



ALMA MATER STUDIORUM  
UNIVERSITÀ DI BOLOGNA

ARCHIVIO ISTITUZIONALE  
DELLA RICERCA

## Alma Mater Studiorum Università di Bologna Archivio istituzionale della ricerca

Identification of the most effective serovars to be included in the MAT antigen panel to optimize the serodiagnosis of *Leptospira* infection in Northern Italy

This is the final peer-reviewed author's accepted manuscript (postprint) of the following publication:

*Published Version:*

Balboni A., D'Incau M., Zamagni S., Lucchese L., Mazzotta E., Marchione S., et al. (2023). Identification of the most effective serovars to be included in the MAT antigen panel to optimize the serodiagnosis of *Leptospira* infection in Northern Italy. *VETERINARY RESEARCH COMMUNICATIONS*, 47(4), 2185-2192 [10.1007/s11259-023-10103-3].

*Availability:*

This version is available at: <https://hdl.handle.net/11585/956776> since: 2024-02-12

*Published:*

DOI: <http://doi.org/10.1007/s11259-023-10103-3>

*Terms of use:*

Some rights reserved. The terms and conditions for the reuse of this version of the manuscript are specified in the publishing policy. For all terms of use and more information see the publisher's website.

This item was downloaded from IRIS Università di Bologna (<https://cris.unibo.it/>).  
When citing, please refer to the published version.

(Article begins on next page)

This is the final peer-reviewed accepted manuscript of:

**Balboni A, D'Incau M, Zamagni S, Lucchese L, Mazzotta E, Marchione S, Battilani M, Natale A. Identification of the most effective serovars to be included in the MAT antigen panel to optimize the serodiagnosis of Leptospira infection in Northern Italy. Veterinary Research Communications. 2023, 47(4): 2185-2192**

The final published version is available online at: <https://doi.org/10.1007/s11259-023-10103-3>

Rights / License:

The terms and conditions for the reuse of this version of the manuscript are specified in the publishing policy. For all terms of use and more information see the publisher's website.

1 **Short Communication / Brief Report**

2  
3 **Identification of the most effective serovars to be included in the MAT antigen panel to**  
4 **optimize the serodiagnosis of *Leptospira* infection in Northern Italy**

5  
6 Andrea Balboni <sup>1</sup>, Mario D'Incau <sup>2</sup>, Silvia Zamagni <sup>3</sup>, Laura Lucchese <sup>4</sup>, Elisa Mazzotta <sup>4</sup>, Silvia  
7 Marchione <sup>4</sup>, Mara Battilani <sup>1</sup>, Alda Natale <sup>4\*</sup>

8  
9 <sup>1</sup> Department of Veterinary Medical Sciences, *Alma Mater Studiorum*-University of Bologna,  
10 40064 Ozzano Emilia, Bologna, Italy.

11 <sup>2</sup> Italian Reference Centre for Animal Leptospirosis, Istituto Zooprofilattico Sperimentale della  
12 Lombardia e dell'Emilia Romagna "Bruno Ubertini", 25121 Brescia, Italy.

13 <sup>3</sup> Veterinary practitioner at the Centro Veterinario Romagnolo, 47853 Coriano (RN), Italy.

14 <sup>4</sup> Istituto Zooprofilattico Sperimentale delle Venezie, Viale dell'Università, 35020 Legnaro, Italy.

15  
16 \* Corresponding author:

17 Alda Natale

18 Istituto Zooprofilattico Sperimentale delle Venezie, Viale dell'Università, 35020 Legnaro, Italy.

19 *E-mail address:* [anatale@izsvenezie.it](mailto:anatale@izsvenezie.it)

20  
21 ORCID:

22 Andrea Balboni: <https://orcid.org/0000-0002-8049-6645>

23 **Abstract**

24 The microscopic agglutination test (MAT) assay is adopted as a world reference test for the  
25 serodiagnosis of leptospirosis in humans and animals. The incapability of MAT to detect antibodies  
26 against leptospiral serogroups not included in the assay antigen panel is one of the main limitations  
27 of this test and serodiagnostic antigens should be periodically updated with locally circulating  
28 serovars in order to optimise its performance. The aim of this study was to determine the need to  
29 implement the antigen panel currently adopted in Northern Italy for the diagnosis of *Leptospira*  
30 infection in dogs. For this purpose, a group of 288 dogs with and without clinical signs potentially  
31 associated with *Leptospira* infection or increased C-reactive protein (CRP) serum concentration,  
32 sampled in 2013-2016 in Northern Italy, were tested by MAT comparing the results obtained with a  
33 nine antigens panel (Australis-Bratislava, Ballum-Ballum, Canicola-Canicola, Grippotyphosa-  
34 Grippotyphosa, Icterohaemorrhagiae-Copenhageni, Icterohaemorrhagiae-Icterohaemorrhagiae,  
35 Sejroe-Hardjo, Pomona-Pomona and Tarassovi-Tarassovi serovars) routinely adopted and a panel  
36 expanded to 27 antigens. In general, the antigen panel currently adopted in Northern Italy for the  
37 routine MAT assay resulted adequate for the diagnosis of *Leptospira* infection in dogs. The main  
38 exception concerns the Sejroe serogroup, with the Saxkoebing and Sejroe serovars that were more  
39 effective than Hardjo for diagnosis in dogs and whose inclusion in the antigen panel is  
40 recommended. Among other antigens evaluated in this study, Cynopteri serovar was detected with  
41 high frequency but its pathogenic role in dogs and as public health threat deserve further  
42 investigation.

