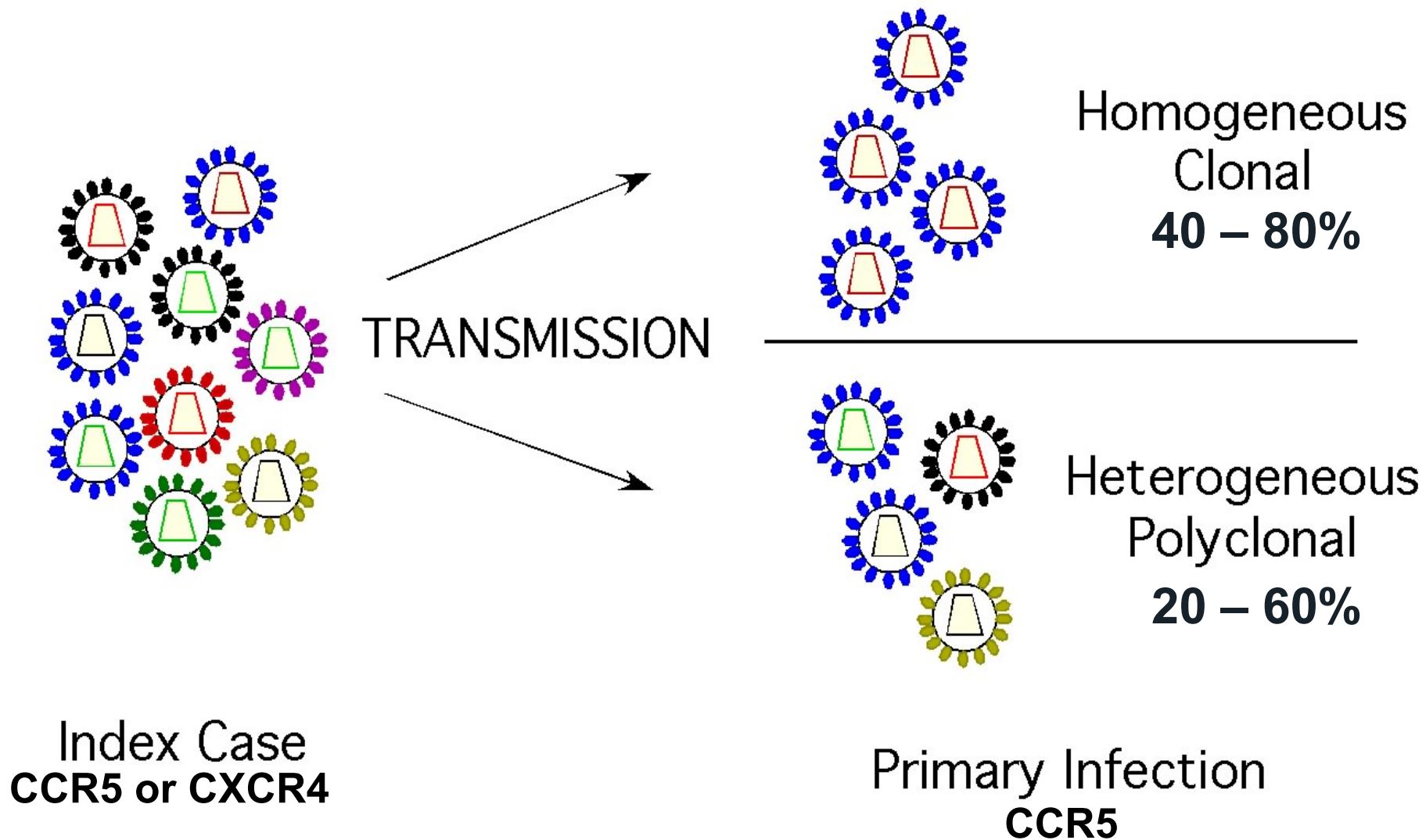


Cell Associated Transmission

Manish Sagar

HIV-1 TRANSMISSION



HIV acquisition versus exposure

Exposure	Relative Risk per 10,000 Exposures
Blood Transfusion	9,000
Needle-sharing	67
Receptive penile-anal intercourse	50
Percutaneous needle stick	30
Receptive penile vaginal intercourse	10
Insertive penile anal intercourse	6.5
Insertive penile vaginal intercourse	5
Receptive penile oral intercourse	1
Insertive penile oral intercourse	0.5

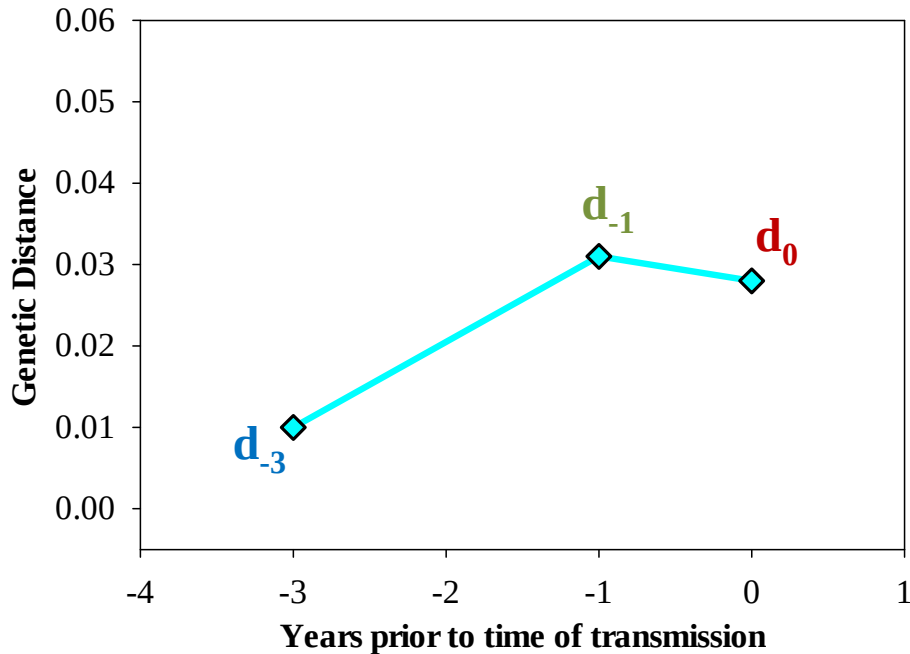
Ancestral strains are preferentially transmitted

A) HIV Status by Year

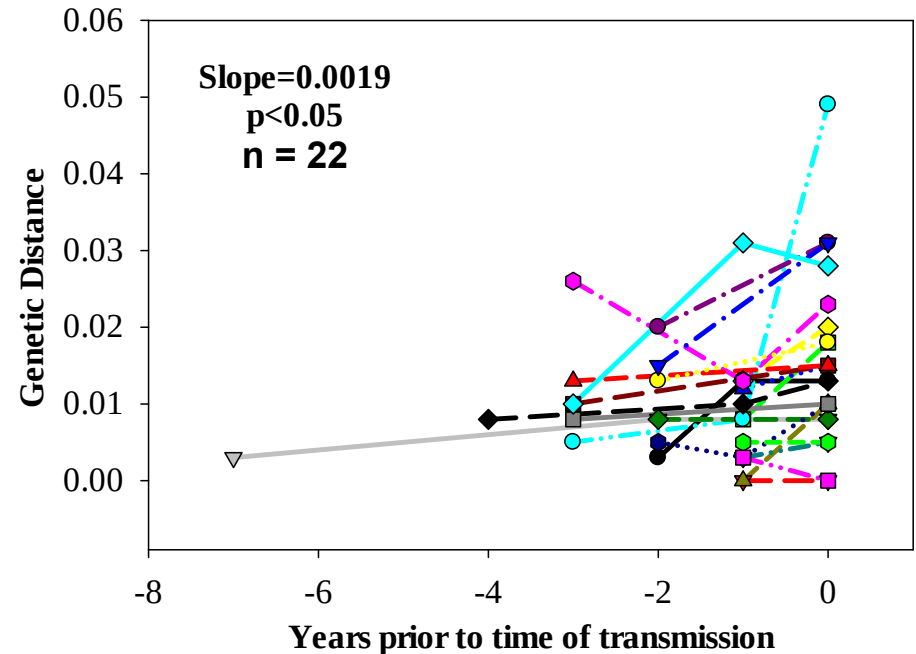
	1994	1995	1996	1997	1998	1999	2000	2001	2002
Male Partner	+	n/a	+	+	+	n/a	n/a	n/a	n/a
Female Partner	n/a	n/a	-	+	n/a	n/a	n/a	n/a	n/a

d_{-3} (blue dashed line connecting 1994 Male and 1995 Female)
 d_{-1} (green dashed line connecting 1996 Male and 1997 Female)
 d_0 (red dashed line connecting 1997 Male and 1997 Female)

