

Effect of aluminum hydroxide adjuvant and formaldehyde in the formulation of rPA anthrax vaccine[☆]

S.F. Little^{a,*}, B.E. Ivins^a, W.M. Webster^a, S.L.W. Norris^b, G.P. Andrews^{a,1}

^a United States Army Medical Research Institute of Infectious Diseases, Bacteriology Division,
1425 Porter Street, Fort Detrick, Frederick, MD 21702-5033, USA

^b Goldbelt Raven, LLC/Research Support Division, 1425 Porter Street, Fort Detrick, Frederick, MD 21702-5033, USA

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Abstract

The serological response and efficacy of *Bacillus anthracis* recombinant protective antigen (rPA) vaccines formulated with aluminum hydroxide adjuvant, either with or without formaldehyde, were evaluated in rabbits. Rabbits that had been injected with a single dose of 25 µg of rPA adsorbed to 500 µg of aluminum in aluminum hydroxide gel (Alhydrogel) had a significantly higher quantitative anti-rPA IgG ELISA titers ($p < 0.0001$) and toxin neutralizing antibody (TNA) assay titers ($p < 0.0001$) than rabbits tested at the next lowest concentration of aluminum (158 µg). Rabbits injected with two doses of 50 µg of rPA formulated with 500 µg of aluminum also had significantly higher serological responses, as measured by a quantitative anti-rPA IgG ELISA ($p < 0.0001$) and TNA assay ($p < 0.0001$), than sera from rabbits injected with a rPA vaccine formulated without adjuvant. Short-term protection against an aerosol spore challenge (448 LD₅₀), however, was not significantly different between the two groups (12/12 and 11/12, respectively). Rabbits injected with a single dose of 50 µg of rPA formulated with 500 µg of aluminum and 0.2% formaldehyde had significantly higher ELISA ($p < 0.0001$) and TNA assay ($p < 0.0001$) titers than rabbits that had been injected with a rPA vaccine formulated with adjuvant but without formaldehyde. Short-term protection against a 125 LD₅₀ parenteral spore challenge, however, was not significantly different between the two groups (14/24 and 9/24, respectively; $p = 0.2476$). Under the conditions tested in the rabbit animal model, significantly higher serological responses were observed in rabbits that had been injected with rPA formulated with aluminum hydroxide gel adjuvant and formaldehyde. However, differences in short-term efficacy were not observed.

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Keywords: *Bacillus anthracis* PA vaccine formulation; Rabbit animal model; Aluminum hydroxide gel adjuvant; Formaldehyde

1. Introduction

Anthrax is an infection that may result after exposure to spores of *Bacillus anthracis* by the cutaneous, gastrointestinal, or aerosol routes and may be characterized by an extensive bacteremia and toxemia. A small number of cutaneous infections, which are usually self-limiting, as well as gastrointestinal and aerosol infections, are life threatening. The bacteremia is facilitated by the expression of a poly-D-glutamic acid capsule which interferes with phagocytosis of the vegetative bacterium. Toxemia is the result of two separate binary toxins, lethal toxin (LeTx) and edema toxin. A central component of both toxins is protective antigen (PA). After PA binds to a cellular receptor,

[☆] Research was conducted in compliance with the Animal Welfare Act and other federal statutes and regulations relating to animals and experiments involving animals and adheres to principles stated in the Guide for the Care and Use of Laboratory Animals, National Research Council, 1996. The facility where this research was conducted is fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International. Opinions, interpretations, conclusions, and recommendations are those of the author and are not necessarily endorsed by the U.S. Army. The research described herein was sponsored by the U.S. Army Medical Research and Materiel Command, Project 02-4-CC-008.

* Corresponding author. Tel.: +1 301 619 4914.

E-mail address: stephen.little@amedd.army.mil (S.F. Little).

¹ Present address: Department of Veterinary Sciences, University of Wyoming, Wyoming State Veterinary Laboratory, 1174 Snowy Range Rd., Laramie, WY 82071, USA.

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it undergoes proteolysis by the cell-surface protease resulting in a receptor-bound fragment, PA63. The PA63 molecules form a heptameric pre-pore which complexes with the enzymatic components, either lethal factor (LF), forming LeTx, or edema factor (EF), to form edema toxin. The toxin complex is then endocytosed by the cell and within the endocytic compartment the pre-pore undergoes an acidic pH-dependent conformational rearrangement that allows translocation of LF and EF into the cytosol [1].

Anthrax vaccine adsorbed, Biothrax (AVA Biothrax; BioPort Corporation, Lansing, MI) is the current vaccine licensed for human use against exposure to *B. anthracis* spores in the U.S. The vaccine is prepared by adsorbing filtered culture supernatant fluids of the V770-NPR-1 strain of *B. anthracis* to an aluminum hydroxide gel. The major protective antigen in AVA BioThrax is PA [2–5], the central component of the *B. anthracis* exotoxins. Also present in the vaccine are LF and undefined bacterial proteins, which are present in the filtered culture supernatant and which are also adsorbed onto the adjuvant [6]. In addition to the adjuvant, AVA Biothrax is formulated to contain 25 µg/ml of benzethonium chloride as a preservative and 100 µg/ml of formaldehyde as a stabilizer. Several concerns have been raised in regards to the vaccine, including the lot-to-lot variation in the amounts of PA in the vaccine [6] and occasional reactogenicity after vaccination, which may be related to the presence of uncharacterized components and possibly formaldehyde [7–9] that have served as a stimulus to develop a more fully characterized vaccine. Several studies have demonstrated the efficacy of PA in vaccines to protect against anthrax intoxication or infection [10–13]. The importance of anti-PA serum also has been shown in the identification of in vitro correlates of immunity [14–17] and in passive antibody studies [18–20]. This report evaluates the role of the aluminum hydroxide gel adjuvant and the excepted formaldehyde in the formulation of rPA vaccines in the rabbit model using in vitro surrogate markers (the quantitative anti-rPA IgG ELISA and toxin neutralizing antibody (TNA) assay) and efficacy studies.

