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CD4+ T Cells Are Not Required for the Induction of Dengue Virus-Specific CD8+ T Cell or Antibody Responses but Contribute to Protection after Vaccination

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The contribution of T cells to the host response to dengue virus (DENV) infection is not well understood. We previously demonstrated a protective role for CD8+ T cells during primary DENV infection using a mouse-passaged DENV strain and IFN-α/βR−/− C57BL/6 mice, which are susceptible to DENV infection. In this study, we examine the role of CD4+ T cells during primary DENV infection. Four I-Ak-restricted epitopes derived from three of the nonstructural DENV proteins were identified. CD4+ T cells expanded and were activated after DENV infection, with peak activation occurring on day 7. The DENV-specific CD4+ T cells expressed intracellular IFN-γ, TNF, IL-2, and CD40L, and killed peptide-pulsed target cells in vivo. Surprisingly, depletion of CD4+ T cells before DENV infection had no effect on viral loads. Consistent with this observation, CD4+ T cell depletion did not affect the DENV-specific IgG or IgM Ab titers or their neutralizing activity, or the DENV-specific CD8+ T cell response. However, immunization with the CD4+ T cell epitopes before infection resulted in significantly lower viral loads. Thus, we conclude that whereas CD4+ T cells are not required for controlling primary DENV infection, their induction by immunization can contribute to viral clearance. These findings suggest inducing anti-DENV CD4+ T cell responses by vaccination may be beneficial. The Journal of Immunology, 2010, 185: 5405–5416.

Dengue virus (DENV) is a mosquito-borne RNA virus in the Flaviviridae family, which also includes West Nile virus (WNV), yellow fever virus, and Japanese encephalitis virus. The four serotypes of DENV (DENV1–4) share ~65–75% homology at the amino acid level (1). Infections with DENV can be asymptomatic, or cause disease ranging from dengue fever (DF) to dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS) (2). DF is a self-limiting illness with symptoms that include fever, headache, myalgia, retro-orbital pain, nausea, and vomiting. DHF and DSS are characterized by increased vascular permeability, thrombocytopenia, hemorrhagic manifestations, and, in the case of DSS, shock, which can be fatal. The incidence of DENV infections has increased 30-fold in the past 50 y, and DF and DSS are a significant cause of morbidity and mortality worldwide (2). However, vaccine development has been challenging, as a vaccine should protect against all four DENV serotypes (3).

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Abbreviations used in this paper: ADE, Ab-dependent enhancement; CSR, class switch recombination; DC, dendritic cell; DENV, dengue virus; DF, dengue fever; DHF, dengue hemorrhagic fever; DSS, dengue shock syndrome; GC, germinal center; GE, genomic equivalent; ICS, intracellular cytokine staining; LCMV, lymphocytic choriomeningitis virus; NS, nonstructural; PALS, periarteriolar lymphoid sheath; Treg, regulatory T cell; WNV, West Nile virus.

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Severe dengue disease (DHF/DSS) most often occurs in individuals experiencing a secondary infection with a heterologous DENV serotype, suggesting the immune response contributes to the pathogenesis (4, 5). One hypothesis is that serotype cross-reactive Abs enhance infection of FcyR+ cells during a secondary infection, resulting in higher viral loads and more severe disease via a phenomenon known as Ab-dependent enhancement (ADE) (6, 7). Recent studies have demonstrated DENV-specific Ab can enhance disease in mice (8, 9). It has also been proposed that serotype cross-reactive memory T cells may respond suboptimally during secondary infection and contribute to the pathogenesis (10). Accordingly, studies have shown serotype cross-reactive T cells can exhibit an altered phenotype in terms of cytokine production and degranulation (11–13). However, another study found the breadth and magnitude of the T cell response during secondary DENV infection were not significantly associated with disease severity (14). Although many studies have investigated the role of T cells in DENV pathogenesis, few studies have examined the contribution of T cells to protection against DENV. Consequently, the role of T cells in protection versus pathogenesis during DENV infections is presently unknown. This is primarily due to the lack of an adequate animal model, as mice are resistant to infection with this human pathogen (15). We have previously shown that a mouse-passaged DENV2 strain, S221, does not replicate to detectable levels in wild-type C57BL/6 mice, but does replicate in IFN-α/βR−/− mice (16). Using S221 and IFN-α/βR−/− mice, we have previously demonstrated a protective role for CD8+ T cells in the response to primary DENV2 infection (16).

CD4+ T cells can contribute to the host response to pathogens in a variety of ways. They produce cytokines and can mediate cytotoxicity. They also help B cell responses by inducing Ig class switch recombination (CSR), and help prime the CD8+ T cell response. CD4+ T cells can help the CD8+ T cell response indirectly by activating APCs, for example, via CD40L/CD40 (17). CD40L on CD4+ T cells is important in activating B cells as well (18).
CD4+ T cells can also induce chemokine production that attracts CD8+ T cells to sites of infection (19). However, the requirement for CD4+ T cell help for Ab and CD8+ T cell responses is not absolute, and may be specific to the pathogen and/or experimental system. For instance, it has been shown that CSR can occur in the absence of CD4+ T cells (20), and the primary CD8+ T cell response is CD4+-independent under inflammatory conditions (17).

