

### Evaluation of the prophylactic use of ovotransferrin against chlamydiosis in SPF turkeys

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#### 24 Abstract

25 Chlamydophila (C.) psittaci infections are highly prevalent in turkeys and the 26 economical and public health importance of these infections has been recognized since 27 1950. As there are no vaccines, antibiotic treatment (tetracylines, enrofloxacine) is often 28 needed to allow marketing of poultry. In this study, we explored the use of ovotransferrin 29 (ovoTF), a natural anti-microbial protein, in preventing an experimental C. psittaci 30 infection in specific pathogen free (SPF) turkeys. Turkeys were treated with aerosolized 31 ovoTF prior to the infection. Groups 1 and 2 received a single dose of 10 and 5 mg 32 ovoTF per turkey, respectively. Group 3 received a daily dose of 5 mg ovoTF per turkey 33 during twelve days. Group 4 served as untreated, infected control group. Turkeys were aerosol infected using  $10^6$  TCID<sub>50</sub> of the virulent C. psittaci serovar/genotype D strain 34 92/1293. Birds were monitored (clinical signs, bacterial excretion) during twelve 35 subsequent days before being necropsied. At necropsy, pathology and C. psittaci 36 37 replication in various tissues was examined. A single dose of 10 mg ovoTF and a 38 repeated daily dose of 5 mg ovoTF could not prevent the birds from becoming infected 39 with C. psittaci, but they significantly reduced the outcome of the infection. A single dose 40 of 5 mg ovoTF had no influence on the outcome of the infection as compared to the non-41 treated infected controls. Our results demonstrate the anti-chlamydial effect of ovoTF in 42 vivo and present a base for further research on practical applications of ovoTF on turkey 43 farms.

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46 Keywords: Ovotransferrin; Chlamydophila psittaci; Chlamydiosis; Turkeys

#### 47 **1. Introduction**

48 Chlamydophila (C.) psittaci is an obligate intracellular Gram-negative bacterium 49 causing respiratory disease in poultry, pet birds and humans (Andersen and Vanrompay, 50 2000). Recent in vitro results suggest a possible role for ovotransferrin (ovoTF) in 51 preventing chlamydiosis in birds. OvoTF inactivates extracellular C. psittaci and 52 significantly inhibits chlamydial entry in HD11 chicken macrophages by blocking actin 53 polymerization (Beeckman et al., 2007), which is crucial for chlamydial cell entry 54 (Dautry-Varsat et al., 2005). Thus, ovoTF exerts a bactericidal and bacteriostatic effect 55 on *C. psittaci*, that may be applied to prevent *C. psittaci* infections in poultry.

56 OvoTF is an avian extracellular iron-binding glycoprotein that belongs to the family of 57 transferrins. Egg-white OvoTF is synthesized by oviduct cells and is present in egg white and in eggshell. Serum ovoTF is synthesized by the liver and released to the blood 58 59 (Stevens, 1991; Giansanti et al., 2002). Egg-white and serum OvoTF differ only in their 60 glycosylation patterns (Jacquinot et al., 1994). OvoTF shows marked sequence and structural homologies with both mammalian serum transferrin (TF) and mammalian 61 lactoferrin (LF) (Williams et al., 1982; Metz-Boutigue et al., 1984; Jeltsch et al., 1987; 62 63 Kurokawa et al., 1999). Like mammalian serum TF, ovoTF is involved in iron transport and delivery to cells and like mammalian LF, ovoTF is a component of innate immunity 64 65 (Giansanti et al., 2002; Giansanti et al., 2007). Egg-white ovoTF displays the same 66 antibacterial functions as LF in milk. The antibacterial activity can partially involve iron 67 sequestration (Valenti et al., 1982; Valenti et al., 1983) and can be related to the action of 68 OTAP-92, a short sequence located in the N-terminal domain of ovoTF (Ibrahim et al.,

69 1998; Ibrahim et al., 2000). OvoTF also displays anti-viral activity (Giansanti et al.,
70 2002; Giansanti et al., 2007).

