Published online 2022 December 11.

Research Article



Genotypes of the Congo-Crimean Hemorrhagic Fever Virus Occurring in the Turkestan Region

Gulzhan Narkenovna Abuova ^[], ^{*}, Natalia Pshenichnaya ^[], Ludmila Stanislavovna Karan' ^[], Farida Abdullaevna Berdaliyeva³, Daulet Sabyrovich Aliyev³, Dana Kayratovna Sadyhova³, Tatyana Vasiliyevna Polukchi ^[], ³ and Symbat Doszhanovna Nurmagambet³

¹South Kazakhstan Medical Academy, Shymkent, Kazakhstan ²Central Research Institute of Epidemiology, Moscow, Russia ³South Kazakhstan Medical Academy, Shymkent, Kazakhstan

Corresponding author: Department of Infectious Diseases and Dermatovenerology, South Kazakhstan Medical Academy, Shymkent, Kazakhstan. Email: dr.abuova@gmail.com

Received 2022 November 02; Accepted 2022 November 06.

Abstract

Background: The Turkestan region of Kazakhstan is the natural focus of the Congo-Crimean hemorrhagic fever (CCHF). Every year, some of the patients treated in hospitals are not included in official statistics and remain in the group of possible cases of CCHF. **Objectives:** This study aimed to verify the genotypes of the CCHF virus (CCHFV) in the Turkestan region and Shymkent City. **Methods:** Twelve blood samples from patients with CCHF were studied, the diagnosis of which was verified on the basis of positive specific immunoglobulins IgM to the virus. To isolate viral RNA, we used a special MAGNO-sorb kit. To detect RNA, CCHFV was used with a set of Amplisens CCHFV-FL by real-time polymerase chain reaction (PCR) using a Rotor-Gene Q device. For the reverse transcription reaction, we used a set of Reverta-L.

Results: The study of the genome sequence of CHFV from GenBank demonstrated that isolates from the Turkestan region belonged to genetic groups Asia-1 and Asia-2.

Conclusions: For the first time in Kazakhstan's history, a phylogenetic analysis of RNA sequences of viruses from patients with CCHF was performed in the Turkestan region, as a result of which genetic groups Asia-1, reassortant Asia-1, and Asia-2 were established

Keywords: Congo-Crimean Hemorrhagic Fever, Virus, Genotypes, Kazakhstan, Tick-borne Illness

1. Background

The Turkestan region of Kazakhstan is the endemic focus of the Congo-Crimean hemorrhagic fever (CCHF) (1). According to official statistics, 46 cases of CCHF were registered in the Turkestan region from 2016 to 2021 (2). Every year, some of the patients treated in hospitals are not included in the official statistics and remain in the group of possible cases of CCHF. The mortality rate in the region in some years varied between 14 - 30% (3). The heterogeneity of clinical manifestations and the different severity of the condition of patients with the corresponding severity of the outcomes of the CCHF are associated with the diversity of circulating genotypes of the virus in different countries (4-6). In Kazakhstan, only 1 study was conducted in the endemic (Kyzylorda) and non-endemic (Almaty) regions to identify the serological prevalence of the CCHF virus (CCHFV). A phylogenetic analysis of partial L and S

segments showed the Asia-2 CCHF genotype and possible reassortment between Asia-1 and Asia-2 genotypes (7). Due to the lack of knowledge and the structure of the pathogen in the southern regions of Kazakhstan, an in-depth study of CCHFV is needed to analyze the phylogenetic tree of the RNA sequences of CCHFV in the Turkestan region and Shymkent City.

2. Objectives

This study aimed to verify the genotypes of CCHF in the Turkestan region and Shymkent City.

3. Methods

Twelve blood samples from patients with CCHF were studied, the diagnosis of which was verified on the basis of positive specific immunoglobulins IgM to the virus.

Copyright © 2022, Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (http://creativecommons.org/licenses/by-nc/4.0/) which permits copy and redistribute the material just in noncommercial usages, provided the original work is properly cited.

