

FIG. 5. VAP-C impairs HCV propagation but does not affect endogenous expression of VAP-A or VAP-B. Huh7OK1 cells transfected with 0 to 4 μ g of plasmid encoding the FLAG-tagged VAP-A, VAP-B, or VAP-C or empty vector were infected with strain JFH1 at an MOI of 0.05 at 14 h posttransfection and then harvested at 96 h postinfection. (A) The intracellular and extracellular expression levels of viral RNA (top) and core protein (middle) were determined by real-time PCR and ELISA, respectively. Infectious viral titers in the culture supernatants were determined by focus-forming assay (bottom). Data in this panel are shown as the means \pm standard deviations. (B) The expression levels of NS5A, β -actin, VAP-A, VAP-B, and VAP-C were determined by immunoblotting using anti-NS5A, anti- β -actin, or anti-FLAG tag antibody. (C) The embryonic kidney cell line (293T), the cured hepatoma cell line (Huh7OK1), and the replicon cell line (Huh 9-13) were transfected with 2 μ g of the plasmid encoding FLAG-tagged VAP-C (+) or empty plasmid. In the case of the infected cells, Huh7OK1 cells were infected with strain JFH1 at an MOI of 0.05, reseeded onto the tissue culture plate at 96 h postinfection, and then transfected with 2 μ g of the plasmids. These cells were harvested at 36 h posttransfection and examined by immunoblotting using antibodies to VAP-A, VAP-B, FLAG, NS5A, and β -actin. The data in each panel are representative of the results of three independent experiments.

aggregations of ER in culture cells and to sequester the wild-type protein into ubiquitinated inclusions (29, 37). To examine the effects on the replication of HCV of the P56S mutation in VAPs, FLAG-tagged VAP mutants were expressed in the HCV replicon cells. RNA replication of the subgenomic replicon in Huh 9-13 cells was impaired by the expression of each of the mutant VAPs (Fig. 7A, left). The expression of NS5A in the replicon cells was decreased by the expression of the mutant VAPs in a dose-dependent manner (Fig. 7A, right). Next, to examine the effect of the expression of the P56S VAP mutants on HCV propagation, Huh7OK1 cells expressing the FLAG-tagged VAP mutants were infected with JFH1 virus. The production of intracellular and extracellular viral RNA at 96 h postinfection was decreased by the expression of the P56S mutation in VAPs (Fig. 7B). Although the results of a previous

study indicated that the expression of the P56S mutant of VAP-B but not that of VAP-A induced a large aggregation of ER in hamster ovary cell line CHO (37), the P56S mutants of VAP-A and VAP-B but not that of VAP-C exhibited accumulation of membranous aggregates in Huh 9-13 cells (Fig. 7C). These results indicate that the P56S mutation in both VAP-B and VAP-A induces aggregation of ER in human hepatoma cells, which in turn leads to the suppression of HCV propagation.

DISCUSSION

The replication of HCV has been shown to require several host proteins, including VAP-A/VAP-B (6, 9, 44), FBL2 (46), FKBP8 (34), hB-ind1 (40), Hsp90 (28, 34, 45), and cyclophilins

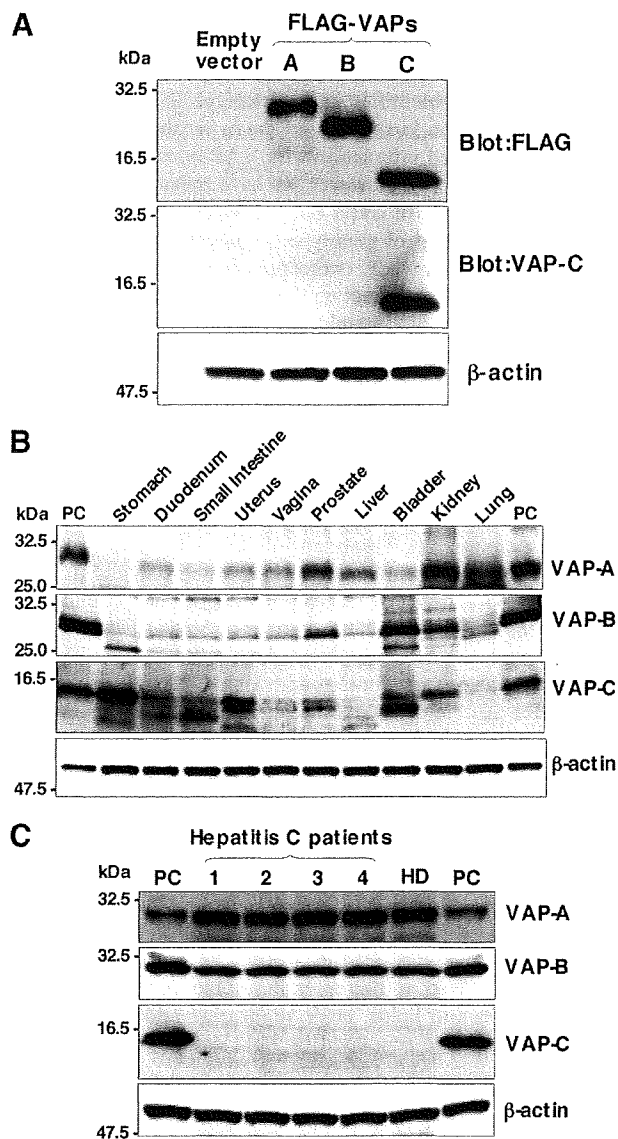


FIG. 6. Distribution of VAPs in human tissues. (A) Anti-VAP-C antibody specifically recognizes VAP-C. Human embryonic kidney 293T cells transfected with expression plasmid encoding FLAG-tagged VAP-A, VAP-B, or VAP-C or empty vector were harvested at 48 h posttransfection and examined by immunoblotting using anti-FLAG tag, anti-VAP-C, and anti-β-actin antibodies. (B) The premade human tissue lysates "Protein medleys" (20 μg each; Clontech) were examined by immunoblotting using antibodies against VAP-A, VAP-B, VAP-C, or β-actin. (C) Expression of VAP family proteins in human liver tissues. Liver samples obtained from four hepatitis C patients (1 to 4) and one healthy donor (HD) were examined by immunoblotting as described above. The data in each panel are representative of the results of three independent experiments. PC indicates 293T cells transfected with expression plasmid encoding VAP-A, VAP-B, and VAP-C.

(15, 48). VAP-A has been detected in a detergent-resistant membrane fraction that was shown to be capable of replicating HCV RNA *in vitro*, and the interaction of VAP-A with NS5A is required for the efficient replication of HCV genomic RNA

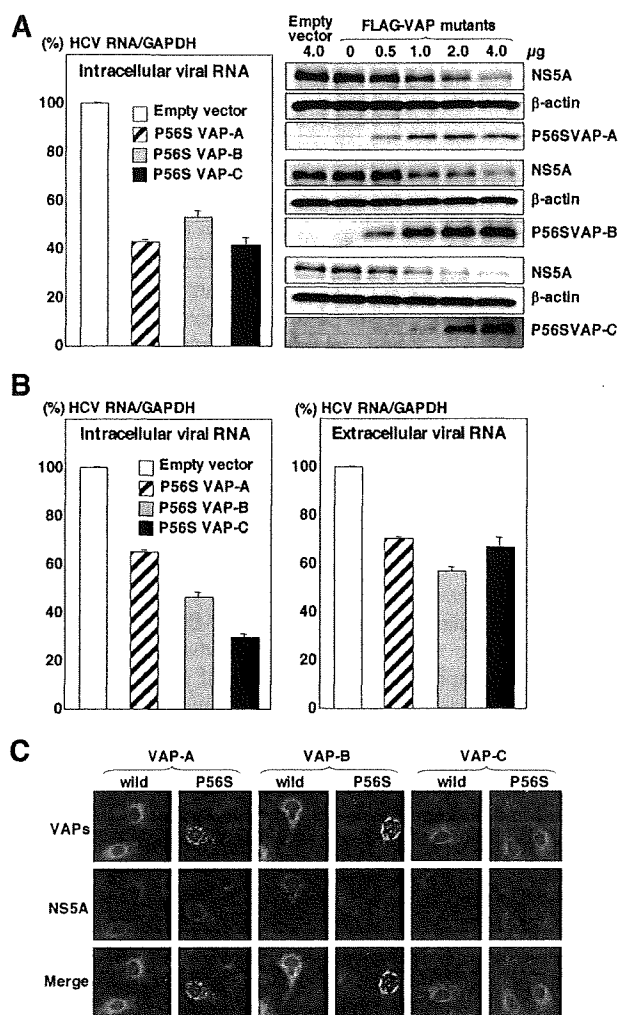


FIG. 7. Substitution of Ser for Pro⁵⁶ in VAPs leads to suppression of HCV replication. (A) Left: Huh 9-13 cells were transfected with 4 μg of the expression plasmids encoding FLAG-tagged P56S VAP mutants or empty vector, and the level of intracellular HCV RNA was determined at 72 h posttransfection by real-time PCR after normalization with GAPDH mRNA. The value for HCV RNA at 0 h posttransfection in the cell line transfected with the empty plasmid is represented as 100%. Data in this panel are shown as the means ± standard deviations. Right: Huh 9-13 cells were transfected with 0 to 4 μg of the FLAG-tagged P56S VAP mutant plasmids or empty vector, and the levels of expression of NS5A, β-actin, and the mutant VAPs were determined by immunoblotting at 72 h posttransfection. The data in each panel are representative of the results of three independent experiments. (B) Huh7OK1 cells transfected with 4 μg of the expression plasmids encoding FLAG-tagged P56S VAP mutants or empty vector were infected with strain JFH1 at an MOI of 0.05 at 14 h posttransfection, and the intracellular (left) and extracellular (right) expression levels of viral RNA were determined by real-time PCR after normalization with GAPDH mRNA at 96 h postinfection. Data in this panel are shown as the means ± standard deviations. (C) Levels of expression of wild-type VAPs, P56S mutant VAPs, and NS5A in Huh 9-13 cells at 72 h after transfection with the expression plasmids encoding FLAG-tagged VAPs or P56S VAP mutants were determined by immunofluorescent assay. The data in each panel are representative of the results of three independent experiments.

(2, 7) and is modulated by the phosphorylation of NS5A (4, 6). VAP-B also participates in HCV replication through the formation of homo- and/or heterodimers with VAP-A (9). VAP-A and VAP-B form hetero- and homodimers through their TM regions and interact with NS5A and NS5B through the coiled-coil domain and MSP domain, respectively (9, 44). VAP-C is a splicing variant of VAP-B, consisting of the N-terminal half of VAP-B and the subtype-specific amino acid residues generated by the frameshift. However, the biological significance of VAP-C in the life cycle of HCV has not been determined. In this study, we have demonstrated that VAP-C is capable of binding to HCV NS5B but not to NS5A, VAP-A, and VAP-B due to the lack of the coiled-coil and TM regions. The expression of VAP-C inhibited the interaction of VAP-A and VAP-B with NS5B, impaired the RNA replication and particle formation of HCV, and was barely detected in human liver cells. These results suggest that VAP-C acts as a negative regulator for HCV propagation and is partly involved in the determination of the tissue specificity of HCV replication.

