

Trials of microbiological control in common marmosets



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Microbiological status of common marmosets in laboratory

- Low risk of zoonoses and severe infectious diseases
- Generally, non specific pathogen free (SPF)/non barriered facility
 - Quarantine and check of high-risk zoonotic pathogens in marmosets (*Salmonella*, *Shigella*, ...) and humans (measles, tuberculosis,...) are conducted.
 - Some facilities use outside enclosure for environmental enrichment (Bakker et al., 2015)
 - A SPF colony has been developed at Barshop Institute for Longevity and Aging Studies (Ross et al., 2017).
 - SPF definition is controversial.
- **Some health problems caused by opportunistic pathogens**

Pathogens detected in common marmosets in the Central Institute for Experimental Animals (CIEA)

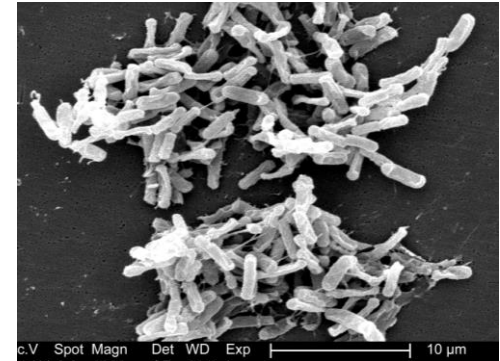
Pathogen		Disease
Protozoa	<i>Pentatrichomonas hominis</i>	No, Diarrhea? (Inoue et al., 2015)
Bacteria	Enteropathogenic <i>Escherichia coli</i> (EPEC)	Diarrhea (bloody) (Hayashimoto et al., 2016)
	<i>Clostridium difficile</i>	Diarrhea, pseudomembranous colitis
	<i>Clostridium perfringens</i>	Sepsis (Yasuda et al., 2016)
	<i>Klebsiella pneumoniae</i>	Sepsis
	<i>Helicobacter</i> spp.	Unknown
Viruses	Callitrichine herpesvirus 3 (CalHV-3; lymphocryptvirus)	No, lymphoma?

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***Clostridium difficile* infection and
Fecal Microbiota Transplantation
in common marmosets**

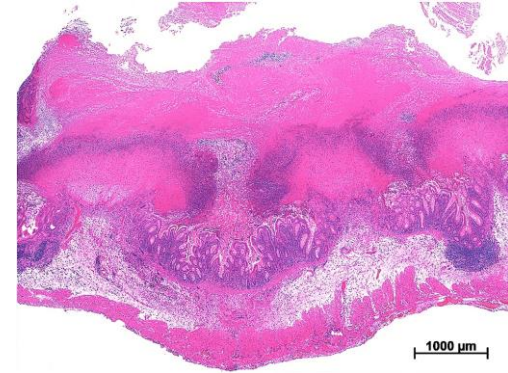
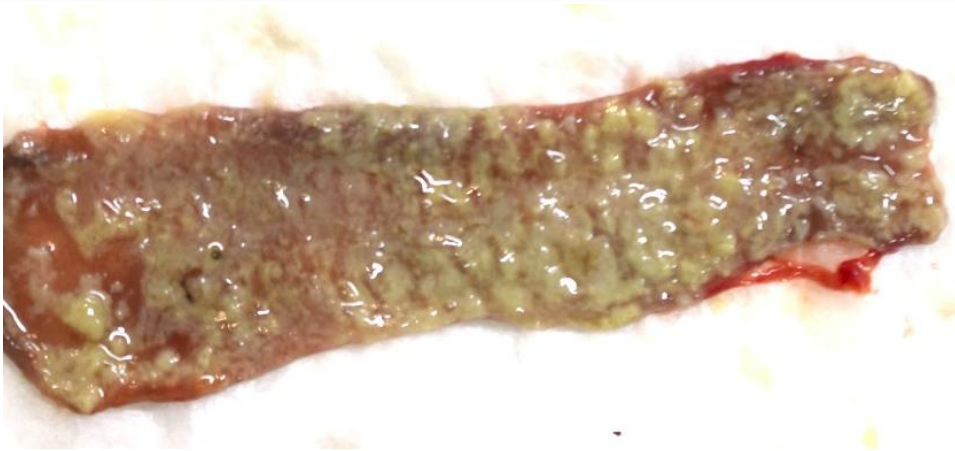
Clostridium difficile

