

表2 リアルタイムPCR法で検査した食中毒事例

事例番号	発生年月日	検査までの日数	原因施設	原因食品	患者数/喫食者数	原因物質	検出および分離状況 (陽性献体数/検体数)				培養法	
							リアルタイムPCR法	1回	2回	3回		最終
1	平成14年 10月4日	6	野外・遠足	山水	23/33	腸管病原性大腸菌 O:125, O:166, O:UT astA4陽性大腸菌 O:1, O:UT	1/7	-	-	4/22	7/22	5/22
2	9月3日	3	飲食店	委託給食	22/46	astA4陽性大腸菌 O:18, O:20, O:114, O:159, O:UT ノロウイルス	1/5	-	-	6/10	6/10	3/10
3	平成15年 10月1日	2	式典	昼食弁当	437/1354	ウエルシュ菌 O:13, O:16	5/5	-	-	7/12	7/12	10/12
4	平成16年 6月11日	6	キャンプ	焼肉	4/8	カンピロバクター・ジエジュニ	1/4	-	-	1/8	1/8	5/8
5	6月12、13日	6~7	飲食店	焼肉	30/UN	カンピロバクター・ジエジュニ	4/5	-	-	8/12	8/12	10/12
6	6月17日	5	学校調理室	調理実習	31/41	カンピロバクター・ジエジュニ	4/5	-	-	12/14	12/14	17/20
7	7月8日	1	飲食店	チャーハン	6/6	セレウス菌(嘔吐型)	1/1	-	-	2/6	2/6	2/6
8	10月11日	3	高等学校	昼食	26/47	ウエルシュ菌 O:16, O:UT	1/5	-	-	3/6	3/6	4/6
9	11月5-7日	5~7	一般食堂	食事	5	カンピロバクター・ジエジュニ	2/5	-	-	2/5	2/5	2/5
10	平成17年 1月8-21日	数日	保育園	不明	24/73	腸管病原性大腸菌 O26 ノロウイルス	-	-	14/14	8/22	8/22	8/22
11	9月28-30日	1~3	刑務所	給食	113/600	astA4陽性大腸菌 ウエルシュ菌	1/5	-	-	14/14	14/14	41/46
12	10月2-6日	1~5	小中学校	不明	39/94	astA4陽性大腸菌 腸管病原性大腸菌 カンピロバクター・ジエジュニ エロモナス・ヒドロフライ	5/5	-	-	5/5	5/5	1/46 不能 不能
13	平成18年 5月28-30日	0~2	一般食堂	食事	27/34	黄色ブドウ球菌 astA4陽性大腸菌	2/5	-	-	2/5	2/5	4/8
14	7月4日	0	寮の給食施設	弁当	34/51	ウエルシュ菌	1/5	-	-	8/8	8/8	19/50
15	8月16日	1	飲食店	チャーハン	15/34	セレウス菌(嘔吐型)	1/4	-	-	1/4	1/4	2/4
16	8月23-29日	2~8	寮の給食施設	給食	19/43	カンピロバクター・ジエジュニ astA4陽性大腸菌	3/5	-	-	6/9	8/9	9/14
17	9月2日	3	仕出店	仕出し	14/49	TDH産生腸炎ビブリオ	4/5	-	-	4/6	4/6	3/6
18	12月22日	5	一般食堂	食事	12/12	カンピロバクター・ジエジュニ	3/5	-	-	4/9	4/9	4/10
19	平成19年 7月4日	6	一般食堂	食事	7/11	カンピロバクター・ジエジュニ	1/2	-	-	1/2	1/2	2/3
20	10月21日	1	宿泊施設	食事	7/13	腸管病原性大腸菌 プレシオモナス・シガロイデス	2/5	-	-	3/5	3/5	不能
21	11月29日	1	一般食堂	食事	8/13	カンピロバクター・ジエジュニ astA4陽性大腸菌	3/5	-	-	4/7	4/7	2/5
					1/5		-	-	4/7	4/7	4/7	4/7
合計					54/93		58.1%			110/191	162/292	55.4%

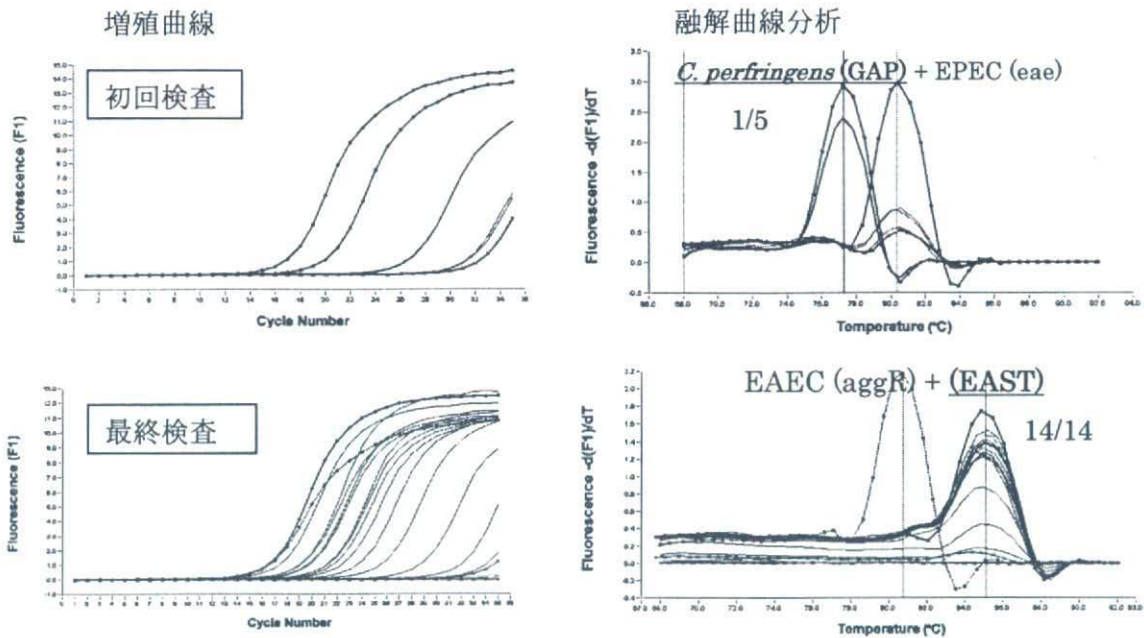


図 1 事例 1 1 刑務所における *astA* 陽性大腸菌による食中毒

Duplex PCR における標的遺伝子を保有する菌種名と括弧内のプライマー名を融解曲線の Tm 値が低い順に示した。PCR 陽性を示した菌種とプライマー名をアンダーライン付き太字で示し、その陽性コントロールを—●—、陽性例が少ないか陰性であった菌の陽性コントロールを--○--で示す。

