

Original article

The Brazilian Journal of INFECTIOUS DISEASES

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The rapid and sustained responses of dendritic cells to influenza virus infection in a non-human primate model

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ARTICLE INFO

Article history: Received 29 October 2013 Accepted 24 December 2013 Available online 26 April 2014

Keywords: Dendritic cells Influenza A virus Innate immune response

ABSTRACT

infected by Dendritic cells (DCs) are read Ifluenza viruses and play a crucial role in regulating host inp and adapt. responses to viral infection. The aims of this he dynamic changes in the numbers and maturation status of study are to cha dendritic cells pre nt in and lung-associated lymph nodes (LALNs) in the model (NHP) infected by influenza A virus (IAV). Cynomolgus macaques of a non-human pr with in ienza A virus (H3N2) via bronchoscopy. Flow cytometry was used to we intec lyze the C numbe maturation status and subsets during the time of acute infection e resolution phase (day 30). A dramatic increase in the numbers of ys 1, ; A virus-infected CD11c+CD14– myeloid dendritic cells (mDCs) and CD11c-CD123+ toid dendritic cells (pDCs) were observed from day 1 to day 4 and peak up from day plasn tion. In lung and lung-associated lymph nodes, the numbers and maturation sta-7 post-in tus of myeloid dendritic cells and plasmacytoid dendritic cells increased more slowly than ose in the lung tissues. On day 30 post-infection, influenza A virus challenge increased th umber of myeloid dendritic cells, but not plasmacytoid dendritic cells, compared with baseline. These findings indicate that dendritic cells are susceptible to influenza A virus infection, with the likely purpose of increasing mature myeloid dendritic cells numbers in the lung and lung and lung-associated lymph nodes, which provides important new insights into the regulation of dendritic cells in a non-human primate model.

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Introduction

Influenza A virus (IAV) is negative-stranded, segmented RNA virus, an important human pathogen that causes worldwide epidemics yearly and pandemics sporadically.¹ The virus is

responsible for substantial morbidity and mortality, with an average of over 100,000 hospitalizations and approximately 20,000 deaths annually in the United States.^{2–5}

An important paradigm strongly suggests that the lung damage arising from IAV consists of an excessive host response characterized by a rapid, influx of inflammatory

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http://dx.doi.org/10.1016/j.bjid.2013.12.008

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cells into the lungs. Indeed, the respiratory portal serves as an important entry site for pathogenic organisms, but it is also a primary infection site of all mammalian influenza viruses. Maines et al. have reported that the specific glycan receptors on the apical surface of the respiratory tract were found to bind hemagglutinin of the 2009 A virus (H1N1).⁶ Dendritic cells (DCs) are key players in antiviral innate immunity and acquired immune responses development, which can construct a network within epithelium and submucosa of conducting airway as well as in lung parenchyma, where they can be found both on alveolar surfaces and in the vascular compartment of the lung.⁷⁻¹⁰ Furthermore, mature DCs efficiently present antigens and initiate adaptive immune response by migrating into lymphoid tissue to present processed viral antigens to T lymphocytes.¹¹⁻¹³ At least two subsets of DCs have been described in humans: the CD11c+ myeloid DCs, and the CD11c-CD123+ plasmacytoid DCs (pDCs), which express a different repertoire of pattern recognition receptors and show a differential response to various microbial stimuli.¹⁴

At present, pulmonary DCs have been studied in models of bacterial infection and allergic airway sensitization, but their role in respiratory viral infection is still unclear. In a mouse model, IAV infection has been found to increase the number of DC in the respiratory tract, but these were shortlived DCs.¹⁵ Similar increases in the number of lung DCs have also been described following respiratory syncytial virus (RSV)¹⁶ infection and Sendai virus¹⁷ infection in mice. However, there are great differences of DCs characteristics bet human and murine. For example, human pDC character tically express high levels of IL-3 receptor alpha chain (CD12 but in the mouse, pDC do not normally expre-23. How ever, non-human primate (NHP) DCs have narkers e same and functions as human DCs. NHP model, therefore is help ful for us to reveal the relationship betwee VA y of IAV with lung DCs. A better understanding the inter of an effect DCs may facilitate the develop vaccine. In this study, we have focue d on the study of the study lyzing innat, immune

response of NHP DCs in response to a surfection with IAV in lung and lung associate slymphoid node (NLN).