2. Materials and methods

2.1. Animals

An equal number of male and female New Zealand white (NZW) rabbits (3.0–3.5 kg) (Covance Research Products, Denver, Penn.) were used for each experiment. The animals received food and water *ad libitum*. Research was conducted in compliance with the Animal Welfare Act and other federal statutes and regulations relating to animals and experiments involving animals and adheres to principles stated in the Guide for the Care and Use of Laboratory Animals, National Research Council, 1996. The facility where this research was conducted is fully accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International.

2.2. Preparation of rPA vaccine, vaccination, and challenge

Recombinant PA (rPA), expressed in a *B. anthracis* background [21,22], was manufactured as a cGMP lot by the Biopharmaceutical Production Facility at NCI-FCRC (Frederick, MD) using a modification of a reported procedure [23]. The same lot of rPA was used throughout these experiments for vaccinations and serological analysis of antibody response. LF was prepared by chromatographic separation from V770-NP1-R culture supernatants as previously described [24].

The effect of aluminum hydroxide gel adjuvant on the serological response to rPA was evaluated by adsorbing 25 µg of rPA diluted in Dulbecco's phosphate buffered saline without Ca^{2+} or Mg^{2+} (PBS) to various concentrations of aluminum (500–15.8 µg per 0.5 ml dose in half-log dilutions) in Alhydrogel (2% Al_2O_3 ; HCl Biosector, Frederikssund, Denmark) for 20–24 h at 4 °C before use. NZW rabbits were inoculated intramuscularly (i.m.) with a single dose in 0.5 ml volumes and were bled weekly. The immunological status of the rabbits was measured by using a quantitative anti-rPA IgG ELISA and TNA assay [15].

The effect of adjuvant (Alhydrogel) on the serological response and protection was evaluated in NZW rabbits, which were inoculated i.m. at 0 and 4 weeks with 50 µg of rPA formulated with either 500 µg of aluminum per injection, final concentration, or without adjuvant in 0.5-ml volumes. Control rabbits were injected with PBS and Alhydrogel. Rabbits were bled every other week to determine serological titers to PA (quantitative anti-rPA IgG ELISA and TNA assay). At 10 weeks, rabbits were exposed to a small-particle aerosol in a modified Henderson exposure system contained within a Class III biological safety cabinet to the head only (nose and mouth) with a lethal dose of spores from the Ames isolate of *B. anthracis* [25]. Inhaled doses were calculated using the aerosol exposure concentration obtained from plate counts from the all-glass impinger which continuously sampled the test atmosphere during the 10 min exposure time and the respiratory minute volume for each animal measured by plethysmography. Spores were prepared as previously described [25]. Survival was noted for 21 days after challenge. The aerosol LD_{50} of Ames spores in NZW rabbits is 1.1×10^5 spores [25]. The average inhaled dose (average $\text{LD}_{50} \pm \text{S.D.}$) of spores was $448 \pm 214.6 \text{ LD}_{50}$.

The effect of formaldehyde on the immune response in NZW rabbits after injection of a rPA vaccine preparation was also evaluated. Vaccine preparations were formulated with 50 µg of rPA adsorbed to 500 µg of aluminum in Alhydrogel with or without 0.02% formaldehyde. Rabbits were inoculated i.m. with a single dose of vaccine. Control rabbits were injected with PBS and Alhydrogel. Rabbits were bled every other week after inoculation, and the sera were tested by a quantitative anti-rPA IgG ELISA and TNA assay. Rabbits were challenged subcutaneously (s.c.) at week 6 with 125

LD₅₀ spores from the Ames isolate of *B. anthracis* (actual count was 1.9×10^5 spores). Spores were prepared as previously described [25]. Survival was noted for 21 days after challenge. The s.c. LD₅₀ of Ames spores in NZW rabbits is 1.5×10^3 spores.

2.3. Serological analysis of antibodies

Blood was collected periodically for analysis of serum antibodies by a quantitative anti-rPA IgG ELISA and TNA assay [15]. ELISA titers were determined by interpolating the average absorbance value for triplicate wells of each sample with the absorbance values of a standard curve generated from seven dilutions of affinity purified rabbit anti-rPA IgG by linear regression analysis and reported as micrograms of anti-rPA IgG per ml (KC4 software, BioTek Instruments, Winooski, VT) [15]. Titers were presented as the geometric mean and $\times/\div$ standard error of the geometric mean (S.E.M.). For the TNA assay, the average absorbance value of triplicate wells for each test sample dilution, less the average absorbance value of triplicate wells incubated with LeTx, was divided by the average absorbance value of control wells that contained only medium, less the average absorbance value of triplicate wells incubated with LeTx, and the ratio multiplied by 100 to obtain the percent viability of the test wells compared to the control wells:

$$\%Control = \left(\frac{\text{sample avg} - \text{LeTx avg}}{\text{medium control avg} - \text{LeTx avg}} \right) \times 100.$$

The percent control values were plotted against each respective test dilution using a four-parameter logistic equation algorithm. TNA assay titers were expressed as the reciprocal of the dilution of antiserum at which neutralization of the cytotoxic activity of LeTx on J774A.1 cells was half-maximal (50%; ED₅₀) using XLfit software (IDBS Inc., Emeryville, CA). Titers were presented as the geometric mean and $\times/\div$ S.E.M.