43

44 *Keywords:* antigen, diagnosis, dog, *Leptospira*, microscopic agglutination test, serology

## 45 **Introduction**

46 Leptospirosis is a worldwide zoonosis affecting numerous wild and domestic mammalian species  
47 (Bharti et al., 2003), sustained by pathogenic Gram-negative and highly motile spirochete bacteria  
48 of the genus *Leptospira*. Some host species act as reservoirs, representing the natural source of  
49 infection and of environmental contamination (Gomard et al., 2021; Levett, 2001). Reservoir hosts  
50 are persistently infected, normally with no clinical signs, and shed bacteria through their urine even  
51 lifelong (Schuller et al., 2015). Differently, incidental hosts can develop acute and severe disease  
52 (Levett, 2001; Schuller et al., 2015). The dog is usually an incidental host, showing a wide range of  
53 clinical manifestations, from subclinical to severe (Sykes et al., 2011; Schuller et al., 2015), but can  
54 represent an important sentinel species as well as a potential reservoir host for some serovars  
55 (Balboni et al., 2022).

56 *Leptospira* spp. are classified in hundreds of serovars due to variable epitopes in the  
57 lipopolysaccharide (LPS) structure; furthermore, different serovars are grouped into serogroups  
58 (Faine et al., 1999; Ko et al., 2009). Most of the known serovars have close relationships with  
59 specific reservoir hosts and the epidemiology of canine leptospirosis can vary by geographic area  
60 and over time, in relation to the spread of maintenance hosts and vaccination (Bharti et al., 2003;  
61 Schuller et al., 2015; Sykes et al., 2010). In Europe, dogs are apparently more exposed to  
62 Icterohaemorrhagiae, Grippotyphosa, Australis, Canicola and Sejroe serogroups (Ellis, 2010), but  
63 many other serogroups such as Autumnalis, Ballum, Bataviae, Cynopteri, Pomona, Pyrogenes and  
64 Tarassovi were reported worldwide in dogs (Costa et al., 2022; Pinto et al., 2017; Sykes et al.,  
65 2011), also in association with clinical manifestations, and reservoirs of some serovars still remain  
66 unknown.

67 The vaccination evokes a serovar-specific and partially serogroup-specific immune protection  
68 (Bouvet et al., 2020; Klaasen et al., 2022). To date, trivalent or tetravalent vaccines containing  
69 antigens from up to four different serovars belonging to Canicola, Icterohaemorrhagiae, Australis,

70 and Grippotyphosa serogroups are available in Europe and Italy (Ellis, 2010; Klaasen et al., 2014;  
71 Schuller et al., 2015).

72 Diagnosis of leptospirosis should be multifaceted and not rely on any one single test (Sykes et al.,  
73 2022). To achieve a definitive diagnosis many factors should be considered, such as potential  
74 exposure, clinical presentation and laboratory values, and the results of multiple direct or indirect  
75 diagnostic approaches must be evaluated (Sykes et al., 2022). The microscopic agglutination test  
76 (MAT) involves incubation of serial dilutions of patient sera with a panel of live leptospiral  
77 organisms as antigens and reading the resulting agglutination under a darkfield microscope (Sykes  
78 et al., 2022). MAT is a serogroup rather than a serovar-specific test (Levett, 2001); nevertheless,  
79 different responses are detectable between serovars belonging to the same serogroup. Although  
80 MAT is subjected to a number of limitations (Barr et al., 2005; Kohn et al., 2010; Martin et al.,  
81 2014; Schuller et al., 2015; Sykes et al., 2010; Sykes et al., 2022), it is still being adopted as a world  
82 reference test for the serodiagnosis of leptospirosis in humans and animals (World Organisation for  
83 Animal Health, 2022). The incapability of MAT to detect antibodies against leptospiral serogroups  
84 not included in the assay antigen panel is one of the main limitations of this test. For this reason,  
85 live antigen panels should include locally circulating serovars and serodiagnostic antigens should be  
86 periodically updated as new strains emerge in order to optimise its performance (Sykes et al., 2022).

87 In this study, a group of dogs showing clinical signs potentially associated with *Leptospira* infection  
88 or increased C-reactive protein (CRP) serum concentration and a group of apparently healthy dogs  
89 were tested by MAT comparing the results obtained with a nine antigens panel routinely used in  
90 Northern Italy and a panel expanded to 27 antigens, in order to determine the need to implement the  
91 antigen panel currently adopted in Northern Italy for the diagnosis of *Leptospira* infection in dogs.

92

## 93 **Materials and Methods**

### 94 ***Study design, population and sampling***

95 This retrospective study was carried out at the Istituto Zooprofilattico Sperimentale delle Venezie,  
96 (IZSVE, Legnaro, Padova, Italy) and the Italian Reference Centre for Animal Leptospirosis (Istituto  
97 Zooprofilattico Sperimentale della Lombardia e dell'Emilia Romagna, IZSLER, Brescia, Italy). In  
98 the study, serum samples from dogs were selected and sent to the IZSVE laboratory for diagnostic  
99 purposes, and the implementation of the research study was supported by funding from the RC IZS  
100 VE 16/12, from August 2013 to July 2016. The study population was composed by owned dogs  
101 showing clinical signs potentially associated with *Leptospira* infection or increased CRP serum  
102 concentration (Ceron et al., 2005; Schuller et al., 2015) sampled by veterinary practitioners,  
103 apparently healthy kennel dogs undergoing neutering surgery sampled to perform pre-operative  
104 profile tests and apparently healthy blood donor dogs sampled to perform pre-donation screening  
105 tests. No dogs were sampled exclusively for the purposes of this study. Only samples taken for  
106 diagnostic purposes following owner or legal manager of the kennel consent were used.  
107 Blood sampling was carried out by venepuncture and serum samples were stored at -20 °C until  
108 analysis. Signalment data and vaccination status were retrieved from medical records. Vaccination  
109 status was compared to international guidelines for the vaccination of dogs (Day et al., 2016).  
110 All dogs included in the study were tested by MAT both with a nine antigens panel routinely  
111 adopted in Northern Italy, in line with the eight antigen panel fixed at national level by the National  
112 Reference Laboratory for Leptospirosis to which the Icterohaemorrhagiae serovar was added  
113 (Tagliabue, 2016), and a panel expanded to 27 antigens selected on the basis of epidemiological  
114 data from Europe and Mediterranean basin (Arent et al., 2013; Benkirane et al., 2016; Goris et al.,  
115 2013; Mayer-Scholl et al., 2013). The results obtained with the two panels were compared to detect  
116 seroreactions against antigens not included in the routine test.

