Sequential changes in susceptibility to Treponema pallidum of rabbits previously infected with Treponema paraluis-cuniculi

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SUMMARY Rabbits immunised with virulent *Treponema paraluis-cuniculi* were challenged intradermally with graded doses of *Treponema pallidum* at three, five, seven, 12, and 30 months to ascertain the level of protection to *T pallidum* at various intervals after immunisation.

Rabbits challenged at three months after immunisation showed no protection against *T pallidum* and developed syphilitic lesions significantly faster than the control rabbits, which suggests that the former rabbits were immunosuppressed. Some protection was evident at five and seven months after immunisation, as fewer inoculation sites developed syphilitic lesions with challenges of 10³, 10², and 10 *T pallidum* and lesions developed significantly slower with 10⁶ challenge. Two rabbits showed significant protection at 12 months after immunisation but a third, presumably still immunosuppressed, developed lesions significantly faster than the control rabbits after challenge. At 30 months after immunisation one rabbit was completely protected and developed no lesions after challenge; the other rabbit showed only partial protection against challenge with 10⁴, 10³, and 10² but complete protection against challenge with 10 *T pallidum*.

T paraluis-cuniculi appeared to induce a state of immunosuppression by three months after infection; in one rabbit this may have been 12 months. In most immunised rabbits, however, limited cross-protection to low challenge doses of T pallidum developed by five months and was also detectable at seven and 12 months. Only one rabbit was completely resistant to challenge with 10⁴ T pallidum after 30 months and another was only partly immune. Thus, T paraluis-cuniculi infection does not produce a rapid pronounced cross-immunity to T pallidum in rabbits, which may thus limit its usefulness as a vaccine against syphilis.

Introduction

Treponema paraluis-cuniculi, the causative agent of rabbit venereal spirochaetosis, is closely related to the bacterium that causes human syphilis, Treponema pallidum.¹ It was first suggested as a potential vaccine against syphilis in 1921² and subsequent studies have shown that rabbits immunised or venereally infected with T paraluis-cuniculi show some protection against challenge with T pallidum.¹³⁴ However, the rate neither of development of immunity to T paraluis-cuniculi itself

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Accepted for publication 26 March 1980

nor of cross-immunity to *T pallidum* has been studied in rabbits infected with *T paraluis-cuniculi*. The rapid development of immunity to *T pallidum* is obviously important if *T paraluis-cuniculi* is to be seriously considered as a vaccine against human syphilis. It is known that immunity to *T pallidum* in human and experimental rabbit syphilis is very slow to develop.¹⁵ Does a similar delay occur in rabbits infected with *T paraluis-cuniculi* and challenged with *T pallidum*?

Materials and methods

T paraluis-cuniculi (strain 8816) was obtained from the Center for Disease Control, Atlanta, Georgia, USA (by courtesy of Dr A Balows). It was routinely

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grown in rabbits by intratesticular inoculation and the infection allowed to develop for about one month, by which time a mild orchitis had usually developed. The treponemes were harvested using a technique and anaerobic medium previously described.6

INFECTION WITH T PARALUIS-CUNICULI

All test rabbits to be challenged with T pallidum at three, seven, and 12 months were infected intradermally with 2×10^7 T paraluis-cuniculi at one site on the shaved back. The inoculation site was kept shaved for the duration of the experiment or until the lesion had spontaneously healed.

Two test rabbits to be challenged at five months were inoculated intradermally with 10⁵ T paraluiscuniculi (as above) and one rabbit intratesticularly with the same inoculation.

One test rabbit (E) to be challenged at 30 months was inoculated intratesticularly with 106 T paraluiscuniculi and the other rabbit (D) had the inoculum placed on his genital mucosa (that is, under the prepuce, intraurethrally, and on the glans penis) without breaking the surface of the skin, so as to simulate a venereal mode of infection.

CHALLENGE WITH T PALLIDUM

T pallidum was grown in male rabbits by inoculating 5×10^7 treponemes into each testis and harvesting them 10 to 14 days later, by which time marked orchitis had developed. The treponemes, harvested in an anaerobic maintenance medium,6 were diluted to a series of concentrations such that the required inoculum could be given in 0.1 ml.

Each rabbit had its back shaved and marked into a grid of 15-mm squares (usually 3×4), and triplicate doses (0·1 ml) of each of 10^4 , 10^3 , 10^2 , and 10^7 pallidum were inoculated intradermally.

The rabbits' backs were kept shaved and the rabbits fed antibiotic-free food and water and housed at 16-19°C. After challenge inoculation they were examined daily for the development of syphilitic lesions until day 30 and twice weekly thereafter until the end of the observation period.