2.4. Statistical analysis

Log₁₀ transformations were applied to all ELISA and TNA assay ED₅₀ titers except for TNA assay ED₅₀ titers from results presented below in Section 3.1. After transformation, the dependent variable met assumptions of normality and homogeneity of variance. Mixed model analysis of variance (RM-ANOVA) or ANOVA were used to compare titers over time and between challenge groups. Fisher exact tests and Chi-square tests for proportions were used to compare survival rates, which are the ratio between survivors and the total number of test animals at the end of the study. Kaplan-Meier survival analysis, which is a plot of the percent survival as a function of time, was used to compare survival curves between groups. Analyses were conducted using SAS Version 8.2 (SAS Institute Inc., SAS OnlineDoc, Version 8, Cary, NC).

3. Results and discussion

3.1. Dose effect of Alhydrogel adjuvant on serological responses

During the development of an anthrax vaccine based upon rPA, numerous adjuvants were evaluated for their efficacy in guinea pigs [5,26] and non-human primates [12]. Aluminum-based adjuvants however, are the only class of adjuvants that have been approved for use in humans. AVA Biothrax is prepared from V770-NP1-R filtered culture supernatants adsorbed to 650 µg of aluminum hydroxide gel per 0.5 ml dose [6]. The British vaccine approved for human use consists of filtered culture supernatants of the Sterne strain of *B. anthracis* precipitated with aluminum phosphate gel (alum) [27]. Although the maximal amount of aluminum that is allowed for the U.S. vaccine is 850 µg per dose, the recommended maximum concentration for anthrax vaccines based upon rPA is 500 µg per dose. Our first experiment examined the serological response of NZW rabbits injected with a rPA vaccine formulated with various concentrations of aluminum present in aluminum hydroxide gel (Alhydrogel). Animals that were injected with a single dose of 25 µg of rPA adsorbed to 500 µg of aluminum per 0.5 ml dose had a geometric mean peak ELISA titer at week 2 of 31.0 µg of anti-rPA IgG per ml (Table 1). At a half-log lower dose of adjuvant (158 µg of aluminum), the geometric mean week 2 anti-rPA ELISA titer dropped significantly ($p < 0.0001$) by eight-fold to 4.0 µg of anti-rPA IgG per ml. Each half-log lower concentration of aluminum adjuvant in the rPA vaccine preparations resulted in two-fold decreases in week 2 anti-rPA ELISA titers (Table 1). The geometric mean TNA assay ED₅₀ titer at week 2 for rabbits that had been injected with a single dose of 25 µg of rPA adsorbed to 500 µg of aluminum was 360 (Table 1). The TNA assay ED₅₀ titer dropped significantly ($p < 0.0001$) by five-fold to 69.4 for rabbits injected with 158 µg of aluminum per dose (Table 1). At lower concentrations of adjuvant, a decrease in TNA assay ED₅₀ titers were also observed (Table 1). It would appear that for a maximal serological response for rabbits, the maximum recommended concentration of 500 µg of aluminum per dose was the most effective among the doses tested.

3.2. Effect of Alhydrogel on serological response and protection

The effect of the adjuvant on the serological response and protective efficacy was examined in NZW rabbits that were injected with rPA vaccines formulated either with or without Alhydrogel. Rabbits were inoculated with two doses of 50 µg of rPA at 0 and 4 weeks. For one group, rPA was adsorbed to aluminum hydroxide adjuvant at 500 µg of aluminum per dose while the second group did not receive adjuvant. Control rabbits were injected with PBS and Alhydrogel. Titers peaked 2 weeks after the second dose of vaccine on week 6 for both groups (Tables 2a and 2b). The anti-rPA IgG

Table 1

Quantitative anti-rPA IgG ELISA and TNA assay ED₅₀ titers of rabbits after a single inoculation with 25 µg of rPA adsorbed to various concentrations of aluminum

Aluminum concentration (µg)	Quantitative anti-rPA IgG ELISA titer ^a				TNA assay ED ₅₀ titer ^b
	Week 1	Week 2	Week 3	Week 4	Week 2
500	2.5 (1.409)	31.0 (1.209)	18.2 (1.158)	14.2 (1.195)	360 (1.133)
158	0.56 (1.344)	4.0 (1.372)	3.5 (1.302)	3.2 (1.294)	69.4 (1.649)
50	0.49 (1.075)	2.3 (1.251)	2.1 (1.321)	2.1 (1.217)	17.0 (1.782)
15.8	0.51 (1.272)	1.1 (1.262)	0.87 (1.233)	1.1 (1.251)	7.0 (1.641)
0	0.15 (1.213)	BLQ ^c	0.10 (1.254)	0.09 (1.085)	1.0 (1.00)

^a Titer expressed as µg of anti-rPA IgG per ml and standard error of the mean (S.E.M.) in parenthesis.

