Mycobacteria Exploit Host Hyaluronan for Efficient Extracellular Replication

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Abstract

In spite of the importance of hyaluronan in host protection against infectious organisms in the alveolar spaces, its role in mycobacterial infection is unknown. In a previous study, we found that mycobacteria interact with hyaluronan on lung epithelial cells. Here, we have analyzed the role of hyaluronan after mycobacterial infection was established and found that pathogenic mycobacteria can grow by utilizing hyaluronan as a carbon source. Both mouse and human possess 3 kinds of hyaluronan synthases (HAS), designated HAS1, HAS2, and HAS3. Utilizing individual HAS-transfected cells, we show that HAS1 and HAS3 but not HAS2 support growth of mycobacteria. We found that the major hyaluronan synthase expressed in the lung is HAS1, and that its expression was increased after infection with *Mycobacterium tuberculosis*. Histochemical analysis demonstrated that hyaluronan profoundly accumulated in the granulomatous legion of the lungs in *M. tuberculosis*-infected mice and rhesus monkeys that died from tuberculosis. We detected hyaluronidase activity in the lysate of mycobacteria and showed that it was critical for hyaluronan-dependent extracellular growth. Finally, we showed that L-Ascorbic acid 6-hexadecanoate, a hyaluronidase inhibitor, suppressed growth of mycobacteria *in vivo*. Taken together, our data show that pathogenic mycobacteria exploit an intrinsic host-protective molecule, hyaluronan, to grow in the respiratory tract and demonstrate the potential usefulness of hyaluronidase inhibitors against mycobacterial diseases.

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Introduction

Infectious diseases caused by mycobacteria are serious threats to human health. Tuberculosis is caused by infection with mycobacteria, most frequently with *Mycobacterium tuberculosis* but also with *Mycobacterium bovis*, *Mycobacterium africanum*, *Mycobacterium microti*, and *Mycobacterium canetii* and kills around 2 million people annually. Leprosy is caused by *Mycobacterium leprae* and the globally registered prevalence of leprosy was around 22,000 cases at the beginning of 2006.

The major portal of entry for mycobacterial pathogens is through the respiratory tract. The primary phase of the infection begins with inhalation of bacteria, which are then phagocytosed by alveolar macrophages in the periphery of the lungs. In addition, several lines of evidence indicate that mycobacteria interact with epithelial cells in the respiratory tract [1–4]. The recent reports show the significant role of type II pneumocytes in the pathology of tuberculosis [3,5,6]. The onset of mycobacterial diseases frequently occurs after a long latent phase. Mycobacteria are an intracellular bacterium, multiplying within host cells, but also grow extracellularly [7,8].

Macrophages phagocytose mycobacteria through interaction with several cell surface receptors, including complement receptors, mannose receptors, surfactant protein A, scavenger receptors, and Fc receptors [9]. By contrast, mycobacteria attaches to or invades lung epithelial cells through interactions with glycosaminoglycans (GAG) [10]. *M. tuberculosis*, *M. bovis* bacillus Calmette-Guerin (BCG), and *M. leprae* produce two types of GAG interacting adhesins, heparin-binding hemagglutinin (HBHA) [10,11] and mycobacterial DNA-binding protein 1 (MDP1, also called histone-like protein and laminin-binding protein in *M. leprae*) [1,12]. HBHA is secreted to the extracellular milieu from mycobacteria [13], whereas MDP1 is tightly attached on the mycobacterial cell wall [14].

We previously demonstrated that hyaluronan is a major portal for infection of mycobacteria into A549 human lung epithelial cells

Author Summary

Mycobacterium tuberculosis and *Mycobacterium bovis* are major bacterial pathogens that kill approximately 2 million people annually by causing tuberculosis. The *M. tuberculosis* complex has several strategies to parasitize the host. After infection is established, these pathogens are rarely eliminated from the host, and nowadays approximately a third of the world's human population is infected with the *Mycobacterium tuberculosis* complex. The elucidation of the parasitic mechanisms of the *M. tuberculosis* complex is important for the development of novel strategies against the disease. The major portal entry of *M. tuberculosis* complex is through the respiratory tract. On the surface of the airway, hyaluronan retains bactericidal enzymes so that they are "ready-to-use", protecting tissues from invading pathogens. Furthermore, fragmented hyaluronan produced as a result of infection is used by the immune system as a sensor of infection. Thus, hyaluronan plays a pivotal role in host defenses in the respiratory tract. However, in this study, we observed that the *M. tuberculosis* complex utilizes hyaluronan as a carbon source for multiplication. We also found that the *M. tuberculosis* complex has hyaluronidase activity and showed that it is critical for hyaluronan-dependent growth of the *M. tuberculosis* complex. This study demonstrates a novel parasitic mechanism of the *M. tuberculosis* complex and suggests that mycobacterial hyaluronidase is a potential drug target.

by interacting with MDP1 [1]. Hyaluronan is a nonsulfated linear GAG composed of thousands of repeating units of GlcNAc- (beta-1, 4)-GlcUA- (beta-1, 3) and is synthesized by 3 isoforms of hyaluronan synthases (HAS), designated HAS1, HAS2, and HAS3 in both mice and humans [15–18]. In vertebrates, hyaluronan is a ubiquitous structural component of the extracellular matrix, and is abundant in the chondral and vitreous tissues. Recent findings demonstrated that hyaluronan has a pivotal role in diverse dynamic biological functions such as embryonic development [19], cell migration [20,21], tumor transformation, [22,23], wound healing [24], and inflammation [25–27].

On the mucosal surface of the airway, hyaluronan retains bactericidal enzymes so that they are "ready-to-use", protecting mucosal tissues from invading pathogens [28]. Furthermore, in the alveolar tracts, released fragmented HA stimulates innate immune responses by activating Toll-like receptor 2 and 4 dependent pathways and initiating lung inflammation [25]. By contrast, during resolution of respiratory inflammation, immuno-stimulatory hyaluronan is taken up via the hyaluronan receptor CD44 on alveolar macrophages [26]. Thus hyaluronan plays a pivotal role in host defenses in the respiratory tract, but its role in mycobacterial infection had not been elucidated so far. In this study, we analyzed the role of hyaluronan after mycobacterial infection was established.

Results

Hyaluronan enhances the extracellular growth of mycobacteria after attachment to A549 cells

A549 cells, a type II human lung epithelial cell line, were exposed to recombinant BCG expressing luciferase (rBCG-Luc) under the control of the HSP60 promoter [14] at a multiplicity of infection (MOI) of 10 for 16 hours. Cells were then washed and various doses of hyaluronan added into the culture. Growth of BCG was monitored by luciferase activity at each time point, which is indicative of viable bacteria [14,29]. We found that exogenously added hyaluronan enhances bacterial growth in a dose-dependent manner (Figure 1A). We also confirmed this effect by counting viable bacteria using a colony forming units (CFU) assay (Figure 1C).

In our experimental setting, around 60% of the bacteria adhere to the cell surface and the remaining 40% are internalized by the cells [1]. Therefore, we next examined whether hyaluronan enhances extracellular or intracellular growth by treatment with gentamicin, which kills extracellular but not intracellular bacteria. After infection, we added gentamicin (50 µg/ml) into the culture for 6 hours and then added hyaluronan after removing gentamicin. The results showed that gentamicin treatment abrogated the growth of BCG (Figure 1B), indicating that bacterial growth occurred extracellularly. The enhanced effect of hyaluronan on bacterial growth was also abolished by gentamicin treatment (Figure 1B). This suggests that hyaluronan enhances growth of BCG attached to these cells.

We next examined if the same effects of hyaluronan can be seen in *M. tuberculosis* growth after infection to A549 cells. We infected *M. tuberculosis* H37Rv to A549 cells, then added hyaluronan, and monitored growth by counting colony-forming units (CFU). Similar to the case of BCG, we found that presence of hyaluronan enhances the growth of *M. tuberculosis* in a dose dependent manner (Figure 1D). Gentamicin treatment also abrogated the growth of *M. tuberculosis* and growth-enhancing effect of hyaluronan.

BCG utilizes hyaluronan as a carbon source

To determine why hyaluronan enhances the growth of BCG, we hypothesized that BCG can utilize it as a carbon source because hyaluronan is a polymer of disaccharides. We cultured BCG-Luc in 7H9 based carbon-starved broth in the presence (0.5 mg/ml) or absence of hyaluronan. As expected, in the carbon-starved media BCG did not grow, while the addition of hyaluronan supported the growth of BCG (Figure 2A), demonstrating that BCG can utilize hyaluronan as a carbon source.

We next compared hyaluronan with other GAG in terms of their growth supporting effect. BCG-Luc was cultured in 7H9-based carbon starved media or media including 0.5 mg/ml of each GAG as the sole carbon source. The results showed that BCG did not grow in the media supplemented with heparin or heparan sulfate. Both hyaluronan and chondroitin sulfate encouraged the growth, but hyaluronan sustained higher growth rates of BCG than chondroitin sulfate (Figure 2A). We also demonstrated that the growth supporting effect of hyaluronan is comparable to an equivalent amount of glucose (0.5 mg/ml) (Figure 2B).

In order to evaluate uptake of hyaluronan during hyaluronan-dependent growth of mycobacteria, we cultured BCG in the presence of ^{3}H-labeled hyaluronan in the media containing hyaluronan as a sole carbon source. As shown in Figure 2C, live BCG incorporated hyaluronan, whereas heat-killed bacteria did not, showing actual uptake of hyaluronan into bacteria.

M. tuberculosis can utilize hyaluronan as a carbon source, whereas neither *M. avium* nor *M. smegmatis* can

We next assessed the action of hyaluronan in the growth of virulent *M. tuberculosis* (strain H37Rv), and environmental mycobacterial species such as *M. smegmatis* (strain mc^{2}155) and *M. avium* (ATCC25291). In carbon-starved media, none of the three strains grew. However, *M. tuberculosis* H37Rv, along with BCG, multiplied in the media containing hyaluronan as a sole carbon source while neither *M. smegmatis* nor *M. avium* proliferated. After 12 days culture, optimal density (OD) at 630 nm of *M.*

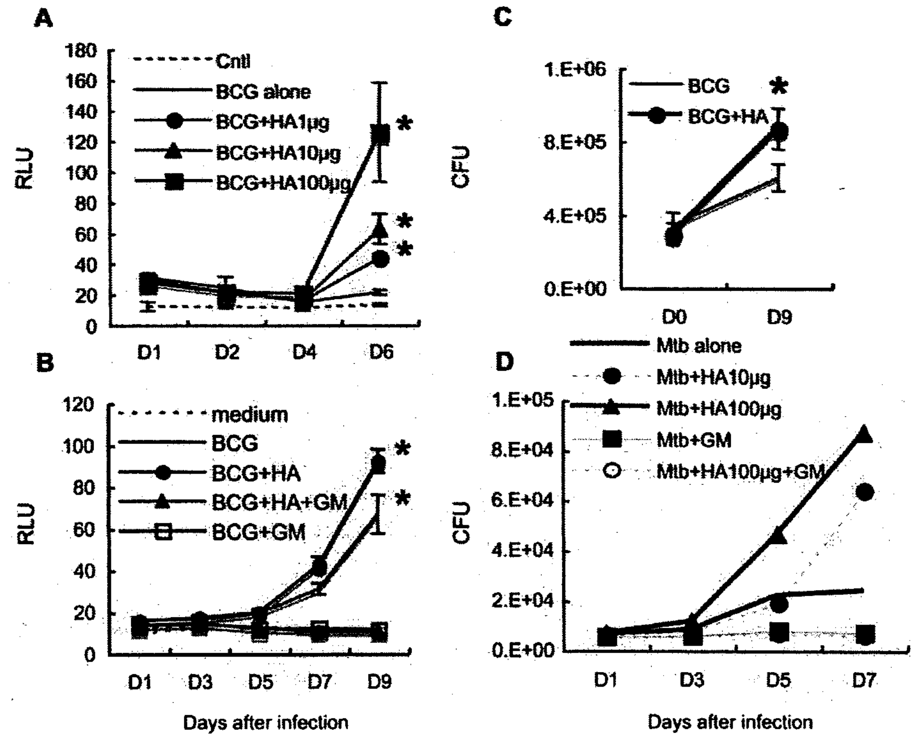

Figure 1. Effect of exogenously added hyaluronan on the growth of BCG and *M. tuberculosis* after infection of A549 cells. (A), A549 cells were infected with BCG-Luc for 16 hours at a multiplicity of infection (MOI) of 10. After removal of non-infected bacteria, different amounts of hyaluronan (HA) were added; 0 μg/200 μl (BCG alone), 1 μg/200 μl (BCG+HA1μg), 10 μg/200 μl (BCG+HA10μg), and 100 μg/200 μl (BCG+HA100μg) before culture at 37°C under 5% CO_2. Cells were lysed by adding 5% Triton X (0.5% final) at each time point (1, 2, 4, and 6 days) and bacterial growth was monitored by luciferase activity. The results are expressed as mean±the standard deviation ($n=3$). Relative luciferase unit (RLU). Cntl, control without BCG-Luc infection. For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values for each time point, comparing the various growth conditions to the control. *$P<0.01$. (B), Gentamicin (GM) treatment abrogated the growth of BCG-Luc after infection of A549 cells. A549 cells were infected with BCG-Luc for 16 hours at MOI of 10. After removal of non-infected bacteria, hyaluronan was added to be 500 μg/ml for some wells (BCG+HA, BCG+HA+GM) and cultured at 37°C under 5% CO_2 in the presence or absence of 10 μg/ml GM (BCG+HA+GM, BCG+GM). Growth of BCG was monitored by luciferase activity. The results are expressed as mean±the standard deviation ($n=3$). RLU. Cntl, control without BCG-Luc infection. (C), The enhancing effect of hyaluronan on BCG growth was confirmed by colony forming unit (CFU). A549 cells were infected with BCG-Luc for 16 hours at MOI of 10. After removal of non-infected bacteria, BCG-Luc was grown in the presence or absence of 50 μg/ml HA. Cells were lysed at each time point and serial 10-fold dilutions were plated in duplicate on Middlebrook 7H11 agar (Difco) supplemented with oleic acid, albumin, dextrose and catalase (Difco). After incubation for 3–4 weeks at 37°C, colonies were counted and the number of CFU was calculated per well (1 ml). The results are expressed as mean±the standard deviation ($n=6$). (D), A549 cells were infected with *M. tuberculosis* H37Rv and then different amounts of hyaluronan (HA) were added; 0 μg/200 μl (Mtb alone), 10 μg/200 μl (Mtb+HA10μg), and 100 μg/200 μl (Mtb+HA100μg). Gentamycin (50 μg/ml) was added to some wells with (Mtb+HA100 μg+GM) or without (Mtb+GM) 100 μg/200 μl hyaluronan. Cells were lysed by adding 5% Triton X (0.5% final) and the number of viable bacteria was determined by plating dilutions of the samples for CFU on 7H11-OADC agar.
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tuberculosis culture increased to 0.32±0.038 from 0.01 (day 0). We then compared hyaluronan and other GAGs in terms of growth supportive effects on *M. tuberculosis*. Similar to the case of BCG, hyaluronan most effectively enhanced the growth of *M. tuberculosis* among tested GAGs (Figure 3).