117

#### 118 ***Microscopic agglutination test (MAT)***

119 Dog serum samples were tested for antibodies against *Leptospira* using the MAT following the  
120 World Organisation for Animal Health (WOAH) method (Chap 3.1.12) (World Organisation for

121 Animal Health, 2022). In the assay routinely adopted in Northern Italy, the antigen panel included  
122 eight serogroups and nine serovars (**Table 1**). In the expanded assay, the antigen panel included 20  
123 serogroups and 27 serovars (**Table 1**), including those of the routine assay. Serum samples were  
124 pre-tested at the final dilution of 1:100. Serum with 50% agglutination were retested to determine  
125 an endpoint using dilutions of serum beginning at 1:100 through to 1:6400. Serum samples with the  
126 widely accepted minimum significant titre of 1:100 (reciprocal of the final dilution of serum with  
127 50% agglutination) were assessed positive. Positive antibody titres  $\geq$  1:800 against at least one  
128 *Leptospira* serogroup were recognised as of potential infectious origin, excluding most vaccine  
129 responses.

130 Addition to the antigen panel has been suggested for serovars that showed a titre  $\geq$  1:100 in dogs  
131 tested negative by the routine MAT assay or a titre equal to or higher than that obtained for serovars  
132 used routinely in Northern Italy.

133

#### 134 ***Statistical analysis***

135 The data were evaluated using standard descriptive statistics and reported as median and range.  
136 Categorical data were analysed using the Chi-squared test. Statistical significance was set at  
137  $P < 0.05$ . Not available data was excluded to statistical analysis. Statistical analysis was carried out  
138 using commercially available software (MedCalc Statistical Software version 16.8.4).

139

### 140 **Results**

#### 141 ***Study population***

142 During the study period, 288 dogs were included in the study: 217/288 (75.3%) were owned dogs  
143 showing clinical signs potentially associated with *Leptospira* infection or increased CRP serum  
144 concentration and 71/288 (24.7%) dogs were apparently healthy kennel dogs (N: 20) or blood donor  
145 dogs (N: 51). Among the study population, 108/288 (37.5%) dogs were males and 94/288 (32.6%)  
146 were females, for the remaining 86/288 (29.9%) dogs this data was not available. The median age



147 of dogs (N: 155) was five years (range 1 month – 16 years), whereas, 133/288 (46.2%) were  
148 purebred, 60/288 (20.8%) were mixed breed and for the remaining 95/288 (33%) this data was not  
149 available. Ninety-four out of 288 (32.6%) dogs were regularly vaccinated against leptospirosis with  
150 bivalent (N: 84; Canicola and Icterohaemorrhagiae serogroups) or tetravalent (N: 10; Canicola,  
151 Icterohaemorrhagiae, Australis and Grippotyphosa serogroups) vaccines, 59/288 (20.5%) were not  
152 or not regularly vaccinated and for the remaining 135/288 (46.9%) this data was not available  
153 **(Table 2)**.

154

### 155 ***Routine and expanded MAT assays results***

156 The sera of 128/288 (44.4%) dogs included in the study were tested positive with a cut-off  $\geq 1:100$   
157 to antibodies against at least one of the pathogenic *Leptospira* serovars included in the nine antigens  
158 panel of the routine MAT assay **(Table 3)**. Adopting a cut-off  $\geq 1:800$ , the number of dogs tested  
159 positive was 46/288 (16%).

160 The sera of 141/288 (49%) dogs included in the study were tested positive with a cut-off  $\geq 1:100$  to  
161 antibodies against at least one of the *Leptospira* serovars included in the 27 antigens panel of the  
162 expanded MAT assay **(Table 3)**. Adopting a cut-off  $\geq 1:800$ , the number of dogs tested positive was  
163 52/288 (18.1%).

164 The majority of the seropositive dogs reported multiple titres against different serovars and  
165 serogroups. The frequency of detection of the different serovars is summarized in **Table 1**.

166 Considering a cut-off  $\geq 1:100$ , five of the 10 most frequently detected serovars were not included in  
167 the routine MAT assay (Australis-Jalna, Autumnalis-Autumnalis, Cynopteri-Cynopteri, Lyme-  
168 Lyme and Pyrogenes-Pyrogenes), whereas, considering a cut-off  $\geq 1:800$ , four of the 10 most  
169 frequently detected serovars were not included in the routine MAT assay (Australis-Jalna,  
170 Autumnalis-Autumnalis, Cynopteri-Cynopteri, and Pomona-Mozdok). The Australis-Bratislava,  
171 Canicola-Canicola, Grippotyphosa-Grippotyphosa, Icterohaemorrhagiae-Copenhageni,  
172 Icterohaemorrhagiae- Icterohaemorrhagiae and Pomona-Pomona serovars, included in the routine

