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Original Article

Prevalence and Genetic Characterization of *Cryptosporidium* Spp. In Diarrheic Children from Gonbad Kavoos City, Iran

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Abstract

Background: *Cryptosporidium* is an intestinal protozoan parasite causing waterborne and foodborne outbreaks of diarrheal diseases. The present study was performed in order to find prevalence and subtypes of *Cryptosporidium* among children with diarrhea in Gonbad Kavoos City, Northern Iran.

Methods: Diarrheic samples were collected from 547 children. The initial parasitological diagnosis was made based on detection of oocysts using the modified Ziehl-Neelsen acid-fast staining method. The positive microscopically samples were selected for sequence analysis of partial 60 kDa glycoprotein (*gp60*) gene.

Results: Out of 547 collected samples, 27 (4.94%) were positive for *Cryptosporidium* oocysts. Fifteen from 27 positive samples successfully amplified in PCR. Sequences analysis of *gp60* gene in 15 *Cryptosporidium* isolates revealed that all of them (100%) were *C. parvum*. The results showed three subtypes of IIa subtype family (7 cases) including IIaA16G2R1, IIaA17G1R1, IIaA22G3R1 and one subtype of IId subtype family (8 cases). The most common allele was IId A17G1d (53.3%).

Conclusion: The predominance of zoonotic subtype families of *C. parvum* species (IIa, IId) in the present study is in concordance with previous studies in Iran and emphasizes the significance of zoonotic transmission of cryptosporidiosis in the country.

Introduction

Cryptosporidiosis is one of the most important zoonotic protozoan diseases caused by *Cryptosporidium* spp. The organism has a wide host range that includes humans and domestic animals throughout the world. Transmission of infection can be occurred by ingesting oocysts of the parasite thorough the fecal oral route. Many vertebrates, including human, are affected by pathologic changes created by this parasite (1).

Cryptosporidium spp. is a main pathogen causing acute diarrhea, nonspecific signs such as dehydration, anorexia, fever, and weakness. Diarrhea is generally self-limiting in immunocompetent persons. However, it may be major public health importance in children as well as in immunocompromised people (2). Molecular biology has established powerful new tools for categorizing *Cryptosporidium* and has revealed significant variation within the genus. Currently, the genus *Cryptosporidium* consists of 30 species. *C. parvum* and *C. hominis* are two species predominantly found in humans. However, other species such as *C. meleagridis*, *C. muris*, *C. felis*, *C. canis*, *C. suis* and *C. andersoni* have been occasionally detected in feces of immunocompetent and immunocompromised individuals. Recently, sequencing data of 60 KDa glycoprotein (*gp60*) gene have revealed substantial genetic heterogeneity among *C. hominis* and *C. parvum* isolates establishing different subtype families within both species including Ia, Ib, Id, Ie, If and Ig for *C. hominis* and IIa, IIb, IIc, IId, IIe, II f , IIg, IIh, IIf, IIk, and III for *C. parvum* (3, 4).

As there is no genetic data about *Cryptosporidium* isolates in Gonbad Kavoo City, Northern Iran, this study aimed to find prevalence and identify the subtypes of the *Cryptosporidium* isolates from children with diarrhea using sequence analysis of the partial *gp60* gene in this region.

Materials and Methods

Study population

The study was performed between November 2011 and October 2012 in two hospitals,

namely Social Security and Taleghani hospitals in Gonbad kavoo City located in Golestan Province, Northern Iran, south eastern the Caspian Sea. A total of 547 children with diarrhea were examined for this study.

Collection of samples

Stool specimens were collected from each child. An informed consent was obtained from one of children's parents. The samples were concentrated by formalin-ethyl-acetate sedimentation method and stained using the modified Ziehl-Neelsen technique to detection of cryptosporidiosis. Aliquots of *Cryptosporidium* oocysts positive samples were preserved in 2.5% potassium dichromate and kept at 4 °C until DNA extraction.

