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Simpson

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# Evaluation of azithromycin, trovafloxacin and grepafloxacin as prophylaxis against experimental murine *Brucella melitensis* infection

Helen S. Atkins <sup>a,\*</sup>, Stephen Spencer <sup>b</sup>, Simon D. Brew <sup>b</sup>, Dominic C. Jenner <sup>a</sup>, Armine M. Sefton <sup>c</sup>, Alastair P. MacMillan <sup>b</sup>, Timothy J.G. Brooks <sup>a,1</sup>, Andrew J.H. Simpson <sup>a</sup>

<sup>a</sup> Department of Biomedical Sciences, Defence Science and Technology Laboratory, Porton Down, Salisbury SP4 0JQ, UK

<sup>b</sup> Department of Statutory and Exotic Bacterial Diseases, Veterinary Laboratories Agency, Woodham Lane, New Haw, Addlestone, Surrey KT15 3NB, UK

<sup>c</sup> Centre for Infectious Disease, Barts and The London, Queen Mary's School of Medicine and Dentistry, Whitechapel, London E1 2AD, UK

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\* Corresponding author. Tel.: +44 1980 614 755; fax: +44 1980 614 307. *E-mail address*: hsatkins@dstl.gov.uk (H.S. Atkins).

<sup>1</sup> Present address: Health Protection Agency Centre for Emergency

Preparedness & Response, Porton Down, Salisbury SP4 0JG, UK,

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### ABSTRACT

The prophylactic potential of the azalide azithromycin as well as the fluoroquinolones trovafloxacin and grepafloxacin was assessed for the control of infection with *Brucella melitensis* in an experimental mouse model, determined by reduction in splenic bacterial burden. Trovafloxacin showed limited protective efficacy when administered 2 h following a low-dose *B. melitensis* challenge, whereas grepafloxacin was ineffective. In comparison, azithromycin provided significant control of infection both following low- and high-dose challenges. Overall, the data confirm the potential utility of azithromycin in the prophylaxis of brucellosis and suggest that neither trovafloxacin nor grepafloxacin would likely be valuable for post-exposure prophylaxis of *Brucella* infection.

### 1. Introduction

Brucellosis, caused by *Brucella* spp., remains a public health problem in many areas of the world. However, relatively high relapse rates are associated with the World Health Organization's recommended treatment regimens (rifampicin plus doxycycline for 6 weeks, or doxycycline for 6 weeks plus streptomycin for 2–3 weeks) [1]. Thus, there is a need to evaluate other antibiotic treatments. In particular, data are lacking regarding suitable post-exposure antibiotic prophylaxis, which would ideally be a single-agent, short-course, oral regimen.

Clinical experience with fluoroquinolones such as ciprofloxacin for treatment of brucellosis has been disappointing. However, newer fluoroquinolones have been developed in recent years, with reported MIC<sub>90</sub> values (minimum inhibitory concentration for 90% of organisms) for *Brucella melitensis* ranging from 0.5  $\mu$ g/mL [2] to 1  $\mu$ g/mL [3] for trovafloxacin and from 1  $\mu$ g/mL [2] to 2  $\mu$ g/mL [3] for grepafloxacin. Similarly, low MIC<sub>90</sub> values for *B. melitensis* have been reported using the azalide azithromycin [4,5], and a limited number of in vivo efficacy studies have shown that this antibiotic significantly reduces *Brucella* infection [6–8]. Unfortunately, grepafloxacin has been withdrawn from the market, whilst use of trovafloxacin has been severely limited due to safety concerns [2]. However, prior to their withdrawal we initiated studies to evaluate the potential utility of trovafloxacin and grepafloxacin as well as azithromycin for the treatment of brucellosis. Here we describe an assessment of the potential efficacy of these antibiotics for post-exposure

prophylaxis of experimental brucellosis in an established BALB/c mouse model.

### 2. Materials and methods

#### 2.1. Antibiotics

Antibiotic solutions were prepared freshly each day. Azithromycin (Pfizer, Sandwich, UK) was prepared by dissolving in a minimal volume of 98% ethanol (Sigma, Poole, UK) and subsequently dissolving in 0.5% methylcellulose (Sigma) in distilled water to achieve a dose of 40 mg/kg in a volume of 50  $\mu$ L/mouse. Trovafloxacin (Pfizer) and grepafloxacin (GlaxoSmithKline, Stevenage, UK) were dissolved in 0.5% methylcellulose in distilled water to achieve a dose of 40 mg/kg in a volume of 20  $\mu$ L/mouse.