Name of the Primer	5" – 3" Sequence	Segment	
CCHFV-S-F23	TACGCCCACAGTGTTCTCTTGAGT		
CCHFV-S-R756	CCTGTTGCAACAAGTGCTATTCCT	S	
CCHFV-S-F645	CGAGGCCCAGTGAGCCGTGAACA		
CCHFV-S-R1234	TCCAAAGCAGACACCCATCTCACT		
CCHFV-S-F1094	GCACTCTTGAGCACCCCAATGAA		
CCHFV-S-R1660	CGCACAGCCCTTTAAGTGTTT		
CCHFV-M-F1256	ATGTCACTCGACATTCAACTAGAATAG		
CCHFV-M-R1927	TAGGCAATAACCCTGCCTGCA		
CCHFV-M-F1862	AGTGCCACAGGGAAGAGCTGTGA		
CCHFV-M-R2446	AGGGCAATGAGTTACATGCCTAGCA		
CCHFV-M-F2368	CTGCAGTTACAACATATGTCCCTA		
CCHFV-M-R3099	TCCATCTCTACTGCTGAAGTGCT		
CCHFV-M-F2920	TCATCAAYTGCACTTGAGCATCTGC		
CCHFV-M-R3613	TGGGCAGTCACCTGTACAGGTT		
CCHFV-M-F3564	TGTCTTCGAGTACTTGTCAGGTGA		
CCHFV-M-R4332	CCHFV-M-R4332 TGTGGTGTGTCTCCATGTGCAG		

Table 1. Primers Used Complementary DNA for Congo-Crimean Hemorrhagic Fever Virus Sequencing

To isolate viral RNA, we used a special MAGNO-sorb kit, which was made by the Central Research Institute of Epidemiology, Moscow, Russian Federation, from 300-500 μ L of blood samples. To detect RNA, CCHFV was carried out with a set of Amplisens CCHFV-FL by real-time polymerase chain reaction (PCR) using a Rotor-Gene Q device (Central Research Institute of Epidemiology, Russian Federation). For the reverse transcription reaction, we used a set of Reverta-L (Central Research Institute of Epidemiology, Moscow, Russian Federation) according to the manufacturer's instructions. Amplicons for sequencing were obtained with the primers listed in Table 1. The S and M segments of virus RNA were sequenced using an ABI PRISM 3100 Genetic Analyzer (Applied Biosystems, USA) using a kit of reagents BigDye V3.1. A phylogenetic analysis of RNA sequences was performed using MEGA X software.

4. Results

Of the 12 blood serum samples, CCHFV RNA was found in 10 blood serum samples (Figure 1). The concentration range of viral RNA was 30 to 107 copies/mL. For samples with a viral RNA concentration above 104 copies/mL, parts of the S and M segments of CCHFV with lengths of 1530 and 2920 nucleotides, respectively, were genotyped. The study of the genome sequence of CHFV from GenBank demonstrated that isolates from the Turkestan region belonged to genetic groups Asia-1 (sample 20) and Asia-2 (samples 5, 8, 10, 18; Figures 2 and 3).

5. Discussion

Thus, in the Turkestan region of Kazakhstan, CCHFVs are circulating, corresponding to those in the endemic (Kyzylorda) and non-endemic (Almaty) regions of Kazakhstan, where the Asia-2 CCHF genotype and the reassortant between the Asia-1 and Asia-2 genotypes have been identified (7). In addition, the Asia-2 genotype shows its dominant position in the Turkestan region, as well as in China, Tajikistan, Uzbekistan, and Turkmenistan (8). As isolates belong to the Asia-1 genotype and taking into account the southernmost location of the region in the country, it can be assumed that there is a possible migration of this genotype of the virus from the countries of the Middle East, in particular Iran, where the Asia-1 genotype belonging to line IV is mainly registered (9), as well as Pakistan, Oman, Afghanistan, where the genotype of the Asia-1 virus also prevails (10).

5.1. Conclusions

For the first time in Kazakhstan's history, a phylogenetic analysis of RNA sequences of viruses from patients with CCHF was performed in the Turkestan region, as a result of which genetic groups Asia-1, reassortant Asia-1, and Asia-2 were established.

Footnotes

Authors' Contribution: Study concept and design: Abuova G.N. Acquisition of data: Pshenicnaya N.Yu. Analysis and interpretation of data: ran' L.S. Drafting of the manuscript: Berdaliyeva F.. and Aliyev D.S. Critical revision of the manuscript for important intellectual content: Berdaliyeva F.. and Aliyev D.S. Statistical analysis: Sadyhova D.. and Polukchi .V. Administrative, technical, and material support: Nurmagambet S.D. Study supervision: Abuova G.N.

Clinical Trial Registration Code: NCT00000161.

Conflict of Interests: The authors declare that they have no competing financial interests.

Funding/Support: The authors declare that they have no competing financial interests.