In the present study, we explored the use of aerosolized ovoTF in preventing an experimental *C. psittaci* genotype D infection in specific pathogen free (SPF) turkeys. In fact, aerosolization of transferrins is not new as it was used in a sheep model of asthma, where an abolishment of late-phase airway responses in allergic sheep could be observed after administration of aerosolized lactoferrin (Elrod et al., 1997).

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#### 77 2. Materials and methods

78 2.1. Chlamydophila and host cell line

*C. psittaci* strain 92/1293, isolated from a severe outbreak of respiratory disease in a
commercial broiler turkey farm in the Netherlands, was used (Vanrompay et al., 1993).
The strain was isolated from a pooled homogenate of the lungs, the cloacae and the
spleens of diseased turkeys and was characterized as serovar D and genotype D (Geens et
al., 2005).

Bacteria were grown in Buffalo Green Monkey (BGM) cells as previously described (Vanrompay et al., 1992) and the titration was performed by the method of Spearman and Kaerber (Mayr et al., 1974). The bacterial stock showed a titer of 10<sup>11</sup> 50 % tissue culture infective dose (TCID<sub>50</sub>) per ml.

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89 2.2. Ovotransferrin

90 Ovotransferrin (ovoTF), purified from chicken egg white, was purchased from Sigma
91 (Bornem, Belgium). Non iron-saturated ovoTF was used.

92

#### 93 2.3. Experimental design

94 Experiments were performed in negative pressure isolators (IM 1500, Montair 95 Sevenum, the Netherlands). The experimental design was evaluated and approved by the 96 Ethical Commission for Animal Experiments of Ghent University. At three weeks of age, 97 four groups of eight specific pathogen free (SPF) turkeys (CNEVA, Ploufragan, France), 98 each group in a separate isolator, were exposed for one hour to an ovoTF aerosol (5 µm droplets; Cirrus<sup>TM</sup> nebulizer; Laméris, Aartselaar, Belgium) prior to *C. psittaci* infection. 99 100 OvoTF was administered by aerosol as chlamydial replication starts in mucosal epithelial 101 cells and macrophages of the upper respiratory tract. The ventilation was switched off 102 during ovoTF treatment. Group 1 (High Dose Group) and 2 (Single Low Dose Group) 103 received a single dose of 10 and 5 mg ovoTF per turkey, respectively. Group 3 (Multiple 104 Low Dose Group) received a daily dose of 5 mg ovoTF per turkey during twelve 105 consecutive days. Group 4 served as untreated, infected, control group (No OvoTF 106 Group). At the end of the exposure time, ovoTF aerosols were drained from the isolator by ventilation. After a ventilation period of two hours, turkeys were aerosol infected 107 during one hour using  $10^6$  TCID<sub>50</sub> of the C. psittaci genotype D strain 92/1293. Based on 108 109 the pathogenesis of C. psittaci in SPF turkeys (Vanrompay et al., 1995), birds were 110 monitored during 12 days post infection (p.i.).

111 Clinical signs were daily scored until necropsy at 12 days p.i. Clinical score 0 indicated 112 no clinical signs; score 1: conjunctivitis; score 2: rhinitis; score 3: dyspnoea; score 4: 113 conjunctivitis and rhinitis; score 5: conjunctivitis and dyspnoea; score 6: rhinitis and 114 dyspnoea; score 7: conjunctivitis, rhinitis and dyspnoea. Pharyngeal and cloacal excretion

