**Table 6.** Effect of IL-1 $\beta$  neutralization on IL-12p70 production by DC<sup>a)</sup>

Monoc	ryte pretreatment	IL-12p70 production (pg/mL) by DC after stimulation with LPS at dose:			
BCG (MOI)	mAb (2 µg/mL)	0	6.3 ng/mL	25 ng/mL	
0	None	10.1 ± 0.9	72.4 ± 12.1	301.0 ± 20.0	
0.13	None	$11.3 \pm 0.8$	21.5 ± 6.5 <sup>*b)</sup>	29.9 ± 9.8 <sup>b)</sup>	
0	IL-10	$9.1 \pm 0.8$	$80.3\pm11.9$	$320.3 \pm 21.9$	
0	IL-1β	$12.3\pm2.1$	$70.8 \pm 9.5$	. 298.0 ± 10.4	
0.13	IL-10	$13.1 \pm 1.9$	$20.1 \pm 7.0$	30.0 ± 10.5	
0.13	IL-1β	$10.8 \pm 1.3$	81.3 ± 9.9	270.3 ± 13.1	

Monocytes were pretreated with BCG (MOI 0.13) and/or neutralizing mAb to IL-1 $\beta$  or IL-10 (control) (2  $\mu$ g/mL) and subsequently differentiated into DC by culture with rGM-CSF and rIL-4 for 4 days. DC were stimulated for 24 h with LPS. Representative data of three separate experiments are shown. Assays were done in triplicate, and results are expressed as mean  $\pm$  SD.

The two responses are intertwined and the innate immune response instructs the acquired immune response. Therefore, an effective vaccine should elicit both types of immunity in the most appropriate way [5, 24-27]. DC act as central stimulators of T cells and their maturation and activation is modulated by signals mediated by TLR that sense ligands from microbial pathogens. Subsequently, IL-12 promotes stimulation of protective T cells of Th1 phenotype [12, 28-31]. BCG, M. tuberculosis and M. leprae preferentially reside in mononuclear phagocytes in which they induce various cytokines including IL-1, TNF-α, IL-6 and IL-10 [32–34]. It is well established that IL-1β is a multifunctional cytokine that plays a key role in the induction of innate and acquired immune responses [20]. In fact, both IL-1 $\beta$ and BCG stimulated massive production of IL-12 from normal DC (Fig. 3). Yet, effects of this cytokine and BCG on maturation of monocytes to DC and subsequent DC activation remain elusive. As shown here, IL-1β pretreatment of monocytes markedly impairs DC maturation and subsequent stimulation of antigenspecific T cells. Moreover, we show that these inhibitory effects are mediated both by exogenous and endogenously produced IL-1β. Phenotype analysis of mature DC revealed that IL-1ß impaired surface expression of the costimulatory molecules CD86 and CD83, but had no apparent effect on the phenotype of monocytes and immature DC. Furthermore, secretion of IL-12p70 by mature DC was affected by treatment of monocytes with IL-1 $\beta$  but was not affected by IL-1 $\beta$ -non-inducers, such as LPS-free fraction of M. leprae (MLC) (Table 5). TLR signaling induced IL-12p70 production in DC, which, however, was markedly impaired by IL-1\u03bb. This was observed when either monocytes or immature DC were treated with IL-1\u00e1s.

In contrast to IL-1 $\beta$ , treatment of monocytes with TNF- $\alpha$ , IL-6 or IL-10 did not affect IL-12p70 secretion.

Moreover, neutralization of endogenously produced IL-1 $\beta$ , but not of IL-10, reversed the inhibitory activity of cytokines produced by BCG-primed monocytes. Thus, IL-1 $\beta$  acts prior to maturation of DC but affects downstream processes in activated DC. Moreover, our data demonstrate that infection of monocytes with BCG stimulates endogenous IL-1 $\beta$  secretion. Thus, interactions between mycobacteria and monocytes affect the development of acquired immunity by impairing secretion of IL-12p70 by BCG-infected monocyte-derived mature DC.

The precise mechanisms underlying inhibition of antigen-specific T cell stimulation by DC via mycobacteria-induced IL-1 $\beta$  remain to be established. It is possible that IL-1β subverts the NF-κB signaling pathway at early stages of DC maturation with downstream consequences on the function of mature DC. Precedences exist, showing that pathogens have developed strategies to circumvent or subvert the NF-κB signaling pathway to promote successful invasion of, and persistence in, the host [35-37]. Moreover, some bacterial pathogens block differentiation of monocytes to DC in vivo [38]. An alternative possibility would be induction of apoptosis in DC, a strategy that is, for example, employed by measles virus [39]. However, in our experiments, no evidence for apoptosis of immature or mature DC via IL-1\beta was obtained. Hence, we consider this possibility less likely. IL-10 is a well-known immunosuppressive cytokine and in HIV infection, IL-10 production severely affects DC maturation resulting in reduced IL-12p70 production and anergic T cell responses [40, 41]. In contrast, our experiments did not reveal evidence for a role of IL-10 in impaired IL-12p70 secretion by DC since neither exogenously added IL-10 on day 0 of monocytes culture nor neutralization of endogenously produced IL-10 caused any apparent effects (Table 6). Thus, IL-1ß effects on

b) p < 0.005 vs. control of each column (BCG MOI 0, mAb: none), p < 0.0005 vs. control of each column (BCG MOI 0, mAb: none).

monocytes is not dependent on IL-10 expression. One possible mechanism underlying impaired DC function is the attenuation of NF- $\kappa$ B activity. Negative regulation of this pathway could proceed through the induction of negative regulators such as IRAK-M (IL-1 receptor-associated kinases) or other factors at the early stage of monocyte differentiation, which could in turn contribute to impaired TLR signaling by inducing a tolerant phenotype, which hinders production of NF- $\kappa$ B dependent cytokines [42]. Although we consider this explanation likely, the exact mechanism by which IL-1 $\beta$  impairs DC function remains to be elucidated.

Our experiments reveal production of inhibitory IL-1 $\beta$  by monocytes not only after LPS stimulation but also after mycobacterial infection. Our findings provide strong evidence for a critical role of IL-1 $\beta$  in impaired immunity during mycobacterial infections. Hence, they add a guideline for the development of immunological intervention strategies against tuberculosis and leprosy. Strategies that inhibit IL-1 $\beta$  induction or neutralize IL-1 $\beta$  effects at the stage of monocyte maturation to DC could improve the ensuing protective T cell response.

#### Materials and methods

#### Preparation of cells and bacteria

Peripheral blood was obtained from healthy PPD-positive Japanese individuals under informed consent. In Japan, BCG vaccination is compulsory for children (approx. 0- to 4-yearold). PBMC were isolated using Ficoll-Paque Plus (Pharmacia, Uppsala, Sweden) and cryopreserved in liquid nitrogen until use, as previously described [43]. For preparation of peripheral monocytes, CD3+ T cells were removed from either freshly isolated heparinized blood, or cryopreserved PBMC using immunomagnetic beads coated with anti-CD3 mAb (Dynabeads 450, Dynal, Oslo, Norway). The CD3<sup>-</sup> PBMC fraction was plated on collagen-coated plates and the nonplastic adherent cells were removed by extensive washing. The remaining adherent cells were used as monocytes [44]. Macrophages were differentiated by culturing monocytes in the presence of 20% FCS and 5 ng/mL of M-CSF (R and D Systems, Abingdon, UK), as described [18]. Monocyte-derived DC were differentiated as described [43, 45]. Briefly, monocytes were cultured in the presence of 50 ng of rGM-CSF (Pepro Tech, London, UK) and 10 ng of rIL-4 (Pepro Tech)/mL [45]. Additionally, monocytes were treated with rIL-1β (R and D Systems), rIL-1α (Genzyme, Cambridge, MA), TNF-α (Boehringer Mannheim Biochemica, Mannheim, Germany), rIL-6 (Strathmann Biotech GMBH, Hannover, Germany), or rIL-10 (R and D Systems), and subsequently differentiated into immature DC by culturing the monocytes for 3 days in the presence of rGM-CSF, rIL-4 and either of those cytokines. Mature DC were produced by culturing immature DC, which were unpulsed or infected with M. leprae, in the presence of LPS (Escherichia. coli 0111: B4; Difco Laboratories, Detroit, MI). M. leprae (Thai-53 strain) was isolated from the footpads of BALB/c-nu/nu mice [46]. The isolated bacteria were counted by Shepard's method [47]. The viability of M. leprae was assessed by using fluorescent diacetate/ethidium bromide test [48]. BCG (Pasteur strain) was cultured in vitro using Middlebrook 7H9 broth supplemented with 0.05% Tween 80 and albumin-dextrose-catalase. BCG expressing GFP was constructed as follows: GFP sequence was amplified from pEGFP-1 vector (CLONTECH, Palo Alto, CA), and cloned into pMV261 [49]. Transformants were selected on 7H10 plate containing 25 µg/mL kanamycin. The uptake of BCG by DC after culture was determined using FACScalibur (Becton Dickinson Immunocytometry System, San Jose, CA). The MOI was determined based on the assumption that DC were equally susceptible to infection with M. leprae [12], and immature DC were infected with M. leprae at MOI 20. The MLC was prepared by fractionation of mycobacterial proteins according to previous reports [18, 28]. Briefly, the mycobacterial suspension was mixed with Zirconium beads and homogenized. The suspension was ultra-centrifuged and the resulting supernatant was used as MLC. The amount of LPS in the purified protein was quantitated by the Limulus Amebocyte Lysate assay (Whittaker Bioproducts, Walkersville, MD) and found to be <10 pg/mg protein.