Despite the known importance of CD4+ T cells in the host response to pathogens, to our knowledge no study has yet examined the role of CD4+ T cells during primary DENV infection, and no response to pathogens, to our knowledge no study has yet examined the role of CD4+ T cells during primary DENV infection, and no

Peptide synthesis

Peptides used in initial screening experiments were synthesized as crude material by A & A Labs (San Diego, CA). A total of 73 15-mer peptides was ordered and synthesized twice in different (alphabetical versus predicted binding affinity) order. Positive peptides were resynthesized by A and A Labs and purified to >90% homogeneity by reverse-phase HPLC. Purity of these peptides was determined using mass spectrometry. The HPLC-purified peptides were used for all subsequent experiments.

Flow cytometric analyses

For surface staining of germinal center (GC) B cells, splenocytes were stained with anti-B220 Alexa Fluor 647 (BioLegend, San Diego, CA), anti-CD4 PerCP (BD Biosciences, San Diego, CA), GL7-FTTC (BD Biosciences), anti-IgD eFluor 450 (eBioscience, San Diego, CA), and anti-Fas PE (BD Biosciences). For intracellular cytokine staining (ICS) of CD4+ T cells, 2 × 10^6 splenocytes were plated in 96-well U-bottom plates and stimulated with individual DEN2V peptides (3 μg/ml) for 2 h. Brefeldin A (GolgiPlug; BD Biosciences) was then added, and cells were incubated for another 5 h. Cells were washed, incubated with supernatant from 2,4G2-producing hybridoma cells, and labeled with anti-CD4 eFluor 450 (eBioscience) and anti-CD8a PerCP eFluor 710 (eBioscience) or PE Cy7 (BD Biosciences). The cells were then fixed and permeabilized using the BD Cytofix/Cytoperm kit, and stained with various combinations of anti-IFN-γ, anti-IL-2, anti-IL-4, anti-IL-10, anti-TNF, IL-2, and CD40L, and anti-mouse CD4, and anti-mouse CD8 IgG2b Ab, respectively. Samples were analyzed on a BD LSR II (BD Biosciences) and analyzed using FlowJo software (Tree Star, Ashland, OR).

Immunohistochemistry

Tissues were embedded in OCT compound (Sakura, Torrance, CA). Sections (6 μm) were cut and stored at −80°C. Frozen sections were thawed and fixed for 10 min in acetone at 25°C, followed by 8 min in 1% paraformaldehyde (EMS, Hatfield, PA) in 100 mM dibasic sodium phosphate containing 60 mM lysisine and 7 mM sodium periodate (pH 7.4) at 4°C. Sections were blocked first using the avidin/biotin blocking kit (Vector Laboratories, Burlingame, CA), followed by 5% normal goat serum (Invitrogen) and 1% BSA (Sigma-Aldrich, St. Louis, MO) in PBS. Sections were stained overnight with anti-CD48/80-biotin (clone BM8; BioLegend), anti-CD4 PE (clone RM4-5; eBioscience), anti-CD8β Alexa Fluor 647 (clone YTS156.7.7; BD Bioscience), and anti-B220 FITC (clone RA3-6B2; BD Biosciences). Sections were then washed and stained with streptavidin Alexa Fluor 750 and rabbit anti-FITC Alexa Fluor 488 (Invitrogen). Images were taken using a ×20 objective on an automated TCS SP5 confocal microscope, processed using Leica Microsystems (Deerfield, IL) software, stitched together using Adobe Illustrator (Adobe Systems, San Jose, CA), and adjusted using ImageJ.

T cell depletions

Hybridoma supernatants were clarified by centrifugation, dialyzed against PBS, sterile filtered, and quantified by bicinchoninic acid protein assay reagent (Thermo Scientific, Rockford, IL). IFN-α/βR/−/− mice were injected i.p. with 250 μg SFR3, or GK1.5, or 2.43 in PBS (250 μl total volume) 3 d and 1 d before or 1 d before and 1 d postinfection, which resulted in depletion of ≥90% of CD8+ cells and ≥97% of CD4+ cells. In Fig. 4, one CD8-depleted mouse received GK1.5 only on day 1, which still resulted in ≥97% depletion.

DEN2V-specific Ab ELISAs

Serum was harvested from control and CD4-depleted IFN-α/βR/−/− mice 7 d postinfection with 10^10 GE of DEN2V, or naive mice. Enzyme immunoassay/RIA 96-well plates (Costar, Cambridge, MA) were coated
with DENV2 (10^9 GE/well) in 50 μl 0.1 M NaHCO₃. The virus was UV inactivated, and plates were left overnight at 4°C. The plates were then washed to remove unbound virus using 0.05% (v/v) Tween 20 (Sigma-Aldrich) in PBS. After blocking with blocker casein blocking buffer (Thermo Scientific) for 1 h at room temperature, 1:3 serial dilutions of serum in a total volume of 100 μl were added to the wells. After 1.5 h, wells were washed and bound Ab was detected using HRP-conjugated goat anti-mouse IgG Fc portion or HRP-conjugated donkey anti-mouse IgM.

