

Fig. 1. Isolation of cellular proteins bound to HPV16 genomic fragments. (A) Schematic for locations of three HPV16 DNA fragments (I, II, and III) used to screen for binding proteins to HPV16 DNA. Numbers above the fragments indicate nucleotide positions in the HPV16 genome. The positions of the early promoter (P_{97}), the late promoter (P_{670}), the long control region (LCR), and the replication origin are presented. (B) The nuclear extract of HeLa cells was incubated with magnetic beads that were coupled with the HPV16 DNA fragments or with the beads alone. The bound fractions were recovered and resolved by SDS-PAGE, followed by silver staining. A 95-kDa band bound to fragment III is indicated by an asterisk. (C) Western blot analysis of the bound fractions using anti-nucleolin antibody (Santa Cruz).

GST-nucleolin bound to an HPV18 probe having the nucleolin-binding motif (Fig. 2D), which confirmed the integrity of our GST-nucleolin preparation. Additionally, several base substitutions were introduced into the motif in probe f (Fig. 2E, upper panel). All mutated probes gave rise to a band shift more efficiently than the original probe f (Fig. 2E), indicating that nucleolin recognizes this motif but it is not an optimal sequence for nucleolin binding.

Binding of nucleolin to the HPV16 DNA in cells

Chromatin immunoprecipitation (ChIP) analysis demonstrated that exogenous nucleolin bound to the HPV16 DNA in cells. An expression plasmid for FLAG-tagged nucleolin (FLAG-nucleolin) (Fig. 3A) was constructed and used for ChIP analysis. HeLa cells were transfected with the HPV16 reporter plasmid pGL3- P_{670} , which contains the HPV16 genomic region from nt 7003 to 868 [11], with or without the FLAG-nucleolin expression plasmid. In the presence of FLAG-nucleolin, an anti-FLAG antibody precipitated the HPV16 DNA fragment containing from nt 501 to 670 compared to the control IgG precipitate (Fig. 3B). Without FLAG-nucleolin expression, the anti-FLAG antibody did not precipitate the HPV16 DNA. The anti-FLAG antibody recovered an endogenous target of nucleolin, 18S rDNA, which indicated that exogenous FLAG-nucleolin behaved as endogenous one. The backbone plasmid lacking the HPV16 sequence was not precipitated with the anti-FLAG antibody in the presence of FLAG-nucleolin (Fig. 3C), demonstrating that the HPV16 sequence was responsible for the FLAG-nucleolin binding in cells. Similar results were obtained with

human primary foreskin keratinocytes (data not shown), suggesting that the nucleolin binding to the HPV16 DNA is not specific to cancer cells.

Endogenous nucleolin also associated with the HPV16 DNA in cells. When the ChIP assay was performed in HeLa cells transfected with pGL3- P_{670} alone, the precipitate with an anti-nucleolin antibody showed an enrichment of the HPV16 DNA compared to basal level DNA obtained with a control antibody (Fig. 3D). To further examine binding properties of nucleolin to the HPV16 DNA in cells, a stable HeLa cell line expressing a reduced level of nucleolin was generated using an shRNA-mediated knockdown technique. Western blot analysis showed that the nucleolin level was reduced by one-third in the knockdown cells relative to parental cells (Fig. 3E). The ChIP assay revealed that the binding of nucleolin to the transfected HPV16 DNA was weakened in the knockdown cells compared to wild-type cells, and a similar reduction of nucleolin binding to rDNA loci was observed (Fig. 3F), suggesting that nucleolin's affinity for the HPV16 DNA is comparable to that for endogenous rDNA loci.

The ChIP assay was further extended to another human cell line, W12 cells, established from a cervical intraepithelial lesion and shown to maintain up to 1000 copies of the complete HPV16 genome as episomes in cell culture [12,15]. The immunoprecipitation with the anti-nucleolin antibody from the cross-linked chromatin of W12 cells enriched the HPV16 genomic DNA two to threefold compared to the control IgG precipitate, and a similar enrichment was observed with rDNA (Fig. 4). The results suggest that endogenous nucleolin is inherently bound to the HPV16 genome in the HPV16-infected cells.

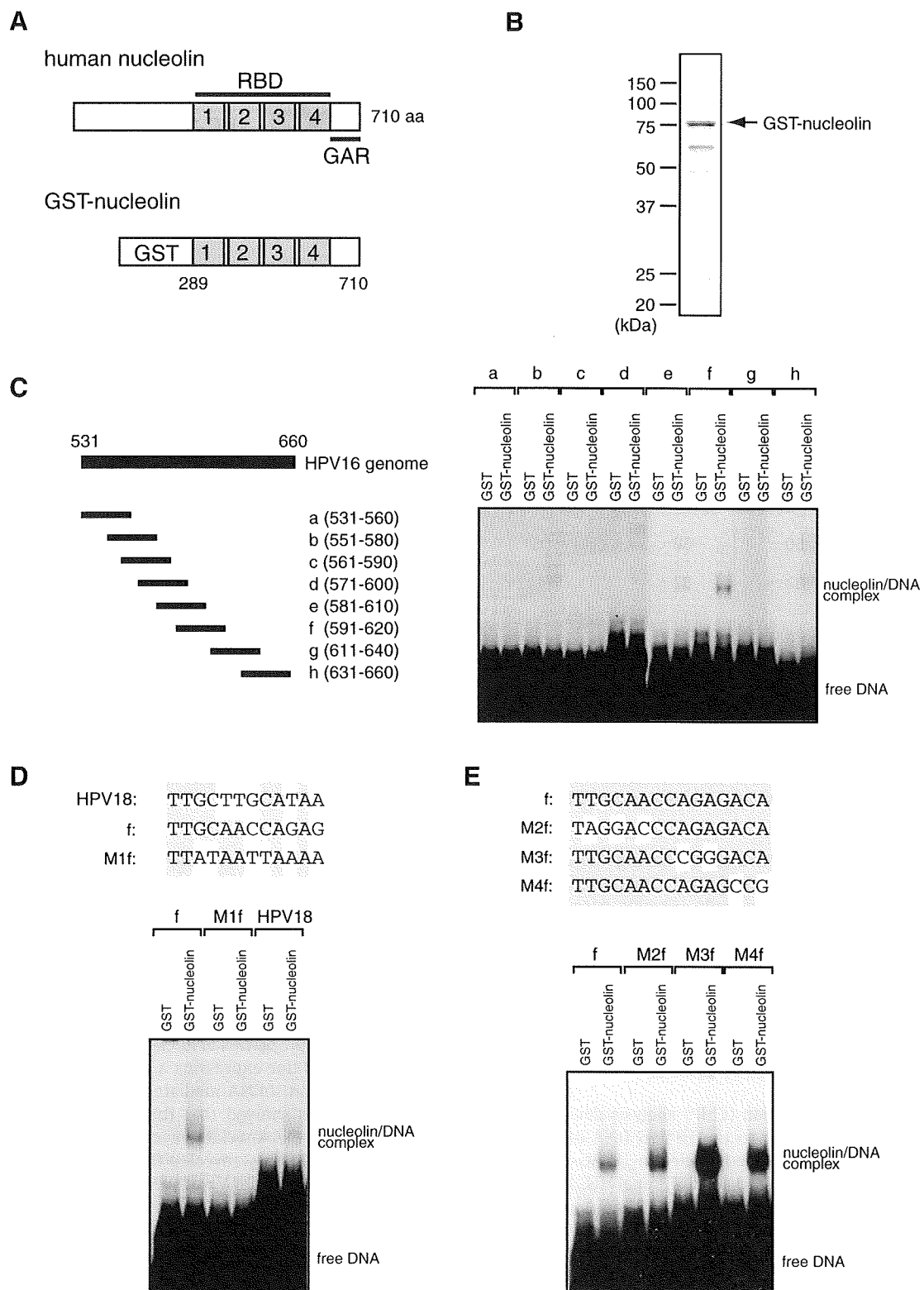


Fig. 2. *In vitro* binding of nucleolin to HPV16 DNA. (A) Schematic representation of human nucleolin and recombinant GST-nucleolin. Four RNA-binding domains (RBD1–4) and the glycine/arginine-rich region (GAR) are indicated. (B) SDS-PAGE analysis of GST-nucleolin with GelCode stain (Pierce). (C) EMSA showing a complex formation between GST-nucleolin and [³²P]-labeled oligonucleotide probes having the HPV16 genome sequence from nt 531 to 660. The genomic locations of the probes are presented on the left. (D) EMSA using mutated probe f to examine a sequence-specific binding of GST-nucleolin. Sequence alignment among the HPV18 nucleolin-binding sequence, probe f, and mutated probe f (M1f) is shown above. (E) Mutational analyses of probe f by EMSA. Base substitutions introduced into probe f are shown above.

