

Predicting *Wolbachia* potential to knock down dengue virus transmission

Louis Lambrechts^{1,2}

¹Insect-Virus Interactions Group, Department of Genomes and Genetics, Institut Pasteur, Paris, France; ²Centre National de la Recherche Scientifique, URA 3012, Paris, France

Correspondence to: Louis Lambrechts. Insect-Virus Interactions, Institut Pasteur, 28 rue du Docteur Roux, 75724 Paris Cedex 15, France. Email: louis.lambrechts@pasteur.fr.

Abstract: Releasing mosquitoes infected with the intracellular bacteria *Wolbachia* is a candidate strategy for dengue control that has recently advanced to field-testing. A critical next step is to evaluate the impact of this strategy on dengue epidemiology. A recent study by Ferguson and colleagues presents a mathematical framework to predict the likely effect of mosquitoes carrying *Wolbachia* on dengue virus transmission. Fitting the mathematical model to empirical data obtained with *Wolbachia*-infected mosquitoes experimentally challenged with viremic blood from dengue patients indicates that dengue virus transmission could be reduced by a degree that would have a significant impact on public health.

Keywords: *Aedes aegypti*; dengue; vector competence; *Wolbachia*

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1 The failure of traditional disease prevention methods to
2 halt the current progression of dengue has promoted the
3 development of novel entomological strategies. One of
4 the most promising approaches relies on the intracellular
5 bacterium *Wolbachia*, a bacterial symbiont commonly found
6 in arthropods (1). The main mosquito vector of dengue
7 viruses, *Aedes aegypti*, does not naturally carry *Wolbachia*,
8 but can be experimentally transinfected by embryonic
9 microinjection (2). Transinfection of *Ae. aegypti* with certain
10 strains of *Wolbachia* results in protection against dengue
11 virus infection (3,4). Thus, successful establishment of
12 *Wolbachia* in natural mosquito populations (5) supports a
13 practical approach for dengue suppression. The next critical
14 step is to assess the epidemiological efficacy of *Wolbachia* in
15 reducing dengue virus transmission in the field (6).

16 A recent study by Ferguson and colleagues (7) lays
17 the ground for future efficacy trials by quantitatively
18 predicting the likely impact of *Wolbachia* on dengue virus
19 transmission. Their study makes two significant advances.
20 First, it provides empirical data on the vector competence
21 of *Wolbachia*-infected *Ae. aegypti* using viremic blood from
22 dengue patients and therefore more closely mimics field

conditions than earlier studies based on laboratory challenge 23
with cultured virus. Vector competence was evaluated 24
by testing the presence of viral infection in the mosquito 25
abdomen and salivary glands or saliva at different time- 26
points after the infectious blood meal. Second, it develops 27
a mathematical framework to describe the dynamics of 28
dengue virus transmission between humans and mosquitoes. 29
The model is then fitted to the empirical vector competence 30
data to predict the effect of *Wolbachia* on the basic 31
reproduction number (R_0) of dengue virus transmission. R_0 32
is the average number of subsequent infections resulting 33
from an infected human introduced in a naive population. 34
Estimates of R_0 for dengue typically range from 2 to 5 (8). A 35
pathogen will go to extinction if R_0 is less than one because 36
it means that each infected individual will generate less than 37
one new infection on average. 38

The study assessed the vector competence of *Ae. aegypti* 39
mosquitoes carrying one of two *Wolbachia* strains. The first 40
strain called *wMelPop* is characterized by high bacterial 41
densities in mosquito tissues and results in almost complete 42
refractoriness to dengue virus infection in laboratory 43
challenge (4). However, it also induces deleterious effects 44