Materials and much

Animals

Cynomic us to caque. We purchased from a colony located at the Lovin ce Respiratory Research Institute (LRRI) animal facilities. All cimals (weight: 2.6 ± 1.2 kg) were male and their ages were 6–9) ars old when infected. The animals were screened for active RSV, influenza, and parainfluenza infections. All studies were approved by the LRRI Institutional Animal Care and Use Committee.

IAV preparation

Study design

Control animals (n=4) were instilled with sterile media and analyzed at day 4 following instillation. In low dose of IAV infection group $(1 \times 10^6 \text{ PFU})$, blood was collected from animals at day 1 (n=4), 2 (n=4), 3 (n=4), 4 (n=4), 7 (n=4) and 30 (n=4) post-infection. Additionally, in high dose of IAV infection group (2 × 10⁶ PFU), scheduled blood test was performed at day 1 (n=4) and 2 (n=4) post-infection.

Bronchoscopic instillation of IAV

Instillations were performed in all groups via a pediatric bronchoscope (FB-10x; Pentax Medical Company, Montvale, NJ). Specifically, each animal was given 10 mg ketamine/kg body weight mixed with 2 mg xylazine/kg body weight intramuscularly. Anesthesia was further indu 3% isoflurane by mask until sufficiently anest azed. An dotracheal tube was placed into the trachetind 2–3% iso rane was stillation maintained via endotracheal ube th ughout the procedures. Following ade ate anesth h, the b hchoscope was inserted into both and 11t caude es for instillation of IAV strain HKX (H3N2 \mathbf{T} ow dose, $\mathbf{1} \times 10^6$ PFUs/lobe) media. studies in control diluted in 1 mL cell a ngs were in the w animals, both 1 mL of media in each lobe.

To facintate di prsion of the inoculant into the lung periphery a syringe taining inoculant was expelled into th catheter followed by multiple injections of air. Immetely after ineculation, anesthetic was stopped and the dotracheal the was disconnected from the anesthesia hine. The ellotracheal tube was left in the trachea and n the mal w moved to a separate room under observation by the veterinarian or veterinary staff until arousal and the racheal tube removed. Animals usually recovered within 20–30 min and resumed normal activities.

Tissue harvest

At each time point following IVA infection and blood collection, the animals (n = 4 for each time point) were euthanized by increasing the isoflurane concentration up to 5% as described above and then exsanguination was performed by cardiac or arterial puncture in a bio-hood. A necropsy procedure was performed immediately and the lungs were collected to provide materials for a variety of analyses. Specifically, the middle lobe was inflated with 4% paraformaldehyde and was treated overnight at 4 °C. A part of fresh lung tissues from the lower lobes (about 3–5 g) were collected and immediately placed in 5% RPMI.

Isolation of lung mononuclear cells (MNCs)

Lung mononuclear cells were isolated as previously described.¹⁸ Briefly, lungs were minced and digested with Liberase Blendzymes 3 (Roche, Indianapolis, IN) and DNase I (Sigma, St. Louis, MO) solution for 90 min at 37 °C. After digestion, lung cells were dispersed by shearing through a 20-gauge needle, followed by filtration through a nylon screen cell strainer (70 μ m) to remove debris. Lung mononuclear cells (LMNCs) were then separated by a 30% Percoll (Amersham, Piscataway, NJ). Single cell suspensions were washed, contaminating erythrocytes were lysed using lysis buffer (0.15 M NH₄Cl, 1 mM KHCO₃, and 0.1 mM EDTA), and viable cells were counted by trypan blue exclusion.

Harvest of LALN

LALNs were removed carefully. The LALNs were placed in petri dishes containing RPMI 1640 medium supplemented with penicillin and streptomycin (Sigma Chemical Co., St. Louis, MO) and teased apart with fine-toothed tweezers.

LALN cells were centrifuged at $230 \times g$ at $4 \circ C$ for 10 min and resuspended in complete medium, which consisted of RPMI 1640 medium supplemented with penicillin and streptomycin (Sigma) and 2% heat-inactivated fetal calf serum (GIBCO-BRL, Gaithersburg, MD). Then cells were resuspended in warm (37 °C) lysing buffer [0.17 M NH₄Cl, 0.01 M KHCO₃, 0.1 M EDTA (pH 7.3)] for 5 min to remove erythrocytes, centrifuged, and washed once again. LALN and spleen cells were adjusted to a final concentration of 5 × 106 cells per mL.