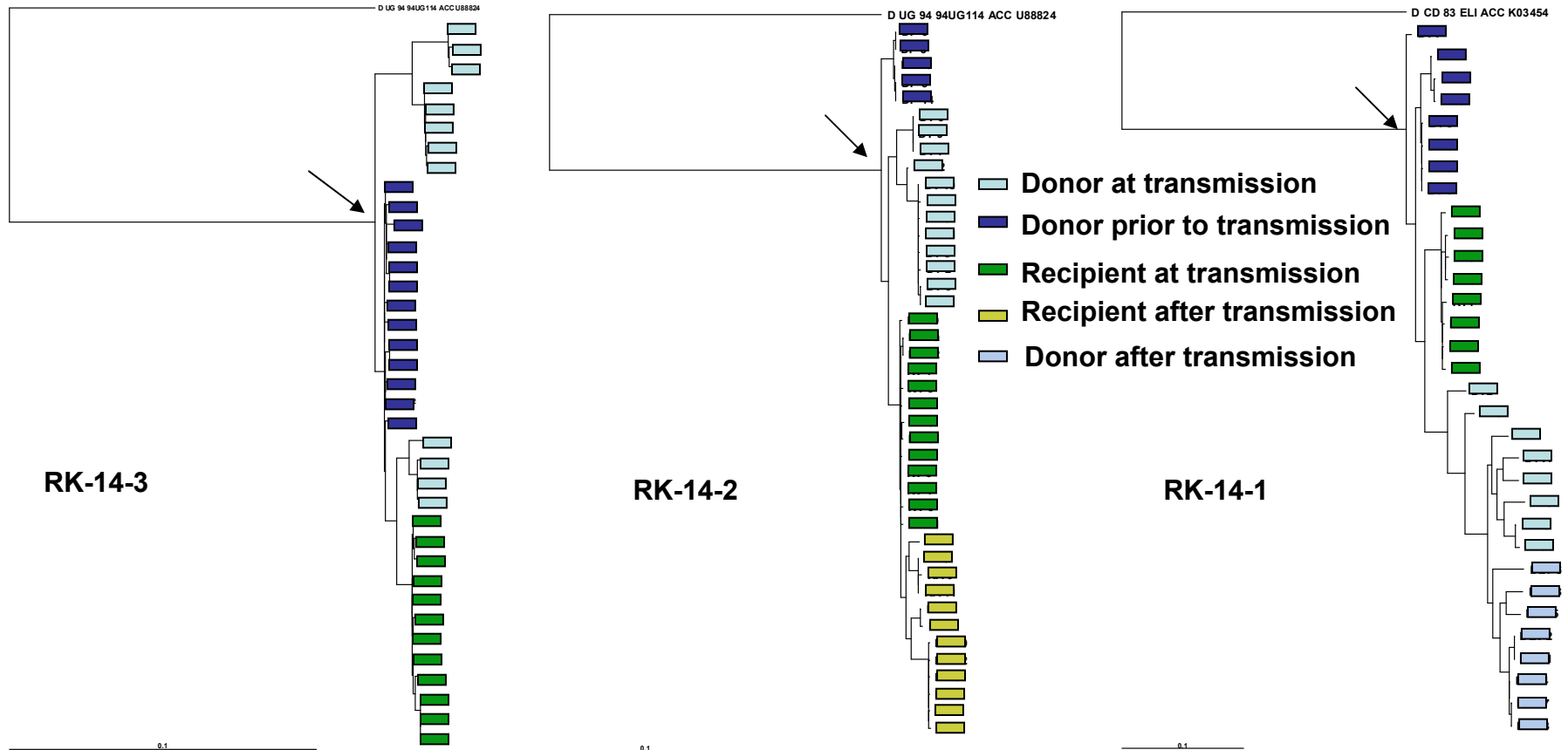
B)



C)

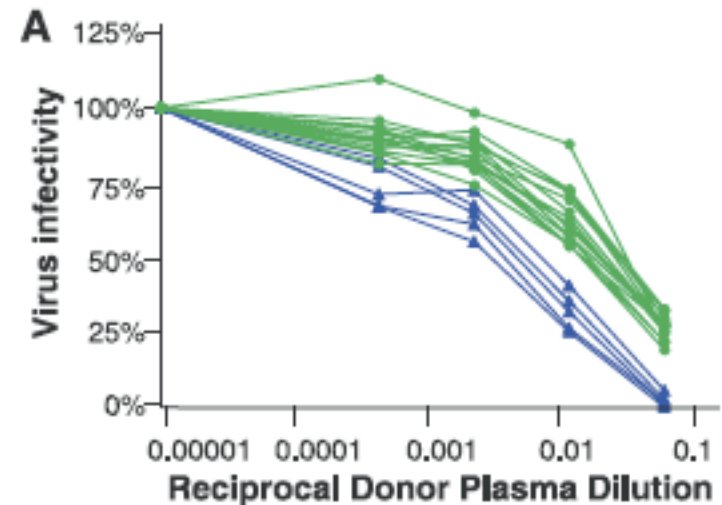
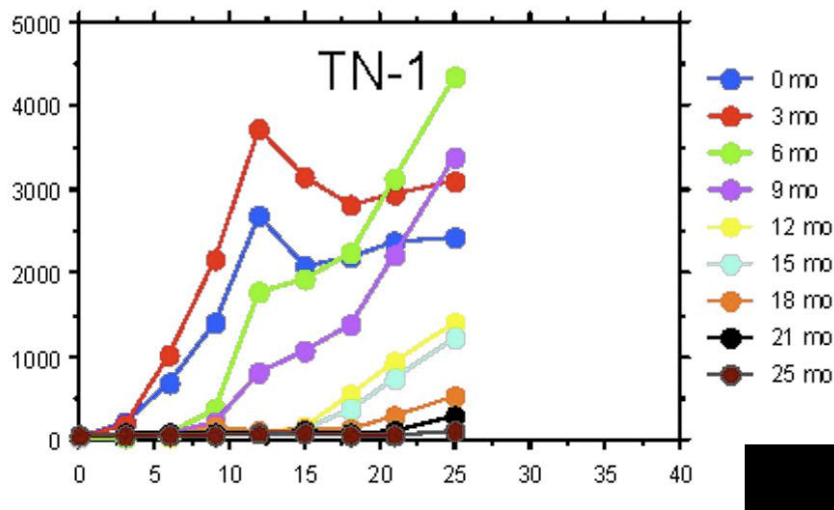


Transmitted viruses are more closely related to previously circulating strains



Previously circulating strains are sensitive to contemporaneous autologous sera

Viruses present in newly infected subjects are highly sensitive to the transmitting partner antibodies

