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Distinct Kinetics of Gag-Specific CD4+ and CD8+ T Cell Responses during Acute HIV-1 Infection

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HIV infection is characterized by a gradual deterioration of immune function, mainly in the CD4 compartment. To better understand the dynamics of HIV-specific T cells, we analyzed the kinetics and polyfunctional profiles of Gag-specific CD4+ and CD8+ T cell responses in 12 subtype C-infected individuals with different disease-progression profiles, ranging from acute to chronic HIV infection. The frequencies of Gag-responsive CD4+ and CD8+ T cells showed distinct temporal kinetics. The peak frequency of Gag-responsive IFN-γ+CD4+ T cells was observed at a median of 28 d (interquartile range: 21–81 d) post-Fiebig I/II staging, whereas Gag-specific IFN-γ+CD8+ T cell responses peaked at a median of 253 d (interquartile range: 136–401 d) and showed a significant bimodal expansion. The proportion of TNF-α-expressing cells within the IFN-γ+CD4+ T cell population increased (p = 0.001) over time, whereas TNF-α-expressing cells within IFN-γ+CD8+ T cells declined (p = 0.005). Both Gag-responsive CD4+ and CD8+ T cells showed decreased Ki67 expression within the first 120 d post-Fiebig I/II staging. Prior to the disappearance of Gag-responsive Ki67+CD4+ T cells, these cells positively correlated (p = 0.0038) with viremia, indicating that early Gag-responsive CD4 events are shaped by viral burden. No such associations were observed in the Gag-specific CD8+ T cell compartment. Overall, these observations indicated that circulating Gag-responsive CD4+ and CD8+ T cell frequencies and functions are not synchronous, and properties change rapidly at different tempos during early HIV infection. The Journal of Immunology, 2012, 188: 2198–2206.

In many viral infections, functional Ag-specific CD4+ T cells play a critical role in orchestrating immune responses. In animal models, the absence or disruption of CD4+ T cell responses can impair immune protection (1, 2) by limiting Ab production (3, 4), CD8+ T cell activation (5–7), or the mainte-

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Abbreviation used in this article: IQR, interquartile range.

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Twelve HIV-1 clade C–infected subjects were enrolled as part of the CHAVI 001 acute infection cohort. Five individuals (CHA198, CHA067, CHA164, CHA162, and CHA696) were recruited from Durban, South
Africa; six (CHA10, CHA228, CHA813, CHA1280, CH895, and CH976) were recruited from Lilongwe, Malawi; and one (CHA470) was recruited from Durham, NC. Fiebig staging was used to characterize the timing of infection after enrollment, and the stage was classified by measuring the presence/absence of plasma HIV RNA content and HIV-specific Abs using ELISA and Western blot. Participants were enrolled, the first blood samples were drawn between 2 and 24 d post screening, and all participants were antiretroviral therapy-naive throughout the study. Viral load was measured with the COBAS AMPLICOR HIV-1 monitor test, version 1.5 (Roche Diagnostics, Branchburg, NJ), and the CD4 count was measured by flow cytometry. Six of the participants presented as Fiebig stage I/II at screening, with detectable plasma HIV mRNA and no detectable HIV-1 serum Abs. Three individuals were classified as Fiebig stage III at screening, with HIV Abs detectable by ELISA (HIV-1/HIV-2 PLUS O EIA third generation; Bio-Rad, Hercules, CA) but negative by Western blot (Bio-Rad). The other three participants had detectable HIV Abs by ELISA but indeterminate using Western blot and were considered Fiebig stage IV.

