STUDY OF IMMUNOLOGICAL ACTIVITY AGAINST HAEMOPHILUS INFLUENZAE TYPE B PRP- DIPHTHERIA TOXOID CONJUGATE

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ABSTRACT

Haemophilus influenza is Gram-negative cocccobacilli, Obligatory Anaerobic Bacteria without flagellum, without spores, positive catalase, and positive oxidase. Morphologically, polymorphism is well-known, especially in separated bacteria from old cultivars or GSF. They can be observed in different forms including coccoid, cocccobacilli, bacilli, or filamentous forms. The main objective by the present study is to conjugate haemophilus influenza type b (Hib) polyribosylphosphate (PRP)-diphtheria toxoid through using different methods. Applied method at the present study would as follows: cultivation of haemophilus influenza in chocolate agar medium with factors X and –V; purification and precipitation of PRP from cultivation liquid through using alcohol precipitation; precipitation by N-Acetyl-N,N,N-trimethylammonium bromide GR (CTAB) Cetavlon; ultracentrifuge and purification by hydroxyapatite; filtering through 22% G8c6m; producing diphtheria toxoid from Razi Factory and dialyzing it with dialyze packet of cutoff 10000 in order to pull out preservative and filtering it to 22% G8c6m and distributing it in sterile vial and then lyophilizing it; conjugation by diphteria toxoid using ADH and cyanogen bromide as the separating factor and EDAC as the conjugation factor; measuring amount of protein through Lory and Bradford Tests; electrophoresis; measuring amount of polysaccharide through Ribose Test and quellung test; identification of fraction of conjugation and calculation of conjugation output; injection of conjugation and PRP just to several white laboratory rabbits for 2 times with interval of 15 days with aluminum hydroxide adjuvant; taking blood samples and finally investigation of immunology of collected bloods from injection of conjugation and PRP using serum bactericidal test. At the present study, serum titers in serum bactericidal test would be respectively equal to 1.8, 1.16, and 1.32 for the first group; 1.4, 1.8, and 1.16 for the second group; and finally 1.16, 1.32, 1.64 for the third group.

KEYWORDS: Immunological evaluation, Haemophilus influenza type b (Hib), Diphtheria toxoid, conjugation, Meningitis, Polysaccharide, Protein carrier, Pathogenic, Pyrogenic

PATHOGENICITY

Strains without Haemophilus influenza capsule would usually cause infection in previously damaged tissues; for example, inpatients with chronic bronchitis or cystic fibrosis. Cell CF has a key role in connecting these strains to nasopharyngeal mucosa cells.

External membrane proteins are also effective in connection and colonization of the bacteria on the mucosa surfaces. Usually, primary focus of the infection, resulted from strains non-capsular strains, would be appeared in nose and throat; although the infection may be expanded to other parts like sinuses or Eustachian tube in ears. Non-capsular strains would cause usually diseases such as sinusitis, pneumonia, otitis, mastoiditis, conjunctivitis, endometritis, pericarditis, urinary tract infection (UTI), etc.

In capsular strains, especially type b, the main role of the capsule is preventing phagocytosis of Poly Morpho Nuclears and also serum resistance of bacteria. Capsular strains would mainly cause invasive infections in human body such as meningitis, epiglottitis, pneumonia, cellulitis, laryngitis, osteomyelitis, septic arthritis, and septicemia.

Primary focus of infection in capsular strains is usually in nasopharynx. The bacteria would be connected to nasopharyngeal mucosa cells by external membrane proteins. The bacteria can enter to blood flow and then to different organs of infants, individuals with immunity disorder, cancer patients, organ recipients, and other similar individuals. The most important infectious disease that may be resulted from such strains is meningitis, in which LOS pieces and bacterial peptidoglycan can lead to
increase in permeability of blood-brain barrier and exacerbate of meninges’ inflation.

