

Host genetics of tuberculosis susceptibility

Erwin Schurr

McGill International TB Centre

Departments of Medicine and Human Genetics

McGill University, Montreal, Quebec, Canada

But what exactly is a genetic disease?

Phenylketonuria (PKU) is a metabolic disease that is caused by phenylalanine:

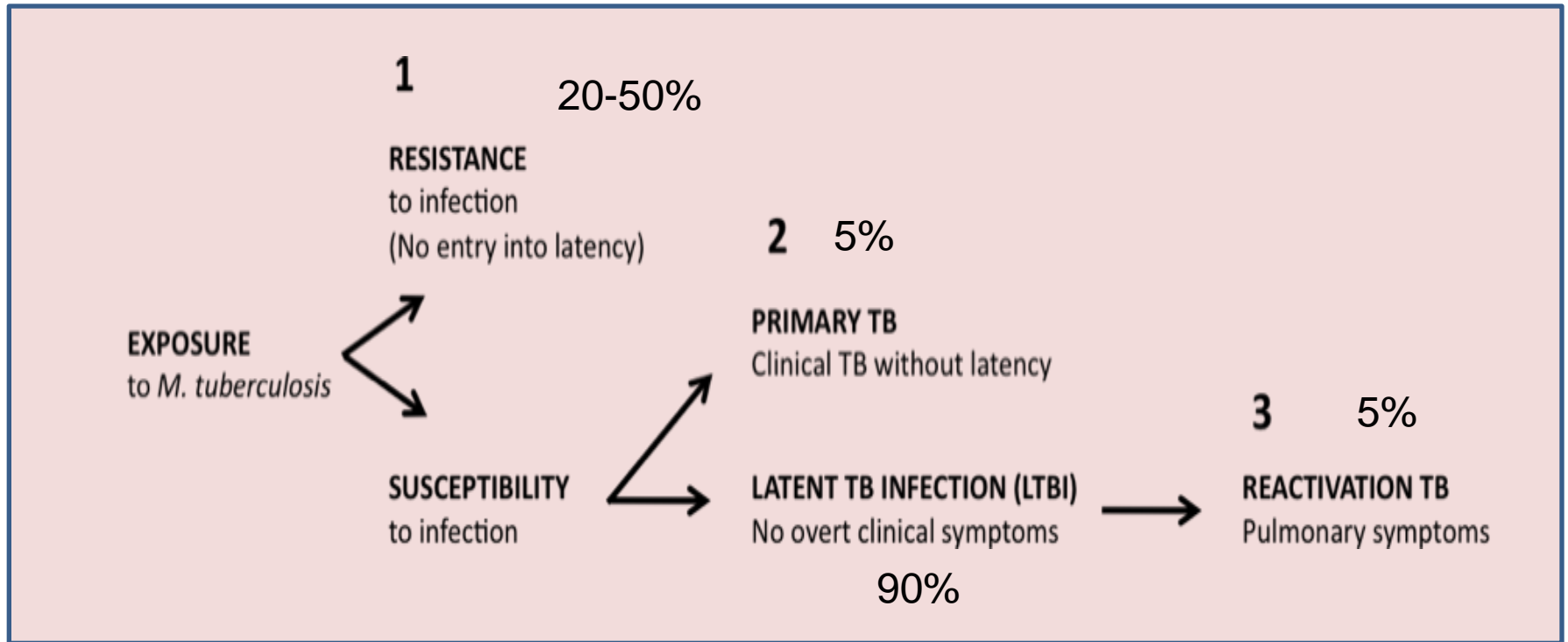
No phenylalanine = No PKU!

Is PKU a genetic disease? YES!

Phenylalanine is an environmental factors that is
NECESSARY but NOT SUFFICIENT
for disease (PKU) expression

***M. tuberculosis* is necessary, but is it sufficient ?**

Tuberculosis Pathogenesis



M. tuberculosis is not sufficient to cause TB

Three examples that support a role of genetic predisposition to clinical tuberculosis disease:

- (i) the Lübeck accident
- (ii) risk of tuberculosis recurrence
- (iii) twin studies

The Lübeck Accident

Virulence level	Number	Disease severity			
		death	serious disease	mild symptoms	no symptoms
1	1	-	-	-	1
2	93	6 = 6.5%	9 = 9.7%	78 = 83.8%	-
3	83	18 = 21.7%	34 = 41.0%	31 = 37.3%	-
4	74	53 = 71,6%	18 = 24.3%	3 = 4.1%	-
Totals	251	77	61	112	1

Risk of Recurrence of TB



TABLE 3. PROPORTION AND RATE OF RECURRENCES AND REINFECTION DISEASE IN ENROLLED PATIENTS BY OUTCOME OF FIRST DISEASE EPISODE

Outcome of First Episode with DNA FP	No. Patients	PYRS Follow-up	No. Recurrences	Recurrence Rate/100 PYRS	No. DNA FP in Second Episode	No. Confirmed Reinfections (%)	Confirmed Reinfection Disease Rate/100 PYRS (95% CI)	Likely Reinfection Disease Rate/100 PYRS [†] (95% CI)
Cure*	358	1,794	48	2.7	21	19 (90)	1.1 (0.7–1.7)	2.4 (1.4–3.8)
TC*	89	466	13	2.8	10	5 (50)	1.1 (0.3–2.5)	1.4 (0.5–3.3)
Default	165	725	47	6.5	37	4 (11)	0.6 (0.2–1.4)	0.7 (0.2–1.6)

Definition of abbreviations: CI = confidence interval; FP = fingerprint; PYRS = person-years; TC = treatment completed.

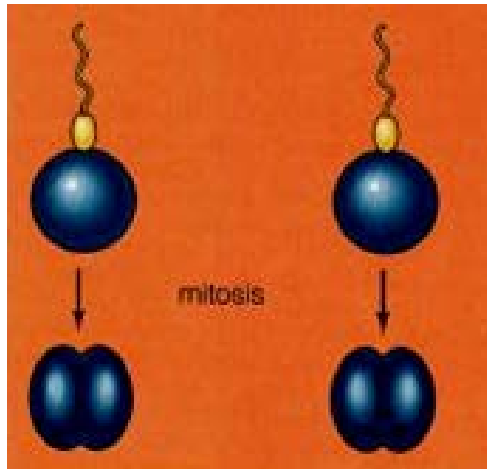
* For successful treatment (either cure or TC) confirmed reinfections are 24 of 31 (77%), confirmed reinfection disease rate is 1.1 (0.7–1.6) per 100 PYRS, and likely reinfection disease rate is 2.2 (1.6–2.9) per 100 PYRS.

[†] The likely reinfection disease rate is the recurrence rate multiplied with the proportion confirmed reinfections among recurrences with a DNA FP available.

Re-infection disease rate of 2.2/100 PYRS corresponds to 4 times the age-adjusted incidence

Twin studies

DZ TWINS

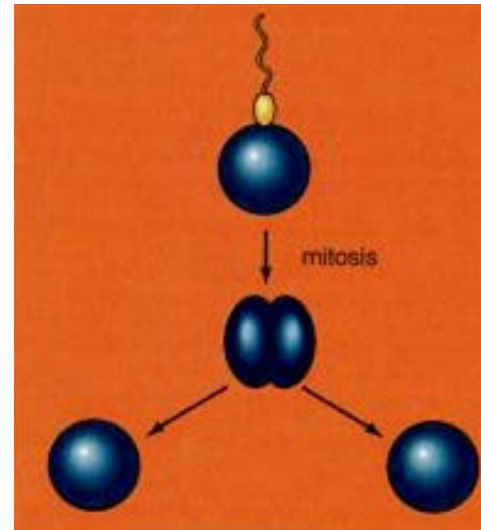


2 fertilizations



Share **50%** of genetic background

MZ TWINS



1 fertilization



Share **100%** of genetic background

Twin studies

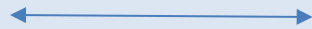
Concordance

Monozygous twins

Dizygous twins

Reference

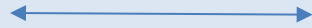
65%



25%

Diehl and Von Verschuer
Beitr. Klin Kunsch 92: 275, 1936

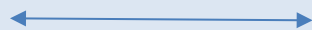
62%



18%

Kallmann and Reisner,
Am Rev Respir Dis 47, 549, 1942

32%



14%

Comstock,
Am Rev Respir Dis 117, 621, 1978

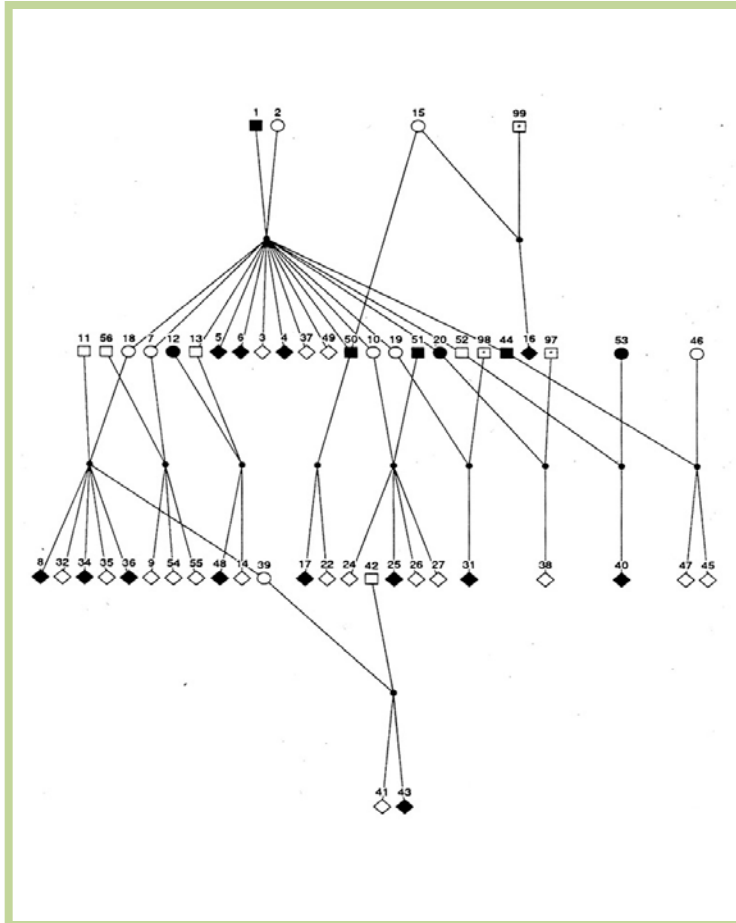
Significant excess of concordance among monozygous twins demonstrates the importance of host genetic factors