Flow cytometry

For investigation of lung DCs surface antigen expression, MNCs were washed and spun to pellet. Lung DCs were then suspended in staining buffer (PBS containing 2% fetal bovine serum) at concentration of 1×10^6 /mL. Cells were placed in 200 µL volumes into each tube and again spun to pellet. Fluorescein isothiocyanate (FITC)-conjugated anti-CD14, PE-conjugated anti-CD80, anti-CD83 and anti-CD86, PerCP-conjugated anti-HLA-DR and antigen-presenting cell (APC)-conjugated anti-CD11c antibodies (BD Pharmingen) were used for surface staining together with matched type controls. All monoclonal antibody solutions and isoty controls were standardized to a concentration of 10 µg/m by dilution in staining buffer and 50 µL volum added to the cell pellets. After vortexing and increation of ce for 30 min in the dark, cells were washed free of unbo A onti body by two washes in staining by er a sequent centrifugation. Surface stained lun Cs were h ispended in 0.5% PF/AD solution for analysis

Statistical analysis

All data were analyzed using S=S 10.0. Data are expressed as means \pm SEM. Statistical and sis was determined by one-way ANOVA or paired t test, walue of r=0.05 was considered as statistically eight unit.

Results

IAV infection compinduce prompt and sustained increases of the percentage of lung mDCs in MNCs

The expression of CD11c, HLA-DR, CD14, CD80, and CD86 was assessed by flow cytometry analysis (FACS). Myeloid dendritic cells (mDCs) were detected as the cells expressed CD11c+, CD14–. On day 1 after IAV infection, the percentage of lung mDCs in lung MNCs promptly increased to $25.9 \pm 2.9\%$, which was significantly higher than that in control animals ($5.1 \pm 2.9\%$, p < 0.01, n = 4). Thereafter, the percentages of lung CD11c+CD14-mDCs declined slowly but maintained significantly high level until day 7. On day 30, the percentage of lung CD11c+CD14-mDCs was still higher than that in

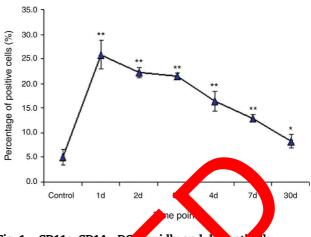


Fig. 1 - CD11c+CD14- D2 rapidly and di ally `a† increased in the lungs monke following VA infection. re lected with IAV (H3N2) via Cynomolgus maca ies lung celevere is red and stained for bronchoscopy. T alysis at day and 30 following IAV flow cytomet 1-/ Data are e. pressed as mean infection (14/gro percentages ± SEM. licates p<0.05, ** denotes p<0.01 as com o the control oup.

control animals, but this difference did not reach statistical signing ance $(\mathbb{P}^{i} \mid \mathbf{1})$.

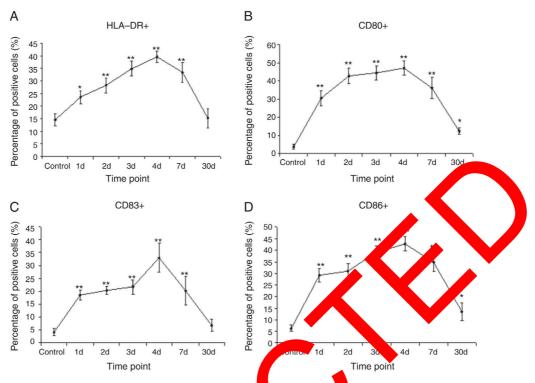
udgea by up-regulation of co-stimulatory markers

To assess the maturation status of lung CD11c+CD14-mDCs after IAV infection, the co-stimulatory markers such as HLA-DR, CD80, CD83, and CD86 were analyzed by FACS. In control group, the percentage of HLA-DR expressed from lung CD11c+CD14-mDCs was 14.7% \pm 2.4%. After IAV infection, the percentage of HLA-DR increased significantly from day 1 (23.5% \pm 2.5%) to day 4 (39.5% \pm 3.9%) (p < 0.01, n = 4). Thereafter, the percentage of HLA-DR dramatically decreased to 15.2% \pm 3.8% on d 30 (Fig. 2A).

