

## Molecular analysis of *Bordetella bronchiseptica* from respiratory-diseased patients.

Rajaa Ali Habeeb

Department of Pathological Analyses, College of Science, University of Al-Qadisiyah, Al-Qadisiyah, Iraq

ORCID: 0009-0003-6975-9509

### Abstract

**Background:** *Bordetella bronchiseptica* is a Gram-negative bacterium which known to cause respiratory disease in pet animals, and can colonize the human respiratory tract. Recently, *B. bronchiseptica* infections are restricted to humans and increasing worldwide.

**Aim:** Molecular indication of *B. bronchiseptica* in respiratory-diseased patients with sequencing and phylogenetically analyzing close-relationship between study and global isolates, as well as measuring levels of interleukin-10 in study individuals.

**Materials and methods:** An overall 150 patients with various clinical signs were subjected to collection of nasal swabs for molecular testing by the conventional PCR assay. Then, some positive *B. bronchiseptica* isolates were sequenced and analysed phylogenetically by the MEGA-11 software to identify its identity to the global NCBI-GenBank *B. bronchiseptica* isolates / strains. Also, samples of venous blood were obtained from the study population as well as from 30 healthy individuals to estimate serologically the levels of IL-10.

**Results:** This study revealed that 10.99% of respiratory-diseased patients were positively infected with *B. bronchiseptica*. Phylogenetically, analyzing of study isolates detected the presence of similarity and mutations / changes at ranges of 98.14-99.91% and 0.0004-0.002%, respectively. Phylogenetic tree and multiple sequence alignment demonstrated that identity of study *B. bronchiseptica* isolates was to Mexican *B. bronchiseptica* strain (GenBank ID: FJ867619.1). The levels of IL-10 were elevated significantly in respiratory-diseased patients when compared to healthy, but not between the positively and negatively *B. bronchiseptica* infected patients.

**Conclusion:** This study implicates molecularly, for the first time in Iraq, *B. bronchiseptica* in respiratory-diseased patients, close-relationship between the study and global isolates throughout phylogenetic analysis, and the level of IL-10 in respiratory-diseased and the healthy population. Furthermore molecular studies are greatly needed to insight the role of *B. bronchiseptica* in other human infections.

**Keywords:** Gram-negative bacteria, PCR, IL-10, ELISA, NCBI, Iraq

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### 1. Introduction

*Bordetella bronchiseptica* is a small Gram-negative, aerobic, rod-shaped bacterium which belongs to the *Alcaligenaceae* family in the *Burkholderiales* Order under the Class of *Betaproteobacteria* (Kadhim et al., 2025; Mohammad et al., 2025). This bacterial pathogen that first characterized by Bordet and Gengou in 1906, is frequently implicated in infectious respiratory diseases of pet animals, dogs and cats, can cause a highly contagious condition characterized by whooping cough in particularly in children and less severe or chronic infections in adults (Mattoo and Cherry, 2005; Nieves and Heining, 2016). To establish an infection, adherence of *B. bronchiseptica* to apical surface of respiratory epithelial cilia is crucial as it allows the bacterium to evade mucociliary clearance mechanisms that represent the primary host defense (Brown, 2022). Indeed, the ongoing challenge of *B. bronchiseptica* infections, particularly the emergence of multidrug resistant strains necessitates a deeper understanding of its

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antimicrobial susceptibility to guide effective therapeutic interventions (Kadlec and Schwarz, 2018; Yi et al., 2024).

IL-10 is a pleiotropic cytokine primarily recognized for potent immunosuppressive properties, playing a fundamental role in maintaining immune homeostasis and preventing excessive inflammatory responses (Carlini et al., 2023). This anti-inflammatory cytokine is widely produced by various cell types and exerts broad effects on target cells, critically modulating the immune response during diverse physiological and pathological conditions (Kany et al., 2019; Saxton et al., 2023). Dys-regulation in IL-10 signaling, such as loss of function mutations in its receptor, has been directly linked to severe hyper-inflammatory disorders, underscoring its indispensable role in controlling immune-mediated pathologies (Kumaret al., 2019; Aktay-Cetin et al., 2025). The multifaceted nature of IL-10 extends beyond mere immune suppression as it also influences cellular proliferation, differentiation, and tissue repair mechanisms (Steen et al., 2020).

Despite the clear role of *B. bronchiseptica* in respiratory infections, the diagnostic approaches to identify causative agents have traditionally relied on isolation from carefully collected swabs, recent advancements in molecular diagnostics, quantitative (real-time) and qualitative (conventional) PCR, have demonstrated superior sensitivity for detecting *B. bronchiseptica* compared to traditional culture methods, even in cases where antimicrobial treatment may have impaired bacterial growth (Calderaro et al., 2022; Jasim and Radhy, 2025; Rose et al., 2025). This includes an in-depth exploration of its taxonomic placement within the genus of *Bordetella*, its complex array of virulence factors that facilitate colonization and immune evasion, as well as variations in clinical presentation across different hosts (Mattoo and Cherry, 2005; Belcher et al., 2021).

