

Published in final edited form as:

Nat Rev Microbiol. 2009 October ; 7(10): 736–747. doi:10.1038/nrmicro2208.

***Leptospira*: The Dawn of the Molecular Genetics Era for an Emerging Zoonotic Pathogen**

Albert I. Ko^{1,2}, **Cyrille Goarant**³, and **Mathieu Picardeau**⁴

¹Division of Infectious Disease, Weill Medical College of Cornell University, New York, USA

²Gonçalo Moniz Research Centre, Oswaldo Cruz Foundation, Brazilian Ministry of Health, Salvador, Brazil

³Institut Pasteur de Nouvelle-Calédonie, Laboratoire de Recherche en Bactériologie, Nouméa, New-Caledonia

⁴Institut Pasteur, Unité de Biologie des Spirochètes, Paris, France

Abstract

Leptospirosis is a zoonotic disease which has emerged as a major cause of morbidity and mortality among impoverished populations. One centenary after the discovery of the causative spirochaetal agent, little is understood of *Leptospira* pathogenesis, which in turn has hampered the identification of new intervention strategies to address this neglected disease. However the recent availability of complete genome sequences for *Leptospira* and discovery of genetic tools to transform the pathogen has led to major insights into the biology and pathogenesis of this pathogen. We discuss the life cycle of the bacterium and the new advances that have been made and their implications for the future prevention of this disease.

Descriptions of leptospirosis-like syndromes were reported in the scripts of ancient civilisations ¹, but the first modern clinical description of the leptospirosis was that of Weil in 1886 ². Inada *et al.*, in their landmark study from 1916, isolated leptospire, identified the organism as the causal agent of leptospirosis, and determined that rats are a reservoir for transmission to humans ³. Leptospire were subsequently isolated from a wide range of animal reservoir species and classified into serogroups and serovars as a function of their antigenic determinants (Box 1).

Leptospirosis, a zoonotic disease [AU: GT] with a worldwide distribution, is now recognised as an emerging infectious disease ⁴. Over the last decade, outbreaks during sporting events, adventure tourism and disasters underscore the ability of the disease to become a public health problem in non-traditional settings ⁴⁻⁶. Yet leptospirosis is mostly a neglected disease which imparts its greatest burden on impoverished populations from developing countries and tropical regions ⁶. Leptospirosis, in addition to being an endemic disease of subsistence farmers ^{1, 4, 5}, has emerged as a widespread problem in urban slum populations where inadequate sanitation has produced the conditions for rat-borne transmission of the disease ⁷⁻⁹. More than 500,000 cases of severe leptospirosis are reported each year, with case fatality rates exceeding 10% ¹⁰.

Correspondence should be addressed to Mathieu Picardeau, Unité de Biologie des Spirochètes, Institut Pasteur, 28 rue du docteur Roux, 75724 Paris Cedex 15, France. Tel: 33 (1) 45 68 83 68. Fax: 33 (1) 40 61 30 01. mathieu.picardeau@pasteur.fr.

The authors declare no competing financial interests.

Previous reviews summarized our knowledge of the epidemiology, diagnosis, and clinical features of leptospirosis^{1, 4-6} as well as the genomics of *Leptospira* spp.¹¹. This review will focus on the pathogenesis of leptospirosis and highlight the recent advances with respect to genetic approaches taken and the virulence factors discovered.

The question mark-shaped bacteria

The genus *Leptospira* comprises of saprophytic and pathogenic species and belongs to the phylum of spirochaetes (Box 1)¹². Saprophytic leptospires, such as *L. biflexa*, are free-living organisms found in water and soil and unlike pathogenic *Leptospira* spp., do not infect animal hosts¹. Leptospires are thin, highly motile, slow-growing obligate aerobes with an optimal growth temperature of 30°C and can be distinguished morphologically from other spirochaetes on the basis of their unique hook or question mark-shaped ends¹³ (Figure 1A).

The genomes for two pathogenic species, *L. interrogans* and *L. borgpetersenii*, and one saprophytic species, *L. biflexa*, have been sequenced¹⁴⁻¹⁷. The majority (77-81%) of the genes in the *Leptospira* genome do not have orthologues found in the genomes of other spirochaetes, confirming that large degree by which leptospires have genetically diverged from other members of the phylum¹². Furthermore, comparative analysis of genomes of pathogens and saprophytes^{11, 17} has provided insights on the genetic determinants that may be involved in pathogenesis (Box 2).

The transmission cycle

Transmission requires continuous enzootic circulation [AU: GT] of the pathogen among animal reservoir, or as commonly referred, maintenance hosts (Figure 2). *Leptospira* serovars demonstrate specific host preferences with respect to their ability to produce high-grade carriage. For example, rats (genus *Rattus*) serve as reservoirs for the Icterohaemorrhagiae serogroup, whereas house mice (*Mus musculus*) are the reservoir for the Ballum serogroup^{4, 5, 18}. Furthermore, serovars often do not cause significant disease in reservoir hosts to which they are highly adapted (Box 3).

The pathogen colonises and is shed from the renal tubules of a broad spectrum of animals (Box 3). Leptospires survive for weeks to months in moist soil and water after excretion in the urine¹⁹. Cell aggregation¹⁹ and biofilm formation²⁰ (Figure 1B) may contribute to the survival of leptospires outside their hosts.

Disease pathogenesis

Pathogenic *Leptospira* spp. produce a systemic infection after an environmental exposure, establish persistent renal carriage and urinary shedding in reservoir animals, and cause tissue damage in multiple organs of susceptible hosts. Acute disease and chronic colonisation represent opposite poles of a wide spectrum of disease presentations (Box 3). Humans are incidental hosts in which leptospirosis causes acute disease manifestations and yet does not induce a carrier state required for transmission of the pathogen.

Dissemination in the host

Leptospires penetrate abraded skin and mucous membranes and quickly establish a systemic infection by crossing tissue barriers and haematogenous [AU:GT] dissemination¹. It was believed that leptospires, like other spirochaetes, spread by transiting through intercellular junctions²¹. However, leptospires have been shown to efficiently enter host cells *in vitro*^{22, 23} and rapidly translocate across polarized cell monolayers without altering the

trans-epithelial electrical resistance^{24, 25}. Leptospire are not facultative intracellular organisms for they are rarely observed intracellularly in infected tissues and appear to reside transiently within host cells as they cross cell monolayers *in vitro*²⁵. The process by which leptospire enter host cells is not understood: internalized leptospire have been observed in cytoplasmic^{24, 25} and phagosome compartments²³ of normally non-phagocytic host cells. Nonetheless, these findings suggest that leptospire use host cell entry and rapid translocation as a mechanism to spread to target organs and evade immune killing.

Infection causes a prolonged leptospiraemia until the host mounts an effective acquired immune response which occurs one to two weeks after exposure (Figure 3A)²⁶. Leptospire are isolated from the bloodstream within minutes after inoculation¹ and are detected in multiple organs by the 3rd day after infection²⁶⁻²⁹. Leptospire, whose burden in blood and tissues may reach up to 10⁶-10⁷ organisms/ml or g in patients^{30, 31} and infected animals²⁹, are able to evade the host innate immune response during the early-phase of infection. The organism is resistant to the alternative pathway of complement activation^{32, 33} and acquire Factor H and related fluid-phase regulators^{34, 35}, through ligands such as Leptospiral endostatin-like (LEN) proteins^{36, 37}. Host C4BP binds to the surface of leptospire³⁸, suggesting that a similar process may confer some protection against the classical pathway of complement activation.

Persistent colonisation

The essential component of the pathogen's life cycle is its ability to produce persistent renal carriage in reservoir animals. In rats, leptospire cause a systemic infection but are cleared from all organs except the renal tubules^{28, 39}. Colonised tubules are densely populated with leptospire, which aggregate together with an amorphous biofilm-like structure (Figure 1D). Rats have been shown to excrete leptospire in high concentrations (10⁷ organisms/ml³⁹) for periods of 9 months after experimental infection⁴⁰.

Leptospire isolated from chronically-infected rat kidneys have significantly higher amounts of lipopolysaccharide (LPS) O-antigen than those isolated from livers of hamsters with acute disease, suggesting that expression of O-antigen content may facilitate induction of carriage³⁹. The renal tubule is an immunoprivileged site, a feature which may contribute to high-grade persistence of the pathogen. Moreover leptospire which are shed in the urine down-regulate the expression of proteins recognised by the humoral immune response in rats⁴¹.

Disease manifestations and determinants

Infection does not produce disease until 5-14 days (incubation period, 2-30 days) after environmental exposure (Figure 3A)¹. In humans, leptospirosis causes a febrile illness which in its early-phase, often cannot be differentiated from other causes of acute fever. In most patients, illness resolves after the 1st week of symptoms. Yet a subset (5-15%) of patients progress to develop severe late-phase manifestations⁶. Unlike bacterial infections such as gram-negative sepsis, leptospirosis does not cause a fulminating disease manifestations shortly after the onset of illness, which may relate to the low endotoxic potency of *Leptospira* LPS¹. Severe late-phase manifestations occurs four to six days after onset of illness (Figure 3A) but may vary depending on the infecting inoculum dose and other disease determinants. Weil's disease is the classic presentation of severe leptospirosis and characterized by jaundice, acute renal failure and bleeding. In addition, there is increasing awareness of a new emerging severe disease form, leptospirosis-associated pulmonary haemorrhage syndrome (LPHS) (Box 4) for which the case fatality rate is >50%⁶.

Development of leptospirosis and disease progression are influenced by the virulence characteristics of the strain, host susceptibility factors and infecting inoculum size during environmental exposure. Specific *Leptospira* species and serovars are more frequently found to cause severe disease in humans^{42,43}. Thaipadungpanit *et al.* found that a single circulating clone caused a large and sustained nationwide epidemic in Thailand⁴⁴. Clonal transmission of strains has been described in other outbreaks and settings of endemic transmission^{45,46} and may reflect localized clusters of transmission⁴⁵. However the magnitude and duration of the epidemic in Thailand suggests that predominant clones may indeed possess specific factors which contribute to their overall biological success. The advent of high-throughput whole-genome sequencing provides an opportunity to determine whether such factors exist by screening isolate genomes for genetic polymorphisms associated with clinical and transmission-related phenotypes.

Our understanding remains limited on the acquired and innate host factors which influence infection and disease progression. An investigation of a triathlon-related outbreak identified HLA-DQ6 genotype as the first and to date only genetic susceptibility factor reported for leptospirosis⁴⁷. The authors found a synergistic risk interaction between HLA-DQ6 and swallowing water while swimming during the triathlon event. This environmental exposure was a likely proxy for an inoculum size effect. It is well known that increasing inoculum size shortens the incubation period and decreases survival in a dose-dependent manner in experimental animals (Figure 3B)^{26,48}. The synergism between HLA-DQ6 and environmental exposures found during the triathlon outbreak constitutes the first gene-environment interaction identified for an infectious disease.

Tissue damage

The onset of disease correlates with the appearance of agglutinating antibodies and clearance of leptospires by antibody-mediated opsonisation and lysis (Figure 3A)¹. Vascular endothelial damage is a hallmark feature of severe leptospirosis^{49,50} and causes capillary leakage, haemorrhage, and in a subset of cases, vasculitis. Leptospirosis activates the coagulation cascade^{51,52} and has been reported to cause disseminated intravascular coagulation in up to 50% of patients with severe disease manifestations⁵¹.

Leptospiral components released after immune killing stimulate production of pro-inflammatory cytokines⁵³⁻⁵⁶ and mediate inflammation and damage of end-organ tissues. The Jarisch-Herxheimer reaction, caused by the sudden release of these cytokines, is a complication of antimicrobial therapy for leptospirosis. Moreover, TNF-alpha may play a key role in disease progression since levels of this cytokine are a predictor of poor clinical outcomes⁵⁷.

