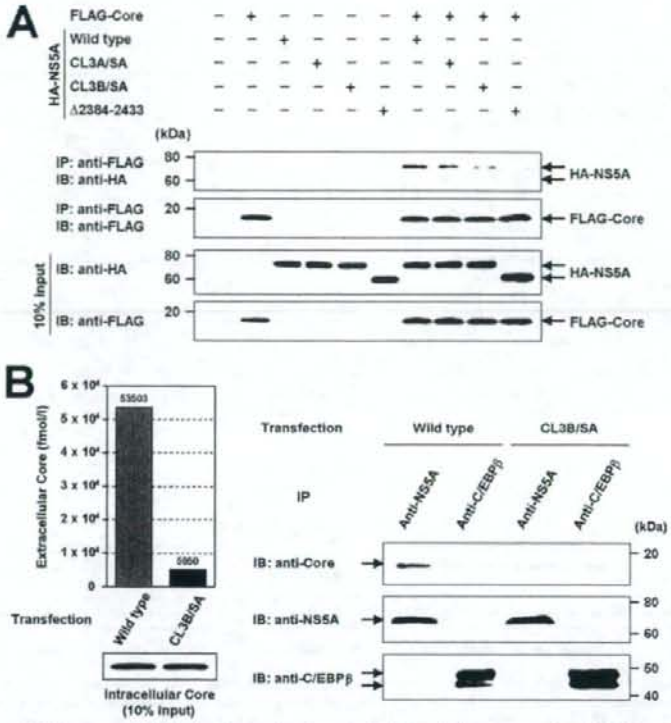

FIG. 4. aa 2428, 2430, and 2433 are essential for the interaction between NS5A and the core protein. (A) Effect of mutations at the NS5A C terminus on the interaction of NS5A with the core protein. N-terminally FLAG-tagged core protein and N-terminally HA-tagged NS5A carrying defined mutations were coexpressed in Huh-7 cells and immunoprecipitated with anti-FLAG antibody. The resulting precipitates were examined by immunoblotting using anti-HA or FLAG antibody. One-tenth of the cell lysates used in IP is shown as the 10% input. (B) Interaction between NS5A and the core protein in HCV-replicating cells. Huh-7 cells were lysed 72 h after transfection of the in vitro transcript of the HCV genome (wild type or CL3B/SA) and were immunoprecipitated with anti-NS5A antibody or anti-C/EBPβ antibody as a negative control. The resulting precipitates were examined by immunoblotting using anti-core protein, NS5A, or C/EBPβ antibody. One-tenth of cell lysates used in IP was immunoblotted with anti-core protein antibody (10% input). Cell culture supernatants harvested from transfected cells were analyzed by a core protein ELISA in parallel. IB, immunoblotting.

described in Materials and Methods. The iodixanol gradient was collected from the top to the bottom into 12 fractions (fractions 1 to 12). As shown in Fig. 7C, an ER marker, calnexin, was found in fractions 7 to 12 and was localized primarily in fractions 11 and 12. In contrast, ADRP, a cellular marker for LDs, was mainly observed in fractions 4 to 7. These two markers were equally distributed among cells analyzed (data not shown). The distribution of the wild-type NS5A was found in fractions 4 to 7, which was parallel to the fractionation profile of ADRP. The CL3B/SA-mutated NS5A was more broadly distributed and was also observed in heavier fractions than the wild-type NS5A, which was analogous to distribution of NS5A expressed in JFH1/4-1 cells bearing subgenomic replicons. The core protein in cells expressing the JFH-1 wild type, the CL3B/SA mutant, and in Huh/c-p7 cells that express JFH-1 structural proteins was distributed in a similar fashion, indicating that the distribution of core protein is not affected by NS5A mutation. The fractionation profile of the core protein, with a peak in fraction 4 or 5, was similar to that of the wild-type NS5A or ADRP but not to that of the CL3B/SA-mutated NS5A or calnexin, suggesting that core protein interacts with the wild-type NS5A in LD fractions, which is consistent with previous reports (33, 44, 45).

NS5A-core protein interaction is important for association of the core protein with the viral genomic RNA. To further address our hypothesis regarding involvement of NS5A in recruiting viral RNA to nucleocapsid formation, we analyzed the association of the core protein with HCV RNA in wild-type- or CL3B/SA-expressing cells by IP-RT-PCR (Fig. 8). Both cell lysates were immunoprecipitated with an anti-core protein antibody or a negative control, mouse IgG. Total RNA prepared from each immunoprecipitate was subjected to RT-PCR in order to detect HCV RNA. The amounts of immunoprecipitated core protein (Fig. 8, lower panel) as well as the expression of HCV RNA (Fig. 8, upper panels, Input) were comparable in both cells. In cells expressing the wild-type JFH-1 genome, the viral RNAs covering the 5′ terminal 2.2-kb as well as the 3′ terminal 2.2-kb regions were detected in immunopre-

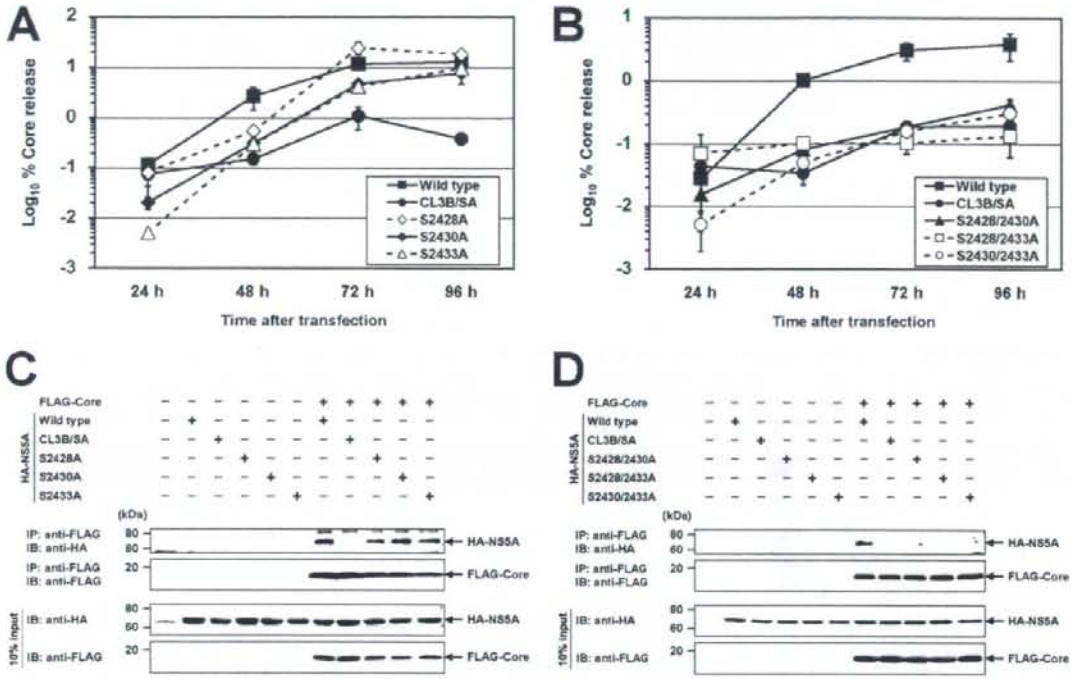

FIG. 5. Determination of critical amino acids responsible for virus production and the interaction of NS5A with the core protein. (A and B) Effect of single or double serine-to-alanine substitutions on virus production. After transfection of in vitro transcripts of the HCV genomes specified in the inset into Huh-7 cells, the cells and culture supernatants were harvested at the time points given, and the amounts of the core protein were determined by core protein-specific ELISA. Percent core protein release (vertical axis) indicates the percentage of released core protein in relation to total core protein (the sum of intra- and extracellular core protein) calculated for each time point. Mean values and standard deviations for at least triplicate experiments are shown. (C and D) Effect of single or double serine-to-alanine substitutions on the interaction between NS5A and the core protein. N-terminally FLAG-tagged core protein and N-terminally HA-tagged NS5A carrying defined mutations were coexpressed in Huh-7 cells and immunoprecipitated with anti-FLAG antibody. The resulting precipitates were examined by immunoblotting using anti-HA or FLAG antibody. One-tenth of the cell lysates used in IP is shown as the 10% input. IB, immunoblotting.

cipitates obtained with the anti-core protein antibody but not with the mouse IgG. In contrast, in cells expressing the CL3B/SA genome, HCV RNA was not detected in the immunoprecipitates with either antibody. These results demonstrate that HCV RNA associates with the core protein in cells where NS5A interacts with core protein (JFH-1 wild type) but not in cells where their interaction is impaired (CL3B/SA).

DISCUSSION

In the present study, we demonstrated the involvement of NS5A in the production of HCV particles via the interaction of NS5A with the core protein and identified its C-terminal serine cluster 3-B (aa 2428, 2430, and 2433), which is implicated in basal phosphorylation, as a key element for the interaction of NS5A with the core protein and for infectious virus production. Serine-to-alanine substitutions at the cluster, which have no impact on viral RNA replication, inhibit the interaction between NS5A and the core protein, thereby indicating that there is a connection between NS5A-core protein association and virus production. Finally, CL3B mutation leads to impairment of the association of the core protein with HCV RNA and, therefore, possibly RNA encapsidation.

