

# Investigating exposure to a neglected fungal disease at the human-animal interface in Kenya



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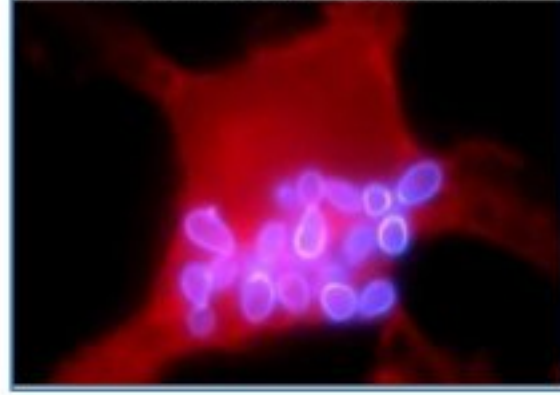
## HISTOPLASMA CAPSULATUM

### BACKGROUND & RATIONALE

#### HUMAN HISTOPLASMOSIS IS A PRIORITY DISEASE IN KENYA AND A NEGLECTED TROPICAL DISEASE [1,2]

- Poorly recognised yet important co-infection in HIV patients [3,4]
- Paucity of data relating to human burden of disease, and the contribution of animals and environment to infection dynamics
- Bat/ bat guano exposure [5,6], environment [7], and clinical status [8], important in disease epidemiology
- Widespread case reports including sporadic observations in Kenya [4,9-11]
- Hospital-based case series predominately in North, South and Central America [12-14]

*Histoplasma* yeast phase within a human macrophage [15]