Detection of hyaluronidase activity in mycobacteria

Because hyaluronan is a long chain consisting of the repeat of two monosaccharides at over 2×10^5 Da, we hypothesized that extracellular cleavage of the polymer would be required before taken up by cells. Therefore, we next assessed hyaluronidase activity in mycobacteria. Hyaluronan was incubated in the presence or absence of cell lysates derived from BCG before precipitation by phenol/chloroform extraction. Precipitates were then fractionated by polyacrylamide gel electrophoresis (PAGE) and visualized by alcian blue staining as described previously [30]. Hyaluronan was separated into discrete ladder-like bands by electrophoresis after incubation with BCG lysate (Figure 4A), demonstrating that BCG possesses hyaluronidase activity.

Hyaluronidase activity is critical for hyaluronan-dependent growth

We then addressed whether hyaluronidase activity is crucial for hyaluronan -dependent growth of mycobacteria. L-Ascorbic acid 6-hexadecanoate (Vcpal) is shown to be a potent inhibitor of hyaluronidase [31]. We investigated the effect of Vcpal on hyaluronidase activity of BCG and found that hyaluronidase activity was abolished in the presence of 25 μM Vcpal (Figure 4A, lane 4).

We next examined the effects of Vcpal on the growth of BCG. BCG-Luc was cultured in modified 7H9 media containing hyaluronan (0.5 mg/L) as the sole carbon source or 7H9-ADC

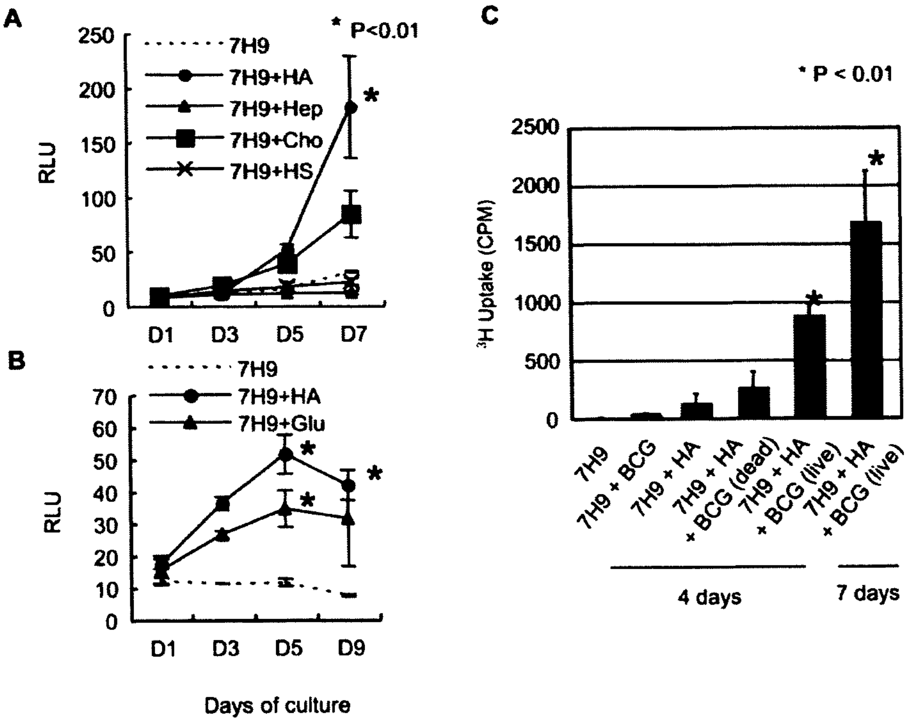

Figure 2. Effect of hyaluronan on BCG growth in carbon-starved 7H9 media. (A) (B), BCG-Luc was cultured in carbon-starved 7H9 media (7H9), or carbon-starved 7H9 media supplemented with 500 µg/ml of HA (7H9+HA), heparin (7H9+Hep), chondroitin sulfate C (7H9+Cho), heparan sulfate (7H9+HS), or glucose (7H9+Glu) at 37°C. Growth of BCG was monitored by luciferase activity. The results are expressed as mean±the standard deviation ($n = 3$). For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values for each time point, comparing the various growth conditions to the control. *$P<0.01$. (C), Uptake of ^{3}H-hyaluronan (HA) by BCG in carbon-starved 7H9 media. Live and heat-killed BCG cells were cultured in carbon-starved 7H9 media in the presence or absence of ^{3}H-labeled hyaluronan for 4 or 7 days. The uptake of ^{3}H-laveled hyaluronan was measured by a gamma counter.
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complete media, which contains Tween 80, glycerol, and dextrose as carbon sources and BSA. We found that 25 µM Vcpal did not change the growth rate of BCG in 7H9-ADC complete media, while it abolished the growth of BCG in the media containing hyaluronan as the sole carbon source (Figure 4B).

We also examined the effect of Vcpal on the growth of *M. tuberculosis*. *M. tuberculosis* H37Rv was cultured in the media with or without Vcpal (50 and 100 µM). Vcpal suppressed the growth of *M. tuberculosis* in the media containing hyaluronan as a sole carbon source but not the growth in conventional 7H9-ADC media (Figure 4C). Other hyaluronidase inhibitors, such as apigenin and quercetin [32], also inhibited hyaluronan dependent growth of *M. tuberculosis* as shown in Figure S1. These results indicate that hyaluronidase activity is essential for both BCG and *M. tuberculosis* when utilizing hyaluronan as a carbon source.

Vcpal blocks growth of BCG after attachment to A549 cells

We next examined whether Vcpal suppresses the enhancing effect of hyaluronan on the growth of BCG after attachment to A549 epithelial cells. After exposure to BCG-Luc, hyaluronan was added with or without Vcpal (25 µM) into the culture and growth of BCG was monitored by measuring luciferase activity. After 6 days culture, RLU values of BCG-Luc increased to 36.6±7.5 RLU or 52.6±18.7 RLU in the absence or presence of hyaluronan, respectably. Adding Vcpal abrogated the enhanced effects of hyaluronan (29.3±2 RLU), demonstrating that BCG utilized exogenously added hyaluronan as a carbon source after infection to A549 cells.

BCG and *M. tuberculosis* efficiently utilize hyaluronan synthesized by HAS1 and HAS3

This work so far on the growth of mycobacteria has been performed with hyaluronan purified from human umbilical cord (Sigma). In order to elucidate whether mycobacteria can use hyaluronan actually synthesized *in situ* by mammalian cells, we employed the previously established stable human HAS1–3 expressing rat 3Y1 fibroblasts [15]. 3Y1 rat fibroblasts do not produce detectable hyaluronan themselves but each transfectant produces different sized hyaluronan. Both HAS1 and HAS3 transfectants secret hyaluronan with broad size distributions with molecular masses between 2×10^5 to $\sim2\times10^6$ Da, while the HAS2 transfectant secretes extremely large hyaluronan at an average molecular mass of $>2\times10^6$ Da [15]. We analyzed the level of hyaluronan production by utilizing a hyaluronan-binding protein (HABP)-based ELISA assay and confirmed that the HAS2 transfectant produced high levels of hyaluronan (235.7 µg/mL in the culture media), while the HAS3 transfectant synthesized the smallest amount of hyaluronan (15.9 µg/mL). The HAS1 transfectant produced moderate levels of hyaluronan (85.3 µg/mL), and the empty vector transfectant did not produce detectable amounts of hyaluronan.

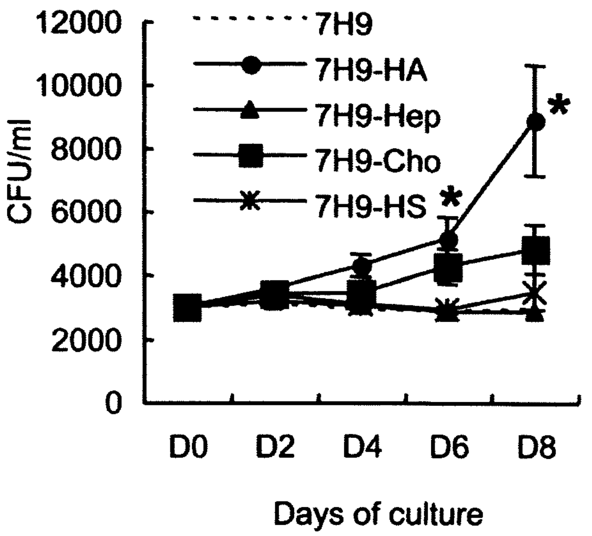

Figure 3. Effect of GAG on the growth of *M. tuberculosis* in carbon starved media. *M. tuberculosis* H37Rv was cultured in carbon-starved 7H9 media (7H9), or carbon-starved 7H9 media supplemented with 500 µg/ml of HA (7H9+HA), heparin (7H9+Hep), chondroitin sulfate C (7H9+Cho), or heparan sulfate (7H9+HS) at 37°C. Bacterial numbers were monitored by determining CFU at each time point. The results are expressed as mean±the standard deviation ($n=3$). For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values for each time point, comparing the various growth conditions to the control. *$P<0.01$.
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Each human HAS transfectant was exposed to BCG-Luc and the growth kinetics of the bacteria were monitored by luciferase activity. The results showed that BCG grew after attachment to 3Y1 cells transfected with HAS1 and HAS3 but not with HAS2 or empty vector (Figure 5A). In addition, we found that hyaluronidase treatment of HAS1 transfected cells enhanced the growth of BCG (Figure 5B). These results suggest that shorter sized chains of hyaluronan are preferential for BCG growth.

We also monitored the growth of *M. tuberculosis* H37Rv after infection to these HAS transfectant cells. Along with the case of BCG, HAS1 and HAS3 but not HAS2-tranfectants supported the growth of *M. tuberculosis* (Figure 5C).

Production of hyaluronan in *M. tuberculosis*-infected lungs

To see if hyaluronan is present at the site of infection of *M. tuberculosis*, we assessed the expression of hyaluronan synthases (HAS1, HAS2, and HAS3) in the lungs of BALB/c mice infected with the *M. tuberculosis* H37Rv strain, using the low-dose aerosol infection model. Total RNA was extracted from the lungs after 1, 3, 5, 7, 14, and 21 days of infection, and analyzed for HAS1, HAS2, and HAS3 mRNA transcription by reverse transcriptase-polymerase chain reaction (RT-PCR) (Figure 6A). The data showed that HAS1 mRNA expression increased after infection and was maintained at all time points (Figure 6A).

We next determined if hyaluronan is present in alveoli using biotin-conjugated hyaluronan-binding protein (HABP) and histochemical analysis. Before infection, hyaluronan was located on the surface of the airways and alveoli (Figure 6B). After *M. tuberculosis* infection, hyaluronan levels were profoundly increased and accumulated in the granulomatous legion (Figure 6B). Taken together, these data indicate that the major hyaluronan synthase in the lungs is HAS1 both before and after *M. tuberculosis* infection and hyaluronan accumulates in the tuberculosis lesion.

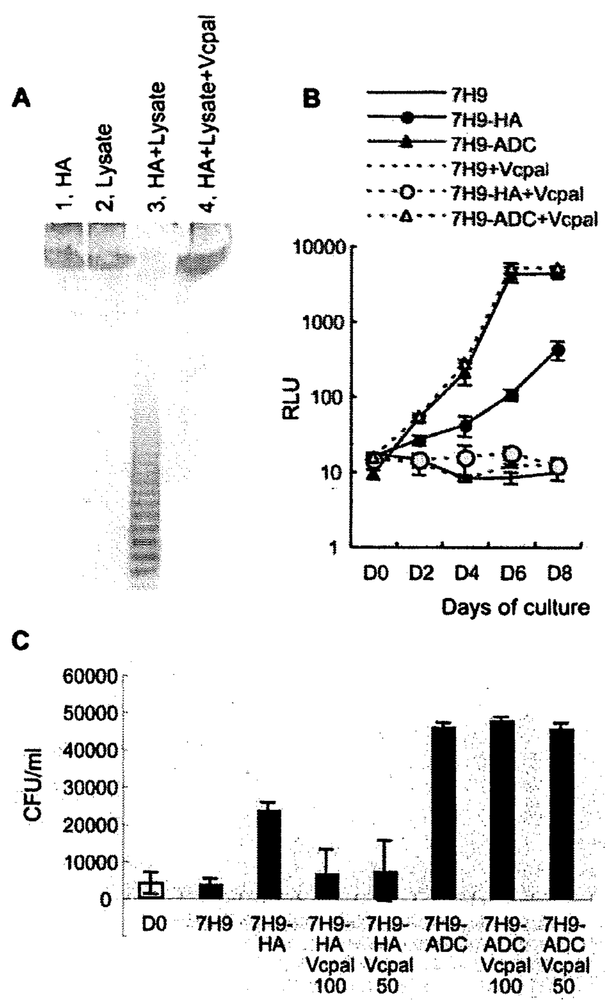

Figure 4. Hyaluronidase activity in mycobacteria and the effect of hyaluronidase inhibitor on hyaluronan-depehdent growth of BCG and *M. tuberculosis*. (A), One mg/ml of hyaluronan and 700 µg/ml of BCG cell lysate was mixed and incubated for 3 days in the presence (HA+Lysate+Vcpal) or absence (HA+Lysate) of ascorbic palmitate (Vcpal), an inhibitor of hyaluronidase. As controls, hyaluronan alone (lane 1, HA) or BCG cell lysate alone (lane 2, Lysate) was treated in the same way. Hyaluronan was precipitated by ethanol after phenol extraction and resolved in water. Then hyaluronan was fractionated by PAGE gel electrophoresis and visualized by staining with alcian blue. (B), BCG-Luc (0.01 OD at 630 nm) was cultured in carbon-starved 7H9 media (7H9), media containing hyaluronan (500 µg/ml) as a sole carbon source (7H9-HA), or complete 7H9-ADC media (7H9-ADC) in the presence or absence of 25 µM Vcpal (+Vcpal), an inhibitor of hyaluronidase. The growth of bacteria was monitored by luciferase activity. RLU, relative luciferase unit (RLU). The results are expressed as mean±the standard deviation ($n=3$). (C), The effect of Vcpal on the growth of *M. tuberculosis*. *M. tuberculosis* H37Rv was cultured in carbon starved 7H9 media (7H9), media containing 100 µg/ml hyaluronan as a sole carbon source (7H9-HA), or conventional 7H9-ADC media (7H9-ADC) with or without 50 (50) or 100 (100) µM of Vcpal for 8 days (closed bars). Bacterial number was determined by plating dilutions for CFU on 7H9-OADC agar and compared to that of Time 0 (D0, open bar).
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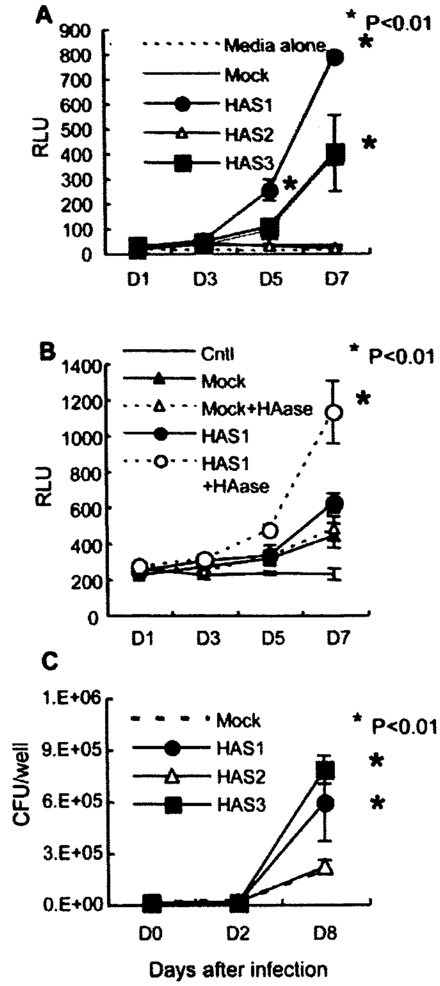

