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Fan Chen, E-mail: 1149837551@qq.com; Qian Wang, E-mail: 2781958232@qq.com and Bo Zhong, E-mail: 402417235@qq.com A multiplex PCR for the identification of Echinococcus multilocularis, E. granulosus sensu stricto and E. canadensis that infect human

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Abstract

Echinococcus granulosus sensu stricto (s.s.), Echinococcus multilocularis and Echinococcus canadensis are the common causes of human echinococcosis in China. An accurate species identification tool for human echinococcosis is needed as the treatments and prognosis are different among species. The present work demonstrates a method for the simultaneous detection of these three Echinococcus species based on multiplex polymerase chain reaction (mPCR). Specific primers of this mPCR were designed based on the mitochondrial genes and determined by extensive tests. The method can successfully detect either separated or mixed target species, and generate expected amplicons of distinct size for each species. Sensitivity of the method was tested by serially diluted DNA, showing a detection threshold as less as 0.32 pg for both E. granulosus s.s. and E. canadensis, and 1.6 pg for E. multilocularis. Specificity assessed against 18 other parasites was found to be 100% except weakly cross-react with E. shiquicus. The assay was additionally applied to 69 echinococcosis patients and 38 healthy persons, confirming the high reliability of the method. Thus, the mPCR described here has high application potential for clinical identification purposes, and can further provide a useful tool for evaluation of serology and imaging method.

Introduction

Echinococcosis is one of the most pathogenic helminth zoonosis worldwide caused by the larval stage of Echinococcus. Humans are infected by accidentally ingested Echinococcus eggs, which are released along with canids' feces. The parasite can reach any human organs, mainly liver and lung, causing serious life-threatening hydatid cysts (McManus et al., 2003; Zhenghuan et al., 2008). The infections can be asymptomatic for years and are usually found in the late stage of the disease (Piccoli et al., 2013). Historically, four species have been recognized within the Echinococcus genus: E. granulosus (including 10 distinct genotypes G1-G10), E. multilocularis, E. oligarthra and E. vogeli. E. shiquicus and E. felidis were new species additionally discovered in 2005 and 2008, respectively (Boubaker et al., 2013). Subsequently, in the newly taxonomic revision, previously E. granulosus species have been split into four species: E. granulosus sensu stricto (G1–G3), E. equinus (G4), E. ortleppi (G5) and E. canadensis (G6–G8, G10) (Nakao et al., 2013). To date, E. granulosus s.s., E. multilocularis, E. shiquicus and E. canadensis have been identified in China (Cong-Nuan et al., 2015). Both E. granulosus s.s. and E. multilocularis are widespread in western and north-western China and have long been a predominant public health and medical threat in these areas (Zhenghuan et al., 2008). Approximately 90% of human echinococcosis in China are cystic echinococcosis (CE) caused by E. granulosus s.s., whereas the remainder are from alveolar echinococcosis (AE) caused by E. multilocularis, which accounts for more than 90% of the AE burden in the world (Yang et al., 2014). Echinococcus canadensis is also responsible for human CE (Orkhontuul et al., 2018), which used to be neglected in China because the limited distribution and only two human cases of E. canadensis (G6) have been reported till 2005 (Bart et al., 2006). However, in the past 5 years human-derived G6, G7 and G10 genotypes of E. canadensis have emerged in several provinces/autonomous regions of China (Zhang et al., 2014; Ma et al., 2015; Yang et al., 2015; Cao et al., 2018), which requires more research efforts.

Since different *Echinococcus* species have diverse diseases treatment and prognosis (Brunetti *et al.*, 2010; McManus *et al.*, 2012), species genotyping is essential, especially in China where co-endemic has occurred. A number of molecular approaches based on DNA detection have been designed to accurately identify different *Echinococcus* species. PCR-sequencing (Nakao *et al.*, 2000; Xiao *et al.*, 2006a) or PCR-RFLP (Xiao *et al.*, 2006b; Chaabane-Banaoues *et al.*, 2016) method can identify the genotype of *Echinococcus* species PCR amplicons by sequencing or restriction fragment length polymorphism (RFLP) in a relatively slow and costly way. Uniplex PCR (uPCR) can identify its target *Echinococcus* species based on only PCR which relatively simplify the genotyping (Boufana *et al.*, 2013). By contrast, mPCR which can simultaneously detect more than one pathogens in a single

