

27 **Abstract**

28 Background: Human African trypanosomiasis (HAT) manifests as an acute form caused by
29 *Trypanosoma brucei rhodesiense* (Tbr) and a chronic form caused by *Trypanosoma brucei*
30 *gambiense* (Tbg). Previous studies have suggested a host genetic role in infection outcomes,
31 particularly for *APOL1*. We have undertaken a candidate gene association studies (CGAS) in
32 a Ugandan Tbr and a Tbg HAT endemic area, to determine whether polymorphisms in *IL10*,
33 *IL8*, *IL4*, *HLA*, *TNFA*, *TNX4LB*, *IL6*, *IFNG*, *MIF*, *APOL1*, *HLAA*, *IL1B*, *IL4R*, *IL12B*,
34 *IL12R*, *HP*, *HPR*, and *CFH* have a role in HAT.

35 *Methodology and results:* We included 238 and 202 participants from the Busoga Tbr and
36 Northwest Uganda Tbg endemic areas respectively. Single Nucleotide Polymorphism (SNP)
37 genotype data were analysed in the CGAS. The study was powered to find odds ratios > 2 but
38 association testing of the SNPs with HAT yielded no positive associations i.e. none
39 significant after correction for multiple testing. However there was strong evidence for no
40 association with Tbr HAT and *APOL1* G2 of the size previously reported in the Kabermaido
41 district.

42 *Conclusions/significance:*

43 A recent study in the Soroti and Kaberamaido focus in Central Uganda found that the *APOL1*
44 G2 allele was strongly associated with protection against Tbr HAT (odds ratio = 0.2).
45 However, in our study no effect of G2 on Tbr HAT was found, despite being well powered
46 to find a similar sized effect. It is possible that the G2 allele is protective from Tbr in the
47 Soroti/Kabermaido focus but not in the Iganga district of Busoga, which differ in ethnicity
48 and infection history. Mechanisms underlying HAT infection outcome and virulence are
49 complex and might differ between populations, and likely involve several host, parasite or
50 even environmental factors.

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52 **Author Summary**

53 Human African Trypanosomiasis (HAT) occurs in two distinct disease forms; the acute form
54 and the chronic form which are caused by microscopically indistinguishable hemo-parasites,
55 *Trypanosoma brucei rhodesiense* and *Trypanosoma brucei gambiense* respectively. Uganda
56 is the only country where both forms of the disease are found, though in geographically
57 distinct areas. Recent studies have shown that host genetic factors play a role in HAT
58 resistance and/or susceptibility, particularly by genes involved in the immune response. In
59 this study, we identified single nucleotide polymorphisms in selected genes involved in
60 immune responses and carried out a case-control candidate gene association study in
61 Ugandan participants from the two endemic areas. We were unable to detect any
62 polymorphisms that were robustly associated with either Tbr or Tbg HAT. However, our
63 findings differ from recent studies carried out in the Tbr HAT another endemic area of
64 Uganda that showed the APOL1 (Apolipoprotein 1) G2 allele to be protective against the
65 disease which merits further investigation. Larger studies such as genome wide association
66 studies (GWAS) by the TrypanoGEN network that has >3000 cases and controls covering
67 seven countries (Cameroon, Cote d'Ivoire, DRC, Malawi, Uganda, Zambia) using the
68 H3Africa customized chip reflective of African genetic diversity will present novel
69 association targets.

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78 **Introduction**

79 The tsetse transmitted African trypanosomes are flagellated protozoa, a range of which cause
80 disease in animals (known as Nagana) and humans (Human African Trypanosomiasis, HAT,
81 also known as sleeping sickness). These diseases are responsible for significant morbidity
82 and mortality [1–3] and therefore directly impact on public health and animal productivity.
83 Current reports indicate that annual HAT incidence is on the decline, although under
84 reporting is typical, especially in areas where conflicts and civil unrest interrupt control
85 efforts and regular epidemiological surveys [4–6].

