The O Antigen Is a Critical Antigen for the Development of a Protective Immune Response to Bordetella parapertussis

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Despite excellent vaccine coverage in developed countries, whooping cough is a reemerging disease that can be caused by two closely related pathogens, Bordetella pertussis and B. parapertussis. The two are antigenically distinct, and current vaccines, containing only B. pertussis-derived antigens, confer efficient protection against B. pertussis but not against B. parapertussis. B. pertussis does not express the O antigen, while B. parapertussis retains it as a dominant surface antigen. Since the O antigen is a protective antigen for many pathogenic bacteria, we examined whether this factor is a potential protective antigen for B. parapertussis. In a mouse model of infection, immunization with wild-type B. parapertussis elicited a strong antibody response to the O antigen and conferred efficient protection against a subsequent B. parapertussis challenge. However, immunization with an isogenic mutant lacking the O antigen, B. parapertussis Δwbm, induced antibodies that recognized other antigens but did not efficiently mediate opsonophagocytosis of B. parapertussis. The passive transfer of sera raised against B. parapertussis, but not B. parapertussis Δwbm, reduced B. parapertussis loads in the lower respiratory tracts of mice. The addition of 10 μg of purified B. parapertussis lipopolysaccharide (LPS), which contains the O antigen, but not B. parapertussis Δwbm LPS drastically improved the efficacy of the acellular vaccine Adacel against B. parapertussis. These data suggest that the O antigen is a critical protective antigen of B. parapertussis and its inclusion can substantially improve whooping cough vaccine efficacy against this pathogen.

Bordetella pertussis and B. parapertussis are the causative agents of whooping cough, resulting in approximately 50 million cases and 300,000 deaths annually worldwide (28). While whooping cough is considered by the CDC to be a reemerging disease (5), the relative incidences of whooping cough cases and 300,000 deaths annually worldwide (28). While whooping cough cases and 300,000 deaths annually worldwide (28). While whooping cough cases and 300,000 deaths annually worldwide (28).

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adaptive immune response to *B. parapertussis*, the immunity and protection generated by *B. parapertussis* infection or vaccination were compared to those generated by an isogenic mutant of *B. parapertussis* lacking the O antigen (Δwm) (39). Animals immunized with *B. parapertussis*, but not *B. parapertussis* Δwm, were protected against subsequent challenge with *B. parapertussis*. Mice immunized with *B. parapertussis* Δwm were also deficient in the production of *B. parapertussis*-specific antibodies, and sera collected from these mice were less effective at reducing *B. parapertussis* colonization upon passive transfer than sera raised against *B. parapertussis*. The inclusion of LPS from *B. parapertussis*, but not from *B. parapertussis* Δwm, rendered the acellular *B. pertussis* vaccine Adacel efficacious against *B. parapertussis* challenge. Together, these data indicate that the O antigen is an important protective antigen of *B. parapertussis*.

**MATERIALS AND METHODS**

**Bacterial strains and growth.** *B. pertussis* strain 536, *B. parapertussis* strain CN2591, and the isogenic *B. parapertussis* mutant strain lacking the O antigen, CN2591 Δwm, have been described previously (39, 46). For opsonization, attachment, and phagocytosis experiments, these strains were transformed with plasmid pCW305 (kindly supplied by Alison Weiss, Cincinnati, OH), which induces cytoplasmic expression of green fluorescent protein (GFP) without affecting growth or oxygen expression (51). Bacteria were maintained on Bordet-Gengou agar (Difco) supplemented with 10% sheep blood (Hema Resources) and 20 μg/ml streptomycin (Sigma-Aldrich). Liquid cultures were grown overnight on a roller drum at 37°C to mid-log phase in Stainer-Scholte broth (44, 49).

**Cells.** Peripheral blood polymorphonuclear leukocytes (PMNs) were isolated from heparinized venous blood by using Ficoll-Histopaque (Sigma, St. Louis, MO) gradient centrifugation. PMNs were harvested, and the remaining erythrocytes were removed by hypotonic lysis. Cell viability was determined to indicate the level of bacterial phagocytosis. Phagocytosis was calculated from the drop in the mean red fluorescence intensity of green fluorescence-positive cells as described previously (42).

