## Bordetella pertussis Induces Respiratory Burst Activity in Human Polymorphonuclear Leukocytes

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Virulent Bordetella pertussis strains survive intracellularly within human polymorphonuclear leukocytes (PMN), at least in part because of inhibition of phagosome-lysosome fusion (L. L. Steed, M. Setareh, and R. L. Friedman, J. Leukocyte Biol. 50:321-330, 1991). Further investigations were done to determine if B. pertussis also inhibited respiratory burst activity of PMN as an additional mechanism of intracellular survival. Chemiluminescence and flow cytometry assays showed that B. pertussis induced significant levels of hydrogen peroxide production. In contrast, ferricytochrome c reduction showed that B. pertussis suppressed extracellular release of superoxide. PMN intracellular reduction of nitroblue tetrazolium verified that superoxide was indeed produced intracellularly during B. pertussis phagocytosis. Therefore, B. pertussis does not inhibit production of superoxide but inhibits only its release. Thus, while phagosome-lysosome fusion is inhibited by B. pertussis, respiratory burst activity of PMN occurs at normal levels.

Bordetella pertussis is the etiologic agent of pertussis, a highly contagious, strictly human respiratory disease that has no known carriers, reservoirs, or vectors. Several studies have shown that B. pertussis can persist intracellularly within murine alveolar macrophages (12, 26), murine cerebral ependymal cells (29), HeLa cells (18, 19, 35), and human respiratory epithelial cells (19). B. pertussis has recently been reported to invade and survive inside human macrophages (10, 21, 43). We have recently demonstrated that B. pertussis also survives intracellularly within human polymorphonuclear leukocytes (PMN) (46). Internalization of these bacteria is immunoglobulin G (IgG) dependent, and survival depends, at least in part, on inhibition of phagosome-lysosome fusion (46). Two purified exoproducts of B. pertussis, pertussis toxin (PT) and adenylate cyclase toxin (ACT), have also been reported to inhibit phagocyte respiratory burst activity (7, 14, 22, 24, 36, 45, 49). Other bacteria have been demonstrated to inhibit phagosome-lysosome fusion, respiratory burst, or both as a mechanism for intracellular survival (1, 2, 6, 11, 23, 27, 28, 30, 33, 34, 38, 41).

During the respiratory burst process various toxic oxygen products, including superoxide  $(O_2^{-})$ , hydrogen peroxide  $(H_2O_2)$ , and hydroxyl radicals, are produced in the phagosome (for a review, see references 4 and 13). Thus, the ability of some microbes to block the respiratory burst and/or phagosome-lysosome fusion would protect them from oxygen-dependent and -independent killing mechanisms of PMN.

This study was performed to investigate the effect of intact virulent *B. pertussis* on PMN respiratory burst activity with a combination of in vitro intracellular and extracellular methods to assess the production of both hydrogen peroxide and superoxide. *B. pertussis*, in contrast to the suppression seen with purified PT and ACT, did not inhibit PMN respiratory burst activity.

Staphylococcus aureus, a clinical isolate, or Escherichia coli Bi 161-42 was used as a control in all assays. The

virulent strains of B. pertussis used in this research were BP504, BP165, and a derivative of Tohama I, BP338 (46). Autologous normal sera (NS) were collected from clotted venous blood of PMN donors, held on ice, and used for opsonization of S. aureus and E. coli as described previously (46). Human anti-B. pertussis antibody (HAPA; Tosuman Berna; Swiss Serum and Vaccine Institute, Bern, Switzerland) is a purified IgG fraction of pooled human sera obtained from donors demonstrating high agglutinin titers against B. pertussis. An IgG fraction was made from pooled NS of individuals demonstrating high anti-whole-cell B. pertussis titers by enzyme-linked immunosorbent assay. HAPA and IgG fraction were used for opsonization of B. pertussis strains, as described previously (46). Anti-wholecell B. pertussis titers of NS, HAPA, and IgG fraction against each of three virulent strains (range, 1:300 to 1:400) were not significantly different (46). Detailed characterization of HAPA, NS, and IgG fraction have been reported in our previous paper (46).

PMN used in these studies were isolated daily from heparinized venous blood through Ficoll-Hypaque as described previously (46). PMN were resuspended in Hanks' balanced salt solution containing 0.1% gelatin at a concentration of  $2 \times 10^6$  PMN per ml. PMN viability was assayed by trypan blue exclusion before and after each assay and was consistently >95%. For all respiratory burst assays described, the bacterium-to-PMN ratio of 60:1 was used, unless otherwise stated.

