Evaluation of a Recombinant Multiepitope Peptide for Serodiagnosis of Toxoplasma gondii Infection

Jianfang Dai,a Min Jiang,a Yanyun Wang,a Lili Qu,a Rujun Gong,b and Jin Sia

Department of Laboratory Medicine, The Second Affiliated Hospital, Nanjing Medical University, Nanjing, China,a and Department of Medicine, Brown Medical School, Providence, Rhode Island, USA,b

Detection of Toxoplasma gondii infection with sensitive and specific methods is a key step in the prevention and treatment of toxoplasmosis. Among the available diagnostic tests, serology is commonly used. Although serological tests give satisfactory results, the production of reliable reagents remains laborious and expensive. There is therefore a real need to acquire specific and effective recombinant antigens for the serodiagnosis of T. gondii infection. In this study, a multiepitope peptide was designed and successfully expressed in Escherichia coli, and then IgG and IgM enzyme-linked immunosorbent assays (ELISAs) were developed and evaluated. Our results showed that the new multiepitope antigen is one of the most promising recombinant antigens which could be used in routine screening of human toxoplasmosis.

The coccidian protozoan Toxoplasma gondii is an obligate intracellular parasite of humans and other warm-blooded animals. Up to one-third of the human population in the world is chronically infected (29). Diagnosis of T. gondii infection is of great medical importance for humans, especially pregnant women and immunosuppressed patients. Primary infection of pregnant women is often associated with fetal infection, which can lead to abortion or severe neonatal malformations. In immunocompromised adults (e.g., AIDS patients), toxoplasmosis (acute or, most often, reactivation of chronic infection) frequently causes a life-threatening encephalitis (22). The development of simple, sensitive, and rapid methods for the detection and identification of T. gondii is crucial for diagnosis and epidemiological studies of the zoonotic disease toxoplasmosis.

In the past few decades, many diagnostic techniques have been applied for the detection of T. gondii in clinical samples, including the Sabin–Feldman dye test (25), enzyme-linked immunosorbent assays (ELISAs) (23), the direct agglutination test (4, 6), and PCR (2). Among the available diagnostic techniques, serological tests are commonly used and have the following advantages. First, the detection of specific immunoglobulin G (IgG) antibodies and the absence of the acute-phase markers IgM and IgA allow diagnosis of the chronic stage of infection or of past exposure to T. gondii. On the other hand, in spite of the difficulty of determining the time of acquisition, the detection of IgM and IgA could suggest active infection (26, 31). Moreover, studies on the value of specific IgE antibody detection for serological diagnosis of acute T. gondii infection have also been done, with promising results (8, 24).

At present, the detection of specific antibodies based on the recognition of crude Toxoplasma antigens requires mass production of the parasite either from peritoneal fluids of infected mice or from tissue cultures. The production of parasites of reliable and high quality remains laborious and expensive. In addition, the use of whole-tachyzoite antigens can result in false-positive reactions (9, 28). The use of an Escherichia coli recombinant antigen(s) would be greatly beneficial in improving standardization of the tests and reducing their production costs. Thus, recent advances in generating recombinant antigens of T. gondii for IgG and IgM serological tests have been made (10, 12, 13, 17, 19, 32). However, in contrast to the case for the current serological tests, none of these recombinant antigens has allowed detection of all serologically positive individuals. Although the use of two or several recombinant antigens could improve the sensitivity of these ELISAs, it would increase the difficulty of antigen preparation and the complexity of the antigen component and lower the specificity of the tests. It is imperative to generate specific and effective recombinant antigens for the serodiagnosis of T. gondii infection.

In this study, to identify immunodominant epitopes that might be serotype specific and useful for serodiagnosis of T. gondii infection, we analyzed the antigens SAG1, SAG2, SAG3, GRA5, GRA6, and P35 of T. gondii using the BioSun and DNASTar software. Two potential epitopes for each antigen with high predicted antigenicity and reactivity were chosen based on the parameters of hydrophilicity, accessibility, flexibility, secondary structure, and polarity. The 12 epitopes were expressed in E. coli and purified for identification using Western immunoblot analysis with a pool of T. gondii-positive human sera. Three recombinant epitopes (rEPs), cloned from SAG1 antigen (rSAG1_EP2), SAG2 antigen (rSAG2_EP1), and SAG3 antigen (rSAG3_EP2), could be strongly recognized by T. gondii-positive human sera but not by T. gondii-negative human sera. A recombinant multiepitope fusion peptide (rMEP) composed of these three epitopes was then cloned, purified, and tested with diverse groups of human sera. Here we assess the diagnostic value of this multiepitope-peptide-based detection of T. gondii-specific IgG and IgM during T. gondii infection and evaluate its potential application as a serological tool.
MATERIALS AND METHODS

