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1 Current opinion

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3 **Vaccination against canine leishmaniasis in Brazil**

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50 ABSTRACT

51 Prevention of canine *Leishmania infantum* infection is critical to management of  
52 visceral leishmaniasis in people living in endemic areas of Brazil. A bill (PL 1738/11),  
53 currently under consideration, proposes to establish a national vaccination policy  
54 against canine leishmaniasis in Brazil. However, there is no solid scientific evidence  
55 supporting the idea that this could reduce transmission from infected vaccinated dogs to  
56 sand flies to a level that would significantly reduce the risk of *L. infantum* infection or  
57 visceral leishmaniasis in humans. Thus, we advocate that insecticide-impregnated  
58 collars should be made mandatory for public health purposes and that vaccines are  
59 applied on a case-by-case optional basis for individual dog protection.

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61 Keywords: *Leishmania*, zoonosis, prevention, vaccination, topical insecticides

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75 **1. Introduction**

76 Brazil is one of the largest foci of human visceral leishmaniasis (VL) caused by  
77 *Leishmania infantum*, with an annual incidence ranging from 3455 to 4456 cases during  
78 2013–2017 (Ministério da Saúde, 2019). Dogs have been serologically screened and  
79 culled as part of the national VL control programme, which also includes indoor  
80 residual spraying insecticides and human VL treatment (Ministério da Saúde, 2014).  
81 However, this strategy has not apparently led to reductions in either the incidence of  
82 human VL, nor the infection prevalence in dogs, though statistically powered trials to  
83 test these intervention measures are generally lacking (Romero and Boelaert, 2010;  
84 Rocha et al., 2018).

85 Tools to prevent *L. infantum* infection or canine leishmaniasis (CanL) in dogs have  
86 been licensed in Brazil, including topical spot-on insecticides and insecticide-  
87 impregnated collars, and vaccines. Public reaction to culling pet dogs has also catalysed  
88 recent legislation to now allow veterinarians to treat infected seropositive dogs with  
89 miltefosine as an alternative to euthanasia (Ministério da Agricultura, Pecuária e  
90 Abastecimento and Ministério da Saúde, 2016).

91 In pursuit of an effective method to reduce VL transmission, a bill (PL 1738/11) to  
92 introduce obligatory annual canine vaccination is currently under Brazilian government-  
93 level examination (Câmara dos Deputados, 2019). According to the bill, vaccination  
94 will be mandatory in areas of moderate (annual average of  $\geq 2.4$  to 4.4 human VL cases  
95 in the past five years) and intense ( $\geq 4.4$  human VL cases per year) transmission, but not  
96 in areas of sporadic transmission ( $\geq 0.1$  to  $< 2.4$  human VL cases per year).

97 Originally proposed in 2011 to prevent CanL, the bill was accepted in 2018 by the  
98 Committee on Social Security and Family and by the Committee on Agriculture,  
99 Livestock, Supply and Rural Development. It is now under analysis by the Committee

100 on Finance and Taxation (as of 16th August 2019). If accepted, the bill then will be  
101 assessed for constitutional, legal, juridical and legislative regulations by the Committee  
102 on Constitution, Justice and Citizenship, and scrutinised by the plenary of the Chamber  
103 of Deputies, and/or voted on by the Brazilian Federal Senate.

104 With such an important decision on the national VL control policy being imminent,  
105 the aim of this paper is to provide a review of the scientific evidence supporting the  
106 proposed vaccination strategy in light of alternative intervention methods, and in so  
107 doing to provide the authors' informed expert opinion on the bill PL 1738/11.

108

## 109 **2. Licensed CanL vaccines**

110 The vaccine Leishmune<sup>®</sup> (Zoetis), was licensed in 2003, but the requirements for  
111 research, development, production, evaluation, registration, license renewal,  
112 commercialization, and use of CanL vaccines were amended in 2007 (Ministério da  
113 Agricultura, Pecuária e Abastecimento and Ministério da Saúde, 2007), and this vaccine  
114 was withdrawn from the market in 2014. According to a technical note of the Ministry  
115 of Agriculture, Livestock and Food Supply, Leishmune<sup>®</sup> did not completely satisfied  
116 the requirements for phase III studies (Ministério da Agricultura, Pecuária e  
117 Abastecimento, 2014). Another vaccine, Leish-Tec<sup>®</sup> (Ceva Animal Health), was  
118 licensed in 2007 and currently is the only CanL vaccine commercially available in  
119 Brazil.

