Construction and Preliminary Immunobiological Characterization of a Novel, Non-Reverting, Intranasal Live Attenuated Whooping Cough Vaccine Candidate

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We describe the construction and immunobiological properties of a novel whooping cough vaccine candidate, in which the *aroQ* gene, encoding 3-dehydroquinase, was deleted by insertional inactivation using the kanamycin resistance gene cassette and allelic exchange using a *Bordetella* suicide vector. The *aroQ* *B. pertussis* mutant required supplementation of media to grow but failed to grow on an unsupplemented medium. The *aroQ* *B. pertussis* mutant was undetectable in the trachea and lungs of mice at days 6 and 12 post-infection, respectively. Antigen-specific antibody isotypes IgG1 and IgG2a, were produced, and cell-mediated immunity [CMI], using interleukin-2 and interferon-gamma as indirect indicators, was induced in mice vaccinated with the *aroQ* *B. pertussis* vaccine candidate, which were substantially enhanced upon second exposure to virulent *B. pertussis*. Interleukin-12 was also produced in the *aroQ* *B. pertussis*-vaccinated mice. On the other hand, neither IgG2a nor CMI-indicator cytokines were produced in DTaP-vaccinated mice, although the CMI-indicator cytokines became detectable post-challenge with virulent *B. pertussis*. Intranasal immunization with one dose of the *aroQ* *B. pertussis* mutant protected vaccinated mice against an intranasal challenge infection, with no pathogen being detected in the lungs of immunized mice by day 7 post-challenge. *B. pertussis* *aroQ* thus constitutes a safe, non-reverting, metabolite-deficient vaccine candidate that induces both humoral and cell-mediated immune responses with potential for use as a single-dose vaccine in adolescents and adults, in the first instance, with a view to disrupting the transmission cycle of whooping cough to infants and the community.

Keywords: Immune response, bordetella pertussis, FHA, pertussis toxoid, attenuated, vaccine

Whooping cough is the major cause of vaccine-preventable deaths today, with WHO estimates of 40–50 million cases and approximately 297,000–409,000 deaths each year worldwide [1, 7, 8, 15], the majority of them being in developing countries although some countries are currently recording increases in the incidence of whooping cough despite high vaccine coverage [39]. A killed whole-cell pertussis vaccine, generally given in combination with diphtheria and tetanus toxoids, has been available in many countries for over 40 years, and although its use seems to have controlled pertussis epidemics, concerns over the reactogenicity, ranging from high fever, persistent crying, pain at the site of injection, and possible, albeit rare, neuropathic manifestations [12, 20, 30, 33, 36], steered the research towards development of the currently marketed acellular pertussis vaccines given in combination with tetanus and diphtheria toxoids (DTaP). Although the introduction and widespread use of the pertussis vaccines caused a dramatic reduction in the incidence of whooping cough, it has risen recently despite high vaccine coverage in developed countries such as Australia, The Netherlands, and the United States despite high levels of immunization rates [http://cdc.gov/pertussis/outbreaks.html; 14]. In Australia, pertussis has been endemic since 1993 with notifications rising from 1.8/100,000 in 1991 to a peak of 156.9/100,000 in 2010 despite a high rate of vaccine coverage [29].

Children under the age of 2 and up to the age of 5 years are highly susceptible to whooping cough. More recently, however, pertussis has re-emerged even in vaccinated populations, confirming that pertussis is not only a childhood
disease but is also highly prevalent in adults [39, 46], the latter being accepted now as the major reservoir of infection for the majority of the pertussis cases in infants and young children. This has stimulated interest in the development of an alternative vaccine that can also be used safely in the adolescent and adult population. Several reasons offered to explain the increasing incidence of this disease syndrome in adolescents and adults include better diagnosis, cyclic variation in disease patterns, waning of vaccine-induced immunity in adolescents and adult over time due to the limited protection offered by the currently used vaccines [24], loss of vaccine efficacy due to the emergence of new *B. pertussis* strains [25] producing high levels of pertussis toxin (a key virulence factor) [45], and lack of compliance with the recommended vaccination schedule because of the fear of side reactions [12, 19, 33, 34, 36]. Therefore, it is important not only to characterize the newly emerging strains with respect to overproduction of all significant virulence antigens but also to develop alternative vaccine candidates that can be delivered by non-invasive routes (e.g., by oral, intranasal, or epidermal/cutaneous routes) and with potential to impart longer term protection than that offered by the currently marketed acellular pertussis vaccines, an approach divergent from the practices/ formulations currently being promoted by most of the major global vaccine manufacturing enterprises.