^b Titer expressed as the reciprocal of the dilution of antiserum at which neutralization of the cytotoxic activity of LeTx on J774A.1 cells was half-maximal (50%; ED₅₀) and S.E.M. in parenthesis. If the TNA assay ED₅₀ titer could not be extrapolated from the 4-parameter logistic regression curve, the value was arbitrarily assigned a value of '1.0'. The starting dilution for the TNA assay was 1:50.

^c BLQ, below the limit of quantitation which was 0.072 µg/ml of IgG, the concentration of the lowest standard (1.44 ng/ml of IgG) multiplied by the lowest starting concentration of the sample (1:50) of the ELISA.

Table 2a

Geometric mean quantitative anti-rPA IgG ELISA titers and survival ratio of rabbits inoculated with 50 µg of rPA formulated with or without aluminum hydroxide gel adjuvant^a

Vaccination group	Anti-rPA IgG ELISA titer ^b						Survival ratio ^a
	Week 2	Week 4	Week 6	Week 8	Week 10	Post-challenge	
With adjuvant	14.1 (1.340)	8.1 (1.330)	342 (1.154)	207 (1.164)	158 (1.134)	322 (1.130)	12/12
Without adjuvant	1.5 (1.311)	1.2 (1.220)	72.0 (1.259)	50.1 (1.248)	31.8 (1.184)	511 (1.176)	11/12
Control	0.44 (1.392)	0.16 (1.616)	0.18 (1.260)	0.09 (1.138)	0.14 (1.741)	na ^c	0/4

^a NZW rabbits were inoculated i.m. at 0 and 4 weeks with rPA vaccine formulated either with or without 500 µg of aluminum adjuvant (Alhydrogel). Rabbits were challenged on week 10 by the aerosol route with spores from the Ames isolate of *B. anthracis*.

^b Titer expressed as µg of anti-rPA IgG per ml and S.E.M. in parenthesis.

^c na, sample not available.

ELISA antibody responses (Table 2a) and TNA assay ED₅₀ titers (Table 2b) were significantly higher in rabbits that were injected with rPA adsorbed to aluminum hydroxide adjuvant than in rabbits that were injected with rPA without aluminum hydroxide gel adjuvant. There was a significant difference in ELISA titers between the two groups ($F(1,108) = 161.75$, $p < 0.0001$) over time ($F(4,108) = 143.45$, $p < 0.0001$) and at each week tested (p values $p < 0.0001$ for each week). There also was a significant difference in TNA assay ED₅₀ titers between the two groups ($F(4,110) = 145.43$, $p < 0.0001$) over time ($F(4,110) = 118.60$, $p < 0.0001$) and at each week tested (p values $p < 0.004$ for each week). Protection against an aerosol exposure to *B. anthracis* spores was measured 6 weeks after the booster inoculation (week 10). Rabbits were challenged by aerosols consisting of spores of the Ames isolate of *B. anthracis*. The average inhaled dose (average

LD₅₀ ± S.D.) of spores that was measured for the rabbits was 448 ± 214.6 LD₅₀. Rabbits that were inoculated with two doses of rPA adsorbed to Alhydrogel were fully protected against the aerosol challenge (100%; 12/12), whereas 92% of rabbits (11/12) inoculated with rPA without adjuvant were protected (Table 2a). None of the control rabbits survived the challenge (0%; 0/4). The serological responses of the rabbits from each group were also compared 21 days after challenge. The post-challenge quantitative anti-rPA IgG ELISA titers and TNA assay ED₅₀ titers from the vaccination group receiving rPA adsorbed to Alhydrogel (322 µg anti-rPA IgG per ml and 6151, respectively) were similar to quantitative anti-rPA IgG ELISA titers and TNA assay ED₅₀ titers measured 2 weeks after the booster injection (342 µg anti-rPA IgG per ml and 4367, respectively). The post-challenge quantitative anti-rPA IgG ELISA titers and TNA

Table 2b

Geometric mean TNA assay ED₅₀ titers of rabbits inoculated with 50 µg of rPA formulated with or without aluminum hydroxide gel adjuvant^a

Vaccination group	TNA assay ED ₅₀ titer ^b					
	Week 2	Week 4	Week 6	Week 8	Week 10	Post-challenge
With adjuvant	203 (1.360)	74.5 (1.435)	4367 (1.125)	2029 (1.100)	1065 (1.100)	6151 (1.146)
Without adjuvant	4.5 (1.766)	2.3 (1.489)	1090 (1.218)	542 (1.226)	312 (1.235)	10422 (1.183)
Control	1.3 (1.172)	1.0 (1.00)	2.0 (1.478)	4.3 (1.626)	1.3 (1.147)	na ^c

^a NZW rabbits were inoculated i.m. at 0 and 4 weeks with rPA vaccine formulated either with or without 500 µg of aluminum adjuvant (Alhydrogel).

^b Titer expressed as the reciprocal of the dilution of antiserum at which neutralization of the cytotoxic activity of LeTx on J774A.1 cells was half-maximal (50%; ED₅₀) and S.E.M. in parenthesis. If the TNA assay ED₅₀ titer could not be extrapolated from the 4-parameter logistic regression curve, the value was arbitrarily assigned a value of '1.0'. The starting dilution for the TNA assay was 1:50.

