ا لآيـــة

قال المولى غز وجل في محكم تنزيله:

بسو الله الرحمن الرحيو

﴿ يرفع الله الذين أمنوا منكم و الذين أوتوا العلم درجات ﴾

سورة المجادلة

آية رقم 11

DEDICATION

With all my sincere thanks and appreciation and love I DeDicate my effort to everyone sharing me my hardships to provide this research in perfect way:

To my dear parenTs

To all members of my family

To all STaff of facul Ty of LaboraTory Science at Sudan univerSity of

Science and Technology and all my greater teacher

ACKNOWLEDGEMENT

Great thanks for Allah

With grateful appreciation, I acknowledge the effort of my supervisor Dr: Yousif Fadlalla Hamed Elnil for his keen, un limited patience, generous, support and guidance, his support and guidance were invaluable in helping to put this research in your hands, therefore; if it is good that is his effort.

I should express my special gratitude to the staff of laboratory management and colleagues

ABSTRACT

Typhoid fever is a systemic illness with a significant morbidity and mortality in developing countries. Poor sanitation, overcrowding, low standard of living, lack of medical facilities, and indiscriminate use of antibiotics lead to endemicity of typhoid fever and multi-resistant strains of *Salmonella typhi* in developing countries.

The aim of this study is to determine seroprevalence of Typhoid fever among Blood Donors attending Central Blood Bank in Khartoum State in Sudan.

The total of one hundred samples was collected from healthy blood donors in the period from September to December, 2014.

The diagnosis of typhoid fever in this study was based on Standard Agglutenation Test (SAT) to determine the titer of *Salmonella typhi* OAg and *Salmonella paratyphi B* Ag and typhidot Immunochromatographi test (ICT) to screen the presence of anti *Salmonella* antibodies.

Males were 81(81%) and females were 19 (19%). The reactive sera of total samples were 33 (33%), and non-reactive sera were 67 (67%).

The agglutination results of typhoid fever among blood donors for *salmonella typhi* O Ag were (significant, doutfull, insignificant and negative) as (19(19%), 11(11%), 3(3%), 67(67%)) respectively.

The agglutination results of typhoid fever among blood donors for *Salmonella paratyphi* B Ag were (significant, doutfull, insignificant and negative) as (11(11%), 12(12%), 4(4%) 73(73%) respectively. The result of typhidot test were :positive sera were 46(46%) and negative sera were 54(54%) and all the positive sera were IgM antibody.

مستخلص الاطروحه

حمى التايفوئيد هو مرض معدي خطر جدا مسبب لارتفاع نسبة الحالات المرضية وارتفاع نسبة الوفيات في البلدان النائية. سوء الصرف الصحي والاكتظاظ وتدني مستوى المعيشة، وانعدام المرافق الطبية، والاستخدام العشوائي للمضادات الحيوية يؤدي إلى توطن حمى التيفوئيد وسلالات مقاومة متعددة من السالمونيلا التيفية في البلدان النامية.

الهدف من هذه الدراسة لتحديد الانتشار المصلي للسالمونيلا بين المتبر عين بالدم في بنك الدم المركزي بولاية الخرطوم في السودان.

تم جمع مائة عينة من الدم من فئة متبرعين أصحاء للدم في الفترة الزمنية مابين سبتمبر وديسمبر في عام 2014.

تشخيص مرض السالمونيلا في هذه الدراسة كان اعتمادا على اجراء اختبار التراص المصلي لتحديد التعاير واختبار المناعة المسحى للكشف عن الاجسام المضادة للسالمونيلا.

اشتمل البحث على عدد 81 (81%) من الرجال وعدد 19(19%) من النساء.

عدد العينات موجبة التفاعل كانت 33(33%) من مجمل عدد عينات البحث وكانت عدد العينات سالبة التفاعل 67(67%).

نتائج التعاير لمرض السالمونيلا عند المتبرعين بالدم ببكتريا Salmonella typhi OAg كانت (مؤكده ,مشكوك بها , غير مؤكدة , سالبة)(19 (19%) (11%)(11%)(11%)(11%) على التوالي .

