

Molecular diversity of *Mycobacterium tuberculosis* strains indifferent provinces of Iran

Mohadese Mozafari*, Parissa Farnia, Mona Afraei, Zahra Derakhshani-Nezhad,
Mohammad Reza Masjedi, Ali Akbar Velayati

Mycobacteriology Research Center, National Research Institute of Tuberculosis and Lung Diseases (NRITLD), Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Received: June 2013, Accepted: September 2013.

ABSTRACT

Background and Objectives: Molecular epidemiology tools are widely used in determining epidemiology of tuberculosis. Spoligotyping is a molecular epidemiology method that is used for characterization and typing of *Mycobacterium tuberculosis* complex strains. The method is based on polymorphism of the chromosomal DR locus consisting of identical 36-bp DRs alternating with 35-41 unique spacers. The objective of this study was to investigate the prevalence of *M. tuberculosis* spoligotypes in different provinces of Iran.

Materials and Methods: 1242 *M. tuberculosis* strains were isolated from TB patients of Mycobacteriology Research center (MRC). DNA was extracted from patient's clinical samples. PCR was performed by using of specific primers for DR region. The amplified DNA was hybridized to the spoligotyping Membrane. Hybridized DNA was detected with ECL detection kit and by exposing ECL Hyperfilm to the membrane. The obtained result was entered to a binary format and was analyzed using SpolDB4 database.

Results: Spoligotyping resulted in 136 different patterns. Out of 1242 *M. tuberculosis* strains, 1165 strains (93.8%) were classified into 59 clusters and the remaining strains (6.2 %) were singleton.

Conclusions: The results of present study showed that strains of CAS family were more prevalent than other strains in Iran. Other prevalent families were Haarlem, T and Beijing, respectively.

Keywords: Molecular epidemiology, Tuberculosis, Spoligotyping

INTRODUCTION

Tuberculosis (TB) is one of the most urgent health problems in the Middle Eastern countries. Iran, with around 70 million inhabitants, shares geographical borders with four countries with high TB incidence rate, i.e. Pakistan, Afghanistan, Turkmenistan and Iraq. According to the World Health Organization (WHO), the estimated incidence rate of tuberculosis

within the country is 21 per 100,000 populations (1). Therefore control and prevention of TB in Iran is the main health concern of national TB program.

Genotyping of *M. tuberculosis* strains is important for TB control program, because it allows the detection of outbreaks, the tracing of transmission, to monitor species diversity and to identify secondary infections (2, 3).

Large scale genotyping of *M. tuberculosis* using IS6110 restriction fragment length polymorphism is labor-intensive, time consuming and the results are sometimes difficult to compare among laboratories (2, 4). Based on this knowledge we used an easier and more rapid method in order to differentiate *M. tuberculosis* strains. Spoligotyping is a PCR based method that permits genotyping of *M. tuberculosis*

* Corresponding author: Mohadese Mozafari M.Sc
Address: National Research Institute of Tuberculosis and Lung Disease, Shahid Beheshti University of Medical Sciences, Darabad, Tehran, Iran.
Tel/Fax: +98-21-26109505
E-mail: mohadeseh.mozafari@yahoo.com

complex in a rapid, reliable and cost effective way. The method is based on hybridization of amplified DNA with spacer oligonucleotides. The DR region contains multiple short 36-bp direct repeats (DRs) interspersed with unique spacers, which are 35-41 bp in length (5). The DRs are extremely well conserved among *M. tuberculosis* complex strains, making spoligotyping a specific method for the genotyping of *M. tuberculosis* complex members (5). A total of 9 potential super families or clades of *M. tuberculosis* complex have been identified by spoligotyping method (*M. africanum*, Beijing, *M. bovis*, EAI, CAS, T group of families, Haarlem, X and LAM family) (6). In this study, we performed spoligotyping on *M. tuberculosis* complex strains collected from all over the country, which were isolated between 2010 and 2011, in order to provide preliminary insight into the population structure of *M. tuberculosis* circulating in the country as well as the distribution of MTB family strains in provinces of Iran.

MATERIALS AND METHODS

***M. tuberculosis* strains and DNA isolation.** A total of 1242 *M. tuberculosis* strains collected from 24 different provinces of Iran (2010-2011). Clinical specimens were transferred to Mycobacteriology Research Center (MRC). Mycobacterial genomic DNA was extracted from patient's samples using QIAamp® DNA mini kit (QIAGEN).