DNA extraction

Genomic DNA was extracted from oocysts positive stool samples after washing three times with distilled water to removing the potassium dichromate. The QIAamp® DNA Stool Kit (Qiagen, Hilden, Germany) was employed for DNA extraction according to the manufacturer's instructions. The extracted DNA was stored at -20 °C until PCR analysis.

gp60 Nested Polymerase chain reaction and sequencing

A fragment of 400-500 bp within the *gp60* gene (*gp60*) was amplified by nested PCR from genomic DNA samples as described previously (5). PCR was conducted in 20 µL volumes using 10 pmol of each primer, 200 µM of each dNTP, 2mM MgCl₂, and 1U Taq DNA Polymerase (Cinnagen, Tehran, Iran) ,1–10 ng of template DNA using a Techne TC-412 Thermal Cycler (Bibby Scientific Limited, Staffordshire, UK). The following primers were used in the first round of PCR: 5'-ATA GTC TCC GCT GTA TTC-3' and 5'-GCA GAG GAA CCA GCA TC-3' employing the following cycling protocol: one cycle at 94 °C for 3 min (initial denaturation), followed by 32 cycles of 94 °C for

30 s (denaturation), 42 °C for 30 s (annealing), and 72 °C for 1 min (extension), followed by a final extension at 72 °C for 7 min. In the second round, 1 µL of the primary amplicon was subjected to the PCR using primers 5'-TCC GCT GTA TTC TCA GCC-3' and 5'-GAG ATA-TAT CTT GGT GCG -3' employing the same cycling protocol. A known *C. parvum* and a sample without DNA were included in each set of PCR as positive and negative controls, respectively.

The secondary PCR products were sequenced using a BigDye Terminator Cycle Sequencing Kit (Applied Biosystems, Foster City, CA) in a Genetic Analyzer Prism™ 3130x1 (Applied Biosystems, Foster City, CA). All sequences were analyzed and compared with each other and previously reported sequences for identification of the alleles and subtypes reference sequences using the Chromas software (v. 2.4).

Results

Out of 547 collected diarrheic samples from children, *Cryptosporidium* oocysts were found in 27 (4.9%) using the modified Ziehl-Neelsen technique. The PCR amplicons about 400 base pairs of *gp60* gene were successfully obtained for 15 (of 27) *Cryptosporidium* positive cases on gel electrophoresis (Fig. 1). Sequence

analyses of the partial *gp60* sequence data, using well-defined reference sequences for comparison, allowed the genotypic and subgenotypic classification of isolates. Subtypes were identified according to the number of trinucleotide repeats (TCA or TCG) coding for the amino acid serine (6). All isolates were *C. parvum* species. Four subtypes within two subtype families were identified. Seven (of 15) isolates belonged to the subtype family IIa and remaining 8 isolates belonged to IIc. Three subtypes were recognized within the subtype family IIa including IIaA16G2R1 (2/15), IIaA17G1R1 (1/15), IIaA22G3R1 (4/15) while IIcA17G1d (8/15) was the only subtype within IIc subtype family (Table 1). Anthroponotic subtype family IIc was not observed among isolates. Four representative sequences of *C. parvum* subtypes obtained from 15 human isolate in this study submitted to the GenBank under accession numbers: KM114269 to KM114272.

Table 1: Distribution of *Cryptosporidium parvum* subtypes in isolates from Iranian diarrheic children from Gonbad Kavoos City, Northern Iran

Subtype	No. of isolates	Accession numbers
IIaA16G2R1	2	KM114269
IIaA17G1R1	1	KM114270
IIaA22G3R1	4	KM114271
IIcA17G1d	8	KM114272

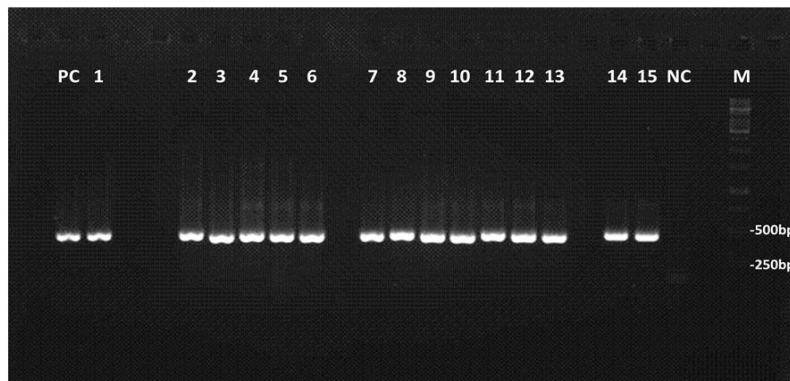


Fig. 1: PCR of *Cryptosporidium* isolates from Iranian children based on partial *gp60* gene belonged to *C. parvum*. Lanes 1-15 *Cryptosporidium* isolates, PC: positive control, NC: negative control, M: DNA size marker

Discussion

Various prevalences have been described for cryptosporidiosis from different parts of Iran. In this study, a prevalence rate of 4.94% (27/547) was obtained for cryptosporidiosis among diarrheic children from Gonbad Kavous City, northern Iran.

