



**IN VIVO EVALUATION OF MICROENCAPSULATED BICISTRONIC  
PLASMID DNA VACCINE AGAINST *Vibrio cholerae***

By

**NAJWA BINTI AHMAD ZAMRI**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra  
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Science**

**April 2021**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in  
fulfilment of the requirement for the degree of Master of Science

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**Chair : Prof. Rozita Rosli, PhD**  
**Institute : Bioscience**

The aggression of cholera infection in some parts of the world is seen as one of the major public health concerns in global perspective due to its epidemic and pandemic potentials. As an approach to control the outbreak in risky regions and endemic areas, oral cholera vaccines (OCVs) which utilise conventional vaccinology strategy using killed whole-cell *Vibrio cholerae* have been recommended as a preventive measure. However, they possess several drawbacks in terms of vaccine handling and storage, logistics and cost values besides their safety concerns in high-risk individuals. As an alternative over the conventional OCVs, the concept of bicistronic DNA vaccine encoding immunostimulatory antigens which are cholera toxin subunit B (*ctxB*) and toxin coregulated pilus subunit A (*tcpA*) genes from *V. cholerae* was explored in this study. A previous study has demonstrated the potential role of bicistronic vaccine construct *in vitro* through its successful expression in COS-7 cells. However, evaluation on immunogenicity of the vaccine has not been conducted *in vivo*. Therefore, the main objective of this study was to evaluate the *in vivo* potential of the microencapsulated bicistronic plasmid DNA (pDNA) vaccine against cholera infection using removable intestinal tie adult rabbit diarrhea (RITARD) model. For a successful delivery through oral route, encapsulation of the vaccine using alginate microspheres was developed through water-in-oil emulsification with encapsulation efficiency of 88.6% and further validated through physical and behavioural characterisations of the microspheres. Successful pDNA delivery was also observed using a simulated gastrointestinal pH condition. Subsequently, oral vaccination with these alginate-encapsulated-vaccines was performed *in vivo* using seven-week-old New Zealand White (NZW) rabbits. Fifteen female rabbits were used in this study and divided into five groups: (1) Mock-infected control (negative control); (2) Empty alginate microsphere (non-vaccinated); Alginate microspheres encapsulating (3) pVAX-*ctxB*; (4) pVAX-*tcpA*; and (5) pVAX-*ctxB-tcpA*. Except for group 1, other test groups were challenged with *V. cholerae* of serotype Ogawa and biogroup El Tor, two weeks after the vaccination, by utilising the RITARD model. The animals were

monitored for cholera symptoms five days' post-surgery and rectal swab cultures for *V. cholerae* of Group 5 (bicistronic vaccine construct) showed negative results. On the other hand, cholera infection was not evident in the bicistronic vaccine group based on gross examination in post-mortem and histological analyses. Besides that, the cytokine expression level (TNF- $\alpha$ , IFN- $\gamma$ , IL-10 and IL-6) was evaluated using quantitative polymerase chain reaction (qPCR) following the immunisation and infection challenge. The bicistronic group showed an increase of systemic IFN- $\gamma$  and IL-10 at 12-day post-vaccination, though not significant, indicating the possible activation of both T-helper 1 and 2 types of response. However, the level of all cytokines did not change after the infection challenge. In brief, the alginate encapsulating bicistronic pVAX-*ctxB*-*tcpA* portrays a potential in inducing host immune response against cholera infection, although several improvements and comprehensive analyses are required to evaluate its role as a DNA vaccine.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
sebagai memenuhi keperluan untuk ijazah Master Sains