173 MAT assay, were among the most frequently detected using both cut-offs **Table 1**. Antibodies  
174 against Celledoni-Celledoni, Mini-Mini, Shermani-Shermani and Tarassovi-Tarassovi serovars  
175 were not found in this study, whereas Bataviae-Bataviae and Hebdomadis-Hebdomadis serovars  
176 were sporadically detected (in one and two dogs, respectively) with low titres ( $< 1:800$ , **Table 1**).  
177 Using the MAT assay with the expanded 27 antigens panel, 13/288 (4.5%) dogs were tested  
178 seropositive only against at least one of the 18 *Leptospira* antigens not included in the routine MAT  
179 assay (**Table 3**). Of these dogs, 11 showed antibody titre values  $< 1:800$  against Cynopteri-  
180 Cynopteri (N: 1), Hurstbridge-Hurstbridge (N: 3), Lyme-Lyme (N: 5) and Pyrogenes-Pyrogenes (N:  
181 1) serovars, and two showed antibody titre value  $\geq 1:800$  against Sejroe-Saxkoebing serovar (1:800  
182 and 1:3200, respectively). The dog tested positive to Sejroe-Saxkoebing serovar with titre 1:3200  
183 also showed seropositivity against Lyme-Lyme (1:200) and Sejroe-Sejroe (1:100) serovars. In  
184 addition, four dogs had MAT titres  $\geq 1:800$  against at least one of the 18 *Leptospira* antigens not  
185 included in the routine assay (Cynopteri-Cynopteri N: 1, Lyme-Lyme N: 1 and Sejroe-Sejroe N: 2)  
186 and titres  $< 1:800$  against antigens included in the routine assay, for a total of 6/288 (2.1%) dogs  
187 detected positive only with the expanded MAT assay using a cut-off  $\geq 1:800$  (**Table 3**).  
188 Furthermore, other 35/288 (12.1%) dogs had prevalent MAT titre against at least one of the 18  
189 *Leptospira* antigens not included in the routine MAT assay, with values higher (N: 14) or equal (N:  
190 21) to those obtained against serovars included in the routine MAT assay: Australis-Jalna (N: 7),  
191 Cynopteri-Cynopteri (N: 6), Hurstbridge-Hurstbridge (N: 4), Javanica-Javanica (N: 1), Lyme-Lyme  
192 (N: 4), Pyrogenes-Pyrogenes (N: 4), Sejroe-Saxkoebing (N: 2), Sejroe-Sejroe (N: 3), Australis-Jalna  
193 with Cynopteri-Cynopteri (N: 1), Autumnalis-Autumnalis with Cynopteri-Cynopteri (N: 2) and  
194 Cynopteri-Cynopteri with Sejroe-Sejroe (N: 1) (**Online Resource 1**).  
195 Considering the results obtained by the expanded MAT assay with a cut-off  $\geq 1:100$ , the frequency  
196 of seropositivity was significantly higher in apparently healthy kennel dogs, followed by owned  
197 dogs showing clinical signs potentially associated with *Leptospira* infection or increased CRP  
198 serum concentration and lower in apparently healthy blood donor dogs ( $P = 0.0124$ , **Table 2**),

199 whereas no significant association was found between seropositivity and clinical status. Frequency  
200 of seropositivity was also significantly higher in mixed breed dogs (35/60, 58.3%) compared to  
201 purebred ones and in regularly vaccinated dogs compared to not regularly vaccinated ones ( $P =$   
202 0.0198 and 0.0009 respectively, **Table 2**). No other significant association was found between the  
203 seropositivity to *Leptospira* and the variables analysed (**Table 2**). Differently, no significant  
204 association was found between the seropositivity with a cut-off  $\geq 1:800$  and all the variables  
205 analysed, including the clinical and vaccination status (**Online Resource 2**).

206

## 207 **Discussion**

208 The MAT assay with the expanded 27 antigens panel detected 13/288 (4.5%) more seropositive  
209 dogs than the routine MAT assay with the nine antigens panel. Furthermore, 35/288 (12.1%) dogs  
210 had prevalent MAT titre against at least one of the 18 *Leptospira* antigens not included in the  
211 routine MAT assay.

212 In the routine nine antigens panel, the Australis-Bratislava, Canicola-Canicola, Grippotyphosa-  
213 Grippotyphosa, Icterohaemorrhagiae-Copenhageni, Icterohaemorrhagiae-Icterohaemorrhagiae and  
214 Pomona-Pomona were the most frequently detected serovars, confirming that these are the most  
215 effective antigens for the diagnosis of *Leptospira* infection in dogs in Northern Italy. Indeed, these  
216 variants are the most widespread in Europe (Ellis, 2010), and are included in the vaccines currently  
217 adopted (Ellis, 2010; Klaasen et al., 2014; Schuller et al., 2015). The remaining three serovars  
218 included in the routine nine antigens panel were detected with low frequency and low titres  
219 (Ballum-Ballum and Sejroe-Hardjo), or undetected (Tarassovi-Tarassovi), in this study,  
220 highlighting its limited importance for the diagnosis of *Leptospira* infection in dogs. However, their  
221 inclusion in the antigen panel is justified by the use of the same MAT assay for the diagnosis of  
222 leptospirosis in other animal hosts (Tagliabue et al., 2016).

223 Among the serovars not included in the routine nine antigens panel, Australis-Jalna and Pomona-  
224 Mozdok serovars were positive only when Australis-Bratislava and Pomona-Pomona, respectively,

225 were positive and normally with a lower titre, suggesting a probable cross-reaction. Differently, the  
226 Sejroe-Saxkoebing and Sejroe-Sejroe serovars were positive more frequently and with higher titre  
227 than Sejroe-Hardjo serovar, suggesting that they are more effective for the diagnosis of *Leptospira*  
228 infection in dogs and its inclusion in the antigen panel of the MAT assay could be useful. A recent  
229 study conducted in Italy reported the usefulness of using the Saxkoebing and Sejroe serovars, in  
230 addition to Hardjo, for the MAT assay, identifying a higher number of seropositive dogs in a  
231 leptospirosis outbreak in a kennel (Balboni et al., 2022). The Autumnalis-Autumnalis, Cynopteri-  
232 Cynopteri, Hurstbridge-Hurstbridge, Lyme-Lyme and Pyrogenes-Pyrogenes serovars were not  
233 included in the routine antigen panel and showed a high frequency of positivity. Among these, the  
234 Cynopteri serovar is the most interesting as it often showed the highest titre, alone or in association  
235 with other serovars. The other four serovars had antibody titres usually less than 1:800 and, when  
236 associated with positivity to other serovars, they were rarely those with the highest titre, therefore,  
237 although their role in dogs cannot be ruled out with certainty, it is plausible to speculate that they  
238 could be the results of non-specific or cross reactions. Serovar Cynopteri and its serogroup are  
239 poorly documented in the literature and available data are usually limited to serological reactivity.  
240 A seroprevalence of 59% in dogs in Buenos Aires (Argentina) was reported by Tealdo and  
241 colleagues (Tealdo et al., 2007). Cynopteri serovar was also reported in dogs in Peru (Siuce et al.,  
242 2015) and in Portugal, where it was found to be among the most common reactivity in pigs, sheep  
243 and horses (Rocha, 1998). Bats are the maintenance hosts of the Cynopteri serovar (Bharti et al.,  
244 2003). While its pathogenicity is not clearly documented in the dog, its infection is clinically  
245 relevant in humans (Bharti et al., 2003), with a case reported in Poland (Zwierz et al., 1964). The  
246 remaining eight serovars not included in the routine MAT assay evaluated in this study (Bataviae-  
247 Bataviae, Celledoni-Celledoni, Hebdomadis-Hebdomadis, Javanica-Javanica, Mini-Mini, Panama-  
248 Panama, Ranarum-Ranarum, and Shermani-Shermani) were not detected or sporadically detected  
249 with low titres not exceeding 1:800 in association with other serovars, resulting negligible for the  
250 diagnosis of *Leptospira* infection in dogs in Northern Italy.