Similar prevalence has been described from Isfahan (4.6%) the country among diarrheic children (7). Lower prevalence have been reported from Mazandaran Province (0 and 2.3%) in the north, and central provinces of Tehran and Qazvin (1.1%, 2.5%) (8-11). However, higher prevalence has been stated from West Azerbaijan (7.66%) in the Northwest and Bandarabbas (7%) and Shiraz (25.6%) southern the country (12-14). An extensive range of prevalence of the disease have also been described in diarrheic children from other countries, including 0.9% in Malaysia, 1.9% in Philippine, 3.4% in Kuwait, 18.9% in Iraq, 25.3% in Uganda (15-18). The type of technique used for diagnosis and geographical area has been stated to affect the prevalence of cryptosporidiosis (19). Furthermore, dissemination of the parasite in each community and country depends on extent of contamination of water and food, animal contact, health measurements etc.

Previous studies have identified both *C. parvum* and *C. hominis* in human, with *C. parvum* as the predominant species responsible for human cryptosporidiosis in Iran (8, 20-23).

In this study, using sequence analysis of partial *gp60* (*pgp60*) gene, all *Cryptosporidium* isolates (100%) from diarrheic children were identified as *C. parvum* species and none of them belonged to *C. hominis*. That emphasizes the importance of zoonotic transmission of cryptosporidiosis in the country. The predominance of *C. parvum* species in human cryptosporidiosis in Iran is consistent with studies from some developing and developed countries such as Malaysia, Kuwait, Yemen, Sweden, United Kingdom, Netherland, France,

Portugal, Nicaragua (6, 24-31). In contrast, the predominance of *C. hominis* in human isolates have been reported from Australia (80.2%), India (75%), Egypt (60.5%), Mexico (83.33%) and Peru (70%) (32-36).

Other *Cryptosporidium* species reported to infect human such as *C. meleagridis*, *C. muris*, *C. felis*, *C. canis*, and *C. andersoni* were not found in the present study (37).

Some of *C. parvum* subtype families such as IIa and IIc, are found in both human and live-stock responsible for zoonotic transmission of cryptosporidiosis. IIc is a major zoonotic subtype family reported in Europe, Asia, Egypt and Australia (38). Eight of fifteen (53.3%) isolates in our study belonged to this subtype family. IIcA17G1d was the most common subtype and the only subtype within IIc subtype family. This subtype has been reported in calves from Sweden (39). IIa is the predominant subtype family in animals and human worldwide (38). Seven of fifteen (46.7%) isolates in the current study belonged to IIa subtype family. The second common subtype was IIaA22G3R1 (4/15). This subtype previously has been reported in human isolates from Australia (40, 41). Two isolates were identified as subtype IIaA16G2R1. This subtype previously has been identified in calves from Poland, Netherland, Belgium, France, Spain, Portugal, United States and Canada (42-45). In addition, this subtype has been found in a sample of UV treated water from Portugal (46). Subtype IIaA17G1R1 was identified in one isolate that have been described in human isolates from England and Sweden (30, 47). This subtype has been extensively reported in calves from European countries and Argentina (45, 48). Recently, this subtype has been found in Romanian newborn lambs (49).

The predominance of subtype families IIc and IIa and lack of anthroponotic IIb subtype family in the current study is in a close agreement with few subtype analysis studies of cryptosporidiosis that have been performed using sequence analysis of *pgp60* gene in Iran. In the study of Nazemalhosseini-Mojarad et al.

36.4% (8/22) and 63.6% (14/22) of human isolates belonged to IIa and IIc subtype family, respectively and they did not report any other subtype family (21). In Tehran, 58% (11/19) human isolates were IIc subtype family and 31.5% (6/19) were IIa subtype family and 10.5% (2/19) belonged to IIb subtype family (22). In the current study subtypes IIaA16G2R1, IIaA17G1R1, IIaA22G3R1 and IIcA17G1d are reported for the first time in Iran.

Conclusion

C. parvum was the only species found in Iranian children suffering from diarrhea and other *Cryptosporidium* species reported to infect the human were not found here. Detecting the subtype families IIa and IIc of *C. parvum* in children suggest that zoonotic transmission play a more important role in human Cryptosporidiosis in Iran. Larger scale studies on subtype analysis of *Cryptosporidium* isolates from human and domestic animals in other regions of Iran is needed to improve our knowledge of cryptosporidiosis transmission in the country.