### 2.2. Animals

The efficacy of azithromycin, trovafloxacin and grepafloxacin as prophylaxis for *B. melitensis* infection was evaluated in groups of five 6–7-week-old female BALB/c mice (Harlan, UK). In this study, four separate experiments were performed. Mice were dosed orally once daily for 14 days with 50  $\mu$ L of azithromycin solution, 20  $\mu$ L of trovafloxacin or grepafloxacin solution (each equivalent to 40 mg/kg in a 20 g mouse) or distilled water (as antibiotic diluent control). Antibiotic treatment was started at 2 h following challenge with a low [ca.  $10^2-10^3$  colony-forming units (CFU)] or high (ca.  $10^6-10^7$  CFU) dose of *B. melitensis* strain H38 by intraperitoneal injection, prepared as described

previously [9,10]. Animals were culled at 24 h, 14 days or 28 days after the last antibiotic dose to evaluate the effect of antibiotics over time. At postmortem, spleens were removed and homogenised in 3 mL of distilled water using a Colworth stomacher<sup>®</sup> (Seward Ltd., London, UK) and bacterial loads were determined following enumeration of ten-fold serial dilutions on serum dextrose agar plates incubated for 3 days at 37 °C in air + 10% CO<sub>2</sub>.

#### 2.3. Statistical analyses

Data were transformed into log<sub>10</sub> CFU and analysed using GraphPad Prism V4.0 (GraphPad Software Inc., La Jolla, CA). *P*-values were calculated using two-way analysis of variance (ANOVA) to calculate the effect of treatment compared with the control, and Bonferroni's post-test was used to compare individual time points with the control.

### 3. Results and discussion

Splenic bacterial load data are shown in Fig. 1. Although MIC data indicate that the fluoroquinolones trovafloxacin and grepafloxacin are effective at killing *Brucella* spp. in vitro, the data from this study suggest that these antibiotics are relatively ineffective at preventing a *B. melitensis* infection in vivo. Trovafloxacin administered 2 h post infection to mice given a low challenge of *B. melitensis* reduced the bacterial load within the spleen compared with the sham-treated control (P < 0.05) on Days 1 and 14 post treatment. However, the protective effect of trovafloxacin was not observed on Day 28 post treatment, indicating relapse. Overall, trovafloxacin was not effective against a

high challenge of *B. melitensis*, and grepafloxacin was ineffective against both challenge doses.

These data also confirm the utility of azithromycin for prophylaxis of *Brucella* infection. Overall, significant protection was observed in animals treated with this antibiotic compared with those given distilled water, evidenced by a reduced bacterial load in the spleen (P < 0.001). Azithromycin administered 2 h after a low challenge dose of *B. melitensis* afforded significant protection against *B. melitensis* infection. On Days 1 or 14 post treatment, four mice and three mice, respectively, were found to have no detectable bacterial loads in their spleens following the low-dose *B. melitensis* challenge. However, bacteria were detectable on Day 28 post treatment, indicating partial relapse. Azithromycin also significantly reduced splenic bacterial loads at all three time points compared with control treatment following a high challenge dose of *B. melitensis*.

Overall, these data are consistent with our previous reports of the poor efficacy of fluoroquinolones for treating brucellosis [9,10] and suggest that neither trovafloxacin nor grepafloxacin would likely be valuable as single agents for post-exposure prophylaxis of *Brucella* infections. However, the data provide additional evidence that azithromycin alone may have some value. Further studies on antibiotic combinations involving azithromycin for postexposure prophylaxis of *Brucella* infection are warranted.

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#### **Competing interests**

None.

### **Ethical approval**

All experimental work was conducted in flexible film isolators according to a UK Home Office licence. All animal studies were carried out in accordance with the Animals Scientific Procedures Act 1986 and the Codes of Practice for the Housing and Care of Animals used in Scientific Procedures 1989.

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**Fig. 1.** Protective efficacy of azithromycin, trovafloxacin and grepafloxacin against *Brucella melitensis* infection. Groups of five BALB/c mice were challenged with (A) ca. $10^2$ – $10^3$  colony-forming units (CFU) or (B) ca.  $10^6$ – $10^7$  CFU of *B. melitensis* H38 by intraperitoneal injection and were treated with azithromycin (Azith), grepafloxacin (Grepa), trovafloxacin (Trova) or distilled water orally, starting at 2 h post infection, daily for 14 days. Bacterial loads in the spleens were enumerated at 1, 14 or 28 days after cessation of treatment. Each bar is representative of the log<sub>10</sub> mean bacterial counts per spleen of five mice ± standard error of the mean. Significance markers (\* *P* < 0.05; \*\* *P* < 0.01; \*\*\* *P* < 0.001) are indicative of two-way analysis of variance (ANOVA) (brackets above treatments) with a Bonferroni's post-test (markers above individual bars).