- *Clostridium difficile* is a spore-forming, Gram-positive anaerobic bacillus that is naturally found in the intestinal tract of humans and animals, and in the environment.
- It is a common cause of **nosocomial and antibiotic-associated diarrhea** in humans.
- It proliferates by **imbalance of intestinal bacterial flora (dysbiosis)**, produces toxins, and causes symptoms ranging from mild diarrhea to severe pseudomembranous colitis.
- In New World monkeys, *C. difficile* associated colitis was found in cotton-top tamarins (Rolland et al., 1997).
- Recently, *C. difficile* has been found in some marmoset colonies in Japan (Yamazaki et al., 2017).



<http://phil.cdc.gov>

A pseudomembranous colitis case of common marmoset

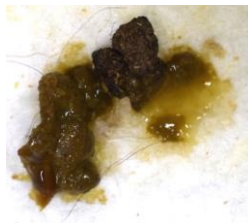
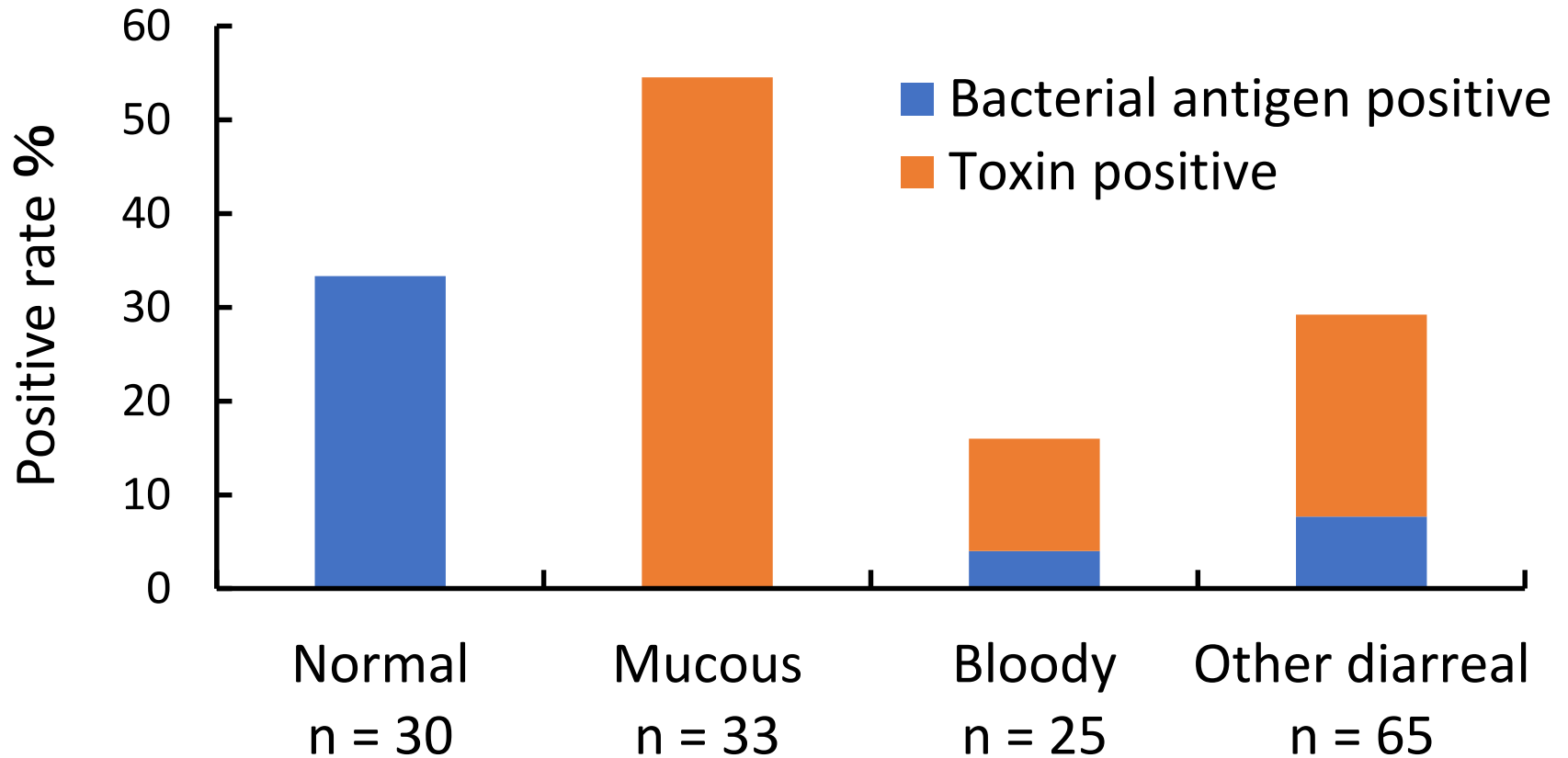


