



Review

Tuberculosis vaccine candidates based on mycobacterial cell envelope components

M.E. Sarmiento^{a,1}, N. Alvarez^{b,1}, K.L. Chin^c, F. Bigi^d, Y. Tirado^e, M.A. García^e, F.Z. Anis^a, M.N. Norazmi^{a,**}, A. Acosta^{a,*}

^a School of Health Sciences (PPSK), Universiti Sains Malaysia (USM), 16150 Kubang Kerian, Kelantan, Malaysia

^b Rutgers New Jersey Medical School, Public Health Research Institute, Newark, NJ, USA

^c Department of Biomedical Sciences and Therapeutic, Faculty of Medicine and Health Sciences (FPSK), Universiti Malaysia Sabah (UMS), Sabah, Malaysia

^d Institute of Biotechnology, INTA, Buenos Aires, Argentina

^e Finlay Institute of Vaccines, La Habana, Cuba

ARTICLE INFO

Keywords:

Vesicles

Cell wall

Membrane

Vaccines

Mycobacterium tuberculosis

ABSTRACT

Even after decades searching for a new and more effective vaccine against tuberculosis, the scientific community is still pursuing this goal due to the complexity of its causative agent, *Mycobacterium tuberculosis* (Mtb). Mtb is a microorganism with a robust variety of survival mechanisms that allow it to remain in the host for years. The structure and nature of the Mtb envelope play a leading role in its resistance and survival. Mtb has a perfect machinery that allows it to modulate the immune response in its favor and to adapt to the host's environmental conditions in order to remain alive until the moment to reactivate its normal growing state. Mtb cell envelope protein, carbohydrate and lipid components have been the subject of interest for developing new vaccines because most of them are responsible for the pathogenicity and virulence of the bacteria. Many indirect evidences, mainly derived from the use of monoclonal antibodies, support the potential protective role of Mtb envelope components. Subunit and DNA vaccines, lipid extracts, liposomes and membrane vesicle formulations are some examples of technologies used, with encouraging results, to evaluate the potential of these antigens in the protective response against Mtb.

1. Introduction

Despite establishing *Mycobacterium tuberculosis* (Mtb) as the causative agent for tuberculosis (TB) and the availability of a live vaccine for its prevention since the beginning of the past century, the disease continues to claim more than a million lives each year [1,2].

Bacille Calmette Guerin (BCG), the current vaccine against TB protects against military and meningeal TB in children but its protection against pulmonary TB (PTB) in adults is questionable. The pulmonary form of the disease is the most common form and is primarily responsible for disease transmission [3–5]. BCG generally show high and consistent efficacy in the developed world, but in contrast, its effect in developing countries has been far from successful [3–5].

Mtb uses diverse strategies to survive in a variety of host environments and to evade the host's immune response (IR) [2]. The nature of Mtb envelope confers to the bacilli strong resistance to degradation by

host enzymes, impermeability to toxic macromolecules and extreme hydrophobicity [6,7]. Molecules expressed on the mycobacterial cell envelope (CE) mediate the interactions between Mtb and the host, its recognition by host cell receptors is crucial to influence the type of the ensuing innate immune response, which will in turn determine the subsequent specific immune response against the bacteria [6,7].

Considering the relevant role of the CE in the infection process and its outcome, the use of its components as adjuvants and/or targets for vaccine development has dominated the efforts for the development of new generation vaccines against TB [8]. In this review, we will discuss on Mtb CE components (CEC) and their potential for the development of new vaccine candidates (VCs).

2. Mtb CE. Structural organization and components

Mtb CE is a complex structure, formed by three main layers: 1)

* Corresponding author.

** Corresponding author.

E-mail addresses: norazmi@usm.my (M.N. Norazmi), armando@usm.my (A. Acosta).

¹ Sarmiento ME and Alvarez N contribute equally to this article.

capsule, 2) cell wall (CW) and, 3) plasmatic membrane [9].

About 40% of the CE dry mass is represented by lipids [10], and 90% of the subclasses of mycobacterial lipids are molecularly distinct from humans and other prokaryotes [7,11]. This unique CE composition and organization is believed to render mycobacteria less susceptible than other bacterial pathogens to various antibiotic classes, and provide protection against oxidative radicals and desiccation resistance, in addition to the possibility to manipulate the host immune system [12–14].

2.1. Capsule

Mtb capsule is an external carbohydrate-enriched layer that contains proteins, polysaccharides and low quantity of lipids [9]. It confers protection to mycobacteria against several external factors, such as antimicrobial agents, and has a direct interaction with the elements of the IR [6,7,9–15]. The proteins embedded in the capsule are involved in the synthesis and maintenance of the CE, and together with some of the capsular glycans, are responsible for adhesion, penetration, infection and survival of mycobacteria in the host cells [16]. The capsule also serves as a passive barrier by impeding the diffusion of macromolecules towards the inner parts of the envelope [16]. Additionally, secreted enzymes are identified which are potentially associated with the detoxification of reactive oxygen intermediates such as catalase/peroxidase and superoxide dismutase, related with the active resistance of the mycobacteria to the host's microbicidal mechanisms [16]. In addition, some toxic lipids, lytic substances and capsular constituents causes immunopathology during Mtb infection by inhibiting both macrophage-priming and lymphoproliferation [16].

Stokes and colleagues demonstrated that the capsule of the Mtb family members could limit the interaction of the bacteria with macrophages in the absence of serum opsonins, thereby reducing and/or regulating the uptake of bacteria by the phagocytes [17]. A previous study with a Mtb strain mutated in the polyketide synthase gene *msl3* with deficit in lipoglycans diacyltrehalose and polyacyltrehalose, showed alteration in the attachment of the capsule of the mutant [18].

Two of the most abundant components of the Mtb capsule are the 19-kDa glycoprotein and the antigen 85 complex [19]. The 19-kDa secreted lipoglycoprotein (Rv3763; LpqH) is an abundantly expressed CE-associated and secreted glycolipoprotein [20]. Henao-Tamayo et al., showed that the 19-kDa lipoprotein is essential for the replication of Mtb in the lungs of normal and immunocompromised mice in an aerosol infection model, while mutant Mtb, which lacks the protein, allows the bacilli to persist as a low-grade chronic infection [21]. On the other hand, the Ag85 complex which includes three proteins: Ag85A (31-kDa), Ag85B or α -antigen (30-kDa), and Ag85C (31.5-kDa), represent the most common Mtb proteins secreted into culture fluids [22]. The role of the Ag85 complex in the pathogenesis and virulence of Mtb is widely studied and the main described mechanisms include binding to fibronectin and inhibition of phagosome maturation in macrophages [22].

2.2. Cell wall

Mtb CW is different from other prokaryotes as it is composed of two segments, i.e. upper (outer membrane) and lower (CW core). The lower segment functions as a central axis, integrated by peptidoglycans covalently attached to arabinogalactan via phosphoryl-N-acetyl-glucosaminosyl-rhamnosyl linkage, which in turn esterified to mycolic acids (α -alkyl, β -hydroxy long chain fatty acids) and formed mycolyl arabinogalactan-peptidoglycan (mAGP), better known as the CW core [6]. While the upper segment (outer membrane) comprises free lipids, proteins, phosphatidylinositol mannosides (PIMs), phthiocerol-containing lipids, lipomannan (LM) and lipoarabinomannan (LAM) [6], which is the major component of the outer membrane [23,24].

Previous studies showed that PIMs, LM and LAM have potent

immunomodulatory and immunopathogenic activities during mycobacterial phagocytosis, macrophage activation and macrophage microbicidal mechanisms via regulation of cytokine production and secretion. Due to its high solubility, these lipids and proteins are important molecules for signaling during disease, while the insoluble CW core is important to maintain cell viability and a robust basal structure supporting the outer “myco-membrane” (outer membrane) [6,25]. This outer membrane is especially hydrophobic since it is rich in mycolic acids, phospholipids and cord-factor [12]. The so-called “cord-factors” are the best-known mycolic acids esters in mycobacteria, principally trehalose-6,6-dimycolate (TDM) and trehalose monomycolate (TMM) [26].

TDM is the most abundant lipid released by Mtb, which have multiple functions in the pathogenesis of primary, secondary and cavitary TB [27]. In primary TB, TDM interacts with lipids within granulomas to form caseating granulomas and in secondary TB, the accumulation of mycobacterial Ags and host lipids in alveoli promotes the activation of toxicity and antigenicity of TDM which rapidly leads to caseation necrosis and formation of cavities [27]. TDM hinder the elicitation of an effective IR through the promotion of a detrimental pro-inflammatory cytokine production, the persistence of the mycobacteria inside macrophages and retarding the phagosome maturation [21]. Phthiocerol dimycocerosates (PDIMs) are the most abundant mycobacterial lipids, which is non-covalently attached to the CW skeleton [10]. They are the only non-amphipathic lipids produced by this organism and they play an important structural role in providing a stable base for insertion of other lipids [10]. They could also act as a fluidity modifier, modulating the CW viscosity [28]. Thus, PDIMs may affect the organization of the host membrane which favor receptor-mediated-phagocytosis of Mtb and prevent the phagosomal acidification which enable Mtb to survive in a protective niche [29]. The escape of Mtb from the phagosome has been postulated to be linked to the presence of PDIMs which induce cell necrosis and Mtb dissemination [30]. Across the CW there are embedded proteins which are abundantly expressed in Mtb and associated with the other components of this structure, e.g. the 19 kDa lipoprotein and 71 kDa protein which have been studied as potential VCs for TB [8,31]. Overall, the unusually high mycolic acid content, together with a variety of cell surface polysaccharides and other intercalated lipids such as sulfolipids (SLs) contribute to the wall's limited permeability, it's virulence and resistance to therapeutic agents [7,28].

The CW of Mtb is a well-equipped frame that protects this pathogen from unfavorable environments [32]. Peptidoglycan is a complex polymer described as essential component of the bacterial CW [33]. Recently, the role of two enzymes, RodA and PbpA, which are required for the structural shape of Mtb peptidoglycan were elucidated [33]. Both enzymes are required for regulating cell length, without affecting mycobacterial growth and in the guinea pig infection model, RodA and PbpA are also essential for bacterial survival and formation of granuloma, suggesting that these proteins may be involved in virulence and as a consequence, in the survival of Mtb inside the host [33].

Mtb is a pathogen characterized by the export of large quantities of proteins during its growing process. One of the major extracellular proteins is the glutamine synthetase, an enzyme related with the presence of a poly-L-glutamate component in the CW [34]. Since poly-L-glutamate is absent in non-pathogenic mycobacteria [35], the presence of glutamine synthetase has been suggested to be important in mycobacterial virulence. [34].

The α/β hydrolases constitute a powerful family of enzymes in Mtb associated with lipid metabolism, with their key role in the biosynthesis and maintenance of the pathogen's CE. They have also been associated with Mtb evasion and modulation of the host IR, as well as, with mycobacterial growth, response to hostile environments and latency [36]. A cholesterol ring-cleaving hydrolase, IpdAB, is an important virulence factor implicated in Mtb pathogenesis [37] since the virulence and persistence of this pathogen is related to its ability to degrade host-derived lipids, including cholesterol [37]. IpdAB is also essential for

Mtb growth in macrophages based on transposon mapping [38] and through using deletion mutants of the enzyme [39].

LytR-CpsA-Psr (LCP) is a protein domain with an important role on bacterial CW synthesis, specifically related to the transference of arabinogalactan to peptidoglycan. In a previous study using single mutants in the genes encoding these Mtb proteins, it was demonstrated that these genes are important for mycobacterial growth and antibiotic susceptibility [40].

Hydrolase Important for Pathogenesis-1 (Hip1) is another CW related protein with an important function on Mtb virulence [41]. The catalytic activity of Hip1 on the host IR was demonstrated using a Hip1-knockout strain, which induced an increased proinflammatory response in both macrophages and neutrophils compared to the wild type [42].

2.3. Plasmatic membrane

Plasmatic membrane, also known as cytoplasmic membrane, is composed of a phospholipid bilayer containing cardiolipin, phosphatidylethanolamine and phosphatidylinositol, which is similar to the rest of prokaryotes. However, in mycobacteria the phospholipid derivatives are highly glycosylated [9]. Mtb can be distinguished by a genus-specific, C19 fatty acid, known as tuberculostearic acid [15]. It appears that the mycobacterial plasmatic membrane plays a limited role in pathogenicity and its main function is maintenance of the influx-efflux equilibrium [11,16].

3. Role of Mtb CE in virulence

Mtb CEC constitute the major determinants of mycobacterial virulence. Being present at the interface between the microorganism and the host, the components of the mycobacterial CE are responsible in targeting host–pathogen interactions [43]. The expression of genetic determinants involved in the interaction between the microorganism and the host, have been demonstrated to influence the ability of a bacterial pathogen to survive inside the host [44]. This mechanism results in the possibility of pathogens to resist physiological and environmental stress [44]. The virulence of Mtb also depends on the genes responsible for the processes of biosynthesis, degradation and transport of the CE [45].

There are many virulence factors which have evolved in the Mtb complex members as a response to the IR [45]. The CE contains unique lipids and glycolipids that render extreme hydrophobicity to the outer surface. These lipids which include mycolic acids, phosphatidyl inositol mannosides, PDIMs and lipoglycans such as LM and LAM play important roles in maintaining integrity of the CE and are involved in the pathogenicity of mycobacteria [46,47].

Mycolic acids are the hallmark of the CE of Mtb which create a special lipid barrier with their perpendicular orientation relative to the plane of the membrane [6]. These components affect the permeability of the CE and the ability of Mtb to form biofilms [48]. Furthermore, it is essential for the survival of mycobacteria and promote the pathogenicity during infection [49]. Different studies have reported that the disruption of the mycolic acids synthesis pathway or alteration of their structure, affect the virulence of mycobacteria [50].

LAM is a major virulence factor associated with Mtb since it allows the mycobacteria to survive in the host cell environment by altering host resistance and IR [51]. LAM inhibits phagosomal maturation in the host cell and contributes to the inhibition of macrophage functions [52–55].

TDM or cord factor is another virulence factor produced abundantly in virulent strains of Mtb [27,56,57]. TDM blocks the phagosome-lysosome fusion and migration of polymorphonuclear neutrophils [27,56,57]. It contributes to the maintenance of the granulomatous response and the long term survival of Mtb in host cells [27,56,57]. Accumulation of TDM causes weight loss in the host, resulting in the condition known as cachexia [58]. The cyclopropane modification of

TDM in virulent Mtb strains increase the inflammatory activity upon Mtb recognition by effectors of the innate IR, promoting the Mtb virulence through the manipulation of immune activation [59].

Previous studies showed that PDIM of Mtb are involved in macrophage invasion, inducing changes in the organization of plasma membrane lipids [6,29,30]. Regarding other components of the Mtb CE, the production of phenolic glycolipids in Mtb is associated with the hyper-virulent phenotype displayed by a subset of Mtb isolates. There is also a clear correlation between the presence of sulfolipids in Mtb isolates and virulence in guinea pigs [60,61].

4. Indirect evidences of the protective role of Mtb CEC

Studies with polyclonal (pAbs) and monoclonal antibodies (mAbs), which challenged the traditional dogma of the exclusive role of cellular immunity in the defense against Mtb, had been very important in providing indirect evidence of the potential role of Mtb CEC in the protection against Mtb [62].

The first study describing a beneficial effect of the administration of mAbs directed to mycobacterial CEC on the course of Mtb infection was conducted with the mAb 9d8 (IgG3) that recognizes AM exclusively [63]. This mAb, increased the survival of intratracheally-infected mice when the Mtb Erdman strain was pre-coated with it. In this study, the positive effect on survival was associated with an enhanced granulomatous response in the lungs as compared to controls receiving an isotype-specific non-related mAb [63].

Another mAb, MBS43 (IgG2b) directed to MPB83, a surface lipoglycoprotein, prolonged the survival of intravenously infected mice associated with reduced granuloma size and decreased necrosis in the lung [64].

Enhanced survival has also been observed in experiments using the mAb SMITB14 (IgG1) directed against the AM portion of LAM. Passive immunization of BALB/c mice with SMITB14 and its corresponding F(ab) have been shown to provide protection against Mtb infection in BALB/c mice, as determined by dose-dependent reduction in bacterial load in lungs and spleens, reduced weight loss and increased long-term survival [65].