The *Leptospira* LPS has been shown to activate Toll-like receptor 2 (TLR2) rather than the TLR4 pathway in human cells⁵⁸, an unusual finding that may relate to a 1-methylphosphate moiety which is not found in other bacterial lipid A⁵⁹. In addition, leptospiral lipoproteins induce innate responses by activating the TLR2 pathway^{58,60}. As a caveat, *Leptospira* LPS activates both TLR2 and TLR4 pathways in mouse cells, indicating that there are species-specific differences with respect to TLR activation⁶¹. Leptospires stimulate expansion of gamma-delta T cell populations in naïve peripheral blood mononuclear cells and leptospirosis patients have increased numbers of this specific subset⁵⁴, suggesting that acquired cell-mediated responses, in addition to innate and acquired humoral responses, may promote inflammation.

Infection causes pronounced physiological disturbances in the kidney and liver, which has led to the speculation that leptospires liberate a toxin. Leptospirosis produces a peculiar hypokalaemic non-oliguric form of acute renal failure characterized by impaired tubular

sodium reabsorption⁶². *Leptospira*-derived non-esterified unsaturated fatty acids have been found to inhibit kidney Na⁺, K⁺ ATPase⁶³. However, it seems more plausible that the renal manifestations are the direct result of a focal tubulointerstitial nephritis. Leptospiral outer membrane proteins, such as LipL32, activates TLR-dependent pathways which leads to induction of nuclear transcription factor kappa B, mitogen-activated kinases and cytokines and subsequently, tubular damage⁶⁰. Furthermore, activation of these pathways may provide a possible explanation for the dysregulation of sodium transporters in infected kidneys, a finding which has shown to be associated with impaired sodium reabsorption^{64, 65}.

Leptospire have been reported to induce apoptosis in macrophages and hepatocytes^{22, 66, 67}, yet the overall contribution of apoptosis in disease pathogenesis has not been delineated. Leptospirosis elicits production of autoantibodies, such as anti-cardiolipin antibodies⁶⁸. Several reports suggest that autoimmune mechanisms may play a role in the development of uveitis³⁷ and LPHS⁶⁹ during infection.

Genetic tools for *Leptospira*

The virulence mechanisms, and more generally the fundamental understanding of the biology of the causative agents of leptospirosis, remain largely unknown. Before 2000, the lack of genetic tools available for use in leptospire, in either pathogenic or saprophytic species, precluded the full characterisation of genes of interest. In the first genetic studies carried out in the 1990s, several *Leptospira* genes were isolated by the functional complementation of *E. coli* mutants. This method led to the identification of the *L. biflexa* *recA* gene⁷⁰, the *L. interrogans* *rfb* genes⁷¹, and a number of amino acid biosynthesis genes, such as *asd* and *trpE*^{72, 73}.

The origins of replication from the LE1 temperate leptophage⁷⁴, a 74-kb extrachromosomal element of *L. biflexa*¹⁷, and a genomic island that can excise from the *L. interrogans* chromosome⁷⁵ were used to generate a plasmid vector able to replicate autonomously in both *L. biflexa* and *E. coli*⁷⁶. DNA can be introduced into *Leptospira* by electroporation^{76, 77} and conjugation⁷⁸. However, to date, there is no replicative plasmid vector available for pathogenic *Leptospira*.

Deletion of chromosomal genes, including *flaB*, *trpE*, *metY*, *metX*, *metW*, *hemH*, and *recA* by targeted mutagenesis was achieved in the saprophyte *L. biflexa* with a suicide plasmid⁷⁹. Recently the first gene, *ligB*, was disrupted in the pathogenic *L. interrogans*⁸⁰ by site-directed homologous recombination.

A system for random mutagenesis using the *Himar1* *mariner* transposon has been developed in both saprophytic and pathogenic *Leptospira* strains^{77, 81, 82}. In *L. biflexa* an extensive library of mutants can be generated that can be screened for phenotypes affecting diverse aspects of metabolism and physiology, such as amino-acid biosynthesis and iron acquisition systems^{82, 83}. However pathogenic leptospire remain much less easily transformable with *HimarI*⁷⁷. At the end of three years of transformation experiments performed simultaneously in two different laboratories, we obtained about 1000 random mutants with characterised transposon insertion points in *L. interrogans* (Table 1)⁸¹. In total, 721 of the mutations identified affected the protein coding regions of 551 different genes. The challenge at the moment is to improve existing methods and to identify more readily transformable pathogenic strains for further genetic studies in *L. interrogans*. If successful this approach should make it possible to generate a library for the high-throughput screening of mutants for specific processes known to be involved in pathogenesis.

Animal models of virulence

Guinea pigs and hamsters are the standard experimental model for acute leptospirosis¹. Infection with low inocula (<100 leptospire) produces similar disease kinetics (Figure 3B) and severe manifestations as observed in humans (Figure 3B)⁴⁸. Mice and gerbils have been used to study the genetics of the immune response to leptospirosis^{61, 84, 85} and as models for vaccine-mediated immunity (Table 2)⁸⁶. However mice are relatively resistant to infection and require high inocula (up to 10⁸ organisms) to produce disease, a situation which may not parallel what occurs during naturally-occurring exposures. Furthermore mice, when administered with high inoculum doses required to induce a lethal infection, develop a more fulminant clinical course and tend to die within significantly shorter intervals (five days) than that observed in patients or hamsters infected with low-inoculum lethal challenges (Figure 3B). This finding raises concerns that this experimental animal model may not reproduce the disease dynamics and pathogenic processes observed in natural infections. Rats have been used as a model to study persistent colonization but also require high inocula^{28, 39}. Like mice, it is not understood why this common reservoir in nature is relatively difficult to infect experimentally. Natural infection with leptospirosis occurs in non-human primates, which in turn have been used as models to study the disease⁸⁷, and more recently, the development of pulmonary haemorrhage syndrome⁸⁸.

Virulence factors

The virulence factor determined to date are primarily surface proteins, which are thought to mediate the interaction between the bacterium and the host tissues. Although several proteins are secreted by *Leptospira* spp., including degradative enzymes, there is no evidence for any dedicated protein secretion pathway for injection of proteins into host cells, such as the Type III and Type IV secretion machinery of Gram negative bacteria. Other virulence factors promote motility and iron acquisition, but many other factors, including proteins that mediate host-cell interactions or cause tissue damage are likely to be discovered.

The development of genetic tools and the availability of complete genome sequences of pathogenic *Leptospira* have made it possible to apply state-of-the-art approaches to determine the virulence and survival mechanisms used by these bacteria to ensure their persistence in different ecological niches.

Previous microarray studies have shown that exposure of *L. interrogans* to the osmolarity conditions found in host tissues induces a profound shift in global transcription profiles. Thus, osmolarity and temperature^{89, 90} are important factors regulating the expression of proteins mediating the infection of mammalian hosts. Nineteen of the 25 most strongly salt-induced *L. interrogans* genes encode hypothetical proteins⁹⁰. These genes may encode response regulators and environment-sensing proteins involved in survival or persistence in the environment or in the infected host.

Surface proteins

Moiety expressed on the surface of leptospire, are believed to be determinants in the pathogen's interaction with the host and ability to cause virulence. Leptospire adhere and enter *in vitro* host mammalian cells (Figure 1C), a phenotype which is observed in virulent leptospire and not in culture-attenuated or saprophytic organisms^{22, 24, 25, 91}. The attachment of pathogenic leptospire to eukaryotic cells (Figure 1C) is a key step in the process of infection that may involve molecules secreted by the bacterium or present on its surface (Figure 4). Several leptospiral proteins have been shown to bind *in vitro* to several components of the extracellular matrix^{36, 92-96}. Furthermore, virulent leptospire had

significantly lower numbers of protein particles on the outer membrane surface as determined by freeze-fracture electron microscopy, and expressed different protein and LPS profiles than culture-attenuated strains ⁹⁷.

Like other spirochaetes, the genomes of *Leptospira* spp. possess a much higher number of lipoprotein genes than that of other bacterial genomes. Analysis of the genome sequences of *L. interrogans* led to the detection of approximately 145 putative lipoproteins ⁹⁸ and several putative extracellular and outer membrane proteins ^{99, 100}.

Consistent with the predicted ability of *Leptospira* to migrate through host tissues, its genome encodes a wide range of putative hemolysins and proteases that may facilitate this process. An analysis of the *L. interrogans* genome identified nine genes which encode putative hemolysins, including sphingomyelinase genes that are not found in the saprophyte *L. biflexa* ¹⁷ and a pore-forming protein gene ¹⁰¹. Sphingomyelinase C was found to be up-regulated by increases in osmolarity to the levels found in mammalian host tissues ⁹⁰. The *L. interrogans* genome also contains a microbial collagenase, which is hypothesised to be involved in the destruction of host tissues.

Few proteins have been experimentally shown to be present on the leptospiral surface ¹⁰². Together, about twelve proteins have been identified as outer membrane proteins and include OmpL1 ¹⁰³, LipL32 ¹⁰⁴, LigB ¹⁰⁵, LenA ³⁶, LenD ³⁶, and Loa22 ¹⁰⁶. Our knowledge of the surface of leptospires thus remains limited and the further development and improvement of tools for accurate localisation of surface-associated determinants are required.

Loa22

The only gene to date that fulfils Koch's molecular postulates for a virulence factor gene is *loa22*. Disruption of *loa22* by *Himar1* insertion in *L. interrogans* led to a complete loss of virulence in the guinea pig model (Table 1) ¹⁰⁶. Loa22 is exposed on the bacterial surface ¹⁰⁶ and recognised by sera from human leptospirosis patients ¹⁰⁷ and its expression is up-regulated in an acute model of infection ¹⁰⁸. The observed Loa22 *in vitro* binding with components of the extracellular matrix is relatively weak ¹⁰⁹. The C-terminal of Loa22 consists of an OmpA domain, which contains a predicted peptidoglycan-binding motif. Although the non-pathogenic *L. biflexa* genome contains an orthologue of *loa22* ¹⁷, differential expression of this gene in pathogenic and non-pathogenic leptospires or pathogen-specific sialylation of Loa22 dependent on pathogen-specific sialic acid modification pathways (J. Ricaldi and J. Vinetz, personal communication) may explain why this protein, post-translationally modified, is a critical determinant of *L. interrogans* virulence.

LipL32

LipL32 ¹⁰⁴, also designated Hap-1 for haemolysis-associated protein ¹¹⁰, is surface-exposed ¹⁰⁴ and accounts for 75% of the outer membrane proteome ¹¹¹. The lipoprotein is highly conserved among pathogenic *Leptospira* ¹¹²; there are no orthologues of *lipL32* in the saprophyte *L. biflexa* ¹⁷. LipL32 was long believed to be a putative virulence factor. Higher levels of LipL32 are expressed in leptospires during acute lethal infections than in leptospires cultured *in vitro* ¹⁰⁸. The C-terminus of LipL32 binds *in vitro* to laminin, collagen I, collagen IV collagen V and plasma fibronectin ^{94, 95}. The crystal structure of LipL32 was elucidated recently and it was shown to present structural homologies with proteins such as collagenase that bind to components of the extracellular matrix ¹¹³. Yet a LipL32 mutant, obtained by *Himar1* insertion mutagenesis, was found to be as efficient as the wild-type strain in causing an acute disease and chronic colonisation in experimental

animals (Table 1) ¹¹⁴. The role of this major outer membrane protein in pathogenesis remains unclear and is a matter for debate.

Leptospiral immunoglobulin-like proteins

A family of three high-molecular weight *Leptospira* proteins — LigA, LigB and LigC — was identified as a novel member of the bacterial immunoglobulin (Ig)-like (Big) protein superfamily ^{86, 105, 115}. Lig proteins are anchored to the outer membrane and have 12 to 13 tandem Big repeats domains. Like *lipL32*, *lig* genes are exclusively present in pathogenic *Leptospira*. Recombinant Lig proteins bind *in vitro* to host extracellular matrix proteins, including fibronectin, fibrinogen, collagen, and laminin ^{96, 116}. Furthermore, the repeat domain portion of the LigB molecule binds Ca²⁺ which in turn, appears to enhance its ability to adhere to fibronectin ¹¹⁷. The *lig* genes are up-regulated at physiological osmolarity ⁹⁰ and encode surface-exposed proteins strongly recognised by sera from human patients with leptospirosis ^{105, 118, 119}. Lig proteins are considered a putative virulence factor ¹⁰⁵ since members of the bacterial Ig-like superfamily mediate pathogen-host cell interactions, such as invasion and host cell attachment, in other bacteria. However, a *ligB* mutation in *L. interrogans*, which also contains a *ligA* gene ⁸⁰, does not affect the ability of the bacterium to cause acute leptospirosis or persistent renal colonisation in hamsters and rats, respectively. The presence of several other putative adhesins with potentially redundant functions, including LigA, may have obscured the detection of clear phenotypes for the *ligB* mutant.