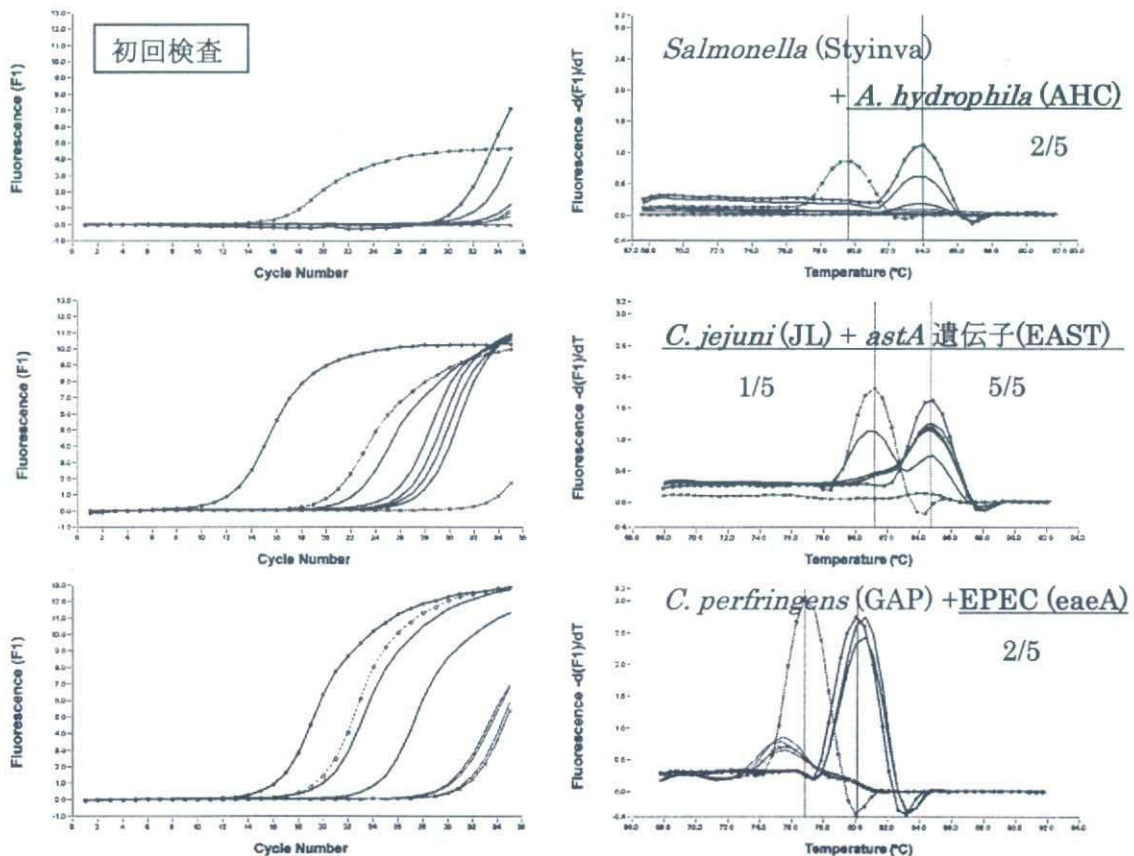


図 2 事例 12 小中学校における原因不明の集団腸管感染症

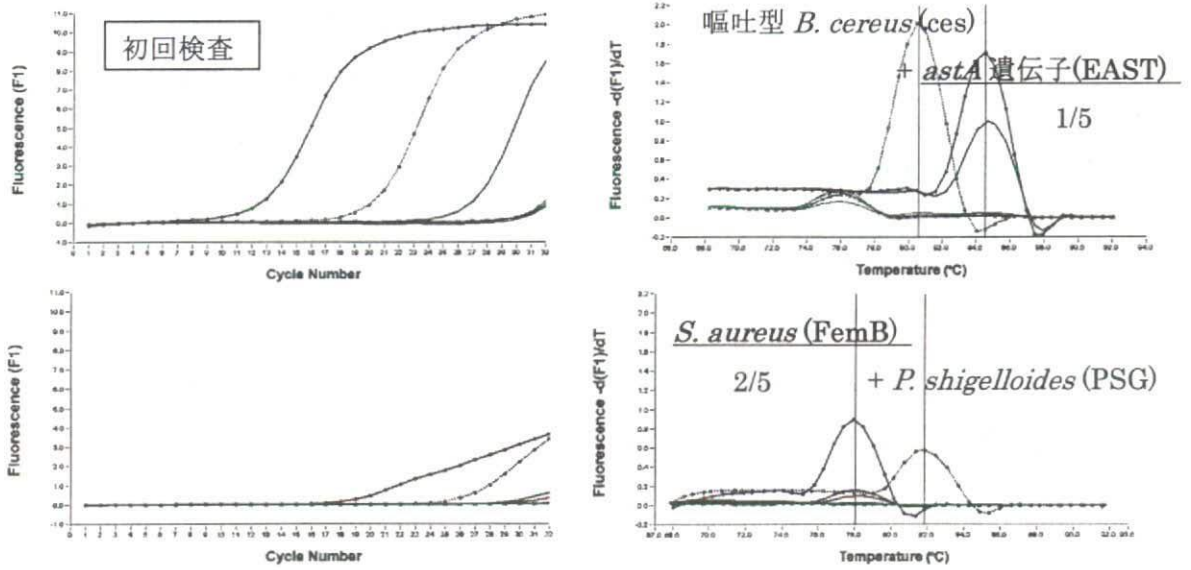


図3 事例13 バイキング料理による黄色ブドウ球菌食中毒事例

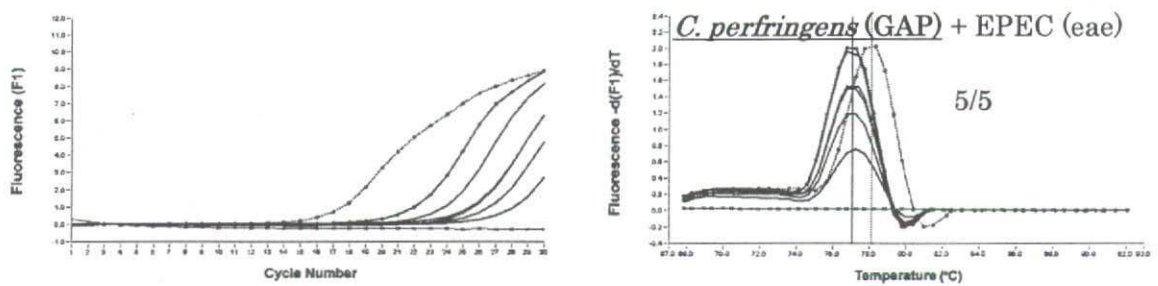


図4 事例14 学生寮における給食（仕出し弁当）によるウエルシュ菌食中毒

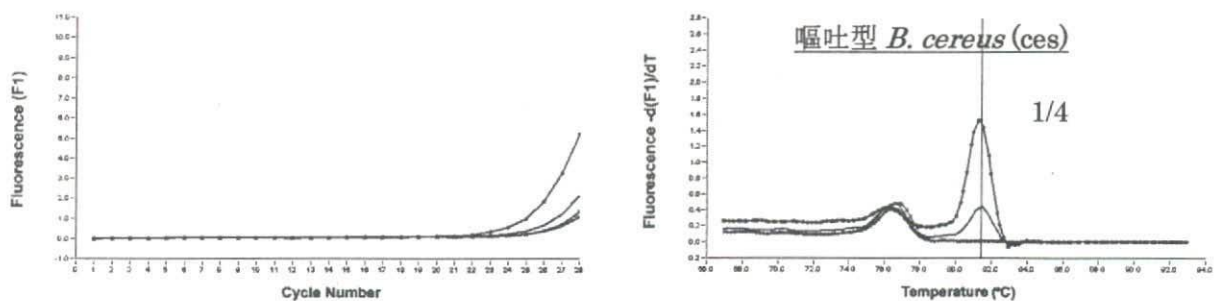


図5 事例15 チャーハンによる *B. cereus* 食中毒事例

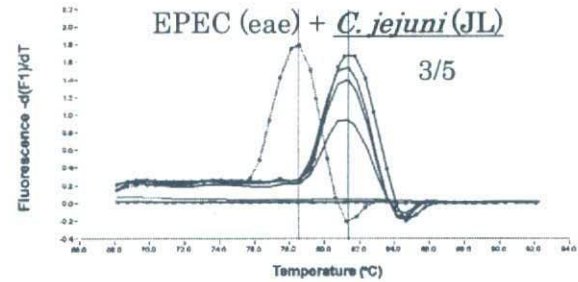
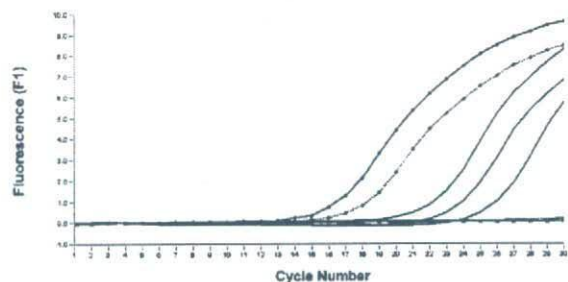
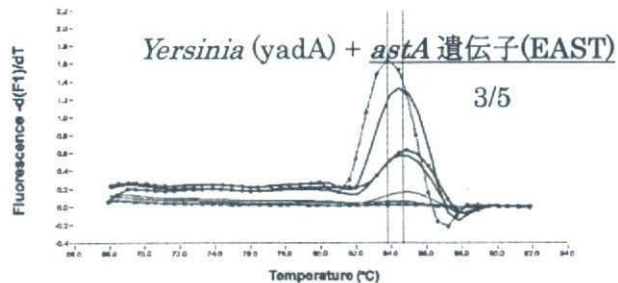
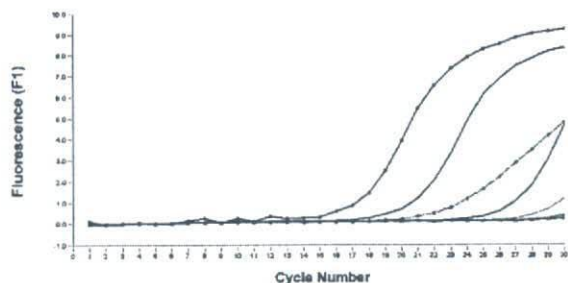