In Iraq, no previous or recent studies have been done to detect the role of *B. bronchiseptica* in respiratory infections of human. Hence, this study aims to molecular indication of *B. bronchiseptica* in respiratory-diseased patients with sequencing and phylogenetically analyzing close-relationship between study and global isolates, as well as measuring levels of interleukin-10 in study individuals.

## **2. Materials and methods**

### **Samples**

An overall 150 attending patients for private clinics at Al-Qadisiyah province (Iraq) during January (2025) to March (2025) with various clinical signs were selected and subjected to direct collection of nasal swabs under aseptic conditions as well as draining of blood with gel tubes. Additionally, blood was drained from a 30 healthy individuals who served as a control group. At laboratory, the swab samples were used to extract the DNAs, while blood samples were centrifuged at 5000rpm for 5 minutes and the obtained sera were kept frozen at (-20°C) until be used for serological measurement of IL-10.

### **Molecular testing**

After preparation the study samples at room temperature, DNAs were extracted from the nasal swab samples following the manufacturer instructions of the Presto™ Mini gDNA Bacteria Kit (Geneaid, Taiwan). Then, Accupower® PCR PreMix kit and one set of primers (F: 5'-TCCTGTGCAACTGACGGTAC -3' and R: 5'-CCCAACATCTCACGACACGA -3') designed based on NCBI-GenBank isolate (ID: NR\_025949.1) targeting the 16S rRNA gene, were served for preparing the MasterMix tubes at a final volume of 20μL. For DNAs amplification, the MasterMix tubes were

transferred to the Thermal Cycler system (BioRad, USA). Electrophoresis of agarose-gel (1.5%) stained with ethidium bromide was done at 100V and 80Am for 90min, and the positive bands were detected at an approximately 622bp using the ultraviolet system.

### Phylogenetic analysis

The DNAs of some positive isolates were sequenced, and submitted in NCBI-GenBank database. For phylogeny, MEGA-11 software and NCBI-Multiple Sequence Alignment (MSA) Viewer were served to analyzing the study isolates by ClustralW Alignment, Homology Sequence Identity and Phylogenetic Tree Analysis.

### Serological examination

Quantitative sandwich Human Interleukin 10 ELISA kit (catalogue number: SL0967Hu) was served in the present study to measurement the levels of IL-10 in respiratory-diseased patients (total number: 150) as well as in healthy individuals (total number: 30). Briefly, the serum samples and kit contents (standard and reagents) were prepared at room temperature, processed, and the optical density (OD) for all tested samples were read by the ELISA reader. Finally, concentration of IL-10 was measured in serum samples based on OD values of both the standards and serum samples as well as the concentrations of standard.

### Statistical analysis

One-way ANOVA in the GraphPad Prism software was served for detecting significant differences between the obtained values (mean  $\pm$  standard error) of study population at  $p < 0.05$  (Al-Gharban, 2017; Ibraheim et al., 2023).

## 3. Results

### Molecular results

The findings of testing 150 respiratory-diseased patients revealed that 19 (12.67%) of nasal swab samples were positives by PCR assay while 131 (87.33%) samples were negatives (Figure 1).

