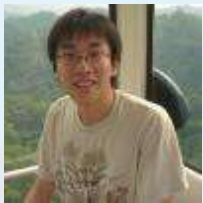


SYNERGISTIC ELIMINATION OF BACTERIAL PATHOGENS BY PHAGE AND THE INNATE IMMUNE SYSTEM

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HAZARD LEVEL

URGENT



These are high-consequence antibiotic-resistant threats because of significant risks identified across several criteria. These threats may not be currently widespread but have the potential to become so and require urgent public health attention to identify infections and to limit transmission.

Clostridium difficile (*C. difficile*), Carbapenem-resistant Enterobacteriaceae (CRE), Drug-resistant *Neisseria gonorrhoeae* (cephalosporin resistance)

C. diff

N. gonorrhoeae

...

HAZARD LEVEL

SERIOUS



These are significant antibiotic-resistant threats. For varying reasons (e.g., low or declining domestic incidence or reasonable availability of therapeutic agents), they are not considered urgent, but these threats will worsen and may become urgent without ongoing public health monitoring and prevention activities.

Multidrug-resistant *Acinetobacter*, Drug-resistant *Campylobacter*, Fluconazole-resistant *Candida* (a fungus), Extended spectrum β -lactamase producing Enterobacteriaceae (ESBLs), Vancomycin-resistant *Enterococcus* (VRE), Multidrug-resistant *Pseudomonas aeruginosa*, Drug-resistant Non-typhoidal *Salmonella*, Drug-resistant *Salmonella* Typhi, Drug-resistant *Shigella*, Methicillin-resistant *Staphylococcus aureus* (MRSA), Drug-resistant *Streptococcus pneumoniae*, Drug-resistant tuberculosis (MDR and XDR)

P. aeruginosa

MR *Staph. aureus*

Candida

Campylobacter

...

HAZARD LEVEL

CONCERNING



These are bacteria for which the threat of antibiotic resistance is low, and/or there are multiple therapeutic options for resistant infections. These bacterial pathogens cause severe illness. Threats in this category require monitoring and in some cases rapid incident or outbreak response.

Vancomycin-resistant *Staphylococcus aureus* (VRSA), Erythromycin-resistant *Streptococcus* Group A, Clindamycin-resistant *Streptococcus* Group B

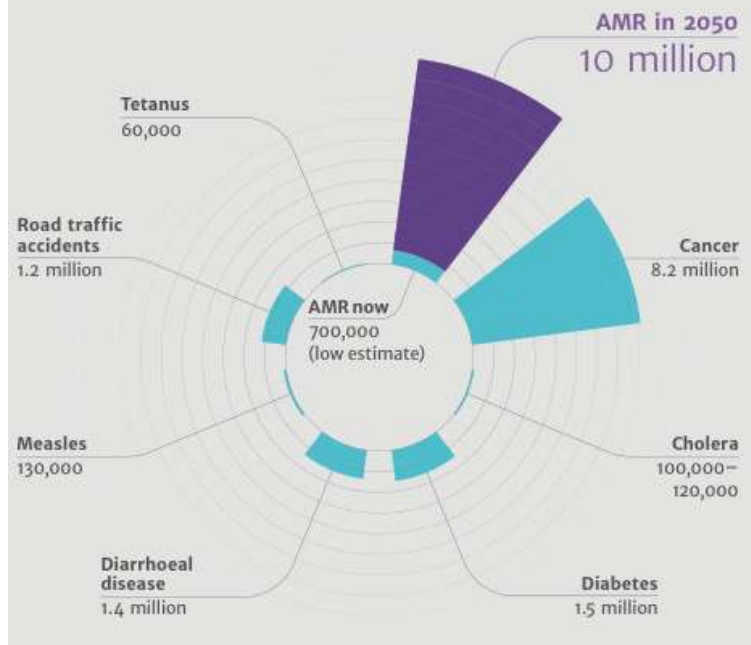
Strep Group A

Strep Group B

...

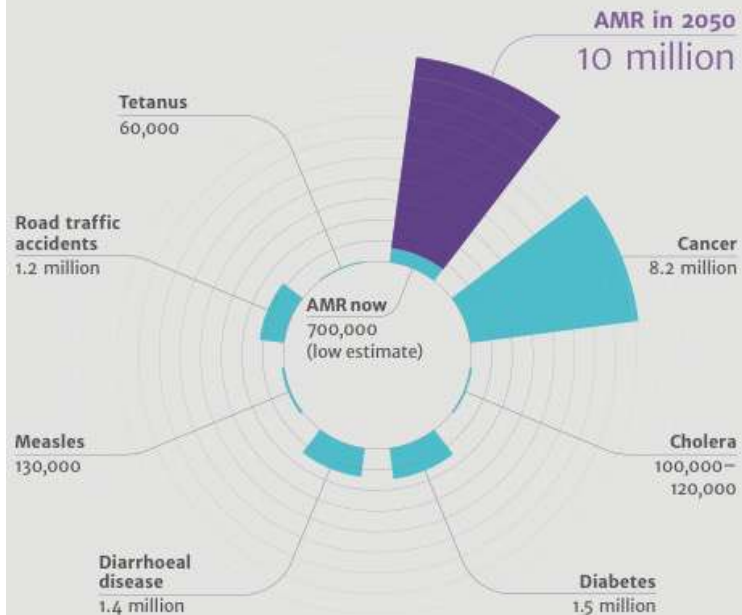
Source: CDC biggest drug-resistant threats,
https://www.cdc.gov/drugresistance/biggest_threats.html

**Deaths attributable
to AMR every year**
compared to other
major causes of death

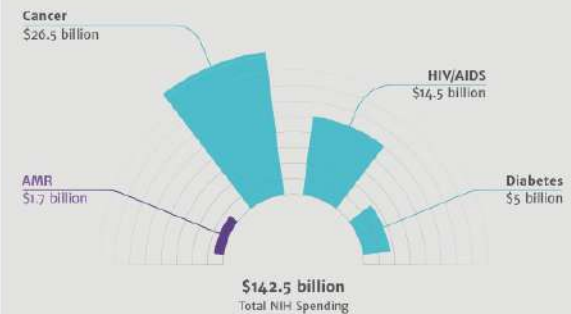


Source: The Review on Antimicrobial Resistance, 2014 (J. O'Neil), UK
<http://amr-review.org>

Deaths attributable to AMR every year compared to other major causes of death

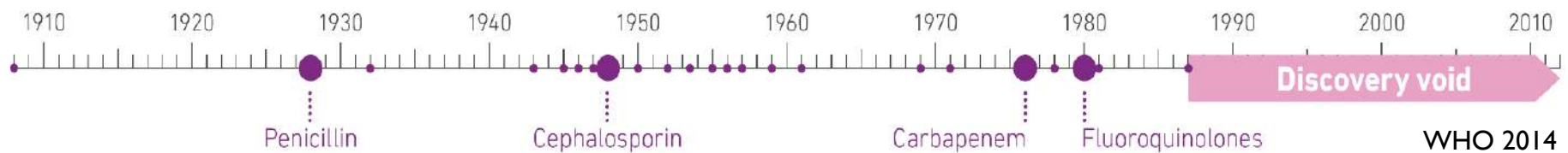


US National Institute for Health research spending 2010–2014

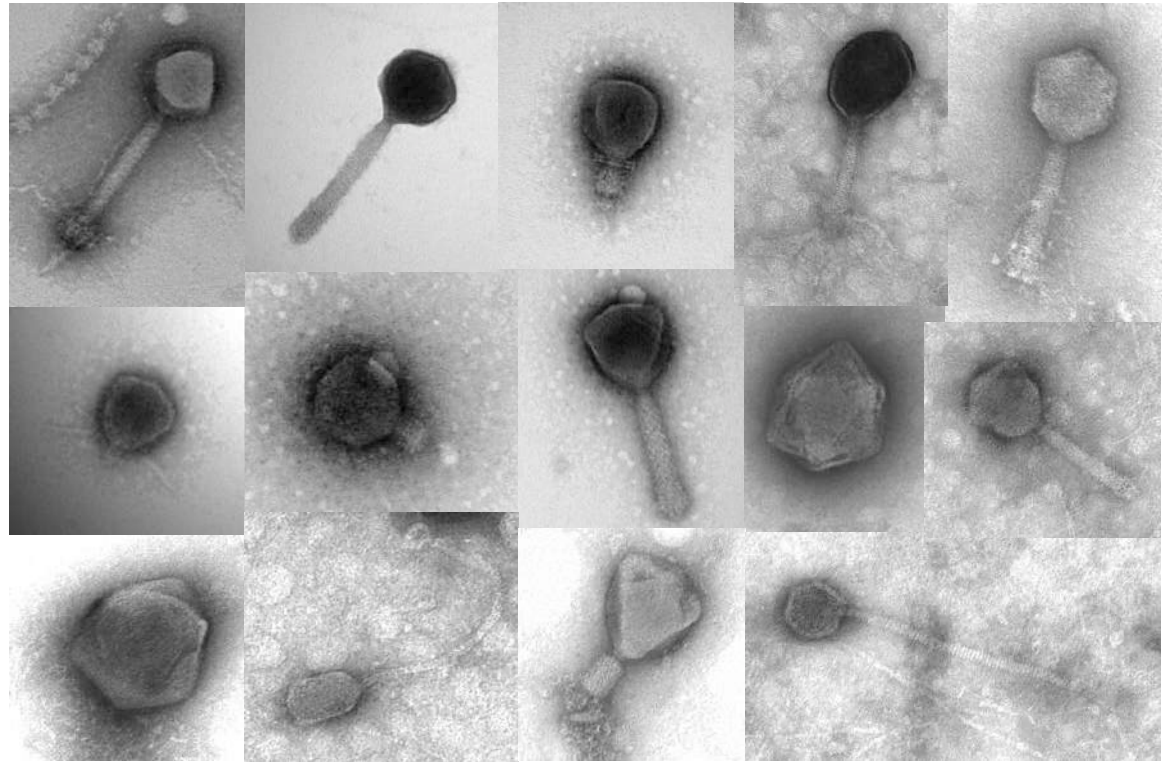
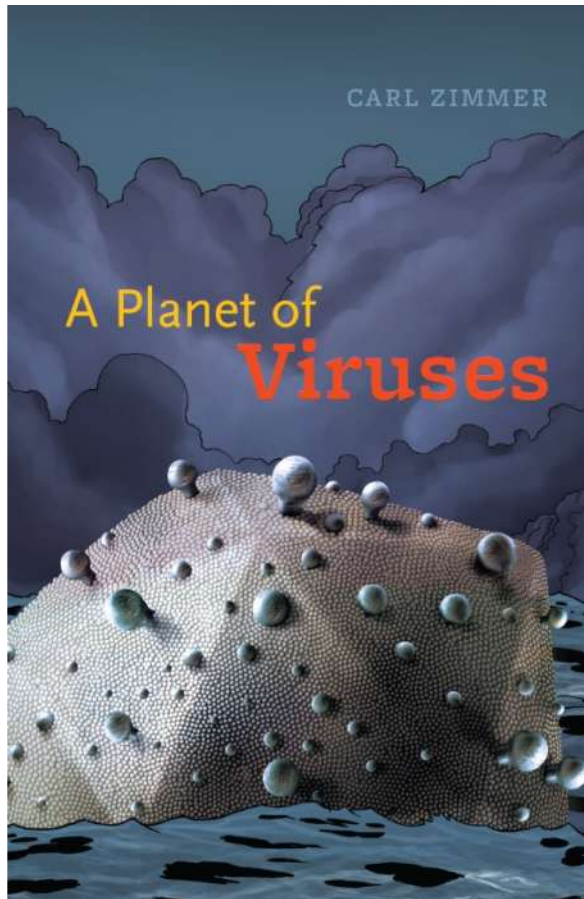


Source: National Institute for Health. Figures are in zero USD

Over the last 30 years, no major new types of antibiotics have been developed



WHO 2014
(...Teixobactin, 2015)



Brum et al. 2013. *The ISME Journal*. doi:10.1038/ismej.2013.67.

Novel Phage Therapy Saves Patient with Multidrug-Resistant Bacterial Infection

April 25, 2017 | Scott LaFee and Heather Buschman, PhD

Phage Therapy



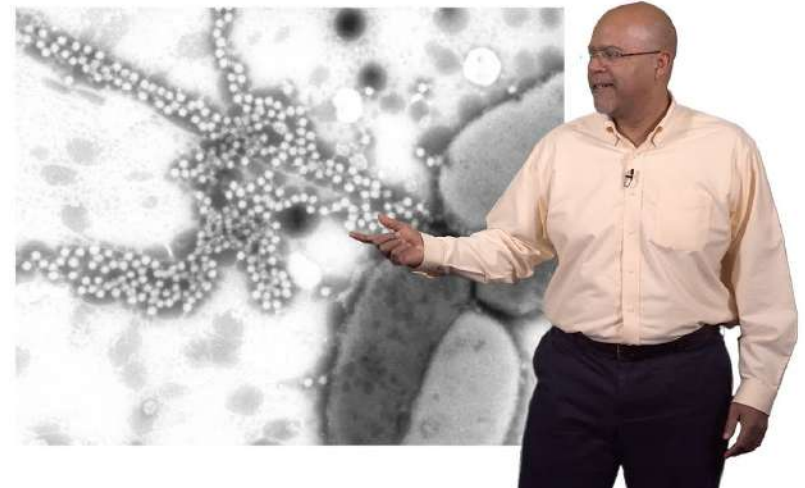
Phage Therapy Infected with a multidrug-resistant bacterium, Tom Patterson was comatose and near-death. Physicians and scientists at UC San Diego Health, with many collaborators, used an experimental bacteriophage therapy — viruses that target and consume bacteria — to save his life. The success may be a catalyst to developing new remedies to the growing global threat of antimicrobial resistance.

A. baumannii

IN THE LAB

A virus, fished out of a lake, may have saved a man's life — and advanced science

By CARL ZIMMER [@carlzimmer](#) / DECEMBER 7, 2016



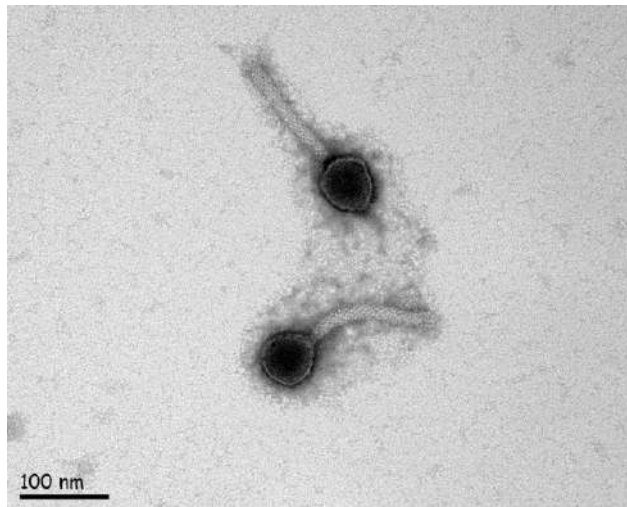
P. aeruginosa

September 9, 2015

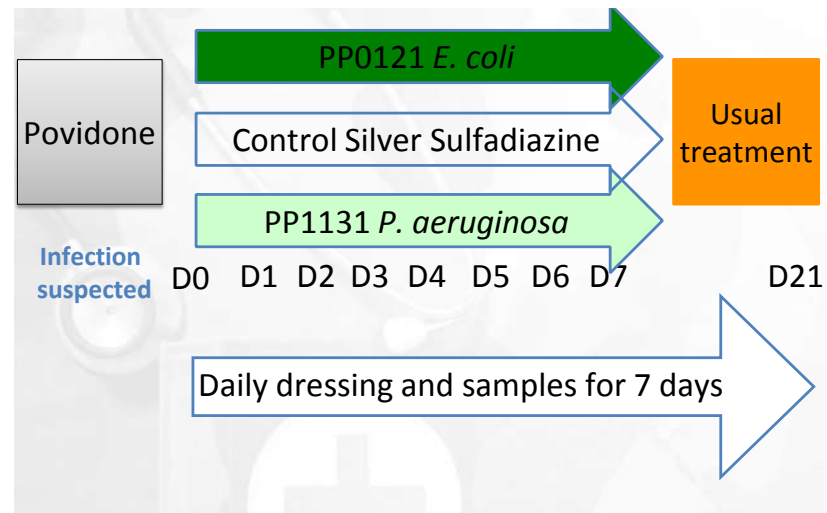


A world first: Pherecydes Pharma launches multicenter clinical study of phage therapy in serious burn victims

For the first time, an industry-standard clinical trial is evaluating the tolerance and effectiveness of phages in fighting sensitive antibiotic-resistant infections



Pherecydes



Dr. Patrick Jault, Critical Care, HIA Percy Clamart, France

One year later...

DRUG DEVELOPMENT

Beleaguered phage therapy trial presses on

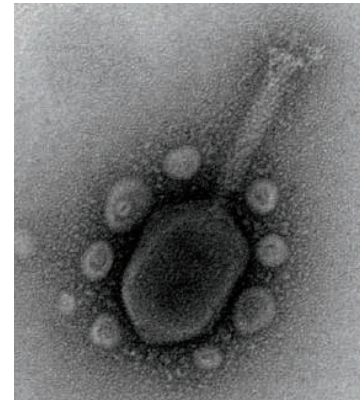
Setbacks suggest difficult road for much-needed antibiotic alternatives

Kelly Servick (June 23, 2016)

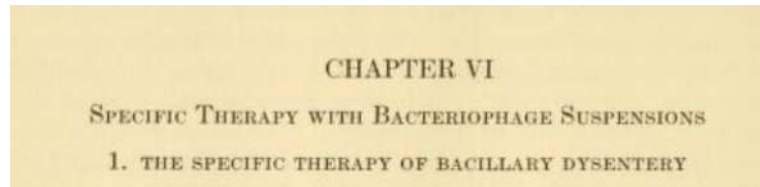
Science **352** (6293), 1506. [doi: 10.1126/science.352.6293.1506]

“The trial has faced a series of delays and shrunk in size and scope, hinting at some of the many barriers phages will confront in getting to market...”

In practice, only recruited 15 of the 220 intended patients.



... 90 years before



“After being assured that no harmful effects attended the ingestion of the Shiga-bacteriophage, this treatment was applied for therapeutic purposes to patients afflicted with [culture-confirmed] bacillary dysentery.”

- Dr. Felix d’Herelle, Bacteriophage and its Behavior, 1926

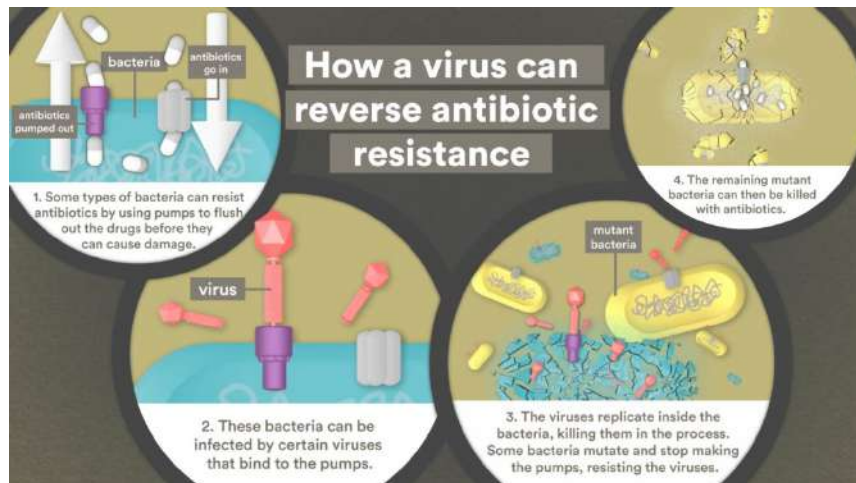


Felix d’Herelle
wikipedia

“It’s not like there’s been some transformative development or technology that means that it’s open season on phage therapy.”