115 of C. psittaci was monitored at 3, 6, 9 and 12 days p.i., using rayon-tipped, aluminium shafted swabs (Colpan; Fiers, Kuurne, Belgium) provided with C. psittaci transport 116 117 medium (sucrose 74,6 g/l (Acros Organics, Geel, Belgium); KH<sub>2</sub>PO<sub>4</sub> 5,1 g/l and K<sub>2</sub>HPO<sub>4</sub> 118 1,2 g/l (Sigma); L-glutamic acid mono potassium salt 0,9 g/l and gentamycin 50 µg/ml 119 (Invitrogen, Merelbeke, Belgium); vancomycin 100 µg/ml and streptomycin 100 µg/ml 120 (Soenen, Merelbeke, Belgium); nystatin 25000 U/ml (Sigma) pH 7). Swabs were stored 121 at -80°C until processed. At 3, 6, 9 and 12 days p.i., two birds of each group were 122 necropsied and macroscopic lesions were scored as described in Table 1. Tissue samples 123 of the conchae, the trachea, the lungs, the abdominal and thoracic airsacs and the spleen were immersed in methocel (Methocel MC, Sigma), snap frozen in liquid nitrogen and 124 125 stored at -80°C until processed.

126

#### 127 2.4. Chlamydophila replication and excretion

Cryostat tissue sections (5 µm) of the conchae, the trachea, the lungs, thoracic and 128 129 abdominal airsacs and spleen were examined for C. psittaci replication by the IMAGEN<sup>TM</sup> immunofluorescence staining (IMAGEN<sup>TM</sup> CHLAMYDIA, Oxoid, 130 131 Drongen, Belgium), as previously described (Vanrompay et al., 1994). C. psittaci positive 132 cells were enumerated in five randomly selected microscopic fields (400x, Nikon Eclipse 133 TE2000-E, Japan) and scored between 0 and 4: score 0 indicated no C. psittaci present; 134 score 1 was given when a mean of 1-5 elementary bodies (infectious, non-metabolic 135 morphological form) was present; score 2, 3 and 4 were given when a mean of 1-5, 6-10 136 and >10 inclusion (actively replicating organisms) positive cells was present.

All swabs were examined for *C. psittaci* excretion by bacterial culture in Buffalo Green
Monkey (BGM) cells (Vanrompay et al., 1992) and subsequent chlamydial identification
using the IMAGEN<sup>TM</sup> direct immunofluorescence assay (Vanrompay et al., 1994). The
presence of *C. psittaci* was scored as for bacterial replication in different tissues.

141

142 2.5. Statistical analysis

143The Mann-Whitney test was used for statistical analysis. Results were considered144significantly different at the level of P < 0,05.

145

146 **3. Results** 

147 3.1. Clinical signs

148 Although the animals were daily monitored for clinical signs, Table 2 shows the maximum clinical scores for SPF turkeys on p.i. days 3, 6, 9 and 12. Throughout the 149 150 experiment, severe respiratory signs were observed in the No OvoTF Group. The highest 151 maximal clinical scores (score 5 to 6) in this group were observed at p.i. days 6, 9 and 12, 152 when all birds showed dyspnoea, conjunctivitis (blepharospasm, scratching their eyes) 153 and/or rhinitis (head shaking, sneezing, scratching their nares). Sometimes they were gasping. As for the No OvoTF Group, the Single Low Dose Group showed the highest 154 155 maximal clinical scores (5 to 6) at 6, 9 and 12 days p.i. On day 12 p.i., all birds in this 156 group showed conjunctivitis and dyspnoea. Turkeys of the Multiple Low Dose Group showed no clinical signs throughout the experiment except for 11 days p.i., when mild 157 158 dyspnoea was observed in the remaining two turkeys. The following day however, at 159 necropsy, both turkeys appeared clinically healthy. The High Dose Group showed the

highest score (score 3) at 12 days p.i., with mild dyspnoea being observed for the firsttime.

