

Animal models to test the safety and efficacy of novel antibacterials against *Acinetobacter baumannii*

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WRAIR

Walter Reed Army
Institute of Research

Soldier Health • World Health

— Bacterial Diseases Branch —
Wound Infections Department **W**  **D**
— Defeating combat wound infections —



Disclaimers

All animal research was IACUC reviewed and performed under an approved protocol and in an AAALACi accredited facility. Research was conducted in compliance with the Animal Welfare Act and other federal statutes and regulations relating to animals and experiments involving animals and adheres to principles stated in the Guide for the Care and Use of Laboratory Animals, NRC Publication, 2011 edition.

The findings and opinions expressed herein belong to the authors and do not necessarily reflect the official policy or position of the WRAIR, the Department of the U.S. Army, the Department of Defense, or the U.S. Government.

Brief Background

WOUND INFECTIONS DEPARTMENT (FOUNDED 2009) AT THE WRAIR:

- **THE MISSION** - TO DEFEAT COMBAT-RELATED WOUND INFECTION
- **THE VISION** - CONDUCT REQUIREMENTS-DRIVEN PROGRAMMATIC RESEARCH USING A MULTI-DISCIPLINARY APPROACH TO CHARACTERIZE WOUND PATHOGENESIS AND DEVELOP NOVEL ANTIMICROBIAL COUNTERMEASURES FOR WOUND INFECTIONS OF SERVICE MEMBERS.

THE BAD ACTORS – ESKAPEE

- *Enterobacter cloacae*
- *Staphylococcus aureus*
- *Klebsiella pneumoniae*
- *Acinetobacter baumannii*
- *Pseudomonas aeruginosa*
- *Enterococcus faecium*
- *Escherichia coli*



Wounded Numbers in OIF + OEF +OND +OIR +OFS (2016)

WIA	52,352
Deaths from Wounds	1289
Amputees	1645

**Sources: DCAS website
Fisher et al. 2015**

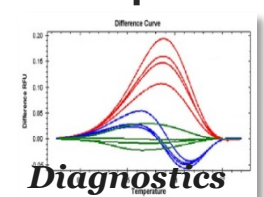
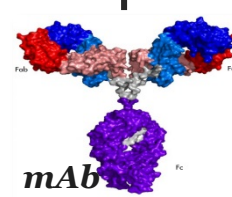
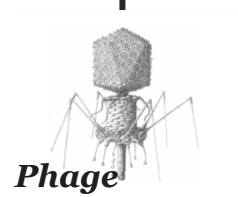
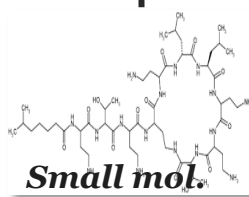
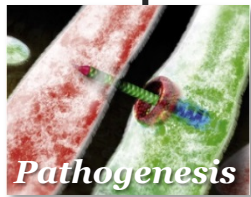
Powell, ET IV, *J Orthop Trauma* 22(10) 2008

Wound Infections Department - WRAIR



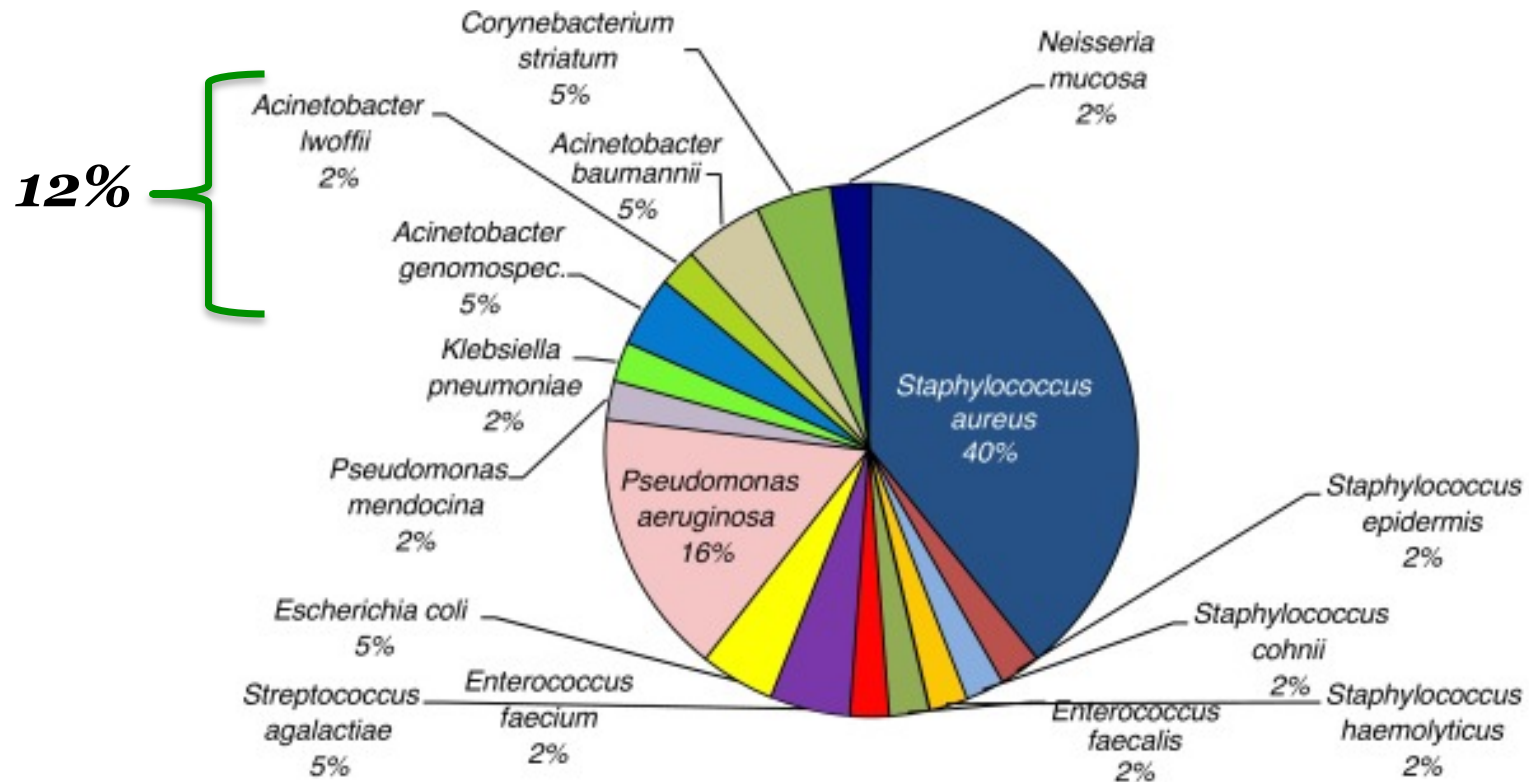
Mission

Defeat combat-related wound infections



Structured around lines of effort

Microbiome vs. Pathogenesis



Chudobova et al. 2016

Acinetobacter baumannii model development

Three Parts:

1. **Strain selection**

2. **Pulmonary Murine Model of Infection (VAP)**
 - A. Model description
 - B. Example of use

3. **Wound Models of infection (SSTI)**
 - A. Murine model
 - B. Possible optimizations to the model
 - C. Porcine model

Where to begin?

Strain selection

Strain selection – what do you use as your model strain?

- Clinically relevant – recent isolates
- MDR/XDR – to fit the current problem.
- Genetically amenable – virulence factors
- Cause similar infectious disease in animal models of infection
- More Virulent – enhance therapeutic window
- Can it predict efficacy? – positive controls (known susceptibility)
- Can it be standardized across more than one animal model?

Strain Selection – *Acinetobacter baumannii*

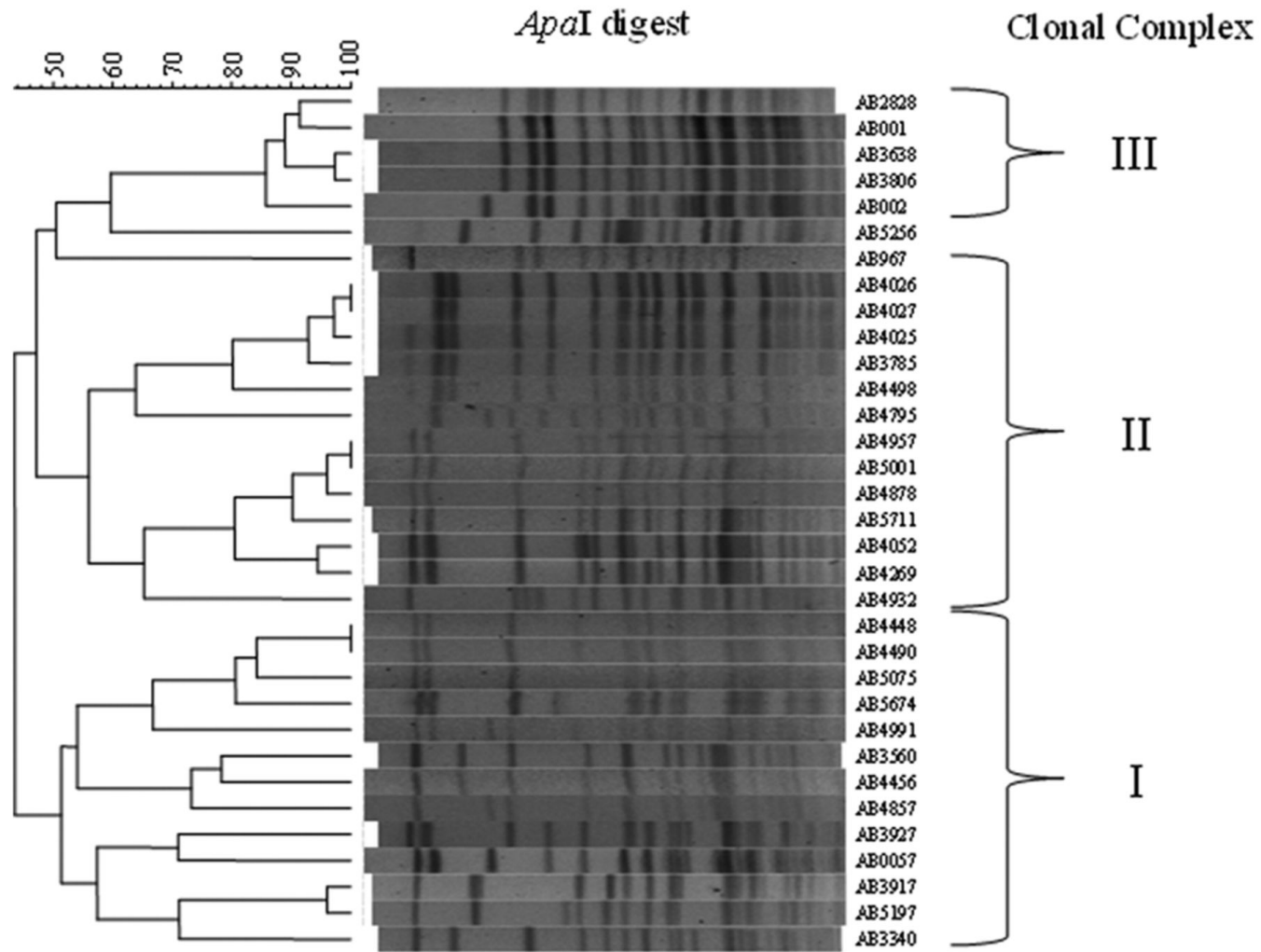
- **Early Literature** – 15-20 years ago
 - Most people use ATCC 17978 and ATCC 19606
 - These strains are 50+ years old
 - Not virulent in animal models
 - No recent evolutionary changes.
 - Not MDR/XDR
- **Recent Literature** – Last 5-10 years
 - Europeans analyzing clinical isolates for virulence (Eveilard et al. 2010).
 - Clinical isolates
 - Virulent in animal models and genetically tractable – (Russo et al. 2008)
 - Genetically tractable/naturally competent – (Ramirez et al. 2010)