Candidate gene approaches

Many examples - one selected gene:

NRAMP1

Candidate *NRAMP1*: TB outbreak



- Entire pedigree: 85 individuals
- Genotypes available from 65 individuals
- Majority of cases occurred within 6 months of diagnosis of index case
- Last case was diagnosed 2 years after index case
- Case criteria: clinical sign of active disease PLUS culture OR response to anti-TB therapy

Candidate *NRAMP1*: TB outbreak

Liability class	Penetrance of homozygous		# individuals
	Low risk allele	High risk allele	
	RR=10	RR=100	
Previously unexposed	0.085	0.0085	42
Previously exposed or vaccinated	0.037	0.0037	11
PPD negative during epidemic	0.010	0.0010	7
Age <2 yrs, >65yrs	0.425	0.2125	7
Unknown			14

Candidate *NRAMP1*: TB outbreak

With liability classes: Strong evidence for strong genetic effect (*NRAMP1*)

$P = < 0.000001$, $RR=10$

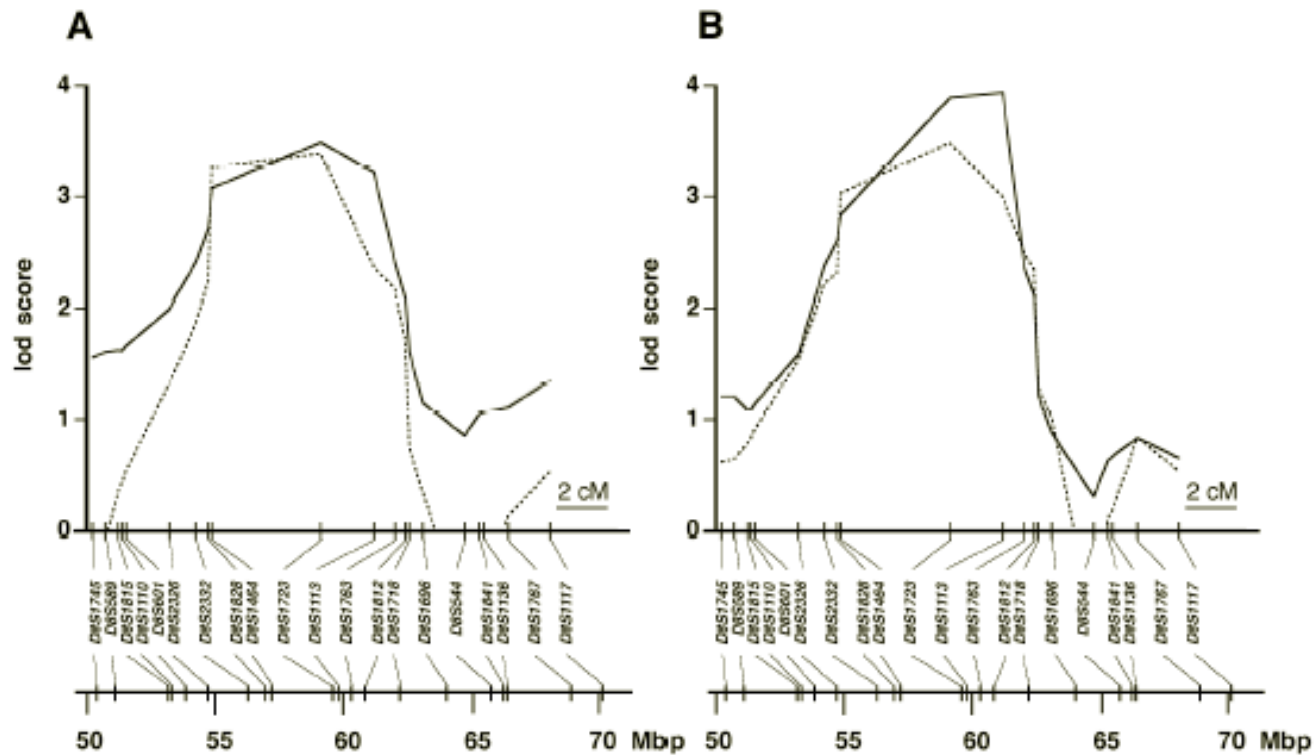
Without liability classes: NO evidence for any genetic effect

Greenwood et al. Am J Hum Genet 67:405, 2000

Environmental setting defines the playing field for genetic factor

Positional cloning approaches: *TOX* gene

Positional cloning approaches: *TOX* gene



Positional cloning approaches: *TOX* gene

Table 1. Genetic Association Results for Replicated SNPs rs1568952 and rs2726600 in the Primary Moroccan Family-Based Study, the Moroccan Case-Control Replication Study, and Combined Analyses under the Recessive Model for the Minor Allele

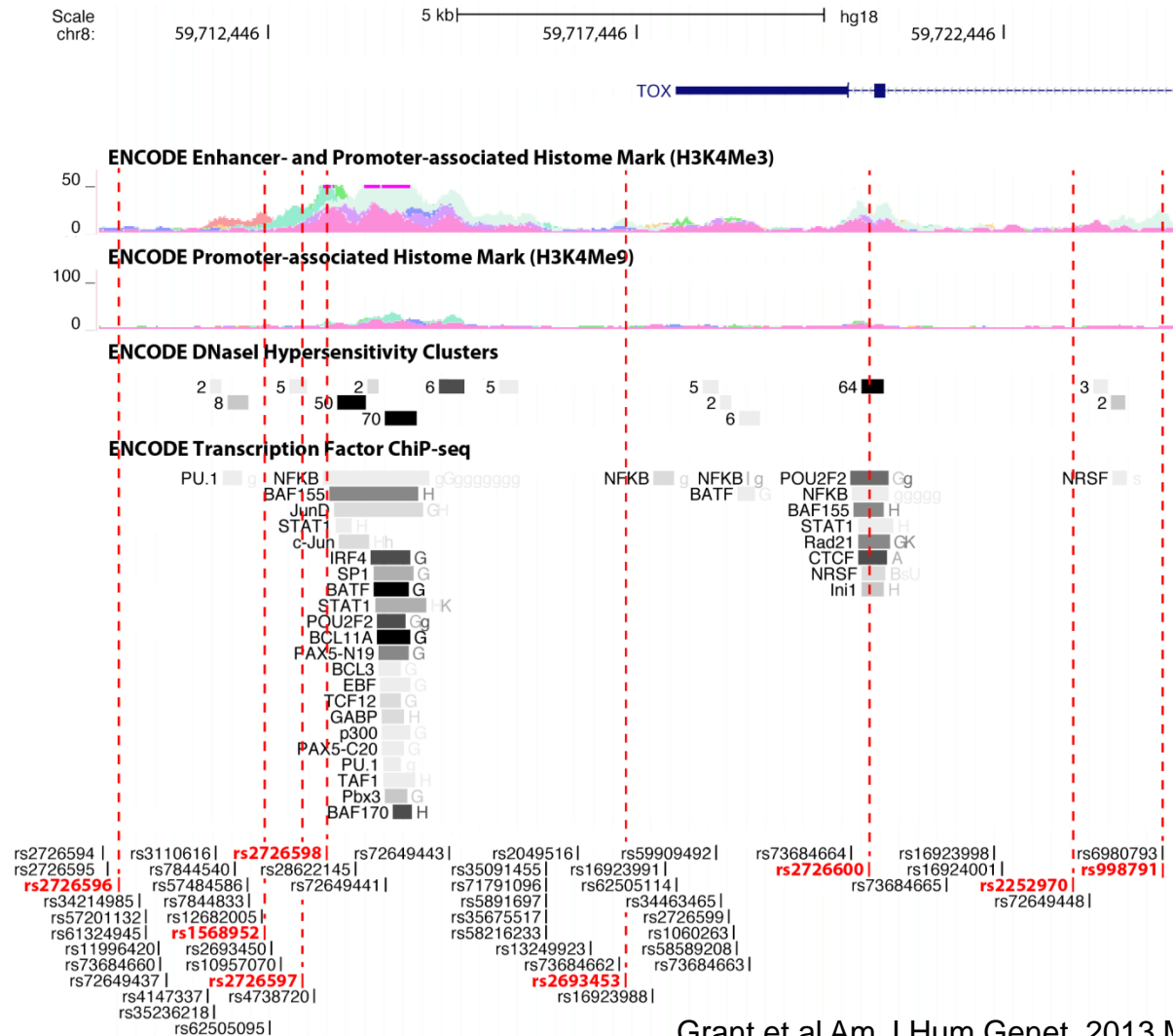
Stratum	SNP	Minor Allele	Major Allele	MAF ^a	Family-Based Study		Case-Control Study		Combined	
					OR (95% CI)	p Value ^b	OR (95% CI)	p Value ^b	OR (95% CI)	p Value ^b
Full	rs1568952	A	G	0.36	3.21 (1.41–7.35)	0.007	1.98 (1.33–2.94)	6×10^{-4}	2.18 (1.53–3.10)	1.1×10^{-5}
	rs2726600	G	A	0.40	2.65 (1.27–5.56)	0.0093	1.61 (1.12–2.31)	0.0092	1.81 (1.34–2.43)	9.2×10^{-5}
<25 Years	rs1568952	A	G	-	5.54 (1.97–15.53)	0.0003	2.86 (1.72–4.77)	2.9×10^{-5}	3.09 (1.99–4.78)	4.4×10^{-8}
	rs2726600	G	A	-	2.56 (1.37–4.80)	0.0025	2.00 (1.24–3.23)	0.0039	2.19 (1.52–3.14)	3.2×10^{-5}
≥ 25 Years	rs1568952	A	G	-	0.65 (0.12–3.66)	0.62	1.52 (0.93–2.47)	0.094	1.42 (0.88–2.27)	0.15
	rs2726600	G	A	-	1.73 (0.56–5.33)	0.33	1.38 (0.89–2.14)	0.15	1.42 (0.95–2.13)	0.09