162

163 3.2. Macroscopic findings

164 The macroscopic findings, presented as the sum of the mean gross lesion scores for the different tissues of two SPF turkeys necropsied at days 3, 6, 9 and 12 p.i., are shown in 165 Table 2. Macroscopic lesions were noticed in the No OvoTF Group from 3 days p.i. until 166 167 the end of the experiment at 12 days p.i. The highest lesion score (score of 10,50) was 168 observed at 12 days p.i. when severe congestion of the conjunctivae, the conchae and the trachea was observed together with pneumonia, fibrous adhesive airsacculitis, serous 169 170 pericarditis and hepatosplenomegaly. At the same time, also at 12 days p.i., turkeys of the 171 Single Low Dose Group showed the highest score (score of 7) characterized by severe 172 congestion of the conjunctivae and the conchae, pneumonia, focal fibrin deposits in the 173 airsacs and moderate enlargement of the spleen. Interestingly, turkeys of the Multiple 174 Low Dose Group showed the highest lesion score (score of 1) at 9 days p.i. but only 175 slight congestion of the conjunctivae and the lungs were present. For the High Dose 176 Group, the highest lesion score (score of 1,50) was also observed at 12 days p.i. However, only slight congestion of the conjunctivae and moderate congestion of the 177 178 lungs could be observed. In conclusion, there was no significant difference in 179 macroscopic findings between the High Dose Group and the Multiple Low Dose Group, 180 but the lesions were overall less severe compared to the Single Low Dose Group and the 181 No OvoTF Group.

182

#### 183 *3.3. Chlamydophila replication and excretion*

184 Table 2 shows the sum of the mean scores of the direct immunofluorescence staining on 185 frozen tissue sections for C. psittaci replication of two turkeys of all groups, necropsied 186 on p.i. days 3, 6, 9 and 12. The No ovoTF group and the Single Low Dose Group showed 187 identical highest scores at 9 (score of 11) and 12 (score of 12) days p.i., although scores 188 for the Single Low Dose Group were lower at p.i. days 3 and 6. Repeating the ovoTF 189 administration daily for the Multiple Low Dose Group, resulted in the absence of C. 190 psittaci replication on day 6 p.i.. However, the infection could not be cleared as the upper 191 and lower respiratory tract became positive again at days 9 and 12 p.i. At day 3 p.i., no 192 chlamydial replication could be detected in the High Dose Group, while the other groups 193 were already positive in the tissue immunofluorescence staining. In conclusion, tissue 194 sections of the High Dose Group and the Multiple Low Dose Group showed significant 195 lower scores as compared to the Single Low Dose Groups and the No OvoTF Group, 196 with a highest score of 3 (9 days p.i.) and 3,50 (12 days p.i.), respectively.

197 Table 2 shows that pharyngeal swabs of the No OvoTF Group, the Single Low Dose 198 Group and the High Dose Group were positive on p.i. days 3, 6, 9 and 12, indicating 199 pharyngeal C. psittaci excretion. Cloacal shedding in these three groups still occurred at 200 12 days p.i (Table 2). However, at the given time points, culture scores of the No OvoTF 201 Group and the Single Low Dose Group were consistently higher than for the High Dose 202 Group. The Multiple Low Dose Group, receiving ovoTF daily, apparently shed the lowest 203 amount of bacteria as pharyngeal and cloacal swabs became negative on 9 and 12 days 204 p.i., respectively.

#### **4. Discussion**

207 Chlamydophila (C.) psittaci infections are highly prevalent in turkeys and the 208 economical and public health importance of these infections has been recognized since 209 1950. There are no vaccines. Thus, antibiotic treatment (tetracylines, enrofloxacine) is 210 often needed to allow marketing of poultry. At present, we explored the use of 211 ovotransferrin (ovoTF), a natural anti-microbial protein, in preventing an experimental C. 212 psittaci infection in specific pathogen free (SPF) turkeys. The aerosol experimental 213 infection model has been established years ago and has proven its reproducibility several 214 times (Vanrompay et al., 1993; Vanrompay et al., 1995). The C. psittaci delivery method 215 reflects the natural way of infection and as in nature bacteria can get on the feathers and 216 into the eyes. Thus, opportunity for further infection by inhalation of aerozolized feather 217 dust after delivery is existent. Infection after delivery by this natural infection route is 218 always possible, as the infected birds will also excrete the bacterium in the surroundings 219 and on their feathers. Prognosis was greatly improved by a single prophylactic dose of 10 220 mg aerosolized ovoTF or by 5 mg ovoTF aerosol once a day for each of twelve days. Our 221 results demonstrate the anti-chlamydial effect of ovoTF in vivo and present a base for 222 further research on practical applications of ovoTF on turkey farms. One might consider 223 the use of ovoTF aerosols on turkeys at ages three to four weeks when residual C. psittaci 224 maternal antibody titres are extremely low and infection outbreaks occur (Van Loock et 225 al., 2005).

