

Biofilms and antibiotic resistance of *Borrelia burgdorferi*

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How long did we know about Lyme disease?

John Josselyn, who visited New England in 1638 and again from 1663–1670, wrote

"there be infinite numbers of tikes hanging upon the bushes in summer time that will cleave to man's garments and creep into his breeches eating themselves in a short time into the very flesh of a man. I have seen the stockings of those that have gone through the woods covered with them"

The examination of preserved museum specimens has found *Borrelia* DNA in an infected *Ixodes ricinus* tick from Germany that dates back to 1884, and from an infected mouse from Cape Cod that died in 1894.

The 2010 autopsy of Ötzi the Iceman, a 5,300-year-old mummy, revealed the presence of the DNA sequence of *Borrelia* making him the earliest known human with Lyme disease.



Google Image Library

Borrelia burgdorferi the spirochete that causes Lyme disease

In 1982, the etiologic agent of Lyme disease was discovered by Willy Burgdorfer who isolated spirochetes belonging to the genus *Borrelia* from the mid-guts of *Ixodes* ticks.

He showed that these spirochetes reacted with immune serum from patients that had been diagnosed with Lyme disease. Subsequently, the etiologic agent was given the name *Borrelia burgdorferi*.



Borrelia burgdorferi, FA stain (CDC)

So how can we eliminate *Borrelia*?

In vitro and *clinical* data – do they agree?

“Survival of *Borrelia burgdorferi* in antibioticly treated patients with Lyme borreliosis “
Preac-Mursic et al 1989

“*In vitro* results have no proven correlation with antimicrobial clinical effectiveness *in vivo* since the relationship of MICs or MBCs of drugs against slowly dividing organisms such as *B. burgdorferi*”
Moody et al 1994

“Culture positive and PCR positive blood after antibiotics therapy”
Oksi et al 1999

“Clinically treatment failures occur in 5 to 10% of EM patients (oral doxycycline or amoxicillin for 14 to 30 days)”
Smith et al 2002

In vitro studies for different genospecies/species of *Borrelia* – Minimum bactericidal concentrations (microgram/ml)

Doxycycline:	0.25-25.0
Penicillin	0.15-6.5
Azithromycin:	0.015-2.0
Erythromycin	0.06->0.5
Clarithromycin	0.06-0.5
Telithromycin	0.002-0.03
Amoxicillin:	0.4-8.00
Ceftriaxone:	0.03-2.00*
Ciproflaxin	0.5-16.0
Tigecycline	0.05-0.19

Russel et al 1987, Agger et al 1992, Dever et al 1992, Levin et al 1993, Sicklinger et al 2003, Hunfeld et al 2004, 2005, Kim et al 2006, Yang et al 2009, Branson et al 2009

But how about the *in vivo* studies?

Treatment with oxytetracycline, erythromycin or doxycycline in mice failed to eradicate acute *Borrelia* infection or ameliorate the disease. Moody et al 1994

Chloramphenicol and azithromycin failed to eradicate the organism but ameliorated the disease. Moody et al 1994

In a dog model of infection, showed that antibiotic-treated dogs (doxycycline and amoxicillin, 30 days) continued to have persistent *Borrelia*-specific DNA in their tissue albeit at lower levels than observed in untreated animals. Straubinger et al 1997

But how about Ceftriaxone (Rocephin)?

Bockenstedt LK, Mao J, Hodzic E et al. Detection of **attenuated, noninfectious spirochetes** in *Borrelia burgdorferi*-infected mice after antibiotic treatment. J Infect Dis 2002; 186: 1430–7.

Hodzic E, Feng S, Holden K et al. **Persistence of *Borrelia burgdorferi*** following antibiotic treatment in mice. Antimicrob Agents Chemother 2008; 52: 1728–36.

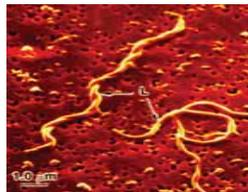
SUMMARY: **A low numbers of noncultivable spirochetes**, detected by PCR following antibiotic treatment. For at least **3 months** after cessation of antibiotic, these **noncultivable forms** can be **acquired by ticks** (xenodiagnosis), transmitted by ticks, survive the molts between larvae to nymphs to adults, infect recipient mice by tissue transplant, transcribe RNA, and express antigen in ticks and tissues in the form of morphologically identifiable spirochetes

The different forms of Borrelia

Borrelia burgdorferi can convert between cyst, non-motile and normal motile spirochete forms.

The cystic forms are resistant to most antibiotic treatments and difficult to detect in the body.

• <http://www.lymeinfo.net/medical/LDAdverseConditions.pdf>



New York State Department of Health



The most recognized forms of *Borrelia burgdorferi*

- Spirochetes
- Round bodies (cysts, granules)

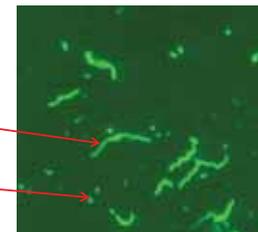


Photo by Namrata Pabbati
University of New Haven

Round bodies *in vivo*

Concurrent Neocortical Borreliosis and Alzheimer's Disease Demonstration of a Spirochetal Cyst Form

MacDonald A 1988

- An unexpected observation was the identification of cystic forms of the *Borrelia* spirochete in dark-field preparations of cultured hippocampus

Conversion of *Borrelia garinii* Cystic Forms to Motile Spirochetes *In Vivo*.

Grunter et al 2001

- *Borrelia garinii* cystic forms maintain their capability to revert into normal spirochetes not only *in vitro* but also *in vivo* and can therefore be considered infective, at least in BALB/c mice.

Agents for the cystic forms (RB)

An *In Vitro* Study of the Susceptibility of Mobile and Cystic Forms of *Borrelia burgdorferi* to **Metronidazole** Brorson et al 1999

“*B. burgdorferi* has the ability to make cystic forms both *in vivo* and *in vitro*, e.g. when exposed to antibiotics commonly used for treating Lyme borreliosis. This phenomenon, combined with the ability of the **cysts to revert to normal mobile spirochetes** may explain a reactivation of the disease after an illusory cure – and not a “post Lyme syndrome” as postulated by other researchers.”

Additional Brorson et al *in vitro* studies for the antibiotic sensitivity of the cystic (round bodies) form

2001 Susceptibility of motile and cystic forms of *Borrelia burgdorferi* to **ranitidine bismuth citrate**. Int Microbiol, 4(4):209-15.

2002 An *in vitro* study of the susceptibility of mobile and cystic forms of *Borrelia burgdorferi* to **hydroxychloroquine** Int Microbiol, 5(1):25-31.

2004 An *in vitro* study of the susceptibility of mobile and cystic forms of *Borrelia burgdorferi* to **tinidazole**. Int Microbiol, 7(2):139-40.

2009 Destruction of spirochete *Borrelia burgdorferi* round-bodies by **tigecycline** PNAS 106(44):18656-61.



Ineffectiveness of Tigecycline against Persistent *Borrelia burgdorferi* *in vivo*

Genetically altered **non-cultivable** *B. burgdorferi* could be isolated from mice treated with ceftriaxone and tigecycline.

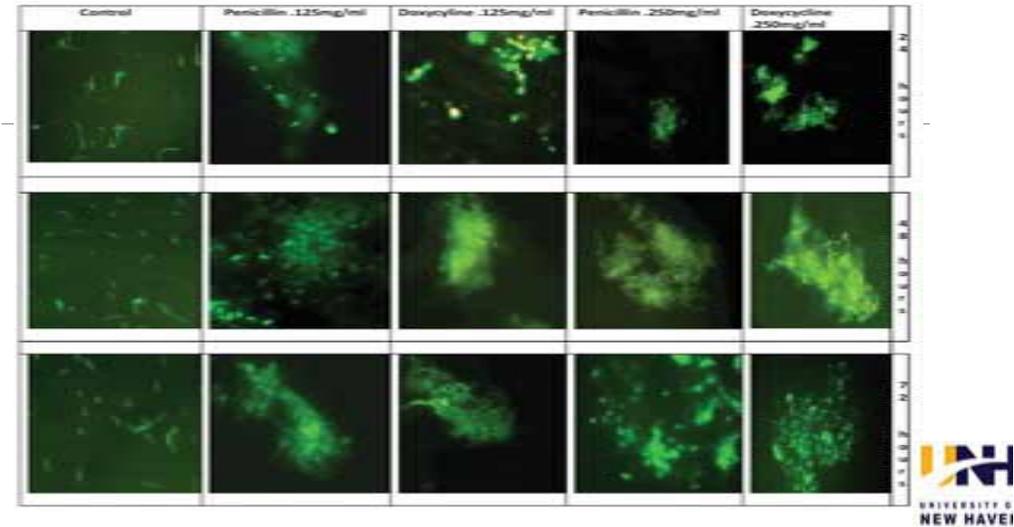
Mice remained **infected with non-dividing, but infectious spirochetes**, particularly when antibiotic treatment was commenced during the chronic stage of infection

It was resurgence of spirochete **flaB DNA in multiple tissues at 12 months**, with flaB DNA copy levels nearly equivalent to those found in saline-treated mice.