- Dr. Paul Bollyky, Stanford (in Servick, Science, 2016)

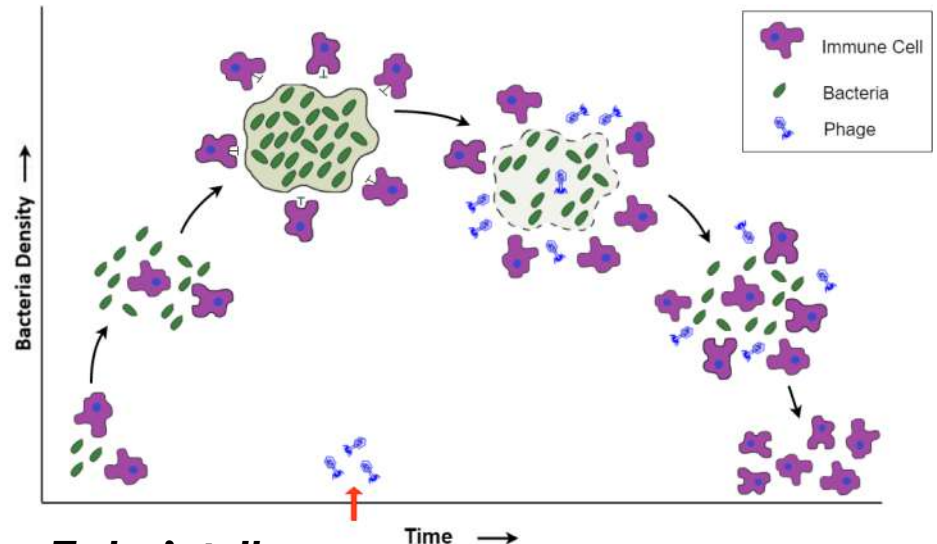
Transformative Development 1



Paul Turner, Yale
Phage-Antibiotics Synergy

Chan et al., Sci. Rep, 2016, 10.1038/srep26717

(Transformative) Development 2



Today’s talk
Phage-Immune Synergy

Leung & Weitz, J.Theor. Biol. (2017)

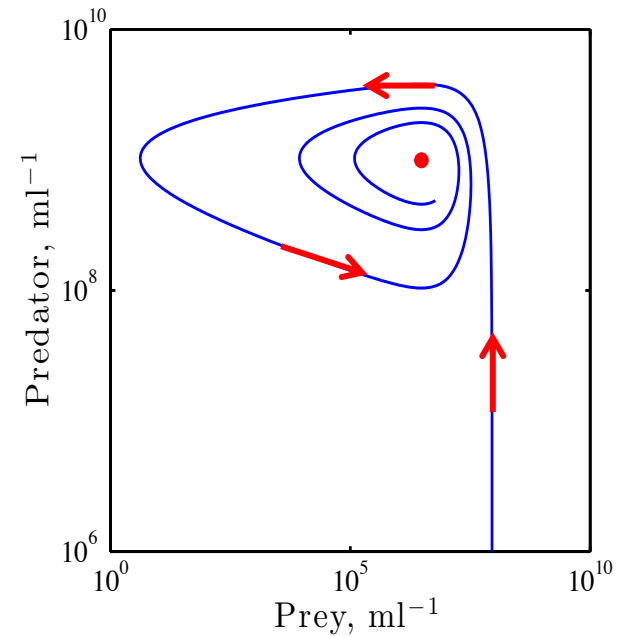
Roach, Leung...Weitz & Debarbieux, Cell Host Microbe (2017)

Leung & Weitz, Trends in Microbiology (2019)

From Models to Mice:

En Route to a Modern Immunophage Therapy

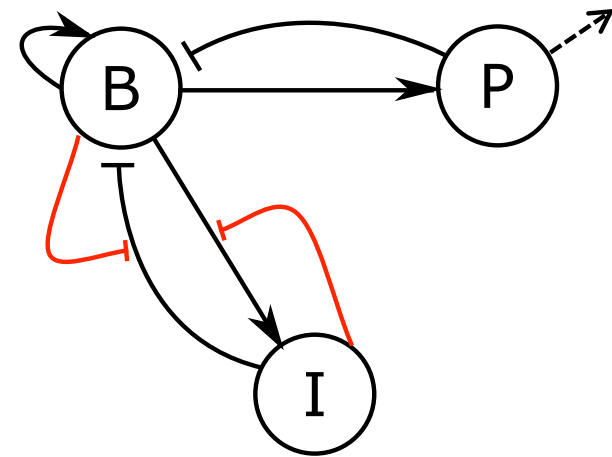
- The limits of virus-microbe ecology in dynamic elimination of hosts
- Theoretical principles underlying “immunophage synergy”
- Curative treatment of otherwise fatal respiratory diseases using phage in immunomodulated mice



From Models to Mice:

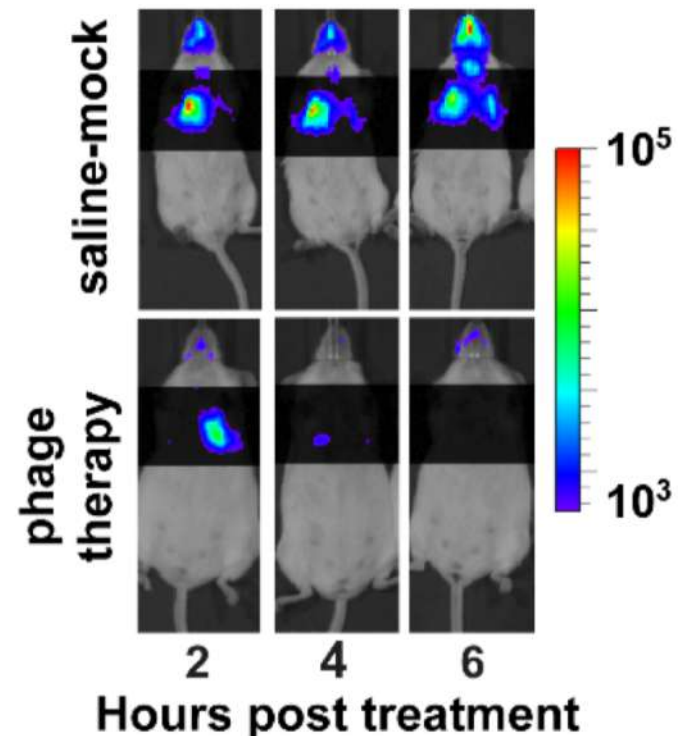
En Route to a Modern Immunophage Therapy

- The limits of virus-microbe ecology in dynamic elimination of hosts
- Theoretical principles underlying “immunophage synergy”
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From Models to Mice: En Route to a Modern Immunophage Therapy

- The limits of virus-microbe ecology in dynamic elimination of hosts
- Theoretical principles underlying “immunophage synergy”
- Curative treatment of otherwise fatal respiratory diseases using phage in immunomodulated mice



Part 1:

The limits of virus-microbe ecology in
dynamic elimination of hosts

Nonlinear model of phage-bacteria population dynamics

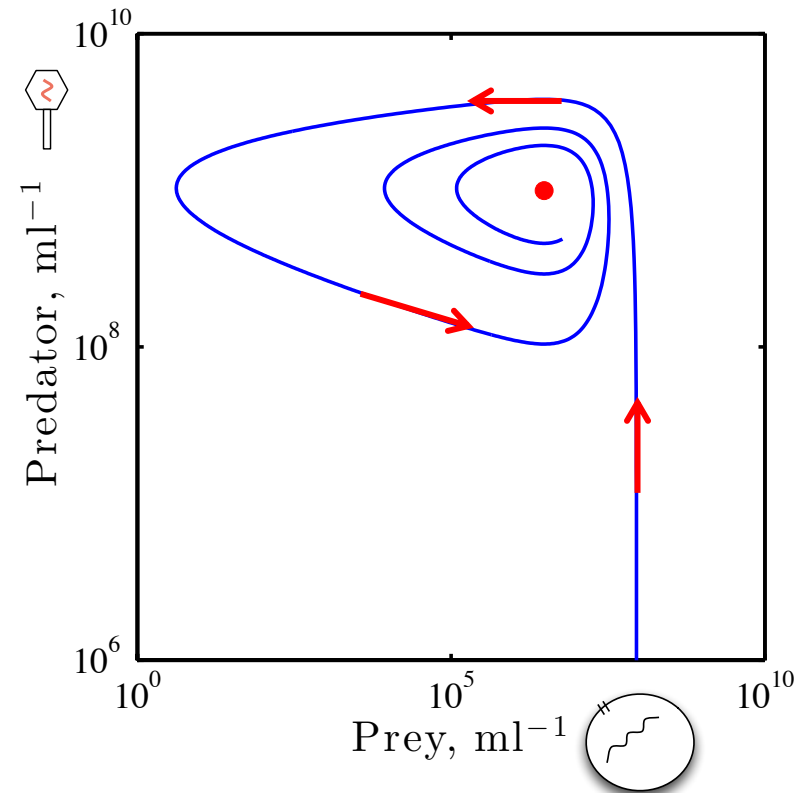
Dynamic model

$$\begin{aligned}
 \frac{dR}{dt} &= \underbrace{\omega R_0}_{\text{media inflow}} - \underbrace{f(R)N}_{\text{nutrient consumption}} - \underbrace{\omega R}_{\text{outflow}} \\
 \frac{dN}{dt} &= \underbrace{\epsilon f(R)N}_{\text{cell division}} - \underbrace{\phi NV}_{\text{infection and lysis}} - \underbrace{\omega N}_{\text{outflow}} \\
 \frac{dV}{dt} &= \underbrace{\beta \phi NV}_{\text{lysis}} - \underbrace{\phi NV}_{\text{infection}} - \underbrace{\omega V}_{\text{outflow}}
 \end{aligned}$$

Interactions:

Resource inflow/outflow
 Host growth and outflow
 Viral lysis and outflow

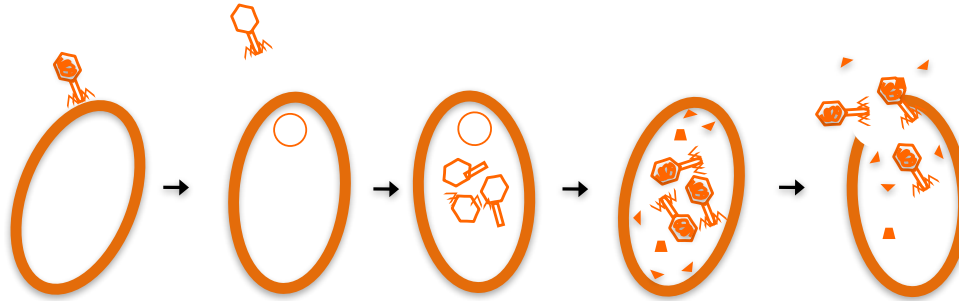
(note: original model
 included time delays)



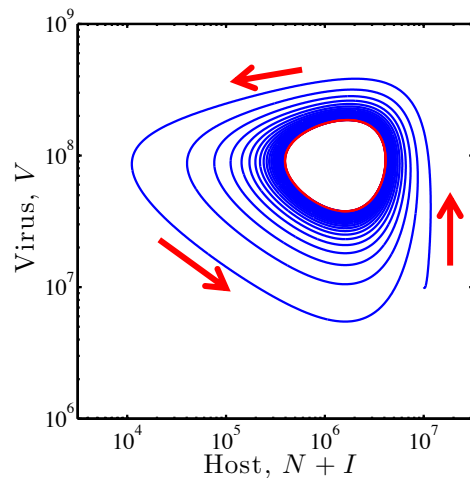
Counter-clockwise cycles

Lotka-Volterra like “counter-clockwise” cycles are robust to many viral interaction mechanisms

Microscopic



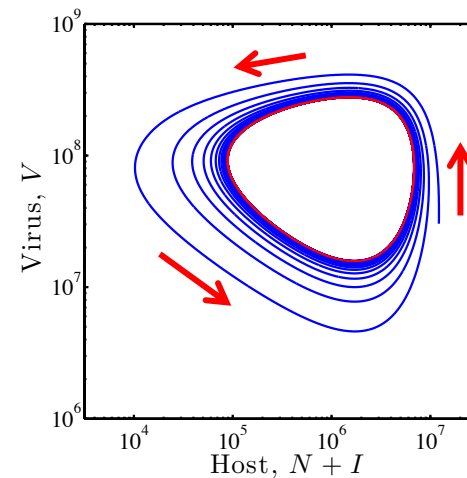
Population



Models with an infected class

Distributed delays

Fixed delays



Models with a single delay between infection and lysis

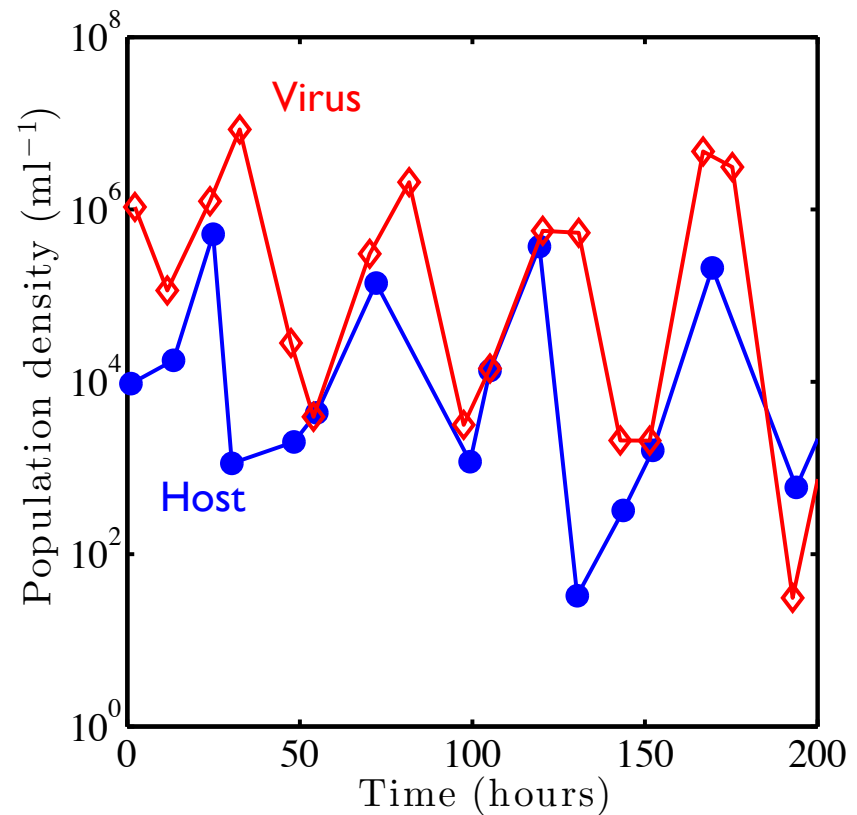
The same types of cycles can be observed in virus-host population dynamics (in the lab)

“Lotka-Volterra” like cycles
between T4 and *E. coli* B

Data: Bohannan & Lenski,
Ecology (1997)

Take-home message:

Original models of viral-host
dynamics presuppose a “simple”
one virus, one host relationship.



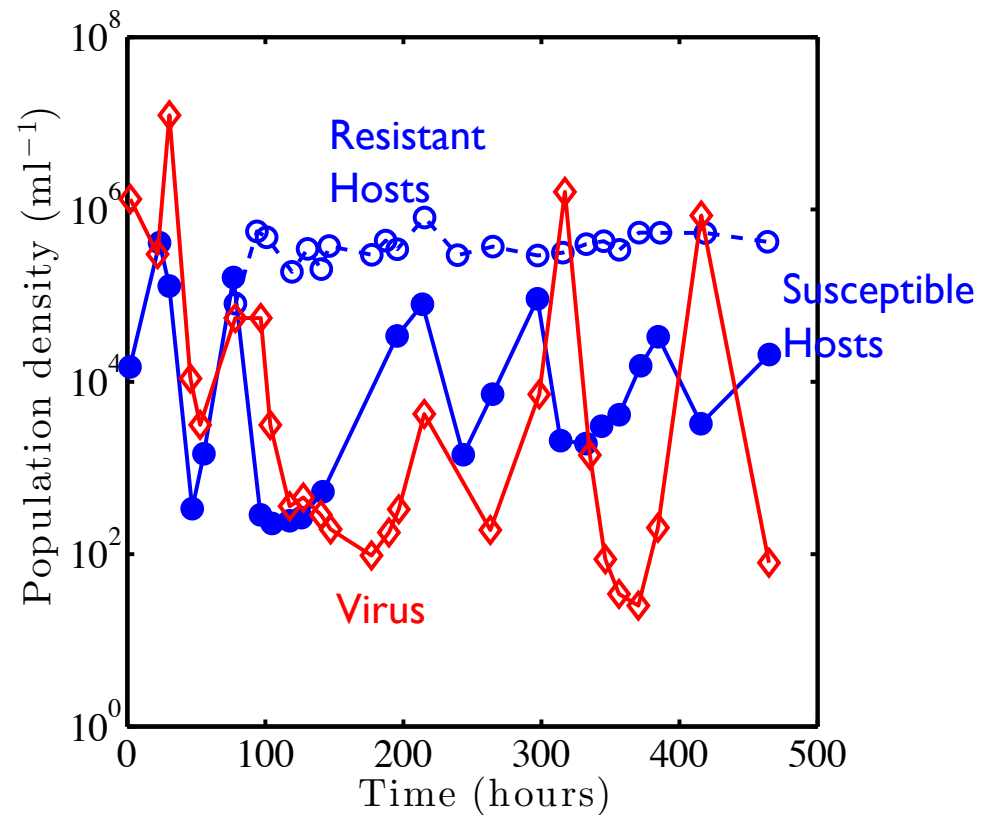
Further analysis of this and other cases in:
Weitz, Quantitative Viral Ecology: Dynamics of Viruses and
Their Microbial Hosts, Princeton University Press, 2015.

Yet, virus-host dynamics also exhibit “cryptic” dynamics, when hosts evolve...

“Lotka-Volterra” like cycles between T4 and *E. coli* B...

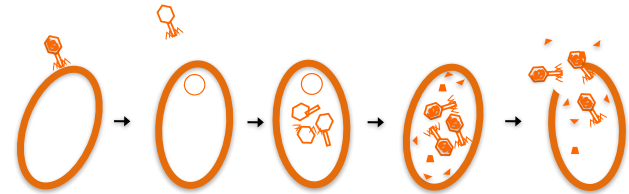
Until something happens at about 200 hrs.

Data: Bohannan & Lenski, Am. Nat. (1999)

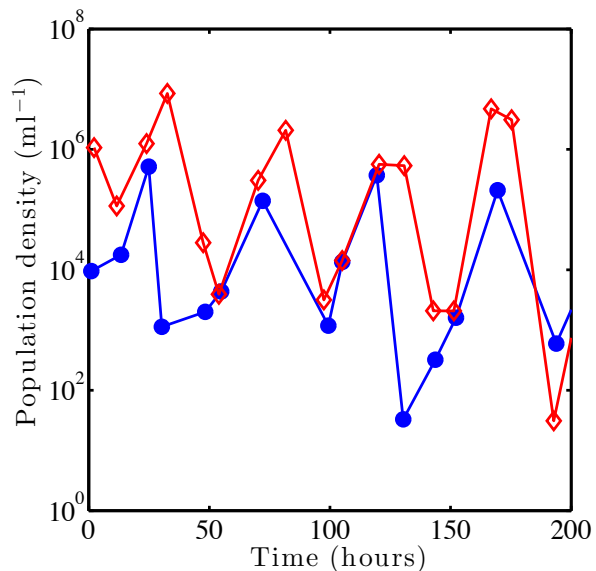


Eco-evolutionary theory and experiments provide a counterpoint to standard phage therapy

1. Viruses can kill individual cells.



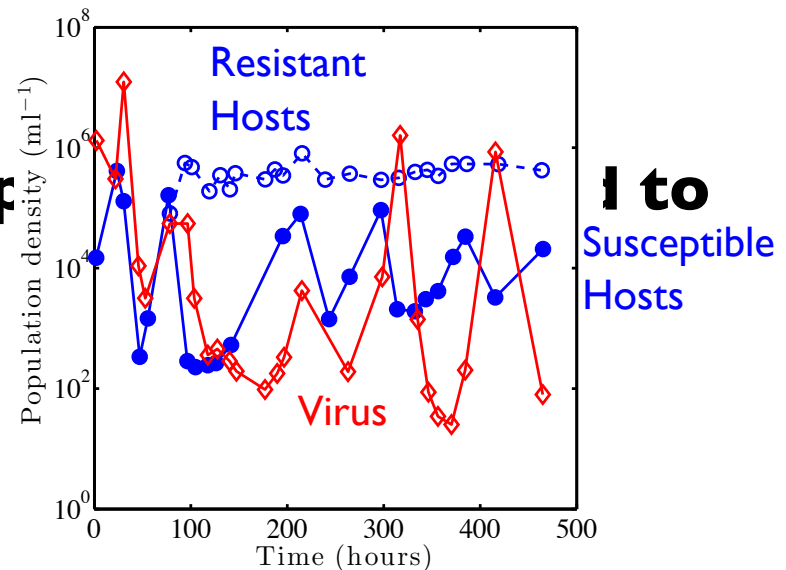
2. But, viral populations often *coexist* with host populations.

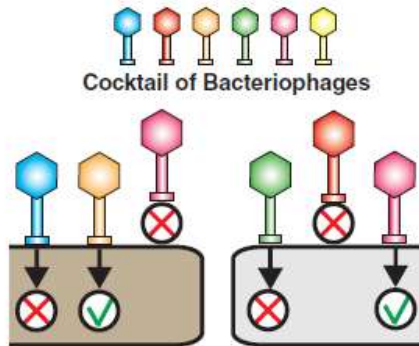


ance amongst bacteria can lead to the
' control.