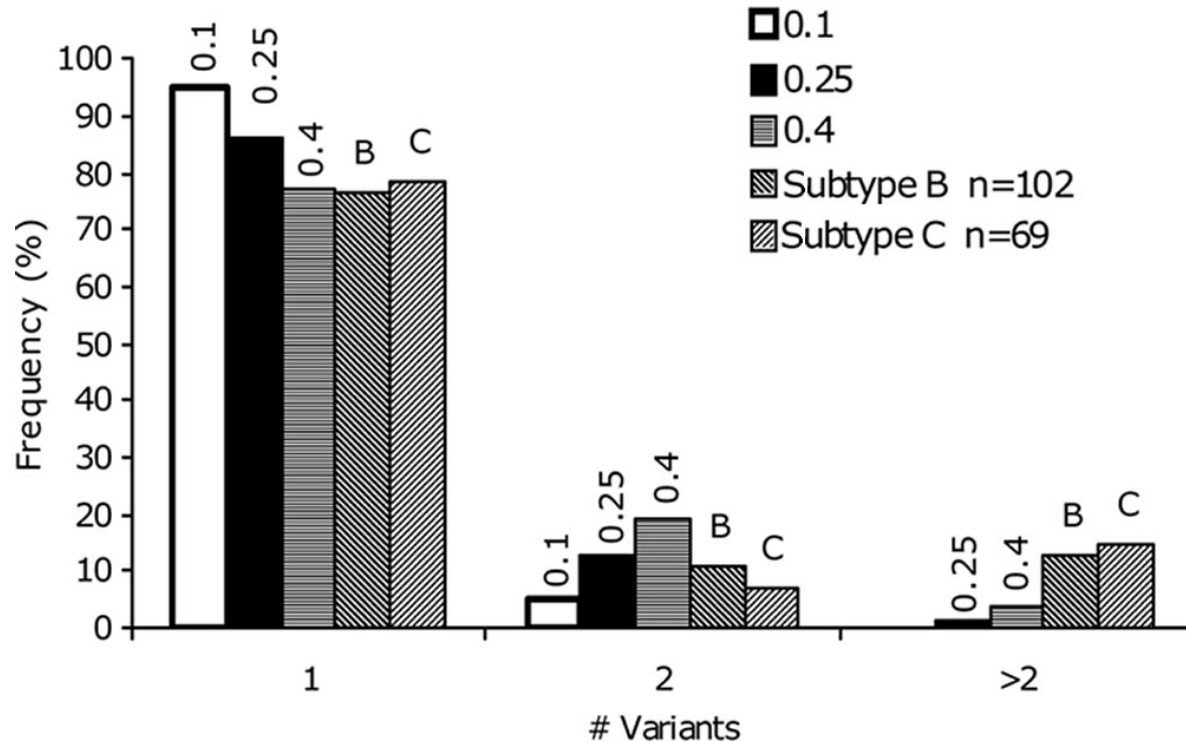


Richman et al., PNAS 2003
Derdeyn et al., Science 2004

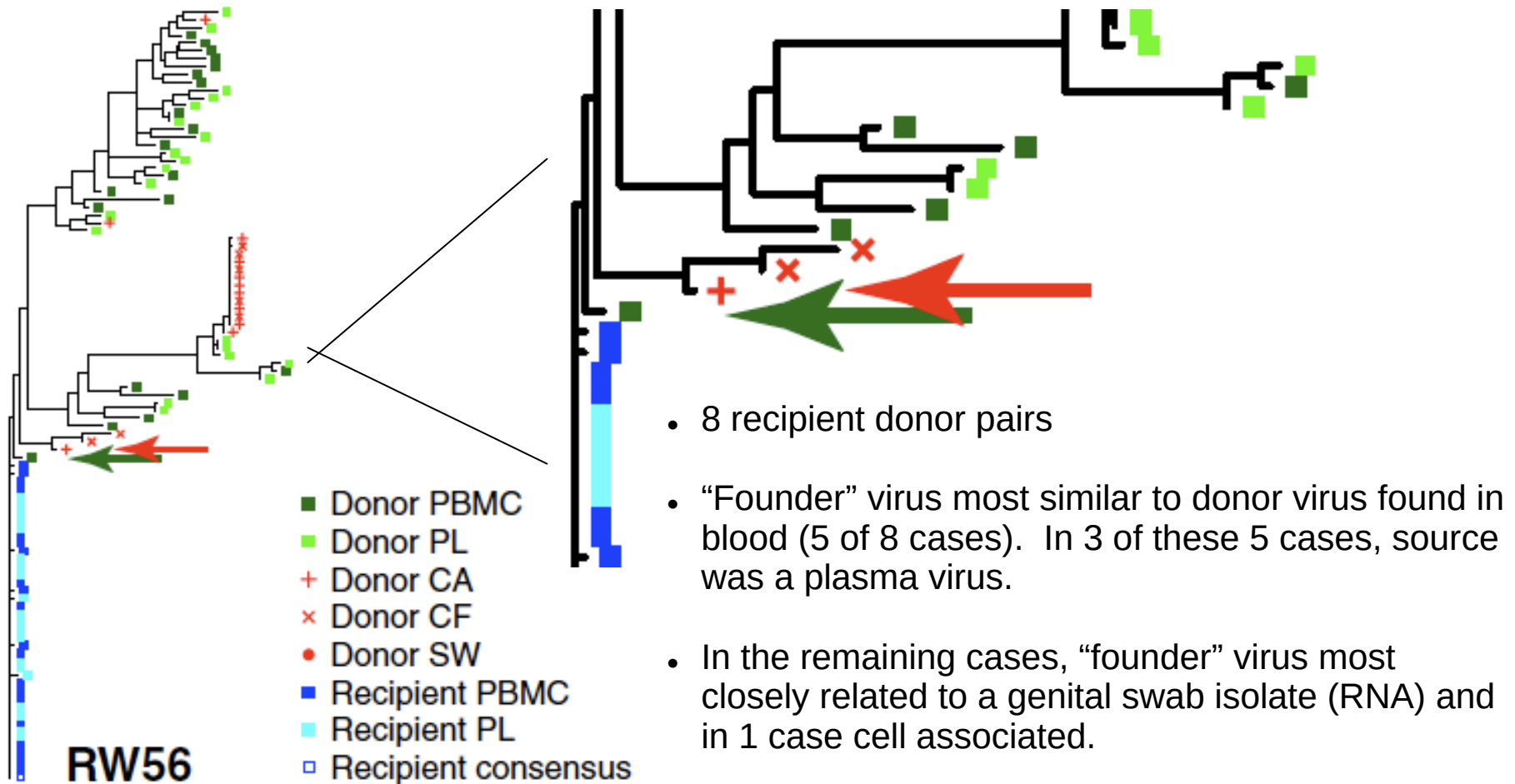
How do newly infected individuals acquire strains that are both more closely related to previously circulating donor strains and likely more sensitive to antibodies present in the donor at the time of transmission?

- **Hypothesis: Newly infected individuals may acquire HIV-1 from cell associated as opposed to cell-free virus.**

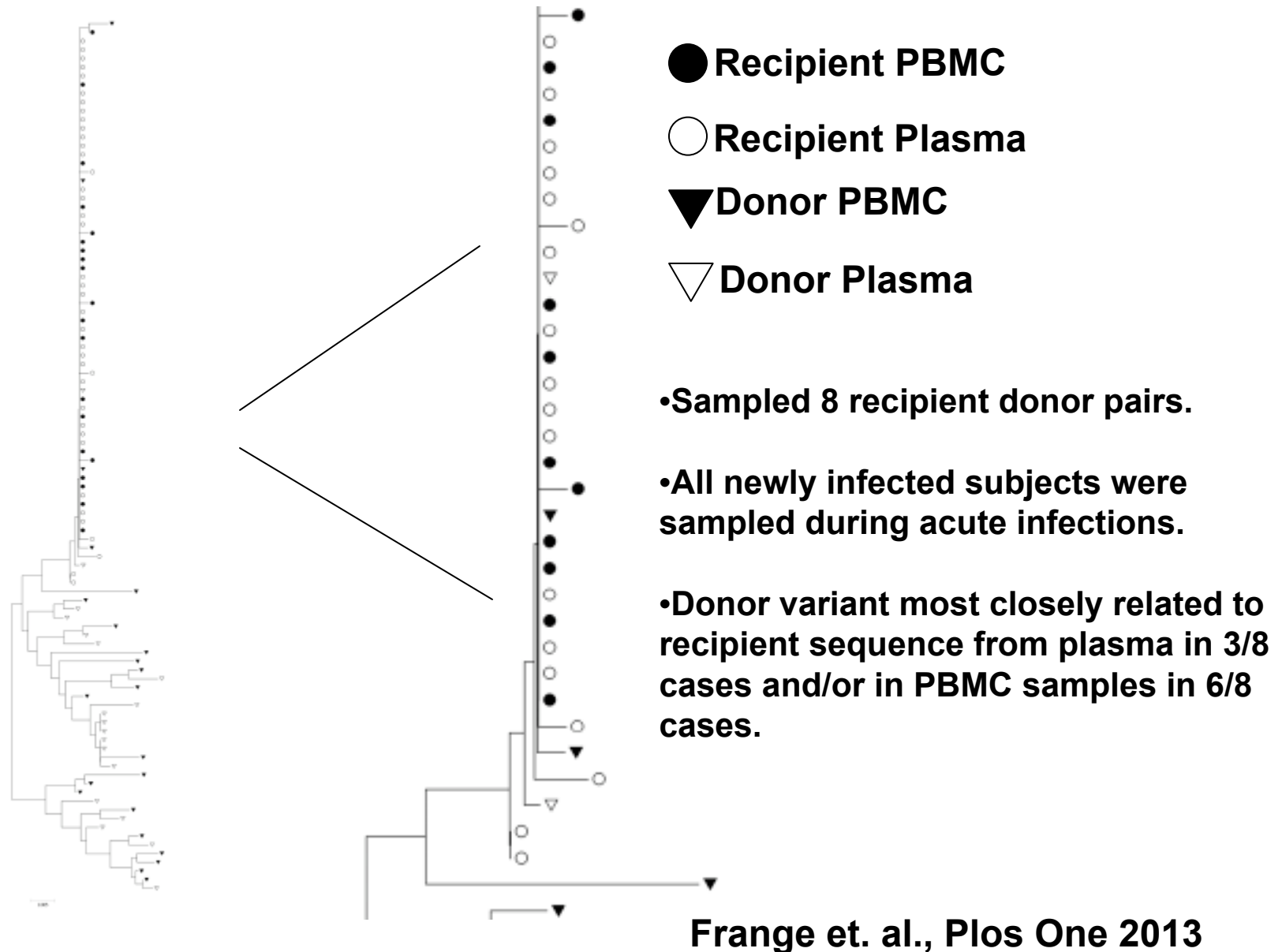
Acquisition of multiple variants are likely linked events



Transmitted viruses



PBMC or plasma derived virus?



Sequencing Studies

- Analysis of recipient donor pairs shows that plasma or PBMC donor virus is often most closely related to the founder virus in the newly infected partner.
- Lack of compartmentalization between plasma and PBMC donor virus make it difficult to conclusively demonstrate if acquired virus is from the plasma or PBMC.

Phenotypic studies

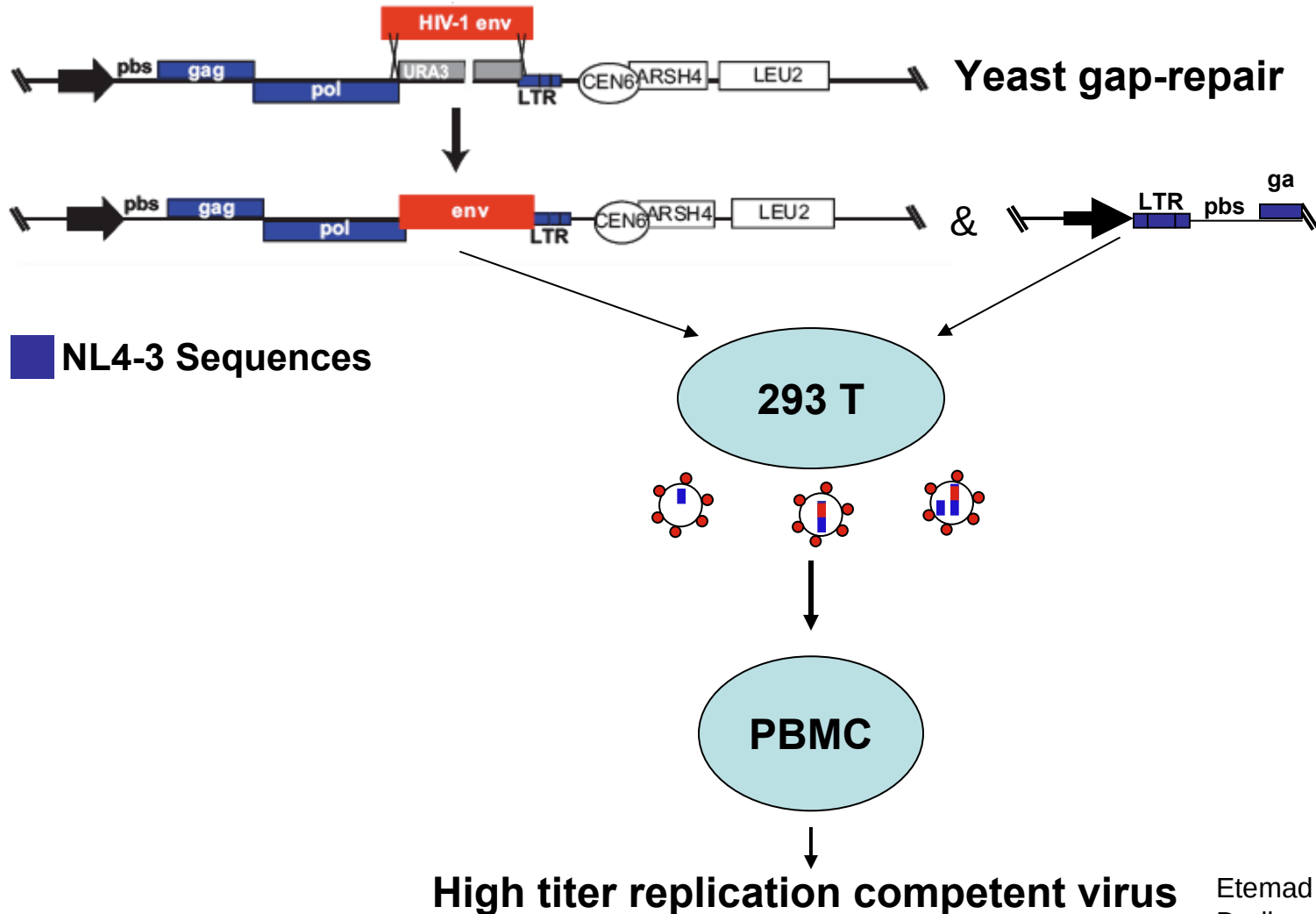
- Recipient viruses have a unique phenotype that confers fitness for transmission, potentially enhanced cell to cell transmission.
- Compare recipient and transmitter virus phenotypic properties.