The following abbreviations are used: MAF, minor allele frequency; OR, odds ratio; and CI, confidence interval.

^aMAF was estimated from among 316 founders.

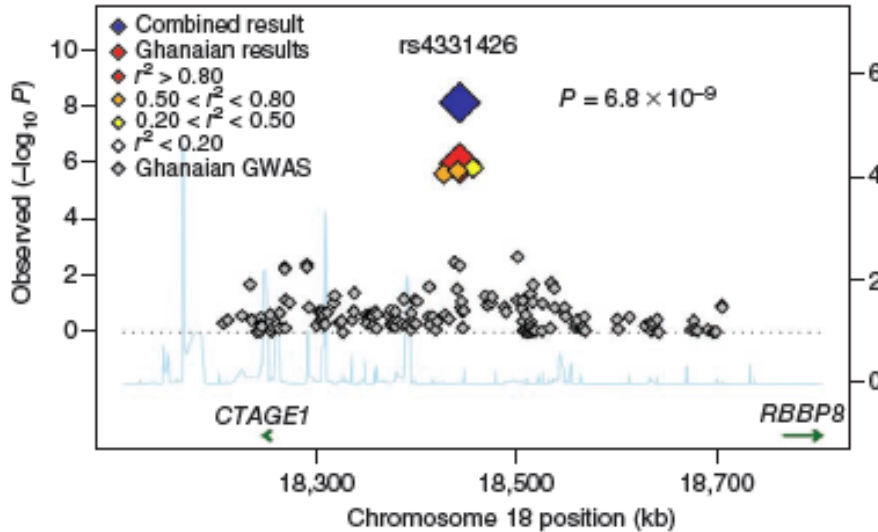
^bAll p values are two sided.

Positional cloning approaches: *TOX* gene

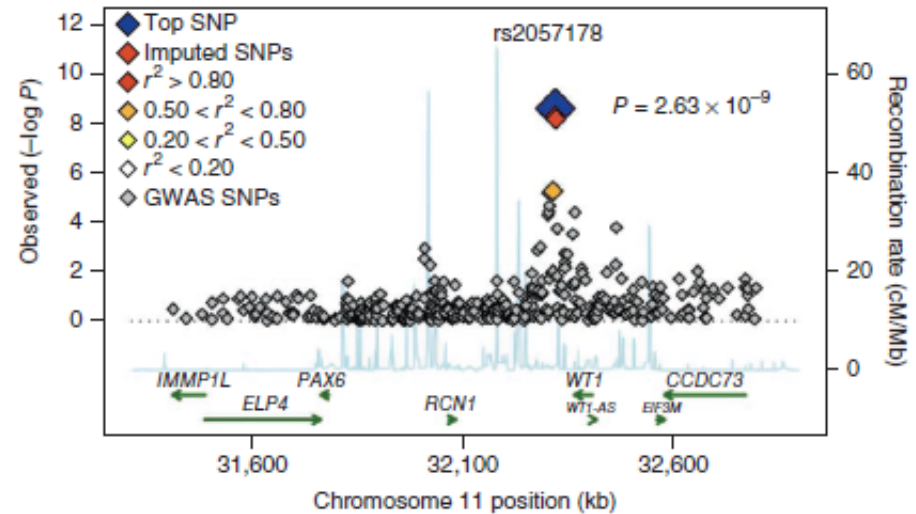


Genome-wide association studies (GWAS)

GWAS TB



Thye et al. Nat Genet. 2010 Sep;42(9):739-41

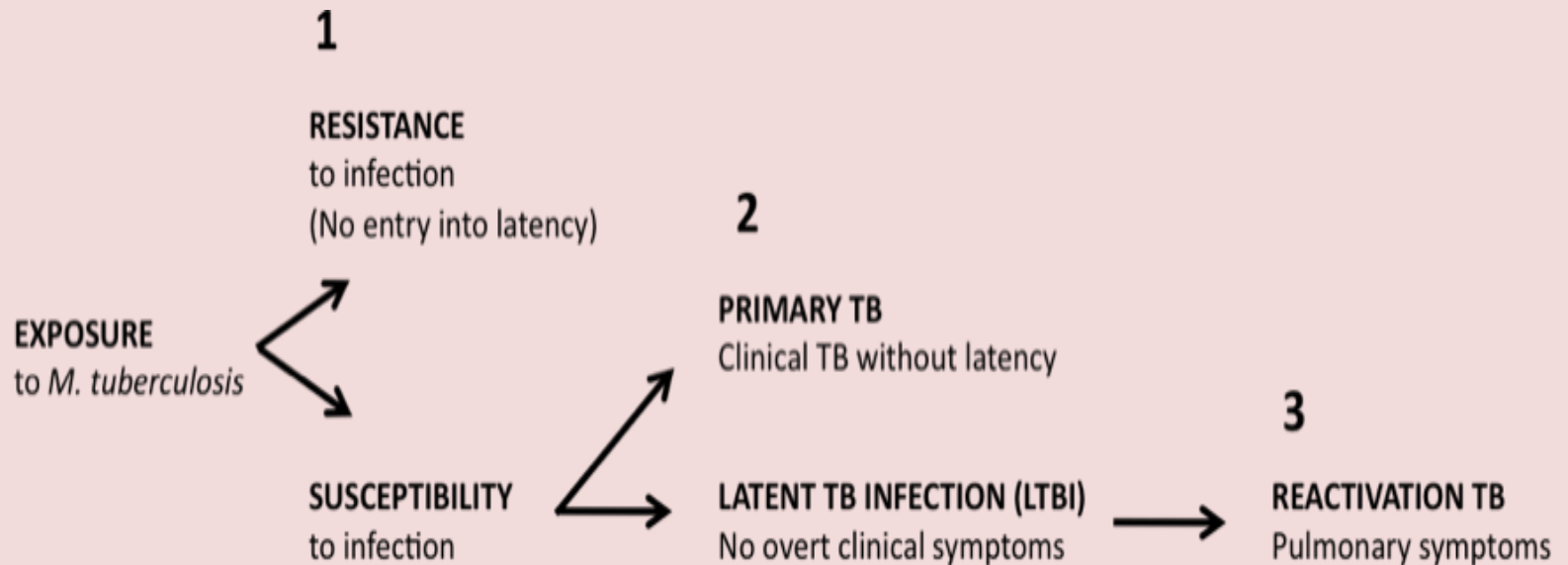


Thye et al. Nat Genet. 2012 Feb 5;44(3):257-9

Chromosome 18 locus not replicated
outside of West Africa

Chromosome 11 locus replicated
outside of West Africa

Tuberculosis Pathogenesis



Latent *M. tuberculosis* infection

How do we measure infection?