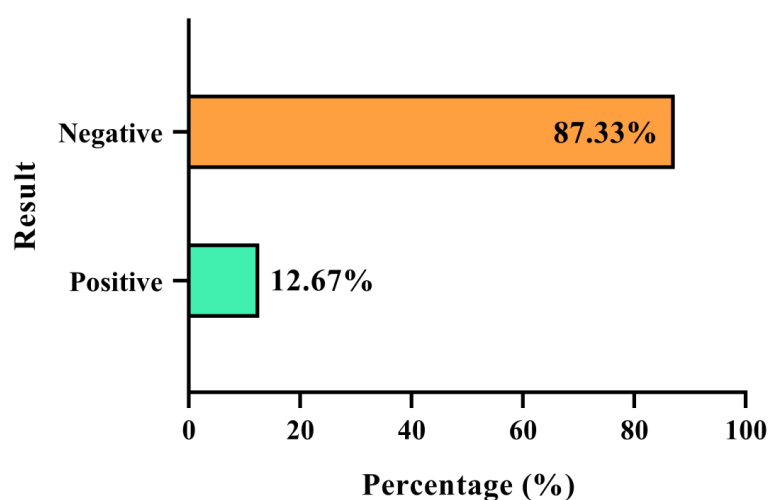


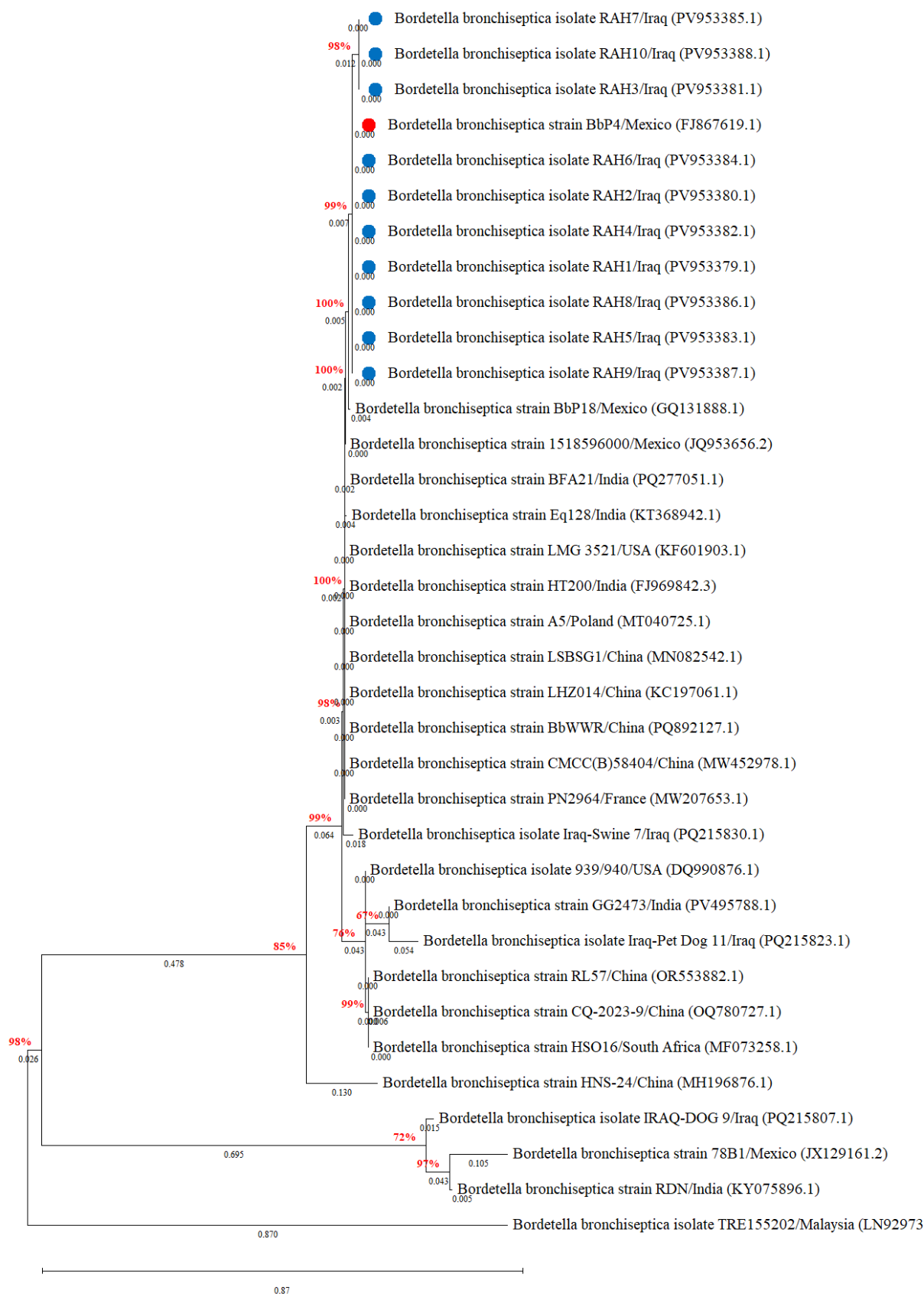
Figure (1): Total molecular results for testing 150 nasal swabs by PCR assay

In the NCBI-GenBank database, submitting of 10 study isolates were done with the respective names started from Bordetellabronchiseptica isolate RAH1 to Bordetellabronchiseptica isolate RAH10. Then, sequence data were subjected to multiple sequence alignment (MAS) by ClustralW alignment in MEGA-11 software as well as by

the NCBI-Viewer. Phylogenetic tree analysis and Homology sequence identity detected the presence of similarity and mutations / changes at ranges of 98.91-99.14% and 0.0004-0.002%, respectively with the global NCBI-BLAST *B.bronchiseptica* strain / isolates. However, marked identity for study *B.bronchiseptica* isolates was identified for Mexican *B.bronchiseptica* strain (GenBank ID: FJ867619.1), (Figures 2-4, Table 1).