#### Analysis of cell surface Ag

The expression of cell surface Ag on DC was analyzed using FACScalibur. Dead cells were eliminated from the analysis by staining with propidium iodide (Sigma Chemical, St. Louis, MO) and 1 × 10<sup>4</sup> live cells were analyzed. For analysis of cell surface Ag, the following mAb were used: FITC-conjugated mAb against HLA-ABC (G46–2.6, PharMingen, San Diego, CA), HLA-DR (L243, PharMingen), CD1a (OKT6, Ortho Diagnotic Systems, Raritan, NJ), CD14 (M5E2, BD Biosciences, San Jose, CA), CD86 (FUN-1, PharMingen), CD83 (HB15a, Immunotech, Marseille, France), TLR2 (TL2.3, Serotech, Oxford, UK), TLR4 (HTA125, Santa Cruz Biotech, Santa Cruz, CA).

The expression of MMP-II, which is one of the dominant antigenic entities of *M. leprae* [23], on *M. leprae*-infected DC was determined using the mAb (IgM, kappa) against MMP-II, followed by FITC-conjugated anti-mouse Ig Ab (Tago-immunologicals, Camarillo, CA).

#### APC functions of DC

The ability of *M. leprae*-infected DC to stimulate T cells was assessed using an autologous DC-T cell co-culture as previously described [12, 45]. Freshly thawed PBMC were depleted of MHC class II<sup>+</sup> and CD8<sup>+</sup> cells by using magnetic beads coated with mAb to MHC class II and CD8 (Dynabeads 450; Dynal) [45]. The purity of CD4<sup>+</sup> T cells was more than 98%. The purified responder cells  $(1 \times 10^5 \text{ per well})$  were plated in 96-well round-bottom tissue culture plates and DC were added to give the indicated DC:CD4<sup>+</sup> T cell ratio. Supernatants of DC-T cell co-cultures were collected on day 4 and cytokines determined.

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#### IL-12p70 production by DC

On day 4, DC were stimulated with the following reagents: LPS, PGN ( $Staphylococcus\ aureus$ , Fluka Production GmbH, Buchs, Switzerland), rIL-1 $\beta$ , purified MMP-II, M. bovis BCG. After 24 h, IL-12p70 concentrations were measured.

#### Cytokine production

Levels of the following cytokines were measured; IFN- $\gamma$  produced by CD4<sup>+</sup> T cells, IL-12p70 produced by DC, and IL-1 $\beta$  produced by monocytes and macrophages stimulated for 24 h with *M. leprae* or BCG. The mAb to IL-1 $\beta$  with neutralizing activity was obtained from R & D Systems. The concentrations of IFN- $\gamma$ , IL-12p70 and IL-1 $\beta$  were quantified using the enzyme assay kits, Opt EIA Human ELISA Set (BD PharMingen International).

#### Statistical analysis

Student's t-test was applied to determine statistical differences.

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### High-level expression of pseudogenes in Mycobacterium leprae

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#### Keywords

Mycobacterium leprae; pseudogene; RNA.

#### Abstract

Recent studies have revealed that some RNAs are transcribed from noncoding DNA regions, including pseudogenes, and are functional as riboregulators. We have attempted to assess the gene expression profile throughout the *Mycobacterium leprae* genome using an array technique. Twelve highly expressed gene regions were identified that show an alteration in expression levels upon infection. Six of these were pseudogenes. Although *M. leprae* has an exceptional number and proportion of pseudogenes among species, our results suggest that some of the *M. leprae* pseudogenes are not just 'decayed' genes, but may have a functional role.

#### Introduction

Sequencing of the Mycobacterium leprae genome provided a great deal of information about this bacillus (Cole et al., 2001). The size of the genome was shown to be 3.27 Mb, which is smaller than the 4.4 Mb of Mycobacterium tuberculosis (Cole et al., 1998). The predicted number of coding genes is only 1614 (revised number from http://genolist.pasteur.fr/Leproma/), which is much lower than the reported 3959 genes of the M. tuberculosis genome. One of the remarkable features of the M. leprae genome is the existence of a high number of pseudogenes. Protein-coding genes comprise only 49.5% of the M. leprae genome, while 1133 genes (revised number from http://genolist.pasteur.fr/Lepromal) contain recognizable pseudogenes. The remaining 23.5% is thought to contain remnants mutated beyond recognition (Eiglmeier et al., 2001). These data led to the idea that the M. leprae genome has fallen into massive gene decay (Cole et al., 2001).

Pseudogenes are defined as nonfunctional copies or close relatives of known genes in which mutations, insertions, deletions and/or frame shifts have occurred. Therefore, despite having DNA sequences similar to those of normal genes, they are regarded as disabled copies of functional genes. Eukaryotes, such as humans, have a large population of 'processed' pseudogenes. They arise from retrotransposition or reverse transcription from mRNA and reinsertion of

the cDNA into the genome. After integration, mutations accumulate within the reading frame. In prokaryotes, 'non-processed' pseudogenes are created by the modification of genes during duplication and subsequent disablement. In general, prokaryotic obligate pathogenic bacteria tend to have younger pools of pseudogenes (Liu et al., 2004).

Both the number and proportion of pseudogenes within the M. leprae genome is exceptional among both prokaryotic and eukaryotic species (Harrison & Gerstein, 2002; Liu et al., 2004). Several attempts have been made to explain the basis of this exception. The loss of  $\sigma$  factors or of two-component systems have been proposed as possible causes for the increase in pseudogenes in M. leprae (Madan Babu, 2003; Tyagi & Saini, 2004). A loss of dnaQ-mediated proofreading activities of DNA polymerase III might also contribute to a high mutation rate (Liu et al., 2004). However, because pseudogenes are supposedly eliminated from the genome due to deletion events, their accumulation in M. leprae requires further explanation. One group has postulated that because of an intracellular lifestyle, M. leprae has a low level of exposure to potentially detrimental DNAs, such as horizontally transferred DNA (e.g. bacteriophages and transposons), resulting in the suppression of chromosomal deletions and the accumulation of pseudogenes (Lawrence et al., 2001). Despite these in silico studies, there is no direct evidence showing the actual expression or the possible role of M. leprae pseudogenes.

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It has been suggested that the gene expression profile of M. leprae in the macrophage phagosome differs from that of noninfective cells in the extracellular environment. By extension, genes in these profiles that exhibit differential expression might be important for the pathogenesis and intracellular parasitization of this bacterium. Several attempts have been made to identify bacterial genes that are induced in response to the different environments encountered in infected host cells. Most techniques require in vivo expression technology (Mahan et al., 1993) or signaturetagged mutagenesis (Hensel et al., 1995). However, these techniques require gene manipulation and recombinant technology that are not possible to perform with M. leprae, due to the lack of an in vitro culture system. Other studies on M. leprae gene expression have utilized microarray or reverse transcriptase polymerase chain reaction (RT-PCR) techniques (Williams et al., 2004). However, such studies usually target functional genes. It is difficult to establish working array probes or PCR primers for pseudogenes, because transcriptional start and stop sites are variable and such mRNA as exists is thought to be unstable. This study was designed to identify highly expressed RNA copies throughout the M. leprae genome, with a particular focus on RNA whose levels alter upon infection.

#### Materials and methods

#### Construction of the M. leprae cosmid library

Mycobacterium leprae bacilli of the Thai-53 strain were purified from armadillos. Spleens were minced and homogenized in phosphate-buffered saline (PBS) and centrifuged at 3500 g for 10 min. The pellet was treated with 0.5 M NaOH, neutralized and resuspended in PBS containing 0.05% Tween 80. This was centrifuged at 100 g for 10 min to remove host cell components. The supernatant was then centrifuged at 3500 g for 20 min to obtain pure bacterial cells. Genomic DNA of M. leprae was purified by mechanical disruption of the bacterial cells as described previously (Dhandayuthapani et al., 1994). DNA fragments of 30-55 kb, randomly sheared during the extraction process, were fractionated and electroeluted from agarose gels using the Takara RECOCHIP (Takara, Kyoto, Japan). The fragments were then rendered blunt-ended using T4 DNA polymerase and dNTPs. Aliquots were ligated into shuttle cosmid vectors for Escherichia coli and mycobacteria, pYUB412 (Xbal-EcoRV and EcoRV-Xbal) or pYUB415 (Xbal-BsaBl and BsaBl-Xbal). After in vitro packaging using Gigapack III XL extracts (Stratagene, La Jolla, CA), recombinant cosmids were introduced into E. coli STBL2 [F-mcrAΔ(mcrBC-hsdRMS-mrr) endA1 recA1 lon gyrA96 thi supE44 relA1 λ-Δ(lac-proAB)] and stored in 50% glycerol at -80 °C.

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## Extraction of cosmid DNA and membrane preparation

One hundred and thirty-seven cosmid clones that covered > 98% of the *M. leprae* genome were chosen for analysis. *Escherichia coli* clones were incubated with shaking at 30 °C for 18 h, after which cosmid DNA was extracted using the QIAprep Spin Miniprep Kit (QIAGEN, Valencia, CA) according to the manufacturer's protocol. One microgram of DNA from each cosmid was blotted onto nylon filters using a Bio-Dot apparatus (Bio-Rad, Hercules, CA). Membranes were denatured with 0.5 M NaOH followed by UV-cross-linking.