Some mice were depleted of CD4 + or CD8 + cells before infection. Splenocytes (targets) were harvested from donor B6.SJL congenic mice (CD45.1) 7 d after. RBC were lysed, and the target cells were pulsed with varying concentrations of a pool of four H-2b–restricted DENV2 peptides (M60-67, NS2A 108–122, NS3 198–212, and NS3 237–251) or DMSO for 1 h at 37°C. The cells were then washed and labeled with CFSE (CFSE low) or left unlabeled. After washing, the cell populations were mixed and 5 x 10^5 cells from each population were injected i.v. into naive or infected recipient mice. After 4 h, the mice were sacrificed and splenocytes were stained with anti-CD45.1 allophycocyanin (eBioscience) and analyzed by flow cytometry, gating on CD45.1+ cells. The percentage of killing was calculated as follows: 100 - [(percentage DENV peptide pulsed in infected mice/percentage DMSO pulsed in infected mice) / (percentage DENV peptide pulsed in naive mice/percentage DMSO pulsed in naive mice) x 100].

Statistical analyses
Data were analyzed with Prism software version 5.0 (GraphPad Software, Inc., San Diego, CA). Statistical significance was determined using unpaired t test with Welch’s correction.

Results
CD4+ T cell activation and expansion following DENV2 infection
DENV2 (10^10 GE of S221) infection of IFN-α/βR−/− mice results in an acute infection, with viral replication peaking between 2 and 4 d postinfection (16). At day 3 after the infection, the mice show signs of disease, including hunched posture and ruffled fur, and the virus is subse-

Quantification of DENV burden in mice
Mice were euthanized by isoflurane inhalation, and blood was collected via cardiac puncture. Serum was separated from whole blood by centrifugation. Mice were euthanized by isoflurane inhalation, and blood was collected via cardiac puncture. Serum was separated from whole blood by centrifugation. Serum RNA was isolated using the QIAamp viral RNA mini kit (Qiagen). Serum RNA was then transcribed (MAXIscript kit; Ambion, Austin, TX) from a plasmid containing the cDNA template of S221, 3’ untranslated region. After transcription, RNA was digested with DNease I, and RNA was purified using the RNeasy mini kit and quantified by spectrophotometry. To control for RNA quality and quantity when measuring DENV in tissues, the level of 18S rRNA was measured using 18S primers described previously (27) in parallel real-time RT-PCR reactions. A relative 18S standard curve was made from total splenic RNA.

Peptide immunizations
IFN-α/βR−/− mice were immunized s.c. with 50 μg each of NS2B 108–122, NS3 198–212, and NS3 237–251 emulsified in CFA (Difco, Detroit, MI). After 11 d, mice were boosted with 50 μg peptide emulsified in IFA (Difco). Mock-immunized mice received PBS/DMSO emulsified in CFA or IFA. Mice were infected 13 d after the boost with 10^11 GE of DENV2 (some mice were depleted of CD4+ or CD8+ T cells 3 d and 1 d before infection). Four days later, the mice were sacrificed and tissues were harvested, RNA was isolated, and DENV2 RNA levels were measured as described above.

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control WNV infection (30). To determine whether DENV2 infection resulted in an expansion of Tregs, we examined the number of CD4+Foxp3+ cells in the spleen 7 d postinfection, and found there was a decrease in the percentage of Tregs among total CD4+ cells, and no change in the number of Tregs, demonstrating that DENV2 infection does not lead to an expansion of Tregs in the spleen (Fig. 1E).

Identification of DENV2 CD4+ T cell epitopes

To study the DENV2-specific CD4+ T cell response, we sought to identify MHC class II (I-Aβ)-restricted CD4+ T cell epitopes using a bioinformatics prediction method that has been previously used to map the CD4+ T cell response to mouse CMV (31). Briefly, the proteome of DENV2 was screened and 73 15-mer peptides predicted to bind I-Aβ were identified. The peptides were tested by IFN-γ ICS using splenocytes from DENV2-infected IFN-α/βR−/− mice. Positive peptides (2× background) were then reordered as HPLC-purified (>90%) and retested. Four positive peptides were identified, as follows: NS2B 108–122, NS3 198–212, NS3 237–251, and NS4B 96–110 (Fig. 2A, Table I). Similar to the DENV2-specific CD8+ T cell response (16), the epitopes identified in IFN-α/βR−/− mice were also recognized by CD4+ T cells from DENV2-infected wild-type mice (Fig. 2B), and the magnitude of the CD4+ T cell response was higher in IFN-α/βR−/− mice compared with wild-type mice, most likely due to increased viral replication. Notably, NS3 200–214 has been identified as a human HLA-DR15–restricted CD4+ T cell epitope (14, 32). It was also of interest that NS4B 96–110 contains a CD8+ T cell epitope (14, 32).
epitope (NS4B<sub>99–107</sub>) that we had previously identified as the immunodominant epitope in both wild-type and IFN-α/βR<sup>−/−</sup> C57BL/6 mice infected with DENV2 (16).