Barthold SW et al 2010 and 2014

Embers ME et al:
Persistence of *Borrelia burgdorferi* in Rhesus Macaques following
Antibiotic Treatment of Disseminated Infection. PLoS ONE 2012

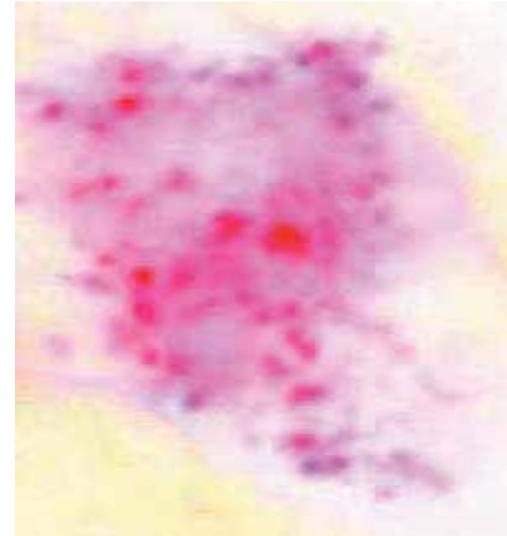
- found that *Borrelia* persist after 90 days in monkeys treated for chronic Lyme disease.
- further, the antibody tests used to diagnose Lyme disease fail to detect disease in late Lyme disease at least 50% of the time.



Rao P, Azano, D & Sapi E, unpublished data 2008

So what can we do now ????

What other escape route *Borrelia* could have??

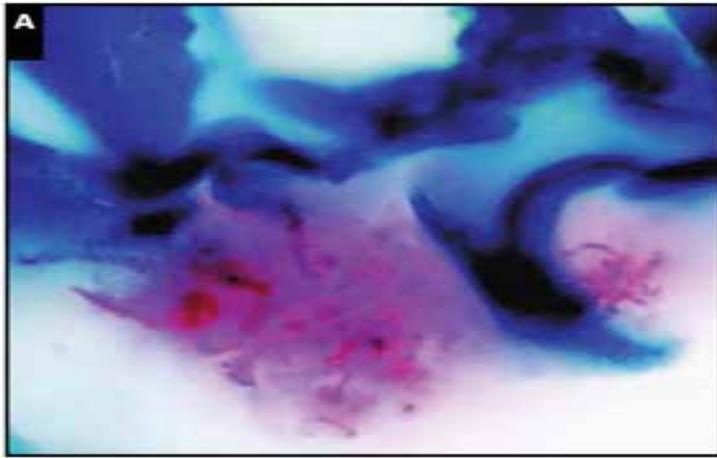


K. Eisendle et al. AJCP
2007,127:213-222 Acrodermatitis
Chronica Atropicans
Immunohistochemistry

“Granular forms of *B burgdorferi* in a “colony” with a
“Reddish veil”

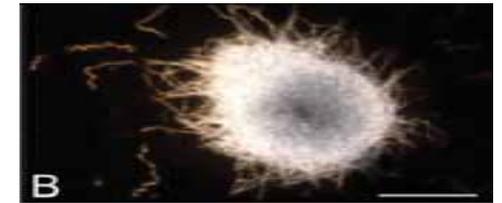
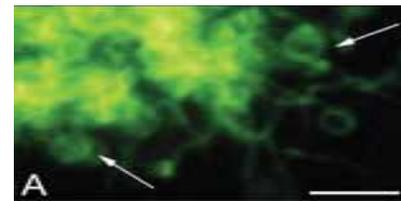
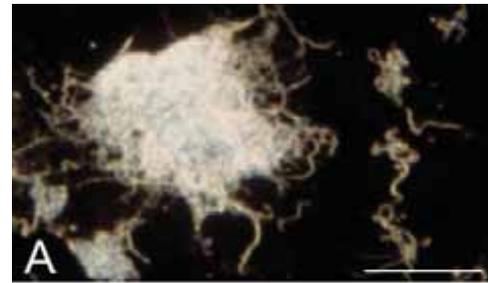


Eisendle et al 2007



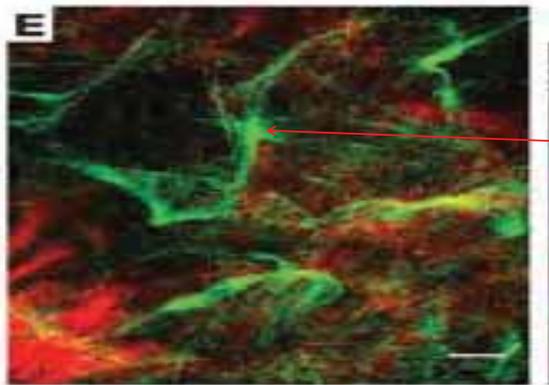
Borrelial lymphocytoma with medusa-like colony of Borrelia

Borrelia burgdorferi "colonies"



Miklossy J et al 2008

B. burgdorferi in nymphal midgut during feeding in the form of epithelial cell-associated networks

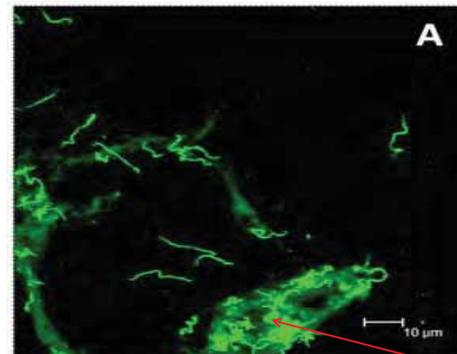


Borrelia colonies or aggregates?

Dunham-Ems et al 2009



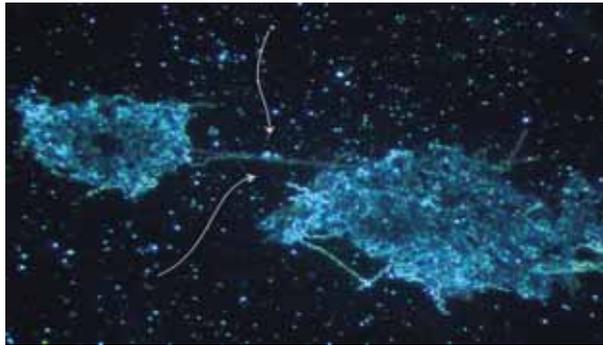
The Rhesus Macaques' study: Embers ME 2012



Borrelia colonies or aggregates?