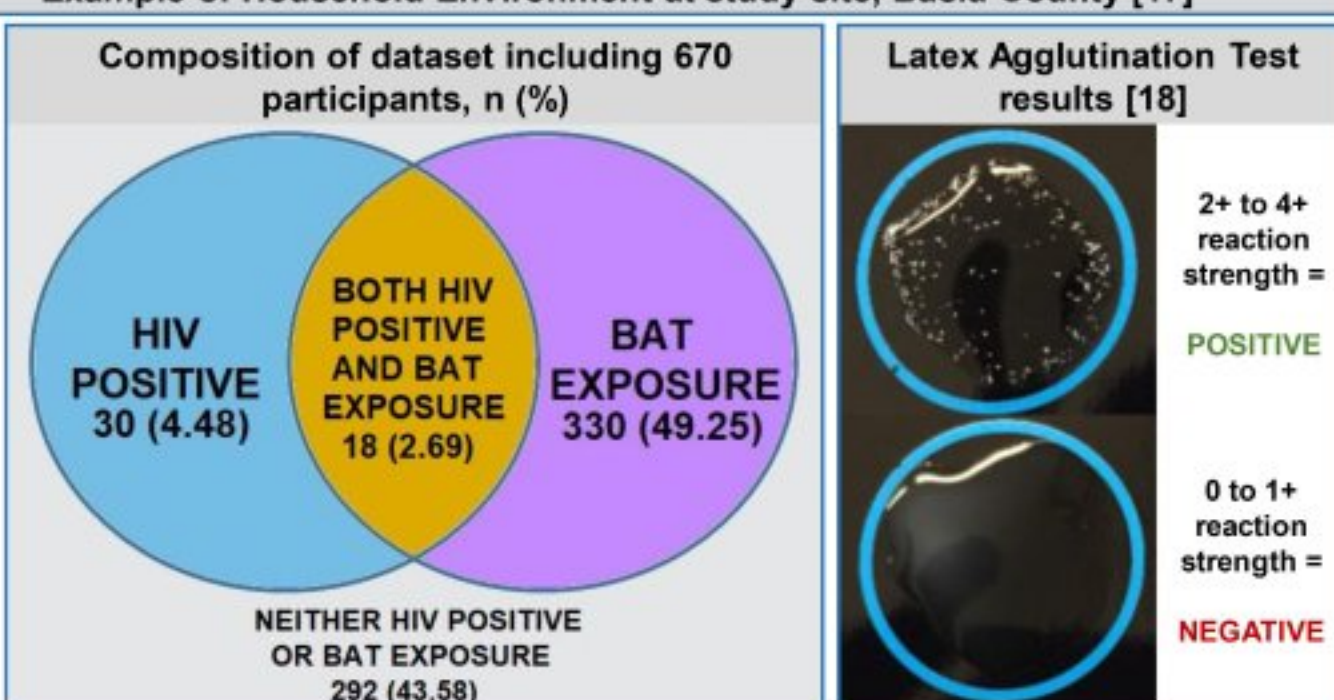


### CURRENT LITERATURE

## CROSS-SECTIONAL HOUSEHOLD SURVEY IN WESTERN KENYA [16,a]

### RESEARCH AIMS

- IS THERE EVIDENCE OF HUMAN EXPOSURE TO *HISTOPLASMA* IN BUSIA COUNTY, WESTERN KENYA?
- HOW MIGHT DEMOGRAPHIC, CLINICAL AND HOUSEHOLD FACTORS BE ASSOCIATED WITH EXPOSURE?

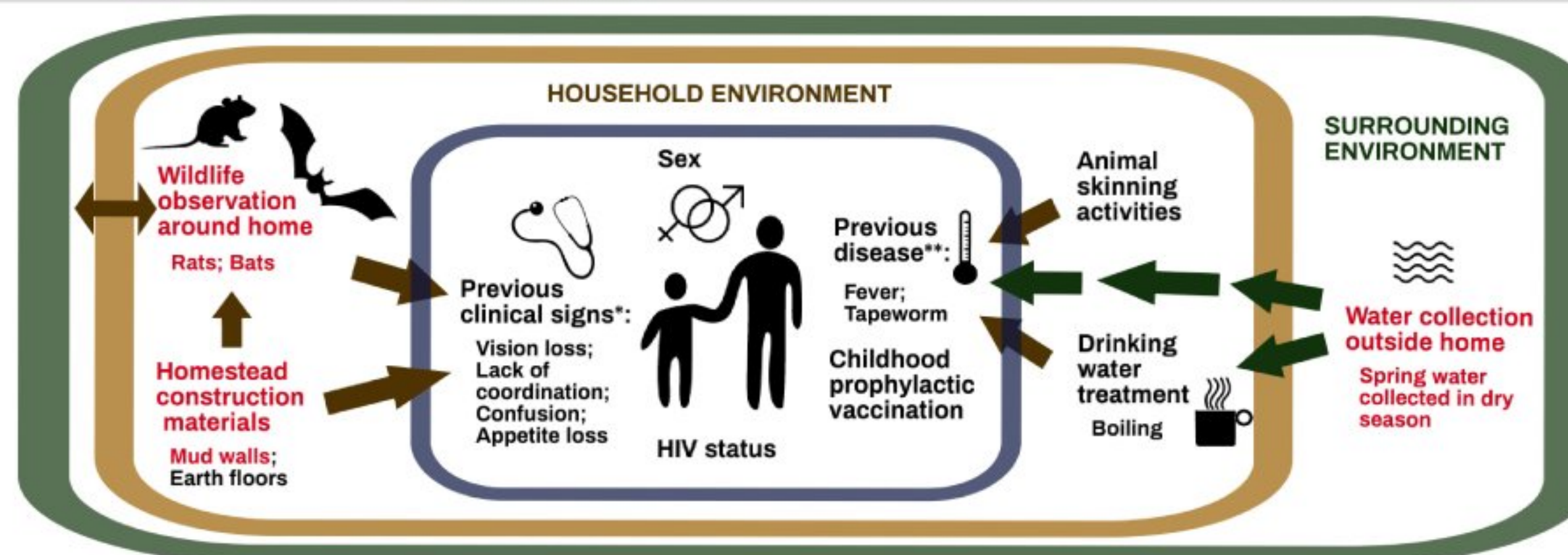


### METHODS

- ✓ Biobanked samples and metadata from 2113 study participants in 143 locations, western Kenya (2010-12) originating from the PAZ project [16,a]
- ✓ Random selection of 670 study participants from 178 households
  - Systematic selection of participants with variable HIV status and bat exposure
  - Serum samples tested with IMMY LATEX AGGLUTINATION TEST (LAT)
  - UNI- & MULTIVARIABLE ANALYSES to explore factors associated with presence of *Histoplasma* antibody [16,a]