Several reports have indicated that viral NS proteins are involved in the virion assembly of *Flaviviridae* viruses (25, 29, 30, 33). For instance, mutations in yellow fever virus NS2A block production of infectious virus, and this perturbation can be released by a suppressor mutation in NS3 (25), while the hydrophobic residues of Kunjin virus NS2A required for virus assembly have been mapped (26). Miyanari et al. have shown that HCV core protein recruits NS proteins to the LD-associated membranes and that the NS proteins around the LDs participate in the assembly of infectious viral particles (33). Furthermore, during preparation of the current article, two studies regarding participation of NS5A in the assembly of HCV particles were published. Appel et al. have demonstrated the essential role of domain III of NS5A in the formation of infectious particles, and deletions in this domain that disrupt colocalization of NS5A and the core protein abrogate virion production (2). Tellinghuisen et al. identified a serine residue in domain III as a key determinant for viral particle production

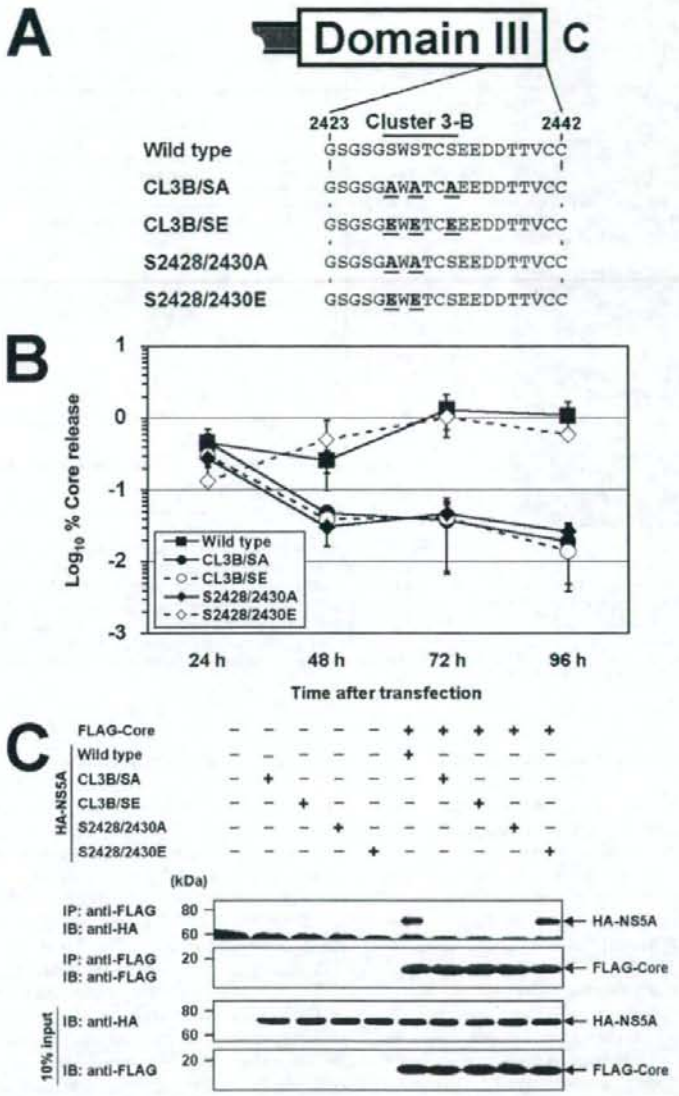

FIG. 6. Effect of glutamic acid substitutions for phosphoserines at aa 2428, 2430, and 2433 on virus production and the interaction of NS5A with the core protein. (A) Alanine or glutamic acid substitutions for serine residues at aa 2428, 2430, and 2433. The numbers indicate amino acid positions within the polyprotein of the JFH-1 isolate. The names shown on the left represent full-length HCV or N-terminally HA-tagged NS5A constructs used in this experiment. Amino acid substitutions are marked in bold and underlined. C represents the C terminus. (B) Effect of alanine or glutamic acid substitutions on virus production. After transfection of in vitro transcripts of the HCV genomes specified in the inset into Huh-7 cells, the cells and the culture supernatants were harvested at the time points given, and the amounts of core protein were determined by core protein-specific ELISA. Percent core protein release (vertical axis) indicates the percentage of released core protein in relation to total core protein (the sum of intra- and extracellular core protein) calculated for each time point. Mean values and standard deviations for at least triplicate experiments are shown. (C) Effect of alanine or glutamic acid substitutions on the interaction between NS5A and the core protein. N-terminally FLAG-tagged core protein and N-terminally HA-tagged NS5A carrying defined mutations were coexpressed in Huh-7 cells and immunoprecipitated with anti-FLAG antibody. The resulting precipitates were examined by immunoblotting (IB) using anti-HA or FLAG antibody. One-tenth of the cell lysates used in IP is as shown as the 10% input.

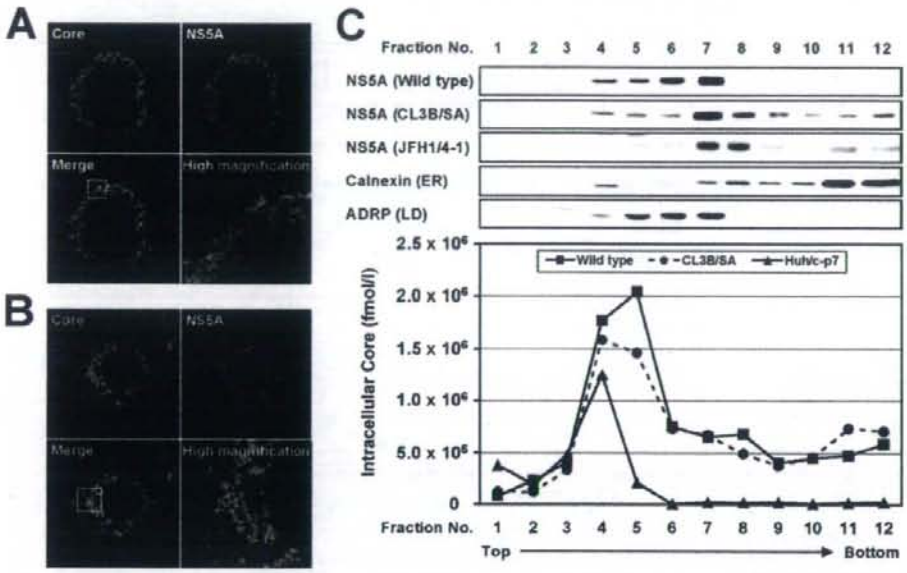

FIG. 7. Subcellular localization of NS5A and the core protein in HCV-replicating cells. Huh-7 cells were transfected with the in vitro transcript of the HCV genome, wild type (A) or CL3B/SA (B). Seventy-two hours after transfection, the cells were fixed with 4% paraformaldehyde, permeabilized with 0.3% Triton X-100, and double stained with antibodies against the core protein (green) and NS5A (red), followed by staining with an Alexa Fluor 488- or Alexa Fluor 555-conjugated antibody. High-magnification panels are enlarged images of white squares in the merge panels. (C) HCV (wild type or CL3B/SA)-replicating cells, JFH1/4-1 cells harboring a subgenomic replicon of JFH-1, or Huh/c-p7 cells stably expressing JFH-1 structural proteins were lysed by freeze-thawing, and the cell lysates were fractionated on 5 to 25% iodixanol gradients. The distributions of NS5A, calnexin (ER marker), and ADRP (LD marker) were determined by immunoblotting, and those of the core protein were examined by core protein-specific ELISA.

(50). However, the mechanism by which NS proteins participate in virus assembly or the role of the interaction between structural and NS proteins in virus life cycles has not been fully elucidated. Here, we have clearly demonstrated that HCV NS5A interacts with the core protein in coimmunoprecipitation experiments not only with coexpression of each epitope-tagged protein but also with cells expressing the viral genome; and by using immunofluorescence and subcellular fractionation analysis, we have confirmed that mutations in CL3B abolish colocalization of NS5A and the core protein, presumably around LDs. In addition, the intracellular infectivity assay and IP-RT-PCR strongly suggest that impairment of the NS5A-core protein interaction results in disruption of virus production at an early stage of virion assembly. On the basis of the present results and findings in accompanying articles, one may infer the following events: newly synthesized HCV RNAs bound to NS5A are released from the replication complex-containing membrane compartment and can be captured by the core protein via interaction with domain III of NS5A at the surface of LDs or LD-associated membranes. Consequently, the viral RNAs are encapsidated, and virion assembly proceeds in the local environment. Recruitment of newly synthesized viral RNAs to the core protein could be important for efficient nucleocapsid formation in cells, where concentrations of the viral genome and the structural proteins are typically low, and may contribute to the selection of the viral genome to be packaged. Interaction between NS5A and the core protein has been previously reported, and the NS5A region containing an interferon sensitivity determining region and the PKR-binding sequence (aa 2212 to 2330) has been mapped to that required for binding with core protein by yeast two-hybrid and in vitro pull-down assays (13). However, involvement of domain III in the NS5A-core protein interaction was not analyzed in detail, and a role for the NS5A-core protein interaction in the HCV life cycle was not examined in that study.

A growing body of evidence points to phosphorylation of NS5A as being important in controlling HCV RNA replication. Although the degree and the requirement for its hyperphosphorylation diverge between different HCV isolates, mutations that are associated with increased replicative fitness of HCV replicons frequently lead to a reduced level of NS5A hyperphosphorylation (1, 5, 36). Inhibitors of serine/threonine protein kinases that block NS5A hyperphosphorylation facilitate replication of a non-culture-adapted replicon (3, 36). One model that has been proposed suggests that NS5A hyperphosphorylation negatively regulates HCV RNA replication by disrupting the interaction between NS5A and the vesicle-associated membrane protein-associated protein subtype A, a cellular factor considered necessary for efficient RNA replication (5). However, the regulatory role of the basal phosphorylation of NS5A in the viral life cycle is poorly understood. It has been reported that the C-terminal region of NS5A (aa 2350 to 2419)

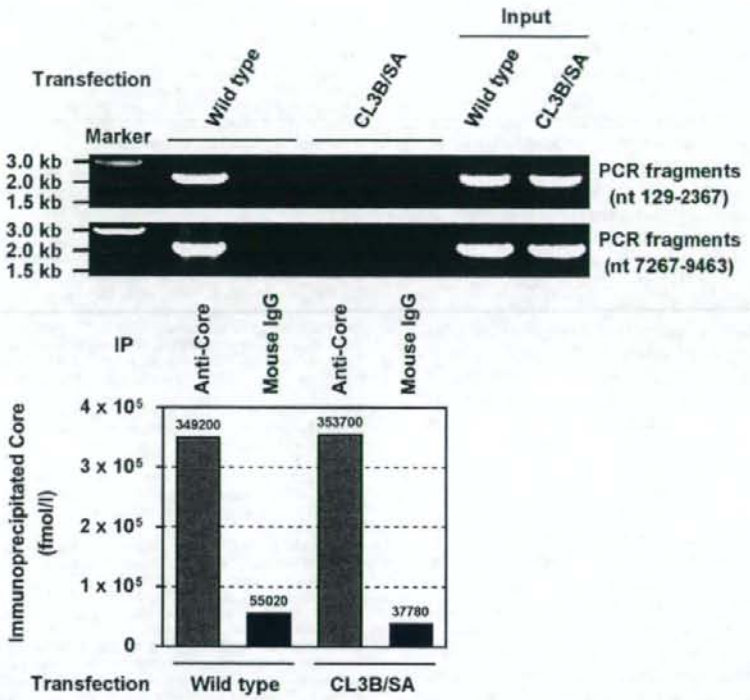

FIG. 8. IP-RT-PCR of HCV-replicating cells performed to examine the association between the core protein and the HCV genome RNA. Huh-7 cells were transfected with the in vitro transcript of the HCV genome (wild type or CL3B/SA) and lysed in 500 μl of hypotonic buffer at 72 h posttransfection. After IP with an anti-core protein antibody or mouse IgG, immunoprecipitates were eluted in 100 μl of elution buffer. RNAs in immunocomplexes were isolated by acid guanidinium thiocyanate-phenol-chloroform extraction. PCR was carried out as described in Materials and Methods with primer sets amplifying the fragments of nt 129 to 2367 and nt 7267 to 9463 of the JFH-1 genome. One-tenth (10 μl) of each eluted immunoprecipitate was used for assays of the core protein amounts to ensure IP efficiency (lower panel). RNA extracted from a small aliquot of each cell lysate used in IP-RT-PCR is shown as the input.