Cohort demographics

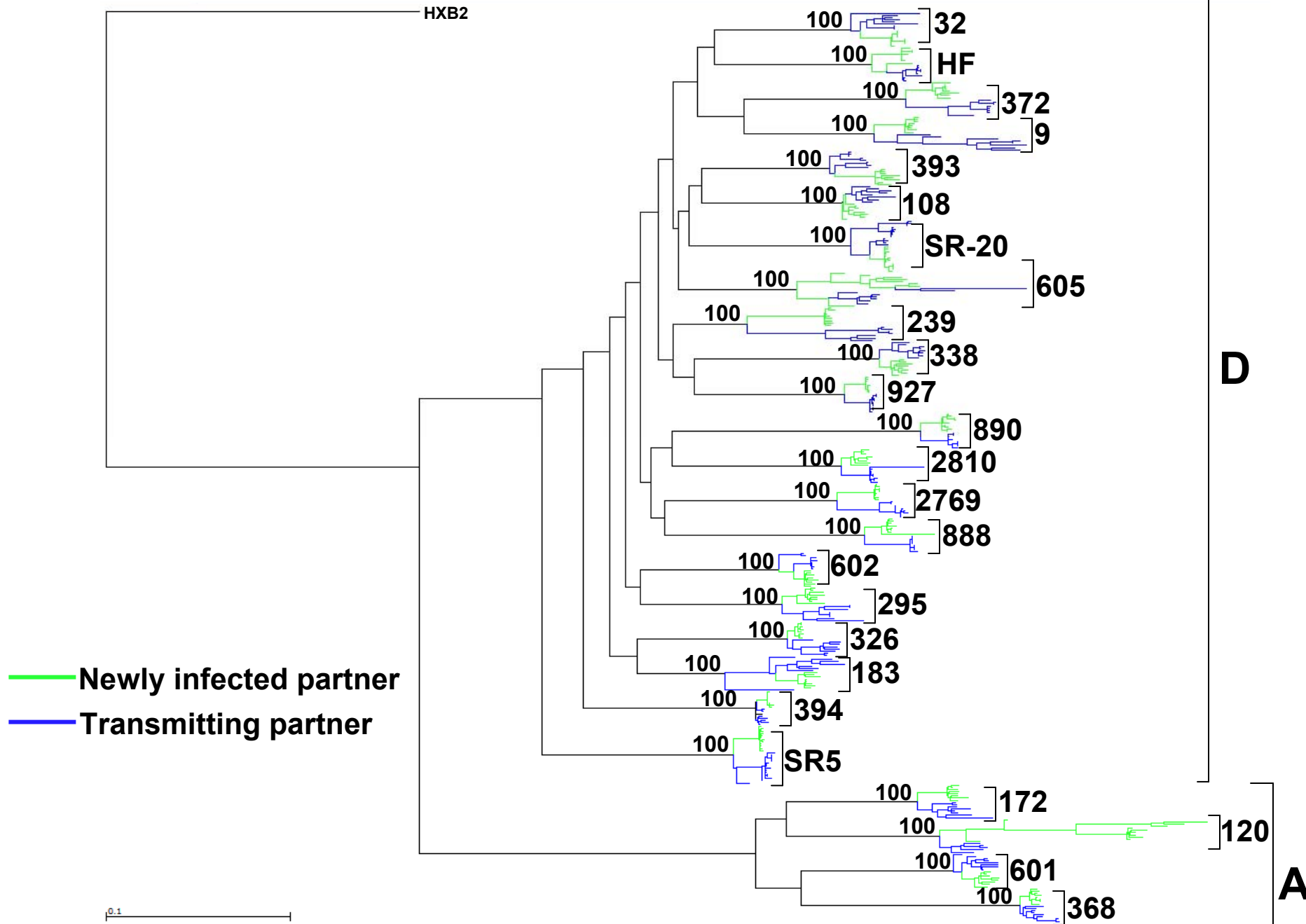
Couple	Type ¹	Int. Days ²	Partner Interval ³	Recipient CCR5 ⁴	Recipient CXCR4 ⁵	Recipient Tropism ⁶	Transmitter CCR5	Transmitter CXCR4	Transmitter Tropism
HF	FTM	17	3	7.24	<0.1	R5	8.27	<0.1	R5
888	MTF	74	19	10.39	<0.1	R5	11.91	<0.1	R5
890	MTF	138	12	3.79	<0.1	R5	2.27	<0.1	R5
394	MTF	93	2	7.79	<0.1	R5	10.85	<0.1	R5
927	MTF	324	46	12.55	<0.1	R5	13.37	<0.1	R5
2769	MTF	149	46	5.69	<0.1	R5	5.34	0.65	R5/X4
2810	MTF	161	23	5.49	<0.1	R5	6.12	<0.1	R5
SR-5	MTF	17	0	12.62	<0.1	R5	9.72	<0.1	R5
SR-20	MTF	91	34	6.70	<0.1	R5	7.24	<0.1	R5

Replication Competent Recombinant Viruses

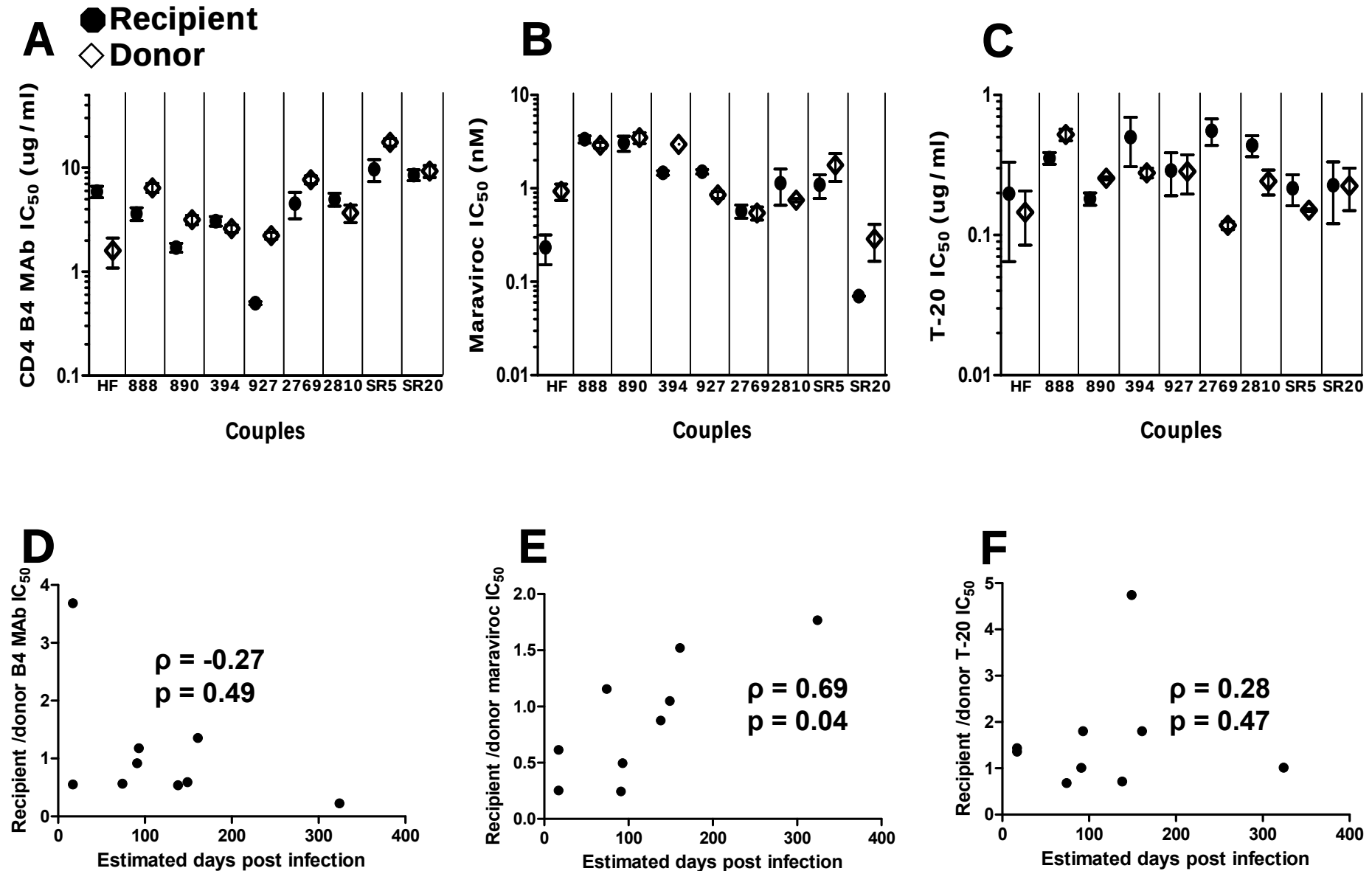
- Full length envelope sequences amplified from each sample.
Median 4 (range 4 – 8) independent PCRs