IMMUNITY AGAINST INFECTIONS, RESULTED FROM HAEMOPHILUS INFLUENZA

Presence of antibody against external membrane proteins and capsule plays a key role in preventing localized and disseminated infections. Protective antibody against capsule can be transferred to the infant throughout the placenta and can protect the infant for 6 months after birth day against invasive infections, resulted from Haemophilus influenza. After the mentioned age, protective antibody would be significantly decreased and then infant would become vulnerable against disseminated and invasive infections, especially meningitis. Hence, vaccination is so significant in age range from 2 to 12 months old.

In immunology of infectious diseases, in order to activate T cell, assistant t cell co-receptor (CD4) would identify supplied specific peptide beside the MHC class II and then would transfer identification signal to native T cell. It should be mentioned that 2 signals are required in order to activate T cell. The first signal is same mentioned identification signal. Second signal would be presented through interleukin -2 (IL -2). Through identifying the antigen, T cell would be activated and then would enter to cell cycle. At this stage, IL-2 and receptor can construct it; although in order to continue its activity and increase its clones, the two mentioned components should be connected to each other. In T cell (NFAT), action of IL-2 should be copied, which would be possible through connecting CD28-B7 that both of them are from immunoglubulin super family and are known as Co-stimulation. Clones of T cell would be increasethrough transferring activity signal of a series of biochemical events inside T cell such as increase in amount of ionized calcium, increase in protein production, and increase in clones.

Assistant T cells would identify complex peptide and MHC on surface of B cell and would activate it against polysaccharide in order to produce antibody.

EPIDEMIOLOGY

Haemophilus influenza is a pathogenic microbe, especially in age range of 3-18 months. At these ages, immune system would not act desirably against independent antigens from thymus like haemophilus influenza type b polysaccharide. In order to make effective vaccine and consuming it by infants, its capsul antigen would be connected to a protein transporter in conjugated form and then produced vaccine would be applied. Immune function of the mentioned vaccine has been reported to 80% because of imposing effect through T cells against invasive form of Haemophilus influenza. Hence, its application is significant in routine vaccination of infants.

Bacterial meningitis is an important problem in kids and infants. Over the decade, significant advances have been achieved for rapid diagnosis of the meningitidis disease such as serologic methods and antigen seeking methods. Etiologic factors of bacterial meningitis are relatively various and most scholars have introduced several factors as the main factors of bacterial meningitis, especially in childhood, including Haemophilus influenza, Neisseriameningitidis, and Streptococcus pneumonia. According to relevant studies, the mentioned factors can be varied based on time, location, and age of patients. Vanger et al (1990) have conducted a study in America and have found that the most common separated bacteria of infants are respectively Streptococcus pneumonia to 40%; Haemophilus influenza type b to 18%; and Neisseriameningitidis to 14%. However, in another study by Ronald Gold et al (1992), they have reported pathogenic factors in 70% of 1-5 children respectively Escherichia coli; Streptococcus beta hemolytic; Haemophilus influenza type b; Neisseriameningitidis; and Streptococcus pneumonia. Legers et al have conducted a wide expanded study on causer factors of bacterial meningitis in some developing countries such as Senegal and Dhaka and have found that Streptococcus pneumonia is the most common causer factor of meningitis in children. In another study on Tehran Hospital during 1990-91, researchers have found that the most common factors of meningitis in children respectively are Neisseriameningitidis; Haemophilus influenza type b; and Streptococcus pneumonia. Moreover, in a similar study by Borjian in Valiasr Hospital in Brojen province Iran, the most common factor have been reported as follows: Haemophilus influenza type b to 36.8%; Streptococcus pneumonia to 26.3%; and Neisseriameningitidis and salmonella paratiphotype A to 10.5%.
METHODOLOGY

PRP extraction

Alcohol precipitation stage

Bacterial suspension was transferred to 2L containers and was then centrifuged for 1h with 3500rpm. Supernatants were collected and precipitated cells were disposed. Collected supernatants were maintained in the refrigerator for on night under temperature of 4°C. About 9L of supernatants were distributed in 4 alonjes, 3 alonj containing 2.5L supernatant and one alonj containing 1.5L supernatant. Per every 2.5L supernatant, about 6L and 750cc ethanol 96% was added. Then the supernatant was maintained for one night under temperature of 4 °C. During the maintenance time, the PH was regulated on 7.3 and glacial acetic acid was added to it and then pH ratio achieved 6.8. Then, it was maintained again for 24h under temperature of 4°C, so that polysaccharides could be precipitated.