‘Pseudomembrane’ was formed in mucosa of the enlarged colon.

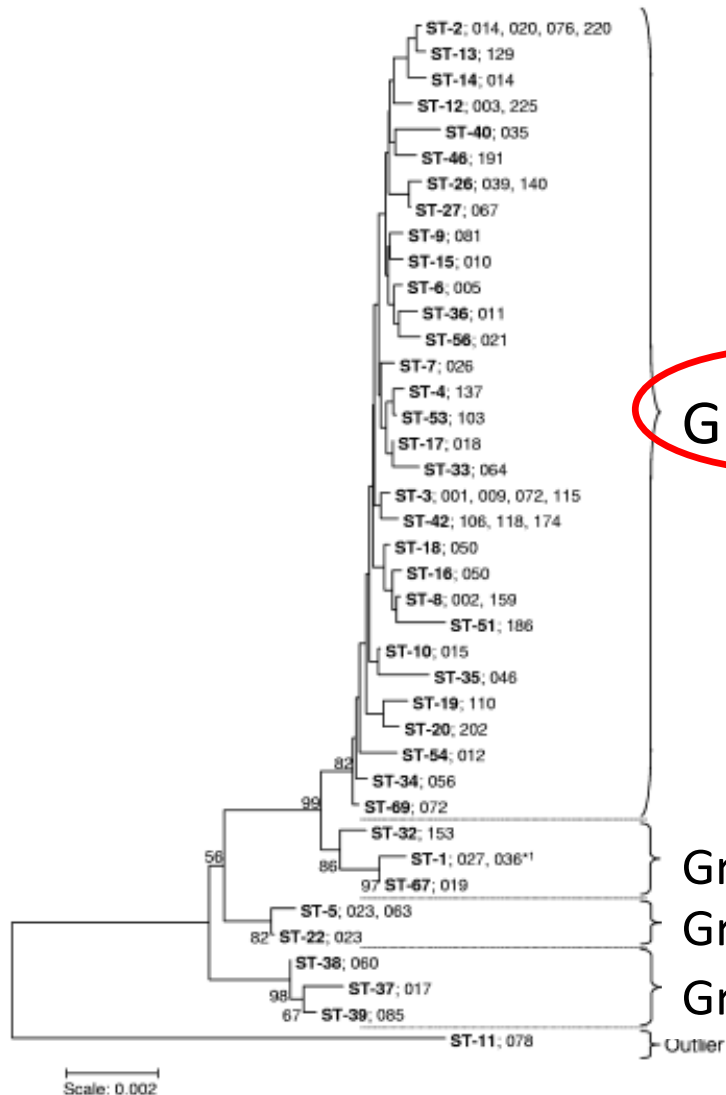
- Watery diarrhea, anorexia, acute weight loss during antibiotic (nalidixic acid) treatment against EPEC.
- ***C. difficile*-toxin positive** in rectal feces using a immunochromatographic kit
- The C. DIFF QUIK CHEK COMPLETE® (Alere) test is the only rapid cassette assay that simultaneously detects both glutamate dehydrogenase (GDH) antigen and toxins A & B of *C. difficile* in fecal specimens.