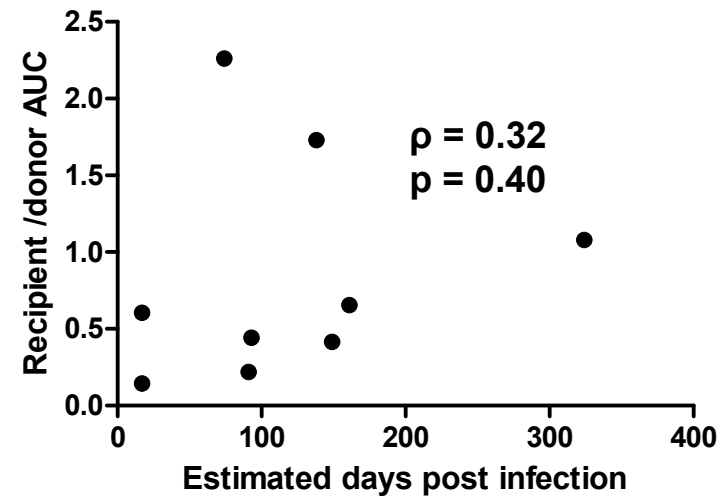
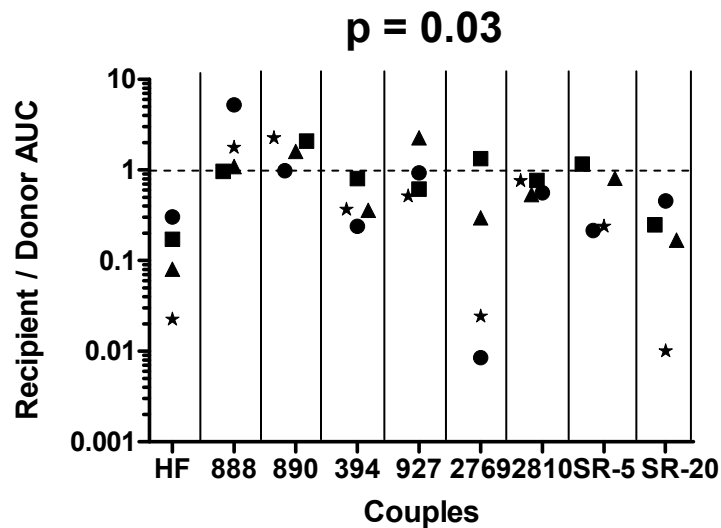
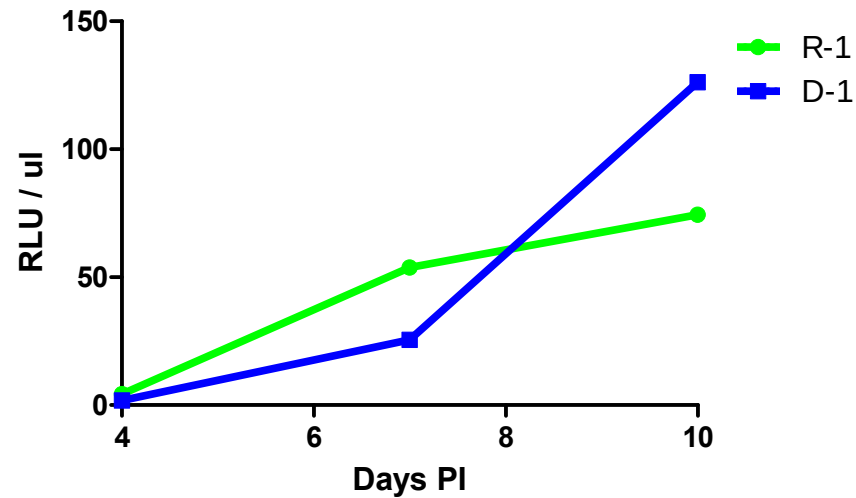
Recipients and transmitters are virologically linked



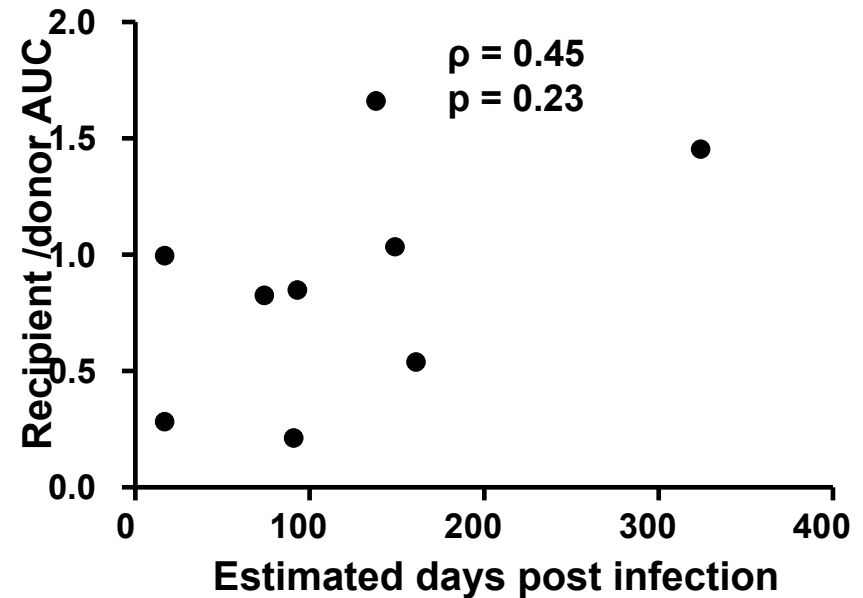
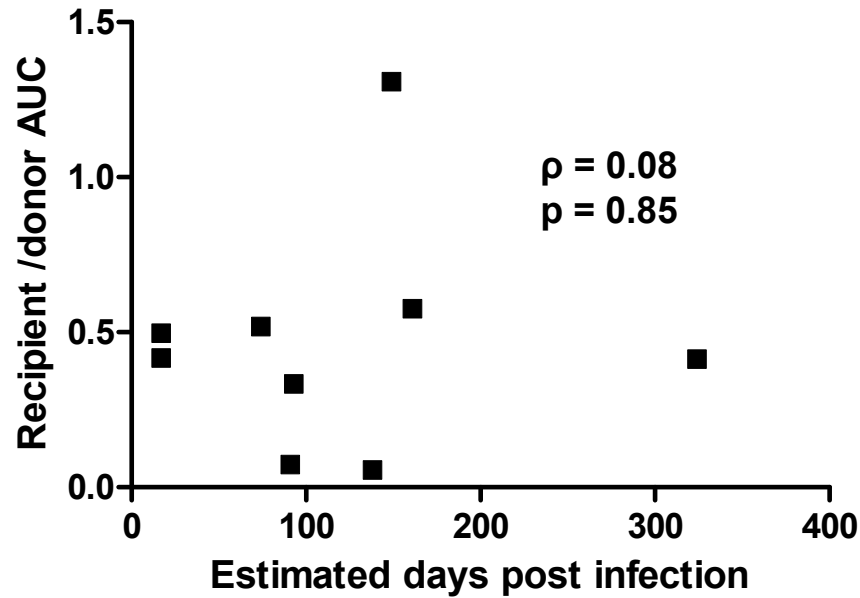
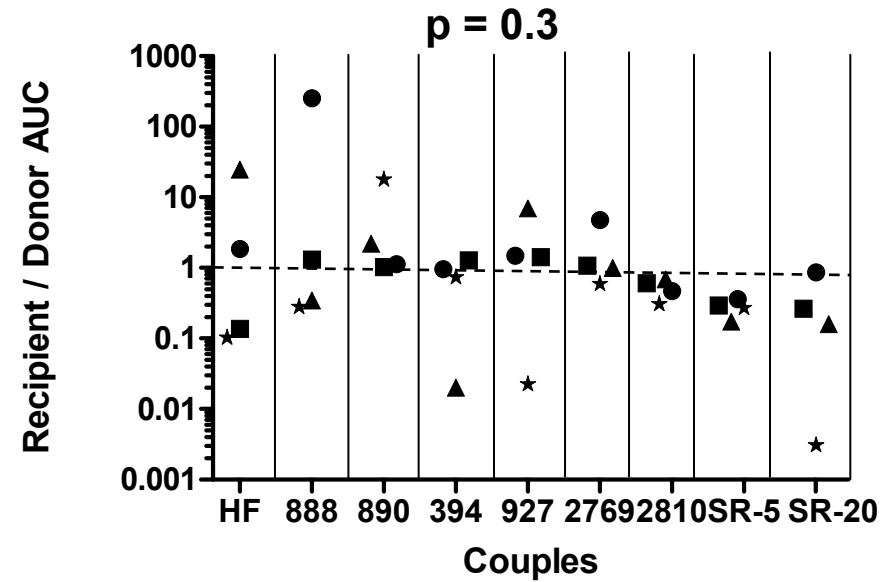
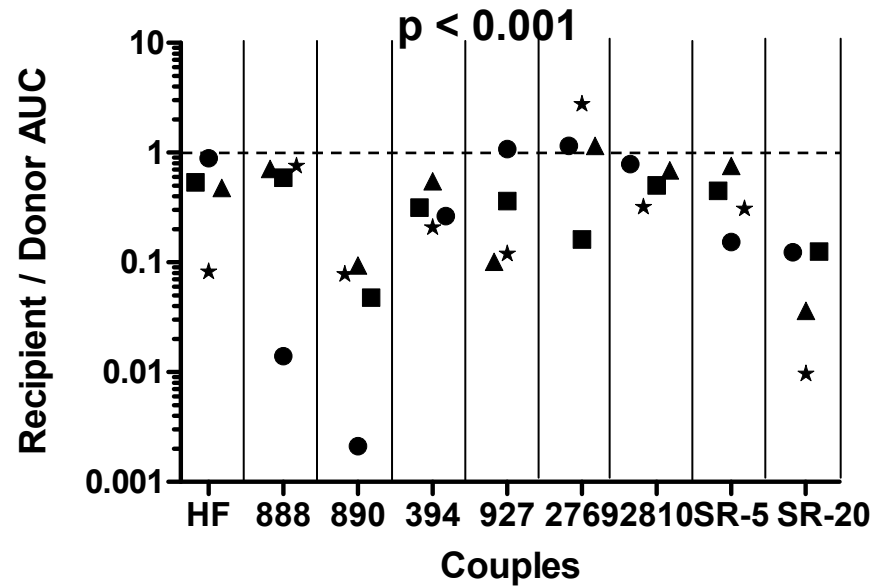
Sensitivity of receptor and fusion inhibitors