The time post-Fiebig stage I/II (when unavailable) was calculated by adjusting the time at screening by 3 d for subjects in stage III at screening and by 6 d for subjects in stage IV at screening (3 d of phase III and 3 d to the midpoint of phase IV) (16). We also used a secondary classification of early and chronic HIV infection, using the arbitrary cut-off of 120 d before (early) and after (chronic) Fiebig stage VII. Samples analyzed in this study were taken from individuals who were not undergoing antiretroviral therapy. According to the CHAVI 001 protocol, voluntary HIV counseling and testing and risk-reduction and safe-sex counseling were offered and were done so in accordance with local standards and regulations. The participants requiring clinical care for the management of symptomatic sexually transmitted infections were either received at the clinical site or referred. Enrolled participants were referred for HIV care following each country’s national guidelines for management and treatment of people with HIV. If referral for antiretroviral treatment was made, this included possible enrollment into other available HIV treatment resources, such as the Global Fund, President’s Emergency Plan for AIDS Relief, or national roll-out programs. For all assays, six negative control wells (media only) and at least one positive control well (10,000 event gate) were used in combination with at least 90% hit rate in the positive control well, negative by Western blot (Bio-Rad). The other three participants had detectable HIV Abs by ELISA but indeterminate using Western blot and were considered Fiebig stage IV.

Flow cytometry analysis

Approximately 700,000–1,200,000 events were collected per sample on an LSRII flow cytometer (BD Biosciences). Electronic signaling was conducted with AB capture beads (BD Biosciences) stained separately with individual mAbs used in test samples. Data were analyzed with FlowJo, version 8.8.6 (Tree Star, Ashland, OR). Dead cells (live/dead+), monocytes (CD14+), and CD8 (CD19+), and B cells (CD19+) were removed from the analysis. Cells were then gated on singlets, live (7-AAD−), CD3+, CD4+, CD8+, memory cells and then on combinations of maturation and activation markers. Gating strategy is depicted in Supplemental Fig. 1. For cytokine expression, values >0.04% (after background subtraction) and higher than twice the background were considered positive. Evaluation of all nonstimulated samples tested (n = 69, four to nine time-points in 12 donors) showed that the average (± SD) frequencies for IFN-γ responses were 0.05 ± 0.010% for CD4+ T cells and 0.0125 ± 0.019% for CD8+ T cells. Maturation and activation phenotype were analyzed only on HIV-specific IFN-γ+ cells presenting the following criteria: frequency of HIV-specific CD4+ T cells >0.04% of total memory T cells, cytokine responses more than two-fold that in the corresponding nonstimulated sample, and number of positive events in HIV-stimulated samples >30.

Statistical analysis

Statistical analysis and graphical presentation were performed using GraphPad Prism software, version 4.0 (GraphPad Software, La Jolla, CA) and Mathematica 8.0 (Wolfram Research, Champaign, IL). For correlations, data were analyzed by the use of nonparametric statistics. Statistical significance was determined using either the Mann–Whitney or Wilcoxon paired t test. All tests were two-tailed, and a value of p < 0.05 was considered statistically significant. The relationship between the HIV-specific CD4+ T cell phenotype and plasma viral loads was assessed by Spearman rank correlations. We used the following procedure to investigate whether changes in a particular cell phenotype followed change determined by a single slope or biphasic change (determined by two slopes). We fitted the data with a model allowing biphasic change to the data to determine the slopes and the time when the slopes changed. The resulting model was then compared with the model with a single slope change; using an F test for nested models, we determined whether the biphasic model described the data significantly better (18). For significance, we report the p value from an F test when comparing the best model for the data against the model with no change of phenotype over time. We log-transformed the data to normalize the behavior of residuals in the regressions.

Results

Cohort characteristics

We longitudinally analyzed 12 subtype C HIV-infected subjects enrolled into the CHAVI 001 acute-infection cohort. Ten of twelve
Differential kinetics of Gag-specific CD4+ and CD8+ T cell responses

The dynamics of Gag-specific T cell responses were evaluated by analyzing the changes in the frequency of Gag-responsive IFN-γ+ cells within total memory CD4+ and CD8+ T cells (excluding naive cells) from early to chronic stages of infection. The gating strategy consistently used for each sample is shown in Supplemental Fig. 1.