Acinetobacter baumannii strains

SOURCE	FREEZER #	WRAMC PFGE DONE	WRAMC PFT
Blood	3560	Y	1
Blood	5256	Y	1
STS	4957	Y	2
Blood	5001	Y	2
Blood	5711	Y	2
Blood	3785	Y	3
Blood	4498	Y	3
Blood	2828	Y	4
STS	3638	Y	4
STS	3806	Y	4
Blood	3917	Y	4
Warwound	4269	Y	5
STS Bone	4795	Y	6
STS	5197	Y	7
Blood	3340	Y	8
Blood	5674	Y	9
Blood	967	Y	10
Warwound	4878	Y	11
STS	4857	Y	12
Warwound	4991	Y	21
Warwound	4052	Y	23
Sputum	4932	Y	25
Trachasp	4456	Y	27
Warwound	4448	Y	34
Warwound	4490	Y	34
Bone	5075	N	ND
Femur	4025	N	ND
Fibula	4026	N	ND
Femur	4027	N	ND
Tibia	3927	N	ND

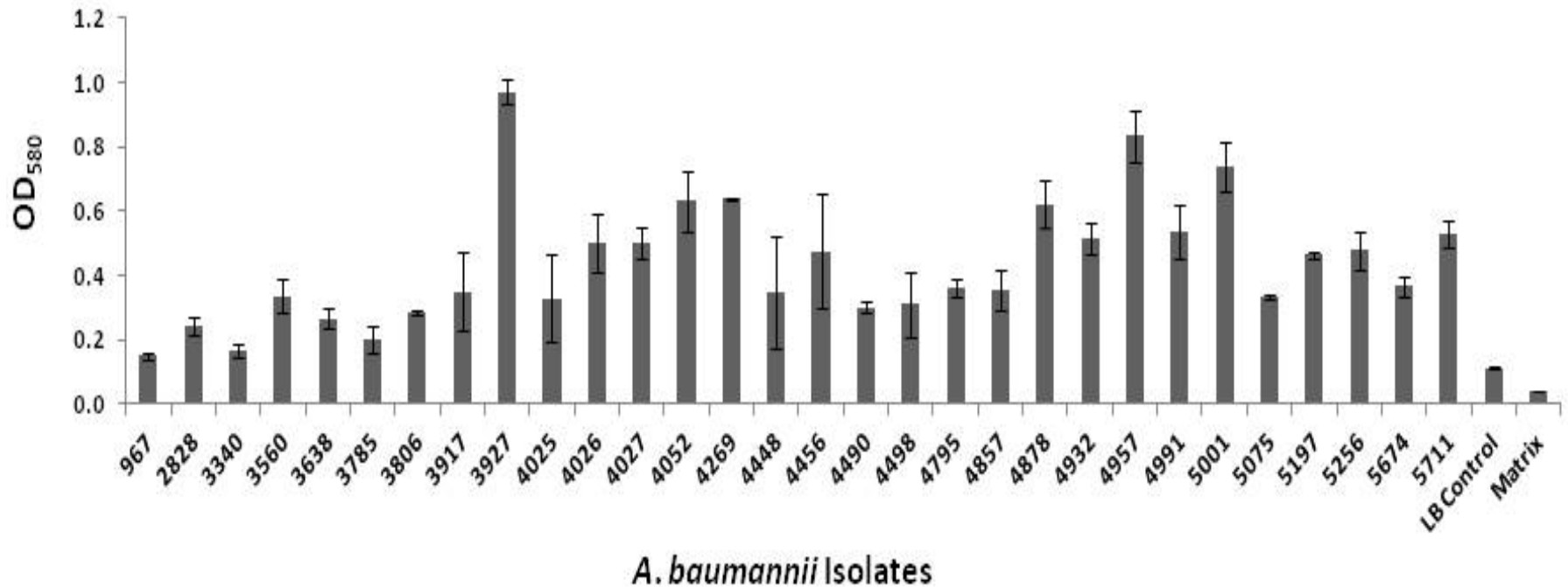