86 HAT is caused by two microscopically indistinguishable sub-species: *Trypanosoma brucei*
87 *rhodesiense* that causes an acute form of the diseases that develops within a few weeks or
88 months of infection, and *Trypanosoma brucei gambiense* that causes a chronic form of the
89 disease that can take years to become patent. The acute form of the disease is prevalent in
90 Eastern and Southern Africa while the chronic form of the disease is prevalent in West and
91 Central Africa [4]. Uganda is the only country with active foci for both forms of the disease,
92 though in geographically distinct regions.

93 Studies in the Democratic Republic of Congo (DRC), Cote D'Ivoire, Guinea and Uganda
94 have found evidence for polymorphisms in IL6 and APOL1 associated with outcome of
95 infection [7–9]. In the present study, we investigated the possible association of selected gene
96 polymorphisms with HAT by undertaking a candidate gene association study (CGAS) using
97 case-control samples from the Tbr and Tbg HAT endemic areas of Uganda. The *IL10*, *IL8*,
98 *IL4*, *HLAG*, *TNFA*, *TNX4LB*, *IL6*, *IFNG*, *MIF*, *APOL1*, *HCAA*, *IL1B*, *IL4R*, *IL12B*, *IL12R*,
99 *HP*, *HPR*, and *CFH* genes that were selected have protein products that are involved in the

100 HAT immune response. The CGAS approach was used to compare the frequencies of genetic
101 polymorphisms between cases and controls in order to identify risk variants for HAT in the
102 two Ugandan populations.

103

104 **Materials and Methods**

105 **Ethics and study population**

106 This study was approved by the Uganda National Council of Science (UNCST; assigned code
107 HS 1344) following review by the IRB of the Ministry of Health. Participants were identified
108 through community engagement and active field surveys; they gave written informed consent
109 administered in their local language by trained local health workers. In instances where
110 participants were below 18 years of age, consent was sought from a parent or primary
111 guardian. Any individuals for whom it was not possible to obtain consent or blood samples
112 were excluded from the study.

113 The Tbr HAT endemic area samples were from the traditional Tbr HAT foci in the South
114 East of Uganda [10]. Samples were collected mainly from Iganga district and included
115 individuals from the predominantly Basoga ethnic group, with a few Baganda, Banyole,
116 Balamogi, Basiginyi, Itesot, and Japadhola ethnicities.

117 The Tbg HAT endemic area samples were from the traditional Tbg HAT foci in the
118 Northwest of Uganda [10]. Samples were collected from Adjumani, Arua, Koboko, Maracha,
119 and Moyo districts and comprised of individuals from the Kakwa, Lubgbara and Madi
120 ethnicities. In both areas, only individuals who were born and lived in these traditional foci
121 were selected, as they were most likely exposed to HAT for most of their lives.

122 HAT cases were defined as individuals in whom trypanosomes have been detected in at least
123 one of the body tissues including, blood, lymph node aspirates or cerebral spinal fluids.

124 Controls were defined as individuals from the endemic area with no history or any
125 signs/symptoms suggestive of HAT. Controls from the Tbg HAT endemic area were required
126 to have no serological reaction to the CATT or Trypanolysis test.

127 Blood was drawn by venipuncture and collected in EDTA/heparin vacutainer tubes (BD).
128 Buffy coats were prepared from the whole blood in field laboratories using centrifugation,
129 aliquoted, and then stored in liquid nitrogen in preparation for DNA extraction that was
130 carried out at the Molecular Biology Laboratory, COVAB, Makerere University. The DNA
131 was quantified using a Qubit™ (Life Technologies).

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133 **Study design**

134 This study was one of five studies of populations of HAT endemic areas in Cameroon, Cote
135 d'Ivoire, Guinea, Malawi and Uganda. The studies were designed to have 80% power to
136 detect odds ratios (OR) >2 for loci with disease allele frequencies of 0.15 – 0.65 and 100
137 cases and 100 controls with the 96 SNPs genotyped. The study design included an overall
138 total of 462 samples, 239 samples from Tbr HAT endemic regions (120 cases, 119 controls)
139 and 223 samples from Tbg HAT endemic regions (110 cases and 113 controls).

140 Power calculations were undertaken using the pbsize routine in Genetics Analysis Package
141 gap version 1.1-16 in R [11].