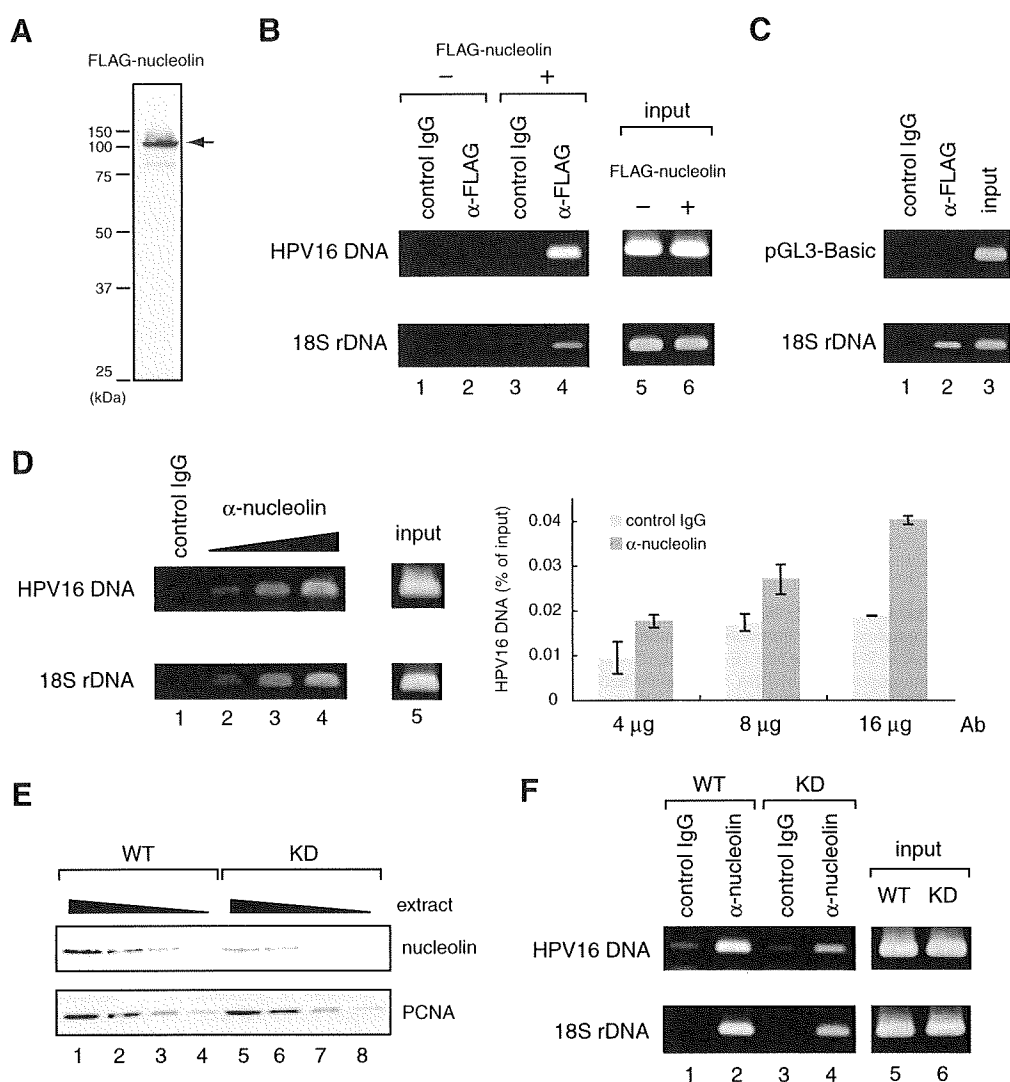


Fig. 3. Binding of nucleolin to HPV16 DNA in HeLa cells. (A) Western blot analysis of exogenous FLAG-nucleolin in HeLa cells using anti-FLAG antibody. (B) Chromatin immunoprecipitation analysis to detect binding of FLAG-nucleolin to HPV16 DNA in HeLa cells transfected with pGL3-P₆₇₀, which contains the HPV16 genome sequence from nt 7003 to 868, together with the FLAG-nucleolin expression plasmid or its backbone plasmid. Cross-linked FLAG-nucleolin/DNA complexes were immunoprecipitated with anti-FLAG antibody (lanes 2 and 4) or control mouse IgG (lanes 1 and 3), and the immunoprecipitated DNA was purified and subjected to PCR for the HPV16 DNA (nt 501–670) or 18S rDNA. The PCR products were analyzed by 1.5% agarose gel electrophoresis with ethidium bromide stain. Part (0.3%) of the input chromatin was analyzed. (C) ChIP analysis using HeLa cells transfected with pGL3-Basic and the FLAG-nucleolin expression plasmid. ChIP was performed with anti-FLAG antibody (lane 2) or control IgG (lane 1), followed by PCR for the pGL3-Basic sequence or 18S rDNA. (D) ChIP analysis to detect binding of endogenous nucleolin to the HPV16 DNA in HeLa cells transfected with pGL3-P₆₇₀ alone. Anti-nucleolin antibody (Santa Cruz) was used to recover DNA/nucleolin complexes. The increasing amounts of antibodies (lanes 1 and 2, 4 μ g; lane 3, 8 μ g; lane 4, 16 μ g) were used for ChIP. The amounts of immunoprecipitated HPV16 DNA were quantified by real-time PCR and shown as a percentage of the input HPV16 DNA in the right panel. Results are presented as means \pm standard errors of two independent experiments. (E) Western blot analysis using total cell extracts from wild-type (WT) and nucleolin-knockdown (KD) HeLa cells. Twofold serially diluted extracts (lanes from 1 to 4 for WT cells; lanes from 5 to 8 for KD cells) were subjected to Western blotting with anti-nucleolin (Active Motif) or anti-PCNA antibodies. (F) ChIP analysis using wild-type and nucleolin-knockdown HeLa cells. Cross-linked nucleolin/DNA complexes from WT (lanes 1 and 2) and KD cells (lanes 3 and 4) were immunoprecipitated with anti-nucleolin antibody (Abcam) (lanes 2 and 4) or control mouse IgG (lanes 1 and 3), and the immunoprecipitated DNA was subjected to PCR for the HPV16 DNA (upper panel) or 18S rDNA (lower panel).

Discussion

Here we report the preferential binding of nucleolin to the HPV16 genomic region from nt 531 to 780. This genomic region is a "hot spot" for interactions with many cellular transcription factors that regulate the late promoter P₆₇₀. CCAAT displacement protein (CDP) and YY1 associate with this region to suppress the basal transcription from P₆₇₀ [16–18], whereas multiple bindings of hSkn-1a and CCAAT/enhancer-binding protein β (C/EBP β) to the same region relieved the repression by CDP and YY1, leading to activation of P₆₇₀ [11,19]. Nucleolin bound to the HPV16 genomic region from nt 591 to 620 and recognized the sequence motif 5'-TTGCXXXCAXA-3' from nt 604 to 614. This sequence partially

overlaps with a binding site for C/EBP β [11], which suggests functional competition between C/EBP β and nucleolin for P₆₇₀ regulation. However, contrary to the previous report showing an enhancing effect of nucleolin on the HPV18 early promoter [14], neither expression of FLAG-nucleolin nor knockdown of endogenous nucleolin by RNAi in HeLa cells had obvious effects on the P₆₇₀ activity in a transient reporter assay (Sato et al., unpublished observation), questioning nucleolin's role in the HPV transcription.

Since nucleolin associated with the HPV16 genome in W12 cells, the nucleolin binding to the HPV16 genome likely occurs in the context of natural infection. With regard to maintenance of the viral genome, it is worth noting that a plasmid containing an HPV16 genomic fragment from the E6 to E7 region can be stably

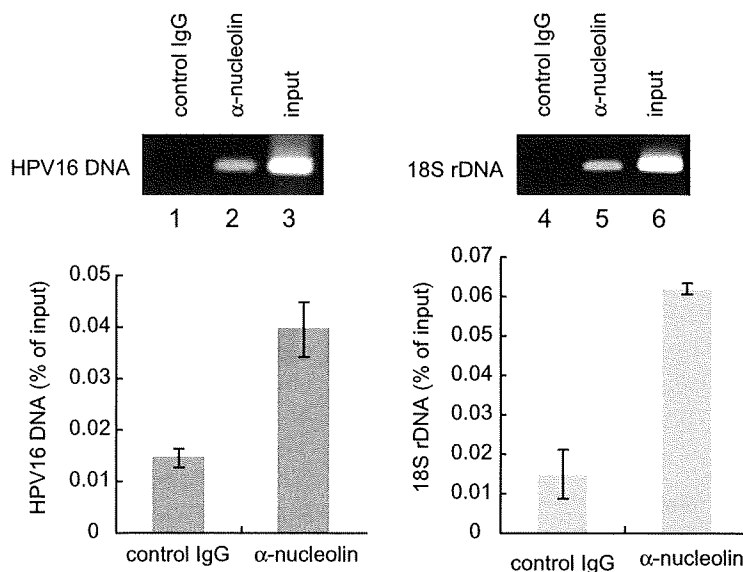


Fig. 4. Binding of nucleolin to HPV16 genome in W12 cells. ChIP analysis using W12 cervical neoplasia cells to detect binding of endogenous nucleolin to the HPV16 genome or rDNA. Cross-linked nucleolin/DNA complexes were immunoprecipitated with anti-nucleolin antibody (Abcam) (lanes 2 and 5) or control mouse IgG (lanes 1 and 4), and the immunoprecipitated DNA was subjected to PCR for the HPV16 DNA (nt 501–670) (lanes 1 and 2) or 18S rDNA (lanes 4 and 5). Part (0.3%) of the input chromatin was analyzed (lanes 3 and 6). The amounts of immunoprecipitated DNA were quantified by real-time PCR and shown as a percentage of the input DNA. Results are presented as means \pm standard errors of two independent experiments.

maintained in human cells in the absence of the viral E1 and E2 proteins [20]. This finding indicates a genome maintenance mode that is completely dependent on host proteins (independent of virally encoded proteins). Given that the nucleolin-binding site located from nt 604 to 614 lies in the E7 region, nucleolin may facilitate E1/E2-independent maintenance of the HPV genome. Detailed analysis of subcellular localization of nucleolin has demonstrated that nucleolin becomes localized at the chromosome periphery during mitosis in HeLa cells [10]. Thus, nucleolin might be involved in tethering the HPV genome to host chromosomes, which prevents the HPV genome from diffusing into cytoplasm during mitosis.

Lastly, nucleolin has been reported to play roles in the life cycle of other human viruses. Nucleolin interacts with nonstructural protein 5B of hepatitis C virus (HCV) and this interaction seems to be required for efficient replication of HCV [13]. Nucleolin localizes to the viral replication compartments of herpes simplex virus type 1 (HSV-1) in the nucleus during productive infection and the knockdown of nucleolin by RNAi inhibits HSV-1 replication [21]. Thus, it will be of particular interest to investigate the exact function of nucleolin in the HPV life cycle in future studies.

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Neonatal pertussis presenting as acute bronchiolitis: direct detection of the *Bordetella pertussis* genome using loop-mediated isothermal amplification

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Abstract We report a 28-day-old female infant with pertussis presenting as severe acute bronchiolitis with cyanosis. On admission, the patient's symptoms were similar to those of acute bronchiolitis. However, occasional apneic episodes with cyanosis and peripheral lymphocytosis suggested neonatal pertussis and prompted us to examine the presence of *Bordetella pertussis* using loop-mediated isothermal amplification (LAMP) based on the insertion sequence IS481. LAMP of the nasopharyngeal and intratracheal aspirates was positive for *B. pertussis* and a diagnosis of neonatal pertussis was made. As the clinical features of pertussis in neonates and early infancy are not characteristic, LAMP is a useful tool for rapid diagnosis of *B. pertussis* infection.

Keywords *B. pertussis* · Bronchiolitis · LAMP · Neonatal pertussis

Abbreviations

LAMP Loop-mediated isothermal amplification

Case report

A 28-day-old female infant, who was born at 39 weeks gestation weighing 2,928 g, was referred to us because of cough, wheezing, and cyanosis. The infant had begun to have manifestations of mild viral upper respiratory tract infection at the age of 21 days. The respiratory symptoms worsened abruptly and cyanosis was observed on the day before admission. The child's mother and 6-year-old sister, who had both received DPT vaccination, had complained of mild coughs two weeks before the onset of the patient's illness, but had not been treated with any antibiotics.

On admission to our hospital, the patient was dyspneic without pyrexia, and oxygen saturation decreased to 88% during a fit of coughing. The heart rate was 160/min and the respiratory rate was 45–60/min. Routine hematological tests showed a white blood cell count of 28,600/ μ l with a lymphocyte count of 16,331/ μ l, and C-reactive protein was 0.04 mg/dl. Chest X-ray showed mild pulmonary emphysema. The nasopharyngeal fluid was negative on immunoassays for respiratory syncytial virus, influenza A and B, and adenovirus. The patient's symptoms on admission strongly suggested bronchiolitis. In addition, the apneic episodes with cyanosis and lymphocytosis suggested

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neonatal pertussis. Initially, the patient was treated with piperacillin and hydrocortisone. However, her condition deteriorated and she developed severe apnea and bradycardia during the night after admission. Chest X-ray indicated the presence of atelectasis in the upper lobe of the right lung. Following increasing respiratory distress over the next two days, intubation was required, and she was ventilated at high pressure. Clarithromycin was started on day three after admission. Despite undergoing mechanical ventilation, the patient had frequent episodes of severe apnea with bradycardia and required manual ventilation for recovery. Nasopharyngeal and intratracheal aspirates obtained on day five were positive for *Bordetella pertussis* using a loop-mediated isothermal amplification (LAMP) assay based on the insertion sequence IS481 target (Fig. 1). PCR analyses of the nasopharyngeal and intratracheal aspirates were also positive for *B. pertussis* (data not shown). Viral isolation and bacterial cultures from intratracheal aspirates were negative. The patient made favourable progress from the fifth day of intubation and ventilation was stopped on the eighth day. Piperacillin and clarithromycin were continued for eight days and three weeks, respectively. LAMP remained positive 30 days after initiation of treatment, when the infant had no clinical manifestations of pertussis, and was finally negative for the presence of the *B. pertussis* genome on the 33rd day. LAMP was negative for *B. pertussis* in the patient's parents and sister.

Discussion

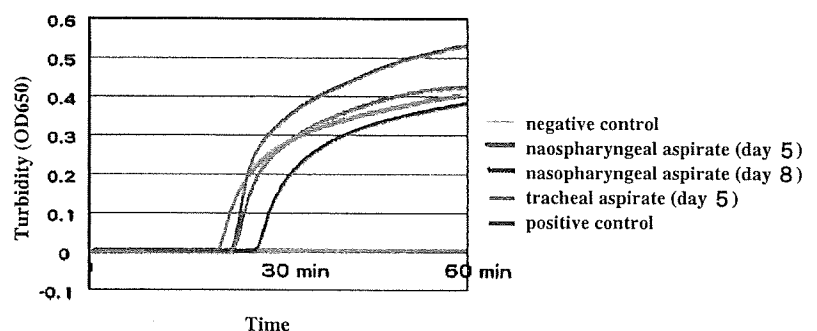
Young infants with *B. pertussis* infection present with atypical symptoms, including apnea, cyanosis, and wheezing, and the laboratory findings, like leukocytosis and lymphocytosis, are not always specific. Therefore, such cases are often treated as acute bronchitis or bronchiolitis. The initial manifestations found in our patient strongly suggested that she had contracted acute bronchiolitis. Manifestations such as bronchiolitis are not rare in early infantile pertussis, and Sotomayor et al. reported that a diagnosis of bronchiolitis or pneumonia was made in 14 of

46 infantile pertussis cases in the early stages [4]. Although pertussis can be diagnosed from culture and serological studies, culture requires 7–10 days to isolate *B. pertussis* and serology is frequently negative in young infants with pertussis, like our patient. Confirmation of the diagnosis by serology requires acute- and convalescent-phase sera, delaying the diagnosis of *B. pertussis* infection.