図6 事例16 学生寮の給食による *C. jejuni* と *astA* 陽性大腸菌による食中毒事例

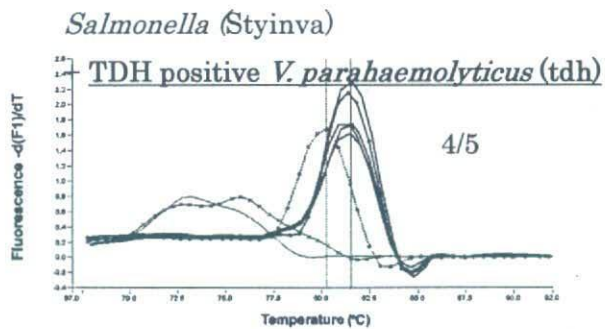
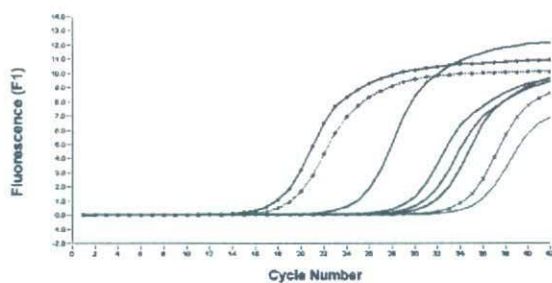


図7 事例17 法事の仕出し料理による腸炎ビブリオ食中毒事例

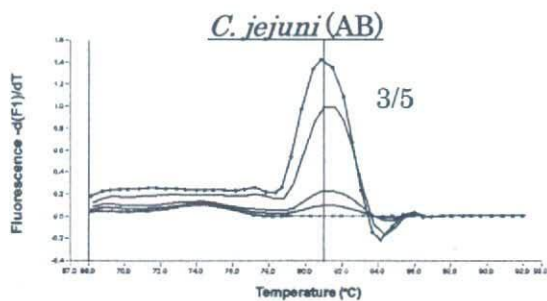
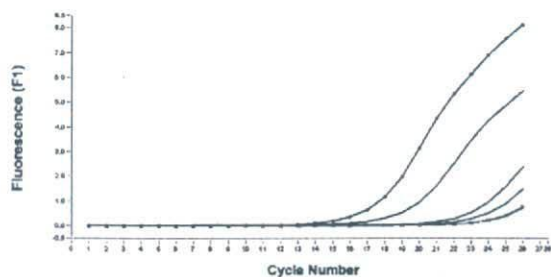


図8 事例18 焼き鳥による *C. jejuni* 食中毒事例

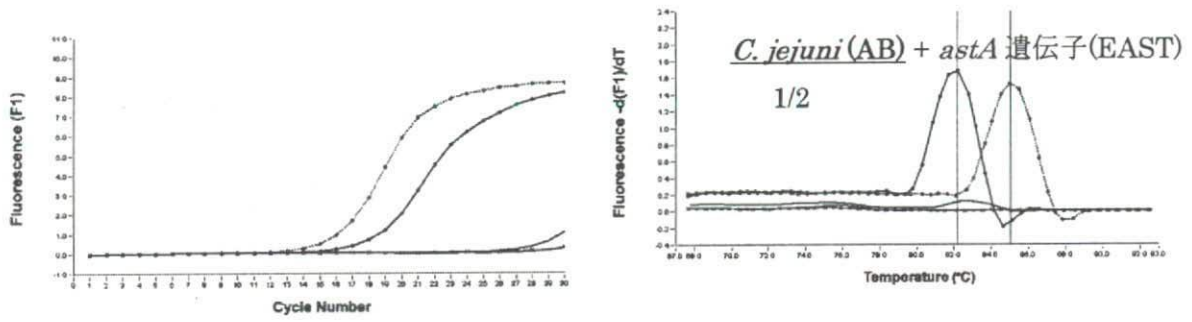


図9 事例19 焼き肉による *C. jejuni* 食中毒事例

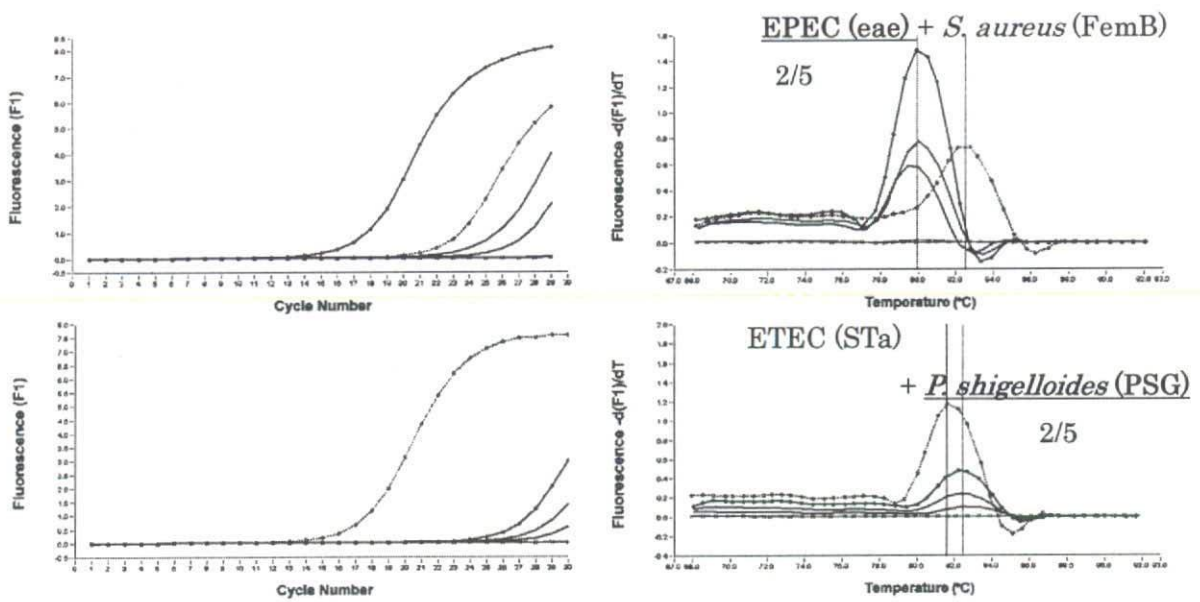


図10 事例20 会食による病原性大腸菌と *P. shigelloides* による食中毒事例

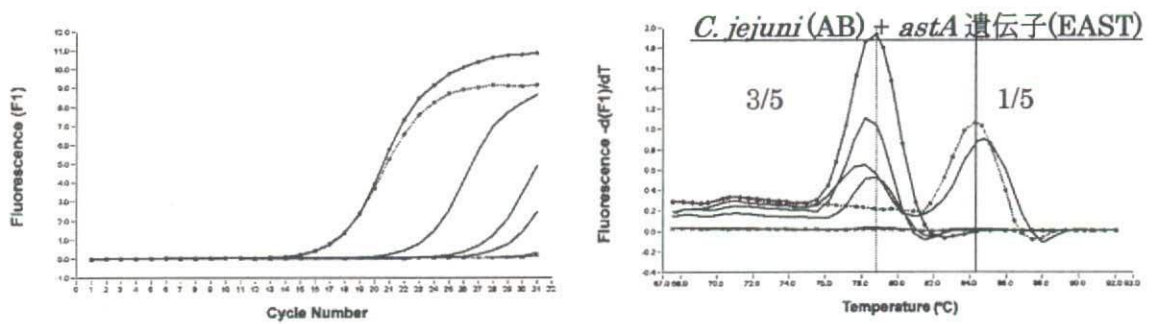


図11 事例21 焼肉による *C. jejuni* による食中毒事例

Comprehensive and Rapid Real-Time PCR Analysis of 21 Food-borne Outbreaks

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SUMMARY

A set of four duplex SYBR Green I PCR (SG-PCR) assay combined with DNA extraction using QIAamp DNA Stool Mini kit was evaluated for the detection of food-borne bacteria from 21 food-borne outbreaks. The causative pathogens were detected in almost all cases in 2 h or less. The first run was for the detection of 8 main food-borne pathogens in 5 stool specimens within 2h and the second run was for the detection of other unusual suspect pathogens within a further 45 min. After 2 to 4 days, the causative agents were isolated and identified. The results proved that for comprehensive and rapid molecular diagnosis in food-borne outbreaks, Duplex SG-PCR assay is not only very useful, but is also economically viable for one-step differentiation of causative pathogens in fecal specimens obtained from symptomatic patients. This then allows for effective diagnosis and management of food-borne outbreaks.

