

Background

- People with diabetes are more susceptible to TB
- The mechanisms are not well understood.
- The effect of diabetes on vaccine efficacy is unclear.
- This information is essential as vaccines will need to be administered to an increasing pre-diabetic and diabetic population.

Aims and objectives

- Establish two complementary models of hyperglycaemia
- Investigate how hyperglycaemia affects immune responses to BCG vaccination

Methods

Two complementary mouse models of hyperglycaemia were used :

1. C57BL/6 female and male mice were administered a Western Diet (WD - 42 % fat) or high fat diet (HFD - 60 % fat)
2. Inducible mouse model (bv59M) selectively expressing a mutation on K_{ATP} channel of pancreatic β -cells¹. Hyperglycaemia is induced within 2 days of tamoxifen administration. Animals were vaccinated with BCG and splenocytes were used to set up immunogenicity and mycobacterial growth inhibition assays (MGIA)

Results

Figure 1: Stronger BCG-specific responses with high-fat diet feeding

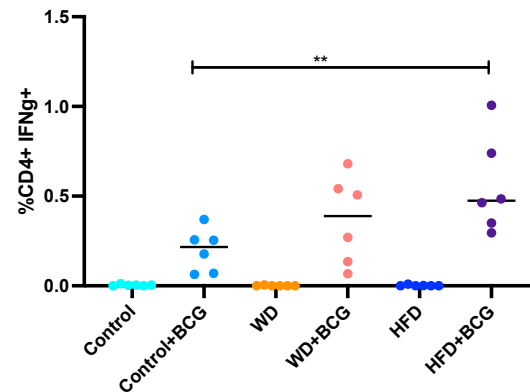


Figure 3: Better glucose control in BCG-vaccinated bv59M animals at moderate levels of hyperglycaemia

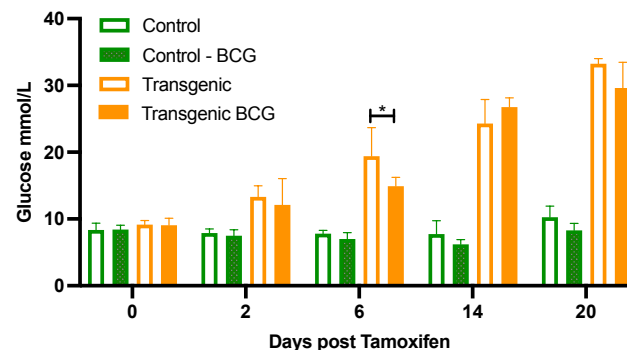


Figure 2: High-fat diet results in better mycobacterial control *in vitro*

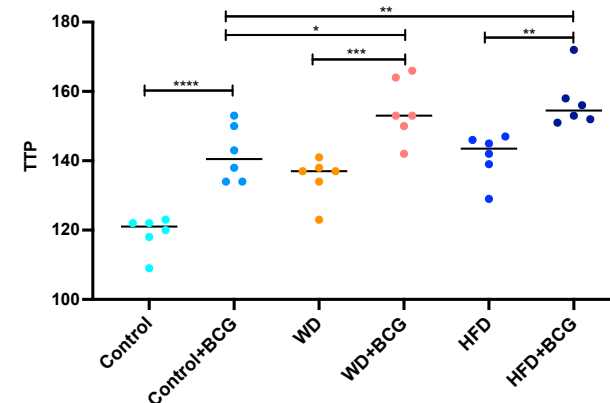
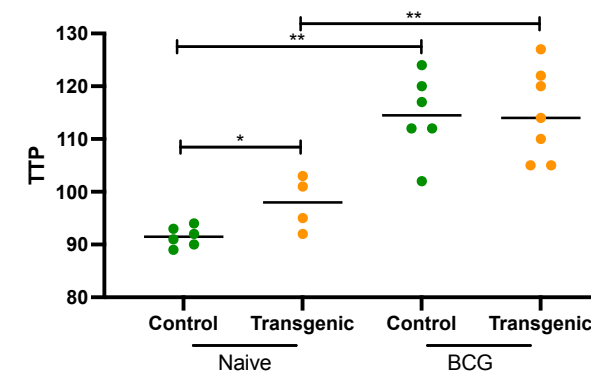


Figure 4: BCG protects mice despite high blood glucose levels



Conclusions

- Short-term high fat diet feeding resulted in higher weight gain and blood glucose levels compared to mice on control diet
- BCG vaccination induced stronger PPD-specific responses in mice fed high-fat diets
- Splenocytes from mice on high-fat diets performed better in an MGIA assay
- BCG-vaccinated bv59M mice had lower levels of blood glucose compared to littermate controls, at moderate, but not at high-levels of hyperglycaemia
- BCG efficacy was equivalent in bv59M and control mice despite the much higher levels of blood glucose

Future work

- *In vivo M.tb* challenge experiments will be conducted on both mouse models
- The two models will be used to assess the immunogenicity and efficacy of live-attenuated and subunit vaccines

References

1. Brereton *et al.* Nature Comms. 2014