**Phenotype of DENV2-specific CD4<sup>+</sup> T cells**

Multicolor flow cytometry was performed to study the phenotype of DENV2-specific CD4<sup>+</sup> T cells. These cells produced IFN-γ, TNF, and IL-2 (Fig. 3). No intracellular IL-4, IL-5, IL-17, or IL-10 was detected (data not shown). The DENV2-specific CD4<sup>+</sup> T cells also expressed CD40L, suggesting they are capable of activating CD40-expressing cells, which include dendritic cells (DCs) and B cells. The four DENV2-derived CD4<sup>+</sup> T cell epitopes induced responses that differed in magnitude, but were similar in terms of phenotype. The most polyfunctional cells (those expressing IFN-γ, TNF, IL-2, and CD40L) also expressed the highest levels of the cytokines and CD40L. These results demonstrate that DENV2 infection elicits a virus-specific Th1 CD4<sup>+</sup> T cell response in IFN-α/βR<sup>−/−</sup> mice.

**Table I.** *DENV2-derived CD4<sup>+</sup> T cell epitopes*

<table>
<thead>
<tr>
<th>Epitope</th>
<th>Sequence</th>
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<tr>
<td>NS2B&lt;sub&gt;108–122&lt;/sub&gt;</td>
<td>GLFPVSLPITAAYW</td>
</tr>
<tr>
<td>NS3&lt;sub&gt;198–212&lt;/sub&gt;</td>
<td>GKTKRYLPVRAEI</td>
</tr>
<tr>
<td>NS3&lt;sub&gt;237-251&lt;/sub&gt;</td>
<td>GLPIKYQTPAIRAEH</td>
</tr>
<tr>
<td>NS4B&lt;sub&gt;96–110&lt;/sub&gt;</td>
<td>IGCSYSQVPITLAA</td>
</tr>
</tbody>
</table>

**Effects of CD4<sup>+</sup> and/or CD8<sup>+</sup> T cell depletions on DENV2 viral RNA levels**

To determine how CD4<sup>+</sup> T cells contribute to controlling DENV2 infection, we depleted CD4<sup>+</sup> T cells, CD8<sup>+</sup> T cells, or both from IFN-α/βR<sup>−/−</sup> mice and measured DENV2 RNA levels 5 d postinfection with 10<sup>10</sup> GE of DENV2. We found no difference in viral RNA levels between control undepleted mice and CD4-depleted mice in the serum, kidney, small intestine, spleen, or brain (Fig. 4). As we observed previously (16), CD8-depleted mice had significantly higher viral loads than control mice. Depletion of both CD4<sup>+</sup> and CD8<sup>+</sup> T cells resulted in viral RNA levels that were significantly higher than those in control mice in all tissues examined, and equivalent to the viral RNA levels in CD8-depleted mice. These data show that CD4<sup>+</sup> T cells are not required to control primary DENV2 infection in IFN-α/βR<sup>−/−</sup> mice, and confirm an important role for CD8<sup>+</sup> T cells in viral clearance.

**CD4<sup>+</sup> T cells are not required for the anti-DENV2 Ab response**

Although CD4<sup>+</sup> T cells were not required for controlling DENV2 infection, we wondered whether they made any contribution to the anti-DENV immune response, for example, by helping the B cell and/or CD8<sup>+</sup> T cell responses. CSR, the process by which the Ig H chain C region is switched so the B cell expresses a new isotype of Ab, can be induced when CD40L-expressing CD4<sup>+</sup> T cells engage
CD40 on B cells (20). However, CSR can also occur in the absence of CD4+ T cell help. To determine whether the anti-DENV2 Ab response depends on CD4+ T cells, we first measured DENV2-specific IgM and IgG titers in the sera of control and CD4-depleted mice 7 d postinfection with 10^10 GE of DENV2. As expected, we found no difference in IgM titers at day 7 between control and CD4-depleted mice (Fig. 5A). There was also no difference in IgG titers between control and CD4-depleted mice.

To measure the functionality of these DENV2-specific Abs, a flow cytometry-based neutralization assay was performed, in which C6/36 mosquito cells were infected with DENV2 in the presence of heat-inactivated sera obtained from control and CD4-depleted mice (Fig. 5A). There was also no difference in IgG titers between control and CD4-depleted mice. To measure the functionality of these DENV2-specific Abs, a flow cytometry-based neutralization assay was performed, in which C6/36 mosquito cells were infected with DENV2 in the presence of heat-inactivated sera obtained from control and CD4-depleted mice 7 d postinfection. The sera from control and CD4-depleted mice could neutralize DENV2 equally well (Fig. 5B). As reported previously (8), naive serum was able to prevent DENV infection of C6/36 cells, although not as efficiently as DENV-immune serum. We also looked for the presence of GC B cells, as the GC reaction is generally thought to be CD4+ T cell dependent (33). As expected, we found GC B cells were absent in the CD4-depleted mice (Fig. 5C). Based on the lack of GC B cells in the DENV2-infected CD4-depleted mice, we conclude that the early anti-DENV2 Ab response is CD4- and GC-independent.

**CD4+ T cells are not necessary for the primary DENV2-specific CD8+ T cell response**

Next, we assessed the role of CD4+ T cells in helping the CD8+ T cell response by examining the DENV2-specific CD8+ T cell response in control and CD4-depleted DENV2-infected mice. The numbers of splenic CD8+ T cells were equivalent in control and CD4-depleted mice (data not shown). IFN-γ ICS was performed.

