Antibody to Corynebacterium parvum in Normal Human and Animal Sera

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Using a microtiter bacterial agglutination test, we have estimated antibodies to Corynebacterium parvum in "normal" human and "normal" and immune animal sera. Widely differing levels of C. parvum antibodies were found in the normal human sera. The median titer for all 310 human sera was 1:128, whereas that for the 1- to 17-year and 18- to 50-year subgroups was 1:64 and 1:512, respectively. Antibody titers in the various animal species were generally much lower.

Killed suspensions of Corynebacterium parvum (Propionibacterium acnes) cause major alterations in reticuloendothelial function and are used widely in animal models for prevention and/or therapy of tumors. Details regarding experimental and some clinical studies are available in the proceedings of a 1974 C. parvum international meeting (4). Recent reviews on tumor models and immunological alterations are also available (9, 11). The effects of C. parvum administration on human malignancy and its therapeutic modalities are also under study (1, 3, 6). These continuing programs require information on specific immunity to C. parvum since immunotherapeutic response and/or side effects may be influenced by levels of anti-C. parvum antibody.

C. parvum is the commonly used designation for species of P. acnes (2), but the name C. parvum is retained for convenience since a major portion of experimental and clinical studies use a "C. parvum" vaccine from the Wellcome culture collection (culture no. 6134). We have designed a simple agglutination test for antibody to this organism. The methodology, reference to standard hyperimmune sera, and levels of activity in normal sera are reported. The assay devised for these preliminary studies is simple, reproducible, and applicable to human and animal sera. This technique itself differs from that described by Woodruff et al. (16) and James et al. (7), but ranges of titers obtained are comparable.

Serum agglutination titrations were carried out in U-type well microtiter plates (Linbro Scientific Inc., New Haven, Conn.) by incubation of 0.05-ml volumes of antisera (in twofold dilution steps) and 0.05-ml volumes of C. parvum suspension. The plates were incubated at 37°C for 1 h and then overnight at 2 to 5°C. Patterns were compared to control titrations of fetal calf serum and to reference-positive anti-C. parvum sera. The diluent for titrating the sera was made by mixing 9 parts of 0.15 M Na2HPO4, 0.1 part of 0.15 M KH2PO4, and 10 parts of 0.85% NaCl solution. Fetal calf serum was added at a final concentration of 2% (final pH is 7.6). This bacterial suspension was prepared from the Wellcome C. parvum vaccine used for animal and clinical studies (Burroughs Wellcome Co., Research Triangle Park, N. C.). This organism is a P. acnes serogroup I. The formalin-killed suspension was washed free of media and formalin and resuspended in 0.9% saline with 0.01% thimerosal. The vaccine suspension was centrifuged at 3,000 × g for 10 min, the supernatant was removed, and the pellet of cells was resuspended and washed two times in physiological saline solution followed by centrifugation. After the final wash the cells were lyophilized. This bacterial preparation was suspended in 0.9% saline at a concentration of 0.5 mg/ml (optical density at 600 nm was approximately 1.30) and used for titration within 5 h. A typical titration is shown in Fig. 1.

Sera were chosen from samples stored at −20 to −4°C for as long as 6 years. Normal blood bank adult donors and adults from family studies on other infections comprised a major portion of the human sera (10). Sera from children attending a pediatric allergy diagnostic clinic were provided by Susan C. Dees at Duke University. Both sexes were approximately equally represented, and no patients with known malignancy were included.

Table 1 shows the range and percent positivity for all 310 human sera and for the subset of 152 adults (≥18 years). All sera were positive at
A FIG. 1. Microtiter plate showing typical agglutination patterns. Sera titrated, with end point for each row, are: (A) fetal calf, <1; (B) mouse anti-C. parvum, 8; (C) normal mouse, 2; (D) ovine anti-C. parvum, >12; (E) human, 4; (F) human, 8; (G) human, 7; (H) fetal calf, <1.

