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IV. 研究成果印刷物（代表論文のみ）

Human herpesvirus 6 impairs differentiation of monocytes to dendritic cells

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Objective. Monocyte-derived dendritic cells (DCs) play important roles in the immune response against infections and malignancies. Human herpesvirus 6 (HHV-6) infects monocytes and is reactivated in immunodeficient patients. To clarify the mechanisms of HHV-6-induced immunodeficiency, we investigated the effect of HHV-6 infection on differentiation of monocytes to DCs.

Methods. Monocytes were inoculated with or without HHV-6 and then allowed to differentiate to myeloid DCs in culture medium containing granulocyte-macrophage colony-stimulating factor and interleukin (IL)-4. The expression of cell surface molecules on DCs and the capacity of the DCs for antigen capture were examined by flow cytometric analysis. Alteration of antigen-presenting capacity induced by HHV-6 infection was examined.

Results. The morphology of HHV-6-infected monocyte-derived DCs was distinctly different from that of the DCs derived from mock-infected monocytes. Although expression levels of DC-associated surface antigens, including CD80, CD83, and CD86, were significantly higher on HHV-6-infected monocyte-derived DCs than on DCs derived from mock-infected monocytes, antigen-presenting capacity was significantly lower in the former group. Addition of culture supernatant of HHV-6-infected monocytes resulted in suppression of the T-lymphocyte proliferative response, and anti-IL-10 neutralizing antibody partly inhibited this suppressive effect. The antigen-presenting capacity of DCs generated from a patient with severe HHV-6 reactivation was significantly lower than that of DCs generated from the same patient in the recovery phase.

Conclusions. HHV-6 infection induces immunodeficiency via impaired differentiation of DCs. These results present a new concept for the pathogenesis of HHV-6-induced immunodeficiency. © 2006 International Society for Experimental Hematology. Published by Elsevier Inc.

Reactivation of human herpesvirus 6 (HHV-6) occurs frequently in patients with immunodeficiency, such as hematopoietic stem cell and organ transplant recipients and those with acquired immune deficiency syndrome (AIDS) [1,2]. This reactivation causes various disorders, including lymphadenitis, pneumonitis, hepatitis, meningoencephalitis, retinitis, infectious mononucleosis-like disease, hemophagocytic syndrome, and drug-induced hypersensitivity syndrome (DIHS) [3–8]. HHV-6 was initially termed human B-lymphotropic virus because of its *in vitro* tropism for B lymphocytes [9]. However, it is now well known that HHV-6 exhibits tropism mainly for T lymphocytes and monocytes/

macrophages and that various kinds of cell, including myeloid precursor cells, megakaryocytes, natural killer cells, fibroblasts, astrocytes, and hepatoma cells, are also susceptible to HHV-6 infection [10–15]. Various immunobiologic alterations of lymphocytes have been observed following infection. HHV-6A infection induces downregulation of CD3, resulting in impairment of T-lymphocyte activation via CD3/T-cell receptor complexes [16,17]. Upregulation of CD4, thus inducing susceptibility to human immunodeficiency virus-1 (HIV-1) infection, has been reported to occur in HHV-6A-infected CD4⁺ T lymphocytes and natural killer cells [18–20]. HHV-6 infection of T lymphocytes reduces both interleukin (IL)-2 synthesis and the proliferative response to anti-CD3 monoclonal antibody (mAb) and phytohemagglutinin [21]. Transcriptional downregulation of CXCR4 (coreceptor for X4 HIV-1) is induced by HHV-6A and HHV-6B infections [22,23]. In addition to functional

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alteration of T lymphocytes, we have reported recently that HHV-6 infection results in impairment of antigen uptake and processing by dendritic cells (DCs) [24].

DCs are professional antigen-presenting cells (APCs) with a remarkable ability to stimulate naive T lymphocytes and generate memory T lymphocytes. Human DCs originating from hematopoietic stem cells can be divided into at least three subpopulations, including interstitial DCs residing in the skin and lymphoid organs and two subsets of blood DCs, the CD11c⁺ myeloid and CD11c⁻ plasmacytoid DCs [25]. Because circulating blood DCs are few and are difficult to maintain in culture, monocytes are commonly used as sources of myeloid DCs [26]. There is increasing evidence that maturation of DCs from monocytes may also be relevant in vivo [27,28].