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**FIGURE 3.** DENV2-specific CD4+ T cells are polyfunctional. Splenocytes were obtained from IFN-α/βR−/− mice 7 d postinfection with 10^10 GE of DENV2 and stimulated in vitro with individual peptides. Cells were then stained for surface CD4, and intracellular IFN-γ, TNF, IL-2, and CD40L, and analyzed by flow cytometry. A, Cells expressing four, three, two, one, or none of the molecules are color coded. Representative dot plots are shown. B, The response of unstimulated cells was subtracted from the response to each DENV2 peptide, and the net percentages of the CD4+ T cells that are expressing at least one molecule are indicated. The mean and SEM of three mice are shown.
Depletion of CD4+ T cells prior to DENV2 infection does not affect viral RNA levels. IFN-α/βR−/− mice were depleted of CD4+ or CD8+ cells, or both, by administration of GK1.5 or 2.43 Ab, respectively (or given an isotype control Ab), 2 d before and 1 d post-infection with 10^10 GE of DENV2. Mice were sacrificed 5 d later, and DENV2 RNA levels in the serum, spleen, small intestine, brain, and kidney were quantified by real-time RT-PCR. Data are expressed as DENV2 copies/ml sera, or DENV2 U normalized to 18S rRNA levels for the organs. Each symbol represents one mouse, the bar represents the geometric mean, and the dashed line is the limit of detection. *p < 0.05; **p < 0.01; ***p < 0.001 for viral RNA levels comparing T cell-depleted mice with control mice.

Using DENV2-derived H-2b-restricted immunodominant peptides that we identified previously (M60–67, NS2A8–15, and NS4B99–107) (16). Somewhat surprisingly, there was an increase in the number of DENV2-specific IFN-γ+CD8+ T cells in CD4-depleted mice compared with control mice (Fig. 6A). To further characterize the phenotype of the CD8+ T cells generated in the absence of CD4+ T cells, we examined expression of TNF, IL-2, and CD107a (a marker for degranulation) in cells stimulated with NS4B99–107 (Fig. 6B, 6C). As also shown in Fig. 6A, the magnitude of the CD8+ T cell response was larger in the CD4-depleted mice, but the cytotoxic and CD107a expression profiles were comparable. Similar results were observed when cells were stimulated with M60–67 or NS2A8–15 (data not shown). Next, we examined the functionality of the DENV2-specific CD8+ T cells using an in vivo cytotoxicity assay, in which splenocytes were pulsed with a pool of four H-2b-restricted immunodominant peptides and CFSE labeled before injection into control or CD4-depleted DENV2-infected mice. CD8+ T cell-mediated cytotoxicity was very efficient; almost 100% killing was observed at peptide concentrations of 500 ng/ml (Fig. 6D). Therefore, the peptide concentrations were titrated down, and no difference in killing was observed between control and CD4-depleted mice at any concentration tested. These data reveal that the primary anti-DENV2 CD8+ T cell response, in terms of expansion, cytokine production, degranulation, and cytotoxicity, does not depend on CD4+ T cell help.

**In vivo killing of I-Ab-restricted peptide-pulsed target cells in DENV2-infected mice**

Although we found that the absence of CD4+ T cells had no effect on viral RNA levels on day 5 postinfection, it was possible that CD4+ T cells could still be contributing to the anti-DENV2 host response by killing infected cells. We therefore performed an in vivo cytotoxicity assay using splenocytes pulsed with the three peptides that contain only CD4+ T cell epitopes (NS2B108–122, NS3198–212, and NS3237–251) and not NS4B96–110, as we wanted to measure only CD4+ T cell-mediated killing. Approximately 30% killing of target cells was observed (Fig. 7). No cytolytic activity was observed when CD4+ T cells were depleted, whereas depletion of CD8+ T cells had no effect on killing, demonstrating that the cytotoxicity was CD4+ T cell mediated. Thus, DENV2-specific CD4+ T cells can exhibit in vivo cytolytic activity, although this effector function does not appear to significantly contribute to controlling primary DENV2 infection.

**Vaccination with DENV2 CD4+ T cell epitopes helps control viral load**

Having found that DENV2-specific CD4+ T cells can kill target cells, we next assessed whether immunization with CD4+ T cell epitopes could help control DENV2 infection. Mice were immunized with NS2B108–122, NS3198–212, and NS3237–251 before DENV2 infection, and we measured CD4+ T cell responses by ICS and viral RNA levels 4 d postinfection. Peptide immunization resulted in enhanced CD4+ T cell cytokine responses (data not shown), and significantly lower viral loads in the kidney and spleen (Fig. 8). The protective effect was mediated by CD4+ T cells, as CD4 depletion before infection abrogated the protective effect. Similarly, CD8 depletion resulted in no protection, demonstrating that protection after CD4+ T cell peptide immunization requires both CD4+ and CD8+ T cells. These data suggest that CD4+ T cells elicited by immunization protect by helping the CD8+ T cell response. Thus, although CD4+ T cells are not required for the primary CD8+ T cell or Ab response, and the