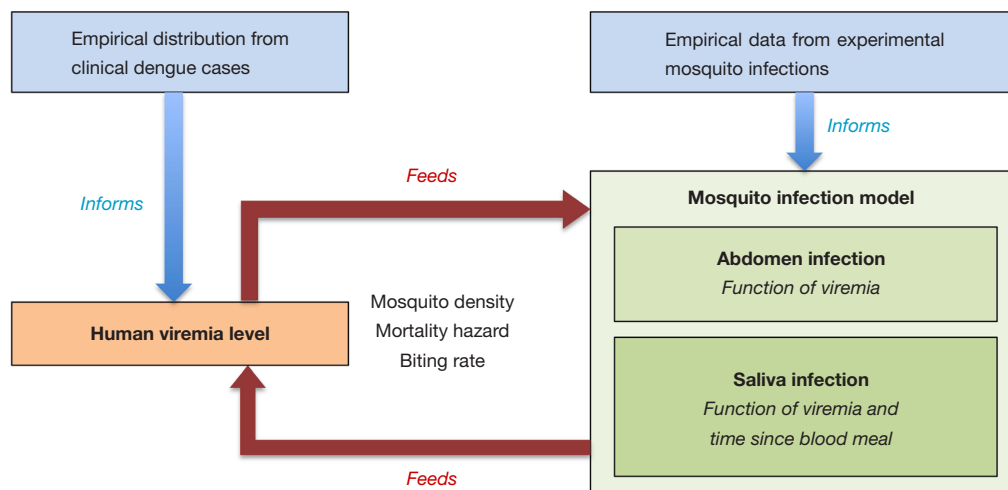


Figure 1 Diagram of the transmission model.

45 on mosquito fitness such as reduced lifespan and blood
 46 feeding success (3,9). Experiments using viremic blood
 47 from dengue patients confirmed the strong protective
 48 effect of *wMelPop* against dengue virus, although systemic
 49 infection was not completely blocked. Only 2.6% of
 50 *Wolbachia*-infected mosquitoes had virus-positive salivary
 51 glands, compared to 90% in *Wolbachia*-free controls. The
 52 authors concluded that *wMelPop* would result in at least
 53 90% blocking of transmission. The second *Wolbachia* strain
 54 called *wMel* infects mosquito tissues at lower densities, and
 55 induces resistance to dengue virus infection in laboratory
 56 challenge, although to a lesser extent than *wMelPop*, and in
 57 the absence of major fitness costs (10). Consistently, there
 58 was significant but imperfect virus blocking in mosquitoes
 59 infected by *wMel* challenged with viremic blood from
 60 dengue patients. Although viral load measured in the
 61 abdomen was at least 10-fold lower in *Wolbachia*-infected
 62 mosquitoes, most of the blocking effect was observed during
 63 viral dissemination from the abdomen to the saliva. The
 64 effect comprised a net reduction of the probability of saliva
 65 infection, and a slight lengthening of the time required for
 66 the virus to reach saliva.

67 Ferguson *et al.* (7) then used the empirical data generated
 68 in their vector competence assays as well as clinical records
 69 of viremia levels in patients to inform a newly developed
 70 mathematical model of dengue virus transmission (Figure 1).
 71 The model was designed to evaluate the effect of *Wolbachia*
 72 on dengue virus transmission based on the comparison of
 73 R_0 in a mosquito population with or without *Wolbachia*.
 74 The modeling approach only considered *wMel* because
 75 *wMelPop* did not require mathematical modeling to predict

quasi-complete blocking of transmission. The mosquito
 infection model consisted of a relatively simple dose-
 response model of abdomen infection probability as a
 function of viremia coupled to a model of saliva
 infection probability as a function of viremia as well as time
 elapsed since the blood meal (Figure 1). Model fitting to the
 empirical data was performed separately for each of the four
 dengue virus serotypes. The baseline scenario predicted
 66-75% of reduction in R_0 depending on the dengue
 serotype. Other scenarios were considered to account for
 the uncertainty in model parameters that were not directly
 informed by empirical data such as the minimum infectious
 dose for successful mosquito-to-human transmission.
 The percentage in R_0 reduction varied from 40% to 80%
 among serotypes under the alternative scenarios. Therefore,
 under the baseline model, a *Wolbachia* intervention using
 the *wMel* strain is expected to result in two thirds to three
 quarters less secondary infections from an initial case. This
 means that the intervention would achieve elimination of
 dengue for initial R_0 values of 3 or 4, respectively. Thus,
Ae. aegypti mosquitoes carrying *wMel* could reduce dengue
 virus transmission by a degree that would have considerable
 public health impact, possibly leading to dengue elimination
 where transmission is low to moderate (8).