Fluorescent staining of B. burgdorferi spirochetes found in xenodiagnostic tick midgut culture (A) or tick midgut preparation (B) from treated animals

Borrelia burgdorferi “Photo 51”



Alan MacDonald 2008

What is Biofilm?

collections of microorganisms (bacteria, yeasts, and protozoa) that form on a hard surface (exception floating biofilms)

examples: plaque that forms on teeth and the slime that forms on surfaces in watery areas (shower)

surrounded by slimy secretions: mucoid polysaccharide structure which attaches the community to a surface

estimated that over 90% of bacteria live in biofilm (Costerton WJ)

MacDonald A, & Sapi E: Biofilms of *Borrelia burgdorferi* in chronic cutaneous borreliosis
AJCP 2008 June

- We propose the hypothesis that that *Borrelia burgdorferi* can form biofilm structures in lymphocytomas and acrodermatitis chronica atrophicans.
- Our close examination of these pictures revealed striking similarity to previously published biofilm pictures and our preliminary findings on specific biofilm-like colony formation of *Borrelia burgdorferi* when cultured in the presence of human plasma

Microorganisms found in medical devices

Staphylococcus

Streptococcus

Enterococcus

E. coli

Klebsiella

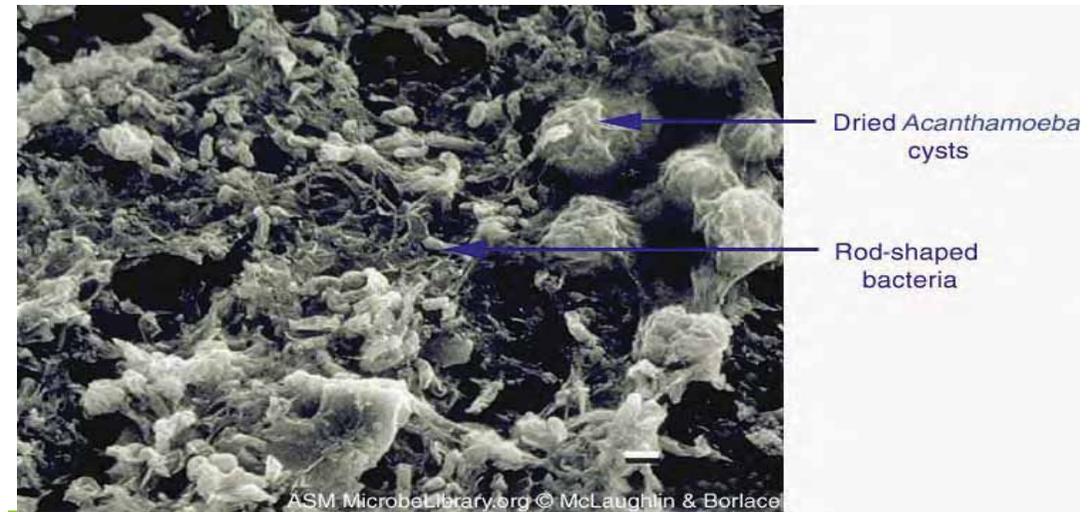
Pseudomonas

Bacteria may originate from the skin of the patient, or a healthcare worker and tap water

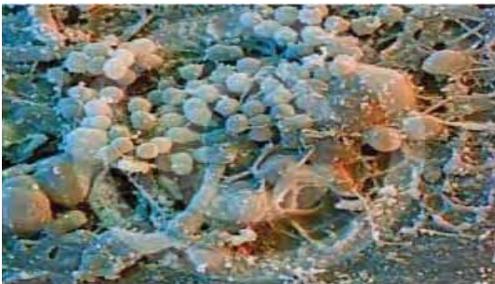
Common biofilms

- Dental plaque
- Bacterial endocarditis
- Urinary tract infections
- Cystic fibrosis
- Staphylococcus osteomyelitis
- Middle ear infection
- Chronic prostatitis
- Infectious kidney stones

Contact lens



Dental Plaque: Complex community



Biofilm is like a city

- Careful selection of location
- Limit settlement of too many organisms
- Division of labor (planktonic and sessile cells)
- Storage of energy (exopolysaccharides)
- Transfer of information (genetic transfer)
- Intercellular communication
- Emigration when population gets too large for resources

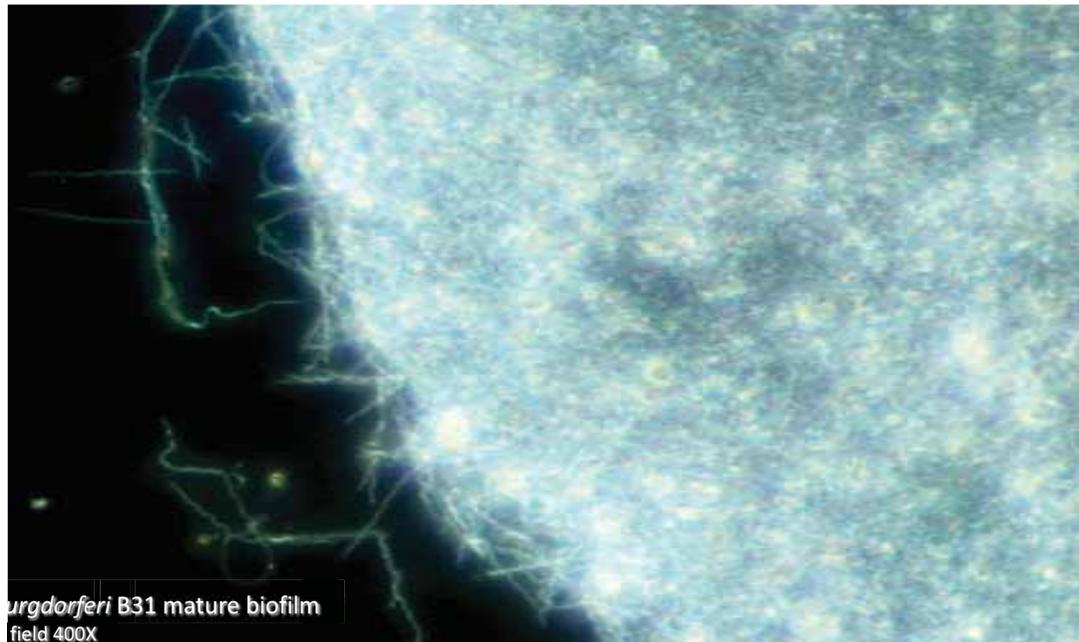
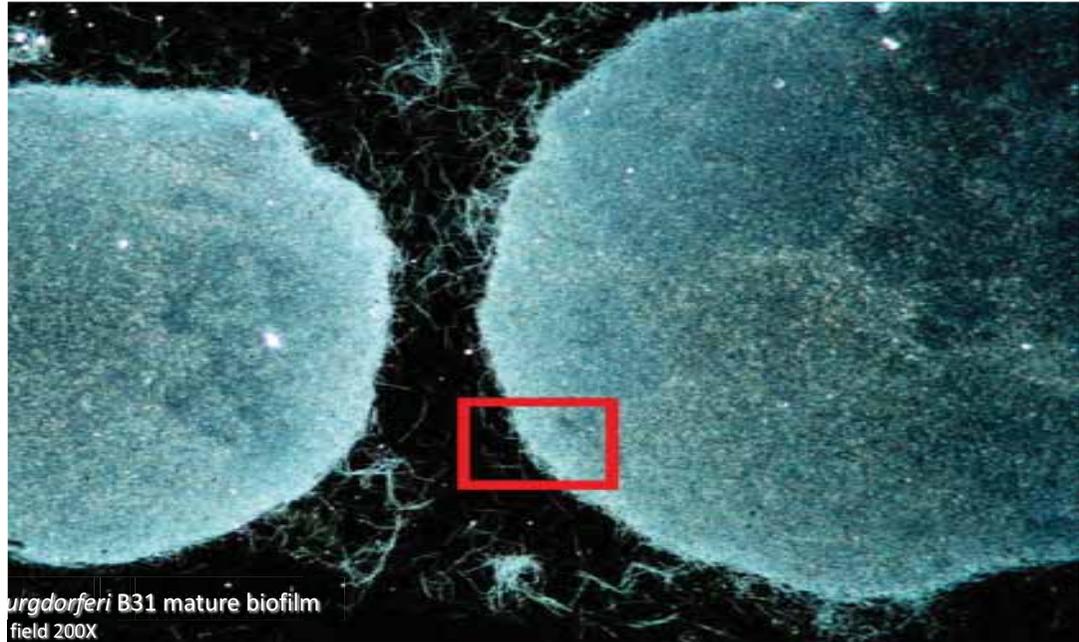
What makes a bacterial colony to a true biofilm?

Loss of motility?