#### Cell culture and M. leprae infection

The murine macrophage cell line J774.1 was obtained from the American Type Culture Collection (ATCC; Manassas, VA) and maintained in Dulbecco's Modified Eagle's Media (DMEM) containing 10% fetal calf serum at 37 °C in 5% CO<sub>2</sub>. A total of  $4 \times 10^9$  M. leprae cells were resuspended in DMEM. Half of these cells were added to  $2 \times 10^7$  J774.1 cells, while the other half were used as a noninfective negative control. The infective and noninfective bacilli were harvested after 4 days of incubation at 37 °C. Briefly, infected J774.1 cells were washed three times with Dulbecco's phosphate-buffered saline (DPBS) at 37 °C to remove free bacilli. Cells were then lysed with DPBS containing 0.1% Tween 80 and subsequently treated with 0.5% trypsin. Intracellular M. leprae were collected by centrifugation. Control noninfective M. leprae were also collected by pipetting the culture medium followed by centrifugation. The concentration and purity of the bacterial preparation in each step were confirmed by acid-fast staining and microscopic evaluation as described previously (Hashimoto et al., 2002).

## RNA purification, cDNA synthesis and amplification

Mycobacterium leprae bacilli were treated with 15 mg mL<sup>-1</sup> lysozome for 10 min at room temperature and then mechanically disrupted in a tube with glass beads for 1.5 min (×4). Total RNA was isolated using the RNeasy Protect Bacteria Mini Kit (QIAGEN) according to the manufacturer's protocol as described previously (Suzuki et al., 2002). In order to digest potentially contaminating genomic DNA, total RNA was treated with 50 mU mL<sup>-1</sup> DNase in the presence of 10 mM MgCl<sub>2</sub> at 37 °C for 30 min (Suzuki et al., 1999). Subsequently, mRNA was enriched by removing ribosomal RNA using the MICROBExpress Bacterial mRNA Enrichment Kit (Ambion, Austin, TX) according to the manufacturer's protocol. cDNA was synthesized using the First Strand cDNA Synthesis Kit (Amersham Biosciences, Piscataway, NJ) according to the manufacturer's

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protocol as described previously (Suzuki et al., 2002). A random primer containing an EcoRI site, 5'-GCCGGAGC TCTGCAGAATTCNNNNNNN-3', was used for both cDNA synthesis and PCR amplification as described previously (Froussard, 1992).

#### cDNA subtraction

Mycobacterium leprae-derived cDNA from bacilli-infected macrophages and from control fractions was further subjected to subtraction enrichment. Amplified doublestranded (ds) cDNA from the control bacterial cells was digested with EcoRI to form cohesive ends, and ligated to the EcoRI-digested adaptor DNA fragment bound to a resin on which only one chain of the short dsDNA chain (anchor DNA) was covalently bound at the 5' end (EASY ANCHOR EcoR1-N, Nippon Gene, Tokyo, Japan) (Kato et al., 1998). The other chain can be removed from the resin by exposing it to denaturing conditions. After undergoing denaturation and a wash by centrifugation, the resulting single-stranded (ss) DNA that was anchored to the resin was hybridized with denatured cDNA from M. leprae-infected macrophages. Centrifugation produced a supernatant that contained preferentially expressed cDNA derived from M. leprae-infected macrophages. The cDNA was further enriched by repeating the above subtraction steps four times. The same procedure was performed to enrich cDNA synthesized from the control bacteria. Finally, enriched cDNA derived from differentially expressed mRNA was amplified by PCR using the same random primer employed to synthesize the original cDNA.

#### Dot blot hybridization

cDNA was labeled with  $^{33}$ P-dCTP with the BcaBEST Labeling Kit (TakaraBio, Otsu, Japan) as described previously (Suzuki et al., 1998).  $^{33}$ P-dCTP labeled probes were purified using Sephadex G-50 and hybridized overnight at 68 °C to an *M. leprae* DNA library spotted on nylon filters in the presence of QuikHyb hybridization solution (Stratagene) and  $100\,\mu\mathrm{g}\,\mathrm{mL}^{-1}$  of sonicated salmon sperm DNA. Stringent washing was carried out three times with  $4\times$  SSPE, 0.5% SDS at  $37\,^{\circ}$ C; three times with  $2\times$  SSPE, 0.1% SDS at  $37\,^{\circ}$ C and once with  $1\times$  SSPE, 0.1% SDS at  $65\,^{\circ}$ C for  $30\,\mathrm{min}$  (Suzuki et al., 1998). Radioactivity was visualized using a BAS1000 BioImaging analyzer (Fujifilm, Tokyo, Japan), and specific radioactivity from each clone was analyzed using MacBAS software (Fujifilm).

#### Southern blot analysis

The selected cosmid clones were digested with restriction endonucleases (BssHII, BstXI, ClaI, EcoRI, KpnI, NruI, PstI and PvuII) and fragments were separated by electrophoresis in a 1% agarose gel. The gels were soaked in denaturing

buffer (3 M NaCl, 0.4 M NaOH) for 30 min (×2) with shaking, and then washed with transfer buffer (3 M NaCl, 8 mM NaOH). After a wash in neutralization buffer (0.5 M Tris-HCl, 1 M NaCl), the membranes were dried and UV crosslinked. Hybridization, washing and detection were carried out in the same manner, and using the same probe, as the dot blot hybridizations.

#### RT-PCR

cDNA was synthesized using the First Strand cDNA Synthesis Kit (Amersham Biosciences) according to the manufacturer's protocol as described previously (Suzuki et al., 2002). The primer sequences (5'-3') used for PCR amplification of M. leprae genes were: AATGCTAGCATGGTGATGTCG and TATTGACGTTCGTCACTACGG for ML1474, GCAAC-CATCTGATACATGCG and CATGCTGGACATTGATCACC for ML1475, GCAACCATCTGATACATGCG and CATGCT GGACATTGATCACC for ML1476, GACCTCGTTCTTCTC TTCTTCG and TGATTCTTCGTGACAACCTCG for ML0435, CCAACCATCAGGTCCTTATGG and CATCAACA CGACGTCGTACG for ML2491, CCTCGATACGTGAGTT GTTCC and TGGTCTGATGGTATCGTCACC for ML2492, TGTCGTCAAGCTGTTGACTCC and AACTCTTCAGCCG TGACACC for ML2537, GGTCTGTTGCAGGTGATTCC and ATATCACCACCGAGGTTCTCG for ML1752, ACTGA CCGGAGACAACATCG and CTGACCATTAGCAGTGC TTGC for ML0591, GTTCTGCCTGACATTCATGG and GAGTCGTCGACAACAATCAGC for ML2206, CTATCC GAGAAGCCTTCAGC and ACAACCGAGGTATGTCGACG for ML1624, CAACCGAGTTACTGGATGTGG and GGTT CAGTGGTGTTGTTAGCC for ML1636. Touchdown PCR conditions were as described previously (Suzuki et al., 2002).

#### Results and discussion

## Array preparation and *M. leprae* gene expression profiles within the cosmid clones

A genomic DNA library of M. leprae was evaluated by direct sequencing of both ends of the cosmid inserts and comparison to the published genome sequence of M. leprae (Cole et al., 2001). Overlapping clones that cover > 98% of the M. leprae genome were selected for creation of membrane arrays. Nylon filters were spotted with 1  $\mu$ g of DNA from 137 selected cosmid clones, control DNA from an empty cosmid and the serially diluted cosmid DNA that encodes ribosomal RNA. Several sets of the array were created in the same batch in order to compare hybridization results.

The array was hybridized with radiolabeled cDNA from *M. leprae* purified from macrophages (Fig. 1a) and from control bacilli (Fig. 1b) after subtractive enrichment. Specific signals were quantified using the BAS1000 analyzer and

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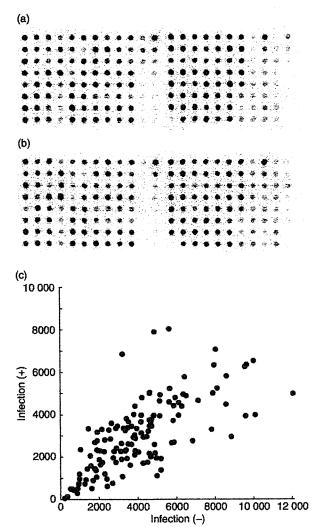


Fig. 1. Hybridization of *Mycobacterium leprae* genome arrays with <sup>33</sup>P-dCTP-labeled cDNA probes. *Mycobacterium leprae* DNA covering > 98% of the genome was purified from a cosmid library, spotted on membranes and probed with: (a) cDNA from bacilli-infected macrophages after subtractive enrichment. (b) cDNA from control bacilli after subtractive enrichment. Each experiment was performed twice and typical results are shown. (c) Correlation of signal intensity from arrays hybridized with subtracted cDNA. Densitometric analysis of signal intensity was performed on the array hybridizations and results from the same clones were compared. The *Y*-axis denotes the results from bacilli-infected macrophages, as shown in Fig. 1a. The *X*-axis denotes results from the control bacilli shown in Fig. 1b.

Image Gauge software (Fujifilm). A typical plot of signal intensity derived from subtracted cDNA from infected and noninfective *M. leprae* is shown in Fig. 1c. Although most cosmid clones showed similar expression levels in both assays, the expression of some clones was significantly different. The ratio of signal intensities from corresponding clones was calculated. It was found that five of the 137

cosmid clones contained regions with significantly higher expression ( > 2 fold) in infected M. leprae than in noninfected controls. There were also 25 clones that showed regions of significantly decreased expression in infected M. leprae. These data were further evaluated by a comparison with the results using cDNA probes before subtractive hybridization. The differences in signal intensities of infective and noninfective bacilli were less significant in these arrays (data not shown) compared with those using subtracted cDNA (Fig. 1). However, the data are expected to be more reliable as biases that were possibly introduced during subtractive hybridization and subsequent PCR-based amplification are climinated. Eight clones that showed differential expression levels in infected and uninfected bacilli in both arrays, and that provided relatively high expression levels over the others, were selected for Southern blot analysis to determine the responsible genes (Table 1). Among these, the expression of one clone (B194) was higher in M. leprae from macrophages than in the control bacilli (Table 1). These cosmid clones were expected to contain genes potentially important for the life cycle of M. leprae.