In all the assays used to monitor respiratory burst activity of PMN, the optimum opsonin for each microbe was used, unless otherwise stated, to induce equal levels of phagocytosis. In a previous study we reported that the optimum opsonin for *B. pertussis* PMN phagocytosis is anti-*B. pertussis* antibody (IgG), which is present in both HAPA and IgG fraction (isolated from NS) (46). No complement is contained in either preparation (46). The optimum opsonin for *S. aureus* is complement (48), while *E. coli* requires IgM and complement (31), which are present in NS.

Chemiluminescence (CL) assays were performed by the method of Friedman et al. (22). Results were expressed as the average counts per minute (experimental counts per minute minus background counts per minute) and were

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presented as the percentage of maximum CL relative to the percentage of maximum CL induced by S. aureus opsonized in NS (control). Superoxide anion production assays were performed by the method of Akporiaye et al. (1). Phorbol myristate acetate (PMA; Sigma Chemical Co.; 100 ng/ml) was used as a positive control for induction of superoxide release. In some experiments, 100 µg of superoxide dismutase (from bovine erythrocytes; Sigma) per ml was added to determine the amount of superoxide dismutase-inhibitable superoxide produced. The amount of superoxide formed was calculated by using the extinction coefficient of  $2.1 \times 10^4$ M<sup>-1</sup>cm<sup>-1</sup> at 550 nm. Results are given as nanomoles of superoxide produced per  $5 \times 10^5$  PMN per 60 min. Nitroblue tetrazolium (NBT) reduction assays were done to monitor intracellular production of superoxide by phagocytosing PMN. Assays, done in duplicate from four donors, contained 0.1 ml of NBT solution (0.1% in phosphate-buffered saline containing gelatin), 0.1 ml of PMN ( $2 \times 10^6$ /ml), and 0.1 ml of opsonized *B. pertussis*, *E. coli*, *S. aureus* (as prepared above), or PMA (100 ng/ml), and mixtures were incubated for 30 min at 37°C. Cells were fixed by the addition of 10% formalin, centrifuged, and resuspended in normal serum, and cytocentrifuge preparations were made. Slides were air dried, fixed in 100% methanol for 60 s, and then counterstained in 0.05% safranin O for 5 min. The percentage of cells that were formazan positive was determined microscopically by counting 100 cells under oil immersion. Flow cytometric analysis of reactive oxygen molecules was conducted by the method of Bass et al. (5) with modification. PMN were loaded with a final concentration of 5  $\mu$ M dichlorofluorescin diacetate (DCFH-DA; Eastman Kodak, Rochester, N.Y.) for 15 min in a shaking 37°C water bath. After the loading period, 20 µl (each) of 0.25 mM EDTA and 0.25 mM sodium azide per ml of PMN was added. Background fluorescence (fluorescence of unstimulated PMN) was determined on a Becton Dickinson FACScan analyzer. DCFH-DA-loaded PMN were added to NS-opsonized E. coli, HAPA- or IgG fraction-opsonized B. pertussis, or 100 ng of PMA per ml. FACScan analysis was conducted with the same parameters as previously described for the flow cytometric analysis of phagocytosis (46). Results were presented as the average maximum fluorescence intensity (FI) associated with the stimulated PMN (experimental maximum FI minus background maximum FI).

Figure 1 shows the results of CL responses of PMN to B. pertussis and S. aureus. CL response of PMN to all NSopsonized B. pertussis strains tested was 13% or less of S. aureus control values and in some cases was essentially nonexistent (P < 0.01) (Fig. 1). NS has anti-B. pertussis titers similar to those of HAPA, yet when used as an opsonin for B. pertussis, NS does not induce uptake by PMN. This suggests the presence of a blocking agent in NS that prevents opsonic anti-B. pertussis antibody from binding to B. pertussis (46). When B. pertussis was opsonized with HAPA, the CL response was dramatically different with BP338, most closely attaining S. aureus CL levels (96.2%). The CL response induced by HAPA-opsonized BP338 was not significantly different from S. aureus levels, while HAPAopsonized BP504 and BP165 induced significantly lower (P < 0.05) CL response levels than S. aureus. The CL response induced by HAPA-opsonized BP338 was significantly higher than levels induced by either HAPA-opsonized BP504 or BP165 (P < 0.05).

PMN superoxide production was monitored by reduction of ferricytochrome c. The amount of superoxide production induced by opsonized E. coli, S. aureus, and B. pertussis



FIG. 1. Induction of PMN CL by *B. pertussis* strains and *S. aureus* opsonized in NS or HAPA. CL response was assayed as described in Materials and Methods. CL response is given as the maximum CL intensity observed compared with that of the control (*S. aureus* opsonized in NS). Values represent the mean  $\pm$  standard deviation of at least three experiments done in duplicate.