Survey of fecal *C. difficile* toxin in a common marmoset colony using C. diff Quick Check Complete n=153 (1 month to 15 years old)



Genetic typing of *C. difficile* from common marmosets



- Positive for both Tox A (*tcdA*) and Tox B (*tcdB*)

- Multilocus sequence typing (MLST) (Griffiths et al., 2010)

Sequence Type: 55

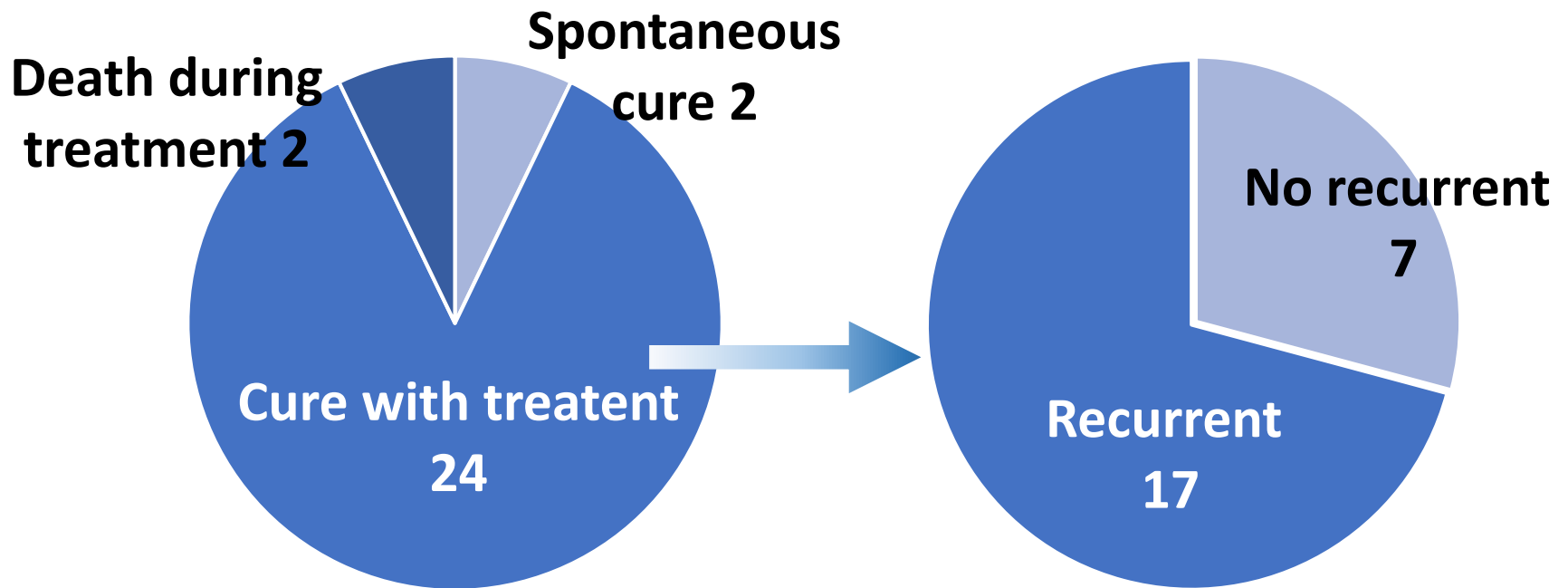
MLST Clade: Group 1

A major group isolated from humans and animals.

Not hypervirulent strain

Antibiotic therapy for *C. difficile* infection in marmosets

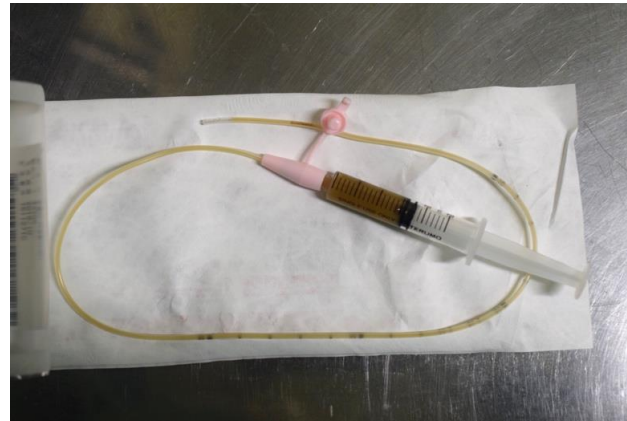
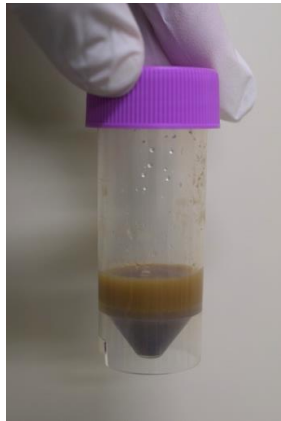
Metronidazole 20 mg/kg/day or **Vancomycin** 30 mg/kg/day
for 5-14 days