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1596 Fan Chen *et al.*

Table 1. Information on parasite samples used in the study

Parasite	Stage	Host origin	Site	Number of individuals	Reference for PCR method	
E. granulosus s.s.	Larval	Patient liver	Hospitals in Sichuan, CN	55	Nakao <i>et al.</i> (2000)	
E. multilocularis	Larval	Patient liver	Hospitals in Sichuan, CN	15	Nakao et al. (2000)	
E. Canadensis (G6)	Larval	Patient liver	Hospitals in Sichuan, CN	2	Nakao et al. (2000)	
E. shiquicus*	Larval	Pika lung	Shiqu, Sichuan, CN	5	Nakao et al. (2000)	
T. hydatigena*	Adult	Dog feces	Shiqu, Sichuan, CN	1	Boubaker et al. (2013)	
T. taeniaeformis*	Larval	Vole liver	Jiangyou, Sichuan, CN	4	Nakao et al. (2000)	
T. solium*	Adult	Human feces	Muli, Sichuan, CN	2	Nakao et al. (2000)	
T. saginata*	Adult	Human feces	Muli, Sichuan, CN	2	Nakao et al. (2000)	
T. asiatica*	Adult	Human feces	Muli, Sichuan, CN	1	Nakao et al. (2000)	
T. serialis*	Adult	Dog feces	Shiqu, Sichuan, CN	1	Boubaker et al. (2013)	
T. multiceps*	Adult	Dog feces	Shiqu, Sichuan, CN	1 Wang et al. (2018)		
T. leonina*	Adult	Dog feces	Shiqu, Sichuan, CN	1 Jacobs <i>et al.</i> (1997)		

Note: Parasites marked with * were used to check the specificity of the mPCR assay.

PCR mixture is more rapid and have been widely applied in both clinical and laboratory research (Henegariu and Al, 1997). Some mPCR approaches have been developed for detecting certain *Echinococcus* species (Dinkel *et al.*, 2011; Boubaker *et al.*, 2013; Cong-Nuan *et al.*, 2015), but to our knowledge, no studies aiming at simultaneous identification of the three species (*E. granulosus s.s.*, *E. multilocularis* and *E. canadensis*) that can cause human echinococcosis in China have been performed. Moreover, those methods were mostly applied on feces or animal tissues for epidemiological investigation purpose, and the effect on detection of human-derived parasite samples was seldom assessed. Therefore, in this study we aimed to set up a single-tube mPCR approach that can be applied for the accurate identification of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis* (G6–G8, G10) to assist the diagnosis of human echinococcosis.

Materials and methods

Sample collection and extraction

In total, 72 parasite tissues were collected post-operatively from echinococcosis patients received surgical treatment from the West China Hospital and Sichuan Provincial People's Hospital in Sichuan Province from 2015 to 2017. Adults of Taenia solium, Taenia saginata and Taenia asiatica were kindly provided by Tiaoying Li (Professor of Cysticercosis Control and Research Department, Sichuan Center for Disease Control and Prevention, Sichuan, China). Other parasite individuals isolated from pikas, voles or dogs were collected by our group during routine parasite disease surveillance in Sichuan Province. In addition, blood samples were also collected from 38 healthy people ruled out parasitic infections during routine physical examinations. All the parasite samples above were listed in Table 1 and confirmed by morphological identification and PCR-based sequencing. One E. granulosus s.s., one E. multilocularis and one E. canadensis (G6) isolates were selected from the 72 patient samples, respectively, as standard strains for the establishment of mPCR and the rest (54 E. granulosus s.s., 14 E. multilocularis and one E. canadensis) were employed for subsequent reliability test of the mPCR.

Total genomic DNA of samples was extracted by using the DNeasy Blood and Tissue Kit (Qiagen, Hilden, GER) according to the manufacturer's instructions. The DNA concentration was measured by using a NanoDrop One (Thermo Fisher Scientific,

Wisconsin, USA), to confirm the quality of DNA extractions. Then the extracted DNA samples were stored at -20 °C until use.

Primer design

Complete mitochondria genes of all the Echinococcus genus, including E. granulosus s.s. (accession no. NC008075), E. multilocularis (accession no. NC000928) and E. canadensis (G6) (accession no. NC011121) as well as the remaining six Echinococcus species namely E. shiquicus (accession no. NC009460), E. oligarthrus (accession no. NC009461), E. equinus (accession no. NC020374), E. ortleppi (accession no. NC011122), E. vogeli (accession no. NC009462) and E. felidis (accession no. NC021144) were retrieved from GenBank (https://www.ncbi.nlm.nih.gov/gene/) and aligned by MEGA7.0 (https://www.megasoftware.net/). A number of primer pairs specific for E. granulosus s.s., E. multilocularis and E. canadensis were designed manually on conserved regions of E. canadensis (Boufana et al., 2013) and then the primer pair with maximum specificity was pre-selected by aligned with sequences in the GenBank (https://www.ncbi.nlm.nih.gov/gene/). Primer sequences were subsequently synthesized by Shanghai Invitrogen Biotechnology Co Ltd.

