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Immunogenicity of DNA vaccine from *Mycobacterium tuberculosis* medicated by electration

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We studied the immunogenicity of DNA vaccine from *Mycobacterium tuberculosis* medicated by electration. 40 female BALB/c mice were immunized intramuscularly with saline, 10 µg Ag85A DNA, 50 µg Ag85A DNA and 100µg Ag85A DNA for three times at two-week intervals, respectively. 40 female BALB/c mice were medicated intramuscularly by electration with saline, 10 µg Ag85A DNA, 50 µg Ag85A DNA and 100µg Ag85A DNA for three times at two-week intervals, respectively. There were 10 mice each group. 5 mice each group were sacrificed at 2 weeks and 6 weeks after the final immunization respectively. The copies of Ag85A DNA of intramuscular injection position in mice were measured by quantitative RT-PCR. The levels of IFN-γ and IL-4 in the culture supernatants of splenolymphocytes were measured with enzyme-linked immunosorbent assay (ELISA). The ratio of CD4+ T cells expressing IFN-γ (Th1) and IL-4 (Th2) in whole blood was detected by flow cytometry. Compared with alone intramuscular injection, the DNA copies of intramuscular injection position significantly increased in 10 µg DNA medicated by electration group, which could induce high IFN-γ level in splenocyte culture supernatant and higher ratios of Th1/Th2 cells in whole blood; the difference of immune response of 50 µg DNA by electration was not statistically significant; the Th1-type response of 100 µg DNA medicated by electration was weaker and its Th2-type response was stronger. The immune response in the mice obviously decreased at 6 week after last immunization. The results suggest that lower doses of DNA immunization by electration could improve Th1-type immune response by increasing DNA transfection of intramuscular injection position.

Biography

Yan Liang, MD, PhD, Associate Professor of Army Tuberculosis Prevention and Control Key Laboratory, the Institute of Tuberculosis Research, the 309th Hospital of Chinese PLA, Beijing 100091, China. She does research on tuberculosis (TB) in the following directions: (1) New TB vaccines; (2) the new, rapid diagnostic techniques of TB.

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