PCR is more sensitive than culture-based methods and is not readily affected by prior antibiotic therapy. Its main disadvantage is that PCR assays have limited availability, and false positives can occasionally occur [3]. In our case, *B. pertussis* was detected using both LAMP and PCR. LAMP has been developed as a novel method to amplify DNA, and it has been reported to be a rapid method for the diagnosis of *B. pertussis* infection that requires only about 60 min and is less expensive than PCR [2]. The sensitivity and specificity of LAMP for *B. pertussis* are 83 and 95%, respectively [2]. The LAMP assay promises to become a useful tool for the rapid diagnosis of pertussis in clinical laboratories without requiring specific equipment, such as a thermal cycler and electrophoresis system. As cross-reactivity with *B. bronchiseptica* in IS481-based PCR has been reported, the possibility that a LAMP assay based on an IS481 target might also cross-react with *B. bronchiseptica* cannot be excluded completely [2]. However, with few exceptions, *B. bronchiseptica* is not pathogenic in humans, and our patient had certainly contracted *B. pertussis* infection.

Of particular interest is the persistence of a positive LAMP reaction long after commencing treatment. Bonacorsi et al. reported a very-low-birth-weight neonate in whom treatment with josamycin was unsuccessful and PCR for *B. pertussis* was positive for 78 days after the initial treatment [1]. The reason for the persistence of positive DNA results remains unclear, but the high sensitivity of LAMP and the difficulty of eliminating pathogens in infants with compromised immunity may contribute to long-term persistence of the *B. pertussis* genome. Further studies of culture- and genome-based methods for the detection of *B. pertussis* are required to clarify the optimal duration of treatment for neonatal *B. pertussis* infection.

Fig. 1 The results of LAMP for detecting the *Bordetella pertussis* genome. LAMP of nasopharyngeal (on days 5 and 8) and tracheal (on day 5) aspirates showed a positive reaction within 30 min



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Histidine at position 1042 of the p150 region of a KRT live attenuated rubella vaccine strain is responsible for the temperature sensitivity

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ABSTRACT

The Japanese live attenuated KRT rubella vaccine strain has a temperature sensitivity (*ts*) phenotype. The objective of this study is to identify the region responsible for this phenotype. Genomic sequences of the KRT strain and the wild-type strain (RVi/Matsue.JPN/68) with the non-*ts* phenotype were investigated and reverse genetic systems (RG) for these strains were developed. The *ts* phenotype of KRT varied drastically on replacement of the p150 gene (encoding a methyltransferase and a nonstructural protease). Analysis of four chimeric viruses showed the region responsible for the *ts* phenotype to be located between Bsm I and Nhe I sites (genome position 2803–3243). There were two amino acid differences at positions 1007 and 1042. Mutations were introduced into the KRT cDNA clone, designated G1007D, H1042Y and G1007D-H1042Y. H1042Y and G1007D-H1042Y grew well at a restrictive temperature with a 100-fold higher titer than G1007D and the KRT strain, but a 10-fold lower titer than RVi/Matsue.JPN/68. Since the growth of H1042Y was not completely the same as that of the wild-type strain at the restrictive temperature, we also assessed whether other genomic regions have an additive effect with H1042Y on the *ts* phenotype. H1042Y-RViM SP having structural proteins of RVi/Matsue.JPN/68 grew better than H1042Y, similar to RVi/Matsue.JPN/68. Thus, we concluded that one mutation, of the histidine at position 1042 of p150, was essential for the *ts* phenotype of the KRT strain, and structural proteins of KRT had an additive effect with H1042Y on the *ts* phenotype.

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1. Introduction

Rubella virus (RV) is the sole member of the genus *Rubivirus* in the family *Togaviridae*. RV is an enveloped, single-stranded, positive-sense RNA virus with an approximately 10-kb genome, having a cap structure at the 5' end of the genome and polyA tail at the 3' end. The genome contains three untranslated regions (UTRs) and two open reading frames (ORFs). One UTR is located at the 5' end, one at the 3' end, and one between the ORFs. The UTR between the two ORFs is the junction-UTR (J-UTR). The 5' end ORF encodes two nonstructural proteins (NSPs) named p150 and p90, while the 3' end ORF encodes three structural proteins (SPs); capsid protein and the two envelope proteins, E1 and E2. NSPs are translated from genomic RNA and act as a viral genome replication complex. The full-length negative-sense RNA (cRNA) is replicated from genomic RNA. cRNA acts as a template for replicating progeny viral RNA and sub-genomic RNA (SG RNA). Three SPs, capsid, E2, and E1, are translated from SG RNA to form virion structures. Nucleocapsids are

comprised of the genomic RNA and capsid protein, and constitute progeny virions surrounded by a lipid viral membrane embedded with E1 and E2 [1,2].

RV infection is one of many transmissible diseases in infants and children. Most patients with RV demonstrate mild symptoms, maculopapular rash, lymphadenopathy, low-grade fever, conjunctivitis, sore throat and arthralgia, and recover in several days without any complications or sequelae. However, infection in unimmunized women during the early stages of pregnancy, especially within the first trimester, cause fetal death or congenital rubella syndrome (CRS). CRS is characterized by multiple malformations: deafness, cataracts, cardiac disease and neurological abnormalities [3–5]. For the prevention of CRS, live attenuated vaccines have been used in vaccination programs in many countries. Recently, in the United States and several European countries, the indigenous circulation of rubella virus has been disrupted and CRS has been eliminated [3]. The prevention of CRS and rubella epidemics mainly depends on efficacious vaccination programs. In Japan, a nationwide outbreak of rubella has not occurred since 1993, but some cases of CRS in sporadic regional outbreaks have been reported. Rubella infection still remains an important issue in Japan and the accelerated control of RV infection is anticipated for the elimination of CRS.

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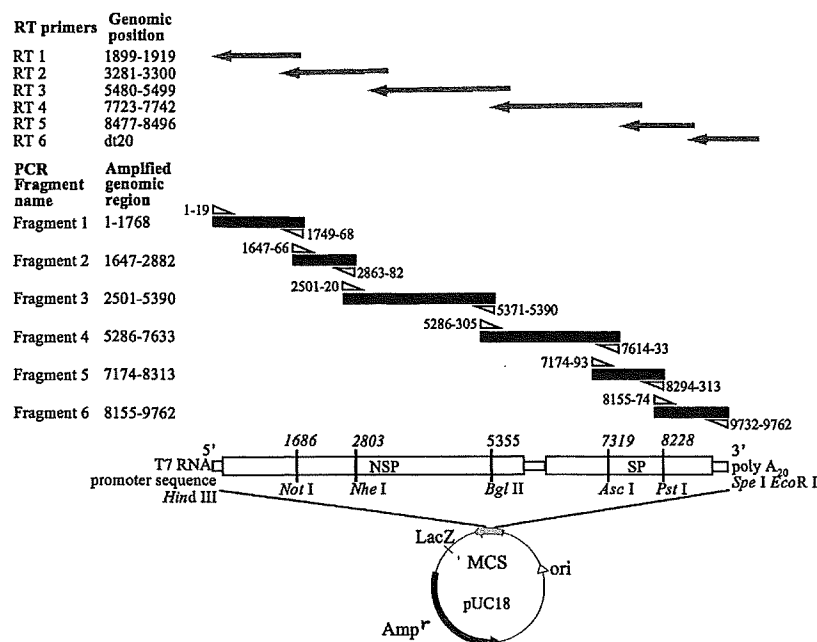


Fig. 1. Construction of the infectious cDNA clones from KRT and RVi/Matsue.JPN/68. Gray arrows indicate the RT primers and direction of cDNA synthesis, and numbers are genomic positions of RT primers. The six RT products were amplified by PCR with primer sets. Open arrowheads indicate the positions of primers. Six PCR fragments were cloned at Eco RI and Hind III in the MCS of pUC18. The full-length cDNA clones were constructed by combining each cDNA clone, using the restriction enzyme sites described in the panel.

Four live attenuated rubella vaccine strains have been used in Japan. The attenuation process differed for each strain with serial passages of the wild-type rubella viruses in different primary cells and cell lines at 35 °C or less [6]. Ohtawara et al. [7] also reported that all Japanese rubella vaccine strains exhibit unique characteristics of temperature sensitivity (*ts*) in cultured cells. Although the wild-type strains show approximately 10-fold lower infective titers at a restrictive temperature of 39 °C than at a permissive temperature of 35 or 37 °C, the vaccine strains with *ts* phenotype demonstrate growth at 39 °C that is 1/1000 that at 35 or 37 °C.

In this study, we determined the complete genomic sequences of both the KRT live attenuated rubella vaccine and the wild-type RVi/Matsue.JPN/68 strain circulating at the same time and in the same region as the progenitor wild-type of KRT. Reverse genetic systems (RG) for the two strains were developed [8–13], and a series of recombinant chimeric viruses and point-mutated viruses were generated from KRT and RVi/Matsue.JPN/68 and point-mutated viruses were generated to investigate the region responsible for the *ts* phenotype. Through infection experiments in cultured cells, the p150 gene, especially the histidine at position 1042, was determined to be responsible for the *ts* phenotype of the KRT strain. This is the first report to identify the region responsible for the *ts* phenotype of a live attenuated rubella vaccine at the molecular level.

2. Materials and methods

2.1. Cells and viruses

Vero and RK13 cells were maintained in Eagle's minimum essential medium (MEM) (Sigma–Aldrich, MO, USA) supplemented with 5% fetal bovine serum (FBS), penicillin (100 U/ml) and streptomycin (100 U/ml). RVs of the KRT and RVi/Matsue.JPN/68 strains propagated in RK13 and Vero cells were used in this study. The KRT vaccine strain was supplied by the Kitasato Institute Research Center Biologicals and the wild-type RVi/Matsue.JPN/68 strain was kindly provided by Y. Umino, NIID Japan.

2.2. Preparation of viral RNA, amplification of viral cDNA and nucleotide sequencing

Monolayers of RK13 cells grown in 6-well plates were infected with RVi/Matsue.JPN/68, and the culture medium was harvested on day 5 post-infection. Viral RNA was extracted from the culture medium of RVi/Matsue.JPN/68 and bulk material of the KRT vaccine with MagExtractor -Viral RNA- (TOYOBO, Osaka, Japan) following the instruction manual, and used for first-strand cDNA synthesis. The primers used for reverse transcription (RT) and the polymerase chain reaction (PCR) are shown in Fig. 1. First-strand cDNA synthesis was carried out at 50 °C for 1 h in a 10- μ l reaction mixture containing viral RNA, 5 pmol of reverse primer based on the RV genome or poly deoxythymidine (poly dT) primer, 100 U of SuperScript III reverse transcriptase (Invitrogen, CA), 40 U of RNasin Plus Ribonuclease Inhibitor (Promega, Madison, WI) 5.0 mM DTT, 125 μ M dNTP Mix (125 μ M each of dATP, dGTP, dCTP and dTTP), 50 mM Tris–HCl, 75 mM KCl, and 300 μ M MgCl₂. First-strand cDNA, PCR, and sequencing primers were designed by referring to the sequence reports of TO-336 wt (Genbank accession number AB047330), TO-336vac (AB047329) and RA27/3 vaccine (L78917). For sequencing the 5' and 3' end of the genome, 5' and 3'-Full RACE core kits (TaKaRa, Shiga, Japan) were used with 5'-TCACTGACCTGCATCT-3' (genome position [gp] 219–234) and poly dT. The first-strand cDNA was amplified by nested or semi-nested PCR in six overlapping fragments. The amplification was performed in a 50- μ l reaction mixture, containing cDNA, 25 pmol of the primer set, 5% dimethyl sulfoxide (DMSO) and TaKaRa La Taq polymerase (TaKaRa) with the PCR mixture provided by the manufacturer. The reaction was carried out under thermal cycling conditions for 3 min at 95 °C followed by 30 cycles of 20 s at 95 °C, 30 s at 62 °C, and 90 s at 68 °C with some modifications. PCR products were excised and used for sequencing with a DYEnamic ET Terminator Cycle sequencing Kit (GE Healthcare Bio-Science, NJ), and analyzed with a 377 XL DNA sequencer (Applied Biosystems, CA). M13RV and M13m4 sequencing primers were used to determine the nucleotide sequence of the

Table 1
Comparison of nucleotide (nt) and amino acid (a.a.) sequences between KRT (vac) and RVi/Matsue.JPN/68 (wt).