Jacobs et al., 2014, mBio

Acinetobacter baumannii strains - PFGE



Anna C. Jacobs et al. mBio 2014; doi:10.1128/mBio.01076-14

Biofilm Diversity



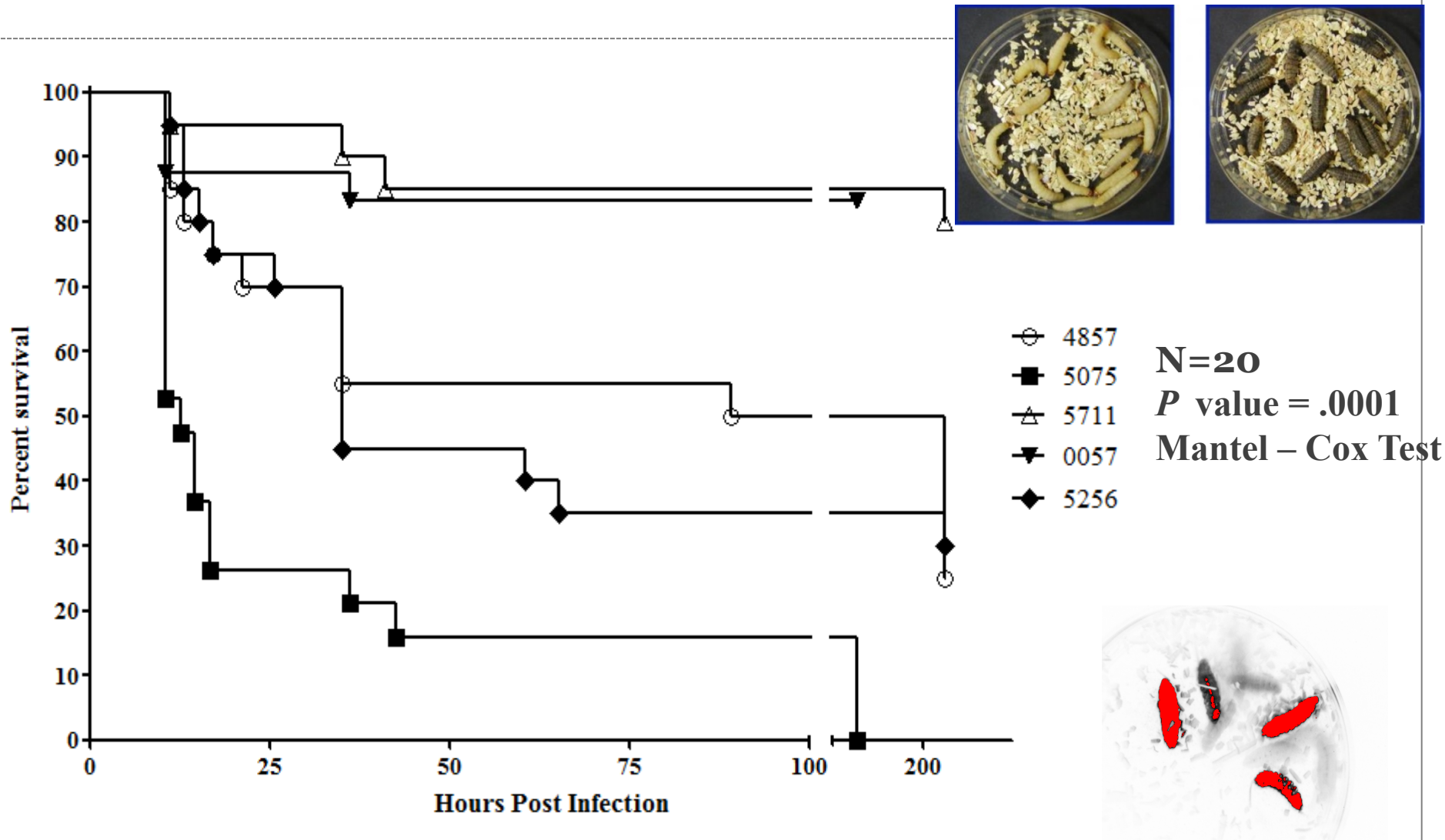
Unpublished data

Motility and Optical Mapping Diversity

McQueary et al. 2012



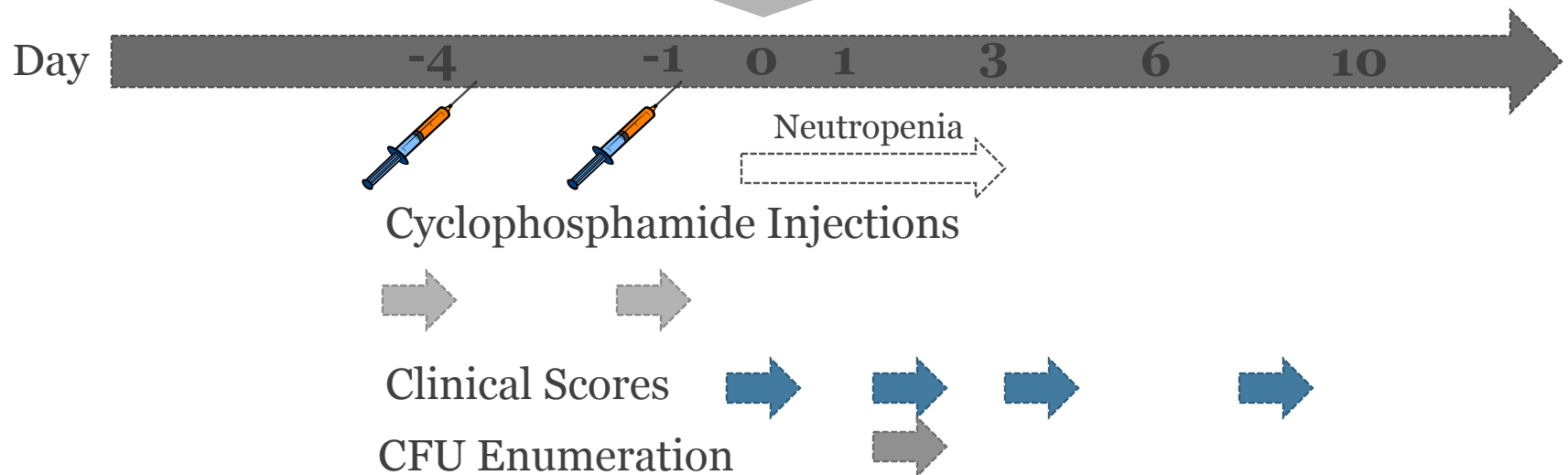
Virulence in *Galleria mellonella*



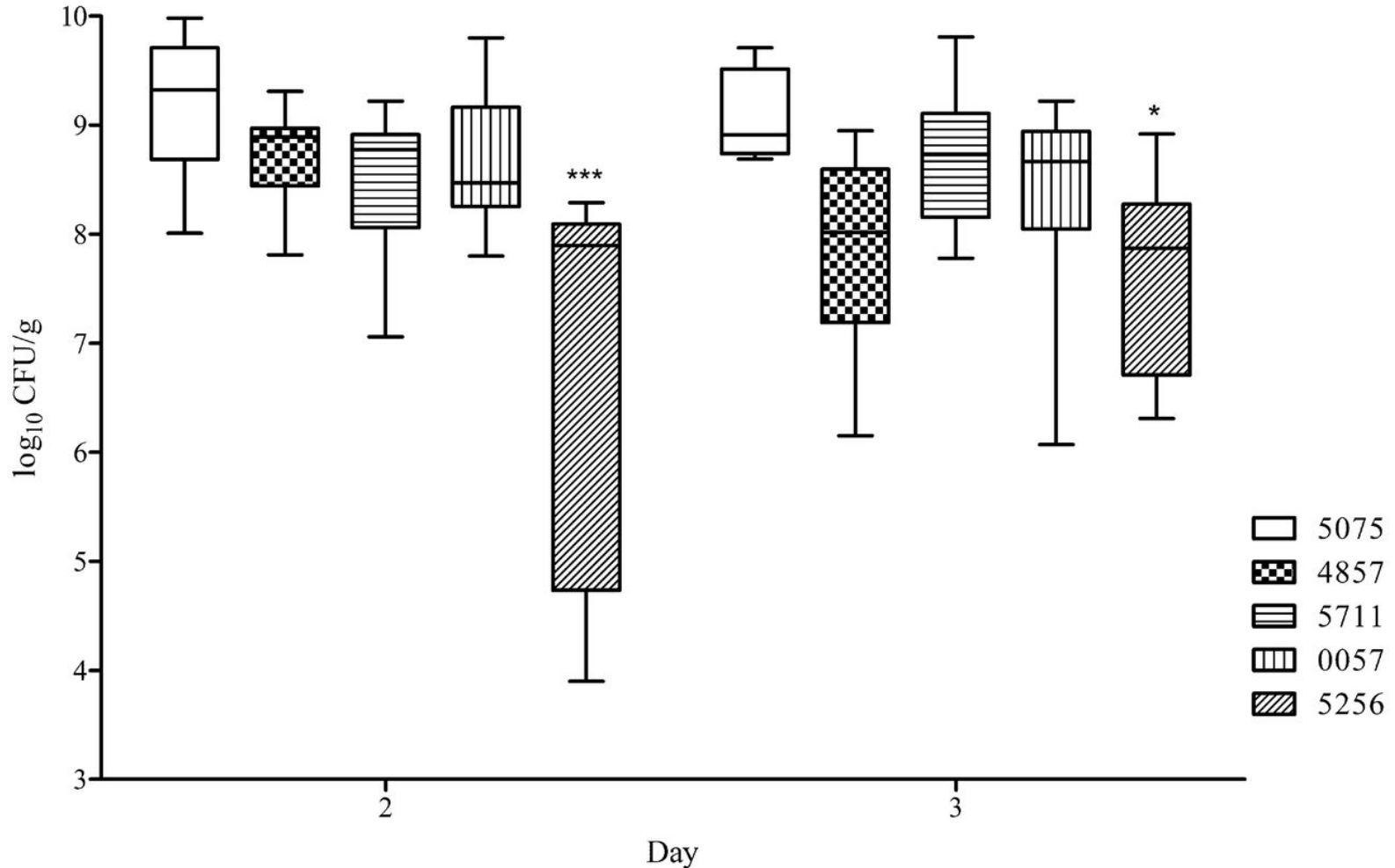
Murine Pulmonary Model



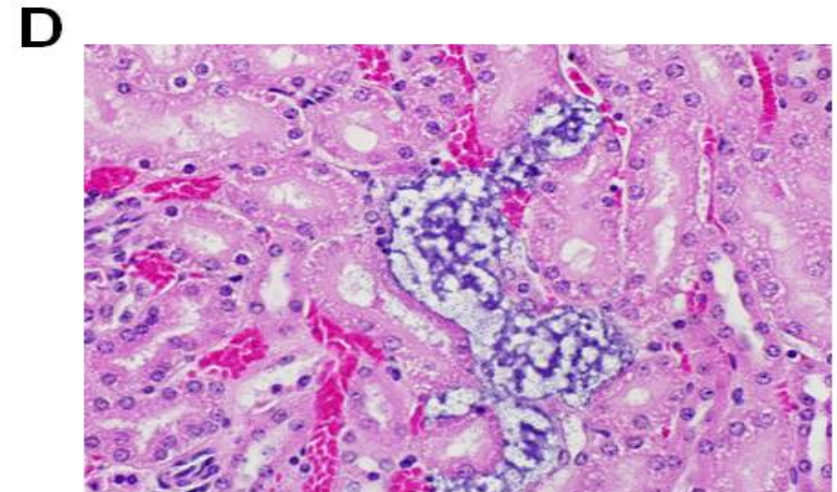
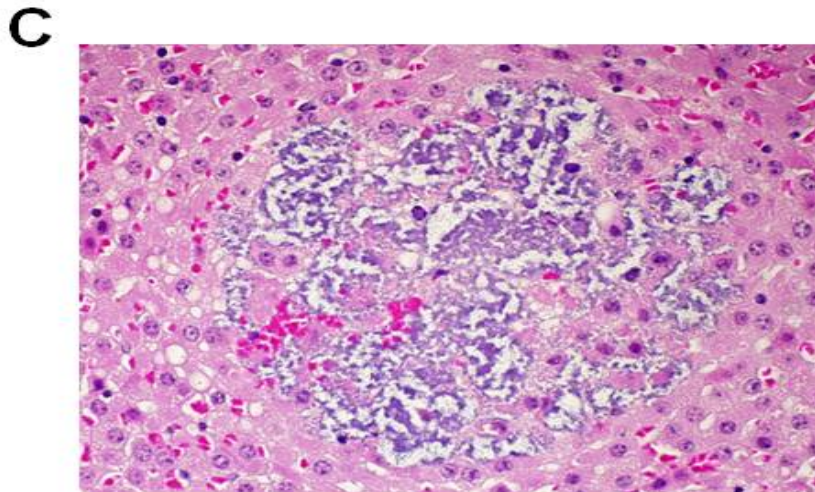
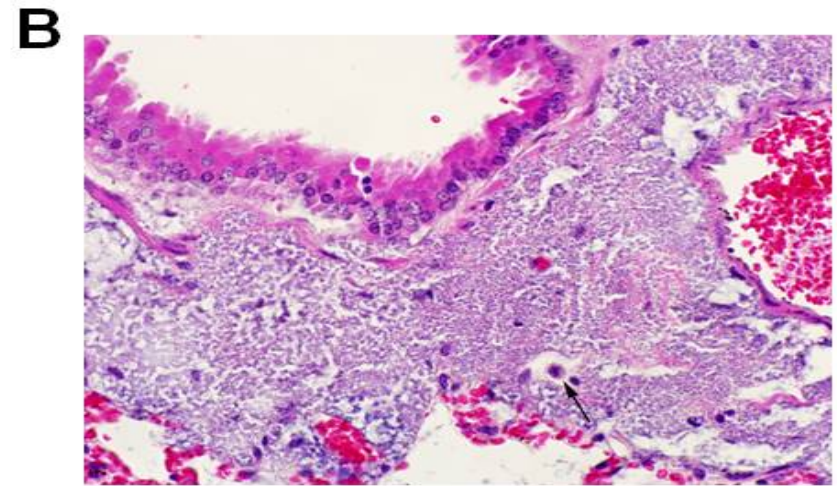
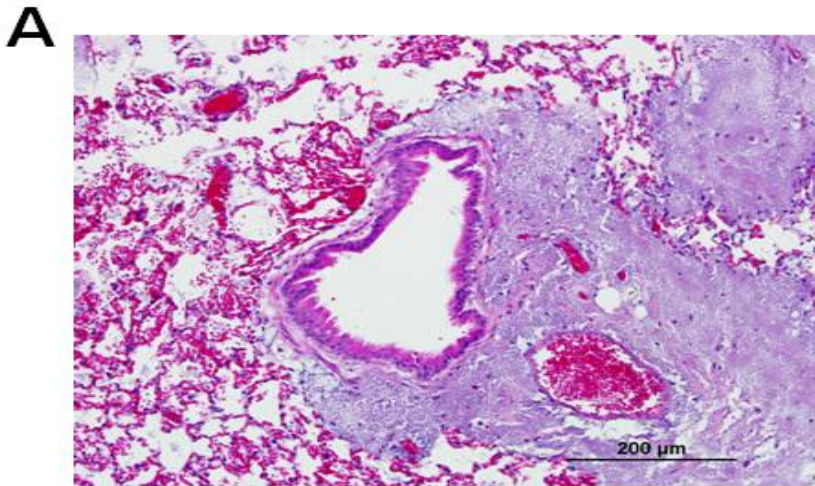
Intranasal inoculation