It is apparent now that the protective efficacy of the acellular vaccine formulations is short to medium, given the recent introduction of new combined acellular vaccine formulations containing reduced antigen content, DTaP or Tdap depending upon the vaccine manufacturer, for use in adolescents [26]. To overcome potential side reactions ranging from extensive swelling of the injected limb, which may occur in a concerning percentage of children vaccines receiving booster vaccinations, particularly post-primary immunization with three doses of DTaP, one alternative suggested has been either to reduce the number of booster shots with ensuing reduced levels of immunity or to find a replacement adjuvant, which unlike alum favors the induction of Th1 responses that have been proposed to be responsible for long-term protection against whooping cough [24]. However, as compared with the DTaP, DTwP has been reported to be more protective despite inducing lower antibody titers to pertussis toxoid, as judged by intracerebral and lung clearance experiments, leading to the conclusion that cell-mediated immunity may play a crucial role in eliminating bacteria that escape the onslaught of the humoral defence mechanisms in the early phase of infection [2, 17].

An alternative vaccine development approach involving intranasal or parenteral administration of biodegradable particle-encapsulated *B. pertussis* antigens (PTxoid, FHA, PRN) to mice either induced CMI (Th1) or antibody (Th2) responses that yielded protection that was no better than that induced by the antigens administered in solution [4, 40]. Given the relatively recent communication suggesting Th1/Th17-mediated host immunity against pertussis [28], it is apparent that the exact nature of immunity against infection with *B. pertussis* is still not completely understood and requires further elucidation.

Mice vaccinated with PT-deficient live *B. pertussis* were reported to be protected against challenge with virulent *B. pertussis* [22]. In another study, an aromatic-dependent mutant (*aroA*) of *B. pertussis* [35] was reported to persist in the lungs of mice for a short period of time (4 days at reasonable numbers), thus casting doubt on its ability to stimulate the cell-mediated immunity (CMI) required for long-lasting protection. This result was unexpected, given previous reports regarding the success of the *aroA* mutant of *Salmonella* species [13, 27] as a successful vaccine. On the other hand, the *aroA* mutants of *Shigella* species were found to be poorer vaccines than the *aroD* deletion mutants of the same species [43]. It was suggested that the development of live attenuated whooping cough vaccine delivered by the nasal route, so as to mimic the natural route of infection, leading to induction of long-lasting immunity, represented an ideal solution that deserved serious attention [18]. More recently, a live attenuated *B. pertussis* mutant strain, in which PT was genetically detoxified, the dermonecrotocin (DNT) gene deleted, and *B. pertussis* ampG replaced by *E. coli* ampG to reduce its toxic activity, was reported to induce protection in young mice after a single nasal administration [23] and reported to be safe in adult interferon-γ receptor deficient adult mice, although the vaccine candidate survived in lungs of vaccinated mice for as long as the wild-type strain. We report the development of an aromatic-dependent (*aroQ*) *B. pertussis* mutant that was found not only to induce *B. pertussis*-specific antibody response and cell-mediated immunity in mice immunized with a single dose of this vaccine candidate by the intranasal route, but was also protective against challenge infection with virulent *B. pertussis*. Upon challenge infection of immunized mice with virulent *B. pertussis*, both antibody and CMI responses were significantly or substantially enhanced, respectively, imparting protection against the challenge infection.

**Materials and Methods**

**Bacterial Strains, Plasmids, Media, and Growth Conditions**

The bacterial strains used in this study were virulent * Bordetella pertussis*, ATCC 9340 (Microdiagnostics, Brisbane, Australia), Streptomyces-resistant [Sm<sup>+</sup>] *B. pertussis* (obtained through courtesy of Dr. A. Weiss, University of Cincinnati, OH, USA), *aroD E. coli* mutant (obtained through courtesy of Dr. Naresh Verma, Australian National University, Canberra, Australia), *E. coli* DH5α [F<sup>φ</sup>80dlacZM15 lacZ(ΔM15) F lacZYA-argF U169 deoR recA1 endA1 hsdR17(r<sup>K</sup>-, m<sup>−</sup>) supE44 thi-1 gyrA96 relA1; Invitrogen Life Technologies],