**Serum samples.** The Institutional Review Board of the Second Affiliated Hospital of Nanjing Medical University approved this study, and written informed consent was obtained from all subjects. All 150 sera used in this study were received from a routine toxoplasmosis screening by IgG ELISA and IgM ELISA (Shenzhen Haitai Co., Ltd., China) in our lab and were further analyzed with highly sensitive and referenced methods, i.e., IgG and IgM indirect immunofluorescence (IIF) and Toxo-ISAAGA plus IgM/IgA tests (bioMérieux, China). None of the patients providing serum samples were human immunodeficiency virus positive. Serum samples were classified into three groups. Group A consisted of 32 human serum samples from patients in the acute phase of toxoplasmosis. The presence of specific IgM antibodies was measured with the IgM IIF test and Toxo-ISAAGA plus IgM/IgA tests. All sera had positive IgG antibodies with the IgG IIF test and low avidity obtained with a commercial antibody avidity test (Vidas Toxo IgG Avidity; bioMérieux, China). Group B consisted of 76 human serum samples from patients with indicative infections acquired in the distant past (chronic toxoplasmosis). All of those sera had positive IgG antibodies with high avidity and an absence of specific IgM antibodies. Group C (the control group) included 42 human serum samples from seronegative individuals.

**Prediction of immunodominant epitopes and construction of rEP expression plasmid.** The immunodominant epitopes of the antigens SAG1 (accession no. AY661791), SAG2 (accession no. FJ825705), SAG3 (accession no. L12720), P35 (accession no. AF310261), GRA5 (accession no. L06091), and GRA6 (accession no. L33814) of *T. gondii* were analyzed with the BioSun and DNAstar software. Two potential epitopes for each antigen with high predicted antigenicity and reactivity were analyzed with the BioSun and DNAstar software. Two potential epitopes were identified from SAG1, SAG2, and SAG3 (accession no. L06091) digested plasmid pET-32c to create plasmid pET-epitope. The artificial synthesized MEP gene was then cloned into plasmid pET-32c to generate recombinant expression plasmid pET-MEP. The procedure for construction, expression, purification, and Western immunoblot analysis of the MEP was same as described above. The sequence of the recombinant plasmid pET-MEP was confirmed by sequencing (Invitrogen, Shanghai, China). The protein concentration of the recombinant MEP (rMEP) was determined as described above.

**ELISA with rSAG1 EP2, rSAG2 EP1, rSAG3 EP2, and rMEP.** Each well of the microtiter plate was coated overnight at 4°C with 100 μl of the recombinant protein diluted in 0.05 M carbonate buffer (pH 9.6) at the optimal concentrations of 5 μg/ml for rSAG1 EP2, rSAG2 EP1, and rSAG3 EP2 and 2 μg/ml for rMEP. After being coated, the wells were washed five times with PBS–0.25% Tween 20 (PBS-T), blocked with 200 μl of TBS containing 5% bovine serum albumin (BSA), and incubated at 37°C for 2 h. The plates were then washed as described above, and 100 μl of test or control serum was applied to each well. To test for IgG, the sera were diluted 1:200 in blocking solution. In the case of IgM detection, the sera were diluted at the optimal 1:100 dilution in blocking solution. The plates were incubated for 2 h at room temperature and washed as described above. horseradish peroxidase-conjugated anti-human IgG or IgM (H + L) (Perkin-Elmer, Shanghai, China) diluted 1:2,000 was used as the secondary antibody. After incubation for 1 h at room temperature and washing, color was developed by the addition of 100 μl per well of a substrate solution containing 3,3′,5,5′-tetramethylbenzidine (TMB) and H2O2. After 5 min of incubation in the dark at 37°C, the reaction was stopped by the addition of 50 μl of 1 N HCl to each well. The optical densities (ODs) were measured at 450 nm with an automatic enzyme-linked immunosorbent assay (ELISA) reader (Bio-Rad). ELISA results were determined for each serum in duplicate. At least two independent ELISAs were performed for each serum. The cutoff point was established as the mean value of reactivity (plus 3 standard deviations) of the negative controls.