	5'UTR ^a	NSP ^b		J-UTR ^a	SP ^c			3'UTR ^a
		p150	p90		C	E2	E1	
nt	40	3903	2442	123	900	846	1443	62
vac/wt ^d (%)	2 (5.0)	69 (1.77)	65 (2.66)	5 (4.17)	27 (3.0)	27 (3.19)	36 (2.49)	1 (1.61)
a.a.		1301	814		300	282	481	
vac/wt ^d (%)		15 (1.15)	1 (0.12)		4 (1.33)	8 (2.84)	5 (1.04)	

^a UTR was an untranslated region.

^b NSP was a nonstructural precursor polyprotein encoding two nonstructural proteins, p150 and p90.

^c SP was a structural precursor polyprotein encoding three proteins, capsid, E2, and E1.

^d The number of nucleotides or amino acid residues differed between the KRT vaccine (vac) and wild RVi/Matsue.JPN/68 (wt) strains.

5' and 3' ends of the genome cloned into the multi-cloning site (MCS) of pUC18 that were constructed with the 5' and 3'-Full RACE core kits.

2.3. Construction of infectious cDNA clones of KRT and RVi/Matsue.JPN/68

Based on the entire genome sequence of the KRT and RVi/Matsue.JPN/68 strains, viral cDNA was synthesized with six primers and cDNAs were amplified with KOD plus DNA polymerase (TOYOBO). The amplified regions and primer sets are summarized in Fig. 1. For cloning of the cDNAs into the MCS of pUC18, Hind III (*italic: aagctt*) and Eco RI (*italic: gaattc*) restriction enzyme sequences were linked to the 5' end of the forward and reverse primers, respectively. These fragments were digested with Hind III and Eco RI and cloned into the MCS of pUC18. All fragments inserted into the plasmid were confirmed by using appropriate restriction enzymes and sequenced. Individual clones were digested with restriction enzymes as shown in Fig. 1 and ligated with each other to construct the full-length cDNA clones of KRT and RVi/Matsue.JPN/68. The T7 RNA promoter sequence was introduced at the 5' end and a polyA tail at the 3' end of the full-length cDNA, and sub-cloning of cDNAs covering the 5' and 3' ends of the viral genome was carried out. The T7 RNA promoter sequence (double underline) was introduced after amplification, using as a forward primer 5'-tgctcaagctttaatacagctactactatagcCAATGGGAGCTATCGGACC-3' for KRT and 5'-tgctcaagctttaatacagctactactatagcCAATGGAAGCTATCGGACC-3' for RVi/Matsue.JPN/68 (gp 1–19) with the reverse primer 5'-agtcgaattcACTCGGCAGCAGACCAGCCG-3' (gp 2863–2882). A polyA tail was also introduced after the amplification, using as a forward primer, 5'-agtaagcttGTCTCTTGATCAGCCCTCG-3' (gp 8110–8129) and reverse primer, 5'-attagaattcactagT₁₉CTATGCAGCAACAG-3' (gp 9649–9762), which includes restriction sites for Eco RI and Spe I (*italic: actagt*) downstream of the poly dT₁₉ tract [11]. Modified 5' and 3' ends were confirmed by sequencing and reintroduced into the full-length cDNA with appropriate restriction enzymes. The infectious cDNA clones constructed from KRT and RVi/Matsue.JPN/68 were named pKRT and pRViM, respectively.

2.4. Construction of cDNA clones of recombinant chimeric viruses and point mutation viruses

Recombinant cDNA clones based on pKRT and pRViM were generated by using appropriate restriction enzymes. Along with the genome structure of RV, we generated eight recombinant infectious cDNA clones designated pKRT-rec1–8. The recombinant construct pKRT-rec1 was generated by replacing the region from Hind III to Nco I (gp 5' end to 39) containing the 5' UTR sequence, respec-

tively. The recombinant rec2 and rec3 constructs which cover the entire ORF of the NSP genes (p150 and p90) were generated by replacing the region between the two Nco I sites (gp 39–4023) containing most of the p150 gene and the region from Bsm I to Not I (gp 3243–6623) containing most of the p90 gene, respectively. The recombinant rec4 construct was generated by replacing the region between the two PspX I sites (gp 6338–6557) containing the J-UTR sequence. As for the ORF of the SP genes, the recombinant rec5, rec6, and rec7 constructs were generated by replacing the region from Xmn I to Asc I (gp 6514–7319), Asc I to Pst I (gp 7319–8232), and Pst I to Asi I (gp 8232–9457), for C, E2, and E1, respectively. The recombinant rec8 construct was generated by replacing the region from Asi I to Eco RI (gp 9457–3' end) containing the 3' UTR sequence. To construct the recombinant cDNA clones in the p150 region, we generated the four recombinant constructs pKRT-p150 rec1, 2, 3, and 4 by using the restriction enzyme sites Mfe I (gp 126),

Table 2
Differences in amino acid residues of KRT and RVi/Matsue.JPN/68.

Coding region	Amino acid position	Strain	
		KRT	RVi/Matsue.JPN/68
p150	295	A	T
	407	S	G
	466	L	F
	483	A	T
	674	V	I
	717	L	S
	739	P	H
	740	S	L
	751	V	A
	777	E	G
	790	V	A
	795	G	D
	961	V	A
	1007	G	D
	1042	H	Y
p90	195	I	T
	11	G	A
Capsid	34	P	S
	72	K	R
	226	H	T
	6	V	A
	7	H	D
	14	P	L
	104	S	P
	105	L	F
	122	S	A
	234	P	S
E2	235	P	S
	5	A	T
	177	D	N
	203	M	L
	333	T	A
E1	398	R	A

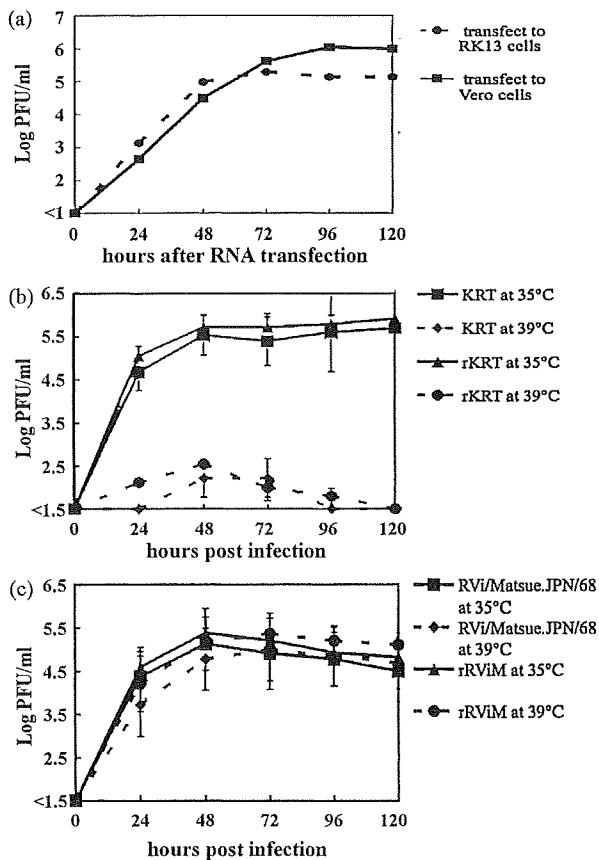


Fig. 2. Recovery of the clone virus from an infectious cDNA clone of pKRT and the growth properties of the clone and original virus. (a) Recovery of infectious clone. Vero and RK13 cells were transfected with viral genomic RNA synthesized from pKRT. The culture medium was harvested and the infective titer was determined by the plaque assay. The average titer for two independent experiments is shown. (b) Growth kinetics of KRT and rKRT at 35 and 39 °C. RK13 cells were infected at a MOI of 0.01. The culture medium was harvested and the infective titer was measured by the plaque assay. The results show the average for three independent experiments and the error bar indicates \pm standard deviation (SD). (c) Growth kinetics of RVi/Matsue.JPN/68 and rRViM at 35 and 39 °C.

Nde I (gp 1872), Nhe I (gp 2803), Bsm I (gp 3243), and Eco RV (gp 4213), shown in Fig. 5.

There were three nucleotide substitutions with two amino acid changes [G and D at amino acid (a.a.) position 1007, H and Y at 1042] in the Nhe I-Bsm I region of p150 between the KRT strain and wild-type RVi/Matsue.JPN/68 strain. Nucleotide mutations were introduced either independently or in combination into pKRT by PCR amplification with the GeneTailor™ Site-Directed Mutagenesis System (Invitrogen), using as a forward primer, 5'-GCCGGCGACCCGGCCGACCGGCTCAGCG-3' (gp 3053–3082), and as a reverse primer, 5'-GGTCCGGCCGGGtCGCCGGCGGGGCAAGAT-3' (gp 3043–3072), for the mutation of G to A at gp 3060 (G to D at a.a. position 1007) and 5'-GGTGGAACTCTGCCGGtAt-ACGCGCTCA-3' (gp 3147–3176) and 5'-CCGGCAGAGTTCGCACCC-CTGGCATCCGC-3' (gp 3135–3163) for the mutations of C to T at gp 3164 and C to T at gp 3166 (H to Y at a.a. position 1042, nucleotide mutations indicated in lower case). The three point-mutated viruses were designated G1007D, H1042Y and G1007D-H1042Y, respectively (Fig. 6). Two recombinant viruses H1042Y-RViM p90 and H1042Y-RViM SP were constructed, using the restriction enzyme sites Bsm I (gp 3243), Not I (gp 6623), Xmn I (gp 6514), and Eco RI (3' end) as shown in Fig. 7.

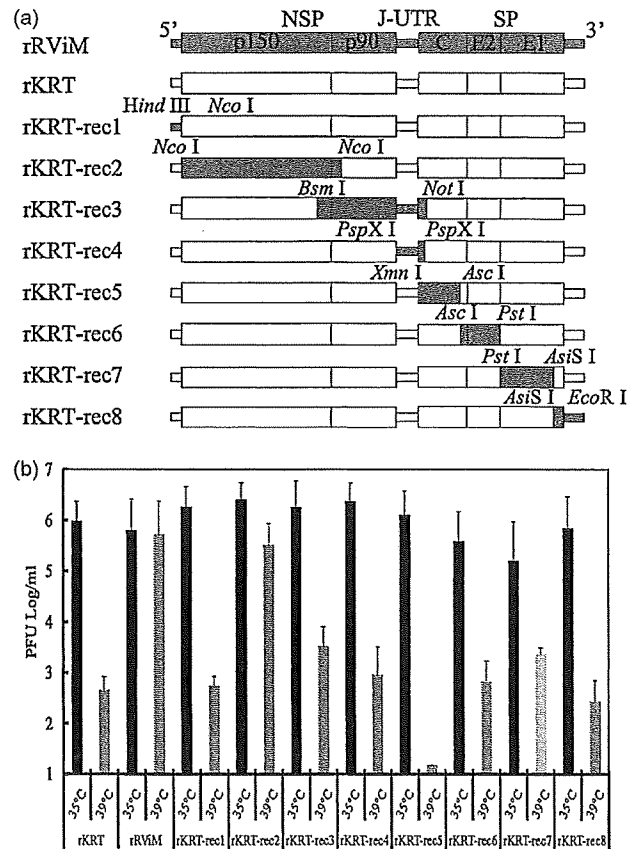


Fig. 3. Construction of a series of recombinant viruses based on rKRT and growth at 35 and 39 °C. (a) Construction of rKRT-rec1–8 based on the rKRT. The genomic structure of RV is indicated in the panel. The broad boxes demonstrate ORFs containing the NSP (p150 and p90) at the 5' end and the SP (capsid, E2, and E1) at the 3' end. Narrow boxes between two ORFs indicate untranslated regions (5' UTR, J-UTR, and 3' UTR). A series of viruses, rKRT-rec1–8, based on rKRT backbone were constructed by replacing the fragments of rKRT with those of rRViM after digestion with appropriate restriction enzymes. Fragments derived from rRViM are shown as gray bars and from the rKRT backbone, as open bars. (b) Infectivity of respective recombinant viruses at 35 and 39 °C. RK13 cells were infected at a MOI of 0.01. The culture medium was harvested at 96 hpi, and the infective titer was measured. The black columns indicate the infective titers at 35 °C and the gray columns, those at 39 °C. The average infective titers in three independent experiments are shown and the error bar indicates \pm SD.