Primer selection experiments

The designed primers were combined into various mixtures, each including three primer pairs specific for *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis*, respectively, and can generate expected amplicons of distinct size for each species. These primer sets were selected by testing with single and pooled standard DNA, as well as other related species. The primer set that allows accurate discrimination of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis* in both single and pooled target templates without generating any nonspecific products was retained for the mPCR approach (presented in Table 2).

Multiplex PCR conditions

The mPCR was conducted using a SmpliAmp thermal cycler (Applied Biosystems, California, USA) in a 25 μ L reaction system containing 20 ng standard DNA of each *Echinococcus* species, 6 μ L of double distilled water, 12.5 μ L of GoTaq Hot Start Polymerase mixture (Promega, Wisconsin, USA) and 7.5 μ M

Table 2. Characteristics of primers used in mPCR

Species	Primer	Concentration (µм)	Product size (bp)	Sequence(5′–3′)	Primer length	Target gene
E. granulosus s.s.	Gd3-4F	0.3	167	TTGTTGGGTTTGAGTGGGGC	20	- nad3
	Gd3-4R	0.3		ACCAAACAGTACCCCCTGC	19	
E. multilocularis	Mtb2F	0.3		TTGGCATATGGTAGGTGTAAATGT	24	- cytb
	Mtb2R	0.3	- 237	ACCATAGAACCAACCAACGG	20	
E. canadensis	Cox1F	0.3	441	TTTTATTTACGTTTGGGGGCG	21	- cox1
	Cox1R	0.3		CCACCAAACCAAAAGACCTG	20	

(each) of Gd3-4F, Gd3-4R, Mtb2F, Mtb2R, Cox1F and Cox1R primers. Annealing temperatures were optimized before the assay and 56 °C was confirmed to be with the best specificity and sensitivity of the method. So that the optimized thermal cycling conditions were as follows: an initial denaturation at 94 °C for 2 min, followed by 35 cycles of 94 °C for 30 s, 56 °C for 30 s, and 72 °C for 40 s, and a final extension at 72 °C for 5 min.

For all experiments, both positive and negative controls (double distilled water) were included. To avoid extraneous DNA contamination, the reaction mix was prepared with dedicated equipment, and the operation area was exposed to UV light for at least half an hour prior to the assay.

Identification of PCR products

Five microlitres of PCR products were separated by electrophoresis in a 2% agarose gel stained with Super Red (Biosharp, Hefei, CN) and visualized by using Universal Hood II UV transilluminator (Bio-Rad, California, USA) with Quantity One analyst software (Bio-Rad, California, USA).

Amplicons generated from standard DNA of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis* in the mPCR were sequenced by Shanghai Invitrogen Biotechnology Co Ltd., and then compared with existing sequences in GenBank (http://www.ncbi.nlm.nih.gov/BLAST/) for further confirmation of the genotype.

Specificity evaluation of mPCR

To test the possible unspecific cross binding with other parasite species, 30 ng template DNA derived from 18 other parasite isolates including five samples of one *Echinococcus* species (*E. shiquicus*), 12 samples of seven closely related Taenia species and one non-related *Toxascaris leonina* were applied in individually performed standard mPCRs. The parasite samples for the assessment are presented in Table 1 marked with an asterisk.

Sensitivity evaluation of mPCR

Five-fold serial dilutions of three target DNA with the concentrations ranging from 1000 to 0.0128 pg were individually used to evaluate sensitivity of the mPCR approach. The lowest detection limit of each target species was determined according to the lowest amount of DNA that can yield a clearly visible band.

Reliability evaluation of mPCR

To confirm the reliability of the newly developed mPCR, a total of 69 parasite samples removed from patient livers were tested. These samples have been genotyped to be 54 *E. granulosus s.s.*, 14 *E. multilocularis* and one *E. canadensis* before according to

PCR-based sequencing described by Nakao *et al.* (2000). Reliability was assessed by comparing the consistency of mPCR approaches and sequencing results. Besides, in order to exclude nonspecific reaction which may be caused by the host (human) DNA, 38 healthy human DNA extracted from blood samples was also investigated. This blood was alternative for liver tissue because healthy human liver tissue was not available in this study.