Washing by chloro-magnesium

Contents of alonjes were centrifuged for 1h with 3000rpm. Supernatants were disposed and obtained precipitation was maintained. Then, 1.8L chloro-magnesium with density of 0.05 was added to it and was mixed properly, so that sediments could be solved completely. It was then centrifuged for 1h with speed of 3000rpm and sediments were disposed and supernatant was maintained.

Treatment by Cetavlon

Collected supernatant was about 2.5L that was mixed with 100cc Cetavlon (sigma) 2% and was maintained for one night under temperature of 4°C. After on e night, the solution was centrifuged with speed of 3000rpm. Then, precipitation was maintained and supernatant was disposed.

Washing by sodium phosphate

About 1L sodium phosphate 0.7 was added to the sediments and then the solution was centrifuged for 1h with speed of 3500rpm. Then supernatant was separated from sediments and about 930cc was obtained.

Repeating alcohol washing

Since at the first step of alcohol washing about 2L and 600cc ethanol was added per liter, at this stage, about 2L and 418cc ethanol 96% was added to supernatant, which was about 930cc. then, the solution was maintained for 1h under room temperature and then was maintained in the refrigerator for one night.

Treatment by hydroxyl apatite

Obtained solution was pulled out of the fridge and centrifuge was conducted for 1h with speed of 3500rpm. Then, about 900cc hydroxyl apatite 1% (Merck) solution was added, so that they could be solved completely. Afterwards, centrifuge was done for 1h in speed of 3500rpm. At the next stage, about 500cc sodium acetate 0.5 was added to obtained sediments from centrifuge and then it was maintained in the fridge for one night. Afterwards, about 5g Sodium deoxycholate was added and was maintained for about 2h in the fridge. Then, solutions were transferred to 50cc falcons and were centrifuged for half an hour with speed of 9000rpm. Then supernatant was collected, filtered, and finally lyophilized.

QUALITY CONTROL TESTS OF PURE PRP

Determining humidity ratio

Existed humidity in lyophilized PRP was measured using Colometer Meter Toledo D137 KF through Carl Fischer method. In short, certain amount of pure methanolas solvent was added to a vial containing 250mg polysaccharide and was injected by syringe to the machine after that it was solved. According to “WHO” protocol, humidity ratio of final product should be less than weight of dried polysaccharide.

Protein determination through Lowry method

Using pure BSA (sigma) as the contamination standard, probable protein in pure polysaccharide was measured using Lowry method (1951). The mentioned method includes 2 reactions. In the first reaction, compound of copper ion and protein molecules can produce a protein-copper complex. In the second reaction, acid phosphor Tungstic (APT) and Phosphomolybdic acid from Folin solution can cause specific color in the mentioned complex. In protein-copper complex, amino acids Tyrosine and tryptophan would be survived and then a blue color would be appeared, which its density is depended on protein percent. Lowry method is a sensitive method and its accuracy is from 1 to 100mg/ML.

Providing required standards
1. Solution A: 20g sodium carbonate (Na₂CO₃) and 5g double tartarate of sodium-potassium was conveyed to density of 1L using (NaOH).
2. Solution B: 5g cooper sulfate (CuSO) with 5 water molecules (CuSO₄·5H₂O) was conveyed to density of 1L using distilled water.
3. Solution C: 50ML of solution A was mixed with 1ML of solution B (while testing).
4. Solution D: Folin–Ciocalteu reagent (FCR) was diluted to ½ ratio using distilled water and then was applied in the test.