142 **Gene Selection**

143 The selection of the genes depended on prior knowledge of the genes and their association
144 with the HAT. The following genes *IL10* [9], *IL8* [7], *IL4* [12], *HLA-G* [13], *TNFA* [7],
145 *TNX4LB* [14], *IL6* [7], *IFNG* [15], *MIF* [16], *APOLI* [8], *HLAA* [17], *IL1B* [18], *IL4R* [18],
146 *IL12B* [18], *IL12R* [18], *HP* [19], *HPR* [19,20], and *CFH* [21] were selected.

147 **SNP Selection**

148 96 SNP were selected for genotyping using two strategies: 1) SNP that had been previously

149 reported to be associated with HAT or 2) in the cases of *IL4*, *IL8*, *IL6*, *HLAG* and *IFNG* by
150 complete scans with linked marker SNP ($r^2 < 0.5$) across each gene. The SNPs in this second
151 group of genes were selected using a merged SNP dataset obtained from 10X coverage whole
152 genome sequence data generated from 230 residents living in regions (DRC, Guinea
153 Conakry, Ivory Coast and Uganda) where trypanosomiasis is endemic (TrypanoGEN
154 consortium, sequences at European Nucleotide Archive Study: EGAS00001002482) and
155 1000 Genomes Project data from African populations. Linkage (r^2) between loci was
156 estimated using Plink [22] and sets of SNPs that covered the gene were identified. Some SNP
157 loci were excluded during assay development or failed to genotype and were not replaced.

158 **Genotyping**

159 Approximately 1 μ g of gDNA per sample were submitted to INRA (Plateforme Genome
160 Transcriptome de Bordeaux, France) for genotyping. A multiplex analysis (two sets of 80
161 SNPs each) was designed using Assay Design Suite v2.0 (Agena Biosciences). SNP
162 genotyping was achieved with the iPLEX Gold genotyping kit (Agena Biosciences) for the
163 MassArray iPLEX genotyping assay, following the manufacturer's instructions. Products
164 were detected on a MassArray mass spectrophotometer and the data acquired in real time
165 with MassArray RT software (Agena Biosciences). SNP clustering and validation was carried
166 out with Typer 4.0 software (Agena Biosciences). SNPs that failed genotyping at INRA and
167 some additional SNPs were genotyped at LGC Genomics, Hoddesden, UK where SNP were
168 genotyped using the PCR based KASP assay [23]. A summary of the candidate genes and
169 SNPs is shown in Supplementary Table 1.

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171 **Statistical analysis**

172 The raw genotypic data were converted to PLINK format and quality control (QC)
173 procedures implemented using the PLINK v1.9 package

174 (<http://pngu.mgh.harvard.edu/purcell/plink/>) [22]. PLINK was used to determine the level of
175 individual and genotype missingness, Hardy-Weinberg Equilibrium (HWE), estimate allele
176 frequencies, and linkage disequilibrium (LD). Testing for population stratification and
177 admixture was carried out using Admixture 1.3 [24] and the plot was visualized using
178 StructurePlot2 [25].

179 Testing for the association of SNPs with HAT was done using a Fisher's exact test [40]
180 implemented in PLINK at 95% confidence level. Controlling for multiple testing was
181 implemented using a Bonferroni correction ($\alpha^* = \alpha/n$, where α^* is the corrected P -value, α is
182 the level of significance and n is the number of independent SNP association tests) [27]. The
183 Bonferroni correction assumes that each of the statistical tests are independent; however, this
184 was not always true since there was some linkage disequilibrium between the SNPs in *IL4*,
185 *IL8*, *IL6*, *HLAG* and *IFNG* which were subject to complete linkage scans. Where the
186 assumption of independence is not true, the correction is too strict potentially leading to false
187 negatives. Thus, a less stringent correction for multiple testing was also employed. The
188 Benjamini-Hochberg false discovery rate (FDR) estimates the proportion of significant
189 results ($P < 0.05$) that are false positives [27,28].

190

191 **Results**

192 Our study population consisted of 239 individuals from Tbr and 223 from the Tbg HAT
193 endemic areas. The former comprised of 120 cases and 119 controls, who had a mean age of
194 43 ± 5 years, and a male to female ratio of 1:2. The Tbg HAT endemic area participants
195 comprised of 110 cases and 113 controls, who had a mean age of 37 ± 5 years, and a male to
196 female ratio of 1:1.

