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TOWARDS SUCCESSFUL ADAPTATION OF *PLASMODIUM KNOWLESI* TO LONG-TERM *IN-VITRO* CULTURE IN HUMAN ERYTHROCYTES

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ABSTRACT: *Plasmodium knowlesi*, a simian malaria parasite, is widely used as a malaria model and now characterized as a clinically significant parasite that can lead to outbreaks throughout most countries in Southeast Asia. Despite its importance, both fundamental and clinical studies of *P. knowlesi* have been impeded by the lack of a convenient *in-vitro* culture system partly due to the parasite's preference for reticulocytes. Due to a limited number of reticulocytes that could be collected from fresh sources such as umbilical cord, bone marrow, and peripheral blood, scientists have opted reticulocytes generated from CD34⁺ hematopoietic stem cells (HSCs) that have been cultured in an *in-vitro* system. With sufficient growth factors (GFs) and differentiation factors (DFs), a higher number and more homogenous populations of reticulocytes could be obtained from HSCs *in-vitro*. Here, we review an approach to produce massive expansion of CD34⁺ HSCs and their differentiation into reticulocytes that could be used for the establishment of a continuous *in-vitro* culture of *P. knowlesi* or *P. vivax*. The successful development of the long-term *in-vitro* culture of this parasite could ultimately provide an ideal system for forwarding diagnostic, anti-malarial drug and vaccine studies in malaria.

INTRODUCTION: Despite years of tremendous elimination efforts and progress, malaria remains as one of the most significant life-threatening diseases affecting people in tropical and subtropical regions. The World Malaria report 2017 reported that about 3.2 billion people were at risk of malaria, which accounts for nearly half of the world's population. In 2016 alone, there were roughly 216 million malaria cases, an increase of 5 million cases over the previous year, an estimated 445,000 malaria deaths¹.

In the same year, Malaysia reported 2,327 malaria cases, which occurred mostly in Malaysian Borneo; Sabah and Sarawak, as well as in other states in Peninsular Malaysia such as Kelantan, Perak and Selangor².

Malaria is caused by hemoprotezoa from *Plasmodium species* and spread to humans through the bites of infected female Anopheles mosquitoes. *P. falciparum* is the most prevalent malaria parasite in sub-Saharan Africa, but outside of Africa, *P. vivax* is the predominant parasite in the region of the Americas, the Eastern Mediterranean and Southeast Asia¹. In most endemic areas in Southeast Asia, *P. knowlesi* has been reported to cause a majority of malaria cases³. According to the WHO Meeting report 2017, Malaysia recorded the highest burden of *P. knowlesi* (69% of total reported cases, mostly mono-infection) in 2016,

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which mostly affected men than women (about 80%) with more cases occurred among adults aged over 55 years old². *P. knowlesi* cases were mostly reported in Sabah and Sarawak of Malaysian Borneo and other states of Peninsular Malaysia including Kelantan, Pahang, Johor, Terengganu, Selangor, Kedah, Penang, Perak and Melaka^{1, 4, 5, 6, 7, 8}. The natural hosts of *P. knowlesi* are long-tailed (*Macaca fascicularis*) and pig-tailed (*Macaca nemestrina*) macaques^{9, 10, 11, 12}. Warren *et al.*, (1970) stated that knowlesi malaria was a rare zoonosis of humans after the first description of *P. knowlesi* human infection was revealed in 1965 by Chin *et al.*, (1965)^{13, 14}.

However, more human cases of this simian parasite have been identified after a large focus of apparent *P. malariae* cases in Kapit, Sarawak was investigated by Singh *et al.*, (2004) using a molecular technique¹⁵. By microscopic examination, a band form appearance of late trophozoites of *P. knowlesi* has been frequently misdiagnosed as *P. malariae*, and its early trophozoites have frequently been misidentified as *P. falciparum* due to similar characteristics such as the presence of double chromatin dots, multiple -infected erythrocytes and appliqué forms^{16, 17, 18, 19}. Since *P. knowlesi* is now the dominant malaria parasite infecting humans in Southeast Asia and two times more prevalent than *P. falciparum* or *P. vivax*⁷, if left untreated, it can result in a severe or fatal disease characterized by acute renal failure, acute respiratory distress syndrome and shock^{20, 21}. Therefore, knowlesi malaria has become one of the healthcare emergencies in most Southeast Asian countries including Malaysia²².

Studies of many aspects of *P. knowlesi* biology have posed an increasingly important challenge. This is partly due to the need to grow the parasite in its macaque host or *in-vitro* using macaque blood^{17, 23, 24}. These requirements have restricted studies to laboratories with access to macaques or macaque blood. The recent attempt to grow and proliferate *P. knowlesi in-vitro* in human red blood cells (RBCs) is, therefore, a substantial step towards expanding research on *P. knowlesi*^{17, 25, 26}. In this review, we discuss technical developments of the *P. knowlesi in-vitro* culture system and how this system can be developed based on a few current approaches that have been used thus far. We also

highlight future potentials of the available human-adapted *P. knowlesi* parasite lines.