Spoligotyping. Spoligotyping was performed as previously described by Kamerbeek *et al.*, (5). The DR region was amplified by PCR using primers DRa (5'-biotin -CCG AGA GGG GAC GGA AAC- 3') and DRb (5'- GGT TTT GGG TCT GAC GAC-3'), 20-50ng of DNA and 0.5 U of Taq DNA polymerase (Cinnagen, Tehran, Iran). The PCR condition was: 35 cycles of 1 min at 95°C, 1 min at 55°C and 30 sec at 72°C. The first denaturation and final extension steps were held for 10 min. The amplified DNA was hybridized to 43 immobilized oligonucleotides derived from the spacer sequences of MTB H37Rv and *M. bovis* BCG P3 by reverse line blotting. Hybridized DNA was detected by enhanced chemiluminescence (ECL, Amersham, UK) and by exposing ECL-Hyper film (Amersham) to the membrane for 10 min.

Obtained results were entered in a binary format as excel spreadsheets (Microsoft) and compared with published data (7-10). The strains with spoligotype

similar to any pattern of *M. tuberculosis* strain already found in the database were automatically labeled with an already defined 'shared type' number. Any spoligotype exhibiting a profile not yet found anywhere in the SpolDB4 database was termed as orphan (not seen) strain.

RESULTS

Spoligotyping. Spoligotyping produced a total of 136 patterns for the 1242 strains. Fifty-nine patterns classified into clusters in the present study (the data are summarized in Table 1 and detailed in Table 2). Fifty nine clusters contained 1165 isolates, which amounted 93.8% of clustering rate (1165/1242). The remainders (n = 77) corresponded to singleton which were not classified into any clusters (Table 3).

Among the 1242 typed isolates, 1165 (93.8%) were classified as shared international types (SITs) according to SITVIT database. The remaining 77 isolates generated 44 new spoligotypes (orphan- not seen) that had not been previously described in the database. Among the 59 clusters, we found 46 minor spoligotypes (including 2 to 9 isolates) and 13 major spoligotypes (> 10 isolates). Isolates ST127 (20.5%; Haarlem family), ST26 (19.1%; CAS family), ST53 (11.2%; T family), ST25 (10.1%; CAS family), and ST1 (8.1%; Beijing family) represent almost 70% of the total number of isolates in this study.

The spoligotyping analysis identified the strains in the families of CAS (n = 471, 37.9%), Haarlem (n = 326, 26.2%), T (n = 195, 15.7%) and Beijing (n = 101, 8.1%). Other spoligotypes belongs to Manu (n = 25, 2%), LAM (n = 13, 1%), U (n = 17, 1.3%), EAI (n = 3, 0.2%), Bovis (n = 10, 0.8%), X (n = 2, 0.16%) and the remaining (n = 77, 6.1%) were orphan.

High spoligotype diversity was documented for CAS, Haarlem and T lineages. Although LAM family was not frequent in this study, a high diversity was also evidenced for this lineage (6 sublineages). Furthermore 6 *M. bovis* strains and 4 *M. bovis* BCG strains were found in this study which classified into 3 clusters.

Geographical distribution of Spoligotypes in Iran. The geographical distribution of *M. tuberculosis* spoligotypes is shown in Table 4. The most prevalent families were CAS (37.9%) followed by Haarlem (26.2%), T (15.7%), Beijing (8.1%). CAS family strains were predominant in 15 provinces (Khouzestan, Esfahan, Fars, Qazvin, Gilan, Golestan, Hamedan, Hormozgan,

Table 2. Spoligotype of other Clustered strains.