Other potential virulence proteins

The motility of the bacterium may be of relevance to its basic biology and, despite also being common to saprophytes, may be considered a virulence factor. Freshly-isolated pathogenic leptospires have higher translational and helical motility in comparison to strains passaged *in vitro* ¹²⁰. The corkscrew motility allows these organisms to swim through gel-like medium, such as connective tissues ¹³. However, it has not been determined whether loss of motility directly results in attenuation of virulence for pathogenic leptospires. *L. biflexa flaB* mutants cannot form functional endoflagella, but their cell bodies remain intact and helical ¹²¹. The endoflagella are therefore not responsible for dictating the helical shape of the cell body in *Leptospira* spp as they do in *Borrelia burgdorferi* ¹²². Proteins known to be involved in the morphogenetic system of rod-shaped bacteria, such as MreBCD and penicillin-binding proteins, are encoded by genes present in the leptospire genome. Leptospiral cell morphology may thus be determined by the cytoskeleton and maintained by the rigid murein layer.

Multiple methyl-accepting chemotaxis proteins have been identified in *Leptospira*, suggesting that chemotactic responses to various chemoattractants/repellents may occur. Unlike avirulent or saprophytic strains, *L. interrogans* displays positive chemotaxis towards haemoglobin ¹²³.

Iron acquisition is important for virulence in many bacterial pathogens, and *Leptospira* species have been found to contain several iron uptake systems, including TonB-dependent outer membrane receptors ⁸³. *Leptospira* spp. possess a haem oxygenase, encoded by *hemO*, which degrades the tetrapyrrole ring of the haem molecule, releasing ferrous iron. Disruption of the *hemO* gene in *L. interrogans* decreases virulence in the hamster model of leptospirosis (Table 1) ¹²⁴, suggesting that *Leptospira* uses haem as its principal source of iron during infection.

Mutations in the genes encoding the surface-associated proteins LenB and LenE, which were considered putative virulence factors ³⁶ did not have an effect on virulence (Table

1) ^{80, 81}. Two attenuated mutants with disruptions in hypothetical genes may correspond to novel virulence factors in *L. interrogans* ⁸¹, but these findings need to be confirmed with complementation studies.

Immunity

The humoral response is believed to be the primary mechanism of immunity to leptospirosis ¹²⁵. LPS appears to be the major target for the protective antibody response, since passive transfer of immunity correlates with levels of agglutinating anti-LPS antibodies in patient sera ¹²⁶ and anti-LPS monoclonal antibodies passively protect naïve animals from leptospirosis ¹²⁷. However, it is not known whether antibody responses against leptospiral antigens in addition to LPS also confer protection.

Recent work has contributed to the understanding that immunity to leptospirosis is not limited to the humoral response. Mice require intact TLR2 (Chassin *et al.*, submitted) and TLR4 ⁸⁵ activation pathways of innate immunity in order to control a lethal infection. In contrast to immunity in hosts susceptible to acute leptospirosis, protective immunity against *L. borgpetersenii* serovar Hardjo in bovine maintenance hosts is cell-mediated. Immunisation trials in cattle found that protection against this serovar, conferred by whole *Leptospira*-based vaccines, correlated with T_H1 responses and not with agglutinating antibody titres ¹²⁸⁻¹³⁰

Vaccines

Ido *et al.* provided the first demonstration in 1916 that immunisation with killed leptospires protects against experimental infection ¹³¹. Since then, whole *Leptospira*-based vaccines have been routinely administered to livestock and domestic animals and used for immunization of human populations ⁶. However there are major concerns with respect to their use ¹³². Whole *Leptospira*-based vaccines are associated with high rates of adverse reactions and confer only short-term serovar-specific immunity ¹. Polyvalent vaccines are used to provide coverage for circulating serovar agents and need to be reformulated at significant cost when new serovars emerge ¹³³. Furthermore whole-*Leptospira* vaccines are not universally effective in preventing carriage, which limits their use as a transmission-blocking intervention.

Due to these limitations, efforts have focussed on developing sub-unit vaccine candidates (Table 2) and more specifically, identifying surface-associated proteins which are conserved among serovars and targets for bacteriocidal immune responses. Haake *et al.* provided the first evidence for the feasibility of this approach by demonstrating that immunisation with *E. coli* outer membrane vesicles containing recombinant LipL41 and OmpL1 partially protected against a lethal challenge of leptospires in hamsters ¹³⁴. Subsequently, LipL32 has been shown to elicit immunoprotection when administered in naked DNA ¹³⁵, BCG ¹³⁶, and adenovirus ¹³⁷ delivery systems. Yet, overall efficacy of these formulations is low (40-75%) in experimental animals. The most promising sub-unit vaccine candidate is the Lig proteins, which have been shown to confer high-level protection (Table 2), approaching 100% in mice ⁸⁶ and hamsters ¹³⁸⁻¹⁴⁰. The ability of Lig proteins to elicit cross-protective immunity against the spectrum of serovar agents needs to be determined since amino acid sequence identity for this protein is 70-100% among *Leptospira* spp ¹⁴¹.

The availability of multiple genome sequences provides an opportunity to apply high-throughput strategies for identifying novel vaccine candidates ¹⁰⁷. The ultimate goal for vaccine development will be to identify a candidate which protects against the spectrum of *Leptospira* agents. The *L. interrogans* and *borgpetersenii* genomes share 2708 ORFs, of which 656 are not present in the *L. biflexa* genome ^{16, 17} (Box 2). Strategies to refine the

number of target candidates include sequencing of a wider representation of pathogenic *Leptospira* genomes and bioinformatic analysis and selection of ORFs which are highly conserved among these genomes and encode outer membrane proteins¹⁰⁰. Yet the major barrier in pursuing this strategy is the lack of *in vitro* correlates for immunity against leptospirosis. High throughput screening in experimental animals may not be feasible given the expected number of candidate antigens. A priority for vaccine development will be to prospectively determine whether infection with leptospirosis protects against subsequent re-infection in high-risk populations and identify the mechanisms of immunity which may be involved. Until epidemiologically-validated immune correlates are identified, discovery of vaccine candidates will likely continue to rely on the search for new virulence factors and outer membrane proteins.

Conclusions and future directions

There has been impressive recent progress in our knowledge of the basic aspects of the biology and pathogenesis of *Leptospira* spp., although modern molecular genetics was not applied to pathogenic leptospires until 2005, with the generation of the first mutants in *L. interrogans*⁷⁷. Further studies need to explain why it is so difficult to introduce DNA into pathogenic leptospires by methods commonly used for other bacteria. More efficient methods are needed to test the role of putative virulence factors. The presence of prophage-like loci in the genome of pathogenic *Leptospira*^{75, 142} suggest that transduction may occur and phages could be used as tools for gene transfer. Despite the large evolutionary distance between the pathogenic and non-pathogenic species, *Leptospira* spp. share a core of approximately 2000 genes¹⁷. *L. biflexa* could be used as a model bacterium to identify the precise functions of these common genes to gain an insight into the general biology of *Leptospira* spp.

Nevertheless, the discovery of genetic tools to transform leptospires has circumvented a major barrier to elucidating pathogen-related determinants of virulence and has led to the identification of Loa22 as the first virulence factor in *Leptospira*¹⁰⁶. LipL32 and Lig proteins were long-standing hypothesized virulence factors. Yet knockout mutagenesis of the genes which encode these factors did not result in attenuation of virulence, suggesting that there may be a high degree of redundancy in function among virulence factors and that classical knockout approaches may not be useful in identifying such factors. There is therefore a real need to use convergent genomic, proteomics and metabolomic approaches to systematically identify molecular phenotypes and link these phenotypes with the pathogen's ability to cause disease in humans and animals. Our next hurdle is also to learn more about leptospiral gene regulation and the interactions among proteins. Microarrays represent a valuable tool to identify regulatory networks or pleiotropic effects of a mutation. The use of genetically distinct (or engineered) laboratory rodents together with micro-arrays or proteomic studies should permit to better delineate the mechanisms leading to chronic renal shedding. Ecological and metagenomics studies of soils will possibly provide information on the environmental persistence of leptospires which remains poorly understood.

Both host and microbiological factors probably contribute to the severity of leptospiral infection. Further studies should, for example, determine if the increasingly recognized syndrome of pulmonary hemorrhage is rather due to the emergence of a *Leptospira* clone with strain-specific factors or to innate or acquired host susceptibility factors. Elucidation of the molecular mechanisms of pathogenesis will contribute to the development of novel strategies for the treatment and prevention of leptospirosis which are urgently needed to address the large disease burden attributable to this emerging infectious disease in impoverished populations.

Acknowledgments

The authors would like to thank Claudio Figueira, Elsie Wunder, Evelyne Couture, Marie-Christine Prevost, and Paula Ristow from the Oswaldo Cruz Foundation and the Institut Pasteur for their help in providing the figures on leptospires and the pathology of leptospirosis and Lee Riley from University of California at Berkeley and Guy Baranton and Isabelle Saint Girons from Institut Pasteur and Mitermayer Reis and Guilherme Ribeiro from the Oswaldo Cruz Foundation for their critical advice during the preparation of the manuscript. Some of the work described was supported by a cooperative agreement between Institut Pasteur and the Oswaldo Cruz Foundation, Brazilian National Research Council (grants 01.06.0298.00 3773/2005, 554788/2006, INCTV), Research Support Foundation for the State of Bahia (54663), and the National Institutes of Health (grants 2R01 AI052473, 2D43 TW00919), the Institut Pasteur, and Agence Nationale de la Recherche (n°05-JCJC-0105 01).

References

1. Faine, S.; Adler, B.; Bolin, C.; Perolat, P. *Leptospira* and leptospirosis. MedScience; Melbourne, Australia: 1999.
2. Weil A. Ueber eine eigenthümliche, mit Milztumor, Icterus und Nephritis einhergehende acute Infektionskrankheit. *Deutsche Archive für Klinische Medizin*. 1886; 39:209.
3. Inada R, Ido Y, Hoki R, Kakeno R, Ito H. The etiology, mode of infection and specific therapy of Weil's disease (*Spirochaeta icterohaemorrhagiae*). *J Exp Med*. 1916; 23:377–403. [PubMed: 19867994]
4. Levett PN. Leptospirosis. *Clin Microbiol Rev*. 2001; 14:296–326. [PubMed: 11292640]
5. Bharti AR, et al. Leptospirosis: a zoonotic disease of global importance. *Lancet Infect Dis*. 2003; 3:757–771. [PubMed: 14652202]
6. McBride AJ, Athanazio DA, Reis MG, Ko AI. Leptospirosis. *Curr Opin Infect Dis*. 2005; 18:376–386. [PubMed: 16148523]
7. Ko AI, Galvao Reis M, Ribeiro Dourado CM, Johnson WDJ, Riley LW. Urban epidemic of severe leptospirosis in Brazil. Salvador Leptospirosis Study Group. *Lancet*. 1999; 354:820–825. [PubMed: 10485724]
8. Riley LW, Ko AI, Unger A, Reis MG. Slum health: diseases of neglected populations. *BMC Int Health Hum Rights*. 2007; 7:2. [PubMed: 17343758]
9. Reis RB, et al. Impact of environment and social gradient on leptospira infection in urban slums. *PLoS Negl Trop Dis*. 2008; 2:e228. [PubMed: 18431445]
10. WHO. Leptospirosis worldwide, 1999. *Weekly Epidemiol Rec*. 1999; 74:237–242.
11. Xue F, Yan J, Picardeau M. Evolution and pathogenesis of *Leptospira* spp.: Lessons learned from the genomes. *Microbes Infect*. 2008 in press.
12. Paster BJ, et al. Phylogenetic analysis of the spirochetes. *J Bacteriol*. 1991; 173:6101–6109. [PubMed: 1917844]
13. Li C, Motaleb MA, Sal M, Goldstein SF, Charon N. gyrations, rotations, periplasmic flagella: the biology of spirochete motility. *J Mol Microbiol Biotechnol*. 2000; 2:345–354. [PubMed: 11075905]
14. Ren S, et al. Unique and physiological and pathogenic features of *Leptospira interrogans* revealed by whole genome sequencing. *Nature*. 2003; 422:888–893. [PubMed: 12712204]
15. Nascimento AL, et al. Comparative genomics of two *Leptospira interrogans* serovars reveals novel insights into physiology and pathogenesis. *J Bacteriol*. 2004; 186:2164–2172. [PubMed: 15028702]
16. Bulach DM, et al. Genome reduction in *Leptospira borgpetersenii* reflects limited transmission potential. *Proc Natl Acad Sci U S A*. 2006; 103:14560–14565. [PubMed: 16973745]
17. Picardeau M, et al. Genome sequence of the saprophyte *Leptospira biflexa* provides insights into the evolution of *Leptospira* and the pathogenesis of leptospirosis. *PLoS ONE*. 2008; 3:e1607. [PubMed: 18270594]
18. Thiermann AB. The Norway rat as a selective chronic carrier of *Leptospira icterohaemorrhagiae*. *J Wild Dis*. 1981; 17:39–43.
19. Trueba G, Zapata S, Madrid K, Cullen P, Haake D. Cell aggregation: a mechanism of pathogenic *Leptospira* to survive in fresh water. *Int Microbiol*. 2004; 7:35–40. [PubMed: 15179605]