Overexpression of VAP-A but not of VAP-B inhibited the incorporation of the vesicular stomatitis virus (VSV) envelope glycoprotein G (VSV-G) into ER vesicles in CHO cells, resulting in impairment of membrane protein transport from the ER to the Golgi apparatus (37). VAP-B was shown to be involved in the unfolded protein response, which is an ER reaction to suppress the accumulation of misfolded proteins, and the expression of the P56S VAP-B mutant was suggested to nullify the unfolded protein response induced by VAP-B, to produce a large aggregation of ER, and to be involved in the development of ALS (17, 37). These data suggest that VAP-A and VAP-B possess different physiological functions; however, the contributions of the proteins to the life cycle of HCV have not been characterized. The expression of VAP-B but not of VAP-A resulted in an enhancement of the replication of the subgenomic HCV RNA of the genotype 1b strain Con1, whereas the expression of either VAP-A or VAP-B clearly enhanced viral RNA replication in cells infected with the genotype 2a strain JFH1 virus, suggesting that the contributions of VAP-A and VAP-B to viral RNA replication might differ among the genotypes of HCV. The expression of VAP-B or VAP-A enhanced RNA replication in the HCV replicon cells and the secretion of viral RNA, core protein, and infectious particles into the culture supernatants of Huh7OK1 cells infected with JFH1 virus, whereas the expression of these proteins had no effect on the expression of NS5A or on IRES-dependent translation. Thus, further studies will be needed to clarify the molecular mechanisms underlying the posttranslational enhancement of HCV production by the expression of VAP-A and VAP-B. In contrast to the expression of VAP-A and VAP-B, the expression of VAP-C clearly suppressed the RNA replication of both the genotype 1b RNA replicon cells and the genotype 2a strain JFH1 virus, by which both the expression of the viral proteins and the viral particle production were drastically impaired. Furthermore, the expression of the P56S mutants of VAP-A and VAP-B reduced RNA replication in HCV replicon cells and propagation of the JFH1 virus, probably due to the induction of aggregation of the ER. The reason why ER aggregation was induced by the expression of the P56S VAP-A mutant in Huh7 cells but not in CHO cells (17, 37) is not known at the moment.

The phosphorylation state of NS5A was suggested to control the interaction between VAP-A and NS5A and the replication efficiency of HCV RNA (6). Introduction of the adaptive mutations originally identified in the genotype 1b strain Con1 into NS5A of genotype 1a suppressed the hyperphosphorylation of NS5A, potentiated interaction with VAP-A, and enhanced the RNA replication (6). However, we have previously shown that NS5A of genotype 1a could bind to VAP-A and VAP-B at a level similar to that of genotype 1b despite the adaptive mutations (9). In this study, overexpression of each of the VAP proteins exhibited no effect on the mobility of NS5A in sodium dodecyl sulfate-polyacrylamide gel electrophoresis (Fig. 3 and 5), suggesting that there is no correlation between the VAP-dependent regulation of HCV propagation and the phosphorylation state of NS5A.

FKBP8 exhibits peptidyl prolyl *cis-trans* isomerase activity and interacts with NS5A and Hsp90 through the tetratricopeptide repeat (TPR) domain, and these interactions are suggested to be involved in the correct folding of the HCV replication complex (34). Treatment of cells with inhibitors of the ATPase activity of Hsp90, such as geldanamycin and its derivatives, impairs the RNA replication and particle production of HCV (28, 34, 45). The MSP domain of VAP-A was shown to interact with the TPR1 protein, which has a TPR domain and forms the chaperone complex with Hsp90 (22). Knockdown of the TPR1 protein or treatment with Hsp90 inhibitors in mammalian cells has been shown to inhibit the transport of VSV-G, leading to accumulation of the glycoprotein in the Golgi apparatus (22). The VAP-A- or VAP-B-induced enhancement of virus production might be attributable to the recruitment of Hsp90 into the replication complex through the interaction with the MSP domain.

VAP-A is well known to interact through the MSP domain with a number of mammalian and yeast proteins sharing the FFAT motif, including OSBPs, ORPs (20), and CERT (10, 19), and to be involved in the regulation of biosynthesis or trafficking of sterols and lipids. HCV replication and infection have been shown to be regulated by lipid components and to be capable of being inhibited by treatment with several inhibitors targeting lipid biosynthesis (14, 18). The intracellular membranous web structure observed in HCV replicon cells was shown to be resistant to detergent treatment, suggesting that the lipid raft-like structure abundant in cholesterol and sphingolipid is generated by the replication of HCV RNA (2, 24). Therefore, it might be feasible to speculate that VAP-A and VAP-B are involved in the construction of the HCV replication complex consisting of viral proteins and host cellular lipid components and that VAP-C interrupts the VAP-A and VAP-B functions and negatively regulates HCV propagation. Although the molecular mechanisms and the biological significance remain to be clarified, the MSP domain of VAP proteins was processed in human leukocytes and secreted into human serum (43). Further studies are needed to clarify the biogenesis and biological functions of the truncated VAP proteins in the replication of HCV.

In summary, we have shown that VAP-C is capable of suppressing the RNA replication and particle production of HCV by inhibiting the binding of VAP-A and VAP-B to NS5B through the N-terminal half of its MSP domain. The clear suppression of HCV propagation by the expression of VAP-C

further suggests the possibility of developing a novel therapeutic measure to eliminate HCV by the exogenous expression of VAP-C in the hepatocytes of chronic hepatitis C patients.

ACKNOWLEDGMENTS

We thank H. Murase for her secretarial work. We also thank R. Bartenschlager and T. Wakita for providing cell lines and plasmids.

This work was supported in part by grants-in-aid from the Ministry of Health, Labor, and Welfare; the Ministry of Education, Culture, Sports, Science, and Technology; the Global Center of Excellence Program; and the Foundation for Biomedical Research and Innovation.

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Baculovirus Induces Type I Interferon Production through Toll-Like Receptor-Dependent and -Independent Pathways in a Cell-Type-Specific Manner[∇]

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Received 2 April 2009/Accepted 19 May 2009

Autographa californica nuclear polyhedrosis virus (AcNPV) is a double-stranded-DNA virus that is pathogenic to insects. AcNPV was shown to induce an innate immune response in mammalian immune cells and to confer protection of mice from lethal viral infection. In this study, we have shown that production of type I interferon (IFN) by AcNPV in murine plasmacytoid dendritic cells (pDCs) and non-pDCs, such as peritoneal macrophages and splenic CD11c⁺ DCs, was mediated by Toll-like receptor (TLR)-dependent and -independent pathways, respectively. IFN regulatory factor 7 (IRF7) was shown to play a crucial role in the production of type I IFN by AcNPV not only in immune cells in vitro but also in vivo. In mouse embryonic fibroblasts (MEFs), AcNPV produced IFN- β and IFN-inducible chemokines through TLR-independent and IRF3-dependent pathways, in contrast to the TLR-dependent and IRF3/IRF7-independent production of proinflammatory cytokines. Although production of IFN- β and IFN-inducible chemokines was severely impaired in IFN promoter-stimulator 1 (IPS-1)-deficient MEFs upon infection with vesicular stomatitis virus, AcNPV produced substantial amounts of the cytokines in IPS-1-deficient MEFs. These results suggest that a novel signaling pathway(s) other than TLR- and IPS-1-dependent pathways participates in the production of type I IFN in response to AcNPV infection.

The baculovirus *Autographa californica* nuclear polyhedrosis virus (AcNPV) is an enveloped, double-stranded-DNA (dsDNA) virus that is pathogenic primarily to insects. AcNPV has long been used as an efficient gene expression vector in insect cells (31, 35). Recently, baculovirus was shown to be capable of infecting various mammalian cells without any replication and of expressing foreign genes under the control of a mammalian promoter (28). Therefore, baculovirus is now recognized as a useful viral vector not only for abundant gene expression in insect cells but also for gene delivery into mammalian cells.

In addition to allowing efficient gene delivery, AcNPV has been shown to stimulate interferon (IFN) production in mammalian cell lines and confer protection from lethal virus infection in mice (2, 12). Furthermore, AcNPV was shown to possess a strong adjuvant activity to promote humoral and cellular immune responses against coadministered antigens, maturation of dendritic cells (DCs), and production of proinflammatory cytokines, chemokines, and type I IFNs (14). However, the precise mechanisms by which AcNPV induces a strong innate immune response in mice remain unclear. We have demonstrated previously that AcNPV activates the production of proinflammatory cytokines in peritoneal macrophages (PECs), splenic CD11c⁺ DCs, and the murine macrophage line RAW264.7 through a Toll-like receptor 9 (TLR9)/MyD88-dependent pathway (1). However, significant amounts of IFN- α were still detectable in the

PECs and splenic CD11c⁺ DCs derived from TLR9- or MyD88-deficient mice in response to AcNPV, suggesting that TLR9/MyD88-independent pathways are involved in the production of type I IFN by AcNPV in the PECs and splenic CD11c⁺ DCs (1).

Induction of type I IFN by pathogens is crucial for innate immunity, and such induction is mediated by the activation of pattern recognition receptors, such as TLRs and cytosolic receptors, including retinoic acid-inducible protein I (RIG-I) and melanoma differentiation-associated gene 5 (MDA5) (24, 49, 50). Type I IFN induction is controlled primarily at the gene transcriptional level, wherein a family of transcription factors, IFN regulatory factors (IRFs), plays a pivotal role (16). IRF3 and IRF7 are now known to be essential for the RIG-I-, MDA5-, and TLR-mediated type I IFN production pathway. IRF3 is induced by a primary response to initiate IFN- β production, whereas IRF7 is induced by IFN- β and participates in the late phase of IFN- α induction (16). All TLRs, except for TLR3, activate the MyD88-dependent pathway, whereas TLR3 and TLR4 activate the TRIF-dependent pathway. There is accumulating evidence that IRFs are activated by the MyD88- and TRIF-dependent signaling pathways and contribute to the activation of the type I IFN gene (24). RIG-I and MDA5 contain a C-terminal DEXD/H-box RNA helicase domain required for the interaction with dsRNA and two N-terminal caspase recruitment and activation domains (CARDs) responsible for the activation of downstream IRF3, IRF7, and NF- κ B signaling pathways (49).

Plasmacytoid DCs (pDCs) have been identified as the major cells involved in the production of type I IFN in response to viral stimulation (3, 6). The type I IFN production in the pDCs was dependent on the TLR signaling pathway, whereas that in non-pDC immune cells, including macrophages, conventional

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[∇] Published ahead of print on 27 May 2009.

DCs, and mouse embryonic fibroblasts (MEFs), was dependent on the RIG-I/MDA5 signaling pathways (23). On the other hand, recent studies have also shown that non-pDC immune cells participate in the production of type I IFN in response to viral infection through TLR-dependent and TLR-independent pathways (9, 34). Viral genomic DNA of adenovirus (38, 53) and herpes simplex virus type 1 (HSV-1) (15) produces type I IFN through both TLR-dependent and -independent pathways. Modified vaccinia virus Ankara has also been shown to induce TLR-independent type I IFN production (46). Furthermore, nonprofessional immune cells, such as fibroblasts, were shown to produce type I IFN upon viral infection through a TLR-independent pathway (23). Infection with intracellular bacteria or introduction of synthetic dsDNA also induces production of type I IFN through a TLR- or an RNA helicase-independent pathway (19), suggesting the existence of a cytosolic DNA-sensing mechanism which stimulates the production of type I IFN (4, 5, 43). These results suggest that genomes of DNA viruses and intracellular bacteria produce type I IFN through a not-yet-identified cytosolic DNA-sensing machinery.

In this study, we have examined the mechanism of production of type I IFN in both pDCs and non-pDCs in response to AcNPV stimulation. The levels of involvement of the TLR or the RNA helicase pathway in the production of type I IFN in response to AcNPV stimulation differed among cell types, and the production was completely dependent on IRF7 in both pDCs and non-pDCs, such as PECs and splenic CD11c⁺ DCs, whereas it was dependent on IRF3 in MEFs. These results suggest that AcNPV is capable of producing type I IFN through both TLR9-dependent and -independent pathways and might be an ideal tool for elucidating the mechanisms of the induction of type I IFN by DNA in mammalian cells.