2.5. Recovery of clone viruses from infectious cDNA clones of RV

The full-length viral genomic RNA was synthesized from the infectious cDNA clones with the mMESSAGING mMACHINE T7 kit (Applied Biosystems) following the instruction manual. Vero and RK13 cells were prepared at 8.0×10^5 cells/well in 6-well Plates 24 h before RNA transfection. After the cells were washed with 2.0 ml of OPTI-MEM, RNA transfection was carried out with a mixture of 12.5 μ g of synthesized RNA and 15.0 μ l of DMRIE-C (Invitrogen) in 1.0 ml of OPTI-MEM. After incubation at 35 °C for 4 h, the mixture was removed and replaced with 2.0 ml of MEM containing 5% FBS. For calculating the recovery kinetics of clone viruses, a 100- μ l aliquot of culture fluid was harvested every 24 h until 120 h after transfection. The kinetics of infectious clone viruses was monitored with a plaque assay.

2.6. Analysis of temperature sensitivity

Monolayers of RK13 cells in 6-well plates were infected at a multiplicity of infection (MOI) of 0.01. After adsorption, each well was washed twice with 2.0 ml of PBS and replaced with 2.0 ml of MEM

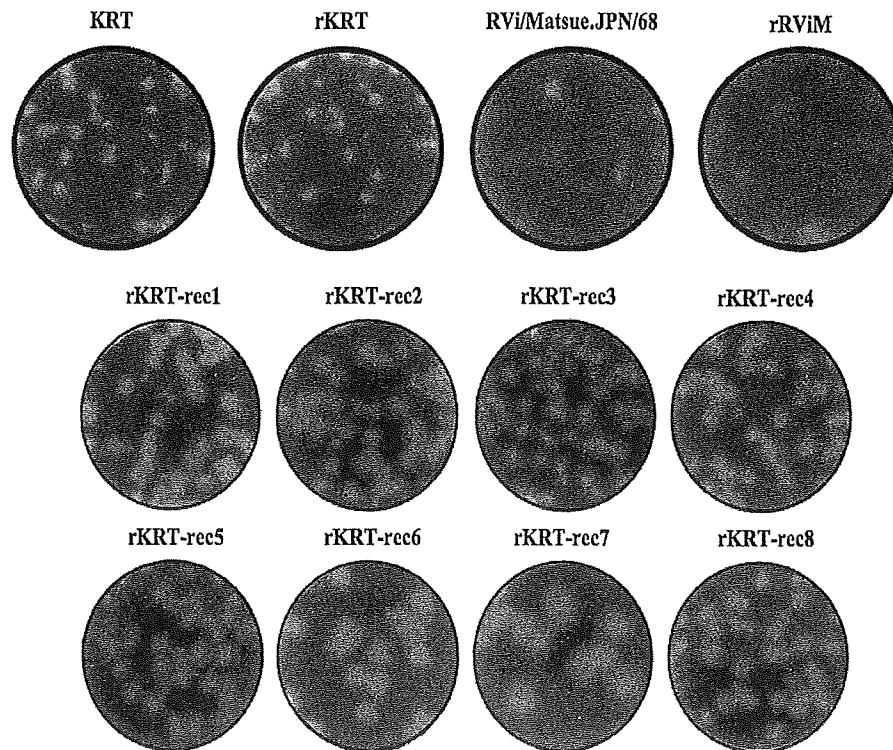


Fig. 4. The plaque morphology of rKRT, rRViM, the original KRT and RVi/Matsue.JPN/68, and the chimeric viruses. Plaques were visualized by fixation with a staining solution containing crystal violet.

containing 5% FBS and antibiotics. The plates were incubated at 35 or 39 °C in a 5% CO₂ incubator, and the culture medium was collected at 24, 48, 72, 96, or 120 h post-infection (hpi). The infective titer of the medium was determined by the plaque assay.

2.7. Viral titration by plaque assay

Monolayers of RK13 cells in 6-well plates were infected with 10-fold serial dilutions of samples. The inoculum was removed after 1 h of contact at room temperature and replaced with 3.0 ml of MEM containing 2% FBS, 40 µg/ml of DEAE dextran, 0.07% sodium bicarbonate, 0.7% agarose, penicillin 100 U/ml and streptomycin 100 U/ml. The plates were incubated at 35 °C in a 5% CO₂ incubator. On day 7 post-infection, plaques were visualized by staining with PBS containing 0.1% crystal violet and 4% formalin [9,14,15].

2.8. Nucleotide sequence accession numbers

The entire sequences of the KRT vaccine strain and wild-type RVi/Matsue.JPN/68 strain were submitted to the GenBank database with accession numbers AB222608 and AB222609, respectively.

3. Results

3.1. Identification of the full-length genome sequence of the KRT vaccine strain and wild-type RVi/Matsue.JPN/68 strain

The live attenuated rubella vaccine KRT was developed by passaging a wild-type rubella virus in rabbit cells. It has been reported that the progenitor wild-type virus of the KRT strain was isolated from a patient with rubella in Matsue city, Japan in 1968 [6]. Although the progenitor was not available, the RVi/Matsue.JPN/68 strain was isolated in the same city in the same year. Consequently, RVi/Matsue.JPN/68 was used a reference for the wild-type of the

KRT strain in this study. KRT has a temperature sensitivity (*ts*) phenotype, while the wild-type strains have no temperature sensitivity (*non-ts*) phenotype. The *ts* phenotype of KRT means restricted viral replication at 39 °C [7]. Although little is known about the mechanism of *ts*, it is widely recognized that the phenotype relates to viral attenuation [7,16–19]. The genome of both the KRT and RVi/Matsue.JPN/68 strains was 9762 nt in length. Both genomes consisted of a 40-nt 5' UTR, 6348-nt NSP, 123-nt J-UTR, 3189-nt SP, and 62-nt 3' UTR, and were classified into the clade 1a. At the nucleotide level, the entire genomes of the two strains varied by 2.38% (232/9762 nt), while at the amino acid level, they varied by 1.04% (33/3179 a.a.). Tables 1 and 2 show the nucleotide and amino acid differences between the KRT and RVi/Matsue.JPN/68 viruses. Nucleotide differences in the E2 region were highest at 3.19% (27/846 nt) with 2.84% (8/282 a.a.) of amino acids differing. In each region 1.77–3.19% of nucleotides differed and 0.12–2.84% of amino acids differed.

3.2. Construction and characterization of infectious cDNA clones of KRT and RVi/Matsue.JPN/68

Infectious cDNA clones were constructed from the KRT and RVi/Matsue.JPN/68 viruses (Fig. 1). The amplified cDNA fragments were cloned into pUC18 and these clones were assembled into a full-length cDNA clone by using appropriate restriction enzymes. To synthesize the viral RNA, the T7 promoter sequence and a polyA tract were introduced into the full-length cDNA clone. The infectious cDNA clones of KRT and RVi/Matsue.JPN/68 were named pKRT and pRViM, respectively.

Clone viruses of rKRT and rRViM were obtained after transfection of RNA synthesized *in vitro* from the infectious cDNA clones of RVs. To monitor the kinetics of recovery after the transfection of RNA into Vero and RK13 cells, aliquots were harvested and viral titers were determined by plaque assay (Fig. 2a). Maximum infec-

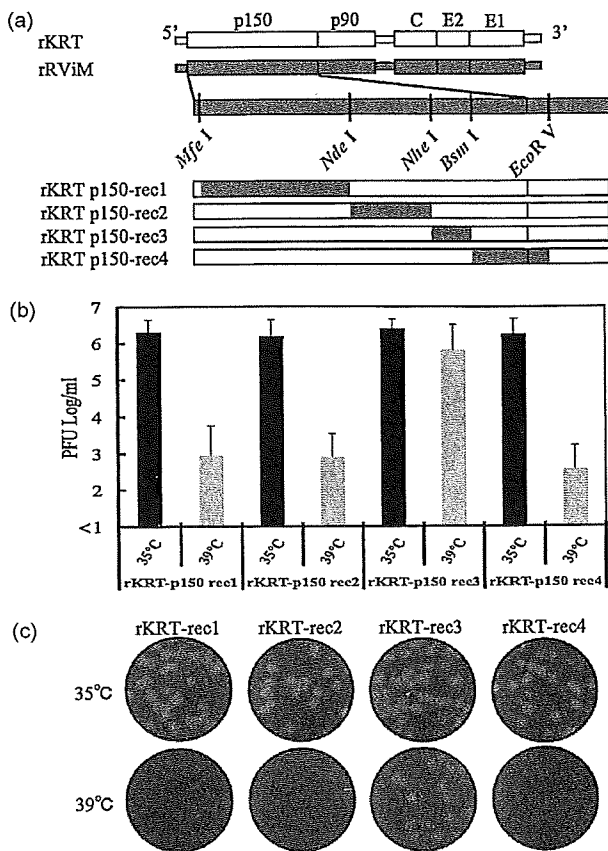


Fig. 5. Construction and characteristics of the recombinant viruses rKRT-p150-rec1~4. (a) Construction of a series of recombinant viruses in the p150 region based on rKRT and rRViM. Gray bars represent the regions derived from rRViM and open bars, those from rKRT. Four chimeric viruses were generated by introducing a part of the p150 region of rRViM into rKRT using appropriate restriction enzyme sites. (b) Infectivity of recombinant viruses. RK13 cells were infected with the rKRT p150 chimeric viruses. The black and gray columns show the infective titers at 35°C and 39°C, respectively. The average infective titer in three independent experiments is shown and the error bar indicates \pm SD. (c) Plaque assay. Panels at 35°C demonstrate the results of the plaque assay in 10^{-4} dilutions and panels at 39°C, these in 10^{-3} dilutions.

tivity of the infectious clone virus (rKRT), 1.0×10^6 PFU/ml, was obtained in Vero cells 96 h after transfection, while the peak of infectivity in RK13 cells reached 2.0×10^5 PFU/ml 72 h after transfection. Thereafter, the clone viruses were recovered at 96 h after transfection in Vero cells. The viruses were propagated within two passages in Vero cells and used for further experiments.

It has been reported that KRT had the *ts* phenotype but the wild-type strain did not [7]. The growth of KRT at 39°C decreased to 1/1000 of that at 35°C. The infectivity of RVi/Matsue.JPN/68 at 39°C was approximately 1/5 of that at 35°C. The growth patterns of the recombinant viruses, rKRT and rRViM, were similar to those observed for the original viruses (Fig. 2b and c).

The clone viruses were efficiently recovered from the infectious cDNA clone of the KRT vaccine strain and of the wild-type RVi/Matsue.JPN/68 strain. The clones retained the characteristics of the original viruses *in vitro*.