In another study, mice receiving intravenous mAb 5c11 (IgM), that recognizes other mycobacterial arabinose-containing carbohydrates in addition to AM, prior to mannosylated lipoarabinomannan (ManLAM) administration, showed a significant clearance of ManLAM and redirection of this Mtb product to the hepatobiliary system [66]. This study provided evidence that Abs can affect the fate of free mycobacterial polysaccharides. In addition, it was suggested that the liver and bile salts may have a role in the defense against mycobacterial infection, especially in the presence of specific Abs [66].

Heparin-binding haemagglutinin (HBHA) is a surface exposed protein which has been involved in mycobacterial dissemination [67]. Two mAbs against HBHA: 3921E4 (IgG2a), and 4057D2 (IgG3), were used to coat mycobacteria before administration to mice. In mice receiving mycobacteria pre-coated with either mAb, spleen CFUs were reduced while lung CFUs were comparable to those of control [67]. These results suggested that anti-HBHA Abs interfered with mycobacterial dissemination.

The Mtb 16 kDa protein (also called Acr antigen or HspX) has been identified as a major membrane protein and its expression is increased in Mtb growing inside infected macrophages [68–70]. IgA mAbs against this protein reached the respiratory fluids after its administration by different routes [71]. Intranasal administration of mAb TBA61 (IgA), directed against 16-kDa antigen of Mtb resulted in lung CFU reduction 9 days after intranasal or aerosol challenge with Mtb [72]. These results suggested that Abs could affect the early stages of infection. In another series of studies, López and colleagues evaluated the efficacy of TBA61 in the control of pulmonary infection [73]. Using an intratracheal model of pulmonary infection with Mtb H37Rv, they evaluated bacterial load and morphometric and histological changes in the lungs of

infected mice treated with the mAb [73]. The results showed a significant reduction in bacterial load and morphometric and histopathological changes in lungs of mice treated with TBA61, compared to control groups. The reduction of CFU in lungs of the treated group was associated with a better organization of the granulomas and less pneumonic area [73].

Balu and colleagues evaluated the properties of a new human mAb recognizing the 16 kDa protein [74]. The mAb 2E9 (IgA1) was constructed using a single-chain variable fragment clone selected from an Ab phage library [74]. The intranasal co-inoculation of 2E9 (IgA1) with recombinant murine IFN- γ significantly inhibited lung infection in transgenic mice for human myeloid IgA Fc receptor, CD89 [74]. Inhibition of the infection by the Ab was synergistic with human rIFN- γ in cultures of purified human monocytes [74]. This study demonstrated the feasibility of generating human mAbs to mycobacterial Ags, and their efficacy in mouse models adapted to human immune system [74].

In other experiments, the coating of Mtb with human IgG and secretory IgA formulations inhibited the infection in mouse models of progressive TB, which suggest that human Abs, directed to CEC are associated with protection against Mtb [75,76].

The administration to mice of pAbs derived from healthy humans highly exposed to Mtb afforded protection in a Mtb challenge model in mice with the protection being associated with the presence of Abs against the CE [77]. Administration of a commercial human IgG formulation pre-incubated with Mtb, abrogated the initial protection afforded by this formulation, suggesting an important role of Abs in Mtb protection [76].

These experimental evidences suggest a role of Abs in the defense against TB and the importance to consider the potential of mycobacterial CEC to elicit protective Ab responses in TB vaccine development.

5. TB VCs based on mycobacterial CEC

CEC have been used in TB vaccine development as adjuvants, and/or vaccine immunogens, although it is not always possible to establish a clear-cut distinction of these activities due to the overlapping effects of the components in several VCs. In the following sections, we will discuss the use of different CEC as adjuvants and vaccine immunogens.

5.1. Mycobacterial CEC as adjuvants

Vaccines based on individual proteins or fusion proteins are attractive alternatives because they are safe and produce little or no adverse effects. However, with few exceptions, proteins themselves are not detected as signs of danger and therefore do not induce IR in their first encounter with the host. To induce an IR, protein vaccines require pathogen-associated molecular patterns (PAMPs), which are small molecular structures found mainly in microorganisms like bacteria and viruses. The recognition of PAMPs through the pattern recognition receptors (PRR) triggers the induction of innate responses that finally lead to the specific adaptive IR against protein vaccines.

The immune properties of the lipid PAMPs present in the CE of mycobacteria have been extensively investigated. The early studies of Ribí et al. [78] and other studies [79,80] demonstrated the adjuvant capacity of polar and apolar mycobacterial CW extracts in different vaccine formulations against TB and other diseases [81,82], including cancer [83,84]. Further studies have shown that lipids present in the CE of mycobacteria are powerful adjuvant for Th1 IR when delivered as liposomes and that these lipids can improve the protection against TB by themselves [85] or in a formulation with a subunit vaccine [86].

LMs, LAMs, ManLAM, lipoproteins, PDIMs, mycolic acids (MAs) and

mycolate esters are among the most important PAMPs on the mycobacterial CE. In recent years, much progress has been made in elucidating the immune molecular mechanisms triggered by mycobacterial glycolipids and the host cellular receptors involved in these processes [87]. However, a few studies have demonstrated the contribution of these glycolipids (or their derivatives) to the protection against Mtb in animal models, when formulated with subunit vaccines.

Below, we describe examples that have been reported on the use of mycobacterial CEC as adjuvants of TB subunit VCs in Mtb-challenge experiments.

5.1.1. Monomycoloyl glycerol (MMG)

The study of Andersen et al. has demonstrated that immunization of mice with Ag85B/ESAT-6 adjuvanted with N,N-dimethyl-N,N-dioctadecylammonium bromide (DDA) liposomes in combination with MMG or synthetic analogues induced a Th1-biased IR that provided significant protection against TB at levels comparable to the protective immunity induced by BCG vaccination [88].

5.1.2. TDM

TDM is one of the most potent immunostimulatory molecules on the mycobacterial CE; this glycolipid formulated with either protein Ags or DNA vaccines has shown powerful adjuvant properties.

The study of de Paula et al., has shown that a single dose of co-encapsulated DNA_{hsp65} and TDM into biodegradable poly (DL-lactide-co-glycolide) (PLGA) microspheres reduced the bacterial burden of Mtb in mice and guinea pigs as efficiently as three doses of naked DNA_{hsp65} [89]. However, this vaccination scheme did not exceed the protection conferred by BCG. Conversely, boosting BCG-vaccinated mice with DNA_{hsp65} coencapsulated with TDM in microspheres reduced the bacterial burden in lungs 70 days post Mtb challenge compared to vaccination with BCG alone [90].

Mtb10.4-HspX fusion antigen adjuvanted with DDA and TDM induced antigen-specific humoral and cell-mediated immunity. When used as a booster to BCG, this formulation slightly improved the protection conferred by BCG alone against Mtb challenge in mice [91].

Similarly, Decout et al. found that vaccination of mice with Ag85A and TDM incorporated in DDA liposomes induced strong Th1 and Th17 IRs and conferred protection against Mtb infection [92].

The toxicity of TDM restricts its use as adjuvant for vaccines. Unlike TDM, trehalose dibehenate (TDB), a structural analogue of TDM, in which simpler fatty acids replace the complex mycolic acids, has an acceptable toxicity. Several studies have demonstrated that TDB formulated in cationic liposomes with DDA (formulation called CAF01) and with a fusion protein Ag85B-ESAT-6 or ESAT-6 as single protein induced strong Th1 and Th17 responses and protection against Mtb infection in mice at levels comparable to the protective immunity induced by BCG vaccination [93–95].

The adjuvant properties of CAF01 and two other liposomal adjuvants: Cationic CAF04 (DDA/MMG), and CAF05 [DDA/TDB in/poly (I:C)] have been tested in combination with the fusion protein H56 (Ag85B-ESAT6-Rv2660c) in non-human primates. The results of this study have shown that immunization with formulations of H56 in all adjuvants (used as BCG-boosters) resulted in better survival of the monkeys infected with Mtb and better protection readouts compared to BCG alone, albeit at non-significant levels [96].

5.1.3. Glucose monomycolate

The study of Decout et al., has demonstrated that glucose and mannose esterified at O-6 by a synthetic α -ramified 32-carbon fatty acid are agonists of the C-type lectin receptor Mincle with similar adjuvant activity to that of TDM. One of these structurally simple synthetic

Mincle ligands, GlcC14C18, has been shown to be less toxic than TDB on the host cells. This adjuvant induced protective immunity in a mouse model of Mtb infection when incorporated in DDA and inoculated with Ag85A to a similar extent to that afforded by vaccination with Ag85A/DDA/TDB [92].

5.1.4. Arabinomannan (AM)

The portion of AM of LAM has been used as adjuvant in different vaccine formulations. When AM linked to Ag85B was conjugated in Eurocine™ L3 adjuvant emulsion or in Alum, the resulting conjugates showed good protective efficacy against Mtb challenge in guinea pigs and mice, respectively. However, the protection afforded by these conjugate vaccines in mice was less efficient than BCG vaccination [97]. An AM-tetanus toxoid conjugate (AM-TT), formulated in Eurocine™ L3 adjuvant, was used as intranasal boost to BCG. The bacterial loads in the spleens of Mtb-challenged animals were reduced in boosted animals compared to non-boosted animals. This finding suggests a direct contribution of AM to the protective efficacy of the conjugate vaccine. However, lung protection against Mtb infection was not improved in boosted animals [98].

Finally, Prados-Rosales et al.; have used the native capsular AM in vaccine formulations against tuberculosis infection of mice. They found that vaccination with capsular AM-Ag85b conjugate increased the survival of Mtb infected animals when compared to non-vaccinated or Ag85b-immunized mice. The survival of AM-Ag85b-vaccinated mice was similar to that of BCG-vaccinated animals but the bacterial counts in the lungs and spleen of mice after Mtb challenge was similar between the three groups [99]. Interestingly, the authors of this study used passive immunization of naïve mice with sera from AM-Ag85b vaccinated animals to demonstrate that the protection mechanism induced by AM-Ag85b was antibody (Ab) mediated. They propose that specific Abs to both AM and Ag85b contributed to control bacterial dissemination. This observation is consistent with the modest protection conferred by AM-conjugates linked to Mtb unrelated proteins, such as TT [see above [98]] and PA from *Bacillus anthracis* [99].

5.1.5. Phosphatidylinositol di-mannoside (PIM2)

PIM2 and its derivatives have been formulated with the fusion protein Ag85A-ESAT-6 and tested as anti-bovine TB vaccines in a mouse model. Vaccination of mice with Ag85A-ESAT-6 + PIM2 or BCG conferred a significant reduction in the bacterial load in lungs compared to that for the PBS control, but only BCG vaccination resulted in a significant reduction in the mean spleen bacterial count. Other PIM2 derivatives were not shown to improve the protection induced by the fusion protein Ag85A-ESAT-6 alone. In fact, PIM2ME, a monoether derivative of PIM2, appeared to have a detrimental effect in the control of bacterial replication in lungs and spleen of vaccinated and

Mycobacterium bovis (Mbo) infected mice [100]. Larrouy-Maumus et al., assayed the adjuvant properties of mycobacterial lipids formulating PIM2 and diacylated sulfoglycolipids (Ac2SGL) in liposomes made of DDA and TDB and used them as vaccines against Mtb in guinea pigs. The results showed that lipid VCs induced reduction of bacterial counts in spleen but not in lungs when compared to the unvaccinated group. However, vaccinated animals showed less pathology and also less lung necrosis [101].

Wedlock et al., used culture filtrate proteins (CFPs) from Mbo with different lipid formulations in DDA as boosts of BCG vaccination in cattle. In this study, PIM2 did not improve the protection induced by BCG alone in Mbo-challenged cattle. Remarkably, only the synthetic lipopeptide and the TLR2 agonist, Pam3Cys-SK4K4, formulated in DDA with CFPs conferred better protection compared to BCG alone [102].

5.1.6. Poly- α -L-glutamine

(PLG) are glutamine-rich self-assembling peptides that are associated with the peptidoglycan layer of mycobacteria through non-covalent interactions. The adjuvant power of these peptides has been recently assessed. PLG improved the protective efficacy of ESAT-6 alone in a mouse model of TB, thus reaching to a protection level equivalent to that conferred by BCG vaccination [103].

5.2. Mycobacterial CEC as immunogens

Vaccines obtained from/or containing CEC can be classified according to the platform strategy: either as subunits, DNA, Mtb Ags expressed in attenuated vectors, CE extracts and natural and artificial membrane vesicles (MVs) (Tables 1–5).

5.2.1. Subunits

Considering the potential for protection of the Ab responses against CE carbohydrates, and the growing evidence of the importance of the lipid components in the elicitation of potent T cell responses against mycobacterial lipids, the breadth of the evaluated VCs as subunits has been expanded beyond the classical protein-based vaccine targets including carbohydrate and lipid components (Table 1) [63,65,104–107].

Various subunit VCs have been evaluated using different adjuvant and delivery systems, as isolated components or as cocktails or fusion proteins, as multi-stage constructions covering different stages of the infection, administered by different routes and in prime-boost regimes, combined with BCG or with other VCs (Table 1).

In general, the VCs evaluated showed good potential as TB vaccines inducing good immunogenic responses and protection against Mtb or Mbo in animal models, some of them are at the advanced stages of clinical evaluation (Table 1).

Table 1
Subunit YCs developed from Mtb CEC.

Vaccine candidates (VC)		Subunit YCs developed from Mtb CEC				Comments			Ref
Model	Route	Adjuvant	Prime	Boost	Challenge	Protect Y/N			
Proteins									
Ag16 kDa	O/IN	Starch microparticles	VC	VCx2	No	-	H&C-IR	[108]	
Ag16 kDa-ExsS in PLGA	SC	DOTAP	VC	VC	No	-	H&C-IR	[109]	
Ag27 kDa	SC	Ribi or DDA	BCG	VC	Mtb-IV	N-CFU	Strong Th1 (with BCG/Mtb-Ags)	[110]	
Ag85A	ID	CAF01 or TDB synthetic analogues + DDA	VC	VCx2	Mtb-IN	Y-CFU	H&C-IR. Protec (+ potent: synthetic analogues)	[92]	
Ag85B	IN	CPG	BCG	VC	BCG-AER	Y-CFU	Presence of dendritic in BAL.	[111]	
Ag85A-Ag85B	IN/SC	DDA	VC	VC	Mtb-IN	Y-CFU	Mucosal. H&C-IR cells.	[112]	
Ag85A-ESAT6	SC	Synthetic PIM2+ oil + water (Emulsigen™)	VC	VCx2	Mbo-AER	Y-CFU	H&C-IR	[100]	
Ag85A-Ag85B-CFP20.5-CFP25-CFP32	SC	DDA-MPL	VC	VC	Mtb	Y-CFU	H&C-IR	[113]	
Ag85B-ESAT6 (H1)	O/SC	DDA-MPL	VC-O/SC	VC-O/SC	Mtb-AER	Y-CFU	C-IR. Oral: no priming effect.	[114]	
	SC	MPL, CT, LT	VC	VCx2	Mtb-AER	Y-CFU	H&C-IR	[86]	
	SC	BCG lipids in cationic liposomes	VC	VCx2	Mtb-AER	Y-CFU	LT-Protec > BCG		
	IN	PLG	BCG	VC	Mtb-AER	Y-CFU & S	Protect = BCG	[103]	
	SC	MMG in cationic liposomes	VC	VCx2	Mtb-AER	Y-CFU	C-IR	[115]	
	SC	CAF01	VC	VCx2	Mtb-AER	Y-CFU	Protect = BCG	[88]	
	IM	CAF01 & Bioneddles	VC	VCx2	Mtb-AER	Y-CFU	C-IR. LT-Protec.	[93]	
	SC	IC31 or Alum	VC	VCx2	Mtb-AER	Y-CFU	C-IR. Protec = BCG	[94]	
	SC	DDA-MPL or TDB	VC	VC	BCG-IV	Y-CFU	C-IR.	[116]	
	IM	DDA-MPL or ASO2A	VC	VC	Mtb-AER	Y-S	C-IR.	[117]	
	IM	IC31	VC	VC	Mtb-IT	Y-CFU	H&C-IR	[118]	
	IM	IC31	VC	VC	No	-	C-IR. AT	[119]	
	IM	CAF01	VC	VC	No	-	H&C-IR. AT	[120]	
	IM	IC31	VC	VC	No	-	C-IR. AT	[121]	
	IM	IC31	VC	VC	No	-	Phase II. C-IR (Th1). AT	[122]	
	IM	IC31	BCG	VC	No	-	Phase II. C-IR. AT	[123]	
	SC	CAF01	VC/Ad	Ad/VC	Mtb-AER	Y-CFU	C-IR.	[124]	
	SC	IC31	VC	VC	Mtb-AER	Y-CFU	Dose dependent induction Th1.	[125]	
	SC	IC31	BCG	VC	Mtb-AER	Y-CFU	C-IR	[126]	
	IM	IC31	BCG	VC	No	-	C-IR. AS.	[127]	
	IM	IC31	BCG	VC	No	-	Phase I. C-IR. AS&T.	[128]	
	IM	IC31	BCG	BCG/VC	No	-	Phase II. Prevention QFT conversion. AS&T	[129]	
	SC	CAF01	BCG	VC	Mtb-AER	Y-CFU	C-IR. Protec (pre & post exposure)	[130]	
	IM	IC31	BCG	VC	Mtb-IT	Y-S	C-IR. Protec (pre & post exposure)	[131]	
	IM	CAF01, CAF04, CAF05, IC31	BCG	VC	Mtb-IT	Y-S	C-IR	[96]	
	IM	IC31	BCG	VC	No	-	H&C-IT. AS&T.	[132]	
	SC	CAF01	VC	VC/MVA28	Mtb-AER	Y-CFU	C-IR. Protec > BCG (VC7VC)	[133]	
	IM	IC31	BCG	VC/MVA28	Mtb-AER	Y-S	C-IR. Protec (with both schemes)	[133]	
	SC	DDA-BCG PSN	BCG	VC	Mtb-IV	Y-CFU	H&C-IR. Protec > BCG	[134]	
	SC	DDA-PSN	VC/BCG	VCx2	Mtb-IV	Y-CFU	Combined vaccines (as BCG-booster)	[135]	
	SC	CpG/Alum	VC	VCx2	No	-	H&C-IR	[136]	
	IM	CpG/Alum	BCG	VCx2	Mtb-SC	Y-CFU	-		
	SC	MPL/DDA	VC	VCx2	Mtb-IV	Y-CFU	-		
	SC	DDA/MPL/TDB (DMT)	VC	VC	Mtb-AER	Y-CFU	H&C-IR	[138]	
	SC	CAF01	VC	VCx2	Mtb-AER	Y-CFU	C-IR. LT-Protec (subdominant epitopes)	[95]	