HHV-6 latently infects monocytes [29] and is reactivated in immunodeficient patients. As mentioned above, HHV-6 alters the functions of various immunocompetent cells, and monocyte-derived DCs play important roles in the immune response against infections and malignancies. In light of these facts, clarification of the effects of HHV-6 infection on the differentiation of DCs from monocytes seems an important issue. We therefore investigated the morphologic and immunologic effects of HHV-6 infection on DC differentiation from peripheral blood monocytes.

Materials and methods

Isolation of monocytes and HHV-6 infection

The U1102 strain of HHV-6A and the Z29 strain of HHV-6B were grown in cord blood mononuclear cells that had been stimulated with phytohemagglutinin. Monocytes were isolated from peripheral blood mononuclear cells (PBMCs) of healthy individuals using anti-CD14 mAb-coated magnetic beads (Miltenyi Biotec, Bergisch Gladbach, Germany). In some experiments, monocytes were isolated from PBMCs of a patient with DIHS, in whom HHV-6 had been severely reactivated, in the acute and recovery phases. The patient's PBMCs were frozen in a liquid nitrogen tank until use. The purity of the monocytes, as determined by their morphology and by flow cytometric analysis using anti-CD14 mAb, was more than 95%. Monocytes were inoculated with HHV-6 at an approximate multiplicity of infection of one 50% tissue culture infective doses.

Differentiation of mock-infected and HHV-6-infected monocytes to DCs

Differentiation of DCs from monocytes was induced, as described previously [30]. Briefly, monocytes were inoculated by incubation with mock stock or HHV-6 stock at 37°C for 2 hours and then washed once. Mock-infected and HHV-6-infected monocytes were then suspended in RPMI 1640 medium supplemented with 10% fetal calf serum (FCS), 500 U/mL recombinant human IL-4 (Genzyme, Boston, MA, USA), and 800 U/mL recombinant human granulocyte-macrophage colony-stimulating factor (GM-CSF; Kirin Brewery, Tokyo, Japan) and cultured in a 5% CO₂ incubator at 37°C. On day 2 or 3 of incubation, half of the medium was exchanged for fresh culture medium supplemented with IL-4

and GM-CSF, and culture was continued. On day 5, the cells were harvested and used as monocyte-derived immature myeloid DCs. Mature myeloid DCs used as the control cells for phenotypic analysis were generated from immature myeloid DCs by adding tumor necrosis factor- α , as described previously [24].

HHV-6 replication in monocyte-derived DCs

Replication of HHV-6 in monocyte-derived DCs was examined by detecting mRNA for the HHV-6 immediate-early and late (*U83*) genes by reverse transcription-polymerase chain reaction (RT-PCR), as described previously [15,31]. Briefly, total RNAs were extracted from HHV-6-inoculated or mock-infected cells, and cDNA was synthesized by reverse transcription with Moloney murine leukemia virus reverse transcriptase. Amplification of the cDNAs by PCR was performed using the following primers: immediate early gene, 5'-TTCTCCAGATGTGCCAGGAAATCC-3' and 5'-CATCATTGTTATCGCTTCACTCTC-3'; late gene, 5'-GTCGACCATGTTTCATTTGGCTTTTATTGTT-3' and 5'-ATGAATTCTCATGATTCTTTGTCTAATTC-3'. The expected lengths of the amplified cDNA sequences for the HHV-6 immediate early gene and late gene were 553 bp and 345 bp, respectively. Amplification of cDNA for the β -actin gene was also performed as the control for RT-PCR, using the following primers: 5'-TCCTGTGGCATCCACGAAACT-3' and 5'-GAAGCATTGCGGTGGACGAT-3'.