![FIGURE 4. Depletion of CD4+ T cells prior to DENV2 infection does not affect viral RNA levels. IFN-α/βR−/− mice were depleted of CD4+ or CD8+ cells, or both, by administration of GK1.5 or 2.43 Ab, respectively (or given an isotype control Ab), 2 d before and 1 d post-infection with 10^10 GE of DENV2. Mice were sacrificed 5 d later, and DENV2 RNA levels in the serum, spleen, small intestine, brain, and kidney were quantified by real-time RT-PCR. Data are expressed as DENV2 copies/ml sera, or DENV2 U normalized to 18S rRNA levels for the organs. Each symbol represents one mouse, the bar represents the geometric mean, and the dashed line is the limit of detection. *p < 0.05; **p < 0.01; ***p < 0.001 for viral RNA levels comparing T cell-depleted mice with control mice.](http://www.jimmunol.org/)

![FIGURE 5. CD4+ T cells are not required for the anti-DENV2 Ab response. IFN-α/βR−/− mice (control or CD4 depleted) were infected with 10^10 GE of DENV2. A, DENV2-specific IgM and IgG titers in the sera at day 7 were measured by ELISA (n = 5 control and 6 CD4-depleted mice). Data are combined from two independent experiments. B, Neutralizing activity of sera from naive (n = 4) and control (n = 6) or CD4-depleted mice (n = 6) obtained 7 d postinfection was determined by measuring the ability of the sera to reduce DENV2 infection of C6/36 cells. The percentage of GC B cells (GL7/Fas+, gated on B220+ cells) in the spleen 7 d postinfection is shown. The plots are representative of five control and five CD4-depleted mice.](http://www.jimmunol.org/)
absence of CD4+ T cells had no effect on viral RNA levels, vaccination with CD4+ T cell epitopes can reduce viral loads.

Discussion

Numerous studies have investigated the phenotype of DENV serotype cross-reactive T cells, which have been hypothesized to contribute to the pathogenesis of secondary heterologous infections, yet the actual contribution of T cells during DENV infection is unknown. The findings presented in this study, and in our previous study, reveal that CD8+ T cells play an important protective role in the response to primary DENV2 infection, whereas CD4+ T cells do not. CD4+ T cells expanded, were activated, and were located near CD8+ T cells and B cells in the spleen after DENV2 infection, yet they did not seem to affect the induction of the DENV2-specific CD8+ T cell or Ab responses. In fact, CD4+ T cell depletion had no effect on viral clearance. However, our data demonstrate that vaccination with CD4+ T cell epitopes prior to DENV infection can provide significant protection, supporting T cell peptide vaccination as a strategy for DENV immunization without the risk of ADE.

To the best of our knowledge, this is the first study to identify CD4+ T cell epitopes from DENV-infected mice. We found the DENV2-specific CD4+ T cells recognized epitopes from the NS2B, NS3, and NS4B proteins, and displayed a Th1 phenotype. CD4+ T cell epitopes have been identified in mice infected with other flaviviruses, including yellow fever virus, for which an I-A\(^b\)-restricted peptide from the E protein was identified (34), and WNV, for which six epitopes from the E and NS3 proteins were identified (35). DENV-derived epitopes recognized by human CD4+ T cells have been identified, primarily from NS proteins, including the highly conserved NS3 (10). One study identified numerous epitopes from the NS3\(_{200-324}\) region, and alignment of consensus sequences for DENV1–4 revealed that this region is more conserved (78%) than NS3 as a whole (68%) (14), sug-
enhanced DENV2 clearance. IFN-α responses to other pathogens are mapped.

calculated.

In vivo killing of DENV2-derived I-Aβ–restricted peptide-pulsed cells. IFN-α mice (control, CD4-depleted, or CD8-depleted) infected 7 d previously with 10^6 GE of DENV2 were injected i.v. with CFSE-labeled target cells pulsed with the three epitopes that contain only CD4+ T cell epitopes (NS2B_108-122, NS3_198-212, and NS3_237-251) (n = 6 control, 3 CD4-depleted, and 3 CD8-depleted mice). After 16 h, splenocytes were harvested and analyzed by flow cytometry, and the percentage of killing was calculated.

gesting that the region contains good candidates for a DENV T cell epitope-based vaccine. Interestingly, one of the NS3-derived epitopes we identified has also been described as a human CD4+ T cell epitope. This species cross-reactive NS3 peptide may bind human HLAs promiscuously, making it a good potential vaccine candidate. Another intriguing finding was that one of the CD4+ T cell epitopes identified in this study contained the most immunodominant of the CD8+ T cell epitopes we had identified previously. Overlapping epitopes have also been found in lymphocytic choriomeningitis virus (LCMV) (36–38). The significance of overlapping epitopes is unknown, but is most likely related to homology between MHC class I and MHC class II, and may be associated with promiscuous processing. Overlapping epitopes may turn out to be common once the complete CD4+ and CD8+ T cell responses to other pathogens are mapped.