...
E. coli JM101 [p traD36 proA’ B’ lacI Δ(lacZ)M15/Δ(lac-proAB) 
glV thi; New England Biolabs, Inc.], and E. coli Sm10pir (Mobilising strain, thi thr leu tonE lacY supE recA::RP4-2-1::Mu Km λpir; obtained through the courtesy of Dr. Roy Curtiss,
Washington University in St. Louis, MO, now at Arizona State
University, Tempe, USA). The plasmids used in this study included
pUK (Pharmacia Biotech), and pRTPI (Ap+, rpsL, oriT, cos; obtained
through the courtesy of Dr. Scott Stitohit, Centre for
Biologics Evaluation and Research, Bethesda, MD, USA).

The E. coli strains were routinely cultured in LB broth or on LB
agar overnight at 37°C. B. pertussis was routinely grown on Bordet–
Gengou (BG) solid medium containing 15% sterile-defibrinated sheep
blood for 3–5 days at 35–37°C. Cohen–Wheeler (CW) agar [3]
containing 10% sterile-defibrinated sheep blood was used for B.
pertussis growth for conjugation experiments only.

Modified cyclodextrin solid media (CSM) as described elsewhere
[10] together with M9 minimal agar (Difco), with or without
aromatic compounds (aromix), was used to test for the aromix phenotype
of E. coli or B. pertussis mutants. The final concentrations of
aromix consisted of 40 µg/ml each of tryptophan, tyrosine, and
phenylalanine; and 10 µg/ml each of dihydroxybenzoic acid (DHB)
and para-aminobenzoic acid (PABA). The antibiotic concentrations
used for selection were as follows: kanamycin 50 µg/ml, streptomycin
200 µg/ml, and ampicillin 100 µg/ml.

Preparation and Manipulation of DNA
Plasmid DNA was extracted from E. coli strains and agarose gel
using a Prep-A-Gene DNA Purification Kit (BioRad). Genomic DNA
(gDNA) was purified from B. pertussis using a BioRad Genomic DNA
Isolation Kit. All DNA manipulations were carried out using the
protocols in Sambrook [38]. Restriction endonucleases, T4
DNA ligase, and alkaline phosphatase were supplied by either MBI
Fermentas, New England Biolabs, or Amersharm Pharmacia Biotech
and were used according to the manufacturers; recommendations.
The PCR kit used was purchased from Fisher Biotech.

Identification of aroQ Gene of B. pertussis
Construction of aaroQ B. pertussis (aroQBP) mutants was underpinned
by the discovery that the Sac3A digest of the chromosomal DNA of
B. pertussis cloned in pNEB193 (pUSQBord1 fragment), while
complementing the aroD gene of E. coli strain 583/90, had a
sequence that was not similar to the published consensus sequence
of the aroD gene of E. coli (GenBank Accession No. X59503). As
the cloned B. pertussis fragment was too large (1,587 bp) to fully
sequence at the time of this discovery, only approximately 500 bp
from the 5’ and 3’ ends of the fragment was available for analysis. A
BLAST search (ANGIS) using the partial sequences showed that the
isolated B. pertussis DNA fragment contained at least part of a
gene sequence that possessed high homology (77%) with the aroQ gene,
which exists in many microorganisms, including Pseudomonas
aeruginosa, Actinobacillus pleuropneumoniae, and Corynebacterium
pseudotuberculosis, but is not known to be present in E. coli [38,
Unpublished]. However, there is a body of evidence, including
complementation of the aroD mutants and an inability of B.
pertussis to survive on quinic acid, to suggest that despite the
apparent type II nature, the aroQ gene of B. pertussis, and similar
genes of other prokaryotes, function in the aromatic biosynthetic
pathway [16].

DNA Sequencing
DNA sequencing was carried out by the Australian Genome Research
Facility (Ritchie Laboratories, University of Queensland). Sequences
were then analyzed using the ANGIS (Australian National Genome
Information Service) program.