Rabbits challenged at five months were inoculated with 10⁶, 10⁵, 10⁴, and 10³ T pallidum. This experiment was the first one performed in the series before it was decided to test protection with lower challenge doses (10⁴, 10³, 10², 10).

MONITORING OF LESIONS

The development of a syphilitic lesion on challenge with T pallidum was detected as induration in the skin at the inoculation site. In some cases these lesions were scraped and shown by darkfield microscopy to contain treponemes. The latent period of infection was taken as the time, in days, between inoculation and the first appearance of the indurated lesion. The rate of growth of T pallidum (and the subsequent infiltration of host mononuclear cells into the site) is a measure of the level of pre-existing immunity in the host to the bacterium. In the host the absence of a lesion represents substantial immunity to that particular challenge dose, while the slower development of a lesion (which is usually also smaller in size) represents partial immunity to T pallidum.

Results were recorded as the proportion of T pallidum inoculation sites that developed into syphilitic lesions, together with the latent period of the challenge infection, in the test rabbits compared with the control rabbits. Each test and control group contained three rabbits, except the group challenged at 30 months, which comprised two rabbits.

SEROLOGICAL MONITORING

The rapid plasma reagin (RPR) test was used and carried out according to the manufacturer's instructions (Commonwealth Serum Laboratories, Melbourne, Australia). The T pallidum haemagglutination assay (TPHA) was performed using the kit produced by the Fujizoki Pharmaceutica Company Ltd according to the manufacturer's instructions. Only titres greater than 1/80 were considered positive. Known positive and negative control sera were included in each test series.

STATISTICAL METHOD
Student's t test was used.

Results

CHALLENGE AT THREE MONTHS

No protection at all was detected. Even with a very low challenge of 10 T pallidum, all inoculation sites developed lesions (table). The latent periods of the challenge infections in the test rabbits were significantly shorter than in the control rabbits (table) suggesting faster growth of T pallidum in the immunised rabbits rather than any protection.

CHALLENGE AT FIVE MONTHS

No protection was evident with 10⁵ or 10⁴ challenges of T pallidum. Some protection was detected with 10⁶ challenge as shown by a significantly longer latent period. However, only with 10³ challenge was good protection evident by the absence of lesions in the immunised rabbits during the observation period of 219 days (table).

CHALLENGE AT SEVEN MONTHS

No protection was detected with 104 T pallidum challenge and the latent period of infection was

Interval since T paraluis- cuniculi infection (months)	Challenge dose (id) of T pallidum	No of inoculation sites developing syphilitic lesions		Latent period (days) between inoculation and lesion (mean±SD)		
		Control rabbits	Test rabbits*	Control rabbits	Test rabbits*	Comments (test rabbits)
3	10 ⁴ 10 ³ 10 ² 10	9/9 9/9 9/9 9/9	9/9 9/9 9/9 9/9	12·1±1·1 14·4±0·9 17·4±1·2 21·1±1·5	3·9±1·4† 5·2±1·3† 8·7±2·0† 12·7±1·6†	No protection: possible immuno- suppression
5	10 ⁶ 10 ⁵ 10 ⁴ 10 ³	6/6 6/6 6/6 5/6	6/6 5/6 5/6 0/6	5·3±0·8 7·8±0·8 15·0±1·3 21·4±3·0	8·7±0·8‡ 13·0±13·0 13·2±3·9	Some protection No protection Protection
7	10 ⁴ 10 ³ 10 ² 10	9/9 9/9 9/9 8/9	9/9 5/9 5/9 2/9	9.6±1.5 11.1±1.5 12.8±2.0 18.5±5.2	5.6±0.5† 9.4±1.7 11.0±0.7 15.5±2.1	No protection Some protection
12	10 ⁴ 10 ³	9/9 9/9	6/6(A&B) 3/3(C) 6/6(A&B) 3/3(C)	13·2±1·3 14·8±1·3	22·0±1·7(A&B)‡. 5·0±0(C)† 22·5±3·1(A&B)‡ 6·0±1·0(C)†	in 2/3 rabbits (A&B): no
	10 ² 10	9/9 6/9	5/6(A&B) 3/3(C) 1/6(A&B) 1/3(C)	18·1±4·0 25·3±7·3	24·8±2·6(A&B)‡ 11·0±4·6(C)† 22(A&B) 17(C)	
30	10 ⁴ 10 ³ 10 ²	8/8 8/8 8/8 6/8	2/4(D) 0/4(E) 4/4(D) 0/4(E) 4/4(D) 0/4(E) 0/4(D) 0/4(E)	11·4±0·5 12·4±0·5 14·7±2·0 20·7±1·0	85±32(D)‡ 85±35(D)‡ 93±22(D)‡	Protection in rabbit (E): limited protection in rabbit (D) Protection

^{*}Immunised rabbits challenged at 12 and 30 months responded quite differently and consequently results could not be averaged validly.

shorter than in the control rabbits (table). This was a similar result to that with challenge at three months. However, the lesions were much more transient in the immunised rabbits compared with in the controls; they disappeared on average only 9·3 days after their first appearance. Lesions in the control rabbits, however, persisted for many weeks and were still large at the end of the observation period (day 34). This implied that some level of immunity was present in the immunised rabbits and that the faster appearance of lesions after challenge with *T pallidum* may have been related to the possible presence of hypersensitivity in the immunised rabbits.