Quantitative real-time PCR for the HHV-6 genome was performed as reported previously [32]. The PCR primers and probe for HHV-6 DNA were selected from the *U31* gene coding a large tegument protein. The upstream primer was 5'-TTTGCAGTCATCAGAT-CGG-3' and the downstream primer was 5'-AGAGCGACAAATTGGAGGTTTC-3'. A fluorogenic probe, 5'-AGCCACAGCAGCCATCTACATCTGTCAA-3', was located between the primers. The PCR reaction was performed using a TaqMan PCR kit (PE Applied Biosystems, Foster City, CA, USA), as described previously [32].

Flow cytometric analysis of HHV-6 antigen expression in DCs

Simultaneous detection of surface CD80 and intracellular HHV-6 antigen expression was performed as follows. Mock-infected and HHV-6-infected monocyte-derived DCs were incubated with a fluorescein isothiocyanate (FITC)-conjugated anti-CD80 mAb (Immunotech, Marseilles, France). To further detect intracellular HHV-6 antigen expression, cells were then fixed with 3.0% formaldehyde, permeabilized with 0.05% saponin, and incubated with mAb against the HHV-6 101-kDa virion protein (Chemicon International, Temecula, CA, USA), followed by staining with phycoerythrin-conjugated goat anti-mouse immunoglobulin (Ig) G (Organon Teknika, West Chester, PA, USA). After being washed, the cells were analyzed with a FACSCalibur system (Becton Dickinson Immunocytometry Systems, San Jose, CA, USA) equipped with CellQuest software (Becton Dickinson Immunocytometry Systems).

Morphology of mock-infected and HHV-6-infected monocyte-derived DCs

The morphologic differences between mock-infected and HHV-6-infected monocyte-derived DCs were examined under an inverted microscope. Cells fixed on the glass slides by cytospin were stained with May-Giemsa solution. Transmission electron microscopy was performed as described previously [15]. Briefly, the cells were fixed with 2.0% glutaraldehyde in 0.1 M phosphate buffer

(pH 7.4), postfixed with 1% osmium tetroxide, and gradually dehydrated. Samples were embedded in Epon 812, sectioned, stained with uranyl acetate and lead citrate, and examined with a JEM-1230 electron microscope (JEOL, Peabody, MA, USA).

Flow cytometric analysis of cell surface molecule expression

The expression of cell surface molecules on immature and mature DCs differentiated from mock-infected and HHV-6-infected monocytes was examined by flow cytometric analysis using the following mAbs: anti-CD1a (Immunotech), anti-CD40 (PharMingen, San Diego, CA, USA), anti-CD44 (PharMingen), anti-CD80 (Immunotech), anti-CD83 (Immunotech), anti-CD86 (Immunotech), anti-CD209 (DC-SIGN) (Immunotech), anti-HLA class I (PharMingen), and anti-HLA-DR (PharMingen). To block nonspecific binding of mAbs, cells were preincubated with human Ig (Bayer AG, Leverkusen, Germany) at a concentration of 1 mg/mL for 30 minutes before the mAbs were added. After washing, the cells were analyzed as described above.

Flow cytometric analysis of endocytosis

The capacity of the monocyte-derived DCs for antigen capture was examined quantitatively by flow cytometric analysis of endocytosis, as described previously [33]. Briefly, mock-infected and HHV-6-infected monocyte-derived immature and mature DCs were suspended in RPMI 1640 medium supplemented with 10% FCS at 37°C or 4°C. Lucifer yellow CH (Molecular Probes, Eugene, OR, USA) or lysine-fixable FITC-dextran (molecular weight = 40,000; Sigma, St. Louis, MO, USA) was added at a final concentration of 1 mg/mL. The cells were incubated for 30 minutes and washed four times with cold phosphate-buffered saline containing 1% FCS and 0.01% NaN₃ and were analyzed using a FACSCalibur. The staining of cells that had been incubated at 4°C was analyzed as a control.

Presentation of alloantigen

to T lymphocytes by monocyte-derived DCs

The allostimulatory capacity of mock-infected and HHV-6-infected monocyte-derived DCs was examined as follows. PBMCs were isolated from donors whose HLA types were nonidentical to those of the monocyte donors. PBMCs (1×10^5) and various numbers of mock-infected and HHV-6-infected monocyte-derived DCs that had been treated with mitomycin C (MMC; Kyowa Hakko, Tokyo, Japan) were cocultured in flat-bottomed microtiter wells each containing 0.2 mL RPMI 1640 medium supplemented with 10% human AB-type serum. The cells were then incubated for 6 days. For the final 16 hours of incubation, 1 μ Ci [³H]TdR (New England Nuclear, Boston, MA, USA) was added to each well, and the incorporation of [³H]TdR was determined by liquid scintillation counting.