Bacterial Conjugation
Conjugal transfer of DNA from E. coli to B. pertussis was carried
out using the generic methodology as described elsewhere [24].
Briefly, after 72 h growth, B. pertussis BP304 was swept from BG
agar specifically using a sterile dacron swab and resuspended in
phosphate-buffered saline (PBS). The optical density of
the suspension at 630 nm was determined and adjusted to an absorbance
of 0.4. This procedure was repeated using E. coli SM10pir
containing the cloned insertionally inactivated aroQ gene, pUSQBord10
(results section) except that growth was swept from LB agar
supplemented with kanamycin. Transconjugants displaying both
Kn and Sm were verified using CW agar plates with and without
aro mix. B. pertussis aroQ mutant colonies grown on medium with
aro mix were found to have a slower growth rate than that of the
wild type. Mutant clones failed to grow without supplementation
of the media with aromix.

Animal Experiments
Five- to six-week-old female BALB/c mice were used throughout
this investigation and all animal experiments were carried out at the
University of Southern Queensland after gaining approval from the
Animal Ethics Committee in compliance with the Australian Code
of Practice for the Care and Use of Animals for Scientific Purposes.

Determination of the MMD50 of B. pertussis Tohama I
In order to examine the rate of clearance of infection in vaccinated
versus control mice after challenge with virulent Tohama I, it was
necessary to determine the Minimum Moribund Dose at which 50%
of the mice inoculated by the intranasal route (MMD50) became
moribund. Moribund was defined as “being in a sick or dying state
characterized by dorsal recumbency requiring immediate euthanasia.”
It was of great importance that mice did not die during the course of
the experiment. A total of 32 mice were used in this experiment.
Groups of 3–6 mice were intranasally challenged with different doses
of virulent B. pertussis Tohama I (1×107 CFU: 5 mice; 1×106 CFU:
6 mice; 5×105 CFU: 3 mice; 1×105 CFU: 6 mice; 5×104 CFU: 3 mice; 1×103 CFU: 3 mice; 5×102 CFU: 3 mice; 1×10 CFU: 3 mice). MMD50 was found to be 2.1×103 CFU (data not shown).

Determination of Safety of aroQ B. pertussis
A total of 15 mice (5 mice per group) were inoculated with 108, 107, or
105 CFUs of aroQ B. pertussis by the intranasal route and observed
over a period of 3 weeks for any morbidity or mortality. Lung
homogenates were collected from these mice at 3 weeks post-
immunization and plated out on CW agar plates supplemented with
the aromix for detection of the challenge B. pertussis strain.

Determination of Persistence and Immunogenicity of aroQ B.
pertussis
Three sets of animal experiments were carried out as follows:
Experiment 1 was aimed at determining the persistence of the aroQ
B. pertussis mutant in the lungs of mice. A total of 67 mice were
used in this experiment. Seven to eight mice [7, 8] per interval were vaccinated by the intranasal route, with one dose consisting of 1.5×10⁸ CFU of the aroQ B. pertussis per mouse, to determine the persistence of the mutant strain in the lungs at days 2, 4, 6, 7, 8, 9, 10, 11, 12, and 14 post-inoculation. Mice were euthanized at each interval, and serum samples and lungs were homogenized for bacterial counts using CW agar plates supplemented with aromix.

Experiment 2 was aimed at determining the tracheal bacterial clearance profile of the aroQ B. pertussis mutant. A total of 20 mice were used for this experiment. Four [4] mice per group were used for vaccination with the aroQ B. pertussis mutant by the intranasal route followed by euthanasia at days 1, 3, 7, 14, and 21 post-vaccination to determine its clearance profile from the trachea of infected mice. Tracheal homogenates were homogenized and plated out on BG media containing 40 µg/ml of cephalaxin.

Experiment 3 was aimed at determining the immune response of mice (20 mice) immunized with a single dose of aroQ B. pertussis (1×10⁶ CFU per mouse) delivered by the intranasal route in 20 µl PBS (Group 1) versus one dose of DTap vaccine, 1/5⁰ of the standard human dose (Group 2) administered subcutaneously, using sham-immunized (PBS) mice (20 mice; Group 3) as controls. Four mice from each group were euthanized at 5, 7, 14, and 21 days post-immunization for each interval. The remaining 4 mice in each group were challenged with the virulent B. pertussis at day 21. The challenge dose, administered by the intranasal route, was 2.1×10⁸ CFU (0.5 MMD₉₀). At day 28 post-challenge, sera and lungs were collected for determination of IgG isotype and/or subclass antibody titers using FHA, PTd, and Bordetella pertussis killed whole cells (BPWC) as antigens. At day 14 post-vaccination, splenocyte transformation assays for determination of IL-2 and IFN-γ at 72 h post-stimulation, with PTd and FHA as antigens, were also carried out. The splenocytes from 4 mice in each group were pooled to ensure the availability of an adequate number of cells for the experiment to be carried out in triplicate and resuspended in Dulbecco’s Modified Eagle’s Medium (Gibco) containing 100 µg penicillin ml⁻¹, 100 µg streptomycin ml⁻¹, 10% fetal bovine serum, and 50 µM 2-mercaptoethanol and seeded at 6×10⁵ cells per well. Cells were stimulated in vitro with either 5 µg of PTd or FHA. Supernatants were removed after 24 h incubation at 37°C with 5% CO₂ to determine IL-2 production and at 72 h for interferon-γ measurements.