No “gold standard”

Three types of assays

***In vivo* tuberculin skin test (TST)**

***In vitro* production of antigen-specific IFN γ production (ELISA)**

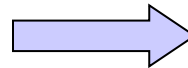
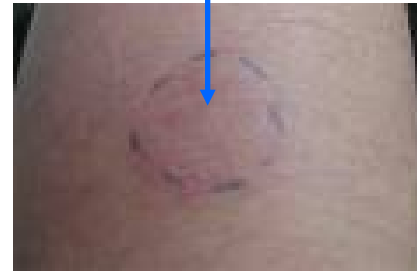
***In vitro* determination of frequency/number of antigen-specific T-cells
(ELISpot/FACS)**

Tuberculin Skin Test

Tuberculin (PPD)



Delayed Type Hypersensitivity



72hs

Detection of people infected by *M. tuberculosis*

Public Health

≥ 5 mm (Immuno-)

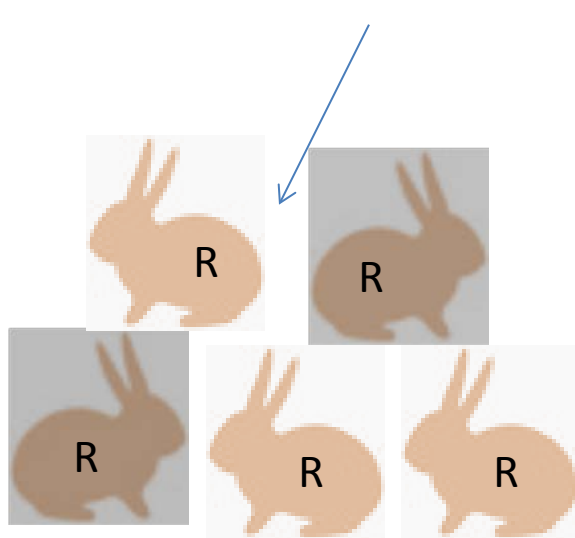
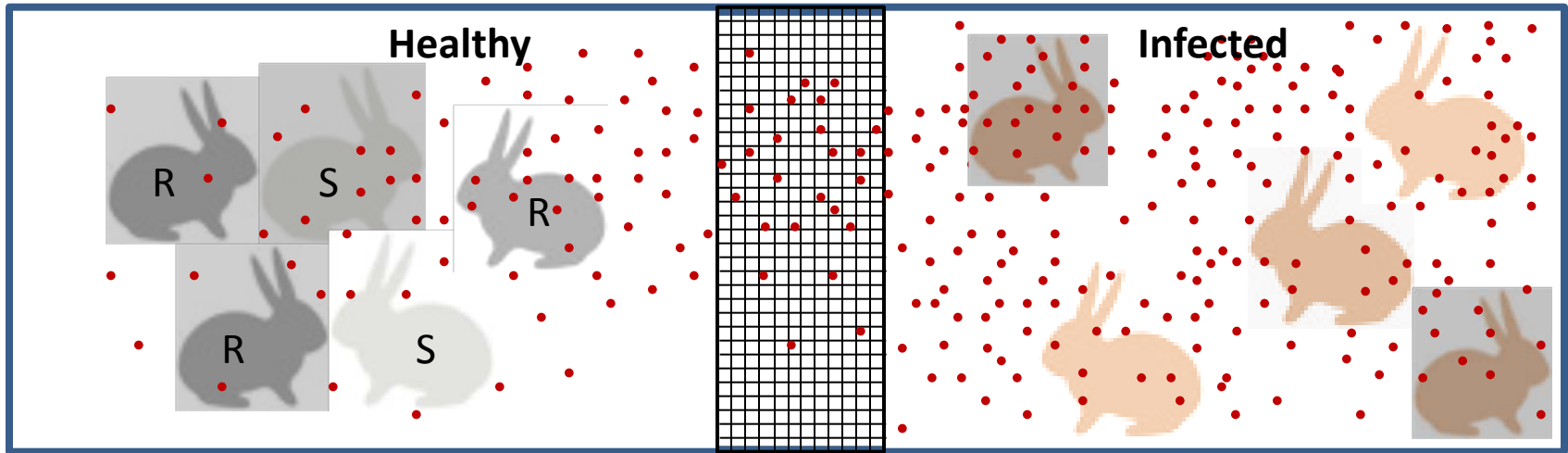
≥ 10 mm (no BCG)

≥ 15 mm (BCG)

→ **Infection**

Intrinsically a quantitative measure

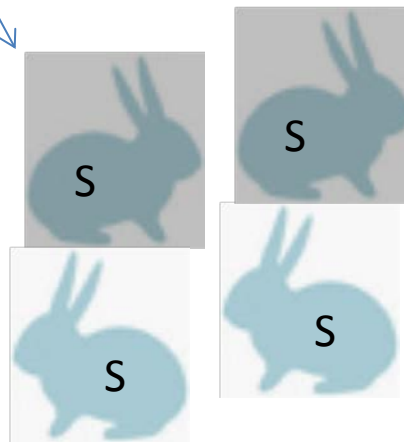
Max Lurie's Rabbits



Cavitory disease

Mean survival 9.2 months

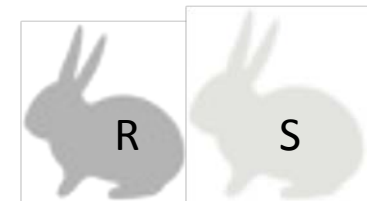
Lurie M B. *Am Rev Tuberc* 1941; 44 (suppl): 1–125



Disseminated disease

Mean survival 4.8 months

Innate resistance



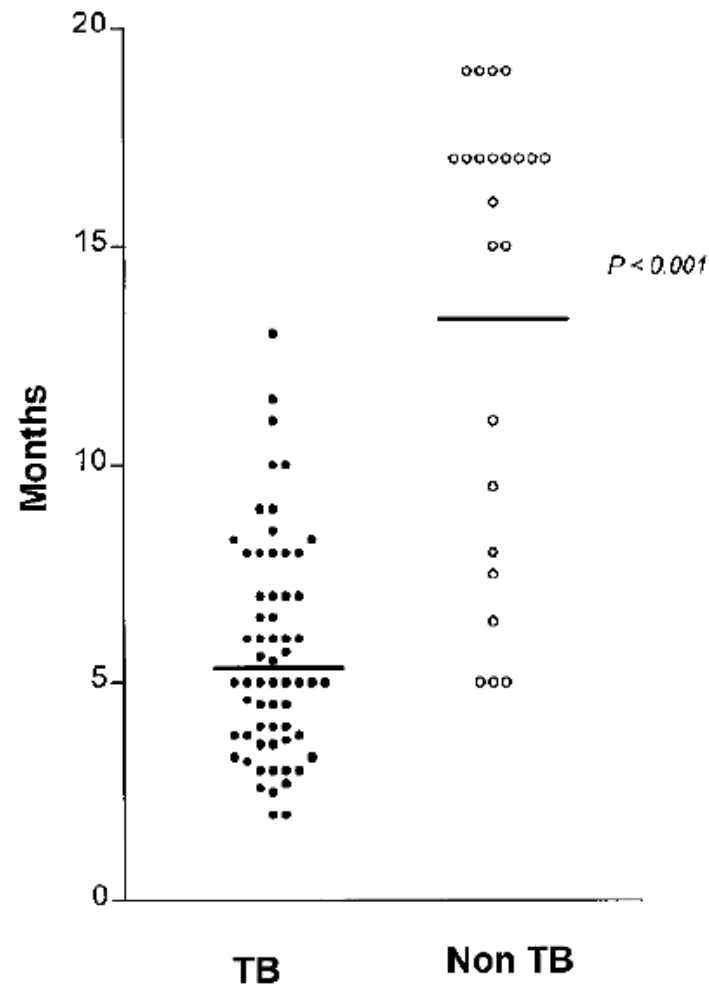
20-40% no disease

85% Tuberculin test negative

11-19 months of exposure

Werneck-Barroso E. *Int J Tuberc Lung Dis* 1999;3:166-68

Lurie's rabbits



Werneck-Barroso E. Int J Tuberc Lung Dis 1999;3:166-68

Genetics of LTBI: TST

✓ Familial correlation studies: heritability between 30 à 90%

(Sepulveda et al., Am J Respir Crit Care Med, 1994 / Tuber Lung Dis, 1994)

(Jepson et al., Infect Immun, 2001)

✓ Molecular studies :

- linkage study in Uganda

(Stein et al., Plos One, 2008)

- Candidate gene *IL10* and binary Mantoux

(Thye et al., Plos One, 2009 ; Zembrzuski et al., Tuberculosis, 2010)

- *IL12RB1* and *TLR2* polymorphisms and persistent TST-negativity

Stein et al Poster X7 4020, Keystone Meeting, Host Response in Tuberculosis

Whistler, March 13-18, 2013

Extent of TST reactivity

Familial correlation compatible with a major gene effect?