197

198 **Genotyping and data quality control**

199 Ninety-six (96) SNPs in 15 genes were genotyped from each of the Tbr and Tbg HAT
200 endemic area samples as shown in supplementary table 1 (the Plink MAP and PED files are
201 available in Supplementary data 1-3). Before association testing, individuals with missing
202 data, SNPs that were not in HWE, SNPs with missing data or those that were poorly
203 genotyped were removed using PLINK [22,29].

204 Individuals with more than 20% or 15% missing data were excluded from the Tbr and the
205 Tbg HAT endemic datasets, respectively, resulting in a final dataset of 238 (119 cases and
206 119 controls, 1:2 male to female sex ratio) individuals from the Tbr HAT endemic sample
207 and 202 (99 cases and 103 controls, 1:1 male to female sex ratio) individuals from the Tbg
208 HAT endemic sample (Supplementary Figures 1-2). Similarly, SNPs that were missing more
209 than 30% or 40% data were excluded from the Tbr and the Tbg HAT endemic area samples
210 (Supplementary Figures 3-4). We used a HWE p-value cut-off of 1×10^{-8} and further
211 selection of SNPs below the HWE cut off was done basing on their genotype scatter plots to
212 see which loci were to be excluded. Furthermore, SNPs that were in a five SNP window after
213 a single step with a variance inflation factor (VIF) [$VIF = 1/(1-R^2)$] beyond 0.2 were
214 excluded from both sample datasets. After quality pruning, 79 SNPs from Tbr and 85 SNPs
215 from the Tbg HAT endemic samples were included in the association testing.

216

217 **Admixture for population structure**

218 Admixture was used to test for population structure that might confound the association
219 study. Eight values of K ancestral populations from 1-8 were tested to identify which had the
220 lowest coefficient of variations (CV) error. CV error was at a minimum for $K=4$, but the CV
221 error was very similar for all values of K (0.42 - 0.46) providing no persuasive evidence for
222 any particular number of ancestral populations. The Admixture plot showed no clear

223 evidence for any gross population structure and therefore no correction for population
 224 structure was applied in the analysis.

225

226 **Association testing yielded no robust associations**

227

228 Five SNPs in the Tbr HAT endemic area and four in the Tbg endemic had raw $p < 0.05$ but
 229 none of these remained significant after Bonferroni correction (Table 1). Surprisingly, there
 230 was no evidence for association with any SNP in APOL1.

231

232 **Table 1: SNPs that showed the lowest p values after association testing with Tbr and Tbg**

233 **HAT**

Tbr HAT endemic sample (N= 238; 119 cases, 119 controls)													
CHR	SNP	GENE	BP	Allele 1	Cases	Controls	Allele 2	P	OR	95% upper CI	95 % lower CI	BONF	FDR_BH
6	rs9380142	HLA-G	29798794	G	0.369	0.242	A	0.003	1.834	1.231	2.731	0.1805	0.181
6	rs1233330	HLA-G	297991036	A	0.076	0.136	G	0.03	0.522	0.3419	1.019	1	0.434
5	rs2243283	IL4	132016593	G	0.275	0.188	C	0.04	1.644	1.031	2.621	1	0.434
22	rs34383331	MIF	24238079	A	0.24	0.16	T	0.03	1.657	1.031	2.621	1	0.434
22	rs9282783	MIF	24236359	G	0.089	0.042	C	0.033	2.227	1.031	2.621	1	0.434
6	rs1800630	TNFA	31542476	A	0.156	0.092	C	0.038	1.807	1.031	3.169	1	0.434
Tbg HAT endemic sample (N=202; 99 cases, 103 controls)													
CHR	SNP	GENE	BP	Allele 1	Cases	Controls	Allele 2	P	OR	95% upper CI	95 % lower CI	BONF	FDR_BH
1	rs1061170	CFH	196659237	C	0.409	0.525	T	0.019	0.627	0.4221	0.9313	1	0.611
6	rs1233330	HLA-G	29799103	A	0.076	0.136	G	0.045	0.521	0.5211	0.2693	1	0.611
12	rs78554979	IFNG	68554636	C	0.051	0.015	T	0.035	3.638	0.9861	13.42	1	0.611
7	rs2069843	IL6	22769994	A	0.147	0.078	G	0.033	2.038	1.07	3.882	1	0.611