Figure 5. The effect of 3 hyaluronan synthases on the growth of BCG and *M. tuberculosis*. (A), Established transfectant cells (Rat 3Y1 fibroblasts) with control vector (Mock) or vector to express hyaluronan synthase 1 (HAS1), HAS2 (HAS2), or HAS3 (HAS3) were cultured in the presence of BCG-Luc or media alone. The growth of bacteria was monitored by luciferase activity. RLU, relative luciferase unit. The results are expressed as mean±the standard deviation ($n = 3$). For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values for each time point, comparing the various growth conditions to the control. *$P<0.01$. (B), Hyaluronidase (HAase) treatment enhances the growth of BCG after infection to HAS1-tranfected cells. After 16 hours exposure of BCG-Luc to transfected cells with control vector (Mock) or vector expressing HAS1 (HAS1), unbound bacteria were washed and cultured in the presence or absence of 2 units/ml of hyaluronidase (HAase). Bacterial growth was monitored by the luciferase activity (RLU). Cntl, HAS1-transfectant cells without infection of BCG-luc. The results are expressed as mean±the standard deviation ($n = 3$). For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values for each time point, comparing the various growth conditions to the control. *$P<0.01$. (C), The growth of *M. tuberculosis* H37Rv after infection to transfectant 3Y1 fibroblasts with control vector (Mock) or vector to express hyaluronan synthase 1 (HAS1), HAS2 (HAS2), or HAS3 (HAS3) was monitored by CFU. The results are expressed as mean±the standard deviation ($n = 3$). For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values for each time point, comparing the various growth conditions to the control. *$P<0.01$.
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Detection of hyaluronan in the lungs of rhesus monkeys that died of tuberculosis

M. tuberculosis-infected mice had numerous sites of granulomatous inflammation in their lungs but in primates, tuberculosis granulomas are well-organized and tighter. We next studied hyaluronan in the lung granuloma of *M. tuberculosis* H37Rv-infected rhesus monkeys by staining with alcian blue, which is commonly used dye to detect GAG. The dye stained the surrounding region of well-organized granuloma (Figure 7A) and the staining was largely abolished by treatment with hyaluronidase (Figure 7B), showing that hyaluronan is a major GAG surrounding granuloma. Acid-fast bacilli (arrow heads in Figure 7C) were located in alcian blue stained areas, thus suggesting a strong correlation between the localization of the tubercle bacilli and hyaluronan.

Vcpal suppresses mycobacterial growth *in vivo*

Finally, we addressed the effect of Vcpal on the growth of BCG in BALB/c mice. Mice were infected with BCG intravenously through their tail veins. One day after BCG challenge, the hyaluronidase inhibitor Vcpal (0.4 or 1.64 mg/dose) was injected every day thorough the tail veins for 14 days. Two days after the final injection, the mice were euthanized and viable bacteria counts were determined by the CFU assay. As a positive control, we also treated mice with amikacin (Amk), which kills extracellular but not intracellular mycobacteria, by an intramuscular injection. The results showed that Vcpal apparently suppressed growth of BCG in the lungs, similar to Amk (Figure 8).

Discussion

Although hyaluronan is crucial for both structural and physiological properties in the alveolar spaces, its role in mycobacterial infection was previously unknown. We demonstrated before that hyaluronan is the major attachment site of both BCG and *M. tuberculosis* in the infection of A549 cells, which itself produced hyaluronan [1] probably depending on HAS3 and HAS2 (Figure S2). In this study, we further extended our research and studied the role of hyaluronan after infection was established.

First, we examined the effect of hyaluronan on the growth of BCG after infection of A549 cells. BCG is an attenuated strain of the virulent *M. bovis* and is a live vaccine against tuberculosis. Because BCG bacilli share biological and pathological characteristics [33] and over 99.5% of their genome with that of *M. tuberculosis* [34], BCG is frequently utilized for the analysis of virulence of *M. tuberculosis*.

Utilizing BCG, we first found that exogenously added hyaluronan enhances the growth of BCG after incubation with A549 cells. We found that gentamicin treatment abrogated the growth of both BCG and *M. tuberculosis*, showing that these mycobacteria grow outside A549 cells. By contrast, this BCG strain (Pasteur) and *M. tuberculosis* H37Rv grew inside J774 mouse macrophages. These data apparently suggest that intracellular spaces in A549 cells are not suitable for the growth of mycobacteria.

Mycobacteria are intracellular pathogens and survive in macrophages by blocking phagosome-lysosome fusion (P-L fusion) at the stage of Rab5–Rab7 conversion [35–37]. Mycobacteria can infect non-professional epithelial cells in addition to alveolar macrophages. However, the exact mechanisms of how mycobacteria invade and persist or are killed in epithelial cells are unknown. Clemens and Horwitz demonstrated that mycobacterial phagosomes acquired Rab7 in HeLa epithelial cells, suggesting that P-L fusion is not efficiently blocked. Furthermore, Takeda's group recently found that type II pneumocytes produce antimi-

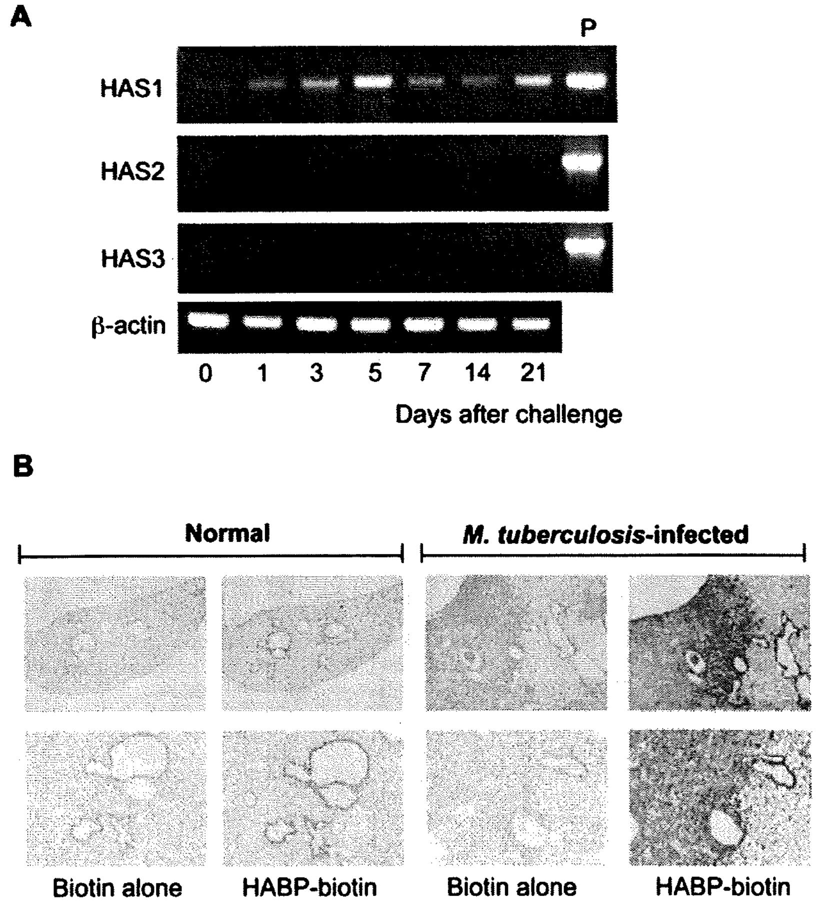

Figure 6. Production of hyaluronan during *M. tuberculosis* infection in mice. (A), BALB/c mice were aerogenically infected with *M. tuberculosis* H37Rv (around 10 CFU/lung). At the indicated periods, mice were euthanized and total RNA was extracted from the lungs. Transcription of each gene encoding HAS1, HAS2, HAS3 and beta-actin was analyzed by RT-PCR. Three mice were analyzed for each time point and representative data are presented. P, positive control of PCR employing the cDNA clone of each HAS gene as a template. (B), After euthanized, lungs from uninfected mice (Normal) or mice 21 days after infection with *M. tuberculosis* H37Rv (*M. tuberculosis* infected) were removed and histological sections were made by standard methods including formalin fixation, dehydration, and embedding in paraffin. Biotinylated hyaluronan-binding protein (HABP-biotin) was used to stain the hyaluronan in the lungs. Biotin alone was used as control straining (Biotin alone). Avidin-conjugated alkaline phosphatase and chromogen as the substrate were used to generate a red reaction product. Digital images of representative sites were acquired at ×20 (upper pictures) or ×100 (lower pictures) magnification. Experiments were performed at least three times using 5 mice for each group.
doi:10.1371/journal.ppat.1000643.g006

crobial peptides, secretory leukocyte protease inhibitor and Lipocalin 2, which have potent anti-mycobactericidal activities [5,6]. Such bactericidal molecules may contribute to the inhibition of intracellular growth of mycobacteria within type II pneumocytes. These data suggest that intracellular trafficking of mycobacteria-containing vacuoles and intracellular states of mycobacteria are different from that in macrophages.

We found that both BCG and *M. tuberculosis* grew in the media containing hyaluronan as the sole carbon source (Figure 2A and 3). In addition to hyaluronan, mammals synthesize several GAGs, but hyaluronan most strongly supported the growth of BCG among GAGs and is comparable with glucose (Figure 2). By contrast, environmental mycobacteria, such as *M. smegmatis* and *M. avium*, failed to use hyaluronan as a carbon source. These data help us to understand why pathogenic mycobacteria have the ability to adhere to hyaluronan and metabolize it. It is reasonable to assume that this property is a great advantage, allowing them to grow in the hyaluronan-rich respiratory organs of their hosts.

Because hyaluronan is a long carbon chain, we considered that cleavage must be an essential step for its use as a carbon source, and indeed found hyaluronidase activity in BCG (Figure 4). Although certain other species of bacterial pathogens, such as *Streptococcus*, *Staphylococcus*, and *Streptomyces*, produce hyaluronidases [38], there has been no report of hyaluronidase of mycobacteria. This is the first report showing hyaluronidase activity in mycobacteria.

There are two main groups of hyaluronidases identified to date. One group is endo-β-*N*-acetyl-hexosaminidase or endo-β-glucuronidase, which degrades hyaluronan by hydrolysis [39]. These enzymes are distributed in some vertebrates including mouse and human. Others are lyase type hyaluronidase that degrade hyaluronan by β-elimination [39]. Bacterial hyaluronidases are lyases, which are unstable but have stronger activity than those of vertebrates, and generate unsaturated products, which is more suitable for energy supply than saturated hyaluronan. Therefore, it is reasonable to consider that mycobacteria have the lyase type of

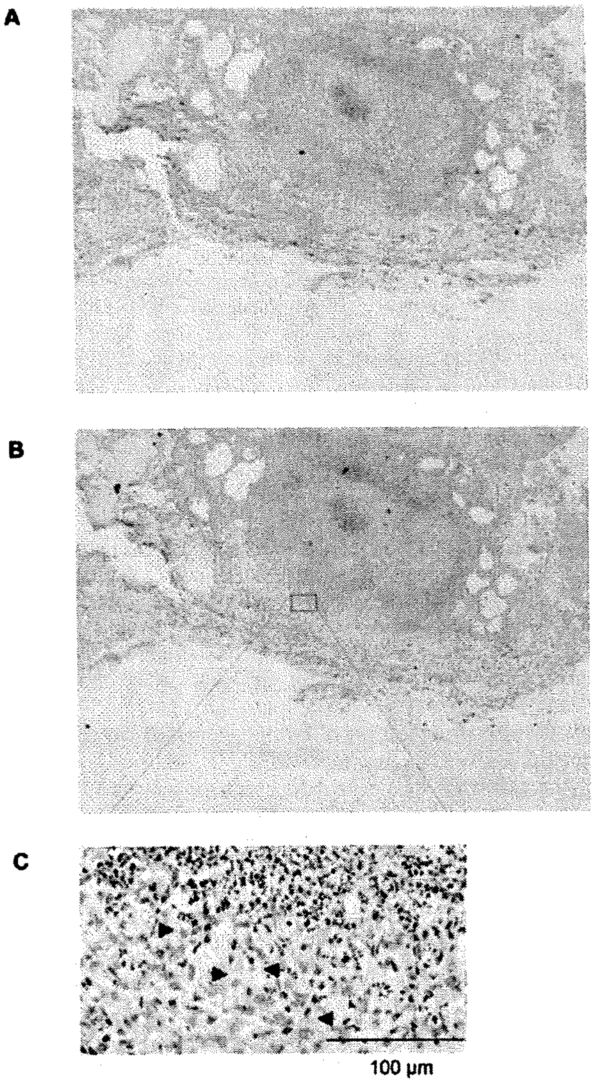

Figure 7. Presence of hyaluronan in the lungs of rhesus monkeys that died from tuberculosis. The lung sections were obtained from rhesus monkeys that had died of tuberculosis after challenge with 3,000 CFU/lung of *M. tuberculosis* H37Rv intratracheally. The sections were stained with alcian blue with (B) or without (A) pretreatment of hyaluronidase and counterstained with nuclear fast red. The section was also stained with Ziehl-Neelsen to demonstrate the presence of acid-fast bacilli (arrow heads) (C).
doi:10.1371/journal.ppat.1000643.g007