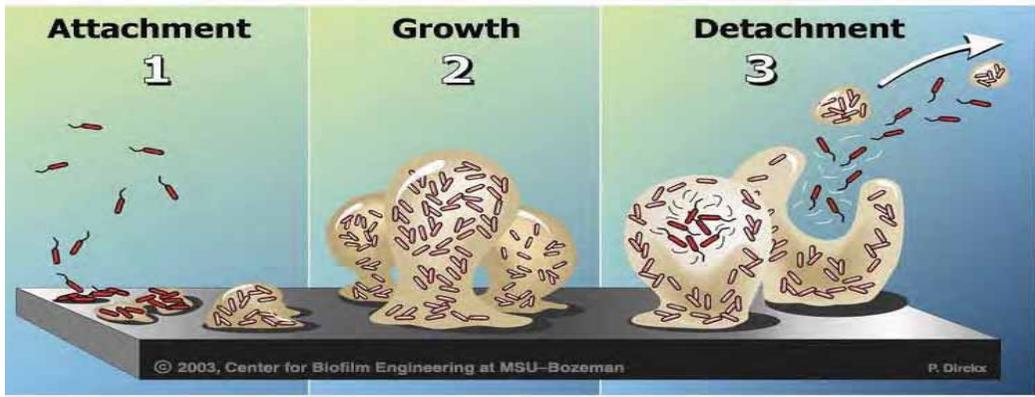
Internal morphological rearrangement

A colony embedded in a matrix of extracellular polymeric substance (EPS) separated by a network of open channels

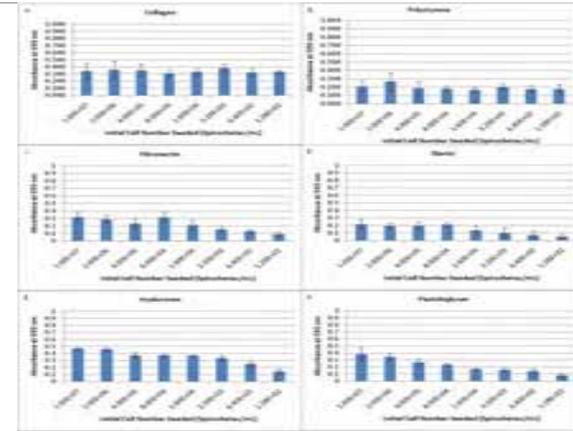
Communication network- quorum sensing



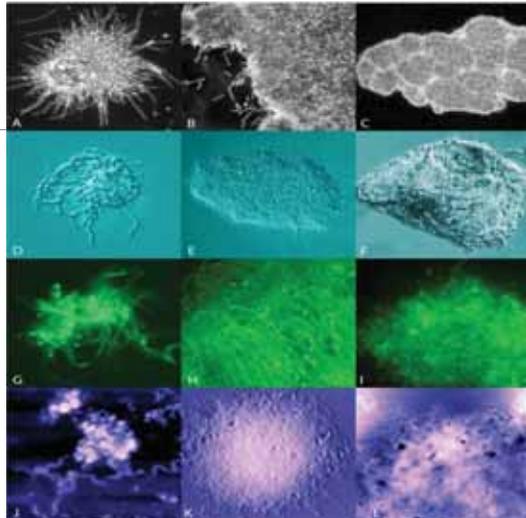
Stages of biofilm development



Matrix requirement for *Borrelia* biofilm



Rattelle A, Sapi E 2011



Dark-field microscope

DIC

Fluorescent microscope

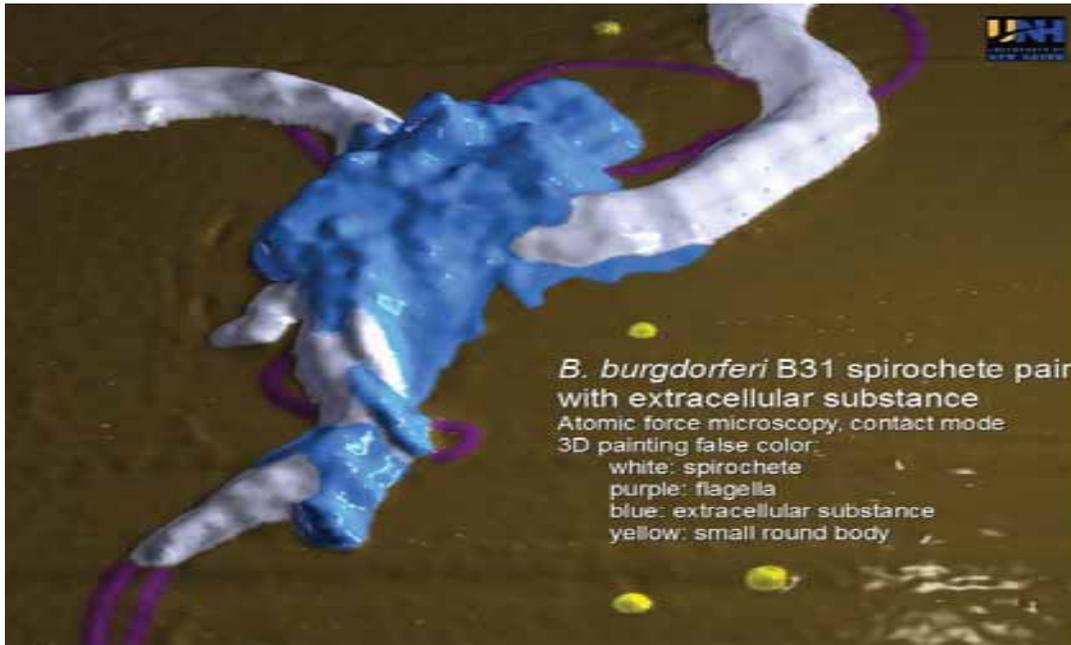
Atomic Force Microscope

Borrelia burgdorferi biofilm Sapi E et al: PLoS One 2012

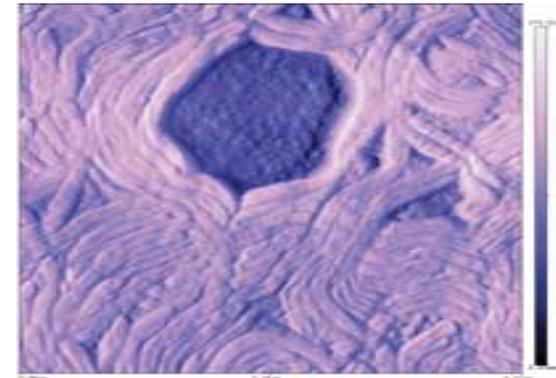
Atomic force microscopy images of live *Borrelia* colony growing on agarose – early development



Luecke D, Datar A, and Sapi E 2009



Atomic force microscopy images of live *Borrelia* colony growing on agarose – mid-phase development



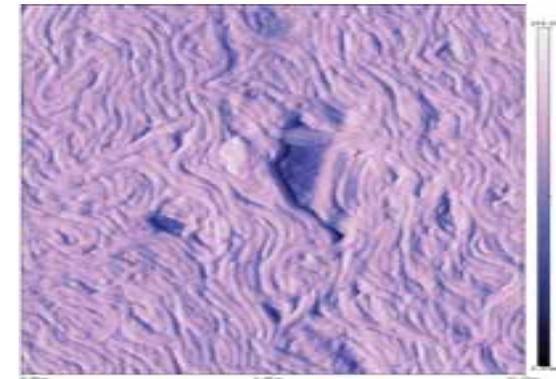
Bastian S, Luecke D, Datar A, Sinha S and Sapi E 2011

Atomic force microscopy images of live *Borrelia* colony growing on agarose – early development



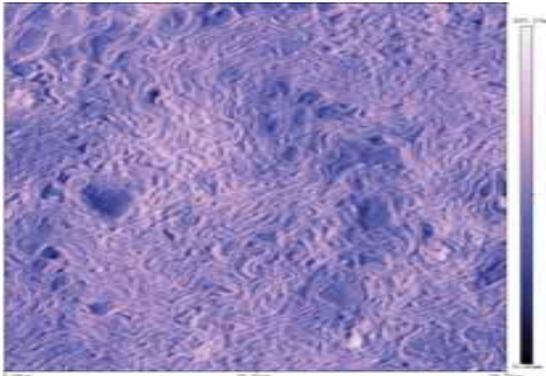
Bastian S, Luecke D, Datar A, Sinha S and Sapi E 2011