Results

Identification of PCR products

PCR products amplified with single and pooled standard DNA of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis* are shown in Fig. 1. Expected amplicons of 167, 237 and 441 bp were observed for *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis*, respectively. The respective diagnostic products were also detected when checked with different DNA mixtures of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis* (Fig. 1, lanes 4–7). Fragment generated by each target species was highly similarity (98–99%) with respective reference sequences in GenBank: *E. granulosus s.s.* (GenBank accession no. MG672293), *E. multilocularis* (GenBank accession no. KY205670) and *E. canadensis* (GenBank accession no. MH274989), which showed 1–4 base pair differences between them.

Specificity of the mPCR

The mPCR was proved to be 100% specific when tested with other closely related Taenia species and one non-related *T. leonina* (Fig. 2, lanes 9–21), as no products were observed or their products were significantly larger than the expected bands. The only exception was *E. shiquicus* (Fig. 2, lanes 4–8), which cross react with multiple primers and generate 3–4 slightly visible bands among target bands region.

Sensitivity of the mPCR

The results showed the detection limits of mPCR assay varied among species. The lowest limit for the DNA detection of *E. granulosus s.s.* and *E. canadensis* can both reach as less as 0.32 pg, and the lowest detection limit for *E. multilocularis* was 1.6 pg (Fig. 3), which revealed the high sensitivity of the method.

Validation of the mPCR

For all 69 patient-derived parasite DNA samples, a clearly genotype-specific binding pattern was observed. Among them, 54 samples were identified as *E. granulosus s.s.*, 14 samples were *E. multilocularis* and one sample was *E. canadensis* according to the sizes of PCR products (part electrophoresis results are presented in Fig. 4A). Therefore, the results obtained by mPCR were completely in accordance with that of the sequencing. Moreover, no target band was observed from 38 normal human

1598 Fan Chen *et al.*

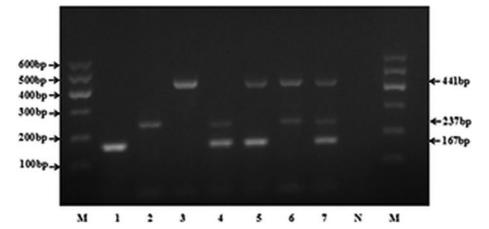


Fig. 1. PCR products of single and pooled DNA of *E. granulosus s.s., E. multilocularis* and *E. canadensis* in mPCR assay. Lanes 1–3, amplicons of *E. granulosus s.s., E. multilocularis* and *E. canadensis*, respectively; lane 4, amplicons of mixed DNA of *E. granulosus s.s.* and *E. multilocularis*; lane 5, amplicons of mixed DNA of *E. granulosus s.s.* and *E. canadensis*; lane 6, amplicons of mixed DNA of *E. canadensis* and *E. multilocularis*; lane 7, amplicons of mixed DNA of *E. granulosus s.s., E. multilocularis* and *E. canadensis*, N, negative control; M, DNA marker.

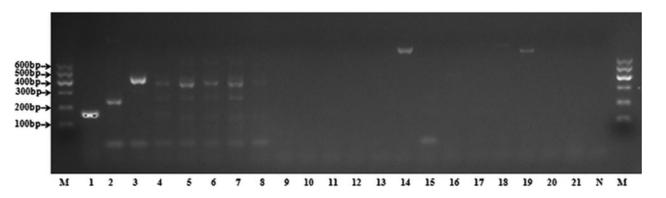


Fig. 2. Specificity of the mPCR. Lanes 1–3, positive controls (amplicons of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis*, respectively); lanes 4–20, amplicons of other parasite DNA samples: *E. shiquicus* (lanes 4–8), *T. asiatica* (lane 9), *T. saginata* (lanes 10 and 11), *T. solium* (lanes 12 and 13), *T. hydatigena* (lane 14), *T. taeniaeformis* (lanes 15–18), *T. serialis* (lane 19), *T. multiceps* (lane 20) and *T. leonina* (lane 21); M, DNA marker (100–600 bp); N, negative control.

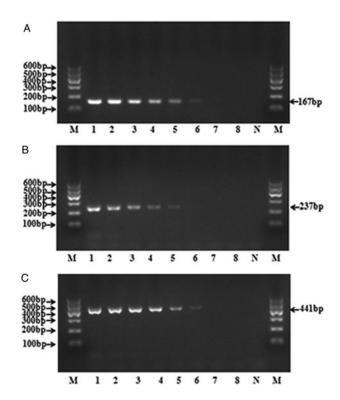


Fig. 3. Sensitivity of the mPCR for three targeted species, respectively. The DNA detection limit using a serial dilution of standard DNA of (A) *E. granulosus* s.s., (B) *E. multilocularis* and (C) *E. canadensis*, respectively. Lanes 1–8, 5-fold serially diluted DNA templates (1000, 200, 40, 8, 1.6, 0.32, 0.064, 0.0128 pg); M, DNA marker; N, negative control.