20. Ristow P, et al. Biofilm formation by saprophytic and pathogenic leptospires. *Microbiology*. 2008; 154:1309–1317. [PubMed: 18451039]
21. Haake DA, Lovett MA. Interjunctal invasion of endothelial cell monolayers. *Methods Enzymol*. 1994; 236:447–63. [PubMed: 7968629]
22. Merien F, Baranton G, Perolat P. Invasion of Vero cells and induction of apoptosis in macrophages by pathogenic *Leptospira interrogans* are correlated with virulence. *Infect Immun*. 1997; 65:729–38. [PubMed: 9009336]
23. Liu Y, Zheng W, Li L, Mao Y, Yan J. Pathogenesis of leptospirosis: interaction of *Leptospira interrogans* with *in vitro* cultured mammalian cells. *Med Microbiol Immunol*. 2007
24. Thomas DD, Highbie LM. In vitro association of leptospires with host cells. *Infect Immun*. 1990; 58:581–585. [PubMed: 2307512]
25. Barocchi MA, Ko AI, Reis MG, McDonald KL, Riley LW. Rapid translocation of polarized MDCK cell monolayers by *Leptospira interrogans*, an invasive but nonintracellular pathogen. *Infect Immun*. 2002; 70:6926–32. [PubMed: 12438371]
26. Faine S. Virulence in *Leptospira*. I: Reactions of guinea-pigs to experimental infections with *Leptospira Icterohaemorrhagiae*. *Br J Exp Pathol*. 1957; 38:1–7. [PubMed: 13413076]
27. Faine S. Virulence in leptospira. II. The growth in vivo of virulent *Leptospira icterohaemorrhagiae*. *Br J Exp Pathol*. 1957; 38:8–14. [PubMed: 13457343]
28. Athanzio DA, et al. *Rattus norvegicus* as a model for persistent renal colonization by pathogenic *Leptospira interrogans*. *Acta Trop*. 2008; 105:176–80. [PubMed: 18093568]
29. Lourdault K, Aviat F, Picardeau M. The use of quantitative real-time PCR to study the dissemination of *Leptospira interrogans* in the guinea pig infection model of leptospirosis. *J Med Microbiol*. 2009
30. Segura ER, et al. Clinical spectrum of pulmonary involvement in leptospirosis in a region of endemicity, with quantification of leptospiral burden. *Clin Infect Dis*. 2005; 40:343–351. [PubMed: 15668855]
31. Truccolo J, Serais O, Merien F, Perolat P. Following the course of human leptospirosis: evidence of a critical threshold for the vital prognosis using a quantitative PCR assay. *FEMS Microbiol Lett*. 2001; 204:17–321.
32. Cinco M, Banfi E. Activation of complement by leptospires and its bactericidal activity. *Zentralbl Bakteriol Mikrobiol Hyg*. 1983; 254:261–5.
33. Johnson RC, Muschel LH. Antileptospiral activity of serum. I. Normal and immune serum. *J Bacteriol*. 1966; 91:1403–9. [PubMed: 5929774]
34. Meri T, Murgia R, Stefanel P, Meri S, Cinco M. Regulation of complement activation at the C3-level by serum resistant leptospires. *Microb Pathog*. 2005; 39:139–47. [PubMed: 16169184]
35. Verma A, et al. LfhA, a novel factor H-binding protein of *Leptospira interrogans*. *Infect Immun*. 2006; 74:2659–66. [PubMed: 16622202]
36. Stevenson B, et al. *Leptospira interrogans* endostatin-like outer membrane proteins bind host fibronectin, laminin and regulators of complement. *PLoS ONE*. 2007; 2:e1188. [PubMed: 18000555]
37. Verma A, et al. LruA and LruB antibodies in sera of humans with leptospiral uveitis. *Clin Vaccine Immunol*. 2008; 15:1019–23. [PubMed: 18400972]
38. Barbosa AS, et al. Immune evasion of leptospira species by acquisition of human complement regulator C4BP. *Infect Immun*. 2009; 77:1137–43. [PubMed: 19114549]
39. Nally JE, Chow E, Fishbein MC, Blanco DR, Lovett MA. Changes in lipopolysaccharide O antigen distinguish acute versus chronic *Leptospira interrogans* infections. *Infect Immun*. 2005; 73:3251–3260. [PubMed: 15908349]
40. Sterling CR, Thiermann AB. Urban rats as chronic carriers of leptospirosis: an ultrastructural investigation. *Vet Pathol*. 1981; 18:628–37. [PubMed: 7281461]
41. Monahan AM, Callanan JJ, Nally JE. Proteomic analysis of *Leptospira interrogans* shed in urine of chronically infected hosts. *Infect Immun*. 2008; 76:4952–4958. [PubMed: 18765721]
42. Ganoza CA, et al. Determining risk for severe leptospirosis by molecular analysis of environmental surface waters for pathogenic *Leptospira*. *PLoS Med*. 2006; 3:e308. [PubMed: 16933963]

43. Matthias MA, et al. Human leptospirosis caused by a new, antigenically unique leptospira associated with a rattus species reservoir in the peruvian Amazon. PLoS Negl Trop Dis. 2008; 2:e213. [PubMed: 18382606]
44. Thaipadungpanit J, et al. A dominant clone of *Leptospira interrogans* associated with an outbreak of human leptospirosis in Thailand. PLoS Negl Trop Dis. 2007:e56. [PubMed: 17989782]
45. Slack A, Symonds M, Dohnt M, Smythe L. An improved multiple-locus variable number of tandem repeats analysis for *Leptospira interrogans* serovar Australis: a comparison with fluorescent amplified fragment length polymorphism analysis and its use to redefine the molecular epidemiology of this serovar in Queensland, Australia. J Med Microbiol. 2006; 55:1549–1557. [PubMed: 17030915]
46. Zuerner RL, Alt DP. Variable Nucleotide Tandem Repeat analysis reveals a unique group of *Leptospira interrogans* serovar Pomona isolates associated with california sea lions. J Clin Microbiol. 2009; 47:1202–5. [PubMed: 19204099]
47. Lingappa J, et al. HLA-DQ6 and ingestion of contaminated water: possible gene-environment interaction in an outbreak of Leptospirosis. Genes Immun. 2004; 5:311–4.
48. Silva EF, et al. Characterization of virulence of *Leptospira* isolates in a hamster model. Vaccine. 2008; 26:3892–3896. [PubMed: 18547690]
49. Nicodemo AC, et al. Lung lesions in human leptospirosis: microscopic, immunohistochemical, and ultrastructural features related to thrombocytopenia. Am J Trop Med Hyg. 1997; 56:181–187. [PubMed: 9080878]
50. De Brito T, Böhm GM, Yasuda PH. Vascular damage in acute experimental leptospirosis of the guinea-pig. J Pathol. 1979; 128:177–182. [PubMed: 521862]
51. Chierakul W, et al. Activation of the coagulation cascade in patients with leptospirosis. Clin Infect Dis. 2008; 46:254–60. [PubMed: 18171258]
52. Wagenaar JF, et al. What role do coagulation disorders play in the pathogenesis of leptospirosis? Trop Med Int Health. 2007; 12:111–22. [PubMed: 17207155]
53. Diament D, Brunialti MKC, Romero EC, Kallas EG, Salomao R. Peripheral blood mononuclear cell activation induced by *Leptospira interrogans* glycolipoprotein. Infection and Immunity. 2002; 70:1677–1683. [PubMed: 11895929]
54. Klimpel GR, Matthias MA, Vinetz JM. Leptospira interrogans activation of human peripheral blood mononuclear cells: preferential expansion of TCR gamma delta+ T cells vs TCR alpha beta + T cells. J Immunol. 2003; 171:1447–55. [PubMed: 12874237]
55. Vernel-Pauillac F, Merien F. Proinflammatory and immunomodulatory cytokine mRNA time course profiles in hamsters infected with a virulent variant of *Leptospira interrogans*. Infect Immun. 2006; 74:4172–9. [PubMed: 16790792]
56. de Fost M, Hartskeerl RA, Groenendijk MR, van der Poll T. Interleukin 12 in part regulates gamma interferon release in human whole blood stimulated with *Leptospira interrogans*. Clin Diagn Lab Immunol. 2003; 10:332–335. [PubMed: 12626464]
57. Tajiki MH, Salomao R. Association of plasma levels of tumor necrosis factor alpha with severity of disease and mortality among patients with leptospirosis. Clinical Infectious Diseases. 1996; 23:1177–1178. [PubMed: 8922824]
58. Werts C, et al. Leptospiral lipopolysaccharide activates cells through a TLR2-dependent mechanism. Nature Immunology. 2001; 2:346–352. [PubMed: 11276206]
59. Que-Gewirth NL, et al. A methylated phosphate group and four amide-linked acyl chains in *Leptospira interrogans* lipid A. The membrane anchor of an unusual lipopolysaccharide that activates TLR. J Biol Chem. 2004; 279:25420–25429. [PubMed: 15044492]
60. Yang CW, et al. Toll-like receptor 2 mediates early inflammation by leptospiral outer membrane proteins in proximal tubule cells. Kidney Int. 2006; 69:815–22. [PubMed: 16437059]
61. Nahori MA, et al. Differential TLR recognition of leptospiral lipid A and lipopolysaccharide in murine and human cells. J Immunol. 2005; 175:6022–6031. [PubMed: 16237097]
62. Seguro AC, Lomar AV, Rocha AS. Acute renal failure of leptospirosis: nonoliguric and hypokalemic forms. Nephron. 1990; 55:146–51. [PubMed: 2362627]