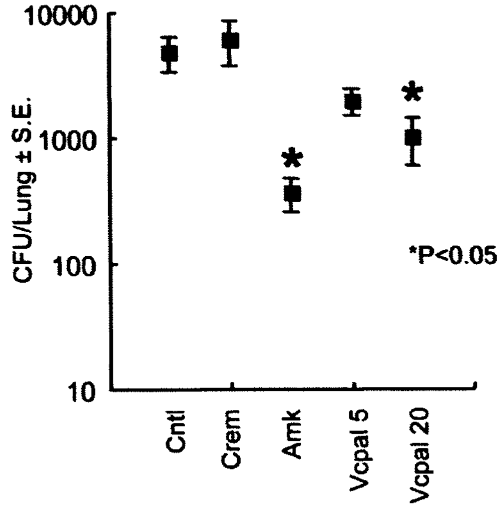

Figure 8. Vcpal suppresses the growth of mycobacteria in mouse lungs. BALB/c mice were infected with 10^6 CFU of BCG (Pasteur) intravenously. One day after the challenge, mice were treated with amikacin (Amk) and Vcpal every day for 14 days. Two days after final treatment, mice were euthanized and their lungs were homogenized. Lung pastes were serially diluted and plated in duplicate on Middlebrook 7H11 OADC agars. After incubation for 3–4 weeks at 37°C, colonies were counted and the number of CFU was calculated per lung. For statistical analysis, a two-way ANOVA with Bonferroni Post tests were used to obtain *P*-values to determine the effect of Vcpal and amikacin on bacterial growth to the control. *$P<0.05$. Cntl, control mice without treatment.
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hyaluronidase. Although hyaluronidase is not yet described in the genome of either *M. tuberculosis* [33] or BCG [34], there are approximately 40 lyases. One of these lyases may be responsible for degradation of hyaluronan. Defining which enzyme is responsible for cleavage of hyaluronan is next important issue. Most hyaluronidases in mammals and bacteria display redundancy in recognition of their GAG substrates. Our data show that chondroitin sulfate also supported the growth of BCG (Figure 2). This may imply that hyaluronidase(s) of BCG cleave chondroitin sulfate as well.

Hyaluronan possesses many properties *in vivo* and it is believed that these biological activities are dependent on its size [40–42]. Although hyaluronan is composed of simple repeating disaccharides, its secondary structure is flexible. It is affected by the numbers of intramolecular hydrogen bonds, their location, and hydrophobic interactions [43,44], all of which are increased as the size of the chains increase. Dynamic laser light-scattering analysis showed that the rod-like structure of low molecular weight hyaluronan changes to a stiff coil structure beyond a molecular weight of 1×10^5 Da [45]. Taken together, it is conceivable that hyaluronan synthesized by HAS1 and HAS3 exhibits a different structure from that synthesized by HAS2. Employing HAS transfectants, we found that both BCG and *M. tuberculosis* utilize hyaluronan synthesized only by HAS1 or HAS3 for multiplication (Figure 5A and 5C).

The fact that BCG and *M. tuberculosis* grow when co-cultured with HAS1 and HAS3 but not HAS2 transfected cells (Figure 5A and 5C) suggests that HAS1 and HAS3-synthesized hyaluronan supports the growth of mycobacteria in the human body. We founds that HAS1 is the major hyaluronan synthase in *M. tuberculosis*-infected mouse lungs (Figure 6A). HAS1 is expressed in immune cells, such as dendritic cells and T cells [46]. To clarify what kind of cell expresses HAS1 during mycobacterial infection is the next important issue.

In spite of the importance of hyaluronan in host protection in the lungs, its role in mycobacterial diseases had not been elucidated. In this study, we demonstrated that BCG and *M. tuberculosis* can utilize it as a carbon source. Hyaluronan was observed in the granulomatous region of mice lungs infected with *M. tuberculosis* (Figure 6). Furthermore, *M. tuberculosis* bacilli were residing in the region where hyaluronan was located in the lungs of monkeys that had died from tuberculosis (Figure 7). We also showed that blocking hyaluronidase inhibited *in vivo* multiplication of BCG (Figure 8). These results suggest that pathogenic mycobacteria have evolved to exploit the intrinsically host-protective molecule, hyaluronan as a nutrient to grow. Similar behavior of pathogenic mycobacteria was observed during infection of macrophages, that is, BCG is phagocytized in a cholesterol-dependent manner [47] and utilizes cholesterol as a carbon source to survive in activated macrophages [48]. It is likely that mycobacteria developed several strategies to obtain nutrients under nutrient-limited conditions.

After digestion of hyaluronan, it must be incorporated into mycobacteria through specific receptors or membrane proteins. Based on our results and consideration, hyaluronidase and a potential transporter of fragmented hyaluronan of pathogenic mycobacteria are potential drug targets.

Materials and Methods

Animal studies

All animals were maintained under specific pathogen-free conditions in the animal facilities of Osaka City University Graduate School of Medicine and in a biosafety-level-3 facility at The Research Institute of Tuberculosis according to the standard guidelines for animal experiments at each institute.

Culture medium and reagents

RPMI 1640 media, L-glutamine, fetal bovine serum, HEPES, hyaluronan from human umbilical cord, heparin from porcine intestinal mucosa and heparan sulfate from bovine kidney were purchased from Sigma-Aldrich (St. Louis, MO). Chondroitin sulfate A and C were purchased from Calbiochem (Gibbstown, NJ). For conventional culture of mycobacteria, Middlebrook 7H9 medium (Becton Dickinson) supplemented with 0.085% NaCl, 10% albumin-dextrose-catalase (BD Biosciences), 0.2% glycerol, and 0.05% Tween 80 (7H9-ADC) or 7H11-agar supplemented with 0.085% NaCl, 10% oleic acid-albumin-dextrose-catalase (BD Biosciences), and 0.2% glycerol (7H11-OADC) were used. 7H9 medium (Becton Dickinson) supplemented with 0.085% NaCl and 0.1% albumin was used as a carbon-starved 7H9 medium.

Effect of hyaluronan on extracellular growth of BCG and *M. tuberculosis* after infection to A549 cells

A549 cells were grown in RPMI 1640 medium containing 10% heat-inactivated fetal bovine serum, 2 mM L-glutamine, 25 mM HEPES and 5.5×10^{-5} M 2-mercaptoethanol (complete culture medium) at 37°C in an atmosphere of 5% CO_2. Cells were suspended at 2×10^5/ml in complete culture medium and 1 ml of cell suspension was dispensed into individual wells of a 24-well polystyrene plate (BD Biosciences, San Jose, CA). Plates were incubated at 37°C for 24 h and were washed with serum-free RPMI 1640 medium to remove nonadherent cells. Wells were then refilled with 1 ml of complete culture medium. *M. bovis* BCG or *M. tuberculosis* cell suspension was prepared as described previously [1]. The bacterial cell suspension was added to A549 cells at multiplicities of infection (MOI) of 10. After 16 (BCG) or 4 (*M. tuberculosis*) h incubation, unbound bacteria were removed by washing with serum-free RPMI 1640 three times. After adding 1 ml of fresh complete culture medium to each well, hyaluronan solution was added to final concentrations ranging from 5 to 500 µg/ml. Cells were collected periodically for luciferase or CFU assays.

Luciferase assays

Construction of BCG expressing luciferase was described previously [1]. Luciferase activity was measured using the luciferase assay system from Promega (Madison, WI) according to the manufacturer's protocol on a Wallac 1420 manager as described previously [14].

Effect of gentamicin on mycobacterial growth after infection to A549 cells

A549 cells in 96-well polystyrene plates (8×10^4/well) were infected with BCG-Luc or *M. tuberculosis* at MOI of 10 at 37°C. After 16 (BCG) or 4 (*M. tuberculosis*) h, the monolayers were washed three times with RPMI 1640 medium to remove extracellular bacteria. Fresh complete culture medium containing 1 mg/ml of hyaluronan and 50 µg/ml of gentamicin were added to each well (200 µl/well) and incubated at 37°C. Cells were collected periodically for detection of luciferase activity of BCG-Luc or CFU assay of *M. tuberculosis*.

Evaluation of glucose and GAG as carbon sources for growth of mycobacteria

BCG-Luc or *M. tuberculosis* was adjusted to a concentration of 1×10^4 CFU/ml in carbon-starved 7H9 medium described previously [14], and 200 µl of bacterial cell suspension was added to 96-well polystyrene plates. Heparin, heparan sulfate, chondroitin sulfate, hyaluronan or glucose was added to appropriate wells to a final concentration of 500 µg/ml. Plates were incubated at 37°C and bacterial cells were collected periodically for detection of luciferase activity of BCG-Luc or CFU assay of *M. tuberculosis*.

Evaluation of ingestion of hyaluronan into mycobacteria

BCG Pasteur was grown aerobically in 7H9-ADC medium at 37°C. Cells were then collected by centrifugation and half of the cells were heat-killed by heating at 65°C for 30 min. Then bacteria were washed, resuspended by carbon-starved 7H9 medium and adjusted to an optical density at 600 nm of 0.07. One hundred microliters of cell suspension was added to 100 ml of carbon-starved 7H9 with or without 6 mg of ^{3}H-labeled hyaluronan and 14 mg of non-labeled hyaluronan (final concentration of 100 mg/L of total hyaluronan). Cells were then incubated at 37°C. After incubation, cells were harvested by use of a Scatron Harvester (Scatron) onto a glass fiber filter. The incorporated radioactivity was measured in a gamma counter (ALOKA ARC-2000).

Effect of hyaluronan on mycobacterial growth

M. tuberculosis strain H37Rv, *M. smegmatis* strain mc^{2}155 and *M. avium* strain type4 were grown in carbon-starved 7H9 medium containing 0.5 mg/ml of hyaluronan, and the cultures were monitored periodically for their optical density at 600 nm (*M. tuberculosis and M. smegmatis*) or CFU (*M. tuberculosis* and *M. avium*).

Preparation of oligosaccharides from hyaluronan digested by crude extracts of BCG

BCG was grown in 7H9-ADC medium to mid-log phase. After incubation, bacterial cells were harvested, washed three times with ice-cold PBS (pH 6.0) and resuspended in the same buffer. To disrupt bacterial cells, the cell suspension was added to a screw-capped tube containing glass beads (diameter, 1.0 mm) and the tube was oscillated on a Mini-Bead Beater (Cole-Parmer). The tube was centrifuged at 10,000×*g* for 10 min, and the supernatant containing the bacterial protein extract was collected into a new tube. The protein solution was then mixed with 1 mg/ml of hyaluronan in PBS (pH 6.0) at 37°C. After incubation for 24 h, the solution was mixed with an equal volume of phenol to remove protein. The mixture was centrifuged at 10,000×*g* for 10 min and the supernatant was collected for PAGE analysis.

Polyacrylamide Gel Electrophoresis (PAGE) of hyaluronan

PAGE analysis of hyaluronan was performed as previously described by Ikegami-Kawai *et al.* [30] with minor modifications. The PAGE mini-slab gels contained 12.5% acrylamide, 0.32% *N*, *N'*-methylene bis-acrylamide in 0.1 M Tris-borate-1 mM Na_2EDTA (TBE, pH 8.3). For the electrophoretic run, samples containing hyaluronan were mixed with one-fifth volume of 2M sucrose in TBE and 10 µl of the mixtures was applied directly to the gel. Bromophenol blue in TBE containing 0.3 M sucrose was used as a tracking dye, but was generally applied to a well with no sample. The gels were electrophoresed at 300 V for approximately 70 min using TBE as a reservoir buffer. After electrophoresis, the gels were stained with alcian blue as described previously [30]. Briefly, the gels were soaked in 0.05% Alcian blue in distilled water for 30 min in the dark and destained in water for 30 min.

Inhibition of bacterial growth by hyaluronidase inhibitor

BCG-Luc or *M. tuberculosis* H37Rv was suspended in 7H9-ADC, carbon-starved 7H9 or carbon-starved 7H9 containing 0.5 mg/ml of hyalurona to a final concentration of 1×10^4 CFU/ml and 200µl of each suspension was added to 96-well polystyrene plates. Vcpal was added to each well. Bacterial cells were then incubated at 37°C and were collected periodically for detection of luciferase activity for BCG-Luc or CFU assay for *M. tuberculosis*. Similarly, *M. tuberculosis* H37Rv was incubated in the media containing 0.5 mg/ml hyaluronan in presence or absence of 0.1 or 0.5 mM of apigenin or quercetin. After incubation for 7 days, living bacterial number was determined by CFU assay.

RT-PCR

The expression of hyaluronan synthase genes in the lung tissues of mice aerogenically challenged with the virulent *M. tuberculosis* strain H37Rv was determined by RT-PCR. Seven-week-old of female BALB/c mice were aerogenically infected with the *M. tuberculosis* strain H37Rv (2×10^2 CFU/mouse) using a Glas-Col chamber. At different time points, 3 mice per group were euthanized and, the lungs were homogenized in PBS containing 0.05% Tween 80. The homogenates were centrifuged, and the pellets were processed to isolate total RNA using the RNeasy mini kit (QIAGEN, West Sussex, UK) according to the manufacturer's instruction. One microgram of total RNA was reverse transcribed using Super Script II RNase H reverse transcriptase (Invitrogen). The cDNA was then subjected to RT-PCR. The following primer pairs were used: β-actin, 5'-TGGAATCCTGTGGCATCCATGAAAC-3' (F) and 5'-TAAACGCAGCAGCTCAGTAACAGTCCG-3' (R); HAS1, 5'-GCTCTATGGGGCGTTCCTC-3' (F) and 5'-CACACATAAGTGGCAGGGTCC-3' (R); HAS2, 5'-TGGAACACCGGAAAATGAAGAAG-3' (F) and 5'-GGACCGAGCCGTGTATTTAGTTGC-3' (R); HAS3, 5'-CCATGAGGCGGGTGAAGGAGAG-3' (F) and 5'-ATGCGGCCACGGTAGAAAAGTTGT-3' (R). The amplification procedure involved initial denaturation at 94°C for 4 min followed by 35 cycles of denaturation at 94°C for 1 min, annealing of primers at 57°C for 1 min and primer extension at 72°C for 3 min. After completion of the 35th cycle, the extension reaction was continued for another 7 min at 72°C.