is involved in basal phosphorylation (23). There are highly conserved serine residues in this region, and alanine substitutions or in-frame deletion of the serine residues has been shown to impair basal phosphorylation but not to affect RNA replication in the genotype 1b isolate (1). Consistently, a metabolic ^{32}P labeling experiment in the present study demonstrated that NS5A mutants of the JFH-1 isolate in the region impair the basal phosphorylation. Nevertheless, Tellinghuisen et al. noted that the serine at aa 2433 of JFH-1 is involved in generating hyperphosphorylated NS5A, as shown by Western blotting (50). The basis for this difference is uncertain. To date, there is no clear evidence to determine which serine residues located in domain III are phosphoacceptor sites or whether these residues influence NS5A phosphorylation in an indirect fashion. Future study to map phosphoacceptor sites in the NS5A domain III by biochemical approaches is needed.

We found that two of the three serine residues at CL3B are responsible for regulating the interaction of NS5A with the core protein as well as for infectious virus production. To further evaluate the effect of constitutive serine phosphorylation at the cluster, we replaced the serine residues with glutamic acid, which mimics the presence of phosphoserines. The S2428/2430E mutant led to restoration of the interaction of NS5A with the core protein and virus production up to levels similar to the wild type. Somewhat unexpectedly, the triple glutamic acid substitution (CL3B/SE) exhibited only a slight restoration effect or none at all. It is considered that the degree of negative charge on the glutamic acid residue is not completely equivalent to that of phosphoserine. It is likely that the range of acidity at the local environment of the NS5A domain III that will allow interaction with the core protein is rather narrow. Induction of a conformational change in NS5A by the incorporation of phosphate may also be important for its interaction with the core protein. Tellinghuisen et al. reported that a single serine-to-alanine substitution at aa 2433 blocks the production of infectious virus and that casein kinase II likely phosphorylates the residue (50). Although this seems inconsistent with our results, these investigators also showed that deletions producing a lack of all three serine residues in the cluster inhibited virus production more severely than a single mutation. We observed that a single substitution of S2428A, S2430A, or S2433A resulted in a moderate decrease

in the virus released from the transfected cells; however, more evident perturbation was obtained from double or triple substitutions (Fig. 5A and B). Tellinghuisen et al. determined the HCV production at 48 h after RNA transfection and found a marked inhibition by the single substitution S2433A. In our study, as indicated in Fig. 5A, the reduction caused by the S2433A mutant was approximately 90% at 48 h after transfection; however, the virus production from the mutant reached a similar level to that of the wild type at 96 h posttransfection.

Several previous studies have found that apolipoproteins B (apoB) and E (apoE), microsomal triglyceride transfer protein, and HCV p7 protein are key factors for production of the infectious HCV particles (4, 11, 16, 22, 47). Assembly and maturation of the viral particles appear to depend on the formation of very-low-density lipoprotein, a large particle containing apoB, apoE, and large amounts of neutral lipids in hepatic cells. p7 protein is primarily involved in a late step of virus particle production, and the findings support the idea that p7 acts as viroporin, which has the capacity to compromise cell membrane integrity and thus favors the release of viral progeny. How the early step in virion production regulated by the NS5A-core protein interaction links with the later step(s) involved in the very-low-density lipoprotein assembly or p7 function remains an interesting question to be addressed.

In summary, we demonstrated that the C-terminal serine cluster of NS5A (aa 2428, 2430, and 2433), which is involved in generating the basal phosphorylated form, is a determinant of NS5A interaction with the core protein and the subcellular localization of NS5A. Mutation of this cluster blocks the NS5A-core protein interaction, resulting in perturbation of association between the core protein and HCV RNA. It is thus tempting to consider that NS5A plays a key role in transporting the viral genome RNA synthesized by the replication complex to the surface of LDs or LD-associated membranes, where the core protein localizes, leading to facilitation of nucleocapsid formation. Structural analysis of the NS5A domain III-core protein complex should provide greater insight into the mode of interaction between these viral proteins. Identification of residues at the interface that are involved in important interactions will be of significant value in designing novel structure-based inhibitors to block the early step of HCV particle formation.

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Critical Role of Virion-Associated Cholesterol and Sphingolipid in Hepatitis C Virus Infection▽

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In this study, we establish that cholesterol and sphingolipid associated with hepatitis C virus (HCV) particles are important for virion maturation and infectivity. In a recently developed culture system enabling study of the complete life cycle of HCV, mature virions were enriched with cholesterol as assessed by the molar ratio of cholesterol to phospholipid in virion and cell membranes. Depletion of cholesterol from the virus or hydrolysis of virion-associated sphingomyelin almost completely abolished HCV infectivity. Supplementation of cholesterol-depleted virus with exogenous cholesterol enhanced infectivity to a level equivalent to that of the untreated control. Cholesterol-depleted or sphingomyelin-hydrolyzed virus had markedly defective internalization, but no influence on cell attachment was observed. Significant portions of HCV structural proteins partitioned into cellular detergent-resistant, lipid-raft-like membranes. Combined with the observation that inhibitors of the sphingolipid biosynthetic pathway block virion production, but not RNA accumulation, in a JFH-1 isolate, our findings suggest that alteration of the lipid composition of HCV particles might be a useful approach in the design of anti-HCV therapy.

Hepatitis C virus (HCV) is recognized as a major cause of chronic liver disease, including chronic hepatitis, hepatic steatosis, cirrhosis, and hepatocellular carcinoma. It presently affects approximately 200 million people worldwide (26). HCV is an enveloped positive-strand RNA virus belonging to the *Hepacivirus* genus of the family *Flaviviridae*. Its genome of ~9.6 kb encodes a polyprotein precursor of ~3,000 residues, and the structural proteins (core, E1, and E2) reside in its N-terminal region.

Little is known about the assembly of HCV and its virion structure, because efficient production of authentic HCV particles has only recently been achieved. Nucleocapsid assembly generally involves oligomerization of the capsid protein and encapsidation of genomic RNA. This process is thought to occur upon interaction of the core protein with viral RNA, and this core-RNA interaction may induce a change from RNA replication to packaging. As with related viruses, the mature HCV virion likely consists of a nucleocapsid and an outer envelope composed of a lipid membrane and envelope proteins. Expression of the structural proteins in mammalian cells has been observed to generate virus-like particles with ultrastructural properties similar to those of HCV virions (5, 29). Packaging of these HCV-like particles into intracellular vesicles as a result of budding from the endoplasmic reticulum (ER) has also been observed (8, 34). However, HCV structural proteins are observed both in the ER and in the Golgi apparatus (45). Moreover, complex N-linked glycans have been detected on the surfaces of HCV particles isolated from patient sera, suggesting that the glycans transit through the Golgi apparatus (44). Interactions between the core and E1/E2 proteins are thought to determine viral morphology and are mediated through a cytoplasmic loop present in the polytopic form of E1 (35). Recently, we and others have identified a unique HCV genotype 2a isolate, JFH-1, that is able to replicate and produce high levels of infectious virus in culture (HCVcc) (54, 56), enabling us to investigate new aspects of the HCV life cycle.

In this study, we examine the importance of cholesterol and sphingolipid in association with the HCV membrane in virion maturation and virus infectivity. Mature HCV particles are rich in cholesterol. Cholesterol depletion or hydrolysis of sphingolipid from HCV particles results in a loss of infectivity. We further demonstrate a requirement for virion-associated cholesterol and sphingolipid for viral entry.

MATERIALS AND METHODS

Cell culture. The human hepatoma cell line Huh-7, which is permissive to HCV infection, was obtained from Francis V. Chisari (The Scripps Research Institute). Human embryonic kidney 293T cells were cultured in Dulbecco's modified Eagle medium (DMEM)–10% fetal bovine serum. Huh-7 cell lines, which carry subgenomic replicon RNA of either the JFH-1 (20) or the N (11, 17) strain, were cultured as previously described (21, 46).

Reagents. The primary antibodies used in this study were mouse monoclonal antibodies against vesicular stomatitis virus glycoprotein (VSV-G) (Sigma, St. Louis, MO), HCV E1 (54) and E2 (Biodesign International, Saco, ME), caveolin-2 (New England Biolabs, Beverly, MA), and CD81 (BD Pharmingen, Franklin Lakes, NJ), as well as rabbit polyclonal antibodies against calnexin (Stressgen, Ann Arbor, MI) and HCV core (48). ISP-1/myriocin, cholesterol, and

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heparinase I were purchased from Sigma, and recombinant *Bacillus cereus* sphingomyelinase (SMase) was obtained from Higeta Shoyu (Tokyo, Japan). (1*R*,3*R*)-*N*-(3-Hydroxy-1-hydroxymethyl-3-phenylpropyl) dodecanamide (HPA-12), which was synthesized as described elsewhere (24), was a gift from Shu Kobayashi (University of Tokyo).

Plasmids. pCAE1 and pCAE2 contain HCV cDNAs spanning the E1 region (amino acids 192 to 383) with a FLAG tag at the N terminus and the E2 region (amino acids 384 to 809) with a Myc tag at the N terminus of strain NIH1 (1), respectively, under the control of the CAG promoter (38). pCAV340V and pCAV711V consist of the ectodomains of E1 and E2, respectively, with the N-terminal signal sequences, transmembrane domains, and cytoplasmic domains derived from VSV-G, as described elsewhere (50) (see Fig. 4D).