In treatment cases, other care such as fluid and nutritional support was also done.

A trial of fecal microbiota transplantation (FMT) for recurrent *C. difficile* infection in marmosets

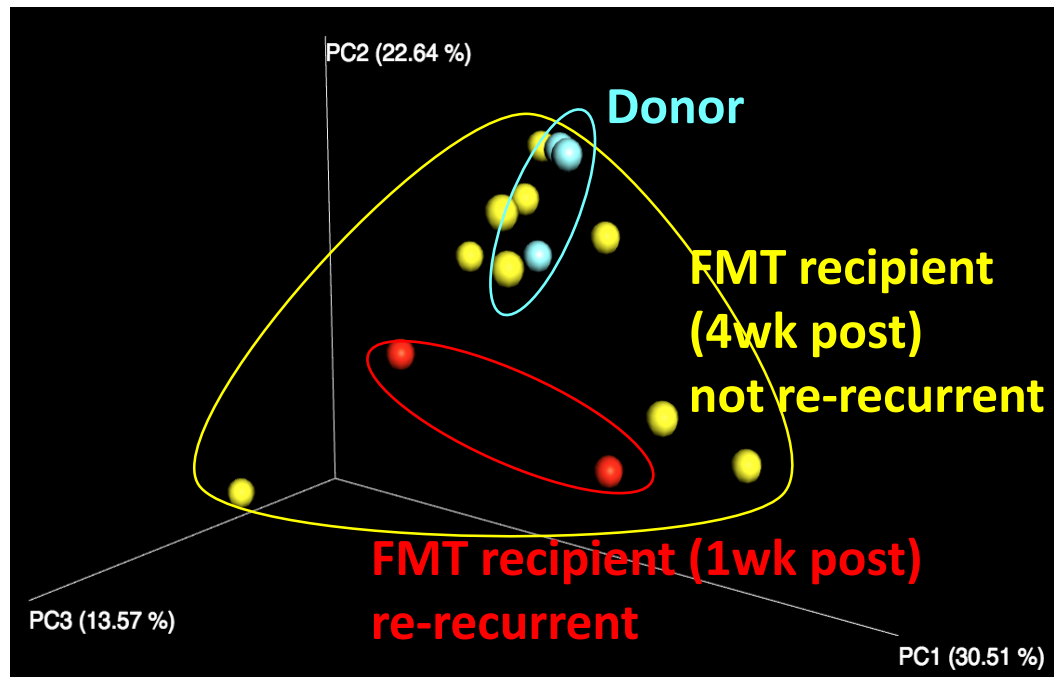
FMT is an effective remedy for recurrent *C. difficile* infection (CDI) in humans. A successful case report was reported also in a marmoset (Yamazaki et al., 2017)



Donor	A healthy individual (3y, female, 468g) Negative for <i>Salmonella</i> , <i>Shigella</i> , <i>Yersinia</i> , EPEC, <i>C. difficile</i>
Recipient	22 recurrent CDI cases (1-15y) Diarrhea and CD toxin positive 2-10 times
Donor feces/FMT	Fresh or frozen (-80°C) Fecal suspensions of a healthy were administered intragastrically to recurrent CDI cases a day after final vancomycin administration.

A trial of fecal microbiota transplantation (FMT) for recurrent *C. difficile* infection in marmosets

Donor feces	No. of cases	No relapse within 12 weeks post FMT
Fresh	13	11 (77%)
Frozen	9	7 (78%)
Total	22	17 (77%)



PCoA analysis with weighed Unifrac distances of fecal microbiota based on the bacterial 16S rRNA gene dataset.