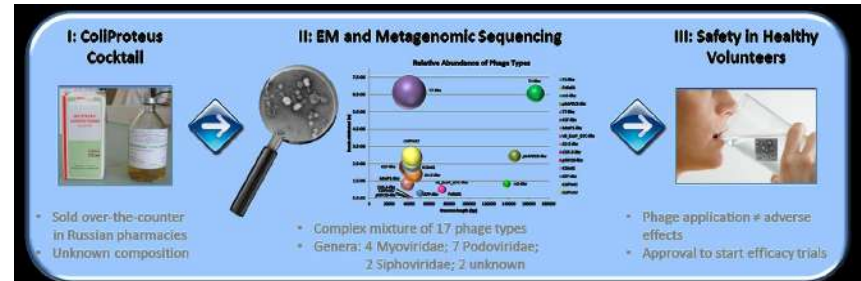
logical ap

•





Steven Liu, Cal Poly

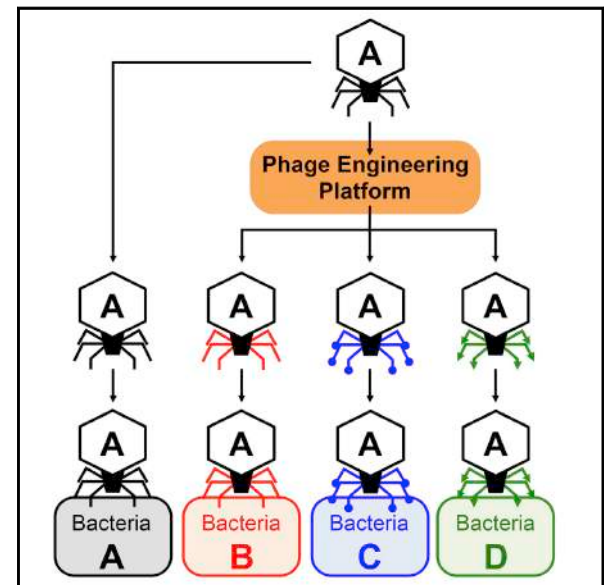


Shawna McCallin et al., Virology, 2013

Cocktails



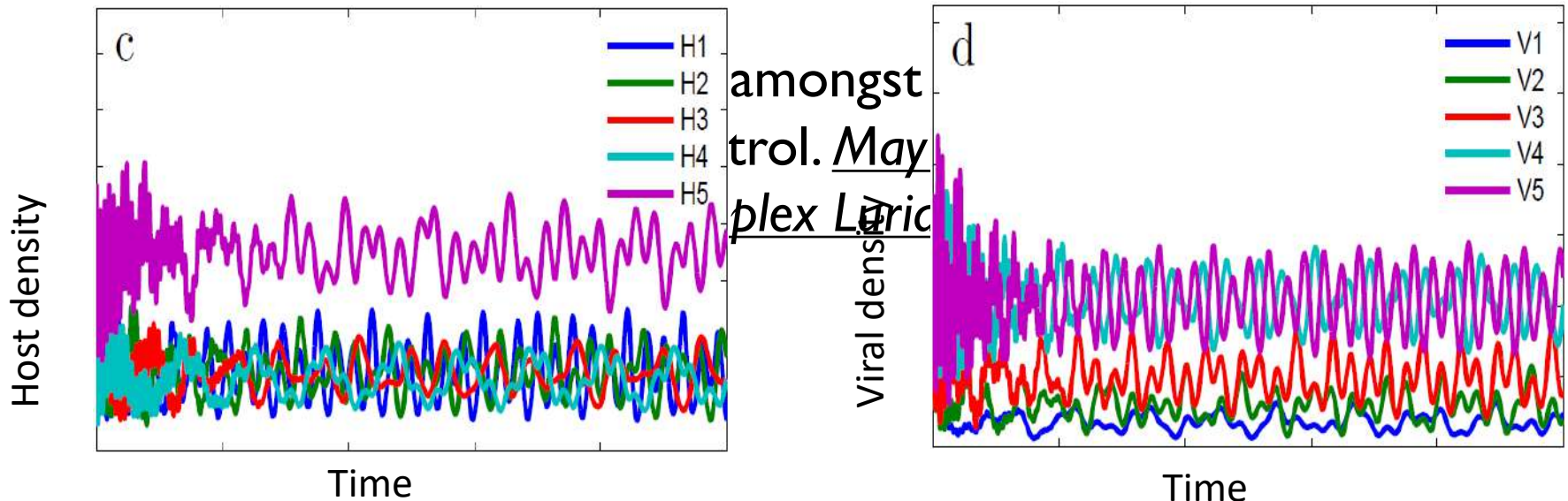
Alex Betts, alexbetts.info, OTC phage cocktails from the Eliava institute



Ando et al., Cell Systems, 2015

Dynamic counterpoint to standard phage therapy still remain with cocktails

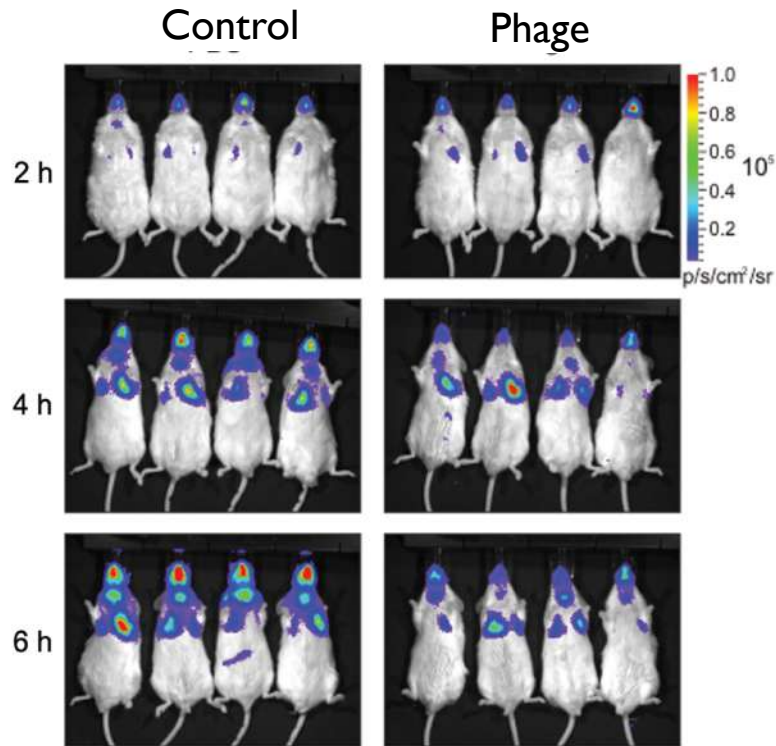
1. Viruses can kill individual cells. Cocktails may kill more, but not all, and there are trade-offs with coverage.
2. But, viral populations coexist with host populations, even when there are multiple populations in a community.



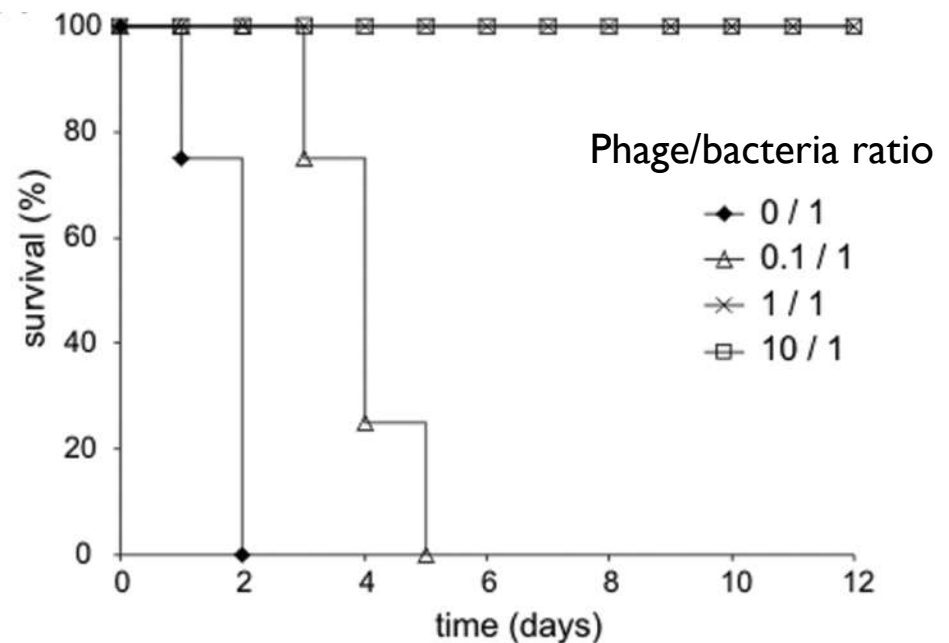
Part 2:

Theoretical principles underlying
“immunophage synergy”

A starting point: *In vivo* examples of phage therapy efficacy in mice



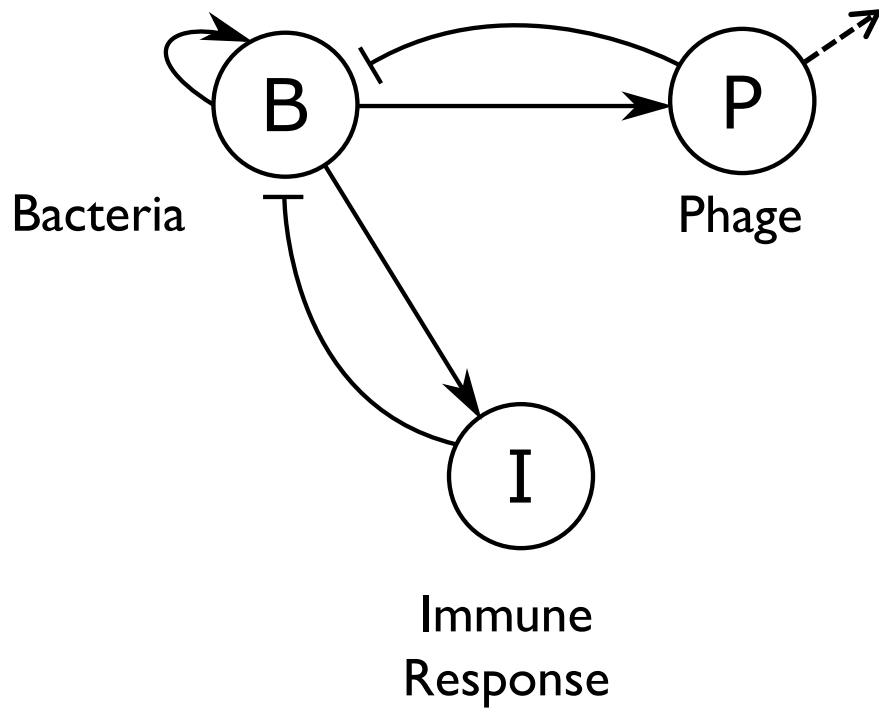
Time-course bacterial load in the infected mice as measured by bioluminescence



Survival curves of mice infected with *P. aeruginosa* treated with diluent or phage at different dosages

Tripartite model of virus-microbe-immune interactions

First proposed by Levin & Bull, Nat. Micro, 2004



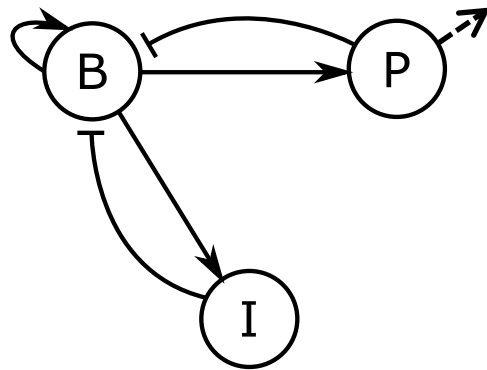
$$\frac{dN}{dt} = \overbrace{\epsilon f(R)N}^{\text{cell division}} - \overbrace{\phi NV}^{\text{infection}} - \overbrace{\chi IN}^{\text{immune killing}}$$

$$\frac{dV}{dt} = \overbrace{\beta \phi N_{\tau} V_{\tau}}^{\text{lysis}} - \overbrace{\phi NV}^{\text{infection}} - \overbrace{\omega V}^{\text{viral decay}}$$

$$\frac{dI}{dt} = \overbrace{\alpha I \left(\frac{N}{N + K_N} \right)}^{\text{immune stimulation}}$$

Tripartite model of virus-microbe-immune interactions

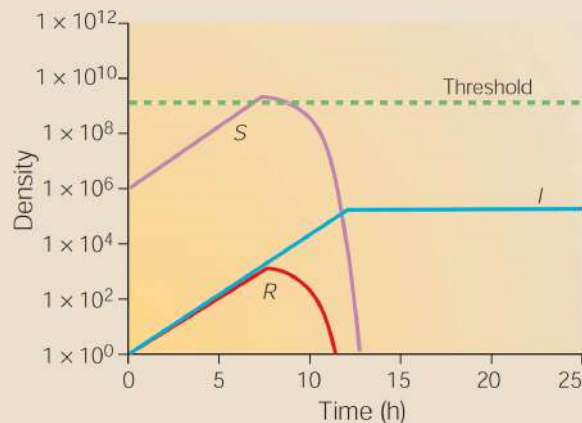
First proposed by Levin & Bull, Nat. Micro, 2004



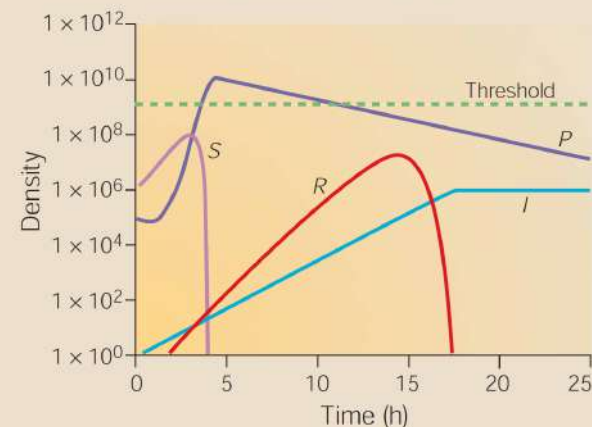
Some challenges:

- Disease state is tied to crossing transient population threshold – rather than elimination.
- Immune system response can grow w/out bound.
- Crucially, phage are not needed to eliminate bacteria in the long-term.

a Host control of a phage-sensitive and phage-resistant population of bacterial infection in the absence of phage

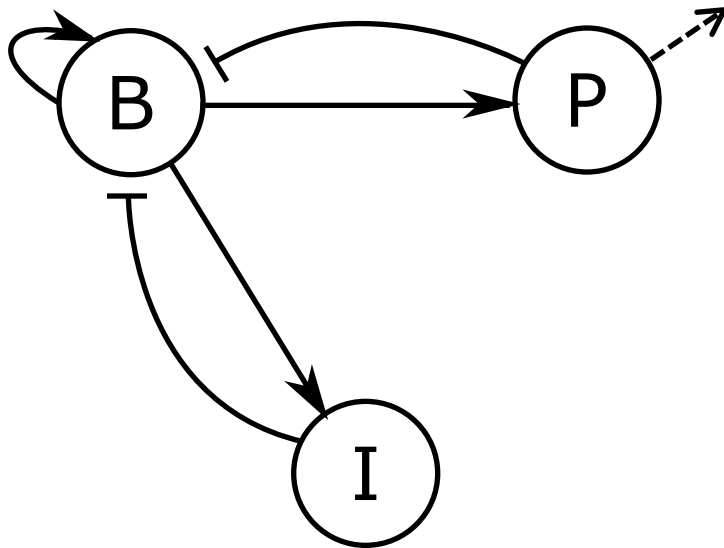


b Host and phage control of a phage-sensitive and phage-resistant bacterial infection in the presence of phage



Proposed immunophage synergy model

Leung & Weitz, J. Theor. Biol (2017)



$$\frac{dB}{dt} = \overbrace{rB \left(1 - \frac{B}{K_C}\right)}^{\text{Growth}} - \overbrace{\phi BP}^{\text{Lysis}} - \overbrace{\epsilon IB}^{\text{Immune killing}}$$

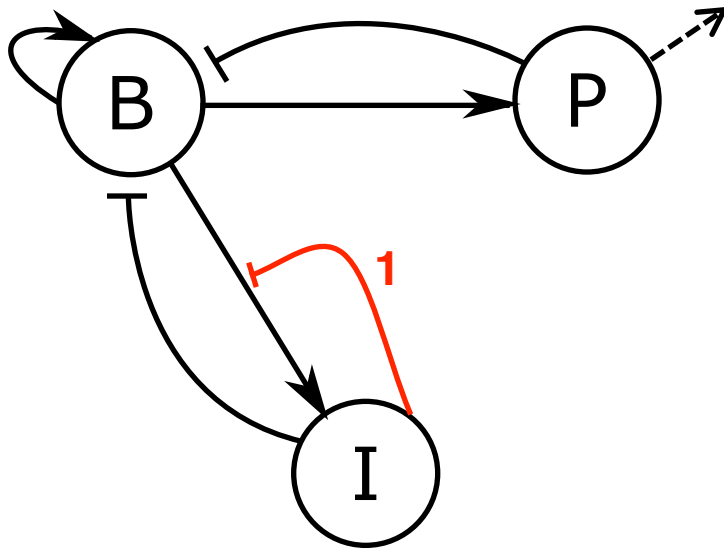
$$\frac{dP}{dt} = \overbrace{\beta \phi BP}^{\text{Viral release}} - \overbrace{\omega P}^{\text{Decay}}$$

$$\frac{dI}{dt} = \overbrace{\alpha I \left(\frac{B}{B + K_N}\right)}^{\text{Immune stimulation}}$$

We begin with a modified Levin-Bull model and extend it in **two key ways**:

Proposed immunophage synergy model

Leung & Weitz, J. Theor. Biol (2017)



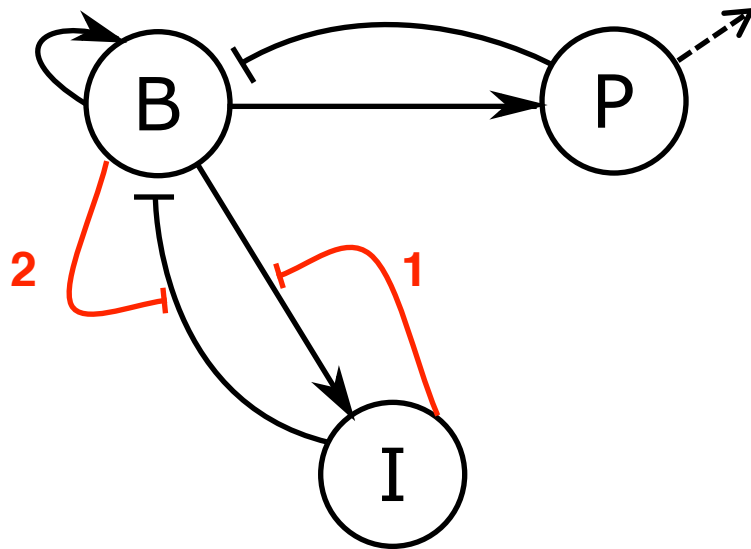
$$\begin{aligned}\frac{dB}{dt} &= \overbrace{rB \left(1 - \frac{B}{K_C}\right)}^{\text{Growth}} - \overbrace{\phi BP}^{\text{Lysis}} - \overbrace{\epsilon IB}^{\text{Immune killing}} \\ \frac{dP}{dt} &= \overbrace{\beta \phi BP}^{\text{Viral release}} - \overbrace{\omega P}^{\text{Decay}} \\ \frac{dI}{dt} &= \overbrace{\alpha I \left(1 - \frac{I}{K_I}\right) \left(\frac{B}{B + K_N}\right)}^{\text{Immune stimulation}}.\end{aligned}$$

We begin with a modified Levin-Bull model and extend it in two key ways:

I. Immune stimulation has a biological “carrying capacity”

Proposed immunophage synergy model

Leung & Weitz, J. Theor. Biol (2017)



$$\frac{dB}{dt} = \overbrace{rB \left(1 - \frac{B}{K_C}\right)}^{\text{Growth}} - \overbrace{\phi BP}^{\text{Lysis}} - \overbrace{\frac{\epsilon IB}{1 + B/K_D}}^{\text{Immune killing}}$$

$$\frac{dP}{dt} = \overbrace{\beta \phi BP}^{\text{Viral release}} - \overbrace{\omega P}^{\text{Decay}}$$

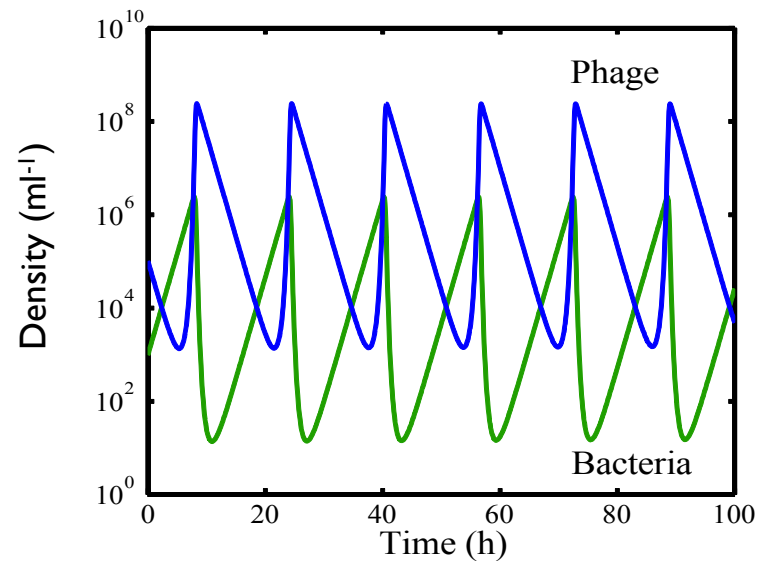
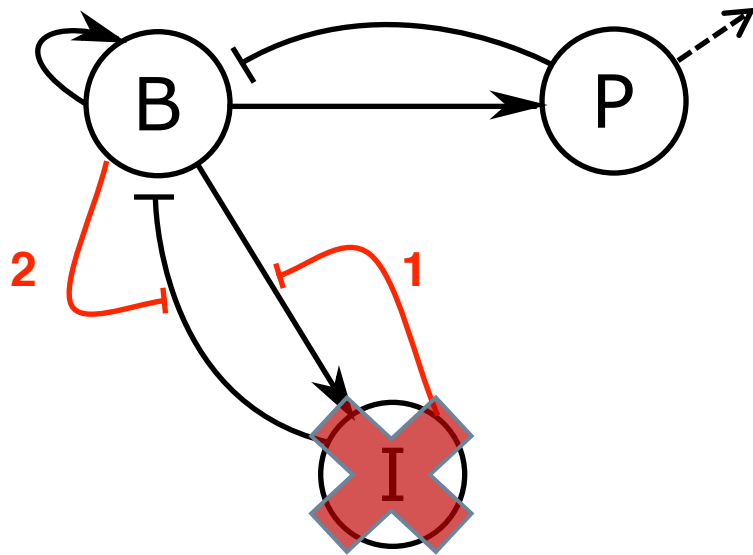
$$\frac{dI}{dt} = \overbrace{\alpha I \left(1 - \frac{I}{K_I}\right) \left(\frac{B}{B + K_N}\right)}^{\text{Immune stimulation}}$$

We begin with a modified Levin-Bull model and extend it in two key ways:

- 1. Immune stimulation has a biological “carrying capacity”**
- 2. Bacteria can initiate density-dependent defenses (e.g., biofilms) to evade the immune response**

Proposed immunophage synergy model

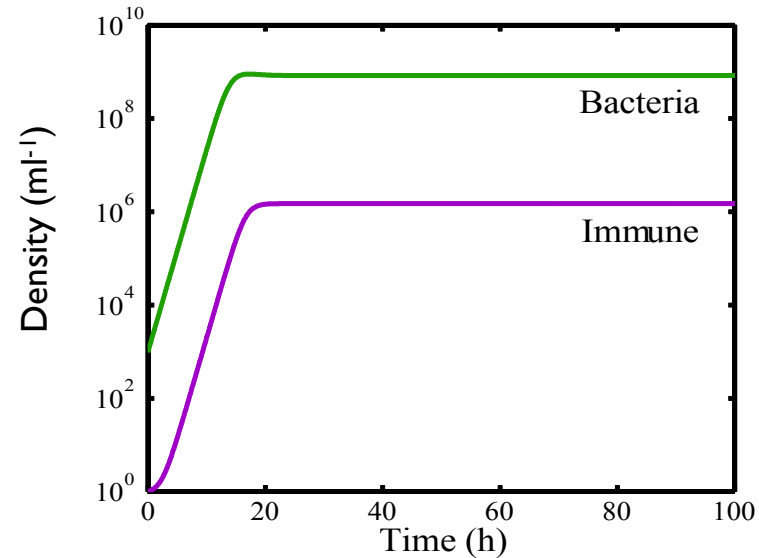
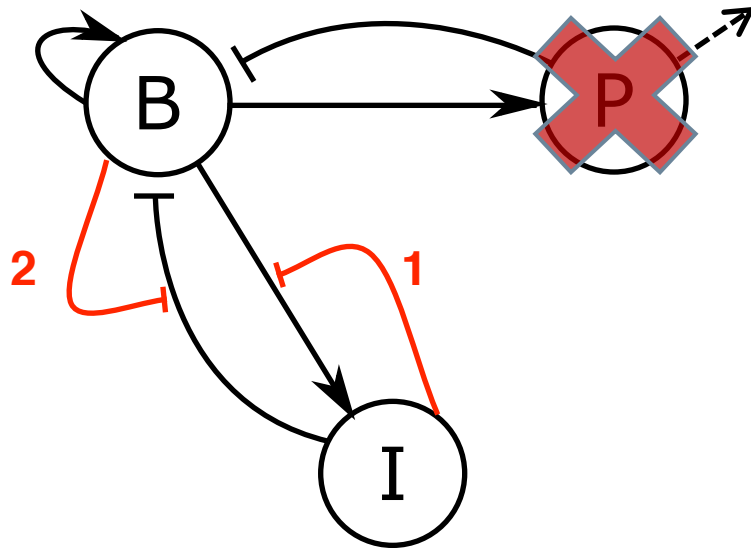
Leung & Weitz, J. Theor. Biol (2017)