**DISCUSSION AND RESULTS**

**Purity determination of PRP**

**Measuring ribose ratio**

Quality of extracted polysaccharide would be determined through measuring its ribose ratio. Measurement of ribose in purified PRP has been determined through using the mentioned protocol.

After tracing ribose standard diagram based on figure 1, obtained linear equation would be as follows: 
\[ Y = 0.052X + 0.072 \]
In this equation, Y refers to OD of purified PRP, based on which ribose ratio per ML of PRP has been estimated to 8.5mg/ml.

<table>
<thead>
<tr>
<th>Ribose density (mg)</th>
<th>OD ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.25</td>
<td>0.394</td>
</tr>
<tr>
<td>12.5</td>
<td>0.628</td>
</tr>
<tr>
<td>25</td>
<td>1.334</td>
</tr>
<tr>
<td>37.5</td>
<td>2.140</td>
</tr>
<tr>
<td>50</td>
<td>2.973</td>
</tr>
<tr>
<td>62.5</td>
<td>3.06</td>
</tr>
</tbody>
</table>

**Measuring protein in PRP polysaccharide sample**

In order to determine existed protein in polysaccharide in purified PRP, Lowry test and also linear equation of 
\[ Y = 0.0008X + 0.0055 \]
and also standard diagram of protein have been applied. The ratio has been obtained equal to 0.072mg/ml.

**Measuring protein ratio in conjugations PRP-TD**

Protein amount in conjugation PRP-TD has been calculated using Lowry test; standard linear equation; and also using protein standard diagram as it is illustrated in figure 2. Obtained value has been equal to 56.589mg/ml protein in conjugation.

**Measuring PRP polysaccharide ratio in conjugation**

In order to measure PRP polysaccharide ratio, ribose measuring test has been applied, since 40 to 41% of PRP’s weight has been composed of ribose (Crisel et al, 1986). According to obtained linear equation at the previous section and also according to figure 1, ribose ratio has been calculated per ml in conjugation. The value has been equal to 6mg/ml. since every 1mg of ribose is equal to 2.55mg PRP, calculated PRP value per ml of conjugation has been equal to 0.2mg.

**Polyribosylphosphate (PRP)-diphtheria toxoid (TD) conjugation**

After producing PRP-TD conjugation, in order to purify conjugated molecules from non-conjugated molecules, the conjugation has been transferred throughout the chromatography column 4B-CL through using filtration method. Then OD of different fractions was read along waves of 260 and 280nm. As it is obvious in figure 3, the first peak is related to PRP-TD conjugation, which shows conjugation of PRP polysaccharide capsule with protein carrier (diphtheria...
Second and third peaks illustrate also non-conjugated proteins.

**Conjugation’s output**

Through calculating ratio of conjugated protein to overall protein in PRP-TD conjugation, output of conjugation has been obtained to 46.36%.

**Results of pyrogenicity test of PRP and PRP-TD conjugation**

PRP polysaccharide and PRP-TD conjugation in 3 rabbits have been less than 1.4 and less than 0.6 in every rabbit. Hence, according to table 2, PRP samples and provided conjugation were free from injective and pyrogenic materials.

**Table 2: Results of perogenicity test**

<table>
<thead>
<tr>
<th>Experimental material</th>
<th>Number of rabbits</th>
<th>Injection</th>
<th>Amount</th>
<th>Mean value of body temperature rise</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRP</td>
<td>3</td>
<td>IV</td>
<td>0.025mg</td>
<td>Negative</td>
<td>Non-pyrogenic</td>
</tr>
<tr>
<td>PRP-TD conjugation</td>
<td>2</td>
<td>IV</td>
<td>0.1ml</td>
<td>Negative</td>
<td>Non-pyrogenic</td>
</tr>
</tbody>
</table>

**Toxicity test**

In order to investigate toxicity of produced conjugation, samples were injected to 5 laboratory mice and they were under investigation for 7 days. As it is obvious from table 3, lack of decrease in weight and mortality of mice indicates that the conjugation has been nontoxic.