^c na, sample not available.

assay ED₅₀ titers however, from the rPA vaccination group formulated without Alhydrogel (511 µg anti-rPA IgG per ml and 10,422, respectively) were much higher than the quantitative anti-rPA IgG ELISA titers and TNA assay ED₅₀ titers measured 2 weeks after the booster injection (72 µg anti-rPA IgG per ml and 1090, respectively). A significant increase in ELISA or TNA assay titers suggests an absence of sterile immunity. Rabbits inoculated with rPA adsorbed to Alhydrogel had post-challenge ELISA titers and TNA assay ED₅₀ titers that were two-fold higher ($p=0.0014$) and six-fold higher ($p<0.0001$), respectively, than those measured at week 10. Significantly higher titers were measured also in rabbits that had been inoculated with rPA without Alhydrogel, which had a seven-fold increase in week 10 ELISA titers ($p<0.0001$) and a 33-fold increase in week 10 TNA assay ED₅₀ titers ($p<0.0001$) post-challenge. The difference in post-challenge ELISA titers and TNA assay ED₅₀ titers between the two groups was significantly different ($F(1,21)=5.28$, $p=0.0319$ and $F(1,21)=6.05$, $p=0.0227$, respectively). In addition to resulting in higher quantitative anti-rPA IgG ELISA titer and TNA assay ED₅₀ titers, the formulation of rPA with aluminum adjuvant in the vaccine resulted in a lower increase in the post-challenge serological responses than what was observed in rabbits that had been injected with the rPA vaccine formulated without aluminum hydroxide gel adjuvant (Tables 2a and 2b).

3.3. Effect of formaldehyde on serological response and protection

AVA Biothrax is formulated to contain 0.01% formaldehyde as a stabilizer and 0.0025% benzethonium chloride as a preservative [6]. Studies that had been conducted in evaluating rPA vaccine preparations, including serological correlates of immunity in rabbits [15], potency assay [28], and duration of immunity in rabbits [29], were not formulated with components other than aluminum hydroxide gel adjuvant. The serological response and efficacy of vaccines containing 50 µg of rPA adsorbed to Alhydrogel (500 µg of aluminum) and formulated either with 0.02% formaldehyde

or without formaldehyde were compared in rabbits inoculated i.m. with a single injection of vaccine (Table 3). Geometric mean anti-rPA IgG ELISA titers between the two groups were significantly different at week 2, ($p=0.0001$) and week 4 ($p=0.0002$) but not at week 6 ($p=0.0652$). Similarly, geometric mean TNA assay ED₅₀ titers between the two groups were significantly different at week 2 ($p<0.0001$) and week 4 ($p=0.0003$) but not at week 6 ($p=0.1119$). Rabbits were challenged s.c. at 6 weeks with spores from the Ames isolate of *B. anthracis*. The rPA vaccine formulated with 500 µg of aluminum and 0.02% formaldehyde protected 58% of rabbits (14/24) against the parenteral challenge, while 37.5% of rabbits (9/24) inoculated with rPA formulated with 500 µg of aluminum but without formaldehyde were protected. None of the control rabbits survived the challenge (0%; 0/4). The s.c. route of challenge was evaluated because it provided greater control of the number of spores that were in the challenge. Neither the difference in survival rates ($p=0.1486$), survival curves ($\chi^2(1)=1.62$, $p=0.2037$), nor mean time-to-death (4.2 days for rPA with formaldehyde and 4.5 days for rPA without formaldehyde; $p=0.7959$) between the two groups was significant. Our data do not suggest that the inclusion of formaldehyde is a necessary additive to the rPA vaccine. From these results, it appears that formaldehyde's action, in addition to acting as a stabilizer, may also be one of an adjuvant. Studies from a booster injection were not investigated.

Aluminum compounds, aluminum hydroxide (Al(OH)₃), aluminum phosphate (AlPO₄), and alum (KAl(SO₄)₂), are the only adjuvants currently approved for use in human vaccines and are used in the formulation of many veterinary vaccines. The currently licensed U.S. anthrax vaccine, AVA Biothrax, is prepared by adsorbing filtered culture supernatants of the *B. anthracis* V770-NP1-R strain to aluminum hydroxide gel [6]. The current British anthrax vaccine, AVP, is prepared by precipitating filtered culture supernatants of the *B. anthracis* Sterne strain with aluminum phosphate (alum) [27]. AVP contains more LF and EF than AVA Biothrax as measured by antibody response to these components [30]. Studies have shown that AVA Biothrax provides

Table 3

Survival ratio, quantitative anti-rPA IgG ELISA titer, and TNA assay ED₅₀ titer of rabbits injected with 50 µg of rPA formulated with or without formaldehyde^a

Vaccination Group	Survival ratio ^b	Anti-rPA IgG titer ^c			TNA assay titer ^d		
		Week 2	Week 4	Week 6	Week 2	Week 4	Week 6
With formaldehyde	14/24	53.9 (1.188)	36.3 (1.180)	12.7 (1.189)	611 (1.150)	289 (1.148)	157 (1.171)
Without formaldehyde	9/24	18.6 (1.235)	12.9 (1.217)	7.7 (1.239)	145 (1.404)	86.6 (1.367)	93.4 (1.210)
Control	0/4	BLQ ^e	BLQ	BLQ	1.3 (1.316)	2.3 (2.300)	1.0 (1.000)

^a Rabbits were inoculated with a single dose of 50 µg of rPA vaccine formulated with 500 µg aluminum adjuvant (Alhydrogel) and either with 0.02% formaldehyde or without formaldehyde.