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References

1. Fayer R. *Cryptosporidium*. a water-borne zoonotic parasite. Vet Parasitol. 2004; 126(1-2):37-56.
2. Fayer R, Morgan U, Upton SJ. Epidemiology of *Cryptosporidium*. transmission, detection and identification. Int J Parasitol. 2000; 30(12-13):1305-22.
3. Nazemalhosseini-Mojarad E, Feng Y, Xiao L. The importance of subtype analysis of *Cryptosporidium* spp. in epidemiological investigations of human cryptosporidiosis in Iran and other Mideast countries. Gastroenterol Hepatol Bed Bench. 2012; 5(2):67-70.
4. Šlapeta J. Cryptosporidiosis and *Cryptosporidium* species in animals and humans: A thirty colour rainbow? Int J Parasitol. 2013; 43(12-13):957-70.
5. Abe N, Matsubayashi M, Kimata I, Iseki M. Subgenotype analysis of *Cryptosporidium parvum* isolates from humans and animals in Japan using the 60-kDa glycoprotein gene sequences. Parasitol Res. 2006; 99(3):303-05.
6. Sulaiman IM, Hira PR, Zhou L, Al-Ali FM, Al-Shelahi FA, Shweiki HM, Iqbal J, Khalid N, Xiao L. Unique endemicity of cryptosporidiosis in children in Kuwait. J Clin Microbiol. 2005; 43(6):2805-09.
7. Saneian H, Yaghini O, Yaghini A, Modarresi MR, Soroshnia M. Infection rate of *Cryptosporidium parvum* among diarrheic children in Isfahan. Iran J Pediatr. 2010; 20(3):343-47.
8. Keshavarz A, Athari A, Haghghi A, Kazami B, Abadi A, Nazemalhosseini Mojarad E, Kashi L. Genetic characterization of *Cryptosporidium* spp. among children with diarrhea in Tehran and Qazvin provinces, Iran. Iran J Parasitol. 2008; 3(3):30-36.
9. Gholami S, Khanmohammadi M, Ahmadpour E, Paghe AS, Khadem Nakhjiri S, Ramazannipour H, Shahbazi A. *Cryptosporidium* infection in patients with gastroenteritis in Sari, Iran. Iran J Parasitol. 2014; 9(2):226-32.
10. Nahrevanian H, Azarinoosh SA, Esfandiari B, Ziapoor SP, Shadifar M, Amirbozorgy G, Hayati E, Davoodi J. Current situation of *Cryptosporidium* and other enteroparasites among patients with gastroenteritis from western cities of Mazandaran province, Iran, during 2007-2008. Gastroenterol Hepatol Bed Bench. 2010; 3(3):120-25.
11. Tahvildar-Biderouni F, Salehi N. Detection of *Cryptosporidium* infection by modified ziehl-neelsen and PCR methods in children with diarrheal samples in pediatric hospitals in Tehran. Gastroenterol Hepatol Bed Bench. 2014; 7(2):125-30.
12. Hamedy Y, Safa O, Haidari M. *Cryptosporidium* infection in diarrheic children in southeastern Iran. Pediatr Infect Dis J. 2005; 24(1):86-88.
13. Mirzaei M. Prevalence of *Cryptosporidium* sp. infection in diarrheic and non-diarrheic humans in Iran. Korean J Parasitol. 2007; 45(2):133-37.

