suggest a zoonotic potential for giardiasis. Vet. Parasitol, 108: 97-107.
- Yoeli, M.; Most, H.; Hammond, J. and Scheinsson, G.P. (1972):** Parasitic infections in a closed community: results of a 10 years survey in willowbrook state school. Trans. R. Soc. Trop. Med. Hyg. 66: 764-776.

## الملخص العربي

دراسات على بعض الميكروبات المعوية المشتركة المسببة للإسهال الحاد في الأطفال في محافظة القليوبية

لبنى محمد على سالم\* و نجوى شعبان محمد على\*\*

\* قسم الأمراض المشتركة - كلية الطب البيطرى - جامعة بنها.

\*\* قسم الطفيليات - كلية الطب - جامعة بنها.

فى هذه الدراسة تم تجميع عدد ١٠٠ عينة براز لأطفال تقل أعمارهم عن ٥ سنوات مصابة بالإسهال الحاد من الوحدات الصحية فى بعض القرى الريفية بمحافظة القليوبية وبالإضافة إلى تجميع عدد ٦٦ عينة براز من الحيوانات والطيور المخالطة لهؤلاء الأطفال ، كما تم تجميع ٥٠ عينة من مياه الشرب. تم فحص هذه العينات للكشف عن وجود البكتريا أو البروتوزوا المسببة للإسهال وقد أسفرت النتائج عن وجود كلاً من الشيغلا (١٦,٧%) ، السالمونيلا (١٦,٧%) ، الإيشريشياكولاي (٦٦,٧%) ، الأنتاميباهستوليتكا (٣٠%) ، والجارديالامبليا (٧٠%) فى الأطفال ، بينما جاءت نسبة العزل لنفس المسببات فى الحيوانات المخالطة كالتالى ١٥,٤% ، ١٥,٤% ، ٦٩,٢% ، ٢٥% ، ٧٥% على التوالى فى حين كانت فى الطيور المخالطة صفر% ، ٢٢,٢% ، ٧٧,٨% ، صفر% ، ١٠٠% على التوالى ، بينما تم عزلها من مياه الشرب بنسبة صفر% ، ٢٥% ، ٧٥% ، ٣٣,٣% ، ٦٦,٧% على التوالى. هذا وقد أوضحت الدراسة أن نسبة الإسهال فى الذكور (٥٧,٥%) أعلى من الإناث (٤٢,٥%) وأن أعلى نسبة للإسهال فى الأطفال فى عمر سنتين وأن ارتفاع الحرارة كانت أكثر فى البكتريا بينما اختفت فى حالات البروتوزوا وأن ٥٠% من حالات البكتريا كانت تعانى من قىء أما كانت نسبته فى البروتوزوا ٢٠% وقد ظهر دم فى البراز فى بعض حالات الشيغلا ، السالمونيلا ، والأنتاميباهستوليتكا. هذا وقد وجد أن أغلب الحالات الإيجابية (٩٠%) كانت تستخدم مصدراً خارجياً للماء وكذلك كان أغلب الحالات (٧٥%) مخالطاً للحيوانات. وقد تم مناقشة مدى خطورة هذه الميكروبات وكذلك الطرق المقترحة لتجنب مخاطرها.