**RESULTS**

**Identification and characterization of immunodominant epitopes.** Through the analysis of hydrophilicity, accessibility, flexibility, secondary structure, and polarity for six genes of *T. gondii*, two potential epitopes for each antigen with high predicted antigenicity and reactivity were obtained (Table 1), even though the potential antigenic epitopes were widely distributed...
along the entire amino acid sequence of each gene. Twelve pairs of complementary single-stranded DNA oligonucleotides were synthesized according to the DNA sequences of the predicted epitopes. The single-stranded DNA oligonucleotides were annealed to generate double-stranded oligonucleotides (Fig. 1A) and then cloned into plasmid pET-32c to create plasmid pET-epitope. The recombinant pET-epitope plasmids were characterized by EcoRI digestion (Fig. 1B), and the sequence of each insert was confirmed by sequencing. pET-32 was constructed for cloning and high-level expression of protein peptides fused with the 109-amino-acid (aa) Trx-Tag thioredoxin protein. In the blank plasmid pET-32c, thioredoxin and poly-His-Tag were expressed under the control of the T7 promoter; the molecular size of the expression product was around 21 kDa. In the recombinant plasmid pET-epitope, each epitope fused with thioredoxin and His-Tag linker was expressed under the control of the T7 promoter. The predicted molecular size of the epitope was around 22 kDa. SDS-PAGE analysis showed that the epitope and thioredoxin were highly expressed in E. coli with the predicted molecular size after IPTG induction (data not shown). The majority of the epitope was expressed in a soluble form and could be purified easily with an Ni²⁺/H₁₁₀₀₁₁ chelating HP column. With the optimized culture, when the OD at 600 nm (OD₆₀₀) was 0.5 and grown for 4 h after induction with 1 mmol/liter IPTG, the quantity of recombinant protein reached 40% of the whole-cell lysate. After purification with a Ni-nitrilotriacetic acid (Ni-NTA) column, the purity of recombinant protein reached 90% (Fig. 2A). Western immunoblot analysis showed that three epitopes, named SAG1_EP2, SAG2_EP1, and SAG3_EP2, were recognized by a pool of T. gondii-positive human sera (Fig. 2B).

**Construction and characterization of a multiepitope thioredoxin fusion peptide.** The artificially synthesized multiepitope gene was successfully cloned into plasmid pET-32c (Fig. 3A). The generated recombinant plasmid pET-MEP was then transformed into E. coli BL21 and expressed a soluble thioredoxin fusion protein of approximately 23 kDa, as expected, which could be readily purified by affinity to an Ni²⁺ HiTrap chelating HP column. Coomassie blue staining showed that the MEP fusion protein represents more than 95% of the stainable material (Fig. 3B). Immunoblot analysis demonstrated that this recombinant MEP and thioredoxin fusion protein was recognized by a pool of T. gondii-positive human sera, whereas no reactivity was detected using a pool of T. gondii-negative human sera (Fig. 3C). As a system background control, the tag protein of thioredoxin was probed with the same serum sam-

### Table 1: Sequence of each of the 12 predicted epitopes from six *Toxoplasma gondii* genes

<table>
<thead>
<tr>
<th>Gene</th>
<th>Predicted epitope</th>
<th>Sequence</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAG1</td>
<td>SAG1_EP1</td>
<td>QGNASSDKGA</td>
<td>239–248</td>
</tr>
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<td></td>
<td>SAG1_EP2</td>
<td>GLIGSFAACV</td>
<td>309–318</td>
</tr>
<tr>
<td>SAG2</td>
<td>SAG2_EP1</td>
<td>SYDGTEPKPQ</td>
<td>109–118</td>
</tr>
<tr>
<td></td>
<td>SAG2_EP2</td>
<td>GRNNDGSSAPTP</td>
<td>133–144</td>
</tr>
<tr>
<td>SAG3</td>
<td>SAG3_EP1</td>
<td>KDKGDCERNK</td>
<td>125–134</td>
</tr>
<tr>
<td></td>
<td>SAG3_EP2</td>
<td>QPGTGESQA</td>
<td>347–356</td>
</tr>
<tr>
<td>P35</td>
<td>P35_EP1</td>
<td>GMPKPENPVR</td>
<td>48–57</td>
</tr>
<tr>
<td></td>
<td>P35_EP2</td>
<td>QPGTTTTTTS</td>
<td>211–220</td>
</tr>
<tr>
<td>GRA5</td>
<td>GRA5_EP1</td>
<td>FVGVAGSTRD</td>
<td>21–30</td>
</tr>
<tr>
<td></td>
<td>GRA5_EP2</td>
<td>EESKESATAE</td>
<td>103–112</td>
</tr>
<tr>
<td>GRA6</td>
<td>GRA6_EP1</td>
<td>GRRSPQEPSG</td>
<td>175–184</td>
</tr>
<tr>
<td></td>
<td>GRA6_EP2</td>
<td>EGGAEDDRRP</td>
<td>210–219</td>
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**FIG 1** Construction of recombinant epitope plasmid. (A) The single-stranded DNA oligonucleotides (lanes 1 and 2) were annealed to the double-stranded DNA oligonucleotides (lane 3). Lane M, DNA molecular marker. (B) The double-stranded DNA oligonucleotides were cloned into Ncol- and Xhol-digested pET-32c and characterized by EcoRI digestion.