DNA samples (part electrophoresis results are shown in Fig. 4B), which indicates that host tissue did not affect PCR outcomes.

Discussion

Multiplex polymerase chain reaction (mPCR) is a method that can detect more than one target species by using multiple primer pairs in a single reaction tube. Since its first description in 1988, this method has been successfully applied in many areas of DNA identification, such as bacteria, viruses, fungi or parasites (Henegariu and Al, 1997; Elnifro et al., 2000). Primer design is undoubtedly a key factor for successfully establishing a PCR approach. In general, it is not very difficult to design primers for conventional (uniplex) PCR, but the design of mPCR primers is much more complicated because it is not a simple combination of several uPCRs. When more than one pair of primers are mixed in the same reaction tube, the primers can be randomly paired in the mixture to form a new reaction system that is far more complex than the original separated ones. At this point, the design of mPCR primers needs to overcome many difficulties, including poor sensitivity and specificity, different annealing temperatures of each primer, preferential amplification of one sequence over others (Polz and Cavanaugh,1998), easily formation of primer dimer and so on (Elnifro et al., 2000). There are no other means to predict the performance characteristics of multiple primer pairs system except empirical testing and a trial-and-error approach.

The present study successfully developed an mPCR method to detect and differentiate human-derived DNA of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis* (G6–G8, G10). This method can work well with single or mixed target templates and generate specific amplicons of expected length that are highly similarity

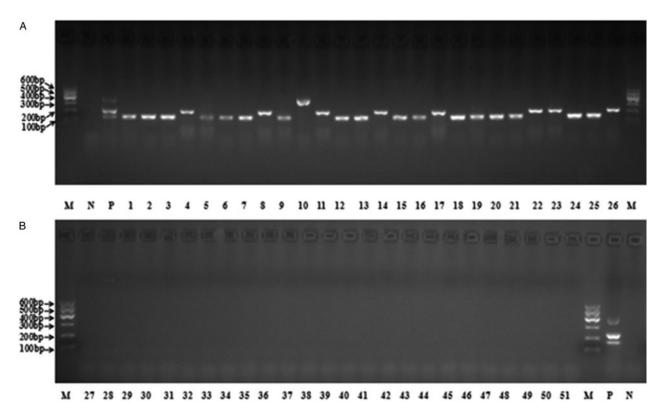


Fig. 4. Validation results of mPCR. Reliability was assessed by tested with human-derived parasite DNA that has been sequenced (A) and healthy human DNA (B). (A) Lanes 1–26, parasite DNA from humans, including one *E. canadensis* (lane 10), eight *E. multilocularis* (lanes 4, 8, 11, 14, 17, 22, 23 and 26) and the rest were *E. granulosus s.s.* (B) Lanes 27–51, healthy human DNA; M, DNA marker; P, positive control (DNA mixture of *E. granulosus s.s.*, *E. multilocularis* and *E. canadensis*); N, negative control.

with their intended target *Echinococcus* species. It achieved a high degree of species specificity because no predicted product was detected from any other tested helminths, except for the amplification of E. shiquicus. Although E. shiquicus has been found on foxes and plateau pika in Qinghai-Tibet plateau region of China (Xiao et al., 2006a; Ma et al., 2015), to date human infection of E. shiquicus has not been reported (McManus et al., 2012; Nakao et al., 2013). Thus, cross-reactivity with E. shiquicus is unlikely to occur in human echinococcosis detection. In addition, E. shiquicus can generate 3-4 weakly visible bands in the mPCR, so that it would not interfere with the detection of single or double infected samples. Confusion can only appear when encountering 3-plex infection, but this is very unlikely to happen and can be easily resolved by further sequencing the PCR products. Therefore, the effect of E. shiquicus on this method can be neglected. In the most recent taxonomic revision, the genus Echinococcus was divided into nine species, including E. felidis, E. equinus, E. oligarthra, E. vogeli, E. ortleppi, E. granulosus s.s., E. multilocularis, E. canadensis and E. shiquicus (Nakao et al., 2013). DNA samples of the former five Echinococcus species are unavailable as they have not been found in any part of China. Despite this, in order to minimize the possibility of unspecific interactions with these five closely related species, comparison of the primer target sequences for the five species with those of the three target species has also been conducted, which showed 6-11 base pair differences between them. According to Liu (Cong-Nuan et al., 2015), it is highly unlikely to produce any amplicon from the five species during the mPCR assay due to such large differences, thus further illustrating the strict species specificity of the method.