In the CD4 compartment, the pattern of Gag-specific IFN-γ+ responses showed three profiles: Gag-specific CD4+ T cell responses decreasing over time in 7/12 (58%) individuals (CH10, CH976, CH162, CH164, CH198, CH1280, and CH470), in which a 1.6–4.4-fold decrease in responses was observed between early and later samples; Gag-specific CD4+ T cell responses being barely detectable and consistently <0.05% at any time point analyzed in 3/12 (25%) individuals (CH228, CH895, and CH067); and Gag-specific CD4+ T cell responses increasing over time in 2/12 (17%) individuals (CH696 and CH813) (Fig. 2). In most subjects with detectable CD4 responses (7/9, 78%), the maximal frequency of Gag-responsive CD4+ T cells was observed at a median of 28 d (interquartile range [IQR]: 21–81 d) post-Fiebig I/II staging. Of note, the three patterns of response were unrelated to disease progression or the magnitude of viremia. To address the possibility that the apparent decrease in Gag-responsive CD4+ T cell frequencies was a reflection of changes within absolute CD4+ T cells, we correlated the number of Gag-responsive CD4+ T cells/μl blood with the frequency of Gag-specific CD4+ T cell responses and observed a positive association (p < 0.0001) (Fig. 3A). This would indicate that there are selective changes in the absolute numbers of circulating Gag-responsive CD4+ T cells. This is further supported by the finding that no association existed between the rate of decrease in Gag-responsive CD4+ T cell frequencies and the rate of decrease in absolute CD4+ T cell counts (data not shown).

In the CD8 compartment, the dynamics of Gag-specific responses showed a similar tempo over time in most of the studied individuals; the first detectable responses occurred at a median of 72 d (IQR: 34–103 d) post-Fiebig I/II staging (Fig. 3B). The maximal frequency of Gag-responsive CD8+ T cells was reached at a median of 253 d (IQR: 136–401 d) post-Fiebig I/II staging, and regression analysis showed a significant (p = 1.6 × 10−6) biphasic expansion of these cells over time (Fig. 3B), reaching a plateau at ~120 d post-Fiebig I/II staging.

The asynchronous nature of Gag-responsive CD4+ and CD8+ T cell kinetics was further confirmed by comparing the time to maximal frequency of Gag-responsive CD4+ and CD8+ T cells. The median peak for Gag-specific CD4+ T cell responses (at

FIGURE 1. Clinical characteristics of study subjects (n = 12). The course of viral loads over time (A) and absolute CD4 counts (B) in each individual. Time is defined as days post-Fiebig I/II staging for each donor. Dotted horizontal lines identify 10,000 and 100,000 RNA copies/ml in (A) and 200–350 CD4+ T cells/μl in (B). Individuals displaying viral loads consistently >100,000 RNA copies/ml were classified as rapid progressors (red, n = 5). Individuals with viral load <1000 RNA copies/ml were considered slow progressors (green, n = 2). All other subjects were defined as intermediate progressors (blue, n = 5).
28 d [IQR: 21–81 d] post-Fiebig I/II staging) was significantly earlier (p = 0.039) compared with the median peak response for CD8+ T cells (at 253 d [IQR: 136–401 d]) (Fig. 3C). Notably, in five of nine individuals (CH164, CH10, CH696, CH162, and CH470), the first detectable Gag-specific CD4+ T cells responses were observed either in the absence or with very low frequencies of Gag-specific IFN-γ CD8+ T cells responses. Furthermore, discordant dynamics were also confirmed by calculating the rates

![FIGURE 2. Kinetics of Gag-responsive CD4+ and CD8+ T cells. Profiles of IFN-γ+ CD8+ (blue lines) and CD4+ T cell responses (red lines) over time. IFN-γ responses (left y-axis), expressed as the percentage of total CD4+ or CD8+ memory T cells, were analyzed by flow cytometry. The lower dotted line was set at 0.04% and considered a positive cut-off for IFN-γ responses. The upper dashed line identifies log10 viral load = 5 (i.e., 100,000 RNA copies/ml). VL, viral load.](http://www.jimmunol.org/)

