**Anti-Wolbachia drug discovery and development: safe macrofilaricidals for onchocerciasis and lymphatic filariasis**

**MARK J. TAYLOR**, **ACHIM HOERAUF**, **SIMON TOWNSON**, **BARTON E. SLATKO**

and **STEPHEN A. WARD**

1 Liverpool School of Tropical Medicine, Pembroke Place, Liverpool, L3 5QA, UK
2 Institute for Medical Microbiology, Immunology and Parasitology, University Hospital Bonn, Sigmund-Freud-Strasse 25, 53105 Bonn, Germany
3 Tropical Parasitic Diseases Unit, Northwick Park Institute for Medical Research, Watford Road, Harrow, Middlesex HA1 3UJ, UK
4 New England Biolabs, Inc., 240 County Road, Ipswich, MA 01938, USA

(Received 8 April 2013; revised 5 June 2013; accepted 5 June 2013; first published online 18 July 2013)

**SUMMARY**

Anti-Wolbachia therapy delivers safe macrofilaricidal activity with superior therapeutic outcomes compared to all standard anti-filarial treatments, with the added benefit of substantial improvements in clinical pathology. These outcomes can be achieved, in principle, with existing registered drugs, e.g. doxycycline, that are affordable, available to endemic communities and have well known, albeit population-limiting, safety profiles. The key barriers to using doxycycline as an mass drug administration (MDA) strategy for widespread community-based control are the logistics of a relatively lengthy course of treatment (4–6 weeks) and contraindications in children under eight years and pregnancy. Therefore, the primary goal of the anti-Wolbachia (A-WOL) consortium is to find drugs and regimens that reduce the period of treatment from weeks to days (7 days or less), and to find drugs which would be safe in excluded target populations (pregnancy and children). A secondary goal is to refine regimens of existing antibiotics suitable for a more restricted use, prior to the availability of a regimen that is compatible with MDA usage. For example, for use in the event of the emergence of drug-resistance, in individuals with high loiasis co-infection and at risk of severe adverse events (SAE) to ivermectin, or in post-MDA ‘endgame scenarios’, where test and treat strategies become more cost effective and deliverable.

Key words: Wolbachia, onchocerciasis, lymphatic filariasis, drug discovery, macrofilaricide.

**INTRODUCTION**

Filaria has the capacity to cause serious public health problems throughout tropical communities. The major disease-causing species include those responsible for lymphatic filariasis (LF), *Wuchereria bancrofti* and *Brugia malayi*, and onchocerciasis, *Onchocerca volvulus*, which together infect more than 150 million people, ranking filariasis as one of the leading causes of global morbidity (Taylor et al. 2010).

Global programmes for control and elimination have been developed to provide sustained delivery of drugs to affected communities in order to interrupt transmission of disease and ultimately eliminate this public health burden (Amazigo, 2008; Sauerbrey, 2008; WHO, 2010). Currently used drugs, diethylcarbamazine/ albendazole or ivermectin/albendazole for LF and ivermectin (IVM) for onchocerciasis, principally target the microfilarial stage of the parasites and so require sustained and prolonged delivery with high treatment coverage to endemic communities in order to break the transmission cycle of the long-lived adult worms (*O. volvulus*, 10–14 years; *W. bancrofti/B. malayi*, 5–8 years). The impressive impact of these MDA programmes on public health is well documented (Chu et al. 2010; Coffeng et al. 2013), yet important challenges remain as these programmes translate from control to elimination goals (Bockarie and Deb, 2010; Mackenzie et al. 2012). Seventeen countries in hard-to-reach areas, including post-conflict countries, have still not implemented mass drug administration (MDA) against LF 12 years after the GPELF was launched. In some of these countries, interruption of transmission will not be achieved using the current strategy alone. The growing evidence for resistance to IVM (Taylor et al. 2009; Osei-Aweneboana et al. 2011) and safety constraints in areas co-endemic with *Loa loa* (Scientific Working Group on Serious Adverse Events in *Loa Loa* endemic area, 2003) has re-focused the need and urgency for new safe macrofilaricidal drugs and regimens to achieve elimination goals within existing timeframes (WHO, 2012).