**Attachment and phagocytosis.** Attachment and phagocytosis of the *B. parapertussis* strains were evaluated as described previously, with a few modifications (42). Briefly, serum-opsonized, GFP-expressing bacteria were subsequently incubated with PMNs at a multiplicity of infection of 30 for 20 min at 37°C to allow binding. In selected experiments, 200 ng/ml cytochalasin D (Sigma-Aldrich) was added to inhibit phagocytosis. After extensive washing to remove unattached bacteria, an aliquot was maintained on ice to be used as a bacterial attachment control. Another aliquot was further incubated for 1 h at 37°C to allow internalization. Phagocytosis was stopped by placing PMNs on ice. Cell surface-bound bacteria in both aliquots (obtained before and after 1 h of incubation at 37°C) were detected by incubation with R-phycocerythrin (R-PE)-labeled goat F(ab)2 fragments of anti-mouse immunoglobulin G (IgG; Southern Biotechnologoy, Birmingham, AL) for 30 min at 4°C. The opsonization of each strain was assessed by fluorescence-activated cell sorter analysis (43).

**Western blot analysis.** Western blot analysis (WBAs) were performed with GB-1 membranes (Millipore) were probed overnight with either naïve sera or sera from mice immunized with CN2591- or CN2591 Δwm. Membranes were reviewed and approved by The Pennsylvania State University Institutional Animal Care and Use Committee, and all animals were handled in accordance with institutional guidelines.

**Splenocyte restimulations.** Spleens were taken from C57BL/6 mice immunized with CN2591 or CN2591 Δwm on day 28 postinoculation. Splenocytes were isolated as described previously (25, 37). In brief, spleens were homogenized and red blood cells were lysed by 0.8% ammonium chloride treatment. Aliquots of cells (2×10⁶) were resuspended in Dulbecco’s modified Eagle medium supplemented with 10% fetal calf serum (HyClone) and resuspended, and the cells were used immediately. All experiments were carried out with freshly isolated PMNs lacking Fc receptor II (FcγRII) monoclonal antibody 22 (41).

**Opsonization.** GFP-expressing strains were opsonized by incubation at 37°C for 30 min in a final volume of 50 μl containing 5% heat-inactivated serum samples from naïve C3−/− mice or convalescent C3−/− mice challenged with CN2591 or CN2591 Δwm. Serum-opsonized bacteria were incubated with R-phycocerythrin (R-PE)-labeled goat F(ab)2 fragments of anti-mouse immunoglobulin G (IgG; Southern Biotechnologoy, Birmingham, AL) for 30 min at 4°C. The opsonization of each strain was assessed by fluorescence-activated cell sorter analysis (43).

**RESULTS**

**The O antigen is required for efficient generation of protective immunity against *B. parapertussis* infection.** To determine
whether the O antigen contributes to the generation of protective immunity to *B. parapertussis*. Groups of four C57BL/6 mice were inoculated with *B. parapertussis* (Bpp) or *B. parapertussis* Δwbm (BppΔwbm) and allowed to convalesce. Naïve and immunized mice were challenged with the indicated bacteria. The numbers of CFU recovered from the nasal cavities, tracheae, and lungs at day 3 postchallenge are expressed as the log10 means ± the standard errors. * indicates a P value of ≤0.05 for comparison to results for naïve mice; ‡‡ indicates a P value of ≤0.01. The limit of detection is indicated by the y axis.

FIG. 1. The O antigen contributes to the generation of protective immunity to *B. parapertussis*. Groups of four C57BL/6 mice were inoculated with *B. parapertussis* (Bpp) or *B. parapertussis* Δwbm (BppΔwbm) and allowed to convalesce. Naïve and immunized mice were challenged with the indicated bacteria. The numbers of CFU recovered from the nasal cavities, tracheae, and lungs at day 3 postchallenge are expressed as the log10 means ± the standard errors. * indicates a P value of ≤0.05 for comparison to results for naïve mice; ‡‡ indicates a P value of ≤0.01. The limit of detection is indicated by the y axis.

The O antigen is not required for the development of splenic IFN-γ and IL-10 responses to *B. parapertussis*. Since the O antigen contributes to the generation of efficient protective immunity against *B. parapertussis*, we investigated whether the O antigen is involved in the generation of a T-cell response. Splenocytes from naïve or *B. parapertussis*- or *B. parapertussis* Δwbm-vaccinated mice were stimulated with medium alone or with heat-killed *B. parapertussis* or *B. parapertussis* Δwbm, and 3-fold more bacteria in the lungs, trachea, and nasal cavity than *B. parapertussis*-vaccinated animals (Fig. 2). This decreased protection conferred by *B. parapertussis* Δwbm vaccination further strengthens the conclusion that the O antigen is required for the efficient generation of an adaptive immune response against *B. parapertussis*.