We used iron-unsaturated ovoTF, as iron-saturated transferrins normally transport iron into the cells by receptor-mediated endocytosis (Dunn et al., 2007) and although *Chlamydiales* live as intracellular 'parasites', they require iron to develop a productive

229 infection. Indeed, recently has been demonstrated that the intracellular growth of 230 *Chlamydia trachomatis* and *C. psittaci* in HEK293 T cells is regulated by the levels of 231 intracellular iron (Paradkar et al., 2008). In addition, they showed that iron-depletion 232 limited intracellular bacterial growth in mouse macrophages. The mechanism of iron 233 acquisition by chlamydial organisms is undefined, but is reasonable to assume that the 234 cytosolic iron pool is the source.

235 At present, several biological and immunomodulatory activities of ovoTF were 236 probably involved in influencing the outcome of the C. psittaci infection. It is well known 237 that Gram-negative bacteria can be killed through a membrane damage mechanism by the 238 defensin-like structural 92-amino acid N-terminal ovotransferrin peptide (OTAP-92) (Ibrahim et al., 1998; Ibrahim et al., 2000). Thus, extracellular C. psittaci might have 239 240 been killed by this mechanism and possibly by other antimicrobial functions ascribed to 241 transferring such as destabilization of the outer membrane of Gram-negative bacteria 242 through binding of bacterial LPS (Appelmelk et al., 1994; Brandenburg et al., 2001) and 243 selective permeation of ions (Aguilera et al., 2003). Additionally, transferrins can disrupt 244 the bacterial type III secretion system (TTSS), which promotes bacterial attachment and 245 internalization by inducing actin polymerization at the bacterial entry site (Gomez et al., 2003; Ochoa et al., 2003). In vitro, OvoTF clearly inhibits actin polymerization at the C. 246 247 psittaci entry site (Beeckman et al., 2007). Thus, there is a reason to believe that it might 248 also occur in vivo.

Importantly, besides direct effects of ovoTF causing bacterial membrane damage and disruption of the type III secretion machinery, ovoTF also acts as the major avian acute phase protein (APP), which is normally elevated during inflammation and infection

(Hallquist and Klasing, 1994). OvoTF promotes IL-6 release by macrophages and
heterophils (Xie et al., 2002).

Recently, a key immunomodulatory function was assigned to lactoferrin, namely linking the innate immunity with adaptive immunity through maturation of dendritic cells (DCs) (Spadaro et al., 2008). Maybe, although not yet examined, ovoTF could have a similar function.

258 Regarding the direct anti-chlamydial effects of ovoTF and its immunomodulatory 259 functions, one can understand that the group receiving a single high dose of 10 mg ovoTF 260 per turkey (High Dose Group), performed especially better in the beginning of the 261 experiment, at day 3 p.i., as compared to the group receiving a daily dose of only 5 mg 262 ovoTF per turkey during twelve days (Multiple Low Dose Group). However, the latter group generally performed better by the end of the experiment as compared to the High 263 264 Dose Group. Probably the repeated dosing boosted the immunity, was able to kill bacteria 265 on the feathers and could inhibit the infection caused by contamination with group mates 266 and aerosolized feather dust. One single dose of 5 or 10 mg ovoTF could not prevent the 267 infection.

In conclusion, we provided evidence for an anti-chlamydial effect of ovoTF *in vivo* and for the possibility to administer this natural anti-microbial protein aerogenically to poultry. OvoTF aerosols could provide an additional strategy to prevent *C. psittaci* infections in turkeys. However, further research on practical applications is needed.

