

## Amantadine Resistant of Indonesian H5N1 Subtype Influenza Viruses During 2003-2008

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The M2 protein of 146 avian influenza (AI) viruses data available in public database (NCBI), including 20 AI isolates used in this study, were sequenced at the M2 protein to find out the probability of mutation and the increase of resistance to amantadine after more than 5 years of their circulation in Indonesia. The results showed that during 2003-2008, around 62.58% (92/147) AI viruses in Indonesia have showed resistance to amantadine and 10 of them have dual mutations at V27A and S31N.

Key words: amantadine, resistant, H5N1 subtype influenza virus

In Indonesia, the H5N1 Influenza disease has circulated for more than 5 years, since its outbreak in 2003. In 2003, Dharmayanti *et al.* (2004) and Wiyono *et al.* (2004) for the first time identified the avian influenza (AI) H5N1 subtype virus infected layer chicken farms in East and West Java. Up till now, the AI viruses still cause serious problems and have become endemic disease in poultry farms as well as a zoonosis to human (Hien *et al.* 2004; Chotpitayasunondh *et al.* 2005; Puthavathana *et al.* 2005). Up to January 2009, there have been 141 AI confirmed human cases in Indonesia and 115 of them were fatal (WHO 2009). In human, although vaccination might be one of the ways to reduce virus spread, vaccine preparation and its production require more than 6 months. Thus antiviral drugs might become an alternative. There are two medicinal groups used for AI prophylactic and infection treatment: the M2 ion channel blockers (e.g. amantadine and its derivatives) and the NA inhibitors (e.g. Zanamivir and oseltamivir). Amantadine and its derivatives (rimantadine) inhibit the activity of the M2 ion channel of influenza A virus when the virus enters cells (Wang *et al.* 1993). This group of M2 ion blockers rapidly experiences mutation and is ineffectiveness for influenza B virus (Hayden and Hay 1992).

Li *et al.* (2004) stated that most viruses isolated from South East Asia were resistant to amantadine and rimantadine. Amantadine and rimantadine belong to a group of antiviral drugs for the treatment of influenza A infection, inhibiting the virus replication by restraining the ion channel formed by M2 protein. The substitution of 1 out of 5 amino acids (at positions 26, 27, 30, 31 and 34) in the M2 transmembrane domain resulted in the disappearance of M2 blocker sensitivity (Hay *et al.* 1985; Pinto *et al.* 1992).

Ilyushina *et al.* (2005) reported about influenza A viruses that were potentials to be pandemic during 1979-1983, namely H5, H6, H7 and H9, They were detected to be non-resistant to amantadine. However, between 2000-2004

resistances to amantadine were detected in South East Asia, amounted to 31.1% for subtype H5 and 10.6% for subtype H9 respectively.

Furthermore, Cheung *et al.* (2006) in their research on the genetic mutation distribution of resistance to adamantane derivatives isolates from Vietnam, Thailand, Cambodia, Indonesia, Hong Kong and China showed that more than 95% of isolates from Vietnam and Thailand mutated at M2 resulted in their resistance to adamantane. In Indonesia the figure was about 6.3% (2 out of 32 viruses), while in China 8.9%. Generally, the mutation occurred at Leu26Ile-Ser31Asn in almost all isolates from Vietnam, Thailand and Cambodia. In Indonesia, Smith *et al.* (2006) reported that the viruses from Sumatra showed mutation of Ser31Asn on M2 protein, indicating that they become resistance to amantadine. Hurt *et al.* (2007) stated that about 30% (2 out of 6 (from a total of 2005) showed resistance to adamantane. Based on these studies, the increase of genetical virus diversities, and the frequent human and animal influenza outbreaks in Indonesia, the present study was focused on finding the possibilities of mutations at M2 protein in 2003-2008. It is hoped that new information on virus resistance to amantadine in Indonesia would be obtained.