63. Burth P, Younes-Ibrahim M, Santos MC, Castro-Faria Neto HC, deCastro Faria MV. Role of nonesterified unsaturated fatty acids in the pathophysiological processes of leptospiral infection. *J Infect Dis.* 2005; 191:51–7. [PubMed: 15593003]
64. Wu MS, Yang CW, Pan MJ, Chang CT, Chen YC. Reduced renal Na⁺-K⁺-Cl⁻ co-transporter activity and inhibited NKCC2 mRNA expression by *Leptospira shermani*: from bed-side to bench. *Nephrol Dial Transplant.* 2004; 19:2472–9. [PubMed: 15388818]
65. Andrade L, Rodrigues AC Jr, Sanches TR, Souza RB, Seguro AC. Leptospirosis leads to dysregulation of sodium transporters in the kidney and lung. *Am J Physiol Renal Physiol.* 2007; 292:F586–92. [PubMed: 16940563]
66. Isogai E, et al. Apoptosis of lymphocytes in mice administered lipopolysaccharide from *Leptospira interrogans*. *Zentralbl Veterinarmed.* 1998; 45:529–37.
67. Merien F, Truccolo J, Rougier Y, Baranton G, Perolat P. In vivo apoptosis of hepatocytes in guinea pigs infected with *Leptospira interrogans* serovar Icterohaemorrhagiae. *FEMS Microbiol Lett.* 1998; 169:95–102. [PubMed: 9851039]
68. Rugman FP, Pinn G, Palmer MF, Waite M, Hay CR. Anticardiolipin antibodies in leptospirosis. *J Clin Pathol.* 1991; 44:517–519. [PubMed: 2066434]
69. Nally JE, et al. Alveolar septal deposition of immunoglobulin and complement parallels pulmonary hemorrhage in a guinea pig model of severe pulmonary leptospirosis. *Am J Pathol.* 2004; 164:1115–1127. [PubMed: 14982864]
70. Stamm LV, Parrish EA, Gherardini FC. Cloning of the *recA* gene from a free-living leptospire and distribution of RecA-like protein among spirochetes. *Appl Environ Microbiol.* 1991; 57:183–189. [PubMed: 2036006]
71. Mitchison M, et al. Identification and characterization of the dTDP-rhamnose biosynthesis and transfer genes of the lipopolysaccharide-related *rfb* locus in *Leptospira interrogans* serovar Copenhageni. *J Bacteriol.* 1997; 179:1262–1267. [PubMed: 9023210]
72. Yelton DB, Cohen RA. Analysis of cloned DNA from *Leptospira biflexa* serovar patoc which complements a deletion of the *Escherichia coli trpE* gene. *J Bacteriol.* 1986; 165:41–6. [PubMed: 3001031]
73. Baril C, Richaud C, Fournie E, Baranton G, Saint Girons I. Cloning of *dapD*, *aroD* and *asd* of *Leptospira interrogans* serovar Icterohaemorrhagiae, and nucleotide sequence of the *asd* gene. *J Gen Microbiol.* 1992; 138:47–53. [PubMed: 1348268]
74. Saint Girons I, Margarita D, Amouriaux P, Baranton G. First isolation of bacteriophages for a spirochaete: potential genetic tools for *Leptospira*. *Res Microbiol.* 1990; 141:1131–1138. [PubMed: 2092364]
75. Bourhy P, et al. A genomic island of the pathogen *Leptospira interrogans* serovar Lai can excise from its chromosome. *Infect Immun.* 2007; 75:677–683. [PubMed: 17118975]
76. Saint Girons I, et al. The LE1 bacteriophage replicates as a plasmid within *Leptospira biflexa*: construction of an *L. biflexa*-*Escherichia coli* shuttle vector. *J Bacteriol.* 2000; 182:5700–5. [PubMed: 11004167]
77. Bourhy P, Louvel H, Saint Girons I, Picardeau M. Random insertional mutagenesis of *Leptospira interrogans*, the agent of leptospirosis, using a *mariner* transposon. *J Bacteriol.* 2005; 187:3255–3258. [PubMed: 15838053]
78. Picardeau M. Conjugative transfer between *Escherichia coli* and *Leptospira* spp. as a new genetic tool. *Appl Environ Microbiol.* 2008; 74:319–322. [PubMed: 17993560]
79. Louvel, H.; Picardeau, M. Genetic Manipulation of *Leptospira biflexa*. Coico, R.; Kowalik, TF.; Quarles, JM.; Stevenson, B.; Taylor, R., editors. J Wiley and Sons; Hoboken, N.J.: 2007.
80. Croda J, et al. Targeted mutagenesis in pathogenic *Leptospira*: Disruption of the *ligB* gene does not affect virulence in animal models of leptospirosis. *Infect Immun.* 2008; 76:5826–5833. [PubMed: 18809657]
81. Murray GL, et al. Genome-wide transposon mutagenesis in pathogenic *Leptospira* spp. *Infect Immun.* 2009; 77:810–816. [PubMed: 19047402]
82. Louvel H, Saint Girons I, Picardeau M. Isolation and characterization of FecA- and FeoB-mediated iron acquisition systems of the spirochete *Leptospira biflexa* by random insertional mutagenesis. *J Bacteriol.* 2005; 187:3249–3254. [PubMed: 15838052]

83. Louvel H, et al. Comparative and functional genomic analyses of iron transport and regulation in *Leptospira* spp. *J Bacteriol.* 2006; 188:7893–7904. [PubMed: 16980464]
84. Pereira MM, Andrade J, Marchevsky RS, Ribeiro dos Santos R. Morphological characterization of lung and kidney lesions in C3H/HeJ mice infected with *Leptospira interrogans* serovar icterohaemorrhagiae: defect of CD4+ and CD8+ T-cells are prognosticators of the disease progression. *Exp Toxicol Pathol.* 1998; 50:191–198. [PubMed: 9681649]
85. Viriyakosol S, Matthias MA, Swancutt MA, Kirkland TN, Vinetz JM. Toll-like receptor 4 protects against lethal *Leptospira interrogans* serovar icterohaemorrhagiae infection and contributes to in vivo control of leptospiral burden. *Infect Immun.* 2006; 74:887–95. [PubMed: 16428731]
86. Koizumi N, Watanabe H. Leptospiral immunoglobulin-like proteins elicit protective immunity. *Vaccine.* 2004; 22:1545–52. [PubMed: 15063580]
87. Minette HP, Shaffer MF. Experimental leptospirosis in monkeys. *Am J Trop Med Hyg.* 1968; 17:202–212. [PubMed: 4172221]
88. Pereira MM, et al. Experimental leptospirosis in marmoset monkeys (*Callithrix jacchus*): a new model for studies of severe pulmonary leptospirosis. *Am J Trop Med Hyg.* 2005; 72:13–20. [PubMed: 15728860]
89. Lo M, et al. Effects of temperature on gene expression patterns in *Leptospira interrogans* serovar Lai as assessed by whole-genome microarrays. *Infect Immun.* 2006; 74:848–859.
90. Matsunaga J, et al. Response of *Leptospira interrogans* to physiologic osmolarity: relevance in signaling the environment-to-host transition. *Infect Immun.* 2007; 75:2864–2874. [PubMed: 17371863]
91. Ito T, Yanagawa R. Leptospiral attachment to extracellular matrix of mouse fibroblast (L929) cells. *Vet Microbiol.* 1987; 15:89–96. [PubMed: 3439019]
92. Merien F, Truccolo J, Baranton G, Perolat P. Identification of a 36-kDa fibronectin-binding protein expressed by a virulent variant of *Leptospira interrogans* serovar icterohaemorrhagiae. *FEMS Microbiol Lett.* 2000; 185:17–22. [PubMed: 10731601]
93. Atzingen MV, et al. Lsa21, a novel leptospiral protein binding adhesive matrix molecules and present during human infection. *BMC Microbiol.* 2008; 8:70. [PubMed: 18445272]
94. Hauk P, et al. In LipL32, the major leptospiral lipoprotein, the C terminus is the primary immunogenic domain and mediates interaction with collagen IV and plasma fibronectin. *Infect Immun.* 2008; 76:2642–2650. [PubMed: 18391007]
95. Hoke DE, Egan S, Cullen PA, Adler B. LipL32 is an extracellular matrix-interacting protein of *Leptospira* spp and *Pseudoalteromonas tunicata*. *Infect Immun.* 2008; 76:2063–2069. [PubMed: 18285490]
96. Choy HA, et al. Physiological osmotic induction of *Leptospira interrogans* adhesion: LigA and LigB bind extracellular matrix proteins and fibrinogen. *Infect Immun.* 2007; 75:2441–2450. [PubMed: 17296754]
97. Haake DA, et al. Changes in the surface of *Leptospira interrogans* serovar grippityphosa during in vitro cultivation. *Infect Immun.* 1991; 59:1131–1140. [PubMed: 1997416]
98. Setubal JC, Reis MG, Matsunaga J, Haake DA. Lipoprotein computational prediction in spirochaetal genomes. *Microbiology.* 2006; 152:113–121. [PubMed: 16385121]
99. Viratyosin W, Ingsriswang S, Pacharawongsakda E, Palittapongarnpim P. Genome-wide subcellular localization of putative outer membrane and extracellular proteins in *Leptospira interrogans* serovar Lai genome using bioinformatics approaches. *BMC Genomics.* 2008; 9:181. [PubMed: 18423054]
100. Yang HL, et al. In silico and microarray-based genomic approaches to identifying potential vaccine candidates against *Leptospira interrogans*. *BMC Genomics.* 2006; 7:293. [PubMed: 17109759]
101. Lee SH, Kim S, Park SC, Kim MJ. Cytotoxic activities of *Leptospira interrogans* hemolysin SphH as a pore-forming protein on mammalian cells. *Infect Immun.* 2002; 70:315–322. [PubMed: 11748197]
102. Cullen PA, Haake DA, Adler B. Outer membrane proteins of pathogenic spirochetes. *FEMS Microbiol Rev.* 2004; 28:291–318. [PubMed: 15449605]

103. Haake DA, et al. Molecular cloning and sequence analysis of the gene encoding OmpL1, a transmembrane outer membrane protein of pathogenic *Leptospira* spp. *J Bacteriol.* 1993; 175:4225–4234. [PubMed: 8320237]
104. Haake DA, et al. The leptospiral major outer membrane protein LipL32 is a lipoprotein expressed during mammalian infection. *Infect Immun.* 2000; 68:2276–2285. [PubMed: 10722630]
105. Matsunaga J, et al. Pathogenic *Leptospira* species express surface-exposed proteins belonging to the bacterial immunoglobulin superfamily. *Mol Microbiol.* 2003; 49:929–945. [PubMed: 12890019]
106. Ristow P, et al. The OmpA-like protein Loa22 is essential for leptospiral virulence. *PLoS Pathog.* 2007; 3:e97. [PubMed: 17630832]
107. Gamberini M, et al. Whole-genome analysis of *Leptospira interrogans* to identify potential vaccine candidates against leptospirosis. *FEMS Microbiol Lett.* 2005; 244:305–313. [PubMed: 15766783]
108. Nally JE, Whitelegge JP, Bassilian S, Blanco DR, Lovett MA. Characterization of the outer membrane proteome of *Leptospira interrogans* expressed during acute lethal infection. *Infect Immun.* 2007; 75:766–773. [PubMed: 17101664]
109. Barbosa AS, et al. A newly identified leptospiral adhesin mediates attachment to laminin. *Infect Immun.* 2006; 74:6356–6364. [PubMed: 16954400]
110. Lee SH, et al. Identification and partial characterization of a novel hemolysin from *Leptospira interrogans* serovar lai. *Gene.* 2000; 254:19–28. [PubMed: 10974532]
111. Cullen PA, Cordwell SJ, Bulach DM, Haake DA, Adler B. Global analysis of outer membrane proteins from *Leptospira interrogans* serovar Lai. *Infect Immun.* 2002; 70:2311–2318. [PubMed: 11953365]
112. Haake DA, et al. Molecular evolution and mosaicism of leptospiral outer membrane proteins involves horizontal DNA transfer. *J Bacteriol.* 2004; 186:2818–2828. [PubMed: 15090524]
113. Vivian JP, et al. Crystal structure of LipL32, the most abundant surface protein of pathogenic *Leptospira* spp. *J Mol Biol.* 2009; 387:1229–1238. [PubMed: 19236879]
114. Murray GL, et al. The major surface protein LipL32 is not required for either acute or chronic infection with *Leptospira interrogans*. *Infect Immun.* 2009; 77:952–958. [PubMed: 19103763]
115. Palaniappan RU, et al. Cloning and molecular characterization of an immunogenic LigA protein of *Leptospira interrogans*. *Infect Immun.* 2002; 70:5924–5930. [PubMed: 12379666]
116. Lin YP, Chang YF. A domain of the *Leptospira* LigB contributes to high affinity binding of fibronectin. *Biochem Biophys Res Commun.* 2007; 362:443–8. [PubMed: 17707344]
117. Lin YP, Raman R, Sharma Y, Chang YF. Calcium binds to leptospiral immunoglobulin-like protein, LigB, and modulates fibronectin binding. *J Biol Chem.* 2008; 283:25140–24149. [PubMed: 18625711]
118. Srimanote P, et al. Recombinant ligA for leptospirosis diagnosis and ligA among the *Leptospira* spp. clinical isolates. *J Microbiol Methods.* 2008; 72:73–81. [PubMed: 18079011]
119. Croda J, et al. *Leptospira* immunoglobulin-like proteins as a serodiagnostic marker for acute leptospirosis. *J Clin Microbiol.* 2007; 45:1528–1534. [PubMed: 17360842]
120. Ellis WA, Hovind-Hougen K, Möller S, Birch-Andresen A. Morphological changes upon subculturing of freshly isolated strains of *Leptospira interrogans* serovar hardjo. *Zentralbl Bakteriell Mikrobiol Hyg.* 1983; 255:323–335.
121. Picardeau M, Brenot A, Saint Girons I. First evidence for gene replacement in *Leptospira* spp. Inactivation of *L. biflexa flaB* results in non-motile mutants deficient in endoflagella. *Mol Microbiol.* 2001; 40:189–199. [PubMed: 11298286]
122. Motaleb MA, et al. *Borrelia burgdorferi* periplasmic flagella have both skeletal and motility functions. *Proc Natl Acad Sci U S A.* 2000; 97:10899–10904. [PubMed: 10995478]
123. Yuri K, et al. Chemotaxis of leptospires to hemoglobin in relation to virulence. *Infect Immun.* 1993; 61:2270–2272. [PubMed: 8478123]
124. Murray GL, et al. *Leptospira interrogans* requires heme oxygenase for disease pathogenesis. *Microbes Infect.* 2009; 11:311–314. [PubMed: 19114124]