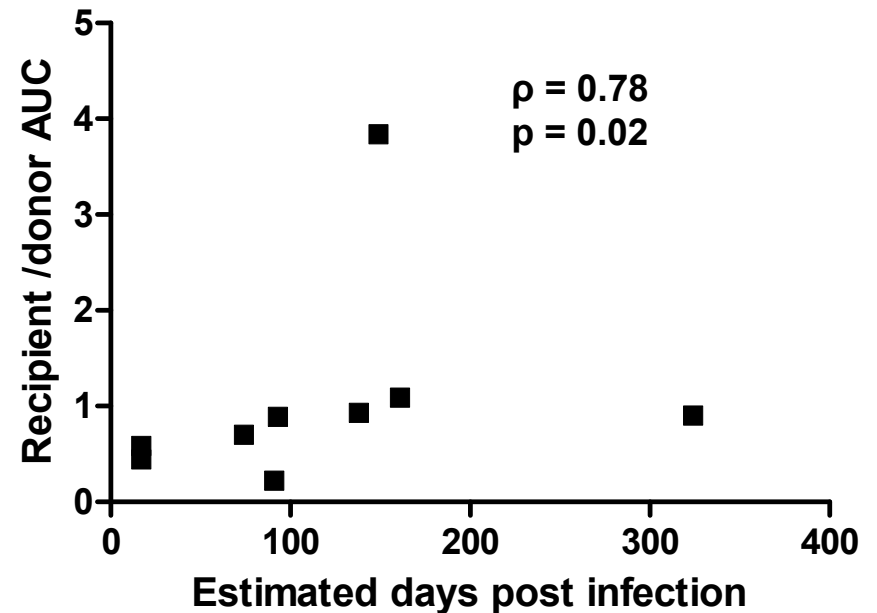
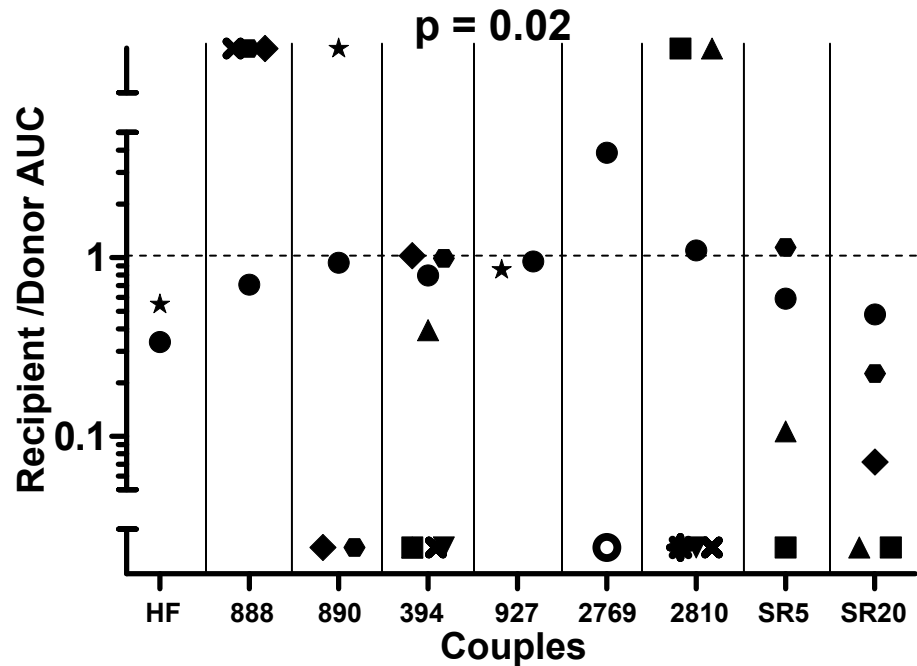
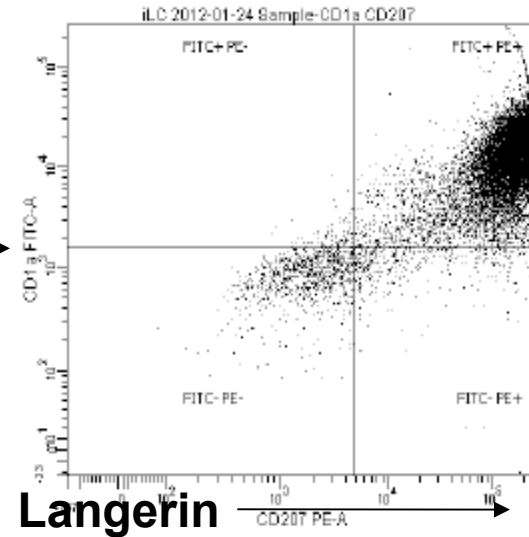
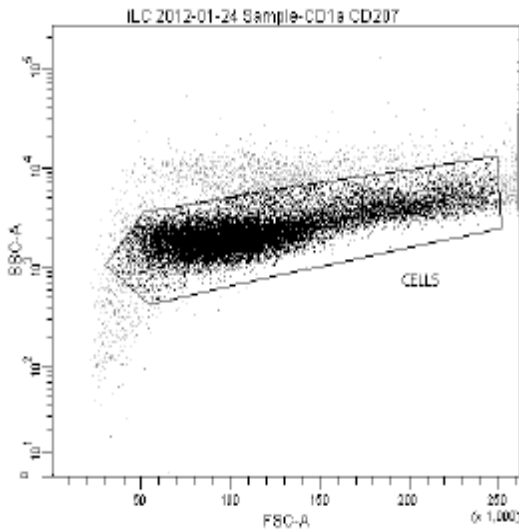
Replication in CD4+ T cells



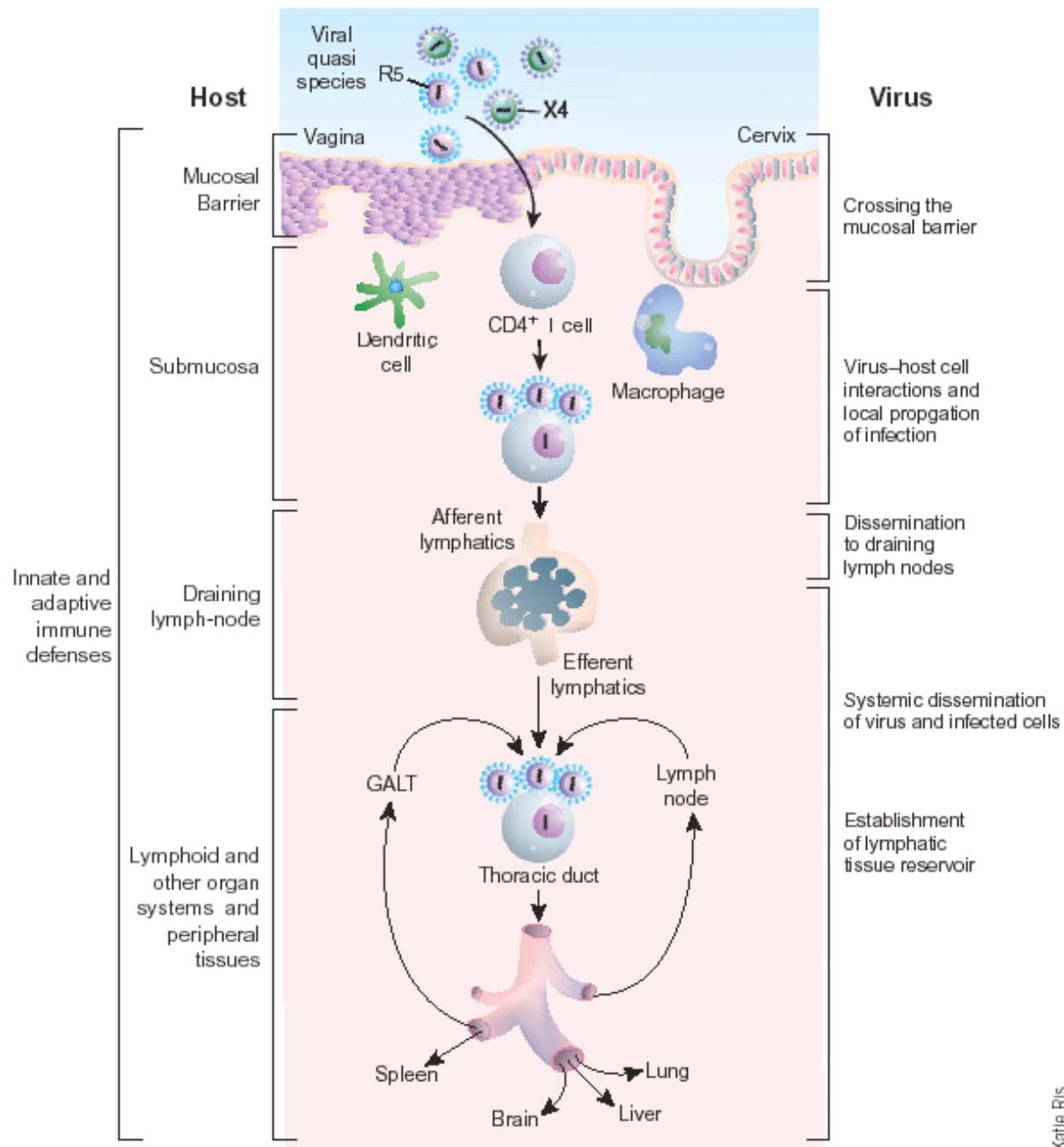
Replication in MDDC-CD4+ T cell cocultures