**Measurement of Antibody Responses**

Sera from experimental mice were collected for determination of antibody titers using indirect dot blotting as described elsewhere [9]. The antigens used to adsorb to the nitrocellulose membranes (BioRad) were formalin-killed whole cells of B. pertussis (BPWC), FHA, or PT. The secondary antibody used was either goat anti-mouse IgG, IgG1, or IgG2a alkaline phosphate conjugate. Substrate comprising 5-bromo-4-chloro-3-indolyl phosphate (BCIP)/Nitroblue Tetrazolium (NBT) (Sigma-Aldrich) was used to stain the dot blots.

**Cytokine Quantifications**

Quantification of IL-12 in pooled mouse sera, and IL-2 and IFN-γ in antigen-stimulated splenocyte supernatants were determined using commercial sandwich ELISA kits (Biosource). For measurement of IL-2 and IFN-γ, splenocytes from each group were pooled to ensure availability of adequate number of cells for the experiment to be carried out in triplicate and resuspended in Dulbecco’s Modified Eagle’s Medium (Gibco) containing 100 µg penicillin ml⁻¹, 100 µg streptomycin ml⁻¹, 10% fetal bovine serum, and 50 µM 2-mercaptoethanol and seeded at 6×10⁵ cells per well. Cells were stimulated in vitro with either 5 µg of PTd or FHA. Supernatants were removed after 24 h incubation at 37°C with 5% CO₂ to determine IL-2 production and at 72 h for interferon-γ measurements.

**Statistical Analysis**

Statistical analysis was carried out using ANOVA using SPSS for Windows version 13.0 (SPSS, Chicago, IL, USA). The P < 0.05 was considered to be statistically significant.

**RESULTS**

As only a part of the aroQ gene sequence was identified owing to insufficient sequencing, the fragment was reduced from 1,587 bp to 1,019 bp by digestion with EcoRI and then subcloned into EcoRI-cut pNEB193 (labeled as pUSQ5Bord4). Further sequencing revealed the aroQ gene of B. pertussis to comprise 435 bp [5] encoding 145 amino acids and to be homologous to that predicted in the entire B. pertussis Tohama I genome sequence published in 2003 [31].

**Insertional Inactivation of the aroQ Gene**

The aroQ containing 1,019 bp fragment cloned in pNEB193 was extracted from E. coli JM101, the host strain, using a plasmid miniprep kit. A large section [303 bp] at the 3’ end of the cloned aroQ gene and two additional fragments (719 bp and 44 bp) were removed by double digesting the plasmid with the restriction enzymes NgoMIV and BssHII.

A kanamycin resistance gene cassette containing its own promoters derived from pUC4K was amplified by the polymerase chain reaction (PCR) using primers with NgoMIV and BssHII restriction ends to create a fragment...
In order to transfer the inactivated aroQ gene into B. pertussis, the plasmid pUSQBord8 was digested with EcoRI and BamHI and the fragment containing the modified aroQ gene and kanamycin gene was ligated directly into pRTP1 to produce another new plasmid, labeled as pUSQBord9. In order to increase the chances of a recombination event occurring, a scaffold sequence from the original 1.5 kb fragment upstream of the inactivated aroQ locus (located in pUSQBord1) was designed to increase the 5' noncoding region from 43 bp to 689 bp. A triple ligation involving inserts from pUSQBord9 and pUSQBord1 ligated together was inserted into the pRTP1 to create a new shuttle vector, pUSQBord10, ready for conjugation. This plasmid was transformed into E. coli SM10pir followed by conjugation with the SmR B. pertussis on CW agar and transconjugants were selected on CW agar containing kanamycin and streptomycin.