125. Adler B, Faine S. Host immunological mechanisms in the resistance of mice to leptospiral infections. *Infect Immun.* 1977; 17:67–72. [PubMed: 885617]
126. Adler B, Faine S. The antibodies involved in the human immune response to leptospiral infection. *J Med Microbiol.* 1978; 11:387–400. [PubMed: 722781]
127. Jost BH, Adler B, Vinh T, Faine S. A monoclonal antibody reacting with a determinant on leptospiral lipopolysaccharide protects guinea pigs against leptospirosis. *J Med Microbiol.* 1986; 22:269–75. [PubMed: 2430103]
128. Naiman BM, et al. Evaluation of type 1 immune response in naive and vaccinated animals following challenge with *Leptospira borgpetersenii* serovar Hardjo: involvement of WC1(+)-gammadelta and CD4 T cells. *Infect Immun.* 2002; 70:6147–57. [PubMed: 12379692]
129. Brown RA, et al. Comparison of three different leptospiral vaccines for induction of a type 1 immune response to *Leptospira borgpetersenii* serovar Hardjo. *Vaccine.* 2003; 21:4448–58. [PubMed: 14505928]
130. Blumberman SL, Herzig CT, Baldwin CL. WC1+ gammadelta T cell memory population is induced by killed bacterial vaccine. *Eur J Immunol.* 2007; 37:1204–16. [PubMed: 17429840]
131. Ido Y, Hoki R, Ito H, Wani H. The prophylaxis of Weil's Disease (*Spirochaetosis Icterohaemorrhagica*). *J Exp Med.* 1916; 24:471–483. [PubMed: 19868055]
132. Koizumi N, Watanabe H. Leptospirosis vaccines: past, present, and future. *J Postgrad Med.* 2005; 51:210–4. [PubMed: 16333195]
133. Gonzalez A, et al. Immunogenicity and protective capacity of leptospiral whole-cell monovalent serogroup Ballum vaccines in hamsters. *Rev Argent Microbiol.* 2005; 37:169–75. [PubMed: 16502635]
134. Haake DA, et al. Leptospiral outer membrane proteins OmpL1 and LipL41 exhibit synergistic immunoprotection. *Infect Immun.* 1999; 67:6572–82. [PubMed: 10569777]
135. Branger C, et al. Protection against *Leptospira interrogans* sensu lato challenge by DNA immunization with the gene encoding hemolysin-associated protein 1. *Infect Immun.* 2005; 73:4062–9. [PubMed: 15972494]
136. Seixas FK, et al. Recombinant *Mycobacterium bovis* BCG expressing the LipL32 antigen of *Leptospira interrogans* protects hamsters from challenge. *Vaccine.* 2007; 26:88–95. [PubMed: 18063449]
137. Branger C, et al. Identification of the hemolysis-associated protein 1 as a cross-protective immunogen of *Leptospira interrogans* by adenovirus-mediated vaccination. *Infection and Immunity.* 2001; 69:6831–6838. [PubMed: 11598056]
138. Palaniappan RU, et al. Immunoprotection of recombinant leptospiral immunoglobulin-like protein A against *Leptospira interrogans* serovar Pomona infection. *Infect Immun.* 2006; 74:1745–1750. [PubMed: 16495547]
139. Silva EF, et al. The terminal portion of leptospiral immunoglobulin-like protein LigA confers protective immunity against lethal infection in the hamster model of leptospirosis. *Vaccine.* 2007; 25:6277–86. [PubMed: 17629368]
140. Yan W, et al. Immunogenicity and protective efficacy of recombinant *Leptospira* immunoglobulin-like protein B (rLigB) in a hamster challenge model. *Microbes Infect.* 2009; 11:230–237. [PubMed: 19070678]
141. McBride AJ, et al. Genetic diversity of the Leptospiral immunoglobulin-like (Lig) genes in pathogenic *Leptospira* spp. *Infect Genet Evol.* 2009; 9:196–205. [PubMed: 19028604]
142. Qin JH, et al. Identification of a novel prophage-like gene cluster actively expressed in both virulent and avirulent strains of *Leptospira interrogans* serovar Lai. *Infect Immun.* 2008; 76:2411–2419. [PubMed: 18362131]
143. Asuthkar S, Velineni S, Stadlmann J, Altmann F, Sritharan M. Expression and characterization of an iron-regulated hemin-binding protein, HbpA, from *Leptospira interrogans* serovar Lai. *Infect Immun.* 2007; 75:4582–91. [PubMed: 17576761]
144. Bos MP, Robert V, Tommassen J. Biogenesis of the gram-negative bacterial outer membrane. *Annu Rev Microbiol.* 2007; 61:191–214. [PubMed: 17506684]

145. Salaün L, Mérien F, Gurianova S, Baranton G, Picardeau M. Application of multilocus variable-number tandem-repeat analysis for molecular typing of the agent of leptospirosis. *J Clin Microbiol.* 2006; 44:3954–62. [PubMed: 17088367]
146. Ahmed N, et al. Multilocus sequence typing method for identification and genotypic classification of pathogenic *Leptospira* species. *Ann Clin Microbiol Antimicrob.* 2006; 5:28. [PubMed: 17121682]
147. Bourhy P, et al. Complete nucleotide sequence of the LE1 prophage from the spirochete *Leptospira biflexa* and characterization of its replication and partition functions. *J Bacteriol.* 2005; 187:3931–3940. [PubMed: 15937155]
148. Minette HP. Leptospirosis in poikilothermic vertebrates. A review. *Int J Zoonoses.* 1983; 10:111–121. [PubMed: 6373645]
149. Cameron CE, et al. Detection of pathogenic *Leptospira* bacteria in pinniped populations via PCR and identification of a source of transmission for zoonotic leptospirosis in the marine environment. *J Clin Microbiol.* 2008; 46:1728–1733. [PubMed: 18367568]
150. André-Fontaine G. Canine leptospirosis--do we have a problem? *Vet Microbiol.* 2006; 117:19–24. [PubMed: 16684591]
151. Ayanegui-Alcerreca MA, et al. Leptospirosis in farmed deer in New Zealand : a review. *N Z Vet J.* 2007; 55:102–108. [PubMed: 17534410]
152. Ramos AC, Souza GN, Lilenbaum W. Influence of leptospirosis on reproductive performance of sows in Brazil. *Theriogenology.* 2006; 66:1021–1025. [PubMed: 16584764]
153. Grooms DL. Reproductive losses caused by bovine viral diarrhea virus and leptospirosis. *Theriogenology.* 2006; 66:624–8. [PubMed: 16716386]
154. Lilenbaum W, et al. Risk factors associated with leptospirosis in dairy goats under tropical conditions in Brazil. *Res Vet Sci.* 2008; 84:14–17. [PubMed: 17543359]
155. Barwick RS, Mohammed HO, McDonough PL, White ME. Epidemiologic features of equine *Leptospira interrogans* of human significance. *Prev Vet Med.* 1998; 36:153–165. [PubMed: 9762736]
156. Park SK, et al. Leptospirosis in Chonbuk Province of Korea in 1987: a study of 93 patients. *Am J Trop Med Hyg.* 1989; 41:345–351. [PubMed: 2802020]
157. Trevejo RT, et al. Epidemic leptospirosis associated with pulmonary hemorrhage-Nicaragua, 1995. *J Infect Dis.* 1998; 178:1457–1463. [PubMed: 9780268]
158. Panaphut T, Domrongkitchaiporn S, Thinkamrop B. Prognostic factors of death in leptospirosis: A prospective cohort study in Khon Kaen, Thailand. *International Journal of Infectious Diseases.* 2002; 6:52–59. [PubMed: 12044303]
159. Marotto PCF, et al. Acute lung injury in leptospirosis: Clinical and laboratory features, outcome, and factors associated with mortality. *Clinical Infectious Diseases.* 1999; 29:1561–1563. [PubMed: 10585813]
160. Gouveia EL, et al. Leptospirosis-associated severe pulmonary hemorrhagic syndrome, Salvador, Brazil. *Emerg Infect Dis.* 2008; 14:505–508. [PubMed: 18325275]
161. Yang GG, Hsu YH. Nitric oxide production and immunoglobulin deposition in leptospiral hemorrhagic respiratory failure. *J Formos Med Assoc.* 2005; 104:759–63. [PubMed: 16385381]
162. Croda J, et al. Leptospirosis pulmonary hemorrhage syndrome is associated with linear deposition of immunoglobulin and complement on the alveolar surface. *Clinical Microbiology and Infection.* 2009 in press.
163. Faisal SM, et al. Evaluation of protective immunity of *Leptospira* immunoglobulin like protein A (LigA) DNA vaccine against challenge in hamsters. *Vaccine.* 2008; 26:277–287. [PubMed: 18055070]
164. Faisal SM, Yan W, McDonough SP, Chang YF. *Leptospira* immunoglobulin-like protein A variable region (LigAvar) incorporated in liposomes and PLGA microspheres produces a robust immune response correlating to protective immunity. *Vaccine.* 2009; 27:378–387. [PubMed: 19022317]

Box 1: Classification and molecular typing

The genus *Leptospira* belongs to the phylum of spirochaetes¹². The subgroup of saprophytes (*L. biflexa*, *L. wolbachii*, *L. kmetyi*, *L. meyeri*, *L. vanthielii*, *L. terpstrae*, and *L. yanagawae*) form the deepest branch within the genus, while another subgroup includes the pathogenic species with 8 species (*L. interrogans*, *L. kirschneri*, *L. borgpetersenii*, *L. santarosai*, *L. noguchii*, *L. weilii*, *L. alexanderi*, and *L. alstonii*). Another evolutionary branch comprises the so-called “intermediate” group (*L. inadai*, *L. broomii*, *L. fainei*, *L. wolffii*, *L. licerasiae*), which contains species of unclear pathogenicity^{4, 5}. *Leptospira* spp. are also serologically classified into serovars, of which there are more than two hundred pathogenic serovars, on the basis of structural heterogeneity in the carbohydrate component of the lipopolysaccharide (LPS)^{4, 5}. Serotyping of leptospire is important for clinical or epidemiological investigations, since identification of serovars and serogroups provides clues on the host reservoirs involved in transmission. However, serotyping is performed in few reference laboratories worldwide. Furthermore, several studies have shown that the system of serogroups was not related to molecular classifications⁴, suggesting that genes determining serotypes may be laterally transferred into different species. Consequently, the classification system based on genetic similarities is being used in conjunction with classical antigenic classification. Recently, the releases of genome sequences allowed the introduction of several approaches to genotype *Leptospira* spp, which include multilocus variable-number tandem-repeat (VNTR) analysis¹⁴⁵ and multilocus sequence typing (MLST)^{44, 146}, a typing method that is based on the partial sequences of housekeeping genes and may evolve as a standard genotyping method as it has for other bacterial species.