A major strength of the Ferguson *et al.* study (7) is the use
 of state-of-the-art methods to evaluate vector competence.
 Historically, methods of determining vector competence
 have been largely restricted to artificial infectious blood
 meals composed of animal blood spiked with virus grown in
 cell culture. These artificial methods have limited our ability
 to extrapolate to natural transmission and to understand

107 the significance of data from epidemiological studies with
 108 humans (11). Recent studies from the same group overcame
 109 this obstacle by developing vector competence assays that
 110 expose mosquitoes to the blood of naturally infected, viremic
 111 humans (12). Although in the present study viremic blood
 112 was presented to mosquitoes in an artificial feeder through
 113 a skin-simulating membrane, it is reasonable to consider
 114 this indirect mosquito feeding method as a good proxy of
 115 direct feeding through the skin of a person. Nevertheless,
 116 vector competence is only one of several parameters that
 117 influence dengue virus transmission by mosquitoes (11).
 118 It will be necessary in future studies to evaluate the effect
 119 of *wMel* on several important entomological parameters
 120 that Ferguson *et al.* did not examine in their study such
 121 as blood feeding behavior and longevity. For instance, a
 122 shorter lifespan could act to further reduce dengue virus
 123 transmission. Conversely, increased blood feeding frequency
 124 would enhance transmission. The *wMelPop* strain confers
 125 very strong protection against dengue virus infection and
 126 further limits transmission by shortening the mosquito
 127 lifespan (3,4). But the life-shortening effect would represent
 128 a significant hurdle to establishing *wMelPop* infection in a
 129 natural *Ae. aegypti* population by reducing competitiveness
 130 against wild mosquitoes. Overall, the costs and benefits of
 131 each *Wolbachia* strain will have to be carefully balanced prior
 132 to field releases.

133 One limitation of the Ferguson *et al.* study (7) is that the
 134 transmission model relies on a distribution of viral titers in
 135 plasma that may not accurately reflect reality, for at least two
 136 reasons. First, the empirical distribution of plasma viremia
 137 levels that were used to develop the transmission model
 138 only included hospitalized and ambulatory patients. This
 139 distribution, therefore, did not consider inapparent (subclinical)
 140 infections that are believed to represent the majority of dengue
 141 infections (13). People with inapparent infections are usually
 142 assumed to inefficiently infect mosquitoes because they do
 143 not reach sufficiently high viremia levels, but this assumption
 144 has not been verified (14). Second, the transmission model
 145 did not account for the epidemiological feedback. Put
 146 simply, introduction of *Wolbachia*-infected mosquitoes could
 147 affect the distribution of viremia levels in humans, and
 148 consequently modify the baseline parameters underlying the
 149 model that estimates transmission. The authors considered
 150 that modeling three distributions recapitulates the complete
 151 transmission cycle (*Figure 1*): human viremia level,
 152 human-to-mosquito transmission probability (abdomen
 153 infection), and mosquito-to-human transmission probability
 154 (saliva infection). In fact, a parameter characterizing the

relationship between mosquito-to-human transmission 155
 and the resulting viremia profile is missing from the 156
 cycle. One could imagine, for instance, that *Wolbachia*- 157
 infected mosquitoes inoculate smaller infectious doses 158
 that result in shorter, shallower viremia profiles. In both 159
 cases, fortunately, these shortcomings likely contributed 160
 to underestimate the impact of *Wolbachia* on dengue virus 161
 transmission. Indeed, the transmission blocking effect of 162
Wolbachia would be stronger if viremia levels were reduced 163
 compared to those seen in dengue-infected people with 164
 clinical symptoms. 165