251 This study confirms that kennels may represent high-risk environments for the diffusion of  
252 leptospiral infection in dogs (Balboni et al., 2022), as demonstrated by the significantly higher  
253 frequency of seropositivity  $\geq 1:100$  for kennel dogs than for owned dogs, also confirmed by a  
254 significantly higher frequency of seropositivity in mixed breed dogs, mainly coming from kennels.  
255 Differently, the significantly higher frequency of seropositivity  $\geq 1:100$  in regularly vaccinated dogs  
256 than in not regularly vaccinated ones is a probable consequence of the positive reaction to the MAT  
257 test due to antibodies of vaccine origin.

258 The main limitation of this study was the lack of a second paired MAT test on the enrolled dogs.  
259 This aspect, associated with the typical paradoxical reactions and cross-reactivity that characterise  
260 the MAT assay (Levett, 2003; Murray et al., 2011; Smythe et al., 2009; Sykes et al., 2022), could  
261 determine a misinterpretation of the highest titres obtained. Indeed, especially if an animal is tested  
262 only once, the antigen with the highest titre cannot be considered with certainty the infecting  
263 serovar. The lack of a second paired MAT test would have been an important limitation if the main  
264 aim of the study was to assess the diffusion of the different serovars in Northern Italy. Otherwise, as  
265 the aim of this study was to identify the most effective serovars to include in the MAT antigen panel  
266 for the diagnosis of *Leptospira* infection in dogs and because the antibody titre was only interpreted  
267 as a measure of seroreactivity, this can be considered a negligible limitation. Nevertheless,  
268 seroepidemiological studies involving the analysis of paired serum samples collected at appropriate  
269 times (acute and convalescent) in dogs with clinical signs potentially associated with *Leptospira*  
270 infection should be performed to more accurately detect which serogroups circulate and cause  
271 disease in the canine population.

272

## 273 **Conclusions**

274 In general, the antigen panel currently adopted for the routine MAT assay in Northern Italy resulted  
275 adequate for the diagnosis of *Leptospira* infection in dogs, both for the serogroups detected and for  
276 the choice of the serovar within the serogroup. The main exception concerns the Sejroe serogroup,

277 with the Saxkoebing and Sejroe serovars that were more effective than Hardjo for diagnosis in dogs  
278 and whose inclusion in the antigen panel is recommended. Among other antigens evaluated in this  
279 study, Cynopteri serovar was detected with high frequency but, as it was usually in association with  
280 other serogroups, its pathogenic role in dogs and public health threats deserve further investigation.

281

## 282 **Statements and Declarations**

283 **Funding:** This work was supported by the Italian Ministry of Health (Grant numbers RC IZS VE  
284 16/12).

285 **Competing interests:** The authors have no relevant financial or non-financial interests to disclose.

286 **Authors' contributions:** All authors contributed to the study conception and design. Material  
287 preparation, data collection and laboratory analysis were performed by Mario D'Incau, Silvia  
288 Marchione and Alda Natale. The analysis of the results was performed by Andrea Balboni, Mario  
289 D'Incau and Silvia Zamagni. The first draft of the manuscript was written by Andrea Balboni and  
290 Silvia Zamagni. Mario D'Incau, Mara Battilani, Laura Lucchese, Elisa Mazzotta and Alda Natale  
291 supervised and commented on previous versions of the manuscript. Funding acquisition was made  
292 by Alda Natale. All authors read and approved the final manuscript.

293 **Availability of data and material:** The datasets generated during and/or analysed during the current  
294 study are available from the corresponding author on reasonable request.

295 **Ethics approval:** Ethical approval were waived for this study, because only blood samples taken by  
296 clinicians from owned dogs for diagnostic purposes and surplus material derived from blood  
297 samples taken by clinicians from kennel dogs undergoing neutering surgery sampled to perform  
298 pre-operative profile tests or from donor dogs sampled to perform pre-donation screening tests were  
299 used. For all dogs, blood sampling was performed following owner or legal manager of the kennel  
300 consent.

301 **Consent to participate:** Not applicable.

302 **Consent to publish:** Not applicable.