234

235 *Abbreviations: CHR = Chromosome, SNP = SNP ID, BP = Physical position (base-pair) (Human genome
 236 build GRCh37), Allele 1 = Minor allele name (based on whole sample), Cases = Frequency of this allele in
 237 cases, Controls = Frequency of this allele in controls, Allele 2 = Major allele name, P = Asymptotic p-value for
 238 this test, OR = Estimated odds ratio (for Allele 1, i.e. Allele 2 is reference), BONF = Bonferroni single-step
 239 adjusted p-values, FDR_BH = Benjamini & Hochberg (1995) step-up FDR control.

240

241 **Discussion**

242

243 In this case-control CGAS, we found no robust evidence for variants associated with Tbr and
244 Tbg HAT in two Ugandan populations. We tested for association between candidate genes
245 and the disease caused by Tbg and Tbr separately as they present two distinct forms of the
246 disease. Tbr and Tbg parasite resistance to human serum is mediated by different
247 mechanisms which place distinct selective pressures on the host genes [30]. Furthermore, the
248 two populations were from different broad ethnolinguistic groups, and were geographically
249 isolated from each other [10]. Admixture analysis found no evidence of population structure
250 with these SNP which might have reduced the power of the study (Supplementary Figure 5).
251 We found no SNP associated with HAT after multiple testing corrections. Our power
252 calculations indicated that we had power to detect odds ratios > 2 , however 7 of the 10 SNP
253 with $P < 0.05$ had odds ratios < 2.0 , which the study was not powered to detect. Larger
254 populations would be required to confirm these populations and the data presented could be
255 used to estimate the necessary sample size.

256 The most striking feature of the data was the absence of any association at *APOLI*. The
257 *APOL1* G2 (rs71785313) allele has been shown to be lytic to *T. b. rhodesiense* *in vitro* [31]
258 and a recent study in the Soroti and Kaberamaido focus in Eastern Uganda found an
259 association with *APOL1* G2 and protection from Tbr HAT with an odds ratio of 0.2 [8]. The
260 present study in the Busoga focus was well powered to discover such a strong effect, but the
261 frequencies of *APOL1* G2 in cases and controls was almost equal (8.1% and 8.6%) with a
262 95% confidence interval for the odds ratio of (0.37-2.34) indication that an odds ratio as large
263 as seen in Kaberamaido is very unlikely to be seen in Busoga (Supplementary data Table S2).
264 Another TrypanoGEN study in a *T. b. rhodesiense* endemic area of Malawi has also found no
265 association with G2 despite higher frequencies of the protective allele (14%) (Kelita 2017)

266 [Submitted to PLOS NTD]. Therefore, despite the well-established function of APOL1 in
267 response to trypanosome infection and the evidence for protection associated with G2 in
268 Kabermaido [8], the role of APOL1 G2 in response to *T. b. rhodesiense* infection more
269 generally remains to be clarified.

270 In conclusion, despite the suggestively significant associations found at nine SNP loci, none
271 of them passed Bonferroni correction for multiple testing [27]. FDR_BH indicated that there
272 was a greater than 5% probability for each of these SNPs being associated with HAT [27,28].
273 The finding of suggestive associations in multiple populations would increase the probability
274 that these are genuine associations with disease [32]. For example, our findings suggest that
275 *HLA-G* variants may be important in both forms of the disease. These observations will be
276 followed up by the TrypanoGEN network which has collected >3,000 cases and controls
277 from seven regions in six countries (Cameroon, Cote d'Ivoire, DRC, Malawi, Uganda,
278 Zambia) [33]. The samples will be genotyped using the H3Africa customized SNP chip that
279 is reflective of the diversity within ethnolinguistic groups in Africa, presently under
280 development the H3A consortium.