14. Nouri M, Moghadam A, Haghghatnia H. *Cryptosporidium* infection in human diarrhea patients in West Azerbaijan, Iran. Med J Islamic Rep Iran. 1991; 5(1,2):35-38.
15. Menon BS, Shukri Abdullah MD, Mahamud F, Morgan UM, Malik AS, Choo KE, Singh B. Low prevalence of *Cryptosporidium parvum* in hospitalized children in Kota Bharu, Malaysia. Southeast Asian J Trop Med Public Health. 2001; 32(2):319-22.
16. Natividad FF, Buerano CC, Lago CB, Mapua CA, de Guzman BB, Seraspe EB, Samentar LP, Endo T. Prevalence rates of *Giardia* and *Cryptosporidium* among diarrheic patients in the Philippines. Southeast Asian J Trop Med Public Health. 2008; 39(6):991-9.
17. Tumwine JK, Kekitiinwa A, Nabukeera N, Akiyoshi DE, Rich SM, Widmer G, Feng X, Tzipori S. *Cryptosporidium parvum* in children with diarrhea in Mulago Hospital, Kampala, Uganda. Am J Trop Med Hyg. 2003; 68(6):710-15.
18. Al-alousi TI, Mahmood OL. Detection of *Cryptosporidium* oocysts in calves and children in Mosul, Iraq. Proc 11th Vet Sci Conf. 2012:280-85.
19. Akinbo FO, Okaka CE, Omoregie R, Dearen T, Leon ET, Xiao L. Molecular characterization of *Cryptosporidium* spp. in HIV-infected persons in Benin city, Edo State, Nigeria. Fooyin J Health sci. 2010; 2(3):85-89.
20. Meamar AR, Rezaian M, Rezaie s, Mohraz M, Mohebbali M, Mohammad K, Golestan B, Guyot K, Dei-Cas E. SSU- rRNA gene analysis of *Cryptosporidium* spp. in HIV positive and negative patients. Iran J Public Health. 2006 35(4):1-7.
21. Nazemalhosseini-Mojarad E, Haghighi A, Taghipour N, Keshavarz A, Mohebi SR, Zali MR, Xiao L. Subtype analysis of *Cryptosporidium parvum* and *Cryptosporidium hominis* isolates from humans and cattle in Iran. Vet Parasitol. 2011; 179(1-3):250-52.
22. Taghipour N, Nazemalhosseini- Mojarad E, Haghighi A, Rostami- Nejad M, Romani S, Keshavarz A, Alebouyeh M, Zali M. Molecular epidemiology of Cryptosporidiosis in Iranian children Tehran, Iran. Iran J Parasitol. 2011; 6(4):41-45.
23. Pirestani M, Sadraei J, Dalimi Asl A, Zavvar M, Vaeznia H. Molecular characterization of *Cryptosporidium* isolates from human and bovine using 18s rRNA gene in Shahriar county of Tehran, Iran. Parasitol Res. 2008; 103(2):467-72.
24. Alyousefi NA, Mahdy MA, Lim YA, Xiao L, Mahmud R. First molecular characterization of *Cryptosporidium* in Yemen. Parasitology. 2013; 140(06):729-34.
25. Guyot K, Follet-Dumoulin A, Lelievre E, Sarfati C, Rabodonirina M, Nevez G, Cailliez JC, Camus D, Dei-Cas E. Molecular characterization of *Cryptosporidium* isolates obtained from humans in France. J Clin Microbiol. 2001; 39(10):3472-80.
26. Lim YA, Iqbal A, Surin J, Sim BL, Jex AR, Nolan MJ, Smith HV, Gasser RB. First genetic classification of *Cryptosporidium* and *Giardia* from HIV/AIDS patients in Malaysia. Infect Genet Evol. 2011; 11(5):968-74.
27. Alves M, Xiao L, Sulaiman I, Lal AA, Matos O, Antunes F. Subgenotype analysis of *Cryptosporidium* isolates from humans, cattle, and zoo ruminants in Portugal. J Clin Microbiol. 2003; 41(6):2744-47.
28. Muñoz-Antoli C, Pavón A, Marcilla A, Toledo R, Esteban JG. Prevalence and molecular characterization of *Cryptosporidium* in schoolchildren from department of Rio San Juan (Nicaragua). Trop Biomed. 2011; 28(1):40-47.
29. Wielinga PR, de Vries A, van der Goot TH, Mank T, Mars MH, Kortbeek LM, van der Giessen WB. Molecular epidemiology of *Cryptosporidium* in humans and cattle in The Netherlands. Int J Parasitol. 2008; 38(7):809-17.
30. Insulander M, Silverlås C, Lebbad M, Karlsson L, Mattsson JG, Svenungsson B. Molecular epidemiology and clinical manifestations of human cryptosporidiosis in Sweden. Epidemiol Infect. 2013; 141(5):1009-20.
31. McLauchlin J, Amar C, Pedraza-Díaz S, Nichols GL. Molecular epidemiological analysis of *Cryptosporidium* spp. in the United Kingdom: results of genotyping *Cryptosporidium* spp. in 1,705 fecal samples from humans and 105 fecal samples from livestock animals. J Clin Microbiol. 2000; 38(11):3984-90.
32. Cama VA, Bern C, Roberts J, Cabrera I, Sterling CR, Ortega Y, Gilman RH, Xiao L. *Cryptosporidium* species and subtypes and clinical manifestations in children, Peru Emerg Infect Dis. 2008; 14(10):1567-74.
33. Valenzuela O, González-Díaz M, Garibay-Escobar A, Burgara-Estrella A, Cano M, Durazo M, Bernal RM, Hernandez J, Xiao L. Molecular