Total RNA was extracted from A549 cells by RNeasy mini kit (QIAGEN) and then 1 µg of total RNA was reverse transcribed using Super Script II RNase H reverse transcriptase (Invitrogen). The cDNA was then subjected to RT-PCR. The following primer pairs were used: β-actin, 5'-GATCATTGCTCCTCCTGAGC-3' (F) and 5'-CACCTTCACCGTTCCAGTTT-3' (R); HAS1, 5'- ACTCGGACACAAGGTTGGAC -3' (F) and 5'- TGTACAGCCACTCACGGAAG -3' (R); HAS2, 5'- ATGCATTGTGAGAGGTTTCT -3' (F) and 5'- CCATGACAACTTTAATCCCAG -3' (R); HAS3, 5'- GACGACAGCCCTGCGTGT -3' (F) and 5'- TTGAGGTCAGGGAAGGAGAT-3' (R). The amplification procedure involved initial denaturation at 94°C for 10 min followed by 40 cycles of denaturation at 94°C for 1 min, annealing of primers at 56°C for 1 min and primer extension at 72°C for 2.5 min.

Lung sections of rhesus monkeys that died from tuberculosis

The *M. tuberculosis* H37Rv challenge infection study of in rhesus male monkeys was performed previously [49]. The lung of non-vaccinated monkeys that died of tuberculosis 3 month after intratracheal challenge of 3,000 CFU/lung of *M. tuberculosis* H37Rv were immediately removed and fixed with 15% formalin for 10 days. Three animals' lungs were embedded in paraffin blocks and used in this study as well.

Histochemical staining for hyaluronan

After deparaffinization by washing with xylene and ethanol, the tissue sections were washed in TBS and incubated with fresh TBE containing 0.05 mM of Pronase K (Dako) for 60 min at room temperature. After washing with TBS containing 1% bovine serum albumin, the slides were incubated with 3% bovine serum albumin in TBS for 30 min at room temperature to block non-specific binding sites. The slides were then washed with TBS twice for 10 min and incubated with the biotinylated hyaluronan-binding protein (HABP) probe at a concentration of 2 mg/ml in TBS for 60 min at room temperature. Following washing in TBS, the slides were incubated with a streptavidin-peroxidase reagent and the staining developed using DAKO Cytomation LSAB-system AP (Dako). The slides were then washed with distilled water and counterstained with Mayer's hematoxylin. Paraffin sections were also stained with alcian blue (Sigma) pH 2.5 (3% acetic acid) for 5 min. The slides were counterstained with nuclear fast red (Biomeda) and mounted with Gel/Mount (Biomeda). For GAG digestion, 0.5 mg/ml (10 U/ml) *Streptomyces* hyaluronidase was added for 30 min at 37°C before alcian blue staining. The slides were stained by Ziehl-Neelsen technique using carbol-fuchsin and malachite green (Sigma).

Supporting Information

Figure S1 Apigenin and quercetin suppress growth of *M. tuberculosis* in the media containing hyaluronan as a sole carbon source. *M. tuberculosis* H37Rv was cultured for 7 days in carbon-starved media (7H9) or the media containing 500 µg/ml hyaluronan as a sole carbon source (7H9-HA). Apigenin or quercetin, inhibitors of hyaluronidase, were added to be 0.5 mM or 0.1 mM. CFU was determined at time 0 (open bar) and 7 days after culture (closed bars).
Found at: doi:10.1371/journal.ppat.1000643.s001 (0.08 MB TIF)

Figure S2 Analysis of transcription of HAS genes in A549 cells. Total RNA was extracted from A549 cells cultured in RPMI1640 media containing 10% FCS. Transcription of each gene encoding human HAS1, HAS2, HAS3 and beta-actin was analyzed by RT-PCR. Three samples were analyzed and representative data are presented. M, DNA markers.
Found at: doi:10.1371/journal.ppat.1000643.s002 (0.61 MB TIF)

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Author Contributions

Conceived and designed the experiments: Y. Hirayama, M. Yoshimura, S. Matsumoto. Performed the experiments: Y. Hirayama, M. Yoshimura, Y. Ozeki, I. Sugawara, T. Udagawa, S. Mizuno, A. Tamaru, S. Matsumoto. Analyzed the data: Y. Hirayama, M. Yoshimura, Y. Ozeki, I. Sugawara, T. Udagawa, S. Mizuno, K. Kobayashi, S. Matsumoto. Contributed reagents/materials/analysis tools: N. Itano, K. Kimata. Wrote the paper: M. Yoshimura, I. Sugawara, H. Ogura, K. Kobayashi, S. Matsumoto.

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Inhibition of the Multiplication of *Mycobacterium leprae* by Vaccination with a Recombinant *M. bovis* BCG Strain That Secretes Major Membrane Protein II in Mice[▽]

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The ability of a recombinant *Mycobacterium bovis* BCG strain that secretes major membrane protein II (MMP-II) of *Mycobacterium leprae* (BCG-SM) to confer protection against leprosy was evaluated by use of a mouse footpad model. C57BL/6J mice intradermally inoculated with BCG-SM produced splenic T cells which secreted significant amounts of gamma interferon (IFN-γ) in response to either the recombinant MMP-II, the *M. leprae*-derived membrane fraction, or the BCG-derived cytosolic fraction in vitro more efficiently than those from the mice infected with the vector control BCG strain (BCG-pMV, a BCG strain containing pMV-261). A higher percentage of $CD8^+$ T cells obtained from BCG-SM-inoculated mice than those obtained from BCG-pMV-inoculated mice produced intracellular IFN-γ on restimulation with the *M. leprae* antigens. BCG-SM inhibited the multiplication of *M. leprae* in the footpads of C57BL/6J mice more efficiently than BCG-pMV. These results indicate that a BCG strain that secretes MMP-II could be a better vaccine candidate for leprosy.

Leprosy, which is caused by *Mycobacterium leprae*, is an infectious disease that still affects thousands of people worldwide. According to WHO's weekly epidemiological report, 254,525 new cases were detected in 2007 (25). One reason why leprosy is still prevalent may be due to the inherent characteristics of *M. leprae*, i.e., slow growth and weak pathogenicity. It takes 12 to 14 days for *M. leprae* to replicate, so it is predicted that 2 to 5 years are necessary for the clinical manifestations to appear after an infection (1, 18). Likewise, it takes 6 to 8 months for the recognizable swelling of the footpad to appear in nude mice (22).

Leprosy is clinically divided into two major categories: multibacillary (MB) leprosy and paucibacillary (PB) leprosy. In the lesions of patients with PB leprosy, dendritic cells (DCs) and activated T cells are involved with confining *M. leprae* to a localized area. These pathological observations indicate that cell-mediated reactions are triggered and that the activation of both $CD4^+$ and $CD8^+$ T cells is closely associated with inhibition of the spread of the bacilli. In contrast, abundant foamy macrophages loaded with bacilli but not DCs appear in the lesions of MB patients (11). It can be speculated that antigen (Ag)-presenting cells such as DCs recognize the immunodominant Ags of *M. leprae* and express those derivatives on their surfaces, thereby activating T cells. Previously, using T cells from patients with PB leprosy, we have identified major membrane protein II (MMP-II), also known as bacterioferritin (ML2038), as one of the immunodominant Ags (8). We found that MMP-II activates DCs through Toll-like receptor 2, leading to higher levels of expression of major histocompatibility complex class I and class II, CD86, and CD83 Ags and increased levels of production of interleukin-12 p70. Furthermore, MMP-II-pulsed DCs derived from patients with PB leprosy activated both autologous $CD4^+$ T cells and $CD8^+$ T cells to produce gamma interferon (IFN-γ) in amounts larger than the amounts produced by T cells from patients with MB leprosy and *M. bovis* BCG-vaccinated healthy individuals, indicating that T cells from patients with PB leprosy may be primed with MMP-II in vivo.

The BCG vaccine has been used for the prevention of tuberculosis, although its role in the prevention of leprosy is still being debated. The protective efficacy of BCG against leprosy has been tested in several trials, including studies in the Karonga District of northern Malawi, in which 50% protection was observed (17). Through combined systematic analyses of experimental studies, Setia et al. found that the BCG vaccine had an overall level of protective efficacy of 26% against human leprosy (19). Their observational studies overestimated the protective effect at 61%. In another review of 29 studies, Zodpey reported that 44.8% of the reports indicated that the BCG vaccine had a level of efficacy of 50% or more (26). These observations indicate that improvements to the BCG vaccine are necessary to increase its protective effect. Recently, we produced a recombinant BCG strain that secretes MMP-II (strain BCG-SM, where SM indicates secreting MMP-II). Since MMP-II has the ability to ligate Toll-like receptor 2, we expected BCG-SM to highly activate human T cells. In fact, BCG-SM activated not only naïve $CD4^+$ T cells but also naïve $CD8^+$ T cells through DCs (9). The fact that BCG-SM was more efficient than the parental BCG strain at the activation of both subsets of naïve T cells led us to seek further insights into the protective activity of BCG-SM. In the present study, we investigated the effect of vaccination of BCG-SM on the multiplication of *M. leprae* in mice.

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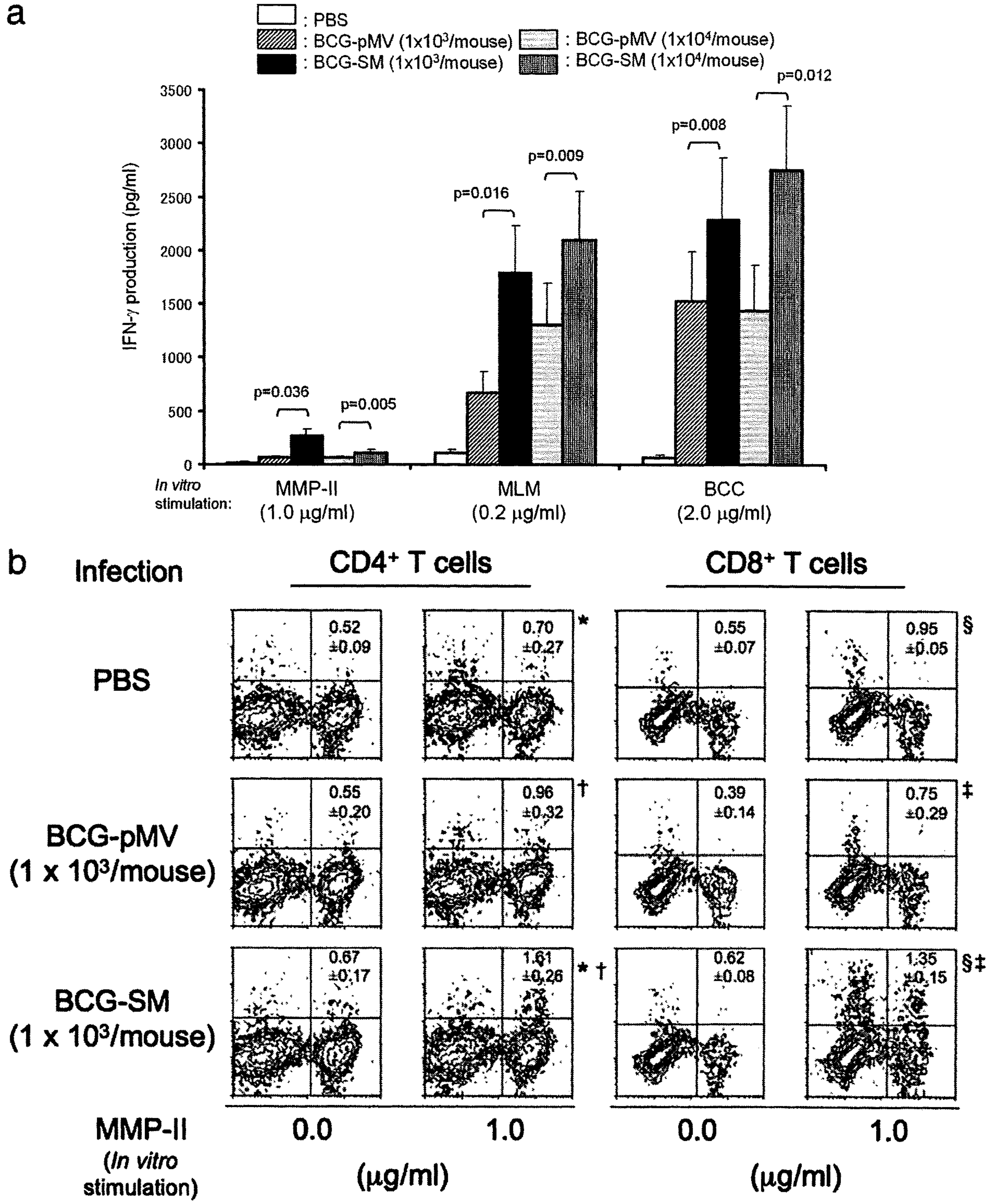


FIG. 1. (a) Production of T cells responsive to *M. leprae*-derived Ags by inoculation with recombinant BCG in mice. Five-week-old C57BL/6J mice were intradermally inoculated with the indicated dose of either BCG-pMV (the vector control BCG strain) or BCG-SM (an MMP-II-secreting BCG strain). Four weeks after the inoculation, splenocytes were restimulated in vitro with the indicated doses of various Ags for 4 days in vitro, and the level of IFN-γ production in the cell supernatant was measured by ELISA. The assays were performed in triplicate for each mouse, and the results for three mice per group are shown as the means ± standard deviations. The representative results of one of three separate experiments are shown. The titers were compared statistically by Student's *t* test. (b) Intracellular IFN-γ production by $CD4^+$ and $CD8^+$ T cells in mice intradermally inoculated with BCG by secondary stimulation. Five-week-old C57BL/6J mice were intradermally infected with 1×10^3 CFU of either BCG-pMV or BCG-SM per mouse. Four weeks after the inoculation, splenocytes (2×10^5/well) were stimulated with 1.0 μg/ml of recombinant MMP-II for 3 days in vitro. The $CD4^+$ T cells and $CD8^+$ T cells were gated separately and analyzed for the intracellular production of IFN-γ. The number at the top right-hand corner of each panel represents the mean percentage of IFN-γ-producing cells ± standard deviation (for three mice) among the gated T-cell population. A representative plot of one of three separate experiments is shown. The titers were compared statistically by Student's *t* test. *, $P < 0.0001$; †, $P < 0.005$; §, $P < 0.05$; ‡, $P < 0.05$.