Virus production. Plasmid pJFH1, containing full-length cDNA of the JFH-1 isolate, was used to generate HCVcc as described elsewhere (23, 33, 34, 54). pJ6/JFH was obtained from JFH1 by replacement of the 5′ untranslated region to the p7 region (EcoRI-BclI) of J6. In vitro-transcribed RNA from linearized pJFH1 or pJ6/JFH1 was delivered to Huh-7 cells by electroporation. Culture supernatants were collected at 72 h posttransfection, clarified by low-speed centrifugation, passed through a 0.45-mm-pore-size filter, and concentrated using an Amicon Ultra-15 unit (Millipore, Bedford, MA) or by ultracentrifugation (23). Infectious titers, HCV RNA copies, and core protein concentrations of the viral stocks were ~5×10^3 focus-forming units per ml, ~1×10^7 copies/ml, and ~1×10^4 fmol/liter, respectively. HCVcc was isolated by a combination of ultrafiltration, ion-exchange chromatography, heparin affinity chromatography, and sucrose density ultracentrifugation (33; K. Morikawa and T. Wakita, unpublished data). Pseudotyped VSV containing E1 and E2 proteins of the HCV genotype 1a isolate H77c (HCVpv) was generated as previously described (51). Briefly, 293T cells transiently expressing E1 and E2 proteins (strain H77) were infected with VSVdelG-GFP/G, in which the G envelope gene was replaced with green fluorescent protein (GFP) and pseudotyped with VSV-G.

Determination of cholesterol and phospholipid contents of HCVcc and infected cells. Cellular and viral lipids were extracted from isolated HCVcc and from uninfected and infected Huh-7 cells. Cholesterol content was determined using the cholesterol oxidase method as previously described (14). Total phospholipid content was determined using the method of Rouser et al. (42).

Cholesterol depletion and replacement. To remove cholesterol from the HCV envelope, stock samples of HCVcc were treated with *methyl*-β-cyclodextrin (B-CD) in DMEM (Sigma) supplemented with 10% fetal bovine serum (Sigma) and nonessential amino acids (Invitrogen, Carlsbad, CA) for 1 h at 37°C, followed by centrifugation at 100,000 × *g* for 3 h to form a pellet, which was resuspended in 0.5 ml of the medium. In order to replenish cholesterol, the medium of HCVcc treated with 5 mg/ml B-CD was replaced with DMEM containing various concentrations of exogenous cholesterol (Sigma) and incubated for 1 h, followed by centrifugation to form a pellet. In order to perform HCVcc infection assays, Huh-7 cells were infected with HCVcc, with or without the treatment described above, for 1 h at 37°C and then washed as described above. Viral core protein levels in the cells and in the supernatant were quantified 72 h later using an HCV core enzyme-linked immunosorbent assay (Ortho-Clinical Diagnostics, Tokyo, Japan).

SMase treatment. HCVcc was treated with SMase at various concentrations in DMEM for 1 h at 37°C and was then centrifuged at 100,000 × *g* for 3 h to form a pellet, which was resuspended in 0.5 ml of medium for the infection assays.

HCVcc binding and internalization assays. To monitor binding, cells grown in a 6-well plate were preincubated for 1 h at 4°C, after which B-CD- or SMase-treated HCVcc was bound to the cells for 1 h at 4°C. As a measure of virus internalization, following the virus binding procedure, the cells were warmed to 37°C and maintained for 2 h, after which they were treated with 0.25% trypsin for 10 min at 37°C. Huh7-25, a CD81-negative Huh-7 subclone (3), was used to ensure removal of surface-bound virus by trypsin treatment. For both the binding and internalization assays, the resulting cells, as described above, were washed with ice-cold phosphate-buffered saline, followed by lysis with TRIzol reagent (Invitrogen). Cell-associated virus was quantified by measuring the amount of HCV RNA in the cell lysate by the real-time reverse transcription-PCR method (2, 34). Cells were treated with heparinase as previously described (33).

HCV replication assay in HCVcc-infected or replicon cells. HCV subgenomic replicon cells or cells infected with HCVcc were treated with various concentrations of inhibitors for 72 h. Total RNA was isolated from replicon cells using TRIzol reagent (Invitrogen), followed by quantification of HCV RNA by real-time reverse transcription-PCR as previously described (2, 34). Levels of core protein in the culture supernatants of HCVcc-infected cells were tested as described above.

Detection of cholesterol content of HCVcc. For [^{3}H]cholesterol labeling of viruses, HCVcc-infected or uninfected cells were incubated with 50 mCi of [1α,2α-^{3}H]cholesterol in DMEM for 24 h. Culture supernatants of the cells were incubated in the presence or absence of B-CD at 5 mg/ml for 1 h at 37°C, followed by ultracentrifugation on a 60% sucrose cushion. The virus-containing fractions and corresponding fractions from an uninfected culture were lysed in the buffer containing 1% Triton X-100 (TX-100), and radioactivity was quantified by scintillation counting. Radioactivities (in counts per minute) of HCVcc samples were determined by subtracting the radioactivity of uninfected cells from that of HCVcc-infected cells.

TABLE 1. Cholesterol and phospholipid contents of HCVcc and cells

Cell type or virus	Content (nmol/mg of protein)[a]		Chol/PL ratio
	Chol	PL	
Cells			
Uninfected	105.9 ± 10.4	253.2 ± 10.6	0.42
JFH-1 infected	116.5 ± 10.0	292.0 ± 18.4	0.40
Virus			
JFH-1	43.6 ± 2.4	33.8 ± 1.8	1.29
J6/JFH-1[b]	28.7 ± 4.8	22.7 ± 2.9	1.26

[a] Data are averages of three independent measurements ± standard deviations. Chol, cholesterol; PL, phospholipids.

[b] J6/JFH1 virus was produced from the pJ6/N2X-JFH1 construct and has structural proteins from the J6CF strain.

Metabolic labeling analysis of sphingolipid content. After 2 h of incubation with [^{14}C]serine (0.5 mCi/ml) in Opti-MEM (Invitrogen), the cells were lysed with 0.1% sodium dodecyl sulfate, and total lipid was extracted with chloroform-methanol (1:2, vol/vol). The extracts were spotted onto silica gel 60 plates (Merck, Darmstadt, Germany) and chromatographed with methyl acetate–1-propanol–chloroform–methanol–0.25% KCl (25:25:25:10:9, vol/vol). Radioactive spots were quantitatively detected by BAS 2000 (Fuji Film, Japan).

Membrane flotation assay. The membrane flotation assay was performed as previously described (46).

RESULTS

Critical role of virion-associated cholesterol. A role of virion-associated cholesterol in infectivity has been demonstrated for several enveloped viruses (4). However, little is known about the role of lipids associated with the virions of flaviviruses, including HCV, and their contribution to the viral life cycle. To determine the lipid composition of mature HCV virions, we extracted total lipid from HCVcc (JFH-1 and chimeric J6/JFH-1) prepared from the culture supernatants of cells infected with HCV, as well as the total cellular membrane fractions of uninfected and infected Huh-7 cells. The cholesterol and phospholipid contents were quantified, because these are the two major lipid constituents of biological membranes. The cholesterol-to-phospholipid molar ratio, which is known as a parameter of membrane viscosity (47), was significantly higher in virus samples (1.29 and 1.26 for JFH-1 and J6/JFH-1, respectively) than in cell membrane samples (0.40 and 0.42 for JFH-1-infected and uninfected cells, respectively) (Table 1). The ratios in viral samples were similar to or greater than those in mammalian plasma membranes, where most cellular cholesterol is found. Minimal contamination of the viral samples with extracellular microvesicles likely occurred, since only a small amount of lipid was detected in a sample prepared from the culture medium of uninfected cells (data not shown). Thus, it is likely that HCV virions are enriched with cholesterol during assembly and maturation.

To investigate a potential role for the particular lipid composition of HCV particles, HCVcc was treated with

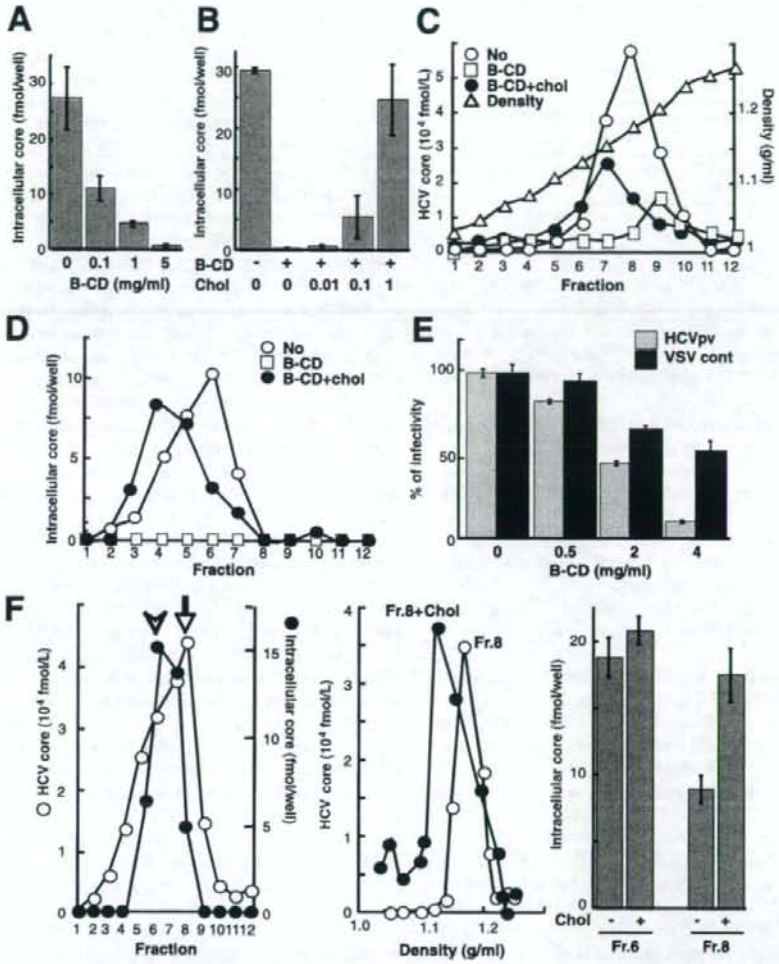

FIG. 1. Role of HCV-associated cholesterol in infection. (A) Effect of cholesterol depletion on HCV infectivity. HCVcc particles (~2 fmol of the core protein) were treated with B-CD at 0.1, 1, and 5 mg/ml for 1 h at 37°C. After removal of B-CD, Huh-7 cells were infected with the treated virus particles, after which the core protein content of infected cells at 72 h p.i. was determined as an indicator of infectivity, as previously established (24). (B) Effect of cholesterol replenishment on infectivity. After treatment with 5 mg/ml B-CD, virus was treated either with medium alone or with medium containing exogenous cholesterol for 1 h at 37°C. (C) Effect of cholesterol depletion and replenishment on density gradient profiles of the viral particles. The HCVcc treated with 5 mg/ml B-CD was replenished with exogenous cholesterol (1 mM) and then separated by 10-to-60% sucrose gradient ultracentrifugation. The core protein in each fraction was measured. The density of each fraction was determined by refractive index measurement. (D) Effects of cholesterol depletion and replenishment on viral infectivity. Each fraction (see panel C) was infected, and then the core proteins in the cells were measured at 72h p.i. (E) Effect of cholesterol depletion on the infectivity of HCVpv (genotype 1a) (shaded bars) or the control, VSVdelG-GFP/G (solid bars). The viruses were preincubated with B-CD for 1 h at 37°C before infection. (F) (Left) The culture medium from HCVcc-producing cells was fractionated as described above. For each fraction, the amounts of core and intracellular core (infectivity) are plotted. Peaks of the core (arrow) and infectivity (arrowhead) are indicated. (Center) An aliquot of fraction 8 (peak of the core) was treated with 1 mM cholesterol for 1 h at 37°C. The resultant aliquot and an untreated aliquot of the fraction were subjected to sucrose gradient ultracentrifugation. The core in each fraction was plotted. (Right) The infectivities offractions (Fr.) 6 and 8 (see the left panel) with or without cholesterol treatment were determined as shown above. Data are means from four independent experiments. Error bars, standard deviations.