Immunophage synergy model – dynamics w/out immune response

Proposed immunophage synergy model

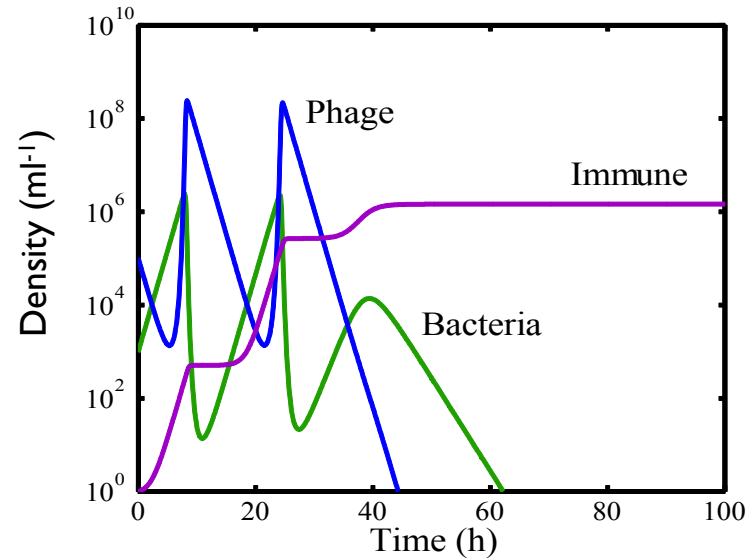
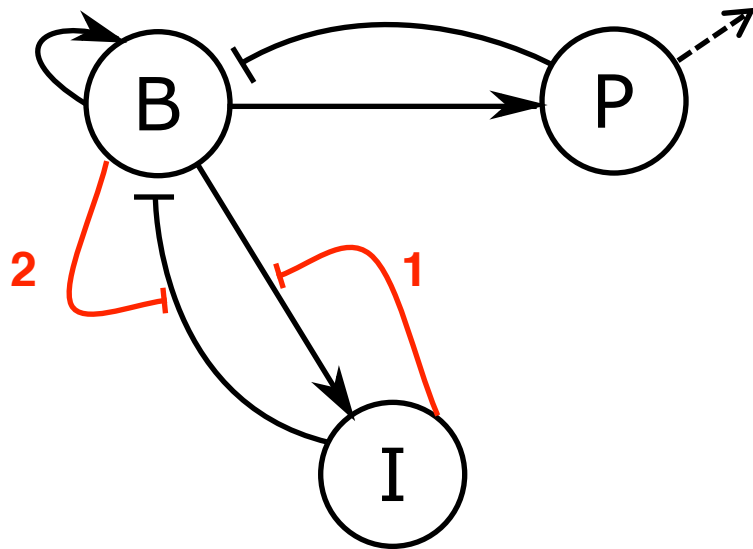
Leung & Weitz, J. Theor. Biol (2017)



Immunophage synergy model – dynamics w/out phage

Proposed immunophage synergy model

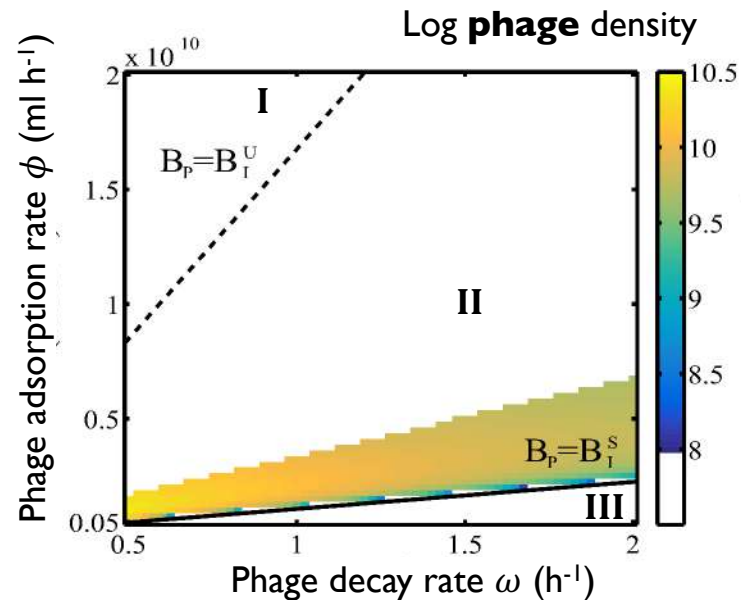
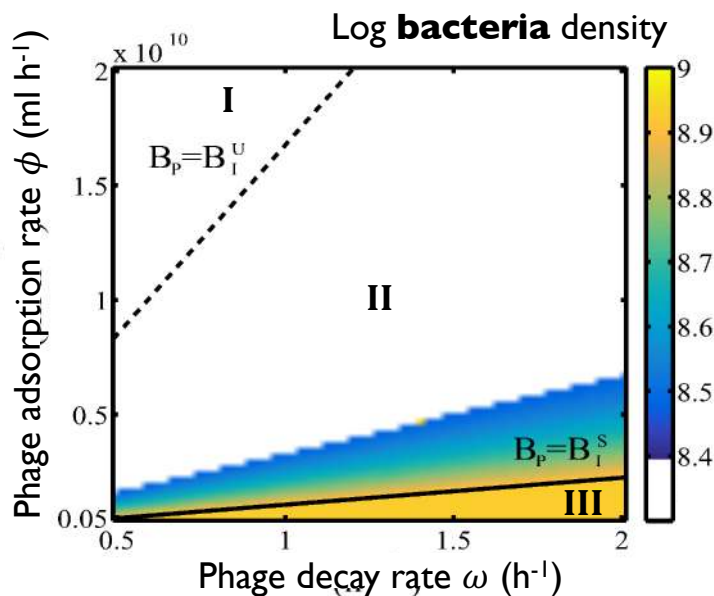
Leung & Weitz, J. Theor. Biol (2017)



Immunophage synergy model – tripartite dynamics

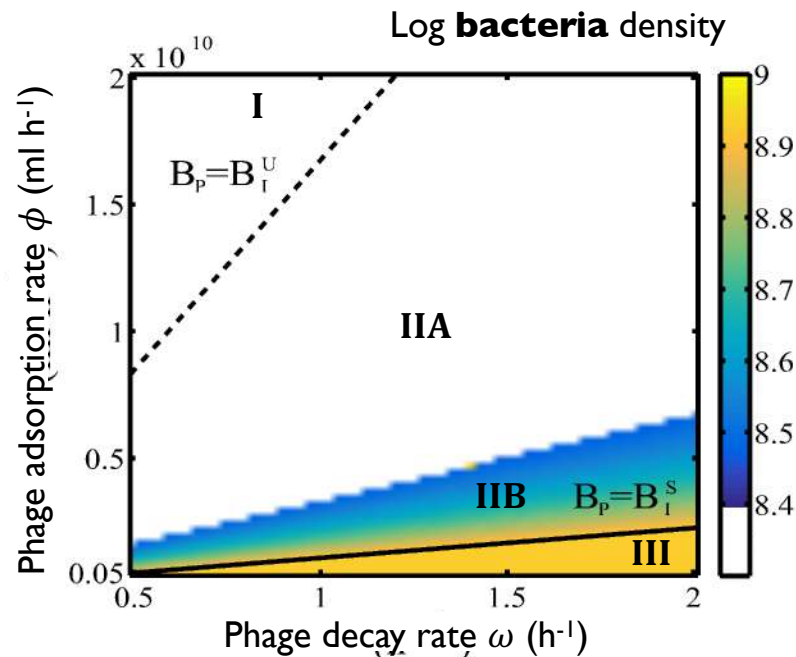
Hypothesis: phage drive *equilibrium* microbial densities to levels *controllable* by the immune response

I	$B_P < B_I^U$	Bacteria extinction (synergy)
II	$B_I^U < B_P < B_I^S$	Coexistence
III	$B_P > B_I^S$	Phage extinction

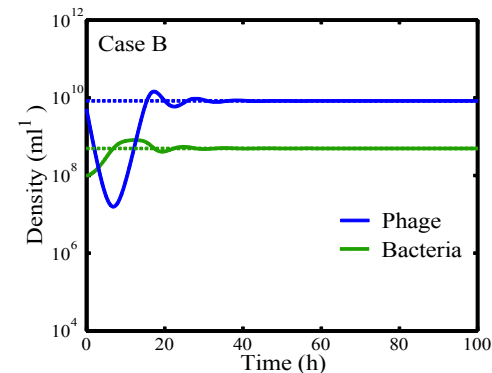
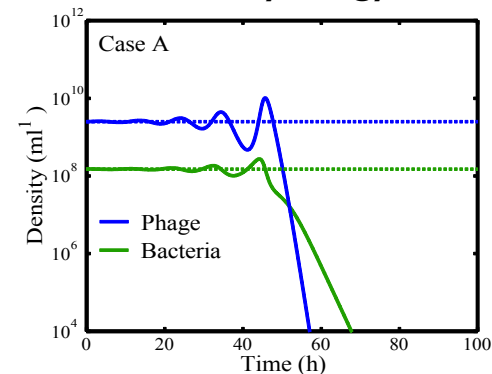


Discrepancy: the model seems to work more robustly than fixed point comparison predicts (see Region II).

Stability of fixed points extends the predicted region of immunophage synergy



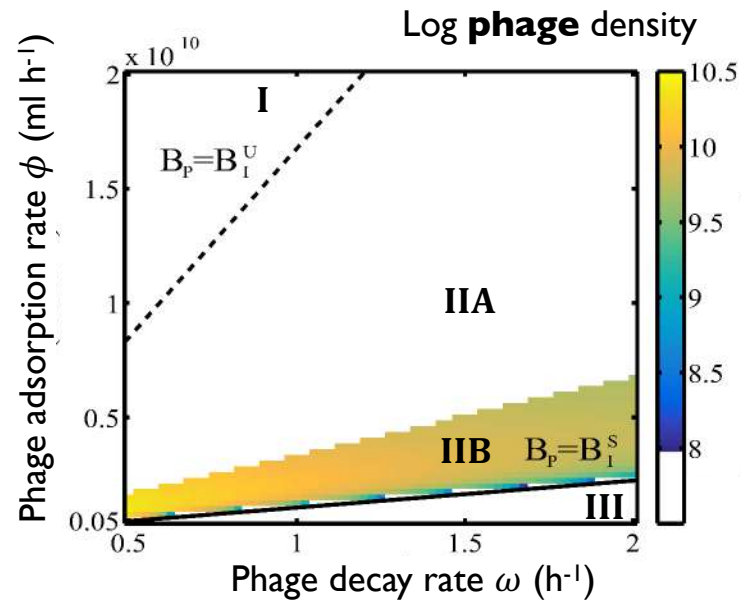
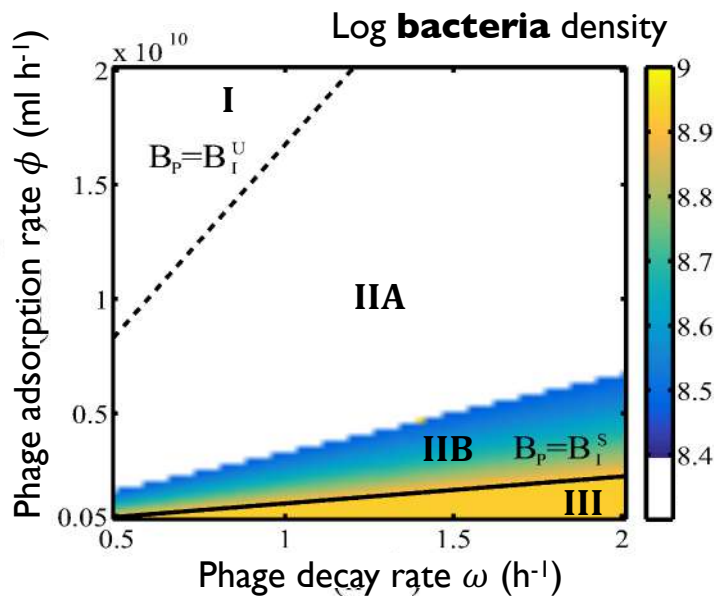
IIA. Dynamic instability enables synergy



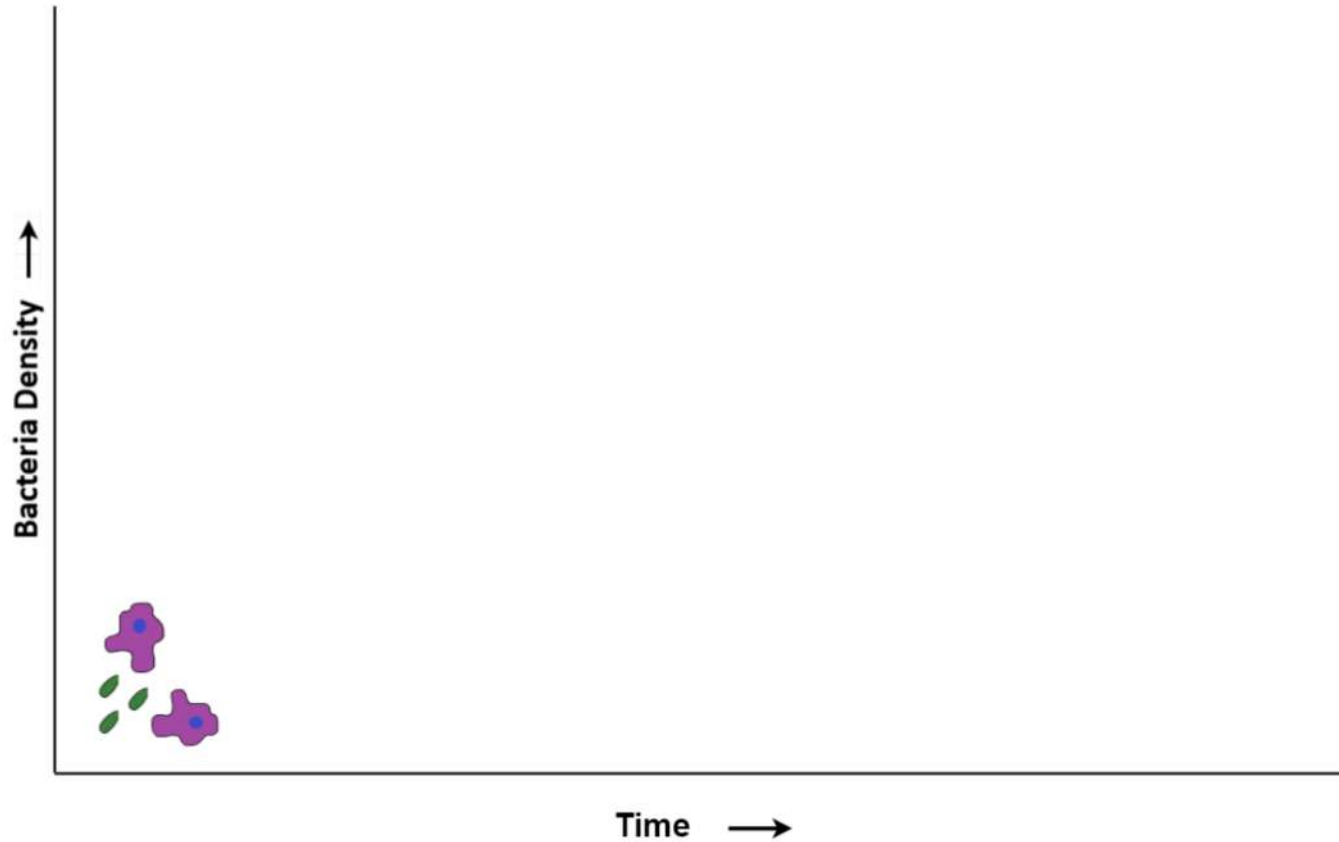
IIB. Dynamic stability enables coexistence

Sufficient conditions for robust immunophage synergy leading to bacterial elimination

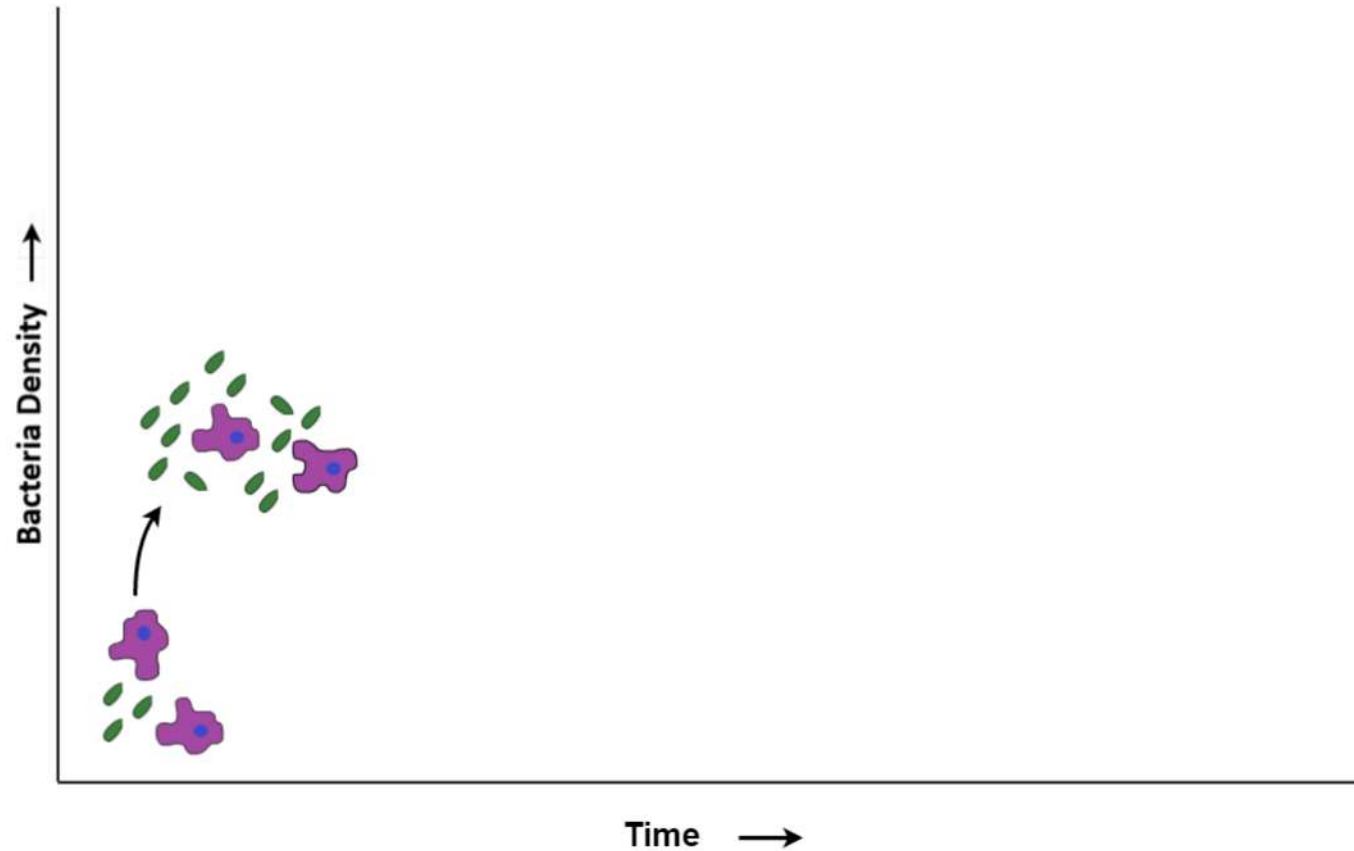
I	$B_P < B_I^U$	Bacteria elimination (fixed synergy)
IIa	$B_I^U < B_P < B_I^M$	Bacteria elimination (dynamic synergy)
IIb	$B_I^M < B_P < B_I^S$	Stable coexistence
III	$B_P > B_I^S$	Phage extinction