- characterization of *Cryptosporidium* spp. in children from Mexico. PLoS ONE 2014; 9(4):e96128.
34. Sharma P, Sharma A, Sehgal R, Malla N, Khurana S. Genetic diversity of *Cryptosporidium* isolates from patients in North India. Int J Infect Dis. 2013; 17(8):e601-e05.
35. Helmy YA, Krücken J, Nöckler K, von Samson-Himmelstjerna G, Zessin KH. Molecular epidemiology of *Cryptosporidium* in livestock animals and humans in the Ismailia province of Egypt. Vet Parasitol. 2013; 193(1-3):15-24.
36. O'Brien E, McInnes L, Ryan U. *Cryptosporidium* GP60 genotypes from humans and domesticated animals in Australia, North America and Europe. Exp Parasitol. 2008; 118(1):118-21.
37. Fayer R, Santín M, Macarasin D. *Cryptosporidium ubiquitum* n. sp. in animals and humans. Vet Parasitol. 2010; 172(1-2):23-32.
38. Wang R, Zhang L, Axen C, Bjorkman C, Jian F, Amer S, Liu A, Feng Y, Li G, Lv C, Zhao Z, Qi M, Dong H, Wang H, Sun Y, Ning C, Xiao L. *Cryptosporidium parvum* IId family: clonal population and dispersal from Western Asia to other geographical regions. Sci Rep. 2014; 4:4208.
39. Silverlås C, Bosaeus-Reineck H, Näslund K, Björkman C. Is there a need for improved *Cryptosporidium* diagnostics in Swedish calves? Int J Parasitol. 2013; 43(2):155-61.
40. Waldron LS, Ferrari BC, Cheung-Kwok-Sang C, Beggs PJ, Stephens N, Power ML. Molecular Epidemiology and Spatial Distribution of a Waterborne Cryptosporidiosis Outbreak in Australia. Appl Environ Microbiol. 2011; 77(21):7766-71.
41. Jex AR, Whipp M, Campbell BE, Cacciò SM, Stevens M, Hogg G, Gasser RB. A practical and cost-effective mutation scanning-based approach for investigating genetic variation in *Cryptosporidium*. Electrophoresis. 2007; 28 (21): 3875-83.
42. Chalmers R, Jackson C, Elwin K, Hadfield S, Hunter P. Investigation of genetic variation within *Cryptosporidium hominis* for epidemiological purposes. Final report to DWI. National Public Health Service for Wales. 2007.
43. Wang R, Wang H, Sun Y, Zhang L, Jian F, Qi M, Ning C, Xiao L. Characteristics of *Cryptosporidium* Transmission in Preweaned Dairy Cattle in Henan, China. J Clin Microbiol. 2011; 49(3):1077-82.
44. Follet J, Guyot K, Leruste H, Follet-Dumoulin A, Hammouma-Ghelboun O, Certad G, Dei-Cas E, Halama P. *Cryptosporidium* infection in a veal calf cohort in France: molecular characterization of species in a longitudinal study. Vet Res. 2011; 42:116.
45. Imre K, Dărăbus G. Distribution of *Cryptosporidium* species, genotypes and *C. parvum* subtypes in cattle in European countries. Revista Sci Parasitol. 2011; 12(1):1-9.
46. Lobo ML, Xiao L, Antunes F, Matos O. Occurrence of *Cryptosporidium* and *Giardia* genotypes and subtypes in raw and treated water in Portugal. Lett Appl Microbiol. 2009; 48(6):732-37.
47. Bouzid M, Tyler K, Christen R, Chalmers RM, Elwin K, Hunter PR. Multi-locus analysis of human infective *Cryptosporidium* species and subtypes using ten novel genetic loci. BMC Microbiol. 2010; 10(1):213.
48. Tomazic ML, Maidana J, Dominguez M, Uriarte EL, Galarza R, Garro C, Florin-Christensen M, Schnittger L. Molecular characterization of *Cryptosporidium* isolates from calves in Argentina. Vet Parasitol. 2013; 198(3-4):382-86.
49. Imre K, Luca C, Costache M, Sala C, Morar A, Morariu S, Ilie MS, Imre M, Dărăbus G. Zoonotic *Cryptosporidium parvum* in Romanian newborn lambs (*Ovis aries*). Vet Parasitol. 2013; 191(1-2):119-22.