(continued on next page)

Table 1 (continued)

Vaccine candidates (VC)		Subunit VCs developed from Mtb CFC				Comments			Ref
Model	Route	Adjuvant	Prime	Boost	Challenge	Protect Y/N			
EsxR	SC	MPL-TDM	BCG	VC	Mbo	Y-CFU	C-I-R	[139]	
HBHA	IN	CT	VC	VC	BCG-IN	Y-CFU	H&C-IR	[140]	
Mtb10.4-HspX	SC	TDM + DDA	BCG/VC	VCx4	Mtb-IT	Y-CFU	H&C-IR, Protec > BCG (as BCG-booster)	[141]	
Mtb72F	IM	ASO2A/ASO1B	BCG	VCx2	Mtb-IV	Y-CFU	Protec = BCG, H&C-IR	[91]	
	IM	ASO2A	VC	VCx2	Mtb-AER	Y-CFU	H&C-IR	[142]	
	SC	ASO2A/ASO1B	VC/BCG	VCx2	Mtb-AER	Y-S	H&C-IR	[143]	
	IM	ASO1A/ASO1B	BCG/VC	VCx3	Mtb-intratracheal	Y-CFU	H&C-IR	[144]	
	IM	ASO2A	BCG/VC	VCx2/3	Mtb-IT	Y-CFU & S	C-I-R, Protec > BCG	[145]	
	IM	ASO2A	VC	VCx2	No	-	Phase I, H&C-IR, AT	[146]	
	IM	ASO2A	VC	VCx2	No	-	Phase I/II, H&C-IR, AT	[147]	
	IM	ASO2A	VC	VCx3	No	-	Phase I, H&C-IR, AT	[148]	
	IM	ASO1/ASO2	VC (M72/M72F)	VC	No	-	Phase I/II, H&C-IR, Protec > BCG (M72-ASO1), AT	[149]	
PE20	IM	DDA/TDB	VC	VCx2	Mtb-AER	Y-CFU	H&C-IR	[150]	
Culture Filtrate Proteins (CFPs)	SC	DDA + MLP or synthetic PIM ₂ or Pam ₃ CSK ₄ with BCG	VC	VCx2	Mbo-IT	Y-CFU	Better results with Pam ₃ CSK ₄	[102]	
Carbohydrates									
AM (Arabinomannan)	SC/IN	TT/Eurocine TM L3	SC	IN	Mtb-IN	Y-S	C-I-R	[97]	
	SC/IN	TT/Eurocine TM L3	SC	IN	No	-	H&C-IR		
	IN	TT/Eurocine TM L3	BCG	VC	Mtb-IV	Y-CFU	C-I-R	[98]	
AM-Ag85B	SC	Alum	VC	VC	Mtb-IV	Y-S	-	[97]	
	SC	No	SC	IN	Mtb-AER	Y-CFU & S	-		
	SC	Alum	VC	VCx2	Mtb-AER	Y-CFU & S	H-IR Inhibit Mtb dissemination	[99]	
Lipids									
Ac2SGL + PIM ₂ (LipVac1)	IM	DDA + TDB (liposomes)	VC	VCx2	Mtb-AER	Y-CFU		[101]	
SL37 + PIM ₂ (LipVac2)		liposomes & lipid A	VC		Mtb	Y-S	H&C-IR	[151]	
PIMs	IV/IP		VC	VC	Mtb-IV	Y-S	-	[152]	
TDM (cord factor)	SC	IFA	VC	VC	Mtb-IV	Y-CFU & S	-	[153]	
TDM-MBSA									

Ac2SGL: Diacylated sulfolipids; **AER:** aerosol; **AM:** Arabinomannan; **AT:** Acceptable tolerability; **AS&T:** Acceptable Safety & tolerability; **BCG:** Bacille Calmete-Guerin. **BCG-Vac:** BCG-vaccinated; **C:** cellular; **CFU:** colony forming unit; **HHA:** human healthy adults; **HHAAd:** human healthy adolescents; **H:** humoral; **IM:** intramuscular. **IV:** intravenous; **IT:** intratracheal; **IP:** intraperitoneal; **IR:** immune response; **Inf-adult:** infected adults; **LT:** long term; **Mtb:** *Mycobacterium tuberculosis*; **M72:** point mutation of Mtb72F; **O:** oral; **Pam3CSK4:** synthetic lipopeptide; **PIMs:** Mannophosphoinositides; **PIG:** Poly- α -1-glutamine; **Protec:** Protection; **SC:** subcutaneous; **S:** survival. **TDB:** Trehalose-6,6-dibehenate; **TDM:** Trehalose-6,6-dimycolate (cord factor); **TDM-MBSA:** TDM methylated BSA; **TT:** tetanus toxoid; **VC:** Vaccine candidate; **Y/N:** yes/no.

5.2.2. DNA

DNA vaccines, with their capacity to elicit humoral and cellular Th1 IRs, including CD8⁺ cytotoxic responses have been considered obvious candidates for new generation TB vaccine development [154,155].

DNA VCs, containing CE Ags genes, with different adjuvants,

delivery systems and prime-boost schemes demonstrated good immunogenicity and protective capacity in different animal models (Table 2).

Table 2

DNA based vaccines.

Vaccine candidates (VC)	DNA based VC							Comments	Ref
	Model	Route	Adjuvant	Prime	Boost	Challenge	Protec (Y/N)		
19 kDa/Rv3763	Mouse	IM	No	VC	VCx2	Mtb-IV	N	H&C-IR	[156]
27 kDa	Mouse	IM	No	BCG	VCx2	Mtb-IV/BCG	N -CFU	Abrogates BCG Protec	[110]
Ag85A	Mouse	IM	PLG	VC	VCx2	Mtb-AER	Y-CFU	C-IR	[157]
	Mouse	SC	No	VC	VCx2	Mtb-AER	Y-CFU	C-IR	[158]
	Guinea pig	GG	IFA	VC	VC/Ag85A	Mtb-AER	Y-CFU	–	[159]
Ag85A (S. thyphimurium as delivery system)	Mouse	O/IN	No	VC	VCx2	Mtb-IV	Y-CFU	H&C-IR	[160]
Ag85B	Mouse	IM	Cardiotoxin	VC	VCx3	Mbo	Y-partial	H&C-IR	[161]
	Mouse	IM	–	VC	VC/BCG	Mtb-AER	Y-CFU	–	[162]
Ag85B-CFP10-CFP21	Mouse	IM	No	VC	VCx2	Mtb-IV	Y-CFU	H&C-IR.	[163]
Ag85B-MPT64-MPT83	Cattle c.	IM	No	VC	BCG	Mbo	Y-CFU	C-IR	[164]
	Mouse	IM	IL2 gene	VC	VCx2	Mtb-IV	Y-CFU	H&C-IR	[165]
	Cattle c.	IM	DDA	VC	VCx2	Mbo-IT	Y-CFU	H&C-IR	[166]
Ag85B-ESAT6-KatG-Rv1818c-MTB8.4-MTB12-MTB39A-MPT63-MPT64-MPT83	Mouse	IM	Fused to TPA/ubiquitin-Ub	VC	VCx2	Mtb-AER	Y-CFU & S	C-IR	[167]
Ag85A-ESAT6	Mouse	IM	No	VC	VC/BCG/attenuated Mb	Mbo-AER	Y-CFU	H&C-IR. Protec = BCG (with booster)	[168]
Ag85B-ESAT6	Mouse	IM	No	VC/BCG	VC	Mtb-AER	Y-CFU & S	C-IR-IR. Protec > BCG (as booster)	[169]
Ag85A-Ag85B-CFP10 ESAT6 (Tcell epitopes fused to HSP65)	Mouse	IM	No	VC	VC	Mtb	Y-CFU	H&C-IR. Protec = BCG	[170]
	Mouse	IM	No	VC	VCx3	BCG-IN	Y-CFU	H&C-IR	[171]
Ag85B-ESAT6-MPT83	Mouse	IM	DDA	VC	VCx2	Mtb-IV	Y-CFU	H&C-IR. Protec > BCG	[172]
Apa	Mouse	SC/IM	TDM + PLGA	BCG-SC	VC-IM	Mtb-IT	Y-CFU	Protec > BCG	[90]
Apa/Pro	Mouse	SC/IM	CMV-IE/ubiquitin	VC	VC	BCG-IV	Y-CFU	H&C-IR	[173]
	Guinea pig	ID		VC	–	No	–	H&C-IR	
ESAT6	Mouse	IM	No	VC/rBCG	VC/VCx2	No	–	C-IR	[174]
	Guinea pig	IM	No	VC/rBCG	VC/VCx2	Mtb-AER	N-CFU	No protec: VC. Abrogates protec (as booster of rBCG)	
ESAT6/16kDa/SodA	Mouse	IM	No	VC	VCx2	No	–	H&C-IR	[175]
	Guinea pig	IM	No	VC	VCx2	Mtb-SC	Y-CFU		
ESAT6-CFP10	Bull calves	IM	IFA + DNA:GM-CSF + DNA:CD80/CD86	VC	VC	No	–	H&C-IR. Best results with: VC + DNA:GM-CSF + DNA:CD80/CD86	[176]
	Calves	IM		VC/BCG VC + BCG	VC	Mbo-AER	Y-CFU	Best results with: BCG + VC + DNA:GM-CSF + DNA:CD80-CD86	
ESAT6/KatG/MPT64/HBHA HSP65	Mouse	IM	No	VC	VCx2	Mtb-AER	Y-CFU	H&C-IR	[177]
	Mouse	IM/GG	No	VC	VCx2	Mtb-IT	Y-CFU	H&C-IR. Protec:Y (IM): Protec: N (GG)	[178]
	Mouse/ Guinea pig	IM	TDM + PLGA	VC	–	Mtb-IT	Y-CFU	H&C-IR. Protec = BCG	[89]
	Mouse	IN/IM	No	BCG-IN/SC	VCx2	Mtb-IT	Y-CFU	C-IR. Protec > BCG (BCG-IN + VC)	[179]
Hsp65-Hsp70-Apa	Mouse	IM	No	VC	VCx3/BCG	Mbo-IV	Y-CFU	C-IR. Protec: (with BCG boost)	[180]
LppX (22 kDa)	Mouse	IM	No	VC	VCx2	Mtb-IV	N-CFU	H&C-IR	[181]
MPT64 fused to ubiquitin	Mouse	IM	No	VC	VCx2	Mtb-AER	Y-CFU	H&C-IR	[182]
MPB83	Mouse	IM	No	VC	VCx3	Mbo-IV	Y-CFU	H&C-IR	[183]
	Cattle c.	IM	No	VC	VCx2	No	–	C-IR	
MPB70/MPB83	Cattle	IM	No	VC	VCx2/Proteinx2	Mbo-IT	N-CFU	H&C-IR (after priming with protein)	[184]
Mtb72F	Mouse	IM	No	VC	VCx2	Mtb-AER	Y-CFU	H&C-IR	[142]
PstS1/PstS2/PstS3	Guinea pig	IM	No	VC	VCx2	Mtb-AER	Y-S	–	
	Mouse	IM	No	VC	VCx2	Mtb-IV	Y-CFU	H&C-IR. Protec (PstS3)	[185]

AER: aerosol; **BCG:** Bacille Calmete-Guerin; **Cattle c.:** Cattle calves C cellular; **CFU:** colony forming unit; **GG:** Gene-gun; **H:** humoral; **ID:** intradermal; **IFA:** incomplete Freund adjuvant; **IM:** intramuscular; **IN:** intranasal; **IR:** immune response; **IT:** intratracheal; **IV:** intravenous; **Mbo:** *Mycobacterium bovis* **Mtb:** *Mycobacterium tuberculosis*; **O:** oral; **Protec:** Protection.

S: survival; **SC:** subcutaneous; **Soda:** superoxide dismutase A; **VC:** Vaccine candidate; **Y/N:** yes/no.

5.2.3. *Mtb* CE-antigens expressed in attenuated vectors

The use of bacterial and viral vectors expressing heterologous Ags as new generation vaccines is one of the most important technological platforms due to their multiple advantages [186,187]. Expression of CE Ags and in various antigen combinations, either by themselves or combined with other VCs in prime-boost schedules, exemplify some of the candidates at the advanced stages of clinical evaluation (Table 3).

Table 3

TB VCs based on *Mtb* CE antigens expressed in attenuated vectors.