Synopsis of the Proposed Mechanism of Phage-Immune Synergy

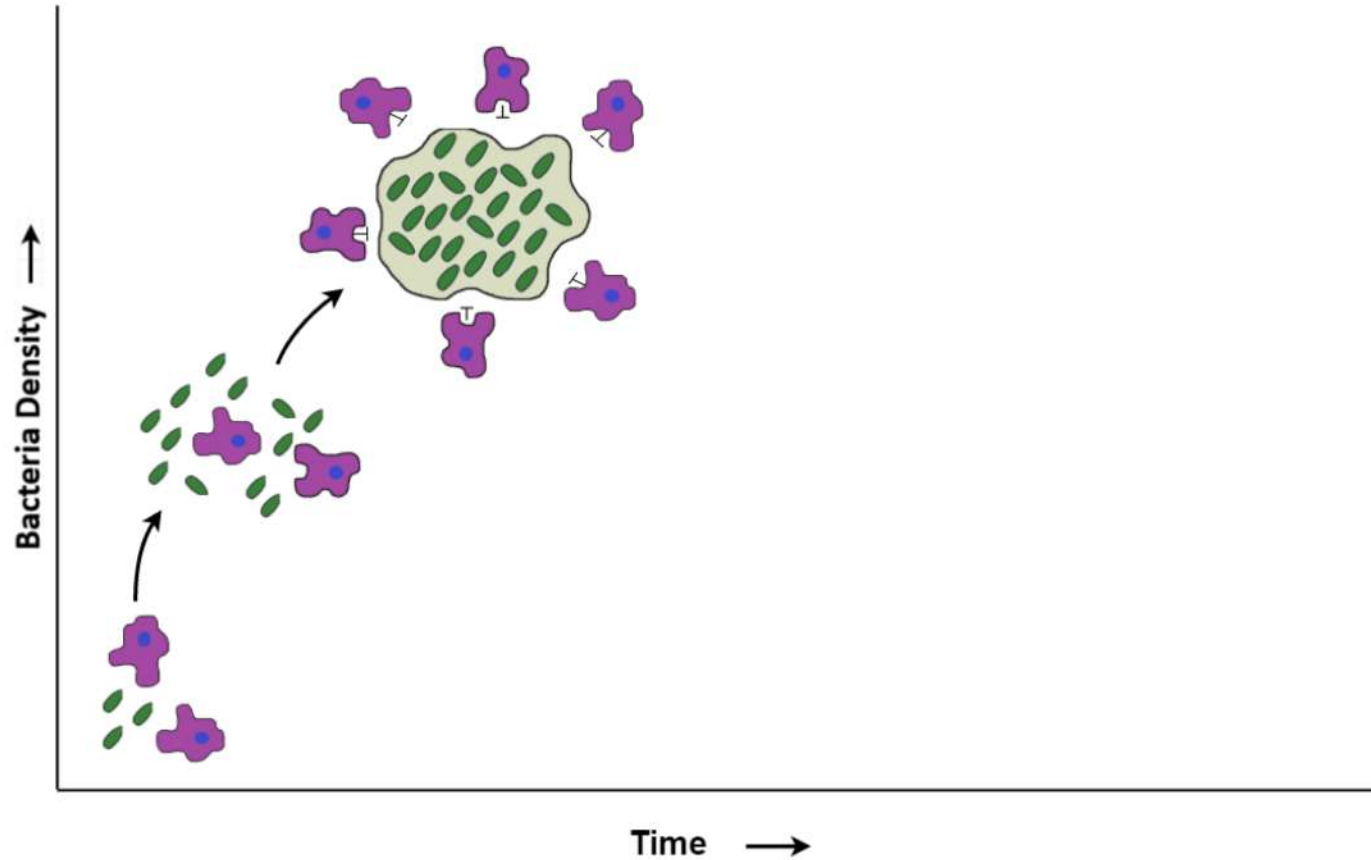


Synopsis of the Proposed Mechanism of Phage-Immune Synergy

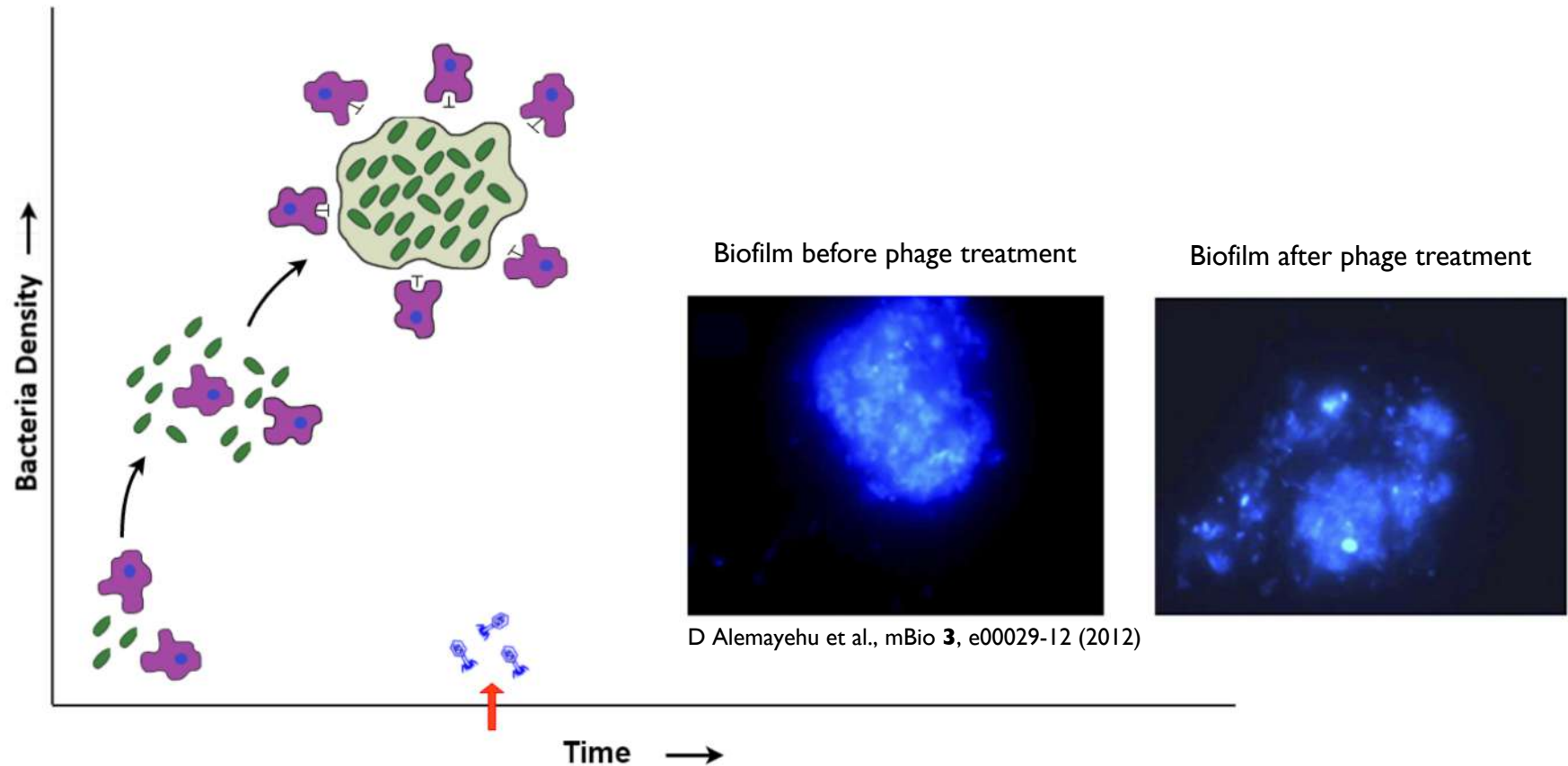


Synopsis of the Proposed Mechanism of Phage-Immune Synergy

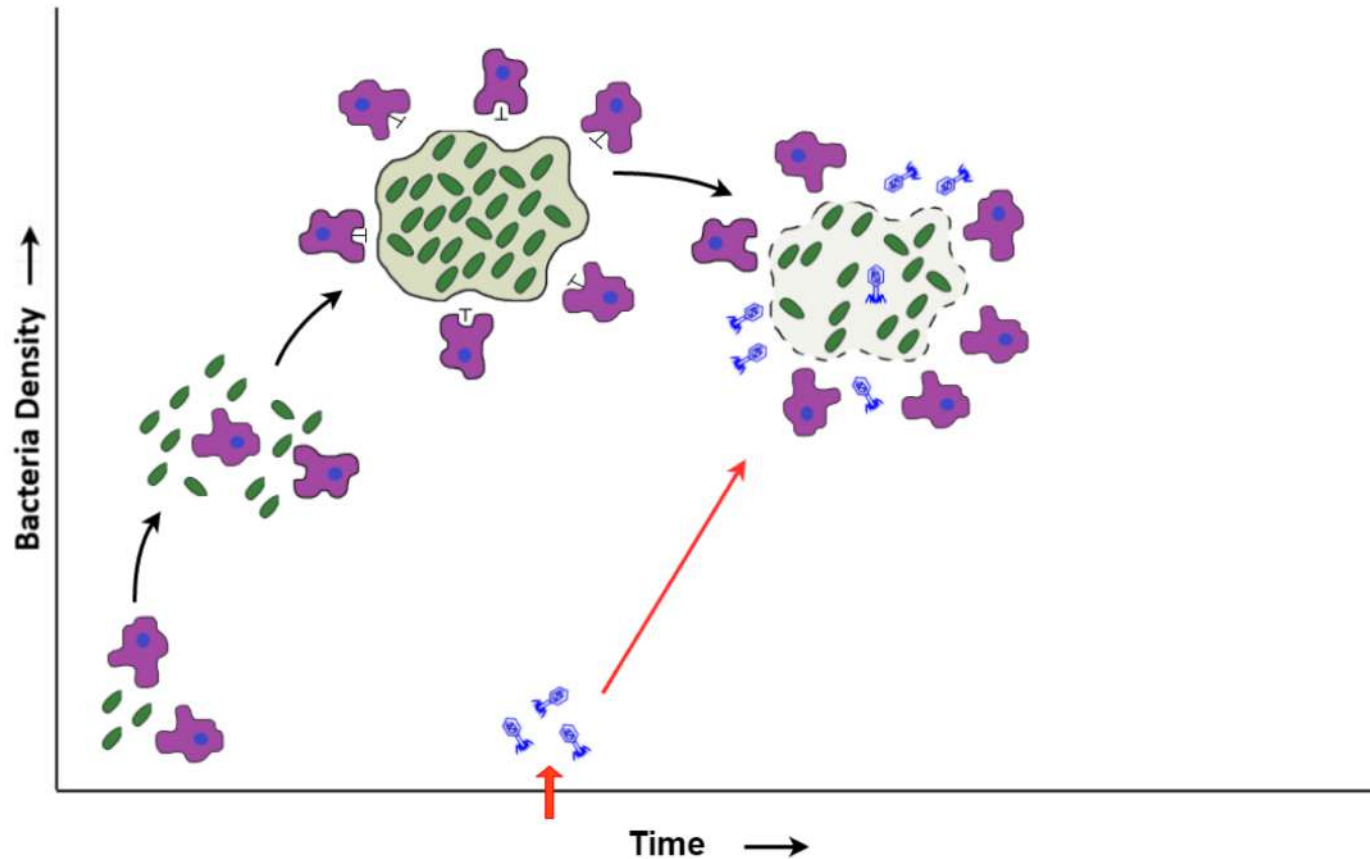
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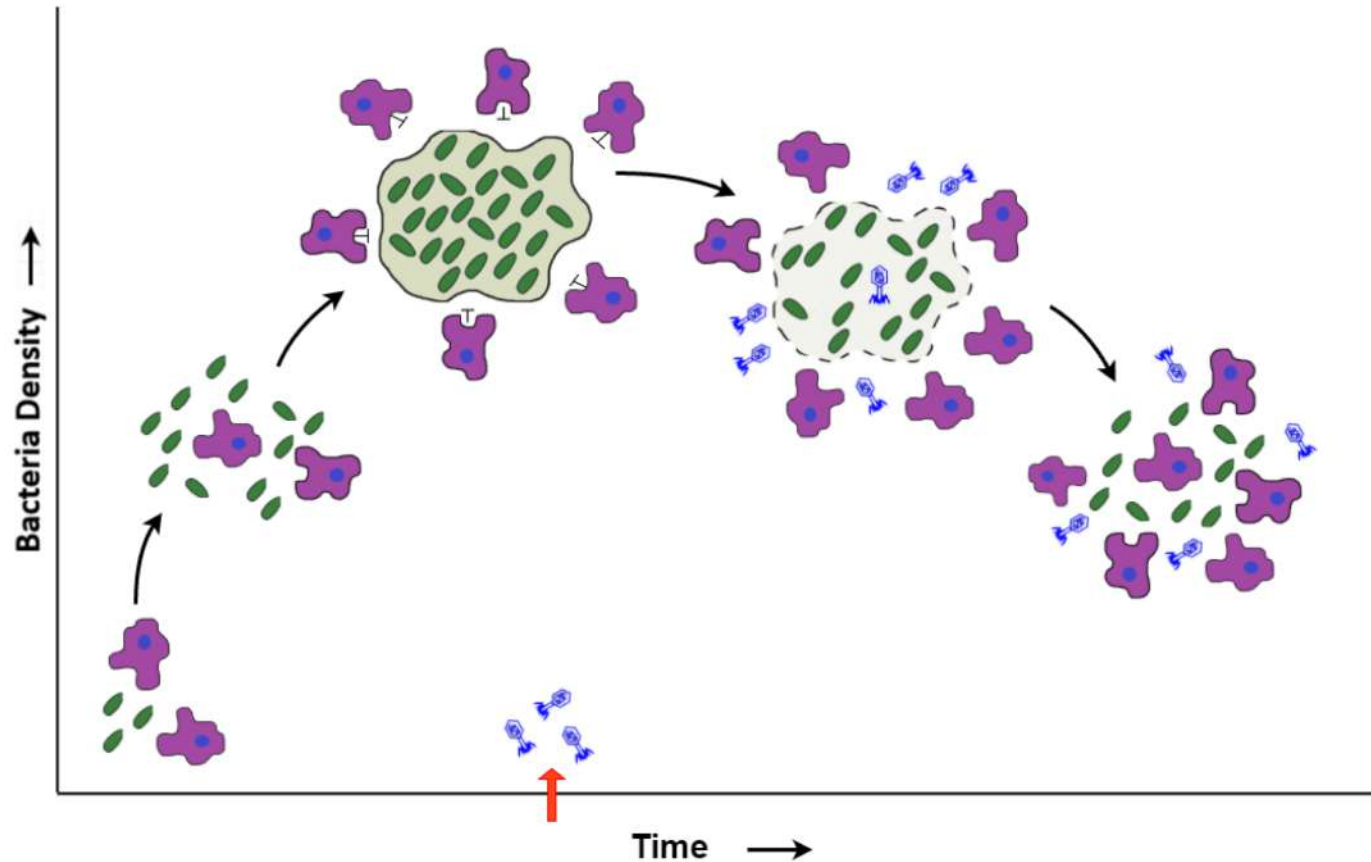
Synopsis of the Proposed Mechanism of Phage-Immune Synergy



Synopsis of the Proposed Mechanism of Phage-Immune Synergy

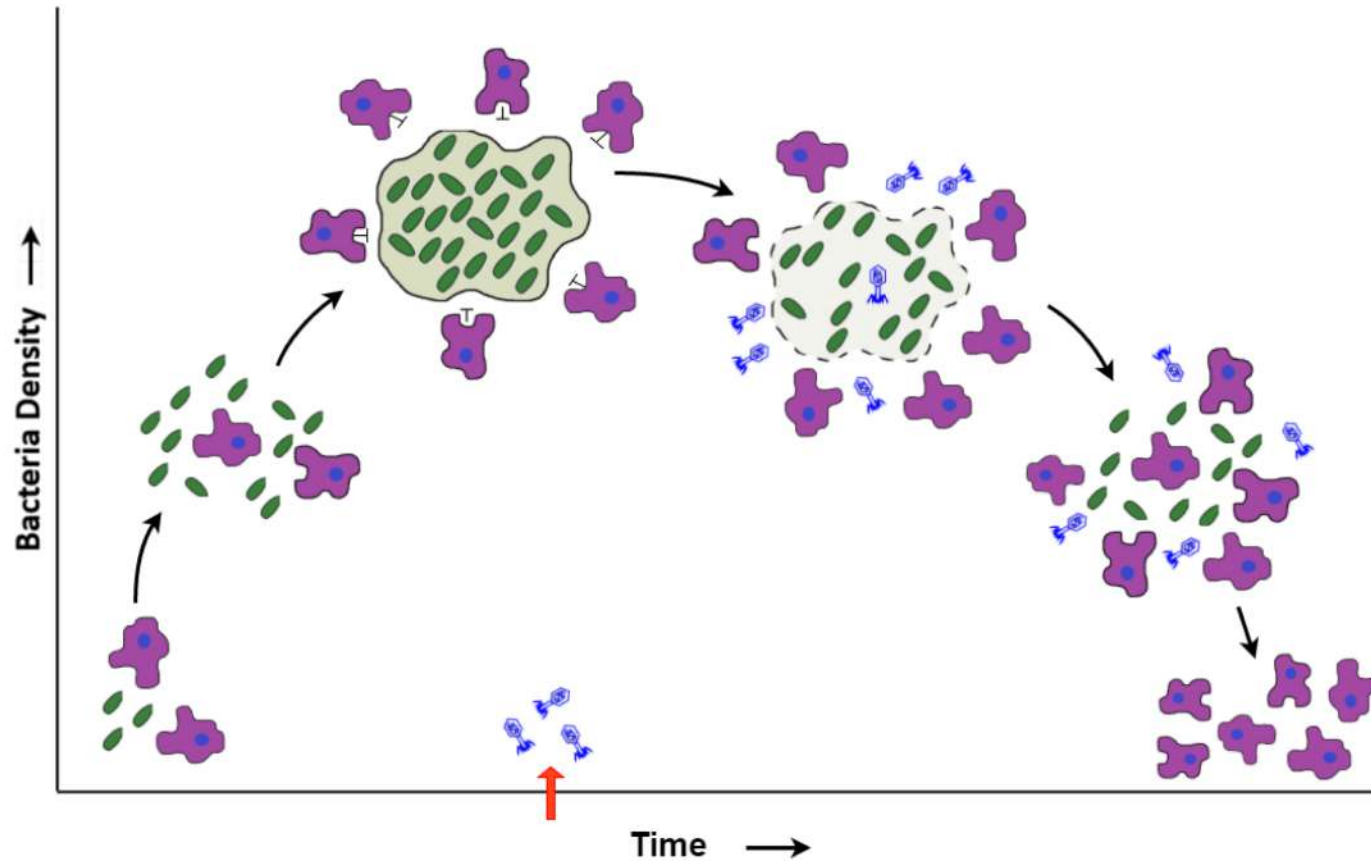


Synopsis of the Proposed Mechanism of Phage-Immune Synergy



Synopsis of the Proposed Mechanism of Phage-Immune Synergy

41



Part 3:

Curative treatment of otherwise fatal
respiratory diseases using phage in
immunomodulated mice



I get by with a little help from my friends.
--THE BEATLES



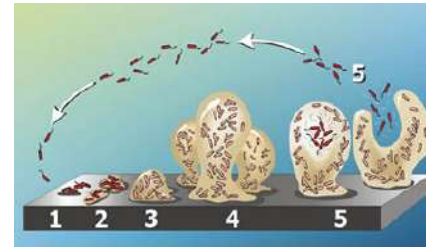
Viruses of Microbes 2016

18-22 July 2016

One of the first presenters on “phage therapy” focus session... Dwayne Roach



Dr. Dwayne Roach
Pasteur Institute



MicrobeWiki

Bacteria:

Multi-drug resistant *Pseudomonas aeruginosa*, fatal acute pneumonia model

Phage:

PAK_PI, shown to prevent fatal acute pneumonia *in vivo*

Focus:

Phage therapy efficacy in **immunomodulated** mice.

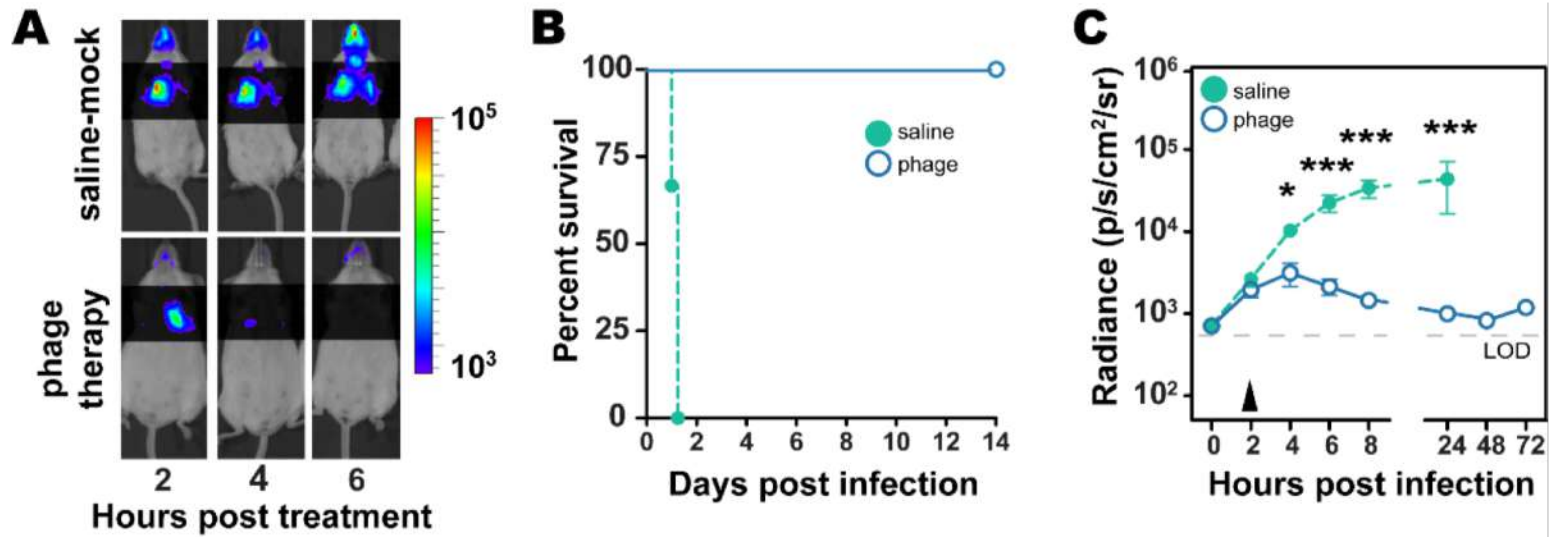


Prof. Laurent Debarbieux
Pasteur Institute



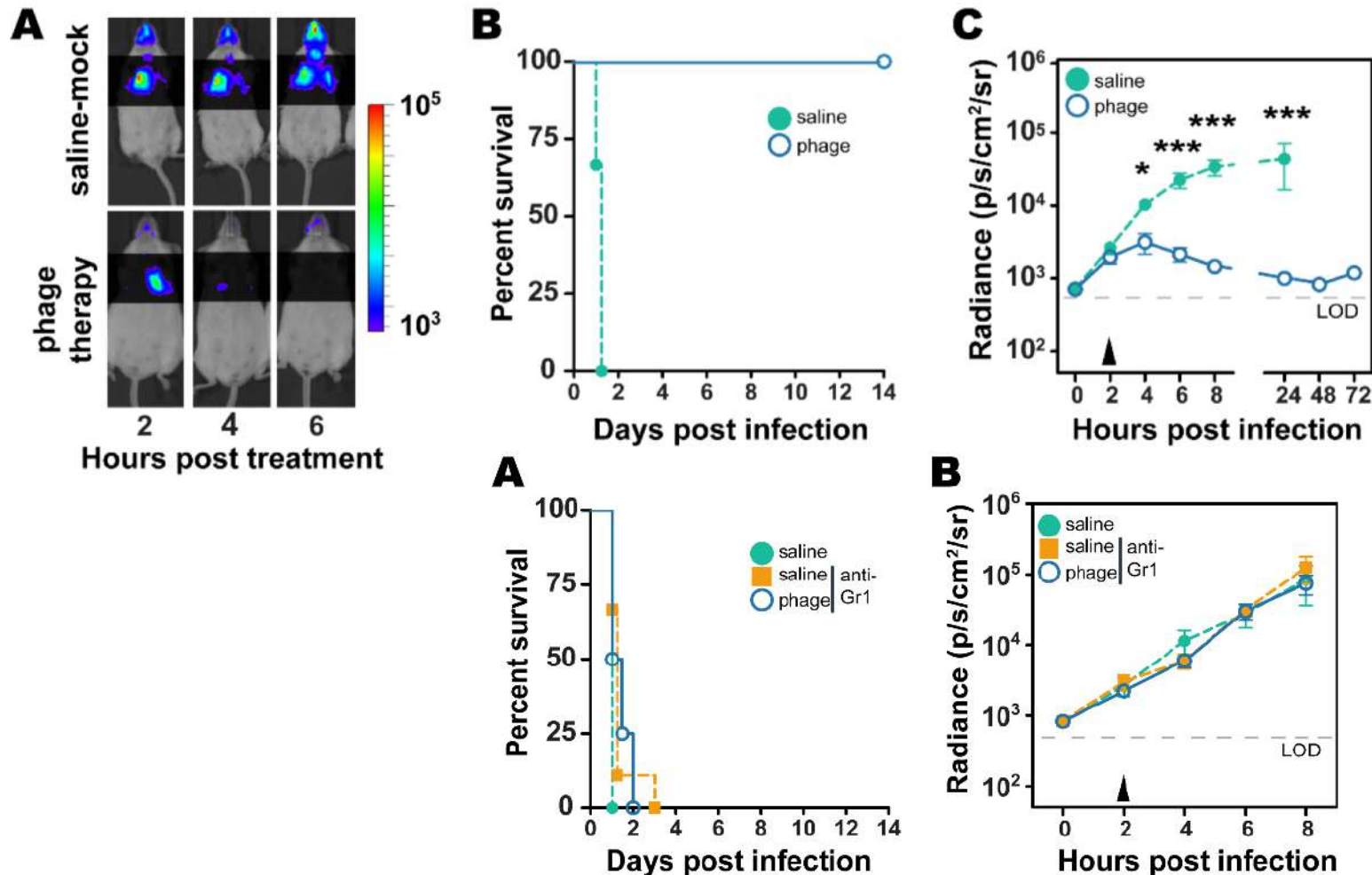
Prof. James Di Santo
Pasteur Institute

That moment when...