MATERIALS AND METHODS

Mice and MEFs. C57BL/6 mice were purchased from CLEA Japan (Tokyo, Japan). MyD88-, TLR3-, TLR7-, TLR9-, IFN- α receptor (IFNR)-, RIG-I-, or IFN promoter-stimulator 1 (IPS-1)-deficient mice and MEFs from mice with a double knockout of MyD88 and TRIF, RIG-I, or IPS-1 were described previously (13, 23, 30, 48). IRF3- and IRF7-deficient mice (18) were purchased from Riken BioResource Center (Tsukuba, Japan), and the MEFs from the deficient mice were obtained from day 12.5 to 13.5 embryos. MEFs were maintained in Dulbecco's modified Eagle's medium (Sigma, St. Louis, MO) supplemented with 10% heat-inactivated fetal calf serum, 1.5 mM L-glutamine, 100 U/ml penicillin, and 100 μ g/ml streptomycin at 37°C in a humidified atmosphere, with 5% CO₂.

Viruses and reagents. AcNPV was propagated in *Spodoptera frugiperda* (Sf-9) cells in Sf-900II insect medium (Invitrogen, Tokyo, Japan) supplemented with 10% heat-inactivated fetal calf serum. AcNPV and viral DNA were purified as previously described (1). Phosphorothioate-stabilized mouse CpG (mCpG) oligodeoxynucleotides (ODN1668) (TCC-ATG-ACG-TTC-CTG-ATG-CT) were purchased from Invitrogen. Endotoxin-free bacterial DNA from *Escherichia coli* K-12, poly(I:C), and imiquimod (R-837), an imidazoquinoline amine analogue to guanosine, were purchased from InvivoGen (San Diego, CA). Lipopolysaccharide (LPS) derived from *Salmonella enterica* serovar Minnesota (Re-595) and chloroquine were purchased from Sigma. Vesicular stomatitis virus (VSV) variants GLPLF and NCP12.1, derived from Indiana strains, were kindly provided by M. A. Whitt (22). The virus stocks and the other TLR ligands were free of endotoxin (<0.01 endotoxin units/ml), as determined using a Pyrodict endotoxin measurement kit (Seikagaku Co., Tokyo, Japan).

Production of truncated forms of gp64 protein. A recombinant baculovirus possessing a cDNA encoding a deletion mutant of gp64 lacking a transmembrane region (gp64 Δ TM) was produced as described previously (1) by using a Bac-to-Bac baculovirus expression system according to the manufacturer's instructions (Invitrogen). At 3 days after infection with the recombinant virus, the recombinant gp64 protein was purified from the culture supernatants by use of a column

of nickel-nitrilotriacetic acid beads (Qiagen, Valencia, CA). The protein concentrations were determined by using a Micro BCA protein assay kit (Pierce, Rockford, IL). The recombinant proteins were analyzed by sodium dodecyl sulfate-12.5% polyacrylamide gel electrophoresis under reducing conditions, stained with GelCord Blue stain reagent (Pierce), and detected by immunoblot analysis using antihexahistidine monoclonal antibody (Santa Cruz Biotechnology, Santa Cruz, CA) or anti-gp64 (AcV5), kindly provided by P. Faulkner.

Preparation of PECs and splenic DCs. To evaluate cytokine production in macrophages *in vitro*, mice were intraperitoneally injected with 2 ml of 4% thioglycolate (Sigma), and exudation cells were harvested at 3 days posttreatment by peritoneal lavage. Thioglycolate-elicited PECs were seeded into 96-well plates at a concentration of 2×10^5 cells/well and treated with various doses of stimuli. After 24 h of incubation, culture supernatants were harvested and analyzed for cytokine production. To prepare splenocytes containing DCs or pDCs, spleen tissue was cut into small fragments and incubated with RPMI 1640 medium containing 400 U/ml collagenase (Wako, Tokyo, Japan) and 15 μ g/ml DNase (Sigma) at 37°C for 20 min. For the last 5 min, 5 mM EDTA was added, and single-cell suspensions were prepared after red blood cell lysis. Splenic CD11c⁺ DCs and pDCs were purified by a magnetic cell sorter system with anti-CD11c and anti-murine plasmacytoid dendritic cell antigen 1 microbeads (Miltenyi Biotec GmbH, Bergisch Gladbach, Germany), respectively, following the manufacturer's instructions. Enriched cells containing >90% splenic CD11c⁺ DCs and pDCs were seeded into 96-well plates at a concentration of 2×10^5 cells/well.

Production of cytokines *in vitro* and *in vivo*. Production of IFNs (IFN- α and - β) and proinflammatory cytokines (interleukin-6 [IL-6] and IL-12) in the culture supernatants was determined by use of enzyme-linked immunosorbent assay (ELISA) kits purchased from PBL Biomedical Laboratories (New Brunswick, NJ) and BD Pharmingen (San Diego, CA), respectively. To determine the effects of endosomal maturation on cytokine production by infection with AcNPV or transfection of baculoviral DNA, PECs and splenic CD11c⁺ DCs were seeded into 96-well plates at a concentration of 2×10^5 cells/well and inoculated with AcNPV or transfected with the viral DNA encapsulated in liposomes in the presence or absence of endosomal inhibitors, such as chloroquine. AcNPV (100 μ g/mouse) was intraperitoneally inoculated into wild-type mice and mice with knockout of the MyD88, TLR9, IFNR, or IRF7 gene, and levels of production of IL-12, IL-6, and IFN- α in sera were determined at different time points.

Quantitative analyses of cytokine mRNA. MEFs derived from wild-type mice; mice with knockout of the IRF3, IRF7, RIG-I, or IPS-1 gene; and mice with double knockout of the MyD88 and TRIF genes were stimulated with AcNPV, VSV, LPS, gp64 Δ TM, AcNPV DNA, or poly(I:C). At 4 to 8 h posttreatment, total RNA was prepared from the MEFs by using an RNeasy mini kit (Qiagen). First-strand cDNA was synthesized by using a ReverTra Ace kit (Toyobo, Osaka, Japan) and an oligo(dT)₂₀ primer. Each cDNA was estimated by use of Platinum SYBR green qPCR SuperMix UDG (Invitrogen) according to the manufacturer's protocol. Fluorescent signals were analyzed with an ABI Prism 7000 instrument (Applied Biosystems, Tokyo, Japan). The mouse IFN- α 1, IFN- β , MCP-1 (monocyte chemoattractant protein 1), IP-10, RANTES, IL-6, and GAPDH (glyceraldehyde-3-phosphate dehydrogenase) genes were amplified using the primer pairs 5'-AGCCTTGACACTCCTGGTACAATG-3' and 5'-TGGGTCCAGCTCACTCAGGACA-3', 5'-ACACCAGCCTGGCTTCCATC-3' and 5'-TTGGAGCTGGAGCTGCTTATAGTTG-3', 5'-GCATCCACGCTGTGGCTCA-3' and 5'-CTCCAGCCTACTCATTGGGATCA-3', 5'-TGAATCCGGAATCAAGACCATCAA-3' and 5'-AGGACTAGCCATCCACTGGGTAAG-3', 5'-GCTCAAGCCATCCTTGTGCTAA-3' and 5'-CATTGAGCTGATGGAGGTC-3', 5'-TTGGTAAATGACCTGCAACAGGA-3' and 5'-CCACTTCACAAGTCCGAGGCTTA-3', and 5'-ACCACAGTCCATGCCATCAC-3' and 5'-TCCACCACCTGTGCTGTA-3', respectively. The expression of the mRNAs of each of the cytokines was normalized to that of GAPDH mRNA.

***In vitro* cytopathic-effect assays.** Induction of an antiviral state by AcNPV *in vitro* was determined by the cytopathic-effect assay, as described previously (12). Briefly, MEFs seeded in triplicate in 96-well tissue culture plates (2×10^3 cells/well) were incubated with serial dilutions of AcNPV, poly(I:C), or mCpG and washed with medium after 24 h of incubation. Then, VSV (GLPLF strain) was inoculated at a multiplicity of infection (MOI) of 0.1. Cell viability was determined by crystal violet staining at 24 h postinfection.

RESULTS

Involvement of TLR-dependent and -independent pathways in the production of type I IFN by AcNPV in immune cells and in mice. We have reported previously that AcNPV is capable

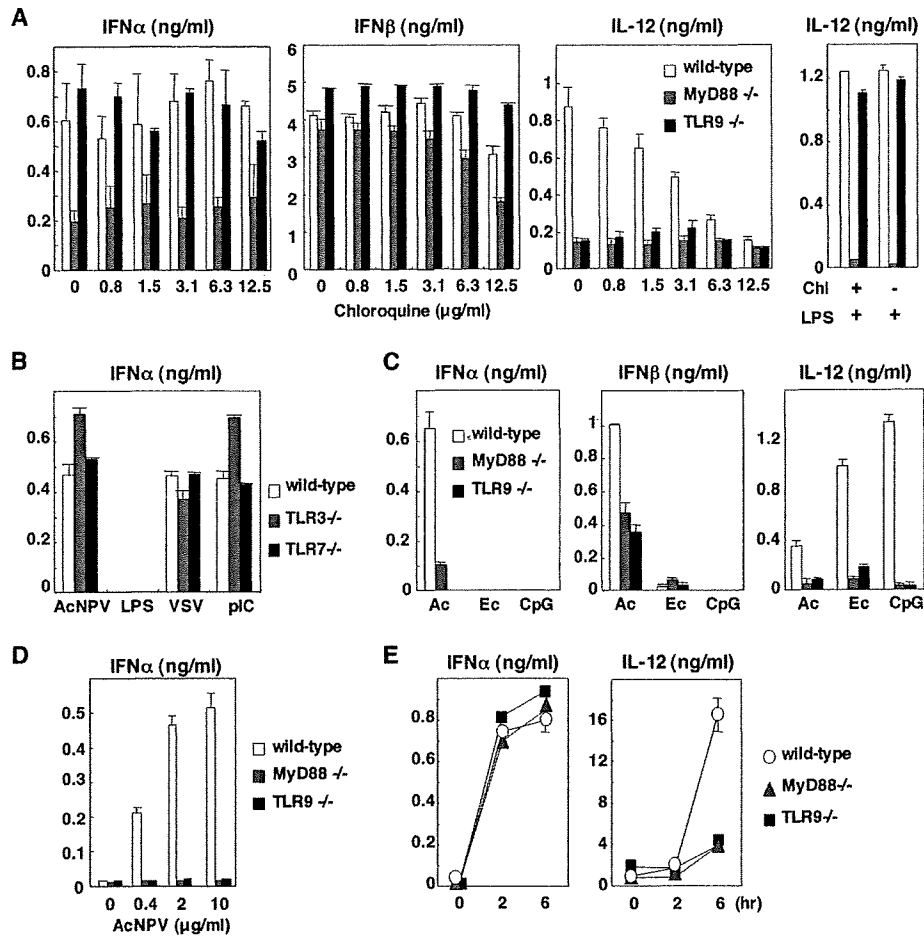


FIG. 1. Involvement of the TLR pathway in the production of type I IFN by AcNPV in immune cells and in mice. (A) PECs (2×10^5 cells/well) prepared from wild-type, MyD88-deficient, or TLR9-deficient mice were stimulated with AcNPV ($10 \mu\text{g/ml}$) at the indicated concentrations of chloroquine. These cells were also treated with LPS ($10 \mu\text{g/ml}$) in the presence (+) or absence (-) of chloroquine (Chl) ($12.5 \mu\text{g/ml}$) (right). After 24 h of incubation, the production of IFN- α , IFN- β , and IL-12 in culture supernatants was determined by ELISA. (B) PECs (2×10^5 cells/well) prepared from wild-type, TLR3-deficient, or TLR7-deficient mice were stimulated with AcNPV ($10 \mu\text{g/ml}$), LPS ($10 \mu\text{g/ml}$), VSV (NCP mutant, MOI of 0.1), or poly(I:C) (pIC) ($50 \mu\text{g/ml}$). After 24 h of incubation, production of IFN- α in culture supernatants was determined by ELISA. (C) PECs prepared as described for panel A were transfected with AcNPV DNA (Ac) ($25 \mu\text{g/ml}$), *E. coli* DNA (Ec) ($25 \mu\text{g/ml}$), or mCpG (CpG) ($1 \mu\text{g/ml}$). After 24 h of incubation, production of IFN- α , IFN- β , and IL-12 in the culture supernatants was determined by ELISA. (D) Splenic pDCs (2×10^5 cells/well) prepared from wild-type, MyD88-deficient, or TLR9-deficient mice were stimulated with AcNPV ($10 \mu\text{g/ml}$). After 24 h of incubation, production of IFN- α in the culture supernatants was determined by ELISA. (E) AcNPV ($100 \mu\text{g/mouse}$) was intraperitoneally inoculated into wild-type, MyD88-deficient, or TLR9-deficient mice, and levels of IFN- α and IL-12 production in sera were determined by ELISA at the indicated time points. Data are shown as the means \pm standard deviations.