**Table 1. Antibody to C. parvum: titration of normal human sera**

<table>
<thead>
<tr>
<th>C. parvum titer</th>
<th>No. of sera (% of total)</th>
<th>Adulta sera (% of adults)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:8</td>
<td>11 (3.5)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>1:16</td>
<td>30 (9.7)</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>1:32</td>
<td>33 (10.7)</td>
<td>8 (5.2)</td>
</tr>
<tr>
<td>1:64</td>
<td>56 (18.1)</td>
<td>17 (11.2)</td>
</tr>
<tr>
<td>1:128</td>
<td>58 (18.7)</td>
<td>24 (15.8)</td>
</tr>
<tr>
<td>1:256</td>
<td>37 (11.9)</td>
<td>21 (13.8)</td>
</tr>
<tr>
<td>1:512</td>
<td>41 (13.2)</td>
<td>38 (25.0)</td>
</tr>
<tr>
<td>1:1,024</td>
<td>23 (7.4)</td>
<td>22 (14.5)</td>
</tr>
<tr>
<td>1:2,048</td>
<td>14 (4.5)</td>
<td>14 (9.2)</td>
</tr>
<tr>
<td>1:4,096</td>
<td>5 (1.6)</td>
<td>5 (3.2)</td>
</tr>
<tr>
<td>1:8,192</td>
<td>2 (0.6)</td>
<td>2 (1.3)</td>
</tr>
</tbody>
</table>

a 18 to 50 years of age.

The lowest dilutions tested, indicating substantial antibody by this relatively insensitive assay method. The median titers for the whole group and for adults only were 1:128 and 1:512, respectively; a very wide range of titers is apparent. Age-specific antibody positivity was also documented, as shown in Fig. 2. The median titer for children and adolescents is 1:64, and 30% of children under 10 years had a titer ≤:1:16. Statistical analysis of age-specific antibody levels shows clustering of titers in children above and below age 9. Continuous age regression is not possible on this discontinuous distribution.

Hyperimmune animal sera have been produced for control purposes and for comparison with levels of naturally occurring antibody. Injection of killed C. parvum induces strong serological response, as expected. These sera were prepared by injection of the Wellcome C. parvum vaccine. CD-1 mice were given two 700-μg (dry weight) intraperitoneal injections 1 week apart. Sera collected and pooled 12 days after the second injection had a titer of 1:1,280. New Zealand white rabbits received six 7-mg intravenous injections over a 23-month period, and the serum was collected 14 days after the last injection of killed C. parvum.
injection (titer, 1:10,240 to 1:20,480). The sheep received 7 mg in complete Freund adjuvant intramuscularly in each extremity on days 1, 7, 10, 14, and 17 with a booster 1 month later, and serum was collected 7 days after the last injection (titer, 1:20,480 to 1:40,960). These immune standard sera as well as the "normal" sera tested gave reproducible titers ± one twofold dilution on different days of assay and with successive preparations of *C. parvum* suspension.

Animal species assayed, the source of animal or serum, and the range of titers are given in Table 2. Normal rodents apparently have low levels of natural exposure and/or response. One rabbit serum had a titer of 1:128, but all others were 1:18 to 1:16. The explanation for the higher titers of the porcine sera is not apparent.

Human natural antibody immunity to *C. parvum* is not unexpected. *C. parvum* or *P. acnes* colonization is common in acne (13), in healthy skin (15), and probably in normal bone marrow (5). Although *Corynebacterium* diphtheroid disease in humans is rare (8), it is becoming more frequently recognized. It might be emphasized that a majority of diphtheroids are in the serogroup of the organism used for this assay. Response to other serogroup organisms has not been studied here.

Various biological roles for specific *C. parvum* immunity in immunotherapy have been suggested (12). Injections of *C. parvum* into hosts of widely differing immune systems, either normal or cellular, might be expected to result in variable therapeutic or adverse clinical results. Anti-*C. parvum* antibody, both total concentrations and specific class, is being studied in animal and human cancer therapy trials (7) for predictive value in type or severity of reactions. A possible role for delayed hypersensitivity to *C. parvum* in murine tumor models has been reported by Tuttle and North (14). Any final role for natural immunity to these organisms vis-à-vis acne or related host responses is a matter for speculation. In human tumor therapy trials involving *C. parvum*, it may be useful to include titrations of patients' sera for specific anti-*C. parvum* antibodies and studies of cellular hypersensitivity to these organisms.

**LITERATURE CITED**