Establishment of the Continuous *in-vitro* Culture of *P. knowlesi*: Since the maintenance of *P. knowlesi in-vitro* in rhesus RBCs for several intraerythrocytic cycles was achieved in 1945,²⁷ attempts to develop a continuous *in-vitro* culture for this malaria parasite have never ended²⁸. The long-term *in-vitro* culture system would allow full analysis of parasite-host cell interactions²⁹, improve understanding of the biology of *P. knowlesi* such as the mechanism of invasion^{30, 31} and resistance markers³², and contribute to the development of new anti-malarial drugs and vaccines^{31, 33, 34, 35}. The study by Ball *et al.*, (1945) indicated that target cells of *P. knowlesi* are not restricted to a certain age in macaques, however, in humans, it was found that *P. knowlesi* mainly invades reticulocytes^{17, 27}. Previous attempts showed that *P. knowlesi* failed to be maintained exclusively in human blood^{25, 29}.

The direct culture in 100% human RBCs resulted in very low growth rates and a complete loss of parasites within a week²⁵. Similarly, Lim *et al.*, (2013) showed that *P. knowlesi* was poorly proliferated in pooled human blood and had a decreased invasion efficiency into older RBCs³⁶. Thus, the predilection for reticulocytes has been a major obstacle to establish a continuous *in-vitro* culture for *P. knowlesi* as these young RBCs circulate in peripheral blood at a very low concentration (0.5-1% of total RBCs) and for a very short time (24 h)²⁶. Besides, a large quantity of reticulocytes is required to maintain a continuous culture and obtain an efficient parasite invasion. It was evidenced when *P. knowlesi* was cultured in blood enriched with more than 8% reticulocytes, increasing parasitemia and propagation³⁶. The continuous culture was also successfully established and maintained for up to six months.

Potential Use of CD34⁺ Hematopoietic Stem Cell (HSC)-Derived Reticulocytes for Continuous *in-vitro* Culture of *P. knowlesi*: As reticulocytes represent only 0.5-1% of total RBCs in the bloodstream and have a short lifespan prior to maturation²⁶, collecting sufficient reticulocytes from peripheral blood (PB) to maintain a *P.*

knowlesi or *P. vivax* culture *in-vitro* is nearly impossible²⁸. *P. vivax* has been shown to have a close phylogenetic relationship to *P. knowlesi*³⁷. Furthermore, techniques to concentrate reticulocytes collected from PB using percoll centrifugation, several washing and concentration steps could damage the cells, thus affect invasion efficiency^{34, 38}.

In an attempt to overcome this hurdle, several approaches have used hematopoietic stem cells (HSCs) isolated from either umbilical cord blood (UCB), bone marrow (BM) or PB as potential resources to generate higher production of reticulocytes *in-vitro* for parasite invasion^{26, 34, 39, 40}. The culture systems include the application of specific cytokines and either co-culture the HSCs with feeder cells (*i.e.*, human mesenchymal stem cells)^{41, 42, 43, 44} to mimic the medullar micro-environment or without feeder cells^{43, 45}. With sequential addition of specific growth factors (GFs) such as stem cell factors (SCF), interleukin-3 (IL-3), hydrocortisone and erythropoietin (EPO) in CD34⁺ HSC differentiation medium, the parasite culture could be maintained for a longer period in the presence of reticulocytes derived from CD34⁺ HSCs^{34, 39}.

Although HSC - derived reticulocytes need approximately two weeks to mature rather than the use of immediately available reticulocytes, the former resource assures a more homogeneous and standardized cell population^{34, 46, 47}. Furuya and his colleagues have improved the method of HSC culture to produce a higher percentage of reticulocytes by using cryopreserved erythroblasts frozen after 8-day cultivation of UCB-isolated HSCs. The method allows the recovery of reticulocytes in a shorter time than with continuous stem cell culture. Moreover, a substantial number of reticulocytes (up to 0.8% of the total cells) are successfully invaded by *P. vivax* following 24 h post-cultivation⁴⁸. Due to the similarities between *P. knowlesi* and *P. vivax* regarding their invasion pathways³³, genetics^{49, 50}, hosts and target cells^{51, 52}, these approaches would provide insights into the development of long-term *in-vitro* culture system for *P. knowlesi*.

Cryopreservation of Reticulocytes and Malaria Parasite Isolates: Cryopreservation is a process of preserving the biological function of intact living

cells or tissues by freezing and storing the material below -80 °C typically at or near the temperature of liquid nitrogen (-196 °C)⁵³. This technique has been used in *Plasmodium* studies to allow research to be carried out in laboratories with limited access to fresh parasite isolates⁵⁴. This technique facilitates more research groups working on this field and increases chances for major discoveries⁵⁵. Among the cryopreservation solutions that have been used in previous studies are glycerolyte solution, medium containing glycerol and sorbitol, and IMDM/10% DMSO/40% FCS solution^{48, 56}.