Key words: Real-Time SYBR Green I PCR, Food-borne Pathogens, Food-borne outbreak, Feces, *Salmonella*, *Campylobacter jejuni*, *Clostridium perfringens*, *Bacillus cereus*, EHEC, *astA*-positive *E. coli*, *Staphylococcus aureus*, TDH-producing *Vibrio parahaemolyticus*, *Plesiomonas shigelloides*

INTRODUCTION

The introduction of real-time PCR in food-borne outbreak investigations provides an opportunity for rapid detection of pathogens in food and clinical settings [5]. The benefits to public health administration from rapid real-time PCR assays are most notable after comprehensive and rapid detection of bacteria. The results can quickly inform a public health administrator about the causative pathogens of food-borne outbreak, allowing a more accurate, effective and timely response. Abubakar et al.[2] implied in the Health Technology Assessment program (now part of the National Institute for Health Research, UK), that the feasibility of conversion to

rapid methods such as multiplex PCR and DNA microarrays is dependent on localized considerations, including the community prevalence rates for specific pathogens, the skill base and subsequent training costs for laboratory staff and spare capacity available to ensure adequate laboratory space for new equipment. Although these tests look promising, further studies are necessary to assess their usefulness [2].

Apart from saving time, real time PCR is sensitive, highly specific and offers the potential for quantification [19]. The risk of cross-contamination is significantly reduced, and high-throughput performance and automation are possible since no post-PCR manipulations are required [7]. In

principle, two different chemistries are available for real-time detection of PCR products: fluorescent probes that bind specifically to certain DNA sequences and fluorescent dyes that intercalate into any double-stranded DNA. Fluorescent-probe based real-time PCR (TaqMan PCR) studies to detect causative pathogens from food-borne outbreaks in feces using TaqMan probes have been carried out [7, 13, 14, 19]. TaqMan PCR assays require the availability of primers and probes that must be selected according to very rigid criteria. Use of simple, cheaper double-stranded DNA-binding dye SYBR green I for detection of PCR amplicons (SG-PCR) overcomes this limitation. Therefore, real time PCR could be applied without the need for fluorescent probes [1]. In the absence of probes, the specificity of the reaction is determined on the basis of the melting temperature (T_m). The advantages of SG-PCR over TaqMan PCR include the relative simplicity and reduced cost of SYBR Green I compared to TaqMan probes [24]. Recently, the application of SG-PCR for the detection of food-borne bacteria in different samples has been increased [4, 5, 10, 11, 16]. Duplex SG-PCR assays have been carried out to detect causative bacteria in feces from food-borne outbreaks [7, 9, 10].

We previously reported a set of four duplex SG-PCR assays for one-step differentiation of 8 genes of food-borne pathogens in DNA extracted from 5 feces using 32 capillary tubes of LightCycler (Roche). The first run was for the detection of 8 main food-borne pathogens and the second run was for the other pathogens. We reported here that improved

diagnostic duplex SG-PCR assays were upgraded with new highly sensitive primer pairs for 11 food-borne pathogens. These assays successfully identified the causative pathogens of food-borne outbreaks caused by enteropathogenic *Escherichia coli*, enterohemorrhagic *E. coli*, *astA*-positive *E. coli*, *Plesiomonas shigelloides*, *A. hydrophila*, *Vibrio parahaemolyticus*, *Campylobacter jejuni*, *Clostridium perfringens*, *Bacillus cereus* or *Staphylococcus aureus* in 21 cases from 2002 to 2007. This assay is simple, rapid, inexpensive, reliable as well as suitable for comprehensive, rapid detection of causative pathogens in food-borne outbreaks.

MATERIAL AND METHODS

Bacterial strains. The 27 food-borne bacteria used in this study are *E. coli* (enteroinvasive *E. coli* [EIEC], enteropathogenic *E. coli* [EPEC], enterohemorrhagic *E. coli* [EHEC], enterotoxigenic *E. coli* [ETEC], and enteroaggregative *E. coli* [EAEC]), *Shigella sonnei*, *Salmonella* Enteritidis, *Yersinia enterocolitica*, *Yersinia pseudotuberculosis*, *Providencia alcalifaciens*, *Plesiomonas shigelloides*, *Campylobacter jejuni*, *C. coli*, *Vibrio cholerae*, TDH-positive *V. parahaemolyticus*, TRH-positive *V. parahaemolyticus*, *Aeromonas hydrophila*, *Staphylococcus aureus*, emetic *Bacillus cereus*, enterotoxigenic *B. cereus* and *Clostridium perfringens* (Table 1). Bacterial cultures and viable-cell counting were described in a previous report [10]. For template DNA of each food-borne pathogen as a PCR control, 200µl of each bacterial culture (10^8 CFU/ml) was treated with a QIAamp DNA Stool Mini kit (Qiagen) in the same procedure as the following stool

treatments.

Primer design. The 22 primer pairs used in this study for the detection of *E. coli* (EIEC, EPEC, EHEC, ETEC, and EAEC), *Salmonella enterica*, *Shigella* spp., *Y. enterocolitica*, *Y. pseudotuberculosis*, *P. alcalifaciens*, *C. jejuni*, *C. coli*, *V. cholerae*, *V. parahaemolyticus*, *A. hydrophila*, *P. shigelloides*, *S. aureus*, *C. perfringens*, and *B. cereus*) were described in our previous reports [9,10] for cases 1 to 19. The newly designed 22 primer pairs listed in Table 2 were used for cases 19 to 21. In this study, 10 primer pairs (marked with * in Table 2) were newly designed or selected from earlier publications (see Table 2 references). The 4 primer pairs (*ces*, *yadA-X*, *CCceuE* and *aggR-Z*) were newly designed. The *ces* primer was constructed from cereulide synthetase gene of emetic *B. cereus* [7], the *yadA-X* primer from *yadA* gene on the plasmid present in virulent *Yersinia* spp. [26], the *CCceuE* primer from *ceuE* gene encoding of a lipoprotein component of a binding-protein-dependent transport system for the siderophore enterochelin of *C. coli* [12] and the *aggR-Z* primer from *aggR* gene encoding of a transcriptional activator for EAEC aggregative adherence fimbria I expression [20]. To determine the specific primers *ces*, *yadA-X*, *CCceuE* and *aggR-Z*, the genes of *ces*, *yadA*, *ceuE* and *aggR* that were expected to be unique were selected with the BLAST (Basic Local Alignment Search Tool) program within GenBank and were designed by Biosearch Technologies Inc. (USA). Other primer pairs were those used in earlier publications (see Table 2 references). All oligonucleotide primers were

synthesized by Invitrogen (Yokohama, Japan) or Biosearch Technologies Inc. (USA).