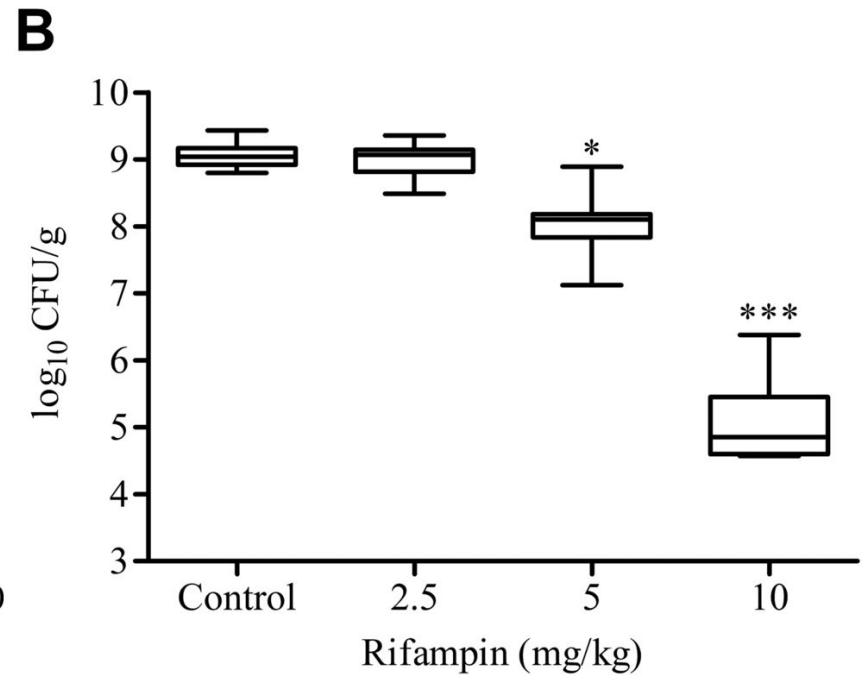
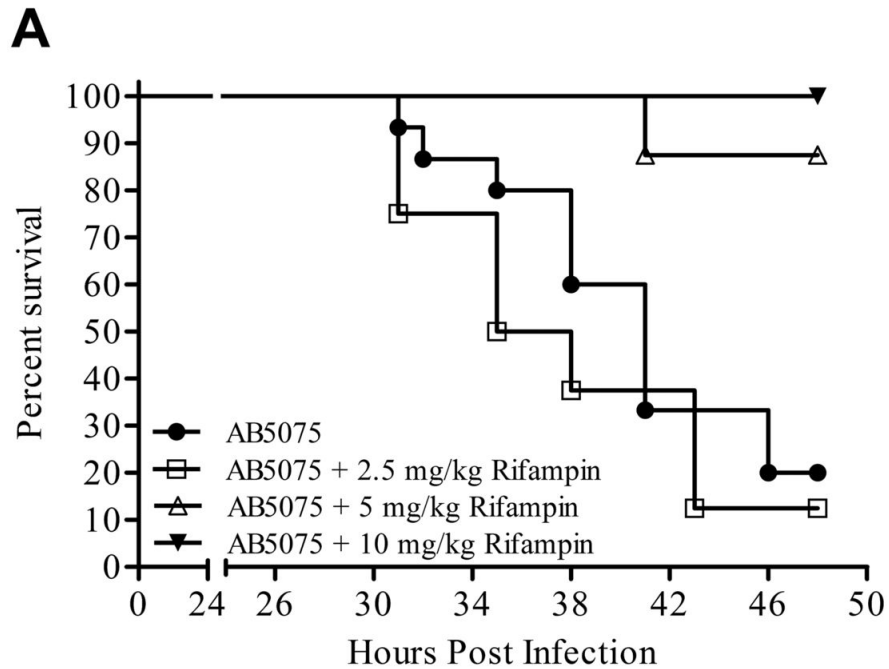
Bacterial levels in lung tissue



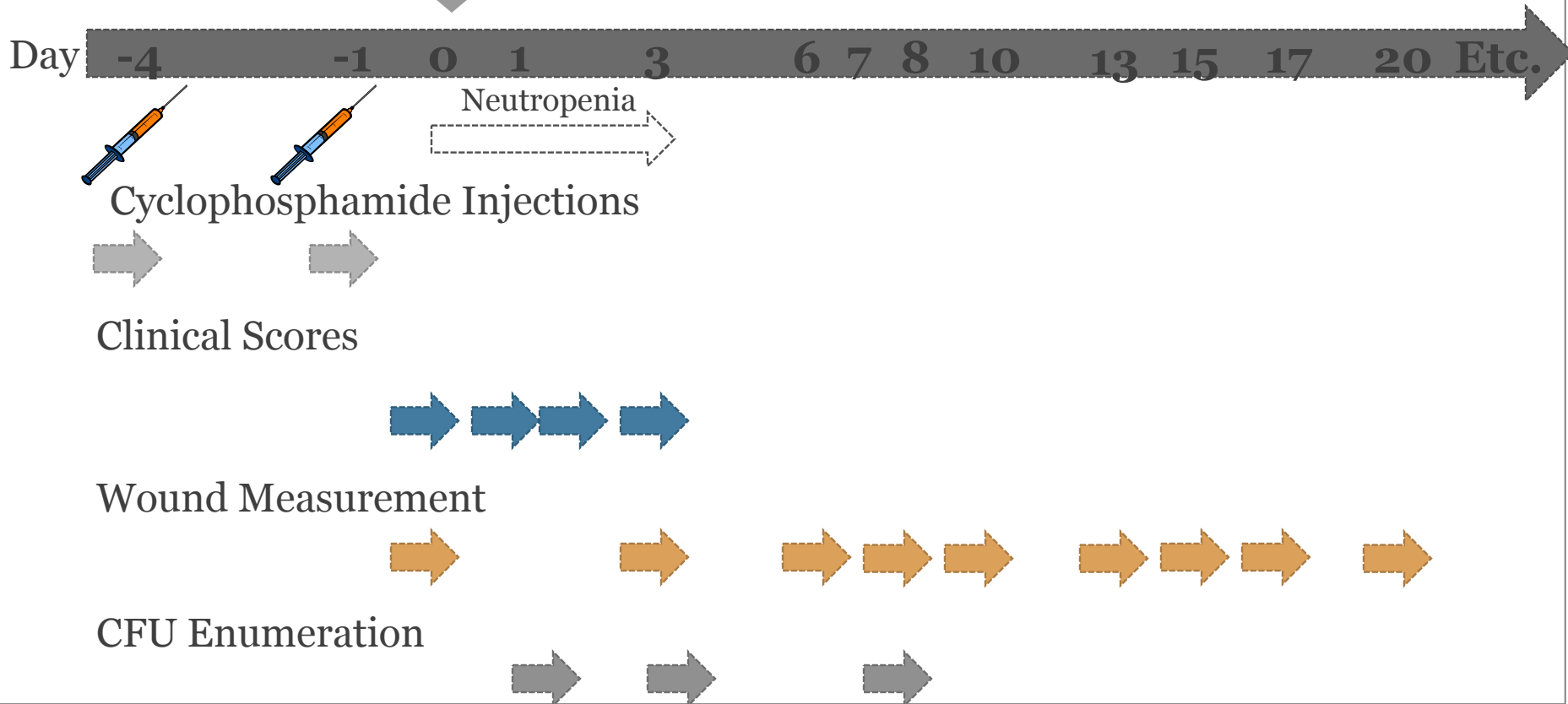
Histopathology



Rifampin as proof of concept



Mouse Wound Model



Surgical Procedure

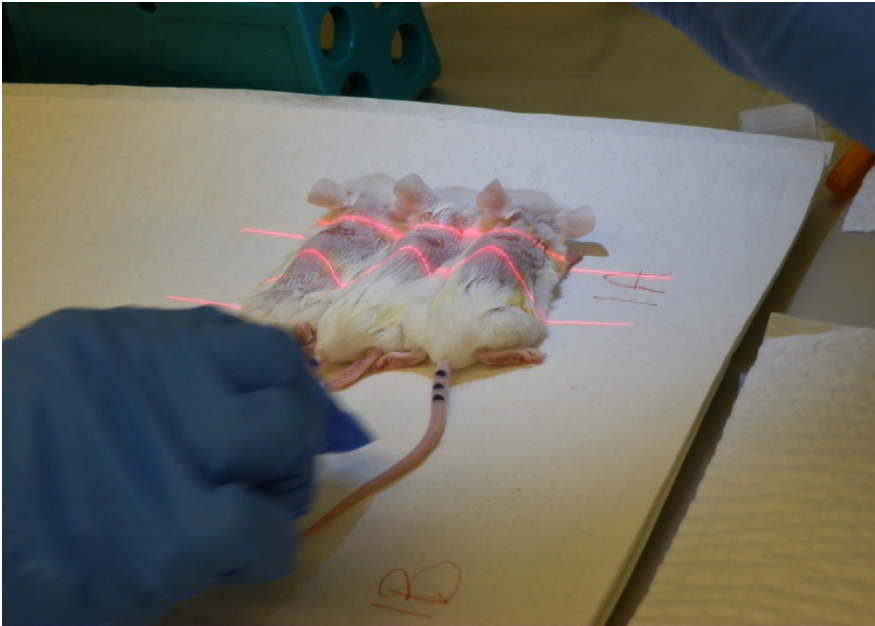


Anesthetized and Shaved



6 mm punch “biopsy” wound

Wound Measurement



Inoculation and Dressing



Bacteria inoculation – 25 μ l volume
5.0 x 10⁴ CFU

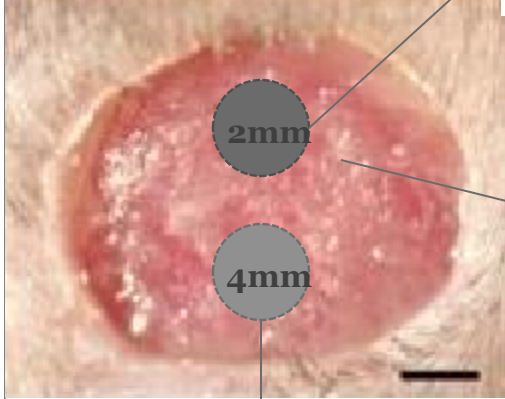
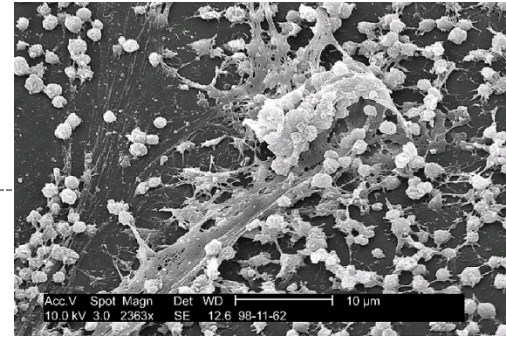