Atomic force microscopy images of live *Borrelia* colony growing on agarose – midphase development – 2 days later



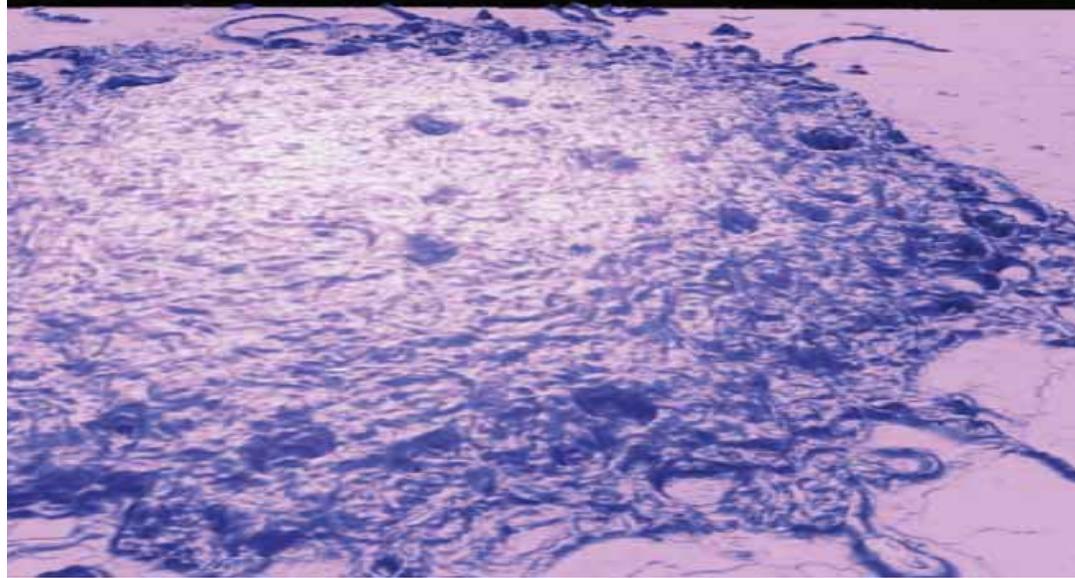
Bastian S, Luecke D, Datar A, Sinha S and Sapi E 2011

Atomic force microscopy images of live *Borrelia* colony growing on agarose –late phase

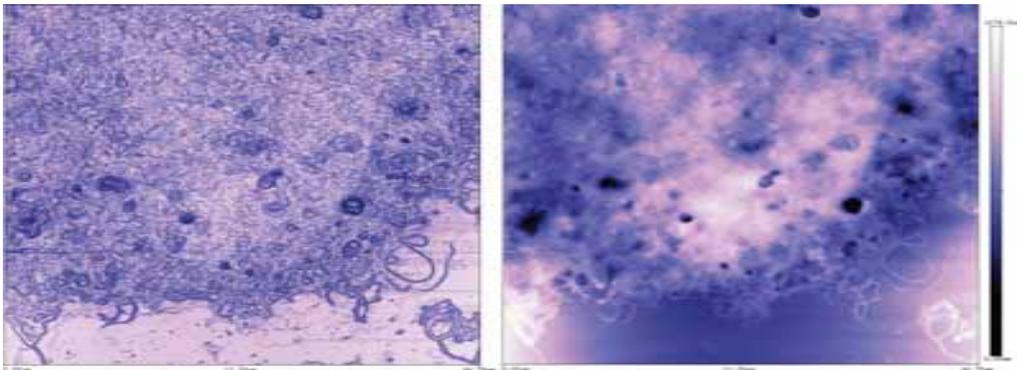


Bastian S, Luecke D, Datar A, Sinha S and Sapi E 2011

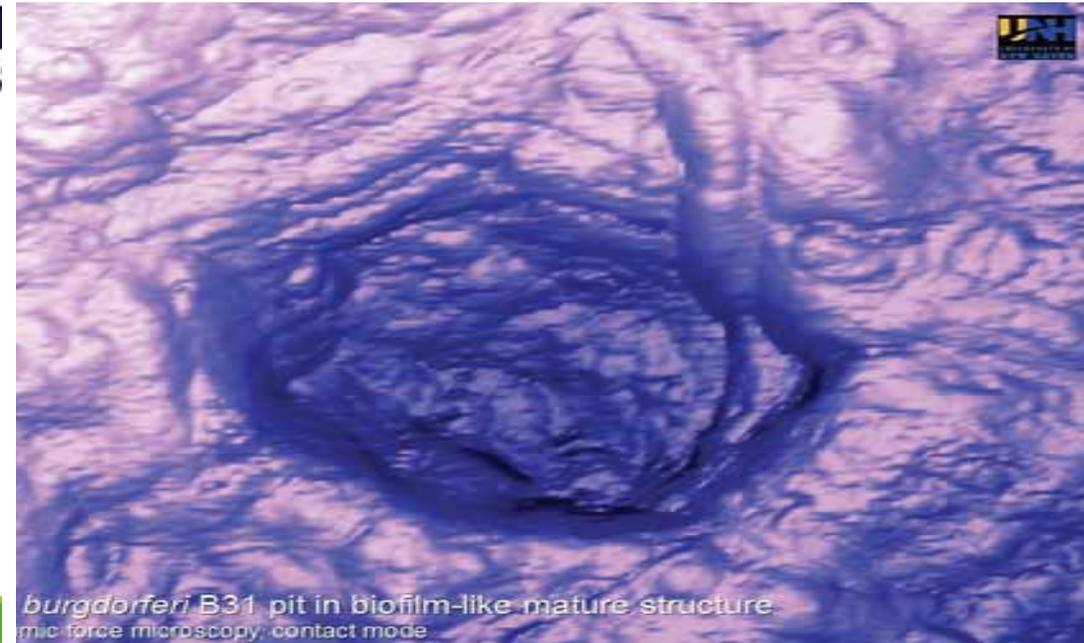
burgdorferi B31 biofilm-like mature structure
atomic force microscopy, contact mode



Atomic force microscopy images of live *Borrelia* colony growing on agarose –late phase

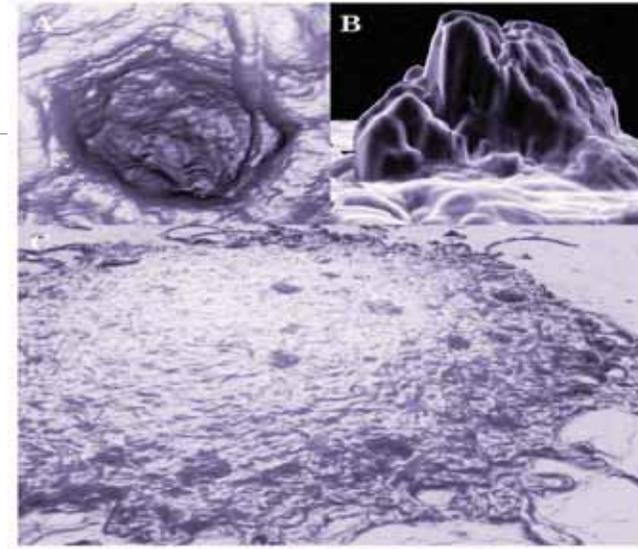
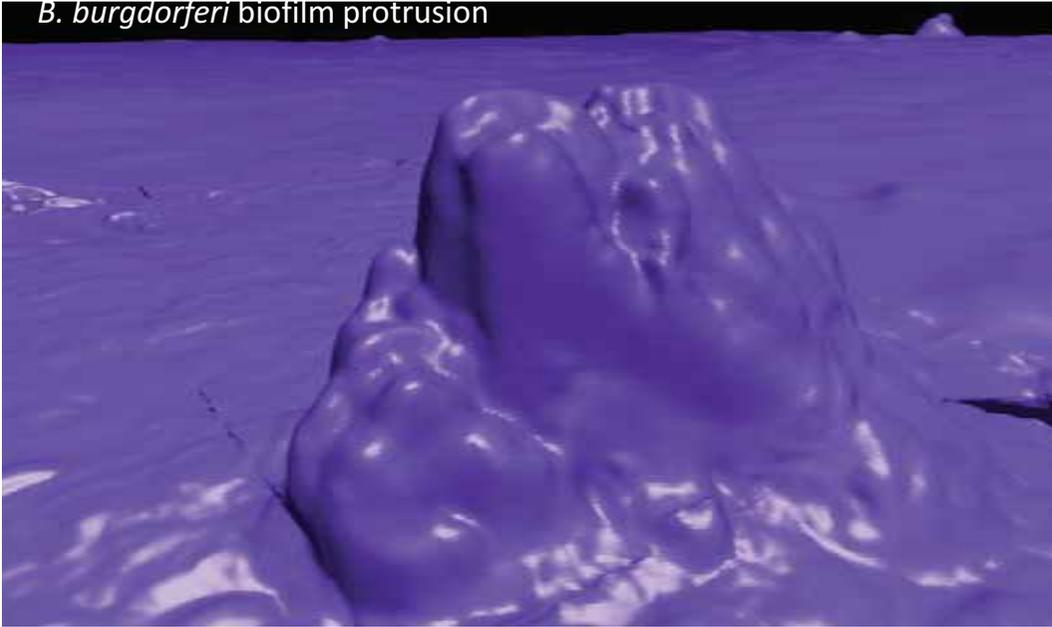