increasing concentrations (0.1 to 5 mg/ml) of B-CD, which is known to extract cholesterol from membranes (40). The viral samples were then used to inoculate Huh-7 cells after removal of B-CD by ultracentrifugation. Infectivity was evaluated by quantifying the viral core protein in cells at 72 h postinfection (p.i.). Using an immunoassay that provides results indicative of HCV infectivity (25), we also confirmed a good correlation between the core level and

TABLE 2. Depletion of virion-associated cholesterol by B-CD

Treatment	Radioactivity (cpm) of HCVcc[a]		Avg (%[b])
	Expt 1	Expt 2	
None	5,327	5,573	5,450 (100)
B-CD (5 mg/ml)	3,643	1,646	2,644 (48.5)

[a] Determined by subtracting the radioactivity of uninfected cells from that of HCVcc-infected cells in two experiments.
[b] Percentage of the radioactivity of the untreated sample.

infectious titers (data not shown). As shown in Fig. 1A, core protein levels following B-CD treatment at 0.1, 1, or 5 mg/ml were reduced by 60, 83, or 98%, respectively, from the levels with the untreated virus. The cholesterol level of HCVcc treated with 5 mg/ml B-CD was found to be ~50% of that of untreated virions (Table 2).

To demonstrate that the reduced infection efficiency of B-CD-treated virus was caused by the reduced cholesterol content of the viral envelope, we attempted to reverse the inhibitory effect by adding exogenous cholesterol. Following treatment of HCVcc with 5 mg/ml B-CD, the drug was washed out, and increasing concentrations of cholesterol were added in an attempt to reconstitute the normal virion cholesterol content. The addition of 1 mM cholesterol completely reversed the virus infectivity (Fig. 1B). After cholesterol was replenished, the viral RNA was restored to a level similar to that in the untreated control.

To investigate the effect of cholesterol on the density of infectious HCV virions, B-CD-pretreated or untreated viral samples, as well as cholesterol-replenished treated viral samples, were subjected to sucrose density gradient centrifugation (Fig. 1C). The density of HCVcc core protein at its peak concentration in untreated virus samples was ~1.17 g/ml. When virion-associated cholesterol was removed by B-CD, the density of HCVcc core protein at its peak concentration was shifted to 1.20 g/ml. Addition of exogenous cholesterol to this cholesterol-depleted sample restored a lower-density fraction (1.15 g/ml). Figure 1D illustrates the infectivity of each gradient fraction. Untreated virus had maximum infectivity at ~1.13 g/ml (fraction 6), while, as expected, fractions from B-CD-treated viral samples exhibited minimal to no infectivity. Replenishment of depleted virus with cholesterol returned infectivity to untreated-control levels, and cholesterol-replenished virus had a buoyant density of ~1.07 g/ml (fraction 4), suggesting that HCV-associated cholesterol is crucial for viral infectivity and that the effect of a cholesterol-depleting drug is reversible. We further observed that B-CD treatment of a pseudotyped VSV containing the E1 and E2 proteins of the HCV genotype 1a isolate H77c (HCVpv) resulted in a progressive loss of infectivity, while B-CD had significantly less impact on the infectivity of the control virus VSVdelG-GFP/G (Fig. 1E).

The results described above raise the possibility that the infectivity of HCV virions with relatively low levels of incorporated cholesterol might be enhanced by supplementation with exogenous cholesterol. Density gradient fractions of culture supernatants collected from HCV-infected cells were analyzed with regard to the presence of core protein and infectivity (Fig. 1F, left). As indicated above, maximum infectivity was obtained with fraction 6 (1.13 g/ml). In contrast, a major fraction of core protein banded at a higher density (1.17 g/ml) in fraction 8. We hypothesized that fraction 8 contains lipids at lower levels than those in fraction 6. However, quantification of lipids, including cholesterol, in the fractions obtained failed, presumably due to a low sensitivity of detection. Thus, to extend our findings on the involvement of cholesterol, we added exogenous cholesterol to fraction 8, followed by ultrafiltration to remove unincorporated cholesterol. A subsequent density gradient profile demonstrated a shift in the core protein peak to 1.13 g/ml (Fig. 1F, center). A concomitant increase in the infectivity of the fraction, approaching that of untreated fraction 6, was observed (Fig. 1F, right). In contrast, supplementation of fraction 6 with exogenous cholesterol did not alter its infectivity (Fig. 1F, right) or change its density gradient (data not shown). These results suggest that exogenous cholesterol supplementation can reverse deficits in the infectivity of HCV virions due to low cholesterol content.

Sphingolipid dependence of HCV infectivity. In addition to cholesterol, sphingolipid is a major component of eukaryotic lipid membranes. We therefore investigated the functional significance of sphingomyelin (SM), the most abundant sphingolipid, with regard to HCV infectivity. HCVcc was treated for 1 h with increasing concentrations (0.1 to 10 U/ml) of bacterial SMase, which is known to hydrolyze membrane-bound SM to ceramide. Following ultracentrifugation to remove the SMase, Huh-7 cells were inoculated with the HCVcc. The amount of HCV core protein within the cells was quantified at 72 h p.i. Figure 2A shows 50 and 90% reductions in HCV infectivity after incubation of the virion with 0.1 and 1 U/ml SMase, respectively. We further observed that SMase treatment of HCVpv resulted in a progressive loss of infectivity, while SMase had no effect on the infectivity of the control virus (Fig. 2B). This demonstrates that sphingolipid, like cholesterol, plays an essential role in HCV infectivity.

Requirement for virion-associated cholesterol and sphingolipid during HCV cell entry. These findings support the idea that virion-associated cholesterol and sphingolipid may influence viral entry into host cells by altering the interaction between viral particles and a host cell factor(s). Viral entry is a multistep process including binding of the virion to the cell surface and internalization into the cytoplasm by endocytosis. To examine whether virion-associated cholesterol and SM might play a role in cell binding or postbinding events during viral entry, we used a binding assay in which Huh-7 cells preincubated for 1 h at 4°C were infected with B-CD- or SMase-treated HCVcc. Total RNA was extracted after a 1-h addition of the virions at 4°C, followed by quantification of HCV RNA. As shown in Fig. 3A, treatment of the virions with either B-CD or SMase had little influence on their ability to bind to cells.

It has been shown that CD81 plays an important role in HCV internalization but is not correlated with viral attachment (7, 33). An anti-CD81 antibody was used as a negative control for reduced viral attachment. It is likely that heparan sulfate proteoglycan on the target cell surface is needed for the initial attachment of HCV (33). Thus, heparinase I was used as a positive control for reduced HCV attachment to the cells. To examine the roles of cholesterol and sphingolipid on the HCVcc membrane in viral internalization, a virus-cell mixture

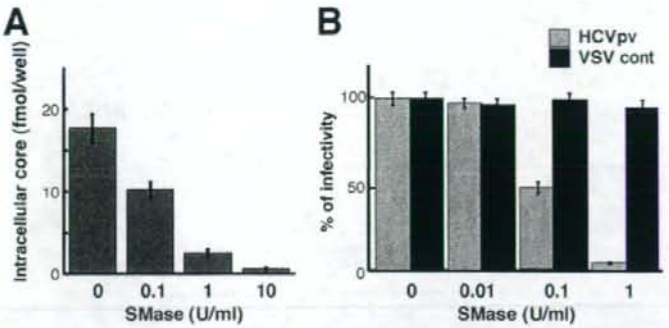

FIG. 2. Effect of SM hydrolysis on viral infectivity. (A) Effect on the infectivity of HCVcc. HCVcc was treated with 0.1, 1, or 10 U/ml SMase for 1 h at 37°C, after which SMase was removed by ultracentifugation. Huh-7 cells were infected with the treated virus, and the core protein content of infected cells was determined at 72 h p.i. (B) Effect on the infectivity of HCVpv (genotype 1a) (shaded bars) or the control, VSVdelG-GFP/G (VSV cont) (solid bars). The viruses were preincubated with SMase for 1 h at 37°C before infection. Data are means from four independent experiments. Error bars, standard deviations.

prepared at 4°C as described above was incubated for 2 h at 37°C, followed by trypsinization to remove virions that were surface bound but not internalized (Fig. 3B). We verified that 94% of surface-bound-viruses were removed by trypsinization using CD81-negative Huh-7 subclones. A marked reduction in viral RNA levels within cells was detected after pretreatment of the virus with either B-CD or SMase. These results strongly suggest that virion-associated cholesterol and sphingolipid function as key determinants of internalization but not of cell attachment.