Replication in LC-CD4+ T cell cocultures

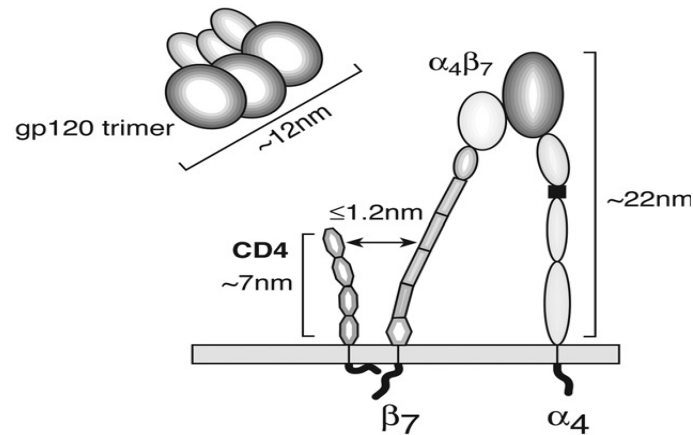


Transmission and acute infection



Katie Rlis

Gut homing receptor, $\alpha_4\beta_7$

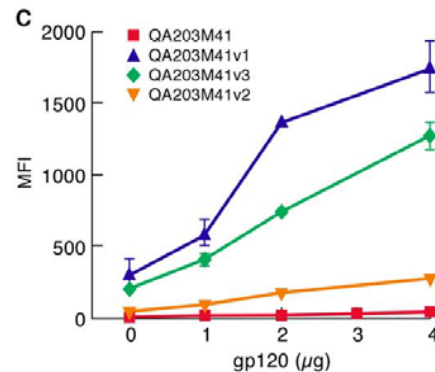
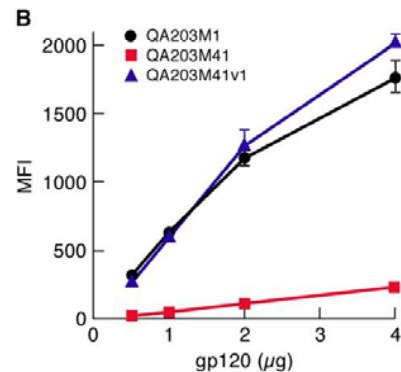


V1 stem

CVTLECSNVNVTNNVT-----NDMGEEIKNCSFNMTEL RDKKQKTYSLFYKLDVVPFNNRSQYRLINC
 CVTLECSNVNVTNNVNVTNNVNVTNNVTNDMTGEIKNCSFNMTEL RDKKQKVYSLFYKLDVVPVNNSSQYRLINC
 CVTLECSNVNVTNNVNVTNNVQVTNQVTNDMTGEIKNCSFNMTEL RDKKQKVYSLFYKLDVVPVNNSSQYRLINC
 CVTLECSNVNVTNNVNVTNNVNVTNNVTNDMTGEIKNCSFNMTEL RDKKQKVYSLFYKLDVVPVNNQSSQYRLINC
 CVTLECSNVNVTNNVNVTNNVQVTNQVTNDMTGEIKNCSFNMTEL RDKKQKVYSLFYKLDVVPVNNQSSQYRLINC

isolate

QA203M1 month 1
 QA203M41 month 41
 QA203M41 variant 1
 QA203M41 variant 2
 QA203M41 variant 3

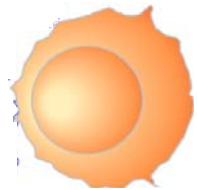


Cicala et al., PNAS 2009

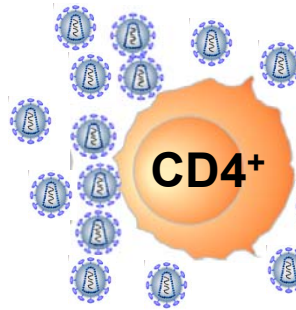
Nawaz et al., Plos Pathogens 2011

Gut homing receptor, $\alpha 4\beta 7$

Incubation with RA
(6 Days)



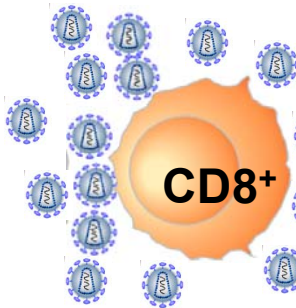
T Cells
(CD8⁺ & CD4⁺)



1h@ 4°C
→
Wash

72 h
→

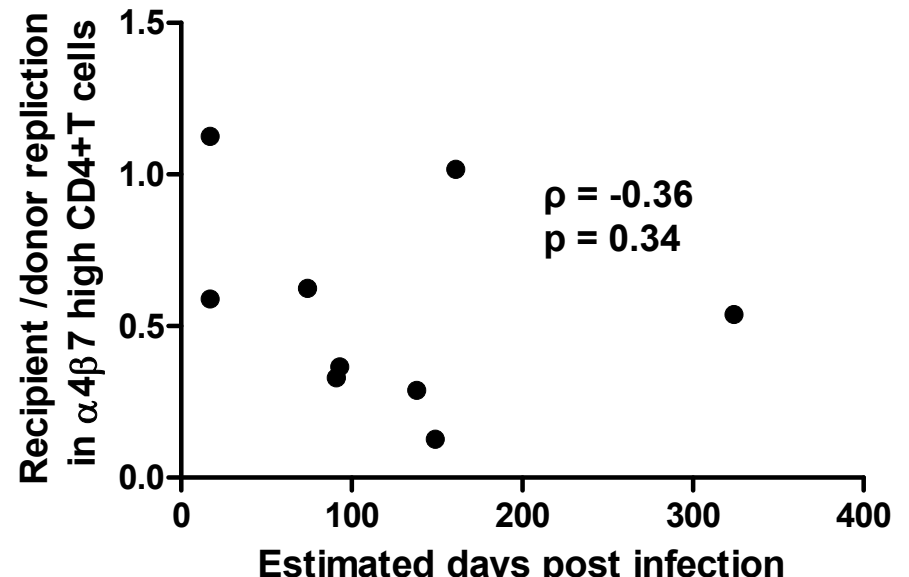
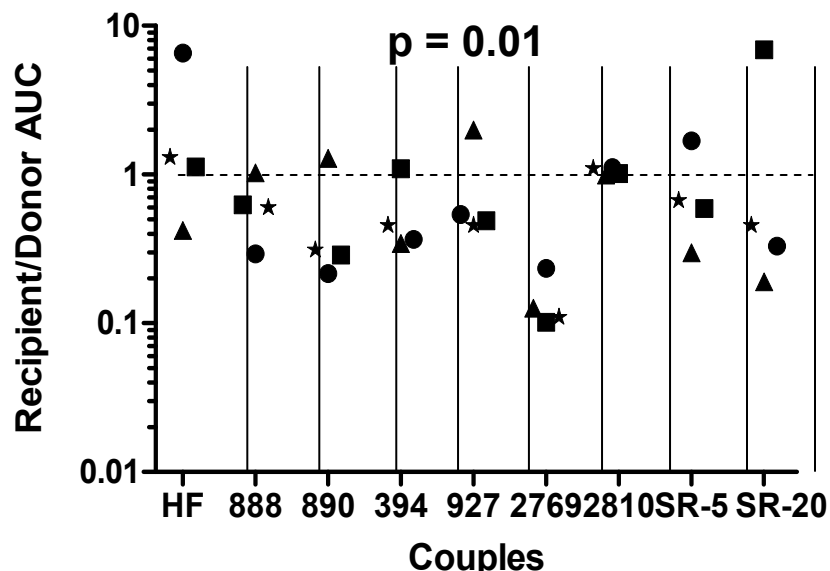
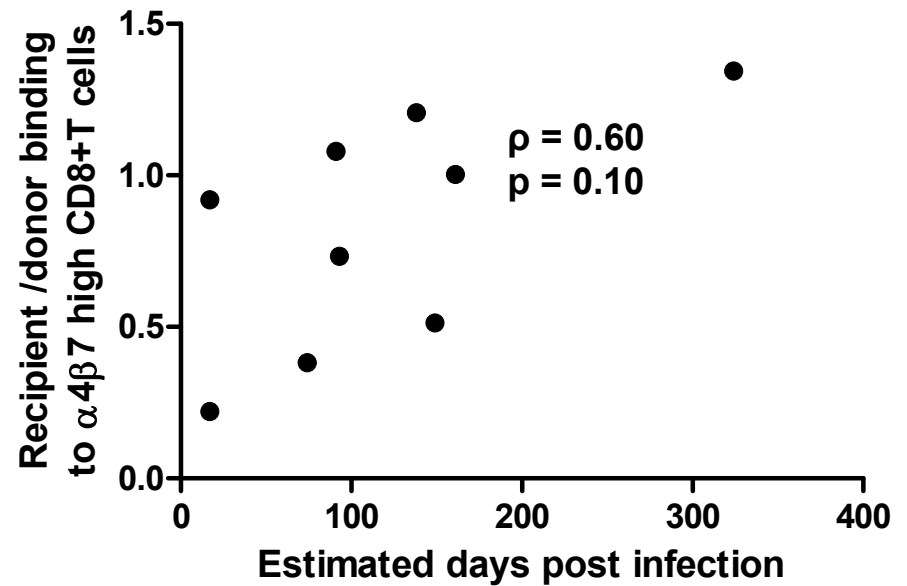
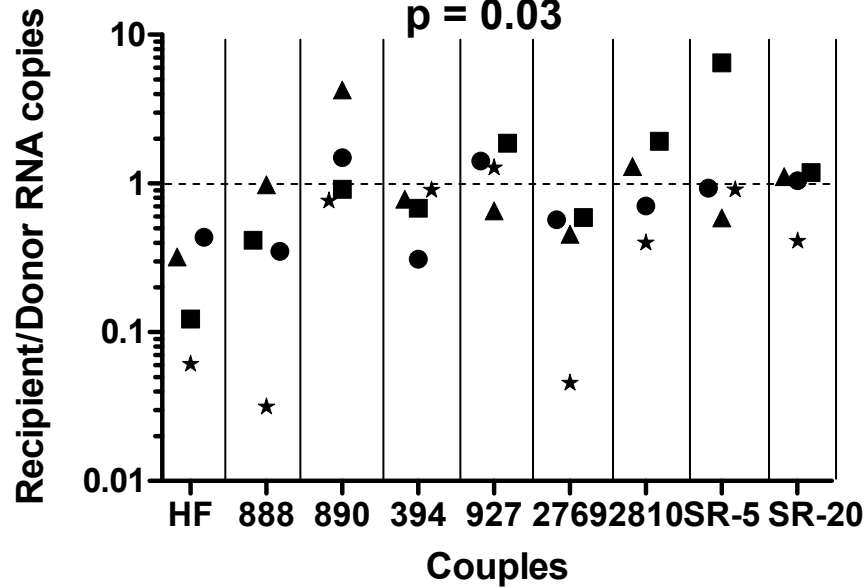
β-gal assay
to monitor
virus replication