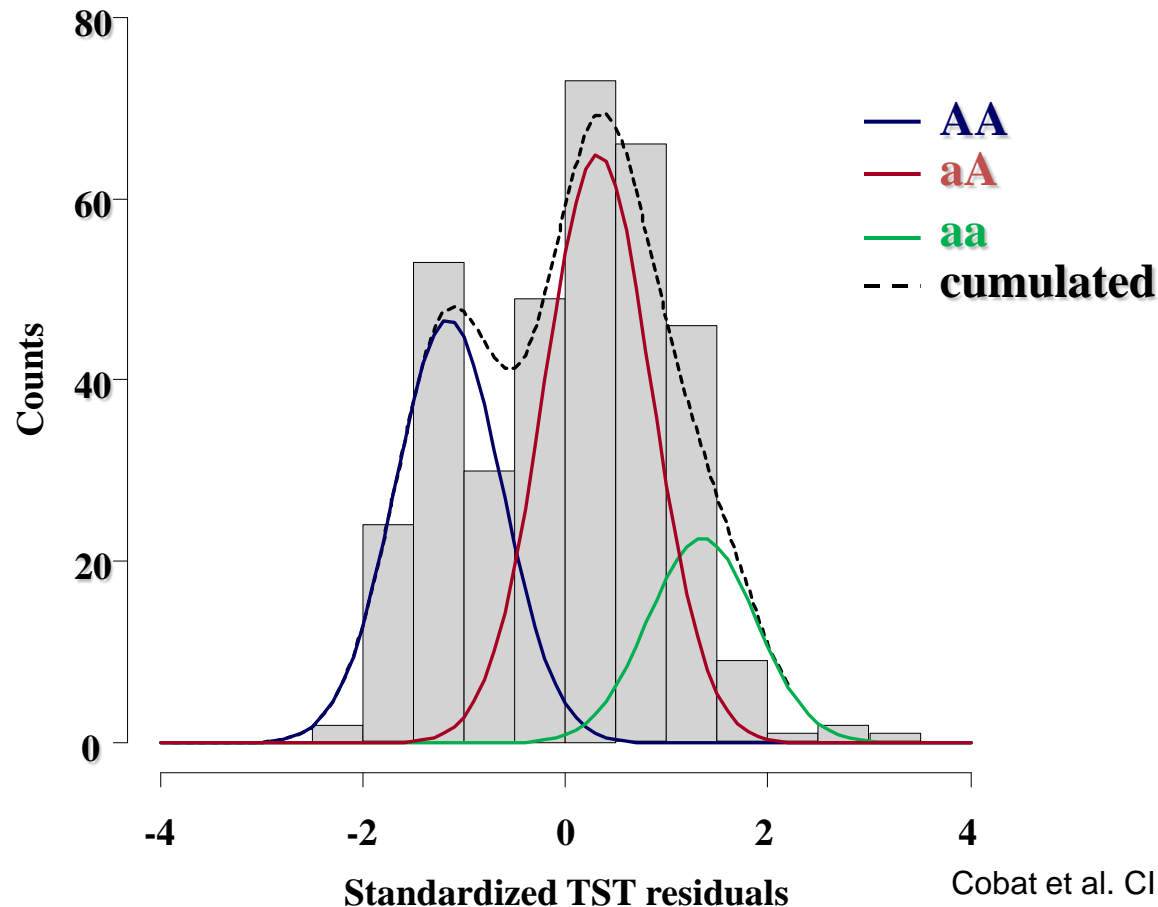
⇒ Complex Segregation Analysis (CSA)

A major gene controls TST reactivity in Colombia

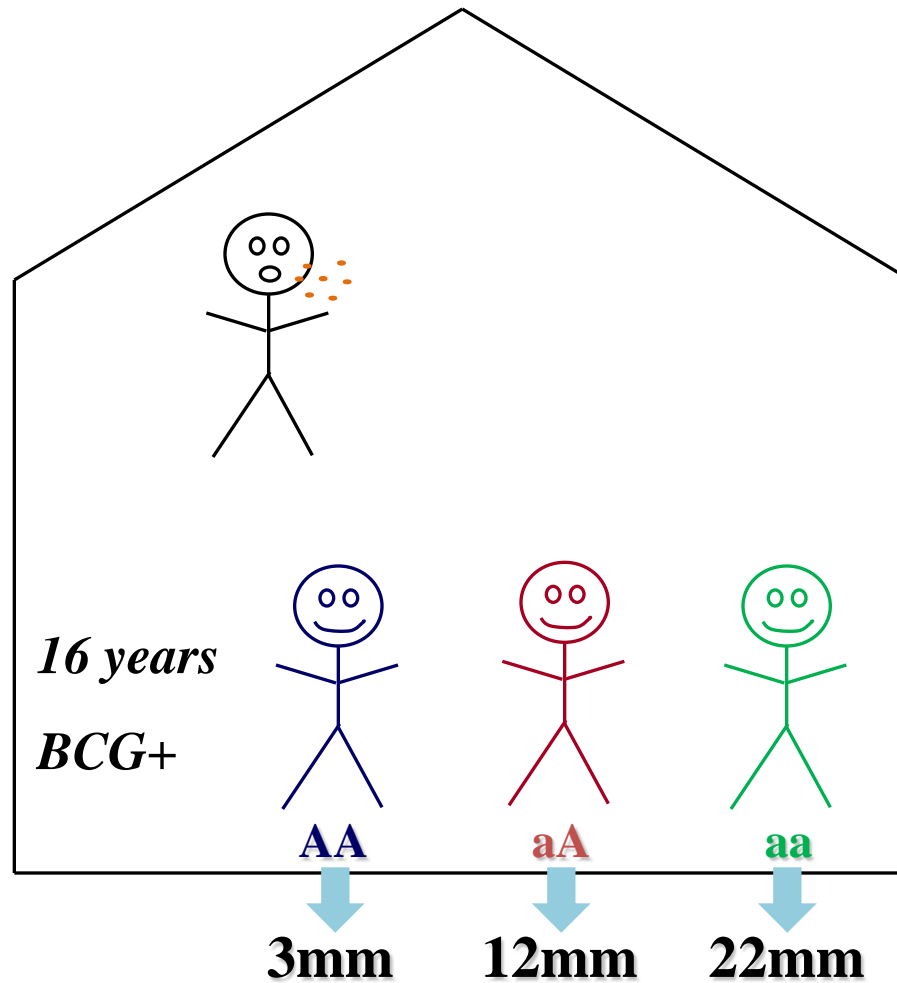
Codominant gene ($p < 10^{-6}$), MAF: 0.41 (predisposing to high reactivity)

35% (17%) predisposed to low (high) values

⇒ explains 72% of TST residual variability!



