# Establishment of the Gonorrhea Mouse Model for Pre-Clinical Testing of Antimicrobial Agents against *Neisseria gonorrhoeae*



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#### Animal Models Can Be Used to Accelerate Product Development

The gonorrhea mouse model is the best characterized animal model of Gc infection and we have used it to test many candidate products, including:

- Antibiotics
- Vaccines
- Vaginal microbicides

#### **Colonization characteristics**

- Gc recovered for 10-14 days
- Gc within cervical and vaginal tissue; seen within lamina propria
- Ascending infection in 18-20% of mice

#### Localized inflammatory response

- Neutrophil influx in 30-80% of BALB/c mice
- Proinflammatory cytokines/chemokines on day 5 of infection

#### Susceptible to repeat infection with same strain as occurs in humans

- Transient, unremarkable antibody response
- No humoral memory response



#### MIC Breakpoints for CRO and CFX

#### In vitro MIC breakpoints

- CLSI considers strains to be susceptible to CRO and CFX when MIC  $\leq 0.25\,\mu g/mL$
- Definition of decreased susceptibility or resistance to CRO and CFX varies by country and testing method
  - CDC: MICs  $\geq 0.5~\mu g/mL$  are considered to have decreased susceptibility

#### Therapeutic time in humans

- Time where plasma concentration is at least 4 times greater than the  $\mbox{MIC}_{90}$ 
  - CRO (250 mg, IM): 47 76.2 hours
  - CFX (800 mg, oral): 17.1 27.3 hours

#### No corresponding dose response information for treatment of infection

• Utilize gonorrhea mouse model to generate in vivo clearance and PK data



(Moran & Levine, 1995)

#### Urgent Need for New Treatments against Neisseria gonorrhoeae (Gc) Infections

There is no longer a single class of antibiotics available for treatment of Gc

### The extended-spectrum cephalosporins (ESCs) were the last class of antibiotics used for single treatment

- · Due to rising MICs, cefixime (CFX) is no longer recommended
- Decreased susceptibility and cases of treatment failure of ceftriaxone (CRO) also reported

#### Guidelines now recommend dual antimicrobial therapy

- CRO and azithromycin (single 1 g dose administered orally)
  - CRO: injectable cephalosporin; single IM dose (250 mg, CDC, USA)
- Safe and effective treatment for uncomplicated infections at all anatomical sites
- Uncomplicated urogenital and anorectal infections 99.2%
- Pharyngeal infections 98.9%



#### Research Needs:

- No in vivo breakpoints for known antibiotics established in the gonorrhea mouse model for pre-clinical development of new therapeutics
- The gonorrhea mouse model has not been utilized to test multi-drug resistant Gc strains

#### Objectives:

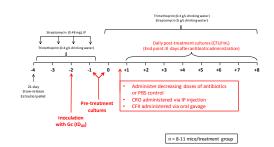
- Establish the in vivo breakpoint for CRO and CFX of both susceptible and resistant Gc strains
  - At what dose do we see treatment failure?

#### In Progress:

- Generate pharmacokinetic (PK) data for doses of successful and failed CRO and CFX treatments
  - Can use data to establish method of comparing in vitro and in vivo efficacy of known antibiotics
  - Use for comparing/predicting success of new therapeutics



#### Experimental Design: Dose Response Studies to Determine in vivo Efficacy of CRO or CFX





#### N. gonorrhoeae Strain FA1090

#### Susceptible to both CRO and CFX (agar dilution assay)

- CRO MIC = 0.0075 μg/mL
- CFX MIC = 0.0075 μg/mL

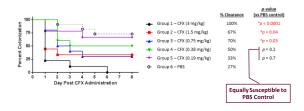
#### Isolated from a case of disseminated gonococcal infection

- Female patient, 1983
- · Naturally streptomycin-resistant

#### Extensively tested in the experimental male urethral infection model



# 0.38 mg/kg is the *in vivo* Breakpoint for CFX against FA1090 (CFX<sup>s</sup>)





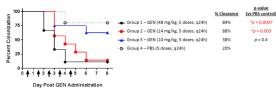
#### Characterization of H041 Infection in the Gonorrhea Mouse Model

### Infectious dose studies

 Inoculation with 10<sup>4</sup> CFU of H041 yielded infection in 80 – 100% of mice for 14 days

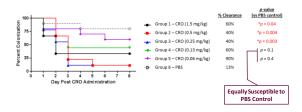
#### Establishment of a positive control antibiotic

 GEN dose response testing indicated that 5 daily IP doses of 48 mg/kg successfully cleared H041 infection compared to the PBS control





## 0.13 mg/kg is the *in vivo* Breakpoint for CRO against FA1090 (CRO<sup>s</sup>)





#### N. gonorrhoeae Strain H041

#### First high-level CRO resistant Gc strain (Ohnishi et al. 2011)

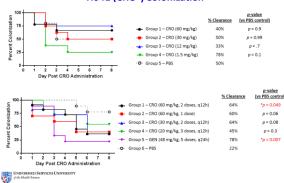
- Isolated from pharynx of female commercial sex worker in Kyoto, Japan (2009)
- CRO MIC = 2-4 μg/mL
- CFX MIC = 8 μg/mL

#### High level of CRO resistance conferred by a unique penA mosaic allele

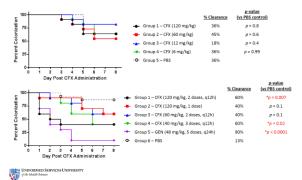
- Mutations in penicillin-binding protein 2 (PBP2)
- Previously correlated with resistance and decreased susceptibility to ESCs



# Single Dose of CRO had no Significant Effect on H041 (CRO<sup>R</sup>) Colonization



# Single Dose of CFX had no Significant Effect on H041 (CFX<sup>R</sup>) Colonization



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#### **Conclusions and Future Directions**

- The gonorrhea mouse model can now be used to test novel antimicrobials against strain H041 in vivo
  - GEN was established for use as a positive control
- In vivo breakpoints were identified for a sensitive Gc strain in the gonorrhea mouse model
  - CRO: 0.13 mg/kg
  - CFX: 0.38 mg/kg
- Delivery of multiple doses of both CRO and CFX significantly reduced the percentage of mice colonized with the CRO® strain H041
  - Single doses of either antibiotic showed no effect
- PK analysis is underway for both CRO and CFX to be able to relate plasma concentration for each antibiotic to the *in vivo* breakpoint