Luecke D, Bastian S, Datar A, Sinha S and Sapi E 2011



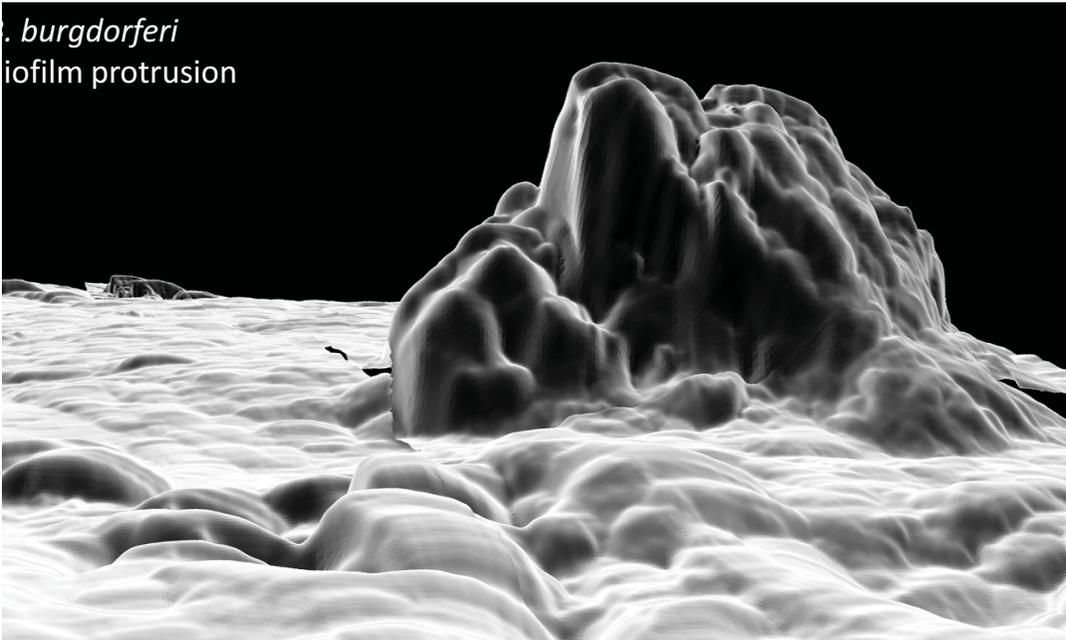
burgdorferi B31 pit in biofilm-like mature structure
atomic force microscopy, contact mode

B. burgdorferi biofilm protrusion



Sapi E et al 2012 PLoS ONE

B. burgdorferi
biofilm protrusion



Extracellular Polymeric Substances

The EPS matrix: The "house of biofilm cells"

Composed of mucopolysaccharides (slime), proteins (enzymes) glycoproteins, glycolipids, extracellular DNA

Some of these polysaccharides are polyanionic (like uronic acid) – can bind to calcium and magnesium

Costerton JW and Irvin RT 1984, Flemming HC 2007

Spicer Meyer aldehyde fuchsine – alcian blue stain sequence for mucopolysaccharides

Aldehyde fuchsine:

Stains acidic sulfated mucins

Alcian blue:

Stains remaining non-sulfated mucins, carboxylated mucopolysaccharides

Spicer & Meyer, 1960

Borrelia EPS component: alginate?

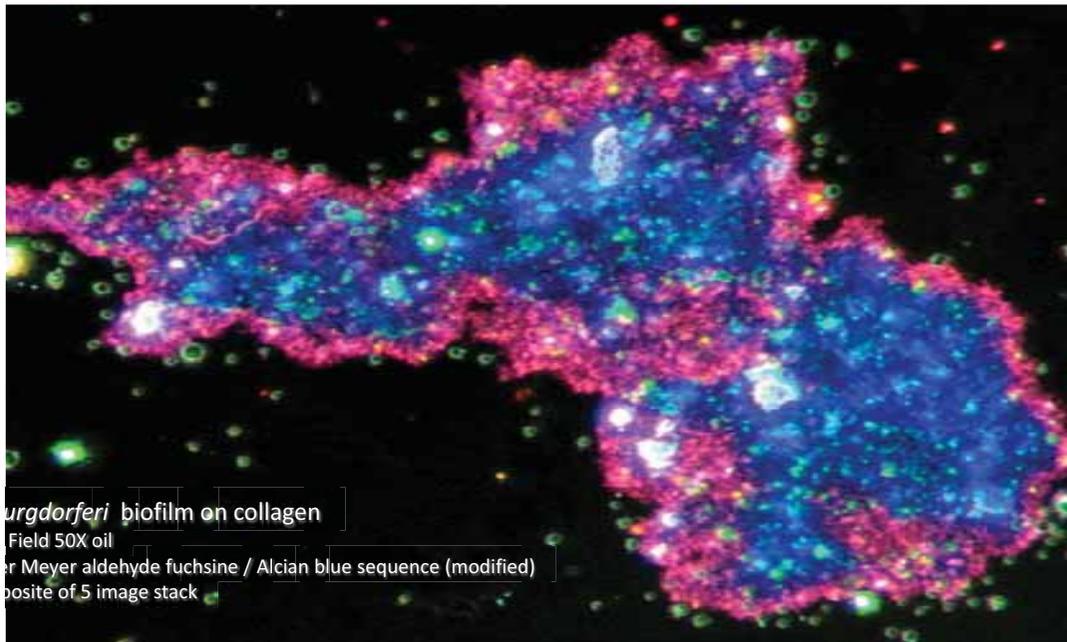
Alginate is well established as a viable primary EPS compound

Composed primarily of **polyuronic acid polymer – alginate** (Kjelleberg 2007)

Chemical analysis of two varieties of slime produced by *Pseudomonas aeruginosa* (Murakama 1973)

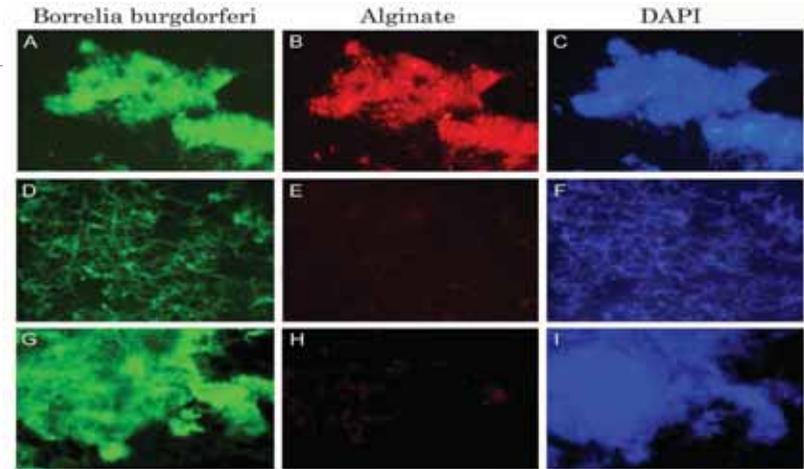
“The exopolysaccharide alginate protects *Pseudomonas aeruginosa* biofilm bacteria from IFN-gamma-mediated macrophage killing.” (Leid 2005)