Anti-Wolbachia therapy delivers safe macrofilaricidal activity with superior therapeutic outcomes compared to all standard anti-filarial treatments, with...
the added benefit of substantial improvements in clinical pathology (Taylor et al. 2010; Tamarozzi et al. 2011). These outcomes can be achieved, in principle, with existing registered drugs, e.g. doxycycline, that are affordable, available to endemic communities and have well known, albeit population-limiting, safety profiles. Anti-Wolbachia therapy delivers an early block in embryogenesis and gradual macrofilaricidal activity leading to a progressive and sustained elimination of microfilarial load, thus avoiding the risk of SAE from target species and those due to co-infections with L. loa (a species without Wolbachia) (Taylor et al. 2005). The use of doxycycline as a macrofilaricidal therapy has been established as proof-of-concept in an extensive series of field trials (reviewed in Hoerauf, 2008; Taylor et al. 2010), but its widespread use in community-based control is constrained by the logistics of a relatively lengthy course of treatment (4–6 weeks) and contraindications in children under eight years and pregnancy. These barriers stimulated the formation of the ‘Anti-Wolbachia’ (A·WOL) consortium in 2007, which was funded by the Bill & Melinda Gates Foundation to search for new drugs active against Wolbachia that are suitable for community-directed MDA with a secondary goal to optimize regimens of existing drugs and re-purposed registered drugs for use in more restricted target populations (http://www.a-wol.net).

A·WOL ASSAY DEVELOPMENT

Screening funnel

As a starting point, A·WOL developed a whole organism Wolbachia cell-based assay as the primary in vitro drug-screening tool. This validated assay, which has been adapted to automated high throughput-screening and represents a rapid, sensitive and efficient assay for screening chemical libraries, utilizes a Wolbachia-containing Aedes albopictus cell line (C6/36 Wp) (Turner et al. 2006), in a 96-well format, with a quantitative PCR (qPCR) read-out to quantify the Wolbachia 16S rRNA gene copy number following treatment (Johnston et al. 2010). Hits from this primary in vitro cell-based screening assay are selected based on their log drop depletion of Wolbachia, reproducibility and, if using known drugs, the target product profile (TPP) as defined by A·WOL to include oral formulation, and the safe use in children and pregnancy. These selected hits are then moved down the screening pipeline into both in vitro and in vivo nematode screening. In vitro nematode screening, using either adult male Onchocerca gutturosa (Townson et al. 2006) or adult B. malayi, is intended to verify that hits are effective against nematode Wolbachia. These in vitro screens also identify compounds that have no direct anti-nematode activity yet show significant reductions in Wolbachia load. For in vitro nematode screening, established animal models of filarial infection are utilized and include Litomosoides sigmodontis in mice (Hoerauf et al. 1999) and B. malayi in gerbils (Ash and Riley, 1970). For all in vitro models, the reduction of Wolbachia load following treatment is measured by qPCR. The primary in vitro screening model with L. sigmodontis allows for rapid screening of compounds and yields a visible and quantifiable phenotype of larvae with retarded growth. The secondary in vivo model with B. malayi uses a human filarial nematode and evaluates reductions in Wolbachia load predictive of macrofilaricidal activity, effects on female fertility and microfilarial production (Fig. 1).

Increasing the throughput and capacity of the cell-based assay

To date, 558,000 compounds have been procured from multiple sources with ~18,000 having completed screening in our standard cell-based assay with a qPCR read-out. In order to increase throughput and capacity of the A·WOL cell-based screen we have developed a 384-well format assay using a high content imaging system (Operetta) and optimization of growth dynamics in the C6/36 A. albopictus mosquito cell-line. This assay uses texture analysis of cells stained with Syto-11 as a direct measure of Wolbachia load predictive of macrofilaricidal activity, effects on female fertility and microfilarial production (Fig. 1).

A·WOL LIBRARY SCREENING

One of the first activities was to develop a TPP for an A·WOL macrofilaricide. A·WOL worked with consultants from the pharma industry to compile four TPPs. Each TPP covered individual drug

![Fig. 1. Screening funnel developed for A·WOL.](https://www.cambridge.org/core/relatedasset/316x500x632)
administration (IDA) or MDA for either onchocer-ciasis or LF. The screening campaign started with a library of registered drugs and developed to include focused libraries from pharma collaborators and large diversity-based compound libraries.