Vaccine candidate (VC)	Mtb CE antigens expressed in attenuated vectors						Comments	Ref
	Model	Route	Prime	Boost	Challenge	Protec (Y/N)		
Adenovirus (Ad)								
Ag85A	Mouse	IM/IN	VC-IM/IN	VCx2-IM/IN	Mtb-IN	Y-CFU	C-IR. Protec: IN	[188]
			VC-IM/IN	VCx3 = 2:IM; 1:IN/IM	Mtb-IN	Y-CFU	Protec: IN + IM better results	
	Mouse	IN/ID	BCG-	ChAd-MVA	Mtb-AER	Y-CFU	Protec: ChAd (IN) followed by MVA (ID/IN)	[189]
	Mouse	SC/IN	BCG	VCx2-IM/IN	Mtb-IN	Y-CFU	C-IR. Protec > BCG: IN	[190]
	Mouse	IM/IN	DNA-IM	VC-IN	Mtb-IN/AER	Y-CFU	Protec > BCG: IN	[188]
	Mouse/	IM/IN	VC	–	Mtb-IN	Y-CFU	C-IR. Protec: IN	[191]
	Guinea pig	IN/IM	BCG/VC	VC-IN/IM	Mtb-AER	Y-CFU & S	Protec > BCG: IN	[192]
	Calves	ID	BCG	VC	Mbo-IT	Y-CFU, pathology	C-IR. Protec > BCG	[193]
Ag85A-TB10.4	Mouse	IN/IM	VC	–	Mtb-IN	Y-CFU	C-IR. Protec > BCG	[194]
Ag85A-Ag85B-TB10.4	Mouse	IN/IM	VC	–	Mtb-IN	Y-CFU	C-IR	[195]
Ag85B	Mouse	ID/IN	DNA-ID	VC-IN	Mtb-AER	Y-CFU	C-IR	[196]
BCG								
16 kDa	Mouse	SC	VC	–	Mtb-IV	Y-CFU	H&C-IR	[197]
72f	C. monkey	ID	VC	VCx2	Mtb-IT	Y S	C-IR	[198]
Ag85A	C. monkey	ID	VC	–	Mtb-IT	Y-CFU	H&C-IR	[199]
Ag85B-16kDa	Mouse	SC	VC	–	Mtb-IN	Y-CFU	H&C-IR	[200]
Ag85B	Mouse	SC	VC	–	Mtb-IV	Y-CFU	H&C-IR	[197]
	Guinea pig	ID	VC	–	Mtb-AER	Y-CFU & S	C-IR	[201]
	HHA PPD-	ID	VC	–	No	–	C-IR. AT	[202]
Ag85B-ESAT6	Mouse	SC	VC	–	Mtb-IV	Y-CFU	H&C-IR	[203]
Ag85B-ESAT6-INF γ	Mouse	SC	VC	–	Mtb-IV	Y-CFU	H&C-IR. Protec > BCG	[204]
Ag85B-CFP10-ESAT6- Mtb8.4-MTP40	Mouse	IP	VC	VCx2	No	–	H&C-IR	[205]
MPT64-PE_PGRS33	Mouse	SC	VC	–	Mtb-AER	Y-CFU & S	H&C-IR. Protec > BCG	[206]
Human Parainfluenza type2 virus (rhPIV2)								
Ag85B	Mouse	IN	VC/DNA	VCx3	Mtb-AER	Y-CFU	C-IR. Protec > BCG	[207]
Influenza virus								
ESAT-6	Mouse/	IN	VC	VCx2	Mbo-IV	Y-CFU	C-IR. Protec = BCG	[208]
	Guinea pig	SC/IN	VC	VC	Mtb-SC	Y-CFU	Protec = BCG	
Mycobacterium smegmatis								
19 kDa/Rv3763	Mouse	SC	VC	–	Mtb-IV	N-CFU & S	Deleterious effect	[156]
Ag85B epitope	Mouse	SC	VC	VC	No	–	H&C-IR	[209]
Mycobacterium vaccae								
19 kDa/Rv3763	Mouse	SC	VC	–	Mtb-IV	N-CFU & S	Deleterious effect	[156]
Salmonella Thyphimurium								
Ag85B	Mouse	O/IV	VC	VCx2	Mtb-IV	Y-CFU	C-IR	[210]
ESAT6	Mouse	IV	VC/DNA	DNA/VC	Mtb-IV	Y-CFU	C-IR	[211]
Ag85B-ESAT6	Mouse	O/IN	VC-O/IN	Protein-IN	No	–	H&C-IR	[212]
	Guinea pig	O/SC	VC-O	Protein-SC	Mtb-AER	Y-CFU & S	–	
Modified Vaccinia Virus Ankara (MVA)								
Ag85A	Mouse	IN/	BCG-IN	VC-IN/parenteral	Mtb-AER	Y-CFU	C-IR. Protec > BCG (VC-IN)	[213]
	Guinea pig	SC	BCG	VC/Fowlpox-85A	Mtb-AER	Y-S	Protec > BCG	[214]
	Calves	ID	BCG	VC	Mbo-IT	Y-CFU & pathology	C-IR. Protec > BCG (VC booster)	[193]
	R. macaques	ID/AER	BCG	VC	No	–	IR (AER). AS.	[215]
	HHa	ID/AER	BCG	VC	No	–	Specific-IR. Both were safe	[216]
	HHI	ID	BCG	VC	No	–	C-IR. AS&T. Efficacy = BCG	[217]
Ag85B-ESAT6-	Mouse	SC	VC	–	Mtb-IV	Y-CFU	H&C-IR. Protec > BCG	[218]
Ag85A-Ag85B-ESAT6-HSP60-MTB39-IL15	Mouse	SC	VC/ESAT&Ag85Bx3	VCx2/ESAT&-Ag85Bx3	Mtb-IV	Y-CFU	C-IR	[219]
Vesicular stomatitis virus (VSV)								
Ag85A	Mouse	IN/IM	VC/Ad	VC-IN	Mtb-AER	Y-CFU	C-IR. Protec: (with prime-boost)	[220]
VSV-846 (Rv3615c-Mtb10.4-Rv2660c)	Mouse	IN	VC/BCG	VC	BCG-IN	Y-CFU	C-IR. Protec > BCG (with prime-boost)	[221]
VSV-846	Mouse	IN	VC	–	BCG-IN	Y-CFU	C-IR. LT-Protec > BCG	[222]

AER: aerosol; **AS:** Acceptable safety; **AT:** Acceptable tolerability; **BCG:** Bacille Calmete-Guerin; **C:** cellular; **CFU:** colony forming unit; **ChAd:** Chimpanzee Ad; **C.monkey:** Cynomolgus monkey; **H:** humoral; **HHa:** human healthy adults; **HHI:** human healthy infants; **ID** intradermal; **IM:** intramuscular; **IN:** intranasal; **IP:** intraperitoneal; **IR:** immune response; **IT:** intratracheal; **IV:** intravenous; **LT:** long term; **Mbo:** *Mycobacterium bovis* **Mtb:** *Mycobacterium tuberculosis*; **Protec:** Protection; **R. macaques:** Rhesus macaques; **S:** survival; **SC:** subcutaneous, **T:** tolerability; **VC:** Vaccine candidate; **Y/N:** yes/no.

Table 4

TB VCs based on Mtb CE extracts.

Vaccine candidate (VC)	VC based on Mtb CE extracts										Comments	Ref
	Model	Route	Adjuvant	Prime	Boost	Challenge	Protect (Y/N)					
TSP-Aq CE-PPC LMS	Mouse	SC	IFA	VC	VCx2	Mtb-IV	Y-CFU	C-IR. Protec = BCG	[223]			
	Mouse	SC/IM	No	VC-SC	VCx2-SC/IM	Mtb-IV	Y-CFU & S	H&C-IR	[224]			
	Mouse	SC	With/without Alum	VC	VC	Mtb-IT	Y-CFU	Protec = BCG (VC with/without Alum)	[225]			
Myco-CE-O	Mouse	IV	No	VC	–	Mtb-AER	Y-CFU	Protec: CW from BCG, Mbo, Mtb & non-tuberculous mycobacteria	[78,79]			
Mtb-WLE	Guinea pig	SC	QS-21/DDA or both	VC	VCx2	Mtb-AER	Y-CFU	Protec (VC + QS-21 + DDA and QS-21)	[85]			
RUTI	Mouse	SC	No	VC	VC	Mtb-AER	Y-CFU	Immunotherapeutic effect on reactivation after ST chemotherapy; C-IR	[226]			
	Mouse	SC	No	VC	VC/ BCG	Mtb-AER	Y-CFU	ST-Protec = BCG (lung) Protec < BCG (spleen)	[227]			
	Mouse	SC	No	VC	VCx2 VCx3	Mtb-AER	Y-CFU	LT-Protec = BCG (lung)	[227]			
Myco-CEO	Guinea pig	SC	No	VC	VC	Mtb-AER	–	Therapeutic effect (decrease of CFU)	[227]			
	Guinea pig	SC	No	VC	VC	Mtb-AER	N-S	Immunotherapeutic effect on reactivation after ST-chemotherapy.	[226]			
	HHA-no BCG vac Non Mtb infected	SC	No	VC	VC	No	–	Phase I. C-IR. AT.	[227] [228]			
Myco-CEO	Latently infected HIV (±)	SC	No	VC	VC	No	–	Phase II. C-IR. Reasonable tolerability.	[229]			
	Rhesus Monkey	IV	No	VC	–	Mtb-AER	Y-Chest X-rays & gross & microscopic pathology	Protec = BCG (CWs from BCG & Mbo)	[80]			

AER: aerosol; **AT:** Acceptable tolerability; **BCG:** Bacille Calmette-Guerin; **C:** cellular; **CFU:** colony forming unit; **CE-PPC:** Mtb CE protein peptidoglycan complex in liposomes. **H:** humoral; **HHA:** human healthy adults; **IFA:** Incomplete Freund adjuvant; **IM:** intramuscular; **IR:** Immune response; **IT:** intratracheal; **IV:** intravenous; **LMS:** lipid extract from *M smegmatis*; **LT:** long term; **Mbo:** *Mycobacterium bovis* **Mtb:** *Mycobacterium tuberculosis*; **Mtb-WLE:** Mtb H37Rv-whole lipid extract in liposomes; **Myco-CE-O:** Mycobacterial-CE in oil; **Protec:** Protection; **RUTI:** Fragmented Mtb cells in liposomes; **S:** survival; **SC:** subcutaneous; **ST:** short term; **TSP-Aq:** Aqueous fraction of Triton X-1 00-soluble Mtb H37Rv CE proteins; **VC:** Vaccine candidate; **Y/N:** yes/no.

Table 5
Natural and artificial membrane vesicles (MVs).

Vaccine candidate (VC)	Natural and artificial membrane vesicles (MVs)							Comments	Ref	
	Model	Route	Adjuvant	Prime	Boost	Challenge	Protec Y/N			
MV-BCG/MV-Mtb	Mouse	SC	No	VC/BCG	VC	Mtb-AER	N/Y	CFU	Protec = BCG (MV-Mtb). No Protec: (MV-BCG) Protec > BCG (as BCG-booster)	[235]
PLBCG	Mouse	SC	With/without Alum	VC/BCG	VC	Mtb-IT	Y	CFU	Protec = BCG (less lung lesions). Protec > BCG (VC as BCG-booster)	[236]
PLMs	Mouse	SC	With/without Alum	VC	VC	Mtb-IT	Y	CFU	Protec (with/without Alum) Protec = BCG (VC with Alum)	[237]

AER: aerosol; **BCG:** Bacille Calmete-Guerin; **CFU:** colony forming unit; **IT:** intratracheal; **MV:** membrane vesicle; **MV-BCG:** Natural MV from BCG; **MV-Mtb:** Natural MV from *Mycobacterium tuberculosis*; **PLBCG:** Artificial MV from BCG; **PLMs:** Artificial MV from *Mycobacterium smegmatis*; **Protec:** protection. **SC:** subcutaneous; **VC:** vaccine candidate; **Y/N:** yes/no.

intrinsic adjuvant effect, which has been evaluated as prophylactic and/or therapeutic experimental vaccines in different animal models and clinical trials (Table 4).

5.2.5. Natural and artificial membrane vesicles (MVs)

The important role of bacterial MVs in cell–cell communication, immunomodulation, virulence and cell survival, and their intrinsic potential advantages as VCs have focused the interest for their evaluation in animal and human studies, some of them demonstrating suitable efficacy [230,231].

Mtb produce MVs, which contain relevant Ags and are potentially involved in the virulence and in the interaction with immune effectors inducing different types of IRs [232–234].

Considering the results obtained with the evaluation of MVs as vaccines from different microorganisms, natural and artificial MVs from pathogenic and non-pathogenic mycobacteria have been evaluated in animal models demonstrating their immunogenicity and protective capacity, either used alone or as BCG boosters (Table 5).

6. Concluding remarks

Mtb CE is a structure which have been capitalized as an important part of the research related to Mtb due to its peculiar structural organization and its huge impact in the physiology, survival, virulence, interactions with the host cells and the immune system and its potential importance in diagnosis, therapeutic and vaccine development [6–9,12,15,16].

The great diversity and accessibility of "its" components comprising proteins, lipids, carbohydrates, glycolipids and lipoproteins make them potential targets for vaccine development [238–242].

The important contribution of the CEC in the interaction with the host and the elicitation of non-specific IRs, associated with their intrinsic adjuvant properties have attracted attention in the field of vaccine development [6,15,243–246].

Considering the growing evidence of the importance of the Ab responses in the protection against Mtb, the selection of accessible CEC as VCs is an obvious choice with encouraging results [62,97–99].

The presence of immunodominant protein Ags, eliciting protective IRs in the acute phase of the infection highlights the interest in the CEC, as exemplified by the incorporation of this class of Ags in various vaccine platforms evaluated either in animal models or clinical evaluation [111,140,141,157,159,174,178,179,188,190,202,216,217].

The importance of lipid components in the induction of specific IRs with potential impact in protection also present an added element which demonstrate the importance of CEC for the development of new generation vaccines against TB [3,101,104,105,107,246,247].

The great variety of Ags included in the CE related with different stages of the infection is an added advantage for the development of multi-stage VCs such as fusion proteins, antigen cocktails, CE extracts and natural and artificial membrane vesicles, which have been

evaluated successfully in animal models, with some under clinical evaluation [69,85,109,113,130–132,134,136,223–228,235–237].

Another aspect that needs to be considered is the complexities involved in advancing some VCs (extracts, synthetic analogues or combinations) from preclinical to clinical proof of concept. The main potential hurdles that face these VCs are associated with the characterization of the active component, complexity & consistency of manufacturing processes and the associated challenges in quality control issues of manufacturing.

It is interesting to note that apart from whole cell-based VCs, almost all the VCs which have been evaluated and those under evaluation in animal models and in clinical trials belong to the Mtb CEC [3,248]. However, it should be highlighted that the CE based VCs studied thus far, only represent a fraction of the great diversity of the CEC (proteins, lipids and carbohydrates) that are available [239,243,249,250]. Many others have the potential to be further explored as new components for the development of vaccines stimulating all the components of the IR and targeting all the phases of the infection.

Conflicts of interest

The authors declare that they have no competing interest.

Acknowledgements

This work was supported by the LRGS Grant (203/PPSK/67212002), Ministry of Education, Malaysia.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.tube.2019.01.003>.

References

- [1] World Health Organization. Global tuberculosis report 2017 Geneva: WHO; 2017 WHO/HTM/TB/2017.23. Retrieved <http://apps.who.int/iris/bitstream/10665/259366/1/9789241565516-eng.pdf>, Accessed date: November 2017 2017.
- [2] Chai Q, Zhang Y, Liu CH. *Mycobacterium tuberculosis*: an adaptable pathogen associated with multiple human diseases. *Front. Cell. Infect. Microbiol.* 2018;8.
- [3] Zhu B, Dockrell HM, Ottenhoff TH, Evans TG, Zhang Y. Tuberculosis vaccines: opportunities and challenges. *Respirology* 2018;23(4):359–68.
- [4] Montagnani C, Chiappini E, Galli L, de Martino M. Vaccine against tuberculosis: what's new? *BMC Infect Dis* 2014;14(1):S2.
- [5] Fine PE. Variation in protection by BCG: implications of and for heterologous immunity. *Lancet* 1995;346(8986):1339–45.
- [6] Brennan PJ. Structure, function, and biogenesis of the cell wall of *Mycobacterium tuberculosis*. *Tuberculosis* 2003;83(1–3):91–7.
- [7] Daffé M, Draper P. The envelope layers of mycobacteria with reference to their pathogenicity. *Advances in microbial physiology*, vol. 39. Elsevier; 1997. p. 131–203.
- [8] Morandi M, Sali M, Manganelli R, Delogu G. Exploiting the mycobacterial cell wall to design improved vaccines against tuberculosis. *J. Infect. Dev. Ctries.* 2013;7(03):169–81.