Duplex SG-PCR with feces. Feces (1 g) from 5 patients were weighed aseptically from the mass sample collected for virological inspection, placed into sterile tubes, and homogenized with 9 ml of distilled water. Then, 200- μ l of stool suspension was treated with a QIAamp DNA Stool Mini kit. For real time PCR, we used SYBR *Premix EX Taq* (Takara, Japan), 32 glass capillary tubes, and a LightCycler instrument (Roche Diagnostics, Mannheim, Germany) as described by the manufacturer. Duplex SG-PCR was performed using 32 glass capillary tubes with 4 groups of 2 primer sets on the LC instrument for each run. Analysis of each group of primer pairs was made in 8 glass capillary tubes, each of which included 1 negative DNA control consisting of PCR-grade water, 2 positive controls, and template DNA from 5 feces. The first run of duplex SG-PCR was analyzed using 4 primer sets selected from 11 primer sets described in our previous reports [9, 10]. The newly first run primer set including *eae* plus *FemB*, *AB* plus *EAST1*, *Tdh* plus *Ces-TM* and *StyinvA* plus *GAP* (see Table 2) was used for analysis of cases 19 to 21. The second run was analyzed using 4 primer sets selected from the following primer sets: *LT* plus *AHH1*, *STa* plus *PSG*, *aggR-Z* plus *virA*, and *SG* plus *PAG* and the third run using *yadA-X* plus *CCceuE*, and *hlyA* plus *Trh*. The *eaeA*-positive samples were analyzed by simple PCR using primers *JMS1* and *JMS2*. Each reaction tube contained 10 μ l of SYBR *Premix EX Taq*, 6.8 μ l of PCR-grade H₂O, 0.4 μ l of both forward and reverse

primers (10 μ M) for the target gene of two food-borne pathogens and 2 μ l of template DNA in a 20- μ l PCR mixture. The assay cycling profile was 95°C for 10 min, followed by 30 cycles of denaturation at 95°C for 5 s and then annealing at 60°C for 20 s.

Fluorescence signals were measured once per cycle at the end of the extension step. After PCR amplification, a melting temperature curve analysis was done. Next, the LightCycler PCR products were cooled to 65°C and then heated to 95°C at a rate of 0.1°C per s. The fluorescence signals obtained were continuously monitored to confirm amplification specificity during 1 h of analysis. The products' melting temperature peaks were calculated by performing 10 or more assays per sample and were based on the initial fluorescence curve found by plotting the negative derivative of fluorescence over temperature versus temperature. To quantify target bacteria in feces, DNA samples extracted with the QIAamp DNA Stool Mini kit from target bacteria were used to form a standard curve. Two microliters of a serial 10-fold dilution of DNA (Easy Dilution from Takara, Japan) were prepared and analyzed under the conditions specified above.

Duplex SG-PCR analysis in 21 food-borne

outbreaks. 21 food-borne outbreak cases examined by duplex SG-PCR in Shimane Prefecture, Japan from 2002 to 2007 are shown in Table 3.

RESULTS AND DISCUSSION

Duplex SG-PCR procedures.

We previously reported duplex SG-PCR assays for detection of 19 species of food-borne pathogens using 22 primer pairs [9, 10]. After that, more accurate

duplex SG-PCR assays were designed by 10 more sensitive and specific primers including 6 primers (FemB, AB, ces-TM, Styinva, SG and AHH1) selected from earlier publications (see references in Table 2) and 5 new primers (eae, aggR-Z, yadA-X, and CCceuE) constructed in this study. The new primer set was used for cases 19 to 21. Real-time SG-PCR procedures using 22 primer pairs for the detection of 15 bacterial species, including 5 *E. coli* subgroups, were developed for the duplex assay. The primer sequence, target, SG-PCR product size, T_m values (mean plus standard deviation from a range of 10 assays), specificities, and references are summarized and listed in Tables 1 and 2. The primer virA detects *virA* gene of *Shigella* spp. and EIEC, the primer eae detects *eaeA* gene of EPEC and EHEC, and the primer EAST-1 detects *astA* gene of EAEC and ETEC. Primer hlyA detected *hlyA* gene of *V. cholerae* strains O1 and O139 as well as non-O1 strains. The primer SG for the detection of *nheB* (nonhemolytic enterotoxin B) gene of *B. cereus* cross-reacts with enterotoxigenic and emetic strains and the primer ces-TM detects cereulide synthetase gene of emetic strain of *B. cereus*. The *nheB* and *ces* gene positive strains were identified with emetic strains and the *nheB* gene positive and *ces* gene negative strains with enterotoxigenic strains. A new primer yadA-X for *Yersinia* adhesion reacts with virulent *Y. enterocolitica* and *Y. pseudotuberculosis*, but not with nonpathogenic strains of *Yersinia* spp. (data not shown). Other primers, including new primers aggR-Z and CCceuE, specifically detect each gene of EAEC and *C. coli*. Food-borne outbreak

Investigation Report

(<http://www.mhlw.go.jp/topics/syokuchu/>), Ministry of Health, Labor and Welfare, Japan during 2005 to 2007 shows that 97% of food-borne outbreaks were caused by the following 7 species of food-borne pathogens: *S. enterica* (58.3%), *C. jejuni* (15.2%), TDH-producing *V. parahaemolyticus* (8.3%), *S. aureus* (7.2%), *C. perfringens* (3.6%), emetic *B. cereus* (1.6%), and EHEC (2.9%); and other virulent *E. coli* (2.1%) which include *astA*-positive *E. coli* which is a strain of *E. coli* that does not possess any diarrheagenic characteristics except the EAEC heat-stable toxin 1 (EAST1) gene and is frequently isolated in diarrhea outbreaks [23]. Using of 4 primer sets of 2 primer pairs, including newly selected or designed 6 primer pairs, for the detection of 7 main food-borne pathogens and *astA*-positive *E. coli* in the first run of duplex SG-PCR brought out the comprehensive, rapid and sensitive detection of causative pathogens in food-borne pathogens to cases 19 to 21 (Table 2 and Figures 1 and 2). The second run of duplex SG-PCR used 4 primer sets and the final run utilized 2 primer sets selected from the remaining 4 primer pairs. The primers JMS1 and JMS2 were used for the single PCR detection of *stx1* and/or *stx2* genes from the *eaeA* gene-positive samples for the confirmation of EHEC. Figures 1 and 2 show the T_m curves of the duplex SG-PCR products of the template DNA samples in each run. In duplex SG-PCR assay with two primer pairs, each PCR product was generated with a different T_m curve. These could be resolved in a LightCycler by using T_m curve analysis when a target bacterium was present in

the reaction tube.

Using duplex SG-PCR for identification of the causative agent in 21 food-borne outbreaks.

Table 3 shows epidemiological and clinical investigations in 21 food-borne outbreaks examined by duplex SG-PCR analysis in Shimane Prefecture, Japan from 2002 to 2007. From samples of feces, we used a combination of duplex SG-PCR assay with DNA extraction using a QIAamp DNA Stool Mini kit. The SG-PCR assay is rapid, specific, and sensitive as a detection technique. The DNA extraction of 5 stool specimens with the QIAamp DNA Stool Mini kit was carried out within 1 h and it effectively removed inhibitors present in feces. The duplex SG-PCR assay was also carried out within 1 h. The 8 species (listed previously) of food-borne bacteria, which included 3 groups of *E. coli*, were detected from 110 (57.6%) of 191 feces in 21 cases by duplex SG-PCR. Then these causative agents were isolated and identified after 2 to 4 days. With the exception of two cases (cases 10 and 11), the first run of duplex SG-PCR confirmed the presence of a pathogen in 54 (58.1%) of 93 feces in 19 (90.5%) cases within 2 h. The exceptions were case 10 where a confirmation test was necessary to detect the *eaeA* gene of EHEC O26 and case 11 where *astA*-positive *E. coli* was detected on the third run. In the first run, DNA samples extracted from 5 feces (1, 3, 4 or 7 feces in 6 cases) of symptomatic patients were used and the causative pathogens were detected from 1 to 5 samples; 1 (in 8 cases: 1, 2, 4, 7, 8, 15, 19 and 21), 2 (in 3 cases: 9, 13, and 20), 3 (in 3 cases: 16, 18, and 21), 4 (in 3 cases: 5,

6, and 17) and 5 samples (in 3 cases: 3, 12, and 14). Then the causative pathogens were later isolated in a routine laboratory. In cases 11 and 12, *C. perfringens* or *C. jejuni* was detected by duplex SG-qPCR with more than 10^5 CFU/g feces from only 1 sample and *C. perfringens* was then also isolated from only 1 of 46 samples and *C. jejuni* from only 1 of 16 samples by culture method. Therefore, the infections with both these pathogens were determined to be sporadic cases and they were immediately eliminated as causative pathogens in cases 11 and 12. It was confirmed that duplex SG-PCR analysis of 5 feces collected from symptomatic patients was ultimately the most effective screening method for food-borne pathogens in food-borne outbreaks [9, 10].