303

304 **References**

- 305 Arent ZJ, Andrews S, Adamama-Moraitou K, Gilmore C, Pardali D, Ellis WA (2013) Emergence of  
306 novel *Leptospira* serovars: a need for adjusting vaccination policies for dogs? Epidemiol  
307 Infect 141:1148-1153. <https://doi.org/10.1017/S0950268812002087>
- 308 Balboni A, Mazzotta E, Boniotti MB, Bertasio C, Bellinati L, Lucchese L, Battilani M, Ceglie L,  
309 Marchione S, Esposito G, Natale A (2022) Outbreak of *Leptospira borgpetersenii* serogroup  
310 Sejroe infection in kennel: The role of dogs as sentinel in specific environments. Int J  
311 Environ Res Public Health 19:3906. <https://doi.org/10.3390/ijerph19073906>
- 312 Barr SC, McDonough PL, Scipioni-Ball RL, Starr JK (2005) Serologic responses of dogs given a  
313 commercial vaccine against *Leptospira interrogans* serovar Pomona and *Leptospira*  
314 *kirschneri* serovar Grippytyphosa. Am J Vet Res 66:1780-1784.  
315 <https://doi.org/10.2460/ajvr.2005.66.1780>
- 316 Benkirane A, Noury S, Hartskeerl RA, Goris MG, Ahmed A, Nally JE (2016) Preliminary  
317 investigations on the distribution of *Leptospira* serovars in domestic animals in North-west  
318 Morocco. Transbound Emerg Dis 63:e178-84. <https://doi.org/10.1111/tbed.12252>
- 319 Bharti AR, Nally JE, Ricaldi JN, Matthias MA, Diaz MM, Lovett MA, Levett PN, Gilman RH,  
320 Willig MR, Gotuzzo E, Vinetz JM, Peru-United States Leptospirosis Consortium (2003)  
321 Leptospirosis: a zoonotic disease of global importance. Lancet Infect Dis 3:757-771.  
322 [https://doi.org/10.1016/s1473-3099\(03\)00830-2](https://doi.org/10.1016/s1473-3099(03)00830-2)
- 323 Bouvet J, Lemaitre L, Cariou C, Scotto M, Blain C, Oberli F, Cupillard L, Guigal PM (2020) A  
324 canine vaccine against *Leptospira* serovars Icterohaemorrhagiae, Canicola and  
325 Grippytyphosa provides cross protection against *Leptospira* serovar Copenhageni. Vet  
326 Immunol Immunopathol 219:109985. <https://doi.org/10.1016/j.vetimm.2019.109985>

327 Ceron JJ, Eckersall PD, Mart3nynez-Subiela S (2005) Acute phase proteins in dogs and cats: current  
328 knowledge and future perspectives. *Vet Clin Pathol* 34:85-99.  
329 <https://doi.org/10.1111/j.1939-165x.2005.tb00019.x>

330 Costa ACTRB, Colocho RAB, Pereira CR, Lage AP, Heinemann MB, Dorneles EMS (2022)  
331 Canine leptospirosis in stray and sheltered dogs: a systematic review. *Anim Health Res Rev*  
332 23:39-58. <https://doi.org/10.1017/S1466252321000190>

333 Day MJ, Horzinek MC, Schultz RD, Squires RA, Vaccination Guidelines Group (VGG) of the  
334 World Small Animal Veterinary Association (WSAVA) (2016) WSAVA Guidelines for the  
335 vaccination of dogs and cats. *J Small Anim Pract* 57:E1-E45.  
336 [https://doi.org/10.1111/jsap.2\\_12431](https://doi.org/10.1111/jsap.2_12431)

337 Ellis WA (2010) Control of canine leptospirosis in Europe: time for a change? *Vet Rec* 167:602-  
338 605. <https://doi.org/10.1136/vr.c4965>

339 Faine S, Adler B, Bolin C, Perolat P (1999) *Leptospira* and Leptospirosis. 2nd edn. MediSci Press,  
340 Melbourne.

341 Gomard Y, Dellagi K, Goodman SM, Mavingui P, Tortosa P (2021) Tracking animal reservoirs of  
342 pathogenic *Leptospira*: The right test for the right claim. *Trop Med Infect Dis* 6:205.  
343 <https://doi.org/10.3390/tropicalmed6040205>

344 Goris MG, Boer KR, Duarte TA, Kliffen SJ, Hartskeerl RA (2013) Human leptospirosis trends, the  
345 Netherlands, 1925-2008. *Emerg Infect Dis* 19:371-378.  
346 <https://doi.org/10.3201/eid1903.111260>

347 Klaasen HLBM, van der Veen M, Dorrestein-Spienburg CM, Cao Q (2022) An assessment and  
348 comparison of the efficacy of two licensed tetravalent *Leptospira* vaccines for dogs using an  
349 improved challenge model. *Vaccines (Basel)* 10:1472.  
350 <https://doi.org/10.3390/vaccines10091472>



351 Klaasen HL, van der Veen M, Sutton D, Molkenboer MJ (2014) A new tetravalent canine  
352 leptospirosis vaccine provides at least 12 months immunity against infection. *Vet Immunol*  
353 *Immunopathol* 158:26-29. <https://doi.org/10.1016/j.vetimm.2013.08.002>

354 Ko AI, Goarant C, Picardeau M (2009) *Leptospira*: the dawn of the molecular genetics era for an  
355 emerging zoonotic pathogen. *Nat Rev Microbiol* 7:736-747.  
356 <https://doi.org/10.1038/nrmicro2208>

357 Kohn B, Steinicke K, Arndt G, Gruber AD, Guerra B, Jansen A, Kaser-Hotz B, Klopfleisch R, Lotz  
358 F, Luge E, Nöckler K (2010) Pulmonary abnormalities in dogs with leptospirosis. *J Vet*  
359 *Intern Med* 24:1277-1282. <https://doi.org/10.1111/j.1939-1676.2010.0585.x>

360 Levett PN (2001) Leptospirosis. *Clin Microbiol Rev* 14:296-326.  
361 <https://doi.org/10.1128/CMR.14.2.296-326.2001>

362 Levett PN (2003) Usefulness of serologic analysis as a predictor of the infecting serovar in patients  
363 with severe leptospirosis. *Clin Infect Dis* 36:447-452. <https://doi.org/10.1086/346208>

364 Martin LE, Wiggans KT, Wennogle SA, Curtis K, Chandrashekar R, Lappin MR (2014) Vaccine-  
365 associated *Leptospira* antibodies in client-owned dogs. *J Vet Intern Med* 28:789-792.  
366 <https://doi.org/10.1111/jvim.12337>