As pRTP1 is a suicide vector, it was assumed that B. pertussis transconjugants exhibiting KanR had also incorporated the modified inactivated aroQ gene into their genome by homologous recombination. To confirm this assumption, PCR (FORQ/BACQ2) was used to amplify a

<table>
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<th>Primer name</th>
<th>5′→3′ Primer sequence</th>
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<td>GTGCCGGCGTGAATCTCTGATGTTACATTG</td>
</tr>
<tr>
<td>BACKAN</td>
<td>GGGCGGCAGCTAGTGGTACAAACATTAAAC</td>
</tr>
<tr>
<td>FORQ</td>
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<tr>
<td>BACQ</td>
<td>GTTTTGAGTTTTCGGAGGTC</td>
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**Table 1.** Primers used for the amplification of kanamycin or the aroQ gene.

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<table>
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<tr>
<th>Lane Number</th>
<th>DNA</th>
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<tr>
<td>1</td>
<td>HindIII cut λ Standard (Gibco BRL)</td>
</tr>
<tr>
<td>2</td>
<td>Blank</td>
</tr>
<tr>
<td>3</td>
<td>B. pertussis aroQ deletion mutant</td>
</tr>
<tr>
<td>4</td>
<td>B. pertussis BP304 DNA</td>
</tr>
<tr>
<td>5</td>
<td>E.coli DNA</td>
</tr>
<tr>
<td>6</td>
<td>Low DNA Mass Ladder</td>
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</table>

**Fig. 1.** PCR analysis using primers from the aroQ gene of B. pertussis.
The fragment of ≈1,150 bp corresponds to ≈500 bp for the aroQ gene minus 303 bp deletion plus 940 bp for the KanR cassette.
fragment containing the aroQ gene in the parental strain. The FORQ primer was designed for that start of the aroQ gene and the BACQ primer was designed for the 3’ non-coding region close to the end of the aroQ gene. This resulted in a fragment of approximately 1,150 bp (Fig. 1). This corresponded to the size of the aroQ fragment (500 bp) minus the 303 bp deletion plus the insertion of the 940 bp KanR cassette.

To confirm this result, the 1,150 bp fragment was extracted from an agarose gel, and PCR with KanR gene primers was found to amplify the KanR gene (results not shown).

**Screening for Production of FHA, PT, and the 69 kD Pertactin in aroQ B. pertussis by Western Dot Blotting Using Specific Monoclonal Antibodies**

Evaluation of the aroQ B. pertussis strain for production of the major virulence antigens currently used in either modified or native state in the currently marketed acellular pertussis vaccines revealed that FHA was present both in the supernatant as well as associated with the bacterial pellet, PT was present in the supernatant, and pertactin was cell associated, as expected (Table 2).

### Persistence of aroQ B. pertussis Mutant in Mice

The aroQ B. pertussis mutant was undetectable in the trachea of vaccinated mice at day 6 post-immunization (Fig. 2). However, it was detectable in the lungs of mice up to day 11 but undetectable at day 12 post-administration by the intranasal route (Fig. 2), which was longer than that reported for the aroA B. pertussis mutant [24]. The challenge strain, however, after an initial drop in growth, continued to replicate (Fig. 2).

### Safety of aroQ B. pertussis Mutant in Mice

No mortality or morbidity was observed in mice exposed to $10^8$, $10^9$, or $10^{10}$ CFUs of aroQ B. pertussis by the intranasal route, indicating the safety of the aroQ B. pertussis mutant in vivo in mice.

### Protective Potential of aroQ B. pertussis in Mice

All mice vaccinated with a single dose of aroQ B. pertussis or DTaP were protected, as judged by the absence of moribund state against challenge infection with virulent B. pertussis strain, whereas 3/5 unvaccinated mice had to be euthanized by day 7 post-challenge because of their moribund state (data not shown). No B. pertussis was isolated from the lung homogenates of mice vaccinated with either DTaP or aroQ B. pertussis vaccine candidate at day 7 post-challenge, whereas up to $10^{10}$ CFU of virulent B. pertussis per lung was isolated from mice euthanized in the moribund state (Mouse #1: $1.4 \times 10^9$ CFUs; Mouse #2: $5 \times 10^9$ CFUs; Mouse #3: $1.8 \times 10^{10}$ CFUs; Mouse #4: $7.4 \times 10^5$ CFUs; Mouse #5: $4.8 \times 10^4$ CFUs).