MTB Strains	Shared Type	No. of isolates	Spoligo pattern (binary)	Spoligo pattern (octal)
CAS	22	24	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnn	703777400001771
CAS	357	20	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnn	703777740000771
MANU 2	54	19	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnoonnnnnnnnn	77777777763771
H4	656	17	nnonnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	577777377420771
H3	294	15	nnonnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	57777777720771
CAS1_KILI	21	14	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnn	703777400001771
H4	262	12	nnnnnnnoonnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	77477777420771
Not seen		10	noonnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	47777777420771
H4	777	8	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	77777777420771
Not seen		8	nnnoooooonnnnnnoooooooonnnnnnnnoooooonnnnnnn	703740007760771
H3	1908	7	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooooonnnnnnn	77777776020771
T1	284	7	ooooonnnnnnoonnnnnnnnnnnnnnnnnnoooooonnnnnnn	3763777760771
CAS	142	6	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnn	703777700003771
CAS	485	6	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnn	703777400003771
CAS1_DELHI	381	6	nnnoooooonnnnnnnnnnnnnnnnoooooooonnoooooonnn	703777740003071
LAM9	42	6	nnnnnnnnnnnnnnnnnnnnnoooooonnnnnnoooooonnnnnnn	77777607760771
T1	272	6	ooooonnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	3777777760771
T1	628	6	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnoo	7777777760760
U	602	6	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooooonnnnnnn	77777770000771
BOVIS	595	5	nnonnnnnnoonnnnnnnnnnnnnnnnnnnnnnnnnnnnooooo	6767777777600
LAM3 and S/ convergent	4	5	ooooooonnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnnnn	000000007760771
U	1188	5	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooooonnnnnnnnn	77777777003771
Not seen		5	nnnnoonnnnnnnnnnnnnnnnnnnnnnnnnnnnoonnnnnnnnn	75777777763771
Not seen		5	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooooonnnnnnnnn	77777777000771
BOVIS	482	4	nnonnnnnnoonnnnnnnnnnnnnnnnnnnnnnnnnnnnooooo	67677377777600
CAS	486	4	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnn	703777740000371
T1	1166	4	nnnnnnnnnoonnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	77737777760771
Not seen		4	nnooonnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	51777777420771
CAS	864	3	nnnoooooonnnnnnoooooooonnnnnnnnnnoooooonnnnnnoo	703740000000760
CAS	1089	3	nooooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnnnn	403777740003771
CAS	1093	3	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnnnn	703777600003771
CAS	1264	3	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnnnn	703777740000000
MANU 2	1634	3	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnoonnnnnnnnnnn	77777777723771
T1	520	3	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooonnnnnnn	77777777760571
T1	1144	3	nnnnnnnnnnnnnnnnnnnnnnnoooooooonnnnnnoooooonnnnnnn	777777600760771
U(CAS_ANCESTOR?)	27	3	nnnoooooonnnnnnnnnnnnnnnnoonnnnnnnnnnoooooonnnnnnn	703777747770371
Not seen		3	nnnnnnnnnnnoooooonnnnnnnnnnoooooooonnnnnnoooooon	77760400000611
CAS	599	2	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnnnn	703777400000771
CAS1_DELHI	427	2	nnnoooooonnnnnnoonnnnnnnnnnoooooooonnnnnnnnnnn	703707740003771
CAS1_DELHI	428	2	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnoonnnnnnn	703777740003371
CAS1_DELHI	1092	2	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnnnnnnnn	702777740003771
CAS1_DELHI	1314	2	nnnoooooonnnnnnnnnnnnnnnnoooooooonnnnoonnnnnnn	703777740003171
H4	361	2	nnonnnnnnnnnnnnnnnnnnnnnnnnnnnnoooooooonnnnnnn	577737777420771

Table 4. geographical distribution of *Mycobacterium tuberculosis* spoligotypes in Iran.

	Khuzestan	East and West Azarbaijan/Ardebil	Esfahan	Fars	Qazvin	Gilan	Golestan	Hamedan	Hormozgan /Boushehr	Kerman	Kermanshah	Khorasan	Kordestan	Markazi	Mazandaran	Qom	Semnan	Tehran	Yazd	Sistan- Balouchestan	Lorestan	Total	
BEIJING	5	7	6	5			6	1	5		1	12		3	1	10	1	35		3		101	8.1%
LAM	7		2	1		1			1			1						2				15	1.2%
BOVIS	1	2			1											2		4				10	0.8%
CAS	67	16	17	16	6	18	23	7	19	10	9	34	4	9	4	18	7	107	6	59	15	471	37.9%
EAI	2																	1				3	0.2%
HAARLEM	7	10	2	14	2	13	8	5	8	8	2	42	9	3	6	20	8	85	2	65	7	326	26.2%
MANU	2	1			1			1	1			3						14		2		25	2%
T	13	29	12	1		2	8	3	4	2	4	19	3		13	8	5	47	4	16	2	195	15.7%
U	6									1		2						6		2		17	1.3%
X															1					1		2	0.16%
UNKNOWN	9		3	3		5	2	4		3		4			1	3		23		17		77	6.1%
TOTAL	119	65	42	40	10	39	47	21	38	24	16	117	16	15	26	61	21	324	12	165	24	1242	