367 Mayer-Scholl A, Luge E, Draeger A, Nöckler K, Kohn B (2013) Distribution of *Leptospira*  
368 serogroups in dogs from Berlin, Germany. *Vector Borne Zoonotic Dis* 13:200-202.  
369 <https://doi.org/10.1089/vbz.2012.1121>

370 Murray CK, Gray MR, Mende K, Parker TM, Samir A, Rahman BA, Habashy EE, Hospenthal DR,  
371 Pimentel G (2011) Use of patient-specific *Leptospira* isolates in the diagnosis of  
372 leptospirosis employing microscopic agglutination testing (MAT). *Trans R Soc Trop Med*  
373 *Hyg* 105:209-213. <https://doi.org/10.1016/j.trstmh.2010.12.004>

374 Pinto PS, Libonati H, Lilenbaum W (2017) A systematic review of leptospirosis on dogs, pigs, and  
375 horses in Latin America. *Trop Anim Health Prod* 49:231-238.  
376 <https://doi.org/10.1007/s11250-016-1201-8>

377 Rocha T (1998) A review of leptospirosis in farm animals in Portugal. Rev Sci Tech 17:699-712.  
378 <https://doi.org/10.20506/rst.17.3.1128>

379 Scanziani E, Origgi F, Giusti AM, Iacchia G, Vasino A, Pirovano G, Scarpa P, Tagliabue S (2002)  
380 Serological survey of leptospiral infection in kennelled dogs in Italy. J Small Anim Pract  
381 43:154-157. <https://doi.org/10.1111/j.1748-5827.2002.tb00048.x>

382 Schuller S, Francey T, Hartmann K, Hugonnard M, Kohn B, Nally JE, Sykes J (2015) European  
383 consensus statement on leptospirosis in dogs and cats. J Small Anim Pract 56:159-179.  
384 <https://doi.org/10.1111/jsap.12328>

385 Siuce JM, Calle SE, Pinto CEJ, Pacheco GS, Salvatierra GR (2015). Identificación de serogrupos  
386 patógenos de *Leptospira* en canes domésticos. Rev de Investig Vet del Peru 26:664-675.  
387 <https://dx.doi.org/10.15381/rivep.v26i4.11221>

388 Smythe LD, Wuthiekanun V, Chierakul W, Suputtamongkol Y, Tiengrim S, Dohnt MF, Symonds  
389 ML, Slack AT, Apiwattanaporn A, Chueasuwanchai S, Day NP, Peacock SJ (2009) The  
390 microscopic agglutination test (MAT) is an unreliable predictor of infecting *Leptospira*  
391 serovar in Thailand. Am J Trop Med Hyg 81:695-7. [https://doi.org/10.4269/ajtmh.2009.09-](https://doi.org/10.4269/ajtmh.2009.09-0252)  
392 0252

393 Sykes JE, Hartmann K, Lunn KF, Moore GE, Stoddard RA, Goldstein RE (2011) 2010 ACVIM  
394 small animal consensus statement on leptospirosis: diagnosis, epidemiology, treatment, and  
395 prevention. J Vet Intern Med 25:1-13. <https://doi.org/10.1111/j.1939-1676.2010.0654.x>

396 Sykes JE, Reagan KL, Nally JE, Galloway RL, Haake DA (2022) Role of diagnostics in  
397 epidemiology, management, surveillance, and control of leptospirosis. Pathogens 11:395.  
398 <https://doi.org/10.3390/pathogens11040395>

399 Tagliabue S, Figarolli BM, D'Incau M, Foschi G, Gennero MS, Giordani R, Giordani R, Natale A,  
400 Papa P, Ponti N, Scaltrito D, Spadari L, Vesco G, Ruocco L (2016) Serological surveillance  
401 of Leptospirosis in Italy: two-year national data (2010-2011). Vet Ital 52:129-138.  
402 <https://doi.org/10.12834/VetIt.58.169.2>

403 Tealdo MS, Romero GN, Autrey CD, Samartino L (2007) Serología positiva a *Leptospira*  
404 *interrogans*, serovar Cynopteri en caninos de la Ciudad de Buenos Aires, Argentina. InVet  
405 9, 59-65.

406 World Organisation for Animal Health (2022) Leptospirosis. Chapter 3.1.12. of WOAHA Manual of  
407 Diagnostic Tests and Vaccines for Terrestrial Animals. [https://www.woah.org/en/what-we-](https://www.woah.org/en/what-we-do/standards/codes-and-manuals/terrestrial-manual-online-access/)  
408 [do/standards/codes-and-manuals/terrestrial-manual-online-access/](https://www.woah.org/en/what-we-do/standards/codes-and-manuals/terrestrial-manual-online-access/). Accessed 23 August  
409 2022.

410 Zwierz J, Karmanska K, Neyman K (1964) Przypadek leptospirozy człowieka wywołanej przez l.  
411 cynopteri [A case of human leptospirosis caused by L. Cynopteri]. Przegl Epidemiol 18:363-  
412 368.

413 **Table 1** Panel of eleven *Leptospira* spp. used as live antigens for MAT assay and results obtained.