| Species/Abbrv                                                           |   |   | * |   |   |   |   | * |   |   |   | * | * | * |   | * |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Bordetella bronchiseptica isolate RAH1/Iraq (PV953379.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 2. Bordetella bronchiseptica isolate RAH2/Iraq (PV953380.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 3. Bordetella bronchiseptica isolate RAH3/Iraq (PV953381.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 4. Bordetella bronchiseptica isolate RAH4/Iraq (PV953382.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 5. Bordetella bronchiseptica isolate RAH5/Iraq (PV953383.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 6. Bordetella bronchiseptica isolate RAH6/Iraq (PV953384.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 7. Bordetella bronchiseptica isolate RAH7/Iraq (PV953385.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 8. Bordetella bronchiseptica isolate RAH8/Iraq (PV953386.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 9. Bordetella bronchiseptica isolate RAH9/Iraq (PV953387.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 10. Bordetella bronchiseptica isolate RAH10/Iraq (PV953388.1)           | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 11. Bordetella bronchiseptica strain BbP4/Mexico (FJ867619.1)           | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 12. Bordetella bronchiseptica strain 1518596000/Mexico (JQ953656.2)     | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 13. Bordetella bronchiseptica strain BbP18/Mexico (GQ131888.1)          | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 14. Bordetella bronchiseptica strain LMG 3521/USA (KF601903.1)          | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 15. Bordetella bronchiseptica strain GG2473/India (PV495788.1)          | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 16. Bordetella bronchiseptica isolate Iraq-Swine 7/Iraq (PQ215830.1)    | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 17. Bordetella bronchiseptica isolate Iraq-Pet Dog 11/Iraq (PQ215823.1) | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 18. Bordetella bronchiseptica isolate IRAQ-DOG 9/Iraq (PQ215807.1)      | G | G | T | G | A | C | A | A | A | C | C | G | G | A | G | G | A | A | G | G | T | G | G | G | A | G | A | T | G | A | C | G | T | C | A | A | G |
| 19. Bordetella bronchiseptica strain HT200/India (FJ969842.3)           | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 20. Bordetella bronchiseptica strain A5/Poland (MT040725.1)             | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 21. Bordetella bronchiseptica strain L8BSG1/China (MN082542.1)          | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 22. Bordetella bronchiseptica isolate TRE155202/Malaysia (LN929735.1)   | T | T | G | G | A | T | A | A | C | A | G | T | G | A | C | G | G | T | C | A | T | G | C | G | A | G | A | A | A | G | C | G | T | G | G | G | G |
| 23. Bordetella bronchiseptica strain 78B1/Mexico (JX129161.2)           | G | G | T | G | A | C | A | A | A | C | C | G | G | A | G | G | A | A | G | G | T | G | G | G | A | G | A | T | G | A | C | G | T | C | A | A | G |
| 24. Bordetella bronchiseptica strain Eq128/India (KT368942.1)           | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 25. Bordetella bronchiseptica strain LHZ014/China (KC197061.1)          | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 26. Bordetella bronchiseptica isolate 939/940/USA (DQ990876.1)          | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 27. Bordetella bronchiseptica strain BbWWR/China (PQ892127.1)           | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 28. Bordetella bronchiseptica strain BFA21/India (PQ277051.1)           | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 29. Bordetella bronchiseptica strain RL57/China (OR553882.1)            | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 30. Bordetella bronchiseptica strain CQ-2023-9/China (OQ780727.1)       | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |
| 31. Bordetella bronchiseptica strain CMCC(B)58404/China (MW452978.1)    | A | G | A | C | A | C | G | G | C | C | C | A | G | A | C | T | C | C | T | A | C | G | G | G | A | G | G | C | A | G | C | A | G | T | G | G | G |

Figure (2): Multiple sequence alignment of local and global *B. bronchiseptica* isolates / strains by MEGA-11