1h@ 4°C
→
Wash

RNA extraction → qPCR
to monitor
virus binding

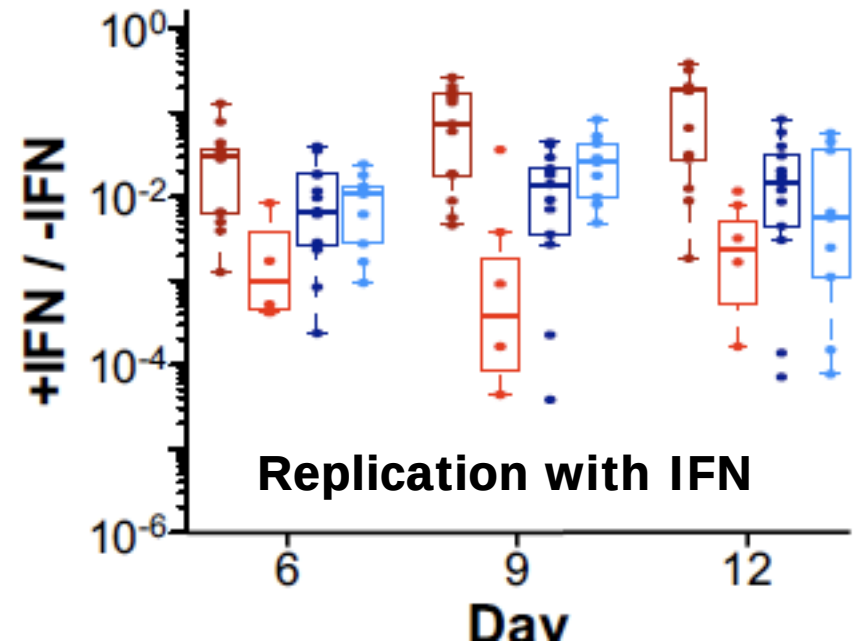
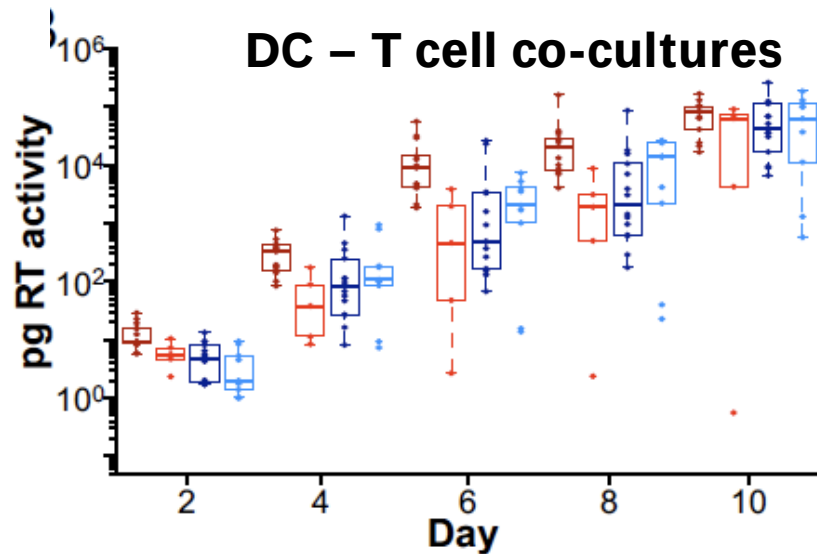
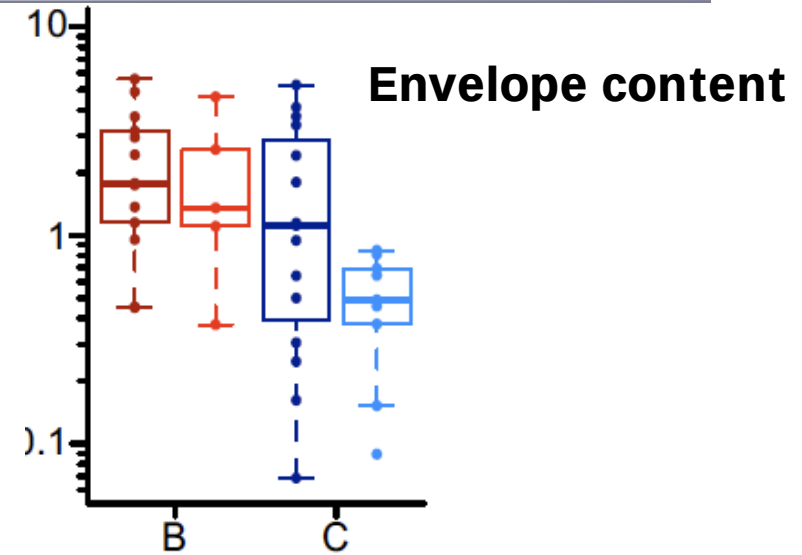
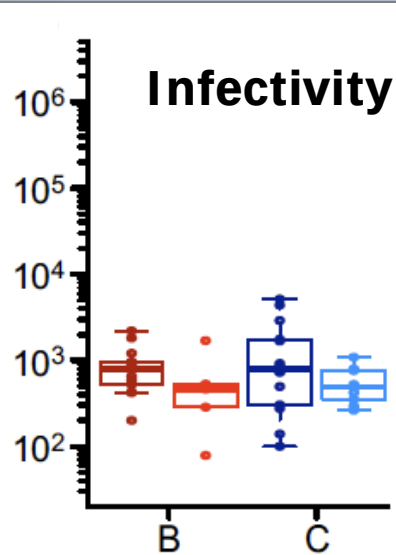
$\alpha 4\beta 7$ usage



Transmitted founder versus chronic control viruses

- Full length molecular clones of phylogenetically estimated T/F viruses
- 13 Subtype B T/F versus 5 CC from 4 subjects
- 14 Subtype C T/F versus 9 CC from different subjects
- All T/F were unrelated to CC

T/F more infectious, higher env content, enhanced DC-T cell transmission and greater replication in presence of IFN-α



Early/Transmitted versus Chronic/Donor

Properties	Couples	T/F vs CC
Gene	Envelope	Full-length molecular clone
Sampling	Seronegative to 1 year	Phylogenetically estimated T/F
Comparison	Swarm present in transmitter	Unrelated chronic phase virus
Enhanced Infectivity	Transmitter	T/F
Higher replication in DC-T cells	Transmitter	T/F
$\alpha 4\beta 7$ usage	Transmitter	No difference
CD4 usage	No significant difference	
CCR5 usage	No significant difference	
Fusion	No significant difference	

Conclusions

- Newly infected subjects may acquire cell associated virus.
- Cell associated and cell free virus are rarely compartmentalized making it difficult for sequence studies to determine origin of transmitted virus.
- Couple studies suggest that transmitter as compared to recipient swarm are more efficient in DC/LC T cell transfer.
- Because we did not examine T/F, it is possible that viruses with a transmission phenotype, such as cell associated replication, are selected against early after acquisition. In this case, variants with enhanced cell to cell replication must be enriched during the chronic phase of disease.
- Cell associated transmission may require different preventative strategies.

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