INCREASED SERUM LEVELS OF INTERFERON-γ AND INTERLEUKIN-12 DURING HUMAN BRUCELLOSIS

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Abstract. Brucellosis is a zoonotic disease that often becomes chronic with a high rate of recurrence. To understand the cytokines induced during this infection we determined the levels of interleukin (IL)-1β, IL-2, IL-4, IL-8, IL-12, tumor necrosis factor-α (TNF-α) and interferon-γ (IFN-γ) in serum of patients with brucellosis and compared with those without brucellosis and controls. Control sera were taken from healthy persons residing in an area that was not endemic for brucellosis. The levels of IL-1, IL-2, IL-4, and TNF-α were not detectable in all the sera from patients. There was no difference in the level of IL-8 in patients with brucellosis and those without this disease. However, IL-8 was significantly higher in these two groups of patients compared with the controls. Significantly higher levels of IL-12 and IFN-γ were found in the serum of patients with brucellosis compared with patients without brucellosis and controls. These data indicate that there is induction of Th1 type cytokines during human brucellosis.

Kuwait is an endemic area for brucellosis and for several years an increasing trend of brucellosis has been observed.1 It continues to be one of the most widespread zoonoses in the world, causing serious health problems and economic losses. Intracellular survival of this microorganism in the reticuloendothelial system cells determines the chronic course of the disease, as well as the inability of antibiotic therapy to eradicate the infection completely.2 Protective immunity against intracellular bacteria depends on the interplay between various T cell subsets and cytokines.3 It has been established in a murine model that protective acquired immunity to brucellae involves T cell-dependent activation of macrophages in which both CD4+ and CD8+ T cells contribute to protection against Brucella infection.4,5 Cell-mediated immunity to brucellosis, therefore, is likely to include the production of cytokines that activate macrophages and lymphocytes for production of anti-Brucella activities. Recent studies have demonstrated central roles for interferon-γ (IFN-γ) in inflammatory reaction associated with development of cellular immunity directed against a variety of intracellular pathogen. In vitro treatment of macrophages with recombinant IFN-γ-enhanced killing of Brucella abortus6 and other intracellular organisms.7,8 Injection of recombinant IFN-γ into mice enhanced resistance to B. abortus9 and Listeria monocytogenes.10 Unfortunately, no studies have been performed on human brucellosis to elucidate the role of cytokines. Therefore, to extend further our understanding of cellular immunity by identifying which cytokines are active during Brucella infection, we investigated the serum level of a panel of 7 cytokines in patients with brucellosis.

PATIENTS AND METHODS

This was a retrospective study and no personal identifiers were used. The study was approved by the Ethical Committee of the Institute of Tropical Medicine at Nagasaki University. Between April 1996 and January 1997, 46 serum samples from patients with suspected brucellosis attending different hospitals in Kuwait were collected for this study. These sera were submitted at the microbiology laboratory of Mubarak Al-Kabeer Hospital (Jabria, Kuwait) for the diagnosis of brucellosis. Standard procedures were followed for the diagnosis of this disease.11 For the standard tube agglutination test (SAS febrile antigen; SA Scientific, Inc., San Antonio, TX and Bacto-Brucella abortus antigens and control antiserum; Difco Laboratories, Detroit, MI), an agglutination titer > 1:160 was considered a positive test result. Sera were also collected from 15 healthy adults residing in an area that was not endemic for brucellosis (Nagasaki, Japan) as a control. All serum was kept at −80°C until use.

The serum levels of interleukin (IL)-1β, tumor necrosis factor-α (TNF-α), IFN-γ (Otsuka Pharmaceuticals, Tokyo, Japan), IL-2, IL-4, IL-12 (Endogen Inc., Woburn, MA) and IL-8 was kindly provided by Professor K. Matsushima, Department of Molecular and Preventive Medicine, School of Medicine, Tokyo University, Tokyo, Japan) were assayed by a plate ELISA method according to the instructions of the manufacturer's (Otsuka Pharmaceuticals, Endogen, Inc., and Professor K. Matsushima).

RESULTS

Among the 46 samples, 29 were obtained from Mubarak Al-Kabeer Hospital and the rest were from Al-Qurain Hospital. The age of the patients ranged from 5 to 55 years; there were 24 males and 18 females and the sex of 4 cases was unknown. There were 7 males and 8 females with ages ranging from 24 to 35 years in the control group. Twenty-seven sera were positive for brucellosis and 19 sera were negative. Interleukin-1β, IL-2, IL-4, and TNF-α were not detectable in all 46 serum samples. Table 1 shows the serum levels of cytokines in patients and controls. The level of IFN-γ was significantly higher (P < 0.05) in brucellosis-positive cases than in negative cases and controls. There was no significant difference in IFN-γ levels between healthy persons and patients without brucellosis. Levels of IL-12 was also significantly higher (P < 0.05 and P < 0.005) in brucellosis cases compared with patients without brucellosis and controls. There was no significant difference in the serum levels of IL-12 in healthy persons compared with the brucellosis-negative cases. There was no significant
The central role of IL-12 in protection against intracellular pathogens, including Mycobacteria tuberculosis, Listeria monocytogenes, Leishmania major, and Mycobacteria tuberculosis, has been established. In mouse model of brucellosis, IL-12 has been demonstrated in mice. The TH1 cells, through production of IL-2 and IFN-γ, orchestrate the cellular immune response. Interleukin-2 has been reported to act as a co-factor in the activation of macrophages, as well as in decreasing the growth of Brucella in macrophages. Moreover, IL-2 has been demonstrated to induce expression of TNF in human peripheral blood monocytes. Tumor necrosis factor-α and IL-1 induce IL-8, which is assumed to be a secondary proinflammatory cytokine. Interestingly, levels of IL-1, IL-2, IL-4, and TNF-α were not detectable in serum from patients with brucellosis. We assume that due to their short half-lives, IL-2 and TNF-α were not detectable in serum of patients with brucellosis. Levels of IL-1 are low and difficult to detect because a significant amount of proIL-1 remains inside the cell and IL-1 also binds to large proteins such as α-2-macroglobulin, complement, and the soluble type II IL-1 receptor.

Taking into consideration the high levels of IFN-γ and IL-12 and undetected level of IL-4 in this study, we may assume that mainly TH1 cells are involved during human brucellosis. The induction of the TH1 response in brucellosis has been demonstrated in mice. Our results are the first to elucidate the involvement of TH1 cytokines during human brucellosis. Further studies are needed to clarify the role of these cytokines in the pathogenesis of Brucella infection in humans.

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REFERENCES