#### Identification of genes within the cosmid clone

The lengths of the *M. leprae* genomic DNA inserts in these eight clones were 36.7–43.2 kb, and each clone contained c. 30 genes (Table 1). We next tried to identify the differentially expressed genes within the cosmid clones that contributed to the differences in array signals seen in Fig. 1. To this end, each cosmid was digested with eight different restriction enzymes (Fig. 2a). Southern blots were performed using the same probe that was used for the dot blot hybridizations (Fig. 2b). The results revealed that only a few restriction fragments contributed to the strong signals in the array hybridizations shown in Figs 1a and b, indicating that only some regions within the insert DNA sequences were strongly transcribed.

The location of each restriction fragment within the *M. leprae* genome was analyzed *in silico*, and compared with the sizes of strong bands detected in the Southern hybridizations. These analyses identified 12 genes as contributors to the signals in the array analysis (Table 2). As these genes were identified by array hybridization of cosmid clones and subsequent Southern blot analysis, confirmation of actual mRNA expression in freshly isolated bacilli was needed. Gene expression was determined by RT-PCR using freshly isolated mRNA as a template, rather than subtracted and/or preamplified cDNA. It was confirmed that all 12 genes, including the six pseudogenes, were expressed in freshly isolated *M. leprae* (Fig. 3).

Only one of the 12 genes, ML1752 from clone B194, was upregulated in *M. leprae* after infection. In addition, only one of the identified genes, ML2206 (purF), has a known

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**Table 1.** Highly expressed cosmid clones whose expression levels differed between *Mycobacterium leprae* isolated from macrophages and from the noninfective control

	insert	5'-end	3′ <del>-e</del> nd	Insert length (kb)	No. of genes in the insert	Infection (+)/( ) ratio
Clone	direction					
B7	Forward	1754985	1795100	40.1	31	0.4
B10	Reverse	513018	550924	37.9	35	0.5
B166	Reverse	2959024	2998200	39.2	32	0.3
B185	Forward	2997353	3031966	34.6	30	0.2
B194	Reverse	2090519	2129310	38.9	24	2.3
B197	Forward	691764	733204	41.2	31	0.5
A90	Reverse	2591964	2635201	43.2	38	0.4
A203	Forward	1937742	1974396	36.7	25	0.4

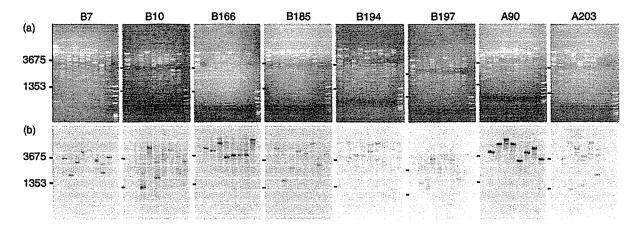


Fig. 2. Identification of fragments containing differentially expressed cDNAs. (a) The eight cosmids listed in Table 1 were digested with BssHll, BstXl, Clal, EcoRl, Kpnl, Nrul, PstI and Pvull and separated on a 1% agarose gel. Samples were applied in this order from the left with a λBstEll marker in the first lane and a φX174 HaellI marker in the last lane. (b) Gels were subsequently transferred to nylon filters and hybridized with the same probes that were used for dot blot hybridization. Specific radioactivities were detected using a BAS1000 Biolmaging Analyzer (Fujifilm). Bars shown in each panel indicate DNA sizes of 3675 and 1353 bp.

function (Keer et al., 2001). purF encodes phosphoribosylpyrophosphate amidotransferase, an enzyme that is involved in the first committed step of de novo purine biosynthesis and has homologues in M. tuberculosis and M. smegmatis (Keer et al., 2001).

The other 10 genes are conserved hypothetical proteins and/or pseudogenes. Six of the 12 genes were pseudogenes. Three of the six pseudogenes (ML1475c, ML1476c and ML2492) were originally oxidoreductases. All enzymes that catalyze oxidation—reduction reactions belong to this class of enzymes, including oxidases, oxygenases and cytochromes, which are essential for the generation of energy necessary for metabolic processes. There are 76 genes that might relate to oxidoreductase activity in the *M. leprae* genome, 41 (53.9%) of which are pseudogenes (http://genolist.pasteur.fr/Leproma/), while *M. tuberculosis* has 150 functional oxidoreductase genes (http://genolist.pasteur.fr/TubercuList/). Of the oxygenases, eight of 13 are

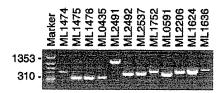
pseudogenes (61.5%) in *M. leprae*, while there are 71 functional oxygenase genes in *M. tuberculosis*. It is of note that the percentage of pseudogenes related to oxidor-eductase is much higher than the overall ratio of pseudogenes in the *M. leprae* genome (41.2%). In addition, the overall percentage of oxidoreductase-related genes is lower in *M. leprae* than in *M. tuberculosis* (2% vs. 6%). These observations suggest that metabolic activities are substantially impaired in *M. leprae* compared with *M. tuberculosis*.

Although pseudogenes have generally been considered as 'junk genes' that are transcriptionally and translationally inactive, recent studies have revealed the existence of functional as well as nonfunctional pseudogene transcripts in various organisms including humans, mice, bovines, plants and yeast (Balakirev & Ayala, 2003). For instance, it was shown that *Makorin1-p1*, a mouse pseudogene, is highly expressed, and that its mRNA contributes to the stabilization of *Makorin1*, the functional counterpart gene

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**Table 2.** Highly expressed genes in *Mycobacterium leprae* with significantly different expression levels between bacilli isolated from macrophages and from noninfective bacilli

Clone	Gene	5'-end	3'-end	Description
B7	ML1474c	1776096	1776704	Probable molybdopterin-guanine dinucleotide biosynthesis protein A mboA (pseudogene)
	ML1475c	1776713	1777660	Probable oxidoreductase, β subunit (pseudogene)
	ML1476c	1777922	1779435	Probable oxidoreductase a subunit (pseudogene)
B10	ML0435	534769	535414	Probable succinyl-CoA:3-ketoacid-CoA transferase (β subunit) scoB (pseudogene)
B166	ML2491	2966115	2967698	Conserved hypothetical protein
	ML2492	2968010	2968791	Probable mono-oxygenase (pseudogene)
B185	ML2537c	3022083	3024005	Conserved hypothetical protein
B194	ML1752c	2121319	2122227	Conserved hypothetical protein
B197	ML0591c	715975	717756	Possible conserved integral membrane protein
A90	ML2206c	2620615	2622285	Amidophosphoribosyltransferase (purF)
A203	ML1624	1947637	1949427	Conserved hypothetical protein
	ML1636	1970373	1971813	Conserved hypothetical protein (pseudogene)



**Fig. 3.** RT-PCR analysis of freshly isolated *Mycobacterium leprae* mRNA. Total RNA was isolated from freshly prepared *M. leprae* from nude mice footpads. After treatment with DNase, RT-PCR was performed as described in Materials and methods. Bars on the left indicate DNA sizes of 1353 and 310 bp.

(Hirotsune et al., 2003). Disruption of Makorin1-p1 is lethal in most mice, and the few survivors had severe bone deformities and polycystic kidneys (Hirotsune et al., 2003). These investigators estimated that at least 2-3% of human pseudogenes are expressed (Yano et al., 2004). Expressed pseudogenes are regarded as a class of noncoding RNAs (nc-RNAs) (Eddy, 2001; Erdmann et al., 2001). They act as riboregulators, which are important for both transcriptional and posttranscriptional regulation of gene expression. As pseudogenes are functionally less constrained, they have accumulated more mutations than other genes. Assuming that they have functional roles in the regulation of gene expression, this property would allow more rapid functional diversification than is possible with protein-coding genes. However, as it is not possible to cultivate M. leprae in vitro, gene manipulation studies cannot be performed to study the function of pseudogenes identified in the present study.

It should be noted that the focus of this study was on cosmid clones with increased expression levels. As each cosmid clone contains ~50 genes, it is possible that a gene whose expression increased following infection coexists with other genes whose expression decreased in the same cosmid clone. Such cosmid clones, if they exist, would not be detected with the method employed in this study. To resolve this issue, we are now analyzing genome-wide expression

profiles by use of a whole genome tiling array. Information provided from such studies will shed light on the role of pseudogenes in *M. leprae*, an unusual organism that has an exceptional number of pseudogenes.