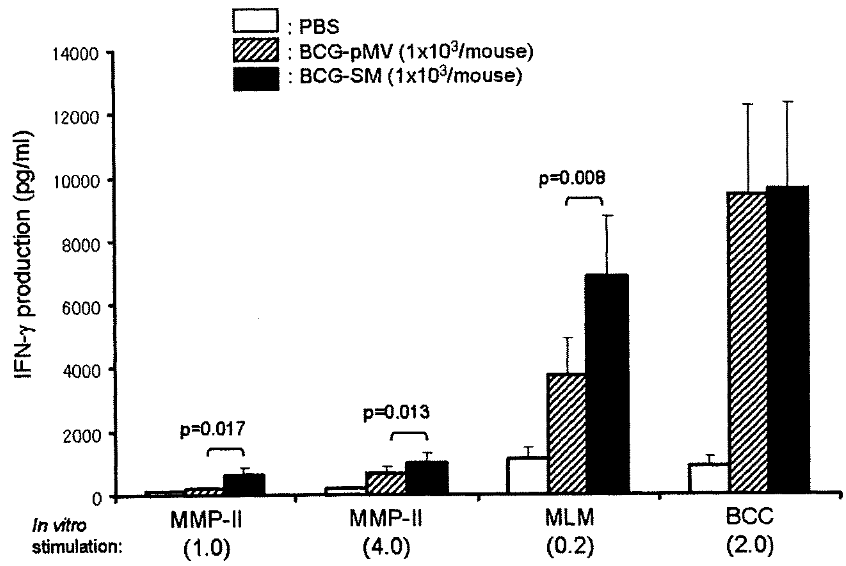


FIG. 2. Long-term effects of vaccination with recombinant BCG on the production of T cells responsive to *M. leprae*-derived Ags. C57BL/6J mice were intradermally infected with 1×10^3 CFU of either BCG-pMV or BCG-SM per mouse. Thirty-four weeks after the inoculation, splenocytes were stimulated with the indicated dose of various Ags for 4 days in vitro, and the amount of IFN-γ produced in the cell supernatant was measured. Assays were carried out in triplicate for each mouse, and the results for three mice per group are shown as the means ± standard deviations. The titers were compared statistically by Student's *t* test.

MATERIALS AND METHODS

Preparation of *M. leprae*, the recombinant BCG strain, and Ags. *M. leprae* (strain Thai-53) was maintained by serial passage in athymic BALB/c *nu/nu* mice (Clea Japan, Inc., Tokyo, Japan) by inoculation of the bacilli into both hind footpads. At 8 months postinoculation, the footpads were processed to recover *M. leprae* bacilli by a previously described method (12, 22). The isolated bacteria were counted by a previously described method (10, 21). Nonfrozen, freshly prepared bacteria were used for inoculation of the mice.

A recombinant BCG strain that secretes *M. leprae*-derived MMP-II was constructed as described previously (9). In brief, a shuttle vector, pMV-261, was used to construct pMV-SM with the MMP-II cDNA fragment. BCG substrain Pasteur was cultured in vitro in Middlebrook 7H9 broth (BD Biosciences–Pharmingen, San Jose, CA) supplemented with 0.05% Tween 80 and 10% albumin-dextrose-catalase (BD Biosciences). Expression vectors were introduced into the BCG strain by electroporation. Transformants were selected on Middlebrook 7H10 agar (BD Biosciences) plates supplemented with 10% oleic acid-albumin-dextrose-catalase (BD Biosciences) and 25 μg/ml kanamycin. The mycobacteria were subsequently grown in Middlebrook 7H9 broth containing 25 μg/ml of kanamycin. The BCG strain containing pMV-SM as an extrachromosomal plasmid is referred to as BCG-SM, while the BCG strain containing pMV-261 is referred to as BCG-pMV. In terms of in vitro growth and infectivity, there was no difference between the two strains. The recombinant MMP-II, the *M. leprae*-derived membrane fraction (MLM), and the cytosolic fraction of BCG (BCC) were obtained as described previously (8, 13).

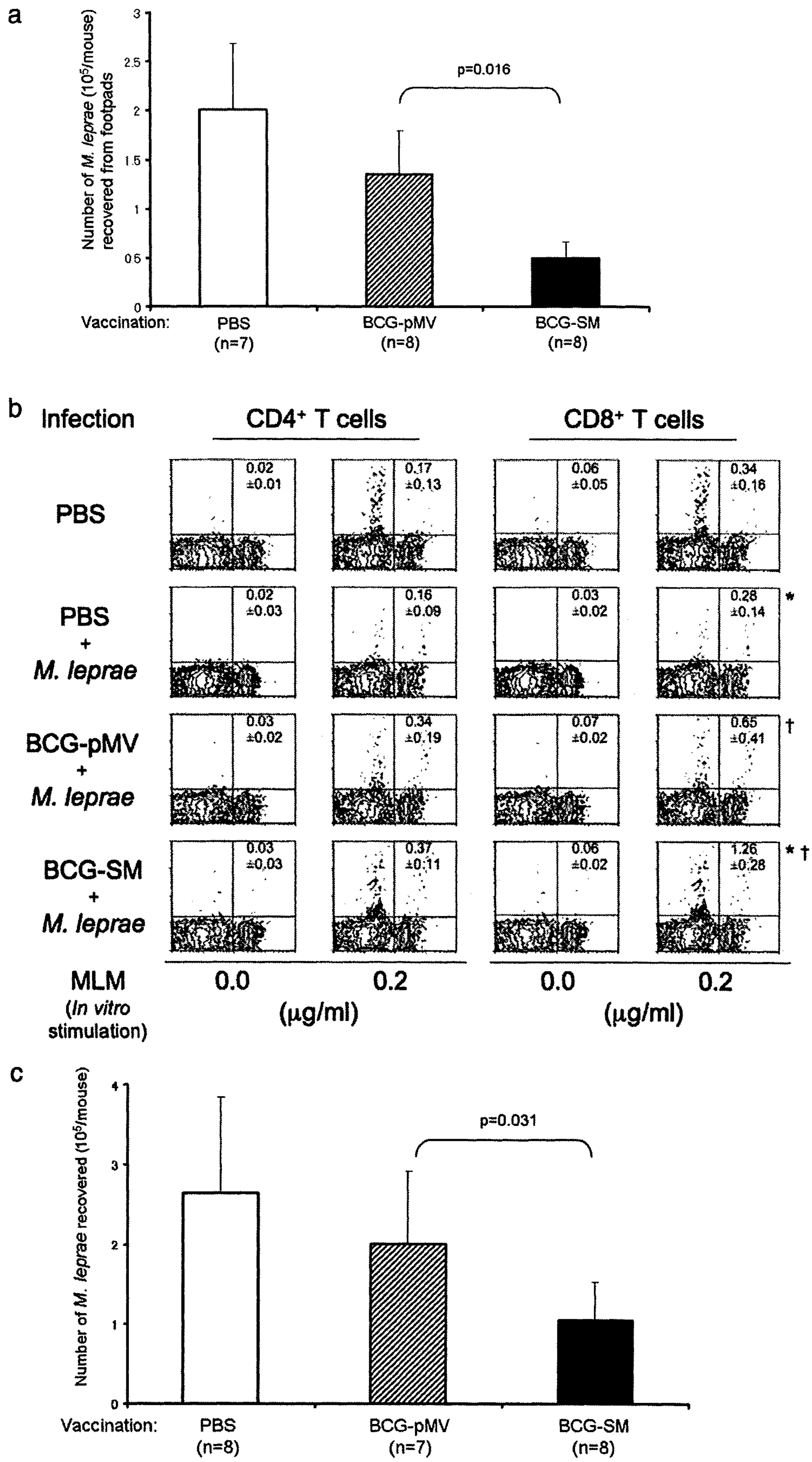
Animal studies. For inoculation into mice, recombinant BCG strains were cultured in Middlebrook 7H9 medium to the log phase of growth and were stored at 10^8 CFU/ml at −80°C. Before the aliquots were used for inoculation, the concentration of viable bacilli was determined by plating the bacilli on Middlebrook 7H11 agar. The indicated numbers of 5-week-old C57BL/6J mice (Clea Japan, Inc.) per group were inoculated intradermally with 0.1 ml of phosphate-buffered saline (PBS) or PBS containing 1×10^3 or 1×10^4 CFU of recombinant BCG per mouse. The animals were kept under specific-pathogen-free conditions and were supplied with sterilized food and water. Four or 34 weeks after inoculation, the spleens were removed and the splenocytes were suspended at a concentration of 2×10^6 cells per ml in culture medium. The splenocytes were stimulated with the indicated concentration of recombinant MMP-II, MLM, or BCC in triplicate in 96-well round-bottom microplates (8). The individual culture supernatants were collected 3 to 4 days after stimulation, and the level of IFN-γ was measured with an Opt EIA mouse enzyme-linked immunosorbent assay (ELISA) set (BD Biosciences). For the recovery of BCG in the spleen 3 weeks after inoculation, the cells were lysed with 0.2% saponin and plated on Middlebrook 7H10 agar for colony counting.

The splenocytes obtained from C57BL/6J mice infected with the recombinant BCG strains were also subjected to the identification of the T-cell subsets responsible for IFN-γ production. The level of intracellular production of IFN-γ by $CD4^+$ T cells and $CD8^+$ T cells, which were restimulated for 3 days in vitro with recombinant MMP-II or MLM, was assessed as follows: cells were treated with Golgi Stop (BD Biosciences), and Golgi transport was inhibited for 4 h. The cells were then surface stained with an allophycocyanin-labeled monoclonal antibody (MAb) to CD4 (MAb RM4-5; BD Biosciences) and a phycoerythrin-labeled MAb to CD8 (MAb H35.17-2; BD Biosciences) in the presence of 7-amino actinomycin D, after which they were washed with PBS containing 1% fetal calf serum and fixed in 1.6% formaldehyde. Subsequently, they were permeabilized with 0.1% saponin and stained with a fluorescein isothiocyanate-conjugated MAb to IFN-γ (MAb XMG1.2; BD Biosciences) or isotype control immunoglobulin G. In another set of experiments, C57BL/6J mice vaccinated intradermally with the indicated dose of BCG-pMV or BCG-SM for 4 weeks were challenged in the footpad with 5×10^3 of *M. leprae* per mouse. Thirty or 31 weeks later, the footpads and spleens were processed for further analyses. The number of *M. leprae* bacilli that grew in the footpads was enumerated by the method of Shepard and McRae (21), and the splenocytes were used to assess the level of IFN-γ production by the ELISA method and for intracellular staining for IFN-γ by flow cytometry (FACSCalibur flow cytometer; BD Biosciences). The animal experiments were reviewed and approved by the Animal Research Committee of Experimental Animals of the National Institute of Infectious Diseases and were conducted according to established guidelines.

Statistical analysis. Student's *t* test and the Mann-Whitney-Wilcoxon test were used to determine statistical differences.

RESULTS

Production of *M. leprae*-derived Ag-responsive T cells in C57BL/6J mice vaccinated with BCG-SM. The purpose of vaccination is to produce T cells which can respond to *M. leprae* or *M. leprae*-derived Ags. C57BL/6J mice were intradermally infected with either BCG-pMV or BCG-SM; and their splenocytes were restimulated in vitro with the recombinant MMP-II, the MLM protein, or the BCC protein (Fig. 1a). While the


a
Number of M. leprae (10^5/mouse) recovered from footpads
p=0.016
Vaccination:
PBS (n=7)
BCG-pMV (n=8)
BCG-SM (n=8)
b
Infection
CD4+ T cells
CD8+ T cells
PBS
PBS + M. leprae
BCG-pMV + M. leprae
BCG-SM + M. leprae
0.02 ±0.01
0.17 ±0.13
0.06 ±0.05
0.34 ±0.16
0.02 ±0.03
0.16 ±0.09
0.03 ±0.02
0.28 ±0.14
0.03 ±0.02
0.34 ±0.19
0.07 ±0.02
0.65 ±0.41
0.03 ±0.03
0.37 ±0.11
0.06 ±0.02
1.26 ±0.28
MLM (In vitro stimulation)
0.0
0.2
(µg/ml)
c
Number of M. leprae recovered (10^5/mouse)
p=0.031
Vaccination:
PBS (n=8)
BCG-pMV (n=7)
BCG-SM (n=8)

splenocytes obtained from C57BL/6J mice inoculated with PBS minimally responded to these Ags, mice infected with either BCG-pMV or BCG-SM significantly responded to the Ags. However, splenocytes from the BCG-SM-vaccinated mice responded to all Ags more strongly and produced levels of IFN-γ higher than those from BCG-pMV-vaccinated mice. In order to define the T cells responsible for IFN-γ production, the T cells producing the intracellular cytokines were determined (Fig. 1b). Both $CD4^+$ T cells and $CD8^+$ T cells obtained from mice inoculated with PBS, BCG-pMV, or BCG-SM produced IFN-γ on stimulation with MMP-II. However, the two subsets of T cells from BCG-SM-infected mice responded to the stimulation more strongly than T cells from BCG-pMV-infected mice, and more than 1.0% of both $CD4^+$ T cells and $CD8^+$ T cells produced IFN-γ.

Human leprosy usually manifests long after the infection with *M. leprae*. Therefore, we evaluated the long-term effect of vaccination with BCG-SM (Fig. 2). C57BL/6J mice were vaccinated intradermally with the recombinant BCG strain for 34 weeks, and their splenocytes were examined for a secondary response to *M. leprae*-derived Ags. While the response to BCC did not differ between BCG-pMV- and BCG-SM-infected mice, significantly higher levels of IFN-γ were produced in splenocytes from BCG-SM-vaccinated mice than in those from BCG-pMV-vaccinated mice on in vitro restimulation with both the recombinant MMP-II and MLM. These results indicate that the effect of the BCG-SM vaccination persisted for a long time.