CD4+ T cells are classically defined as helper cells, as they help B cell and CD8+ T cell responses. However, inflammatory stimuli can override the need for CD4+ T cell help, and therefore, the responses to many acute infections are CD4-independent (17). DENV2 replicates to high levels in IFN-α/βR−/− mice, the mice appear hunched and ruffled at the time of peak viremia, and they have intestinal inflammation (T. Prestwood, unpublished observations), suggesting that there is a significant inflammatory response to DENV2 in these mice. Accordingly, we found CD4+ T cells did not play a critical role in the immune response to primary DENV2 infection. The contribution of CD4+ T cells has been examined during infections with other flaviviruses. Adoptive transfer of primed CD4+ and CD8+ T cells, only in combination, protected mice from a lethal challenge with Japanese encephalitis virus when the cells and virus were administered intracerebrally (39). A protective role has been demonstrated for CD4+ T cells in response to WNV infection. One study showed CD4+ T cells contributed to protection by helping the Ab response and maintaining (but not priming) the CD8+ T cell response, and were important for clearance of virus from the CNS, but not the periphery (40). Another study found WNV-specific CD4+ T cells directly contributed to protection in the absence of CD8+ T cells and B cells, produced IFN-γ and IL-2, and could kill peptide-pulsed cells (35). Thus, the contribution of CD4+ T cells to protection against flavivirus infection depends on the virus and experimental system.

Ab responses can be T cell dependent or T cell independent. In particular, the formation of GCs is thought to be CD4+ T cell dependent, and is where high-affinity plasma cells and memory B cells are generated and where CSR can occur (20, 33). Classical CSR occurs in B cells after CD40L on activated CD4+ T cells binds CD40 on B cells. However, it is well established that CSR and Ab responses can occur in the absence of CD4+ T cells and organized secondary lymphoid structures (41). T-independent Ab responses to viruses have been demonstrated for vesicular stomatitis virus (42), rotavirus (43), and polyomavirus (44). In addition, EBV (via latent membrane protein 1) can induce CD40-independent CSR (45), and mice deficient for CD40 or CD4+ T cells are able to mount an influenza-specific IgG response that is protective (46).

Similar to the studies mentioned above, our results demonstrate that the DENV2-specific IgG response at day 7 is CD4-independent. The lack of GC B cells in CD4-depleted mice shows that our CD4 depletions have a functional effect, and indicate anti-DENV IgG is being produced by extrafollicular B cells. It is possible that the absence of CD4+ T cells would have an effect on DENV2-specific Ab titers and/or neutralizing activity at later time points; however, the goal of our study was to determine how CD4+ T cells contribute to clearance of primary DENV2 infection, and we clearly show that the early anti-DENV2 Ab response is CD4-independent. The mechanisms by which T-independent Ab responses are induced are beginning to be elucidated. B lymphocyte stimulator, also known as B cell-activating factor, and a proliferation-inducing ligand are induced on DCs after activation with IFN-α, IFN-γ, LPS, or CD40L, and mediate CD40-independent CSR in human B cells (47). B cell-activating factor and a proliferation-inducing ligand also induce CSR in mouse B cells in the absence of CD40 (48). T-independent CSR can also be induced via TLR signaling. For example, T-independent CSR to human papillomavirus virus-like particles occurs via TLR4 and MyD88 in mouse B cells (49), and TLR3 or TLR9 signaling can induce CSR in human B cells (50, 51). The pathways involved in mediating the CD4-independent CSR in DENV2-infected mice remain to be determined.

Like pathogen-specific Ab responses, the primary CD8+ T cell responses to many acute infections are also CD4-independent. CD4-independent CD8+ T cell responses have been demonstrated for Listeria monocytogenes (52, 53), LCMV (54), and influenza (55). Recently, a mechanism for how DCs can activate CD8+ T cells in the absence of CD4+ T cell help has been described. DCs activated with TLR3 or TLR9 agonists, or by influenza infection, upregulated CD40L and activated naive CD8+ T cells in the absence of CD4+ T cells (56). In accordance with the studies

FIGURE 7. Cytotoxicity mediated by DENV2-specific CD4+ T cells. In vivo killing of DENV2-derived I-Aβ–restricted peptide-pulsed cells. IFN-α/βR−/− mice (control, CD4-depleted, or CD8-depleted) infected 7 d previously with 10^6 GE of DENV2 were injected i.v. with CFSE-labeled target cells pulsed with the three epitopes that contain only CD4+ T cell epitopes (NS2B_108-122, NS3_198-212, and NS3_237-251) (n = 6 control, 3 CD4-depleted, and 3 CD8-depleted mice). After 16 h, splenocytes were harvested and analyzed by flow cytometry, and the percentage of killing was calculated.

FIGURE 8. Peptide immunization with CD4+ T cell epitopes results in enhanced DENV2 clearance. IFN-α/βR−/− mice were immunized s.c. with 50 μg each of the three DENV peptides that contain only CD4+ T cell epitopes (NS2B_108-122, NS3_198-212, NS3_237-251) in CFA, or mock immunized with DMSO in CFA. Mice were boosted 11 d later with peptide in IFA, then challenged with 10^11 GE of DENV2 13 d later, and sacrificed 4 d postinfection. Separate groups of peptide-immunized mice were depleted of CD4+ or CD8+ T cells prior to infection. DENV2 RNA levels in the tissues were quantified by real-time RT-PCR and are expressed as DENV2 U normalized to 18S rRNA. Each symbol represents one mouse, and the bar represents the geometric mean. *p < 0.05; **p < 0.01.