Registered drug library
Following the validation of the primary cell-based screen, the first priority was to screen approved human drug-pharmacopeia for potential repurposing for anti-Wolbachia activity. Repurposing or repositioning of drugs provides a less risky route to drug discovery given that candidates will already have well-known safety and pharmacokinetic profiles, and could provide a cost- and time-effective strategy to identify a novel A·WOL therapeutic. By screening 2664 compounds from the human drug-pharmacopeia, this strategy identified 121 hits that had anti-Wolbachia activity; 69 of these were orally available from different diverse drug categories, with nine compounds being more potent than doxycycline. Several drugs have progressed further along the screening pipeline into in vitro nematode assays and in vivo screening models. The most advanced lead, minocycline has shown an increase in potency of 50% compared to doxycycline in the secondary in vitro screen and has entered efficacy trials in humans (see Drug Regimen Refinement, below; Taylor et al. unpublished results).

Combination treatment
Combinations of registered drug-screening outputs were assayed in a doxycycline enhancer assay using sub-optimal doxycycline (50 nM) plus 21 of the registered drug hits. These outcomes were used to design an extensive series of combinations of registered A·WOL drugs. These drugs were tested in the primary in vitro screen in triple and double combinations, with further regimen reduction experiments to determine the shortest period of treatment. The outcome of these experiments showed that in this model, double or triple combinations of registered A·WOL drugs could reduce the period treatment to 7 days or less to deliver equivalent efficacy to a standard course of doxycycline monotherapy (Specht et al. unpublished results). This outcome proved that there is no biological barrier to delivering anti-Wolbachia therapy in shortened regimens that could meet the primary goal of an A·WOL regimen compatible with MDA.

Focused drug libraries
Focused anti-infective libraries have been sourced from several pharmaceutical companies and include near-to-market lead candidate drugs or drug class derivatives which are selected from known and bio-informatically predicted essential gene targets (Holman et al. 2009, see A·WOL Target Discovery). Focused anti-infective library screening has, thus far, involved A·WOL in vitro screening of 3062 novel compounds from five chemical libraries. To date this has generated 184 diverse hit compounds, a number of which have progressed further into the screening funnel. Encouragingly, there is a good agreement between the reduction in Wolbachia load in the cell-based and O. gutturosa in vitro assays with no effect on worm motility. This suggests that the hits do not directly affect the nematode (and are, therefore, predicted to avoid direct parasite-mediated adverse events). Notably, the ability to identify hit compounds from these focused libraries which are effective at reducing Wolbachia load and have improved efficacy over doxycycline, is highly supportive of the long-term goal to identify A·WOL new chemical entities (NCEs).

Lead series originating from diversity library screens
A screen of >10000 compounds from the BioFocus library revealed compounds that showed significant anti-Wolbachia activity. Retesting of these hits confirmed the identity of 50 compounds as confirmed hits (hit rate 0.5%). Chemoinformatic analysis of these 50 hits has been used to identify the best hit series (consisting of ~6 chemotypes) with the potential to enter a medicinal chemistry ‘hit to lead’ and lead optimization development phase in the A·WOL II Macrofilaricide Drug Discovery programme. We have developed a rational medicinal chemistry programme around each of the six hit series. From the top six hits we have selected three templates for hit to lead optimization with three additional back-up templates. We are currently running a head to head evaluation of the three series with the intention of identifying the most promising template for final lead optimization.

Key outcomes from A·WOL library screening include the development of a portfolio of drug discovery projects with the potential to generate at least one new anti-wolbachial chemotype for eventual deployment as a macrofilaricide monotherapy (although deployment in combination would remain an option). Evidence to date suggests that there is no biological barrier to a reduced curative dosage regimen. We have already provided proof-of-concept for this in experimental double/triple combination studies. Furthermore the life-style constraints of Wolbachia make acquisition of plasmid-based resistance mechanisms highly unlikely hence reducing the risk of monotherapy-driven resistance. To date several hundred ‘hits’ have been identified and confirmed from screening of focused diversity-based compound libraries.
libraries from pharma and large diversity-based libraries (Table 1).