281

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382 Northern part of Malawi. Kelita Kamoto et al, 2017
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392 **SUPPORTING INFORMATION**

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394 **S1 Fig: Histogram of missing data rate in all individuals from the Tbr HAT endemic**

395 **area.** The dashed vertical line represents a 20% threshold used in the exclusion criteria due to
396 excessive failure rate.

397 **S2 Fig: Histogram of missing data rate in all individuals from the Tbg HAT endemic**

398 **area.** The dashed vertical line represents a 15% threshold used in the exclusion criteria due to
399 excessive failure rate.

400 **S3 Fig: Histogram of missing data rate in all SNPs from the Tbr HAT endemic area**

401 **passing.** The dashed vertical line represents a 30% threshold used in the exclusion criteria
402 due excessive failure rate.

403 **S4 Fig: Histogram of missing data rate in all SNPs from the Tbg HAT endemic area**

404 **passing.** The dashed vertical line represents a 40% threshold used in the exclusion criteria
405 due to excessive failure rate.

406 **S5 Fig:** Bar plot showing the admixture analysis performed for K=4. Individuals are shown
407 as vertical bars.

408 **S1 Table: Candidate genes included in the study.**

409 **S2 Table: Association results of 65 SNPs with Acute HAT.** *Abbreviations: CHR =

410 Chromosome, SNP = SNP ID, BP = Physical position (base-pair), A1 = Minor allele name

411 (based on whole sample), F_A = Frequency of this allele in cases, F_U = Frequency of this

412 allele in controls, A2 = Major allele name, P = Asymptotic p-value for this test, OR =

413 Estimated odds ratio (for A1, i.e. A2 is reference), BONF = Bonferroni single-step adjusted

414 p-values, FDR_BH = Benjamini & Hochberg (1995) step-up FDR control, FST = Fixation

415 index, and MAF = Minor allele frequency. The level of significance is 0.05.

416 **S3 Table: Association results of 65 SNPs with Chronic HAT.** *Abbreviations: CHR =

417 Chromosome, SNP = SNP ID, BP = Physical position (base-pair), A1 = Minor allele name

418 (based on whole sample), F_A = Frequency of this allele in cases, F_U = Frequency of this
419 allele in controls, A_2 = Major allele name, P = Asymptotic p-value for this test, OR =
420 Estimated odds ratio (for A_1 , i.e. A_2 is reference), $BONF$ = Bonferroni single-step adjusted
421 p-values, FDR_{BH} = Benjamini & Hochberg (1995) step-up FDR control, FST = Fixation
422 index, and MAF = Minor allele frequency. The level of significance is 0.05.

423

424 **S1 DATA:** A read me text with a brief description of the TrypanoGEN data.