Duplex SG-PCR rapidly and accurately demonstrated that 12 (57.1%) of 21 cases were caused with a single food-borne pathogen such as *C. jejuni* (6 cases), *C. perfringens* (3 cases), *B. cereus* (2 cases) and TDH-producing *V. parahaemolyticus* (one case). There were also 7 (33.3%) cases with plural food-borne bacterial pathogens (such as *astA*-positive *E. coli*, EPEC, *C. jejuni*, *C. perfringens*, *A. hydrophila* and *P. shigelloides*) and 2 (9.5%) cases with food-borne bacterial pathogens (*astA*-positive *E. coli* or EHEC O:26) and norovirus. In cases 2 and 10, although detection of norovirus is out of the scope of our work, norovirus and food-borne bacterial pathogens were concomitantly detected by conventional PCR analysis in our virological laboratory. In case 2 in which norovirus was detected in 6 of 7 feces, the *astA* gene of EAEC was detected from 7 of 10 feces and then *astA*-positive *E.*

coli strains were isolated from 6 samples. In case 10 in which norovirus was detected from 20 of 22 feces, the *eae* gene of EPEC or EHEC was detected from 8 of 22 feces and EHEC O26 strains were isolated from 8 of 22 feces. In 7 cases (cases 1, 11, 12, 13, 16, 20 and 21), the pathogenic *E. coli* strains belonging to *astA*-positive *E. coli* and/or EPEC were concomitantly detected with other food-borne bacterial pathogens. In case 1, the *eae* gene of EPEC or EHEC was detected from 4 of 22 feces and the *astA* gene of EAEC was detected in 3 other feces. However, duplex SG-PCR could not detect other virulent genes, including the *stx1* and *stx2* genes of EHEC. Then EPEC strains were later isolated from 5 feces and *astA*-positive *E. coli* from 4 other feces. In case 12, the *astA* gene of EAEC was detected in all 5 feces and the *eae* gene of EPEC or EHEC in 2 feces, but duplex SG-PCR could not detect other *E. coli* virulent genes. The subsequent bacteriological examination could not isolate pathogenic *E. coli* among nonpathogenic *E. coli* flora. In case 16, the *C. jejuni* specific gene was detected in 6 of 9 feces and the *astA* gene of EAEC was detected in 5 feces (both genes from 3 feces). *C. jejuni* strains were then isolated from 9 of 14 feces, but we were not able to isolate the pathogenic *E. coli* strain among nonpathogenic *E. coli* flora. In cases 19 to 21 analyzed improved real time PCR using 8 primers for the detection of 7 main food-borne bacteria and *astA*-positive *E. coli*, *C. jejuni*, EPEC or *astA*-positive *E. coli* were detected from 1 to 3 fecal samples on the first run and the absence of the other main food-borne bacteria in the analyzed samples was readily

confirmed. In case 20, the *eae* gene of EPEC or EHEC was detected from 2 of 5 fecal samples on the first run and the *gyrB* gene of *P. shigelloides* were detected separately from other 2 fecal samples on the second run. Then *P. shigelloides* strains were isolated from 2 feces, but isolation of the EPEC strain was very difficult due to the presence of large nonpathogenic *E. coli* flora in the feces.

In almost all cases, the duplex SG-PCR assay first run detected these causative agents from the more than one of the five feces. Then, in almost all cases, the presence of a causative agent (presumed from duplex SG-PCR assay) was confirmed by the results of the final SG-PCR assay run and the bacteriological cultivation of additional feces. These findings confirmed that for food-borne outbreaks duplex SG-PCR is a useful tool for the rapid detection of both single and multiple pathogens.

Quantification of the causative agent in 14 food-borne outbreak cases.

Fig 2 shows the relationship between CFU and DNA copy of food-borne pathogens using SG-quantitative PCR (qPCR) assay in 71 feces from 14 cases examined by viable cell counting. There was no correlation ($r^2 = 0.1183$) between CFU and DNA copy of food-borne pathogens in feces, although almost all pathogens were detected by SG-PCR from feces registering more than 10^3 CFU/g by viable cell counting. By using SG- qPCR assay combined with DNA extraction using the QIAamp DNA Stool Mini kit, Bibbal *et al.* [3] reported a significant correlation between CFU and DNA copy of ampicillin-resistant *Enterobacteriaceae* in swine feces. Fu *et al.* [8]

reported a significant correlation between CFU and DNA copy of *Lactobacillus* and total anaerobic bacteria in dog feces, but found no correlation between CFU and DNA copy of *C. perfringens*. Although accurate quantifications of food-borne pathogens, including *C. jejuni* and *C. perfringens*, in feces were not completely performed by SG-qPCR in this study, the presence of any food-borne pathogens at more than 10^3 CFU/g feces was certainly confirmed by melting curve analysis. There are two major problems for these differences. One case is different sample preparation that was used for CFU from the feces stored in the transport medium and for qPCR using the mass sample collected for virological inspection. Another cause is the approach used to construct the standard curves that were prepared from pure bacterial cultures. These curves do not relate with the "real" situation of a bacterial quantification in a faecal sample and can in part explain the absence of correlation between CFU and DNA copy of food-borne pathogens in faeces.

In our routine bacteriological diagnostic laboratory, we used duplex SYBR Green I PCR assay combined with DNA extraction via QIAamp DNA Stool Mini kit for the detection of food-borne bacteria from 21 food-borne outbreak cases. The causative bacteria were detected in almost all cases in 2 h or less. The first run was for the detection of 8 main food-borne bacteria and the second run was for the detection of other unusual suspect bacteria. The results proved that for comprehensive and rapid molecular diagnosis in food-borne outbreaks, duplex SG-PCR assay is not only very useful, but is also economically viable for

one-step differentiation of causative bacteria in fecal specimens obtained from symptomatic patients. This then allows for effective diagnosis and management of food-borne outbreak.

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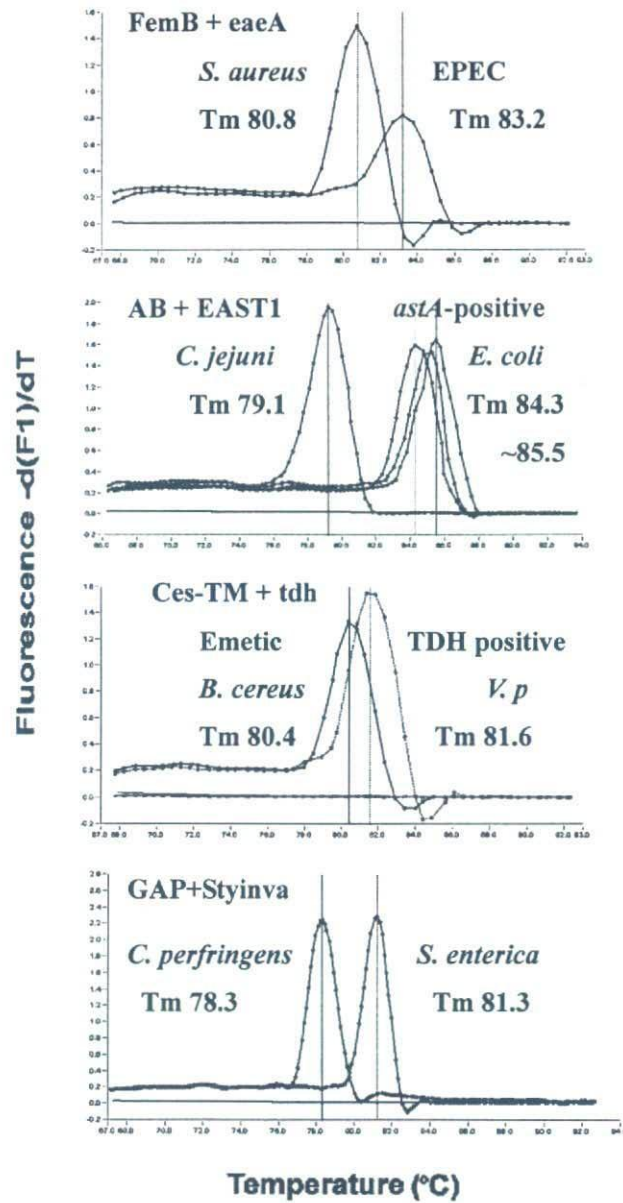


Figure 1 Melting curve analysis of duplex SYBR Green I PCR products in the first run using four primer sets; FemB plus eaeA, AB plus EAST1, ces plus tdh and GAP plus Styinva..