“Alginate is not a significant component of the extracellular polysaccharide matrix” (Wozniak 2003)



Borrelia burgdorferi biofilm on collagen
Field 50X oil
Spicer Meyer aldehyde fuchsine / Alcian blue sequence (modified)
Composite of 5 image stack

Alginate on the surfaces of *Borrelia* aggregates



EPS: alginate and calcium

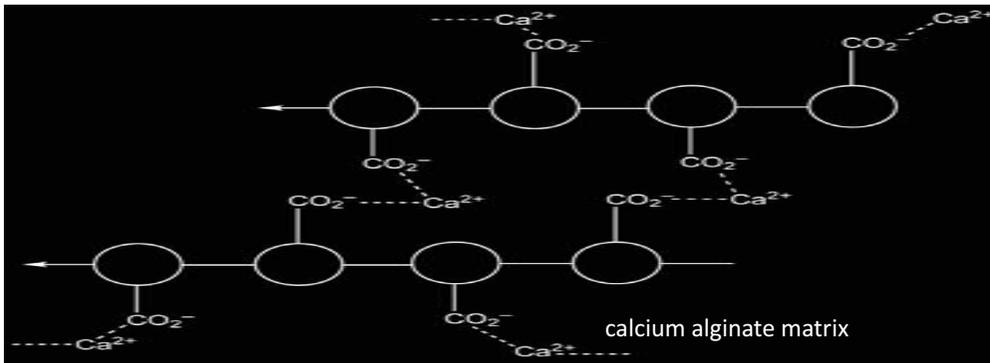
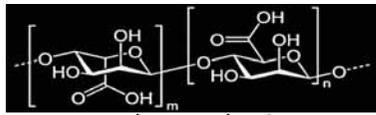
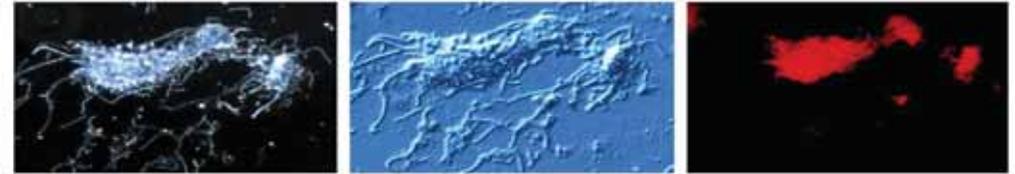


image: RSC.org

Extracellular DNA on the surface of *Borrelia* biofilms

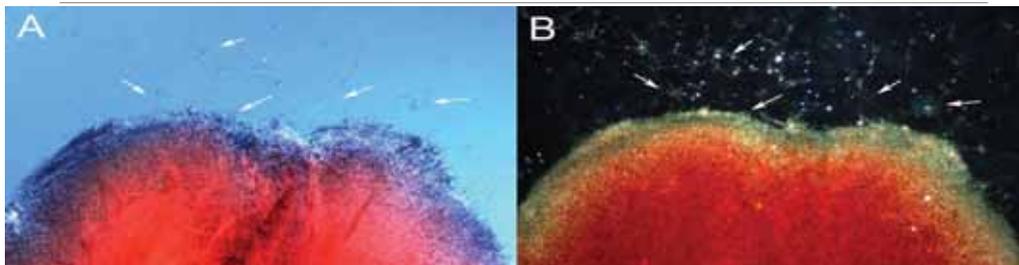


Borrelia burgdorferi B31 aggregates surrounded by individual spirochetes (marked with white arrows) stained with the DDAO [7-hydroxy-9H-(1, 3-dichloro-9, 9 dimethylacridin-2-one DNA binding fluorescent dye. A: Dark field image B: Differential interference contrast image, and C: DDAO red stained fluorescent image of the same cellular structures. 400x magnification.



Sapi et al PLoS ONE 2012

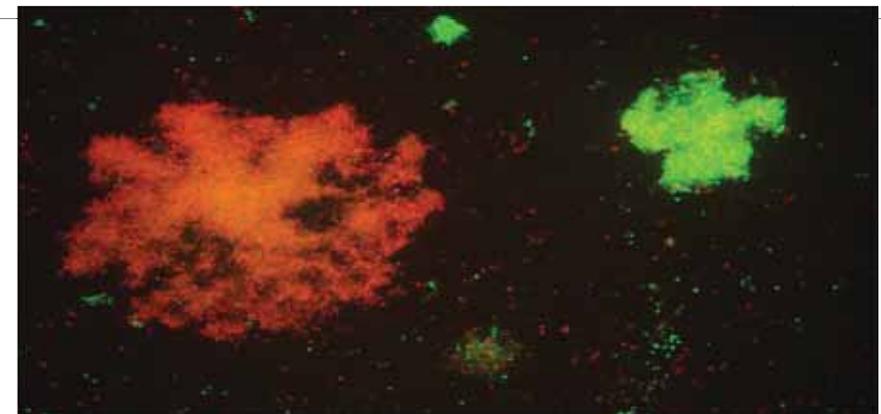
Calcium on the surface of *Borrelia* aggregates



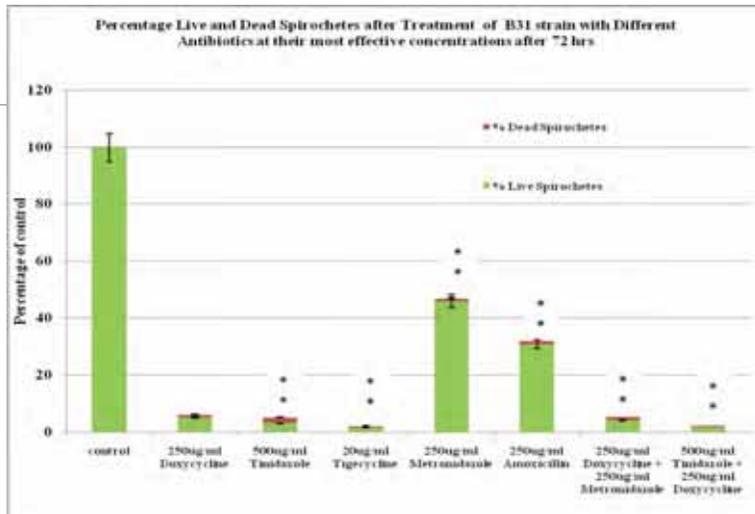
Borrelia burgdorferi B31 strain large aggregate surrounded by individual spirochetes and several small aggregates stained with the calcium-detecting stain Alizarin. Red coloration indicates presence of calcium, by differential interference contrast (Panel A) and dark field microscopy (Panel B).

Sapi E et al PLoS ONE 2012

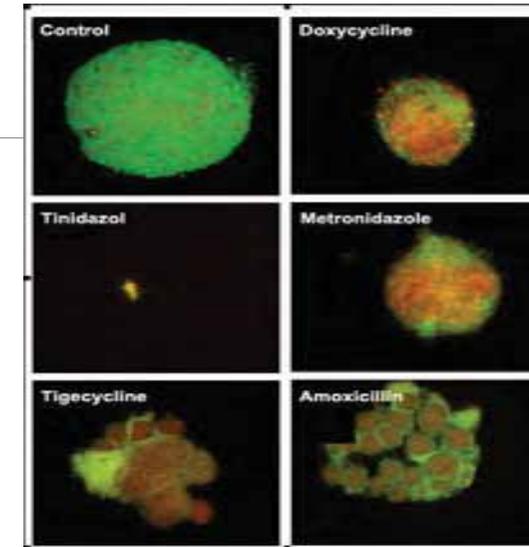
Borrelia burgdorferi treated with 25 microgram/ml of doxycycline for 3 weeks