Previous studies show that mPCR assay has lower sensitivity compared to uPCR assay (Dong *et al.*, 2000; Bharathi *et al.*, 2013; Boufana *et al.*, 2013). Nevertheless, the method designed in this study is proved to be highly sensitive, with a detection

threshold of as less as 0.32 pg for *E. granulosus s.s.* and *E. canadensis*, and 1.6 pg for *E. multilocularis*. The detection limit is slightly lower than that was described in uPCR assays developed by Boufana *et al.* (2013) (2–10 pg), and is significantly lower than the detection limits of mPCR that were previously reported by Boubaker *et al.* (2013), and Cong-Nuan *et al.* (2015) (0.1–5 ng and 10–20 pg, respectively). With the implementation of control programmes and large-scale population echinococcosis screening in China, the majority of newly discovered patients are in the early infection stage with small lesions. Therefore, only minute amounts of tissue samples can be collected in most cases, which puts higher requirements on the sensitivity of DNA detecting methods. The mPCR method developed herein can meet its need due to its high sensitivity.

In the application test of our mPCR method, a large number of patients and healthy human samples were investigated. For all previously gene-sequencing determined patient samples, the genotypes could be successfully re-confirmed by mPCR, thus demonstrating the high accuracy and reliability of the method. Meanwhile, no amplicon was observed from any healthy human DNA samples, which indicates that the method was not interfered by contaminating DNA from the host (human). On the other side, only two human-derived E. canadensis (G6) samples were available for this study, because of its very low prevalence in China. Although the sample size and genotypes of *E. canadensis* were insufficient in the application test, our BLAST analyses of *E*. canadensis revealed that most E. canadensis (G6-G8, G10) isolates listed in GenBank can full-match with E. canadensis primers, which confirmed our method could successfully amplify G6-G8 and G10 genotypes. Compared to other identification methods for human echinococcosis in China, such as PCR-based sequencing, PCR-RFLP or histopathology (Bart et al., 2006; Li et al., 2008), the mPCR method presented herein is more advantageous: it is more rapid and less costly. Thereby, it clearly simplifies the

1600 Fan Chen *et al.*

identification of human echinococcosis in China and is suitable for routine tests

The current clinical diagnosis of echinococcosis primarily relies on imaging techniques, and serological test plays a complementary role (McManus et al., 2012; Sarink et al., 2018). Imaging diagnosis can distinguish the two medically important CE and AE lesions (Brunetti et al., 2010), but it fails to discriminate the CE lesions caused by *E. granulosus s.s.* and *E. canadensis*, respectively. In addition, misdiagnosis or uncertain cases can easily occur in imaging examination when encountering atypical pathological features, early stage or similar lesions, or inexperienced inspectors (Zhang and McManus, 2006; HołodyZaręba et al., 2013; Mesut et al., 2016). Although serology is a helpful tool for early diagnosis of echinococcosis, questions remain with regards to its specificity and effectiveness for clinical detection. Till now, there are no available standardized echinococcosis diagnostic kits that are generally accepted by clinical physicians (Zhang and McManus, 2006; McManus et al., 2012). These all illustrate the widely used noninvasive tests could not reach accurate species identification. Invasive molecular biology technique base on the detection of parasite-specific DNA provides a more accurate approach for differential diagnosis of echinococcosis and is now considered to be a gold standard (Schweiger et al., 2012). Possible due to the need for invasive examination, its development and application on clinical diagnosis is still limited. Nevertheless, treatment and prognosis of echinococcosis are diverse among species (Brunetti et al., 2010; McManus et al., 2012), precise differential diagnosis is fundamental for determining the optimal treatment plan with the least amount of morbidity and mortality. Therefore, an efficient molecular diagnostic method is essential and should to be employed more widely or even taken as a routine clinical diagnostic tool. The mPCR established in this study provides such a method, which can simultaneously differentiate and accurately identify E. granulosus s.s., E. multilocularis and E. canadensis. It has a high application potential and may greatly contribute to the confirmatory diagnosis of human echinococcosis in China. Moreover, due to the high accuracy and reliability, this method can be a useful tool for evaluating the results of imaging and serological tests, which in turn can further develop the detection accuracy of non-invasive diagnosis.

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Conflict of interest. None.

Ethical standards. The study was approved by the Ethics Committee of Sichuan Center for Disease Control and Prevention. All the samples were collected according to the procedures and guidelines of the ethics committee.