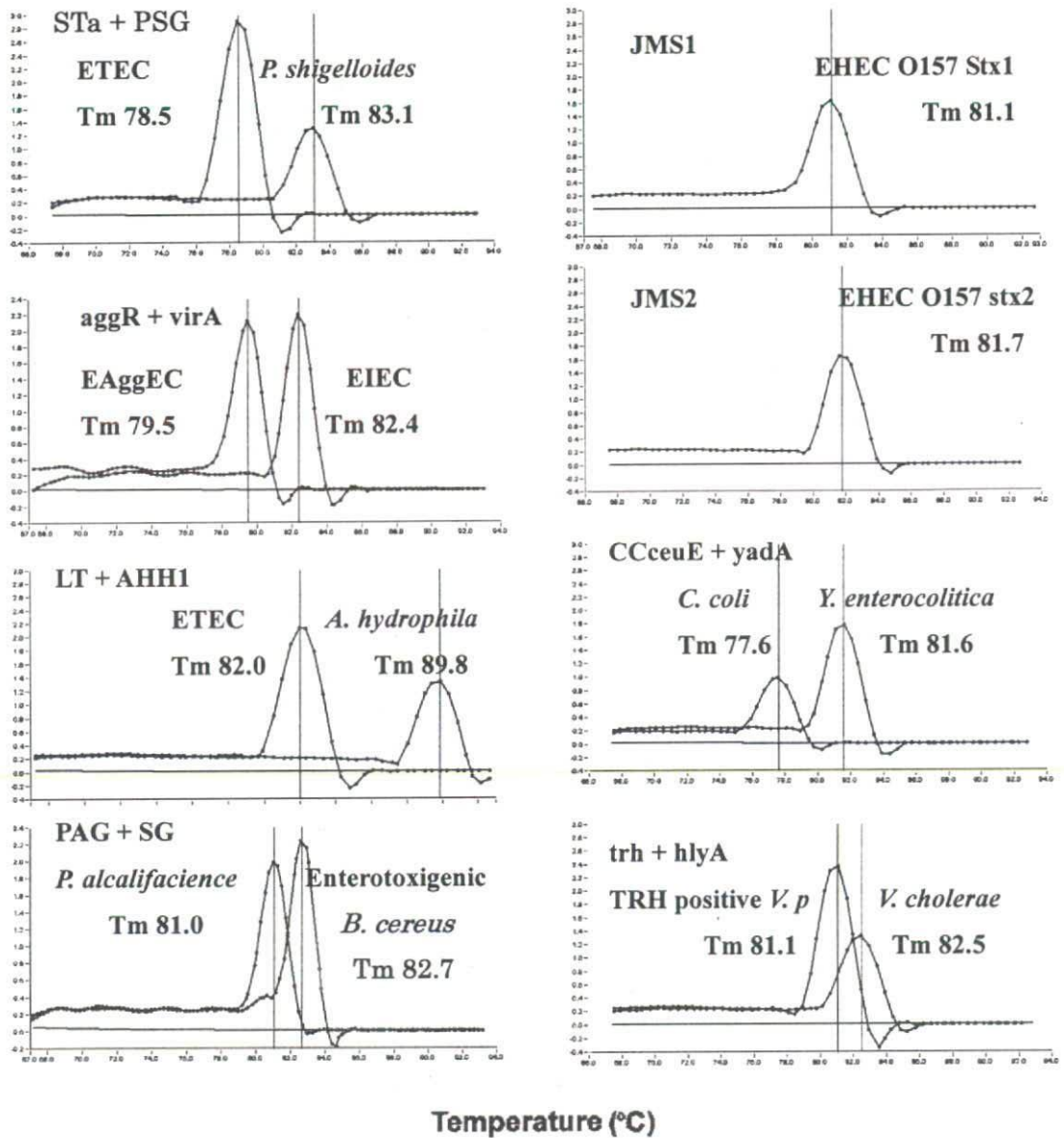


Figure 2 Melting curve analysis of duplex SYBR Green I PCR products in the second run using four primer sets; ST plus PSG, aggR plus virA, LT plus AHH1 and PAG plus SG: the third run using two primer sets; CCcesE plus yadA and trh plus hlyA: and simple PCR with primers JMS 1 and JMS2.

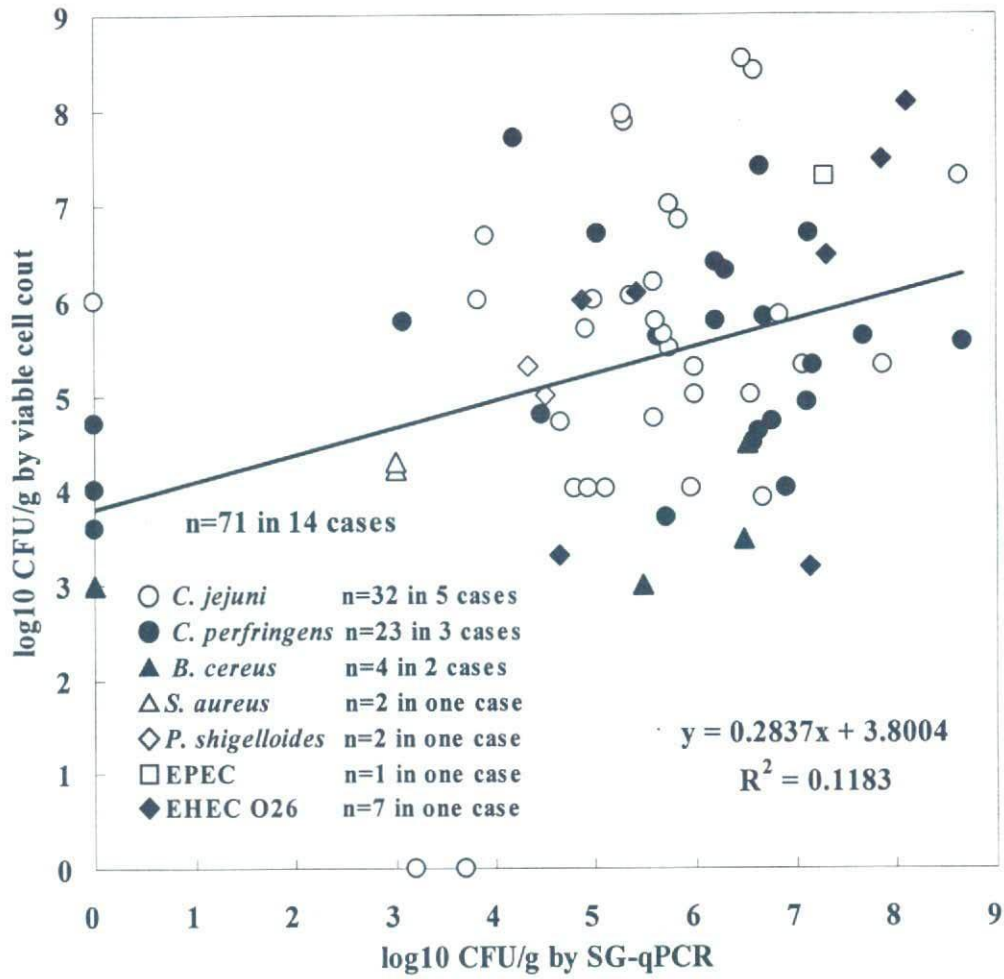


Figure 3 The relationship between CFU and DNA copy of food-borne pathogens in 71 food-borne pathogens-positive feces in 14 food-borne outbreak cases examined by viable cell counting.