^b Survival ratio of rabbits challenged s.c. on week 6 with spores from the Ames isolate of *B. anthracis*.

^c Titer expressed as µg of anti-rPA IgG per ml and S.E.M. in parenthesis.

^d Titer expressed as the reciprocal of the dilution of antiserum at which neutralization of the cytotoxic activity of LeTx on J774A.1 cells was half-maximal (50%; ED₅₀) and S.E.M. in parenthesis. If the TNA assay ED₅₀ titer could not be extrapolated from the four-parameter logistic regression curve, the value was arbitrarily assigned a value of '1.0'. The starting dilution for the TNA assay was 1:50.

^e BLQ, below the limit of quantitation which was 0.072 µg/ml IgG, the concentration of the lowest standard (1.44 ng/ml IgG) multiplied by the lowest starting concentration of the sample (1:50) of the ELISA.

high-level, long-lasting protection in non-human primates [31]. Few studies have been performed on the formulation of rPA vaccines and the effect on the resulting immunological responses in animal models. Aluminum adjuvants are thought to enhance the immune response by localizing the deposition of the antigen, that desorption of antigen can occur in the interstitial fluid, and that both desorbed and adsorbed antigens are processed by antigen-presenting cells [32] and preferentially stimulate the Th2 immune (humoral) response. Anthrax vaccines formulated with either aluminum hydroxide gel or aluminum phosphate adjuvants result in comparable anti-PA titers in humans and guinea pigs [33,30]. Berthold et al. [34] reported a significant increase in ELISA titers to rPA in mice when their vaccine was formulated with either aluminum hydroxide gel or aluminum phosphate adjuvant compared to controls without adjuvant and that ELISA titers to rPA were comparable when either aluminum hydroxide gel or aluminum phosphate adjuvants were used to formulate the rPA vaccine. However, they also found that there was an optimal adjuvant concentration because at higher concentrations of aluminum hydroxide gel adjuvant, the neutralizing antibody titers decreased [34]. We did not observe a decrease in the TNA assay ED₅₀ titers in the rabbit animal model at the highest concentration of aluminum tested (500 µg). Both the anti-PA ELISA titer and toxin neutralizing antibody titers have been identified as serological correlates of immunity in rabbits and guinea pigs [13–17,25] and are thus important measurements in developing effective vaccine strategies. Various formulations have been tested in preparing anthrax vaccines based upon rPA for its ability to elicit optimal immunological responses. Recent examples include Toll-like receptor ligands CpG ODN and Resiquimod R-848 [35,36], pluronic F127, a non-ionic, hydrophilic polyoxyethylene-polyoxypropylene block copolymer [37], additional vaccine antigens such as capsule [38] or EF [39,40], DNA vaccines [41], and mucosal vaccine strategies [42,43]. That antibodies have been recognized as important in protection is demonstrated by the number of immunotherapeutic reagents that have been recently suggested [44–49]. However, protection has not always been attributed to toxin-neutralizing antibodies. Brossier et al. [50] proposed that neutralizing anti-PA antibodies may be more important in animal models that are highly susceptible to toxemia than in animal models that are more susceptible to infection. The development of a new rPA vaccine will require the identification of an acceptable aluminum compound, optimal concentration of aluminum, and approved excipients that will enhance the immunological responses necessary for protection against infection in the proper surrogate animal models.