**Table 3: Results of toxicity test**

<table>
<thead>
<tr>
<th>Experimental materials</th>
<th>No of mice</th>
<th>Injection</th>
<th>Amount</th>
<th>Weight reduction</th>
<th>Duration</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRP-TD conjugation</td>
<td>5</td>
<td>IM</td>
<td>100mg</td>
<td>Negative</td>
<td>7 days</td>
<td>Nontoxic</td>
</tr>
</tbody>
</table>

**Gel diffusion test**

Relevant results of dual diffusion of antigen and antibody test in agar gel have been illustrated in figure 4. The test has been conducted in order to investigate validity of connection between PRP polysaccharide antigen and tetanus-diphtheria toxoid. The mentioned test has been also conducted in order to ensure that antigenic structures of polysaccharide and protein have remained non-manipulated and undestroyed after conjugation. As it is obvious in figure 4, precipitation lines have been formed as a result of interactions between antigen and antibody. This would indicate that produced conjugation molecule is able to interact with anti-PRP and anti-TD.

**Figure 4: dual diffusion test of gel**

Mid hole: PRP-TD conjugation; right-hand hole: PRP; and left-hand hole: anti-TD
Electrophoresis results

First hole (1) contains marker molecule and holes 2 and 3 contain conjugation molecules. Provided single band in 150KD in figure 5 has confirmed PRP-TD conjugation molecule.

Figure 5: confirmation of conjugation molecule by electrophoresis

Hole N o.1 contains marker molecular and holes 2 and 3 contain conjugation. As it is obvious in figure 5, a single-band has been appeared in 150KD distance.

Serum bactericidal test results

Humoral immune of PRP-TD conjugation and pure PRP has been studied using serum bactericidal test and opsonization activities against organism. In this test, dilution of the serum, which has killed 50% of colonies comparing to bacterial control plate, has been considered as the positive titer.

Obtained results from counting colonies

Number of colonies in plate, resulted from bacterial suspension cultivation with dilution of \(10^5\) IUCFU/ml, has been equal to 375. Through counting colonies of haemophilus influenza type b (Hib) on plates and also comparing them with bacterial control plate, obtained results would be as follows:

Through comparing titer of bacterial killing in serums, it was found that titer of bacterial killing of pure PRP has become positive to titer \(\frac{1}{16}\) and has had bacterial killing effect. Injection of the mentioned dose with PRP has had also no effect on enhancing bacterial titer.

Titer of bacteria killing in PRP-TD conjugation in the first injection has been equal to \(\frac{1}{32}\). The value has been not only more than titer of bacterial killing in pure PRP, but also through injecting the mentioned dose, titer of bacterial killing has been increased to \(\frac{1}{120}\).

<table>
<thead>
<tr>
<th>Duration</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRP 15days</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PRP 45days</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Conjugation 15days</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Conjugation 45days</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>haemophilus influenza</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Negative control</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 4: obtained results from bactericidal test

CONCLUSION

In haemophilus influenza, more than 3million people suffer from the mentioned disease and annually, 400-700 thousand people would die as a result of such disease. In America, 12-20 thousand people would suffer from the disease. Outbreak of the disease is in winter and early days of spring and can be transmitted through droplets and respiratory secretions. Over the past years, a series of antibiotics were applied in order to prevent such disease and the method was successful from 5-10%. Through this, a series of people were survived; although many serious defects were appeared such as disorder in their sight, hearing, and also dementia disorder. Ampicillin was selected antibiotic in treating meningitis. The most important problem with using such drugs is that, haemophilus influenza would become resistant against ampicillin and other antibiotics and would make the action complicated. On the other hand, using such antibiotics is problematic, since they would not pass throughout the brain-blood barrier easily.

Clearly, prevention is better than treatment. CDC is Center for Disease Control, which has offered using Hib vaccines in order to prevent outbreak of such diseases. America has applied the vaccine during 1980-
1990 and has observed that number of survived people
has achieved 400-10000000 from 31000000 people. At
early 1990, the vaccine has been offered for children
below 5 years old. In 2003, 92% of population in
developed countries has become vaccinated against Hib;
while mean value of vaccination in developing countries
has been equal to 42%.