Presentation of exogenous virus

antigen to T lymphocytes by monocyte-derived DCs

The exogenous antigen-presentation capacity of mock-infected and HHV-6-infected monocyte-derived DCs was examined using a modification of a previously reported method [34]. Briefly, herpes simplex virus type 1 (HSV-1) antigen was prepared by ultraviolet light irradiation of the virus. PBMCs were isolated from donors who were seropositive for HSV. T lymphocytes were purified from PBMCs by passage through nylon-wool columns and DCs were generated from monocytes from the same donors of T lymphocytes, as described above. T lymphocytes (1×10^5) and

various numbers of MMC-treated mock-infected or HHV-6-infected monocyte-derived DCs in 0.2 mL RPMI 1640 medium supplemented with 10% human AB-type serum were seeded in flat-bottomed microtiter wells, to which 0.02 mL virus antigen or control antigen prepared from mock-infected cells was added at the optimal dilution. The cells were cultured for 6 days and the incorporation of [³H]TdR was determined, as described above.

Presentation of peptide antigen

to peptide-specific T lymphocytes by monocyte-derived DCs

A chronic myelogenous leukemia-associated fusion protein, the BCR-ABL-specific CD4⁺ T-lymphocyte clone MY-1, was generated as described previously [35]. MY-1 induces a BCR-ABL fusion peptide (ATGFKQSSKALQRPVAS)-specific and HLA-DRB1*0901-restricted proliferative response. Proliferative response assay of MY-1 was performed using a modification of a previously described method [35]. Briefly, monocytes were isolated from HLA-DRB1*0901-positive donors. MY-1 cells (5×10^4) and various numbers of MMC-treated mock-infected or HHV-6-infected monocyte-derived DCs in 0.2 mL RPMI 1640 medium supplemented with 10% human AB-type serum were seeded into flat-bottomed microtiter wells, to which BCR-ABL peptide was added at 10 μ M. The cells were cultured for 3 days and the incorporation of [³H]TdR was determined as described above.

Effect of culture supernatant of mock-infected

and HHV-6-infected monocytes on T-cell proliferation

To determine whether soluble suppressor factors of T-lymphocyte activation were produced by HHV-6-infected monocytes, the culture supernatants of mock-infected and HHV-6-infected monocytes were added to MY-1 cells and their proliferation in response to stimulation with BCR-ABL peptide was examined as follows. The culture supernatants of mock-infected and HHV-6-infected monocytes were collected after 3 days of infection and irradiated with ultraviolet to inactivate any HHV-6 produced. The proliferative response of MY-1 to stimulation with BCR-ABL peptide was examined as described above, with a slight modification. Briefly, MY-1 cells (5×10^4) and MMC-treated HLA-DRB1*0901-positive monocyte-derived DCs (2×10^4) in 0.15 mL RPMI 1640 medium supplemented with 10% human AB-type serum and 0.05 mL of culture supernatant of the mock-infected or HHV-6-infected monocytes were seeded into flat-bottomed microtiter wells, to which BCR-ABL peptide was added at 10 μ M. The cells were cultured for 3 days and the incorporation of [³H]TdR was determined as described above. In some experiments, the culture supernatants were incubated with anti-IL-10 neutralizing antibody (R&D Systems, Minneapolis, MN, USA) or control antibody at the optimal concentration for 1 hour before being added to the culture wells. In preliminary experiments, more than 90% of the biologic activity of IL-10 was inactivated after incubation with the neutralizing antibody (data not shown).

Results

Replication of HHV-6 in monocyte-derived DCs

Replication of HHV-6 in monocyte-derived DCs was examined by RT-PCR for HHV-6 immediate-early and late genes. RT-PCR analysis clearly showed the presence of