Noulin *et al.*, (2012) reported a reliable cryopreservation protocol for HSC-derived reticulocytes that could be invaded by cryopreserved *P. vivax* or *P. falciparum* isolates. More than 70% of cryopreserved cells were remained viable and stable compared to the control cells measured before cryopreservation³⁴. Another study by Borlon *et al.*, (2012) showed that the invasion efficiency of both cryopreserved parasite isolates and reticulocytes was similar to those obtained with fresh samples. They were also able to maintain the culture for up to 10 days⁵⁴. These findings show that cryopreservation of reticulocytes did not affect cell stability as they matured normally and were still viable and able to support parasite growth and invasion^{34, 54}. The cryopreservation method could be easily replicated in laboratories outside endemic areas and substantially contribute to the development of a continuous *in-vitro* culture of *P. knowlesi* in the future.

Invasion Mechanism of *P. knowlesi*: The invasion mechanism of *P. knowlesi* involves the interaction of a specific ligand presented on the merozoite surface known as Duffy binding proteins (DBPs)⁵⁷ and a receptor available on human RBCs namely Duffy antigen receptor for chemokines (DARC)⁵⁸. The invasion depends largely on the availability of DARC because no invasion was observed in Duffy-negative RBCs²⁵. The level of DARC on mature RBCs is reduced compared to that on reticulocytes²⁵, which possibly explains the predilection of *P. knowlesi* for reticulocytes. Besides Duffy binding protein, the reticulocyte binding-like proteins (RBLs), another important ligand family, also contribute to the successful invasion of human RBCs^{49, 59}.

The RBL proteins expressed by *P. knowlesi* merozoites have been identified as normocyte binding proteins, PkNBPXa and PkNBPXb^{57, 60, 61}. Unlike PkNBPXb, PkNBPXa binds to not only macaque cells but also human RBCs⁶⁰. Therefore, the availability of human-adapted *P. knowlesi* line would provide a platform to elucidate the invasion mechanism and hence, facilitates in the improvement of strategies to control knowlesi malaria.

The Similarities of *P. knowlesi* and *P. vivax*: *P. knowlesi* is an ideal model for better understanding the various biological aspects of *P. vivax* (e.g., genetics, invasion and relapse mechanism, drug resistance)^{17, 62}. Historically, *P. knowlesi* shares a few common biological aspects with *P. vivax*; both parasites were found to invade mainly human reticulocytes⁶³ and use DARC to invade the reticulocytes⁶². The gene sequence of *P. knowlesi* and *P. vivax* showed a near perfect synteny scattered with expansions of species-specific genes^{37, 64}. Thus, in-depth study of *P. knowlesi* could provide an insight into *P. vivax* biology and the subsequent discovery of diagnostic tools, drugs and vaccines^{17, 62}.

Adaptation of *P. knowlesi* to Continuous *in-vitro* Culture in Human Erythrocytes: Many attempts have been made to adapt *P. knowlesi* to stably proliferate in human RBCs *in-vitro*. However, due to its low replication rates, *P. knowlesi* has failed to stably grow in human RBCs alone⁶⁵. This obstacle has been overcome by slowly growing *P. knowlesi* in a mixture of macaque and human RBCs^{25, 36}. Following an initial adaptation in human RBCs, the parasites proliferation rates increased further from 2 fold to 5 fold per day²⁵. In their report, Moon and his colleagues managed to produce one human-adapted *P. knowlesi* line known as *P. knowlesi* A1.H1 (PkA1-H.1) line that has been successfully adapted to continuous culture *in-vitro*, providing an *in-vitro* model suitable for further study on *P. knowlesi*. A major step towards adaptation involves a change in host cell preference for invasion²⁵.

While not restricted to cells of a certain age in macaques, *P. knowlesi* was found to invade mainly young RBCs in humans. In contrast, the human-adapted line had increased invasion efficiency into older RBCs, providing access to a wider range of

suitable host cells^{17, 25}. The invasion of adapted *P. knowlesi* lines were still DARC dependent²⁵. However, further investigation is necessary on the exact receptors involved in the later stage of invasion as the DARC level on blood cells diminishes as they mature¹⁷. Therefore, the availability of human RBC-adapted *P. knowlesi* lines and the analyses of adaptation mechanism would enable the understanding of the parasite biology and the pathophysiology of knowlesi malaria in humans.

The Implications of Adaptation Success to Malaria Study: A successful establishment of continuous *P. knowlesi in-vitro* culture and adaptation in human RBCs would offer an ideal system for various implications to malaria research. The development of several advanced tools and technologies for use in other *Plasmodium* studies such as *P. falciparum* could be readily adapted for use in *P. knowlesi*¹⁷. The application of advanced microscopy technologies such as real-time imaging of invasion⁶⁶, super-resolution microscopy⁶⁷ and long-term live microscopy¹⁷ to the *P. knowlesi* system will be particularly fruitful. The combination of high transfection efficiency and the ability to culture *P. knowlesi* in human RBCs will be ideal for the establishment of high-throughput analysis of gene functions²⁹ and novel reverse genetics, which can be used to investigate the role of RBC receptors in *P. knowlesi* invasion⁶⁸.