Placement of Tegaderm dressing
over wound

Removed Tegaderm

Place in 1 mL PBS

SEM/CSLM



Flash freeze in dry ice/methanol bath

Preserved for 16S FLX



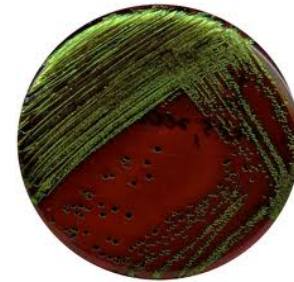
Place in 1mL RNAProtect

Place directly in 1.5mL Eppie

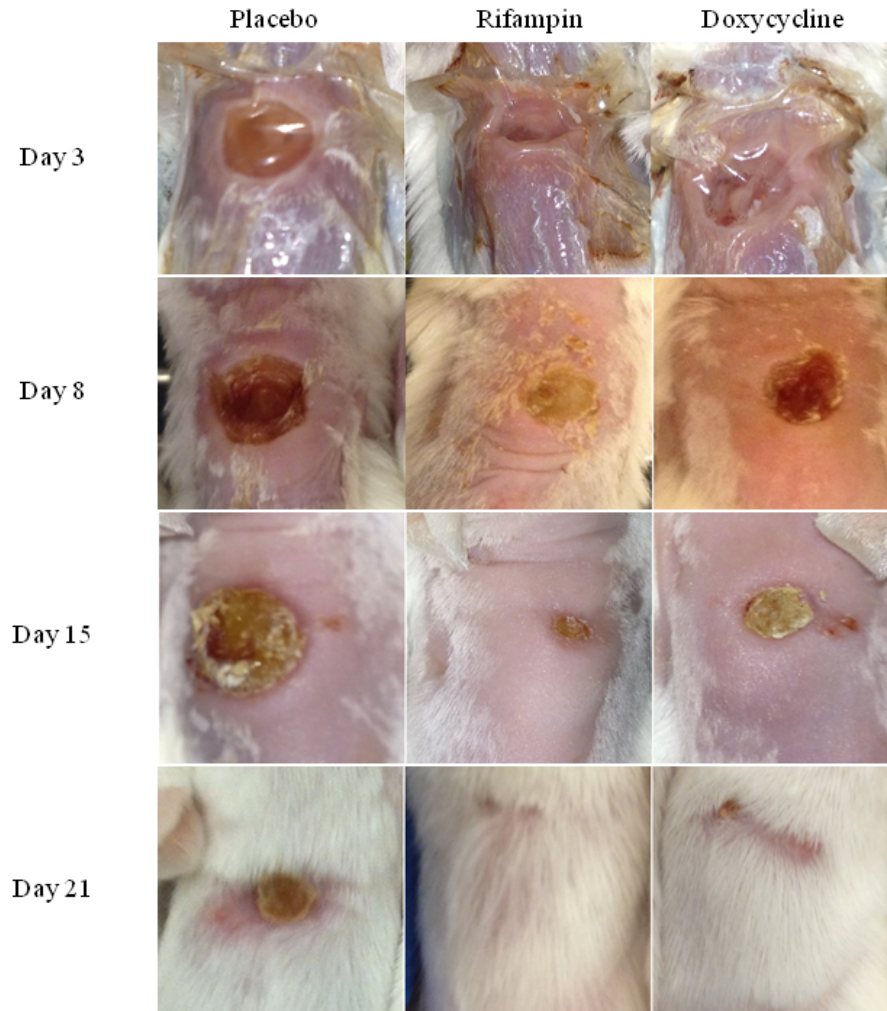
Plate EMB Agar Gram (-)

Homegenize and Dilute

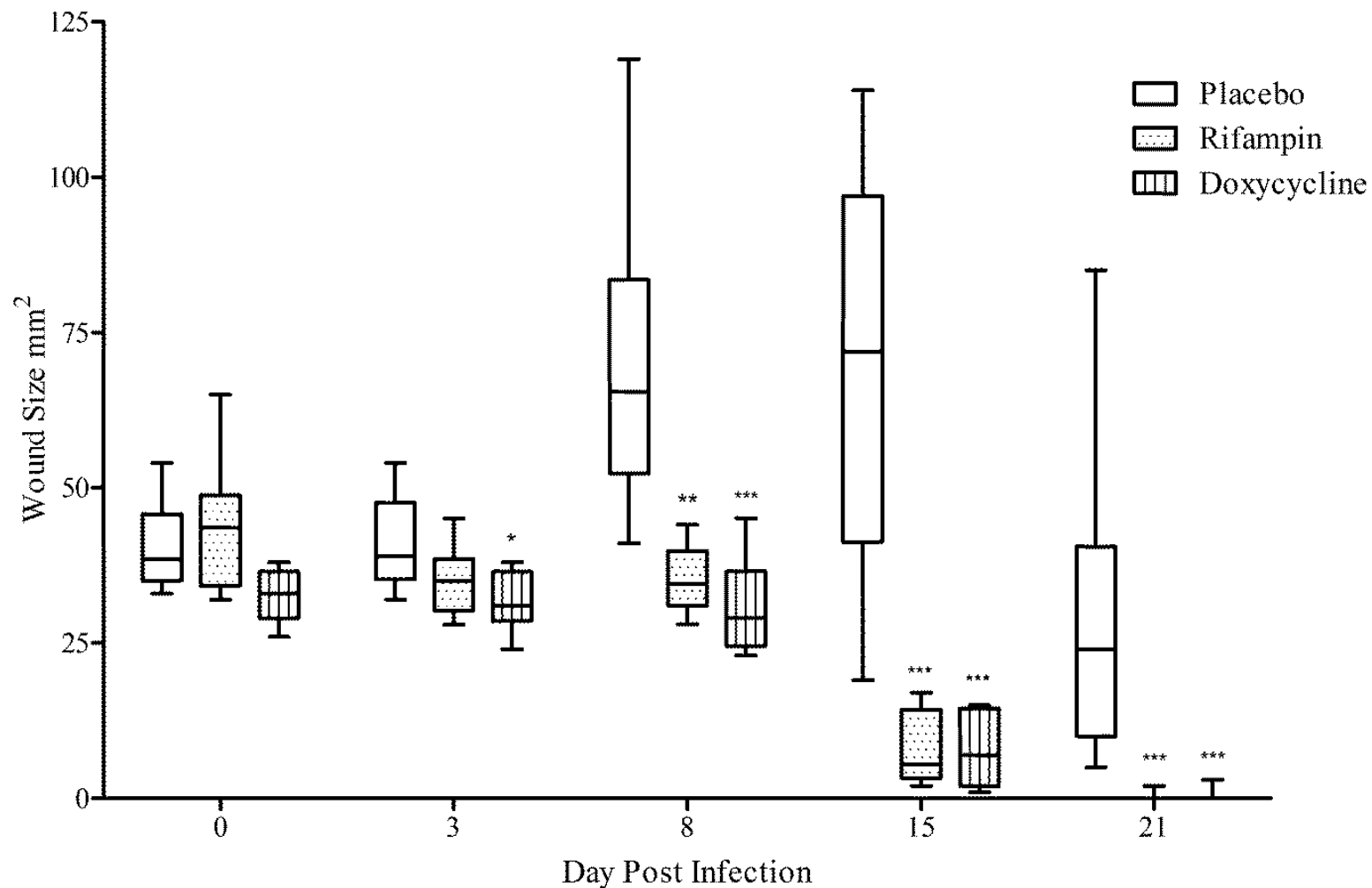
Plate Mannitol Salt Agar Gram (+)



