

Northern Ontario School of Medicine

École de médecine du Nord de l'Ontario

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### **Conflict Disclosure Information:**

#### **Presenter: Eli Nix**

Title of Presentation: Studies of immunoepidemiology of invasive H.influenzae type a disease in Northwestern Ontario First Nations Communities

I have no financial or personal relationships to disclose

## Haemophilus influenzae

- Human restricted bacterial pathogen
- > Can be carried by healthy individuals
- Can cause severe diseases: meningitis, sepsis, pneumonia
- Many strains have a polysaccharide capsule protecting bacteria against immune defenses
- Six serotypes of encapsulated *H. influenzae*: a-f; most virulent: Hib
- Hib was the major cause of meningitis in young children before vaccine introduction in the 1990s





### Transmission electron micrographs of *Haemophilus influenzae*

http://www.wadsworth.org/databank/ haemo.htm Haemophilus influenzae type A isolated from a child with severe blood infection

Courtesy of Dr. Raymond Tsang of the National Microbiology Laboratory

# Geographical distribution of invasive *H. influenzae* type a disease



Ulanova M. and Tsang R. Lancet Infect Dis. 2014 Jan;14(1):70-82.

### Children < 5 years old

Northwestern Ontario	Canada
<i>H. influenzae</i> type <u>a</u>	<i>H. influenzae</i> type <u>b</u>

Year	2002	2004	2006	1983
Per 100,000	7.7	23.2	15.5	20

Brown et al, *Clin Inf Dis* 2009, 49: 1240-1243

Can Dis Wkly Rep 1986

# Complement system

System of large number of plasma proteins that react with pathogens and one another to help fight infection

➢ Focus on classical complement pathway

➤Causes formation of membrane attack complex



## Serum Bactericidal Assay



Raw output



Decreasing serum concentration

## **Research Question**

Is the high rate of invasive *H. influenzae* disease among First Nations People in northwestern Ontario related to a lack of protective antibody?

## Serum Bactericidal Assay



First Nations adults exhibited significantly higher antibody functional activity compared to their non First Nations counterparts

Nix EB et al. Emerg Infect Dis. 2015 Feb;21(2):273-9.

# Discussion

First Nations group have significantly more potent anti-Hia antibodies compared to non-First Nations

Implies First Nations should be *less* vulnerable to invasive Hia infection than non-First Nations

Higher carriage rates could lead to immune boosting in the healthy and disease in the immunocompromised

## Susceptibility to infections



factors

# Expansion of Research Program

- Naturally acquired antibody: Serum bactericidal activity of adult volunteers: First Nations communities from regions of high and low Hia incidence and non-First Nations from Kenora
- Surveillance: All H. influenzae isolates from Meno Ya Win Health Centre collected for analysis
- Carriage: Nasopharyngeal swabs from First Nations children 3-5 yrs from Sioux Lookout catchment area

### Naturally acquired immunity against H. influenzae type a



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### Meno Ya Win Health Centre: Surveillance



Collection of all clinical H. influenzae Isolates (including non-invasive)

#### Preliminary data (Nov 2013-Aug 2015):

Hia 6/77 (7.8%) of non-invasive

*H. influenzae* isolates

- Serotyping
- **Clonal analysis**
- Genetic characterization

Raymond Tsang, NML

### Meno Ya Win Health Centre: Carriage



Nasopharyngeal swabs from First Nations children 3-5 years old

Raymond Tsang,

NML

#### Preliminary data

Hia 2/20 (**10%**) of swabs

from healthy children

## **Future Directions**

➤Analyse serum samples

➢ Hia vaccine development SBA SOP, workshop

Saliva IgA antibodies First Nations children

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