- [9] Kaur D, Guerin ME, Škovierová H, Brennan PJ, Jackson M. Biogenesis of the cell wall and other glycoconjugates of *Mycobacterium tuberculosis*. *Adv Appl Microbiol* 2009;69:23–78.
- [10] Minnikin DE. Complex lipids, their chemistry biosynthesis and roles. *Biol. Mycobact.* 1982;1:95–184.
- [11] Daffé M. The global architecture of the mycobacterial cell envelope. *The mycobacterial cell envelope*. *Am. Soc. Microbiol.* 2008:3–11.
- [12] Brennan PJ, Nikaido H. The envelope of mycobacteria. *Annu Rev Biochem* 1995;64(1):29–63.
- [13] Yuan Y, Lee RE, Besra GS, Belisle JT, Barry C. Identification of a gene involved in the biosynthesis of cyclopropanated mycolic acids in *Mycobacterium tuberculosis*. *Proc Natl Acad Sci Unit States Am* 1995;92(14):6630–4.
- [14] Harland CW, Rabuka D, Bertozzi CR, Parthasarathy R. The *Mycobacterium tuberculosis* virulence factor trehalose dimycolate imparts desiccation resistance to model mycobacterial membranes. *Biophys J* 2008;94(12):4718–24.
- [15] Kasmar A, Layre E, Moody B. Lipid adjuvants and antigens embedded in the mycobacterial cell envelope. *Art Sci. Tuberc. Vaccine Dev.* 2014:123–49.
- [16] Daffe M, Etienne G. The capsule of *Mycobacterium tuberculosis* and its implications for pathogenicity. *Tuber Lung Dis* 1999;79(3):153–69.
- [17] Stokes RW, Norris-Jones R, Brooks DE, Beveridge TJ, Doxsee D, Thorson LM. The glycan-rich outer layer of the cell wall of *Mycobacterium tuberculosis* acts as an antiphagocytic capsule limiting the association of the bacterium with macrophages. *Infect Immun* 2004;72(10):5676–86.
- [18] Rousseau C, Neyrolles O, Bordat Y, Giroux S, Sirakova TD, Prevost MC, et al. Deficiency in mycolipenate-and mycosanoate-derived acyltrehaloses enhances early interactions of *Mycobacterium tuberculosis* with host cells. *Cell Microbiol* 2003;5(6):405–15.
- [19] Ortalo-Magne A, Andersen ÅB, Daffé M. The outermost capsular arabinomannans and other mannoconjugates of virulent and avirulent tubercle bacilli. *Microbiology* 1996;142(4):927–35.
- [20] López M, Sly LM, Luu Y, Young D, Cooper H, Reiner NE. The 19-kDa *Mycobacterium tuberculosis* protein induces macrophage apoptosis through Toll-like receptor-2. *J Immunol* 2003;170(5):2409–16.
- [21] Henao-Tamayo M, Junqueira-Kipnis AP, Ordway D, Gonzales-Juarrero M, Stewart GR, Young DB, et al. A mutant of *Mycobacterium tuberculosis* lacking the 19-kDa lipoprotein Rv3763 is highly attenuated in vivo but retains potent vaccino-genic properties. *Vaccine* 2007;25(41):7153–9.
- [22] Babaki MKZ, Soleimanpour S, Rezaee SA. Antigen 85 complex as a powerful *Mycobacterium tuberculosis* immunogene: biology, immune-pathogenicity, applications in diagnosis, and vaccine design. *Microb Pathog* 2017;112:20–9.
- [23] Mishra AK, Driessen NN, Appelmelk BJ, Besra GS. Lipoarabinomannan and related glycoconjugates: structure, biogenesis and role in *Mycobacterium tuberculosis* physiology and host–pathogen interaction. *FEMS Microbiol Rev* 2011;35(6):1126–57.
- [24] Vercellone A, Nigou J, Puzo G. Relationships between the structure and the roles of lipoarabinomannans and related glycoconjugates in tuberculosis pathogenesis. *Front Biosci* 1998;3:e149–63.
- [25] Alderwick LJ, Harrison J, Lloyd GS, Birch HL. The Mycobacterial cell wall—peptidoglycan and arabinogalactan. *Cold Spring Harb. Perspect. Med.* 2015:a021113.
- [26] Takayama K, Wang C, Besra GS. Pathway to synthesis and processing of mycolic acids in *Mycobacterium tuberculosis*. *Clin Microbiol Rev* 2005;18(1):81–101.
- [27] Hunter RL, Olsen MR, Jagannath C, Actor JK. Multiple roles of cord factor in the pathogenesis of primary, secondary, and cavitary tuberculosis, including a revised description of the pathology of secondary disease. *Ann Clin Lab Sci* 2006;36(4):371–86.
- [28] Barry III CE. Interpreting cell wall ‘virulence factors’ of *Mycobacterium tuberculosis*. *Trends Microbiol* 2001;9(5):237–41.
- [29] Astarie-Dequeker C, Le Guyader L, Malaga W, Seaphanh F-K, Chalut C, Lopez A, et al. Phthiocerol dimycocerosates of *M. tuberculosis* participate in macrophage invasion by inducing changes in the organization of plasma membrane lipids. *PLoS Pathog* 2009;5(2):e1000289.
- [30] Quigley J, Hughitt VK, Velikovskiy CA, Mariuzzo RA, El-Sayed NM, Briken V. The cell wall lipid PDIM contributes to phagosomal escape and host cell exit of *Mycobact.* *Tuberc. MBio.* 2017;8(2). e00148-17.
- [31] Dhiman N, Verma I, Khuller G. Immunoprophylactic studies on cell wall associated proteins of *Mycobacterium tuberculosis* H 37 Ra. *J Biosci* 1997;22(1):13–21.
- [32] Arora D, Chawla Y, Malakar B, Singh A, Nandicoori VK. The transpeptidase PbpA and non-canonical transglycosylase RodA of *Mycobacterium tuberculosis* play important roles in regulating bacterial cell lengths. *J Biol Chem* 2018;811190. jbc.M117.
- [33] Kieser KJ, Baranowski C, Chao MC, Long JE, Sasseti CM, Waldor MK, et al. Peptidoglycan synthesis in *Mycobacterium tuberculosis* is organized into networks with varying drug susceptibility. *Proc Natl Acad Sci Unit States Am* 2015;112(42):13087–92.
- [34] Harth G, Horwitz MA. An inhibitor of exported *Mycobacterium tuberculosis* glutamine synthetase selectively blocks the growth of pathogenic mycobacteria in axenic culture and in human monocytes: extracellular proteins as potential novel drug targets. *J Exp Med* 1999;189(9):1425–36.
- [35] Chatterjee D, Bozic C, Knisley C, Cho S, Brennan P. Phenolic glycolipids of *Mycobacterium bovis*: new structures and synthesis of a corresponding sero-reactive neoglycoprotein. *Infect Immun* 1989;57(2):322–30.
- [36] Johnson G. The α/β hydrolase fold proteins of *Mycobacterium tuberculosis*, with reference to their contribution to virulence. *Curr Protein Pept Sci* 2017;18(3):190–210.
- [37] Crowe AM, Workman SD, Watanabe N, Worrall LJ, Strynadka NC, Eltis LD. IpdAB, a virulence factor in *Mycobacterium tuberculosis*, is a cholesterol ring-cleaving hydrolase. *Proc Natl Acad Sci Unit States Am* 2018;115(15):E3378–87.
- [38] Rengarajan J, Bloom BR, Rubin EJ. Genome-wide requirements for *Mycobacterium tuberculosis* adaptation and survival in macrophages. *Proc Natl Acad Sci Unit States Am* 2005;102(23):8327–32.
- [39] Crowe AM, Casabon I, Brown KL, Liu J, Lian J, Rogalski JC, et al. Catabolism of the last two steroid rings in *Mycobacterium tuberculosis* and other bacteria. *mBio* 2017;8(2). e00321-17.
- [40] Malm S, Maaß S, Schaible U, Ehlers S, Niemann S. In vivo virulence of *Mycobacterium tuberculosis* depends on a single homologue of the LytR-CpsA-Psr proteins. *Sci Rep* 2018;8(1):3936.
- [41] Lentz CS, Ordóñez AA, Kasperkiewicz P, La Greca F, O’Donoghue AJ, Schulze CJ, et al. Design of selective substrates and activity-based probes for Hydrolase Important for Pathogenesis 1 (HIP1) from *Mycobacterium tuberculosis*. *ACS Infect Dis* 2016;2(11):807–15.
- [42] Madan-Lala R, Sia JK, King R, Adekambi T, Monin L, Khader SA, et al. *Mycobacterium tuberculosis* impairs dendritic cell functions through the serine hydrolase Hip1. *J Immunol* 2014;1303185.
- [43] Jackson M. The mycobacterial cell envelope—lipids. *Cold Spring Harb. Perspect. Med.* 2014:a021105.
- [44] Maulén NP. Factores de virulencia de *Mycobacterium tuberculosis*. *Rev Med Chile* 2011;139(12):1605–10.
- [45] Forrellad MA, Klepp LI, Gioffré A, Sabio y, Garcia J, Morbidoni HR, Santangelo MdIP, et al. Virulence factors of the *Mycobacterium tuberculosis* complex. *Virulence* 2013;4(1):3–66.
- [46] Rao N, Meena LS. Biosynthesis and virulent behavior of lipids produced by *Mycobacterium tuberculosis*: LAM and cord factor: an overview. *Biotechnol. Res. Int.* 2011;2011.
- [47] Singh P, Rao RN, Reddy JRC, Prasad R, Kotturu SK, Ghosh S, et al. PE11, a PE/PPE family protein of *Mycobacterium tuberculosis* is involved in cell wall remodeling and virulence. *Sci Rep* 2016;6:21624.
- [48] Ojha AK, Baughn AD, Sambandan D, Hsu T, Trivelli X, Guerardel Y, et al. Growth of *Mycobacterium tuberculosis* biofilms containing free mycolic acids and harbouring drug-tolerant bacteria. *Mol Microbiol* 2008;69(1):164–74.
- [49] Vander Beken S, Al Dulayymi JaR, Naessens T, Koza G, Maza-Iglesias M, Rowles R, et al. Molecular structure of the *Mycobacterium tuberculosis* virulence factor, mycolic acid, determines the elicited inflammatory pattern. *Eur J Immunol* 2011;41(2):450–60.
- [50] Bhatt A, Fujiwara N, Bhatt K, Gurcha SS, Kremer L, Chen B, et al. Deletion of kasB in *Mycobacterium tuberculosis* causes loss of acid-fastness and subclinical latent tuberculosis in immunocompetent mice. *Proc Natl Acad Sci Unit States Am* 2007;104(12):5157–62.
- [51] Guérardel Y, Maes E, Briken V, Chiraf F, Leroy Y, Loch C, et al. Lipomannan and lipoarabinomannan from a clinical isolate of *Mycobacterium kansasii* novel structural features and apoptosis-inducing properties. *J Biol Chem* 2003;278(38):36637–51.
- [52] Briken V, Porcelli SA, Besra GS, Kremer L. Mycobacterial lipoarabinomannan and related lipoglycans: from biogenesis to modulation of the immune response. *Mol Microbiol* 2004;53(2):391–403.
- [53] Pathak SK, Basu S, Bhattacharyya A, Pathak S, Kundu M, Basu J. *Mycobacterium tuberculosis* lipoarabinomannan-mediated IRAK-M induction negatively regulates Toll-like receptor-dependent interleukin-12 p40 production in macrophages. *J Biol Chem* 2005;280(52):42794–800.
- [54] Nigou J, Zelle-Rieser C, Gilleron M, Thurnher M, Puzo G. Mannosylated lipoarabinomannans inhibit IL-12 production by human dendritic cells: evidence for a negative signal delivered through the mannose receptor. *J Immunol* 2001;166(12):7477–85.
- [55] Vergne I, Chua J, Lee H-H, Lucas M, Belisle J, Deretic V. Mechanism of phagosome biogenesis block by viable *Mycobacterium tuberculosis*. *Proc Natl Acad Sci Unit States Am* 2005;102(11):4033–8.
- [56] Hunter RL, Hwang S-A, Jagannath C, Actor JK. Cord factor as an invisibility cloak? A hypothesis for asymptomatic TB persistence. *Tuberculosis* 2016;101:52–8.
- [57] Hunter RL, Armitage L, Jagannath C, Actor JK. TB research at UT-Houston—a review of cord factor: new approaches to drugs, vaccines and the pathogenesis of tuberculosis. *Tuberculosis* 2009;89:S18–25.
- [58] Silva CL, Faccioli L. Tumor necrosis factor (cachectin) mediates induction of cachexia by cord factor from mycobacteria. *Infect Immun* 1988;56(12):3067–71.
- [59] Rao V, Fujiwara N, Porcelli SA, Glickman MS. *Mycobacterium tuberculosis* controls host innate immune activation through cyclopropane modification of a glycolipid effector molecule. *J Exp Med* 2005;201(4):535–43.
- [60] Reed MB, Domenech P, Manca C, Su H, Barczak AK, Kreiswirth BN, et al. A glycolipid of hypervirulent tuberculosis strains that inhibits the innate immune response. *Nature* 2004;431(7004):84.
- [61] Goren M, Brennan P. Mycobacterial lipids: chemistry and biologic activities. *Tuberculosis* 1979;63:193.
- [62] Glatman-Freedman A. The role of antibodies against TB. *Art Sci. Tuberc. Vaccine Dev.* 2014:239–73.
- [63] Teitelbaum R, Glatman-Freedman A, Chen B, Robbins JB, Unanue E, Casadevall A, et al. A mAb recognizing a surface antigen of *Mycobacterium tuberculosis* enhances host survival. *Proc Natl Acad Sci Unit States Am* 1998;95(26):15688–93.
- [64] Chambers MA, Gavier-Widen D, Glyn Hewinson R. Antibody bound to the surface antigen MPB83 of *Mycobacterium bovis* enhances survival against high dose and low dose challenge. *FEMS Immunol Med Microbiol* 2004;41(2):93–100.
- [65] Hamasur B, Haile M, Pawlowski A, Schröder U, Källenius G, Svenson S. A mycobacterial lipoarabinomannan specific monoclonal antibody and its F(ab)2 fragment prolong survival of mice infected with *Mycobacterium tuberculosis*. *Clin Exp*