3.3. Construction of chimeric viruses and properties of viral replication at 35 and 39°C

In order to determine the genomic region responsible for the *ts* phenotype of the KRT vaccine strain, eight recombinant chimeric viruses were constructed based on rKRT, replacing parts of the KRT

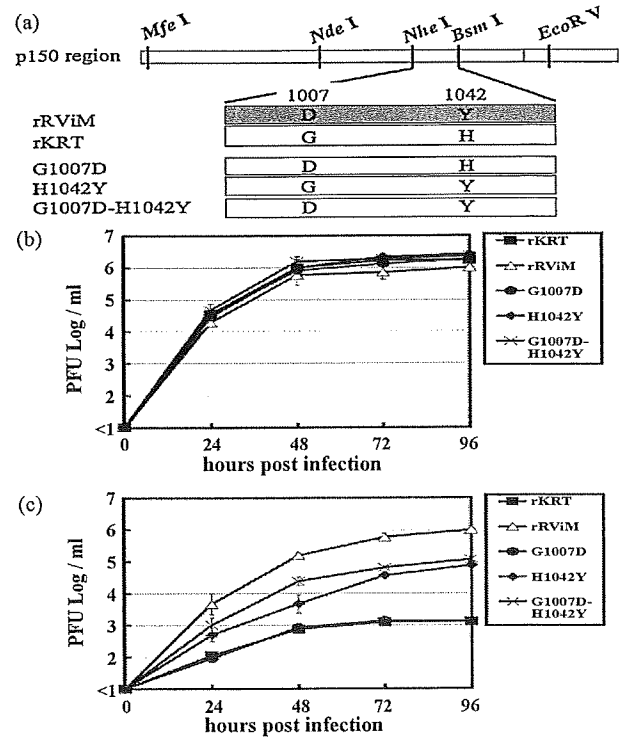


Fig. 6. Growth kinetics of point-mutated RVs at 35 and 39°C. (a) Amino acid differences in the Nhe I-Bsm I region of p150 between KRT and RVi/Matsue.JPN/68 and construction of mutated viruses. Mutated viruses were generated by introducing the amino acid residues of rRViM into rKRT. Three constructs, G1007D, H1042Y, and G1007D-H1042Y, are illustrated. (b) Growth kinetics of the mutated viruses at 35°C. The results show the average for three independent experiments and the error bar indicates the \pm SD. (c) Growth kinetics of mutated viruses at 39°C.

genome with the corresponding sequence of RVi/Matsue.JPN/68 (Fig. 3a). Suitable restriction enzymes were used in order to exchange the fragments of individual proteins and UTR regions between the KRT and RVi/Matsue.JPN/68 viruses. For example, rec2 was constructed by exchanging the amino acids in the p150 gene without exchanging those in the p90 gene.

To identify the region responsible for the *ts* phenotype, we examined the growth properties of the recombinant chimeric viruses (rKRT-rec1–8), rKRT, and rRViM, in RK13 cells at 35 and 39°C. As shown in Fig. 3b, the rKRT-rec1–8 chimeric viruses, except rec2, demonstrated a reduction in growth at 39°C and the difference in infective titer at 39°C versus 35°C varied from 1/100 to 1/10000, similar to that for rKRT. However, rKRT-rec2 grew well at 39°C in comparison with the other recombinant viruses, its infectivity being 1/10 that at 35°C. We also obtained complementary results with recombinant chimeric viruses based on rRViM (data not shown). Replacement of the p150 of rKRT with that of rRViM abrogated the *ts* phenotype and the introduction of the p150 of rKRT into rRViM reduced the growth at 39°C with less efficiency. Thus, the *ts* phenotype of KRT depends on the p150 region.

The morphology of plaques was reported to differ among strains [9,10,20,21], and such a difference between KRT and RVi/Matsue.JPN/68 is shown in Fig. 4. KRT produced mainly small plaques with sharp and clear margins, while RVi/Matsue.JPN/68 generated mainly large plaques with vague and opaque margins. The clone viruses, rKRT and rRViM, exhibited the same plaque morphology as the original viruses. In addition, the plaques differed in size among the recombinant chimeric viruses. Among a series of rKRT-recs, rKRT-rec1, 2, 3, 4, 5, and 8 showed similar plaques, while rKRT-rec6 and rec7 generated apparently large plaques with clear and sharp margins. These results suggested that the envelope

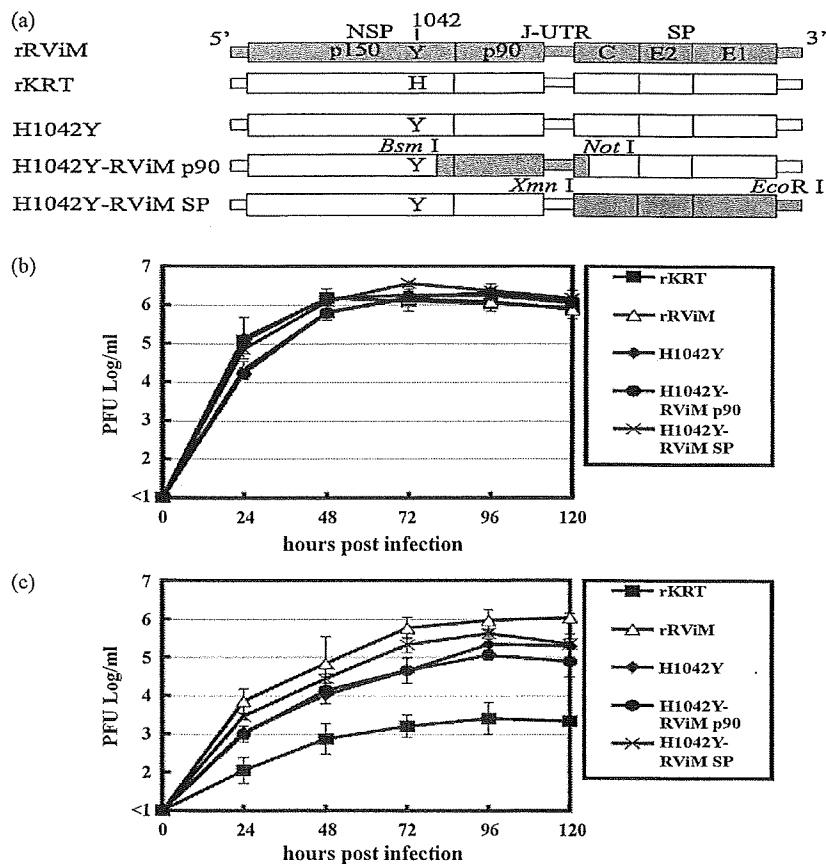


Fig. 7. Additive effect of other genomic regions on temperature sensitivity. (a) Construction of recombinant viruses (H1042Y-RViM p90 and H1042Y-RViM SP). The gray bars represent the fragments derived from rRViM and the white bars are those from rKRT. The recombinant viruses H1042Y-RViM p90 and H1042Y-RViM SP having the p90 and SP of rRViM together with the amino acid substitution H1042Y were generated, using the appropriate restriction enzyme sites (Bsm I, Not I, Xmn I, and EcoR I). (b) Growth kinetics of the recombinant viruses at 35°C. The infective titer is shown as the average for three independent experiments and the error bar indicates \pm SD. (c) Growth kinetics of recombinant viruses at 39°C.

proteins, E1 and E2, of RVi/Matsue.JPN/68 were relevant to large plaques.

3.4. Identification of the amino acid residue in p150 responsible for the temperature sensitivity

The chimeric viruses altered in the p150 region (rKRT-rec2) varied in *ts* phenotype. Since there were 15 amino acid differences in the p150 region between the two strains, four recombinant viruses (rKRT p150-rec1–4) were generated based on rKRT, replacing the fragments in the p150 region between rKRT and rRViM (Fig. 5a). The growth of the rKRT p150-recs was investigated at 35 and 39°C in RK13 cells and the results are shown in Fig. 5b and c. All rKRT p150-recs showed similar infectivity, over 10^6 PFU/ml at 35°C, but the infective titers of p150-rec1, 2, and 4 were less than 10^3 PFU/ml at 39°C. Only rKRT p150-rec3 demonstrated efficient growth, over 10^5 PFU/ml, at 39°C. rKRT p150-rec3 consisted of the fragment between Nhe I and Bsm I in the p150 region of rRViM which seemed to be relevant to the *ts* phenotype of KRT. There were two amino acid differences in the Nhe I-Bsm I region of p150 between the two strains, at positions 1007 and 1042 (see Table 2). The amino acid at position 1007 of p150 was changed from aspartic acid (D) in RVi/Matsue.JPN/68 to glycine (G) in KRT. The other at position 1042 was changed from tyrosine (Y) in RVi/Matsue.JPN/68 to histidine (H) in KRT. In order to decide the amino acid residue(s) responsible for the *ts* phenotype, three mutated viruses, G1007D, H1042Y, and G1007D-H1042Y, containing a substitution at position 1007, 1042, or both of RVi/Matsue.JPN/68, were constructed (Fig. 6a).

The growth kinetics at 35 and 39°C are shown in Fig. 6b and c. G1007D, H1042Y, and G1007D-H1042Y grew well at 35°C with similar titers, but G1007D showed poor growth similar to rKRT at 39°C. Whereas, H1042Y and G1007D-H1042Y showed more efficient growth at 39°C with 100-fold higher titers than rKRT. These results indicated that the histidine at position 1042 of p150 was responsible for the *ts* phenotype of the KRT.

3.5. Additive effect of other regions on the *ts*

The histidine at position 1042 of p150 was considered to be responsible for the *ts* phenotype of KRT, but the growth kinetics of H1042Y and G1007D-H1042Y at 39°C did not completely match that of rRViM. The peak infective titers of those viruses at 39°C were about 1/10 lower than those of rRViM (Fig. 6c). There remained the possibility that other gene(s) influenced the growth properties at restrictive temperatures in relation with the tyrosine at position 1042, thus we examined the additive effect of other gene(s) to allow better growth at 39°C. We constructed two additional recombinant viruses having p90 or structural proteins (SP) including capsid, E2, and E1 of RVi/Matsue.JPN/68 together with the substitution H1042Y (Fig. 7a). There was no difference in growth among the recombinant viruses (H1042Y, H1042Y-RViM p90 and H1042Y-RViM SP) at 35°C. The growth kinetics of H1042Y and H1042Y-RViM p90 showed a very similar pattern at 39°C, while the growth of H1042Y-RViM SP was greater than that of H1042Y, the maximum titer (at 96 hpi) approaching that of rRViM. These results suggested that the p90 of RVi/Matsue.JPN/68 had no additive effect with the

tyrosine at position 1042 of p150 on the growth at a restrictive temperature, whereas the SP region of RVi/Matsue.JPN/68 did have an additive effect.

4. Discussion

For the prevention of CRS and rubella epidemics, live attenuated rubella vaccines have been used in vaccination programs in many countries. Although these vaccines have high efficacy and a low incidence of adverse reactions, their attenuation mechanism is not well understood. A few studies reported replication properties, plaque morphology and cell tropism of the RA27/3 and Cendehill vaccine strains, leading to some insight into the attenuation. RA27/3 has been used widely for vaccination programs and was reported to have unique characteristics *in vitro*, probably related to the attenuation, in comparison with the wild-type virus (Therien strain). RA27/3 formed smaller plaques with lower growth than Therien due to mutations in the 5' UTR, the protease motif of p150, and the capsid region [8–10,22]. The Cendehill strain is known to cause acute arthritis at a very low incidence, a phenomenon that seems to correlate with a drastic reduction in growth in synovial cells compared with the wild-type virus [8,23]. Chantler et al. [20] also reported differences in plaque morphology and growth properties among rubella virus strains. All Japanese vaccines, RA27/3, and Cendehill, exhibit the *ts* phenotype, which is probably linked with immunogenic markers in rabbits and guinea pigs [7,16,20,24]. In some single positive strand RNA viruses, such as *Togaviridae* and *Flaviridae* family viruses: sindbis virus, semiliki forest virus, tick-borne encephalitis virus and dengue virus, the *ts* phenotype was shown to be related to attenuation in animal models [17,19,25,26]. Therefore, the *ts* phenotype of the KRT vaccine strain was considered a biological marker of attenuation.

In this study, the biological characteristics of the KRT vaccine were compared with those of RVi/Matsue.JPN/68, which was isolated in the same city and year as the KRT progenitor. The genomes of both strains consisted of 9762 nt and there were 232 nucleotide differences with 33 amino acid changes between the two. These differences were more frequent than those between the TO-336 vaccine and TO-336 progenitor wild-type strains: Kakizawa et al. [27] reported that the two genomic sequences differed at 21 nt with 10 amino acid changes. Although KRT and RVi/Matsue.JPN/68 belong to genotype Ia of rubella virus, consisting of the RA27/3, Cendehill, and TO-336 vaccine strains, and other wild-type strains, none of the mutations observed in KRT was common to those vaccine strains [8,27–32]. Thus, the region(s) responsible for the *ts* phenotype would differ among vaccine strains.