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# Immunostimulatory Activity of Recombinant Mycobacterium bovis BCG That Secretes Major Membrane Protein II of Mycobacterium leprae

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We previously demonstrated that major membrane protein II (MMP-II) is one of the immunodominant antigens (Ags) of Mycobacterium leprae capable of activating T cells through Toll-like receptor 2. Based on the observation that Mycobacterium bovis BCG secreting a 30-kDa protein offered better protection against tuberculosis, we constructed a recombinant BCG strain (BCG-SM) that secretes MMP-II to improve the potency of BCG against leprosy. The secreted MMP-II protein from BCG-SM stimulated monocyte-derived dendritic cells (DC) to produce interleukin-12. DC infected with BCG-SM expressed MMP-II on their surfaces, and MMP-II expression was suppressed by the pretreatment of DC with chloroquine. These results indicated that secreted MMP-II was processed by DC for higher expression levels on their surfaces. In addition, BCG-SM phenotypically activated DC and induced higher expression levels of major histocompatibility complex, CD86, and CD83 Ags on DC than did vector control BCG (BCG-pMV). The DC infected with BCG-SM more efficiently stimulated naïve and memory CD4<sup>+</sup> T cells and memory CD8<sup>+</sup> T cells to produce gamma interferon than did those infected with BCG-pMV. However, naïve CD8<sup>+</sup> T cells were significantly activated only when they were stimulated with BCG-SM-infected DC. When CD8<sup>+</sup> T cells were cocultured with BCG-SM-infected DC, the proportion of perforin-producing T cells was significantly higher than that in cells cocultured with BCG-pMV-infected DC. Moreover, MMP-II-specific memory T cells were more efficiently produced in mice inoculated with BCG-SM than in mice inoculated with BCG-pMV. Taken together, these results indicate that BCG capable of secreting the immunodominant Ag is more potent in the stimulation of T cells.

Although *Mycobacterium bovis* bacillus Calmette-Guerin (BCG) carries a risk of inducing disseminated disease in some individuals (3), BCG is the most widely used live attenuated vaccine against pathogenic mycobacterial infections, such as those with *Mycobacterium tuberculosis* and *Mycobacterium leprae*. In some studies, BCG has been shown to partially protect against leprosy, but it was not effective in other studies (15, 22, 25). Thus, there exists no convincing vaccine against leprosy, and as a result, half a million new cases are still detected every year (30). The emergence of multidrug-resistant *M. leprae* strains and the complexity of leprosy reactions are also distressing (16). Therefore, the urgent development of a more efficacious leprosy vaccine is desired.

Intracellular bacteria such as BCG remain in the phagosomes of antigen-presenting cells (APCs), such as macrophages and dendritic cells (DC), and primarily stimulate CD4<sup>+</sup> T cells via antigen (Ag) presentation through the major histocompatibility complex (MHC) class II pathway (10, 14). Furthermore, MHC class I-restricted activation of CD8<sup>+</sup> T cells, which occur preferentially through cross-priming, is also dependent on the activation of APCs (12). In addition, such APC-mediated activation of both CD4<sup>+</sup> and CD8<sup>+</sup> T cells, especially of type 1 cells, plays an important role in the host defense mechanism against *M. leprae* infection (7). In fact, patients with tuberculoid leprosy, a representative clinical lep-

rosy on one pole, enroll DC as APCs to induce the Ag-specific activation of both CD4+ and CD8+ T cells, leading to the restriction of M. leprae in granulomas (13, 26). Therefore, the efficient activation of these T cells is the most important process in suppressing the spread of the bacteria and controlling the multiplication of M. leprae. In this process, the expression of immunodominant Ags on the surfaces of DC is thought to be advantageous. We recently identified major membrane protein II (MMP-II) (gene name, bfrA or ML2038; also known as bacterioferritin) as one of the immunostimulatory Ags of M. leprae (17). MMP-II stimulates DC to produce interleukin-12 p70 (IL-12p70) through the activation of NF-кВ by ligating to Toll-like receptor 2 (TLR2), and MMP-II-pulsed DC activate both naïve and memory CD4+ and CD8+ T cells to produce gamma interferon (IFN-y) in an MHC molecule-dependent manner (17, 19). In addition, memory-type T-cell subsets from tuberculoid leprosy patients were markedly activated by stimulation with MMP-II (19). On the other hand, T cells from patients with lepromatous leprosy, a representative leprosy on the opposite pole of the clinical spectrum, are sometimes refractory to stimulation with M. leprae-derived Ag (5, 23), and thus these T cells need to be stimulated potently to prevent the multiplication of bacilli. However, in previous studies, we showed that the activities of T cells of lepromatous leprosy patients and those of BCG-vaccinated healthy individuals were comparable when stimulated by MMP-II-pulsed DC (19). Therefore, MMP-II could be a promising candidate in terms of activating T cells.

Other reports showed that proteins secreted within host cells from intracellular parasitic pathogens, including *M. tuberculosis* and *Legionella pneumophila*, are potent inducers of T-cell

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activation (1, 8). Furthermore, the immunization of mice or guinea pigs with a 30-kDa major secretory protein (α-antigen or Ag85A) of M. tuberculosis substantially protected them from the development of tuberculosis (9). Also, mice could be protected more efficiently against tuberculosis by vaccination with live BCG rather than killed BCG (6). When the exposure of Ag to host cells is increased through a live vehicle, such as BCG, it is more efficient in the activation of host defense mechanisms (8). Therefore, in this study, we used live BCG as a delivery vehicle for M. leprae-derived MMP-II and constructed a recombinant BCG strain secreting MMP-II. This system would enable better access of MMP-II to the APCs, which may, in turn, stimulate T cells more effectively. We demonstrate that the recombinant BCG strain (BCG-SM) is more potent than the parental strain in the activation of CD4<sup>+</sup> and CD8<sup>+</sup> T cells, both in vitro and in vivo.

#### MATERIALS AND METHODS

Preparation of cells. Peripheral blood was obtained from healthy purified protein derivative-positive individuals with their informed consent. In Japan, BCG vaccination is compulsory for children (0 to ~4 years old). Peripheral blood mononuclear cells (PBMC) were isolated using Ficoll-Paque Plus (Pharmacia, Uppsala, Sweden) and were cryopreserved in liquid nitrogen until use, as previously described (18). For the preparation of peripheral monocytes, CD3+ T cells were removed from either freshly isolated heparinized blood or cryopreserved PBMC, using immunomagnetic beads coated with anti-CD3 monoclonal antibody (MAb) (Dynabeads 450; Dynal, Oslo, Norway). The CD3-PBMC fraction was plated on collagen-coated plates, and the nonplastic adherent cells were removed by extensive washing. The remaining adherent cells were used as monocytes (28). Monocyte-derived DC were differentiated as described previously (18, 20). Briefly, monocytes were cultured in the presence of 50 ng of recombinant granulocyte-macrophage colony-stimulating factor (rGM-CSF; Pepro Tech EC Ltd., London, England) and 10 ng of rIL-4 (Pepro Tech) per ml (20). On day 3 of culture, immature DC were infected with recombinant BCG at the indicated multiplicity of infection (MOI), and on day 5 of culture, DC were used for further analyses of surface antigens and for mixed-lymphocyte assays.

Vector construction and preparation of recombinant BCG. For preparation of the recombinant BCG strain secreting MMP-II, plasmid pMV-SM was constructed to have a kanamycin resistance gene and origins of replication for Escherichia coli and mycobacteria. Briefly, the MMP-II-encoding gene was cloned from M. leprae (Thai 53 strain) genomic DNA by PCR, using the forward primer 5'CAGGAATTCATGCAAGGTGATCCGGATG3' and the reverse primer 5'GAAATCGATTTAACTCGGCGGCCGGGAGA3'. The secretion signal sequence of Ag85A of M. tuberculosis was amplified by PCR, using the primers 5'GAAGGATCCAATGCAGCTTGTTGACAGGG3' and 5'CCGGAATTCTGCCCCCGCGGTCGCCGTG3'. The MMP-II cDNA fragment and Ag85A secretion signal sequence fragment were cloned in frame between the BamHI and ClaI sites of plasmid pMV261 to yield the plasmid pMV-SM. Another plasmid, pMV-PSM, was obtained by switching the Hsp60 promoter sequence of pMV-SM to the Ag85A promoter sequence.

BCG substrain Pasteur was cultured in vitro using Middlebrook 7H9 broth (BD Biosciences Pharmingen, San Jose, CA) supplemented with 0.05% Tween 80 and 10% albumin-dextrose-catalase (BD Biosciences) or Sauton medium containing 0.05% Tween 80. Expression vectors were introduced into BCG by electroporation (27). Transformants were selected on Middlebrook 7H10 agar (BD Biosciences) plates. BCG containing pMV-SM as an extrachromosomal plasmid is referred to as BCG-SM, and that containing pMV-261 is referred to as BCG-pMV (BCG vector control). Recombinant BCG strains were grown to log phase and stored at 108 CFU/ml at  $-80^{\circ}$ C. Before stimulation of DC, BCG cells were counted by the colony assay method and/or the Ziehl-Neelsen staining method. Heat-killed recombinant BCG was prepared by incubating BCG at 60°C for 15 h to kill the mycobacteria completely.

Expression of MMP-II. To verify the secretion of MMP-II from BCG-SM, the culture supernatants of BCG-SM as well as BCG-pMV, cultured for 20 days in Sauton medium, were collected and passed through a 10,000-molecular-weight-cutoff Amicon Ultra-4 membrane (Millipore, Billerica, MA) after being depleted of cells by centrifugation. The protein fractions of the recombinant BCG strains were prepared as follows. Polyvinylidene difluoride-harvested cells were washed

with phosphate-buffered saline (PBS) and disrupted with a bead homogenizer. Disrupted cells were centrifuged at  $10,000 \times g$  at 4°C for 30 min, and the supernatant was taken as the protein fraction.

Sodium dodecyl sulfate-polyacrylamide gel electrophoresis and electroblotting were carried out using standard methods (24). Western blotting was performed as follows. Briefly, a membrane with the transferred proteins was blocked in 5% skim milk and then incubated with anti-MMP-II MAb 202-3 (immunoglobulin G2a [IgG2a], kappa chain). Alkaline phosphatase-conjugated anti-mouse IgG was used as the secondary Ab. Color development was performed by using the nitroblue tetrazolium/5-bromo-4-chloro-3-indolylphosphate (NBT/BCIP) detection reagent (Calbiochem, San Diego, CA).