![FIGURE 3. Profiles of Gag-responsive T cells. (A) Correlation between absolute numbers of Gag-responsive IFN-γ CD4+ T cells/μl of blood (calculated based on CD4 count) and the frequency of Gag-responsive IFN-γ CD4+ T cells expressed as the percentage of total memory CD4+ T cells. Each symbol represents one studied individual, with red denoting rapid progressors, blue denoting intermediate progressors, and green denoting the two controllers. (B) Longitudinal assessment of Gag-responsive IFN-γ CD8+ T cells expressed as a percentage of total CD8+ T cells (including naive CD8+ T cells). Each line represents one studied individual; nonlinear regression analysis is depicted as the black line. (C) Comparison of time post-Fiebig I/II (days) to maximal frequencies of IFN-γ+ Gag-specific T cell responses in CD4+ and CD8+ T cells. Each symbol represents one individual ((newValue), rapid progressors; ○, slow progressors; ●, intermediate progressors). Statistical comparisons were determined using the nonparametric Wilcoxon matched-pair t test. Abs numb, absolute number; Gag-resp, Gag-responsive cells; tot memo, total memory cells.)
of overall change in the frequency of Gag-responsive IFN-γ+ CD4+ and CD8+ T cells for which a significant difference in the slopes for the change in CD4+ and CD8+ T cell frequencies was observed \( (p = 0.024, \text{data not shown}) \).

Importantly, because Gag-specific CD8+ T cell responses were shown to emerge at a later time compared with other HIV proteins \( (19–21) \), we wished to identify whether other regions of the proteome were targeted prior to Gag during acute infection. Supplemental Fig. 2 shows that in three of the participants, using previously derived ELISPOT epitope-mapping data using autologous peptides, responses in Nef and/or Pol were identified prior to Gag: as early as 22 d post-Fiebig I/II staging. However, it was not possible to delineate whether CD4+ or CD8+ T cells imparted these responses.

**Divergent cytokine profiles between Gag-responsive CD4+ and CD8+ T cells**

To assess whether the distinct frequencies of Gag-responsive CD4+ and CD8+ T cells over time were also accompanied by polyfunctional changes, IFN-γ, TNF-α, and IL-2 expression levels were measured. Because of the inherent high backgrounds of TNF-α and IL-2 observed in nonstimulated samples [a phenomena previously described in African cohorts \( (22, 23) \)], we focused on IFN-γ–producing cells and measured the proportional expression of TNF-α and IL-2 within IFN-γ+ T cells. Representative dot plots of TNF-α, IL-2, and IFN-γ expression by total memory CD4+ and CD8+ T cells at \(<120 \text{ d post-Fiebig I/II staging (early)}\) and \(>120 \text{ d post-Fiebig I/II staging (chronic)}\) are shown in Fig. 4A.

In the CD4 compartment, there was a significant biphasic increase in the proportion of Gag-responsive dual-functional CD4+ T cells (IFN-γ+TNF-α+) over time \( (p = 0.001, \text{Fig. 4B}) \): IFN-γ+CD4+ T cells coexpressing TNF-α increased from a median of 55% (IQR: 46–67%) to 83% (IQR: 76–88%) from early to chronic infection. Of note, the median IL-2 expression within IFN-γ+CD4+ T cells was 15% (IQR: 11–22%) at the earliest time-point analyzed and remained constant over time (data not shown).

In the CD8 compartment, a contrasting pattern was observed (Fig. 4C). Expression levels of TNF-α within IFN-γ+CD8+ T cells significantly decreased over time \( (p = 0.004) \), from a median of 51% (IQR: 19–72%) to 33% (IQR: 21–44%). Of note, changes in TNF-α expression occurred predominantly during early infection (within the first 120 d post-Fiebig I/II staging). Collectively, these data showed that Gag-specific CD8+ T cell responses, which increase in magnitude over time (Fig. 3B), progressively lose their ability to express TNF-α, as previously described \( (24) \).