of producing type I IFN in PECs and splenic CD11c⁺ DCs through a partially MyD88/TLR9-independent pathway (1). Although many studies of the production of type I IFN upon infection with DNA or RNA viruses have been conducted, the precise mechanisms of IFN production by AcNPV remain unclear. To clarify the mechanisms of induction of type I IFN by AcNPV in more detail, we examined the effect of inhibitors of endosomal maturation on the production of type I IFN by AcNPV in PECs derived from wild-type and MyD88- or TLR9-deficient mice. As shown in Fig. 1A, chloroquine clearly inhibited TLR9- or MyD88-dependent IL-12 production in PECs upon infection with AcNPV in a dose-dependent manner but not in cells from TLR9-deficient mice treated with LPS, probably due to the activation of TLR4 on the plasma membrane.

In contrast, AcNPV produces IFN- α and IFN- β through a TLR9-independent and partially MyD88-dependent pathway in PECs, whereas production of type I IFN by AcNPV in PECs was resistant to chloroquine treatment (Fig. 1A). These results indicate that AcNPV produces proinflammatory cytokines and type I IFN in PECs through a TLR-dependent and a TLR-independent pathway, respectively. Furthermore, AcNPV induces type I IFN in PECs through an endocytosis-independent pathway. AcNPV also produced type I IFN in CD11c⁺ DCs through a TLR9-independent and partially MyD88-dependent pathway, as seen with the PECs, whereas type I IFN production in CD11c⁺ DCs by AcNPV was sensitive to chloroquine treatment in a dose-dependent manner (data not shown). The partial impairment of IFN- α production in MyD88-deficient

mice suggests that other TLRs may be involved in IFN production by AcNPV. However, PECs from mice deficient in TLR3 and TLR7, which recognize dsRNA and single-stranded RNA, respectively, exhibited no reduction of IFN- α production upon infection with AcNPV (Fig. 1B). These results suggest that a novel cytoplasmic DNA-sensing mechanism other than TLR3, TLR7, and TLR9 signaling pathways might be involved in the production of type I IFN in PECs upon infection with AcNPV.

Although AcNPV contains a high level of unmethylated CpG DNA comparable to that found in the genomes of *E. coli* and HSV (1), the involvement of a TLR9/MyD88 signal pathway in the production of type I IFN by the AcNPV genome remains unclear. *E. coli* DNA and phosphorothioate-stabilized mCpG oligonucleotides (ODN1668) were capable of producing a large amount of IL-12 in PECs through a TLR9/MyD88-dependent pathway, whereas production of type I IFN was not induced by the ligands (Fig. 1C). Production of IL-12 and IFN- α in PECs transfected with the purified baculoviral DNA was impaired by knockout of the TLR9 or the MyD88 gene, whereas substantial amounts of IFN- β were still produced in PECs derived from MyD88- or TLR9-deficient mice (Fig. 1C). These results suggest that a TLR9/MyD88-independent DNA recognition pathway participates in the production of type I IFN in PECs in response to the AcNPV genome.

pDCs are known as master producers of type I IFN upon virus infection, and IFN production is largely dependent on the TLR signaling pathway (11). IFN- α production in pDCs derived from TLR9- or MyD88-deficient mice was severely impaired in response to AcNPV stimulation (Fig. 1D), suggesting that AcNPV induces IFN- α production in pDCs through a TLR9/MyD88-dependent pathway. Next, to examine the mechanisms of induction of type I IFN by AcNPV in vivo, AcNPV was intraperitoneally inoculated into wild-type and MyD88- or TLR9-deficient mice, and levels of IFN- α and IL-12 production in sera were determined. TLR9- or MyD88-deficient mice exhibited a level of serum IFN- α similar to that of wild-type mice upon infection with AcNPV, whereas IL-12 production in the deficient mice was severely impaired (Fig. 1E). These results suggest that non-pDCs participate in the production of type I IFN through a TLR9/MyD88-independent pathway in response to AcNPV in vivo, in contrast to the TLR9/MyD88-dependent production of proinflammatory cytokines. Collectively, these results indicate that both TLR-dependent and -independent pathways are involved in the production of type I IFN in immune cells, including PECs, CD11c⁺ DCs, and pDCs, in response to AcNPV.

IRF7 plays a crucial role in the production of type I IFN by AcNPV in immune cells and in mice. Both IRF3 and IRF7 are required for the production of type I IFN through a classical pathway activated by viral infection (18, 41). Therefore, we examined the involvement of IRF3 and IRF7 in the production of type I IFN in response to AcNPV by using PECs and splenic CD11c⁺ DCs derived from IRF3- and IRF7-deficient mice (Fig. 2A). IFN- α production in the IRF7-deficient PECs and splenic CD11c⁺ DCs in response to AcNPV or VSV was impaired, whereas such production was still active in the IRF3-deficient immune cells. IFN- β production in PECs was impaired in the IRF3- or IRF7-deficient mice in response to AcNPV, although significant amounts of IFN- β were produced

in the IRF3- or IRF7-deficient PECs upon infection with VSV. In contrast to the PECs, IRF3-deficient splenic CD11c⁺ DCs produced a level of IFN- β comparable to that in the wild-type cells in response to AcNPV. In response to VSV infection, production of IFN- β in the deficient immune cells was less impaired. Although enhancement of IL-12 production in the IRF3-deficient PECs and splenic CD11c⁺ DCs in response to AcNPV or VSV was observed, similar levels of IL-12 production were observed in the IRF7-deficient immune cells and in wild-type cells in response to AcNPV or VSV.

There is circumstantial evidence that IRF7 plays a role in the MyD88-dependent production of IFN- α by activating the TLR in pDCs (17, 25). Therefore, we next examined the IFN- α production in pDCs obtained from IRF7-deficient mice. Consistent with the previous observations, IFN- α production in response to AcNPV was completely abolished in the IRF7-deficient pDCs (Fig. 2B). Furthermore, production of IFN- α , but not that of IL-12 and IL-6, in response to AcNPV in IRF7-deficient mice was severely impaired (Fig. 2C). These results suggest that IRF7 plays a crucial role in the production of type I IFN upon infection with AcNPV in the immune cells and in vivo.

Involvement of the IFNR signaling pathway in the production of type I IFN by AcNPV. The many subtypes of IFN- α and IFN- β are released from infected cells and bind to a single IFNR, and receptor-mediated signal transduction induces the expression of numerous IFN-stimulated genes whose products interfere with viral replication. To determine the involvement of the IFNR-mediated signal transduction in the induction of the innate immune response by AcNPV infection, production of IFN- α , IFN- β , and IL-12 in PECs and splenic CD11c⁺ DCs derived from IFNR-deficient mice after stimulation with AcNPV or poly(I:C) was examined. Production of IFN- α and IFN- β was significantly impaired by AcNPV or poly(I:C) in the IFNR-deficient PECs and splenic CD11c⁺ DCs (Fig. 3A and B), whereas IL-12 production in the deficient immune cells was comparable to that in the wild-type cells. In contrast to the in vitro data, production of IFN- α in the sera of IFNR-deficient mice was still detectable and exhibited a partial impairment at 6 h posttreatment (Fig. 3C). These results suggest that production of type I IFN in vitro in response to AcNPV is regulated mainly by an IFNR-mediated signal pathway, whereas an IFNR-independent pathway is additionally involved in the production of type I IFN in response to AcNPV in vivo.

Envelope glycoprotein gp64 does not participate in the immune activation by AcNPV. A previous study demonstrated that the recombinant envelope glycoprotein of AcNPV lacking a transmembrane domain (gp64 Δ TM) did not produce proinflammatory cytokines or type I IFN in a murine macrophage cell line, RAW264.7 (1). However, the ability of gp64 Δ TM to induce an innate immune response in primary mouse immune cells and nonimmune cells has not yet been examined. To determine the involvement of the envelope glycoprotein of AcNPV in immune activation, we prepared a C-terminally six-His-tagged gp64 lacking the transmembrane region (His-gp64 Δ TM), as described previously (1), and examined its ability to activate primary mouse cells, such as PECs, splenic CD11c⁺ DCs, and MEFs. His-gp64 Δ TM was purified as a homogeneous band and was clearly detected by anti-His and anti-gp64 antibodies (Fig. 4A). Although infection with

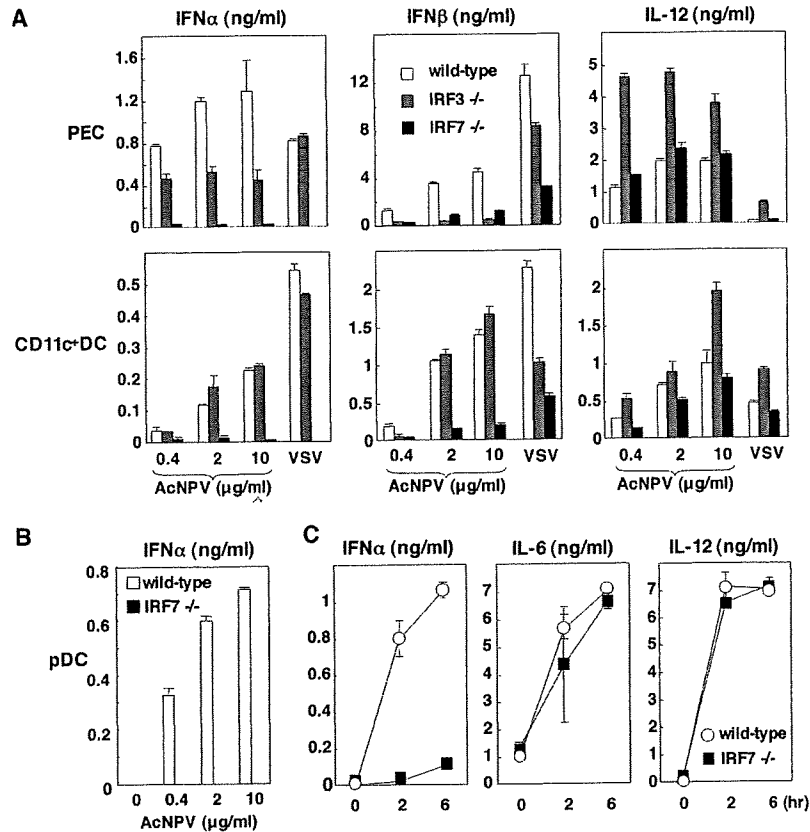


FIG. 2. IRF7 plays a crucial role in the production of type I IFN by AcNPV in immune cells and in mice. (A) PECs and splenic CD11c⁺ DCs (2×10^5 cells/well) prepared from wild-type, IRF3-deficient, or IRF7-deficient mice were stimulated with the indicated amounts of AcNPV or VSV (NCP mutant, MOI of 0.1). After 24 h of incubation, the production of IFN- α , IFN- β , and IL-12 in culture supernatants was determined by ELISA. (B) Splenic pDCs (2×10^5 cells/well) prepared from wild-type or IRF7-deficient mice were stimulated with the indicated amounts of AcNPV. After 24 h of incubation, production of IFN- α in culture supernatants was determined by ELISA. (C) AcNPV (100 μ g/mouse) was intraperitoneally inoculated into wild-type and IRF7-deficient mice, and levels of IL-12, IL-6, and IFN- α production in sera were determined by ELISA at the indicated times. Data are shown as the means \pm standard deviations.