Association of HCV structural proteins with lipid rafts. Cholesterol and sphingolipid are major components of lipid rafts, which can be isolated as detergent-resistant membranes (DRMs) by treatment with cold TX-100, followed by equilibrium flotation centrifugation. Matto et al. (30) reported that HCV core protein is associated with DRMs in cells carrying the full-length HCV replicon. To investigate whether HCV structural proteins are associated with DRMs in HCVcc-producing cells, lysates from cells infected with HCVcc were subjected to membrane flotation analysis. In the absence of detergent treatment, the majority of the core (Fig. 4A) and E1 (Fig. 4B) proteins were detected in the membrane fractions. After treatment with cold TX-100, significant amounts of both viral proteins were recovered from the DRM fraction. However, after treatment with TX-100 at 37°C, the majority of the E1 and core proteins had shifted to the detergent-soluble fractions. We also found that HCV genotype 1b E1 and E2 can be associated with the lipid raft in 293T cells transfected with an E1 or E2 expression plasmid (Fig. 4C) and that the cytoplasmic tails of envelope

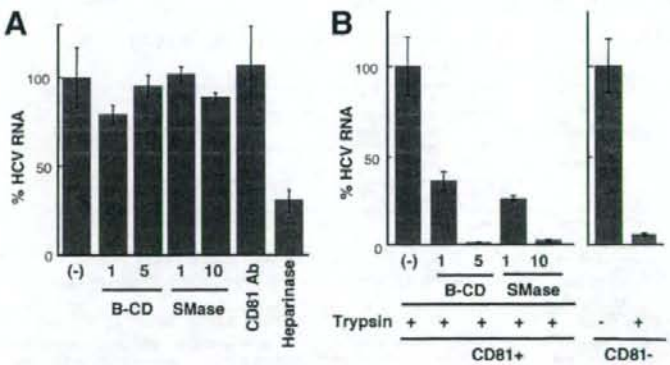

FIG. 3. Effects of B-CD or SMase on virus attachment and internalization. (A) Virus attachment to Huh-7 cells was determined at 4°C after treatment of HCVcc with B-CD (1 or 5 mg/ml) or SMase (1 or 10 U/ml). An antibody (Ab) against CD81 was used, in order to ensure that the antibody did not inhibit HCVcc binding (7, 33). Heparinase was used to reduce HCV attachment to the cell. Viral RNA copies were normalized to total cellular RNA, and the normalized RNA copies in the mock-treated sample (−) were arbitrarily set at 100%. (B) Virus internalization was measured in Huh7-25, a CD81-negative subclone ($CD81^-$) (3), and Huh7-25-CD81, which stably expresses CD81 ($CD81^+$), after treatment of the virions with B-CD or SMase. After internalization for 2 h at 37°C, cells were exposed to trypsin (trypsin +) or phosphate-buffered saline (trypsin −). Huh7-25 was used to ensure that surface-bound virus would be removed by trypsin treatment. The amounts of HCV RNA in Huh7-25 and Huh7-25-CD81 cells infected with untreated HCVcc were assigned the arbitrary value of 100%, respectively. Results are representative of four independent experiments.

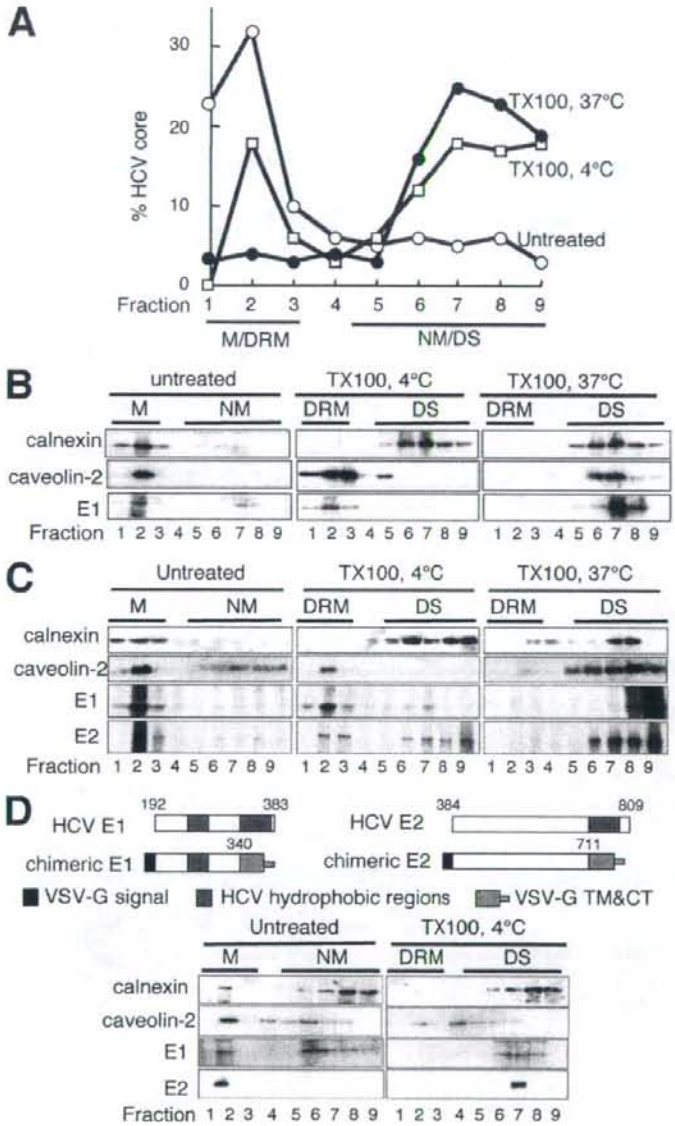

FIG. 4. Compartmentation of HCV structural proteins within DRM fractions. Lysates of HCVcc-infected cells were either treated with 1% TX-100, either on ice or at 37°C, or left untreated, followed by sucrose gradient centrifugation. (A and B) For each fraction, the amount of core protein was determined by an enzyme-linked immunosorbent assay (A), and E1, calnexin, and caveolin-2 were analyzed by Western blotting (B). The amount of core protein in each lysate (TX-100, 37°C; TX-100, 4°C; Untreated) was assigned the arbitrary value of 100%. M, membrane; NM, nonmembrane; DS, detergent soluble. (C) Lysates of 293T cells expressing HCV E1 or E2 protein were either treated with 1% TX-100, either on ice or at 37°C, or left untreated, followed by discontinuous sucrose gradient centrifugation. Each fraction was concentrated in a Centricon YM-30 filter unit and subjected to 12.5% sodium dodecyl sulfate-polyacrylamide gel electrophoresis, followed by immunoblotting with antibodies against calnexin, caveolin-2, Myc (E1), or FLAG (E2). (D) (Top) Structures of HCV envelope genes used. Amino acid positions of HCV are indicated. Signal sequence, transmembrane (TM), and cytoplasmic tail (CT) domains of VSV G protein are shown. (Bottom) Cell lysates expressing chimeric HCV E1 or E2 protein were treated with 1% TX-100 on ice or left untreated, followed by discontinuous sucrose gradient centrifugation. It has been reported that VSV-G is not associated with lipid (39). Calnexin, caveolin-2, and chimeric glycoproteins (chimeric E1 and chimeric E2) were analyzed by immunoblotting. Fractions are numbered from 1 to 9 in order from top to bottom (light to heavy).

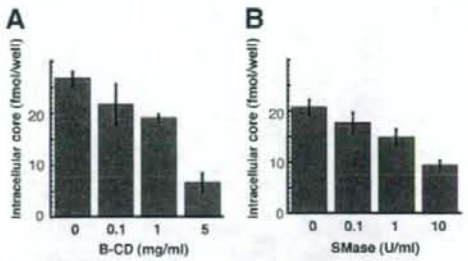

FIG. 5. Effects of B-CD or SMase treatment of cells on HCV infectivity. Huh-7 cells were either left untreated or treated with B-CD at 0.1, 1, or 5 mg/ml (A) or with SMase at 0.1, 1, or 10 U/ml (B) prior to HCVcc infection. Intracellular core levels were quantitated 72 h p.i. Data are means from four independent experiments. Error bars, standard deviations.

proteins are important for their interaction (Fig. 4D). These data suggest that subpopulations of HCV structural proteins are associated with lipid rafts in cells generating the HCV particles.

Moderate inhibition of HCV infection by B-CD or SMase treatment of host cells. It has recently been reported that cholesterol depletion or SM hydrolysis from the host cell membrane decreases HCV infection, in part by decreasing the level of CD81 on the cell surface (19, 53). The involvement of the lipid environment of the host cell plasma membrane in HCV infection was investigated in our HCVcc infection system. Prior to infection, Huh-7 cells were treated with B-CD or SMase and then washed with the medium five times. Cholesterol depletion from Huh-7 cells by B-CD at 1 or 5 mg/ml inhibited HCV core levels by 20 and 75%, respectively, compared to levels in untreated cells (Fig. 5A). We also found that hydrolysis of SM by SMase at 1 or 10 U/ml on the cells, respectively, led to moderate reduction of the viral infection, by 20 or 55% of the infection level of the untreated control (Fig. 5B). There was no influence on cell viability under the conditions of these treatments (data not shown). These findings, compared with the results in Fig. 1A and 2A, suggest that the raft-like environment on the plasma membrane likely serves as a portal for HCV entry, but HCV virion-associated cholesterol and sphingolipid more readily play more critical roles in viral infection.

Inhibitors of the sphingolipid biosynthetic pathway suppress the production of HCVcc, but not RNA replication, for a JFH-1-derived replicon. In the course of studying the involvement of lipid metabolism in the HCV life cycle, we observed that inhibitors of the sphingolipid biosynthetic pathway, including ISP-1 and HPA-12, which specifically inhibit serine palmitoyltransferase (31) and ceramide trafficking from the ER to the Golgi apparatus (55), influenced subgenomic replicons derived from the HCV-N isolate (genotype 1b), but not those derived from JFH-1. A dose-dependent decrease in HCV RNA copy numbers among HCV-N replicon cells was observed upon exposure to ISP-1 or HPA-12, as previously reported (43, 52). In contrast, these compounds had little or no effect on viral RNA accumulation in JFH-1 replicon cells (Fig. 6A). Furthermore, these compounds did not affect luciferase activity in the lysates of Huh-7 cells transfected with an in vitro-transcribed JFH-1 replicon RNA containing a luciferase reporter gene (22) (data not shown). Figure 6B shows the effects of ISP-1 and HPA-12 on de novo sphingolipid biosynthesis by replicon cells. No differences in the inhibitory effects of each compound were observed in replicon cells derived from HCV-N versus JFH-1. When de novo synthesis of sphingolipids was examined by metabolic labeling with [^{14}C]serine, ISP-1 almost completely inhibited the production of both ceramide and SM, while HPA-12 greatly inhibited the synthesis of SM but not ceramide. Levels of phosphatidylethanolamine and phosphatidylserine, into which serine is incorporated by a pathway distinct from that of sphingolipid biosynthesis, were not influenced by these drugs. These results suggest that suppression of HCV RNA replication by inhibitors of sphingolipid biosynthesis might be dependent on the viral genotype or isolate.