Effect of BCG-SM vaccination on multiplication of *M. leprae* in vivo. C57BL/6J mice that had been vaccinated 4 weeks earlier with either BCG-pMV or BCG-SM (1×10^4/mouse) intradermally were challenged with 5×10^3 *M. leprae* bacilli in the footpad. Thirty or 31 weeks later, the footpads were removed and the *M. leprae* bacilli recovered were enumerated (Fig. 3a). A total of 2×10^5 *M. leprae* were recovered from the mice inoculated with PBS and challenged with *M. leprae*, and BCG-pMV partially inhibited the multiplication of *M. leprae*. However, only 5×10^4 *M. leprae* bacilli were recovered from the BCG-SM-vaccinated mice, showing that BCG-SM is more effective than BCG-pMV at inhibiting the growth of *M. leprae*. In order to clarify the T-cell population responsible for the inhibition of *M. leprae* growth, $CD4^+$ T cells and $CD8^+$ T cells from BCG-vaccinated and *M. leprae*-challenged mice were restimulated with MMP-II (data not shown) or MLM (Fig. 3b) in vitro. There was no significant difference in the percentage of IFN-γ-producing $CD4^+$ T cells among uninfected *M. leprae*-challenged, BCG-pMV-vaccinated *M. leprae*-challenged, and BCG-SM-vaccinated *M. leprae*-challenged mice. However, significantly higher numbers of $CD8^+$ T cells from BCG-SM-vaccinated *M. leprae*-challenged mice than T cells from the other groups of mice produced intracellular IFN-γ in response to MMP-II. We then examined the effect of a lower dose of recombinant BCG on the multiplication of *M. leprae* in the footpads of mice. Again, a 40-fold increase in the number of *M. leprae* bacilli was observed in *M. leprae*-challenged (5×10^3/mouse) nonvaccinated mice. Also, vaccination with BCG-SM was more effective in inhibiting the growth of *M. leprae* than vaccination with BCG-pMV (Fig. 3c).

DISCUSSION

In 1991, the World Health Assembly proposed the elimination of leprosy as a public health problem by the year 2000, since the multidrug therapy was drastically effective in reducing the number of registered leprosy cases. However, at present, more than 200,000 newly manifested leprosy cases are still reported annually (25). Therefore, in order to eliminate the disease, an effective and safe vaccine is needed. The vaccine should also be widely available at a low cost. An assessment of the cost-effectiveness of BCG vaccination on childhood tuberculosis was conducted and was found to be a highly cost-effective intervention (23). However, human immunodeficiency virus (HIV)-infected infants who were vaccinated with BCG at birth were at high risk of developing disseminated BCG disease (5, 6). Therefore, care should be taken to prevent the vaccination of HIV-exposed infants with BCG. For the prevention of leprosy, a number of field trials as well as animal experiments have been conducted to test the efficacies of heat-killed *Mycobacterium leprae*, *Mycobacterium* sp. strain w, the combination of *M. leprae* and *Mycobacterium* sp. strain w, and recombinant *M. bovis* BCG as candidate vaccines in regions of endemicity (1–4, 7, 15, 20, 24). Although *M. bovis* BCG offered a certain level of protection against leprosy, its effect needs to be bolstered (19, 26). To improve BCG, its immunostimulatory activity needs to be enhanced. It is generally believed that in the host defense against mycobacteria, including *M. leprae*, both $CD4^+$ T cells and $CD8^+$ T cells play a central role. In the initial stage of a mycobacterial infection, the cells that mainly participate are the IFN-γ-producing $CD4^+$ T cells. The IFN-γ produced from $CD4^+$ T cells may activate macrophages infected with the mycobacteria, and the activated macrophages may induce the intracellular killing of the mycobacteria. In

FIG. 3. (a) Effect of vaccination with recombinant BCG on *M. leprae* multiplication. Five-week-old C57BL/6J mice were intradermally inoculated with 1×10^4 CFU of BCG-SM or BCG-pMV per mouse 4 weeks prior to challenge in the footpad with 5×10^3 of *M. leprae*. Thirty to 31 weeks later, the number of *M. leprae* bacilli recovered from the footpad was enumerated by the method of Shepard (22). The indicated number of the mice per group was used, and the numbers of bacilli recovered were compared statistically by the Mann-Whitney-Wilcoxon test. (b) Intracellular production of IFN-γ by $CD4^+$ T cells and $CD8^+$ T cells in mice vaccinated with BCG and challenged with *M. leprae*. C57BL/6J mice were vaccinated with 1×10^4 CFU of either BCG-SM or BCG-pMV per mouse for 4 weeks and challenged with 5×10^3 bacilli of *M. leprae* for 30 to 31 weeks. Splenocytes (2×10^5/well) were obtained from these mice and were restimulated with 0.2 μg/ml of MLM for 3 days in vitro. The $CD4^+$ T cells and $CD8^+$ T cells were gated separately and were analyzed for the intracellular production of IFN-γ. The number in the top right-hand corner of each panel represents the mean percentage of IFN-γ-producing cells ± standard deviation (for three mice) among the gated T-cell population. The titers were compared statistically by Student's *t* test. *, $P < 0.01$; †, $P < 0.05$. (c) Effect of vaccination with a low dose of BCG on the multiplication of *M. leprae*. Again, as described for panel a, C57BL/6J mice were inoculated but they were inoculated with a lower dose of recombinant BCG (1×10^3 CFU per mouse), and the effect on the multiplication of *M. leprae* was observed. The numbers of bacilli recovered were compared statistically by the Mann-Whitney-Wilcoxon test.

contrast, in the chronic stage, cytotoxic T lymphocytes differentiated from the activated type 1 $CD8^+$ T cells mainly act to inhibit the growth of the intracellular mycobacteria (11, 16). Thus, the activation of both $CD4^+$ T cells and $CD8^+$ T cells is essential for inhibiting the multiplication of mycobacteria.

We previously screened for *M. leprae* antigens with immunostimulatory properties and observed that a membrane protein, namely, MMP-II, stimulated human monocyte-derived DCs to produce the active form of interleukin-12 and tumor necrosis factor alpha (8). DCs pulsed with MMP-II stimulated both $CD4^+$ and $CD8^+$ T cells to produce IFN-γ. Therefore, we produced a recombinant BCG strain that secretes *M. leprae*-derived MMP-II (strain BCG-SM). The DCs infected with BCG-SM activated both human naïve $CD4^+$ T cells and naïve $CD8^+$ T cells more efficiently than the vector control BCG (9). T cells of both subsets which can respond to MLM as well as recombinant MMP-II were more efficiently produced from unprimed mice by inoculation with BCG-SM (Fig. 1). At 3 weeks postinoculation, no BCG could be recovered from the spleen. Moreover, it was found that BCG-SM effectively inhibited the multiplication of *M. leprae* in the footpads of C57BL/6J mice, possibly due to the efficient production of T cells responsive to *M. leprae*-derived Ags. It may be difficult to determine the T-cell subset responsible for the inhibition; however, $CD8^+$ T cells from mice vaccinated with BCG-SM and challenged with *M. leprae* for 30 weeks still had the ability to produce IFN-γ after stimulation with *M. leprae*-derived Ag. Furthermore, *M. leprae*-responsive $CD4^+$ and $CD8^+$ T cells persisted for 34 weeks after infection with BCG-SM. Therefore, it is possible that $CD8^+$ T cells at least partially contribute to inhibiting the growth of *M. leprae* in vivo.

Earlier efforts to produce a vaccine against leprosy have not been particularly successful. Some reports indicated that a mixture of refined components of *M. leprae* was protective, while others emphasized DNA-based vaccines (13, 14). To date, BCG-based vaccines seem to be more promising in terms of their applicability in the field due to the safety and history of global usage of BCG. Taken together, the present study indicates that a recombinant BCG strain that secretes MMP-II could be a useful candidate as a vaccine against leprosy.

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Induction of Cross-Priming of Naive CD8$^+$ T Lymphocytes by Recombinant Bacillus Calmette-Guérin That Secretes Heat Shock Protein 70-Major Membrane Protein-II Fusion Protein[1]

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Because *Mycobacterium bovis* bacillus Calmette-Guérin (BCG) unconvincingly activates human naive CD8$^+$ T cells, a rBCG (BCG-70M) that secretes a fusion protein comprising BCG-derived heat shock protein (HSP)70 and *Mycobacterium leprae*-derived major membrane protein (MMP)-II, one of the immunodominant Ags of *M. leprae*, was newly constructed to potentiate the ability of activating naive CD8$^+$ T cells through dendritic cells (DC). BCG-70M secreted HSP70-MMP-II fusion protein in vitro, which stimulated DC to produce IL-12p70 through TLR2. BCG-70M-infected DC activated not only memory and naive CD8$^+$ T cells, but also CD4$^+$ T cells of both types to produce IFN-γ. The activation of these naive T cells by BCG-70M was dependent on the MHC and CD86 molecules on BCG-70M-infected DC, and was significantly inhibited by pretreatment of DC with chloroquine. Both brefeldin A and lactacystin significantly inhibited the activation of naive CD8$^+$ T cells by BCG-70M through DC. Thus, the CD8$^+$ T cell activation may be induced by cross-presentation of Ags through a TAP- and proteosome-dependent cytosolic pathway. When naive CD8$^+$ T cells were stimulated by BCG-70M-infected DC in the presence of naive CD4$^+$ T cells, CD62L^{low}CD8$^+$ T cells and perforin-producing CD8$^+$ T cells were efficiently produced. MMP-II-reactive CD4$^+$ and CD8$^+$ memory T cells were efficiently produced in C57BL/6 mice by infection with BCG-70M. These results indicate that BCG-70M activated DC, CD4$^+$ T cells, and CD8$^+$ T cells, and the combination of HSP70 and MMP-II may be useful for inducing better T cell activation. ***The Journal of Immunology,*** **2009, 183: 6561–6568.**

Leprosy is a chronic infectious disease induced by an intracellular infection with *Mycobacterium leprae* (1, 2). Host defense against *M. leprae* is chiefly conducted by adaptive immunity in which both IFN-γ-producing type 1 CD4$^+$ T cells and CD8$^+$ T cells play an important role, and the activation of these T cells inhibits the spread of *M. leprae* (3–5). The activation is induced by bacilli-loaded dendritic cells (DC),[3] which display one or more antigenic determinants of *M. leprae*. Previously, we identified major membrane protein (MMP)-II (gene name, bfrA or ML2038) as one of the immunodominant Ag of *M. leprae* (6). MMP-II activates dendritic cells (DC) by activating the NF-κB pathway as a consequence of TLR2's ligation, and DC pulsed with a rMMP-II protein activate both naive and memory-type CD4$^+$ and CD8$^+$ T cells to produce IFN-γ in an Ag-specific manner (6, 7). In the lesions of patients with paucibacillary leprosy, representative of clinical leprosy on one pole, the involvement of CD1a$^+$ DC and presence of substantially activated T cells have been observed (8, 9). Furthermore, MMP-II is thought to be recognized by both T cell subsets in *M. leprae*-infected individuals, including patients with paucibacillary leprosy (7). Therefore, MMP-II is considered to play essential roles in the induction of host defense activity against *M. leprae*. Also, we reported that T cells from lepromatous leprosy, representative of clinical leprosy on another pole, can be activated to produce IFN-γ when stimulated with MMP-II-pulsed autologous DC (7), although it is known that the T cells of lepromatous leprosy patients are usually unresponsive to *M. leprae*-derived Ags (2).

Mycobacterium bovis bacillus Calmette-Guérin (BCG) is the sole available vaccine against leprosy, and several reports have evaluated its efficacy. In some countries and endemic areas, BCG has effectively inhibited the development of leprosy, whereas in others, its efficacy is reported to be quite limited (10–12). These observations indicate that questions remain regarding the reliability of BCG as a vaccine, and, in fact, Setia et al. (13) elucidated the overall efficacy of BCG to be only 26% through meta-analyses of several studies and observations. Based on these findings, we previously produced a rBCG that secretes MMP-II intracytosolically (BCG-SM) (14). As expected, BCG-SM activated both naive CD4$^+$ and CD8$^+$ T cells (14) and inhibited *M. leprae* from multiplying to some extent, but not completely, in the footpads of C57BL/6 mice (Y. M., T. T., M. Mat., and M. Mak.; unpublished observations). It is known that the parental BCG activates chiefly CD4$^+$ T cells, and less efficiently activates naive CD8$^+$ T cells (15). That BCG-SM activated naive T cells of both subsets and, consequently, partially inhibited the multiplication of *M. leprae*,

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[3] Abbreviations used in this paper: DC, dendritic cell; BCC, *Mycobacterium bovis* bacillus Calmette-Guérin-derived cytosolic protein; BCG, *Mycobacterium bovis* bacillus Calmette-Guérin; BCG-SM, rBCG that secretes major membrane protein-II; HSP, heat shock protein; MMP, major membrane protein; MOI, multiplicity of infection.

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indicated that the secretion of an immunodominant Ag of *M. leprae* in phagosomes of APCs of host is a useful way to inhibit the growth of *M. leprae* through the activation of T cells by delivering the antigenic determinants on APCs. This point was also revealed in other intracellular infection systems such as *Mycobacterium tuberculosis*, in which the secretion of Ag85 complex, one of the immunogenic molecules of *M. tuberculosis*, from vaccinated BCG was revealed to be effective in inhibiting the replication of *M. tuberculosis* challenged subsequently (16). Although the mechanisms involved have not been fully clarified, the activation of $CD8^+$ T cells seems to be induced by Ag85 protein secreted from BCG (16).

In general, the most efficient immunological means of activating naive $CD8^+$ T cells using mycobacteria, including BCG, is to upregulate the activity of DC to cross-present mycobacteria-derived Ags to the $CD8^+$ T cells. In this respect, an active inducer of cross-presenting activity in APCs is heat shock protein (HSP)70 (17, 18). HSP70 may be closely associated with host defenses against intracellular pathogens such as mycobacteria (19, 20).

In this study, in the search for another tool capable of stimulating naive $CD8^+$ T cells efficiently, we newly constructed a rBCG having an extrachromosomal BCG-derived HSP70 gene linked to the gene encoding MMP-II of *M. leprae* (BCG-70M), and evaluated its immunostimulatory activities. The BCG-70M secreted the HSP70-MMP-II fusion protein in vitro, and DC infected with BCG-70M more efficiently activated not only naive $CD8^+$ T cells by cross-presentation, but also naive $CD4^+$ T cells. Furthermore, BCG-70M produced memory T cells, of both $CD4^+$ and $CD8^+$ subsets in mice, capable of responding to MMP-II.

Materials and Methods

Preparation of cells and Ags

Peripheral blood was obtained from healthy purified protein derivative-positive individuals under informed consent using a double-blind system. In Japan, a BCG vaccination is compulsory for children (0~4 years old). PBMCs were isolated using Ficoll-Paque PLUS (Pharmacia) and cryopreserved in liquid nitrogen until used, as described previously (21). For the preparation of peripheral monocytes, $CD3^+$ T cells were removed from either freshly isolated heparinized blood, or cryopreserved PBMCs using immunomagnetic beads coated with anti-CD3 mAb (Dynabeads 450; Dynal Biotech). 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 (22). Monocyte-derived DC were differentiated, as described previously (21, 23). Briefly, monocytes were cultured in the presence of 50 ng of rGM-CSF (PeproTech) and 10 ng of rIL-4 (PeproTech) per ml (23). On day 4 of culture, immature DC were infected with rBCG at an indicated multiplicity of infection (MOI) and, on day 6 of culture, DC were used for further analyses of surface Ag and for mixed lymphocyte assays. The rMMP-II protein and BCG-derived cytosolic protein (BCC) were produced, as described previously (6, 24).