DF Luercke, Kaur N, Datar A, and E Sapi unpublished data 2012

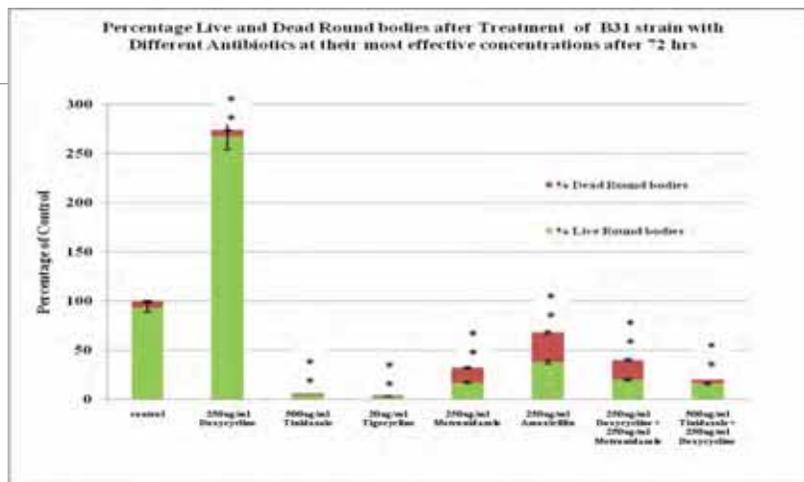


Kaur N, Sapi E 2012 unpublished data



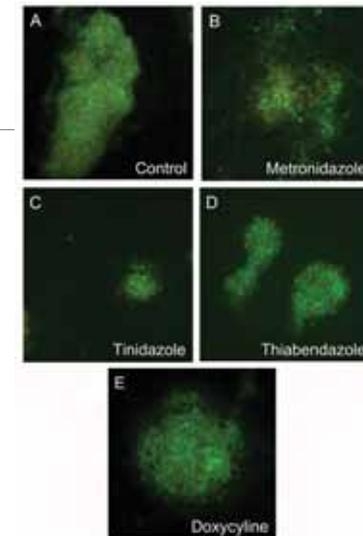
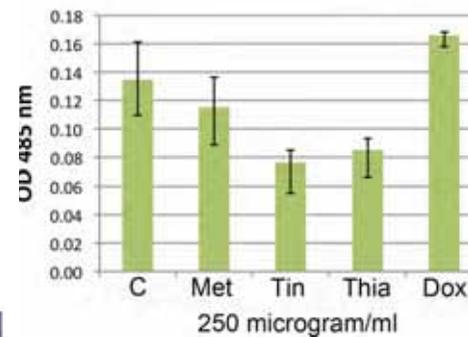
Red stain: Dead
Green stain: Viable

Effect of antibiotics on the aggregates of *Borrelia* measured BacLight staining. Sapi E et al 2011



Kaur N, Sapi E 2012 unpublished data

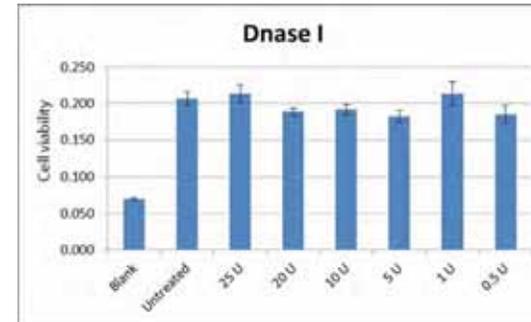
Effects of different nitroimidazole antibiotics on *Borrelia* biofilm (72h)



PAS Theophilus, Balu K Sapi E unpublished data 2013

Degrading the extracellular DNA layer?

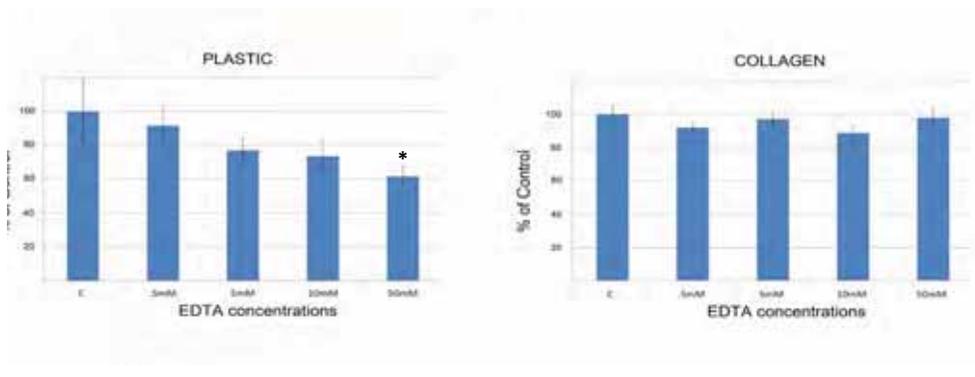
Do we need to treat the EPS of the biofilm layer with different agents?



Victoria JM, Sapi E unpublished data 2013

EDTA effect on *Borrelia* biofilm on plastic and on collagen - 48h

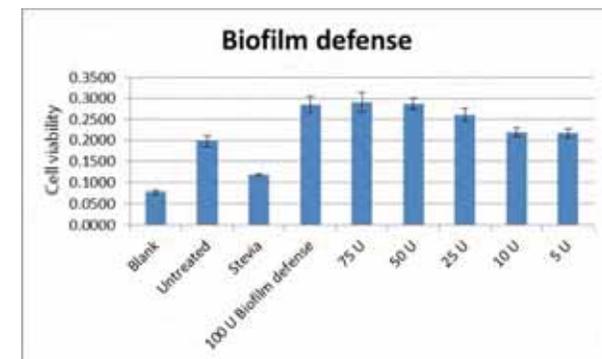
Mixture of Enzymes?



Phillips DS, Burugu D, Sapi E 2013 unpublished data

film Defense

propionic acid
urea
sugar
amino acids/protein
ethanol (indirect pressure)
glucose
acetic acid
p-glucose
urea
urea
urea
urea



Victoria JM, Sapi E unpublished data 2013

Do we need a Trojan Horse?



Additional work before publishing

- in situ hybridization
- AFM studies
- monoclonal staining
- additional biofilm markers (lectin binding studies)
- animal studies

Summary

Borrelia burgdorferi does form a very organized biofilm *in vitro*

Major component is probably calcium alginate, but polymer subunits remain to be identified

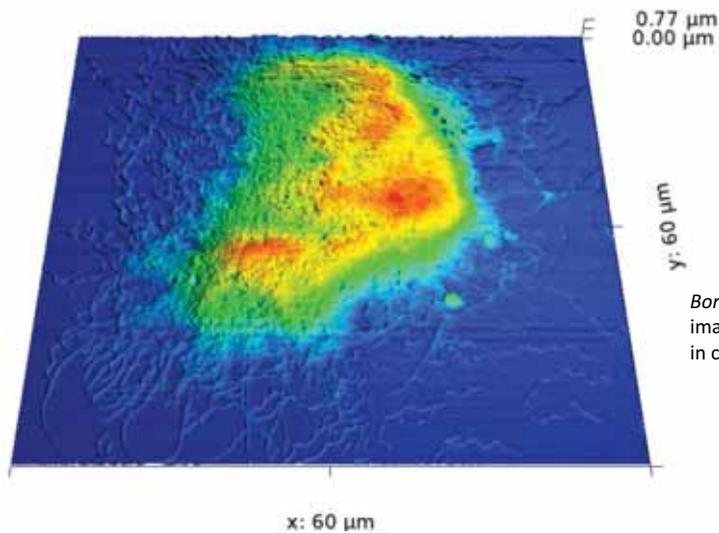
Imination detected by RAMAN spectroscopy possible cross-linking for increased strength may be mechanism of maturation

Preliminary results show potential *in vivo* *Borrelia* biofilm in infected skin tissues



The new atomic force microscope 2013 October
UNH Lyme disease research group





Borrelia burgdorferi B31 biofilm image using AFM microscope in contact mode



Special Thanks To:

University of New Haven and College of A&S for funding our studies.

medisease.org, Lyme Research Alliance, Lyme Disease Association, TBDA (Turn the Corner Foundation), Warman Foundation, Warman Family for supporting our research projects

medisease.org, Lyme Research Alliance, LDA, TBDA (Turn the Corner), and Schwartz Foundation for providing a “state of the art” microscopes for our morphological studies

: Michael Rossi, Dr. Roman Zajac at the Department of Biology and Environmental Science (UNH) for additional support and funds

Luecke DF, Sapi E 2013 unpublished image

The UNH Lyme Research Group (2004-2013):

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