Box 2: Genomes of *Leptospira* spp

A major advance in the understanding of *Leptospira* and its pathogenesis has been the recent sequencing of the genomes of two pathogenic species, *L. interrogans* and *L. borgpetersenii*, and the saprophytic species *L. biflexa*¹⁴⁻¹⁷. Overall, the genomes have a G + C content of between 35% and 41% and possess two circular chromosomes of approximately 4 Mb and 300 kb in size. The presence of a 74-kb replicon has also been identified in *L. biflexa*¹⁷, which can possess a fourth circular replicon, the 74-kb leptospiral bacteriophage LE1^{74, 147}. A comparative analysis of *Leptospira* genomes provides clues with respect to the genetic determinants responsible for the different lifestyles of the spirochaetes¹¹. Comparison of the proteins across the genomes has revealed a common backbone of 2052 proteins for this genus¹⁷. The *L. interrogans* and *L. borgpetersenii* genomes contain approximately 3400 and 2800 predicted coding regions (excluding transposases and pseudogenes), of which 656 of which are pathogen-specific and not found in the saprophyte *L. biflexa*. The functions of most (59%) of these genes are unknown, suggesting the presence of pathogenic mechanisms unique to *Leptospira*. The saprophyte *L. biflexa*, which survives exclusively in the external environment, has many more genes encoding environmental sensing and metabolic proteins than pathogenic leptospires¹⁷. Although *L. interrogans* and *L. borgpetersenii* share 2708 genes between them, there are 627 and 265 genes from *L. interrogans* and *L. borgpetersenii*, respectively which are not shared with the other pathogenic species. *L. interrogans* have retained more genes from its free-living ancestor, most of which relate to survival in the external environment¹⁷. *L. borgpetersenii* has a smaller genome (3.9 vs 4.6 Mb) and a much larger proportion of transposase genes or pseudogenes (20 vs 2%) than *L. interrogans*. Together these findings indicate that *L. borgpetersenii* is undergoing a process of genome reduction and specialization in the bacterium¹⁶. Gene loss appears to have impaired the ability of *L. borgpetersenii* to survive in the external environment, and therefore rely on direct contact between host animals (i.e., cows), rather than indirect environmental exposures, as its principle mode of transmission.

Features of the sequenced leptospires:

pathogenicity	survival in the environment	<i>Leptospira</i> spp. ^a	Genome size (bp)	CDS ^b	pseudogenes	transposases
strict pathogen	no survival	<i>L. borgpetersenii</i>	3,931,791	2,844	368	241
pathogen	survival	<i>L. interrogans</i>	4,627,366	3,379	41	26
non-pathogen	survival and multiplication	<i>L. biflexa</i>	3,956,088	3,590	33	10

^a *L. borgpetersenii* serovar Hardjo strain L550, *L. interrogans* serovar Copenhageni strain Fiocruz, *L. biflexa* serovar Patoc strain Ames.

^bexcluding transposases and pseudogenes

Box 3: Leptospirosis in animals

Leptospirosis is considered the most geographically widespread zoonotic disease⁴ because of the wide range of animals, mainly mammalian species, for which it infects. Rodents are the primary reservoir for maintaining enzootic transmission in most settings (Figure 2)⁵. This group includes not only rats and mice, but also voles, shrews, hedgehogs, and marsupials, all of which may serve as reservoirs of leptospirosis¹. However, some rodents, including hamsters and guinea pigs in particular, are nevertheless highly susceptible to leptospirosis and can be used as animal models of human leptospirosis. Amphibians, snakes and freshwater fish have also been shown to have the potential to harbour pathogenic *Leptospira*¹⁴⁸. Finally, although leptospires do not survive in seawater, leptospirosis has been reported in sea lions and seals, which were presumably infected in coastal rookeries¹⁴⁹. Direct modes of transmission, including venereal, congenital and suckling exposures, play a more important role in animals than in humans (Figure 2A)¹. Leptospirosis causes a broad spectrum of pathogenic processes in animals, for which acute disease and chronic colonization represent opposite poles. Humans are susceptible hosts in which infection causes severe acute manifestations but does not produce carriage. Infection in maintenance hosts such as rats causes an asymptomatic infection with persistent carriage¹⁸. Leptospirosis in other animals is a mixture of the two processes: infection causes a range of acute-to-chronic manifestations and produces a carrier state for which duration varies considerably between species¹. In addition to being a human health problem, leptospirosis is a major veterinary disease associated with large economic costs¹. In animals such as dogs, deer and pigs, leptospirosis causes acute manifestations, such as jaundice, renal failure and bleeding, as are observed in human disease^{1, 150, 151}. Furthermore, leptospirosis causes a range of chronic manifestations in livestock, particularly cattle, pigs, sheep and goats, which are associated with reproductive losses, decreased milk production, stillbirths and abortions¹⁵²⁻¹⁵⁴. Recurrent uveitis due to leptospirosis is a major problem among horses¹⁵⁵.

Box 4: Pulmonary haemorrhage syndrome due to leptospirosis

Leptospirosis-associated pulmonary haemorrhage syndrome (LPHS), first described in Korea and China¹⁵⁶, was brought to world attention by a large outbreak of this severe disease form in Nicaragua in 1995¹⁵⁷. Subsequently LPHS has emerged as a major cause of haemorrhagic fever in developing countries^{30, 158-160}. LPHS is striking for its fulminant presentation of massive pulmonary bleeding and acute lung injury and is associated with poorer clinical outcomes⁶ indicating that the pathogenesis of LPHS may be different from that of Weil's disease. LPHS patients have high amounts of leptospiral DNA (10^6 organisms/g) in lung tissues³⁰. However, scant numbers of intact leptospire are found in lung⁴⁹ The major lesion associated with LPHS is damage of the vascular endothelium^{49, 50}. More recently several reports have observed linear deposition of immunoglobulin and complement along the alveolar basement membrane and in the intra-alveolar space of lung tissues^{69, 161, 162}, suggesting a possible underlying autoimmune process. The sudden appearance of LPHS in certain settings¹⁶⁰, suggests that introduction of clones with enhanced virulence may also contribute to the recent emergence of this syndrome.

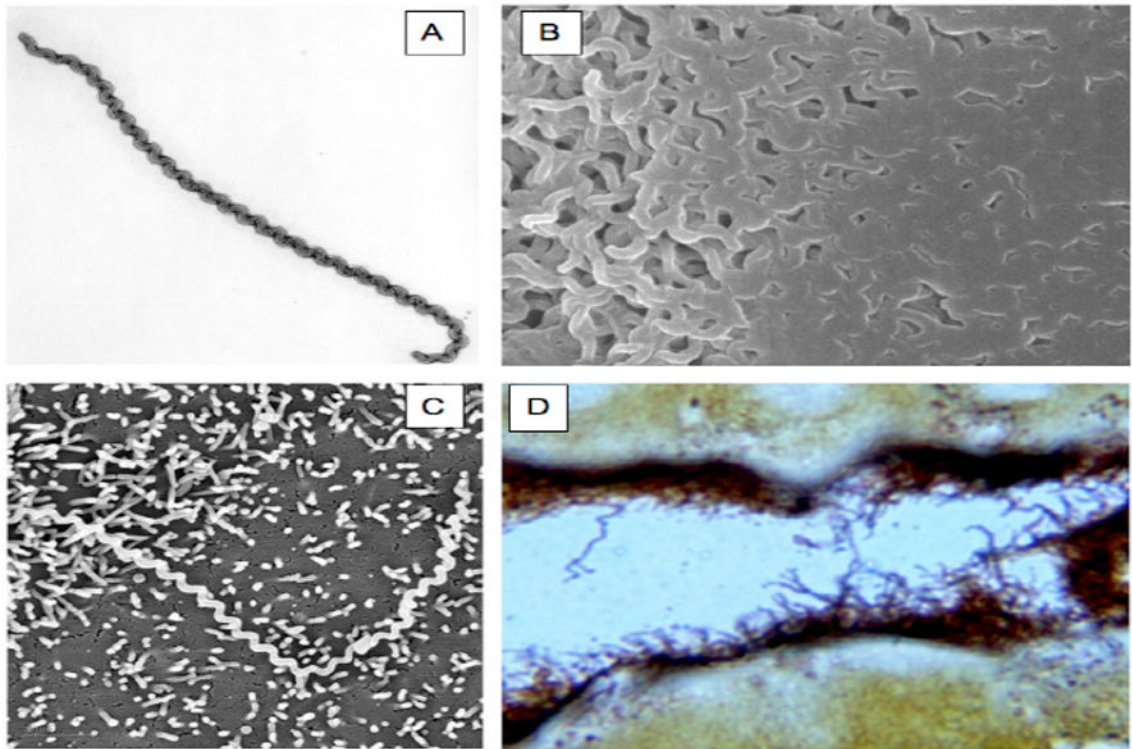


FIGURE 1. Leptospires in the environment and host

A. Leptospires are thin (cell diameter of 0.15 μm) and helical bacteria ranging from 10 to 20 μm long. Motility of leptospires is dependent on the presence of two endoflagella (or periplasmic flagella), one arising at each end of the spirochete, and extending along the cell body without overlapping in the central part of the cell.

B. Scanning electron micrograph of *L. interrogans* biofilm on a glass surface.

C. Scanning electron micrograph of *L. interrogans* adhering to polarized Mardin-Darby canine kidney cell monolayers.

D. Photomicrograph of a Warthin-Starry stained section of kidney tissue from a captured sewer rat (*Rattus norvegicus*). Leptospires are seen as silver-impregnated filamentous structures within the proximal renal tubule lumen (400x magnification).

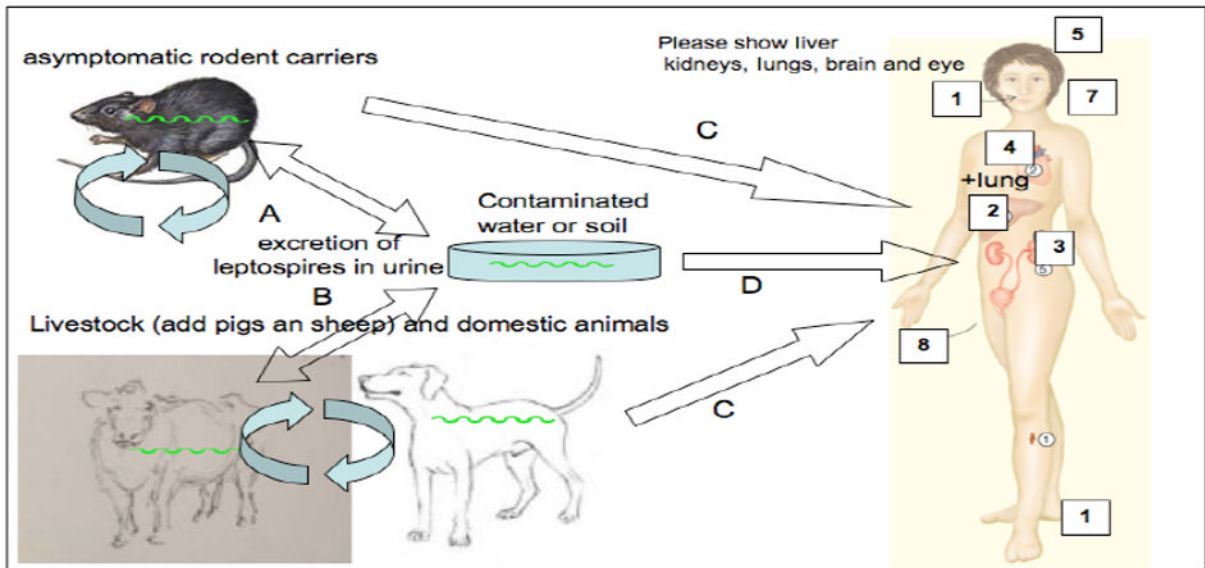


FIGURE 2. Cycle of infection

Mammalian species excrete the pathogen in their urine and serve as reservoirs for transmission. The pathogen is maintained in sylvatic and domestic environments by transmission among rodent species (-A-). In these reservoirs, infection produces chronic and persistent asymptomatic carriage in the renal tubules where *L. interrogans* forms aggregates (Figure 1D). Leptospires infect livestock and domestic animals and causes a range of disease manifestations and carrier states (Box 3). Maintenance of leptospirosis in these populations is due to continued exposure to rodent reservoirs or transmission within animal herds (-B-). Leptospirosis is transmitted to humans by direct contact with reservoir animals (-C-) or exposure to environmental surface water or soil contaminated with their urine (-D-). Leptospirens penetrate abraded skin or mucous membranes (-1-), infect the bloodstream and disseminate throughout all the body tissue. Infection causes an acute febrile illness during the early “leptospiraemic” phase, which progresses during late “immune” phase to cause severe multi-system manifestations such as hepatic dysfunction and jaundice (-2-), acute renal failure (-3-), pulmonary haemorrhage syndrome (-4-), myocarditis and meningoencephalitis (-5-). Although the immune response eventually eliminates the pathogen, leptospires may persist for prolonged periods in immunoprivileged sites, such as the anterior chamber and vitreous of the eye and the renal tubules, where they can produce respectively, uveitis (-7-) months after exposure and urinary shedding weeks after resolution of the illness (-8-). Humans are an accidental host and do not efficiently shed sufficient numbers of leptospires to serve as reservoirs for transmission.