### MATERIALS AND METHODS

**AI Virus.** The 20 viruses used were isolated in 2003-2008 (Table 1) and identified as subtype H5N1 avian influenza virus (Dharmayanti *et al.* 2004; 2005a, b, c; 2006; 2008). They were propagated in 9-11 days old embryonated specific pathogen free (SPF) eggs.

**RT-PCR-DNA Sequencing.** The extraction of RNA viruses was conducted using QIAmp viral RNA mini kit with a slight modification. The full length Matrix gene amplification was conducted by one step RT-PCR system using Superscript III One Step RT-PCR system (Invitrogen) with RT-PCR that had been optimized by Dharmayanti (2009). The Matrix primer used was the one followed by Hoffman *et al.* (2001).

The amplified DNA was purified using QIAquick gel purification kit (Qiagen). The sequencing method used was

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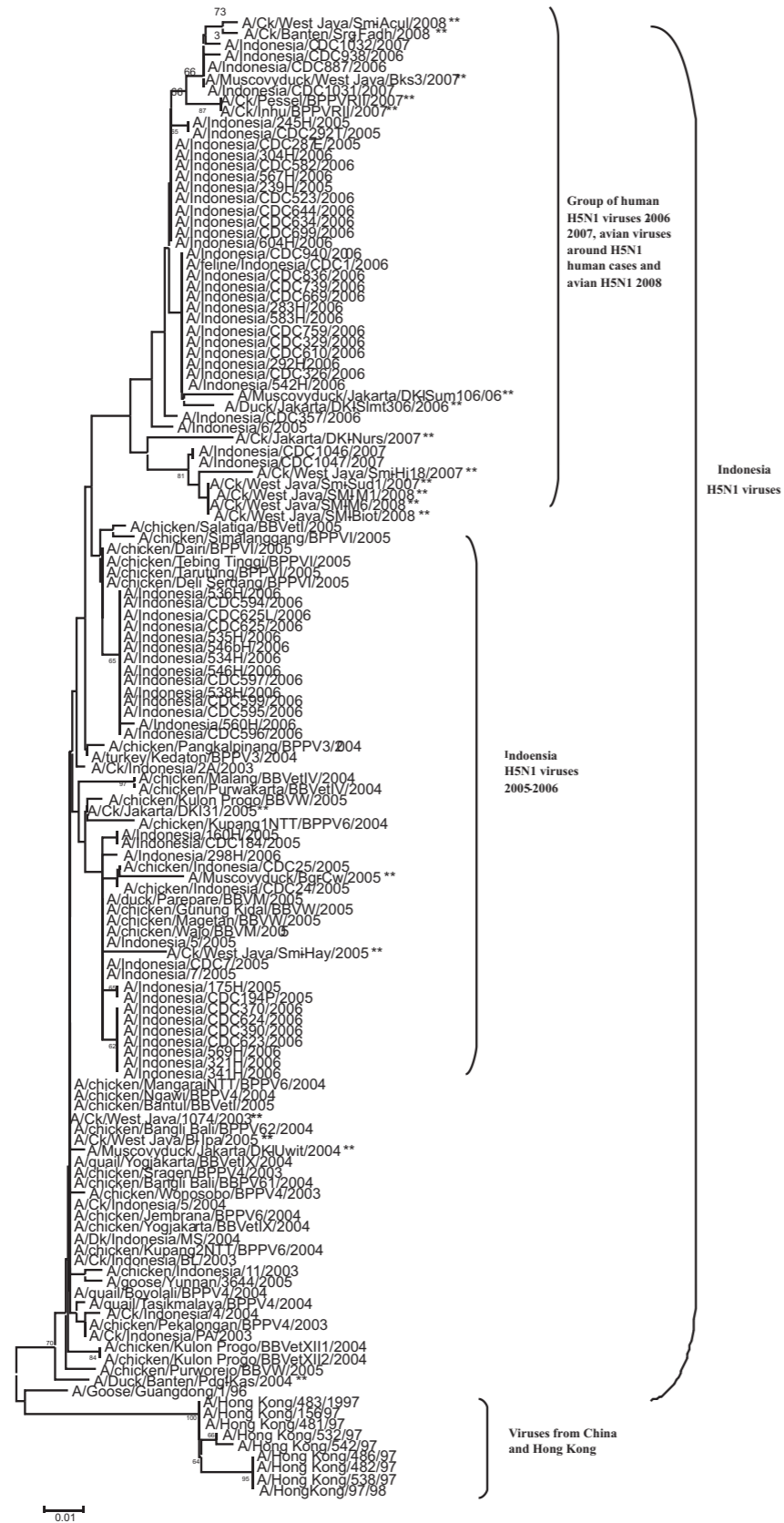