With challenges of 10³, 10², and 10 *T pallidum* some protection was evident, as fewer inoculation sites developed into syphilitic lesions, which themselves were transient in the immunised rabbits (table). With a 10³ challenge lesions persisted for 7·4 days (mean), with a 10² challenge for only 1·6 days (mean), and with a 10 challenge for 8·5 days (mean). Furthermore, in all cases the lesions in the immunised rabbits were considerably smaller than those in the control rabbits.

CHALLENGE AT 12 MONTHS

Of the three test rabbits in this group, two of them (A and B) showed lesions with significantly longer latent

periods (table), implying some level of immunity to T pallidum challenges of 10^4 , 10^3 and 10^2 , while one rabbit (C) showed lesions with significantly shorter latent periods somewhat similar to the observations in the group challenged at three months.

Partial protection against *T pallidum* was evident in all three rabbits with a 10 challenge, as fewer inoculation sites developed syphilitic lesions compared with the control rabbits.

CHALLENGE AT 30 MONTHS

One rabbit (E) was apparently completely protected as no lesions developed with any *T pallidum* challenge dose (table). However, the regional lymph nodes were not examined, and the rabbit may have had an asymptomatic infection. The other rabbit (D) showed some protection with challenges of 10⁴, 10³, and 10² *T pallidum*, as manifested by greatly extended latent periods of infection. With a 10 challenge no lesions appeared by day 163, the end of the observation period.

ANTIBODY TITRES IN TEST RABBITS

All test rabbits had developed positive results to the RPR test and TPHA when first tested serologically three months after infection with *T paraluis-cuniculi*. TPHA titres ranged from 1/640 to 1/5120.

[†]Lesions developed significantly faster in test rabbits than in control rabbits (P<0.05). ‡Lesions developed significantly slower in test rabbits than in control rabbits (P<0.05).

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Discussion

By examining the sequential development of crossimmunity to T pallidum in rabbits infected with T paraluis-cuniculi for up to 30 months after immunisation, we have shown that protection is very slow to develop, being first detected five months after immunisation, and is of a very low level. Usually, only partial protection to low challenge doses of T pallidum was detected. The long delay in appearance of any immunity to T pallidum, and a previous observation 7 that human infection with Tparaluis-cuniculi gives rise to only transient and low concentrations of antibodies to T pallidum, strongly suggests that this bacterium will not be suitable for a vaccine strain against human syphilis.

In addition, the period of marked immunosuppression, detected in all three rabbits at three months and in one of three rabbits at 12 months after immunisation and manifested by increased rates of growth of challenge T pallidum in the immunised rabbits compared with in the control rabbits, means that the recipient of a T paraluis-cuniculi vaccine would be more susceptible to T pallidum (rather than more resistant) during the early months after immunisation. Such a situation would be the opposite to the desired effect. Furthermore, the immunosuppression may render the vaccinated subject more susceptible to other microbial pathogens, as was observed when a human volunteer infected with T paraluis-cuniculi developed a severe respiratory infection 17 weeks after treponemal infection.7

The slow onset of immunity and the transient period of immunosuppression that was detected in this study parallels similar (although better studied) phenomena observed in human and rabbit infections with T pallidum. Immunity in syphilis develops slowly 1 and in rabbits is only complete about three months after infection. Considerable evidence suggests that immunosuppression and other immunological aberrations occur during early syphilis, possibly because of a transient loss of effective cell-mediated immunity.⁸⁻¹⁹ In this respect T paraluis-cuniculi may be quite similar to T pallidum in its ability to induce a state of immunosuppression in the host. Furthermore, experimental immunisation of rabbits with killed T pallidum vaccines also resulted in faster development of lesions²⁰ and the presence of more T pallidum in the lesions²¹ of immunised rabbits after challenge with virulent T pallidum than in those of the controls. The future development of an effective vaccine against syphilis will probably require the removal of the immunosuppression-inducing component from

whatever treponemal species is used as the immunising agent.

This work was supported by grants from the = National Health and Medical Research Council, the of Utah Foundation, the Danks Trust, the estate of the late George Adams, the Ian Potter Foundation, and Monash University, from whom funds are gratefully acknowledged.

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