Effective vaccine-induced immunity requires a response against the O antigen. *B. parapertussis* Δwbm is known to colonize at a lower level than *B. parapertussis* in the presence of complement (11), raising the possibility that its defect in colonization contributes to the decreased protection against subsequent challenge (Fig. 1). To deliver equivalent amounts of antigens, mice were vaccinated with heat-killed *B. parapertussis* or *B. parapertussis* Δwbm. Sham-vaccinated control mice challenged with *B. parapertussis* harbored 10^6.4, 10^5.8, and 10^6.8 CFU in the nasal cavity, trachea, and lungs 3 days later (Fig. 2, black bars). Vaccination with *B. parapertussis* effectively decreased *B. parapertussis* numbers by 99.99% in the LRT and by 80% in the nasal cavity (Fig. 2, white bars). Although vaccination with *B. parapertussis* Δwbm reduced *B. parapertussis* numbers in the LRT (Fig. 2, striped bars), animals vaccinated with *B. parapertussis* Δwbm had 160-, 16-, and 3-fold more bacteria in the lungs, trachea, and nasal cavity than *B. parapertussis*-vaccinated animals (Fig. 2). This decreased protection conferred by *B. parapertussis* Δwbm vaccination further strengthens the conclusion that the O antigen is required for the efficient generation of an adaptive immune response against *B. parapertussis*.
FIG. 3. The O antigen is not required for the development of splenic IFN-γ or IL-10 responses to B. parapertussis. Splenocytes from groups of four C57BL/6 mice vaccinated with adjuvant only, B. parapertussis with adjuvant (Bpp Vac), or B. parapertussis Δwbm with adjuvant (BppΔwbm Vac) were stimulated with the indicated bacteria, and the resulting IFN-γ and IL-10 production levels are expressed as mean concentrations ± standard errors. * indicates a P value of ≤0.05 for comparison to results for medium-stimulated groups. B.p.p., wild-type B. parapertussis; B.p.p.Δwbm, B. parapertussis Δwbm.

B. parapertussis Δwbm (Fig. 3). Since the splenic IFN-γ and IL-10 responses are T-cell dependent (D. N. Wolfe, M. J. Kennett, S. E. Hester, and E. T. Harvill, unpublished data), these data suggest that the O antigen is not required for the generation of a T-cell response to B. parapertussis.

The O antigen is required for the generation of an efficient antibody response against B. parapertussis. As the O antigen is required for the generation of anamnestic immunity to B. parapertussis but not an efficient T-cell response, we assessed whether the O antigen contributes to efficient antibody generation. In ELISAs using either strain as the antigen, B. parapertussis immune serum had significantly less recognition of the O antigen mutant than of wild-type bacteria (Fig. 4A, left). B. parapertussis Δwbm immunization sera had similar Ig titers when probed with the wild-type and O antigen mutant B. parapertussis strains (Fig. 4A, right). Sera raised against B. parapertussis Δwbm showed a 44% reduction in B. parapertussis-specific antibody titers compared to those in sera raised against B. parapertussis (Fig. 4A, first and third bars). These data suggest that vaccination with B. parapertussis induces a robust antibody response against the O antigen and that vaccination with B. parapertussis Δwbm induces an antibody response to other antigens that are shared.

To compare the antigens recognized by sera from different groups, Western blotting analyses were performed with lysates of B. parapertussis and B. parapertussis Δwbm probed with naïve sera or B. parapertussis or B. parapertussis Δwbm immune sera (Fig. 4B). Naïve sera appeared to minimally bind antigens from either lysate (Fig. 4B, lanes 1 and 2). B. parapertussis-induced serum antibodies recognized a broad band or smear, band i, present in B. parapertussis lysate but not in B. parapertussis Δwbm lysate (Fig. 4B, lanes 3 and 4), suggesting that it represents LPS containing the O antigen and that the O antigen is one of the dominant antigens of B. parapertussis. Several higher-molecular-mass antigens shared by the two strains, for example, those represented by bands iii and iv, were also recognized by B. parapertussis immune serum antibodies. Interestingly, although B. parapertussis Δwbm-induced serum antibodies showed recognition of antigen(s) in band iii, these antibodies lacked recognition of antigen(s) in band iv and had strong recognition of additional antigen(s) in bands ii and v, not recognized by B. parapertussis-induced serum antibodies. As expected, the O antigen (band i) was not recognized by B. parapertussis Δwbm-induced serum antibodies. Together, these