120 An effective CanL vaccine should induce strong and long-lasting proinflammatory  
121 (Th1-dominated) immune response in dogs in order to either (i) prevent the  
122 establishment of an initial infection, or (ii) control its progression towards severe  
123 disease and (iii) promote the abrogation of *Leishmania* transmissibility by vaccinated  
124 dogs if they get infected (Gradoni, 2015).

125 The best-case scenario (i) is difficult to achieve by current anti-protozoan vaccines,  
126 despite there is evidence from the field that in endemic areas a proportion of dogs  
127 repeatedly exposed to sand flies potentially infected by *L. infantum*, never manifest  
128 evidence of infection (i.e. parasite demonstration by microscopy/culture or DNA  
129 amplification from target tissues), while presenting low antibody titres. The strong  
130 refractoriness to infection of these “resistant” dogs might be the result of a particular  
131 immunogenetic background (Soutter et al., 2019) or of natural booster doses determined  
132 by events of defective *L. infantum* transmission by the vector, as recently seen in a  
133 hamster-sand fly laboratory model (Gradoni et al., 2019).

134 As for the (ii) scenario, an effective vaccine could represent an important tool for  
135 veterinary care at individual level for dogs exposed to risk of *L. infantum* infection. A  
136 vaccine-mediated Th1-type immune response will impair parasite multiplication and  
137 dissemination. Increased parasite burden and dissemination are associated with  
138 pathologic immunoglobulin production and immune complex formation in dogs.

139 On the other hand, scenario (iii), theoretically associated with very good clinical  
140 efficacy of the vaccine, is of key importance as a public health intervention outcome.  
141 Dogs are the most important source of *L. infantum* infection to sand fly vectors  
142 (Quinnell and Courtenay, 2009). Canine infectiousness, which can only be ascertained  
143 by xenodiagnosis using colonized sand flies, is generally believed to be correlated with  
144 disease progression (Courtenay et al., 2002, 2014), although subclinically infected dogs  
145 (elsewhere defined as “asymptomatic”) were shown to exhibit various degrees of  
146 infectiousness. Unfortunately, CanL studies suffer from a lack of consistency in the  
147 definition of subclinical dogs, which may have brought to contradictive conclusions  
148 (Dantas-Torres et al., 2014).

149 Table 1 summarizes the main features of available CanL vaccines, by focusing on the  
150 above scenarios. Leish-Tec<sup>®</sup> is currently the only vaccine available in Brazil. Other two  
151 vaccines are commercially available in Europe, CaniLeish<sup>®</sup> (Virbac Animal Health) and  
152 LetiFend<sup>®</sup> (Laboratorios LETI) licensed by the European Medicine Agency in 2011 and  
153 2017, respectively. Importantly, these vaccines have not been tested for efficacy or  
154 effectiveness against human VL.

155

### 156 **3. Can currently licensed CanL vaccines reduce the risk of infection or VL in** 157 **humans?**

158 A study with CaniLeish<sup>®</sup> revealed that significantly fewer of the sand flies which fed  
159 on the vaccinated dogs were infected when compared to those which fed on the control  
160 dogs (Bongiorno et al., 2013). A previous study conducted in Brazil reported low  
161 transmission rates to sand flies among dogs vaccinated with either Leishmune<sup>®</sup> or  
162 Leish-Tec<sup>®</sup> (Fernandes et al., 2014), but a more recent study showed no statistically  
163 significant difference in the general comparison between Leish-Tec<sup>®</sup>-vaccinated and  
164 placebo dogs (Regina-Silva et al., 2016). Vaccination does partially protect dogs against  
165 development of severe clinical signs (Gradoni, 2015), which are correlated with  
166 infectiousness to sand flies (Courtenay et al., 2014) and therefore could have some  
167 impact on population-level transmission, but theoretically only if dogs  
168 disproportionately contributing to onward transmission are identified and vaccinated.

169 Mathematical models have suggested that canine vaccination could have a limited to  
170 no effect on the infection incidence in humans, as compared with insecticide-  
171 impregnated collars (Sevá et al., 2016; Shimozako et al., 2017; Gomez et al., 2018).  
172 Other simulation studies assessed possible additive effects of Leishmune<sup>®</sup> or Leish-  
173 Tec<sup>®</sup> vaccination to dog culling in controlling human VL, the former based on data from



174 Araçatuba (São Paulo) and Belo Horizonte (Minas Gerais), south-eastern Brazil  
175 (Palatnik-de-Sousa et al., 2009). While this study concluded that Leishmune<sup>®</sup>  
176 vaccination could increase the efficacy of culling against human VL incidence  
177 (Palatnik-de-Sousa et al., 2009), the Leish-Tec<sup>®</sup> study suggested that it probably would  
178 not have any additional impact on dog infection rates to protect humans in high-risk  
179 areas (Grimaldi et al., 2017).