Serogroup	Serovar	Strain	Routine	Expanded	Dogs tested positive	Dogs tested positive	Highest MAT titre
			MAT <sup>a</sup>	MAT <sup>b</sup>	with cut-off $\geq$ 1:100	with cut-off $\geq$ 1:800	
Australis	Bratislava	Riccio 2			54 (18.7%)	26 (9%)	1:6400
Australis	Jalna	Jalna			42 (14.6%)	19 (6.6%)	1:6400
Autumnalis	Autumnalis	Akiyami A			25 (8.7%)	9 (3.1%)	1:6400
Ballum	Ballum	Mus 127			9 (3.1%)	1 (0.3%)	1:800
Bataviae	Bataviae	Swart			1 (0.3%)	0 (0%)	1:100
Canicola	Canicola	Alarik			53 (18.4%)	5 (1.7%)	1:1600
Celledoni	Celledoni	Celledoni			0 (0%)	0 (0%)	0
Cynopteri	Cynopteri	3522 C			27 (9.4%)	13 (4.5%)	1:6400
Grippotyphosa	Grippotyphosa	Moskva V			25 (8.7%)	14 (4.9%)	1:6400
Hebdomadis	Hebdomadis	Hebdomadis			2 (0.7%)	0 (0%)	1:400
Hurstbridge	Hurstbridge	BUT 6			14 (4.9%)	2 (0.7%)	1:1600
Icterohaemorrhagiae	Copenhageni	Wijnberg			87 (30.2%)	21 (7.3%)	1:6400
Icterohaemorrhagiae	Icterohaemorrhagiae	Bianchi			59 (20.5%)	14 (4.9%)	1:6400
Javanica	Javanica	Veldrat Bataviae 46			7 (2.4%)	3 (1%)	1:800
Lyme	Lyme	10			20 (6.9%)	3 (1%)	1:3200
Mini	Mini	Sari			0 (0%)	0 (0%)	0
Panama	Panama	CZ 214 K			5 (1.7%)	1 (0.3%)	1:800
Pomona	Mozdok	5621			15 (5.2%)	5 (1.7%)	1:3200
Pomona	Pomona	Pomona			15 (5.2%)	8 (2.8%)	1:6400
Pyrogenes	Pyrogenes	Salinem			21 (7.3%)	3 (1%)	1:1600
Ranarum	Ranarum	ICF			2 (0.7%)	1 (0.3%)	1:800
Sejroe	Hardjo	Hadjoprajitno/g.t. hardjoprajitno			6 (2.1%)	1 (0.3%)	1:1600
Sejroe	Hardjo	Sponselee/g.t. hardjobovis			5 (1.7%)	1 (0.3%)	1:3200
Sejroe	Saxkoebing	Mus24			9 (3.1%)	3 (1%)	1:6400
Sejroe	Sejroe	M84			16 (5.6%)	3 (1%)	1:3200
Shermani	Shermani	LT 821			0 (0%)	0 (0%)	0
Tarassovi	Tarassovi	Mitis-Johnson			0 (0%)	0 (0%)	0

414 <sup>a</sup> MAT assay with antigen panel composed by eight serogroups and nine serovars.

415 <sup>b</sup> MAT assay with antigen panel composed by 20 serogroups and 27 serovars.

416 **Table 2** Descriptive statistics of the dogs included in the study population and comparison between  
 417 dogs tested positive and dog tested negative by MAT assay with expanded 27 antigens panel  
 418 adopting a cut-off  $\geq 1:100$ .

Variables	Total	Positive	Negative	P value
Number of dogs	288	141 (49%)	147 (51%)	
Origin				
Owned dogs showing clinical signs potentially associated with <i>Leptospira</i> infection or increased CRP serum concentration	217	110 (50.7%)	107 (49.3%)	<b>0.0124</b>
Apparently healthy kennel dogs	20	14 (70%)	6 (30%)	
Apparently healthy blood donor dogs	51	17 (33.3%)	34 (66.7%)	
Sex				
Male	108	50 (46.3%)	58 (53.7%)	0.9342
Female	94	45 (47.9%)	49 (52.1%)	
NA	86			
Age <sup>a</sup>	5y [1m-16a]	5y6m [1m-16y]	4y1m [1m-14y4m]	
<1	25	12 (48%)	13 (52%)	0.5451
1-5	66	33 (50%)	33 (50%)	
6-10	49	29 (59.2%)	20 (40.8%)	
>10	15	6 (40%)	9 (60%)	
NA	155			
Breed				
Purebred	133	52 (39.1%)	81 (60.9%)	<b>0.0198</b>
Mixed breed	60	35 (58.3%)	25 (41.7%)	
NA	95			
Vaccination				
Yes	94	59 (62.8%)	35 (37.2%)	<b>0.0009</b>
No <sup>b</sup>	59	20 (33.9%)	39 (66.1%)	
NA	135			
Clinical status				
Sick	217	110 (50.7%)	107 (49.3%)	0.3725
Apparently healthy	71	31 (43.7%)	40 (56.3%)	

419 The Chi-squared test were carried out on the positive and negative dogs. Not available data was  
 420 excluded to statistical analysis. Data are reported as n (%).

421 <sup>a</sup> Data are reported as median [range] and in four age classes, statistical analysis was carried out on  
 422 categorical age classes.

423 <sup>b</sup> Dog not vaccinated or vaccinated for more than 12 months (Day et al., 2016).

424 Values in bold indicate statistical significance. m: months. NA: not available. y: years.

425 **Table 3** Comparison between routine MAT results and expanded MAT results.

		Cut-off $\geq$ 1:100			Cut-off $\geq$ 1:800				
		Expanded MAT <sup>b</sup>			Expanded MAT <sup>b</sup>				
		positive	negative	total	Routine	positive	negative	total	
<b>Routine</b>	<b>positive</b>	128 (44.5%)	0 (0%)	128 (44.5%)	<b>Routine</b>	<b>positive</b>	46 (16%)	0 (0%)	46 (16%)
<b>MAT <sup>a</sup></b>	<b>negative</b>	13 (4.5%)	147 (51%)	160 (55.5%)	<b>MAT <sup>a</sup></b>	<b>negative</b>	6 (2.1%)	236 (81.9%)	242 (84%)
	<b>total</b>	141 (49%)	147 (51%)	288 (100%)		<b>total</b>	52 (18.1%)	236 (81.9%)	288 (100%)

426 <sup>a</sup> MAT assay with antigen panel composed by eight serogroups and nine serovars.

427 <sup>b</sup> MAT assay with antigen panel composed by 20 serogroups and 27 serovars.