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mentioned above, we found that the primary CD8 T cell response to DENV2 did not depend on CD4 T cells. In fact, we observed an enhanced DENV2-specific CD8 T cell response in CD4-deficient mice compared with control mice at day 7, which has also been reported for influenza (55)- and WNV (40)-specific CD8 T cell responses. In our study, this could be due to the depletion of Tregs, or an increased availability of cytokines (e.g., IL-2) in mice lacking CD4 T cells. This enhanced CD8 T cell response may explain why CD4-depleted mice have no differences in viral titers despite the fact that DENV2-specific CD4 T cells demonstrate in vivo cytotoxicity.

Although CD4 T cells did not play an important role in helping the Ab or CD8 T cell responses, we found DENV2-specific CD4 T cells could kill peptide-pulsed target cells in vivo. CD4 T cells specific for other pathogens, including HIV (57) and influenza (58), demonstrate in vitro cytotoxicity. In vivo cytotoxicity assays have been used to show CD4 T cell-mediated killing following infection with LCMV (59) and WNV (35), DENV-specific cytolytic human CD4 T cell clones (60, 61) and a mouse (H-2d) CD4 T cell clone (62) have been reported. Whether CD4 T cells actually kill infected cells during DENV infection remains to be determined, but is possible, as MHC class II-expressing macrophages are targets of DENV infection (8). Based on the fact that CD4 depletion did not have a significant effect on viral clearance, it is unlikely that CD4 T cell-mediated killing plays a major role in the anti-DENV2 response in this model.

An obvious caveat to using the IFN-α/βR−/− mice is that type I IFNs are known to help T cell and B cell responses through their actions on DCs, and can act directly on T cells (63). Type I IFNs can induce the development of Th1 IFN-γ responses in human CD4 T cells, but cannot substitute for IL-12 in promoting Th1 responses in mouse CD4 T cells (65). Following Listeria infection, IL-12 synergized with type I IFN to induce IFN-γ production by CD4 T cells (66). Although DENV does not replicate to detectable levels in wild-type mice, examining the CD4 T cell response in these mice revealed that the same epitopes were recognized as in the IFN-α/βR−/− mice, but the magnitude of the epitope-specific response was greater in the IFN-α/βR−/− mice. This suggests that the high levels of viral replication in the IFN-α/βR−/− mice are sufficient to drive a DENV2-specific CD4 IFN-γ response. Our results demonstrate a DENV2-specific CD4 T cell response, including Th1-type cytokine production and cytotoxicity, in the absence of IFN-α/βR signaling, yet this response is not required for clearance of infection. It is, however, possible that CD4 T cells contribute to protection during DENV infection of hosts with intact IFN responses.

We have previously shown that immunization with CD8 T cell epitopes resulted in enhanced viral clearance (16), and the results presented in this study show that immunization with CD4 T epitopes is also protective. Peptide immunization with CD4 T cell epitopes has also been found to protect against WNV (35) and HSV-1 (67). Our results have significant implications for DENV vaccine development. Although a DENV vaccine is a global public health priority, designing a vaccine has been challenging, as it needs to induce protection against all four serotypes. The DENV vaccine candidates in development, some of which are in phase II trials, focus on eliciting an Ab response. The challenge is to induce and maintain a neutralizing Ab response against all four serotypes, as it is becoming increasingly clear that non-neutralizing Ab (or subneutralizing quantities of Ab) can actually enhance dengue disease (8, 9). A different approach would be a peptide vaccine that induces cell-mediated immunity, including both CD4 and CD8 T cell responses, which would not be able to prevent infection, but could reduce viral loads and disease severity, and would eliminate the risk of ADE. Such a vaccine should target highly conserved regions of the proteome, for example, NS3, NS4B, and/or NS5, and ideally include epitopes conserved across all four serotypes. A vaccine containing only peptides from these particular NS proteins would also preclude the induction of any Ab against epitopes on the virion, which could enhance infection, or Ab against NS1, which could potentially contribute to pathogenesis (68). Our peptide vaccination was given along with CFA, which is commonly used in mice to induce Th1 responses (69), which was the type of response observed after natural DENV infection. CFA is not a vaccine adjuvant approved for human use, and thus, any peptide vaccine developed against DENV will have to be formulated with an adjuvant that is approved for human use and promotes a Th1 response. Numerous vaccine adjuvants are currently under development and can be tested in our experimental system in the future.

Although our results indicate CD4 T cells do not make a significant contribution to controlling primary DENV2 infection, the characterization of the primary CD4 T cell response and epitope identification will allow us to determine the role of CD4 T cells during secondary homologous and heterologous infections. CD4 T cells are often dispensable for the primary CD8 T cell response to infection, but have been shown to be required for the maintenance of memory CD8 T cell responses after acute infection (70). Finally, our findings support a DENV vaccine strategy that induces CD4 T cell, in addition to CD8 T cell, responses.

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Disclosures
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