References

- Bart JM, Abdukader M, Zhang YL, Lin RY, Wang YH, Nakao M, Ito A, Craig PS, Piarroux R, Vuitton DA and Wen H (2006) Genotyping of human cystic echinococcosis in Xinjiang, PR China. Parasitology 133, 571.
- **Brunetti E, Kern P and Vuitton DA** (2010) Expert consensus for the diagnosis and treatment of cystic and alveolar echinococcosis in humans. *Acta Tropica* **114**, 0–16.
- Bharathi MJ, Rameshkumar G, Ramakrishnan R, Reddy YCV, Shivkumar C and Ramesh S (2013) Comparative evaluation of uniplex,

nested, semi-nested, multiplex and nested multiplex PCR methods in the identification of microbial etiology of clinically suspected infectious endophthalmitis. *Current Eye Research* **38**, 13.

- Boubaker G, Macchiaroli N, Prada L, Cucher MA and Spiliotis M (2013) A multiplex PCR for the simultaneous detection and genotyping of the Echinococcus granulosus complex. PLoS Neglected Tropical Diseases 7, e2017.
- Boufana B, Umhang G, Qiu J, Chen X, Lahmar S, Boué F, Jenkins D and Craig P (2013) Development of three PCR assays for the differentiation between *Echinococcus shiquicus*, *E. granulosus* (g1 genotype), and *E. multilocularis* DNA in the co-endemic region of Qinghai-Tibet plateau, China. *American Journal of Tropical Medicine and Hygiene* 88, 795–802.
- Cong-Nuan L, Zhong-Zi L, Li L, Hong-Bin Y, David B, Meng-Tong L, Jin-Zhong C, Yan-Lei F, Jian-Qiu L, Bao-Quan F, Yu-Rong Y, Donald PM and Wan-Zhong J (2015) Discrimination between E. granulosus sensu stricto, E. multilocularis and E. shiquicus using a multiplex PCR assay. PLoS Neglected Tropical Diseases 9, e0004084.
- Chaabane-Banaoues R, Oudni-M'rad M, M'rad S, Amani H, Mezhoud H and Babba H (2016) A novel PCR-RFLP assay for molecular characterization of *Echinococcus granulosus sensu lato* and closely related species in developing countries. *Parasitology Research* 115, 3817–3824.
- Cao M, Chen K, Li W, Ma J, Xiao Z, Wang H and Gao J (2018) Genetic characterization of human-derived hydatid fluid based on mitochondrial gene sequencing in individuals from northern and western China. *Journal* of Helminthology, 1–5. doi: 10.1017/S0022149X18000883.
- Dong X, Cheng G and Jian W (2000) Simultaneous identification of five bifidobacterium species isolated from human beings using multiple PCR primers. Systematic and Applied Microbiology 23, 386–390.
- Dinkel A, Kern S, Brinker A, Oehme R, Amélie V, Giraudoux P, Mackenstedt U and Romig T (2011) A real-time multiplex-nested PCR system for coprological diagnosis of *Echinococcus multilocularis* and host species. *Parasitology Research* 109, 493–498.
- Elnifro EM, Cooper BD, Ashshi AM and Klapper P (2000) Multiplex PCR: optimization and application in diagnostic virology. *Clinical Microbiology Reviews* 13, 559–570.
- Henegariu O and Al E (1997) Multiplex PCR: critical parameters and step-by-step protocol. Biotechniques 23, 504–511.
- HołodyZaręba J, Zaręba KP and Kędra B (2013) Assessment of the accuracy of preoperative imaging methods in the diagnosis of hepatic single-chamber echinococcosis. Polski Przeglad Chirurgiczny 85, 693–698.
- **Jacobs DE, Zhu X, Gasser RB and Chilton NB** (1997) PCR-based methods for identification of potentially zoonotic ascaridoid parasites of the dog, fox and cat. *Acta Tropica* **68**, 191–200.
- Li T, Ito A, Nakaya K, Qiu J, Nakao M, Zhen R, Xiao N, Chen XW, Giraudoux P and Craig PS (2008) Species identification of human echinococcosis using histopathology and genotyping in northwestern China. Transactions of the Royal Society of Tropical Medicine & Hygiene 102, 585–590.
- Ma J, Wang H, Lin G, Zhao F, Li C, Zhang T, Ma X, Zhang Y, Hou Z, Cai H, Liu P and Wang Y (2015) Surveillance of Echinococcus isolates from Qinghai, China. Veterinary Parasitology 207, 44–48.
- McManus DP, Zhang W, Li J and Bartley PB (2003) Echinococcosis. *Lancet* **362**, 1295–1304.
- McManus DP, Gray DJ, Zhang W and Yang Y (2012) Diagnosis, treatment, and management of echinococcosis. *British Medical Journal* 344, e3866–e3866.
- Mesut B, Gulbiz KM, Sabri Y, Erdem Y, Ravza Y, Dilek S, Murat A and Oguz BE (2016) Multimodality imaging in diagnosis and management of alveolar echinococcosis: an update. *Diagnostic and Interventional Radiology* 22, 247–256.
- Nakao M, Sako Y, Yokoyama N, Fukunaga M and Ito A (2000) Mitochondrial genetic code in cestodes. *Molecular and Biochemical Parasitology* 111, 415–424.
- Nakao M, Lavikainen A, Yanagida T and Ito A (2013) Phylogenetic systematics of the genus *Echinococcus* (Cestoda: Taeniidae). *International Journal for Parasitology* 43, 1017–1029.
- Orkhontuul S, Batbold B, Avaajigmed L, Tugbayar T, Tsetsegdelger M, Tsogtsaikhan S, Enkhsaikhan L, Yanagida T, Nishikawa Y and Ito A (2018) Cerebral cystic echinococcosis in Mongolian children caused by, Echinococcus canadensis. Parasitology International 67, 584–586.
- Piccoli L, Bazzocchi C, Brunetti E, Mihailescu P, Bandi C, Mastalier B, Cordos I, Beuran M, Popa LG, Meroni V, Genco F and Cretu C (2013) Molecular characterization of *Echinococcus granulosus* in south-eastern Romania: evidence of G1–G3 and G6–G10 complexes in humans. Clinical Microbiology and Infection 19, 578–582.