In order to investigate the genetic determinant(s) of the *ts* phenotype in KRT, we developed a RG system with KRT and RVi/Matsue.JPN/68. There were significant biological differences between KRT and RVi/Matsue.JPN/68. The clone virus, rKRT, and its original virus produced small plaques with sharp and clear margins, while rRViM and its original virus produced large plaques with vague and opaque margins. rKRT, rRViM, and their original viruses grew well at 35 °C without any changes in growth kinetics, but the growth kinetics differed significantly at 39 °C. The clones, rKRT and rRViM, showed the same biological characteristics as the original viruses.

A series of recombinant viruses (rKRT-rec1–8) based on rKRT and rRViM were generated, to investigate the contribution of individual regions of the genome to the *ts* phenotype of KRT. rKRT-rec2 (replacement of the p150 region) differed in phenotype from the original virus, however, the others showed similar growth properties to the parental viruses. We also found that some parts of

the genome affected the morphology of plaques in the process of detecting the region responsible for the *ts* phenotype. The difference in the morphology of the plaques between the two strains was determined with crystal violet staining. Crystal violet stains living cells, and therefore plaque morphology, e.g. vague, opaque, clear and sharp may reflect apoptotic cell distribution, probably related to the difference in the regulation of viral replication and cytopathic effect between the two strains. Moreover, the introduction of E1 and E2 proteins of RVi/Matsue.JPN/68 changed the small plaques of rKRT to large ones. E1 and E2 having N-linked glycosylation sites (Asn-X-Ser/Thr) form heterodimers and compose the viral particle. After the formation of the heterodimer, N-linked glycosylation occurred during transport to the budding site. E1 and E2 play a key role in budding at the plasma membrane of infected cells, and the attachment to and entry of an uninfected cell occur through the fusion activity of these proteins [33,34]. It has also reported that the formation of the heterodimer and N-linked glycosylation influence infectivity and membrane fusion activity [35–41]. There were 13 amino acid differences in the E1 and E2 proteins, one of which was in the predicted N-linked glycosylation site at amino acid position of the E1 region (Table 2). This difference causes the absence of one predicted N-linked glycosylation site in E1 of KRT. As a result, two predicted N-linked glycosylation sites exist in the E1 region of KRT and three sites in that of RVi/Matsue.JPN/68, and a difference in the molecular weight of E1 between the two strains was observed by Western blotting (data not shown). The recombination of E1 and E2 (rKRT-rec6 and rec7) obviously altered plaque size. Thus, the large plaques of RVi/Matsue.JPN/68 might suggest an efficient expansion of infection *in vitro*. The different numbers of predicted N-linked glycosylation sites and amino acid changes may be involved in the membrane fusion activity and conformational change of those proteins leading to an influence on viral spread from cell to cell. Further investigation is required to clarify whether the characteristic morphology of plaques is correlated with the attenuation process.

There are 15 amino acid differences in the p150 region between the KRT and RVi/Matsue.JPN/68 strains. Four recombinant viruses (rKRT p150-rec1–4) and mutated viruses (G1007D, H1042Y, and G1007D-H1042Y) demonstrated that the histidine at position 1042 was critical for the *ts* phenotype of KRT. Although the growth of the H1042Y mutant was 100-fold greater than that of rKRT at 39 °C, the peak infective titer was 1/10 that of rRViM. Therefore, the additive effect of the other region(s) on growth at 39 °C was investigated, together with H1042Y. Although the p90 region of RVi/Matsue.JPN/68 had no additive effect on the *ts* phenotype, SP (structural proteins: capsid, E2, and E1) exhibited an additive effect on replication at 39 °C. The reduction in peak titer of the H1042Y mutant may be due to the differences in genetic background between KRT and RVi/Matsue.JPN/68.

In this study, we did not evaluate the effect of this histidine on p150 and the defective viral life cycle. The p150 region encodes a methyltransferase motif having a role in the capping of viral RNA and a cysteine protease domain that cleaves a precursor p200 polyprotein to p150 and p90 proteins as functional units. Balistreri et al. [42] reported that variation in the *ts* phenotype of Semiliki forest virus having mutations in the protease domain indicated a great reduction of protease activity compared to the wild-type virus at a restricted temperature. The change in the *ts* phenotype of Sindbis virus with mutations in the protease domain reduced subgenomic RNA synthesis [43–46]. These reports provided new insights into the mechanism of the *ts* of KRT. Because the histidine at position 1042 is located in the protease domain, it may cause defects in NSP processing or viral RNA replication; synthesis of negative strand RNA (cRNA), subgenomic RNA, and progenitor genomic RNA.

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Modified Adult Measles in Outbreaks in Japan, 2007–2008

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Different genotypes of C1, D3, D5, and H1 were isolated in outbreaks of 1984, 1987–1988, 1991–1993, and 2001, respectively, when the previous circulating genotype was replaced successively by a new genotype, through molecular studies of measles since 1984 in Japan. In March 2007, several patients with measles were observed in outpatient clinics, who were all young adolescents in high school and university students. The outbreak expanded subsequently throughout Japanese districts in May and is still ongoing in 2008. Reverse transcription loop-mediated isothermal amplification (RT-LAMP) was used to detect the measles genome from 18 clinical samples obtained from patients suspected of modified measles infection with a very mild febrile illness. The measles genome was detected in nine patients by reverse transcription polymerase chain reaction (RT-PCR) and in 12 patients by RT-LAMP. Six measles strains were isolated in the 2007–2008 outbreak and identified as the D5 genotype (MVi/Bangkok.THA/93 type) different from the D5 sub-cluster (MVi/Palau.BLA/93 type) isolated in 1990–2005. Similar Bangkok type D5 strains were isolated in Phnom Penh in 2002 and in Taiwan in 2003, suggesting that the D5 strains might have been introduced via South East Asia, rather than resulting from the accumulation of mutations in the D5 strains of 1990–2005. One D9 strain was isolated from a sporadic case in Aichi in 2006. There was no difference in the antigenicity of the D9 and D5 strains in comparison with the vaccine strain. Infrastructure of systematic laboratory-based surveillance system should be established in order to confirm measles virus infection in Japan. *J. Med. Virol.* 81:1094–1101, 2009. © 2009 Wiley-Liss, Inc.

KEY WORDS: measles virus; measles vaccine; modified measles; genotype; neutralization test antibody

INTRODUCTION

Measles is still a major killer among infants in developing countries, and the World Health Assembly endorsed a resolution to achieve the goal of reduction of measles deaths that occurred in 1999 by half by the end of 2005 [WHO, 2002]. WHO/UNICEF estimates indicated that global routine measles vaccination coverage increased from 72% in 2000 to 80% for the first dose in 2006 and that the number of measles-related deaths decreased from 873,000 in 1999 to 345,000 in 2005 and to 242,000 in 2006, and so the tentative goal for 2005 was achieved on schedule [WHO, 2002; CDC, 2007]. Indigenous outbreaks of measles were eliminated in the USA by the implementation of a two-dose measles–mumps–rubella trivalent vaccine (MMR) program and the sporadic cases reported in the USA were caused by importation from areas where measles is not yet controlled, such as Africa and Asian countries, including Japan [Rota et al., 1998, 2002; Strebel et al., 2004].

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When measles was introduced to the USA, extensive transmission was controlled within two generations of secondary transmission by maintaining high-level vaccine coverage, effective surveillance, and a prompt outbreak response [CDC, 2008a,b]. The two-dose strategy has eliminated measles without indigenous measles transmission chain [Janaszek et al., 2003; Meissner et al., 2004]. Thus, the proportion of countries offering children a second dose of measles vaccine is increasing, and 168 (88%) countries implement the two-dose strategy [WHO, 2006]. The new goal is a 90% reduction of measles mortality by 2010 compared with the mortality in 1999 [WHO, 2006].

As for the reporting system for measles surveillance in Japan, through 3,000 sentinel clinics or hospitals for pediatric infectious diseases and 450 clinics for adult measles surveillance, patients with clinically suspected measles are reported to the Regional Health Care Center mostly without any systematic virological studies. The last measles outbreak was observed in 2001 in Japan. Among 33,812 reported cases, most patients were under 5 years of age and had not been vaccinated. Through a vaccination campaign to increase immunization coverage at 1 year of age, the number of reported cases decreased to 545 in 2005. The Japanese Government implemented a two-dose, combined measles and rubella vaccine (MR) for children at 1 and 6 years of age in 2006 [National Institute of Infectious Diseases, 2007]. Therefore, elimination of measles would be expected. However, patients with measles were reported increasingly in March 2007, and this outbreak expanded subsequently throughout the Japanese districts, peaking in the middle of May. Further, several reports indicated measles transmission by Japanese travelers or participants in an international sporting event [Delaportel et al., 2007; CDC, 2008a].

This outbreak showed different characteristics, demonstrating that most patients were young adults or adolescents attending high school and university students, with a much lower proportion of young infants, at the early stage of the outbreak. Finally, cases of measles were reported in all age groups, and a total of 3,105 pediatric cases and 959 adult patients were reported in 2007 and the outbreak is still ongoing. The actual number of cases of measles was estimated to be 10 times higher than the number of reported cases for pediatric measles, and 50–60 times higher for measles in adults. Thus, the number of patients with measles was suspected to be approximately 31,000 for pediatric and 50,000 for measles in adults. The age distribution was quite different from the previous outbreak in 2001. The number of patients with measles was the highest at 1–4 years of age, accounting for 40–50% in 2001, which decreased to 22% in the outbreak in 2007. A significant shift in the age distribution of cases of measles in 2007 was observed to be 10–14 years or higher, accounting for 44% in 2007 [National Institute of Infectious Diseases, 2007]. A relatively large proportion of adult patients with measles had a previous immunization history and, thus, typical measles symptoms were not observed, with

patients only with mild fever and skin eruptions. In this report, virus isolation and detection of the measles virus genome by the reverse transcription polymerase chain reaction (RT-PCR) and reverse transcription loop-mediated isothermal amplification (RT-LAMP) were examined in clinical samples. The genotyping and antigenicity of current circulating viruses were also investigated.

MATERIALS AND METHODS

Materials

Nasopharyngeal swabs were obtained from 22 patients suspected of measles on day 1 or 2 of the onset of the rash. Four patients had typical symptoms of measles with post-pigmentation, and 18 had atypical symptoms with fever for less than 3 days and mild eruptions, which did not satisfy the criteria of clinical measles by WHO, [2006].

Virus Isolation

B95a cells were cultured in RPMI 1640 medium supplemented with 8% fetal bovine serum (FBS) and 0.1 ml of clinical samples was used to inoculate a monolayer of B95a cells in a 24-well plate. After two passages, samples without cytopathic effect (CPE) were considered negative. Seven strains were isolated in this study. MVi/Aichi.JPN/44.06 [D9] was isolated from a sporadic case in Nagoya City, a central district of Japan, in 2006. MVi/Tokyo.JPN/17.07 [D5] and MVi/Tokyo.JPN/18.07 [D5] were isolated in Tokyo and MVi/Mie.JPN/19.07 [D5] and MVi/Mie.JPN/23.07 [D5] in Mie Prefecture, a central district of Japan, in 2007. In addition, MVi/Mie.JPN/41.07 [D5] was obtained in the middle of the outbreak in 2007 and MVi/Mie.JPN/03.08 [D5] was isolated in 2008.

RT-PCR and Sequence Analysis

Total RNA was extracted from 200 µl of clinical samples with a magnetic bead RNA extraction kit (TOYOBO Co., Ltd., Osaka, Japan), and the RNA pellet was suspended in 30 µl of distilled water. The pellet was subjected to RT-nested PCR and RT-LAMP targeting the C-terminus of the N protein region, known as the most variable region [WHO, 2001]. The measles virus genome was first converted to cDNA with the N-430 (+) primer (5'-ATTAGTAGTGATCAATCCAGG) with AMV reverse transcriptase (Life Technologies Inc., Gaithersburg, MD). The first PCR was performed with a set of N-850 (+) (5'-TAGAACTATGTATCCTGCT-3') and MPX (-) (5'-AGGCCTGATTGAACCATGAT-3') and the nested PCR was conducted with N1200 (+) (5'-GATC-CAGCATATTTTAGATTAG-3') and NP-P2 (-) (5'-AGG-GTAGGCGGATGTTGTTCT-3'). PCR was performed using 1.25 U of *Taq* DNA polymerase (TaKaRa Bio-Medicals, Tokyo, Japan) with a TaKaRa thermal cycler (TaKaRa BioMedicals), with 30 rounds of thermal cycling conditions: denaturing at 93°C for 1 min, annealing at 58°C for 1 min, and extension at 72°C for 2.5 min. PCR products were confirmed by

electrophoresis through 1.5% agar stained with ethidium bromide, as previously reported [Nakayama et al., 1995; Yamaguchi, 1997; Zhou et al., 2003]. PCR products were excised from the gel and applied to sequence analysis by the dye terminator method using ABI 3130 (Applied Biosystems, Tokyo, Japan).