**PENILAIAN *IN VIVO* MIKROPENKAPSULAN VAKSIN DNA PLASMID  
DWISISTRONIK TERHADAP *Vibrio cholerae***

Oleh

**NAJWA BINTI AHMAD ZAMRI**

April 2021

**Pengerusi : Prof. Rozita Rosli, PhD**  
**Institut : Biosains**

Serangan jangkitan taun di beberapa kawasan di dunia dilihat sebagai salah satu masalah kesihatan awam utama dalam perspektif global kerana wabak dan potensi pandemiknya. Sebagai pendekatan untuk mengendalikan wabak ini di kawasan yang berisiko dan endemik, oral vaksin DNA taun (OCV) yang mengaplikasikan strategi vaksin konvensional dengan menggunakan sel utuh *Vibrio cholerae* yang telah dibunuh adalah direkomendasikan sebagai langkah pencegahan. Namun, vaksin ini mempunyai beberapa kekurangan dari segi pengendalian dan penyimpanan vaksin, logistik dan nilai kos selain isu keselamatan bagi individu berisiko tinggi. Sebagai alternatif pada OCV konvensional, konsep vaksin DNA dwisistronik yang mengekod antigen perangsang imun iaitu gen subunit B toksin taun (*ctxB*) dan pilin A diregulasi bersama toxin (*tcpA*) dari *V. cholerae* telah diterokai dalam kajian ini. Kajian sebelum ini telah menunjukkan keupayaan peranan konstruk vaksin dwisistron *in vitro* melalui kejayaan pengekspresan dalam sel COS-7. Walau bagaimanapun, penilaian terhadap keimmunogenan vaksin tersebut belum dilakukan secara *in vivo*. Oleh itu, objektif utama kajian ini adalah untuk menilai potensi *in vivo* vaksin mikropenkapsulan DNA plasmid (pDNA) dwisistronik terhadap jangkitan taun menggunakan model *Removable Intestinal Tie-Adult Rabbit Diarrhea* (RITARD). Bagi memastikan penyampaian melalui oral berjaya, pengkapsulan vaksin menggunakan mikrosfera alginat dihasilkan melalui pengemulsian air-dalam-minyak dengan purata keberkesanan pengkapsulan 88.6% dan selanjutnya, ia disahkan melalui ciri-ciri fizikal dan tingkah laku mikrosfera tersebut. Penyampaian pDNA yang berjaya juga dilihat dengan menggunakan simulasi keadaan pH gastrousus. Kemudian, penyampaian vaksin kapsul alginat melalui oral ini dilakukan secara *in vivo* terhadap anab *New Zealand White* (NZW) berusia tujuh minggu. Lima belas ekor anab betina digunakan dalam kajian ini dan dibahagikan kepada lima kumpulan: (1) Kawalan olahan jangkitan sebenar (kawalan negatif) (2) Mikrosfera alginat kosong (tidak divaksin); Mikrosfera alginat merangkumi (3) pVAX-*ctxB*; (4) pVAX-*tcpA*; dan (5) pVAX-*ctxB-tcpA*. Selain daripada kumpulan 1, kumpulan uji lain dicabar dengan

*V. cholerae* dari serotip Ogawa dan biotip El Tor, dua minggu setelah vaksinasi, dengan menggunakan model RITARD. Haiwan tersebut dipantau bagi gejala taun selama lima hari selepas pembedahan dan kultur swab rektum dari kumpulan 5 (konstruk vaksin dwisistronik) menunjukkan hasil negatif untuk organisma *V. cholerae*. Sebaliknya, jangkitan kolera adalah tidak ketara pada kumpulan vaksin dwisistronik kawalan berdasarkan pemeriksaan kasar dalam analisis bedah siasat dan histologi. Selain itu, tahap ekspresi *cytokines* (TNF- $\alpha$ , IFN- $\gamma$ , IL-10 dan IL-6) dinilai menggunakan tindak balas berantai polimerase kuantitatif (qPCR) lanjutan daripada imunisasi dan jangkitan. Kumpulan dwisistronik menunjukkan peningkatan tahap IFN- $\gamma$  dan IL-10 12 hari selepas vaksinasi, walaupun tidak signifikan, menunjukkan kebarangkalian pengaktifan respons *T-helper* 1 dan 2. Namun, tahap kesemua *cytokines* tidak berubah selepas jangkitan. Ringkasnya, alginat yang merangkumi dwisistronik pVAX-*ctxB-tcpA* menggambarkan potensi untuk mendorong tindak balas imun hos terhadap jangkitan taun, walaupun beberapa penambahbaikan dan analisis komprehensif perlu dilaksanakan untuk menilai peranannya sebagai vaksin DNA.

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I certify that a Thesis Examination Committee has met on 13 April 2021 to conduct the final examination of Najwa binti Ahmad Zamri on her thesis entitled “*In Vivo* Evaluation of Microencapsulated Bicistronic Plasmid DNA Vaccine against *Vibrio cholerae*” in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

Members of the Thesis Examination Committee were as follows:

**Assoc. Prof. Dr. Norshariza Nordin, PhD**

Associate Professor  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Chairman)

**Assoc. Prof. Dr. Vasantha Kumari Neela, PhD**

Associate Professor  
Faculty of Medicine and Health Sciences  
Universiti Putra Malaysia  
(Internal Examiner)

**Assoc. Prof. Dr. Neoh Hui-Min, PhD**

Associate Professor  
UKM Medical Molecular Biology Institute  
Universiti Kebangsaan Malaysia  
Malaysia  
(External Examiner)

---

**Zuriati Ahmad Zukarnain, PhD**

Professor and Deputy Dean  
School of Graduate Studies  
Universiti Putra Malaysia

Date:



This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfillment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