425

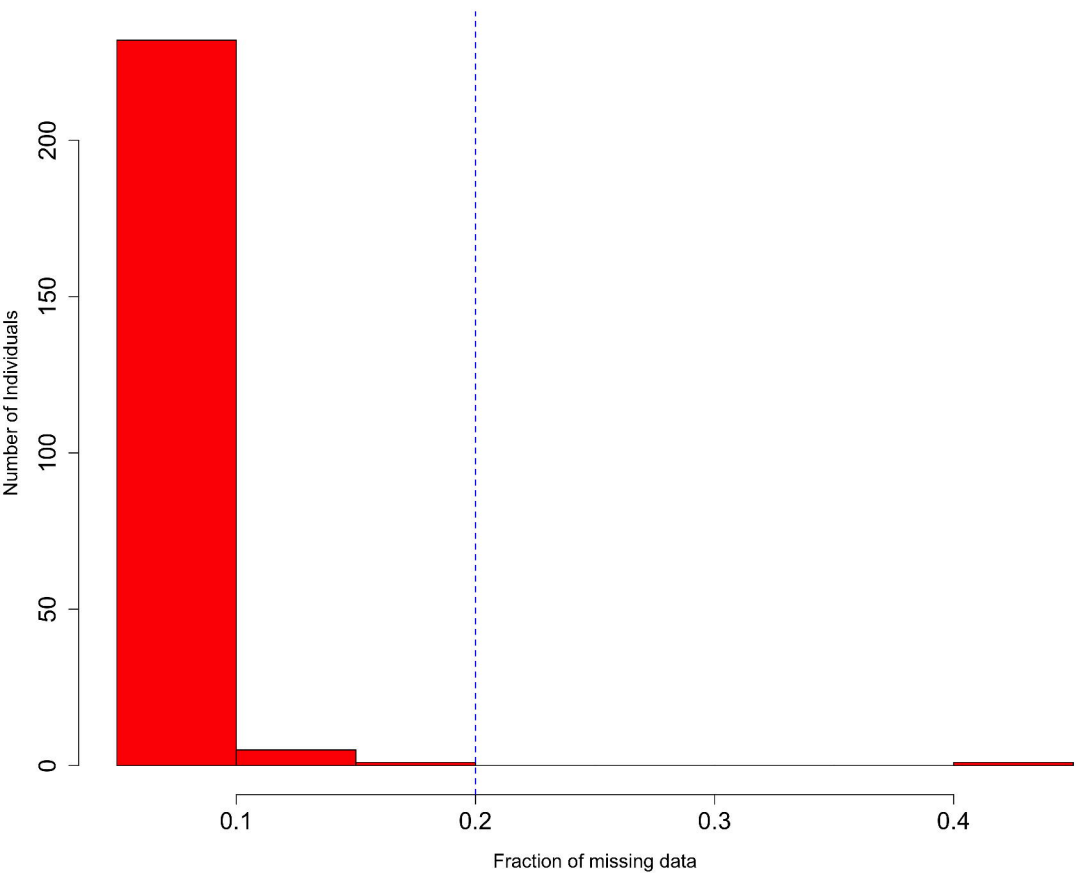
426 **S2 DATA:** The TrypanoGEN Uganda samples MAP file.

427

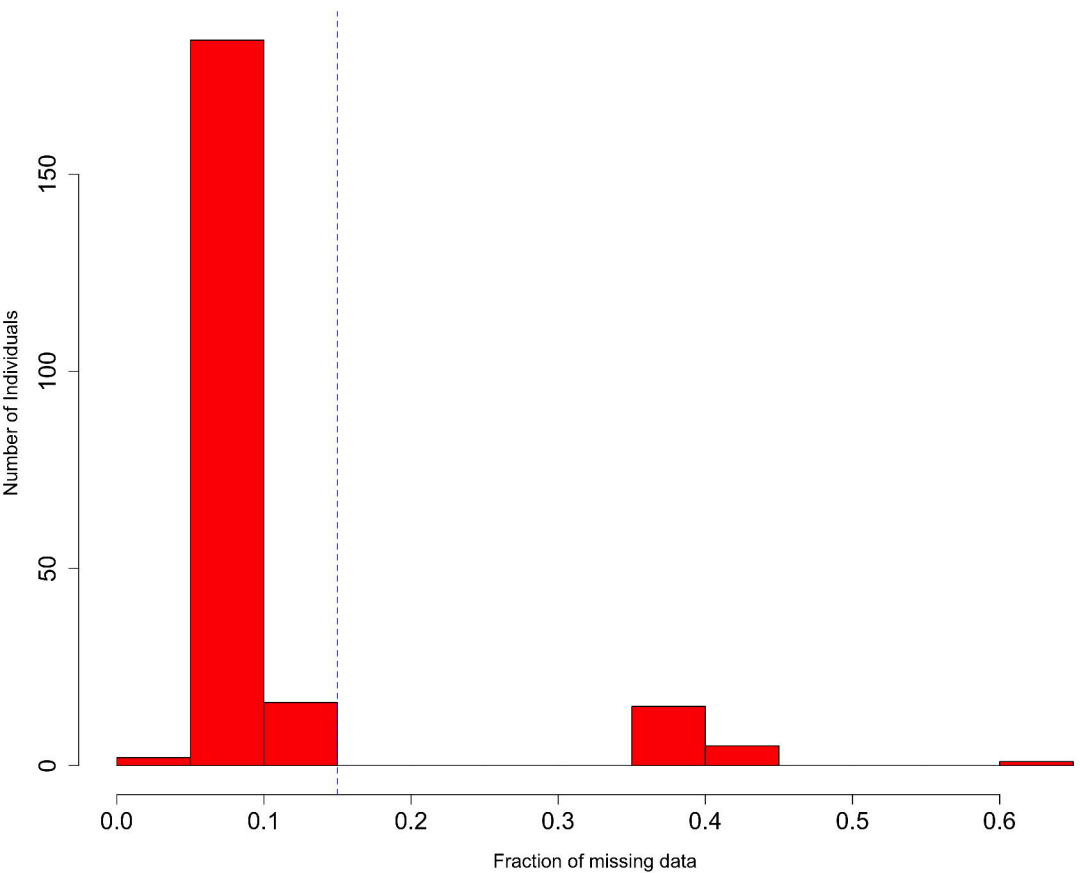
428 **S3 DATA:** The TrypanoGEN Uganda samples PED file.