Measles Virus Loop-Mediated Isothermal Amplification (LAMP)

The LAMP method is characterized by auto-cycling strand displacement DNA synthesis with *Bst* DNA polymerase (New England Biolabs, Ipswich, MA) and a specially designed set of primers. Six LAMP primers were synthesized, recognizing eight different regions: F3 (5'-ACATTGGCATCTGAACTC), B3 (5'-TCCTCGACTCTGTTTGGAC), FIP (5'-TGTCCTCAGTAGTATGCATTGCAGGTATCACTGCCGAGGATG), BIP (5'-AGC-CCAAGTGTCATTTCTACACGGTGTCTATCTTCC-TTGCCCCC), F Loop (5'-ATCTCTGAAACAAG), and B Loop (5'-CAAAGTGAGAATGAGCT). For the LAMP reaction, the mixture was made up to a total of 25 μ l of reaction mixture, containing 40 pmol (each) of FIP and BIP, 5 pmol (each) of F3 and B3, 20 pmol (each) of Loop F and Loop B, 1.4 mM each of dNTPs, 0.8 M betaine, 20 mM Tris-HCl, 10 mM KCl, 10 mM (NH₄)₂SO₄, 8 mM MgSO₄, 0.1% Tween-20, 0.5 U AMV reverse transcriptase (New England Biolabs), 8 U *Bst* DNA polymerase (New England Biolabs), and 5 μ l of sample RNA. The reaction mixture was subjected to real-time turbidimeter LA200 (TERAMECS, Kyoto, Japan) [Mori et al., 2004; Fujino et al., 2005] and the LAMP reaction was carried out at 63°C for 60 min. The turbidity measurement was closely related to the amplification of DNA and the turbidity >0.1 was considered LAMP-positive [Mori et al., 2004].

Neutralization Test (NT) Antibody

A total of 32 serum samples were used, which were obtained in April 2007, just before the peak of the outbreak, as part of a sero-epidemiological study on entering primary school at the age of 6 years, having received two doses of measles vaccine. The AIK-C vaccine strain [A], MVi/Tokyo.JPN/31.00-K [D5], MVi/Tokyo.JPN/17.07 [D5], and MVi/Aichi.JPN/44.06 [D9] were used as the challenge virus. Sera were treated at 56°C for 30 min to inactivate the complement activity

and serially diluted by twofold, starting from 1:4 dilutions. Diluted sera were mixed with approximately 100 TCID₅₀ of challenge virus at 37°C for 90 min and the mixture was placed on a monolayer of B95a cells. NT antibody titers were expressed as the reciprocal of the serum dilutions that neutralized the appearance of the CPE of measles virus [Okafuji et al., 2006].

RESULTS

Laboratory Examination of Patients With Non-Typical Measles Illness

From March 2007, several patients with measles were observed in outpatient clinics and 22 clinical samples were examined for virus isolation and genome detection and the results are shown in Table I. Four patients had typical measles with a marked fever for more than 3 days and typical measles eruptions with post-pigmentation. Three patients were adults and one had a history of vaccination. One patient was 8 years old and complicated with Gitelman syndrome during the measles illness. Two measles strains (MVi/Tokyo.JPN/17.07 and MVi/Tokyo.JPN/18.07) were isolated and the measles genome was detected in all patients by RT-PCR and RT-LAMP (Table Ia).

During the measles outbreak, 18 clinical samples were obtained from patients with non-typical measles with mild febrile illness and eruptions for less than 3 days. They were over 15 years of age and had a past history of single-dose measles immunization at 1–3 years of age. Measles virus was not isolated but the measles genome was detected in 9 (50%) by RT-PCR and in 12 (67%) by RT-LAMP (Table Ib). All RT-PCR positive samples were also positive on RT-LAMP.

MVi/Aichi.JPN/44.06, MVi/Mie.JPN/19.07, MVi/Mie.JPN/23.07, and MVi/Mie.JPN/41.07 were isolated from patients with modified measles and MVi/Mie.JPN/03.08 was isolated from typical pediatric measles patient. Detection of the measles genome was not examined directly from the clinical samples in these five cases.

Genotype Analysis

Seven measles strains were isolated and examined for sequence analysis of the C-terminal of the N protein region, as recommended by WHO, [2005a]. MVi/Aichi.JPN/44.06 was isolated from a sporadic case

TABLE I. Results of Laboratory Examinations

Case	Vac	V. Iso.	RT-PCR	LAMP
a. Four typical measles cases				
1 (23Y)	+	+	+	+
2 (19Y)	–	–	+	+
3 (18Y) Encephalitis	–	–	+	+
4 (8Y) Gitelman syndrome	–	+	+	+
	V. Iso. (+)	RT-PCR (+)	LAMP (+)	
b. 18 cases with mild fever and rash				
	0/18	9/18	12/18	
Vac: Past history of measles vaccination				
V. Iso: Virus isolation				

in Nagoya in 2006, a central district of Japan, before the nationwide outbreak, and this strain did not cause further transmission. MVi/Tokyo.JPN/17.07 and MVi/Tokyo.JPN/18.07 were isolated in Tokyo. MVi/Mie.JPN/19.07, MVi/Mie.JPN/23.07, MVi/Mie.JPN/41.07, and MVi/Mie.JPN/03.08 were isolated in Mie Prefecture, a central area of Japan, during the outbreak 2007–2008. The results of phylogenetic analysis are shown in Figure 1. MVi/Aichi.JPN/44.06 was D9 and two stains isolated in Tokyo at the beginning of the outbreak in 2007 were identified as genotype D5. Four strains isolated in Mie Prefecture were also identified as

genotype D5. MVi/Gunma.JPN/19.07 was isolated in Gunma Prefecture, located in the north direction of Tokyo, was also D5 [Morita et al., 2007]. Measles outbreaks last for more than a year and a relatively homologous strain has been circulating throughout Japan.

Two different reference strains, MVi/Bangkok.THA/93/1 and MVi/Palau.BLA/93, were identified as genotype D5 and the Palau type D5 was transmitted via a Japanese traveler in 1993 [Rota et al., 1998]. The Palau type D5 was a major circulating genotype from 1990 to 1997 and from 2002 and afterward [Nakayama et al., 2003; Zhou et al., 2003; Okafuji et al., 2006]. However, the D5 strains in 2007–2008 belonged to the Bangkok type D5. Among D5 sequences obtained in 2007–2008, there was one nucleotide difference in the target of the N gene. Accession numbers of the partial N gene sequence of the isolates in this study are AB426895–99.

In Switzerland, 11 cases of measles were reported between March and April 2007 and, thereafter, a large nationwide outbreak was reported with further expansion to other European countries and the USA [Delaporte et al., 2007; Richard et al., 2008; CDC, 2008b]. MVi/New York.USA/28.07 and MVi/California.USA/6.08 were registered as imported from Switzerland and classified into the Bangkok type D5. In 456 nucleotides of partial N gene, there was no difference among isolates in outbreak in Japan, 2007–2008 and those prevalent in Europe and the USA. The epidemiological linkage was not identified but would be suspected by molecular epidemiological data.

The entire length of the H gene was sequenced and analyzed together with reference strains and data from the previous reports. Four strains isolated in 2007 were classified as the Bangkok type D5, not Palau type (Fig. 2). Differences in the nucleotide and amino acid sequences of the H gene are shown in Table II. Sequence variations of the H gene consisted of 52 (2.8%) to 59 (3.2%) nucleotide differences among genotypes A (AIK-C vaccine strain) and D5 strains, and 66 (3.6%) between genotypes A and D9. There were 16–19 (2.6–3.1%) amino acid changes in D5 or D9 in comparison with genotype A. In the same D5 strains, MVi/Tokyo.JPN/17.07 [Bangkok type] showed 35–43 (1.9–2.3%) nucleotide differences in comparison with the Palau type D5 strains, MVi/Palau.BLA/93 or MVi/Tokyo.JPN/31.00-K, but 16 (0.9%) in comparison with MVi/Bangkok.THA/93/1. Accession numbers for the entire H gene sequence of the isolates in this study are AB426900–04.

Antigenic Differences

MVi/Tokyo.JPN/18.07 [Bangkok type D5], MVi/Tokyo.JPN/31.00-K [Palau type D5], MVi/Aichi.JPN/44.06 [D9], and the AIK-C vaccine strain [A] were used for the analysis of antigenicity. Five or six serum samples for each NT antibody titer were selected, for which the NT titers against the AIK-C strain had already been checked, and a total of 32 sera were used for the analysis of antigenicity. The challenge viruses were

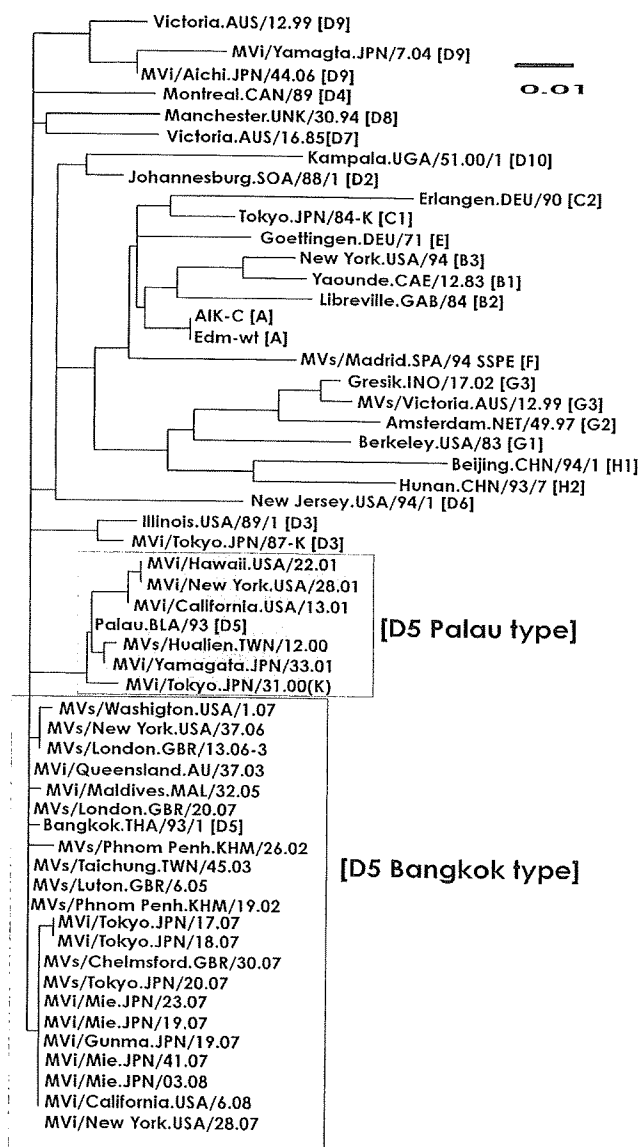


Fig. 1. Phylogenetic analysis of measles virus in the N gene. MVi/Aichi.JPN/44.06 was isolated in 2006 and MVi/Tokyo.JPN/17.07, MVi/Tokyo.JPN/18.07, MVi/Mie.JPN/19.07, MVi/Mie.JPN/23.07, MVi/Mie.JPN/41.07, and MVi/Mie.JPN/03.08 were isolated during the outbreak 2007–2008 in this study. MVi/Gunma.JPN/19.07 was reported by Morita et al. [2007] and other strains were registered in GeneBank. The Palau type D5 strains are shown in gray square and the Bangkok type D5 strains in open square.