Furthermore, we determined whether expressions of the CD80, CD83, and CD86 systems are altered after IAV infection. Compared to control group, the expressions of CD80, CD83, and CD86 were up-regulated from day 1, almost peaked on day 4. Then, these co-stimulatory markers were significantly decreased on day 7 after infection. On day 30, the expression of CD83 expression returned almost to the baseline. However, the expression of CD80 and CD86 was still higher than that in control group (Fig. 2B–D).

IAV infection increased the percentage of lung pDCs in MNCs

Here, we further investigated the immune response of lung pDCs after IAV infection, and the percentage of pDCs in lung MNCs was analyzed by FACS. On day 1 after IAV infection, the percentage of lung CD11c-CD123+ pDCs in MNCs increased to $4.1\pm2.9\%$, which was higher than that in control group $(1.0\pm2.9\%, p<0.01, n=4)$. The percentages of lung CD11c-CD123+pDCs increased slowly on day 3 and turned to the peak



t different time point post IAV infection Fig. 2 - IAV infection induced the maturation of DCs in the lungs he lung cells narkers th are related to the maturation status on were isolated and analyzed for the expression of a panel of surfac ssion of h סח 80, CD83 and CD by flow cytometry. The CD11c+CD14- DC. Mature DCs were analyzed for the e 114 9+ (B), CD11c+CD14-CD83+ (C) and CD11c+CD14-CD86+ (D) percentages of CD11c+CD14-HLA-DR+ cells (A), CD11c+ were calculated. Data are expressed as mean percentage ± SEM etes p<0.05, ** denotes p<0.01 as compared to the control group.

on day 4. Finally, the percentages of lum pDCs de cored to baseline on day 7 post infection (Fig. A an A).

IAV infection can induce grady in reases of the percentage of mDCs in the LALNs of APPs

We next tested the number of mDCs in LAL, after IAV infection on days 1, 2, 4, 7, and 30, respectively. Of note, the number of CD11c+CD14— mDCs started to increase on day 2, reached peak on day 7 and turned to decline on day 30, which is similar to CD11c-CD123+pDCs observed in LALNs after IAV infection. Unlike CD11c-CD123+pDCs, CD11c+CD14— mDCs did not decrease below baseline amount during the course of infection (Fig. 4A and F).

Expression levels of HLA-DR, CD80, CD83 and CD86 were also observed in LALNs after IAV infection. One day after

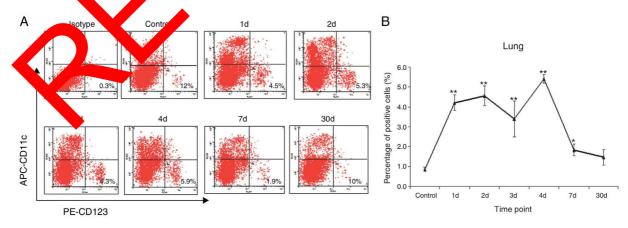


Fig. 3 – IAV infection induced the increases of pDCs (CD11c-CD123+) in the lungs. The lung cells at different time point post IAV infection were isolated and analyzed for flow cytometry. (A) Dot plots of anti-CD123-PE (x-axis; log scale) vs anti-CD11c-APC (y-axis; log scale). Data shown are from representative monkeys in each group. (B) The changes of lung pDCs after IAV infection. Data are expressed as mean percentages \pm SEM. * indicates p < 0.05, ** denotes p < 0.01 as compared to the control group.