- Immunol 2004;138(1):30–8.
- [66] Glatman-Freedman A, Mednick AJ, Lendvai N, Casadevall A. Clearance and organ distribution of *Mycobacterium tuberculosis* lipaarabinomannan (LAM) in the presence and absence of LAM-binding immunoglobulin M. *Infect Immun* 2000;68(1):335–41.
- [67] Pethe K, Alonso S, Biet F, Delogu G, Brennan MJ, Loch C, et al. The heparin-binding haemagglutinin of *M. tuberculosis* is required for extrapulmonary dissemination. *Nature* 2001;412(6843):190.
- [68] Zhang C, Yang L, Zhao N, Zhao Y, Shi C. Insights into macrophage autophagy in latent tuberculosis infection: role of heat shock protein 16.3. *DNA Cell Biol* 2018;37(5):442–8.
- [69] Li F, Kang H, Li J, Zhang D, Zhang Y, Dannenberg Jr. A, et al. Subunit vaccines consisting of antigens from dormant and replicating bacteria show promising therapeutic effect against *Mycobacterium bovis* BCG latent infection. *Scand J Immunol* 2017;85(6):425–32.
- [70] Singh S, Saraav I, Sharma S. Immunogenic potential of latency associated antigens against *Mycobacterium tuberculosis*. *Vaccine* 2014;32(6):712–6.
- [71] Falero-Diaz G, Challacombe S, Rahman D, Mistry M, Douce G, Dougan G, et al. Transmission of IgA and IgG monoclonal antibodies to mucosal fluids following intranasal or parenteral delivery. *Int Arch Allergy Immunol* 2000;122(2):143–50.
- [72] Williams A, Reljic R, Naylor I, Clark SO, Falero-Diaz G, Singh M, et al. Passive protection with immunoglobulin A antibodies against tuberculous early infection of the lungs. *Immunology* 2004;111(3):328–33.
- [73] López Y, Yero D, Falero-Diaz G, Olivares N, Sarmiento ME, Sifontes S, et al. Induction of a protective response with an IgA monoclonal antibody against *Mycobacterium tuberculosis* 16 kDa protein in a model of progressive pulmonary infection. *Int J Med Microbiol* 2009;299(6):447–52.
- [74] Balu S, Reljic R, Lewis MJ, Pleass RJ, McIntosh R, van Kooten C, et al. A novel human IgA monoclonal antibody protects against tuberculosis. *J Immunol* 2011;1003189.
- [75] Alvarez N, Otero O, Camacho F, Borrero R, Tirado Y, Puig A. Passive administration of purified secretory IgA from human colostrum induces protection against *Mycobacterium tuberculosis* in a murine model of progressive pulmonary infection. *BMC Immunol* 2013;14(Suppl 1):S3.
- [76] Olivares N, Puig A, Aguilar D, Moya A, Cádiz A, Otero O, et al. Prophylactic effect of administration of human gamma globulins in a mouse model of tuberculosis. *Tuberculosis* 2009;89(3):218–20.
- [77] Li H, Wang X-x, Wang B, Fu L, Liu G, Lu Y, et al. Latently and uninfected healthcare workers exposed to TB make protective antibodies against *Mycobacterium tuberculosis*. *Proceedings of the national academy of sciences*. 2017;201611776.
- [78] Ribí E, Larson C, Wicht W, List R, Goode G. Effective nonliving vaccine against experimental tuberculosis in mice. *J Bacteriol* 1966;91(3):975–83.
- [79] Brehmer W, Anacker RL, Ribí E. Immunogenicity of cell walls from various mycobacteria against airborne tuberculosis in mice. *J Bacteriol* 1968;95(6):2000–4.
- [80] Ribí E, Anacker R, Barclay W, Brehmer W, Harris S, Leif W, et al. Efficacy of mycobacterial cell walls as a vaccine against airborne tuberculosis in the rhesus monkey. *J Infect Dis* 1971;123(5):527–38.
- [81] Berinstein A, Piatti P, Gaggino O, Schudel AA, Sadir AM. Enhancement of the immune response elicited with foot-and-mouth disease virus vaccines by an extract of the *Mycobacterium* sp. wall. *Vaccine* 1991;9(12):883–8.
- [82] Ivins B, Welkos S, Little S, Crumrine M, Nelson G. Immunization against anthrax with *Bacillus anthracis* protective antigen combined with adjuvants. *Infect Immun* 1992;60(2):662–8.
- [83] Zbar B, Ribí E, Meyer T, Azuma I, Rapp HJ. Immunotherapy of cancer: regression of established intradermal tumors after intralesional injection of mycobacterial cell walls attached to oil droplets. *J Natl Cancer Inst* 1974;52(5):1571–7.
- [84] Ribí E, Milner KC, Granger DL, Kelly MT, Yamamoto Ki, Brehmer W, et al. Immunotherapy with nonviable microbial components. *Ann N Y Acad Sci* 1976;277(1):228–38.
- [85] Dascher CC, Hiromatsu K, Xiong X, Morehouse C, Watts G, Liu G, et al. Immunization with a mycobacterial lipid vaccine improves pulmonary pathology in the Guinea pig model of tuberculosis. *Int Immunol* 2003;15(8):915–25.
- [86] Rosenkrands I, Agger EM, Olsen AW, Korsholm KS, Andersen CS, Jensen KT, et al. Cationic liposomes containing mycobacterial lipids: a new powerful Th1 adjuvant system. *Infect Immun* 2005;73(9):5817–26.
- [87] Tima HG, Huygen K, Romano M. Innate signaling by mycobacterial cell wall components and relevance for development of adjuvants for subunit vaccines. *Expert Rev Vaccines* 2016;15(11):1409–20.
- [88] Andersen CAS, Rosenkrands I, Olsen AW, Nordly P, Christensen D, Lang R, et al. Novel generation mycobacterial adjuvant based on liposome-encapsulated monomycoloyl glycerol from *Mycobacterium bovis* bacillus Calmette-Guérin. *J Immunol* 2009;0804091. [jimmunol](http://jimmunol.org/).
- [89] de Paula L, Silva CL, Carlos D, Matias-Peres C, Sorgi CA, Soares EG, et al. Comparison of different delivery systems of DNA vaccination for the induction of protection against tuberculosis in mice and Guinea pigs. *Genet Vaccines Ther* 2007;5(1):2.
- [90] Carlettí D, da Fonseca DM, Gembre AF, Masson AP, Campos LW, Leite LC, et al. A single dose of a DNA vaccine encoding Acp co-encapsulated with 6, 6'-trehalose dimycolate in microspheres conferred long-term protection against tuberculosis in BCG-primed mice. *Clin Vaccine Immunol* 2013;20(8):262–9.
- [91] Niu H, Hu L, Li Q, Da Z, Wang B, Tang K, et al. Construction and evaluation of a multistage *Mycobacterium tuberculosis* subunit vaccine candidate Mtb10. 4-HspX. *Vaccine* 2011;29(51):9451–8.
- [92] Decout A, Silva-Gomes S, Drocourt D, Barbe S, André I, Cueto FJ, et al. Rational design of adjuvants targeting the C-type lectin Mincle. *Proc Natl Acad Sci Unit States Am* 2017;114(10):2675–80.
- [93] Lindenstrøm T, Agger EM, Korsholm KS, Darrah PA, Aagaard C, Seder RA, et al. Tuberculosis subunit vaccination provides long-term protective immunity characterized by multifunctional CD4 memory T cells. *J Immunol* 2009;182(12):8047–55.
- [94] Christensen D, Lindenstrøm T, van de Wijdeven G, Andersen P, Agger EM. Syringe free vaccination with CAF01 Adjuvated Ag85B-ESAT-6 in Bioneedles provides strong and prolonged protection against tuberculosis. *PLoS One* 2010;5(11):e15043.
- [95] Aagaard CS, Hoang TTKT, Vingsbo-Lundberg C, Dietrich J, Andersen P. Quality and vaccine efficacy of CD4+ T cell responses directed to dominant and subdominant epitopes in ESAT-6 from *Mycobacterium tuberculosis*. *J Immunol* 2009;0900947. [jimmunol](http://jimmunol.org/).
- [96] Billeskov R, Tan EV, Cang M, Abalos RM, Burgos J, Pedersen BV, et al. Testing the H56 vaccine delivered in 4 different adjuvants as a BCG-booster in a non-human primate model of tuberculosis. *PLoS One* 2016;11(8):e0161217.
- [97] Hamasur B, Haile M, Pawlowski A, Schröder U, Williams A, Hatch G, et al. *Mycobacterium tuberculosis* arabinomannan-protein conjugates protect against tuberculosis. *Vaccine* 2003;21(25–26):4081–93.
- [98] Haile M, Hamasur B, Jaxmar T, Gavier-Widen D, Chambers M, Sanchez B, et al. Nasal boost with adjuvanted heat-killed BCG or arabinomannan-protein conjugate improves primary BCG-induced protection in C57BL/6 mice. *Tuberculosis* 2005;85(1–2):107–14.
- [99] Prados-Rosales R, Carreño L, Cheng T, Blanc C, Weinrick B, Malek A, et al. Enhanced control of *Mycobacterium tuberculosis* extrapulmonary dissemination in mice by an arabinomannan-protein conjugate vaccine. *PLoS Pathog* 2017;13(3):e1006250.
- [100] Parlane NA, Compton BJ, Hayman CM, Painter GF, Basaraba RJ, Heiser A, et al. Phosphatidylinositol di-mannoside and derivatives modulate the immune response to and efficacy of a tuberculosis protein vaccine against *Mycobacterium bovis* infection. *Vaccine* 2012;30(3):580–8.
- [101] Larrouy-Maumus G, Layre E, Clark S, Prandi J, Rayner E, Lepore M, et al. Protective efficacy of a lipid antigen vaccine in a Guinea pig model of tuberculosis. *Vaccine* 2017;35(10):1395–402.
- [102] Wedlock DN, Denis M, Painter GF, Ainge GD, Vordermeier HM, Hewinson RG, et al. Enhanced protection against bovine tuberculosis after coadministration of *Mycobacterium bovis* BCG with a Mycobacterial protein vaccine-adjuvant combination but not after coadministration of adjuvant alone. *Clin Vaccine Immunol* 2008;15(5):765–72.
- [103] Mani R, Gupta M, Malik A, Tandon R, Prasad R, Bhatnagar R, et al. Adjuvant potential of poly- α -l-glutamine from the cell wall of *Mycobacterium tuberculosis*. *Infect Immun* 2018;86(10). e00537-18.
- [104] Mori L, Lepore M, De Libero G. The immunology of CD1-and MR1-restricted T cells. *Annu Rev Immunol* 2016;34:479–510.
- [105] Lepore M, Mori L, De Libero G. The conventional nature of non-MHC-restricted T cells. *Front Immunol* 2018;9.
- [106] De Libero G, Mori L. The T-cell response to lipid antigens of *Mycobacterium tuberculosis*. *Front Immunol* 2014;5:219.
- [107] De Libero G, Singhal A, Lepore M, Mori L. Nonclassical T cells and their antigens in tuberculosis. *Cold spring harbor perspectives in medicine*. 2014;a018473.
- [108] Moreno-Mendieta S, Guillén D, Espitia C, Hernández-Pando R, Sanchez S, Rodríguez-Sanoja R. A novel antigen-carrier system: the *Mycobacterium tuberculosis* Acr protein carried by raw starch microparticles. *Int J Pharm* 2014;474(1–2):241–8.
- [109] Khademi F, Sahebkar A, Fasihi-Ramandi M, Taheri RA. Induction of strong immune response against a multicomponent antigen of *Mycobacterium tuberculosis* in BALB/c mice using PLGA and DOTAP adjuvant. *Apmis* 2018;126(6):509–14.
- [110] Hovav A-H, Mullerad J, Davidovitch L, Fishman Y, Bigi F, Cataldi A, et al. The *Mycobacterium tuberculosis* recombinant 27-kilodalton lipoprotein induces a strong Th1-type immune response deleterious to protection. *Infect Immun* 2003;71(6):3146–54.
- [111] Blazevic A, Eickhoff CS, Stanley J, Buller MR, Schriewer J, Kettelson EM, et al. Investigations of TB vaccine-induced mucosal protection in mice. *Microb Infect* 2014;16(1):73–9.
- [112] Giri PK, Verma I, Khuller GK. Enhanced immunoprotective potential of *Mycobacterium tuberculosis* Ag85 complex protein based vaccine against airway *Mycobacterium tuberculosis* challenge following intranasal administration. *FEMS Immunol Med Microbiol* 2006;47(2):233–41.
- [113] Sable SB, Verma I, Khuller G. Multicomponent antituberculous subunit vaccine based on immunodominant antigens of *Mycobacterium tuberculosis*. *Vaccine* 2005;23(32):4175–84.
- [114] Doherty TM, Olsen AW, van Pinxteren L, Andersen P. Oral vaccination with subunit vaccines protects animals against aerosol infection with *Mycobacterium tuberculosis*. *Infect Immun* 2002;70(6):3111–21.
- [115] Dietrich J, Andersen C, Rappuoli R, Doherty TM, Jensen CG, Andersen P. Mucosal administration of Ag85B-ESAT-6 protects against infection with *Mycobacterium tuberculosis* and boosts prior bacillus Calmette-Guérin immunity. *J Immunol* 2006;177(9):6353–60.
- [116] Kamath AT, Rochat A-F, Valenti MP, Agger EM, Dingnau K, Andersen P, et al. Adult-like anti-mycobacterial T cell and in vivo dendritic cell responses following neonatal immunization with Ag85B-ESAT-6 in the IC31* adjuvant. *PLoS One* 2008;3(11):e3683.
- [117] Olsen AW, Williams A, Okkels LM, Hatch G, Andersen P. Protective effect of a tuberculosis subunit vaccine based on a fusion of antigen 85B and ESAT-6 in the larget Guinea pig model. *Infect Immun* 2004;72(10):6148–50.
- [118] Langermans JA, Doherty TM, Vervene RA, van der Laan T, Lyashchenko K, Greenwald R, et al. Protection of macaques against *Mycobacterium tuberculosis*