(BP338) was compared with the superoxide production of unstimulated PMN from four individuals done in duplicate. Unstimulated PMN produced  $1.5 \pm 1.5$  nmol of superoxide. Both *E. coli* and *S. aureus* stimulated superoxide production exceeding background levels, with means of  $26.8 \pm 19.0$  and  $17.8 \pm 14.4$  nmol of superoxide produced, respectively. BP338 was unable to stimulate superoxide production, with  $-2 \pm 8.3$  nmol of superoxide produced. Normal PMN superoxide production was indicated by the production of  $548.9 \pm 71.8$  nmol of superoxide in response to PMA. Detection of superoxide production stimulated by all three microbes and PMA was inhibited more than 95% by the addition of exogenous superoxide dismutase.

It is possible that the superoxide produced by PMN in response to *B. pertussis* is being rapidly degraded to hydrogen peroxide before it can leave the cell and reduce ferricytochrome c, since *B. pertussis* produces high levels of superoxide dismutase (20b). However, this does not seem to be a problem in assessing superoxide production induced by other superoxide dismutase-producing microbes like *Mycobacterium tuberculosis* (38, 50) and *Coxiella burnetii* (1). Another possibility is that *B. pertussis*-associated PT and ACT induce increased intracellular cyclic AMP levels within PMN which could interfere with extracellular release of superoxide and thereby impede ferricytochrome c reduction.

When *B. pertussis* was added simultaneously with *E. coli*, *S. aureus*, or PMA or if PMN were pretreated with *B. pertussis* for 30 min prior to the addition of other respiratory burst stimuli, no inhibition of superoxide release was observed by using the ferricytochrome c reduction assay (data not shown). Thus, while *B. pertussis* phagocytosis fails to trigger PMN superoxide release, it does not prevent superoxide release induced by other particulate or soluble stimuli.

NBT reduction, which detects intracellular production of superoxide and  $H_2O_2$ , was monitored in PMN that had phagocytosed *B. pertussis* to verify that superoxide was generated intracellularly, but not released, from the phagocyte. *B. pertussis* induced NBT reduction in PMN at levels equal to those induced by *E. coli* and *S. aureus* (77, 82, and 81%, respectively). PMA stimulated NBT reduction in 98% of PMN, while unstimulated PMN controls showed only 3% NBT reduction. These results confirm that phagocytosis of *B. pertussis* does indeed induce a respiratory burst. Two other microbes have been reported to stimulate respiratory



FIG. 2. Flow cytometric analysis of PMN respiratory burst activity. The stimuli used were *E. coli* opsonized in NS, BP338 opsonized in HAPA, and PMA. Opsonized bacteria or PMA (100 ng/ml) were incubated with PMN loaded with DCFH-DA at a 60:1 ratio. Ten thousand events per sample were collected. The histogram of the maximum fluorescence intensity of each stimulus was graphed in comparison with the background fluorescence of unstimulated PMN. This is a group of representative experiments performed at least four different times with almost identical results.

burst activity of phagocytes but to block extracellular release of superoxide. *Neisseria gonorrhoeae* stimulates a respiratory burst without superoxide or  $H_2O_2$  release upon interaction with human PMN (40), and the fungus *Histoplasma capsulatum* fails to induce superoxide release from macrophages and human PMN (17, 44).

Bass et al. (5) developed a technique which can directly monitor respiratory burst activity occurring within phagocytes by using the compound DCFH-DA, which becomes oxidized and fluoresces in the presence of  $H_2O_2$ . Flow cytometry is used to measure the resulting fluorescence of individual phagocytes. This technique has been used to study PMN respiratory burst response to *S. aureus*, *E. coli*, and *Candida albicans* (8, 25, 32, 42, 47).

Figure 2 shows representative fluorescence histograms for E. coli-, BP338-, and PMA-stimulated PMN compared with those of unstimulated PMN. Similar histograms were obtained for BP504 and BP165 (data not shown). Respiratory burst activity induced by B. pertussis was equivalent to that induced by PMA and was much greater than that induced by E. coli. Figure 3 shows the mean maximum FI induced by normal serum-opsonized E. coli, by all three B. pertussis strains opsonized in both HAPA and IgG fraction, and by PMA. The levels of respiratory burst induced by all B. pertussis strains, opsonized with either opsonin, and by PMA were all significantly higher than levels induced by  $\vec{E}$ . coli (P < 0.01). There was no statistical difference observed in the levels of respiratory burst induced by the three B. pertussis strains compared with that induced by PMA. These results indicate that the respiratory burst is quite active in PMN that have phagocytosed B. pertussis.