Figure 1 Phylogenetic tree of Indonesia M2 H5N1 subtype influenza viruses. The viruses used in this study is marked by double star character.

followed by the interior acidification of virions while uncoating viruses (Webster *et al.* 1992).

In previous study, Bright *et al.* (2005, 2006) stated that although the resistant to amantadine H5N1 virus is presence in Asia, most of its spread is in Vietnam and Thailand. Most of the H5N1 viruses in Indonesia and China are still sensitive to amantadine. Most of the influenza viruses (70-80%) showed the mutation at position 31 of the M2 protein and around 1-2% at position 26. Meanwhile mutations at two locations, namely Leu26Ile and Ser31Asn, are very (1 out of the 1307 available publications of sequence database for influenza A virus, i.e. the A/Swine/Scotland/410440/94 (Marozin *et al.* 2002). Cheung *et al.* (2006) stated that the high mutation occurrence on Leu26Ile and specifically its relation with Ser31Asn only occurred in H5N1 viruses isolated from Vietnam, Thailand, and Cambodia, indicated that dual mutations is due to a selection pressure as there was no single mutation of Leu26Ile or Ser31Asn among the resistant viruses.

Those studies showed that Indonesian viruses are relatively sensitive to amantadine and only a few mutated. However, the present study showed that there were 62.58% (92/147) demonstrated mutation increase at M2 protein. In the Indonesian AI viruses dual mutations occurred in 10 viruses, respectively 5 of human-origin and 5 from chickens (V27A and S31N). The first dual mutation occurred in isolate CDC157/2006. Next, in 2007 there were 4 viruses of human- and chicken-origin, while in 2008: 3 isolates of birds origin.

The present study showed that dual virus mutation were found routinely in chickens vaccinated for AI. Five viruses have dual mutation previously occurred in human. Previously, since 2003, chicken-origin viruses only showed a single mutation, where an A/Ck /Indonesia/2A/03 virus mutated to S31N. In 2004, there were 2 AI isolates mutated at S31N position and the number gradually increased annually. This study also showed that the resistant increase on amantadine from 2007 to 2008 took place, especially in new viruses. As shown also by Puthavathana *et al.* (2005), Indonesian viruses could not inhibit H5N1 viruses, even with the highest concentration of amantadine.

All Indonesian viruses in the present study showed the same mutation pattern, namely at positions 27 and 31 (V27A and S31N); None of them mutated at positions 26 and 34. This is quite different from what happened in Vietnam, Thailand and Cambodia, where the mutation generally occurred at Leu26Ile-Ser31Asn. Later Le *et al.* (2008) revealed that the North Vietnamese virus clade 1 H5N1 in 2007 was replaced by clade 2.3.4, that were sensitive to amantadine but declined its sensitivity to oseltamivir. Thus a combination of amantadine and oseltamivir treatment is suggested.

Results from the *in vitro* of amantadine resistant test showed no difference in capability against increase virus titers, both by using single (V27A or S31N) or dual (V27A and S31N) mutations. It seems that single or dual mutation viruses have the same chance to induce amantadine resistant.

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