Polz MF and Cavanaugh CM (1998) Bias in template-to-product ratios in multitemplate PCR. *Applied and Environmental Microbiology* **64**, 3724–3730.

- Schweiger A, Grimm F, Tanner I, Müllhaupt B, Bertogg K, Müller N and Deplazes P (2012) Serological diagnosis of echinococcosis: the diagnostic potential of native antigens. *Infection* 40, 139–152.
- Sarink M, Koelewijn R, Slingerland B, Tielens A, Van Genderen P and Van Hellemond J (2018) Performance of the commercially available SERION ELISA classic *Echinococcus* igg test for the detection of cystic echinococcosis in clinical practice. *Journal of Helminthology* 93, 1–4. doi: 10.1017/S00221 49X18000536.
- Wang N, Wang Y, Ye Q, Yang Y, Wan J, Guo C, Zhan J, Gu X, Lai W, Xie Y, Peng X and Yang G (2018) Development of a direct PCR assay to detect *Taenia multiceps*, eggs isolated from dog feces. *Veterinary Parasitology* **251**, 7–11.
- Xiao N, Qiu J, Nakao M, Li T, Yang W, Chen X, Schantz PM, Craig PS and Ito A (2006a) *Echinococcus shiquicus*, a new species from the Qinghai—Tibet plateau region of China: discovery and epidemiological implications. *Parasitology International* 55, S233–S236.
- Xiao N, Nakao M, Qiu J, Budke CM and Giraudoux P (2006b) Dual infection of animal hosts with different *Echinococcus* species in the eastern

- Qinghai-Tibet plateau region of China. American Journal of Tropical Medicine and Hygiene 75, 292–294.
- Yang GJ, Liu L, Zhu HR, Griffiths SM, Tanner M, Bergquist R, Utzinger J and Zhou XN (2014) China's sustained drive to eliminate neglected tropical diseases. The Lancet Infectious Diseases 14, 881–892.
- Yang D, Zhang T, Zeng Z, Zhao W, Zhang W and Liu A (2015) The first report of human-derived G10 genotype of *Echinococcus canadensis* in China and possible sources and routes of transmission. *Parasitology International* 64, 330–333.
- Zhang W and McManus DP (2006) Recent advances in the immunology and diagnosis of echinococcosis. FEMS Immunology and Medical Microbiology 47, 24–41.
- Zhang T, Yang D, Zeng Z, Zhao W, Liu A, Piao D, Jiang T, Cai J, Shen Y, Liu H and Zhang W (2014) Genetic characterization of human-derived hydatid cysts of *Echinococcus granulosus sensu lato* in Heilongjiang Province and the first report of G7 genotype of *E. canadensis* in humans in China. *PLoS One* 9, e109059.
- Zhenghuan W, Xiaoming W and Xiaoqing L (2008) Echinococcosis in China, a review of the epidemiology of *Echinococcus* spp. *EcoHealth* 5, 115–126.