Analysis of cell surface Ags. The expression of cell surface Ags on DC was analyzed using a FACSCalibur flow cytometer. Dead cells were eliminated from the analysis by staining with propidium iodide (Sigma Chemical Co., St. Louis, MO), and  $1\times10^4$  live cells were analyzed. For the analysis of cell surface Ags, the following MAbs were used: fluorescein isothiocyanate (FITC)-conjugated MAbs against HLA-ABC (G46-2.6; Pharmingen, San Diego, CA), HLA-DR (L243; BD), CD1a (OKT6; Ortho Diagnostic Systems Inc., Raritan, NJ), CD80 (L307.4; BD), CD86 (FUN-1; BD), and CD83 (HB15a; Immunotech, Marseille, France).

The expression of MMP-II on recombinant BCG-infected DC was determined using a MAb (M270-13; IgM, kappa chain) against MMP-II, which probably detects MMP-II in complex with MHC molecules on the surfaces of DC (19), followed by FITC-conjugated anti-mouse Ig Ab (Tago Immunologicals, Camarillo, CA). For inhibition of the intracellular processing of phagocytosed bacteria, DC were treated with 50 μM of chloroquine (Sigma) for 2 h, washed, infected with BCG, and subjected to analyses of MMP-II surface expression. The intracellular production of perforin and granzyme B was assessed as follows. CD8<sup>+</sup> T cells stimulated with BCG-infected DC were surface stained with a phycocrythrin-labeled MAb to CD8 (RPA-T8; BD) and fixed in 2% formaldehyde. Subsequently, they were permeabilized using permeabilizing solution (BD) and stained with FITC-conjugated MAbs to perforin (δG9; BD) and granzyme B (GB11; BD).

APC functions of DC. The ability of BCG-infected DC to stimulate T cells was assessed by using an autologous DC-T-cell coculture as previously described (7, 20). Freshly thawed PBMC were depleted of NK cells, MHC class II<sup>+</sup> cells, and either CD4<sup>+</sup> or CD8<sup>+</sup> cells by using magnetic beads coated with MAbs to CD56 Ag, MHC class II, and either CD8 or CD4 Ag (Dynabeads 450; Dynal), respectively (20). The purity of the CD4<sup>+</sup> and CD8<sup>+</sup> T cells was >98%, as assessed using FACSCalibur flow cytometry. Naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells were produced by further treatment of these T cells with a MAb to CD45RO Ag, which was followed by incubation with beads coated with goat anti-mouse IgG. Memory-type T cells were similarly produced by the treatment of cells with a MAb to CD45RA Ag. The purified responder cells (1 × 10<sup>5</sup> per well) were plated in 96-well round-bottomed tissue culture plates, and DC were added to give the indicated DC:T-cell ratio. Supernatants of DC-T-cell cocultures were collected on day 4, and the cytokine levels were determined.

Measurement of cytokine production. Levels of the following cytokines were measured: IFN- $\gamma$  produced by CD4+ and CD8+ T cells and IL-12p70, IL-12p40, tumor necrosis factor alpha, and IL-1 $\beta$  produced by DC stimulated for 24 h with recombinant BC $\beta$  cells. The concentrations of these cytokines were quantified using the enzyme assay kits in an Opt EIA human enzyme-linked immunosorbent assay set (BD).

Animal studies. For inoculation into mice, recombinant BCG cells were cultured in Middlebrook 7H9 medium to log phase and stored at  $10^8$  CFU/ml at  $-80^\circ\text{C}$ . Before the aliquots were used for inoculation, the concentration of viable bacilli was determined by plating cells on a Middlebrook 7H10 agar plate. Three 4-week-old C57BL/6J mice per group were inoculated subcutaneously with 0.1 ml of PBS or PBS containing  $3.3\times10^3$  or  $1\times10^4$  recombinant BCG cells. The animals were kept under specific-pathogen-free conditions and were supplied with sterilized food and water. Seven or 13 weeks after injection, the spleens were removed, and the splenic T cells were suspended at a concentration of  $1\times10^6$  or  $2\times10^6$  cells per ml in culture medium. The splenic T cells  $(1\times10^6$  or  $2\times10^6$  cells/ml) were stimulated with the indicated concentration of recombinant MMP-II or recombinant BCG in triplicate in 96-well round-bottomed microplates. The individual culture supernatants were collected 4 days after stimulation, and IFN- $\gamma$  was measured using an Opt EIA mouse enzyme-linked immunosorbent assay set (BD).

Statistical analysis. Student's t test was applied to determine statistical differences.

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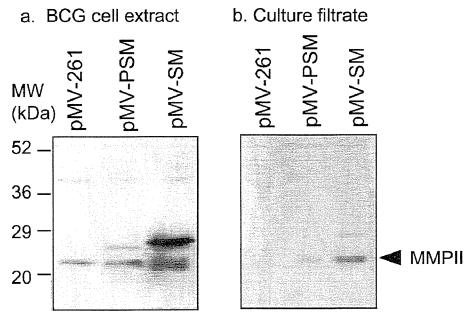


FIG. 1. Western blot analysis of BCG expressing *M. leprae*-derived MMP-II. A MAb to MMP-II (202-3 [IgG2a, kappa chain]) was used to detect MMP-II in BCG cell extracts (a) and culture filtrates (b). BCG was transfected with the following plasmids: lane 1, pMV261; lane 2, pMV-PSM; and lane 3, pMV-SM. MW, molecular size markers.

#### RESULTS

Expression and secretion of MMP-II from recombinant BCG. To express and secrete MMP-II from recombinant BCG, two different plasmids were constructed, as described in Materials and Methods. The expression of the MMP-II gene is driven by the Hsp60 and Ag85A promoters (derived from *M. tuberculosis*) in pMV-SM and pMV-PSM, respectively. In both expression vectors, the secretion signal of *M. tuberculosis* 

Ag85A was inserted at the 5' end of the MMP-II-encoding gene. Transformants (BCG-SM and BCG-PSM) were obtained with the BCG Pasteur strain. A putative premature 27-kDa MMP-II with a secretion signal was detected in the cell extracts of BCG-PSM and BCG-SM, in addition to the presumably processed 22-kDa MMP-II, as observed by Western blotting using a MAb to MMP-II (Fig. 1a). When the culture filtrates of BCG transformants were concentrated, the secreted

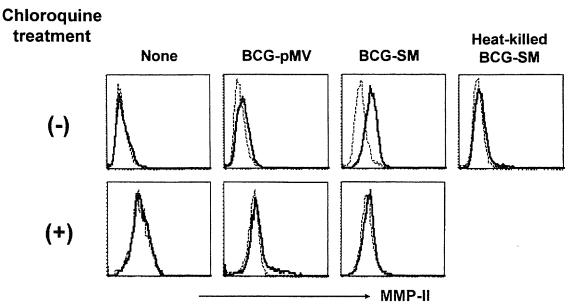


FIG. 2. Surface expression of MMP-II on DC infected with BCG. Immature DC were infected with either BCG-pMV or BCG-SM in the absence or presence of chloroquine (50  $\mu$ M) or were pulsed with heat-killed BCG-SM at an MOI of 5. After 2 days of culture with rGM-CSF and rIL-4, DC were gated and analyzed for the surface expression of MMP-II. Dotted lines, control IgM; solid lines, anti-MMP-II MAb (M270-13 [IgM, kappa chain]). Representative results for three separate experiments are shown.

#### Infection

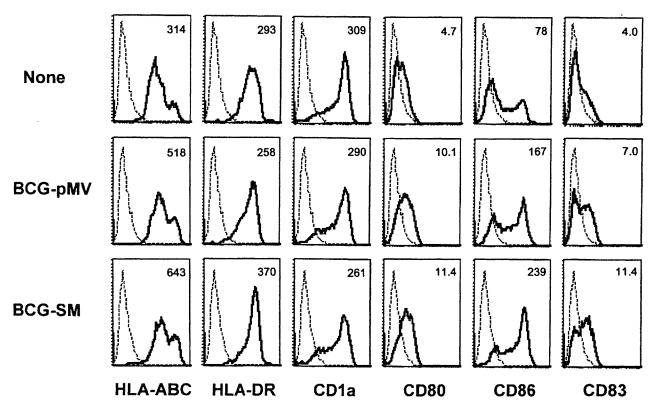


FIG. 3. Expression of various molecules on DC infected with either BCG-pMV or BCG-SM. Monocyte-derived immature DC were infected with BCG at an MOI of 0.125 and were cultured for another 2 days in the presence of rGM-CSF and rIL-4. The DC from day 5 were gated and analyzed. Dotted lines, isotype-matched control IgG; solid lines, the indicated test MAb. The number in the top right corner of each panel represents the difference in mean fluorescence intensities between the control IgG and the test MAb. Representative results for three separate experiments are shown.

protein of 22 kDa was clearly seen (Fig. 1b). A lower level of the protein was also detected in the culture filtrate of BCG-PSM than in that of BCG-SM. The MMP-II purified from the BCG-SM culture filtrate stimulated DC and induced a significant level of IL-12p40 production: 1,016 pg/ml of IL-12p40 was produced from DC by stimulation with 0.5  $\mu$ g/ml of purified MMP-II, while nonstimulated DC produced only a few pg/ml of the cytokine.