In 1985, several vaccines were applied in U.S for
18 years old children and above it. The vaccines were not
applicable for children below 18 years old; although
children in this age range are the main victims. PRP is a
kind of polysaccharide that same as other ones, immune
response against it is depended on T cells. In order to
remove it, suitable proteins or carriers should be applied
and immune system of T cells should be activated same as
Humoral immune system. Today, designing macromolecules of conjugation is one of the most
advanced microbial-biotechnological domains in order to
produce biochemical products.

vaccines in mixed form and separately to 360 healthy
infants of 2, 4, and 6 months. One month after the first
vaccination, antibody titer against HBV was equal to
98%; 94-97% for Hib; and was equal to 68% for DTPa
vaccine.

Dr. Ahmadi and Dr. Tabarraei et al (2007) have
conjugated Vi-CPS to BSA. They applied EDAC in order
to conduct conjugation. Obtained conjugations were
injected to 3 groups of rabbits in every group 3 rabbits
from New Zealand. Obtained results from the study
indicated about 30times enhancement of antibody titer,
comparing to Vi-CPS and was also consistent with the
mentioned results.

Moharrar (2010-2011), following advices of Dr.
Ahmadi and Dr. Shapoori has conducted a study in this
regard. In this study, he has conjugated Vi-CPS with
tetanus toxoid through amidation method. In order to
ensure about proper conjugation among molecules and
avoid basic changes in 3-d and antigenic structures of
molecules, gel diffusion test was applied. Moreover, in
order to investigate induction value of serum titer of
antibodies, ELISA test was applied and obtained results
indicated that all receptor groups of conjugated vaccine
were significantly different from control group in terms of
antibody titer.

In another study by Cui et al (2004), capsular
polysaccharide of optical Salmonella enterica was
conjugated with diphtheria toxoid as protein carrier. The
have also achieved previous results and it was found that
titer of IgG antibody against Vi in mice by Vi-CPS-DT
has been significantly more than antibody titer of Vi-CPS
separately. Obtained results from the study have been also
consistent with obtained results from the present study.

Relevant studies have indicated that PRP is a
desirable immunity factor against meningitis; although it
can’t provide stable immune as it is unable to motivate
cell immune system. However, when the factor I
conjugated with a protein carrier, it would gain such
capability. At the present study, first capsular
polysaccharide of PRP has been extracted from ATCC
1623 of haemophilus influenza. Then, the factor has been
conjugated to surface protein of diphtheria-toxoid as the
protein carrier using ADH and EDAC. The, 4B-CL
column has been applied in order to purify conjugated and
non-conjugated molecules. Afterwards, 2 injections were
done on white rabbit from New Zealand with 2-weeks
interval. Then, blood sampling was done for 4 times in 0,
5, 30, and 45min durations.

According to obtained information about
conjugation of capsular polysaccharide of haemophilus
influenza and also application of different carriers in order
to conjugate the mentioned polysaccharide and also
investigate its immunity, there is no desirable work in
Iran. The only work in this regard has been working on
bacterial vaccine sector and production of antigen of Iran
Institopastor in order to purify, produce, and
immunological evaluate of PRP polysaccharide.
Moreover, in order to conjugate other polysaccharides
(speciality optical salmonella VI capsular polysaccharide
and Neisseriameningitidis type A and C capsular
polysaccharide with exotoxin protein A Pseudomonas
aeruginosa- tetanus toxoid and recombinant protein of
hepatitis type B), some works have been conducted in
university and research levels. Based on obtained results
and amount of antibody titer of the protein, it can be a
desirable protein carrier for PRP and also can provide
suitable immune.

Obtained results from the present study indicate
that there are better immune conjugated molecules than
PRP, which can motivate cell immune. This would lead to
reduction of injection repetitions and also reduction of
costs. Moreover, surface protein of diphtheria can act as a desirable protein carrier.

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