A WOL TARGET DISCOVERY

Targets of key enzymatic and metabolic pathways predicted from Wolbachia genomic annotation

Annotation of the \( \alpha \)Bm genome suggested Wolbachia might provide haem, flavin adenine dinucleotide, riboflavin and nucleotides to the \( B. \) malayi host, which cannot synthesize these molecules de novo (Foster et al. 2005; Slatko et al. 2010). For example, two enzymes of the \( \alpha \)Bm haem biosynthetic pathway, ALAD (aminolevulinic acid dehydratase) and FeCH (ferrochelatase), have been evaluated as candidate targets based on their low conservation to the corresponding human proteins, their distinct biochemical properties and sensitivities to inhibitors relative to the human enzymes. Inhibition of ALAD with succinyl acetone resulted in reduced worm motility in vitro (Wu et al. 2009) although FeCH is present both in Wolbachia and in the nematode genome through a lateral gene transfer event from an unrelated \( \alpha \)-proteobacterium (Wu et al. 2013). Also, because ALAD is not found in the genome of \( B. \) malayi and is significantly different from the human orthologue, it was subjected to both aptamer- and chemical library-screening as part of the A·WOL programme.

Comparative genomic analyses and examination of metabolic pathway maps can indicate key differences between processes that are otherwise conserved between Wolbachia and humans leading to the identification of additional potential drug targets in Wolbachia. For example, the final step in glycolysis is catalysed by pyruvate kinase in humans but by a distinct alternative enzyme, pyruvate phosphate dikinase (PPDK), in Wolbachia (Raverdy et al. 2008). PPDK is not found in mammals. The Wolbachia PPDK enzyme has also been included in both aptamer-based and conventional library screening as part of A·WOL.

\( \alpha \)wALAD. The Wolbachia ALAD protein involved in the synthesis of haem was identified and validated as a target for drug screening. Direct screening of a small molecule library of 18000 compounds against the enzyme assay identified 7 compounds that inhibited \( \alpha \)wALAD compared to hALAD. Three of the compounds were based on the same benzimidazole core structure. These clustered compounds also had the highest and most specific level of inhibition of \( \alpha \)wALAD. For this reason, efforts were focused on this core structure and the best inhibitor now named \( \alpha \)wALADin 1. Characterization of the inhibitory activity has identified the mode of inhibition to be a Mixed-Model Inhibition with a calculated \( K_i \) of 11 \( \mu \)M. \( \alpha \)wALADin 1 was screened in the primary cell-based assay, but unfortunately showed no activity. Activity could be demonstrated against nematodes in vitro, although only in the 0.25–0.5 \( \mu \)M range (Lentz et al. 2013). Although this work further validated haem biosynthesis as a target, in view of the more potent and tractable hits identified through library screening, further work on \( \alpha \)wALADin 1 was suspended.

PPDK. The enzymatic assay for PPDK was successfully modified for a micro-titre plate format and produced acceptable \( Z^\prime \) values. This assay was used to screen PPDK activity against the small molecule library of 18000 compounds. Due to the large number of hits, the threshold for our cut-off for a hit was raised from 50% inhibition to 80% inhibition. 22 compounds met or surpassed this cut-off. This list was then shortened to 7 highly active compounds that appeared to be specific for PPDK (i.e. they did not inhibit \( \alpha \)wALAD). The two best compounds were found to be non-specific, therefore further development was suspended.

LspA. Lipoproteins are essential structural and functional components of bacteria and those from Wolbachia are potent stimulators of the innate and adaptive inflammatory pathogenesis of filarial disease (Turner et al. 2009; Tamarozzi et al. 2011). The Wolbachia prolipoprotein signal peptidase II (LspA) was shown to be functional and the Wolbachia cell-based assay and adult \( B. \) malayi were sensitive to inhibition with a known LspA inhibitor, globomycin (Johnston et al. 2010) validating LspA as an anti-Wolbachia target.

The ‘essential gene set’ of Wolbachia

In order to target focused library screening to drugs with predicted activity against Wolbachia, a bioinformatic analysis of predicted essential genes was undertaken. An essentiality score for each predicted gene of \( \alpha \)Bm was determined by two separate approaches (Holman et al. 2009). The first method compared each gene to entries in DEG (the Database of Essential Genes), a collection of ~5000 experimentally identified essential genes from 15 different bacterial species, to predict essential genes that are mostly conserved across the bacterial domain. The second approach used phyletic conservation across members of the order Rickettsiales, to which Wolbachia belongs, in order to highlight genes that are well conserved and thus likely to be essential. Conservation of genes in these rickettsial genomes that are undergoing reductive evolution underscores their importance. A ranked essentiality list was produced by each method and showed complementary and partially overlapping sets of \( \alpha \)Bm genes. Many of the top-ranking genes fall into classes of
Table 1. Summary of A·WOL screening campaign