This observation prompted us to investigate whether inhibitors of the sphingolipid biosynthetic pathway might have the ability to prevent HCV virion production. Interestingly, when Huh-7 cells producing JFH-1 HCVcc were treated with ISP-1 or HPA-12 under conditions similar to those the replicon cells, viral core levels in the culture supernatants were greatly reduced in a dose-dependent manner. For example, exposure to 10 μM ISP-1 or 1 μM HPA-12 reduced viral core protein levels more than 85% from those for control cells (Fig. 6C). The 50% inhibitory concentrations of both drugs were less than 0.1 μM, 50-fold less than those obtained for the RNA replication of the HCV-N-replicon. Together, these results suggest that the sphingolipid biosynthetic pathway plays an important role in the production of HCV particles, but not in genome replication, in JFH-1-based HCVcc.

DISCUSSION

In this study, we demonstrated the role of HCV virion-associated cholesterol and sphingolipid in viral infectivity. Although dependence on virion-associated cholesterol for virus entry has been shown for a number of viruses (4, 6, 28, 49), this is the first study to demonstrate the importance of envelope cholesterol in a virus belonging to the family *Flaviviridae*. Furthermore, to our knowledge, the functional role of virion membrane-associated SM has not been examined in viruses. Our previous studies using Chinese hamster ovary cell mutants deficient in SM synthesis have demonstrated that reduction of cellular SM levels enhances cellular cholesterol efflux in the presence of B-CD (9, 12). Thus, it may be possible that SM plays a role in the retention of cholesterol on HCV particles due to interaction between cholesterol and SM. The finding that B-CD or SMase treatment of HCVcc markedly inhibited virus internalization but not cell attachment (Fig. 3) suggests that HCV membrane-associated cholesterol and sphingolipid are crucial for the interaction of viral glycoproteins with the virus-receptor/coreceptor required for cell entry. Cholesterol depletion or sphingolipid hydrolysis might induce a conformational change in the viral envelope, resulting in instability of the virion structure. Since the cholesterol/phospholipid ratios of membranes affect bilayer fluidity, the maturation of viral envelopes with high cholesterol/phospholipid ratios via association with rafts may be important for the stability of HCV

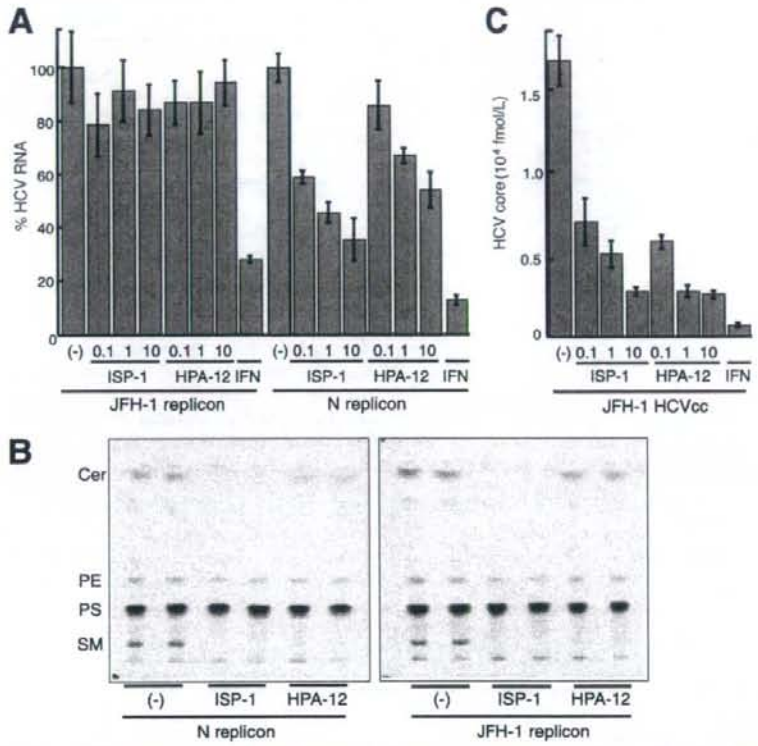

FIG. 6. Anti-HCV effects of inhibitors of the sphingolipid biosynthetic pathway. Subgenomic replicon cells derived from HCV isolate N or JFH-1, as well as HCVcc-producing cells, were treated with ISP-1 (0.1, 1, or 10 μM), HPA-12 (0.1, 1, or 10 μM) or alpha interferon (IFN) (100 U/ml) for 72 h. HCV RNA titers in the replicon cells (A) and the HCV core protein content of the culture medium of infected cells (C) were determined. Data are means from four independent experiments. Error bars, standard deviations. (B) De novo synthesis of sphingolipid in the absence or presence of ISP-1 (10 μM) and HPA-12 (10 μM) was monitored in duplicate by metabolic labeling with [^{14}C]serine for 2 h at 37°C. Cer, ceramide; PE, phosphatidylethanolamine; PS, phosphatidylserine.

particles. Replenishing the viral membrane with cholesterol following treatment with 5 mg/ml B-CD successfully restored viral infectivity to the same level as that of untreated virus (Fig. 1), suggesting that reversible B-CD-induced changes in HCV structure might critically influence viral infectivity. However, we were unable to restore viral infectivity by replenishing cholesterol after pretreatment of the virion with concentrations of B-CD exceeding 10 mg/ml (data not shown). Under these conditions, it is likely that large holes in the viral membrane destroy the virus, a result that cannot be reversed by supplying exogenous cholesterol.

How are cholesterol and sphingolipid involved in the HCV virion during the process of virus maturation? Like most positive-stranded RNA viruses, HCV is thought to assemble at the ER membrane. However, Miyanari et al. (32) reported that lipid droplets are important for HCVcc formation. These authors have shown that the characteristics of lipid-droplet-associated membranes in Huh-7 cells differ from those of ER membranes. In the case of flaviviruses, for which the mechanism of viral assembly and budding remains unclear (15), a few studies have demonstrated budding at the plasma membrane (13, 36, 37, 41), and it has been proposed that the site of budding may be virus and cell type dependent (27). We demonstrate here that subpopulations of HCV structural proteins partition into cellular detergent-resistant, lipid-raft-like membrane fractions in HCVcc-producing cells (Fig. 4) and that inhibitors of the sphingolipid biosynthetic pathway block HCV virion production (Fig. 6). Furthermore, a large proportion of HCV E2 protein incorporated into HCVcc is endoglycosidase H resistant (data not shown). Thus, membrane compartments containing cholesterol- and sphingolipid-rich microdomains may be involved in HCV virion maturation. Another explanation for the recruitment of these lipids to the HCV membrane may be an association between the virus and very-low-density lipoprotein (VLDL) or low-density lipoprotein. Recently, Huang et al. (16) demonstrated a close link between HCV production and VLDL assembly, suggesting that an HCV-VLDL complex is generated and secreted from cells.

Recent reports have demonstrated that CD81-mediated HCV infection is partly dependent on cell membrane choles-

terol (19) and SM (53). We further characterized the role of lipid on the plasma membrane in viral infectivity and found that cholesterol depletion by B-CD, as well as hydrolysis of SM by SMase, moderately inhibits HCV infectivity (Fig. 5). These results suggest that cholesterol and sphingolipid in the plasma membrane environment may assist HCV entry, while HCV virion-associated cholesterol and sphingolipid appear to play critical roles in viral infection.

We previously demonstrated that HCV RNA and nonstructural proteins are present in DRM structures, likely in the context of a lipid-raft structure, and that viral RNA is likely synthesized at a raft membrane structure in cells containing the genotype 1b HCV replicon (2, 10, 46). Here we observed that ISP-1 and HPA-12 suppress HCVcc production, but not viral RNA replication, by the JFH-1 replicon (Fig. 6). Impairment of particle assembly and maturation, rather than suppression of genome replication, by these drugs may account for the inhibition of HCV production in the JFH-1 system. Viral RNA replication of the HCV-N replicon, however, was efficiently inhibited by these compounds, as found in previous reports (43). The virus strain specificity of the anti-HCV activity of cyclosporine has recently been demonstrated: JFH-1 replication is less sensitive to cyclosporine than replication of genotype 1b strains. Furthermore, the requirement for interaction with a cellular replication cofactor, cyclophilin B, differs among HCV strains (18). It appears that ISP-1 and HPA-12 are further examples of diverse effects on HCV strain replication.

In summary, our data here demonstrate important roles of cholesterol and sphingolipid in HCV infection and virion maturation. Specifically, mature HCV particles are rich in cholesterol. Depletion from HCV or hydrolysis of virion-associated SM results in a loss of infectivity. Moreover, the addition of exogenous cholesterol restores infectivity. In addition, cholesterol and sphingolipid on the HCV membrane play key roles in virus internalization, and portions of structural proteins are localized at lipid-raft-like membrane structures within cells. Finally, inhibitors of the sphingolipid biosynthetic pathway efficiently block virion production. These observations suggest that agents capable of modifying virion-associated lipid content might function as antivirals by preventing and/or blocking HCV infection and production.

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Virus associated innate immunity in liver

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1. ABSTRACT

Dendritic cells (DCs) sense virus via toll-like receptors (TLR) or retinoic acid inducible gene-I (RIG-I) and evoke a cascade of immune reactions. In myeloid DC (MDC) from hepatitis C virus (HCV)-infected patients, the levels of TLR/RIG-I-mediated IFN-beta or TNF-alfa induction are lower than those in uninfected donors, suggesting that their signal transduction in MDC is impaired. Dendritic cells in HCV infection are unresponsive to interferon (IFN)-alfa, thus failing to enhance MHC class-I related chain A/B and subsequent NK cell activation. Alternatively, NK cells from the patients down-regulate DC in the presence of HLA-E-expressing hepatocytes by secreting IL-10 and TGF-beta1. Such functional alteration of NK cells in HCV infection is ascribed to the enhanced expression of NKG2A/CD94. Activated NKT cells from the patients produce higher levels of IL-13 but comparable IFN-gamma with those from controls, showing their bias to Th2-type. In pegylated IFN-alfa/ribavirin therapy for chronic hepatitis C, improved DC function is related with successful HCV eradication. In conclusion, cross-talks among DCs and innate lymphocytes are critical in shaping immune response against HCV, either spontaneously or therapeutically.