FIG. 4. The O antigen contributes to the production of a robust anti-B. parapertussis antibody response. (A) Ig titers in sera from groups of four C57BL/6 mice immunized with B. parapertussis (B. parapertussis immune sera [B.p.p. IS]) or B. parapertussis Δwbm (B.p.p.Δwbm IS) supplemented with adjuvant were determined via B. parapertussis (B.p.p.)- or B. parapertussis Δwbm (B.p.p.Δwbm)-specific ELISAs. Titers are expressed as means ± standard errors. * indicates a P value of ≤0.05. (B) Lysates (10^7 CFU) from B. parapertussis (B.p.p.) or B. parapertussis Δwbm (B.p.p.Δwbm) were probed with naïve sera (NS), sera from B. parapertussis-immunized mice (B.p.p. IS), or sera from B. parapertussis Δwbm-immunized mice (B.p.p.Δwbm IS), as indicated. Roman numerals to the right of the gel identify bands.
data indicate that immunization with *B. parapertussis* induces a measurably stronger antibody response, dominated by the O antigen, than that induced by *B. parapertussis Δwbm* and that immunization with *B. parapertussis Δwbm* induces a different antigen recognition profile from that induced by immunization with the wild-type counterpart.

The O antigen contributes to the generation of antibodies that mediate opsonophagocytosis of *B. parapertussis* by PMNs. To determine whether antibodies against the O antigen are important for some key antibody functions, we assessed the opsonization of bacteria and subsequent attachment to, and phagocytosis by, PMNs mediated by antibodies raised against wild-type or O-antigen-deficient *B. parapertussis*. Because *B. parapertussis Δwbm* is not defective in colonization of mice lacking complement (11), sera were generated in complement-deficient mice, thereby removing the difference in bacterial load as a factor affecting antibody production. Compared to the naïve sera, *B. parapertussis* immune sera mediated efficient opsonization of wild-type *B. parapertussis* and subsequent attachment to and phagocytosis by PMNs (Fig. 5, middle black bars). *B. parapertussis* immune sera were less effective against O-antigen-deficient *B. parapertussis* in all three assays (Fig. 5, middle white bars), suggesting that antibodies recognizing the O antigen, rather than the shared antigens, are involved. Sera from mice immunized with O-antigen-deficient *B. parapertussis* were similarly effective against the wild-type and O-antigen-deficient strains (Fig. 5, right). Control PMNs treated with cytochalasin, a phagocytosis inhibitor, showed no phagocytosis (data not shown), indicating that although indirect, the assay measured phagocytosis. The observed high levels of activity of *B. parapertussis* immune sera against wild-type but not O-antigen-deficient *B. parapertussis* suggest that much of this activity is mediated by antibodies to the O antigen.

The O antigen is required for the generation of antibodies that efficiently clear *B. parapertussis*. To determine if the decreased *B. parapertussis*-specific antibody titers of, and opsonophagocytosis mediated by, sera raised against *B. parapertussis Δwbm* result in decreased antibody-mediated clearance in vivo, mice received passively transferred naïve sera or sera raised against wild-type or O-antigen-deficient *B. parapertussis* in C3−/− mice. Mice were then challenged with *B. parapertussis* and sacrificed on day 14 postchallenge for bacterial enumeration, since *B. parapertussis* poorly stimulates Toll-like receptor 4 (TLR4) and antibodies therefore have no effect until around day 14 after T cells have been generated (19, 55; D. N. Wolfe, unpublished data). Naïve sera had no effect on bacterial loads in the trachea and lungs by 96 and 99.6% at this time point. However, *B. parapertussis Δwbm* immune sera failed to significantly reduce *B. parapertussis* colonization, indicating that the O antigen is required for the generation of antibodies that clear *B. parapertussis* from the LRT in vivo upon adoptive transfer. Neither serum treatment affected bacterial numbers in the nasal cavity.