<table>
<thead>
<tr>
<th>Compound class</th>
<th>Screened in vitro cell assay</th>
<th>Hits in vitro</th>
<th>Hits confirmed using in vitro worm</th>
<th>Hits screened in 1° in vivo</th>
<th>Active (≥ doxy) in 1° in vivo</th>
<th>Hits screened in 2° in vivo</th>
<th>Active (≥ doxy) in 2° in vivo</th>
<th>Phase II trials in Ghana</th>
<th>Repurposing or lead optimization series</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registered drug screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Minocycline</td>
</tr>
<tr>
<td>Registered drugs</td>
<td>2664</td>
<td>69</td>
<td>✓</td>
<td>20</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered drugs</td>
<td>80</td>
<td>4</td>
<td></td>
<td>3</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2744</strong></td>
<td><strong>73</strong></td>
<td><strong>23</strong></td>
<td><strong>4</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Focused library screening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetracyclines</td>
<td>1084</td>
<td>96</td>
<td>✓</td>
<td>82</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boron based</td>
<td>2744</td>
<td>179</td>
<td>✓</td>
<td>2</td>
<td>Ongoing</td>
<td>2</td>
<td>Ongoing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quinolones, macrolides, NRIs</td>
<td>312</td>
<td>99</td>
<td>✓</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibacterials, kinase inhibitors</td>
<td>409</td>
<td>62</td>
<td>✓</td>
<td>16</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active against Mtb</td>
<td>1477</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novel quinolones</td>
<td>350</td>
<td>21</td>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epichem-fenarimol series</td>
<td>50</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibacterials, anti-Mtb</td>
<td>1128</td>
<td>97</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7554</strong></td>
<td><strong>580</strong></td>
<td><strong>105</strong></td>
<td><strong>26</strong></td>
<td><strong>3</strong></td>
<td><strong>1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft-focus diversity</td>
<td>9946</td>
<td>112</td>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Natural products</td>
<td>2400</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOS library</td>
<td>924</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>500000</td>
<td>Ongoing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>150000</td>
<td>TBA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diversity</td>
<td>150000</td>
<td>TBA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>678270</strong></td>
<td><strong>129</strong></td>
<td><strong>nd</strong></td>
<td><strong>nd</strong></td>
<td><strong>nd</strong></td>
<td><strong>nd</strong></td>
<td><strong>nd</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td><strong>688568</strong></td>
<td><strong>782</strong></td>
<td></td>
<td><strong>128</strong></td>
<td><strong>30</strong></td>
<td><strong>5</strong></td>
<td><strong>2</strong></td>
<td><strong>1</strong></td>
<td></td>
</tr>
</tbody>
</table>
genes targeted by current antibiotics and are in functional categories predicted to be essential for bacterial growth. The high essentiality prediction of such known targets validates the computational approach. The ranked lists can be further curated to prioritize candidate drug targets by filtering for genes with no similarity to human proteins for example. The druggability of the εBm proteins was addressed by comparing them to known protein targets contained within the DrugBank database, a collection of ~5000 FDA-approved small molecule drugs and compounds with details of their protein-binding partners and relevant chemical and pharmacological data. This analysis correlated well with the essential gene predictions and revealed classes of εBm proteins that appear to be essential and druggable (Holman et al. 2009).

Screening of focused libraries generated with reference to the predicted essential gene list has delivered several lead compounds/drugs, which are undergoing further evaluation in A·WOL II Macrofilaricidal Drug Discovery and A·WOL II Macrofilaricidal Drug Development programmes.

Further insight into the biological basis of Wolbachia symbiosis

A deeper understanding of the nature of the symbiotic relationship between Wolbachia and its filarial host and the consequences of Wolbachia depletion on the biology of the nematode has advanced in recent years (Taylor et al. 2012). It now appears that the dependency of the nematode–Wolbachia relationship is most critical during periods of high metabolic demands, such as larval development, growth and fertility, processes that coincide with periods of rapid Wolbachia population growth and expansion (McGarry et al. 2004; Taylor et al. 2012).