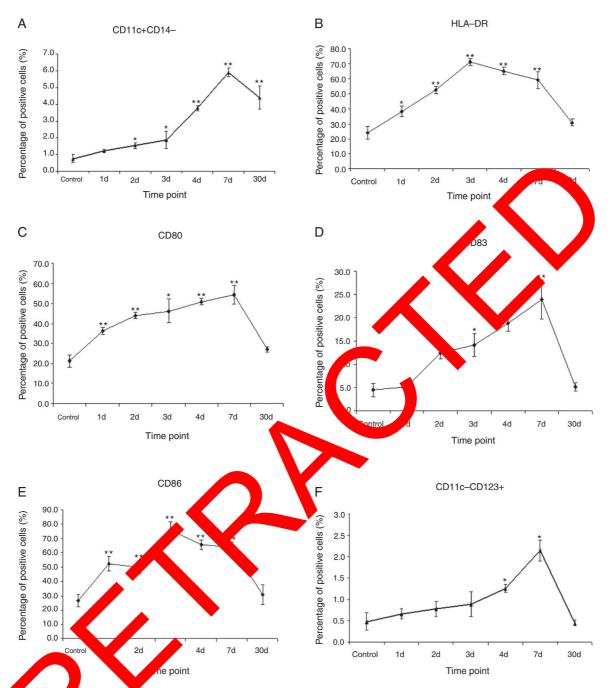


Fig. 4 whe charter of mDC and pDC in the LALNs of monkeys following IAV infection. Cynomolgus macaques were infected where (H3N2) were bronchoscopy. The cells in LALNs were isolated and stained for flow cytometry analysis at days 1–4, 7 and 5 collowing IAV infection (n = 4/group). (A) CD11c+CD14– DCs began to increase on day 2 and sustained high level until day post infection. (B–E) The expressions of co-stimulatory markers such as HLA-DR, CD80, CD83 and CD86 on the CD11c+CD14– DCs significantly up-regulated following IAV infection. The matured DCs increased to the peak on day 7 post infection, but still maintained high level on day 30 post infection. (F) The pDCs (CD11c-CD123+) increased on day 4 and day 7 post infection, then returned to normal level on day 30 post infection. * indicates p < 0.05, ** denotes p < 0.01 as compared to the control group.

infection, infected DCs showed severely increased HLA-DR, CD80, CD83 and CD86 expression in the LALNs. However, no statistical significant difference between the infected groups and the control group on day 30 has been detected (Fig. 4B–E).

IAV infection can induce the maturation of mDCs in LALNs judged by up-regulation of co-stimulatory markers

Ultimately, we examined whether there was a functional correlation between the IAV amount and the phenotypic changes

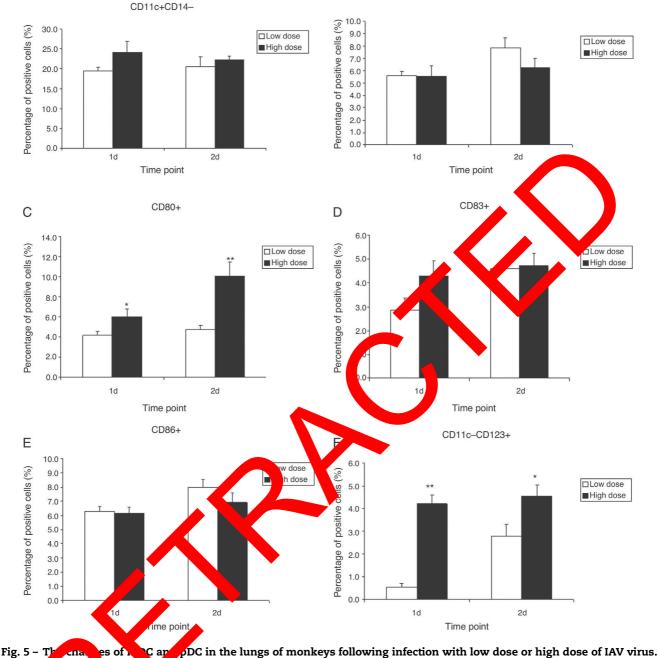


Fig. 5 – 17 charles of Net C an opDC in the lungs of monkeys following infection with low dose of high dose of IAV virus. Cynomic gus may ques were infected with two dose of IAV (H3N2) via bronchoscopy: low dose is 1×10^6 PFU, high dose is 2×10^{10} PFU. The reliable in lungs were isolated and stained for flow cytometry analysis at days 1 and day 2 (n = 4/group). The results superint both the expression of CD86 on the CD11c+CD14– DCs and the number of pDCs (CD11c-CD123+) in high dose group, there significantly higher than those in low dose group. However, the number of CD11c+CD14– and other markers such the HLA-DR, CD80 and CD83 had not any changes. * indicates p < 0.05, ** denotes p < 0.01 as compared to low dose group.

observed in the infected DCs. As clearly seen in Fig. 5, high dose of IAV can induce greater amount of CD80 and CD83 compared to low dose of IAV by days 1 and 2 after infection. However, other phenotypic changes appear to have no statistical significance between low dose and high dose of IAV infection.