The application of several knockout/knockdown systems such as ligand-regulatable FKBP protein destabilization domains (ddFKBP)^{69, 70} and the DiCre conditional recombinase system⁷¹ in *P. knowlesi* will be beneficial in determining the functions of essential blood stage proteins. Likewise, high-efficiency genome editing tools such as TALEN (transcription activator-like effector nucleases)⁷², CRISPR (clustered regularly interspaced short palindromic repeat)-Cas system⁷³ and zinc-finger nucleases⁷⁴ could be used to facilitate genomic integration of DNA constructs in *P. knowlesi*¹⁷.

Also, human RBC-adapted *P. knowlesi* would allow a comprehensive study of invasion mechanism hence would prevent infection and suppress re-emergent blood stage parasite *via* the development of new anti-malarial drugs and

vaccines^{36, 75, 76}. Taken together, malaria research could be expanded further following successful adaptation and development of a long-term *P. knowlesi* *in-vitro* culture.

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REFERENCES:

- World Health Organization: World Malaria Report 2017. Geneva: World Health Organization, 2017.
- World Health Organization Regional Office for the Western Pacific: Expert Consultation on *Plasmodium knowlesi* Malaria to Guide Malaria Elimination Strategies, Kota Kinabalu, Malaysia, 1-2 March 2017: Meeting Report. Manila: World Health Organization Regional Office for the Western Pacific, 2017.
- Grigg MJ, William T, Barber BE, Rajahram GS, Menon J, Schimann E, Piera K, Wilkes CS, Patel K, Chandna A, Drakeley CJ, Yeo TW and Anstey NM: Age-related clinical spectrum of *P. knowlesi* malaria and predictors of severity. *Clinical Infectious Diseases* 2018; 6: 1-10.
- Cox-Singh J, Davis TM, Lee KS, Shamsul SS, Matusop A, Ratnam S, Rahman HA, Conway DJ and Singh B: *Plasmodium knowlesi* malaria in humans is widely distributed and potentially life-threatening. *Clinical Infectious Diseases* 2008; 46: 165-171.
- Millar SB and Cox-Singh J: Human Infections with *Plasmodium knowlesi* - zoonotic malaria. *Clinical Microbiology and Infection* 2015; 21: 640-48.
- Divis PCS, Lin LC, Rovie-Ryan JJ, Kadir KA, Anderios F, Hisam S, Sharma RSK, Singh B and Conway DJ: Three divergent subpopulations of the malaria parasite *P. knowlesi*. *Emerging Infectious Disease* 2017; 23: 616-24.
- Yusof R, Ahmed MA, Jelip J, Hie UN, Mustakim S, Hussin HM, Mun YF, Mahmud R, Frankie ATS, Japning JR-R, Snounou G, Escalante AA and Yee LL: Phylogeographic evidence for 2 genetically distinct zoonotic *Plasmodium knowlesi* parasites, Malaysia. *Emerging Infectious Diseases* 2016; 22: 1371-80.
- Yong ASJ, Navaratnam P, Kadirvelu A and Pillai N: Re-emergence of malaria in Malaysia: A review article. *Open Access Library Journal* 2018; 5: e4298.
- Knowles R and Das Gupta B: A study of monkey-malaria and its experimental transmission to man. *The Indian Medical Gazette* 1932; 20: 237-47.
- Subbarao SK: Centenary celebrations article: *Plasmodium knowlesi*: from macaque monkeys to humans in Southeast Asia and the risk of its spread in India. *Journal of Parasitic Diseases* 2011; 35: 87-93.
- Ahmed MA and Cox-Singh J: *Plasmodium knowlesi* - an emerging pathogen. *ISBT Science Series* 2015; 10: 134-40.
- Zhang X, Kadir KA, Quintanilla-Zariñan LF, Villano J, Houghton P, Du H, Singh B and Smith DG: Distribution and prevalence of malaria parasites among long-tailed macaques (*Macaca fascicularis*) in regional populations across Southeast Asia. *Malaria Journal* 2016; 15: 450.