- infection by a subunit vaccine based on a fusion protein of antigen 85B and ESAT-6. *Vaccine* 2005;23(21):2740–50.
- [119] van Dissel JT, Arend SM, Prins C, Bang P, Tingskov PN, Lingnau K, et al. Ag85B-ESAT-6 adjuvanted with IC31* promotes strong and long-lived Mycobacterium tuberculosis specific T cell responses in naive human volunteers. *Vaccine* 2010;28(20):3571–81.
- [120] Van Dissel JT, Soonawala D, Joosten SA, Prins C, Arend SM, Bang P, et al. Ag85B-ESAT-6 adjuvanted with IC31* promotes strong and long-lived Mycobacterium tuberculosis specific T cell responses in volunteers with previous BCG vaccination or tuberculosis infection. *Vaccine* 2011;29(11):2100–9.
- [121] van Dissel JT, Joosten SA, Hoff ST, Soonawala D, Prins C, Hokey DA, et al. A novel liposomal adjuvant system, CAF01, promotes long-lived Mycobacterium tuberculosis-specific T-cell responses in human. *Vaccine* 2014;32(52):7098–107.
- [122] Reither K, Katsoulis L, Beattie T, Gardiner N, Lenz N, Said K, et al. Safety and immunogenicity of H1/IC31 (R), an adjuvanted TB subunit vaccine. HIV-infected adults with CD4+ lymphocyte counts greater than. 2014;350:e114602.
- [123] Mearns H, Geldenhuys HD, Kagina BM, Musvosvi M, Little F, Ratangee F, et al. H1: IC31 vaccination is safe and induces long-lived TNF- α + IL-2 + CD4 T cell responses in M. tuberculosis infected and uninfected adolescents: a randomized trial. *Vaccine* 2017;35(1):132–41.
- [124] Elvang T, Christensen JP, Billeskov R, Hoang TTKT, Holst P, Thomsen AR, et al. CD4 and CD8 T cell responses to the M. tuberculosis Ag85B-TB10. 4 promoted by adjuvanted subunit, adenovector or heterologous prime boost vaccination. *PLoS One* 2009;4(4):e5139.
- [125] Aagaard C, Hoang TTKT, Izzo A, Billeskov R, Trout J, Arnett K, et al. Protection and polyfunctional T cells induced by Ag85B-TB10. 4/IC31* against Mycobacterium tuberculosis is highly dependent on the antigen dose. *PLoS One* 2009;4(6):e5930.
- [126] Skeiky YA, Dietrich J, Lasco TM, Stagliano K, Dheenadhayalan V, Goetz MA, et al. Non-clinical efficacy and safety of HyVac4: IC31 vaccine administered in a BCG prime-boost regimen. *Vaccine* 2010;28(4):1084–93.
- [127] Geldenhuys H, Mearns H, Miles DJ, Tameris M, Hokey D, Shi Z, et al. The tuberculosis vaccine H4: IC31 is safe and induces a persistent polyfunctional CD4 T cell response in South African adults: a randomized controlled trial. *Vaccine* 2015;33(30):3592–9.
- [128] Norrby M, Vesikari T, Lindqvist L, Maeurer M, Ahmed R, Mahdaviavir S, et al. Safety and immunogenicity of the novel H4: IC31 tuberculosis vaccine candidate in BCG-vaccinated adults: two phase I dose escalation trials. *Vaccine* 2017;35(12):1652–61.
- [129] Nemes E, Geldenhuys H, Rozot V, Rutkowski KT, Ratangee F, Bilek N, et al. Prevention of M. tuberculosis infection with H4: IC31 vaccine or BCG revaccination. *N Engl J Med* 2018;379(2):138–49.
- [130] Aagaard C, Hoang T, Dietrich J, Cardona P-J, Izzo A, Dolganov G, et al. A multistage tuberculosis vaccine that confers efficient protection before and after exposure. *Nat Med* 2011;17(2):189.
- [131] Lin PL, Dietrich J, Tan E, Abalos RM, Burgos J, Bigbee C, et al. The multistage vaccine H56 boosts the effects of BCG to protect cynomolgus macaques against active tuberculosis and reactivation of latent Mycobacterium tuberculosis infection. *J Clin Invest* 2012;122(1):303–14.
- [132] Luabeya AKK, Kagina BM, Tameris MD, Geldenhuys H, Hoff ST, Shi Z, et al. First-in-human trial of the post-exposure tuberculosis vaccine H56: IC31 in Mycobacterium tuberculosis infected and non-infected healthy adults. *Vaccine* 2015;33(33):4130–40.
- [133] Billeskov R, Christensen JP, Aagaard C, Andersen P, Dietrich J. Comparing adjuvanted H28 and modified vaccinia virus ankara expressing H28 in a mouse and a non-human primate tuberculosis model. *PLoS One* 2013;8(8):e72185.
- [134] Li Q, Yu H, Zhang Y, Wang B, Jiang W, Da Z, et al. Immunogenicity and protective efficacy of a fusion protein vaccine consisting of antigen Ag85B and HspX against Mycobacterium tuberculosis infection in mice. *Scand J Immunol* 2011;73(6):568–76.
- [135] Luo Y, Wang B, Hu L, Yu H, Da Z, Jiang W, et al. Fusion protein Ag85B-MPT64190-198-Mtb8. 4 has higher immunogenicity than Ag85B with capacity to boost BCG-primed immunity against Mycobacterium tuberculosis in mice. *Vaccine* 2009;27(44):6179–85.
- [136] Chen L, Xu M, Wang Z-Y, Chen B-W, Du W-X, Su C, et al. The development and preliminary evaluation of a new Mycobacterium tuberculosis vaccine comprising Ag85b, HspX and CFP-10: ESAT-6 fusion protein with CpG DNA and aluminum hydroxide adjuvants. *FEMS Immunol Med Microbiol* 2010;59(1):42–52.
- [137] Sable S, Verma I, Behera D, Khuller G. Human immune recognition-based multi-component subunit vaccines against tuberculosis. *Eur Respir J* 2005;25(5):902–10.
- [138] Teng X, Tian M, Li J, Tan S, Yuan X, Yu Q, et al. Immunogenicity and protective efficacy of DMT liposome-adjuvanted tuberculosis subunit CTT3H vaccine. *Hum Vaccines Immunother* 2015;11(6):1456–64.
- [139] Hogarth PJ, Logan KE, Vordermeier HM, Singh M, Hewinson RG, Chambers MA. Protective immunity against Mycobacterium bovis induced by vaccination with Rv3109c—a member of the esat-6 gene family. *Vaccine* 2005;23(20):2557–64.
- [140] Kohama H, Umemura M, Okamoto Y, Yahagi A, Goga H, Harakuni T, et al. Mucosal immunization with recombinant heparin-binding haemagglutinin adhesin suppresses extrapulmonary dissemination of Mycobacterium bovis bacillus Calmette-Guerin (BCG) in infected mice. *Vaccine* 2008;26(7):924–32.
- [141] Fukui M, Shinjo K, Umemura M, Shigeno S, Harakuni T, Arakawa T, et al. Enhanced effect of BCG vaccine against pulmonary Mycobacterium tuberculosis infection in mice with lung Th17 response to mycobacterial heparin-binding haemagglutinin adhesin antigen. *Microbiol Immunol* 2015;59(12):735–43.
- [142] Skeiky YA, Alderson MR, Owendale PJ, Guderian JA, Brandt L, Dillon DC, et al. Differential immune responses and protective efficacy induced by components of a tuberculosis polyprotein vaccine, Mtb72F, delivered as naked DNA or recombinant protein. *J Immunol* 2004;172(12):7618–28.
- [143] Brandt L, Skeiky YA, Alderson MR, Lobet Y, Dalemans W, Turner OC, et al. The protective effect of the Mycobacterium bovis BCG vaccine is increased by co-administration with the Mycobacterium tuberculosis 72-kilodalton fusion polyprotein Mtb72F in M. tuberculosis-infected Guinea pigs. *Infect Immun* 2004;72(11):6622–32.
- [144] Tsenova L, Harbacheuski R, Moreira AL, Ellison E, Dalemans W, Alderson MR, et al. Evaluation of the Mtb72F polyprotein vaccine in a rabbit model of tuberculous meningitis. *Infect Immun* 2006;74(4):2392–401.
- [145] Reed SG, Coler RN, Dalemans W, Tan EV, Cruz ECD, Basaraba RJ, et al. Defined tuberculosis vaccine, Mtb72F/AS02A, evidence of protection in cynomolgus monkeys. *Proc Natl Acad Sci Unit States Am* 2009;0712077106. pnas.
- [146] Von Eschen K, Morrison R, Braun M, Ofori-Anyinam O, De Kock E, Pavithran P, et al. The candidate tuberculosis vaccine Mtb72F/AS02A: tolerability and immunogenicity in humans. *Hum Vaccine* 2009;5(7):475–82.
- [147] Spertini F, Audran R, Lurati F, Ofori-Anyinam O, Zysset F, Vandepapelière P, et al. The candidate tuberculosis vaccine Mtb72F/AS02 in PPD positive adults: a randomized controlled phase I/II study. *Tuberculosis* 2013;93(2):179–88.
- [148] Leroux-Roels I, Leroux-Roels G, Ofori-Anyinam O, Moris P, De Kock E, Clement F, et al. Evaluation of the safety and immunogenicity of two antigen concentrations of the Mtb72F/AS02A candidate tuberculosis vaccine in purified protein derivative-negative adults. *Clin Vaccine Immunol* 2010;17(11):1763–71.
- [149] Leroux-Roels I, Forgue S, De Boever F, Clement F, Demoitie M-A, Mettens P, et al. Improved CD4+ T cell responses to Mycobacterium tuberculosis in PPD-negative adults by M72/AS01 as compared to the M72/AS02 and Mtb72F/AS02 tuberculosis candidate vaccine formulations: a randomized trial. *Vaccine* 2013;31(17):2196–206.
- [150] Vipond J, Clark SO, Hatch GJ, Vipond R, Agger EM, Tree JA, et al. Re-formulation of selected DNA vaccine candidates and their evaluation as protein vaccines using a Guinea pig aerosol infection model of tuberculosis. *Tuberculosis* 2006;86(3–4):218–24.
- [151] Singh A, Khuller G. Induction of immunity against experimental tuberculosis with mycobacterial mannophosphoinositides encapsulated in liposomes containing lipid A. *FEMS Immunol Med Microbiol* 1994;8(2):119–26.
- [152] Bekierkunst A, Levij I, Yarkoni E, Vilkas E, Adam A, Lederer E. Granuloma formation induced in mice by chemically defined mycobacterial fractions. *J Bacteriol* 1969;100(1):95–102.
- [153] Kato M. Effect of anti-cord factor antibody on experimental tuberculosis in mice. *Infect Immun* 1973;7(1):14–21.
- [154] Tregoning JS, Kinnear E. Using plasmids as DNA vaccines for infectious diseases. *Plasmids: biology and impact in biotechnology and discovery. American Society of Microbiology*; 2015. p. 651–68.
- [155] Bruffaerts N, Huygen K, Romano M. DNA vaccines against tuberculosis. *Expert Opin Biol Ther* 2014;14(12):1801–13.
- [156] Yermeev V, Lyadova I, Nikonenko B, Apt A, Abou-Zeid C, Inwald J, et al. The 19-kD antigen and protective immunity in a murine model of tuberculosis. *Clin Exp Immunol* 2000;120(2):274–9.
- [157] Mollenkopf H-J, Dietrich G, Fensterle J, Grode L, Diehl K-D, Knapp B, et al. Enhanced protective efficacy of a tuberculosis DNA vaccine by adsorption onto cationic PLG microparticles. *Vaccine* 2004;22(21–22):2690–5.
- [158] Kirman JR, Turon T, Su H, Li A, Kraus C, Polo JM, et al. Enhanced immunogenicity to Mycobacterium tuberculosis by vaccination with an alphavirus plasmid replicon expressing antigen 85A. *Infect Immun* 2003;71(1):575–9.
- [159] Sugawara I, Yamada H, Udagawa T, Huygen K. Vaccination of Guinea pigs with DNA encoding Ag85A by gene gun bombardment. *Tuberculosis* 2003;83(6):331–7.
- [160] Parida SK, Huygen K, Ryffel B, Chakraborty T. Novel bacterial delivery system with attenuated Salmonella typhimurium carrying plasmid encoding Mtb antigen 85A for mucosal immunization: establishment of proof of principle in TB mouse model. *Ann N Y Acad Sci* 2005;1056(1):366–78.
- [161] Teixeira FM, Teixeira HC, Ferreira AP, Rodrigues MF, Azevedo V, Macedo GC, et al. DNA vaccine using Mycobacterium bovis Ag85B antigen induces partial protection against experimental infection in BALB/c mice. *Clin Vaccine Immunol* 2006;13(8):930–5.
- [162] Feng CG, Palendira U, Demangel C, Spratt JM, Malin AS, Britton WJ. Priming by DNA immunization augments protective efficacy of Mycobacterium bovis Bacille Calmette-Guerin against tuberculosis. *Infect Immun* 2001;69(6):4174–6.
- [163] Grover A, Ahmed MF, Singh B, Verma I, Sharma P, Khuller G. A multivalent combination of experimental antituberculosis DNA vaccines based on Ag85B and regions of difference antigens. *Microb Infect* 2006;8(9–10):2390–9.
- [164] Cai H, Yu D, Hu X, Li S, Zhu Y. A combined DNA vaccine-prime, BCG-boost strategy results in better protection against Mycobacterium bovis challenge. *DNA Cell Biol* 2006;25(8):438–47.
- [165] Cai H, Yu D, Tian X, Zhu Y. Co-administration of interleukin 2 plasmid DNA with combined DNA vaccines significantly enhances the protective efficacy against Mycobacterium tuberculosis. *DNA Cell Biol* 2005;24(10):605–13.
- [166] Cai H, Tian X, Hu X, Li S, Yu D, Zhu Y. Combined DNA vaccines formulated either in DDA or in saline protect cattle from Mycobacterium bovis infection. *Vaccine* 2005;23(30):3887–95.
- [167] Delogu G, Li A, Repique C, Collins F, Morris SL. DNA vaccine combinations expressing either tissue plasminogen activator signal sequence fusion proteins or ubiquitin-conjugated antigens induce sustained protective immunity in a mouse model of pulmonary tuberculosis. *Infect Immun* 2002;70(1):292–302.
- [168] Skinner MA, Ramsay A, Buchan G, Keen D, Ranasinghe C, Slobbe L, et al. A DNA prime-live vaccine boost strategy in mice can augment IFN- γ responses to