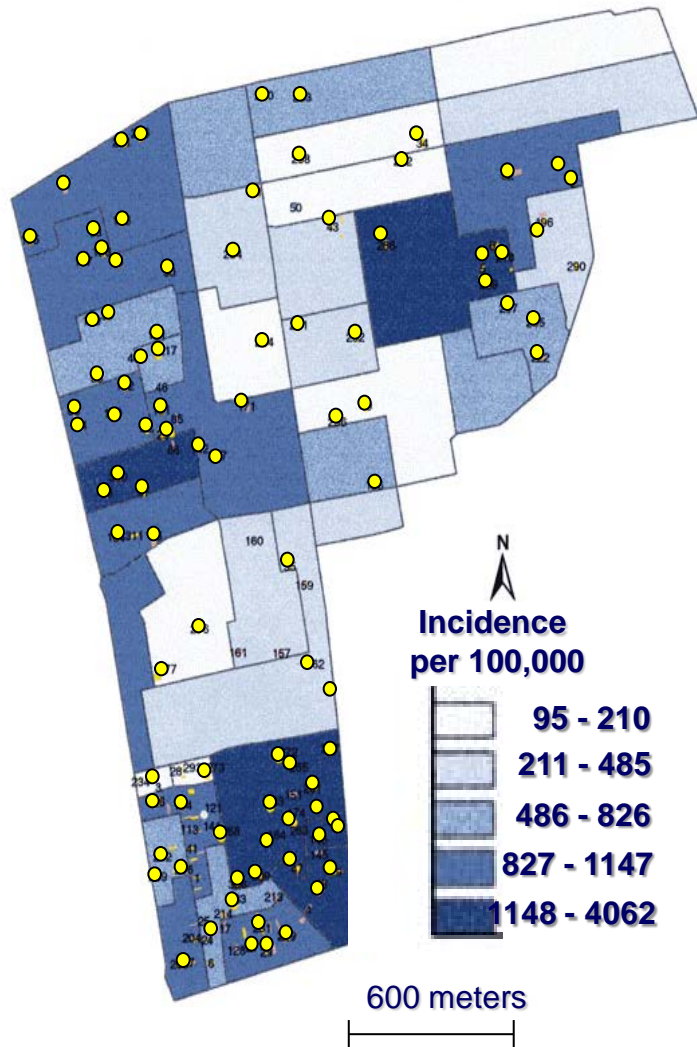
A “what does it mean” example



Mean TST

Genetic linkage study of TST reactivity

Location: Cape Town, South Africa



● 128 nuclear families ≥ 2 sibs

186 parents

350 children

DNA

DNA

Immune phenotypes

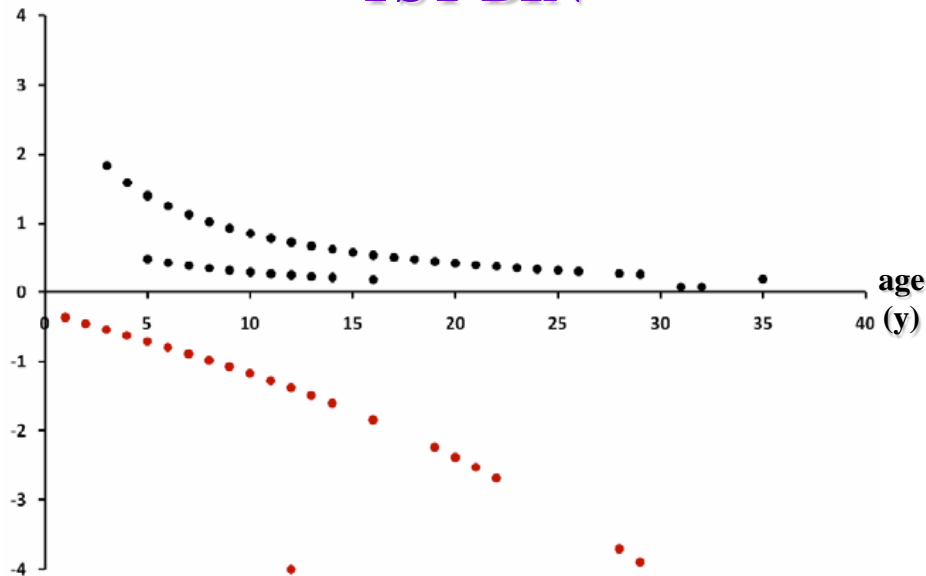
Covariates

6,000 SNPs genotyped for linkage analysis

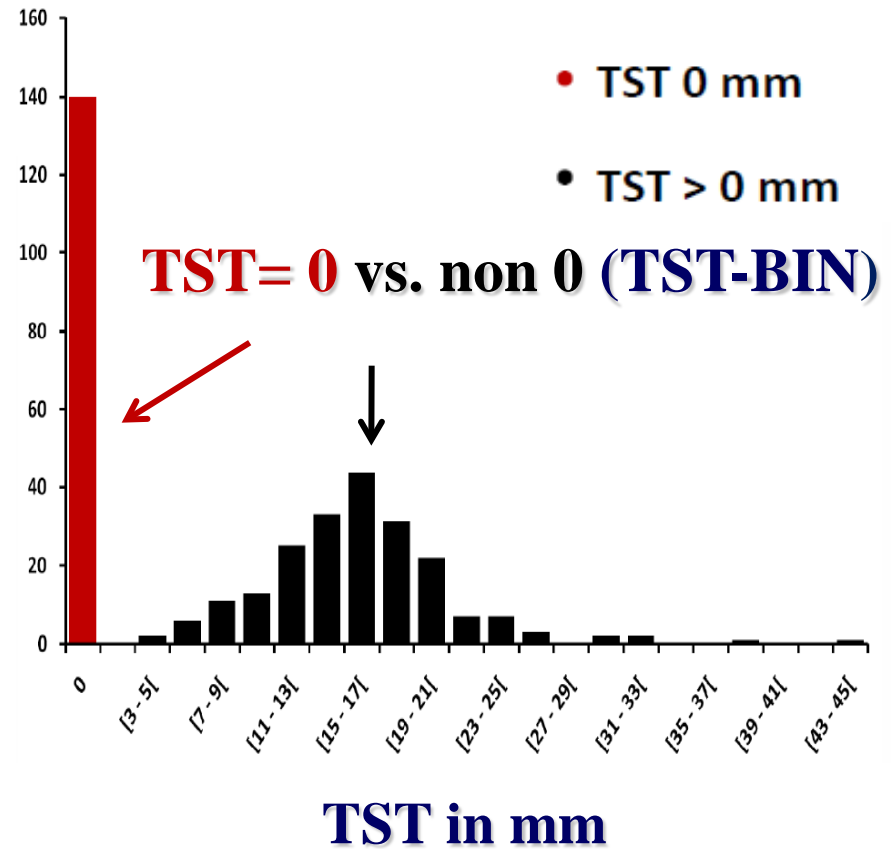
TST distribution is bimodal

TST= 0 vs. Non 0

TST-BIN

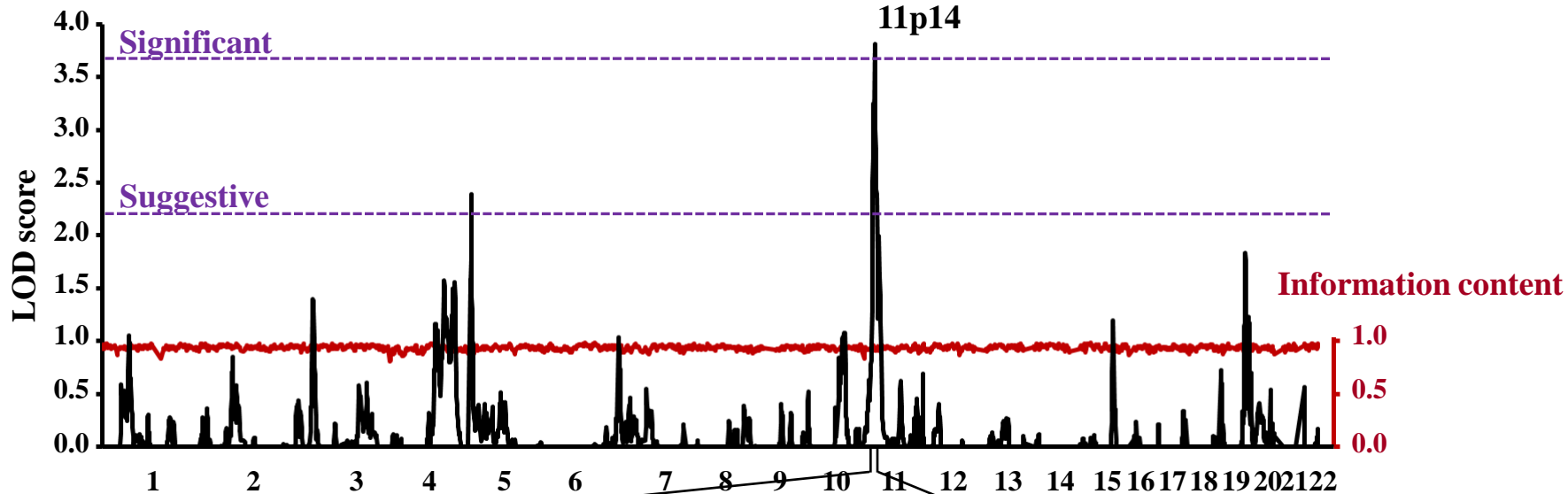


Pearson residuals