Why does Wolbachia depletion induce anti-filarial activity?

Studies on the cellular consequences of symbiont elimination have provided an important insight into the cellular mechanisms at the basis of the symbiotic relationship (Landmann et al. 2011). Soon after antibiotic elimination of the bacteria extensive apoptosis occurs in the adult germline and in the somatic cells of the embryos, microfilariae and fourth-stage larvae (L4). Apoptosis extends to uninfected cells, suggesting an indirect provision of products from the hypodermal population is required to prevent cells from undergoing cell death. This cellular mechanism does not extend to all somatic cells, including those of the hypodermal cord cells, where the bacteria reside, although the cytoskeletal arrangement is disrupted. The pattern of apoptosis activation correlates closely with the stages most vulnerable to antibiotic depletion and provides a mechanism to account for the rapid anti-filarial effects of antibiotic treatment. Additionally apoptosis signals in host nematodes could serve as useful biomarkers of anti-Wolbachia activity.

Wolbachia populations are regulated by autophagy and autophagy-inducing drugs deliver bactericidal activity

In order to understand the process by which the host nematode regulates the population growth of Wolbachia at a sufficient level to maintain the symbiosis, yet to avoid fitness costs or the pathological consequences of bacterial overgrowth, we investigated the role of autophagy, a conserved intracellular defence mechanism and regulator of cell homeostasis (Voronin et al. 2012). Activation of autophagy coincided with the onset of rapid bacterial growth and expansion, which shows that, in spite of their mutualistic association, the nematode’s immune system recognises Wolbachia as a ‘pathogen’. Genetic and chemical modulation of autophagy activation or suppression resulted in a corresponding decrease or increase in bacterial populations. To test whether drugs which induce the activation of autophagy could lead to a reduction in Wolbachia populations in vivo, we treated jirds infected with B. malayi with rapamycin and spermidine. Treatment with rapamycin or spermidine reduced Wolbachia loads by ~70% for both drugs compared to the control (Voronin et al. 2012). These results provide proof-of-concept that drug-induced activation of autophagy is effective at reducing Wolbachia populations in vivo to the same extent as antibiotic therapy and identifies a novel bactericidal mode-of-action which can be exploited in the discovery and development of new anti-Wolbachia treatments.

A·WOL REGIMEN REFINEMENT

In order to address A·WOL’s second goal to optimize regimens of known anti-wolbachial drugs (doxycycline and rifampicin), we carried out a series of phase II field trials with the aim of testing the efficacy of reduced dosage (200 to 100 mg) and to test whether combinations of anti-wolbachial drugs can reduce the treatment period. Two additional studies were initiated to pilot the lead candidate from our registered library screen (minocycline) and to evaluate the efficacy of community-directed doxycycline treatment four years after delivery. (1) A·WOL LF I: RCT phase II trial, doxycycline vs doxycycline/rifampicin and doxycycline dose reduction (200 to 100 mg), Ghana. (2) A·WOL oncho I: RCT phase II trial, doxycycline vs doxycycline/rifampicin and doxycycline dose reduction.
(200 to 100 mg), Ghana. (3) A·WOL oncho II: Open label pilot trial, doxycycline vs minocycline±
 albendazole, Ghana. (4) A·WOL oncho III: Evaluation of the effectiveness of community-
directed delivery of doxycycline four years after
delivery (Cameroon).

All follow-up sampling of phase II and pilot trials is
now complete, with ongoing laboratory analysis of
primary and secondary endpoints underway, which
is expected to be completed by the end of 2013.

In 2007 and 2008, a feasibility trial of community-
directed treatment with doxycycline was carried out in
two health districts in Cameroon, co-endemic for
*O. volvulus* and *L. loa* (Wanji et al. 2009). With 17,519
eligible subjects, the therapeutic coverage was 73·8% with
97·5% compliance, encouraging the feasibility of
using doxycycline community-directed delivery in
restricted populations of this size. The effectiveness
of this community-directed delivery of doxycycline
was further evaluated four years after delivery
(Tamarozzi et al. 2012). Statistically significant
lower microfilarial prevalence (17·0% [doxycycline
plus ivermectin group], 27·0% [ivermectin only
group], \( P = 0.014 \)) and load \( (P = 0.012) \) were
found in people that had received doxycycline
followed by ivermectin compared to those who
received ivermectin only. This study demonstrates
the long-term effectiveness of doxycycline treatment
delivered with a community-directed strategy even
when evaluated four years after delivery in an area of
ongoing transmission. This finding shows that a
multi-week course of treatment is not a barrier to
community-delivery of MDA in restricted popu-
lations of this size and supports its implementation to
complement existing control strategies for oncho-
cerciasis, where needed (Tamarozzi et al. 2012).