That moment when...

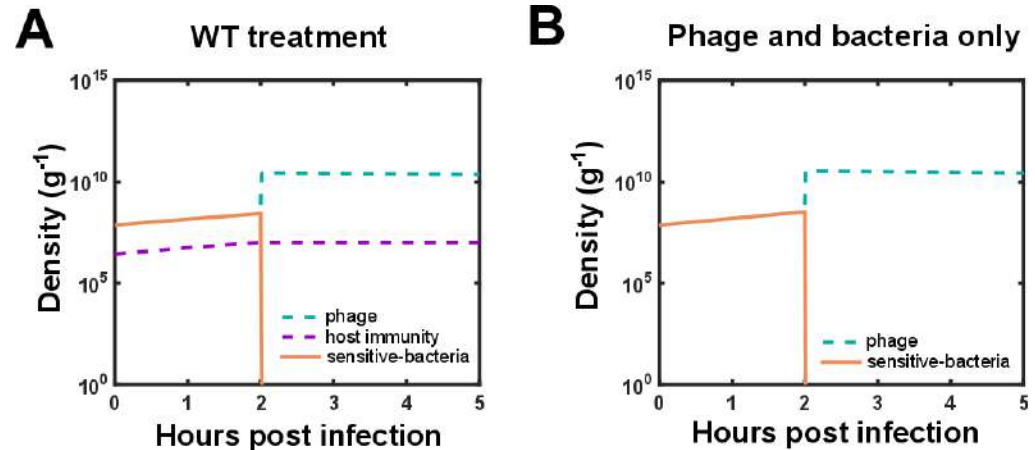
one thinks **this just might work.**



The challenge, bridging *in vitro* models to *in vivo* outcomes

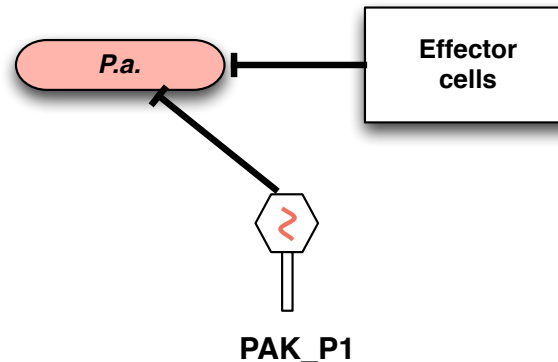
Challenge 1 – Theory

Direct scaling of *in vitro* model to lungs leads to nearly immediate mixing and bacterial elimination.



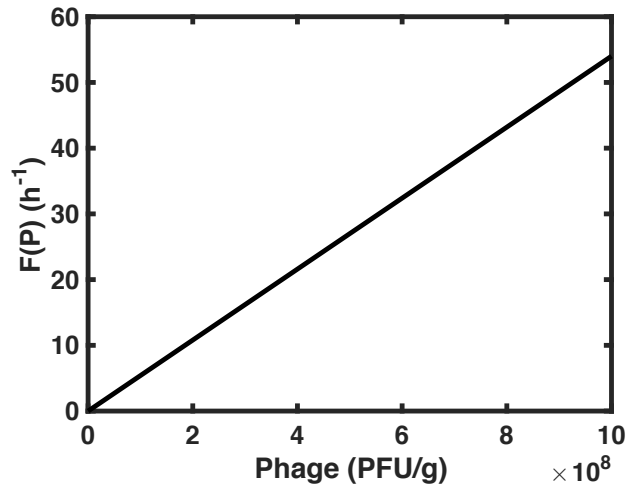
Challenge 2 - Immunology

Can we diagnose the basis for the failure of phage therapy given immunomodulated mice?



Alternative forms for the “attack” rates of phage *in vivo*

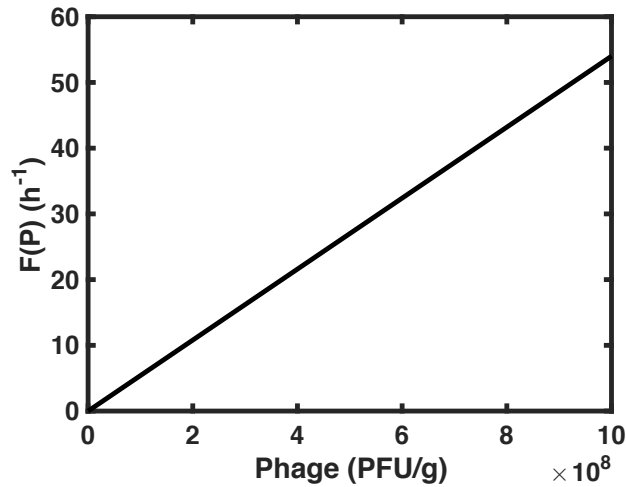
Linear



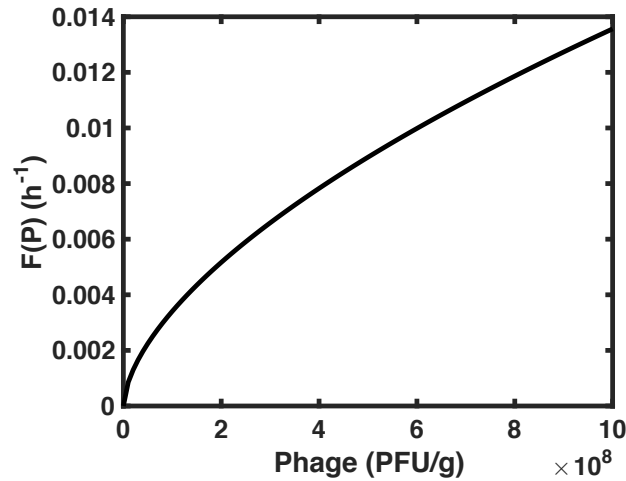
Levin & Bull, Nature Reviews Micro, 2004
Leung & Weitz, JTB (2017)

Alternative forms for the “attack” rates of phage *in vivo*

Linear

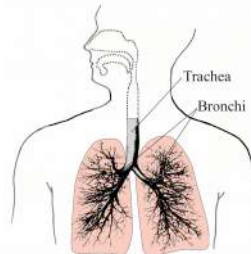


Heterogeneous mixing (HM)



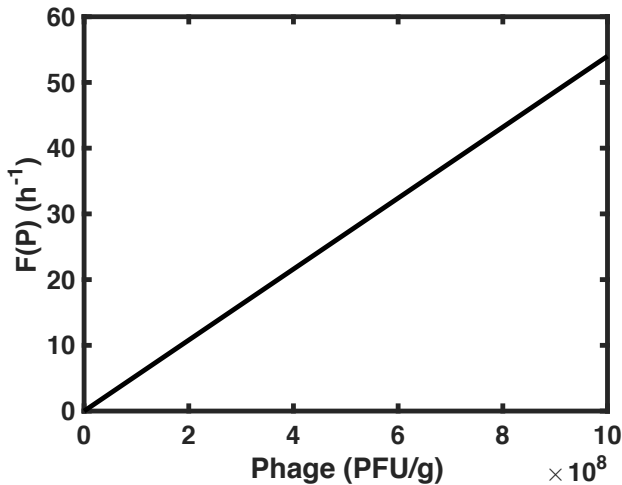
Levin & Bull, Nature Reviews Micro, 2004
Leung & Weitz, JTB (2017)

Roach, Leung, ..., Weitz &
Debarbieux, CHM (2017)

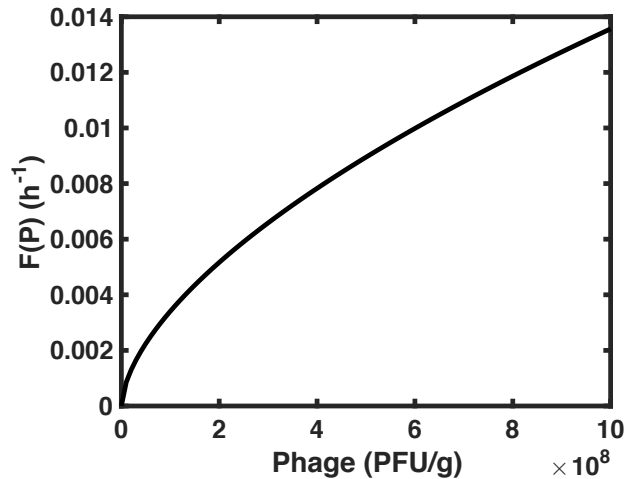


Alternative forms for the “attack” rates of phage *in vivo*

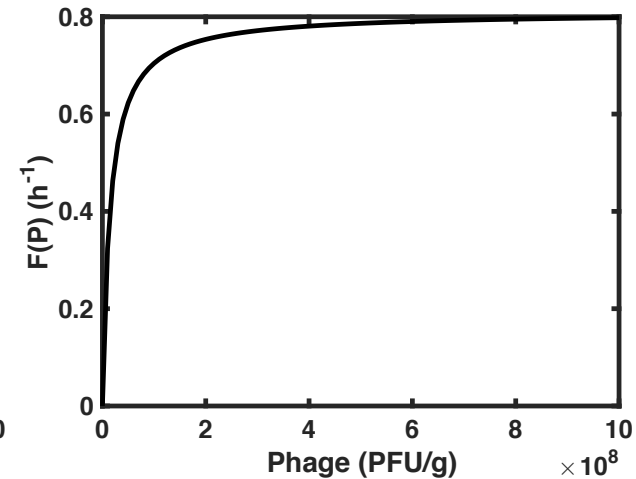
Linear



Heterogeneous mixing (HM)

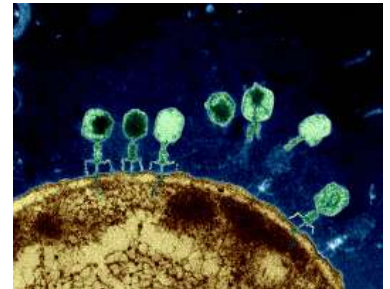
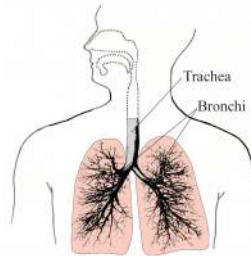


Phage saturation (PS)

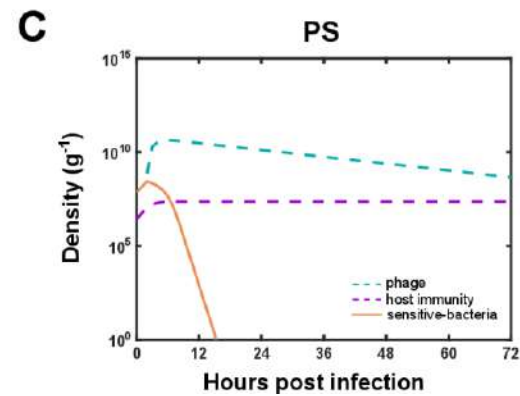
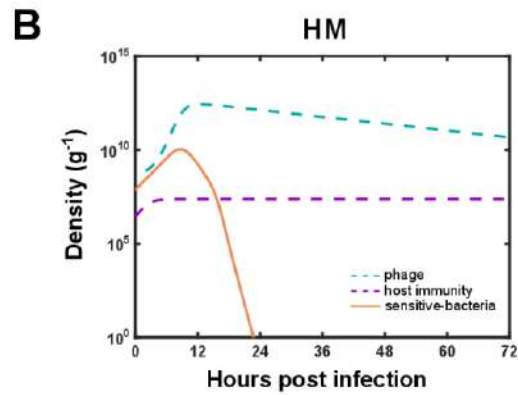
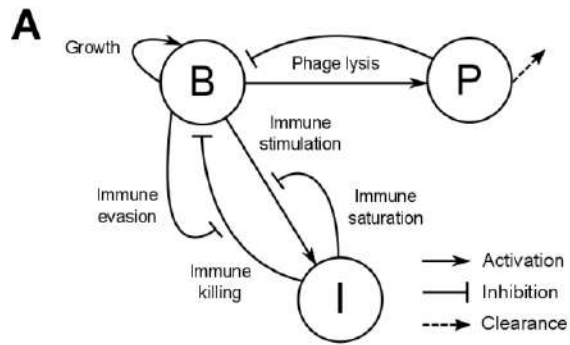


Levin & Bull, Nature Reviews Micro, 2004
Leung & Weitz, JTB (2017)

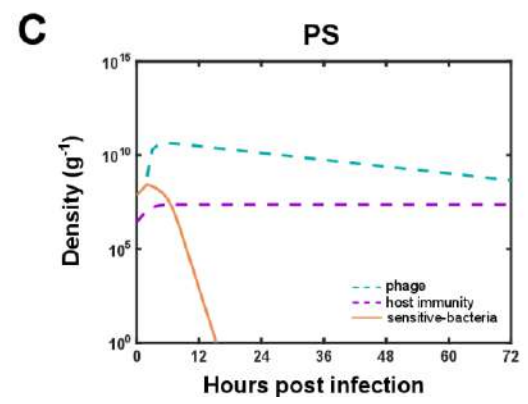
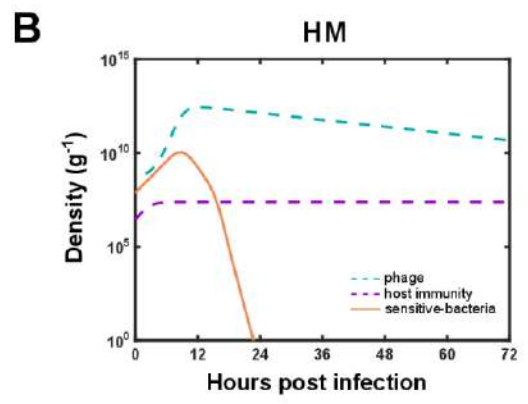
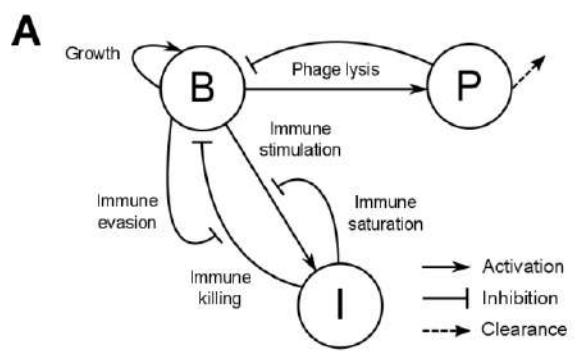
Roach, Leung, ..., Weitz &
Debarbieux, CHM (2017)



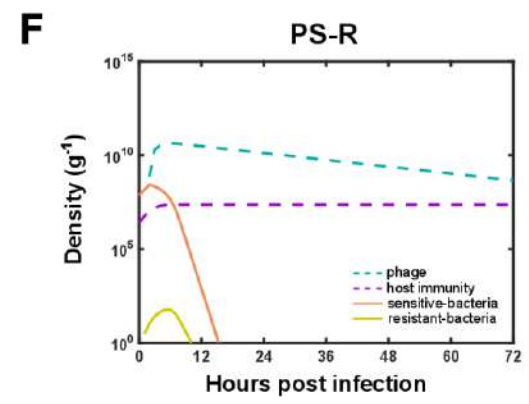
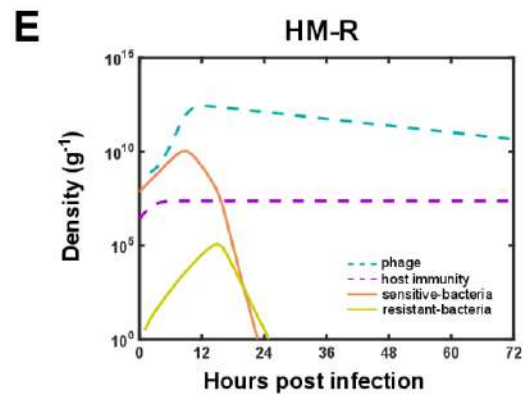
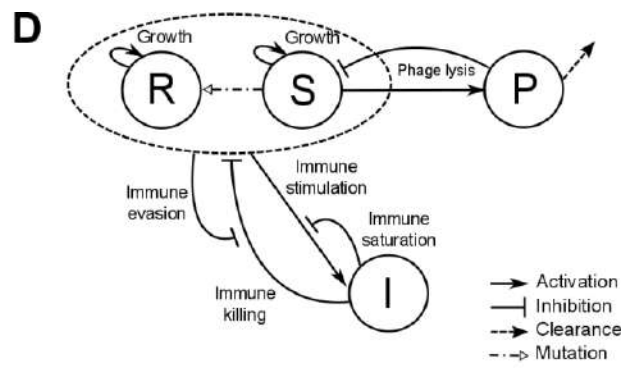
without
resistance