***Clostridium difficile* infection and Fecal Microbiota Transplantation in common marmosets**

Summary

- *C. difficile* should be noted as one cause of marmoset diarrhea and severe colitis.
- *C. difficile* infection relates with imbalance intestinal microbiota and FMT would be effective for the therapy.
- The emergence of *C. difficile* infection problem make us remind the importance of microbiological control and intestinal microbiota in marmoset husbandry.

Trials of microbiological control in common marmosets

**Strict microbiological control
for immunodeficient marmosets
and germfree marmosets**

Strict microbiological control through Caesarean section-delivery in marmosets

In the past, a trial of establishment of a SPF marmoset colony was reported (Hobbs et al., 1977) .

*Present address: OLAC (1976) Ltd, Shaw's Farm, Blackthorn, Bicester, OX6 0TP.

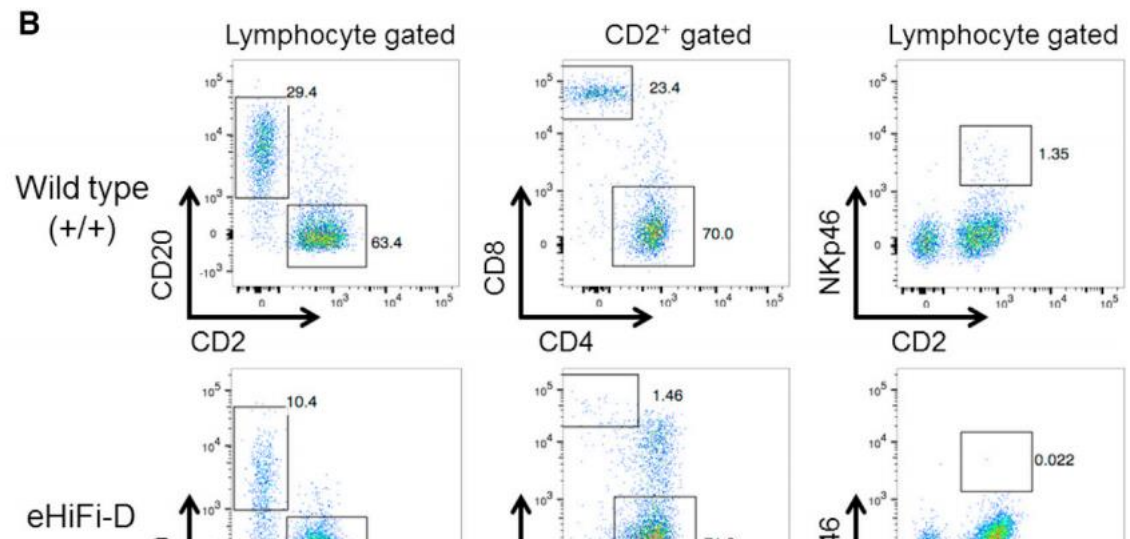
Table 1. Summary of breeding records of conventional colony of *Callithrix jacchus*
May 1969—January 1973

Animal	Preg- nan- cies	Abor- tions	Res- orp- tions	Full term†	Pregnancy success†			Foetuses per pregnancy			Young born	
					all live	live and on delivery	dead	3	2	1	alive	dead
2	8	3	1	4 (1)	2 (1)	2	0	1	4	2	6 (3)	2
4	3	0	1	2	1	1 ¶	0	0	2	0	3	1
6	4	0	0	4 (1)	4 (1)	0	0	1	3	0	9 (3)	0
8	4	1	0	3	2	1	0	1	2	0	6	1
12*	1	0	0	1 (1)	0	0	1 (1)	0	1	0	0	2 (1)

Strict microbiological control is needed for special purposes.