### Antibody Response of Mice Vaccinated with a Single Dose of aroQ B. pertussis

IgG antibodies against FHA and BPWC in the sera of aroQ B. pertussis and DTaP-vaccinated mice were detectable against all the antigens used in this study at all days post-vaccination (Fig. 3A-3C); however, anti-PT antibodies were detectable from day 7 post-immunization onwards with the aroQ BP vaccine. Whereas the serum anti-FHA antibody titers of DTaP-vaccinated mice were significantly higher ($p<0.05$) than those of aroQBP-vaccinated mice at all days post-immunization [5, 7, 14, 21], anti-PT antibody titers of mice were significantly higher ($p<0.05$) at day 14, with anti-BPWC titers being significantly higher ($p<0.05$) at days 14 and 21 post-vaccination.

Upon challenge of the aroQBP-vaccinated group with the parent B. pertussis, there was an enhancement of antibody response, with IgG1 isotype antibody activity against FHA, PT, and BPWC being significantly higher ($p<0.05$ to $p<0.01$) in DTaP-vaccinated mice than those of aroQBP-vaccinated mice (Fig. 4A–4C). No IgG2a antibody was produced in DTaP-vaccinated mice pre-challenge in contrast to the aroQBP-vaccinated mice in which IgG2a antibody was induced and detectable. Although low levels of the

### Table 2. Detection of virulence antigens of aroQ B. pertussis by dot blotting using specific monoclonal antibodies.

<table>
<thead>
<tr>
<th>Fraction tested</th>
<th>Supernatant</th>
<th>Bacterial pellet</th>
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<tbody>
<tr>
<td>FHA</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>PT</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>PRN</td>
<td>-</td>
<td>+</td>
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Fig. 2. Persistence of aroQ B. pertussis in trachea and lungs versus virulent B. pertussis in lungs of vaccinated mice. The aroQ B. pertussis mutant was cleared from the trachea and lungs within 7 and 12 days, respectively, whereas the virulent strain continued to replicate until day 7 and persist in the lungs of infected mice.
IgG2a against FHA, PT, and BPWC were produced in DTaP-vaccinated mice post-challenge, they were significantly lower (p<0.05) than those produced by challenged aroQBP-vaccinated mice (Fig. 4A-4C).

**Cytokine Analysis**

**Mice Vaccinated with a Single Dose of the aroQ B. pertussis**

Analysis of sera from Experiment 3 revealed production of a substantial level for IL-12 levels at all days post-immunization with the aroQBP vaccine candidate (Fig. 5), whereas mice vaccinated with 3 doses of the DTaP (1/10th of the standard human dose) produced no IL-12 (data not shown).

Mice vaccinated with aroQBP produced high levels of IL-2 against FHA and pertussis toxin on day 21 post-immunization, whereas those vaccinated with DTaP produced no IL-2 (Fig. 6A and 6B). Whereas there was a substantial increase in the level of IL-2 produced by aroQBP-vaccinated mice, substantially lower levels were produced in DTaP-immunized mice (Fig. 6A and 6B). Although there was slight decrease in the level of IL-2 produced by antigen-stimulated pooled splenocytes post-challenge versus the pre-challenge level, it does not appear to be substantial. On the other hand, neither IL-2 nor IFN-γ were detectable in DTaP-vaccinated mice pre-challenge, but they were detectable post-challenge with virulent B. pertussis (Fig. 6A and 6B).

**DISCUSSION**

The incidence of whooping cough, caused by *Bordetella pertussis*, in infants has surged in epidemic proportions in Australia as well as worldwide despite high coverage with the currently marketed pertussis vaccines [14, 25, 29]. The focus of the vaccine manufacturing pharmaceutical industries...
to prevent this disease, understandably, has been the promotion of further booster vaccinations with a lower antigen content vaccine formulation of the currently used aP vaccines, given that there are no better alternative vaccines available at the present time.