- Warren H, Cheong WH, Fredericks HK and Coatney GR: Cycles of jungle malaria in West Malaysia. *American J of Tropical Medicine and Hygiene* 1970; 19: 383-93.
- Chin W, Contacos PG, Coatney GR and Kimball HR: A naturally acquired quotidian-type malaria in man transferable to monkeys. *Science* 1965; 149: 865-69.
- Singh B, Kim Sung, L, Matusop A, Radhakrishnan A, Shamsul SS, Cox-Singh J, Thomas A and Conway DJ: A large focus of naturally acquired *Plasmodium knowlesi* infections in human beings. *Lancet* 2004; 363: 1017-24.
- Barber BE, Grigg MJ, William T, Yeo TW and Anstey NM: The treatment of *Plasmodium knowlesi* malaria. *Trends in Parasitology* 2016; 33: 242-53.
- Grüring C, Moon RW, Lim C, Holder AA, Blackman MJ and Duraisingh MT: Human red blood cell-adapted *Plasmodium knowlesi* parasites: A new model system for malaria research. *Cellular Microbiology* 2014; 16: 612-20.
- Barber BE, Rajahram GS, Grigg MJ, William T and Anstey NM: World Malaria Report: time to acknowledge *P. knowlesi* malaria. *Malaria Journal* 2017; 16: 13-15.
- Brasil P, Zalis MG, de Pina-Costa A, Siqueira AM, Júnior CB, Silva S, Areas ALL, Pelajo-Machado M, de Alvarenga DAM, da Silva Santelli ACF, Albuquerque HG, Cravo P, Santos de Abreu FV, Peterka CL, Zanini GM, Suárez Mutis MC, Pissinatti A, Lourenço-de-Oliveira R, de Brito CFA, de Fátima Ferreira-da-Cruz M, Culleton R and Daniel-Ribeiro CT: Outbreak of human malaria caused by *Plasmodium simium* in the Atlantic Forest in Rio de Janeiro: A molecular epidemiological investigation. *The Lancet Global Health* 2017; 5: e1038-46.
- Rajahram GS, Barber BE, William T, Grigg MJ, Menom J, Yeo TW and Anstey: Falling *Plasmodium knowlesi* malaria death rate among adults despite rising incidence, Sabah, Malaysia, 2010 - 2014. *Emerging Infectious Diseases* 2016; 22: 41-48.
- Barber BE, Grigg MJ, Piera KA, William T, Cooper DJ, Plewes K, Dondorp AM, Yeo TW and Anstey NM: Intravascular haemolysis in severe *Plasmodium knowlesi* malaria: association with endothelial activation, microvascular dysfunction and acute kidney injury. *Emerging Microbes and Infections* 2018; 7: 106.
- Chong SE, Mohamad Zaini RH, Suraiya S, Lee KT and Lim JA: The dangers of accepting a single diagnosis: case report of concurrent *Plasmodium knowlesi* malaria and dengue infection. *Malaria Journal* 2017; 16: 1-8.
- Amir A, Russell B, Liew JWK, Moon RW, Fong MY, Vythilingam I, Subramaniam V, Snounou G and Lau YL: Invasion characteristics of a *P. knowlesi* line newly isolated from a human. *Scientific Reports* 2016; 6: 1-8.
- Benavente ED, de Sessions PF, Moon RW, Grainger M, Holder AA, Blackman MJ, Roper C, Drakeley CJ, Pain A, Sutherland CJ, Hibberd ML, Campino S and Clark TG: A reference genome and methylene for the *P. knowlesi* A1-H.1 line. *International J for Parasitology* 2017; 48: 191-96.
- Moon RW, Hall J, Rangkuti F, Ho YS, Almond N, Mitchell GH, Pain A, Holder AA and Blackman MJ: Adaptation of the genetically tractable malaria pathogen *P. knowlesi* to continuous culture in human erythrocytes. *Proceedings of the National Academy of Sciences of the United States of America* 2013; 110: 531-36.
- Noulin F, Manesia JK, Rosanas-Urgell A, Erhart A, Borlon C, Abbeele JVD, d'Alessandro U and Verfaillie CM: Hematopoietic stem/progenitor cell sources to generate reticulocytes for *Plasmodium vivax* culture. *PloS One* 2014; 9: e112496.
- Ball EG, Anfinson CB, Geiman QM, McKee RW and Ormsbee RA: *In-vitro* growth and multiplication of the