**Rozita binti Rosli, PhD**

Professor  
Institute of Bioscience  
Universiti Putra Malaysia  
(Chairman)

**Loqman bin Mohamad Yusof, PhD**

Associate Professor  
Faculty of Veterinary Medicine  
Universiti Putra Malaysia  
(Member)

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Name of Chairman  
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Name of Member of  
Supervisory  
Committee: Prof. Madya Dr. Loqman  
Mohamad Yusof

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## LIST OF ABBREVIATIONS

ALG	alginate
APC	antigen-presenting cell
cAMP	intracellular cyclic adenosine monophosphate
CD4+ /CD8+	cluster designation 4/8
cDNA	complimentary deoxyribonucleic acid
CFTR	cystic fibrosis transmembrane conductance regulator
CFU	colony forming units
cP	centipoise (unit)
CT	cholera toxin
CTA	cholera enterotoxin A subunit protein
CTB	cholera enterotoxin B subunit protein
CTL	cytotoxic T cell
<i>ctxB</i>	cholera toxin B subunit gene
DC	dendritic cell
DNA	deoxyribonucleic acid
EDTA	ethylenediaminetetraacetic acid
EE	encapsulation efficiency
en [en( _ )]	encapsulated
GAPDH	glyceraldehyde 3-phosphate dehydrogenase
GHRH	growth hormone-releasing hormone
GI	gastrointestinal tract
GM1	monosialotetrahexosylganglioside
GRAS	generally referred as safe
HCl	hydrochloric acid

IACUC	Institutional animal care and use committee
IEC	intestinal epithelial cell
IFN	interferon
IL	interleukin
LB	Luria Bertani
LPS	lipopolysaccharide
M cell	microfold cell
MHC	major histocompatibility complex
mRNA	messenger ribonucleic acid
mS	millisiemens (S. I. unit)
N	normality (S. I. unit)
NK	natural killer cell
NZW	New Zealand white rabbits
O. D.	Optical density
OCV	Oral cholera vaccine
PAMP	pathogen-associated molecular pattern
PBS	phosphate buffered saline
PCR	Polymerase chain reaction
pDNA	plasmid deoxyribonucleic acid
pH	potential hydrogen
PRR	pattern recognition receptor
rBS	cystic fibrosis transmembrane conductance regulator
RITARD	removable intestinal tie-adult rabbit diarrheal model
RNA	ribonucleic acid
rpm	revolutions per minute
SEM	standard error of mean

TCBS	thiosulfate citrate bile sucrose agar
TCP	toxin coregulated pilin
<i>tcpA</i>	toxin coregulated pilin A gene
Th1/Th2	T-helper 1 / T-helper 2
TLR	toll-like receptor
TNF- $\alpha$	tumor necrosis factor - $\alpha$
V	Volts (S. I. unit)
W/O	water-in-oil
w/v	weight per volume
WC	whole-cell
WHO	World Health Organization
Z-average	Cumulant mean

## CHAPTER 1

### INTRODUCTION

Cholera remains a public health burden particularly in areas with sanitation issues, lack of access to clean water or regions at risk of epidemic outbreaks. The fact that this disease is dependent on seasonal and environmental factors makes it to be classified as an 'emerging and re-emerging infection' in Africa, Asia and India (Mandal *et al.*, 2011). In recent years, large-scale outbreaks of cholera were identified in Haiti and Yemen, where these countries were affected by environmental disaster and war crisis that disrupted water supplies, leading to contamination by the cholera agent. The World Health Organization (WHO) revealed that the reported cases of cholera are estimated to be three to five million cases occurring annually worldwide and the official report is believed to represent only 5-10% of the actual numerical figure globally (Ali *et al.*, 2012). In addition, approximately 100 000 to 120 000 mortalities are estimated out of the reported cholera cases, reflecting the threat of the infection to society (Ali *et al.*, 2012).

Cholera is a widely known diarrheal disease caused by a toxigenic Gram-negative bacterium known as *Vibrio cholerae* (*V. cholerae*), which is acquired through consumption of food or water contaminated by this microorganism (Almagro-Moreno & Taylor, 2013). Mandal *et al.* (2011) mentioned that among more than 200 serogroups of *V. cholerae* identified, only O1 and O139 serogroups cause epidemic cholera. These serogroups carry important virulence factors such as cholera toxin (CT) and toxin-coregulated pilus (TCP) that cause manifestation of cholera infection. In the worst scenario, cholera infection can cause a massive loss of body fluid resulting in severe dehydration or even death within hours in the absence of proper treatment (Sack *et al.*, 2004).