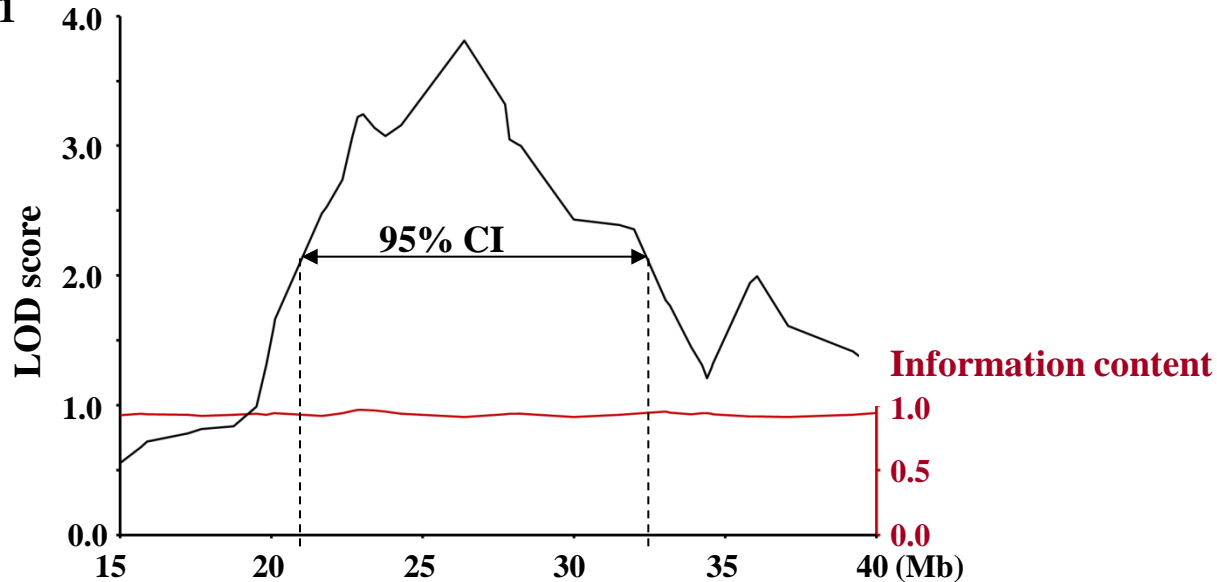


TST in mm

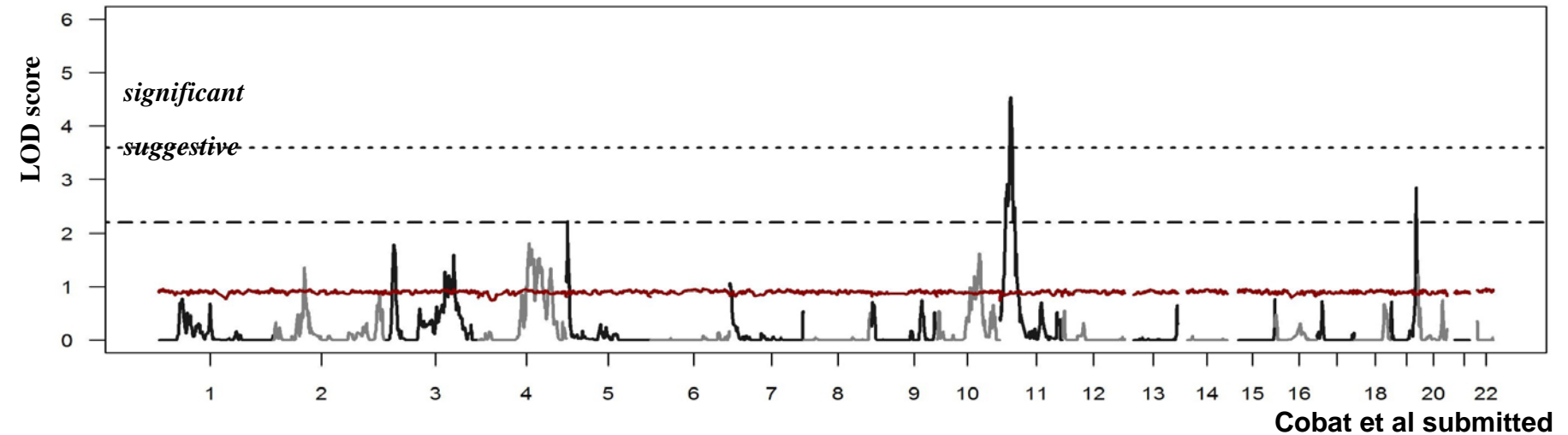
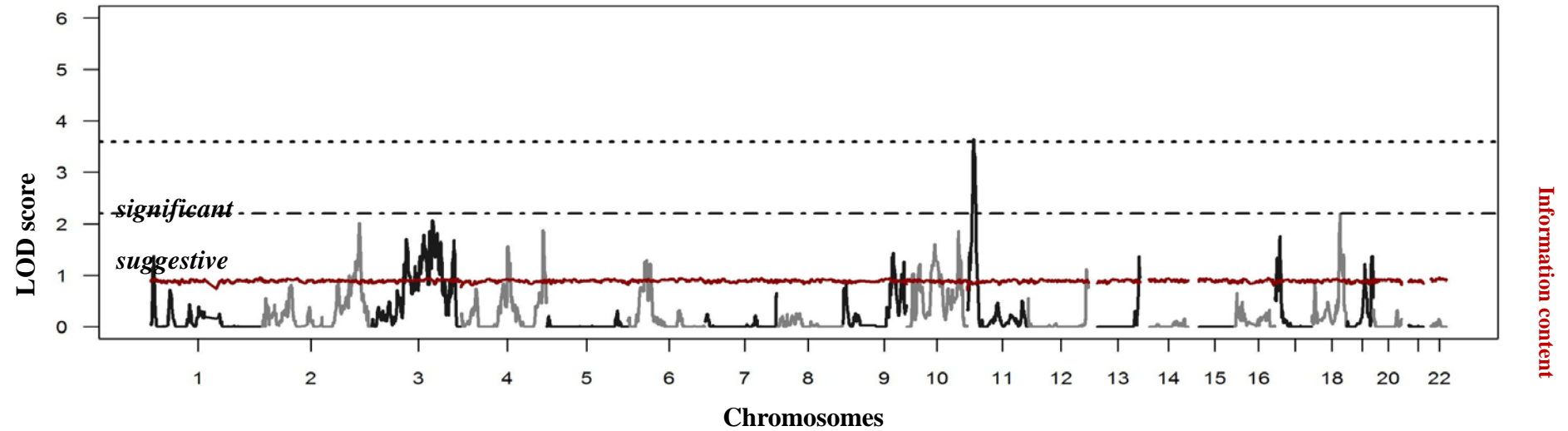
Major locus for TST negativity *per se* (*TST1*) maps to 11p14



Chromosome 11



Household contact study in Paris

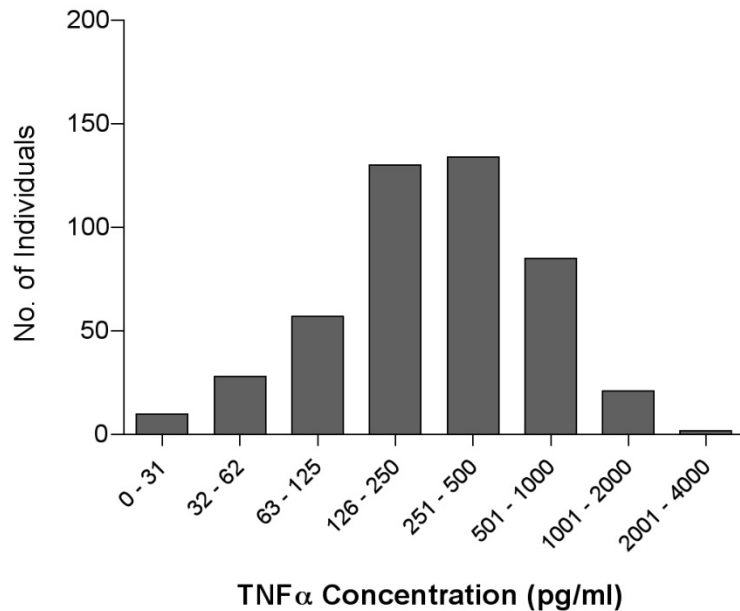


ENDOPHENOTYPES

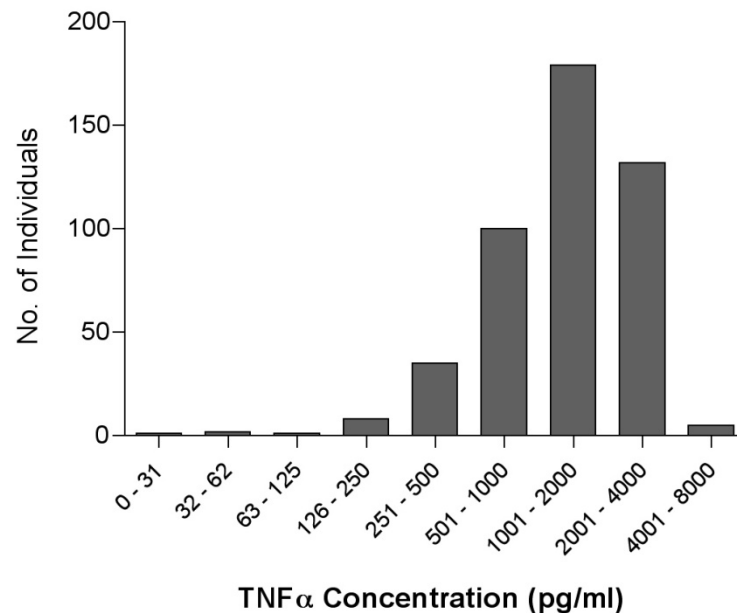
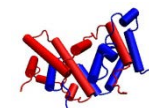
134 nuclear families [2-6 sibs]; 390 children; whole blood assays

TNF production by whole blood after stimulation by:

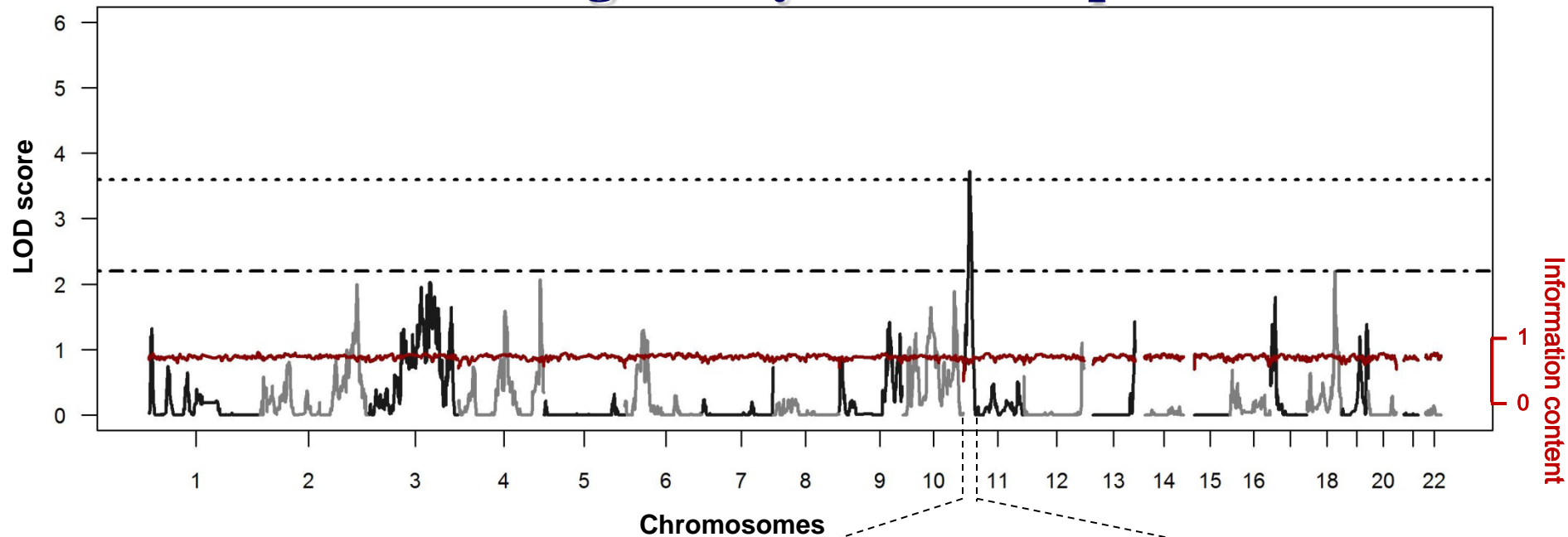
BCG



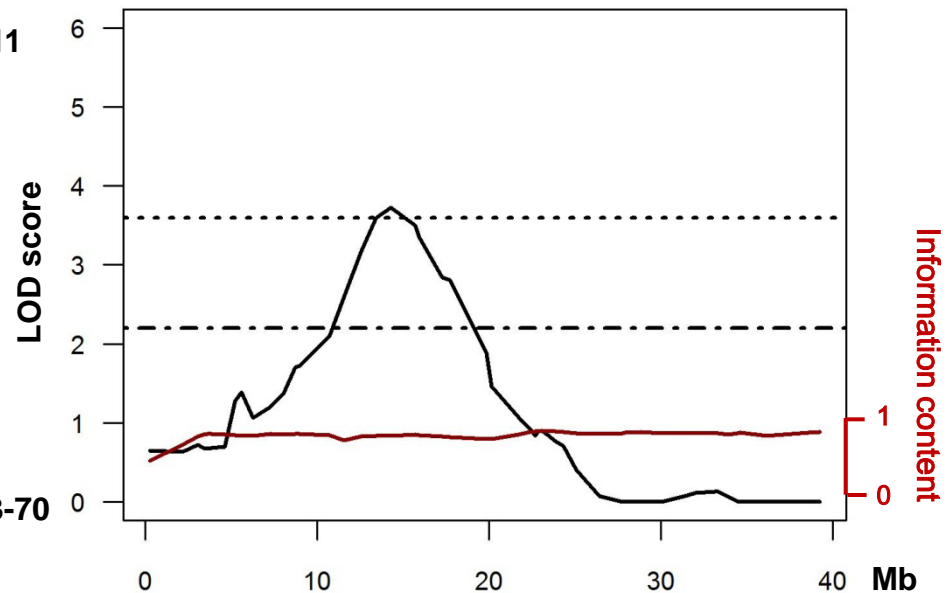
BCG + IFN-γ



Bivariate linkage analysis of TNF production

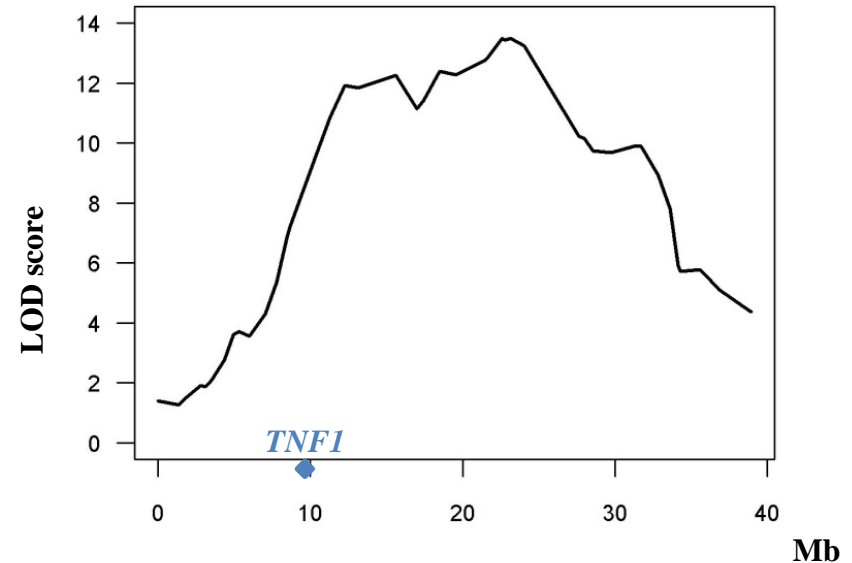
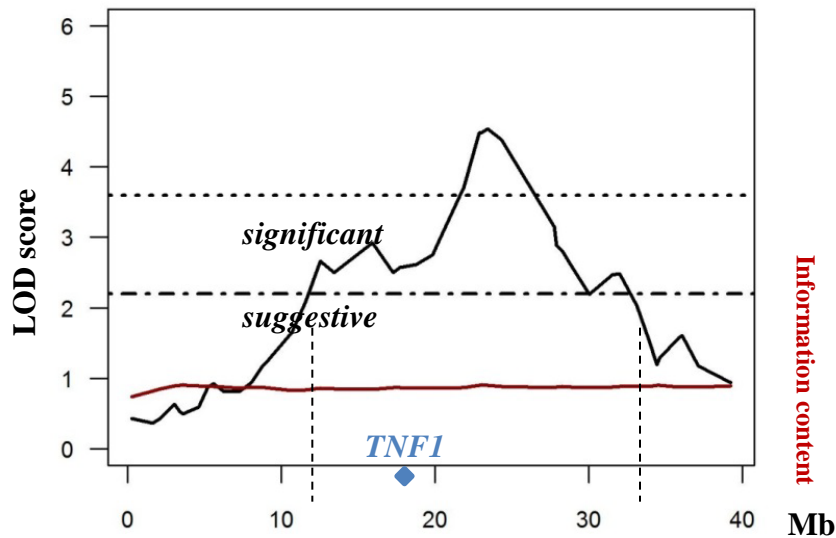


Chromosome 11



Cobat et al Clin Infect Dis. 2013 Oct;57(7):963-70

Major pleiotropic locus for BCG-triggered TNF overlaps innate resistance to *Mtb* infection locus!



Take-home message I

- Host genetic background is a major confounder of TST reactivity
- A major locus on chromosome 11p controls TST = 0

How to interpret TST = 0?

- A false positive
- Anergy
- Lack of exposure
- Resistance to LTBI

Take-home message II

Genetics suggests a connection between innate resistance to *Mtb* infection with innate efficiency to produce TNF



McGill Center for the Study of Host Resistance

C. Gallant, M. Orlova, L. Simkin, A. Cobat

McGill University, Montréal

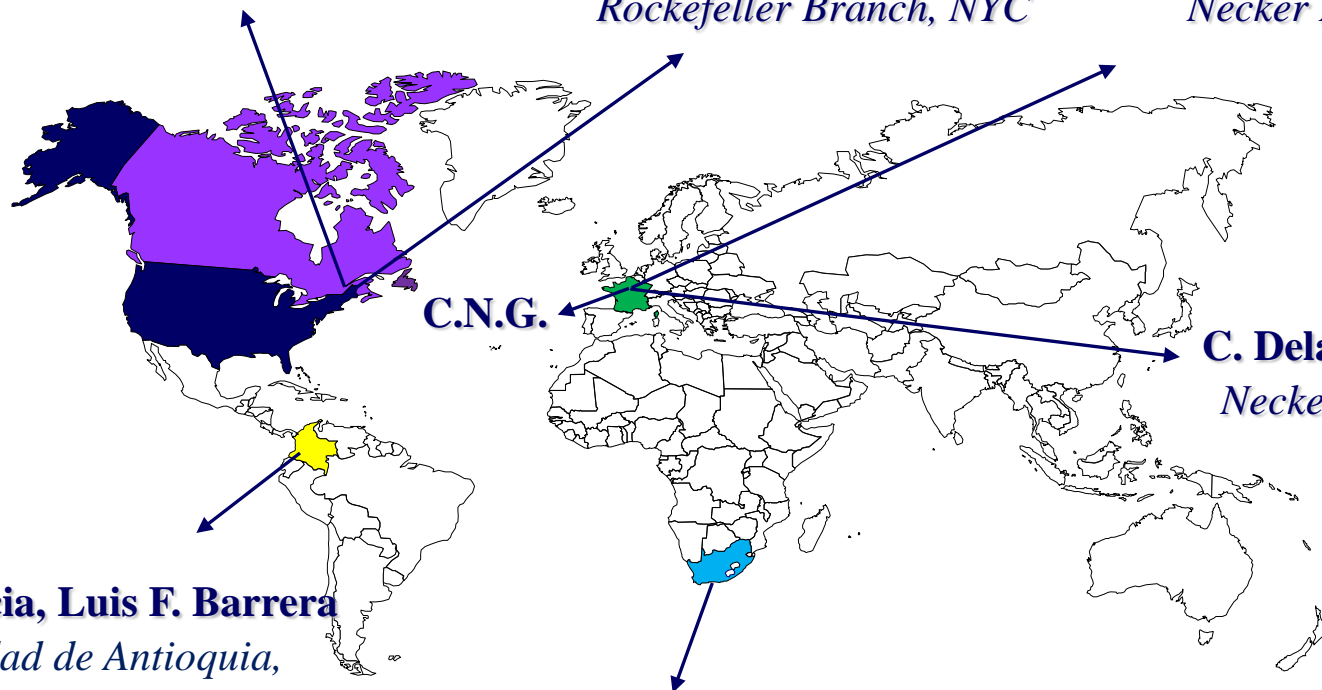
Human Genetics of Infectious Diseases

JL. Casanova, S. Dupuis

Rockefeller Branch, NYC

L. Abel, A. Alcaïs, A. Cobat

Necker Branch, Paris



C.N.G.

C. Delacourt, N. Remus

Necker Hospital, Paris

Luis F. Garcia, Luis F. Barrera

*Universidad de Antioquia,
Medellín, Colombia*

E. Hoal, G. Black, P. van Helden

Stellenbosch University, Cape Town

J. Hughes, B. Eley, W. Hanekom

University of Cape Town, Cape Town