AcNPV produced large amounts of IL-12 and IFN- α in PECs and splenic CD11c⁺ DCs, only a low level of IL-12 production was detected after infection with His-gp64 Δ TM (Fig. 4B). Furthermore, infection with AcNPV resulted in rapid production of IFN- β , inflammatory cytokines, and chemokines, including IL-6, MCP-1, RANTES, and IP-10, in MEFs, in contrast to the low level of production of the cytokines by infection with His-gp64 Δ TM (Fig. 4C). These results suggest that the envelope glycoprotein, gp64, does not play an important role in the immune activation by AcNPV.

AcNPV produces IFN- β and IFN-inducible chemokines through a TLR-independent and IRF3-dependent pathway in MEFs. We next examined the involvement of the TLR signaling pathway in immune activation by AcNPV in MEFs. MEFs were isolated from wild-type and MyD88/TRIF double knockout mice, and the production of cytokines after stimulation with AcNPV, VSV, LPS, or poly(I:C) was determined by ELISA and real-time PCR. In the MyD88/TRIF-deficient MEFs, the production of IL-6 was severely impaired in response to AcNPV and LPS, whereas no effect was observed after treatment with VSV or poly(I:C) (Fig. 5A, top). In contrast, the production of IFN- β in MEFs in response to AcNPV,

VSV, or poly(I:C) was not affected by knockout of the MyD88/TRIF genes. LPS did not induce IFN- β production in either wild-type or MyD88/TRIF-deficient MEFs (Fig. 5A, bottom). Comparable levels of mRNA of IFN- β and IFN-inducible chemokines, including MCP-1, RANTES, and IP-10, were detected in wild-type and MyD88/TRIF knockout MEFs in response to AcNPV (Fig. 5B). These results suggest that a TLR-dependent pathway participates in the production of proinflammatory cytokines by AcNPV in MEFs, as seen with the immune cells, while AcNPV produces IFN- β and IFN-inducible chemokines in MEFs through a TLR-independent pathway.

Next, to determine the involvement of IRF3 and IRF7 in the immune activation in MEFs by AcNPV, wild-type and IRF3- or IRF7-deficient MEFs were treated with AcNPV, LPS, or VSV, and the production of cytokines was determined by ELISA and real-time PCR. Production of IL-6 in IRF3 or IRF7 knockout MEFs after treatment with AcNPV, VSV, or LPS was comparable to that in wild-type MEFs (Fig. 5C, top). In contrast, production of IFN- β was impaired in IRF3- and IRF7-deficient MEFs in response to AcNPV and VSV, respectively, while LPS induced no IFN production in either type of

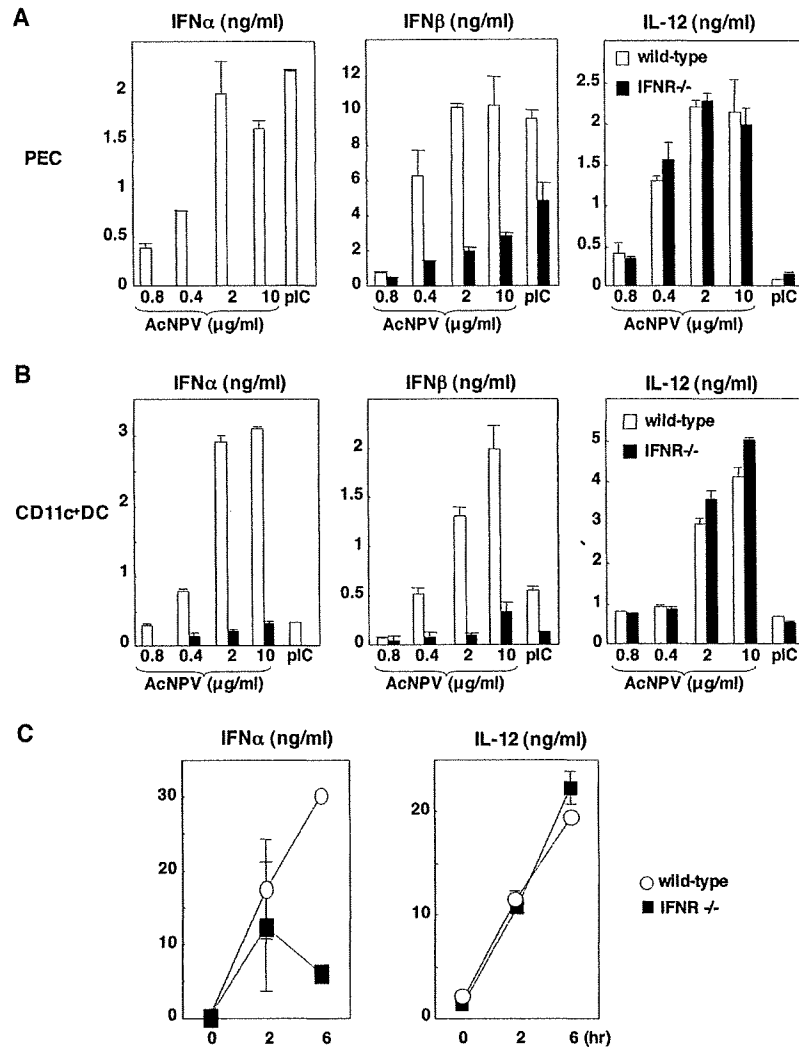


FIG. 3. Involvement of the IFNR signaling pathway in the production of type I IFN by AcNPV. (A and B) PECs (A) and splenic CD11c⁺ DCs (B) (2×10^5 cells/well) prepared from wild-type and IFNR-deficient mice were stimulated with the indicated amounts of AcNPV or poly(I:C) (pI:C) (50 μg/ml). After 24 h of incubation, the production of IFN-α, IFN-β, or IL-12 in culture supernatants was determined by ELISA. (C) AcNPV (100 μg/mouse) was intraperitoneally inoculated into wild-type and IFNR-deficient mice, and levels of IFN-α and IL-12 production in sera were determined by ELISA at the indicated time points. Data are shown as the means \pm standard deviations.

MEF (Fig. 5C, bottom). Although robust transcription of IFN-β and IFN-inducible chemokines in response to AcNPV was detected in wild-type and IRF7-deficient MEFs, transcription of the genes in response to AcNPV was severely impaired in IRF3-deficient MEFs (Fig. 5D). These results indicate that AcNPV induces the production of IFN-β and IFN-inducible chemokines through a TLR-independent and IRF3-dependent pathway in MEFs, in contrast to the TLR-dependent and IRF3/IRF7-independent production of IL-6.

AcNPV induces antiviral status in MEFs through an IRF3-dependent pathway. To further examine the involvement of IRF3 in the induction of antiviral status in MEFs in response to AcNPV, wild-type and IRF3-deficient MEFs were transfected with the baculoviral DNA, and the mRNAs of the cytokines were measured. Transcription of IFN-β, IFN-

α1, MCP-1, RANTES, and IP-10, but not that of IL-6, was impaired in IRF3-deficient MEFs upon transfection with baculoviral DNA (Fig. 6A).

To determine the involvement of endosomal maturation in the immune activation by AcNPV, the effect of chloroquine on the production of IFN-β and IL-6 in response to AcNPV or LPS was examined. Pretreatment with chloroquine reduced the secretion of IFN-β and IL-6 in MEFs in a dose-dependent manner in response to AcNPV infection but exhibited no effect on IL-6 production in MEFs by LPS treatment (Fig. 6B), suggesting that the impairment of IFN-β and IL-6 production was not due to the cytotoxicity of chloroquine. These results indicate that endosomal maturation is required for the induction of the innate immune response by AcNPV in MEFs.

Next, to determine the antiviral effects of the immune acti-

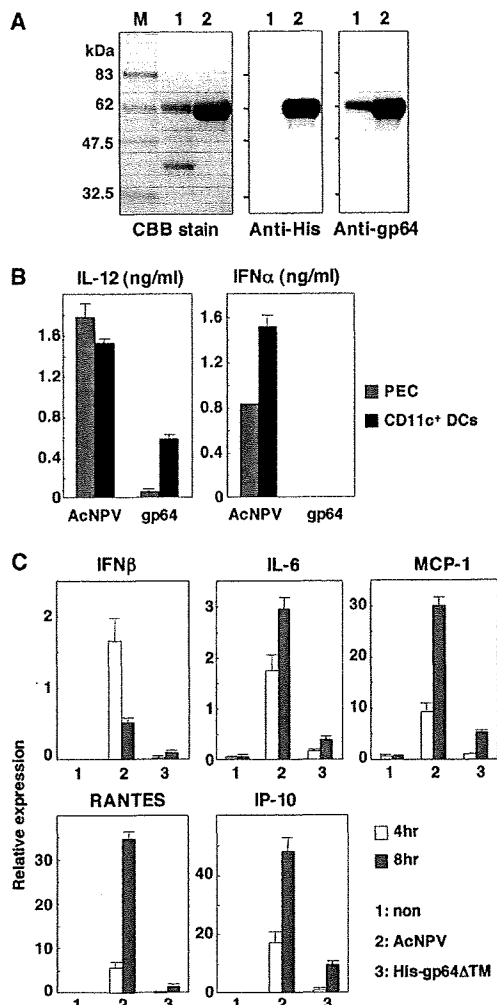


FIG. 4. Immune activation by AcNPV is not mediated by gp64. (A) His-gp64 Δ TM expressed in Sf-9 cells was purified and subjected to sodium dodecyl sulfate-12.5% polyacrylamide gel electrophoresis under reducing conditions. Molecular size markers (lane M), purified AcNPV particles (lanes 1), and His-gp64 Δ TM (lanes 2) were visualized by Coomassie blue (CBB) staining (left) and immunoblotting using antihexahistidine monoclonal antibody (middle) and anti-gp64 antibody (AcV5) (right). (B) PECs and splenic CD11c⁺ DCs (2×10^5 cells/well) prepared from wild-type mice were stimulated with AcNPV (10 μ g/ml) or His-gp64 Δ TM (gp64) (20 μ g/ml). After 24 h of incubation, production of IL-12 and IFN- α in culture supernatants was determined by ELISA. (C) MEFs (3×10^5 cells/well) prepared from wild-type mice were stimulated with AcNPV (10 μ g/ml) or His-gp64 Δ TM (20 μ g/ml). At 4 h or 8 h poststimulation, total RNA was extracted and expression of mRNA of IFN- β , IL-6, MCP-1, RANTES, and IP-10 was determined by real-time PCR. Data are shown as the means \pm standard deviations.

vation by AcNPV in MEFs, wild-type MEFs were pretreated with AcNPV or poly(I:C) and challenged with VSV (GLPLF mutant). Pretreatment with AcNPV (0.016 μ g/ml to 2 μ g/ml) or poly(I:C) (0.2 μ g/ml to 25 μ g/ml) conferred antiviral status against VSV infection in MEFs in a dose-dependent manner (Fig. 6C, left, and E). However, the induction of antiviral status by AcNPV or poly(I:C) treatment was completely abrogated in

IRF3-deficient MEFs (Fig. 6C, right). On the other hand, pretreatment with IFN- α (10^1 to 10^4 U/ml) conferred antiviral status against VSV infection in both IRF knockout MEFs in a dose-dependent manner (Fig. 6D). These results clearly indicate that IRF3 plays a crucial role in the induction of antiviral status in MEFs by AcNPV.