Table 1. Bacterial strains assayed by SYBR Green I PCR

Bacterial strains	Sources ^e	PCR results with each primer set (see Table 2)																					
		eae	JMS1	JMS2	LT	STa	EAST-laggR-Z	VirA	StyI	yadA-X	PAG	PSG	AB	CC	hlyA	Tdh	Thh	AHH1	FemB	ces-TM	SG	GAP	
<i>Escherichia coli</i> -EPEC O55 (<i>eaeA</i>)	EC-2736 ^b	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EPEC O153 (<i>eaeA</i> and <i>astA</i>)	EC-2649 ^b	+	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EHEC O26:H11(<i>Stx1</i>)	SE-02005	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EHEC O157:H7 (<i>Stx2</i>)	SE020025	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EHEC O157:H7 (<i>Stx1</i> and <i>Stx2</i>)	SE-02027	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EHEC O148 (LT, ST and <i>astA</i>)	EC-3515 ^b	-	-	-	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EHEC O169 (ST and <i>astA</i>)	EC-4725 ^b	-	-	-	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EAEC O111 (<i>aggR</i> and <i>astA</i>)	EC-4131 ^b	-	-	-	-	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>E. coli</i> -EIEC O124:HNM (<i>virA</i>)	EA32 ^a	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Shigella sonnei</i>	I00031	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Salmonella</i> Enteritidis	Sal-2339	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Yersinia enterocolitica</i> O3/B4	Pa241	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Y. pseudotuberculosis</i> O4b	SP988	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-
<i>Providencia alcalifaciens</i>	NIID124 ^c	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-
<i>Plesiomonas shigelloides</i>	NIID123 ^c	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-
<i>Campylobacter jejuni</i>	SC 009	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-
<i>Campylobacter coli</i>	SC 011	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-
<i>Vibrio cholerae</i> O1	ATCC14035	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-
<i>V. cholerae</i> O139	NIID63-93 ^c	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-
<i>V. cholerae non-O1</i>	SVP84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-
<i>V. parahemolyticus</i> O3:K6 (tdh)	SVP02	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-
<i>V. parahemolyticus</i> O3:K6 (trh)	NIIDK4 ^c	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-
<i>Aeromonas hydrophila</i> O1	ATCC7966	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-
<i>Staphylococcus aureus</i>	SS 05 ^e	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-
Emetic <i>Bacillus cereus</i>	No. 127 ^e	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-
Enterotoxigenic <i>B. cereus</i>	No. 1 ^e	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-
<i>Clostridium perfringens</i>	HZ ^d	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+

^aStrain kindly donated by K. Sugiyama^a, Shizuoka Prefectural Institute of Public Health, Shizuoka; J. Yasuyama^b, Akita Prefectural Institute of Public Health, Akita; M. Tamura and E. Arakawa^c,
^dOther strains except for ATCC numbers are our own collections.

Table 2. 22 pairs of specific primers for SYBR Green I PCR

Primer set for duplex PCR	Species and subgroups	Target gene	N name	Forward or reverse		PCR primers		GenBank accession no.	location	Product size (bp)	T_m values ^a	References
				primers' sequences (5' - 3')	primers' sequences (5' - 3')							
First run	1 <i>Escherichia coli</i> EPEC and EHEC	<i>eaeA</i>	* ^b eae	F2	CATTGATCAGGATTTTCTGGTGATA	Z11541	895-924	106	83.2±0.2	21		
	<i>Staphylococcus aureus</i>	<i>femB</i>	* FemB	fw	CTCATGCGGAAAATAGCCGTTA	AF106850	1000-979	93	80.8±0.3	18		
				rv	AATTAAACGAAATGGCCGAAACA		370-351	86	79.1±0.4	24		
2 <i>Campylobacter jejuni</i>	EHEC	DNA	* AB	F	CTGAATTTGATACTTAAGTGCAGC	AL111168	381135	106	84.9±0.6	30		
				R	AGGCACGCCCTAAACCTATAGCT		381185	106	84.9±0.6	30		
				S	GCCATCAACACACAGATATATCC	L11241	63-82	22				
3 <i>Vibrio parahaemolyticus</i>	EHEC	<i>tdh</i>	* Tdh199	F	GGTACTAAATGGCTGACATC	X54341	601-582	251	81.6±0.3	22		
				R	CCACTACCACCTCTCATATGC		351-370	65	80.4±0.1	This study		
				F	GATGTTTGGCAGCGATGCCAA	DQ360825	8689-8707	119	81.3±0.4	13		
4 <i>Salmonella</i> spp.	EHEC	<i>invA</i>	* JHO-2-right	R	CTTTGGCGGTGATACCCATT	M90846	8793-8734	154	78.3±0.4	17		
				JHO-3-left	TCGTCATTCCATTACCTACC		167-186	190	78.5±0.2	6		
				I1	AAACGTTGAAAACTGAGGA		285-234	68	83.1±0.2	9		
5 ETEC (ST)	<i>Plesiomonas shigelloides</i>	ST	* STa-F	F	GGTTCATTAATTGAAACTGGTG	X81849	583-604	132	82.0±0.3	15		
				I2	AACGCCAATCATATAAATACAGC		712-736	73	81.0±0.2	9		
				R	GCCTAATGTTGGCAATTTTATTCGTGA	M25607	294-321	152	82.7±0.4	29		
6 EAggEC	EHEC & Shigella spp.	<i>aggR</i>	* PSG	R	AGGATFACAACAAGATTCACAGCAGTAA	AJ300545	483-456	133	89.8±0.4	28		
				304-R	TTCCAGTACAGATCCGGCTAA		237-259	97	79.5±0.3	This study		
				F	TGAATCGACACCCAGAGTTC		304-284	215	82.4±0.3	27		
7 <i>Aeromonas hydrophila</i>	ETEC (LT)	<i>virA</i>	* virA-F	R	CAGAAATCGTCAGCATCAGCTACA	Z18751	432-454	132	82.0±0.3	15		
				F	GATCCCTGATGATAATATACGGAA		358-382	215	82.4±0.3	27		
				R	CTGCAATCTGGCAATCTCTTCCACA	D26468	1589-1622	133	89.8±0.4	28		
8 <i>Providencia alcalifaciens</i>	ETEC (LT)	LT	* AHH1	F	TGATGAGCTAACTTCGTAAGCCCTCC	CP000462	1813-1788	132	82.0±0.3	15		
				R	GCAGAGTTCGCCAGGATCAGTT		1653360-82	73	81.0±0.2	9		
				R	GAGCCGCTGGATGCGGTTGT		1653492-73	132	82.0±0.3	15		
9 <i>Yersinia enterocolitica</i>	ETEC (LT)	LT	* PAG	1	AGCAGGTTTCCCACCGGATCAGCA	S60731	613-636	73	81.0±0.2	9		
				2	GTGCTCAGATTCTGGGTCTC		744-725	100	81.6±0.2	This study		
				38F	TCGTCACGGTGTGGGTGT	AJ300547	38-56	152	82.7±0.4	29		
10 <i>Vibrio cholerae</i>	<i>Y. pseudotuberculosis</i>	<i>gyrB</i>	* SG	110R	ACCGTCACGGGGATTACT	DQ153257	110-92	100	81.6±0.2	This study		
				F3	GCACATTTGGCAGTATTTGCGAGC		2101-2123	91	77.6±0.3	This study		
				R3	GCATCTTTAAGCCTCTGGTC		2252-2231	71	82.4±0.1	9		
Singl PCR	<i>Campylobacter coli</i>	<i>yadA</i>	* yadA-X	F	CCAGAACC AATTGCCAATGCCT	X13882	1564-1543	250	81.1±0.1	22		
				R	CTTTAAACAGCTTGTCCAGCCA		1465-1487	95	81.1±0.1	16		
				R	ACGCGCAAGGGCATCTT	X88849	3513-3531	108	81.7±0.3	16		
Singl PCR	<i>Vibrio parahaemolyticus</i>	<i>ceuD</i>	* CceuD	91SR	CCAGTATTCAGGATCAAGATAAATGATTT		3603-3575	108	81.7±0.3	16		
				2272-F	AGCAGCGTGTGGGACAAGA	X51746	2272-2291	108	81.7±0.3	16		
				250-F	GGGTCAAAAATGGTTAAAGCG	DQ359748	256-274	108	81.7±0.3	16		
Singl PCR	<i>Vibrio parahaemolyticus</i>	<i>trh</i>	* Trh	251-R	CATTTCCGCTCATATGC		505-487	95	81.1±0.1	16		
				F	GTCACAGTAAACAACCGTAAACA	EF441598	509-488	108	81.7±0.3	16		
				R	TCGTTGACTACTTCTTATCTGGA		415-437	108	81.7±0.3	16		
Singl PCR	<i>Vibrio parahaemolyticus</i>	<i>Stx1</i>	* JMS1	F	CGACCCCTCTTGAACATA	EF441616	140-157	108	81.7±0.3	16		
				R	GATAGACATCAAGCCCTCGT		247-228	108	81.7±0.3	16		
				R	GATAGACATCAAGCCCTCGT		247-228	108	81.7±0.3	16		

a. A average standard deviation of T_m values of 10 tests. b. *new selected or designed primer