180 In summary, there is no current scientific evidence that canine vaccination  
181 significantly reduces the infectiousness of infected vaccinated dogs. And although there  
182 are no robustly designed community-level field studies to evaluate canine vaccination  
183 efficacy or effectiveness against human infection or VL disease incidence (Romero and  
184 Boelaert, 2010), the existing data suggest that current CanL vaccines need improvement  
185 to warrant a national canine vaccination policy as a public health intervention.

186

#### 187 **4. Can insecticide-impregnated collars protect dogs from *L. infantum* infection and** 188 **reduce the risk of human infection and VL?**

189 Three brands of insecticide-impregnated collars to protect dogs against sand fly bites  
190 are available in Brazil, Scalibor<sup>®</sup> ProtectorBand (MSD Animal Health), and Leevre<sup>®</sup>  
191 (Ourofino Animal Health), both of which containing 4% deltamethrin, and Seresto<sup>®</sup>  
192 (Bayer Animal Health), which contains 10% imidacloprid and 4.5% flumethrin. The  
193 collars are designed to reduce the number of sand flies feeding on treated animals and to  
194 increase sand fly mortality (Lucientes, 1999; Halbig et al., 2000; David et al., 2001;  
195 Alves et al., 2015). Considering that the extrinsic incubation period of *L. infantum* in the  
196 vector is 5–7 days to reach the infective form, these effects reduce the likelihood of a  
197 collared dog acquiring infection and being a source of *Leishmania* parasites for onward

198 transmission. In this way collars are expected to reduce the number of infectious bites  
199 on humans.

200 Both Scalibor<sup>®</sup> and Seresto<sup>®</sup> are efficacious in reducing incident infections in  
201 individual dogs, evidenced by reductions in seroconversion, detection of parasite DNA,  
202 parasite culture or cytology. From the 10 studies of variable design, Scalibor<sup>®</sup> provides  
203 a median 53.5% (IQR: 49.1%–80.4%; range: 42.4%–100%) protection against canine  
204 seroconversion incidence as tested across endemic regions including Brazil (Oliveira-  
205 Lima et al., 2002; Camargo-Neves et al., 2004; Coura-Vital et al., 2018; Kazimoto et  
206 al., 2018; Lopes et al., 2018), North Africa (Aoun et al., 2008), and Middle East  
207 (Gavvani et al., 2002). Of these, the five Brazilian studies report a median 48.3% (IQR:  
208 48.0–53.0%; range: 42.4–69.7%) protective effect against *L. infantum* infection in dogs.  
209 In one followed-up study of 3,742 seronegative Brazilian dogs, the efficacy of these  
210 collars against infection was 48% estimated by intention-to-treat analysis that included  
211 all recruited dogs, irrespective of collar losses and other non-protocol events (Coura-  
212 Vital et al., 2018). The equivalent efficacy estimate by per-protocol analysis which  
213 included only dogs wearing collars continuously and adhering to the study protocol,  
214 increased to 63% (Coura-Vital et al., 2018).

215 Seresto<sup>®</sup>, tested less extensively, and exclusively in Italian sheltered dogs, provided a  
216 median level of protection of 93.4% (IQR: 90.9–96.7%; range: 88.3–100%) (Otranto et  
217 al., 2013; Brianti et al., 2014, 2016), which is relatively higher than Scalibor<sup>®</sup>, as  
218 substantiated by one comparative study of the two collars randomized between dogs.  
219 That study showed Seresto<sup>®</sup> to prevent 88.3% incident canine infections compared to  
220 61.8% by Scalibor<sup>®</sup> (Brianti et al., 2016). Moreover, Seresto<sup>®</sup> provide 8 months of  
221 protection against sand flies, whereas for Scalibor<sup>®</sup> is labelled for 4 months in Brazil  
222 and 5 months in Europe, though a recent laboratory study demonstrated a sustained anti-

223 feeding efficacy of  $\geq 94\%$  for 12 months against *Phlebotomus perniciosus* (Paulin et al.,  
224 2018). As a follow up consequence of this study, the Ministry of Health of Italy  
225 authorized the extension of the label recommendation of Scalibor<sup>®</sup> for 12 months  
226 (Ministero della Salute, 2018). This extended recommendation is also valid in other  
227 European countries, such as Portugal and Spain (MSD Animal Health, 2019a, 2019b).