Involvement of a TLR- and RIG-I/IPS-1-independent signaling pathway in immune activation by AcNPV. TLR3 has been shown to recognize viral dsRNA as well as a synthetic dsRNA analogue, poly(I:C), in the intracellular compartment. Recently, RIG-I and MDA5 have been identified as TLR-independent cytoplasmic RNA detectors and shown to induce type I IFN production through an adaptor molecule, IPS-1, that localizes in mitochondria (26, 36, 42, 47). To examine the involvement of TLR-independent cytoplasmic DNA-sensing machinery in the immune activation by AcNPV, as seen in the recognition of intracellular RNA, the production of type I IFN and IFN-inducible chemokines in PECs and splenic CD11c⁺ DCs derived from RIG-I-, MDA5-, or IPS-1-deficient mice was examined. Type I IFN production in PECs and splenic CD11c⁺ DCs in response to VSV and poly(I:C) was impaired by knockout of IPS-1, whereas AcNPV produced a significant amount of the IFNs in the IPS-1 knockout immune cells (Fig. 7A). Furthermore, IFN production in the immune cells in response to VSV was abrogated by knockout of the RIG-I gene but not by knockout of the MDA5 gene; however, AcNPV produced significant amounts of the IFNs in the RIG-I or MDA5 knockout immune cells (data not shown).

Next, to determine whether IPS-1 is involved in the production of type I IFN and IFN-inducible chemokines in MEFs in response to AcNPV, production of the cytokines in the IPS-1-deficient MEFs in response to VSV or AcNPV was examined (Fig. 7B). Production of IFN- β , IL-6, MCP-1, RANTES, and IP-10 was severely impaired in IPS-1-deficient MEFs upon VSV infection, whereas AcNPV produced substantial amounts of the cytokines in the IPS-1-deficient MEFs in spite of a slight reduction in IFN- β and IL-6 production (Fig. 7B). Similarly, production of the IFN-inducible chemokines in MEFs infected with VSV, but not with AcNPV, was also severely impaired by knockout of the RIG-I gene (data not shown). Collectively, these results suggest that a novel TLR- and RIG-I/IPS-1-independent signaling pathway(s) participated in the production of type I IFN and the IFN-inducible chemokines in both immunocompetent cells and MEFs in response to AcNPV infection.

DISCUSSION

Recent progress has been made in the identification of receptors, signal transduction molecules, and transcription factors that are required for the induction of type I IFN in cells upon infection with RNA and DNA viruses, as well as for the robust IFN production in pDCs, suggesting the presence of multiple signaling pathways for type I IFN induction (17, 23, 25). Production of type I IFN was shown to be induced through a number of different pathways in a cell-type-specific manner upon infection with HSV (40), although the precise mechanisms involved in sensing the foreign DNA of microorganisms remain largely unknown. In this study, we have examined the molecular mechanisms of type I IFN induction by AcNPV infection both in professional immune cells, including pDCs,

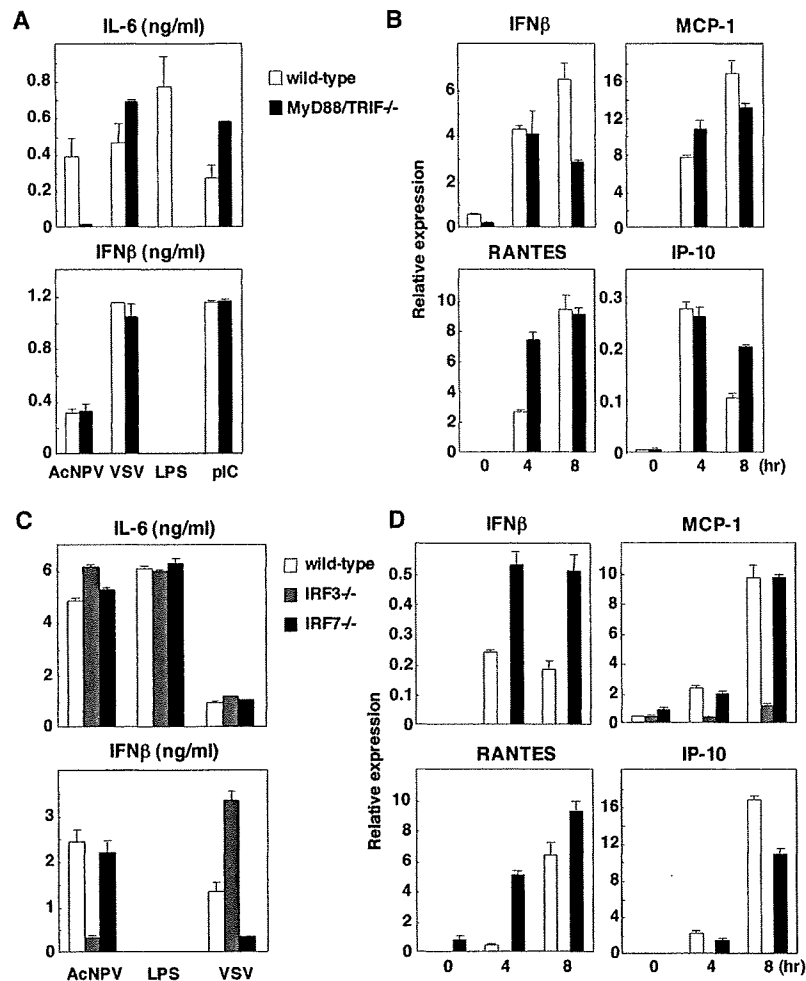
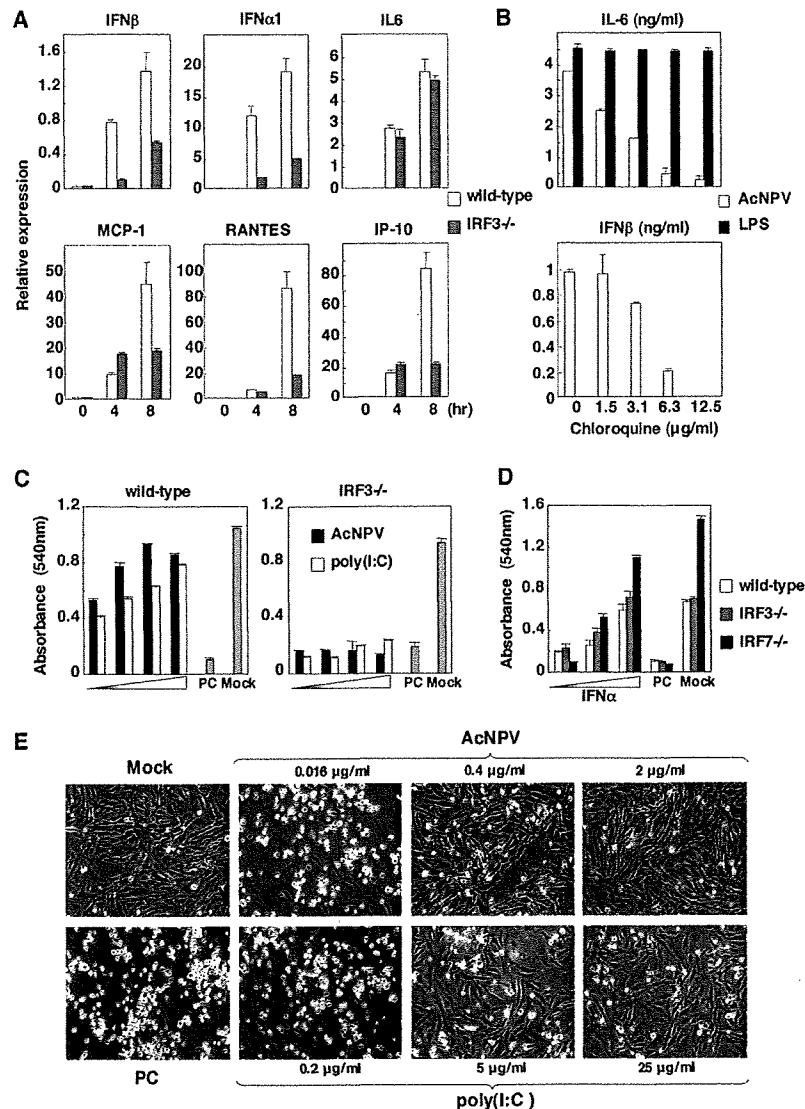


FIG. 5. AcNPV produces IFN- β and IFN-inducible chemokines through a TLR-independent and IRF3-dependent pathways in MEFs. (A) MEFs (2×10^4 cells/well) prepared from wild-type or MyD88/TRIF double knockout mice were stimulated with AcNPV ($10 \mu\text{g/ml}$), VSV (NCP mutant, MOI of 0.1), LPS ($10 \mu\text{g/ml}$), or poly(I:C) (pI:C) ($50 \mu\text{g/ml}$). After 24 h of incubation, production of IL-6 and IFN- β in culture supernatants was determined by ELISA. (B) MEFs (3×10^5 cells/well) prepared from wild-type or MyD88/TRIF double knockout mice were stimulated with AcNPV ($10 \mu\text{g/ml}$). Total RNA was extracted at the indicated time points, and the expression of mRNA of IFN- β , MCP-1, RANTES, and IP-10 was determined by real-time PCR. (C) MEFs (2×10^4 cells/well) prepared from wild-type, IRF3-deficient, or IRF7-deficient mice were stimulated with AcNPV ($10 \mu\text{g/ml}$), LPS ($10 \mu\text{g/ml}$), or VSV (NCP mutant, MOI of 0.1). After 24 h of incubation, the production of IL-6 and IFN- β in culture supernatants was determined by ELISA. (D) MEFs (3×10^5 cells/well) prepared from wild-type, IRF3-deficient, or IRF7-deficient mice were stimulated with AcNPV ($10 \mu\text{g/ml}$). Total RNA was extracted at the indicated time points, and the expression of mRNA of IFN- β , MCP-1, RANTES, and IP-10 was determined by real-time PCR. Data are shown as the means \pm standard deviations.

PECs, and splenic CD11c⁺ DCs, and in nonimmune cells and raised the possibility of the involvement of a novel TLR- and IPS-1-independent pathway in the production of type I IFN in vitro as well as in vivo in response to AcNPV infection.