**A·WOL mathematical modelling**

An extensive series of trials has shown that
doxycycline treatment eliminates *Wolbachia* causing
long-term sterilization of adult female filariae and
ultimately exerting a macrofilaricidal effect against
onchocerciasis and LF. Such trials have been
conducted in endemic settings where continual
reinfection by drug-naïve worms compromises the
evaluation of macrofilaricidal efficacy (Specht et al.
2009). This makes it difficult to estimate therapeutic
efficacy and compare data from different doxycycline
regimens collected at different times post-treatment.
A mathematical model was developed which couples
the doxycycline-induced depletion of *Wolbachia*
from adult *O. volvulus* to the ensuing macrofilaricidal
activity (Walker et al. unpublished results). The
model was fitted to data from clinical trials measuring
the *Wolbachia* status and viability of individual
female adult worms exposed to a 4-, 5- or 6-week
daily dose of 100 or 200 mg oral doxycycline.
Doxycycline induces rapid depletion of *Wolbachia*,
yet these effects are most apparent 9·5 months after
the start of treatment. The estimated therapeutic
efficacy of doxycycline in eliminating *Wolbachia* from
female *O. volvulus* increases statistically significantly
from 92 to 95% from 4 to 5 weeks of treatment and
non-significantly from 95 to 97% from 5 to 6 weeks
of treatment, irrespective of dose. This model validates
the marked macrofilaricidal activity of
doxycycline therapy and provides robust statistical
support for equivalent efficacy with reduced time-
frames and dosage and can be adapted to the analysis
of other A·WOL therapies for the treatment of both
onchocerciasis and LF.

**Anti-*Wolbachia* treatment improves clinical disease**

Previously, a course of doxycycline was shown not
only to possess macrofilaricidal activity, but also lead
to significant clinical improvements in the severity
of lymphoedema (Debrah et al. 2006). In a second
trial this outcome was compared with a course of
amoxicillin and in patients without active LF
infection (Mand et al. 2012). Doxycycline-treated
patients with lymphoedema (LE) stage 2–3 showed
significant reductions in LE severity after 12 and
24 months, regardless of circulating filarial antigen
status. Improvement was observed in 43·9% of
doxycycline-treated patients, compared with only
3·2 and 5·6% in the amoxicillin and placebo arms,
respectively. Both doxycycline and amoxicillin
reduced acute dermatolymphangioedematous attacks.
This unexpected outcome showed that improve-
ments in lymphoedema were also found in patients
without active infection, which expands the use of
this approach as a new and improved tool for
morbidity management as part of GPELF (Mand
et al. 2012).

**Conclusions**

A·WOL has developed a series of validated and
robust assays to evaluate drugs and compounds
with anti-*Wolbachia* activity which have been used
to screen a range of registered, focused and diversity
drug libraries to deliver several hundred ‘hits’,
which are progressing through the screening
funnel with the potential to generate at least one new
anti-wolbachial chemotype for eventual deployment
as a macrofilaricide. The outcomes of the initial
A·WOL programme are progressing through A·WOL II
Macrofilaricidal Drug Discovery and A·WOL II
Macrofilaricidal Drug Development programmes.

Regimens of known A·WOL drugs have been
optimised for dosage and time-frame to deliver a
curative course of treatment equivalent to regimens
for prophylaxis for traveller’s malaria and acne which
can be considered, in restricted populations, to
complement existing MDA strategies in ‘hot spot’
ACKNOWLEDGEMENTS

We thank all of the A-WOL consortium partners and their laboratory and field trial teams.

FINANCIAL SUPPORT

The A-WOL consortium is supported by a grant from the Bill & Melinda Gates Foundation award to the Liverpool School of Tropical Medicine.

REFERENCES


malayi mediate macrophage tolerance to TLR and CD40 specific stimuli in a TLR2/MyD88 dependent manner. *Journal of Immunology* 7, 1240–1249.