**Gag-responsive CD4+ T cells lose Ki67 and CD38 expression**

We previously showed that, at 3 mo postseroconversion, Gag-responsive CD4+ T cells were highly activated and that this state persisted over the first year of infection \( (15) \). In the current study, we had the opportunity to examine activation and proliferation potential much closer to the time of infection. Represen-
tative expression levels of CD38 and Ki67 in Gag-responsive IFN-γCD4+ and CD8+ T cells are shown in Fig. 5A. There was a significant decline in the proportion of Gag-responsive CD4+Ki67+ cells (p = 7.6 × 10−5) and Gag-responsive CD4+CD38+ cells (p = 0.0082) over time (Fig. 5B, 5D). A similar significant decline in Gag-responsive CD8+ Ki67+ T cells was observed (Fig. 5C), whereas the profiles of CD38+ Gag-responsive CD8+ T cells were more heterogeneous among different individuals and did not show any significant changes over time (Fig. 5E). The decrease in Ki67 expression in both Gag-responsive CD4+ and CD8+ T cells was biphasic, with a rapid loss of replicating cells within approximately the first 120 d. In contrast, the decrease in CD38 expression levels on Gag-responsive CD4+ T cells was monophasic.

When we compared Gag-responsive CD4+ T cells with total memory CD4+ T cells, it was evident that Ag-responsive CD4+ T cells were significantly more activated, as measured by CD38 expression, in both early and chronic infection (Fig. 6). The median frequency of CD38+ cells during early infection was 14% (IQR: 7–34%) of total CD4+ T cells and 87% (IQR: 61–95%) of Gag-responsive CD4+ T cells (p < 0.0001). During chronic infection, the median frequencies of CD38+ cells were 19% (IQR: 8–35%) and 62% (IQR: 54–84%) of total and Gag-responsive memory CD4+ T cells, respectively (p = 0.0002, Fig. 6). In the CD8 compartment, activation of total and Gag-responsive CD8+ T cells was similar during both early and chronic infection. These data suggested that Gag-responsive CD4+ T cells are preferentially activated within the overall CD4 compartment and specifically

![FIGURE 5. Evolution of proliferation and activation profiles of Gag-responsive IFN-γ+ T cells. (A) Representative dot plots of IFN-γ, TNF-α, and CD38, Ki67 expression profiles in Gag-responsive CD4+ (left panels) and CD8+ (right panels) T cells at <120 d after Fiebig I/II staging (early) or >120 d after Fiebig I/II staging (chronic). The gray density plots represent total memory T cell population staining for CD38/Ki67 cells, and the red dots represent IFN-γ+ Gag-responsive T cells. Longitudinal assessments of the proportion of Ki67+IFN-γ+CD4+ T cells (B) and Ki67+IFN-γ+CD8+ T cells (C). Longitudinal assessments of the proportion of CD38+IFN-γ+CD4+ T cells (D) and CD38+IFN-γ+CD8+ T cells (E). Linear and nonlinear regression analyses are depicted by black lines.](http://www.jimmunol.org/DownloadedFrom)
during early infection. Activation of CD8+ T cells appears more uniform both in specificity and over time postinfection.

Collectively, these data showed that Gag-responsive CD4+ T cells show high expression of CD38 and Ki67 at the onset of infection, with Ki67+ cells being rapidly lost within the first 120 d after Fiebig I/II staging. Although the residual circulating Gag-responsive CD4+ T cells remain activated, these data suggested that these cells are not replenished.

**Impact of early viremia on Gag-responsive CD4+ T cells**

We hypothesized that the magnitude of viremia occurring during acute HIV infection may influence the dynamics and function of T cells. When we investigated the association between viral load and the proportion of TNF-α+ cells expressed in IFN-γ+ cells in early infection (<120 d post-Fiebig I/II staging) or in chronic (>120 d post-Fiebig I/II staging), there was a negative correlation with the Gag-responsive CD4 compartment during early infection (p = 0.03) but no association with Gag-responsive CD8+ T cells at any period postinfection (Fig. 7A). Thus, it appears that elevated viremia is associated with IFN-γ Gag-responsive CD4+ T cells expressing low levels of TNF-α during the early stage of infection. However, there was a loss of CD4+ T cell associations over time, probably reflecting the almost complete absence of circulating Gag-responsive IFN-γ+TNF-α− CD4+ T cells.