Supplementing Adacel with *B. parapertussis* LPS containing the O antigen confers protection against *B. parapertussis* challenge. Since the O antigen is necessary for the generation of efficient protective immunity to *B. parapertussis* (Fig. 1, 2, and 4), we examined whether *B. parapertussis* LPS alone, containing the O antigen, is sufficient to induce protective immunity against this pathogen and whether supplementing Adacel with *B. parapertussis* LPS renders this vaccine effective against *B. parapertussis*. Mice were vaccinated with an adjuvant alone, the acellular pertussis vaccine Adacel with an adjuvant, or Adacel with an adjuvant supplemented with purified LPS from *B. parapertussis* or *B. parapertussis Δwbm*. Vaccination with adju-
vant alone or Adacel had no effect on *B. parapertussis* loads throughout the respiratory tract 3 days postchallenge (Fig. 7A). In contrast, vaccination with *B. parapertussis* LPS, but not *B. parapertussis Δwbm* LPS, significantly reduced *B. parapertussis* loads in the lungs by 93.8% compared to those in the group vaccinated with adjuvant alone. Moreover, the addition of *B. parapertussis* LPS, but not *B. parapertussis Δwbm* LPS, to Adacel caused significant decreases in bacterial loads, by 70.7, 99.6, and 96.2% in the nasal cavity, trachea, and lungs, respectively, suggesting that the efficacy of an acellular pertussis vaccine against *B. parapertussis* may be increased if *B. parapertussis* LPS containing the O antigen is included. To ensure that the addition of *B. parapertussis* LPS did not have an impact on the efficacy of Adacel against *B. pertussis*, mice were immunized with this vaccine with or without *B. parapertussis* LPS and challenged with *B. pertussis*. As expected, vaccination with the adjuvant alone did not affect the colonization by *B. pertussis* compared to that of naïve animals (Fig. 7B). Vaccination with Adacel reduced the *B. pertussis* load in the lungs by >99.5% (Fig. 7B, bottom). This vaccine supplemented with *B. parapertussis* LPS caused a similar reduction of *B. pertussis* numbers (Fig. 7B, bottom), suggesting that the inclusion of *B. parapertussis* LPS does not affect the efficacy of the vaccine against *B. pertussis*. All together, our data suggest that the addition of *B. parapertussis* LPS containing the O antigen to a current acellular vaccine extended its utility to include protective immunity to *B. parapertussis*.

FIG. 6. Antibodies to the O antigen are required for efficient antibody-mediated clearance of *B. parapertussis*. Groups of four C57BL/6 mice were inoculated with *B. parapertussis* and i.p. injected with the indicated serum. Bacterial loads in the nasal cavities, tracheae, and lungs at 14 days postinoculation are expressed as the log10 means ± standard errors. * indicates a P value of ≤0.05 for comparison between results for groups receiving naïve serum (NS) and *B. parapertussis* immune serum. ‡ indicates a P value of ≤0.05 for comparison between results for groups receiving *B. parapertussis Δwbm* immune serum (*B.p.p. Δwbm IS*) and wild-type *B. parapertussis* immune serum (*B.p.p. IS*). The limit of detection is indicated by the y axis.

FIG. 7. Addition of purified *B. parapertussis* LPS to an acellular *B. pertussis* vaccine confers protection against *B. parapertussis* challenge. Groups of four C57BL/6 mice were vaccinated as indicated and then challenged with *B. parapertussis* (*B.p.p.*) (A) or *B. pertussis* (*B.p.*) (B) and dissected at day 3 postchallenge. The numbers of CFU recovered from the nasal cavities, tracheae, and lungs are expressed as the log10 means ± the standard errors. ND indicates that CFU were not detectable. * indicates a P value of ≤0.05. The limit of detection is indicated by the y axis.
DISCUSSION

A clear picture of *B. parapertussis* epidemiology is not available because differential diagnostic methods to distinguish the two causative agents of whooping cough are rarely performed at the clinical level and diseases caused by *B. parapertussis* are not reportable to the CDC. However, when carefully monitored, *B. parapertussis* has been found to cause a substantial proportion of whooping cough cases and even larger proportions among vaccinated groups (4, 23, 24, 50). Although the mouse model does not replicate coughing symptoms of the disease, mechanisms of immune control and clearance of the bordetellae are consistent with what is known of these mechanisms in humans (19, 29, 30). The data presented here are consistent with the findings of experimental studies using a mouse infection model, as well as those of clinical studies, in which *B. pertussis* immunity failed to induce protective immunity to *B. parapertussis* (Fig. 7A) (9, 10, 14, 23, 27, 52, 56, 59). This work extends the findings of those previous studies to examine the role of the O antigen in the generation of *B. parapertussis*-specific immunity.