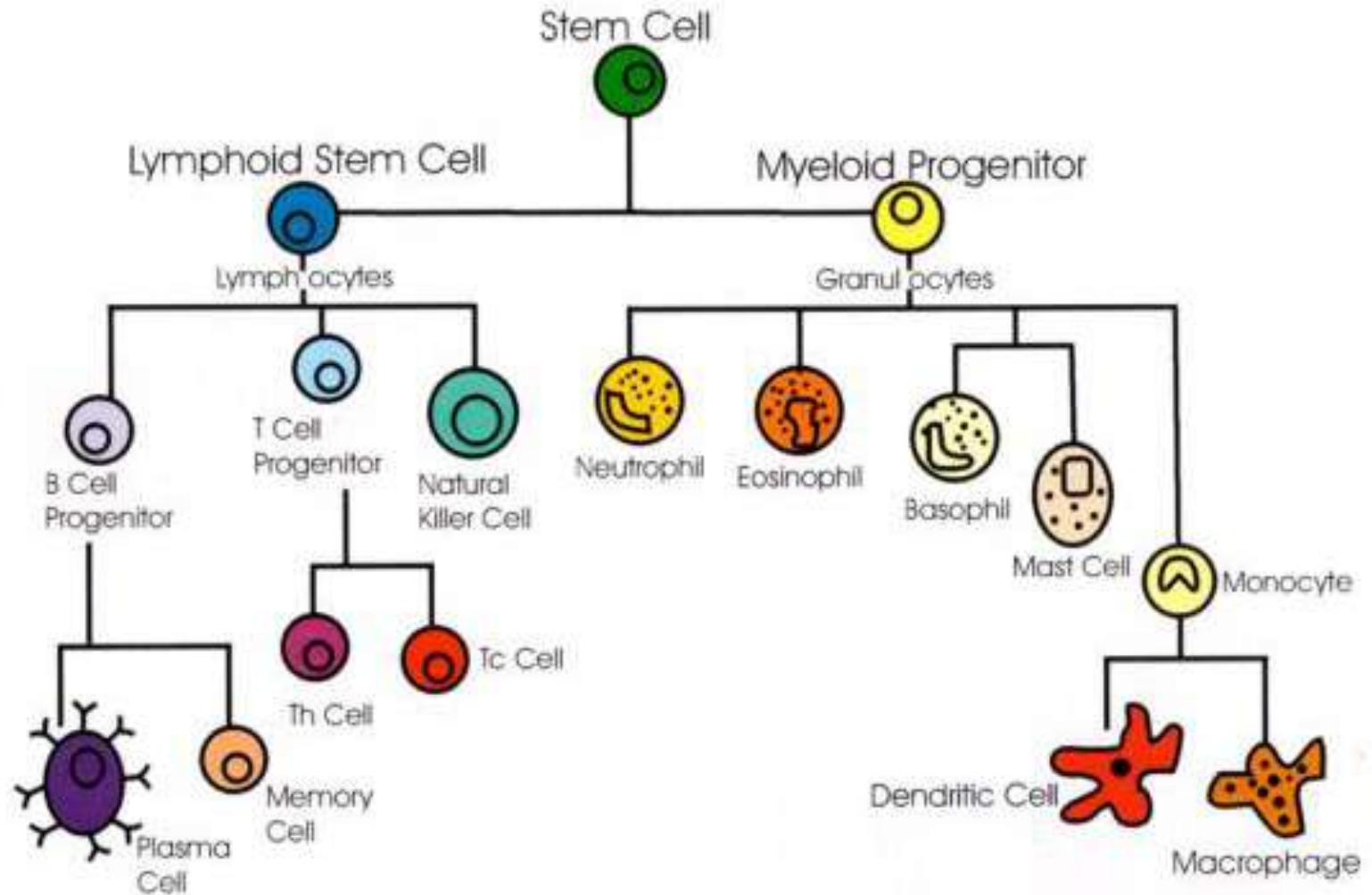


without
resistance

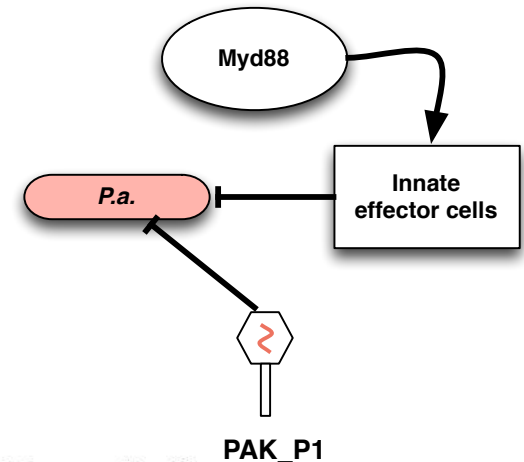
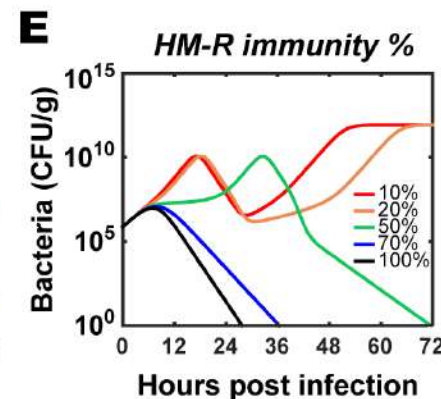
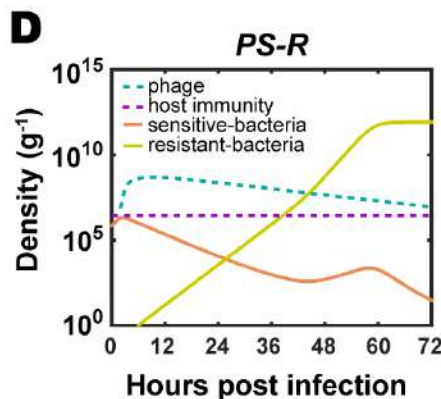
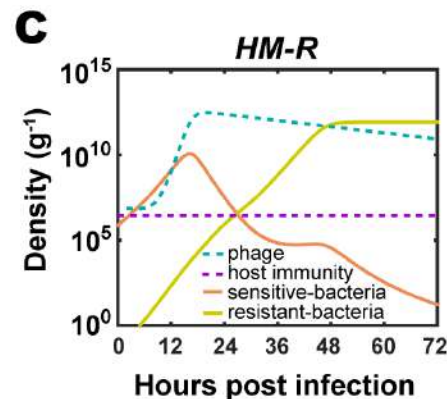
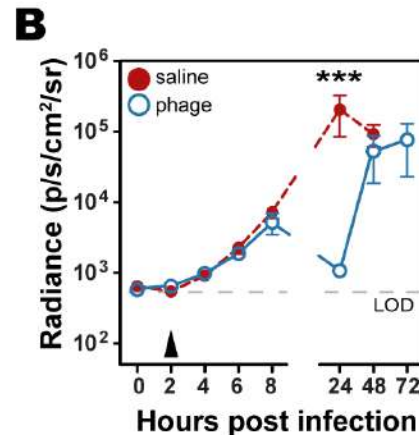
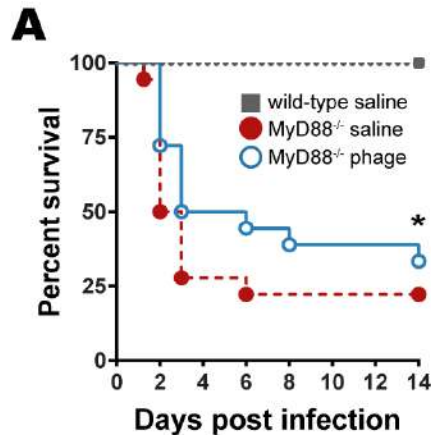


with
resistance

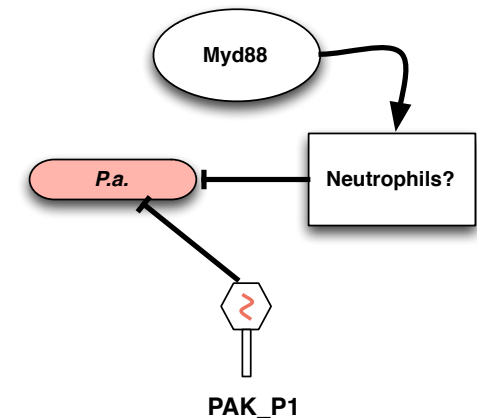
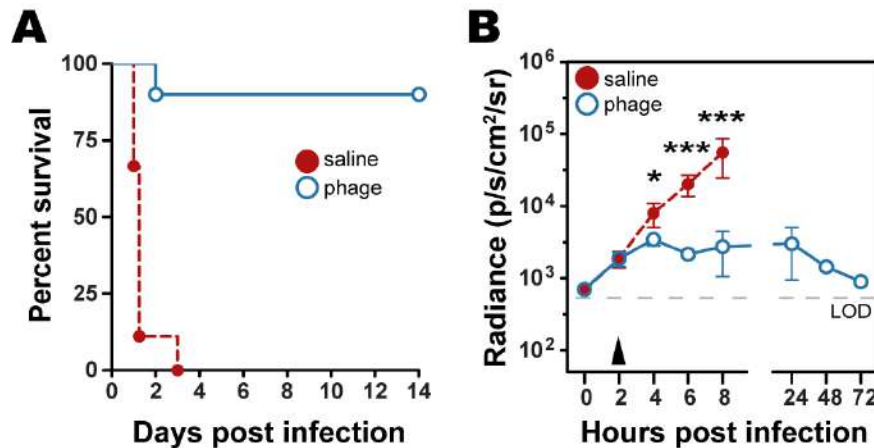




Phage therapy is inefficient in the innate immunity activation deficient host (*Myd88*⁻)



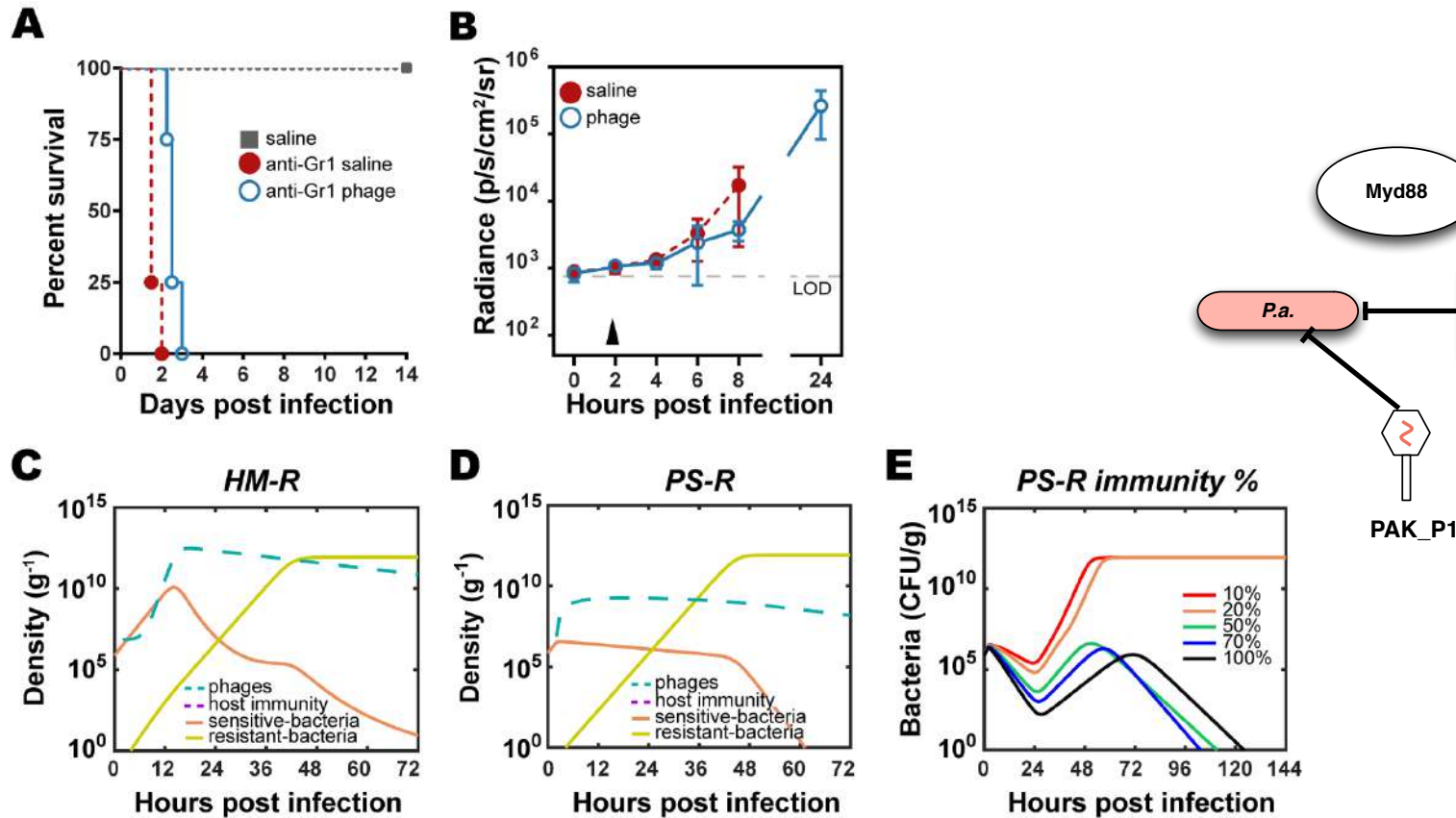
Phage therapy is efficient in the innate and adaptive lymphocyte deficient host.



Inhaled monophage therapy (MOI of 10) after a 2h delay provided *Rag2-/-Il2rg-/-* mice void of all innate lymphoid cells, B-cells and T-cells, exhibits a 90% survival probability from acute respiratory infection by *P. aeruginosa* (10^7 CFU) (n=6 per group).

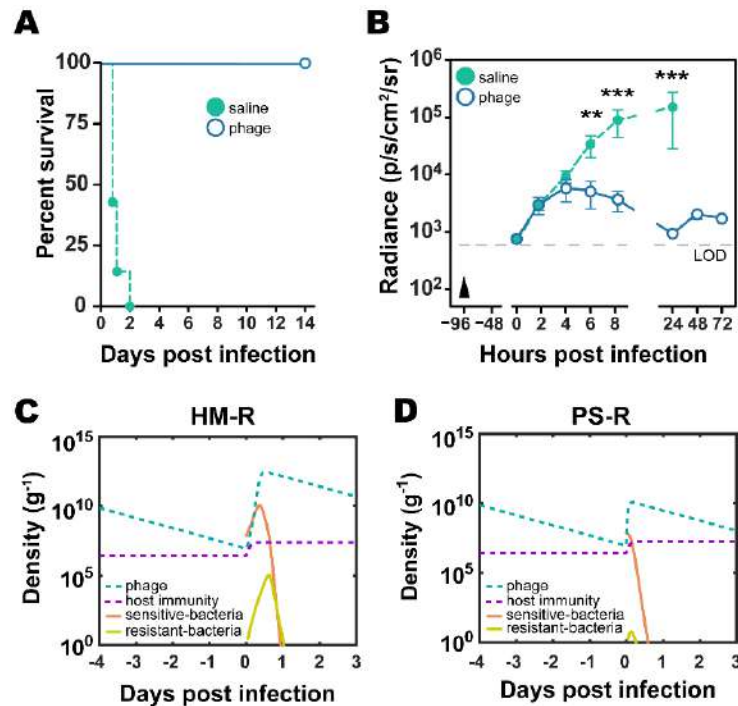
Conclusion: synergy is not with innate lymphoid, B-cells and T-cells

Phage-neutrophil alliance is required for effective therapy



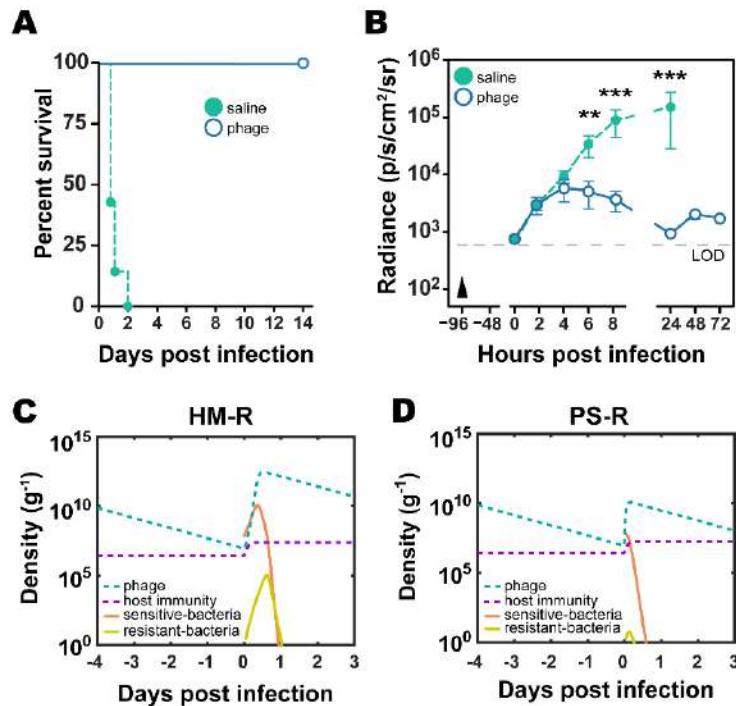
Anti-granulocyte receptor-I (GrI) monoclonal antibody was used to deplete neutrophils in wild-type mice 24h before an intranasal inoculum of *P. aeruginosa* (n=4 per group).

Efficient non-immune priming phage prophylaxis in the immunocompetent host

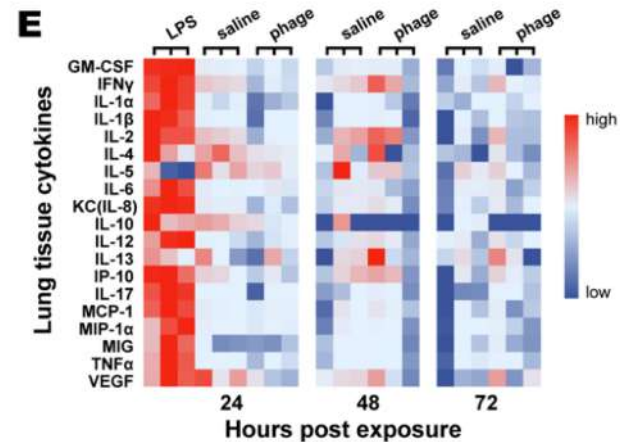


Wild-type mice received a single inhaled monophage dose (10^9 PFU) which gave prophylaxis for 4d against *P. aeruginosa* (10^7 CFU) pneumonia (n=6 per group).

Efficient non-immune priming phage prophylaxis in the immunocompetent host



Wild-type mice received a single inhaled monophage dose (10^9 PFU) which gave prophylaxis for 4d against *P. aeruginosa* (10^7 CFU) pneumonia (n=6 per group).



Differential production of cytokines in mouse lung tissues after exposure to $10 \mu\text{g}$ LPS, saline, or phages (10^9 PFU).

Tentative conclusion:
Significant priming of host immunity does not occur.

Part 4:

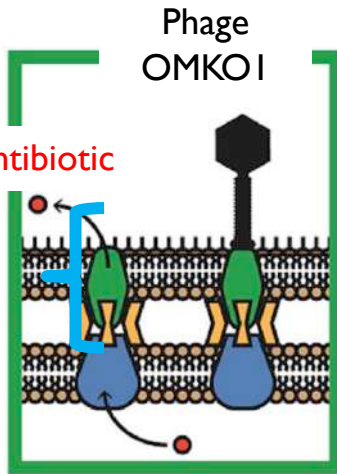
New directions in combining phage
and antibiotics for curative treatment
of multi-drug resistant infections

Antibiotic-resistant

P. aeruginosa

Antibiotic

Antibiotic
efflux pump



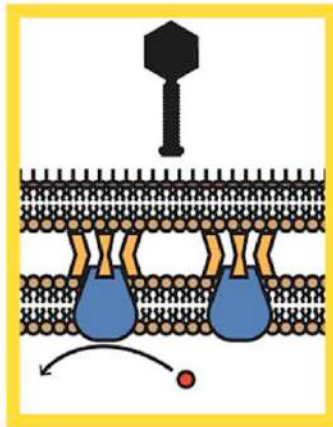
Phage-sensitive

Cell
membranes

Mutation

Antibiotic-sensitive

P. aeruginosa

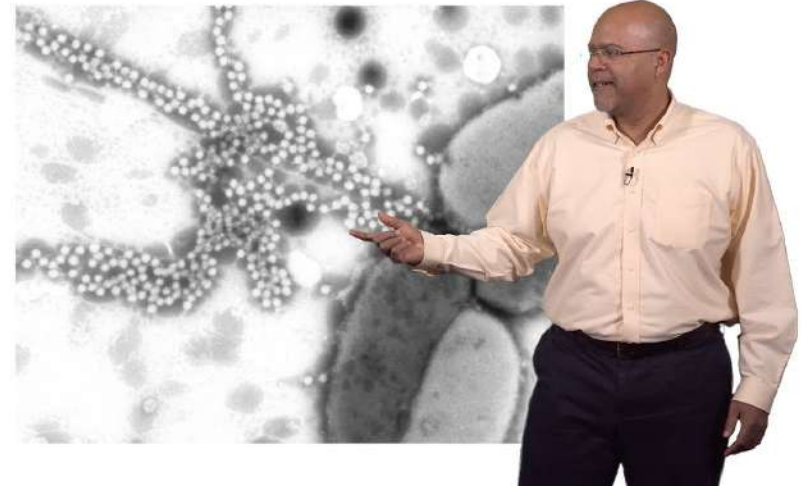


Phage-resistant

IN THE LAB

A virus, fished out of a lake, may have saved a man's life — and advanced science

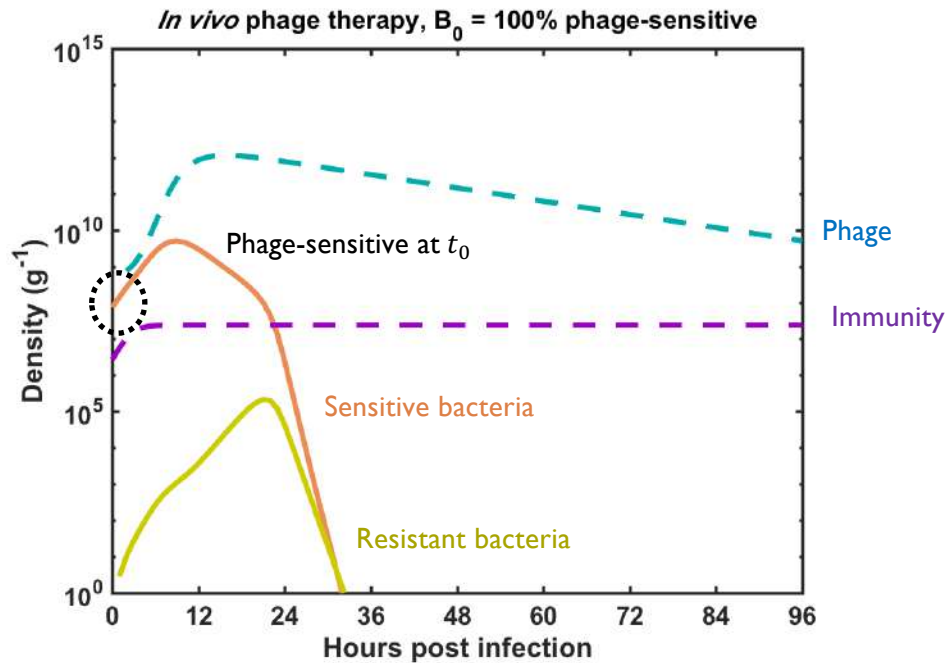
By CARL ZIMMER [@carlzimmer](#) / DECEMBER 7, 2016



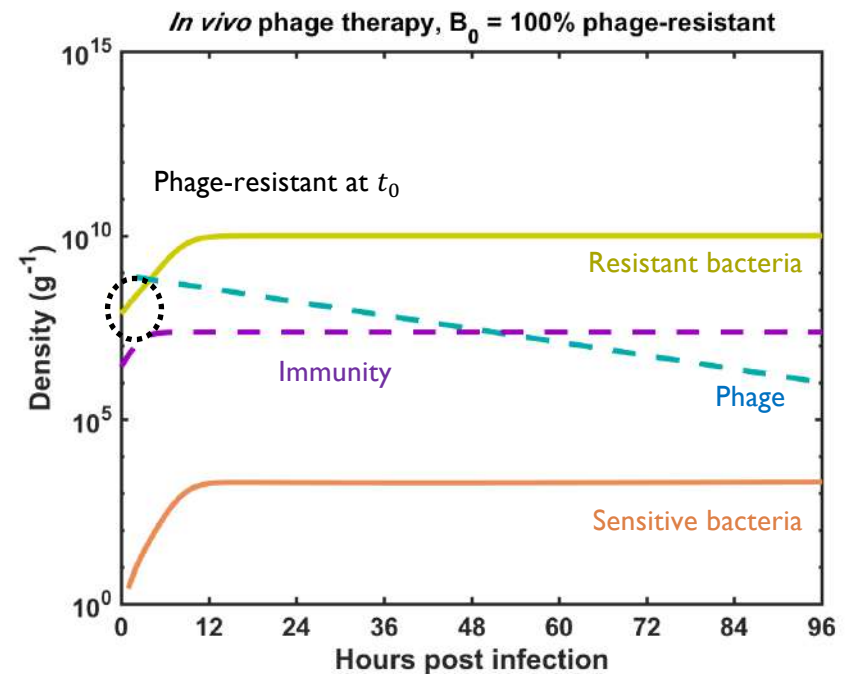
P. aeruginosa

Caveat: phage treatment can fail if targets the wrong strain or if high levels of phage-resistance is present in the host