- malaria parasite. *Plasmodium knowlesi*. Science 1945; 101: 542-44.
28. Noulin F: Review malaria modeling: *In-vitro* stem cells vs. *in-vivo* models. World J of Stem Cells 2016; 8:88-100.
 29. Kocken CHM, Ozwara H, van der Wel A, Beetsma AL, Mwenda JM and Thomas AW: *Plasmodium knowlesi* provides a rapid *in-vitro* and *in-vivo* transfection system that enables double-crossover gene knockout studies. Infection and Immunity 2002; 70: 655-60.
 30. Kumar AA, Lim C, Moreno Y, Mace CR, Syed A, Van Tyne D, Wirth DF, Duraisingh MT and Whitesides GM: Enrichment of reticulocytes from whole blood using aqueous multiphase systems of polymers. American Journal of Hematology 2015; 90: 31-36.
 31. Pasini EM, Zeeman AM, Voorberg-Van Der Wel A and Kocken CHM: *Plasmodium knowlesi*: a relevant, versatile experimental malaria model. Parasitology 2018; 45: 56-70.
 32. Antony HA and Parija SC: Anti-malarial drug resistance: An overview. Tropical Parasitology 2016; 6: 30-41.
 33. Chitnis CE: Identification of the erythrocyte binding domains of *Plasmodium vivax* and *Plasmodium knowlesi* proteins involved in erythrocyte invasion. Journal of Experimental Medicine 1994; 180: 497-06.
 34. Noulin F, Borlon C, van den Eede P, Boel L, Verfaillie CM, D'Alessandro U and Erhart A: Cryopreserved reticulocytes derived from hematopoietic stem cells can be invaded by cryopreserved *Plasmodium vivax* isolates. Plos One 2012; 7: 1-8.
 35. Muh F, Lee SK, Hoque MR, Han JH, Park JH, Firdaus ER, Moon RW, Lau YL and Han ET: *In-vitro* invasion inhibition assay using antibodies against *Plasmodium knowlesi* Duffy binding protein alpha and apical membrane antigen protein 1 in human erythrocyte-adapted *P. knowlesi* A1-H.1 strain. Malaria Journal 2018; 17: 272.
 36. Lim H, Hanssen E, DeSimone TM, Moreno Y, Junker K, Bei A, Brugnara C, Buckee CO and Duraisingh MT: Expansion of host cellular niche can drive adaptation of a zoonotic malaria parasite to humans. Nature Communication 2013; 4: 1638.
 37. Pain A, Böhme U, Berry AE, Mungall K, Finn RD, Jackson AP, Mourier T, Mistry J, Pasini EM, Aslett MA, Balasubrammaniam S, Borgwardt K, Brooks K, Carret C, Carver TJ, Cherevach I, Chillingworth T, Clark TG, Galinski MR, Hall N, Harper D, Harris D, Hauser H, Ivens A, Janssen CS, Keane T, Larke N, Lapp S, Marti M, Moule S, Meyer IM, Ormond D, Peters N, Sanders M, Sanders S, Sargeant TJ, Simmonds M, Smith F, Squares R, Thurston S, Tivey AR, Walker D, White B, Zuiderwijk E, Churcher C, Quail MA, Cowman AF, Turner CM, Rajandream MA, Kocken CH, Thomas AW, Newbold CI, Barrell BG and Berriman, M: The genome of the simian and human malaria parasite *Plasmodium knowlesi*. Nature 2008; 455: 799-03.
 38. Malleret B, Li A, Zhang R, Tan KSW, Suwanarusk R, Claser C, Cho JS, Koh EGL, Chu CS, Pukrittayakamee S, Ng ML, Ginhoux F, Ng LG, Lim CT, Nosten F, Snounou G, Rénia L and Russel B: *Plasmodium vivax*: restricted tropism and rapid remodeling of CD71-positive reticulocytes. Blood 2015; 125: 1314-24.
 39. Panichakul T, Sattabongkot J, Chotivanich K, Sirichaisinthop J, Cui L and Udomsangpetch R: Production of erythropoietic cells *in-vitro* for continuous culture of *P. vivax*. International J for Parasitology 2007; 37: 1551-57.
 40. Fernandez-Becerra C, Lelievre J, Ferrer M, Anton N, Thomson R, Peligero C, Almela MJ, Lacerda MVG, Herreros E and del Portillo HA: Red blood cells derived from peripheral blood and bone marrow CD34⁺ human hematopoietic stem cells are permissive to *Plasmodium* parasites infection. Memorias Do Instituto Oswaldo Cruz 2013; 108: 801-03.