نتائج التعاير لمرض السالمونيلا عند المتبرعين بالدم ببكتريا Salmonella paratyphi B Ag نتائج التعاير لمرض السالمونيلا عند المتبرعين بالدم ببكتريا كالكرية (73)73 على التوالي كانت(مؤكدة,مشكوك بها غير مؤكدة, سالبة) (11)11%), 12)12(%) على التوالي

بينما كانت نتائج الاختبار المناعي للكشف عن الاجسام المضادة للسالمونيلا هي: عدد 46(46%) موجبة وعدد 54(54%) سالبة وكل النتائج الموجة كانت للجسم المضاد IgM.

Table of Contents

| Title | Page No. |
|--|----------|
| الاية | I |
| Dedication | II |
| Acknowledgement | III |
| Abstract | IV |
| Arabic abstract | V |
| Table of contents | VI |
| List of Tables | VII |
| List of figures | IX |
| CHAPTER ONE INTRODUCTION | |
| 1.1. Introdution | 1 |
| 1.2. Rationale | 4 |
| 1.3. Objectives | 5 |
| 1.3.1 General objective | 5 |
| 1.3.2 Specific objectives | 5 |
| CHAPTER TWO LITERATURE REVIEW | |
| 2.1.History of Salmonella | 6 |
| 2.2. History of <i>Salmonella</i> research in Sudan | 6 |
| 2.3. Salmonellosis | 8 |
| 2.3.1. Description | 8 |
| 2.3.2. Classification and Morphology of <i>Salmonella</i> | 8 |
| 2.3.3. Antigenic Structure | 9 |
| 2.3.3.1. Somatic O or Cell Wall Antigens | 9 |
| 2.3.3.2. Surface (Envelope) Antigen | 10 |
| 2.3.3.3.Flagellar (H) Antigen | 10 |
| 2.3.4.Mode of transmission of <i>Salmonella</i> | 10 |
| 2.3.5. The disease in Human | 11 |
| 2.3.5.1. Pathogenesis | 11 |
| 2.3.5.2.Symptoms | 12 |
| 2.3.5.3. Complication | 12 |
| 2.3.5.4. Group at risk | 13 |
| 2.3.6. Laboratory diagnosis | 14 |
| 2.3.6.1. Isolation and Identification of <i>Salmonella</i> | 14 |
| 2.3.6.2. Metabolism and Biochemical properties | 14 |
| 2.3.6.3. Serological identification tests of <i>Salmonella</i> | 15 |

| 2.3.6.3.1. Widal test | 15 | |
|--|---------|--|
| 2.3.7.Antibiotic Susceptibility | 16 | |
| 2.3.8. Epidemiology | 17 | |
| 2.3.9.Treatment | 18 | |
| 2.3.10. Control | 18 | |
| 2.3.11. Vaccination Against Typhoid Fever | 19 | |
| 2.3.11.1. Liver oral vaccines | 19 | |
| 2.3.11.2. Parenteral heat-phenol-inactivated vaccine | 20 | |
| 2.3.11.3.Vi capsular polysaccharide(ViCPS) | 20 | |
| CHAPTER THREE | | |
| MATERIALS AND METHODS | | |
| 3.1. Study design | 21 | |
| 3.2. Study area | 21 | |
| 3.3. study population | 21 | |
| 3.4 Study period | 21 | |
| 3.5. Data collection | 22 | |
| 3.6. Ethical consideration | 22 | |
| 3.5.3.1.Sample collection | 22 | |
| 3.5.3.2. Widal test Standard Agglutination Test(SAT) | 22 | |
| 3.5.3.3. Immunochromatography test (ICT) | 23 | |
| 3.6. Data analysis | 23 | |
| CHAPTER FOUR | | |
| RESULTS | | |
| Results | 24 | |
| CHAPTER FIVE | | |
| DISCUSSSION CONCLUSION & RECOMMEN | NDATION | |
| 5.1 Discussion | 29 | |
| 5.2 Conclusion | 31 | |
| 5.3 Recommendations | 32 | |
| Reference | 33 | |
| Appendices | | |

List of Tables

| Title | Page No. |
|--|----------|
| Table(2): The widal test results for Salmonella typhi OAg. | 26 |
| Table(3): The widal test results for <i>Salmonella paratyphi B</i> Ag | 26 |

List of Figures

| Figure | Page No. |
|---|----------|
| Figure 1: Reactive and non reactive sera of Widal test among | 25 |
| studied blood donors | |
| Figure 2: Positive and negative sera for immunochromatography | 27 |
| test (ICT) among studied blood donors | |
| Figure 3: The positive and negative sera for | 28 |
| immunochromatography test (ICT) among blood donors | |
| according to theair age group | |