There are a number of potential reasons for the lack of compliance with currently marketed pertussis vaccines, the major one being the cost of these vaccines, albeit free for infants in some developed countries, particularly for parents in the low socioeconomic groups. It is desirable therefore to develop a cost-effective, non-invasive, long-lasting whooping cough vaccine, which can impart long-term immunity when used in one or two doses at best. Other than the cost-ineffectiveness of the currently used pertussis vaccine formulations, particularly for the developing nations, other major problems associated with the adoption of currently marketed aP vaccines are listed below:

(i) Short to medium duration of protection, at best, imparted against pertussis infection attributed to waning of antibody-mediated immunity, mandating frequent booster vaccinations, (ii) induction of low level, if any, of cell-mediated immunity considered to be important for long-term protection against whooping cough, (iii) limited protection against the major exotoxins, and (iv) the lack of compliance with the recommended vaccination schedule due to fear of potential side reactions as already mentioned in the text.

The aP vaccines consist of two native virulence antigens [filamentous hemagglutinin (FHA) and pertactin (PRN)] and one chemically or genetically inactivated exotoxin (PTd), with or without the two fimbrial antigens (Fim 2 and Fim 3/6), depending upon the vaccine manufacturing enterprise, and only one of the three major toxins, pertussis toxin, included as a toxoid. This vaccine was introduced a decade ago in the developed world because of the perceived fear of potential side reactions reported for the killed whole-cell pertussis vaccine, the latter still in use in most developing countries.

Alternatives to regular boosters with current aP vaccines suggested are to discover safe, CMI-inducing replacement adjuvants for alum-based compounds that favor the induction of Th1 responses, the latter being considered as important for long-term protection against whooping cough [17, 20]. Given that both DNA and microparticle-based vaccines have yielded variable results thus far [reviewed in 21], development of an alternative non-invasive, safe, intranasal pertussis vaccine capable of inducing both arms of the immune response with a view to imparting long-term immunity is highly desirable.

The short duration of persistence of live attenuated aroA B. pertussis [35] in the host appears to have precipitated relative uncertainty on their ability to stimulate CMI responses required for long-lasting protection. This result was unexpected given previous reports regarding the success of the aroA mutant of Salmonella species [13, 27] as a successful vaccine. On the other hand, the aroA mutants of Shigella species were found to be poorer vaccines than the aroD deletion mutants of the same species [43]. It was therefore of interest to determine whether the aroQ B. pertussis may be more effective as a live attenuated vaccine strain because of the induction of CMI.

PT-deficient live B. pertussis had been reported to offer protection against challenge with virulent B. pertussis [22] leading to the suggestion that a live attenuated whooping cough vaccine delivered by the nasal route, so as to mimic
the natural route of infection, may lead to the induction of long-lasting immunity [18]. A more recent report of the immunogenicity and protective potential of genetically detoxified B. pertussis with production of low levels of tracheal cytotoxin production and no dermonecrotxin was reported to be immunogenic in young (3-week-old) and IFN-γ receptor knockout mice [23]. Given that this genetically modified vaccine candidate multiplies in mice essentially to the same degree as the virulent B. pertussis in mice, and no essential gene in the B. pertussis vaccine candidate has been deleted, further studies to ascertain its non-reversion to virulence and its toxicity profile are warranted. Regardless, based on the estimated duration of pertussis immunity [44], it should be possible to achieve a protection for a significantly longer period than that obtained with the acellular pertussis vaccine formulations if a non-reverting, non- or inconsequentially toxic rationally attenuated metabolite-deficient B. pertussis vaccine candidate was available for immunization by the intranasal route the natural route of infection.

This study reports the generation of a non-reverting, potentially side-reaction-free B. pertussis vaccine candidate, aroQ B. pertussis, which multiplies in the host only for a short period of time but induces both antibody and cell-mediated immune responses to protective antigens tested thus far and which are enhanced upon exposure to a challenge infection with the pathogen. Interestingly, challenge infection of DTaP-vaccinated mice also induced production of CMI-indicator antibody isotype as well the cytokines, which provides support to the possibility that CMI reported after vaccination of adolescents with the reduced antigen pertussis booster or DTaP vaccine (with or without added IPV) may be attributable to “silent pertussis booster infections” [47].

Given that FHA and PTd are incorporated in the currently marketed acellular pertussis vaccines, and the aroQ B. pertussis vaccine candidate induces both antibody and CMI responses to these antigens, makes this vaccine candidate an attractive option for further development as a non-reverting live attenuated whooping cough vaccine. Further studies on the safety and immunizing efficacy of the novel aroQ B. pertussis vaccine candidate are clearly warranted.

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Abbreviations

IFN-γ, interferon-gamma; IL-2, interleukin-2; Th1, T-helper cell Type 1; Th2, T-helper cell Type 2

References