 41. Giarratana MC, Kobari L, Lapillonne H, Chalmers D, Kiger L, Cynober T, Douay L *Ex-vivo*: generation of fully mature human red blood cells from hematopoietic stem cells. Nature Biotechnology 2005; 23: 69-74.
 42. Locono ML, Russo E, Anzalone R, Baiamonte E, Alberti G, Gerbino A, Maggio A, Rocca GL and Acuto S: Wharton's jelly mesenchymal stromal cells support the expansion of cord blood-derived CD34⁺ cells mimicking a hematopoietic niche in a direct cell-cell contact culture system. Cell Transplantation 2018; 27: 117-29.
 43. Douay L and Giarratana MC: *Ex-vivo* Generation of human red blood cells: A new advance in stem cell engineering. Humana Press, New York, Edition I, Vol. 482, 2009: 127-140.
 44. Lau SX, Leong YY, Ng WH, Ng AWP, Ismail IS, Yusoff NM, Ramasamy R and Tan JJ: Human mesenchymal stem cells promote CD34⁺ hematopoietic stem cell proliferation with preserved red blood cell differentiation capacity. Cellular Biology International 2017; 41: 697-704.
 45. Kumar PS, Chandrasekhar C, Srikanth L, Sunitha MM and Sarma PVGK: *In-vitro* differentiation and characterization of human hematopoietic CD34⁺ stem cells into erythrocytes. Journal of Stem Cells 2017; 12: 63-70.
 46. Malleret B, Xu F, Mohandas N, Suwanarusk R, Chu C, Leite JA, Low K, Turner C, Sriprawat K, Zhang R, Bertrand O, Colin Y, Costa FTM, Ong CN, Ng ML, Lim CT, Nosten F, Rénia L and Russell B: Significant biochemical, biophysical and metabolic diversity in circulating human cord blood reticulocytes. Plos One 2013; 8: e76062.
 47. Riley RS, Ben-Ezra JM, Goel R and Tidwell A: Reticulocytes and reticulocyte enumeration. Journal of Clinical Laboratory Analysis 2001; 15: 267-294.
 48. Furuya T, Sá JM, Chitnis CE, Wellems TE and Stedman TT: Reticulocytes from cryopreserved erythroblasts support *Plasmodium vivax* infection *in-vitro*. Parasitology International 2014; 63: 278-284.
 49. Tachibana S, Sullivan SA, Kawai S, Nakamura S, Kim HR, Goto N, Arisue N, Palacpac NM, Honma H, Yagi M, Tougan T, Katakai Y, Kaneko O, Mita T, Kita K, Yasutomi Y, Sutton PL, Shakhbatyan R, Horii T, Yasunaga T, Barnwell JW, Escalante AA, Carlton JM and Tanabe K: *Plasmodium cynomolgi* genome sequences provide insight into *Plasmodium vivax* and the monkey malaria clade. Nature Genetics 2012; 44: 1051-1055.
 50. Lapp SA, Mok S, Zhu L, Wu H, Preiser PR, Bozdech Z and Galinski MR: *Plasmodium knowlesi* gene expression differs in *ex-vivo* compared to *in-vitro* blood-stage cultures. Malaria Journal 2015; 14: 110.
 51. Moreno-Pérez DA, Ruíz JA and Patarroyo MA: Reticulocytes: *Plasmodium vivax* target cells. Biology of the Cell 2013; 105: 251-260.
 52. Lim KL, Amir A, Lau YL and Fong MY: The Duffy binding protein (PkDBPaII) of *Plasmodium knowlesi* from Peninsular Malaysia and Malaysian Borneo show different binding activity level to human erythrocytes. Malaria Journal 2017; 16: 331.
 53. Karnieli O: Stem cell manufacturing. Elsevier, Netherlands, Edition I, 2016: 141-60.
 54. Borlon C, Russell B, Sriprawat K, Suwanarusk R, Erhart A, Renia L, Nosten F and D'Alessandro U: Cryopreserved *Plasmodium vivax* and cord blood reticulocytes can be used for invasion and short term culture. International Journal for Parasitology 2012; 42: 155-60.