When viral load was correlated with the proportion of Ki67+ Gag-responsive CD4+ T cells, there was a highly significant positive correlation but only during the early stage of infection (p = 0.00038, r = +0.8, Fig. 7B). At the chronic stage, Gag-responsive CD4+ T cells were characterized by low expression of Ki67 (Fig. 7B), despite the maintenance of relatively high viral loads. There was no correlation between the proportions of Ki67+ Gag-responsive CD8+ T cells and viral load at either the early or chronic stage of infection (Fig. 7B). Similarly, CD38 expression by Gag-responsive CD4+ T cells was positively associated with viral load during early infection (p = 0.018), whereas no associations were found at the chronic stage or for Gag-responsive CD8+ T cells at any time point (Fig. 7C). It is also worth noting that the magnitude, activation level, TNF-α proportion, and proliferation status of Gag-responsive IFN-γ−CD4+ T cells during acute infection bore no relationship to viral set point, calculated as the average viral load of the last three data points spanning 6–18 mo postinfection (data not shown). This suggested that the polyfunctionality and activation status of circulating Gag-responsive CD4+ T cells, as measured during early infection, is short-term and that viral set point is independent of these early systemic events.

Together, these data suggested that during the first few months of HIV infection, antigenemia most likely shapes these early measured events and is unique to the CD4 compartment.

**Discussion**

This article described the frequencies, activation profile, and functional and proliferative potential of Gag-specific CD4+ and CD8+ T cell responses from acute to chronic infection, in 12 untreated subtype C HIV-1–infected individuals. We revealed that these cells display distinct kinetics and no longer have proliferative potential by 3 mo postinfection.

We showed that in 68% (6/9) of individuals, in whom CD4 responses were detectable, the maximal frequencies of Gag-specific IFN-γ−CD4+ T cell responses were observed at the earliest time point studied. This suggested that Gag-specific CD4+ T cell responses are high in the peripheral blood during acute infection, after which the magnitude of these cells declines rapidly. The lack of detectable Gag-specific CD4+ T cell responses in the remaining three individuals could be due to missing early kinetics, where a more rapid elimination of these cells may have occurred prior to measurement. Several mechanisms may account for the disappearance of these cells, including HIV-specific CD4+ T cell contraction (25), preferential elimination (as the result of being in vivo targets for HIV) (11), and/or cell exhaustion (12).

Support for the last possibility is that residual Gag-responsive CD4+ T cells measured during chronic infection do not actively proliferate (26). By the time we first measured Gag-responsive IFN-γ−CD4+ T cells, they were expressing high levels of Ki67, were activated, and coexpressed moderate levels of TNF-α. By 3 mo postinfection, these cells had lost Ki67 expression and showed reduced CD38 expression, and there was an accumulation of TNF-α in the residual cells. Loss of HIV-specific CD4+ T cell proliferative ability has been considered a hallmark of HIV infection (27–29), and our data showed that this likely occurs rapidly after HIV infection. We hypothesized that Ag-triggered activation of CD4+ T cells is proportional to Ag concentration during early infection, after which there is a deleterious effect on CD4+ T cell maintenance and possible renewal capacities (30). Although several publications reported on the functional profile of HIV-specific CD4+ T cells in chronic infection (22, 31, 32), less is known about the evolution of HIV-specific CD4+ T cell function over time from the acute infection. The importance of CD4 cells during acute infection was highlighted recently in SIV-infected rhesus macaques, in whom depletion of total CD4+ T cells abrogated post-peak decline of viremia (33). Although there was a decline in total Gag-responsive IFN-γ−CD4+ T cells, we observed the seeming paradox of increased expression of TNF-α within these cells. This likely reflects the selective elimination of IFN-γ+TNF-α− CD4+ T cells. The resulting negative association of TNF-α expression profiles in Gag-responsive CD4+ T cells with viremia during early infection further confirmed that high antigenic burden drives functional and phenotype changes in Gag-responsive CD4+ T cells. Of note, no differences in CD38 and Ki67 expression...
levels were observed between IFN-γ+TNF-α− and IFN-γ+TNF-α+ Gag-responsive CD4+ T cells (data not shown).

