

Plasmodium Vivax Binds Host CD98 (SLC3A2) To Enter Immature Red Blood Cells¹

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INTRODUCTION

- Malaria** is a leading cause of mortality and morbidity worldwide and causes huge burden on economic and societal development²
- Malaria cases increased from 227 to 241 million cases from 2019 to 2020³
- Malaria is transmitted by the female *Anopheles* mosquito
- Currently, five parasite species of Malaria can cause zoonotic disease
- Plasmodium falciparum* and *Plasmodium vivax* are the leading causes of malaria, with *P. vivax* being the most common species in Southeast Asia
- Knowledge on erythrocyte invasion is centred around *P. falciparum* due to its ability to invade all subtypes of erythrocytes and thus erythrocytes are easily accessible
- P. vivax* is not as well studied due to challenges in *in-vitro* cultivation of parasites in red blood cells

AIMS

- Current literature shows that *P. vivax* merozoites **target preferentially target reticulocytes expressing CD71** which is **trypsin sensitive**
- However, other studies show that merozoite invasion is **trypsin-resistant**
- Suggests the possibility of an alternative receptor for *P. vivax* merozoites
- To identify a possible alternative receptor other than CD71, on reticulocytes for invasion by *P. vivax* merozoites

RESULTS

1. Identification of CD98, a Reticulocyte Binding Protein

- A differential proteomics screen of CD71+ (susceptible) vs CD71- (non-susceptible) erythrocyte ghost membranes was conducted
 - CD71+ cells were used as it has already been identified in literature
 - CD71- cells were used as a negative control
- Two criteria were used to select candidate reticulocyte-specific receptors:**
 - Abundant expression on CD71+ immature reticulocytes but not CD71- normocytes
 - Resistance to trypsin treatment
- Proteins highly expressed on CD71+ reticulocytes were identified (Fig 1b)
- Some of these proteins demonstrated to be trypsin resistant on flow cytometry
- CD71 (~6 fold) and CD98 (~4 fold) showed significant fold-change reduction in expression levels between CD71+ and CD71- erythrocytes
- Immunophenotyping, immunofluorescence and western blotting analyses** confirmed the decrease in CD98 expression during erythrocyte maturation

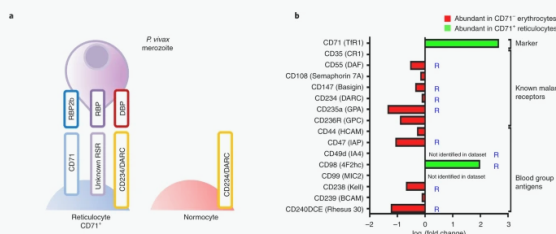
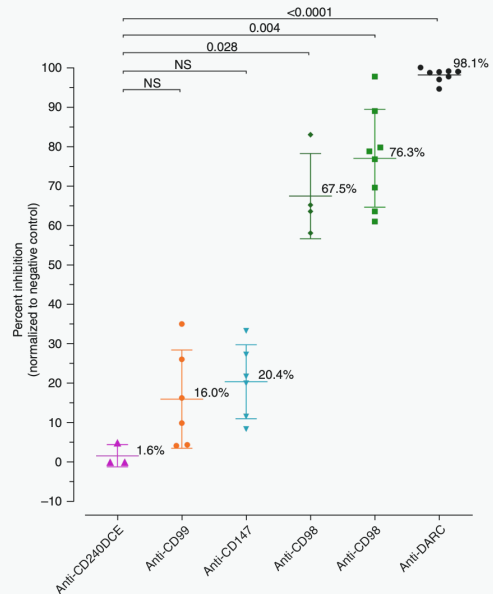
Fig 1a (Left): Schematic showing presence of unknown *P. vivax* receptor involved in reticulocyte tropism

Fig 1b (Right): Identifying receptors expressed on CD71+ and not CD71- erythrocytes by mass spectrometry

2A. Confirmation of CD98 as a Malaria Target Receptor

- Different *P. vivax* isolates were used in **invasion inhibition assays** (Fig 2)
- Anti-CD98 antibodies as well as antibodies to three other erythrocyte membrane proteins -CD240DCE, CD99 and CD147 were added
- Anti-CD98 antibodies significantly annulled the entry of *P. vivax* merozoites into CD71+ reticulocytes with high levels of inhibition (~70%) while the other antibodies had little to no effect on invasion efficiency.

Figure 2: *P. vivax* invasion inhibition assay using monoclonal and polyclonal antibodies with anti-DARC antibody as inhibition positive control

2B. Identification of PvRBP2a and CD98 as Binding Partners

- PvRBP2a and CD98 were both **co-immunoprecipitated** (Fig 3)
- This shows that **PvRBP2a and CD98 are direct binding partners**
- Direct binding interactions were further confirmed through **ELISA-based binding assays and bilayer interferometry**

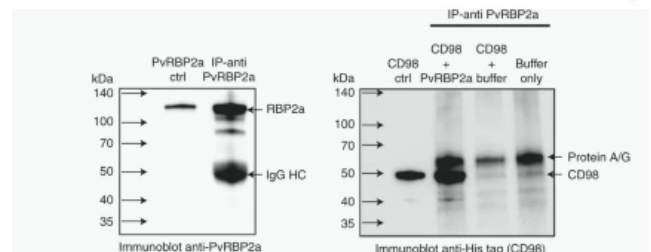


Figure 3: Successful immunoprecipitation of PvRBP2a (lane 2 on left) and CD98 (lane 2 on right)

CONCLUSION

- CD98 was identified as an additional reticulocyte-specific host receptor that is directly associated with *P. vivax* reticulocyte tropism
- PvRBP2a was identified as the ligand on *P. vivax* which bound to CD98**

DISCUSSION AND APPLICATIONS

- Identification of reticulocyte-specific receptor-ligand pairs can aid **development of continuous in vitro cultures** of *P. vivax* for research
- Given that PvRBP2a can induce strong immunoglobulin G response, it would be useful in **future vaccine research, with the aim of eventually eradicating Malaria**

REFERENCES

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