Characteristics of BCG-SM. The expression of immunodominant antigenic molecules on the surfaces of DC induces the efficient activation of T cells. To see the intracellular fate of secreted MMP-II from BCG-SM relative to that for MMP-II from the control BCG strain, BCG-pMV, which possesses the plasmid pMV-261, we measured the expression of MMP-II on the surfaces of DC, using an anti-MMP-II MAb. We assessed MMP-II expression by using multiple MOIs of recombinant BCG strains, and significant expression of MMP-II on DC was observed when BCG-SM was used for infection (Fig. 2). Furthermore, the expression of MMP-II was suppressed by the treatment of DC with chloroquine prior to BCG-SM infection and was also deprived by heat treatment of BCG-SM. These results may indicate that MMP-II secreted in the phagosomes of BCG-SM-infected DC was efficiently processed and translocated to the cell surface.

Professional APCs produce various cytokines, which facili-

tate or suppress T-cell activation. Therefore, we assessed the ability of BCG-SM to produce cytokines, including IL-12, tumor necrosis factor alpha, and IL-1B, from DC. Although these cytokines were induced significantly, there were no significant differences in cytokine production between DC stimulated with BCG-SM and those stimulated with BCG-pMV (not shown). We then examined the influence of BCG-SM infection on DC from the aspect of the expression of surface Ags (Fig. 3). The expression of most Ags was modulated by BCG infection of DC, but there were apparent differences in the ability to modulate the expression level of Ags on DC between BCG-SM and BCG-pMV. While CD1a expression was down-regulated, the expression of HLA-ABC, HLA-DR, CD86, and CD83 was further up-regulated by infection with BCG-SM compared to the case for DC infected with BCGpMV. These results indicate that BCG-SM phenotypically activated DC.

T-cell activation by BCG-SM. We assessed the T-cell stimulation activity of BCG-SM-infected DC. Strains BCG-SM and BCG-pMV had similar growth patterns in vitro (not shown). When naïve CD4<sup>+</sup> T cells from a healthy, BCG-vaccinated donor were stimulated with autologous DC which had been pulsed with either BCG-SM or BCG-pMV, both BCG strains significantly activated the T cells (Fig. 4, top panel). However, BCG-SM induced a significantly higher level of IFN-γ produc-

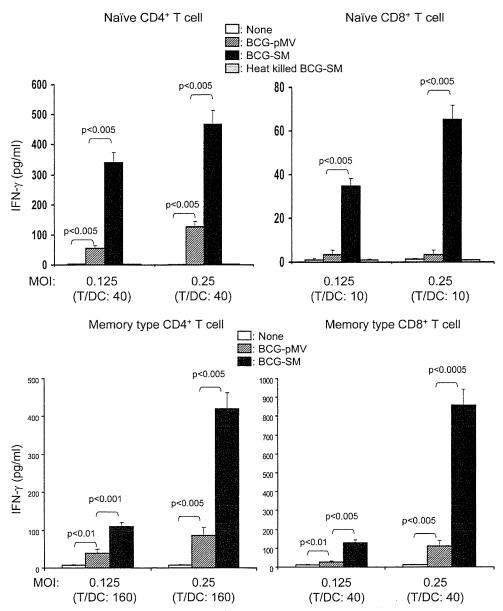


FIG. 4. (Top) Production of IFN- $\gamma$  from naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells. Immature DC, differentiated from monocytes by 3 days of culture with rGM-CSF and rIL-4, were infected with BCG-pMV (vector control BCG) or BCG-SM (recombinant BCG strain secreting MMP-II) at the indicated MOIs or pulsed with heat-killed BCG-SM and then cultured for another 2 days in the presence of rGM-CSF and rIL-4. These DC were used as a stimulator of naïve T cells. CD45RO<sup>-</sup> naïve CD4<sup>+</sup> T cells (1 × 10<sup>5</sup> cells/well) were stimulated with 1/40 the number of DC for 4 days, and CD45RO<sup>-</sup> naïve CD8<sup>+</sup> T cells (1 × 10<sup>5</sup> cells/well) were stimulated with 1/10 the number of DC for 4 days. (Bottom) Production of IFN- $\gamma$  from memory-type CD4<sup>+</sup> and CD8<sup>+</sup> T cells. Immature DC were infected with BCG-pMV or BCG-SM at the indicated MOIs and cultured for another 2 days in the presence of rGM-CSF and rIL-4, as described above. CD45RA<sup>-</sup> memory-type CD4<sup>+</sup> T cells (1 × 10<sup>5</sup> cells/well) were stimulated with 1/160 the number of DC for 4 days, and CD45RA<sup>-</sup> memory-type CD8<sup>+</sup> T cells (1 × 10<sup>5</sup> cells/well) were stimulated with 1/40 the number of DC for 4 days. Representative results for three separate experiments are shown. Assays were performed in triplicate, and the results are expressed as means  $\pm$  standard deviations. Titers were statistically compared using Student's t test.

tion from the naïve CD4 $^+$  T cells. In contrast to CD4 $^+$  T cells, a significant production of IFN- $\gamma$  from naïve CD8 $^+$  T cells was induced only when the CD8 $^+$  T cells were stimulated with DC pulsed with BCG-SM (Fig. 4, top panel). However, heat-killed BCG-SM lacked the ability to stimulate T cells, and the activation of both T-cell subsets induced by BCG-SM was partially decreased by the treatment of DC with a MAb to MMP-II (not shown). These results indicate that the secretion of MMP-II from BCG enhanced T-cell activation. Next, we examined the

responsiveness of CD45RA $^-$  memory-type T cells to BCG-SM (Fig. 4, bottom panel). Both BCG-SM and BCG-pMV stimulated both CD4 $^+$  and CD8 $^+$  T-cell subsets, and more IFN- $\gamma$  production was achieved when BCG-SM-pulsed DC were used as a stimulator of the T cells. However, the heat-killed BCG strains did not induce significant T-cell activation (not shown).

The differentiation of CD8<sup>+</sup> T cells to cytotoxic T lymphocytes is required for killing of host cells infected with mycobacteria; thus, we assessed the ability of BCG-SM to produce

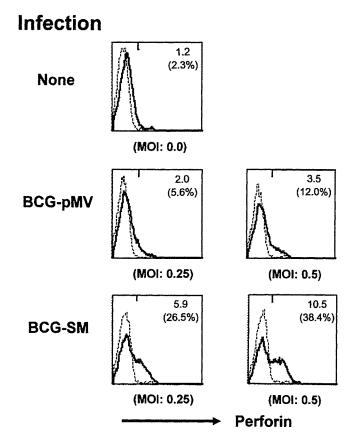


FIG. 5. Intracellular production of perforin in CD8<sup>+</sup> T cells stimulated with BCG-infected DC. Immature DC, differentiated from monocytes by 3 days of culture with rGM-CSF and rIL-4, were infected with either BCG-pMV or BCG-SM at the indicated MOIs and cultured for another 2 days in the presence of rGM-CSF and rIL-4. These DC were used as a stimulator of CD8<sup>+</sup> T cells. Unseparated purified CD8<sup>+</sup> T cells (1 × 10<sup>5</sup> cells/well) were stimulated with 5 × 10<sup>5</sup> BCG-infected DC for 5 days and then subjected to analysis of the intracellular perforin production. Dotted lines, isotype-matched control IgG; solid lines, anti-perforin MAb. The number in the top right corner of each panel represents the difference in mean fluorescence intensities between the control IgG and the test MAb. Each number in parentheses is the percentage of positive cells. The results of one experiment, which are representative of those for three separate experiments, are shown.

intracellular perforin (Fig. 5). We assessed this point by using multiple MOIs of the BCG strains, and we present the data for maximal expression, where a higher MOI did not change the expression level. Both BCG strains stimulated CD8<sup>+</sup> T cells to produce perforin, but BCG-SM produced a larger number of perforin-producing CD8<sup>+</sup> T cells than did BCG-pMV. Although we also assessed CD4<sup>+</sup> T cells, they did not produce intracellular perforin by stimulation with either BCG strain (not shown). Furthermore, we examined whether BCG-stimulated CD8<sup>+</sup> T cells produced intracellular granzyme B, and again, BCG-SM produced a larger number of granzyme B-producing CD8<sup>+</sup> T cells than did BCG-pMV (not shown).

Memory T-cell production by BCG-SM. Another important aspect to be studied is the induction of Ag-specific memory T cells. To assess this point, we tested the T-cell responses of recombinant BCG-infected mice to MMP-II by using C57BL/6 mice. Splenic T cells obtained from mice infected subcutane-

ously with either BCG-SM or BCG-pMV were stimulated with MMP-II or parental BCG in vitro. At 7 weeks postinfection with either form of recombinant BCG, T cells responded to both MMP-II and BCG (Fig. 6, left panel). While IFN-y production from T cells of BCG-infected mice in response to BCG was comparable between the two groups, the T cells from BCG-SM-infected mice responded to MMP-II by producing IFN-y more vigorously than did those from BCG-pMV-infected mice. C57BL/6 mice were inoculated with either 3.3  $\times$  $10^3$  or  $10 \times 10^3$  bacteria per mouse, and similar results were obtained in both cases. When the T-cell responses of BCGinfected mice were analyzed at 13 weeks postinfection, again the IFN-y production by T cells responding to BCG was not significantly different between the two groups of recombinant BCG-infected mice. However, a significantly higher T-cell response to MMP-II was achieved in the mice infected with BCG-SM than in those infected with parental BCG (Fig. 6, right panel).

#### DISCUSSION

The present study describes the immunostimulatory activity of a recombinant BCG strain secreting the antigenic protein MMP-II of *M. leprae* (BCG-SM). We constructed the BCG-SM strain for this study. BCG-SM secreted MMP-II into the culture medium, and the purified MMP-II from the culture filtrate had an IL-12-inducing ability in DC.