**Figure (3): Phylogenetic tree analysis of local and global *B. bronchiseptica* isolates / strains**

| Sequence ID | Start       | Alignment | End     | Organism                  |
|-------------|-------------|-----------|---------|---------------------------|
| PV953379.1  | (+) 1       |           | 558     | Bordetella bronchiseptica |
| FJ867619.1  | (+) 1       |           | 558     | Bordetella bronchiseptica |
| JQ953656.2  | (+) 47      |           | 605     | Bordetella bronchiseptica |
| JQ953661.2  | (+) 44      |           | 603     | Bordetella bronchiseptica |
| JQ953653.2  | (+) 46      |           | 603     | Bordetella bronchiseptica |
| CP178765.1  | (-) 2,463   |           | 2,462   | Bordetella pertussis      |
| CP178765.1  | (+) 2,029   |           | 2,029   | Bordetella pertussis      |
| CP178765.1  | (-) 3,557   |           | 3,556   | Bordetella pertussis      |
| GQ131888.1  | (+) 66      |           | 615     | Bordetella bronchiseptica |
| JQ953655.1  | (+) 47      |           | 604     | Bordetella bronchiseptica |
| JQ953654.1  | (+) 45      |           | 604     | Bordetella bronchiseptica |
| OZ221038.1  | (+) 689,164 |           | 689,723 | Bordetella pertussis      |
| OZ221038.1  | (-) 2,218   |           | 2,217   | Bordetella pertussis      |
| OZ221038.1  | (+) 1,784   |           | 1,784   | Bordetella pertussis      |
| CP192441.1  | (+) 2,673   |           | 2,673   | Bordetella pertussis      |
| CP192441.1  | (-) 90,893  |           | 90,337  | Bordetella pertussis      |
| CP192441.1  | (-) 3,108   |           | 3,107   | Bordetella pertussis      |
| CP192442.1  | (+) 828,961 |           | 829,520 | Bordetella pertussis      |
| CP192442.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP192442.1  | (-) 2,361   |           | 2,360   | Bordetella pertussis      |
| CP191762.1  | (+) 831,045 |           | 831,604 | Bordetella pertussis      |
| CP191762.1  | (+) 1,927   |           | 1,927   | Bordetella pertussis      |
| CP191762.1  | (-) 2,358   |           | 2,357   | Bordetella pertussis      |
| CP191761.1  | (+) 829,977 |           | 830,536 | Bordetella pertussis      |
| CP191761.1  | (+) 1,924   |           | 1,924   | Bordetella pertussis      |
| CP191761.1  | (-) 2,358   |           | 2,357   | Bordetella pertussis      |
| CP191764.1  | (+) 828,948 |           | 829,507 | Bordetella pertussis      |
| CP191764.1  | (+) 1,922   |           | 1,923   | Bordetella pertussis      |
| CP191764.1  | (-) 2,342   |           | 2,341   | Bordetella pertussis      |
| CP191760.1  | (+) 972,063 |           | 972,622 | Bordetella pertussis      |
| CP191760.1  | (+) 1,873   |           | 1,873   | Bordetella pertussis      |
| CP191760.1  | (+) 2,145   |           | 2,145   | Bordetella pertussis      |
| CP191758.1  | (+) 831,068 |           | 831,627 | Bordetella pertussis      |
| CP191758.1  | (+) 1,927   |           | 1,927   | Bordetella pertussis      |
| CP191758.1  | (-) 2,360   |           | 2,359   | Bordetella pertussis      |
| CP191763.1  | (-) 2,331   |           | 2,330   | Bordetella pertussis      |
| CP191763.1  | (-) 2,331   |           | 2,330   | Bordetella pertussis      |
| CP191763.1  | (-) 3,230   |           | 3,230   | Bordetella pertussis      |
| CP191755.1  | (+) 829,888 |           | 830,547 | Bordetella pertussis      |
| CP191755.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191755.1  | (-) 2,357   |           | 2,356   | Bordetella pertussis      |
| CP191759.1  | (+) 831,067 |           | 831,626 | Bordetella pertussis      |
| CP191759.1  | (+) 1,926   |           | 1,927   | Bordetella pertussis      |
| CP191759.1  | (-) 2,360   |           | 2,360   | Bordetella pertussis      |
| CP191756.1  | (+) 830,020 |           | 830,579 | Bordetella pertussis      |
| CP191756.1  | (+) 1,647   |           | 1,648   | Bordetella pertussis      |
| CP191756.1  | (-) 2,080   |           | 2,080   | Bordetella pertussis      |
| CP191754.1  | (+) 829,985 |           | 830,544 | Bordetella pertussis      |
| CP191754.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191754.1  | (-) 2,357   |           | 2,356   | Bordetella pertussis      |
| CP191757.1  | (+) 972,062 |           | 972,621 | Bordetella pertussis      |
| CP191757.1  | (+) 1,873   |           | 1,873   | Bordetella pertussis      |
| CP191757.1  | (+) 2,145   |           | 2,145   | Bordetella pertussis      |
| CP191753.1  | (+) 829,990 |           | 830,549 | Bordetella pertussis      |
| CP191753.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191753.1  | (-) 2,357   |           | 2,356   | Bordetella pertussis      |
| CP191749.1  | (+) 829,973 |           | 830,532 | Bordetella pertussis      |
| CP191749.1  | (+) 1,924   |           | 1,924   | Bordetella pertussis      |
| CP191749.1  | (-) 2,354   |           | 2,354   | Bordetella pertussis      |
| CP191748.1  | (-) 2,013   |           | 2,012   | Bordetella pertussis      |
| CP191748.1  | (-) 2,415   |           | 2,414   | Bordetella pertussis      |
| CP191748.1  | (-) 3,227   |           | 3,226   | Bordetella pertussis      |
| CP191751.1  | (+) 829,963 |           | 830,522 | Bordetella pertussis      |
| CP191751.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191751.1  | (-) 2,357   |           | 2,356   | Bordetella pertussis      |
| CP191752.1  | (+) 829,986 |           | 830,545 | Bordetella pertussis      |