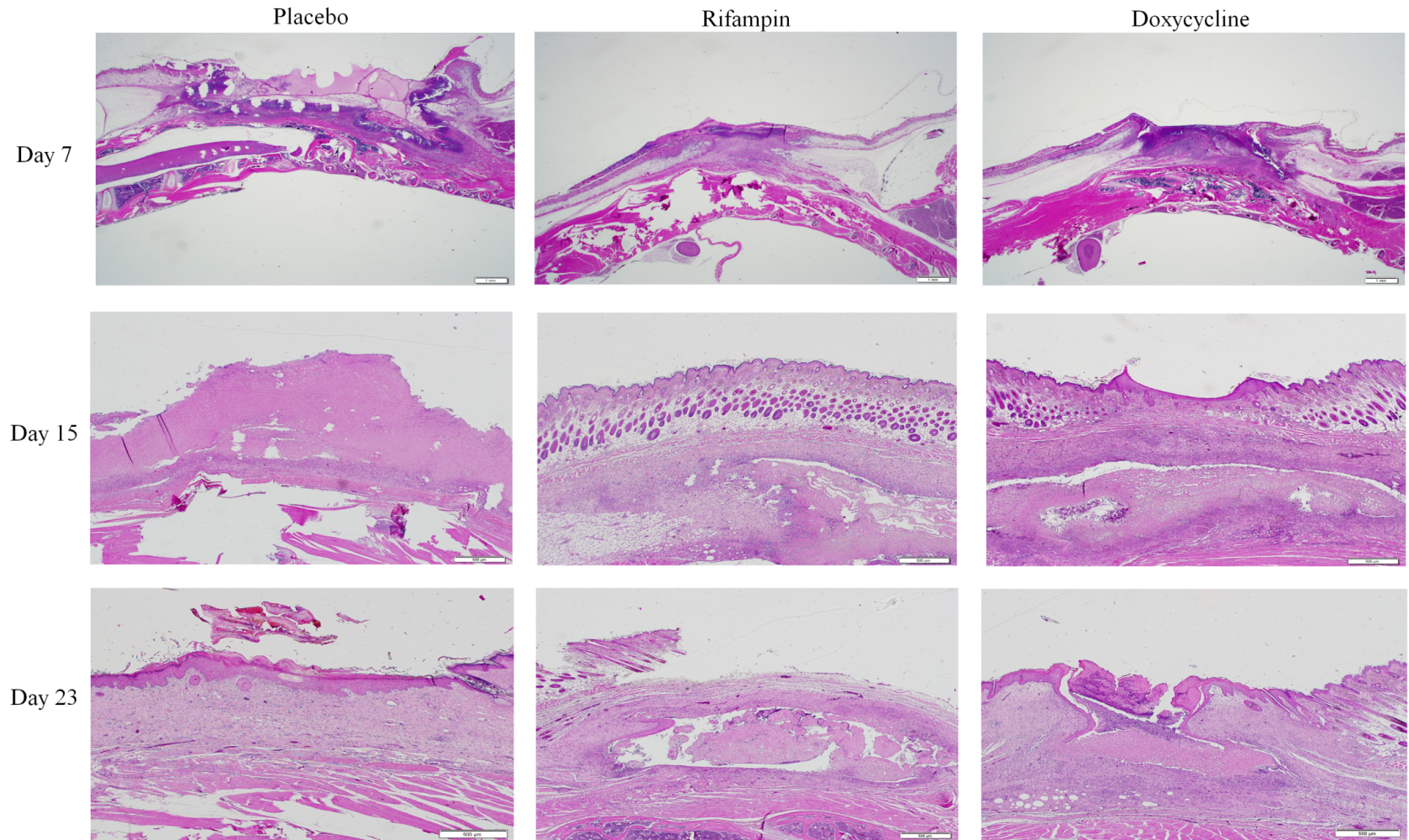
Model Validation – Gross pathology



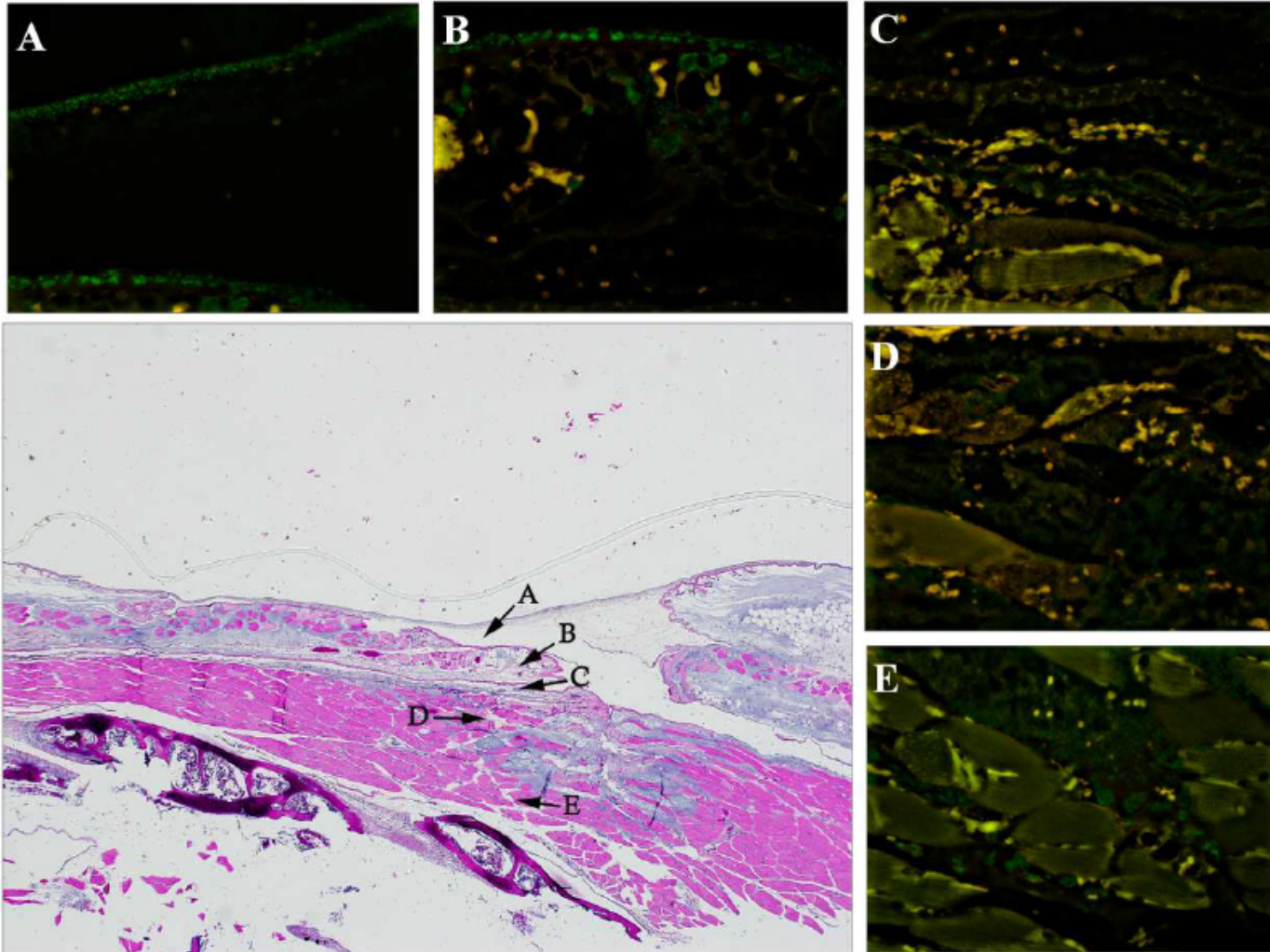
Wound area over time



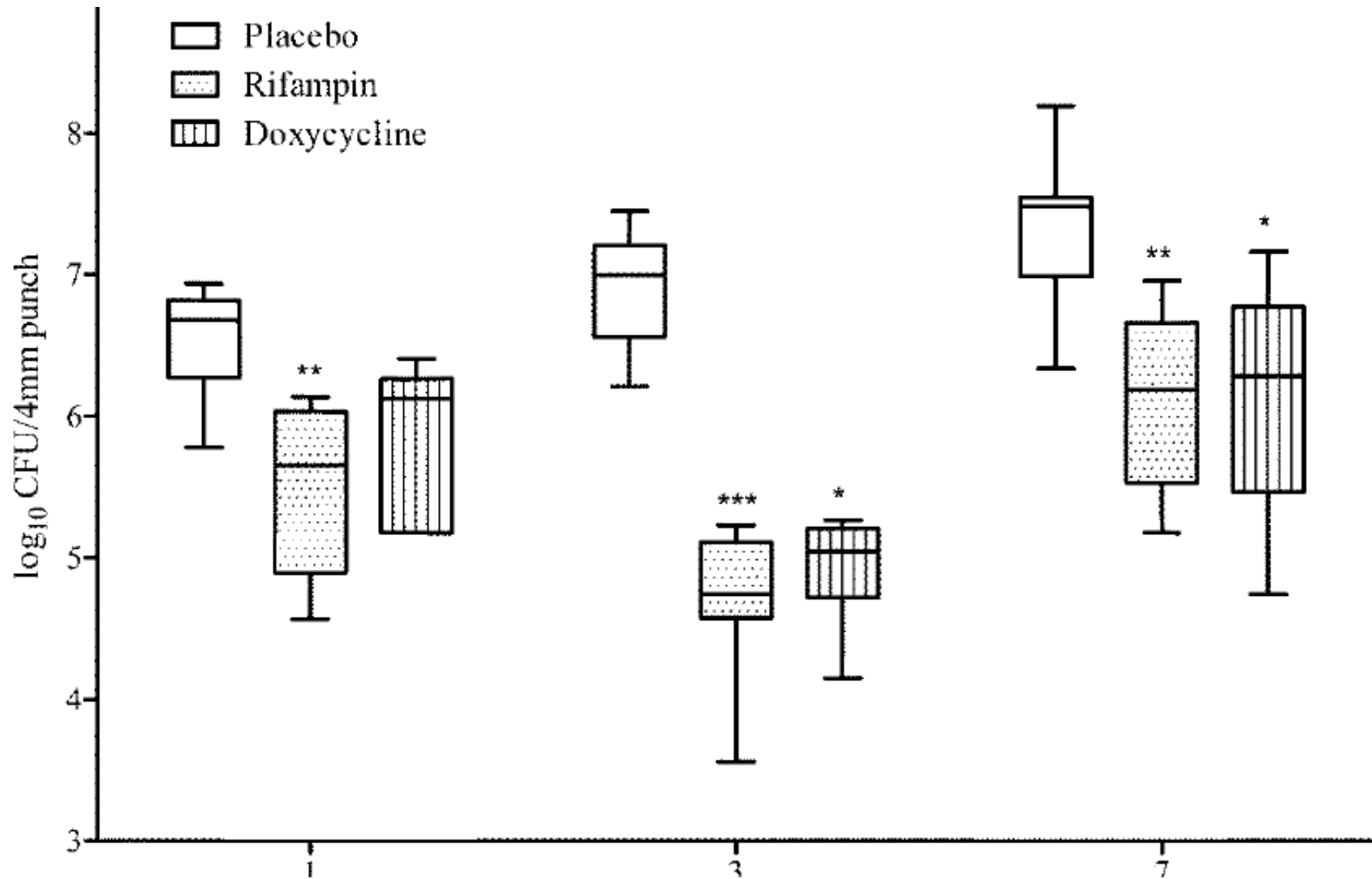
Histopathology



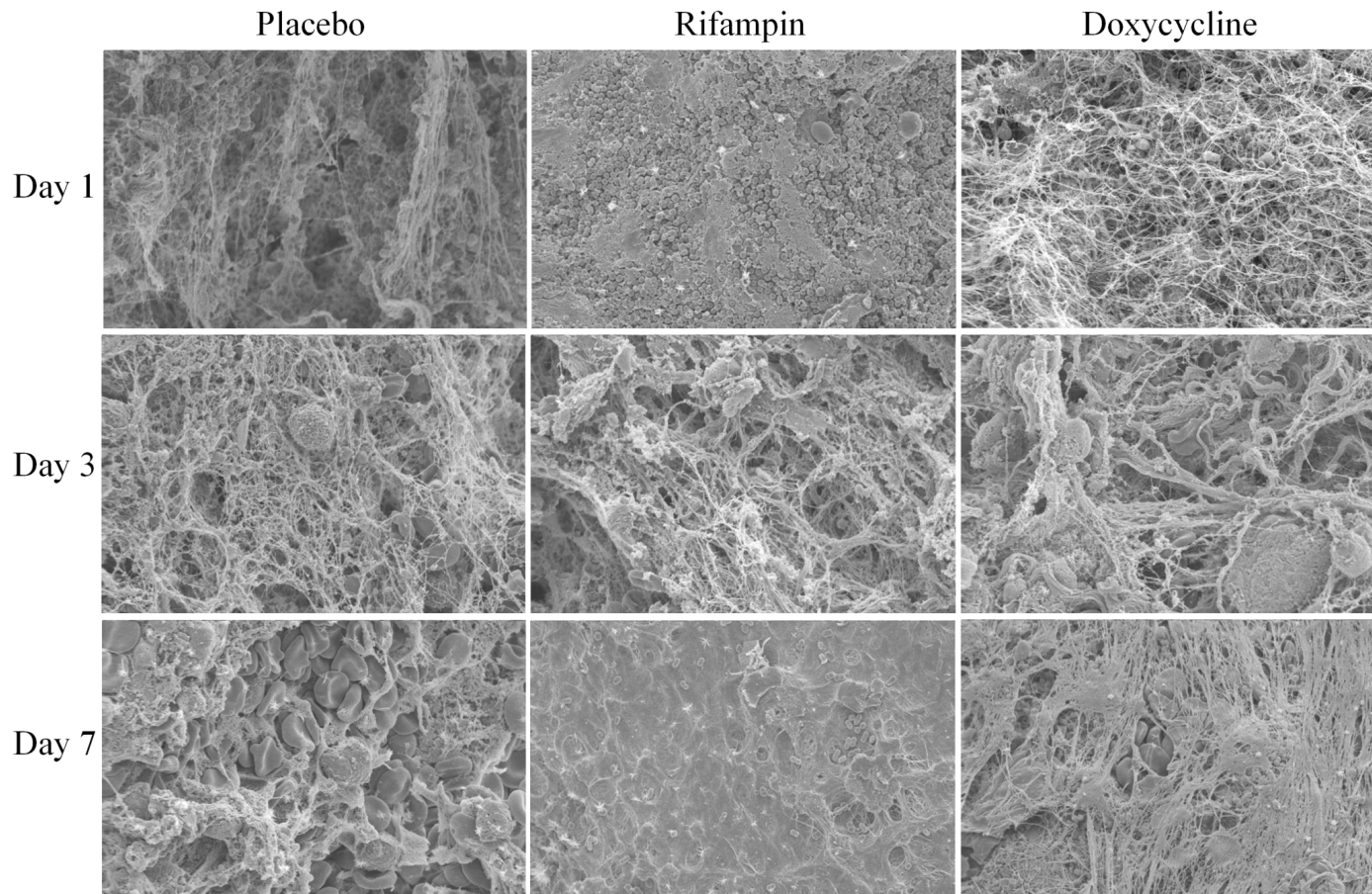
PNA FISH - 16S Probe - AdvanDx



CFU/g wound tissue



Biofilms - *in vivo*



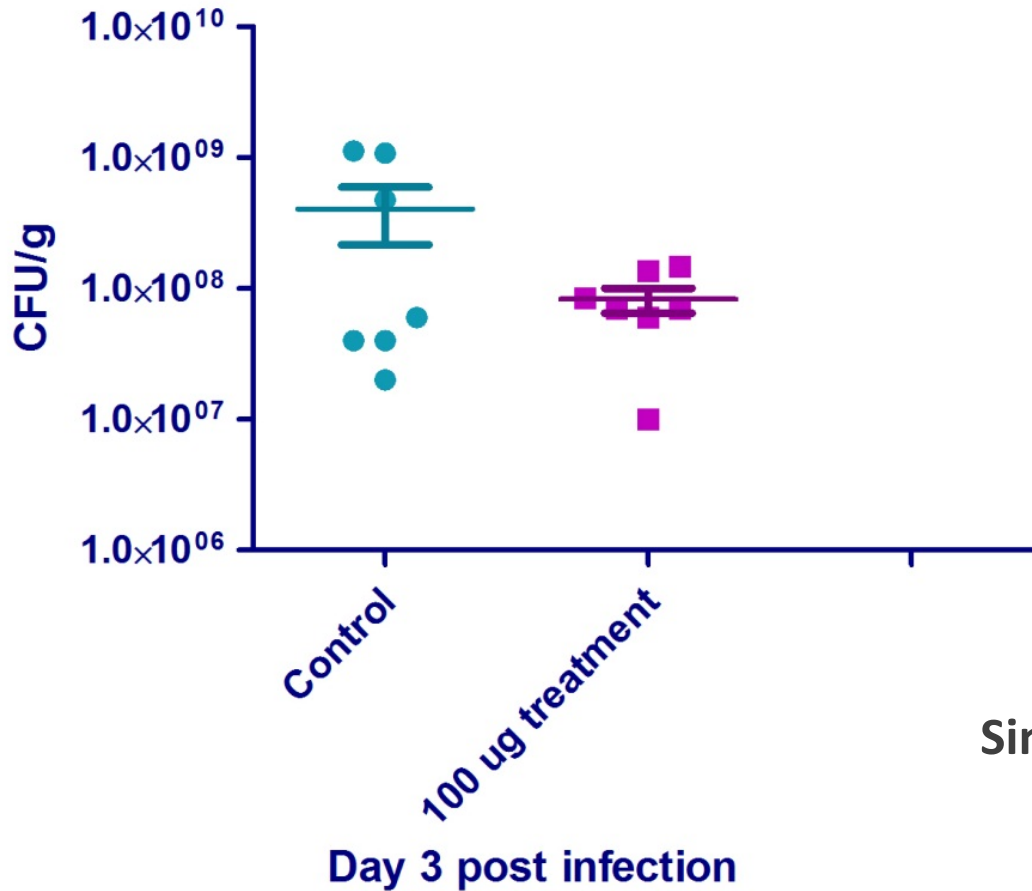
mAb Testing

α Hcp in the murine wound model of infection



mAb Testing

In vivo - CFU/g Wound Tissue



Singh *et al.* unpublished

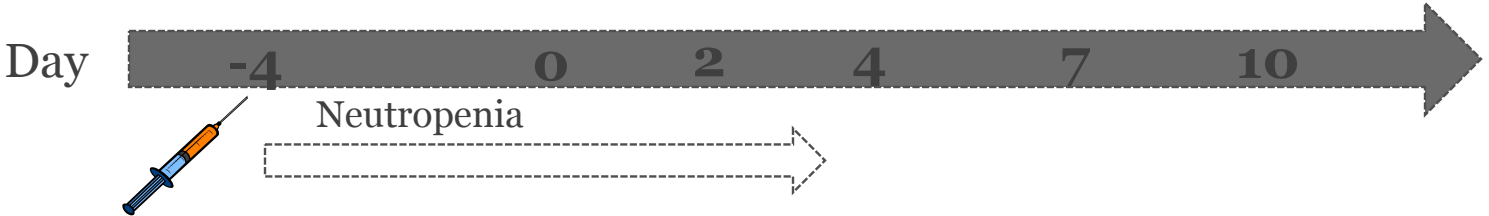
Endpoints – Mouse Wound

- Time to close – wound area over time
- CFU/g – tissue
- Biofilm evaluation – 16S probe and SEM
- Gross pathology
- Histopathology
- Cytokine/Chemokine