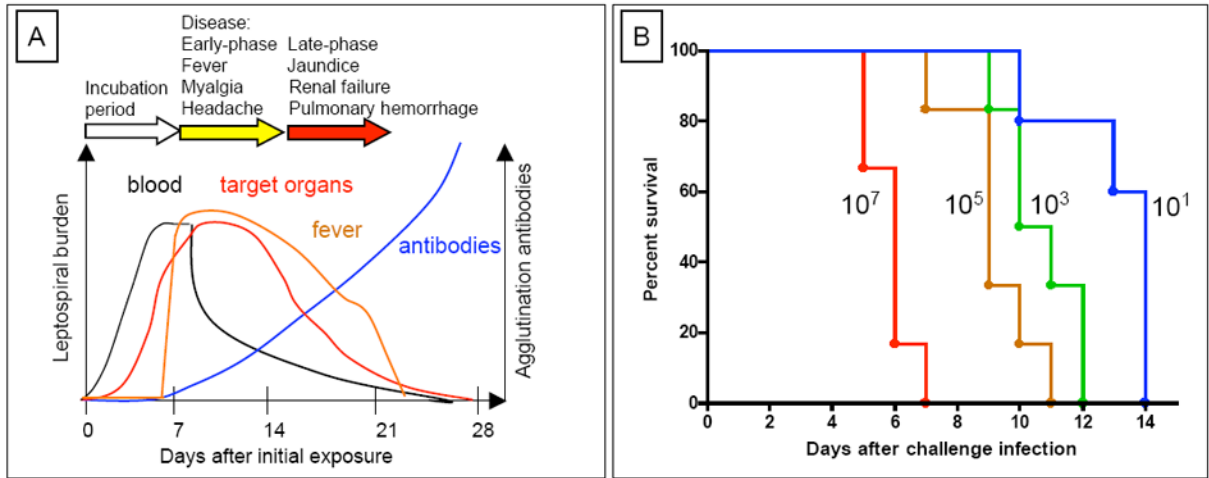


FIGURE 3. Disease kinetics of leptospirosis

A. Schematic diagram of the kinetics of leptospiral infection and disease. Infection produces a leptospiraemia (black line) within the first days after exposure, which is followed by detection of leptospires in tissues of multiple organs (red line) by the 3rd day of infection. In humans, illness (fever, brown line) develops with the appearance of agglutinating antibodies 5-14 days after exposure (blue line). Leptospires are cleared from the bloodstream and organs as serum agglutinating antibodies titres increase. Although early-phase illness (yellow arrow) is mild and resolves in the majority of infected individuals, a subset of patients progress four to six days after the onset of illness to develop severe late-phase manifestations (red arrow) during the period of immune-mediated destruction and clearance of leptospires (black line).

B. Survival curves for hamsters during experimental leptospirosis. Inoculation with increasing numbers of *L. interrogans* strain Fiocruz L1-130 (10^7 organisms, red line; 10^5 , brown; 10^3 , green; 10^1 , blue) is associated with shortening of the incubation period and increased mortality among Golden Syrian hamsters. Infection of hamsters with low inocula produces disease manifestations which are found in patients with severe leptospirosis.

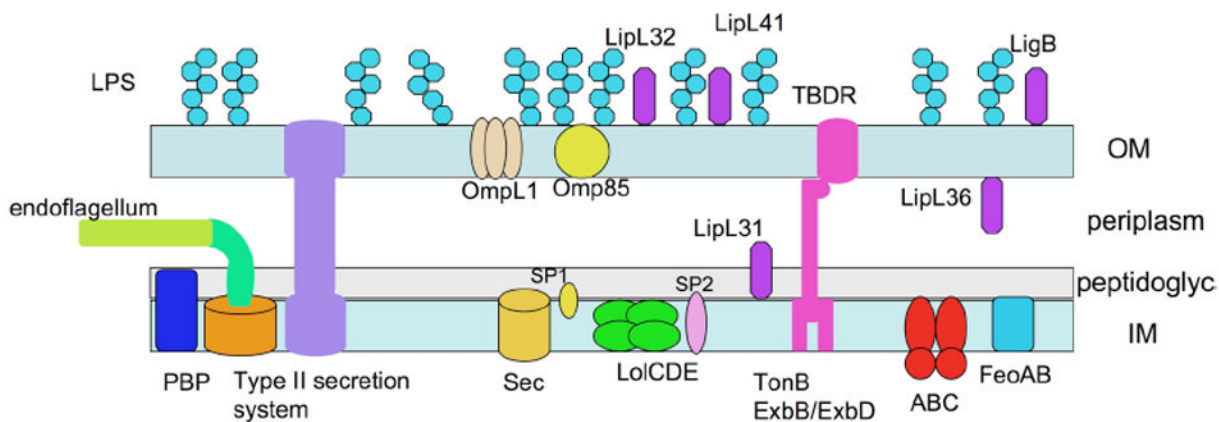


FIGURE 4. Schematic diagram of the cell wall of leptospires

Leptospira spp. possess a double-membrane structure. The peptidoglycan cell wall is associated with the inner membrane¹⁰². The leptospiral outer membrane is known to contain the transmembrane porin OmpL1, and lipoproteins LipL32, LipL36 (at the inner leaflet of the outer membrane), LipL41, and LigB (the surface-exposed Loa22, Len, LenD, LigA, and LigC proteins are not indicated in the schematic diagram). *Leptospira* spp. possess a lipopolysaccharide (LPS) which is composed of lipid A, a non-repeating oligosaccharide core and a distal polysaccharide (or O-antigen). Several TonB-dependent receptors (TBDR) were identified by genome analysis. Three of these TBDR were found to be involved in the transport of iron citrate (FecA-like transporter), the siderophore desferrioxamine, and hemin^{83, 143}. Both transport and induction functions require energy transduction from the TonB–ExbB–ExbD complex in the inner membrane (for simplicity, only one ExbB–ExbD–TonB–TBDR system is indicated). As in other spirochaetes, the endoflagella is located in the periplasm. The inner membrane contains the FeoAB-type iron⁸³, penicillin-binding proteins (PBP), and the lipoprotein LipL31. Homologues of the *E. coli* export systems of outer membrane proteins (OMPs) and lipoproteins¹⁴⁴ were found in *Leptospira*; this includes inner membrane signal peptidases SP1 and SP2. Lipoproteins are first transported via the Sec system and bind to the ABC-transporter LolCDE. In *E. coli*, lipoproteins interact with LolA and the outer membrane receptor LolB to be inserted into the outer membrane. However, no LolA and LolB homologues are found in the *Leptospira* genomes. For OMPs, after transport via the Sec translocon, they are bound by the periplasmic chaperone Skp, then by the outer membrane protein Omp85 to be integrated into the lipid bilayer. An incomplete set of type II secretion-like genes is also present in the *Leptospira* genomes.

Table 1

Selected mutants obtained in pathogens

inactivated gene	strain ^a	method	phenotype	reference
<i>loa22</i>	Lai 56601	<i>Himar1</i>	attenuation of virulence ^b	Ristow <i>et al.</i> ¹⁰⁶
<i>hemO</i>	L495	<i>Himar1</i>	hemin-growth deficiency and attenuation of virulence	Murray <i>et al.</i> ¹²⁴
<i>ligB</i>	Fiocruz L1-130	allelic exchange	no attenuation in virulence	Croda <i>et al.</i> ⁸⁰
<i>LipL32</i>	L495	<i>Himar1</i>	no attenuation in virulence	Murray <i>et al.</i> ¹¹⁴
<i>lenB</i>	L495	<i>Himar1</i>	no attenuation in virulence	Murray <i>et al.</i> ⁸¹
<i>uvrB</i>	Lai 56601	<i>Himar1</i>	UV sensitivity	Murray <i>et al.</i> ⁸¹
<i>ligC</i>	L495	<i>Himar1</i>	no attenuation in virulence	Murray <i>et al.</i> ⁸¹
LA1641 ^c	L495	<i>Himar1</i>	attenuation of virulence	Murray <i>et al.</i> ⁸¹
LA0615 ^c	L495	<i>Himar1</i>	attenuation of virulence	Murray <i>et al.</i> ⁸¹

^aLai 56601: *L. interrogans* serovar Lai, Fiocruz L1-130: *L. interrogans* serovar Copenhageni, L495: *L. interrogans* serovar Manilae.

^bComplementation of the mutant *loa22* results in restoration of virulence in animal models ¹⁰⁶.

^cTransposon insertions were mapped onto the genome of *L. interrogans* serovar Lai strain Lai 56601

Table 2

Sub-unit vaccine candidates for leptospirosis^a

Antigen	Adjuvant	Animal model	Inocula, serovar	Vaccine efficacy (%) ^b	Reference
LipL41/Omp	<i>E. coli</i>	hamsters	10 ²	40-100 ^c	Haake <i>et al.</i> ¹³⁴
L1	OMVs		Grippityph osa		
LipL32	Adenovirus	gerbils	10 ⁴ Canicola	73-75 ^d	Branger <i>et al.</i> ¹³⁷
LigA/LigB	Freunds	mice	10 ⁶ Manilae	90-100	Koizumi <i>et al.</i> ⁸⁶
LipL32	DNA	gerbils	10 ⁷ Canicola	39 ^d	Branger <i>et al.</i> ¹³⁵
LigA	Alum	hamsters	10 ⁸ Pomona	100 ^e	Palaniappan <i>et al.</i> ¹³⁸
LigA (C-term)	Freunds	hamsters	250 Copenhagen ni	67-100	Silva <i>et al.</i> ¹³⁹
LipL32	BCG	hamsters	10 ² Copenhagen ni	50 ^c	Seixas <i>et al.</i> ¹³⁶
LigA	DNA	hamsters	10 ⁸ Pomona	100 ^d	Faisal <i>et al.</i> ¹⁶³
LigB	Alum	hamsters	10 ⁵ Pomona	67-86	Yan <i>et al.</i> ¹⁴⁰
LigA (C-term)	Liposomes	hamsters	10 ⁵ Pomona	88 ^f	Faisal <i>et al.</i> ¹⁶⁴

^a Studies were included which evaluated immunisation with sub-unit vaccine candidates in protecting against mortality or survival.^b Vaccine efficacy against overall mortality is shown for studies which demonstrated significant protection in multiple experiments except when otherwise noted.^c Significant protection (P<0.05) against mortality in one of three experiments.^d Immunisation did not confer significant protection against overall mortality but was associated with a significant increase in survival rates.^e Immunisation did not confer significant protection against overall mortality but was associated with significant increase in survival rates when results were combined for three experiments.^f Significant protection against mortality in one experiment