The most important characteristic of BCG for protection against subsequent invasion of M. leprae is the ability to stimulate the host immune system and to activate Ag-specific type 1 T cells for memory T-cell production. BCG is a potent inducer of CD4+ T cells but is an insufficient stimulator of CD8+ T cells (12). In this respect, BCG-SM more efficiently stimulated naïve and memory-type CD4+ T cells to produce IFN-y than did vector control BCG, and furthermore, both naïve and memory CD8+ T cells were significantly activated by BCG-SM (Fig. 4). MMP-II (ML2038), originally identified as bacterioferritin by Pessolani et al. (21), was recently found to be highly immunostimulatory. Recombinant MMP-II stimulates DC to produce IL-12p70 and phenotypically activates DC by ligating to TLR2 (17, 19). Furthermore, MMP-II-pulsed DC efficiently stimulate host CD4+ and CD8+ T cells in an Ag-specific, MHC-dependent manner (17, 19). Therefore, MMP-II secreted from BCG-SM is probably involved in the increased activation of naïve T cells. It is evident that CD8+ T cells need to be differentiated into cytotoxic T cells to kill bacteriuminfected target cells and to achieve sustained long-term control of mycobacterial infection (12). Perforin is one of the major cytolytic molecules of cytotoxic T lymphocytes. When we measured the production of intracellular perforin, BCG-SM was superior to BCG-pMV in producing perforin-positive T cells. Again, the secreted MMP-II may facilitate the production of cytotoxic T cells. Although the most susceptible host cells to M. leprae are Schwann cells, macrophages are also highly sensitive to M. leprae infection, and our data indicate that M. lepraeinfected macrophages express MMP-II on their surfaces (unpublished data). Effective immunization with the immunodominant Ag can induce a population of T cells that recognize the same immunizing protein when the protein is expressed on macrophages infected with bacilli. Therefore, MMP-II ex6270 MAKINO ET AL. INFECT. IMMUN.

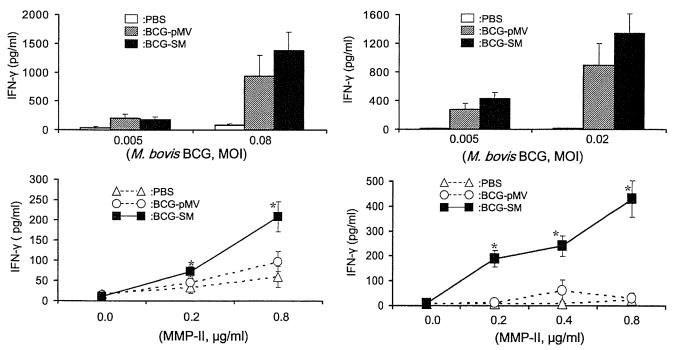


FIG. 6. IFN- $\gamma$  production by splenic T cells obtained from C57BL/6 mice infected with BCG. Four-week-old C57BL/6 mice were infected with 3.3  $\times$  10<sup>3</sup> bacilli per head of either BCG-pMV or BCG-SM, and their splenic unseparated T cells were stimulated in vitro with the indicated doses of BCG-pMV or MMP-II for 4 days. For MMP-II stimulation, 2  $\times$  10<sup>5</sup> splenic T cells were used, and for BCG stimulation, 1  $\times$  10<sup>5</sup> splenic T cells were used. Assays were performed in triplicate for each mouse, and the results for three mice per group are given, expressed as means  $\pm$  standard deviations. Representative results for three separate experiments are shown. \*, P < 0.005 versus BCG-pMV. (Left) C57BL/6 mice infected with BCG 7 weeks before. (Right) C57BL/6 mice infected with BCG 13 weeks before.

pressed on the surfaces of macrophages could be a useful target for CD8<sup>+</sup> cytotoxic T lymphocytes. The MMP-II-specific activation of T cells and the production of cytotoxic T lymphocytes could be key factors in regulating the host defense against *M. leprae*.

Another important difference in the features of DC stimulated with BCG-SM or BCG-pMV is that BCG-SM more efficiently activated DC in terms of the surface expression of APC-associated molecules. BCG-SM induced the up-regulation of the expression of MHC molecules, costimulatory molecules, and activation markers. The enhanced expression of these molecules by BCG-SM infection of DC would facilitate the activation of T cells. Although we cannot provide a precise explanation for why BCG-SM activated DC more efficiently, it may be that the secreted MMP-II bound TLR2 in the phagosome and hence activated a transcription factor, such as NF-kB, more promptly, such as the case for exogenously pulsed recombinant MMP-II, which activates DC through ligation to TLR2 (17).

Although BCG is an excellent live vehicle for Ags and more efficiently immunizes host cells than do recombinant proteins (6), BCG usually resides in the phagosomes of APCs, and only some of the BCG-derived Ags are processed (4). However, BCG-SM expressed MMP-II significantly on the surfaces of DC, and blocking the processing activity of DC with chloroquine totally depleted the expression of MMP-II. Therefore, the most likely explanation for the surface MMP-II expression is that BCG-SM successfully provided soluble antigen in the phagosome, which could feasibly be processed and loaded on

MHC molecules. Furthermore, complex formation with MHC molecules was further emphasized by the fact that T-cell activation by DC was largely blocked by the pretreatment of MMP-II-pulsed DC with a MAb to HLA-DR or HLA-ABC (19). Since the DC infected with BCG-SM were phenotypically more activated than those infected with BCG-pMV, the possibility that other BCG-derived Ags besides MMP-II may contribute to the stimulation of T cells cannot be ruled out. However, the display of an MMP-II-derived peptide may be associated most closely with the activation of naïve CD4<sup>+</sup> T cells and with the cross-priming of naïve CD8<sup>+</sup> T cells. Therefore, the secretion of protein by BCG-SM seems to be essential for the better stimulation of T cells.

The contribution of MMP-II in BCG-SM-infected host cells with regard to the production of memory T cells was verified by animal studies. Splenic T cells obtained from C57BL/6 mice, which are susceptible to BCG, inoculated with BCG-SM produced more IFN-γ by responding to recombinant MMP-II than did those from mice inoculated with BCG-pMV. It has been demonstrated clearly that mycobacteria such as BCG primarily infect macrophages in vivo and that Ags produced by processing mycobacteria or the secreted protein in the cells can be transferred to DC, whereby they are presented to T cells for activation (29). Therefore, DC may contribute to the better activation of MMP-II-specific T cells in vivo for mice infected with BCG-SM, as well as in vitro.

Previously, we demonstrated that recombinant MMP-II equally activated DC from lepromatous leprosy and tuberculoid leprosy patients and from BCG-immunized healthy do-

nors, although it was reported that some lepromatous leprosy patients have a mutation in the intracellular domain of TLR2 (2, 11). Furthermore, DC pulsed with recombinant MMP-II successfully stimulated T cells from lepromatous leprosy patients to produce IFN-y to the same level as that produced by healthy donors. Therefore, BCG-SM may be useful for stimulating T cells in lepromatous leprosy patients and for controlling bacterial spread (19). The combination of priming with a more immunostimulatory BCG strain, such as a recombinant BCG strain secreting an immunodominant protein (for example, BCG-SM), and boosting with a recombinant protein, such as MMP-II, may provide more powerful immunostimulatory measures against M. leprae infection. Further study should be pursued to evaluate the protective activity of BCG-SM against leprosy.

#### **ACKNOWLEDGMENTS**

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## Diagnosis of leprosy-serological aspects

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The most convenient way of diagnosing an infectious disease is by serological methods. To improve the quality of diagnosis in leprosy, simple tests in addition to diagnosis by clinical signs, are necessary. Here, PGL-I based methods for detection of multibacillary and paucibacillary leprosy, have been revisited and newer methods are discussed.

#### Introduction

Leprosy caused by *M. leprae*, elicits a wide range of cellular response in humans. It induces skin lesions and a chronic progressive peripheral nerve injury which leads to systemic deformity <sup>1)</sup>. Early detection of *M. leprae* infection, is the key to avoiding deformities and thus improved diagnostic methods can assist towards the goal of elimination of leprosy.

## Phenolic glycolipid I based serological assays

Since the discovery of *M. leprae* specific antigen phenolic glycolipid-I (PGL-I) in the year 1981 by Hunter and Brennan<sup>2)</sup>, there has been much progress in the development of serological tools for early detection of leprosy. The three sugars of PGL-I, which determines the

specificity is identified as 2, 3 di-O-methylrhamnose, 3-O-methylrhamnose and 3,6-di-O-methylglucose, linked to mycosides through a phenolic linkage 2). Six years after the identification of PGL-I, Fujiwara et al. succeeded in chemically synthesizing the three sugars<sup>3)</sup>. In the meantime, Bach MA et al. conducted a serological survey in Paris and compared the antibody titers of leprosy patients against whole M. leprae and PGL-I<sup>4</sup>). Untreated multibacillary (MB) leprosy patients exhibited high antibody titers, but paucibacillary (PB) patients exhibited lower titers against both antigens, and there was a sharp decline in the antibody levels after two years of drug therapy. Britton et al. also conducted a study in Sydney and Nepal, and found that IgM anti-PGL-I antibodies were present in 88-90% of untreated patients at the lepromatous pole of the clinical spectrum and 33-55% of those at the tuberculoid pole 5). Subsequently, Izumi et al. developed a simple particle agglutination test called as Serodia leprae® in collaboration with Fuiirebio (Tokyo), to detect anti-PGL-I antibody qualitatively and quantitatively 6). The advantage of this simple agglutination test is that it requires no expensive equipments and therefore, it can be used in developing countries, where leprosy is more prevalent.

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