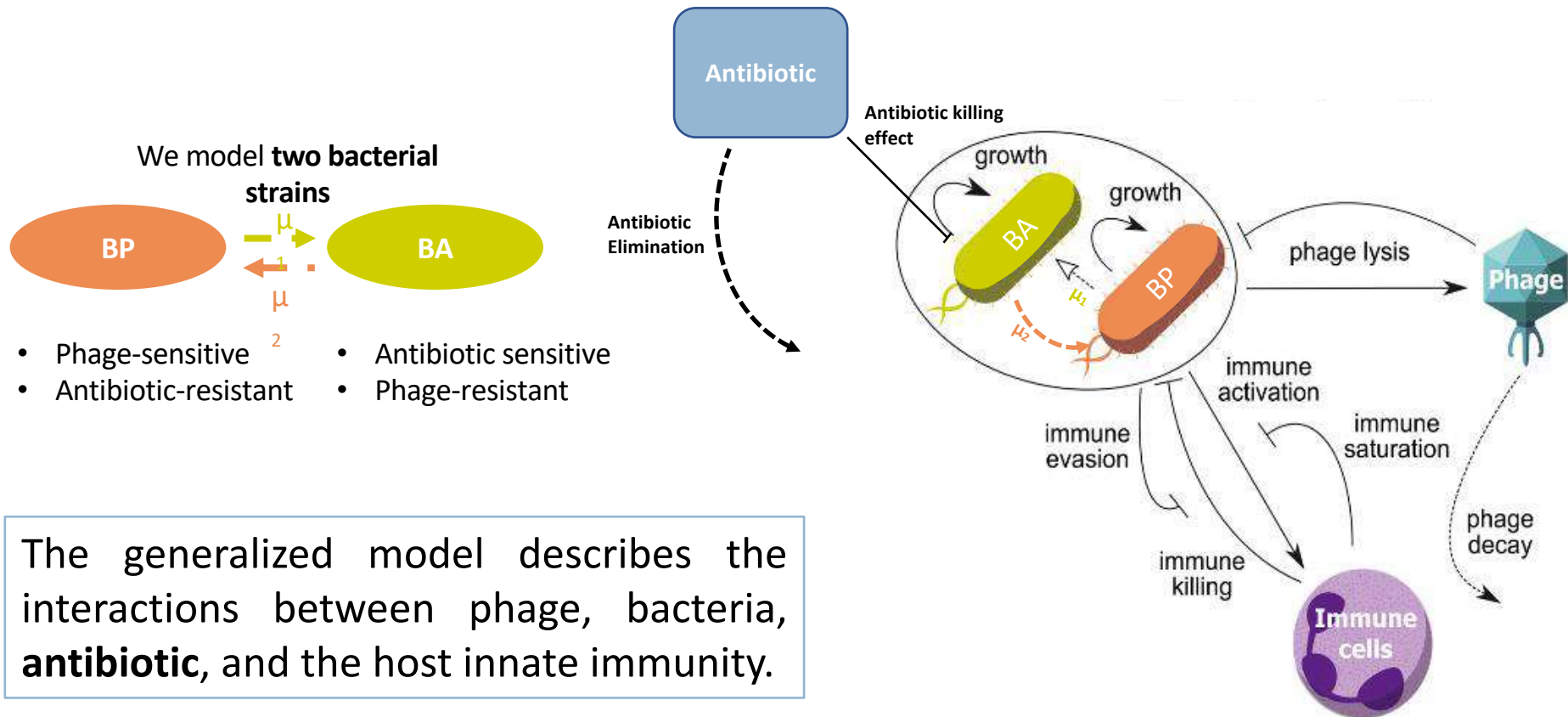
Phage-sensitive inoculum



Phage-resistant Inoculum



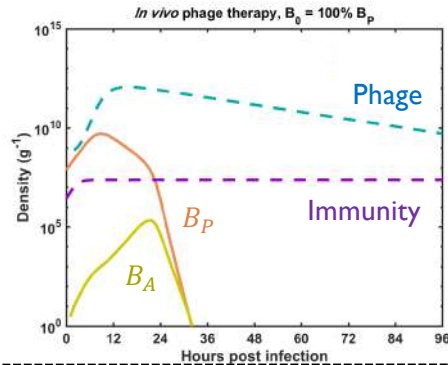
A model of phage-antibiotic combination therapy



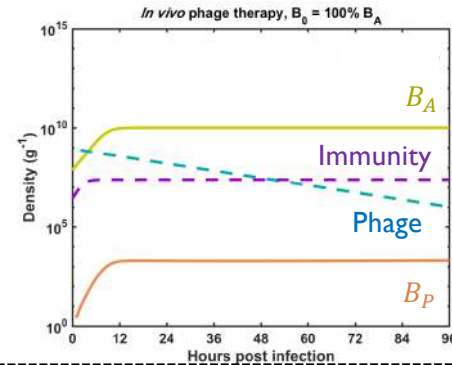
Phage-antibiotic combination restores efficacy to mis-targeted phage therapy

Phage
Therapy

Phage-sensitive Inoculum

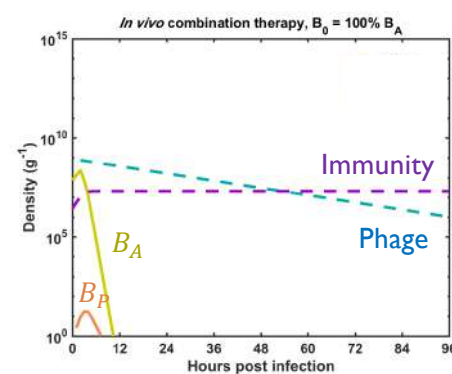
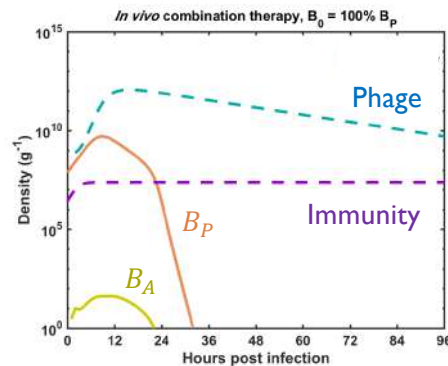


Antibiotic-sensitive Inoculum



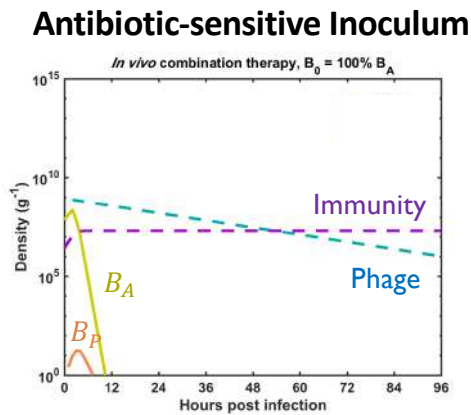
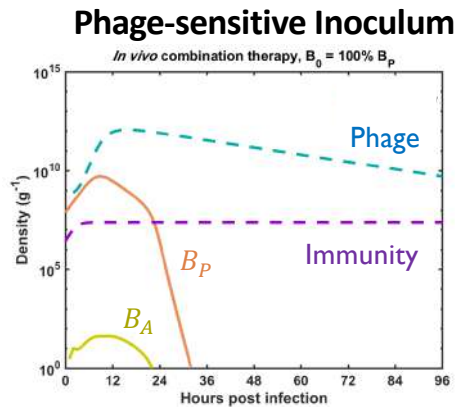
Phage therapy fails to
clear the pathogen

Combination
Therapy

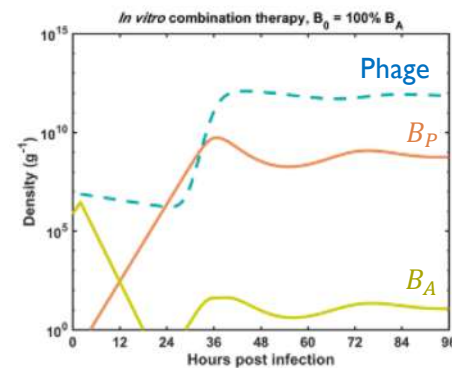
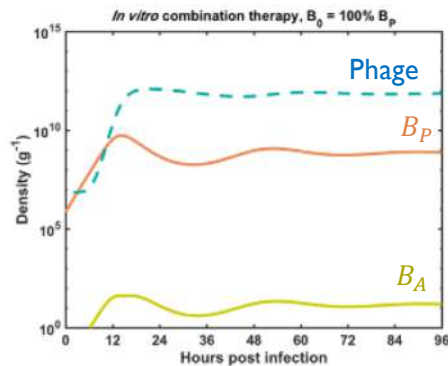


Phage-antibiotic-immune synergy provides robust curative efficacy

Combination
therapy
(with immunity)

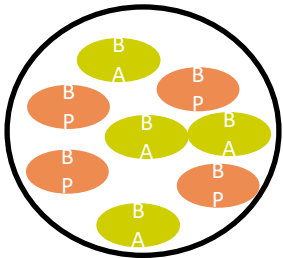


Combination
Therapy
(no immunity)



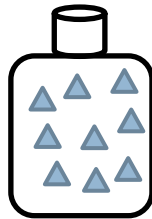
The limitations of antibiotic therapy

Bacterial composition
of the inoculum

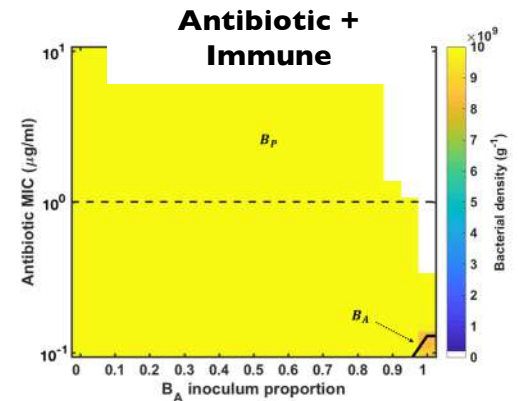
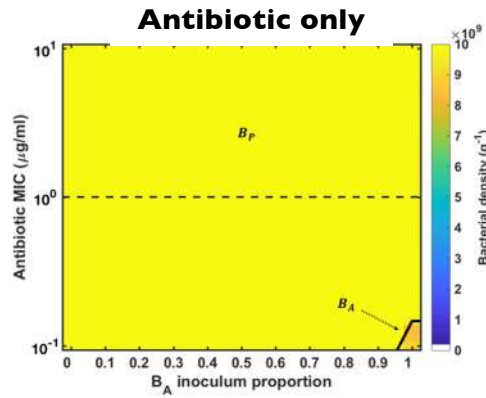


x-axis

Antibiotic conc.
(multiples of MIC)



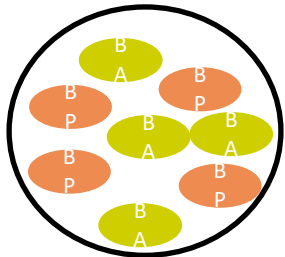
y-axis



We vary the above initial conditions and run the model for 96 hours and compute the **bacterial density**.

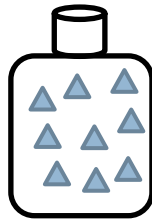
Phage-antibiotic combination therapy significantly increases therapeutic robustness

Bacterial composition
of the inoculum



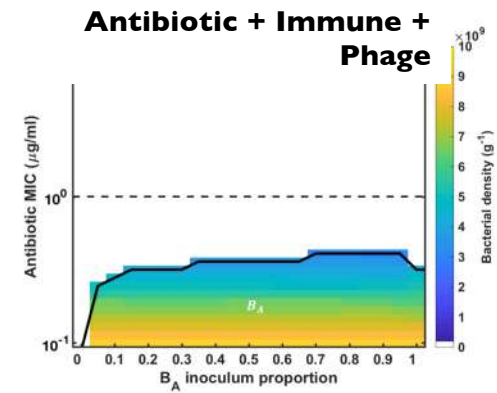
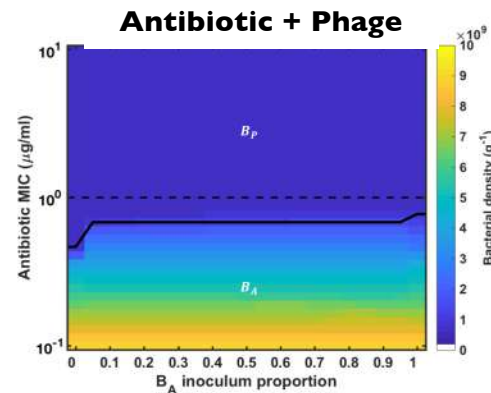
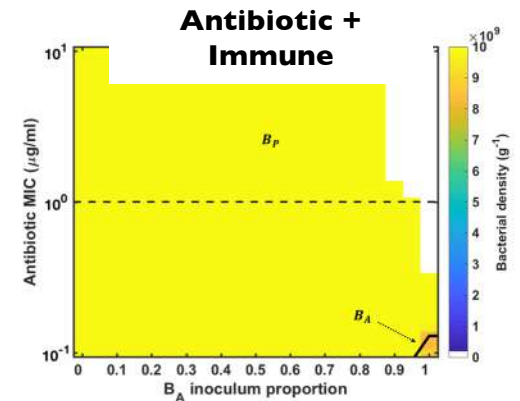
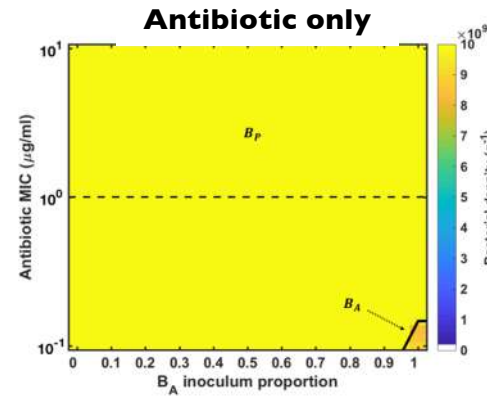
x-axis

Antibiotic conc.
(multiples of MIC)



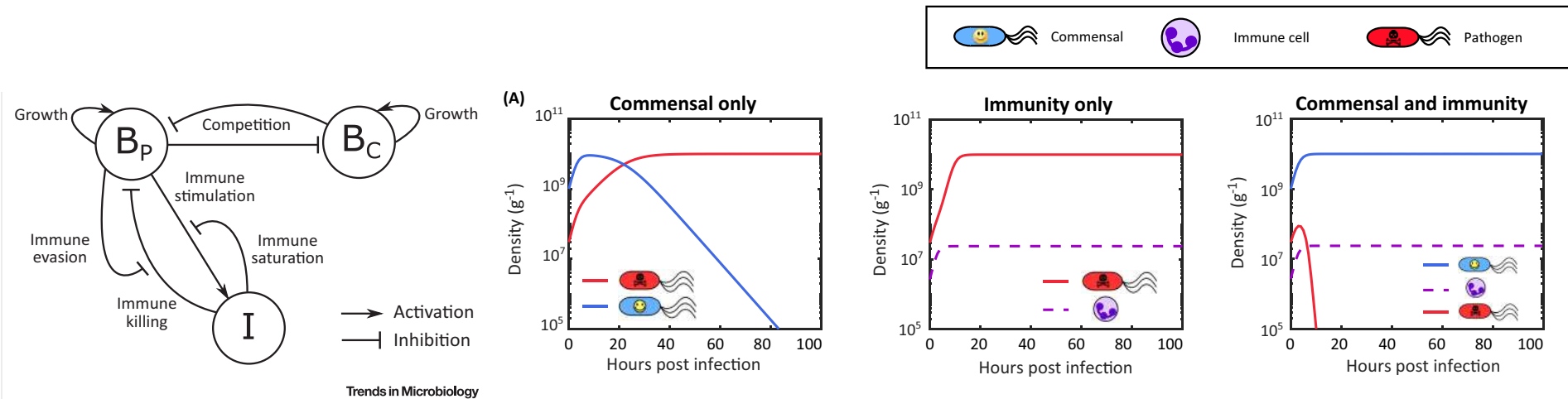
y-axis

We vary the above initial conditions and run the model for 96 hours and compute the **bacterial density**.



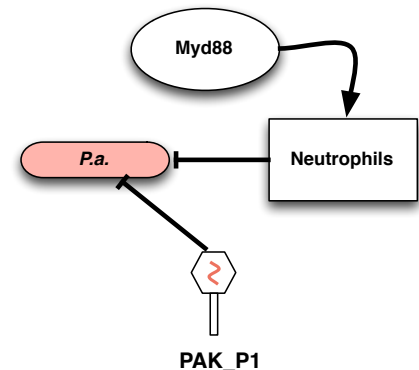
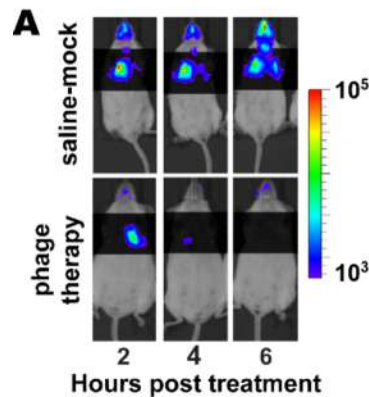
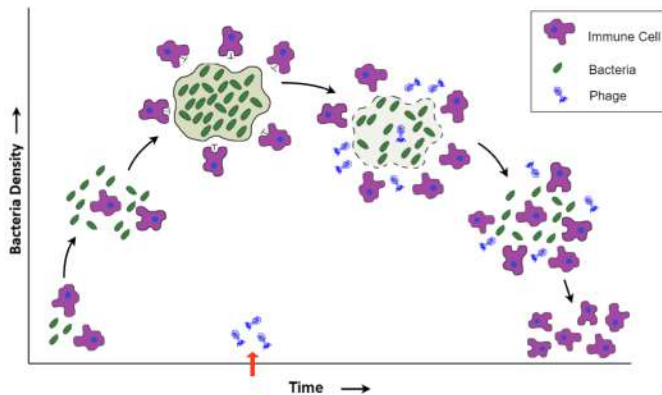
Opinion

Not by (Good) Microbes Alone: Towards Immunocommenseal Therapies

Chung-Yin Leung^{1,2,*} and Joshua S. Weitz^{1,2,*}

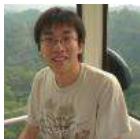
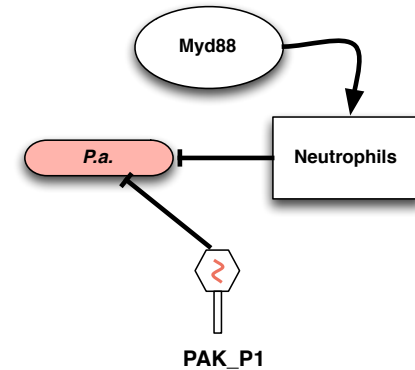
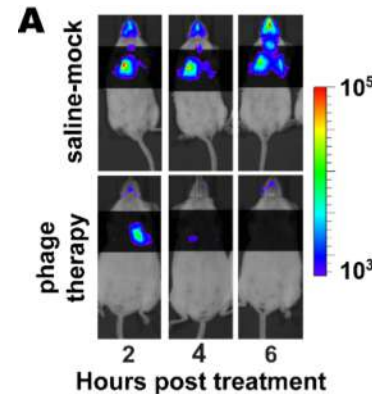
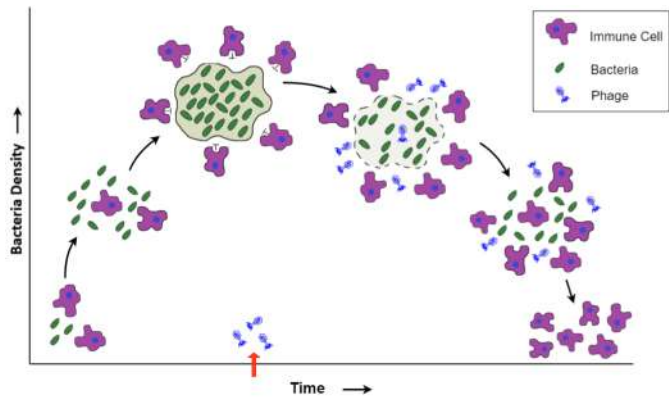
Conclusions

- Tripartite model of phage-immune-bacteria dynamics identifies mechanism for **immunophage synergy** to explain successful therapeutic clearance of pathogens.
- *In vivo* analysis shows curative success depends on **phage and immune response**.
- Immunomodulation points to a **phage-neutrophil alliance** necessary for therapy.
- **Synergy resolves the resistance problem** – the immune response eliminates susceptible and resistant pathogens.
- Generalized synergy ongoing to include **commensals** and **antibiotics**.



Theoretical Ecology & Quantitative Biology @ Georgia Tech

Weitz Group
<http://ecothery.biology.gatech.edu>
<http://qbios.gatech.edu>



Dr. Joey Leung
GT, Physics



Ms. Devika Singh
GT, Bioinformatics '16



Dr. Dwayne Roach
Pasteur Institute



Prof. Laurent Debarbieux
Pasteur Institute



Prof. James Di Santo
Pasteur Institute

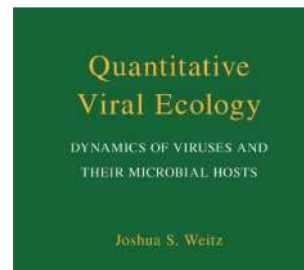
Georgia Tech Quantitative Biosciences APPLY BY DECEMBER 1ST

QBioS Research and Training Spanning Molecules to Ecosystems

QBioS is a research and training program that spans from molecular biology to ecosystem ecology. The program is designed to provide students with a broad, interdisciplinary education in quantitative biology. The program includes a core curriculum of quantitative biology, as well as a variety of research and training opportunities. The program is led by a faculty of leading experts in quantitative biology, and is supported by a variety of resources, including a state-of-the-art laboratory and a variety of research and training opportunities.

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References

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Viral Ecology and Evolution: Lectures at the Interface

ICTP-SAIFR
SUMMER WORKSHOP
MATHEMATICAL MODELS OF EVOLUTION
SAO PAULO
JAN 21-26, 2019

From Ecology to Evolution (Lectures 1-2)

Principles of eco-evolutionary dynamics: Monday Jan 20

Dynamics in complex communities: Wednesday Jan 22

From Lysis to Latency (Lecture 3)

Friday Jan 25

From Theory to Therapy (Lecture 4)

Saturday Jan 26

Thank you for listening!!!