228 From the public health perspective, only two studies have evaluated the protective  
229 effect of the community-wide application of Scalibor<sup>®</sup> in dogs on the incidence of *L.*  
230 *infantum* infection and clinical VL cases in humans, in this case children who are the  
231 high-risk group. Both studies were cluster randomized trial designs involving  
232 community-wide distribution of Scalibor<sup>®</sup> in hyperendemic villages in Northwest Iran.  
233 In the first study, the authors estimated that the odds of seroconversion was reduced by  
234 43% (95% CLs: 10%, 63%) in  $\leq 10$ -year-old children (the high-risk group), and by 54%  
235 (95% CLs: 30%, 70%) in dogs (Gavvani et al., 2002). The second study was an  
236 effectiveness trial against clinical VL in the same infant age group conducted in 80  
237 randomly assigned villages, where collars were fitted to dogs prior to four consecutive  
238 transmission seasons. That trial was designed by researchers but implemented by the  
239 local Ministry of Health. At the end of the follow-up period, the relative risk of infantile  
240 VL was 50% (95% CI: 30–82%), with a 48% reduction in the absolute number of  
241 clinical infantile VL cases (Courtenay et al., 2019).

242 In addition to the epidemiological outcomes in dogs and humans, Scalibor<sup>®</sup> has been  
243 reported to reduce also domestic sand fly vector densities (Silva et al., 2018), and sand  
244 fly infection prevalence with *L. infantum* (Kazimoto et al., 2018); both studies were  
245 conducted in Brazil.

246 We found no peer-reviewed scientific publication on the efficacy of Leevre<sup>®</sup> in the  
247 international literature. According to a study report available online (Ourofino, 2000),

248 this collar works for 6 months, with the repellent efficacy against *Lutzomyia*  
249 *longipalpis*, ranging from 81% to 93% and the insecticidal efficacy ranging from 71 to  
250 100%.

251

#### 252 *4.1. Intervention objectives*

253 The majority of the collar studies achieved the reported levels of protection within 1–  
254 2 transmission seasons, or years, of intervention. However, it is important to recognise  
255 that most studies have collared and monitored outcomes in individual dogs, representing  
256 the degree of protection to be expected by pet owners purchasing and fitting collars to  
257 their owned dogs (e.g. household-level protection). For public health objectives, by  
258 contrast, community-wide collar coverage is required so that the remaining population  
259 benefits from the consequential reductions in transmission (i.e. analogous to providing  
260 herd immunity by community vaccination). One key knowledge gap is the minimum  
261 coverage threshold (percent of total dogs collared) required in any given transmission  
262 intensity setting. For example, in the effectiveness trial in Iran, the mean annual  
263 Scalibor® coverage per village was 87% (95% CI: 84.2–89.0%, range: 65.7–100%),  
264 however changes in human VL incidence attributed to the intervention did not prove to  
265 relate to collar coverage, or indeed any other demographic measure in the studied  
266 villages (Courtenay et al., 2019). Moreover, field studies generally indicate that collars  
267 have been more efficacious in areas where transmission is seasonal (e.g. Italy), as  
268 compared to areas where the transmission occurs all year round (e.g. Brazil) (Otranto  
269 and Dantas-Torres, 2013).

270

### 271 **5. Summary guidelines for preventing *Leishmania infantum* infection in dogs**

272 The LeishVet association has published guidelines for the management of CanL  
273 (Solano-Gallego et al., 2011; Miró et al., 2017), with recommendations to help the  
274 veterinary clinician to better understand, diagnose, treat and prevent infection and  
275 disease. LeishVet has been involved in many meetings and discussions on this topic  
276 with veterinarians, human medical professionals, public health regulators from endemic  
277 and non-endemic countries, the pharmaceutical industry and organizations concerned  
278 with the hazard of zoonotic VL. The Brasileish group has also been involved in the  
279 organisation of scientific meetings and guidelines for the management of CanL in Latin  
280 America. Moreover, members of this group have been involved in advisory meetings on  
281 CanL and human VL, organized by public health authorities, including the Pan  
282 American Health Organisation and the Ministry of Health of Brazil. In the following  
283 lines, some major points from the LeishVet and Brasileish guidelines for preventing *L.*  
284 *infantum* infection in dogs are summarized:

285

- 286 • The main way to avoid *L. infantum* infection is to use topically applied pyrethroids  
287 (i.e. permethrin, deltamethrin or flumethrin) with proven activity against female sand  
288 flies. These products are available in spot-on formulations or in collars and reduce  
289 the risk of new infections in non-infected dogs and the biting of sand flies on already  
290 infected dogs.
- 291 • Currently available vaccines do not prevent the establishment of infection and may  
292 allow maintenance of an infected but clinically healthy status in some dogs. The  
293 decision to vaccinate should be based upon individual benefit/risk to the dog, age,  
294 breed, life-style or use, habitat, reproductive status, and owner compliance.
- 295 • Immune modulators assessed to date in CanL include domperidone and some dietary  
296 nucleotides in combination with an active hexose correlated compound.