2. INTRODUCTION

Hepatitis C virus (HCV) is one of major causes of chronic liver disease worldwide. HCV is hepatotrophic, but not directly cytopathic and elicit progressive liver injuries resulting in end-stage liver disease unless effectively eradicated (1). Epidemiological studies have revealed that more than 80% of acutely HCV-infected patients fail to eradicate the virus and they subsequently develop chronic hepatitis (1). It has been proposed that the ability of infected hosts to mount vigorous and sustained cellular immune reactions to HCV is necessary for control in primary infection (2). Once HCV survives the initial interaction with the host immune system, it uses several means to nullify the selective immunological pressure during the later phases of infection. First, the virus alters its antigenic epitopes recognized by T cells and neutralizing antibodies to escape immune surveillance. Second, HCV also subverts immune functions in an antigen-specific manner, from innate to adaptive immunity (3).

Cumulative reports have shown that innate immune system dictates the direction and magnitude of subsequent adaptive immune response. It is generally accepted that HCV-specific $CD8^+$ T cells are responsible

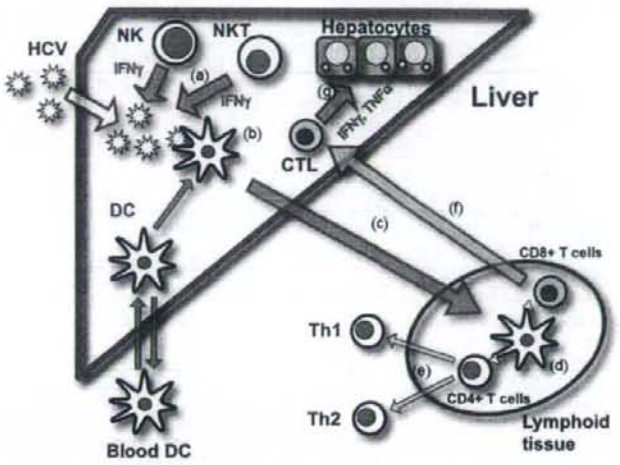

Figure 1. Key players in immune reactions in viral hepatitis. CTL, cytotoxic T lymphocyte; DC, dendritic cell; HCV, hepatitis C virus; NK, natural killer cell; Th, helper T cell. (a)- (g), see text.

for HCV elimination by inducing hepatocyte apoptosis (2). Innate immune cells, including NK cells and NKT cells, may contribute to HCV eradication after primary infection; however, their roles in chronically-infected state remain elusive. Since dendritic cells (DCs) orchestrate anti-HCV immune response by linking innate and adaptive arms of immune system (4), functional impairment of DC leads to failure of NK cells, NKT cells, $CD4^+$ and $CD8^+$ T cells. Infiltration of disabled $CD8^+$ T cells to the infected liver may result in weak liver inflammation that is not sufficient for HCV eradication (5).

In this paper, we discuss the current understandings of the roles of innate immunity in the pathogenesis of HCV infection as well as efficacy of anti-HCV therapy, especially focused on interferons (IFN), DCs, NK cells and NKT cells.

3. KEY PLAYERS IN IMMUNE RESPONSES TO VIRAL HEPATITIS

After HCV infects the liver, viral replication continues and viral particles are continuously released into the circulation. The first lines of defense are provided by NK and NKT cells, of which populations are relatively increased in the liver compared to the periphery. These cells are activated in the liver, where expression of IFN-alfa and IFN-inducible genes are extremely high during the early phase of hepatitis virus infection (6). Activated NK and NKT cells secrete IFN-gamma, which inhibits replication of HCV through a non-cytolytic mechanism (Figure 1-a) (7).

Dendritic cells (DCs) or resident macrophages in the liver are capable of taking up viral antigens, and processing and presenting them to other immune cells (Figure 1-b) (4). Since DCs express distinct sets of toll-like receptors (TLRs) (8), it is likely that some viral components stimulate DCs through cytosolic ligation of TLRs. DCs develop a mature phenotype and migrate to lymphoid tissues (Figure 1-c), where they stimulate effectors, including T cells and B cells (Figure 1-d). Following the encounter of DCs with other cells, DCs secrete various cytokines (IL-12, TNF-alfa, IFN-alfa and IL-10) instructing or regulating the functions of the adjacent cells (4). In addition to these cytokines, DCs express various co-stimulatory molecules and ligands to enhance or limit the functions of immune and infected cells. The existence of functionally and ontogenetically distinct DC subsets has been reported; i.e., myeloid DC (MDC) and plasmacytoid DC (PDC) (9). MDC predominantly produce IL-12 or TNF-alfa following pro-inflammatory stimuli, while PDC release a considerable amount of IFN-alfa upon virus infection depending on the immune stimulus; both cytokines in actuality can be made by both cells. Helper T cells have an immunoregulatory function mediated by the secretion of cytokines that support either cytotoxic T lymphocyte (CTLs) generation (Th1 with secretion of IL-2, IFN-gamma and TNF-alfa) or B cell function and antibody production (Th2 with secretion of IL-4, IL-5, IL-10 and IL-13) (Figure 1-e). DC ontogeny and DC-derived cytokines are crucially associated with the polarization of helper T cell subsets.

It is generally accepted that adaptive immunity performs a critical role during the clinical courses of hepatitis. The involvement of antigen-specific $CD4^+$ T cells in HCV eradication has been well described during both acute or chronic infection (10). However, there is little evidence that $CD4^+$ T cells mediate direct liver cell injury in HCV infection. Thus, it is likely that $CD4^+$ T cells play a critical role in facilitating other antiviral immune

mechanisms, such as enhancing $CD8^+$ effector function. The antigen-primed CTLs recruit to the liver (Figure 1-f) and constitute the critical element in the eradication of virus-infected cells (Figure 1-g).

4. INNATE IMMUNITY IN HCV INFECTION

4.1. Toll-like receptors and retinoic acid inducible gene-I as sensors for virus infection

Gene expression analyses in HCV-infected liver revealed that HCV triggers expression of type I IFN and IFN-induced genes during primary infection regardless of the outcomes (6). However, the HCV viral load does not decrease in the early phase, suggesting that HCV impedes the execution of anti-viral machineries. Several HCV-derived proteins are involved in the suppression on the signaling pathways inducing anti-viral proteins, such as interferon regulatory factor (IRF)-3 (11), NF-kappa B and RNA-dependent protein kinases (PKR) (12). Mammalian toll-like receptors (TLRs) sense some pathogen-associated molecular patterns embedded in virus components and then induce inflammatory cytokines or type-I IFNs, resulting in the augmentation of anti-virus immune reactions (8). Retinoic acid inducible gene-I (RIG-I) is a cytosolic molecule that senses dsRNA of virus replicative intermediate, which subsequently activates IRF-3 and NF-kappa B pathways (13). By using HCV subgenomic replicon system, it has been demonstrated that HCV NS3/4A proteins influences on the functions of adaptor molecules mediating TLR-dependent and RIG-I-dependent pathways, resulting in an impairment of the induction of IFN-beta as well as subsequent interferon-stimulated genes (14, 15). However, it is yet to be proven whether the results obtained from HCV replicon are applicable or not for HCV-infected individuals.

Large-scale cohort study on US veterans revealed that the prevalence of various infectious diseases, including virus, bacteria and parasites, in HCV-infected individuals is significantly higher than those in uninfected controls (16). These observations suggest that first-line defense against pathogens, of which system is initiated by TLR/RIG-I stimulation, is functionally impaired in HCV infection. To investigate the roles of TLR/RIG-I in HCV infection, we compared their expressions and the functions in MDC and PDC between the patients and donors. In MDC from HCV-infected patients, TLR2, TLR4 and RIG-I expression were significantly higher than those in healthy counterparts. Of particular interest, regardless of the higher expressions, specific agonists for these sensors stimulated patients MDC to induce lesser amount of IFN-beta and TNF-alfa compared to donor MDC (unpublished data). These results show that the signal transduction via these receptors is strongly impeded in HCV infection. Inconsistent with the findings of MDC, we previously reported that TLR2 expression on monocyte-derived DCs (MoDCs) in chronic hepatitis C is lower than those in healthy donors (17). Since MoDC is an in vitro-generated DC mimic, the opposite results of TLR2 in HCV infection might be explained by impaired ability of MoDC to mature in response to cytokines, as reported elsewhere (18). Further investigation is needed to clarify which TLR or RIG-I is predominantly utilized by HCV to evoke immune reactions.

4.2. Blood DC subsets

Impaired antigen presentation by DC might be involved in the failure of the maintenance of sustained HCV-specific T cell response. Monocyte-derived DCs (MoDCs) generated from hepatitis C patients have an impaired ability to stimulate allogeneic $CD4^+$ T cells (19, 20). Functional impairment of DC diminished when HCV had been eradicated from patients, revealing the evidence of HCV-induced DC disability (19). In addition to in vitro-generated DCs, the alterations in number and function of circulating blood DC have been reported in HCV infection (21, 22).

Direct HCV infection of DCs might be one of the plausible mechanisms of DC dysfunction in chronic hepatitis C. The HCV genome has been reported to be isolated from MoDCs or blood DCs (19). However, these results need to be interpreted carefully, since contamination with free virus in blood cannot be ruled out when amplifying PCR techniques are used. To exclude this possibility, HCV pseudovirus has been developed to investigate the cell tropisms of HCV as well as to determine putative HCV entry receptors to cells. By using this, MDC, but not PDC, displayed susceptibility to HCV pseudovirus possessing chimeric HCV E1/E2 proteins (23).

Several criticisms have been raised recently about DC dysfunction in the setting of chronic HCV infection (24), failing to demonstrate any DC defects which may have to do with differences in the populations studied. Cohort studies on chimpanzees following HCV infection showed that functional impairment of DCs was observed in some cases but was not a prerequisite of persistent infection (25). Further study needs to be done to clarify whether DCs are indeed disabled in the setting of human chronic hepatitis C and furthermore whether this contributes to the development of HCV persistence or it is simply a consequence of active HCV infection.

4.3. Natural killer cells

Natural killer cells express various functional receptors; the one group that transduces inhibitory signals (Killer Inhibitory Receptors/KIRs, CD94, NKG2A) and the other does activating signals (NKG2D). The function of NK cells is dynamically regulated in vivo by the balance between expressions of counteracting receptors and their association with relevant ligands (26). First, we compared the expressions of NK cell receptor between HCV-infected patients and healthy donors. As for inhibitory receptors, KIR expressions are not different between the groups; however, CD94 and NKG2A expressions are higher in patients than controls (27). In contrast, activating receptor NKG2D expression is comparable between the groups (Figure 2). It is yet to be determined how the expression of NK cell receptor is regulated. In our hands, HCV pseudovirus did not enter purified NK cells, suggesting that NK cells are not susceptible to direct HCV infection (unpublished data). Thus, some soluble factors and/or direct binding of HCV particles to NK cells might be the cause of NK receptor dysregulation.