Taken together, this work and previous studies support 166
 the idea that *Wolbachia* has a realistic potential to knock 167
 down dengue virus transmission in the field. It is also 168
 clear, however, that *Wolbachia* alone will not be sufficient 169
 to effectively control dengue, especially in settings where 170
 transmission is high. In addition to novel vector population 171
 suppression strategies (15) and vaccines (16), *Wolbachia* may 172
 soon enrich the arsenal to effectively fight against dengue. 173

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Footnote 181

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References 190

- 191 Hilgenboecker K, Hammerstein P, Schlattmann P, et 192
 al. How many species are infected with *Wolbachia*?--A 193
 statistical analysis of current data. *FEMS Microbiol Lett* 194
 2008;281:215-20. 195
- 196 Xi Z, Khoo CC, Dobson SL. *Wolbachia* establishment 197
 and invasion in an *Aedes aegypti* laboratory population. 198
Science 2005;310:326-8. 199
- 200 McMeniman CJ, Lane RV, Cass BN, et al. Stable 201
 introduction of a life-shortening *Wolbachia* infection into 202

- 203 the mosquito *Aedes aegypti*. *Science* 2009;323:141-4.
- 204 4. Moreira LA, Iturbe-Ormaetxe I, Jeffery JA, et al. A
 205 *Wolbachia* symbiont in *Aedes aegypti* limits infection
 206 with dengue, Chikungunya, and Plasmodium. *Cell*
 207 2009;139:1268-78.
- 208 5. Hoffmann AA, Montgomery BL, Popovici J, et al.
 209 Successful establishment of *Wolbachia* in *Aedes*
 210 populations to suppress dengue transmission. *Nature*
 211 2011;476:454-7.
- 212 6. Lambrechts L, Ferguson NM, Harris E, et al. Assessing
 213 the epidemiological effect of *wolbachia* for dengue control.
 214 *Lancet Infect Dis* 2015;15:862-6.
- 215 7. Ferguson NM, Kien DT, Clapham H, et al. Modeling
 216 the impact on virus transmission of *Wolbachia*-mediated
 217 blocking of dengue virus infection of *Aedes aegypti*. *Sci*
 218 *Transl Med* 2015;7:279ra37.
- 219 8. Johansson MA, Hombach J, Cummings DA. Models of
 220 the impact of dengue vaccines: a review of current research
 221 and potential approaches. *Vaccine* 2011;29:5860-8.
- 222 9. Turley AP, Moreira LA, O'Neill SL, et al. *Wolbachia*
 223 infection reduces blood-feeding success in the dengue
 224 fever mosquito, *Aedes aegypti*. *PLoS Negl Trop Dis*
 225 2009;3:e516.
10. Walker T, Johnson PH, Moreira LA, et al. The wMel
 226 *Wolbachia* strain blocks dengue and invades caged *Aedes*
 227 *aegypti* populations. *Nature* 2011;476:450-3. 228
11. Lambrechts L, Failloux AB. Vector biology prospects in
 229 dengue research. *Mem Inst Oswaldo Cruz* 2012;107:1080-2. 230
12. Nguyet MN, Duong TH, Trung VT, et al. Host and viral
 231 features of human dengue cases shape the population of
 232 infected and infectious *Aedes aegypti* mosquitoes. *Proc*
 233 *Natl Acad Sci U S A* 2013;110:9072-7. 234
13. Bhatt S, Gething PW, Brady OJ, et al. The global
 235 distribution and burden of dengue. *Nature* 2013;496:504-7. 236
14. Carrington LB, Simmons CP. Human to mosquito
 237 transmission of dengue viruses. *Front Immunol*
 238 2014;5:290. 239
15. Carvalho DO, McKemey AR, Garziera L, et al.
 240 Suppression of a Field Population of *Aedes aegypti*
 241 in Brazil by Sustained Release of Transgenic Male
 242 Mosquitoes. *PLoS Negl Trop Dis* 2015;9:e0003864. 243
16. Hadinegoro SR, Arredondo-García JL, Capeding MR,
 244 et al. Efficacy and Long-Term Safety of a Dengue
 245 Vaccine in Regions of Endemic Disease. *N Engl J Med*
 246 2015;373:1195-206. 247

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