Vector Biology: Connecting human health, animal health and the environment



Mount Allison



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Human tissue

• Late Lyme carditis



Borrelia burgdorferi and B. bissettii and Leptospira in wildlife

Borrelia burgdorferi and B. miyamotoi Reservoir species Tissue distribution and implications for congenital transmission

(3)



Implications

Molecular Tools for Diagnostics and Research

- Enables **direct** detection of pathogen
- Can be used to assess human seropositive cases, seronegative cases and cases with unknown serological status
- Can be used in humans, wildlife tissues, companion and agricultural animals
- Allows identification of *Borrelia* species



Cardiac involvement in late Lyme disease

- In the course of infection, Lyme diseases infect multiple organs including heart
- Varies in nature in acute versus chronic disseminated infection
 - Acute phase
 - Atrioventricular block and pericarditis
 - \circ Chronic phase
 - Dilated cardiomyopathy
- Borrelia association with cardiac dysfunction in late disease poorly studied
- Very few cases reported a possible relationship between Lyme endocarditis and cardiac valvular pathology
- The aim of this study was to assess the presence of *Borrelia* infection in cardiac tissue using molecular detection of *Borrelia* from biopsy and autopsy tissue





Methods

Donor 1

Long-term resident of Ontario, Canada Recreational and residential exposure to ticks Family members with Lyme disease Lyme-like symptoms reported 9 years prior to aortic value replacement, and again 6 years later. Clinical diagnosis of Lyme disease Canadian ELISA serology negative, US WB equivocal

Aggressive long-term (7 years) antibiotic treatment

Aortic valve replacement surgery (2018) at age 70

- Pericardium
- L. Internal thoracic artery
- Aortic valve

Donor 2

Resident of Nova Scotia, Canada Province is considered endemic Lyme-like symptoms and rashes at age 7 with acute cardiac symptoms Lyme disease not considered at the time Discharged when stabilized, steady deterioration over next 10 years with arthritis, fatigue, Canadian serology negative, US positive No Lyme disease treatment Death in 2018 at age 17 from heart failure



Methods



Donor 1 - Samples of pericardium, left internal thoracic artery and aortic valve were submitted as ethanol-submerged tissues

- Each of the three tissue samples was divided and a portion preserved in ethanol
 - \circ DNA extraction
 - PCR and sequencing
- The remaining tissues were formalin-fixed and paraffin-embedded (FFPE) for fluorescent in situ hybridization (FISH) and immunohistology

Donor 2 – FFPE blocks for fluorescent in situ hybridization (FISH) and immunohistology



Results – Donor 1 Nested PCR (nPCR)

- Positive amplification for the left internal thoracic artery for FlaB gene
- The other two tissues did not demonstrate amplification
- Amplicons followed by nBLAST analysis of NCBI genbank showed strong sequence identity to *B. burgdorferi*



 Sensitive and specific technique for amplifying low abundance DNA



Detailed methods:

Detecting the Lyme Disease Spirochete, *Borrelia Burgdorferi*, in Ticks Using Nested PCR Melanie K. B. Wills, Andrea M. Kirby, Vett K. Lloyd https://www.jove.com/video/56471/detecting-lyme-diseasespirochete-borrelia-burgdorferi-ticks-using



Results - Fluorescent in situ hybridization (FISH)

- Single-stranded oligonucleotide probes with fluorescent dye attached
- Complementary to a target sequence

Cut sections o

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Negative control (mouse brain, uninfected



Positive control (mouse brain, infected)





Results - FISH hybridization

Donor 1

- The FlaB probe appeared to hybridize and stain target DNA in the left internal thoracic artery sample only
- Stained structures appear to be both punctate and long structures
- Weak fluorescence seen in the pericardium sample, not clearly distinct from background, but none in the aortic valve

Donor 2

- The *FlaB* probe detected target DNA extensively in pericardium
- Stained structures appear to be both punctate and long pericardium structures (distinguishable from lipid and RBC autofluorescence)
- Other tissues not yet tested



Donor 1 L thoracic artery

Donor 2











Results - Immunohistology

Anti-*Borrelia burgdorferi* B31 polyclonal antibody (Abcam) binds target proteins





Positive control (infected mouse liver) Negative control (brain, uninfected mouse)



Results - Immunohistology

Donor 1

- Immunohistology on left internal thoracic artery showed immune-positive structures
- Pericardium and aortic valve tissues did not show immune-positive structures
- The immuno reactive structures showed a variety of forms, but not the typical spirochetal form





Conclusions:

Donor 1

- Borrelia was detected by nPCR, FISH and protein was detected by immunohistology in biopsied thoracic artery tissue. It was not detected in the other cardiac tissues.
- Borrelia burgdorferi DNA present only at low abundance in connective tissue
- These results validate the clinical diagnosis of Lyme disease in this individual, US serology and tick exposure
- Limited detection is consistent with aggressive treatment, although Borrelia DNA was detected.
 Viability cannot be assessed by these methods.
- Round body more common than long/spriocheatal forms

The individual is still well, active and healthy

Donor 2

- Abundant Borrelia was detected by FISH in the pericardium
- Other tissues still to be tested
- These results are consistent with tick exposure and US WB but not Canadian serology
- Round body more common than long/spriocheatal forms
- Involvement of Borrelia infection in donor 2's heart failure is an important question for the family and for all individuals living in endemic areas



Significance

- This study demonstrates that Borrelia DNA can be detected in human tissues using molecular methods
- This approach offers the opportunity to address research questions such as *Borrelia* tissue distribution, amount and correlation with tissue damage