Discussion

Human peripheral blood contains two major DC populations, namely CD11c-CD123+pDCs and CD11c+CD123- mDCs. DCs are APCs that act as a bridge between innate and adaptive immunity. DCs reside in peripheral tissues in an immature state, where they are on alert for invading pathogens or other danger signals. A contact with nonself structures such as microbes or their structural components activates DC maturation, which is characterized by enhanced expression of co-stimulatory molecules, production of cytokines and chemokines, and a change in the cell surface chemokine receptor expression pattern. Moreover, maturation renders DCs capable for efficient antigen presentation to T cells.¹⁴

In the present study, we investigated the response of total lung and LALN enriched DC subsets to IAV infection. Our findings demonstrated that a significant increase of DC numbers in IAV infected monkeys compared to the control groups during the acute phase. Furthermore, our preliminary experiments suggested that mDCs were extremely sensitive to the IAV infection, expressing co-stimulatory molecules such as HLA-DR, CD80, CD83 and CD86 in lungs. So in IAV infection, numbers of pulmonary DCs were elevated during the acute phase. Furthermore, mature mDCs were still sustained to day 30 post infection. Two days after infection with IAV, levels of HLA-DR, CD80, CD83 and CD86 were further increased. Strikingly, CD83, a marker of mature DC, appeared on the cell surface after IAV infection.¹⁹ The expression of all these surface markers was then declined at day 4, but is was still higher than those in the control group at day 30 post-infection.

In contrast, RSV infection caused only sustained increases in numbers of mature dendritic cells in the lung.¹⁶ The importance of DC in the initiation and control of innate and adaptive immune responses against influenza infection is well documented.^{20–22} So they can effectively take up particulate in the inflamed lung and migrate to the draining and modes.

ooth L Meanwhile, following infection with IAV types 2³ that produced proinflammatory cytokines and nemokin can include IL-1α, IL-2, IL-4, IL-5, IL-6, –10, .12 DC surface γ , TNF- α and so on. The mechanis by which ve been wid receptors recognize viral product reported in some previous studies.²⁴ Both tinoic acid ducible pathways are able gene I (RIG-I) and toll-like reptor 7 (TLK to induce production of coinflammatory whines and type I interferons (IFNs). -I plays important role in detecting virus and producing ENs in affected convention DCs, while 7 poly ay for in the immune response stingly in this present study, increased pDCs use the TLR-7 against IAV numbers pDCs ve also detected in LALNs after IAV or that pDCs and mDCs can also transport infecti sugges m re infected rung to the draining lymph nodes antigens tion of IFNs. via the reco

A hallmark in virus-infected pDCs is the production of large amounts of rN- α accompanied with the production of other proinflammatory cytokines. Most importantly, type I IFNs possess potent antiviral properties and are critical to the control of IAV infection. IFN stimulation induces transcription of several IFN-responsive genes, many of which can protect and interfere with the establishment of IAV infection in uninfected cells.^{27–29} Further, IFN stimulation can regulate innate and adaptive immune responses through its ability to enhance DCs maturation as well as promote the survival and development of effector functions by activated CD8 T cells.^{30–33}

Actually, the activation state of DCs plays an important role in the interaction between DC and T cell because non-activated DCs tolerate or delete T cells, whereas activation converts DCs to a stimulatory state that elicits T-cell activation and memory. Besides the role of APCs, the cytokines and chemokines produced by pDCs and mDCs exposed to viruses would exert significant autocrine and paracrine effects in their microenvironments. However, infection with IAV may also cause significant pulmonary immune pathology, because a cytokine storm, with unusually high levels of cytokines in serum and lungs, is possibly correlated with influenzainduced immune pathology and mortality.³⁴ In the further study, we will concentrate on the sty sytokines and chemokines produced by DCs post I infection nd analyze their role in regulating the T-cell resonance in lung

Altogether, we demonstrated that pending on e infecting microbe, the functions of ADCs and CCs may affer, and may be partially overlapring, which sugge s z onsiderable QC system. A better anderstanding flexibility of the huma P s may facilitate the developof the interplay of V w ve vaccine Dur findings may also provide ment of an effer to understa line the immune responses important ing sponse to IA infection in a non-human of dendritic ells in primate model.

Conflicts of interest

Th

thors decisive no conflicts of interest.

owledgements

This work was supported by grants from the National Natural Science Foundation of China (No. 81370131), the Shanghai Committee of Science and Technology (No. 134119b1200), the Outstanding Academic Leader of Health System in Shanghai (No. XBR2013078) and the National Institute of Health (HL-66994).

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