Vector construction and preparation of rBCG

For the preparation of rBCG that secretes HSP70-MMP-II fusion protein, a plasmid pMV-70M was constructed having a hygromycin resistance gene and origins of replication for *Escherichia coli* and mycobacteria. Briefly, the genomic DNA from BCG substrain Tokyo or *M. leprae* strain Thai-53 was purified by proteinase K digestion and phenol-chloroform extraction. The oligonucleotide primers for the amplication of the *hsp70* gene were FMb70Bal (5′-aaaTGGCCAtggctcgtgcggtcggg-3′; capital letters indicate a *Bal*I site) and RMb70Eco (5′-aaaGAATTCcttggcctcccggccg-3′; capital letters indicate an *EcoR*I site). The primers for the Ag85B signal sequence of BCG were FMbAg85Bal (5′-tttTGGCCAtgacagacgtgagccgaaa-3′; capital letters indicate a *Bal*I site) and RMbAg85 Eco120 (5′-aaaGAATTC cgcgcccgcggttgcc-3′; capital letters indicate an *EcoR*I site). The MMP-II sequence from *M. leprae* genomic DNA was amplified with FMMPEco4 (5′-aaaGAATTCcaaggtgatccggatgt-3′; capital letters indicate an *EcoR*I site) and RMMP Sal (5′-tgaGTCGACttaactcggcggccggga-3′; capital letters indicate a *Sal*I site). The amplified products were digested with appropriate restriction enzymes and cloned into a *Bal*I-*Sal*I-digested parental pMV261 plasmid. For replacing the kanamycin resistance gene with a hygromycin resistance cassette, the *Xba*I-*Nhe*I fragment from pYUB854 (25) was cloned into *Spe*I-*Nhe*I-digested plasmids.

BCG substrain Tokyo was cultured in vitro using Middlebrook 7H9 broth (BD Biosciences) 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 (26). Transformants were selected on Middlebrook 7H10 agar (BD Biosciences) plates. The BCG containing pMV-HSP70-MMP-II as an extrachromosomal plasmid is referred to as BCG-70M, and that containing pMV-261 is referred to as BCG-261H (BCG vector control). rBCGs were grown to a log phase, and stored at 10^8 CFU/ml at −80°C. Before the infection of DC, BCGs were counted by the colony assay method. There was no significant difference in growth in vitro between BCG-261H and BCG-70M.

Expression of the fusion protein HSP70-MMP-II

To verify the secretion of MMP-II and HSP70 from BCG-70M, the culture supernatant of BCG-70M, cultured for 20 days in Sauton medium, was collected, and concentrated using the Labscale TFF system (Millipore), after the supernatant was depleted of the cells by centrifugation. rMMP-II protein was used as a control for Western blotting. SDS-PAGE and electroblotting were conducted using standard methods (27). Western blotting was performed, as follows: a membrane having the transferred protein was blocked in 5% skim milk and then incubated with anti-MMP-II mAb 202-3 (IgG2a) or anti-mycobacterial HSP70 mAb (HyTest), which is not cross-reactive to mammalian HSP70 homologues. An alkaline-phosphatase-conjugated anti-mouse IgG Ab (BioSource International) was used as the secondary Ab. Color development was performed using NBT/5-bromo-4-chloro-3-indolyl phosphate detection reagent (Calbiochem).

Analysis of cell surface Ag

The expression of cell surface Ag on DC was analyzed using FACS Calibur. Dead cells were eliminated from the analysis based on staining with propidium iodide (Sigma-Aldrich), and 1×10^4 live cells were analyzed. For the analysis of the cell surface Ag, the following mAbs were used: a FITC-conjugated mAb against HLA-ABC (G46-2.6; BD Pharmingen), HLA-DR (L243; BD Biosciences), CD86 (FUN-1; BD Biosciences), CD83 (HB15a; Immunotech), and CD62L (Dreg 56; BD Biosciences), and a PE-conjugated mAb to CD8 (RPA-T8; BD Biosciences).

The expression of MMP-II on rBCG-infected DC was determined using a mAb (M270-13, IgM, κ) against MMP-II, which probably detects MMP-II in a complex with MHC molecules on the surface of DC (7), followed by a FITC-conjugated anti-mouse Igs Ab (Tago-immunologicals). For the inhibition of the intracellular processing of phagocytosed bacteria, DC were treated with 50 μM chloroquine (Sigma-Aldrich) for 2 h, washed, subsequently infected with BCG, and subjected to analyses of MMP-II surface expression. The intracellular production of perforin was assessed, as follows: unseparated naive T cells were stimulated with rBCG-infected DC for 5 days, and $CD8^+$ T cells were surface stained with a PE-labeled mAb to CD8, and fixed in 2% formaldehyde. Subsequently, the cells were permeabilized using permeabilizing solution (BD Biosciences), and stained with a FITC-conjugated mAb to perforin (δG9; BD Biosciences).

APC functions of DC

The ability of BCG-infected DC to stimulate T cells was assessed using an autologous DC-T cell coculture, as described previously (5, 23). Purification of $CD4^+$ and $CD8^+$ T cells was conducted by using negative isolation kits (Dynabeads 450; Dynal Biotech) (23). The purity of the $CD4^+$ and $CD8^+$ T cells was more than 95% when assessed using FACSCalibur. Naive $CD4^+$ and $CD8^+$ T cells were produced by further treatment of these T cells with a mAb to CD45RO, followed by beads coated with a mAb to goat anti-mouse IgGs (Dynal Biotech). The purity of both subsets of naive T cells was more than 97%. More than 98% of $CD45RA^+$ T cells expressed CCR7 molecule. Memory-type T cells were similarly produced by the treatment of cells with a mAb to CD45RA Ag. The purified responder cells (1×10^5 per well) were plated in 96-well round-bottom 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. In some cases, rBCG-infected DC were treated with a mAb to HLA-ABC (W6/32, mouse IgG2a, κ), HLA-DR (L243, mouse IgG2a, κ), CD86 (IT2.2, mouse IgG2b, κ; BD Biosciences), or MMP-II (M270-13), or with normal mouse IgG or IgM. The optimal concentration was determined in advance. Also, in some cases, immature DC were treated with the indicated dose of chloroquine, brefeldin A (Sigma-Aldrich), or lactacystin (Sigma-Aldrich), and subsequently infected with BCG-70M. The optimal dose of these reagents was determined in advance.

Measurement of cytokine production

Levels of the following cytokines were measured: IFN-γ produced by $CD4^+$ and $CD8^+$ T cells, and IL-12p70, TNF-α, and IL-1β produced by DC stimulated for 24 or 48 h with rBCGs. The concentrations of these cytokines were quantified using the enzyme assay kits, Opt EIA Human ELISA Set (BD Biosciences). The murine mAb against TLR2 (clone 2392; IgG1) with antagonistic activity was obtained from Genentech. The optimal concentration of these mAbs was determined in advance.

Animal experiments

For the inoculation of mice, rBCG was cultured in Middlebrook 7H9 medium to a log phase of growth and stored at 10^8 CFU/ml at −80°C. Before the aliquots were used for inoculation, the concentration of viable bacilli was determined by plating on a Middlebrook 7H10 agar plate. Three 5-wk-old C57BL/6J mice (Japan CLEA) per group were inoculated s.c. with 0.1 ml of PBS or PBS containing 1×10^2 or 1×10^3 rBCGs. The animals were kept in specific pathogen-free conditions and supplied with sterilized food and water. Four weeks after the inoculation, the spleens were removed and the splenocytes were suspended at a concentration of 2×10^6 cells/ml in culture medium. The splenocytes were stimulated with an indicated concentration of rMMP-II, rHSP70 (HyTest), or BCC in triplicate in 96-well round-bottom microplates (14, 28). The individual culture supernatants were collected 3–4 days after the stimulation, and IFN-γ was measured using Opt EIA Mouse ELISA Set (BD Biosciences). The splenocytes obtained from C57BL/6 mice infected with rBCG were also subjected to the identification of T cell subsets responsible for IFN-γ production. The intracellular production of IFN-γ by $CD4^+$ T cells and $CD8^+$ T cells that were restimulated for 3 days in vitro with rMMP-II protein was assessed, as follows: cells were treated with Golgi Stop, and Golgi transport was inhibited for 4 h. Then the cells were surface stained with an allophycocyanin-labeled mAb to CD4 (RM4-5; BD Biosciences) and a PE-labeled mAb to CD8 (H35.17-2; BD Biosciences) in the presence of 7-aminoactinomycin D, after which the cells were washed with PBS containing 1% FCS and fixed in 1.6% formaldehyde. Subsequently, they were permeabilized using 0.1% saponin, and stained with a FITC-conjugated mAb to IFN-γ (XMG1.2; BD Biosciences) or isotype control IgG. Eight C57BL/6 mice per group were vaccinated with the indicated dose of BCG-261H or BCG-70M for 4 wk, and were challenged with 5×10^3/mouse *M. leprae* in footpad. Thirty-two weeks later, footpad was removed. The number of *M. leprae* grown in footpad was enumerated by Shepard method (29). Animal studies were reviewed and approved by the Animal Research Committee of Experimental Animals of the National Institute of Infectious Diseases, and were conducted according to their guidelines.

Statistical analysis

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

Results

Secretion of HSP70-MMP-II fusion protein from the rBCG (BCG-70M)

To verify the secretion of MMP-II protein from BCG-70M, culture filtrates of BCG transformants including BCG-261H (vector control) and BCG-70M were concentrated and examined by Western blotting analysis using mAbs to MMP-II and HSP70 (Fig. 1*A*). When probed by the MMP-II mAb, BCG-70M showed distinct band at 90-kDa equivalent to the molecular mass of the fusion protein comprising HSP70 and MMP-II, and control rMMP-II showed a 22-kDa band. Because BCG-Tokyo, a parental strain of BCG-70M and BCG-261H, has the gene encoding BCG-derived MMP-II, a faint 22-kDa band was observed in the culture filtrate of BCG-261H. In addition, when the culture filtrates were examined using the mAb to HSP70, the BCG-70M-derived filtrates expressed the 90-kDa protein, whereas the filtrates obtained from BCG-261H and rMMP-II protein did not express any obvious band. These results indicate that BCG-70M efficiently secreted the fusion protein comprising HSP70 and MMP-II. Furthermore, the HSP70-MMP-II fusion protein stimulated DC and induced a significant level of IL-12p70 production (Fig. 1*B*). To address the

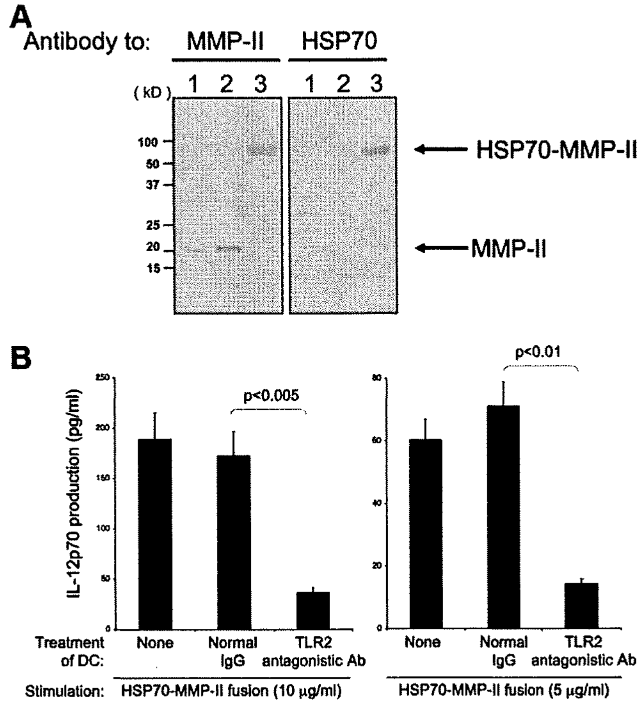

FIGURE 1. *A*, Western blotting analysis of protein secreted from BCG-70M. A mAb to either MMP-II or HSP70 was used to detect HSP70-MMP-II fusion protein. *Lane 1*, Culture filtrates of BCG-261H. *Lane 2*, rMMP-II protein. *Lane 3*, Culture filtrates of BCG-70M. *B*, Contribution of TLR2 to IL-12p70 production by DC by stimulation with HSP70-MMP-II fusion protein. PBMCs were obtained from one donor. Monocyte-derived DC were pretreated with either normal murine IgG or TLR2 antagonistic Ab (10 μg/ml) and subsequently stimulated with BCG-70M-derived HSP70-MMP-II fusion protein (10 or 5 μg/ml) for 24 h. The concentration of IL-12p70 was determined by the ELISA method. A representative of three separate experiments is shown. Assays were performed in triplicate, and the results are expressed as the mean ± SD. Titers were statistically compared using Student's *t* test.

contribution of TLR2 expressed on DC to the IL-12p70 production, DC were pretreated with an antagonistic Ab to TLR2 and subsequently stimulated with the fusion protein. More than 80% of IL-12p70 production was inhibited by the anti-TLR2 antagonistic Ab, whereas pretreatment of DC with normal murine IgG did not affect the level of production. Although BCG-261H induced IL-12p70 production from DC, production was only partially inhibited by the antagonistic Ab to TLR2 (data not shown).

Characteristics of BCG-70M

To define infectivity and survival in APCs, we examined the recovery rate of BCG-261H and BCG-70M. There was no significant difference between the two strains, and similar amounts of BCG were recovered as that of infected number (data not shown). Both HSP70 and MMP-II are known to be immunostimulators (6, 30). To see the effect of the secretion of HSP70-MMP-II fusion protein from BCG on the activation of DC, we analyzed the expression of surface Ags of BCG-infected DC (Fig. 2*A*). Both BCG-261H and BCG-70M enhanced the expression of HLA-ABC, HLA-DR, CD86, and CD83 Ags, but BCG-70M was significantly more efficient in up-regulating the expression of these molecules than BCG-261H. Furthermore, when various MOIs of BCG were used, a similar difference between BCG-261H and BCG-70M was observed (data not shown). Thus, BCG-70M phenotypically activated DC. Furthermroe, BCG-70M-infected DC significantly,