We found that although immunization with wild-type *B. parapertussis* induced protective immunity to both the wild-type and the O-antigen-deficient *B. parapertussis* strains, prior infection or vaccination with the O-antigen-deficient strain conferred significantly less protection against the wild type in the lungs (Fig. 1 and 2). Immunization with *B. parapertussis* Δwbm induced splenic cytokine production similar to that induced by wild-type vaccination (Fig. 3), indicating that the decrease in protection conferred by the O-antigen-deficient strain was not due to inefficient T-cell cytokine production. Interestingly, *B. parapertussis*-induced antibodies recognized the O antigen as a dominant antigen (Fig. 4A and B, lanes 3 and 4). Serum antibodies raised against the wild type, but not the O-antigen-deficient strain, mediated efficient opsonophagocytosis and reduced *B. parapertussis* colonization upon passive transfer (Fig. 5). Together, these data suggest that the O antigen is required for the generation of an effective antibody response against *B. parapertussis*.

Antibodies raised against *B. parapertussis* Δwbm lacked recognition of the O antigen but recognized different antigens from those recognized by antibodies raised against wild-type *B. parapertussis* (Fig. 4B) and efficiently cleared *B. parapertussis* Δwbm (Fig. 1). These antigens are present in the *B. parapertussis* lysate (Fig. 4B), but *B. parapertussis* Δwbm immune serum is much less effective at binding live bacteria, mediating opsonophagocytosis in vitro, or mediating bacterial clearance in vivo than *B. parapertussis* immune serum (Fig. 4 to 6), suggesting that these antigens may not be recognized on the surfaces of live *B. parapertussis* cells expressing the O antigen. These data further indicate that the O antigen is a dominant surface antigen of *B. parapertussis* and that antibodies against it are required for efficient clearance of this bacterium.

The O antigen seems to contribute to the generation of effective protective immunity against *B. parapertussis* in the lungs but not in the trachea or nasal cavity (Fig. 1 and 2). Wolfe et al. observed that B cells and T cells are required for clearance of *B. parapertussis* from the lungs and that CD4+ T cells, complement, and neutrophils are required for antibody-mediated clearance in this organ (58). What immune components are required for *B. parapertussis* clearance in the trachea and nasal cavity is less understood. Infection-induced immunity appeared to be more effective than vaccination-induced immunity in the nasal cavity and trachea (Fig. 1 and 2). This pattern may be due to different clearance mechanisms in infection- and vaccination-induced immunity to bordetellae (12). Vaccination is efficient in controlling disease but may be less effective in preventing subclinical colonization, as observed with *B. pertussis* (28). While the nasal cavity may be a reservoir of asymptomatic carriage of *B. parapertussis*, the protection in the lungs correlates with vaccine efficacy against severe disease and is thus the focus of this study (9).

The incidence of whooping cough has increased over the past 20 years, despite the maintenance of excellent vaccine coverage in developed countries (5). This trend may be due, at least in part, to vaccines’ being ineffective against *B. parapertussis*-induced disease (9, 16, 23). Of note, the switch from whole-cell to acellular vaccines correlates with increased prevalence of *B. parapertussis* (23). Moreover, whooping cough vaccinations have been proposed to shape the age-incidence patterns of the two causative agents. *B. pertussis* is more common in infants prior to vaccination and adolescents in whom vaccine-induced immunity has waned (6, 53), whereas *B. parapertussis* is most common in young children who have been recently vaccinated (3, 21, 54; J. Lavine, L. Han, E. T. Harvill, and O. Bjornstad, unpublished data). All these observations suggest that current whooping cough vaccines confer a selective advantage on *B. parapertussis* in its ongoing competition with *B. pertussis*.

We have shown that supplementing the acellular pertussis vaccine Adacel with 10 μg of purified *B. parapertussis* LPS containing the O antigen reduced *B. parapertussis* numbers in the LRT by more than 90% within 3 days compared to the numbers in the group receiving Adacel alone (Fig. 7). Thus, the addition of this single antigen increased the efficacy of this vaccine against *B. parapertussis* in the mouse model. These results are not necessarily easily translated to improved human vaccines, since vaccine reactogenicity has been associated with LPS of *B. pertussis*. However, *B. parapertussis* LPS is less stimulatory toward TLR4 than *B. pertussis* LPS, and it is possible to purify the O antigen portion of the LPS (20, 26, 55), thereby removing the TLR4 agonist, lipid A, to which is attributed most of the proinflammatory stimulation (32). Alternatively, other, as-yet-unidentified antigens of *B. parapertussis* may prove to be protective and could be added to acellular whooping cough vaccines. However, the poor protection conferred by the O-antigen-deficient strain and the ability of the O antigen to block the effects of antibodies recognizing other antigens (56, 59) suggest that the inclusion of the O antigen in the whooping cough vaccines should be favored over other, as-yet-unidentified protein antigens.

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