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References

- [1] Brey RN. Molecular basis for improved anthrax vaccines. *Adv Drug Del Rev* 2005;57:1266–92.
- [2] Stanley JL, Smith H. The three factors of anthrax toxin: their immunogenicity and lack of demonstrable enzymic activity. *J Gen Microbiol* 1963;31:329–37.
- [3] Mahlandt BG, Klein F, Lincoln RE, Haines BW, Jones Jr WI, Friedman RH. Immunologic studies of anthrax. IV. Evaluation of the immunogenicity of three components of anthrax toxin. *J Immunol* 1966;96:727–33.
- [4] Ivins BE, Welkos SL, Knudson GB, Little SF. Immunization against anthrax with aromatic compound-dependent (Aro[−]) mutants of *Bacillus anthracis* and with recombinant strains of *Bacillus subtilis* that produce anthrax protective antigen. *Infect Immun* 1990;58:303–8.
- [5] Ivins BE, Welkos SL, Little SF, Crumrine MH, Nelson GO. Immunization against anthrax with *Bacillus anthracis* protective antigen combined with adjuvants. *Infect Immun* 1992;60:662–8.
- [6] Committee to Assess the Safety and Efficacy of the Anthrax Vaccine MFA. In: Joellenbeck LM, Zwanziger LL, Durch JS, Strom BL, editors. *The Anthrax Vaccine: Is It Safe? Does It Work?* National Academies Press: Washington, DC; 2002.
- [7] Wasserman GM, Grabenstein JD, Pittman PR, Rubertone MV, Gibbs PP, Wang LZ, et al. Analysis of adverse events after anthrax immunization in US Army medical personnel. *J Occup Environ Med* 2003;45:222–33.
- [8] Lange JL, Lesikar SE, Rubertone MV, Brundage JF. Comprehensive systematic surveillance for adverse effects of anthrax vaccine adsorbed, US Armed Forces, 1998–2000. *Vaccine* 2003;21:1620–8.
- [9] Enstone JE, Wale MC, Nguyen-Van-Tam JS, Pearson JC. Adverse medical events in British service personnel following anthrax vaccination. *Vaccine* 2003;21:1348–54.
- [10] Iacono-Connors LC, Welkos SL, Ivins BE, Dalrymple JM. Protection against anthrax with recombinant virus-expressed protective antigen in experimental animals. *Infect Immun* 1991;59:1961–5.
- [11] Pezard C, Weber M, Sirard J-C, Berche P, Mock M. Protective immunity induced by *Bacillus anthracis* toxin-deficient strains. *Infect Immun* 1995;63:1369–72.
- [12] Ivins BE, Pitt MLM, Fellows PF, Farchaus JW, Benner GE, Waag DM, et al. Comparative efficacy of experimental anthrax vaccine candidates against inhalation anthrax in rhesus macaques. *Vaccine* 1998;16:1141–8.
- [13] Williamson ED, Hodgson I, Walker NJ, Topping AW, Duchars MG, Mott JM, et al. Immunogenicity of recombinant protective antigen and efficacy against aerosol challenge with anthrax. *Infect Immun* 2005;73:5978–87.
- [14] Reuveny S, White MD, Adar YY, Kafri Y, Altboum Z, Gozes Y, et al. Search of correlates of protective immunity conferred by anthrax vaccine. *Infect Immun* 2001;69:2888–93.
- [15] Little SF, Ivins BE, Fellows PF, Pitt MLM, Norris SLW, Andrews GP. Defining a serological correlate of protection in rabbits for a recombinant anthrax vaccine. *Vaccine* 2004;22:422–30.
- [16] Weiss S, Kobiler D, Levy H, Marcus H, Pass A, Rothschild N, et al. Immunological correlates for protection against intranasal challenge of *Bacillus anthracis* spores conferred by a protective antigen-based vaccine in rabbits. *Infect Immun* 2006;74:394–8.
- [17] Peachman K, Rao M, Alving CR, Berge R, Leppla SH, Rao VB, et al. Correlation between lethal toxin-neutralizing antibody titers and protection from intranasal challenge with *Bacillus anthracis* Ames strain spores in mice after transcutaneous immunization with