55. Patrapuvich R, Lerdpanyangam K, Jenwithisuk R, Rungin S, Boonhok R, Duangmanee A, Yimamnuaychok N and Sattabongkot J: Viability and infectivity of cryopreserved *Plasmodium vivax* sporozoites. Southeast Asian Journal of Tropical Medicine and Public Health 2016; 47: 171.
56. Russell B, Suwanarusk R, Costa FTM, Chu CS, Rijken MJ, Sriprawat K, Warter L, Koh EGL, Malleret B, Colin Y, Bertrand O, Adams JH, Alessandro UD, Snounou G, Nosten F and Re L: A reliable *ex-vivo* invasion assay of human reticulocytes by *P. vivax*. Blood 2011; 118: 74-82.
57. Moon RW, Sharaf H, Hastings CH, Ho YS, Nair MB, Rchiad Z, Knuepfer E, Ramaprasad A, Mohring F, Amir A, Yusuf NA, Hall J, Almond N, Lau YL, Pain A, Blackman MJ and Holder AA: Normocyte-binding protein required for human erythrocyte invasion by the zoonotic malaria parasite *Plasmodium knowlesi*. Proceedings of the National Academy of Sciences of the United States of America 2016; 113: 7231-36.
58. Hadley TJ, Klotz FW and Miller LH: Invasion of erythrocytes by malaria parasites: a cellular and molecular overview. Annual Rev of Microbiology 1986; 40: 451-77.
59. Han JH, Lee SK, Wang B, Muh F, Nyunt MH, Na S, Ha KS, Hong SH, Park WS, Sattabongkot J, Tsuboi T and Han ET: Identification of a reticulocyte-specific binding domain of *Plasmodium vivax* reticulocyte-binding protein 1 that is homologous to the PfRh4 erythrocyte-binding domain. Scientific Reports 2016; 6: 26993.
60. Semenya AA, Tran TM, Meyer EV, Barnwell JW and Galinski MR: Two functional reticulocyte binding-like (RBL) invasion ligands of zoonotic *Plasmodium knowlesi* exhibit differential adhesion to the monkey and human erythrocytes. Malaria Journal 2012; 11: 112.
61. Ahmed MA, Fong MY, Lau YL and Yusof R: Clustering and genetic differentiation of the normocyte binding protein (nbp_{xa}) of *Plasmodium knowlesi* clinical isolates from Peninsular Malaysia and Malaysia Borneo. Malaria Journal 2016; 15: 241.
62. Noulin F, Borlon C, Van Den Abbeele J, D'Alessandro U and Erhart A: 1912-2012: a century of research on *Plasmodium vivax in-vitro* culture. Trends in Parasitology 2013; 29: 286-294.
63. Galinski MR, Medina CC, Ingravallo P, and Barnwell JW: A reticulocyte-binding protein complex of *Plasmodium vivax* merozoites. Cell 1992; 69: 1213-26.
64. Carlton JM, Adams JH, Silva JC, Bidwell SL, Lorenzi H, Caler E, Crabtree J, Angiuoli SV, Merino EF, Amedeo P, Cheng Q, Coulson RM, Crabb BS, Del Portillo HA, Essien K, Feldblyum TV, Fernandez-Becerra C, Gilson PR, Gueye AH, Guo X, Kang'a S, Kooij TW, Korsinczky M, Meyer EV, Nene V, Paulsen I, White O, Ralph SA, Ren Q, Sargeant TJ, Salzberg SL, Stoeckert CJ, Sullivan SA, Yamamoto MM, Hoffman SL, Wortman JR, Gardner MJ, Galinski MR, Barnwell JW and Fraser-Liggett CM: Comparative genomics of the neglected human malaria parasite *Plasmodium vivax*. Nature 2008; 455: 757-63.
65. Kocken CHM, Zeeman A-M, Voorberg-van der Wel A and Thomas AW: Transgenic *Plasmodium knowlesi*: relieving a bottleneck in malaria research? Trends in Parasitology 2009; 25: 370-74.
66. Gilson PR and Crabb BS: Morphology and kinetics of the three distinct phases of red blood cell invasion by *Plasmodium falciparum* merozoites. International Journal of Parasitology 2009; 39: 91-96.
67. Riglar DT, Richard D, Wilson DW, Boyle MJ, Dekiwadia C, Turnbull L, Angrisano F, Marapana DS, Rogers KL, Whitchurch CB, Beeson JG, Cowman AF, Ralph SA and Baum J: Super-resolution dissection of coordinated events during malaria parasite invasion of the human erythrocyte. Cell Host & Microbe 2011; 9: 9-20.
68. Egan ES, Jiang RH, Moechtar MA, Barteneva NS, Weekes MP, Nobre LV, Gygi SP, Paulo JA, Frantzreb C, Tani Y, Takahashi J, Watanabe S, Goldberg J, Paul AS, Brugnara C, Root DE, Wiegand RC, Doench JG and Duraisingh MT: A forward genetic screen identifies erythrocyte CD55 as essential for *Plasmodium falciparum* invasion. Science 2015; 348: 711-14.
69. Armstrong CM and Goldberg DE: An FKBP destabilization domain modulates protein levels in *P. falciparum*. Nature Methods 2007; 4: 1007-09.
70. Josling GA, Petter M, Oehring SC, Gupta AP, Dietz O, Wilson DW, Schubert T, Längst G, Gilson PR, Crabb BS, Moes S, Jenoe P, Lim SW, Brown GV, Bozdech Z, Voss TS and Duffy MF: A *Plasmodium knowlesi* bromodomain protein regulates invasion gene expression. Cell Host and Microbe 2015; 17: 741-51.
71. Collins CR, Das S, Wong EH, Andenmatten N, Stallmach R, Hackett F, Herman JP, Müller S, Meissner M and Blackman MJ: Robust inducible cre-recombinase activity in the human malaria parasite *P. falciparum* enables efficient gene deletion within a single asexual erythrocytic growth cycle. Molecular Microbiology 2013; 88: 687-01.
72. Christian M, Cermak T, Doyle EL, Schmidt C, Zhang F, Hummel A, Bogdanove AJ and Voytas DF: Targeting DNA double-strand breaks with TAL effector nucleases. Genetics 2010; 186: 757-61.
73. Knuepfer E, Napiorkowska M, van Ooij C and Holder AA: Generating conditional gene knockouts in *Plasmodium* - a toolkit to produce stable DiCre recombinase-expressing parasite line using CRISPR/Cas9. Scientific Reports 2017; 7: 3881.
74. Moraes Barros RR, Straimer J, Sa JM, Salzman RE, Melendez-Muniz VA, Mu J, Fidock DA and Wellems TE: Editing the *Plasmodium vivax* genome, using zinc-finger nucleases. The Journal of Infectious Diseases 2014; 211: 125-29.
75. Mueller I, Shakri AR and Chitnis CE: Development of vaccines for *Plasmodium vivax* malaria. Vaccine 2015; 33: 7489-95.
76. Ntumngia FB, Thomson-Luque R, Pires C and Adams JH: The role of the human Duffy antigen receptor for chemokines in malaria susceptibility: current opinions and future treatment prospects. Journal of Receptor, Ligand and Channel Research 2016; 9: 1-11.

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