| CP191752.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191752.1  | (-) 2,357   |           | 2,356   | Bordetella pertussis      |
| CP191745.1  | (-) 2,013   |           | 2,012   | Bordetella pertussis      |
| CP191745.1  | (-) 2,415   |           | 2,414   | Bordetella pertussis      |
| CP191745.1  | (-) 3,227   |           | 3,226   | Bordetella pertussis      |
| CP191750.1  | (-) 2,059   |           | 2,058   | Bordetella pertussis      |
| CP191750.1  | (-) 2,330   |           | 2,329   | Bordetella pertussis      |
| CP191750.1  | (-) 2,330   |           | 2,329   | Bordetella pertussis      |
| CP191744.1  | (-) 2,415   |           | 2,414   | Bordetella pertussis      |
| CP191744.1  | (-) 3,228   |           | 3,228   | Bordetella pertussis      |
| CP191744.1  | (-) 2,013   |           | 2,012   | Bordetella pertussis      |
| CP191747.1  | (-) 3,227   |           | 3,226   | Bordetella pertussis      |
| CP191747.1  | (-) 2,013   |           | 2,012   | Bordetella pertussis      |
| CP191747.1  | (-) 2,415   |           | 2,414   | Bordetella pertussis      |
| CP191746.1  | (-) 2,013   |           | 2,012   | Bordetella pertussis      |
| CP191746.1  | (-) 2,415   |           | 2,414   | Bordetella pertussis      |
| CP191746.1  | (-) 3,227   |           | 3,226   | Bordetella pertussis      |
| CP191743.1  | (-) 2,055   |           | 2,055   | Bordetella pertussis      |
| CP191743.1  | (-) 3,227   |           | 3,226   | Bordetella pertussis      |
| CP191743.1  | (-) 2,330   |           | 2,329   | Bordetella pertussis      |
| CP191742.1  | (-) 2,055   |           | 2,055   | Bordetella pertussis      |
| CP191742.1  | (-) 3,229   |           | 3,229   | Bordetella pertussis      |
| CP191742.1  | (-) 3,227   |           | 3,226   | Bordetella pertussis      |
| CP191740.1  | (-) 2,056   |           | 2,055   | Bordetella pertussis      |
| CP191740.1  | (-) 3,239   |           | 3,238   | Bordetella pertussis      |
| CP191740.1  | (-) 3,226   |           | 3,225   | Bordetella pertussis      |
| CP191738.1  | (+) 828,964 |           | 829,523 | Bordetella pertussis      |
| CP191738.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191738.1  | (-) 2,361   |           | 2,360   | Bordetella pertussis      |
| CP191741.1  | (-) 2,056   |           | 2,055   | Bordetella pertussis      |
| CP191741.1  | (-) 2,330   |           | 2,329   | Bordetella pertussis      |
| CP191741.1  | (-) 3,227   |           | 3,227   | Bordetella pertussis      |
| CP191739.1  | (+) 828,963 |           | 829,522 | Bordetella pertussis      |
| CP191739.1  | (+) 1,926   |           | 1,926   | Bordetella pertussis      |
| CP191739.1  | (-) 2,361   |           | 2,360   | Bordetella pertussis      |
| CP191737.1  | (-) 2,057   |           | 2,056   | Bordetella pertussis      |
| CP191737.1  | (-) 2,331   |           | 2,330   | Bordetella pertussis      |
| CP191737.1  | (-) 3,228   |           | 3,228   | Bordetella pertussis      |
| CP191736.1  | (+) 851,874 |           | 852,433 | Bordetella pertussis      |
| CP191736.1  | (+) 1,948   |           | 1,948   | Bordetella pertussis      |
| CP191736.1  | (-) 2,384   |           | 2,383   | Bordetella pertussis      |
| CP191735.1  | (+) 1,613   |           | 1,613   | Bordetella pertussis      |
| CP191735.1  | (+) 1,888   |           | 1,888   | Bordetella pertussis      |
| CP191735.1  | (-) 3,228   |           | 3,228   | Bordetella pertussis      |
| CP191732.1  | (-) 2,058   |           | 2,057   | Bordetella pertussis      |
| CP191732.1  | (-) 2,331   |           | 2,330   | Bordetella pertussis      |
| CP191732.1  | (-) 3,228   |           | 3,227   | Bordetella pertussis      |
| CP191729.1  | (+) 1,699   |           | 1,699   | Bordetella pertussis      |
| CP191729.1  | (-) 2,135   |           | 2,134   | Bordetella pertussis      |
| CP191729.1  | (-) 3,230   |           | 3,230   | Bordetella pertussis      |
| CP191734.1  | (-) 2,057   |           | 2,056   | Bordetella pertussis      |
| CP191734.1  | (-) 2,331   |           | 2,330   | Bordetella pertussis      |
| CP191734.1  | (-) 3,205   |           | 3,205   | Bordetella pertussis      |
| CP191733.1  | (+) 1,614   |           | 1,614   | Bordetella pertussis      |
| CP191733.1  | (+) 1,887   |           | 1,887   | Bordetella pertussis      |
| CP191733.1  | (-) 3,229   |           | 3,228   | Bordetella pertussis      |
| CP191726.1  | (-) 2,057   |           | 2,056   | Bordetella pertussis      |
| CP191726.1  | (-) 2,332   |           | 2,331   | Bordetella pertussis      |
| CP191726.1  | (-) 3,228   |           | 3,228   | Bordetella pertussis      |
| CP191730.1  | (-) 2,055   |           | 2,055   | Bordetella pertussis      |
| CP191730.1  | (-) 3,239   |           | 3,238   | Bordetella pertussis      |
| CP191730.1  | (-) 3,226   |           | 3,225   | Bordetella pertussis      |
| CP191728.1  | (-) 2,056   |           | 2,055   | Bordetella pertussis      |
| CP191728.1  | (-) 3,238   |           | 3,237   | Bordetella pertussis      |
| CP191728.1  | (-) 3,225   |           | 3,225   | Bordetella pertussis      |
| CP191717.1  | (+) 1,981   |           | 1,981   | Bordetella pertussis      |
| CP191717.1  | (-) 2,330   |           | 2,330   | Bordetella pertussis      |
| CP191717.1  | (-) 2,417   |           | 2,416   | Bordetella pertussis      |