**FIG 2** Purification and identification of recombinant epitope peptides. (A) SDS-PAGE analysis of purified recombinant epitope peptides. (B) Western immunoblot analysis of recombinant epitope peptides with a pool of T. gondii-positive human sera.
ELISA determined with 32 sera from patients in the acute phase the serodiagnosis of toxoplasmosis. The sensitivities of the IgG rSAG1_EP2, rSAG2_EP1, rSAG3_EP2, or rMEP as a coating IgG ELISAs and four IgM ELISAs were developed using rSAG3_EP2, and rMEP in IgG and IgM ELISA.

Reactivity of human sera against rSAG1_EP2, rSAG2_EP1, rSAG3_EP2, and rMEP in IgG and IgM ELISA. Four different IgG ELISAs and four IgM ELISAs were developed using rSAG1_EP2, rSAG2_EP1, rSAG3_EP2, or rMEP as a coating antigen to evaluate the potential of recombinant antigens for the serodiagnosis of toxoplasmosis. The sensitivities of the IgG ELISA determined with 32 sera from patients in the acute phase of toxoplasmosis (group A; IgM+ and IgG+ with low avidity) and 76 sera from patients with chronic infection (group B; IgM+ and IgG+ with high avidity) were 87.5% (28 out of 32) and 97.4% (74 out of 76), respectively, for rMEP. The sensitivities of IgG ELISA determined with all serum samples (groups A and B) were 77.8% for rSAG1_EP2, 75.0% for rSAG2_EP1, 65.7% for rSAG3_EP2, and 94.4% for rMEP (Table 2). These results showed that the sensitivity of the rMEP-based IgG ELISA was significantly higher than the sensitivity of the single-recombinant-epitope-based IgG ELISA. In addition, to estimate the specificity of the IgG ELISA, serum samples from 42 seronegative individuals from group C (IgM- and IgG-) and 76 sera from patients with chronic infection (group B; IgM+ and IgG+ with high avidity) were 87.5% (28 out of 32) and 97.4% (74 out of 76), respectively, for rMEP. The sensitivities of IgG ELISA determined with all serum samples (groups A and B) were 77.8% for rSAG1_EP2, 75.0% for rSAG2_EP1, 65.7% for rSAG3_EP2, and 94.4% for rMEP (Table 2). These results showed that the sensitivity of the rMEP-based IgG ELISA was significantly higher than the sensitivity of the single-recombinant-epitope-based IgG ELISA. In addition, to estimate the specificity of the IgG ELISA, serum samples from 42 seronegative individuals from group C (IgM- and IgG-) were tested. None of these samples was found to yield positivity, resulting in a specificity of 100% for all IgG ELISAs (data not shown).

Reactivity of acute- and chronic-phase serum samples with rSAG1_EP2, rSAG2_EP1, rSAG3_EP2, and rMEP in IgG and IgM ELISA

TABLE 2 Reactivity of acute- and chronic-phase serum samples with rSAG1_EP2, rSAG2_EP1, rSAG3_EP2, and rMEP in IgG and IgM ELISA

<table>
<thead>
<tr>
<th>ELISA</th>
<th>Antigen</th>
<th>A (n = 32)</th>
<th>B (n = 76)</th>
<th>A + B (n = 108)</th>
</tr>
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<tbody>
<tr>
<td>IgG</td>
<td>rSAG1_EP2</td>
<td>18 (56.3)</td>
<td>66 (86.8)</td>
<td>84 (77.8)</td>
</tr>
<tr>
<td></td>
<td>rSAG2_EP1</td>
<td>19 (59.4)</td>
<td>62 (81.6)</td>
<td>81 (75.0)</td>
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<tr>
<td></td>
<td>rSAG3_EP2</td>
<td>16 (50.0)</td>
<td>55 (72.4)</td>
<td>71 (65.7)</td>
</tr>
<tr>
<td></td>
<td>rMEP</td>
<td>28 (87.5)</td>
<td>74 (97.4)</td>
<td>102 (94.4)</td>
</tr>
<tr>
<td>IgM</td>
<td>rSAG1_EP2</td>
<td>22 (68.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>rSAG2_EP1</td>
<td>18 (56.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>rSAG3_EP2</td>
<td>15 (46.8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>rMEP</td>
<td>31 (96.9)</td>
<td></td>
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</table>
our results indicate that the newly synthesized multiepitope antigen is one of the most promising recombinant antigens for the development of diagnostic kits for routine screening of toxoplasmosis. Further work is needed before an immunoassay with recombinant products will be reliably available for clinical purposes.

ACKNOWLEDGMENT

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REFERENCES