The frequency of bioactive CpG motifs capable of inducing immune activation through a TLR9-dependent pathway in the AcNPV genome was similar to that in *E. coli* and HSV and was significantly higher than that in entomopoxvirus (1, 51). Furthermore, it was shown that HSV and murine cytomegalovirus produce inflammatory cytokines and type I IFN through both TLR9-dependent and -independent pathways (7, 15, 29, 32, 44). Recently, it was also reported that adenovirus DNA produced IL-6 and IFN- α through an entirely TLR/MyD88-independent pathway in non-pDCs (53), although the presence of

the CpG motifs in the adenoviral genome has not yet been determined. The current model of TLR9 activation by viral DNA is as follows. The virus particles are internalized into cells and degraded within the endocytic vesicles, and the digested viral genome subsequently activates TLR9 localized in the endosomal compartments. Treatment with inhibitors for endosomal maturation or acidification efficiently inhibits TLR7 and TLR9 activation by viral RNA and DNA, respectively (8, 32, 33). Interestingly, the production of type I IFN in PECs upon infection with AcNPV was resistant to pretreatment with endocytosis inhibitors, suggesting that the cytoplasmic recognition of AcNPV by TLR-independent immune sensors may be required for type I IFN production in PECs. The purified AcNPV DNA encapsulated in liposomes induced the produc-



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FIG. 6. AcNPV induces antiviral status in MEFs through an IRF3-dependent pathway. (A) MEFs (3×10^5 cells/well) prepared from wild-type and IRF3-deficient mice were transfected with AcNPV DNA (25 $\mu\text{g/ml}$). Total RNA was extracted at the indicated time points, and the expression of mRNA of IFN- β , IFN- α 1, MCP-1, RANTES, IL-6, and IP-10 was determined by real-time PCR. (B) MEFs (2×10^4 cells/well) prepared from wild-type mice were stimulated with AcNPV (10 $\mu\text{g/ml}$) or LPS (10 $\mu\text{g/ml}$) in the presence of the indicated concentrations of chloroquine. After 24 h of incubation, production of IL-6 and IFN- β in culture supernatants was determined by ELISA. (C) MEFs (2×10^4 cells/well) prepared from wild-type and IRF3-deficient mice were incubated with AcNPV (0.016 $\mu\text{g/ml}$ to 2 $\mu\text{g/ml}$) or poly(I:C) (0.2 $\mu\text{g/ml}$ to 25 $\mu\text{g/ml}$). After 24 h of incubation, cells were washed extensively with warm medium and infected with VSV (GLPLF mutant, MOI of 0.1). Cell viability was determined at 24 h postinfection by crystal violet staining and quantitated by spectroscopy. (D) MEFs (2×10^4 cells/well) prepared from wild-type, IRF3-deficient, or IRF7-deficient mice were incubated with serial dilutions of murine IFN- α (10^1 to 10^4 U/ml). After 24 h of incubation, cells were washed extensively with warm medium and infected with VSV (GLPLF strain, MOI of 0.1). Cell viability was determined at 24 h postinfection by crystal violet staining and quantitated by spectroscopy. Values are plotted as means from the triplicate wells. Data are shown as means \pm standard deviations. (E) Microscopic observation of MEFs from wild-type mice, showing the antiviral status against VSV infection by the treatment with AcNPV or poly(I:C) in a dose-dependent manner. PC, infected cells; Mock, mock-infected cells. Samples are shown at a magnification of $\times 40$.

tion of type I IFN through both TLR9/MyD88-dependent and -independent pathways in PECs. These results indicate that the genomic DNA of AcNPV is recognized by at least two different pathways, TLR9-dependent endosomal recognition and TLR9-independent cytoplasmic recognition, and that type I IFN production by AcNPV is totally dependent on the latter

process. However, the precise mechanisms of the immune activation of immunocompetent cells by AcNPV DNA through a TLR-independent pathway remain unknown. Therefore, further studies are needed to determine the molecular mechanisms underlying the type I IFN production through a TLR-independent cytoplasmic sensor for baculovirus DNA.

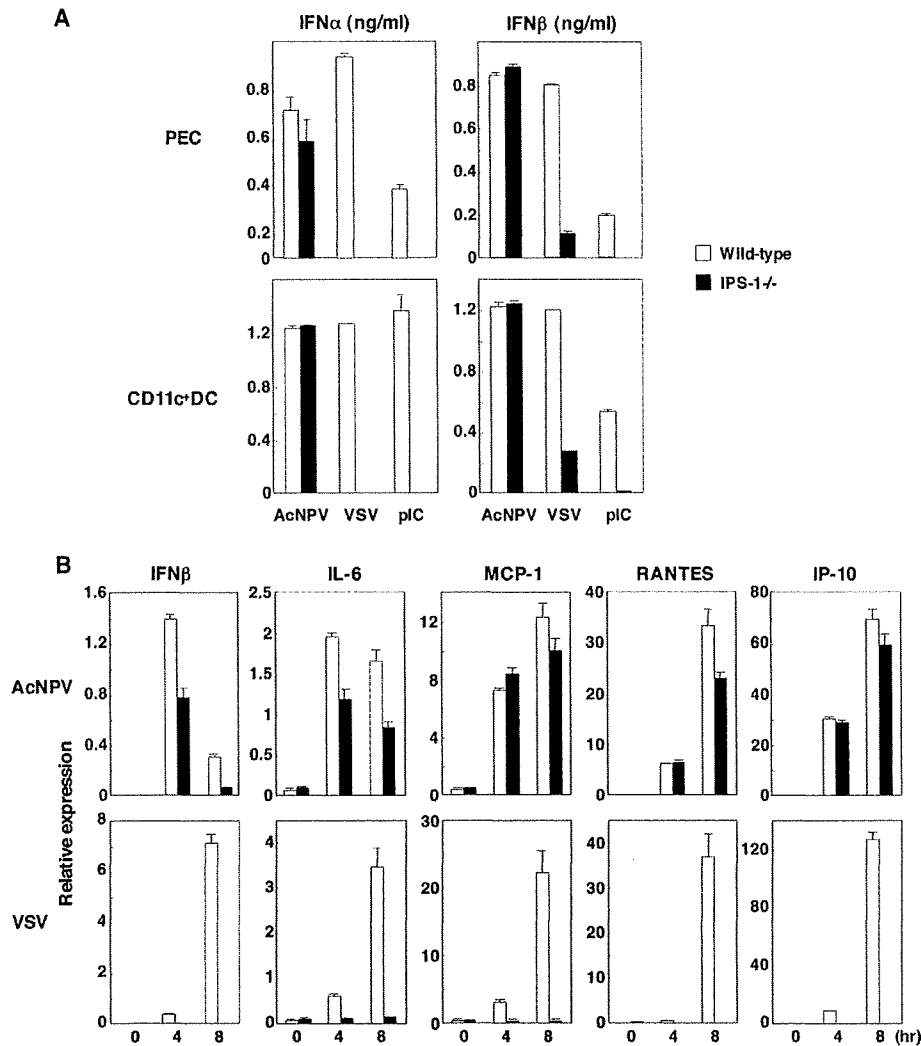


FIG. 7. Role of IPS-1 in immune activation by AcNPV. (A) PECs and splenic CD11c⁺ DCs (2×10^5 cells/well) prepared from wild-type and IPS-1-deficient mice were stimulated with AcNPV (10 μ g/ml), VSV (NCP mutant, MOI of 0.1), or poly(I:C) (pIC) (50 μ g/ml). After 24 h of incubation, production of IFN- α and IFN- β in culture supernatants was determined by ELISA. (B) MEFs (3×10^5 cells/well) prepared from wild-type and IPS-1-deficient mice were stimulated with AcNPV (10 μ g/ml) or VSV (NCP mutant, MOI of 0.1). Total RNA was extracted at the indicated time points, and the expression of mRNA of IFN- β , MCP-1, RANTES, IL-6, and IP-10 was determined by real-time PCR. Data are shown as the means \pm standard deviations.

A novel TLR-independent cytosolic surveillance system for transfected dsDNA that elicits type I IFN induction through a TANK binding kinase 1 (TBK1)/I κ B kinase-related kinase (IKKi)/IRF3 pathway has been shown to exist (19, 43). Our preliminary data also indicate that type I IFN production was severely reduced in TBK1-deficient MEFs in response to AcNPV and insufficient to protect cells from VSV infection (data not shown), suggesting the involvement of TBK1 in AcNPV-induced immune activation. Recently, a cytoplasmic recognition receptor, DAI (DNA-dependent activator of IRFs), was shown to be activated by dsDNA from a variety of sources and to produce type I IFN through an IRF3 and probably IRF7 pathway (45). However, there are conflicting reports suggesting a lack of impairment of type I IFN production in DAI knockout mice and DAI knockdown murine mac-

rophages or MEFs in response to dsDNA of synthetic B-form DNA and from bacteria (4, 20). In this study, we have shown that splenic CD11c⁺ DCs derived from IRF3-deficient mice produced a level of type I IFN compatible with that in wild-type mice in response to AcNPV, in contrast to the lack of IFN- β production in the PECs derived from the IRF3-deficient mice. More recently, two groups reported the identification of a membrane protein, termed mitochondrial mediator of IRF3 activation (MITA) or stimulator of IFN genes (STING), that activates IRF3 to induce a type I IFN response to viral infection (21, 52). Although both groups described slightly different characterizations of MITA, or STING, in terms of localization and signal transduction, both groups exhibited the opinion that MITA or STING plays a critical role in type I IFN production by B-form DNA. Although DAI-mediated type I IFN production was more

dependent on IRF3 than on IRF7, the cytoplasmic DNA sensors, including DAI and MITA or STING, may participate in the induction of type I IFN upon infection with AcNPV.

In the cytoplasm, RIG-I and MDA5 are critically involved in the recognition of dsRNA, and the adaptor molecule IPS-1 interacts with RIG-I and MDA5 to facilitate TBK1- and IKK-mediated IRF3 and IRF7 activation, which leads to termination of the replication of RNA viruses through the helicase function. In addition, RIG-I has been shown to discriminate viral RNAs from the vast number and variety of cellular RNAs by recognizing a terminal 5' triphosphate, but not 5' OH or a 5' methylguanosine cap (37, 39). In this study, both RIG-I- and IPS-1-deficient MEFs but not immunocompetent cells partially impaired the production of IFN- β and IL-6, but not that of MCP-1, RANTES, and IP-10, in response to AcNPV, suggesting the possible generation of dsRNA in MEFs upon infection with AcNPV in spite of the lack of replication. Although there is no evidence for the functional expression of the viral proteins, transcription of immediate-early genes of baculovirus was detected in HeLa and BHK cells upon infection with AcNPV by DNA microarray analysis (10) and in HEK293 cells and rat primary Schwann cells upon infection with *Bombyx mori* NPV by reverse transcription-PCR (27). These reports are consistent with our observations that the RIG-I/IPS-1 pathway partially participates in type I IFN induction by AcNPV infection in MEFs.

We have shown previously that an intranasal inoculation of AcNPV induces protective immunity from a lethal challenge of influenza A virus in mice (2) and that AcNPV produces type I IFN in immune cells of mice via a TLR9/MyD88-independent pathway (1). Our present studies further confirmed that AcNPV induces a strong antiviral immunity through a TLR-independent pathway. Although further studies are needed to clarify the precise mechanisms underlying the antiviral responses, a TLR-independent and probably TBK1-IRF3/IRF7-dependent signaling pathway may contribute to the induction of protective immunity against viral challenge induced by AcNPV infection *in vivo*.

ACKNOWLEDGMENTS

We thank H. Murase for her secretarial work.

This work was supported in part by grants-in-aid from the Research and Development Program for New Bio-industry Initiatives of Bio-oriented Technology Research Advancement Institution (BRAIN) and the Ministry of Education, Culture, Sports, Science, and Technology, Japan.

We have no conflicting financial interests.