Figure (4): Multiple sequence alignment of local and global B. bronchiseptica isolates / strains by NCBI-Viewer

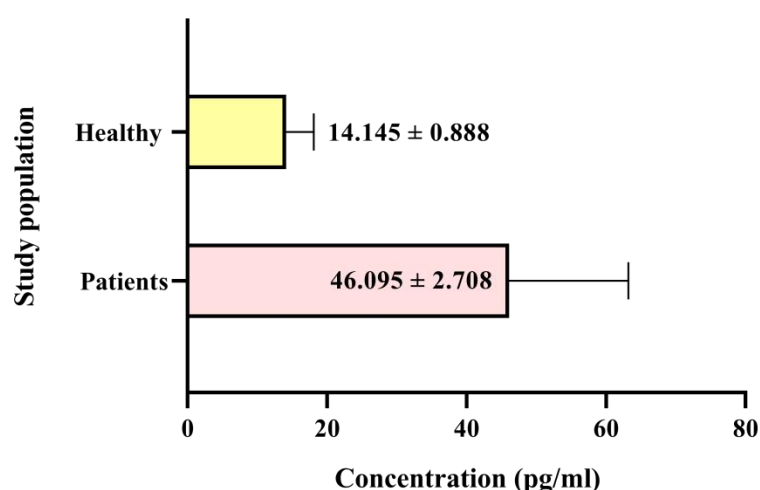
**Table (1): Homology sequence identification for local and NCBI-BLAST *B.bronchiseptica* isolates / strains**

| Local isolate |             | NCBI-BLAST isolate |            |         |             | Identity(%) |
|---------------|-------------|--------------------|------------|---------|-------------|-------------|
| Name          | Access. No. | Host               | Source     | Country | Access. No. |             |
| RAH1          | PV953379.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 98.97       |
| RAH2          | PV953380.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 98.95       |
| RAH3          | PV953381.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.11       |
| RAH4          | PV953382.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.09       |
| RAH5          | PV953383.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.13       |
| RAH6          | PV953384.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.14       |
| RAH7          | PV953385.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.10       |
| RAH8          | PV953386.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.14       |
| RAH9          | PV953387.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.05       |
| RAH10         | PV953388.1  | Human              | Nasal swab | Mexico  | FJ867619.1  | 99.12       |

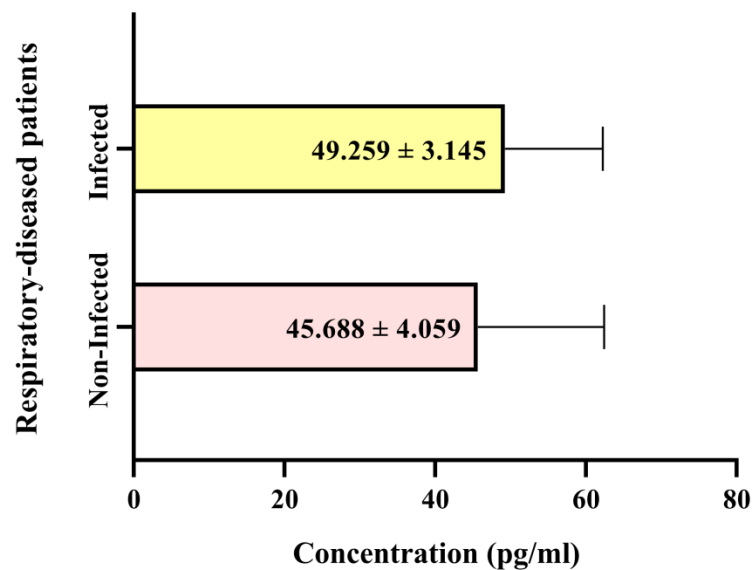
#### IL-10 levels

The findings of quantitative ELISA among totally 180 study individuals involving 150 respiratory-diseased patients and 30 healthy ones as a control revealed that the values ( $M \pm SE$ ) of respiratory-diseased patients ( $47.474 \pm 2.547$ pg/ml) were significantly higher ( $p < 0.0028$ ; 95%CI: 12.29 to 62) than reported in healthy individuals ( $14.145 \pm 0.888$ pg/ml), (Figure 5).

In comparison between the positively infected respiratory-diseased patients with *B. bronchiseptica* (total number: 19) and negatively infected respiratory-diseased patients (total number: 131), the concentrations of IL-10 were differed insignificantly ( $p < 0.0593$ ; 95%CI: 37.08 to 55.93) between the infected ( $49.259 \pm 3.145$ pg/ml) and non-infected ( $45.688 \pm 4.059$ pg/ml) respiratory-diseased patients (Figure 6).