- mycobacterial antigens but does not increase the protective efficacy of two attenuated strains of *Mycobacterium bovis* against bovine tuberculosis. *Immunology* 2003;108(4):548–55.
- [169] Derrick SC, Yang AL, Morris SL. A polyvalent DNA vaccine expressing an ESAT6–Ag85B fusion protein protects mice against a primary infection with *Mycobacterium tuberculosis* and boosts BCG-induced protective immunity. *Vaccine* 2004;23(6):780–8.
- [170] Chang-hong S, Xiao-wu W, Hai Z, Ting-fen Z, Li-mei W, Zhi-kai X. Immune responses and protective efficacy of the gene vaccine expressing Ag85B and ESAT6 fusion protein from *Mycobacterium tuberculosis*. *DNA Cell Biol* 2008;27(4):199–207.
- [171] Gao H, Yue Y, Hu L, Xu W, Xiong S. A novel DNA vaccine containing multiple TB-specific epitopes casted in a natural structure (ECANS) confers protective immunity against pulmonary mycobacterial challenge. *Vaccine* 2009;27(39):5313–9.
- [172] Cai H, Tian X, Hu X, Zhuang Y, Zhu Y. Combined DNA vaccines formulated in DDA enhance protective immunity against tuberculosis. *DNA Cell Biol* 2004;23(7):450–6.
- [173] Garapin A-C, Ma L, Pescher P, Lagranderie M, Marchal G. Mixed immune response induced in rodents by two naked DNA genes coding for mycobacterial glycosylated proteins. *Vaccine* 2001;19(20–22):2830–41.
- [174] Dey B, Jain R, Khera A, Rao V, Dhar N, Gupta UD, et al. Boosting with a DNA vaccine expressing ESAT-6 (DNAE6) obliterates the protection imparted by recombinant BCG (rBCGE6) against aerosol *Mycobacterium tuberculosis* infection in Guinea pigs. *Vaccine* 2009;28(1):63–70.
- [175] Khera A, Singh R, Shakila H, Rao V, Dhar N, Narayanan P, et al. Elicitation of efficient, protective immune responses by using DNA vaccines against tuberculosis. *Vaccine* 2005;23(48–49):5655–65.
- [176] Maue AC, Waters WR, Palmer MV, Nonneke BJ, Minion FC, Brown WC, et al. An ESAT-6: CFP10 DNA vaccine administered in conjunction with *Mycobacterium bovis* BCG confers protection to cattle challenged with virulent *M. bovis*. *Vaccine* 2007;25(24):4735–46.
- [177] Li Z, Howard A, Kelley C, Delogu G, Collins F, Morris S. Immunogenicity of DNA vaccines expressing tuberculosis proteins fused to tissue plasminogen activator signal sequences. *Infect Immun* 1999;67(9):4780–6.
- [178] Lima K, Dos Santos S, Santos Jr. R, Brandao I, Rodrigues Jr. J, Silva C. Efficacy of DNA–hsp65 vaccination for tuberculosis varies with method of DNA introduction in vivo. *Vaccine* 2003;22(1):49–56.
- [179] Gonçalves ED, Bonato VLD, da Fonseca DM, Soares EG, Brandão IT, Soares APM, et al. Improve protective efficacy of a TB DNA–HSP65 vaccine by BCG priming. *Genet Vaccines Ther* 2007;5(1):7.
- [180] Hogarth PJ, Logan KE, Ferraz JC, Hewinson RG, Chambers MA. Protective efficacy induced by *Mycobacterium bovis* bacille Calmette-Guérin can be augmented in an antigen independent manner by use of non-coding plasmid DNA. *Vaccine* 2006;24(1):95–101.
- [181] Lefèvre P, Denis O, De Wit L, Tanghe A, Vandenbussche P, Content J, et al. Cloning of the gene encoding a 22-kilodalton cell surface antigen of *Mycobacterium bovis* BCG and analysis of its potential for DNA vaccination against tuberculosis. *Infect Immun* 2000;68(3):1040–7.
- [182] Delogu G, Howard A, Collins FM, Morris SL. DNA vaccination against tuberculosis: expression of a ubiquitin-conjugated tuberculosis protein enhances anti-mycobacterial immunity. *Infect Immun* 2000;68(6):3097–102.
- [183] Chambers M, Vordermeier H-M, Whelan A, Commander N, Tascon R, Lowrie D, et al. Vaccination of mice and cattle with plasmid DNA encoding the *Mycobacterium bovis* antigen MPB83. *Clin Infect Dis* 2000;30(Supplement 3):S283–7.
- [184] Wedlock D, Skinner M, Parlance N, Vordermeier H, Hewinson R, De Lisle G, et al. Vaccination with DNA vaccines encoding MPB70 or MPB83 or a MPB70 DNA prime-protein boost does not protect cattle against bovine tuberculosis. *Tuberculosis* 2003;83(6):339–49.
- [185] Tanghe A, Lefèvre P, Denis O, D'Souza S, Braibant M, Lozes E, et al. Immunogenicity and protective efficacy of tuberculosis DNA vaccines encoding putative phosphate transport receptors. *J Immunol* 1999;162(2):1113–9.
- [186] Rollier CS, Reyes-Sandoval A, Cottingham MG, Ewer K, Hill AV. Viral vectors as vaccine platforms: deployment in sight. *Curr Opin Immunol* 2011;23(3):377–82.
- [187] Silva AJd, Zangirolami TC, Novo-Mansur MTM, Giordano RdC, Martins EAL. Live bacterial vaccine vectors: an overview. *Braz J Microbiol* 2014;45(4):1117–29.
- [188] Wang J, Thorson L, Stokes RW, Santosuosso M, Huygen K, Zganiacz A, et al. Single mucosal, but not parenteral, immunization with recombinant adenoviral-based vaccine provides potent protection from pulmonary tuberculosis. *J Immunol* 2004;173(10):6357–65.
- [189] Stylianou E, Griffiths K, Poyntz H, Harrington-Kandt R, Dicks M, Stockdale L, et al. Improvement of BCG protective efficacy with a novel chimpanzee adenovirus and a modified vaccinia Ankara virus both expressing Ag85A. *Vaccine* 2015;33(48):6800–8.
- [190] Santosuosso M, McCormick S, Zhang X, Zganiacz A, Xing Z. Intranasal boosting with an adenovirus-vectored vaccine markedly enhances protection by parenteral *Mycobacterium bovis* BCG immunization against pulmonary tuberculosis. *Infect Immun* 2006;74(8):4634–43.
- [191] Santosuosso M, Zhang X, McCormick S, Wang J, Hitt M, Xing Z. Mechanisms of mucosal and parenteral tuberculosis vaccinations: adenoviral-based mucosal immunization preferentially elicits sustained accumulation of immune protective CD4 and CD8 T cells within the airway lumen. *J Immunol* 2005;174(12):7986–94.
- [192] Xing Z, McFarland CT, Sallenave J-M, Izzo A, Wang J, McMurray DN. Intranasal mucosal boosting with an adenovirus-vectored vaccine markedly enhances the protection of BCG-primed Guinea pigs against pulmonary tuberculosis. *PLoS One* 2009;4(6):e5856.
- [193] Vordermeier HM, Villarreal-Ramos B, Cockle PJ, McAulay M, Rhodes SG, Thacker T, et al. Viral booster vaccines improve *Mycobacterium bovis* BCG-induced protection against bovine tuberculosis. *Infect Immun* 2009;77(8):3364–73.
- [194] Mu J, Jeyanathan M, Small C-L, Zhang X, Roediger E, Feng X, et al. Immunization with a bivalent adenovirus-vectored tuberculosis vaccine provides markedly improved protection over its monovalent counterpart against pulmonary tuberculosis. *Mol Ther* 2009;17(6):1093–100.
- [195] Radošević K, Wieland CW, Rodriguez A, Weverling GJ, Mintardjo R, Gillissen G, et al. Protective immune responses to a recombinant adenovirus type 35 tuberculosis vaccine in two mouse strains: CD4 and CD8 T-cell epitope mapping and role of gamma interferon. *Infect Immun* 2007;75(8):4105–15.
- [196] Dai G, Rady HF, Huang W, Shellito JE, Mason C, Ramsay AJ. Gene-based neonatal immune priming potentiates a mucosal adenoviral vaccine encoding mycobacterial Ag85B. *Vaccine* 2016;34(50):6267–75.
- [197] Shi C, Chen L, Chen Z, Zhang Y, Zhou Z, Lu J, et al. Enhanced protection against tuberculosis by vaccination with recombinant BCG over-expressing HspX protein. *Vaccine* 2010;28(32):5237–44.
- [198] Kita Y, Tanaka T, Yoshida S, Ohara N, Kaneda Y, Kuwayama S, et al. Novel recombinant BCG and DNA-vaccination against tuberculosis in a cynomolgus monkey model. *Vaccine* 2005;23(17–18):2132–5.
- [199] Sugawara I, Li Z, Sun L, Udagawa T, Taniyama T. Recombinant BCG Tokyo (Ag85A) protects cynomolgus monkeys (*Macaca fascicularis*) infected with H37Rv *Mycobacterium tuberculosis*. *Tuberculosis* 2007;87(6):518–25.
- [200] Yuan X, Teng X, Jing Y, Ma J, Tian M, Yu Q, et al. A live attenuated BCG vaccine overexpressing multistage antigens Ag85B and HspX provides superior protection against *Mycobacterium tuberculosis* infection. *Appl Microbiol Biotechnol* 2015;99(24):10587–95.
- [201] Horwitz MA, Harth G. A new vaccine against tuberculosis affords greater survival after challenge than the current vaccine in the Guinea pig model of pulmonary tuberculosis. *Infect Immun* 2003;71(4):1672–9.
- [202] Hoft DF, Blazevic A, Abate G, Hanekom WA, Kaplan G, Soler JH, et al. A new recombinant bacille Calmette-Guérin vaccine safely induces significantly enhanced tuberculosis-specific immunity in human volunteers. *J Infect Dis* 2008;198(10):1491–501.
- [203] Shi C, Wang X, Zhang H, Xu Z, Li Y, Yuan L. Immune responses and protective efficacy induced by 85B antigen and early secreted antigenic target-6 kDa antigen fusion protein secreted by recombinant bacille Calmette-Guérin. *Acta Biochim Biophys Sin* 2007;39(4):290–6.
- [204] Xu Y, Zhu B, Wang Q, Chen J, Qie Y, Wang J, et al. Recombinant BCG coexpressing Ag85B, ESAT-6 and mouse-IFN- γ confers effective protection against *Mycobacterium tuberculosis* in C57BL/6 mice. *FEMS Immunol Med Microbiol* 2007;51(3):480–7.
- [205] Mohamud R, Azlan M, Yero D, Alvarez N, Sarmiento ME, Acosta A, et al. Immunogenicity of recombinant *Mycobacterium bovis* bacille Calmette-Guérin clones expressing T and B cell epitopes of *Mycobacterium tuberculosis* antigens. *BMC Immunol* 2013;14(Suppl 1):S5.
- [206] Sali M, Di Sante G, Cascioferro A, Zumbo A, Nicolo C, Dona V, et al. Surface expression of MPT64 as a fusion with the PE domain of PE_PGRS33 enhances *Mycobacterium bovis* BCG protective activity against *Mycobacterium tuberculosis* in mice. *Infect Immun* 2010;78(12):5202–13.
- [207] Watanabe K, Matsubara A, Kawano M, Mizuno S, Okamura T, Tsujimura Y, et al. Recombinant Ag85B vaccine by taking advantage of characteristics of human parainfluenza type 2 virus vector showed *Mycobacteria*-specific immune responses by intranasal immunization. *Vaccine* 2014;32(15):1727–35.
- [208] Sereinig S, Stukova M, Zabolotnyh N, Ferko B, Kittel C, Romanova J, et al. Influenza virus NS vectors expressing the *Mycobacterium tuberculosis* ESAT-6 protein induce CD4+ Th1 immune response and protect animals against tuberculosis challenge. *Clin Vaccine Immunol* 2006;13(8):898–904.
- [209] Kadir N-A, Sarmiento ME, Acosta A, Norazmi M-N. Cellular and humoral immunogenicity of recombinant *Mycobacterium smegmatis* expressing Ag85B epitopes in mice. *Int J Mycobact* 2016;5(1):7–13.
- [210] Hess J, Grode L, Hellwig J, Conradt P, Gentschev I, Goebel W, et al. Protection against murine tuberculosis by an attenuated recombinant *Salmonella typhimurium* vaccine strain that secretes the 30-kDa antigen of *Mycobacterium bovis* BCG. *FEMS Immunol Med Microbiol* 2000;27(4):283–9.
- [211] Mollenkopf H-J, Groine-Triebkorn D, Andersen P, Hess J, Kaufmann SH. Protective efficacy against tuberculosis of ESAT-6 secreted by a live *Salmonella typhimurium* vaccine carrier strain and expressed by naked DNA. *Vaccine* 2001;19(28–29):4028–35.
- [212] Hall LJ, Clare S, Pickard D, Clark SO, Kelly DL, El Ghany MA, et al. Characterisation of a live *Salmonella* vaccine stably expressing the *Mycobacterium tuberculosis* Ag85B–ESAT6 fusion protein. *Vaccine* 2009;27(49):6894–904.
- [213] Goonetilleke NP, McShane H, Hannan CM, Anderson RJ, Brookes RH, Hill AV. Enhanced immunogenicity and protective efficacy against *Mycobacterium tuberculosis* of bacille Calmette-Guérin vaccine using mucosal administration and boosting with a recombinant modified vaccinia virus Ankara. *J Immunol* 2003;171(3):1602–9.
- [214] Williams A, Goonetilleke N, McShane H, Clark SO, Hatch G, Gilbert S, et al. Boosting with poxviruses enhances *Mycobacterium bovis* BCG efficacy against tuberculosis in Guinea pigs. *Infect Immun* 2005;73(6):3814–6.
- [215] White A, Sibley L, Dennis M, Gooch K, Betts G, Edwards N, et al. An evaluation of the safety and immunogenicity of a candidate TB vaccine, MVA85A, delivered by aerosol to the lungs of macaques. *Clin Vaccine Immunol* 2013;20(5):663–72.
- [216] Satti I, Meyer J, Harris SA, Thomas Z-RM, Griffiths K, Antrobus RD, et al. Safety and immunogenicity of a candidate tuberculosis vaccine MVA85A delivered by aerosol in BCG-vaccinated healthy adults: a phase 1, double-blind, randomised

- controlled trial. *Lancet Infect Dis* 2014;14(10):939–46.
- [217] Tameris MD, Hatherill M, Landry BS, Scriba TJ, Snowden MA, Lockhart S, et al. Safety and efficacy of MVA85A, a new tuberculosis vaccine, in infants previously vaccinated with BCG: a randomised, placebo-controlled phase 2b trial. *Lancet* 2013;381(9871):1021–8.
- [218] You Q, Jiang C, Wu Y, Yu X, Chen Y, Zhang X, et al. Subcutaneous administration of modified vaccinia virus ankara expressing an Ag85B-ESAT6 fusion protein, but not an adenovirus-based vaccine, protects mice against intravenous challenge with *Mycobacterium tuberculosis*. *Scand J Immunol* 2012;75(1):77–84.
- [219] Kolibab K, Yang A, Derrick SC, Waldmann TA, Perera LP, Morris SL. Highly persistent and effective prime/boost regimens against tuberculosis that use a multi-valent modified vaccine virus Ankara-based tuberculosis vaccine with interleukin-15 as a molecular adjuvant. *Clin Vaccine Immunol* 2010;17(5):793–801.
- [220] Roediger EK, Kugathasan K, Zhang X, Lichty BD, Xing Z. Heterologous boosting of recombinant adenoviral prime immunization with a novel vesicular stomatitis virus-vectored tuberculosis vaccine. *Mol Ther* 2008;16(6):1161–9.
- [221] Zhang M, Dong C, Xiong S. Heterologous boosting with recombinant VSV-846 in BCG-primed mice confers improved protection against *Mycobacterium* infection. *Hum Vaccines Immunother* 2017;13(4):816–22.
- [222] Zhang M, Dong C, Xiong S. Vesicular stomatitis virus-vectored multi-antigen tuberculosis vaccine limits bacterial proliferation in mice following a single intranasal dose. *Front. Cell. Infect. Microbiol.* 2017;7:34.
- [223] Jeon BY, Kim HJ, Kim SC, Jo EK, Park JK, Paik TH, et al. Protection of mice against *Mycobacterium tuberculosis* infection by immunization with aqueous fraction of Triton X-100-soluble cell wall proteins. *Scand J Immunol* 2008;67(1):18–23.
- [224] Chugh I, Khuller G. Immunoprotective behaviour of liposome entrapped cell wall subunit of *Mycobacterium tuberculosis* against experimental tuberculous infection in mice. *Eur Respir J* 1993;6(6):811–5.
- [225] García MdA, Borrero R, Lanio ME, Tirado Y, Alvarez N, Puig A, et al. Protective effect of a lipid-based preparation from *Mycobacterium smegmatis* in a murine model of progressive pulmonary tuberculosis. *BioMed Res Int* 2014;2014.
- [226] Guirado E, Gil O, Cáceres N, Singh M, Vilaplana C, Cardona P-J. Induction of a specific strong polyantigenic cellular immune response after short-term chemotherapy controls bacillary reactivation in murine and Guinea pig experimental models of tuberculosis. *Clin Vaccine Immunol* 2008;15(8):1229–37.
- [227] Vilaplana C, Gil O, Cáceres N, Pinto S, Díaz J, Cardona P-J. Prophylactic effect of a therapeutic vaccine against TB based on fragments of *Mycobacterium tuberculosis*. *PLoS One* 2011;6(5):e20404.
- [228] Vilaplana C, Montané E, Pinto S, Barriocanal A, Domenech G, Torres F, et al. Double-blind, randomized, placebo-controlled Phase I Clinical Trial of the therapeutic antituberculous vaccine RUTI®. *Vaccine* 2010;28(4):1106–16.
- [229] Nell AS, D'Om E, Bouic P, Sabaté M, Bosser R, Picas J, et al. Safety, tolerability, and immunogenicity of the novel antituberculous vaccine RUTI: randomized, placebo-controlled phase II clinical trial in patients with latent tuberculosis infection. *PLoS One* 2014;9(2):e89612.
- [230] van der Pol L, Stork M, van der Ley P. Outer membrane vesicles as platform vaccine technology. *Biotechnol J* 2015;10(11):1689–706.
- [231] Acevedo R, Fernandez S, Zayas C, Acosta A, Sarmiento ME, Ferro VA, et al. Bacterial outer membrane vesicles and vaccine applications. *Front Immunol* 2014;5:121.
- [232] Gupta S, Rodriguez GM. Mycobacterial extracellular vesicles and host pathogen interactions. *Pathog Dis* 2018;76(4):fty031.
- [233] White DW, Elliott SR, Odean E, Bemis LT, Tischler AD. Mycobacterium tuberculosis pst/SenX3-RegX3 regulates membrane vesicle production independently of ESX-5 activity. *mBio* 2018;9(3). e00778-18.
- [234] Prados-Rosales R, Baena A, Martínez LR, Luque-García J, Kalscheuer R, Veeraraghavan U, et al. Mycobacteria release active membrane vesicles that modulate immune responses in a TLR2-dependent manner in mice. *J Clin Invest* 2011;121(4):1471–83.
- [235] Prados-Rosales R, Carreño LJ, Batista-Gonzalez A, Baena A, Venkataswamy MM, Xu J, et al. Mycobacterial membrane vesicles administered systemically in mice induce a protective immune response to surface compartments of *Mycobacterium tuberculosis*. *mBio* 2014;5(5). e01921-14.
- [236] Tirado Y, Puig A, Alvarez N, Borrero R, Aguilar A, Camacho F, et al. Protective capacity of proteoliposomes from *Mycobacterium bovis* BCG in a mouse model of tuberculosis. *Hum Vaccines Immunother* 2015;11(3):657–61.
- [237] Tirado Y, Puig A, Alvarez N, Borrero R, Aguilar A, Camacho F, et al. *Mycobacterium smegmatis* proteoliposome induce protection in a murine progressive pulmonary tuberculosis model. *Tuberculosis* 2016;101:44–8.
- [238] Bell C, Smith GT, Sweredoski MJ, Hess S. Characterization of the *Mycobacterium tuberculosis* proteome by liquid chromatography mass spectrometry-based proteomics techniques: a comprehensive resource for tuberculosis research. *J Proteome Res* 2011;11(1):119–30.
- [239] Wolfe LM, Mahaffey SB, Kruh NA, Dobos KM. Proteomic definition of the cell wall of *Mycobacterium tuberculosis*. *J Proteome Res* 2010;9(11):5816–26.
- [240] Mawuenyega KG, Forst CV, Dobos KM, Belisle JT, Chen J, Bradbury EM, et al. *Mycobacterium tuberculosis* functional network analysis by global subcellular protein profiling. *Mol Biol Cell* 2005;16(1):396–404.
- [241] Pal R, Hameed S, Kumar P, Singh S, Fatima Z. Comparative lipidomics of drug sensitive and resistant *Mycobacterium tuberculosis* reveals altered lipid imprints. *3 Biotech* 2017;7(5):325.
- [242] Layre E, Al-Mubarak R, Belisle JT, Moody DB. Mycobacterial lipidomics. molecular genetics of mycobacteria. second ed. American Society of Microbiology; 2014. p. 341–60.
- [243] Zheng RB, Jégouzo SA, Joe M, Bai Y, Tran H-A, Shen K, et al. Insights into interactions of mycobacteria with the host innate immune system from a novel array of synthetic mycobacterial glycans. *ACS Chem Biol* 2017;12(12):2990–3002.
- [244] Hattori Y, Morita D, Fujiwara N, Mori D, Nakamura T, Harashima H, et al. Glycerol monomycolate is a novel ligand for the human, but not mouse macrophage inducible C-type lectin, Mincle. *J Biol Chem* 2014;566:489. jbc. M114.
- [245] Mazurek J, Ignatowicz L, Kallenius G, Svenson SB, Pawlowski A, Hamasur B. Divergent effects of mycobacterial cell wall glycolipids on maturation and function of human monocyte-derived dendritic cells. *PLoS One* 2012;7(8):e42515.
- [246] Ishikawa E, Mori D, Yamasaki S. Recognition of mycobacterial lipids by immune receptors. *Trends Immunol* 2017;38(1):66–76.
- [247] Singhal A, Mori L, De Libero G. T cell recognition of non-peptidic antigens in infectious diseases. *Indian J Med Res* 2013;138(5):620.
- [248] Voss G, Casimiro D, Neyrolles O, Williams A, Kaufmann SH, McShane H, et al. Progress and challenges in TB vaccine development. *F1000Research* 2018;7.
- [249] Chiaradia L, Lefebvre C, Parra J, Marcoux J, Burlet-Schiltz O, Etienne G, et al. Dissecting the mycobacterial cell envelope and defining the composition of the native mycomembrane. *Sci Rep* 2017;7(1):12807.
- [250] Målen H, Pathak S, Sjøfteland T, de Souza GA, Wiker HG. Research article Definition of novel cell envelope associated proteins in Triton X-114 extracts of *Mycobacterium tuberculosis* H37Rv. 2010.