Detection of Variably Present Genotypes, *bimA_{BP}/bimA_{BM}*, *fhaB3* YLF/BTFC and *LPSA* in Sri Lankan Clinical Isolates of *Burkholderia pseudomallei* Using Real-Time PCR Based Molecular Assay

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Burkholderia pseudomallei is the causative agent of a potentially fatal disease, melioidosis, with clinical presentations such as pneumonia, skin complications, neurological complications and sepsis. The bacterium possesses several variably present genes such as B. pseudomallei intracellular motility factor BimA (bimA_{BP//}BimA_{BM}), filamentous hemagglutinin B (fhaB3), Yersinia like fimbrial/ Burkholderia thailandensis flagellum chemotaxis (YLF/BTFC) gene clusters and Lipopolysaccharide O antigen type A (LPSA). These genes have been reported to be differentially associated with bacterial survival in the host cells and virulence. The aim of this study was to determine the prevalence of $bimA_{BP}/bimA_{BM}$, fhaB3, YLF/BTFC, and LPSA genotypes in 51 clinical isolates of *B. pseudomallei* in Sri Lanka. Total genomic bacterial DNA extracted from 51 clinical culture positive isolates confirmed by lpxO (Lipid A Hydroxylase) was tested for its concentration using agarose gel electrophoresis. Genotyping was performed using fluorescent dye-based RT- PCR molecular assays with oligonucleotide primers targeting each gene specifically. Prevalence of *fhab3*, YLF, $bimA_{BP}$, *bimA*_{BM} and LPSA were found to be 50.98% (n=26), 92.16% (n=47), 68.63% (n=35), 23.53% (n=12) and 68.63% (n=35) respectively. High genetic diversity was observed among clinical isolates and the study population is of mixed type. The prevalence of isolates with BTFC was 7.84%, similar to the Australian B. pseudomallei population whereas the prevalence of YLF in Thailand is 100%. Within the study population, the mortality rate was 47.06%. Diabetes and alcoholism were found as the major risk factors among other risk factors like kidney failure, asthma, and Cushing's syndrome.

Keywords: Melioidosis, Genotyping, Burkholderia pseudomallei, Sri Lanka, YLF/BTFC, clinical isolates, risk factors, real-time PCR