Highly active *B. pertussis* superoxide dismutase conversion of phagosome superoxide to hydrogen peroxide may explain the ability of *B. pertussis* to induce very high levels of respiratory burst activity detected by flow cytometry.



FIG. 3. Flow cytometric analysis of PMN respiratory burst activity induced by *E. coli*, *B. pertussis* strains, and PMA. *E. coli* cells were opsonized with NS while *B. pertussis* BP338, BP504, and BP165 were opsonized with either HAPA or IgG fraction. Opsonized bacteria were incubated with PMN loaded with DCFH-DA in a 60:1 ratio. PMA (100 ng/ml) was added as a positive control stimulator of respiratory burst activity. Ten thousand events per sample were collected, and the mean maximum fluorescence intensities of the stimuli were calculated. The values represent the mean  $\pm$  standard deviation of at least three experiments.

Another possibility is that *E. coli* did not induce as high a response as *B. pertussis* in this assay because of the difference in opsonins used for each microbe. IgG (opsonin for *B. pertussis*) may stimulate different levels of intracellular  $H_2O_2$  than do complement and IgM (opsonins for *E. coli*).

In the present studies we assessed PMN respiratory burst activity induced by B. pertussis. In contrast to the ferricytochrome c reduction assay, CL assays and flow cytometry demonstrated that whole-cell B. pertussis induced significant levels of PMN respiratory burst activity. The flow cytometry technique measures the amount of hydrogen peroxide present within individual PMN (5). CL assays monitor hydrogen peroxide released into the extracellular medium as well as that within PMN, because luminol can enter phagocytic cells (9, 16). CL assays chiefly monitor products from the interaction of hydrogen peroxide and myeloperoxidase (9, 16). The fact that these two techniques which measure hydrogen peroxide show similar results suggests that B. pertussis does indeed induce PMN respiratory burst activity. Craig et al. previously reported that B. pertussis induces a CL response in rabbit PMN, yet CL levels induced were not compared with those of other control microorganisms (15).

It is surprising that intact *B. pertussis* does not inhibit respiratory burst activity, since purified PT and ACT both have been reported to inhibit this response (14, 15, 22, 24, 36, 45). It is conceivable that the concentrations of PT and ACT used in these studies were in excess of what PMN would be subjected to in vivo upon direct interaction with *B. pertussis*. In support of the purified ACT studies, Mouallem et al. (39) demonstrated that both purified ACT and intact virulent *B. pertussis* increased cyclic AMP in Chinese hamster ovary (CHO) cells. Unfortunately, CHO cells do not have a respiratory burst. The observed inhibition of respiratory burst activity of phagocytes by using purified PT and ACT may be an in vitro artifact. Yet, the levels of PT and ACT that are actually produced and released in a patient with pertussis is unknown.

While *B. pertussis* induces normal levels of respiratory burst activity, the microbe inhibits phagosome-lysosome fusion (46). *M. tuberculosis* also prevents phagosome-lysosome fusion but has no effect on respiratory burst activity (38). In contrast, *Brucella abortus* inhibits respiratory burst activity but not phagosome-lysosome fusion (41). Legionella pneumophila inhibits both respiratory burst activity and phagosome-lysosome fusion (23, 30). The fact that phagosome-lysosome fusion does not occur in response to internalized *B. pertussis* at least partially explains how this microbe can survive intracellularly.

While phagosome-lysosome fusion is inhibited, phagosomes containing *B. pertussis* will still contain high levels of superoxide and hydrogen peroxide, produced via the respiratory burst, which could reach toxic levels. *B. pertussis* produces both superoxide dismutase and catalase (20a), which may break down these toxic oxygen products to oxygen and water, allowing for increased survival in the phagosome. Franzon et al. (20) demonstrated that superoxide dismutase, and not catalase, is critical for intracellular survival of *Shigella flexneri*, while catalase expression is critical for *S. aureus* intracellular survival (37). Studies are in progress to determine the role of *B. pertussis* superoxide dismutase and catalase in intracellular survival.

The residency of *B. pertussis* within PMN may simply be a mechanism for avoidance of host immune responses. It does not appear likely that *B. pertussis* multiplies within PMN, because of the long generation time of the bacteria and the short life span of PMN. *B. pertussis* may multiply intracellularly within longer-life alveolar macrophages or respiratory epithelial cells rather than PMN. These *B. pertussis*-phagocyte interactions may help explain the longevity of pertussis as well as the incidence of complicating secondary infections.

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