#### 273 Conflict of interest statement

None of the authors (Caroline Van Droogenbroeck, Delphine Beeckman, Taher Harkinezhad, Eric Cox and Daisy Vanrompay) has a financial or personal relationship with other people or organizations that could inappropriately influence or bias the paper entitled "Evaluation of the prophylactic use of ovotransferrin against chlamydiosis in SPF turkeys".

279

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#### 382 Tables

- 383 Table 1
- 384 Scores for *C. psittaci* macroscopic lesions in turkeys

Tissue	Score 1	Score 2	Score 3	
Conjunctivae	Slightly congested	Severely congested	Petechiae	
Conchae	Slightly congested	Severely congested	Necrosis	
Trachea	Slightly congested	Moderately congested	Severely congested	
Lungs	Slightly congested	Severely congested	Grey foci	
Thoracic airsacs	Diffuse opacity	Focal fibrin deposits	Severe fibrinous airsacculitis	
Abdominal airsacs	Diffuse opacity	Few fibrin deposits	Severe fibrinous airsacculitis	
Pericardium	Serous pericarditis	Sero-fibrinous pericarditis	Fibrinous adhesive pericarditis	
Spleen	Slightly enlarged	Moderately enlarged	Severely enlarged	
Liver	Slightly enlarged	Moderately enlarged	Severely enlarged	

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#### 390 Table 2

391 Clinical signs, macroscopic lesions and chlamydial excretion and replication in different turkey groups.

Group	Parameter	Day 3 p.i. <sup>e</sup>	Day 6 p.i.	Day 9 p.i.	Day 12 p.i.	Observed range
No OvoTF	Clinical signs <sup>a</sup>	3	6	5	6	3 - 6
	Macroscopic lesions <sup>b</sup>	2,50	6	10	10,50	2,50 - 10,50
	Pharyngeal excretion <sup>c</sup>	0,50	1,33	1,50	1	0,50 - 1,50
	Cloacal excretion <sup>c</sup>	0	0,67	1,25	1,50	0 - 1,50
	Replication <sup>d</sup>	5	12,50	11	12	5 - 12,50
Single Low Dose	Clinical signs	0	6	5	5	0 - 6
0	Macroscopic lesions	0	4	7	7	0 - 7
	Pharyngeal excretion	0,88	1	1,25	1,50	0,88 - 1,50
	Cloacal excretion	0	1	0,75	1,50	0 - 1,50
	Replication	2,50	7	11	12	2,50 - 12
Multiple Low Dose	Clinical signs	0	0	0	0	0 - 0
	Macroscopic lesions	0,50	0,50	1	0	0 - 1
	Pharyngeal excretion	0,50	0,67	0	0	0 - 0,67
	Cloacal excretion	0	0	0,25	0	0 - 0,25
	Replication	1,50	0	2,50	3,50	0-3,50
High Dose	Clinical signs	0	0	1	3	0 - 3
-	Macroscopic lesions	0	1	0,50	1,50	0 - 1,50
	Pharyngeal excretion	0,38	0,33	0,75	0,50	0,33 - 0,75
	Cloacal excretion	0	0	0,50	1	0 - 1
	Replication	0	2,50	3	1,50	0 - 3

- <sup>a</sup> Sum of all individual (n = 8) clinical scores per group on p.i. days 3, 6, 9 and 12.
- <sup>b</sup> Macroscopic lesion scores (based on Table 1), presented as the sum of the mean lesion scores for all tissues examined for two turkeys per group, necropsied at
- 395 p.i. days 3, 6, 9 and 12.
- <sup>c</sup> Swab culture scores for pharyngeal or cloacal excretion, presented as mean culture scores per group.
- <sup>d</sup> Scores for chlamydial replication observed by DIF staining on tissue cryosections. Scores are presented as the sum of the mean scores for two turkeys per group
- necropsied at p.i. days 3, 6, 9 and 12.
- <sup>e</sup> p.i.: post infection.
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