429

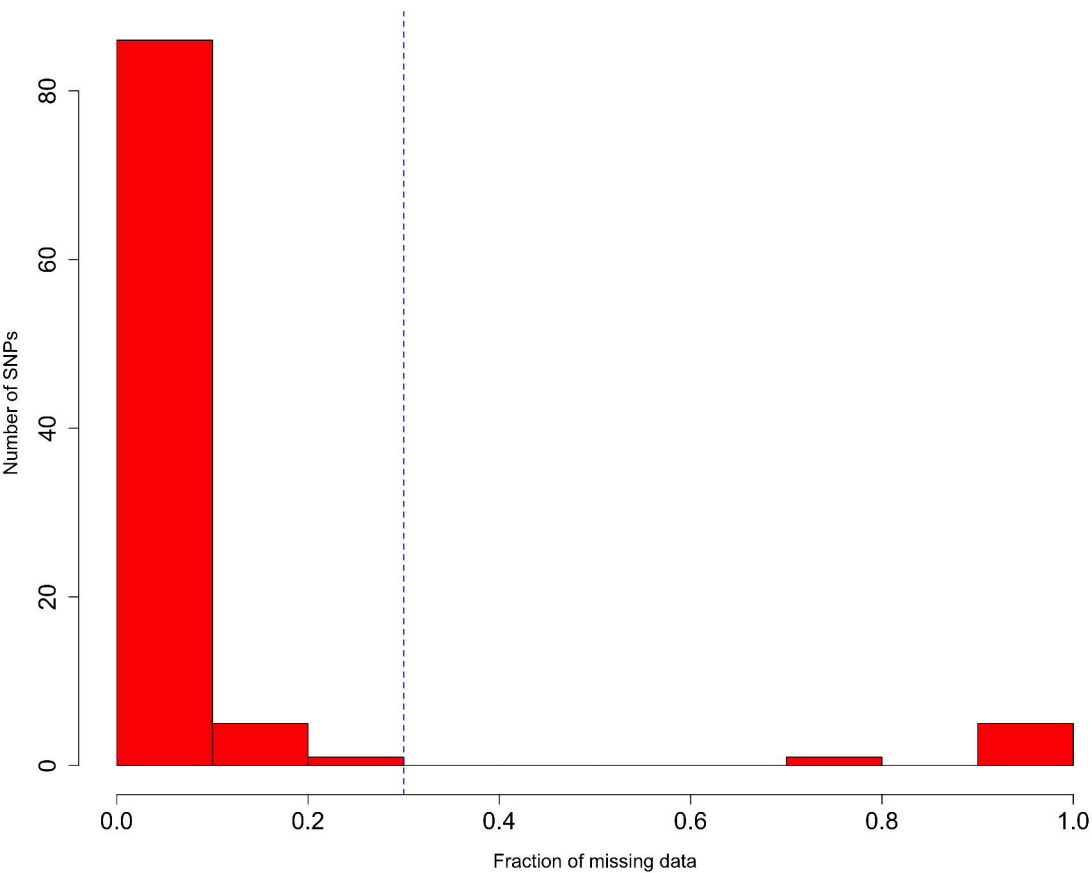
All individuals from the Tbr HAT endemic area



All individuals from the Tbg HAT endemic area



All SNPs genotyped from the Tbr HAT endemic area



All SNPs genotyped from the Tbg HAT endemic area