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Original Article

Prevalence of coinfection with human immunodeficiency virus and hepatitis C virus in Japan

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People with human immunodeficiency virus (HIV) infection are frequently infected with hepatitis C virus (HCV), because of the common transmission routes. Since the dissemination of hyperactive antiretrovirus therapy (HAART), the morbidity and mortality associated with HIV infection have declined. However, the reduction in mortality due to opportunistic infection has made HCV-associated liver diseases the leading cause of mortality in Western countries. A similar situation is assumed in Japan, but the status of coinfection with HIV and HCV is unclear. We conducted a nationwide survey to determine the prevalence of coinfection with HIV and HCV by dis-

tributing a questionnaire to the hospitals in the HIV/AIDS Network of Japan. Among 4877 patients reported to be HIV-positive, 935 (19.2%) were also positive for the anti-HCV antibody. Most (84.1%) of the patients coinfecting with HIV and HCV were recipients of blood products. These data, for the first time, show the current status of coinfection with HIV and HCV in Japan. A detailed analysis of the progression and severity of liver diseases in the coinfecting patients is expected.

Key words: coinfection, hepatitis C, HIV, liver disease

INTRODUCTION

H E P A T I T I S C V I R U S (HCV) infection and human immunodeficiency virus (HIV) infection are major public health problems worldwide. In the USA, the estimated prevalence of the anti-HCV antibody is 1.8%, with 2.7 million people having HCV-RNA detected in their blood, indicative of ongoing HCV infection.¹ The prevalence of HIV is <1%, and the virus is estimated to have infected approximately 800 000 people.² Because of the common transmission routes, that is, parenteral ones, many people with HIV infection are also infected with HCV.³ Before the introduction of hyperactive antiretroviral treatment (HAART) in 1996, most people with HIV infection died of HIV-associated opportunistic infections such as *Pneumocystis carinii* (currently called *P. jirovecii*) pneumonia and cytomegaloviral infection. Since the dissemination of HAART, the morbidity and mortality associated with HIV infection have

declined. However, the reduction in mortality due to opportunistic infection has made patients coinfecting with HIV and HCV faced with the menace of progressive liver diseases due to HCV infection in the United States and Europe.^{4,5}

Coinfection with HIV has been shown to increase the HCV load in HCV infection,⁶ being a negative prognostic factor for clearance of HCV in anti-HCV therapy using interferon.^{7,8} It also accelerates the development of cirrhosis and, eventually, hepatocellular carcinoma. Although still controversial, coinfection with HIV and HCV yields a more rapid progression to acquired immunodeficiency syndrome (AIDS) in some cases.^{9,10} Importantly, coinfection with HIV and HCV will increase the morbidity and mortality of HIV-infected patients also in Japan, where the prevalence of HIV infection is increasing in a linear fashion, exceptionally among developed countries.¹¹ There are more than 10 000 HIV-positive people in Japan as of the end of 2004, according to the AIDS National Survey in Japan,¹² and approximately 1.8 million chronic HCV carriers, according to the estimation by the Ministry of Health, Labor and Welfare (MHLW) of Japan. However, unfortunately, the prevalence of coinfection with HIV and HCV in Japan has been unclarified to date. Therefore, we conducted a nationwide study by distributing an

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Received 7 August 2006; revision 22 August 2006; accepted 29 August 2006.

email-based questionnaire to the hospitals in the HIV/AIDS Network of Japan.

METHODS

IN THE QUESTIONNAIRE, the following information was obtained from hospitals regarding the number of patients who visited the hospitals at least once between January and December 2003: (1) the number of HIV-positive patients; (2) the number of anti-HCV-positive patients among (1); (3) the number of HCV-RNA-positive patients among (2); (4) the number of HIV-positive patients who contracted HIV from blood products; (5) the number of anti-HCV-positive patients among (4); (6) the number of HCV-RNA-positive patients among (5); (7) the number of HIV-positive patients among men who have sex with men (MSM); (8) the number of anti-HCV-positive patients among (7); (9) the number of HCV-RNA-positive patients among (8); (10) the number of HIV-positive patients who contracted HIV through intravenous drug use; (11) the number of anti-HCV-positive patients among (10); (12) the number of HCV-RNA-positive patients among (11); (13) the number of HIV-positive patients whose transmission routes were classified as 'others'; (14) the number of anti-HCV-positive patients among (13); and (15) the number of HCV-RNA-positive patients among (14).

The questionnaire was sent to the 366 hospitals in the HIV/AIDS Network of Japan by email. When emails were returned with a failure of delivery, the questionnaire was forwarded by post. Answers were mostly returned by email, and in some cases by fax. The list of the hospitals in the HIV/AIDS Network of Japan can be browsed at: http://www.acc.go.jp/mLhw/mLhw_frame.htm.

RESULTS

THE QUESTIONNAIRE WAS sent to all 366 hospitals that were on the list of hospitals in the HIV/AIDS Network of Japan in January 2004. One hundred and seventy-six hospitals (48.1%) responded within the indicated period. A collection rate of 47.8% may appear rather low, particularly considering the number of reported HIV-positive people, 10 000, in 2004 according to the statistics of the MHLW of Japan.¹² However, not all the HIV-positive cases are visiting hospitals, and answers to the questionnaire were obtained from most of the major hospitals in the HIV/AIDS Network in big cities around Japan. These factors suggest that not all but

Table 1 Number of hospitals categorized by the number of patients infected with HIV and those coinfecting with HIV and HCV

No. of HIV(+)/HCV(+)	No. of HIV(+)				Total
	0	1–19	20–49	50+	
0	43	52	5	1	101
1–9	0	45	9	3	57
10+	0	2	4	12	18
Total	43	99	18	16	176

a majority of HIV-positive patients in Japan were enrolled in the study.

There were one or more HIV-positive patients in 133 of 176 (75.6%) hospitals; there were no HIV-positive patients in the remaining 43 hospitals (Table 1). Eighteen of 176 (10.2%) hospitals had 20–49 HIV-positive patients, and 16 (9.1%) hospitals had 50 or more HIV-positive patients. On the other hand, there were one or more patients who were coinfecting with HIV and HCV in 75 (42.6%) of 176 hospitals, and there were 10 or more HIV/HCV coinfecting patients in 18 (10.2%) hospitals. HIV/HCV coinfecting patients were concentrated in specific hospitals in big cities around Japan. In particular, in the Kanto area, HIV/HCV coinfecting patients were concentrated in the HIV/AIDS Network hospitals in the Tokyo city area (Fig. 1). Of the 16 hospitals with 50 or more HIV-positive patients and of the 18 hospitals with 10 or more HIV/HCV coinfecting patients, 12 were the same hospitals (Table 1). Hospitals with 10 or more HIV/HCV coinfecting patients, but with less than 50 HIV-positive patients had the characteristic that most HIV-positive patients contracted HIV from blood products.

In total, 4877 patients were reported to be HIV-positive. Among these, 935 (19.2%) were positive for anti-HCV (Table 2). Of these 935 patients, 780 were HCV-RNA-positive, although it should be noted that not all the patients underwent HCV-RNA testing.

HCV prevalence when fractionated by routes of transmission was as follows. Among 811 HIV-positive patients who contracted HIV from blood products such as unheated concentrated coagulation factors, 786 (96.9%) were anti-HCV-antibody-positive. Of 20 intravenous drug users, nine (45.0%) were anti-HCV-antibody-positive. Among 2730 HIV-positive patients who were MSM (men who have sex with men), 114 (4.2%) were anti-HCV positive. In the remaining 1316 HIV-positive patients whose routes of HIV transmission

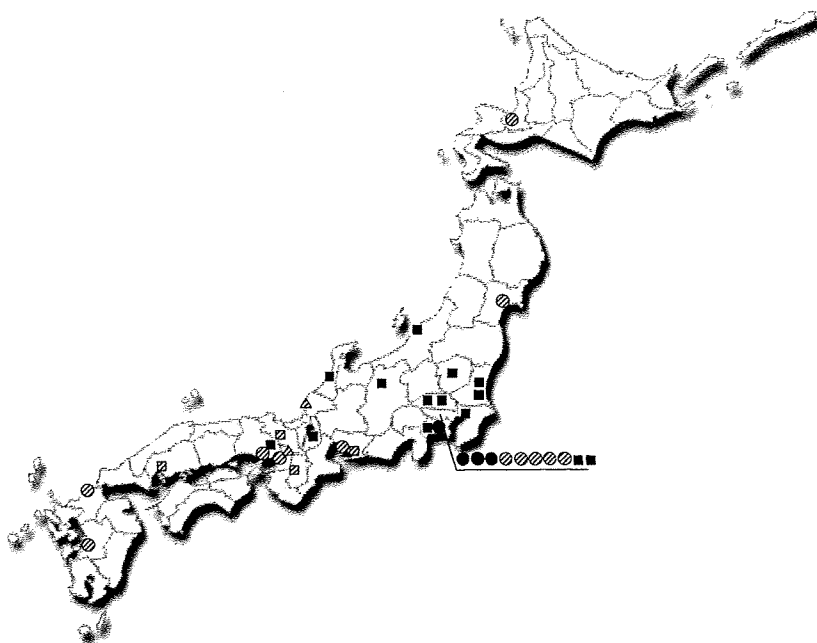


Figure 1 Nationwide distribution of hospitals in the HIV/AIDS Network of Japan that a number of HIV-positive or HIV/HCV coinfected patients are visiting regularly. Note that in the Kanto area, HIV/HCV coinfected patients were concentrated in the HIV/AIDS Network hospitals in the Tokyo city area. (Δ) hospitals with 1-19 HIV-positive patients; (\square) hospitals with 20-49 HIV-positive patients; (\circ) hospitals with 50+ HIV-positive patients. Hatched figures: hospitals with 10 or more HIV/HCV coinfected patients. Closed figures: hospitals with less than 10 HIV/HCV coinfected patients. For easier visual comprehension, hospitals with 19 or less HIV-positive patients and 9 or less HIV/HCV coinfected patients are omitted from the figure.

were classified as "others", most of whom contracted HIV heterosexually, 26 (2.0%) were anti-HCV-antibody-positive. On the other hand, in HIV/HCV coinfected patients, 786 (84.1%) of 935 patients were recipients of blood products. Thus, the majority of HIV/HCV coinfected patients in Japan are those who contracted HIV, and most likely also HCV, from blood products.

DISCUSSION

ACCORDING TO THE statistics of the MHLW of Japan, the number of reported HIV-positive people was just over 10 000 in 2004.¹² The total number of HIV-positive patients in the current study is approximately half of that. By a simple calculation, there would be about 1900 HIV/HCV coinfected patients in Japan. However, because HIV-positive patients who contracted HIV from blood products are almost all registered in

Japan and most of them should have been enrolled in this survey, the number of HIV/HCV coinfected patients is likely smaller than 1900. It is regrettable that not all the patients underwent HCV-RNA testing, but it is unavoidable in this type of questionnaire-based study. In some cases, the existence of a positive anti-HCV antibody indicates a memory of a remote HCV infection.

Almost all of the patients who contracted HIV through blood products were also anti-HCV-antibody-positive, suggesting that both viruses were transmitted through the same route. In MSM patients who were HIV-positive, approximately 4% were anti-HCV-antibody-positive, which is about threefold higher than the prevalence of HCV in Japan.¹³ In people aging from 40 to 50 years old in the general Japanese population, whose ages are similar to those of the MSM patients in the current study, the prevalence of HCV is less than 0.5%.¹³ Therefore, an HCV prevalence of 4% in MSM

Table 2 Prevalence of HCV infection in HIV-positive patients

Routes of transmission	No. of patients	Anti-HCV-positive	HCV-RNA-positive†
Blood products	811	786 (96.9%)	667
MSM‡	2730	114 (4.2%)	98
Drug addicts	20	9 (45.0%)	8
Others (heterosexual etc.)	1316	26 (2.0%)	7
Total	4877	935 (19.2%)	780

†Not all patients were subjected to HCV-RNA test. ‡MSM, men who have sex with men.