**Figure (5): Levels of IL-10 among the study population (patients: 150; healthy: 30)**



**Figure (6): Levels of IL-10 among the respiratory-diseased patients (total number: 150)**

#### 4. Discussion

The results of present study indicated molecularly that *B. bronchiseptica* was found in 12.67% of nasal swab samples of respiratory-diseased patients suggesting that this pathogen might play a considerable role in complicating of respiratory infections and increasing the antibiotic susceptibility. In earlier evidences, *B. bronchiseptica* in humans has been verified in several cases; for example, a 26 years old male was showed the signs of right lower lobe atelectasis and high body temperature after intubation on a respirator in addition to a 54 years old male suffering from a severe sore throat, cough, difficulty swallowing, and difficult breath (Woolfrey and Moody, 1991). Gueirard et al. (1995) identified the presence of microorganism in a study case of woman with bronchopneumonia, with demonstrating the role of rabbit in transmission of infection. Dworkin et al. (1999) detected by culture an existence of bacterium in persons diseased with HIV infections. Later, García-de-la-Fuente et al. (2015) examined twenty two individuals having the pathogen. Woods et al. (2020) reported a case with a history of chest trauma from pedestrian collision, cough, hemoptysis, and fever with negative screening results for autoimmune diseases and immunodeficiency virus. Then, several researchers have been addressed the specific immunological responses elicited by the bacterium, differentiating between local mucosal immunity and systemic antibody production, and delineated the most effective diagnostic methodologies (Caulfield et al., 2023; Miguelena Chamorro et al., 2023; Parrish and Gestal, 2024). Other studies highlighted the importance of understanding the host immune responses to *B. bronchiseptica* particularly considering how the environmental and co-infection viral factors can compromise host immunity and predispose animals to more severe respiratory diseases (Macpherson et al., 2022; Zafar et al., 2025). However, pathological alteration related to *B. bronchiseptica* in animals and humans is restricted for inference which collected throughout infected animals or human autopsies (Kadhim et al., 2025; Malik et al., 2025).

Our phylogenetically data demonstrated the identity of study isolates to the Mexican strain. The 16S rRNA gene is an exclusive and ubiquitous molecular mark with critical roles in identification of bacterial pathogens such as *B. bronchiseptica* (Einarsson and Boutin, 2019), especially when usual culturing techniques are inadequate. It can be

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discriminated at species level by specific phylogenies in its highly conserved and variable regions so that it is a cornerstone in clinical microbiology in bacterial species identification (Nunes Ramos et al., 2025). The ubiquitous occurrence of this gene in all described species of bacteria and archaea, is relatively uniform distribution with conserved areas to design universal primers, make it an excellent ribotyping tool in prokaryotes (Barreto et al., 2014; Nazir et al., 2019). The full-length 16S rRNA gene with a length of about 1,500 base pairs augments its usefulness by incorporating enough phylogenetic information to aid in high-resolution taxonomic classification that is beyond the reach of shorter sequence fragments (Weinroth et al., 2022). In addition, improved sequencing methodology, including deep sequencing of 16S rRNA gene amplified by universal primers, has transformed research into the nature of diverse microbial communities, including uncultured species (Abellan-Schneyder et al., 2021). This gene stands out as especially useful as its hypervariable domains allow species level differentiation to occur even on closely related bacteria taxa (Bose and Moore, 2023).

In the present study, the findings of IL-10 were showed a significant elevation in values of respiratory-diseased patients compared to healthy; however, insignificant variation was seen between the molecularly infected and non-infected *B. bronchiseptica* patients. Cytokines like IL-1, IL-6, and IL-10 are diverse group of signaling molecules that play a crucial role in regulating immune responses, inflammation, and cell communication within the body by modulation of antigen presentation by immune cells and the direct suppression of pro-inflammatory cytokine production, thereby preventing excessive immune activation that could lead to tissue damage (Gulati et al., 2016; Kany et al., 2019). Also, cytokines act as messengers, influencing the behavior of various cells including immune cells and coordinating the body's response to threats like infections and tissue damage (Harvanová et al., 2023). The intricate balance maintained by IL-10 is particularly relevant in the context of respiratory diseases where chronic inflammation and immune-dys-regulation contribute significantly to pathogenesis (de Araújo Morais et al., 2021; Junainah et al., 2025). Despite its recognized anti-inflammatory effects, emerging evidence points to complex, sometimes paradoxical roles for IL-10 in promoting fibrosis, particularly in chronic inflammatory settings (Steen et al., 2020). However, the precise role of IL-10 in conditions like lung fibrosis remains complex, given its capacity to down-regulate inflammation and being classified as a Th2 cytokine (Huaux, 2021). Given the role, therapeutic modulation of IL-10 activity represents a promising strategy for a range of immune disorders, necessitating a thorough exploration of its signaling pathways and downstream effectors (Wang et al., 2019; Nie et al., 2025).

## 5. Conclusion

This study implicates molecularly, for the first time in Iraq, *B. bronchiseptica* in respiratory-diseased patients, close-relationship between the study and global isolates throughout phylogenetic analysis, and the level of IL-10 in respiratory-diseased and the healthy population. Furthermore molecular studies and genetic surveillance are greatly needed to insight the role of *B. bronchiseptica* in other human infections, and to adapt active prevention strategies and developing new therapeutic interventions that can effectively target emerging resistant strains and reduce the burden of infection.

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