## RESULTS

### CAUSAL WEB HYPOTHESISING CONNECTIVITY BETWEEN DEMOGRAPHIC, CLINICAL & ENVIRONMENTAL VARIABLES: Variables included here with $p$ value <0.20 on univariable analysis and contributed to multivariable modelling



KEY:

- Variables highlighted in red were associated with a positive LAT result on multivariable modelling
- \* Previous 3 months
- \*\* Time period not specified

MULTIVARIABLE LOGISTIC REGRESSION MODEL		LAT positive, n (%)	LAT negative, n (%)	Odds Ratio	95% CI for Odds Ratio	p value (Likelihood Ratio)
n=670, 1 observation missing for bats variable; *= Odds Ratio and p value for respective interaction terms						
Rats observed around home	Yes	100 (16.4)	509 (83.6)	3.0	1.1-8.5	0.04
	No	4 (6.6)	57 (93.4)			
Bats observed around home x Mud walls in house (interaction term)	Bats observed	Yes	61 (17.5)	1.5*	1.0-2.3*	0.05*
		No	43 (13.4)			
	Mud walls	Yes	100 (16.2)			
		No	4 (7.8)			
Spring water collected in dry season x Mud walls in house (interaction term)	Spring water in dry season	Yes	68 (17.6)	1.6*	1.0-2.4*	0.05*
		No	36 (12.7)			

- Anti-*Histoplasma* antibody present in 15.5% serum samples (n=104, 95% CI 12.9,18.5)
- Epidemiological factors found to be associated with a positive LAT result on multivariable analysis

## CONCLUSIONS

- Evidence of high level of exposure to *Histoplasma* in Busia County, western Kenya
- Associations between presence of *Histoplasma* antibody and epidemiological variables suggest possible routes of exposure, but do not infer direct causality. Factors surrounding these associations may be linked with lifestyle and socioeconomic influences, and a complex interplay between host, wildlife, and environment, as hypothesised in the causal web.

FURTHER STUDIES IN UNDER-REPRESENTED GEOGRAPHICAL REGIONS WARRANTED to investigate risk factors for exposure, and the influence of wildlife, environmental and socioeconomic factors

REFERENCES: [1] Munyua et al (2016). *PLoS One*, 11(8): e0161576; [2] WHO (2017). URL: [https://www.who.int/neglected\\_diseases/diseases/en/](https://www.who.int/neglected_diseases/diseases/en/) [access date 06/01/20]; [3] Adenis et al. (2018). *The Lancet Infectious Diseases*, 18(10), 1150-1159; [4] Oladele et al. (2018). *PLoS Neglected Tropical Diseases*, 12(1), e0006046; [5] Gutierrez et al. (2004). *The American Journal of Tropical Medicine and Hygiene*, 70(4), 438-442; [6] Jülg et al. (2008). *Journal of Travel Medicine*, 15(2), 133-136; [7] Emmons (1949). *Public Health Reports*, 64(28), 892-896; [8] Daher et al. (2007). *Tropical Medicine and International Health*, 12(9), 1108-1115; [9] Macharia and Walong (2019). *Pan African Medical Journal, Images in Clinical Medicine*, 34(139). [10] Pamnani R et al. (2009). *East African Medical Journal*, 86, S102-S105. [11] Shah M V et al. (1978). *East African Medical Journal*, 55(9), 438-441. [12] McKinsey et al. (1997). *Clinical Infectious Diseases*, 24, 1195-1203; [13] Ramos et al. (2018). *Revista da Sociedade Brasileira de Medicina Tropical*, 51(4), 479-484; [14] Gutierrez et al. (2005). *Clinical Infectious Diseases*, 40(8), 1199-1202; [15] Rappleye (2019). Photographs provided via personal communication. [16] Fèvre et al (2017). *BMC Infectious Diseases*, 17(457). [17] Thomas (2020). Photographs provided via personal communication. [18] Scantlebury (2020). Photographs provided via personal communication.

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