- recombinant anthrax protective antigen. *Infect Immun* 2006;74:794–7.
- [18] Lincoln RE, Fish DC. Anthrax toxin. In: Montie TC, Kadis S, Ajl SJ, editors. *Microbial toxins: bacterial protein toxins*. New York: Academic Press; 1970. p. 361–414.
- [19] Harris-Smith PW, Smith H, Keppie J. Production *in vitro* of the toxin of *Bacillus anthracis* previously recognized *in vivo*. *J Gen Microbiol* 1958;19:91–103.
- [20] Little SF, Ivins BE, Fellows PF, Friedlander AM. Passive protection by polyclonal antibodies against *Bacillus anthracis* infection in guinea pigs. *Infect Immun* 1997;65:5171–5.
- [21] Ivins BE, Welkos SL. Cloning and expression of the *Bacillus anthracis* protective antigen gene in *Bacillus subtilis*. *Infect Immun* 1986;54:537–42.
- [22] Worsham PL, Sowers MR. Isolation of an asporogenic (spoOA) protective antigen-producing strain of *Bacillus anthracis*. *Can J Microbiol* 1999;45:1–8.
- [23] Farchaus JW, Ribot WJ, Jendrek S, Little SF. Fermentation, purification, and characterization of protective antigen from a recombinant, avirulent strain of *Bacillus anthracis*. *Appl Environ Microbiol* 1998;64:982–91.
- [24] Leppla SH. Production and purification of anthrax toxin. In: Harshman S, editor. *Methods of enzymology*, vol. 165. Orlando, FL: Academic Press Inc.; 1988. p. 103–16.
- [25] Pitt MLM, Little SF, Ivins BE, Fellows P, Barth J, Hewetson J, et al. *In vitro* correlate of immunity in a rabbit model of inhalational anthrax. *Vaccine* 2001;19:4768–73.
- [26] Ivins B, Fellows P, Pitt L, Estep J, Farchaus J, Friedlander A, et al. Experimental anthrax vaccines: efficacy of adjuvants combined with protective antigen against an aerosol *Bacillus anthracis* spore challenge in guinea pigs. *Vaccine* 1995;13:1779–84.
- [27] Hambleton P, Carman JA, Melling J. Anthrax: the disease in relation to vaccines. *Vaccine* 1984;2:125–32.
- [28] Little SF, Webster WM, Ivins BE, Fellows PF, Norris SL, Andrews GP. Development of an *in vitro*-based potency assay for anthrax vaccine. *Vaccine* 2004;22:2843–52.
- [29] Little SF, Ivins BE, Webster WM, Fellows PF, Pitt MLM, Norris SLW, et al. Duration of protection of rabbits after vaccination with *Bacillus anthracis* recombinant protective antigen vaccine. *Vaccine* 2006;24:2530–6.
- [30] Turnbull PC, Broster MG, Carman JA, Manchee RJ, Melling J. Development of antibodies to protective antigen and lethal factor components of anthrax toxin in humans and guinea pigs and their relevance to protective immunity. *Infect Immun* 1986;52:356–63.
- [31] Ivins BE, Fellows PF, Pitt MLM, Estep JE, Welkos SL, Worsham PL, et al. Efficacy of a standard human anthrax vaccine against *Bacillus anthracis* aerosol spore challenge in rhesus monkeys. *Salisbury Med Bull* 1996;87:125–6.
- [32] Iyer S, HogenEsch H, Hem SL. Relationship between the degree of antigen adsorption to aluminum hydroxide adjuvant in interstitial fluid and antibody production. *Vaccine* 2003;21:1219–23.
- [33] Turnbull PC, Leppla SH, Broster MG, Quinn CP, Melling J. Antibodies to anthrax toxin in humans and guinea pigs and their relevance to protective immunity. *Med Microbiol Immunol Berl* 1988;177:293–303.
- [34] Berthold I, Pombo M-L, Wagner L, Arciniega JL. Immunogenicity in mice of anthrax recombinant protective antigen in the presence of aluminum adjuvants. *Vaccine* 2005;23:1993–9.
- [35] Klinman DM, Xie H, Little SF, Currie D, Ivins BE. CpG oligonucleotides improve the protective immune response induced by the anthrax vaccination of rhesus macaques. *Vaccine* 2004;22:2881–6.
- [36] Weeratna RD, Makinen SR, McCluskie MJ, Davis HL. TLR agonists as vaccine adjuvants: comparison of CpG ODN and Resiquimod (R-848). *Vaccine* 2005;23:5263–70.
- [37] Coeshott CM, Smithson SL, Verderber E, Samaniego A, Blonder JM, Rosenthal GJ, et al. Pluronic® F127-based systemic vaccine delivery systems. *Vaccine* 2004;22:2396–405.
- [38] Chabot DJ, Scorpio A, Tobery SA, Little SF, Norris SL, Friedlander AM. Anthrax capsule vaccine protects against experimental infection. *Vaccine* 2004;23:43–7.
- [39] Zeng M, Xu Q, Hesek ED, Pichichero ME. N-fragment of edema factor as a candidate antigen for immunization against anthrax. *Vaccine* 2005;24:662–70.
- [40] Duverger A, Jackson RJ, van Ginkel FW, Fischer R, Tafaro A, Leppla SH, et al. *Bacillus anthracis* edema toxin acts as an adjuvant for mucosal immune responses to nasally administered vaccine antigens. *J Immunol* 2006;176:1776–83.
- [41] Hermanson G, Whitlow V, Parker S, Tonsky K, Rusalov D, Ferrari M, et al. A cationic lipid-formulated plasmid DNA vaccine confers sustained antibody-mediated protection against aerosolized anthrax spores. *Proc Natl Acad Sci USA* 2004;101:13601–6.
- [42] Flick-Smith HC, Eyles JE, Hebden R, Waters EL, Beedham RJ, Stagg TJ, et al. Mucosal or parenteral administration of microsphere-associated *Bacillus anthracis* protective antigen protects against anthrax infection in mice. *Infect Immun* 2002;70:2022–8.
- [43] Mikszta JA, Sullivan VJ, Dean C, Waterston AM, Alarcon JB, Dekker III JP, et al. Protective immunization against inhalational anthrax: A comparison of minimally invasive delivery platforms. *J Infect Dis* 2005;191:278–88.
- [44] Subramanian GM, Cronin PW, Poley G, Weinstein A, Stoughton SM, Zhong J, et al. A phase I study of PAMAb, a fully human monoclonal antibody against *Bacillus anthracis* protective antigen, in healthy volunteers. *Clin Infect Dis* 2005;41:12–20.
- [45] Mabry R, Rani M, Geiger R, Hubbard GB, Carrion Jr R, Brasky K, et al. Passive protection against anthrax by using a high-affinity antitoxin antibody lacking an Fc region. *Infect Immun* 2005;73:8362–8.
- [46] Mohamed N, Clagett M, Li J, Jones S, Pincus S, D'Alia G, et al. A high-affinity monoclonal antibody to anthrax protective antigen passively protects rabbits before and after aerosolized *Bacillus anthracis* spore challenge. *Infect Immun* 2005;73:795–802.
- [47] Peterson JW, Comer JE, Noffsinger DM, Wenglikowski A, Walberg KG, Chatuev BM, et al. Human monoclonal anti-protective antigen antibody completely protects rabbits and is synergistic with ciprofloxacin in protecting mice and guinea pigs against inhalation anthrax. *Infect Immun* 2006;74:1016–24.
- [48] Herrmann JE, Wang S, Zhang C, Panchal RG, Bavari S, Lyons CR, et al. Passive immunotherapy of *Bacillus anthracis* pulmonary infection in mice with antisera produced by DNA immunization. *Vaccine* 2006;24:5872–80.
- [49] Vitale L, Blanset D, Lowy I, O'Neill T, Goldstein J, Little SF, et al. Prophylaxis and therapy of inhalational anthrax by a novel monoclonal antibody to protective antigen that mimics vaccine-induced immunity. *Infect Immun* 2006;74:5840–7.
- [50] Brossier F, Levy M, Mock M. Anthrax spores make an essential contribution to vaccine efficacy. *Infect Immun* 2002;70:661–4.