- Microbiome evaluation
- Animal Weight

Further optimization – Mouse Wound

- Addition of uranyl nitrate – 5 mg/kg – humanize excretion
- Other strains of *A. baumannii*
- Wound < dissemination < sepsis
- Other mouse strains
 - Diabetic mice
 - A/J mice – delayed neutrophil response
 - C3HeB/FeJ C3HeB/FeJ
 - Humanized mice (DRAG)
- Immune response

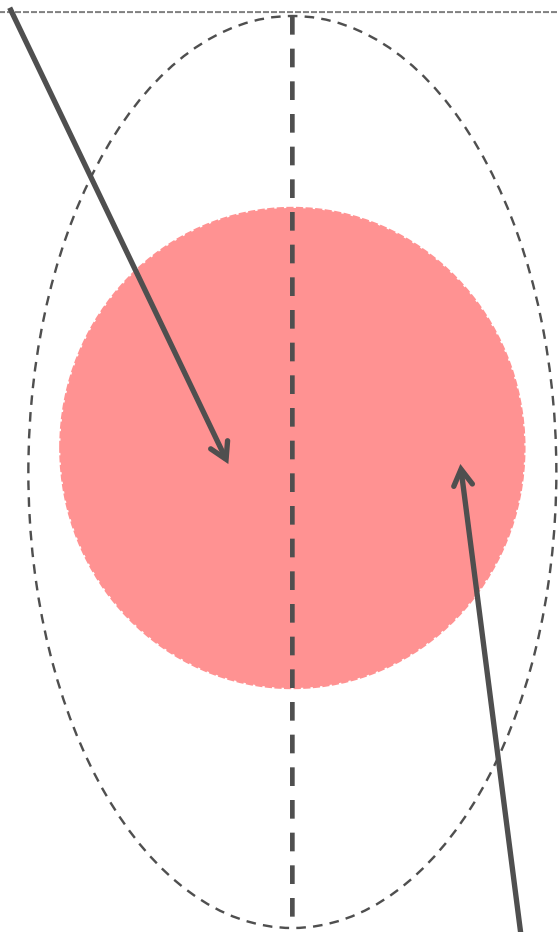
Pig Wound Model



Cyclophosphamide lowered to 25 mg/kg and given only once

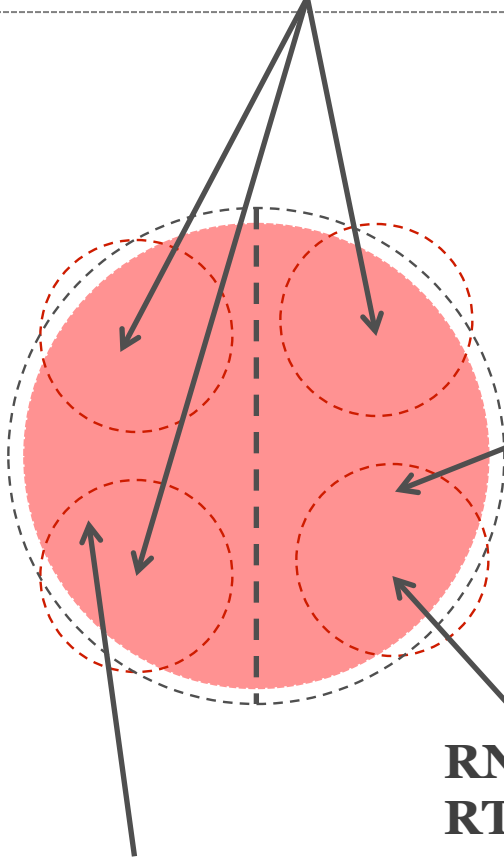
CFU Enumeration	→	→	→	→
Histopathology/Immunohistochemistry/SEM	→	→	→	→
Complete Blood Count	→	→	→	→
Weight, Clinical Signs	→	→	→	→
Host Response: ELISA and RT-PCR	→	→	→	→
Pathogen Characterization: 16S and RT-PCR	→	→	→	→