297 Domperidone has proven preventative efficacy and dietary nucleotides have been  
298 suggested to reduce disease progression in *L. infantum*-infected dogs, but more  
299 studies are needed to evaluate the real efficacy of both drugs. In particular, it is  
300 important to assess whether infected dogs treated with these immune modulators  
301 may serve as a source of *L. infantum* to sand flies (Travi and Miró, 2018).

302 • Other measures to prevent sand fly bites include: keeping dogs indoors from dusk to  
303 dawn; reducing microhabitats favourable to sand fly breeding in the vicinity of the  
304 house and in other locations where dogs spend time; and indoor house-spraying with  
305 residual insecticides.

306

## 307 **6. Concluding remarks**

308 Controlling CanL in Brazil is not an easy enterprise, owing to the inherent  
309 complexities involved in its transmission cycles in urban and rural settings. For decades,  
310 the public health authorities have attempted to reduce the incidence of VL through the  
311 mass elimination of seropositive dogs, with no apparent success. The available scientific  
312 data support the community-wide use of insecticide-impregnated collars, rather than  
313 vaccination, to reduce the risk of infection in dogs and humans (Gavvani et al., 2002;  
314 Otranto et al., 2013; Brianti et al., 2014, 2016; Paulin et al., 2018; Courtenay et al.,  
315 2019). This conclusion is supported by others. In 2015, the European Commission  
316 requested the scientific opinion of the European Food Safety Authority about CanL,  
317 with the objective of mitigating the probability of introduction of the infection into free  
318 areas in the European Union through movements of infected dogs. The Animal Health  
319 and Welfare Panel conducted systematic reviews to evaluate the efficacy of vaccines,  
320 topically applied insecticides and prophylactic medication. The panel members along  
321 with members of a working group on CanL (which includes some of the co-authors of

322 the present paper: GB, PB, LG and LSG) concluded that topically applied insecticides  
323 were the most effective mitigation measure to reduce the probability of introduction and  
324 establishment of CanL in free areas (EFSA Panel on Animal Health and Welfare, 2015).

325 The global expense of vaccination (i.e. three initial doses plus annual booster  
326 vaccination, cold chain, and a range of consumables) and chemotherapeutic treatments  
327 are much higher than applying insecticide-impregnated collars (e.g. two collars per year  
328 for a collar labelled for 6 months of protection). Currently available CanL vaccines are  
329 recommended for use only in seronegative and healthy dogs. So, the costs of pre-testing  
330 add to the cost of vaccination. By contrast, the dog's infection and health status has  
331 little, if any, influence on the efficacy of insecticide-impregnated collars.

332 CanL affects disproportionately dogs living in low-income areas in Brazil, as it  
333 happens in most endemic foci in Latin America. Consequently, many dog owners living  
334 in the most affected areas cannot handle the costs of preventive measures. Hence, public  
335 health authorities in Brazil play a pivotal role in delivering health education for dog  
336 owners and promoting tangible actions that could help preventing *L. infantum* infection  
337 in dogs. Furthermore, even if privately-owned dogs are protected, stray dogs will keep  
338 playing a role as reservoirs of *L. infantum* and thus a critical role in control campaigns.

339 Concluding, we agree generally with the actions proposed by the bill 1738/11, but  
340 we strongly suggest to replace the mandatory vaccination of dogs, with the community-  
341 wide application of insecticide-impregnated collars. While available vaccines can be  
342 recommended on a case-by-case basis, they should not replace the use of insecticide-  
343 impregnated collars because infected vaccinated dogs may still serve as a source of  
344 infection to the vectors, which may potentially transmit the parasites to naïve hosts.

345

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353 Some of the authors (FDT, FSN, IM, PT, VMR, GM, LC, CP, GB, GO, LSG, LF,  
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358 Ecuphar) with products to prevent, diagnose and/or treat canine leishmaniasis in the past  
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361

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