Because of the threat of cholera to public health, several treatments and control measures have been introduced to reduce the burden. The current treatments to this infection include rehydration and antibiotic therapy (Harris *et al.*, 2012). However, the widespread use of the latter treatment can lead to emergence of antibiotic resistance property of *V. cholerae* strains, making the microorganisms to be more aggressive and resistant to multiple types of drug (Bhattacharya *et al.*, 2014). Besides that, the treatments serve as response initiatives that reduce the clinical symptoms of cholera. Thus, to control the prevalence of the disease in a whole population, a preventive approach such as inclusion of oral cholera vaccines (OCVs) to the public can be done.

The current control measure of the infection as promoted by WHO is by whole-cell oral cholera vaccination (OCV) using killed *V. cholerae* which has been proven to be efficacious since 1986, according to Clemens *et al.* (1986). However, the OCVs possess some drawbacks in terms of storage condition and dosage requirement which indirectly complicate the handling and management

processes. Firstly, the vaccines are registered to be kept cold before they are administered to individuals, which causes extra handling procedure of the vaccines. Secondly, there are concerns on the use of killed microorganisms as vaccines, especially in susceptible group of individuals such as pregnant women. Thirdly, the licensed protocol for the current OCVs requires two doses of the vaccines to be given to individuals in two weeks apart (Azman *et al.*, 2015). The two-dose procedure makes it challenging to ensure everyone at risk of infection receives the appropriate amount of vaccine besides to assure the adequacy and availability of the vaccine stocks especially during outbreaks (Azman *et al.*, 2015). Hence, there is a need for improvement of the vaccine strategy to establish a practical and efficient preventive measure that can reduce the incidence of cholera.

These constraints faced by the current OCVs can be potentially reduced with the technology of third generation vaccines, known as DNA vaccine. This is because the vaccine is easier to transport as it does not require a cold chain storage, hence, it is more stable and less expensive compared to conventional strategy (Abdo Hasson *et al.*, 2015). Apart from the cost perspective, DNA vaccine is also safer since it consists of plasmid, which is a kind of non-replicating entity which in turn reduces the risk of reversion to a disease-causing state or secondary infection (Ferraro *et al.*, 2011). Indeed, DNA vaccine has shown its potential as a promising approach in vaccine technology within the past decade based on several studies that demonstrated the success of DNA vaccine especially through licensure of DNA plasmid products for animal use. For instance, DNA-based therapy has been used for the treatment of hematopoietic necrosis virus in salmon (Garver *et al.*, 2005) and melanoma in dogs (Bergman *et al.*, 2006). Besides that, it is also used as a growth hormone-releasing hormone (GHRH) gene therapy for swine (Draghia-Akli, 2015).

As for cholera, several studies have suggested the successful construction of DNA vaccine against this infection. One of the studies was by Syahril *et al.* (2002) in which the cholera vaccine was developed through insertion of *ctxB* genes of *Vibrio cholerae* into a mammalian expression plasmid DNA vector (pVax). In another study by Nograles (2013), single-gene insert of DNA vaccines comprising of *ctxB* and *tcpA* genes from *V. cholerae* were successfully constructed and tested *in vitro* and showed ability to trigger immune response *in vivo*. Hence, these led to the idea of constructing a bicistronic DNA vaccine that involves the integration of both *ctxB* and *tcpA* genes in a single plasmid in this project.

The application of a bicistronic DNA vaccine is also inciting the interest in the area of vaccinology. This new strategy involving integration of multiple antigens into a single array of plasmid is a useful tool to improve the efficacy of DNA vaccine formulation (Schirmbeck *et al.*, 2000; Chinnasamy *et al.*, 2006). This is because immunisation involving several proteins have provided solid protective immunity against leprosy in mice, suggesting the significance of multicistronic expression in eliciting immune responses (Gelber *et al.*, 1994). A study by Cui *et al.* (2013) also supports the hypothesis, in which they proved that bicistronic

plasmid vaccine has the ability to induce immune responses against rotavirus infection in humoral, mucosal and cellular levels. However, in regards to cholera, there is no reported study that focuses on the immunogenicity of bicistronic plasmid vaccine *in vivo*. Thus, this project aims to determine the immunogenic potential of bicistronic plasmid DNA vaccine against cholera infection *in vivo*.

### **Objectives of the study**

The study aims to evaluate the *in vivo* potential of microencapsulated bicistronic plasmid DNA vaccine against *Vibrio cholerae*.

The specific objectives of the study are:

1. To formulate and evaluate encapsulation of bicistronic plasmid DNA vaccine against cholera for oral delivery in rabbits.
2. To examine disease manifestation of rabbits infected with *V. cholerae* after vaccination with the DNA plasmid construct.
3. To quantify cytokine mRNA level of rabbits vaccinated with bicistronic plasmid DNA vaccine against *Vibrio cholerae*.



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