Generation of a Nonhuman Primate Model of Severe Combined Immunodeficiency Using Highly Efficient Genome Editing

Kenya Sato,¹ Ryo Oiwa,¹ Wakako Kumita,¹ Rachel Henry,² Tetsushi Sakuma,³ Ryoji Ito,¹ Ryoko Nozu,¹ Takashi Inoue,¹ Ikumi Katano,¹ Kengo Sato,⁴ Norio Okahara,¹ Junko Okahara,¹ Yoshihisa Shimizu,¹ Masafumi Yamamoto,¹ Kisaburo Hanazawa,⁵ Takao Kawakami,⁶ Yoshie Kametani,⁷ Ryuji Suzuki,⁸ Takeshi Takahashi,¹ Edward J. Weinstein,² Takashi Yamamoto,³ Yasubumi Sakakibara,⁴ Sonoko Habu,⁹ Jun-ichi Hata,¹ Hideyuki Okano,^{10,*} and Erika Sasaki^{1,11,*}



Severe combined immunodeficient (SCID) nonhuman primates (NHPs) would have various applications for advance in biomedical research.

Rearing newborns of immunodeficient marmosets



Newborn room



Hand rearing



Newborns through Caesarean section-delivery have been reared with hand milk feeding in a clean room using Biobubble® □.

Keeping of immunodeficient marmosets

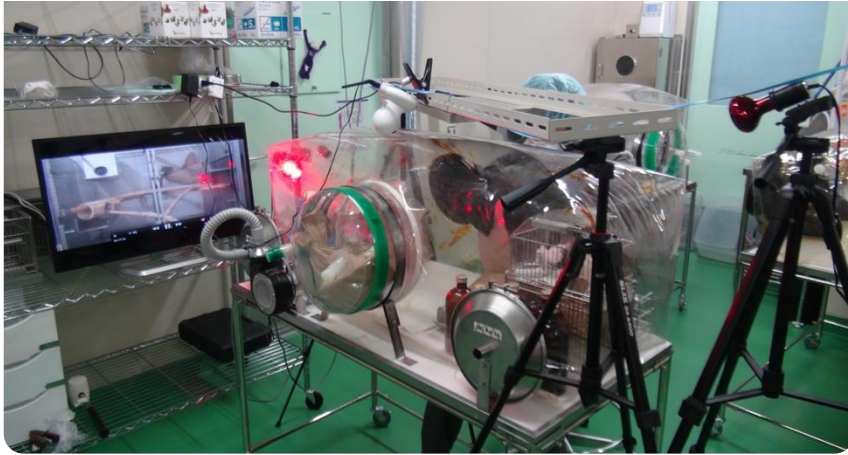


Cages in biobubble[®]

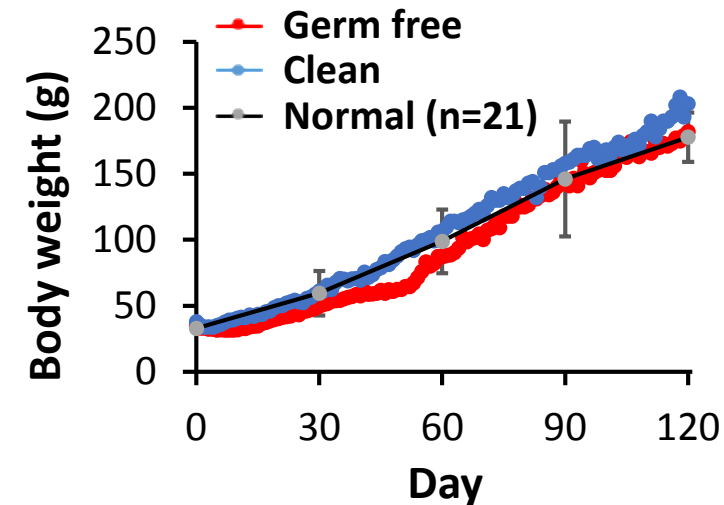
- Immunodeficient marmosets have been kept for 4 years.
- *C. difficile* infection also becomes a health problem despite a barriered environment.
- Metronidazole or vancomycin treatment is helpful but suitable intestinal bacterial flora will improve their health.

Germ-free marmosets for microbiota research

Germfree and gnotobiotic marmosets have a potential for dynamically developing microbiome research.



Isolators for germfree



Growing up of a germ free marmoset

High-level microbiological control for immunodeficient marmosets and germfree marmosets

Summary

- Strict microbiological control through Caesarean section is specially needed for SCID marmosets and germfree marmosets, and that is possible.
- “Good” intestinal bacterial flora is needed to improve health of SCID marmosets.
- Husbandry of these special animals should be improved to succeed in research.

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