**HISTOPATHOLOGY and
IMMUNOHISTOCHEMISTRY**



SEM

CFU

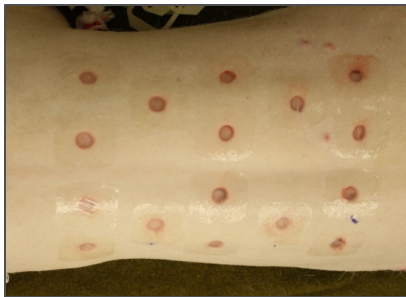
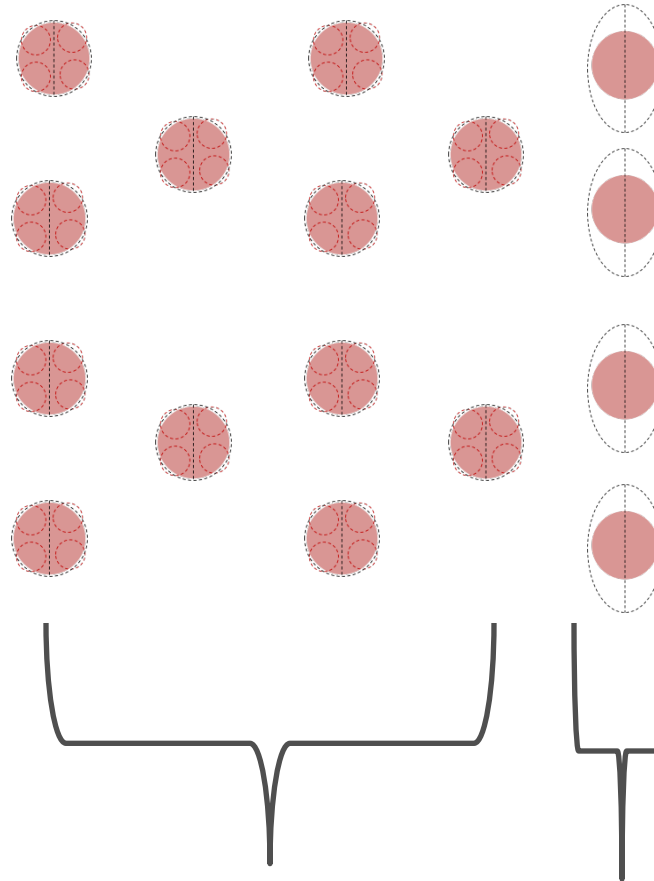


**PROTEIN for
ELISA**

**16S
PYROSEQUENCING**

**RNA for
RT-PCR**

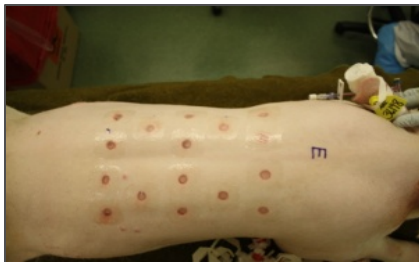
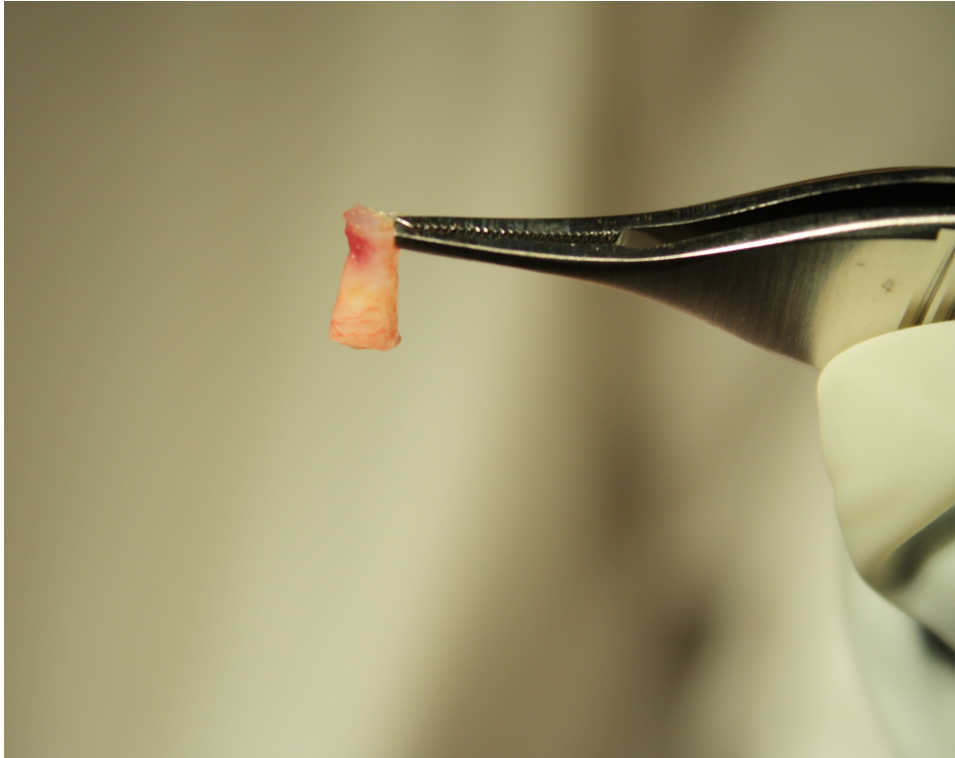
Wound Layout



RANDOMIZED

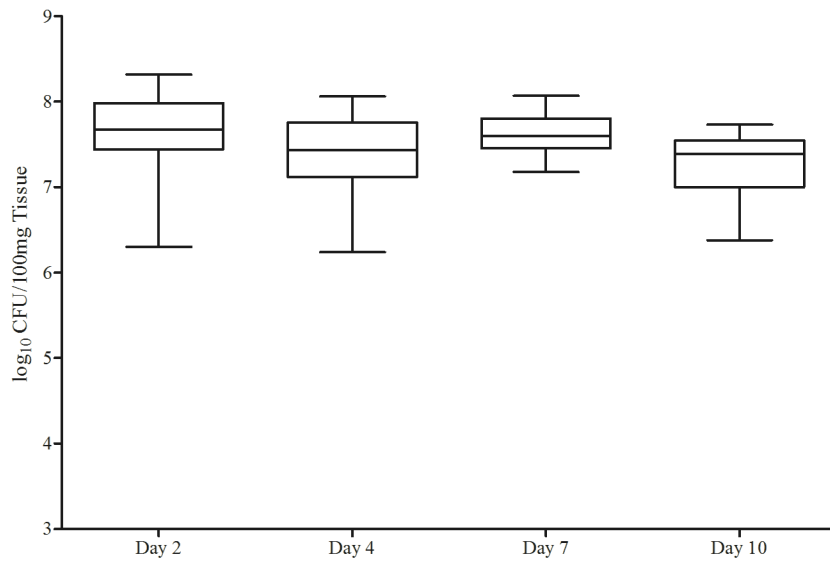
**HISTOPATHOLOGY and
IMMUNOHISTOCHEMISTRY**

Pictures of aspects of model

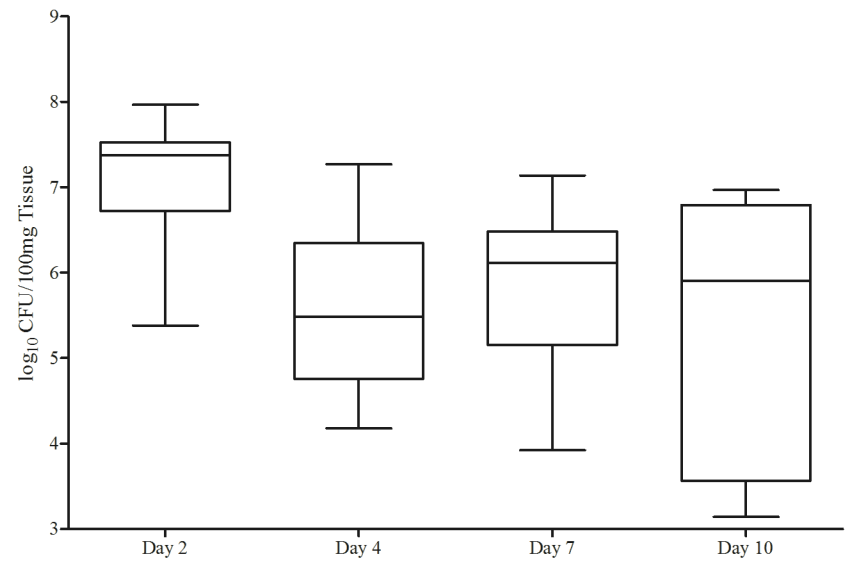


CFU reduction over time

Treated With Placebo



Treated With Polymixin B



Summary

- *Acinetobacter baumannii* can be an aggressive pathogen in some compromised hosts.
- We have developed two murine models that rely on neutropenia that we feel reflect the appropriate pathogenesis and can be used to test novel antibacterial approaches.
- We have developed a porcine model using similar techniques.
- On the whole, we have tested over 14 different antibacterials using our mouse models and compared them to standard of care.

Project	Outcome
Predatory Bacteria	Positive – minor effect – still in progress
Bacteriophage	Positive – paper published/strain-dependent
Monoclonal Antibody	Positive – 40% survival - still in progress
[REDACTED]	Negative – compounds too hydrophobic
Gallium [REDACTED]	Positive – minor effect – paper published
Gallium-[REDACTED]	Positive – still in progress
Hyperbaric Oxygen Therapy (HBOT)	Negative
CARB	In progress
[REDACTED] Peptide	Negative – not stable
Probiotic ([REDACTED])	Negative – still in progress
Iron Chelator	Negative – chelator/bacterial species dependent
Copper Resistance	Positive – paper published/follow-up in prep
[REDACTED] <i>A. baumannii</i>	Positive – paper published/follow-up in prep
Colistin Resistance	Positive – paper published
<i>A. baumannii</i> hyper-virulent	Positive – paper published
[REDACTED]	Positive – paper in prep
[REDACTED] Inhibition	Negative

Year

Wound Mod

Lung Model

Total experim

Total numbe

sent)

Acknowledgements

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LTC Stuart D. Tyner, Ph.D.

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— Defeating combat wound infections —