Gag-specific CD8+ T cell responses showed different kinetics in comparison with Gag-specific CD4+ T cell responses; the magnitude of Gag-specific CD8+ T cell responses reached maximal frequencies significantly later than did Gag-specific CD4+ T cell responses. Throughout the course of infection, Gag-responsive IFN-γ+CD8+ T cells accumulated but remained highly activated and lost the ability to coexpress TNF-α at ∼120 d post-Fiebig I/II staging. These data corroborated reports showing progressive impairment of multicytokine production observed in chronically infected individuals (24). Unusual kinetics of T cell responses, where Ag-specific CD4 responses also occur prior to CD8 responses, have been observed in other viral infections, such as hepatitis C virus in chimpanzees (34) and acute EBV infection in humans (35), as well as in response to live antigenic cells in mice (36). One potential explanation for the failure to detect a high frequency of Gag-responsive CD8+ T cells in peripheral blood of some patients is that cells may accumulate in other compartments, such as lymph nodes or in tissues at the site of infection (37–39). It is also plausible that the delayed detection of Gag protein by CD8+ T cells could be inherent to the tempo of Gag processing and presentation (40, 41) during HIV replication. MHC class I tetramers or a more extended cytokine intracellular staining panel would be necessary to define the exact timing of the appearance of Gag-responsive CD8+ T cell responses during HIV infection. The lack of samples precluded us from measuring either of these options. Further experiments would also be required to determine separately the precise kinetics of CD4+ and CD8+ T cell responses toward other immunodominant HIV regions (such as Nef and Pol) to define whether distinct CD4+ and CD8+ T cell kinetics observed in peripheral blood are merely specific to Gag or are a general hallmark of HIV-specific responses.

We showed, by using markers of replication, cytokine function, and activation levels, that circulating Gag-responsive CD4+ T cells generated at the onset of HIV infection are not sustainable. The rapid loss of these cells in the blood occurs, regardless of the course of viremia or categories of disease progression. By the time these cells disappear, there is a significant expansion in the magnitude of Gag-responsive IFN-γ+CD8+ T cells, which infers that there is a limited window of time postinfection when systemic Gag-responsive CD4+ T cells are potentially functional. We speculate that preventing high levels of viral replication, with either an effective vaccine or with other early interventions, would mitigate the early loss of peripheral CD4+ T cell responses upon HIV infection.

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Disclosures

The authors have no financial conflicts of interest.
References


Supplementary figure 1: Gating strategy

A- Singlets were identified in forward scatter plots. Lymphocytes were identified based on size and granularity. Dead cells, monocytes and B cells were excluded by V-amine, CD14 and CD19 stain and live lymphocytes were identified using CD3 staining. Gated CD8+ T and CD4+ T cells were then separated by the expression of CD45RA and CD27 to identify Naïve cells (CD45RA+ CD27+). An inverted gate was then applied to exclude naive cells. Expression of IL-2, TNFα and IFNy were then assessed in both CD4+ and CD8+ T cell memory compartment. B- Activation status and proliferation abilities of T cells subsets were measured as depicted.
**Supplementary Figure 2:** ELISPOT responses towards Nef, Pol, Env and Gag single peptide overlaid with ICS data (n=3).

A schematic representing how the data are displayed is depicted on the upper left corner. Briefly, Flow cytometry data measuring the expression of IFNγ+ cell in Total memory CD4+ and CD8+ T cells in responses to Gag pool are presented on the graph. Black dots correspond to CD8+ T cell responses and open dots correspond to CD4+ T cell responses. Values obtained using Elispot assay in response to Nef, Pol, Env and Gag single peptides are presented below each graph. The time of measurement in indicated on top. Positive responses were defined as ≥50 SFU/ million, >4x background. For all assays, six negative control wells (media only) and at least 1 positive control well (10 μg/ml PHA) were used.