REFERENCES

- World Health Organization (WHO). Global Tuberculosis report 2012. Available online at: http://www.who.int/tb/publications/global_report/en/
- Brosch R, Gordon SV, Marmiesse M, Brodin P, Buchrieser C, Eiglmeier K, et al. A new evolutionary scenario for the *Mycobacterium tuberculosis* complex. *Proc Natl Acad Sci USA* 2002; 99: 3684-3689.
- Dale JW, Al-Ghusein H, Alhashmi S, Butcher P, Dickens AL, Drobniewski F, et al. Evolutionary relationships among strains of *Mycobacterium tuberculosis* with few copies of IS6110. *J Bacteriol* 2003; 185: 2555-2562.
- Brosch R, Pym AS, Gordon SV, Cole ST. The evolution of mycobacterial pathogenicity: clues from comparative genomics. *Trends Microbiol* 2001; 9: 452-458.
- Kamerbeek J, Schouls L, Kolk A, Van Agterveld M, Van Soolingen D, Kuijper S, et al. Simultaneous detection and strain differentiation of *Mycobacterium tuberculosis* for diagnosis and epidemiology. *J Clin Microbiol* 1997; 35: 907-914.
- Velayati AA, Farnia P, Mirsaedi M, Masjedi MR. The most prevalent *Mycobacterium tuberculosis* super-families among Iranian and Afghan TB cases. *Scand J Infect Dis* 2006; 38: 463-468
- Kremer K, van Soolingen D, Frothingham R, Haas WH, Hermans PW, Martin C, et al. Comparison of methods based on different molecular epidemiological markers for typing of *Mycobacterium tuberculosis* complex strains: interlaboratory study of discriminatory power and reproducibility. *J Clin Microbiol* 1999; 37: 2607-2618.
- Sola C, Filliol I, Gutierrez MC, Mokrousov I, Vincent V, Rastogi N. Spoligotype database of *Mycobacterium tuberculosis*: biogeographic distribution of shared types and epidemiologic and phylogenetic perspectives. *Emerg Infect Dis* 2001; 7: 390-396.
- Filliol I, Driscoll JR, van Soolingen D, Kreiswirth BN, Kremer K, Valetudie G, et al. Snapshot of moving and expanding clones of *M. tuberculosis* and their global distribution assessed by spoligotyping in an international study. *J Clin Microbiol* 2003; 41: 1963-1970.
- Filliol I, Driscoll JR, van Soolingen D, Kreiswirth BN, Kremer K, Valetudie G, et al. Global distribution of *Mycobacterium tuberculosis* spoligotypes. *Emerg Infect Dis* 2002; 8: 1347-1349.
- Sreevatsan S, Pan XI, Stockbauer K, Connell ND, Kreiswirth BN, Whittam TS, et al. Restricted structural gene polymorphism in the *Mycobacterium tuberculosis* complex indicates evolutionarily recent global dissemination. *Proc Natl Acad Sci USA* 1997; 94: 9869-9874.
- Soini H, Pan X, Amin A, Graviss EA, Siddiqui A, Musser JM. Characterization of *Mycobacterium tuberculosis* isolates from patients in Houston, Texas,

- by spoligotyping. *J Clin Microbiol* 2000; 38: 699-679.
13. Merza MA, Farnia P, Salih AM, Masjedi MR, Velayati AA. The most predominant spoligopatterns of *Mycobacterium tuberculosis* isolates among Iranian, Afghan-Immigrant, Pakistani and Turkish tuberculosis patients: a comparative analysis. *Chemotherapy* 2010; 56: 284-257.
 14. Merza MA, Farnia P, Salih AM, Masjedi MR, Velayati AA. First insight into the drug resistance pattern of *Mycobacterium tuberculosis* in Dohuk, Iraq: using spoligotyping and MIRU-VNTR to characterize multidrug resistant strains. *J Infect Pub Health* 2011; 4: 41-47.
 15. Mardassi H, Namouchi A, Haltiti R, Zarrouk M, Mhenni B, Karboul A, et al. Tuberculosis due to resistant Haarlem strain, Tunisia. *Emerg Infect Dis* 2005;11: 957-961.
 16. Farnia P, Masjedi MR, Mirsaedi M, Mohammadi F, Ghanavi J, Vincent V, et al. Prevalence of Haarlem I and Beijing types of *Mycobacterium tuberculosis* strains in Iranian and Afghan MDR-TB patients. *J Infect* 2006; 53: 331-336.
 17. Rohani M, Farnia P, Naderi Nasab M, Moniri R, Torfeh M, Amiri M. Beijing genotype and other predominant *Mycobacterium tuberculosis* spoligotypes observed in Mashhad city, Iran. *Indian J Med Microbiol* 2009; 27: 306-10.
 18. Van Soolingen D. Molecular epidemiology of tuberculosis and other mycobacterial infections: main methodologies and achievements. *J Intern Med* 2001; 249 : 1-26.
 19. Viegas SO, Machado A, Groenheit R, Ghebremichael S, Pennhag A, Gudo PS. Molecular diversity of *Mycobacterium tuberculosis* isolates from patients with pulmonary tuberculosis in Mozambique. *BMC Microbiology* 2010; 10: 195
 20. Doroudchi M, Kremer K, Basiri EA, Kadivar MR, Van Soolingen D, Ghaderi AA. IS6110-RFLP and spoligotyping of *Mycobacterium tuberculosis* isolates in Iran. *Scand J Infect Dis* 2000; 32: 663-668.
 21. Van soolingen D, Qian L, de Hass P, Douglas J T, Traore H, Portaels F, et al. Predominance of single genotype of *Mycobacterium tuberculosis* in countries of East Asia. *J Clin Microbiol* 1995; 33: 3234-3238.