Normal fluorescence	1.0 0.8 0.6 0.4 0.2 0.0	Threshold 5 10 15 20 25 30 35 40 45			
	No.	Name	Туре	CT	Concentration, cop/mL
	1	1	Sample	26,75	419 619
	2	2	Sample	35,60	1 317
	3	3	Sample	41,50	28
	4	5	Sample	25,51	936 382
	5	8	Sample	28,95	100 125
	6	10	Sample	31,87	14 980
	7	11	Sample	36,91	562
	8	13	Sample		
	9	18	Sample	18,57	85 565 443
	10	20	Sample	27,50	257 451
	11	27	Sample	35,30	1 608
	12	28	Sample		
	13	-	К-		
	14	pko	К+	25,41	

Figure 1. The result of the detection of Congo-Crimean hemorrhagic fever virus RNA in the blood



Figure 2. A phylogenetic analysis of fragments of the S segment of the Congo-Crimean hemorrhagic fever virus with a length of 1530 base pairs for the samples studied in this work, as well as for sequences from GenBank and the National Center for Biotechnology Information. The analysis was performed using neighbor-joining methods and the Tamura 3-parameter + G model, with bootstrap support of 500



Figure 3. A phylogenetic analysis of fragments of the M segment of the Congo-Crimean hemorrhagic fever virus with a length of 2920 base pairs for the samples studied in this work, as well as for fragments with a length of 2920 base pairs for sequences from GenBank and the National Center for Biotechnology Information. The analysis was performed using neighbor-joining methods and the Tamura 3-parameter+G model, with bootstrap support of 500

References

- Ermakova EL, Khodzhabekov KB, Berdalieva BF, Pshenichnaya PN, Abuova AG. [Prediction of an outcome in Crimean hemorrhagic fever]. *Epidemiol Infect Dis.* 2019;4_2019:28–34. Russian. https://doi.org/10.18565/epidem.2019.9.4.28-34.
- Berdalieva FA, Abuova GN, Aliev DS, Aueskhanov SP, Raimkulov GS. [Clinical aspects of Crimean-Congo hemorrhagic fever in patients in the Turkestan region]. [International Scientific and Practical Conference]. November 13-14, 2020; Ufa, Russia. Fundamental and Applied Aspects of Immunology, Genetics and Infectology; 2020. p. 41-7. Russian.
- Messina JP, Pigott DM, Golding N, Duda KA, Brownstein JS, Weiss DJ, et al. The global distribution of Crimean-Congo hemorrhagic fever. *Trans R Soc Trop Med Hyg.* 2015;109(8):503-13. [PubMed ID: 26142451]. [PubMed Central ID: PMC4501401]. https://doi.org/10.1093/trstmh/trv050.
- Say Coskun US, Asik Z. Genotypic analysis of S segment of Crimean-Congo hemorrhagic fever virus in Turkey. Acta Microbiol Immunol Hung. 2019;66(1):79–89. [PubMed ID: 30203691]. https://doi.org/10.1556/030.65.2018.041.
- Akinci E, Bodur H, Sunbul M, Leblebicioglu H. Prognostic factors, pathophysiology and novel biomarkers in Crimean-Congo hemorrhagic fever. *Antiviral Res.* 2016;**132**:233–43. [PubMed ID: 27378224]. https://doi.org/10.1016/j.antiviral.2016.06.011.

- Nasirian H. New aspects about Crimean-Congo hemorrhagic fever (CCHF) cases and associated fatality trends: A global systematic review and meta-analysis. *Comp Immunol Microbiol Infect Dis.* 2020;69:101429. [PubMed ID: 32062190]. https://doi.org/10.1016/j.cimid.2020.101429.
- Abdiyeva K, Turebekov N, Dmitrovsky A, Tukhanova N, Shin A, Yeraliyeva L, et al. Seroepidemiological and molecular investigations of infections with Crimean-Congo haemorrhagic fever virus in Kazakhstan. Int J Infect Dis. 2019;78:121–7. [PubMed ID: 30522982]. https://doi.org/10.1016/j.ijid.2018.10.015.
- Bente DA, Forrester NL, Watts DM, McAuley AJ, Whitehouse CA, Bray M. Crimean-Congo hemorrhagic fever: history, epidemiology, pathogenesis, clinical syndrome and genetic diversity. *Antiviral Res.* 2013;100(1):159–89. [PubMed ID: 23906741]. https://doi.org/10.1016/j.antiviral.2013.07.006.
- Chinikar S, Bouzari S, Shokrgozar MA, Mostafavi E, Jalali T, Khakifirouz S, et al. Genetic Diversity of Crimean Congo Hemorrhagic Fever Virus Strains from Iran. *J Arthropod Borne Dis*. 2016;10(2):127–40. [PubMed ID: 27308271]. [PubMed Central ID: PMC4906752].
- Umair M, Khurshid A, Alam MM, Akhtar R, Salman M, Ikram A. Genetic diversity and phylogenetic analysis of Crimean-Congo Hemorrhagic Fever viruses circulating in Pakistan during 2019. *PLoS Negl Trop Dis.* 2020;14(6). e0008238. [PubMed ID: 32598383]. [PubMed Central ID: PMC7351229]. https://doi.org/10.1371/journal.pntd.0008238.