

The role of tumor necrosis factor receptor superfamily molecules on regulation of T cell response to Zika virus

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Abstract:

Zika virus (ZIKV) is a member of the *Flaviviridae* virus family and as of February 2016 has been declared a global public health emergency by the World Health Organization. Understanding the T cell response to ZIKV is critical in making steps towards developing vaccines and antiviral therapies. This project investigated the effect of tumor necrosis factor receptor (TNFR) superfamily members on T cell activation during a primary ZIKV infection. The T cell response was most aptly seen in wild-type C57BL/6J mice treated with an anti-Ifnar1 blocking antibody one day prior to infection. Expression levels of multiple TNFR superfamily members (BAFFR, CD30, ICOS, OX40, 4-1BB, CD27, GITR, and TNFR1) in both naïve and antigen specific T cells were analyzed over a variety of infection timepoints. In particular, expression levels of ICOS, GITR, and OX40 were higher in antigen-specific CD4⁺ and CD8⁺ T cells than naïve T cells at 5 days post infection. In terms of T cell kinetics of WT C57BL/6J mice treated with agonistic anti-OX40, anti-GITR, anti-OX40 and anti-GITR (combination), and isotype control antibody treatments 7 days post infection, there was a difference in the production of Granzyme B in antigen-specific CD8⁺ T cells in mice treated with agonistic anti-GITR and the combination agonistic anti-OX40 and anti-GITR antibody treatments. These findings warrant further study into the potential impact engaging OX40 and GITR could have on T cell response to ZIKV.

Introduction:

Zika virus (ZIKV) is a single-stranded RNA arbovirus in the same family as other mosquito-borne viruses such as Yellow Fever, West Nile, and Dengue [1]. ZIKV was first isolated from a sentinel monkey in the Zika Forest of Uganda in 1947 and was isolated from *Aedes africanus* mosquitos in 1948[2]. The primary vector route for virus transmission is the bite of an infected female *Aedes aegypti* mosquito [3], though the virus can also be transmitted through other non-vector routes such as vertical (mother to infant) [4] and sexual transmission [5]. The first major outbreak of ZIKV occurred in 2007 on the Yap Island of the Federal States of Micronesia, where 73% of the population 3 years of age and older was infected [6]. In 2013, a second major outbreak occurred in French Polynesia [7]. Since 2015, ZIKV has been reported in 67 countries and territories in the Oceania region and the Americas [8]. The rise of ZIKV has also been associated with increased cases of ZIKV-associated infant microcephaly; from November 2015 through July 2016, Brazil reported that 15.4% of confirmed microcephaly cases were found to be ZIKV-associated [9]. Additionally, in 2015 the World Health Organization issued an alert regarding the rise in cases of ZIKV-associated Guillain–Barré syndrome (GBS). GBS is characterized by rapid muscle weakness from damages to the peripheral nervous system during an immune response [10]. The number of reported ZIKV cases and ZIKV-associated neurological pathologies led the World Health Organization to declare ZIKV a global public health emergency in 2016, making the effort to develop a vaccine or anti-viral therapies more critical than ever.

The tumor necrosis factor receptor (TNFR) superfamily members are expressed on immune and non-immune cells. Together with their ligands, TNFR superfamily members provide cell communication signals for multiple cell types, including skin, bone, and lymphoid

organs [11]. Once the ligand binds to its receptor, TNFR superfamily members cluster together and transmit signals inside the cell for various cellular processes [12]. TNFR superfamily members have been implicated in autoimmune diseases including rheumatoid arthritis [13], Sjögren's syndrome [14] [15], and irritable bowel disease [16]. Furthermore, TNFR superfamily members such as CD27 [17], OX40 [17] [18] [19], and 4-1BB [19] [20] have been targets for cancer immunotherapy. Certain members of the TNFR superfamily, including GITR, OX40, HVEM, DR3, 4-1BB, CD30 and TNFR2, are implicated in adaptive immune responses and are responsible for costimulatory or coinhibitory signals to T cells [12]. The TNFR superfamily ligands are typically expressed on antigen presenting cells, while the TNFR superfamily receptors are expressed on T cells [21]. In the context of viral infections, TNFR superfamily members initiate a variety of responses including caspase-induced apoptosis, co-stimulation of the canonical NF- κ B pathway, and inflammation [22].

TNFR superfamily members have been studied in the context of numerous viruses including HIV [23] [24], hepatitis C [25] [26], and herpesvirus [22] [27] [28] [29]. However, the role of TNFR superfamily members in acute viral infections, specifically for flaviviruses, has yet to be investigated. The goal of this project was to characterize what TNFR superfamily members were expressed during different timepoints of a primary ZIKV infection. Wild-type C57BL/6J, wild-type C57BL/6J treated with an anti-Ifnar1 blocking antibody, and human STAT2 knock-in (*huSTAT2* KI) mouse models were tested to determine which model would best show the expression of TNFR superfamily members and the T cell response after ZIKV infection. The expression levels of TNFR superfamily members were analyzed at 0, 3, 5, 7, and 9 days post infection in both naïve and antigen-specific T cells isolated from splenocytes. The wild-type C57BL/6J mice treated with an anti-Ifnar1 blocking antibody proved to be the most effective model for observing T cell response, with differences in expression of TNFR superfamily members OX40 and GITR pronounced between naïve and antigen-specific T cells. The cytokine production 7 days post infection of wild-type C57BL/6J mice treated with agonistic anti-GITR and anti-OX40 antibodies was also investigated; a significant difference was seen in the production of Granzyme B between mice treated with agonistic anti-GITR and the combination anti-OX40 and anti-GITR antibody treatment in antigen-specific CD8⁺ T cells compared to the isotype control treated mice. Findings from this project indicate OX40 and GITR are implicated in the primary T cell response to ZIKV, though further investigation needs to be done regarding their specific role in survival and influence of cytokine production.

Results

Expression pattern of TNFR superfamily members at 5 dpi in WT C57BL/6J mice, *huSTAT2* KI mice, and WT C57BL/6J mice treated with anti-Ifnar1 blocking antibody

Different mouse models were tested to determine the best model for observing expression changes in TNFR superfamily members. Wild-type (WT) C57BL/6J mice were infected with ZIKV (strain SD001, 1×10^5 FFU/mouse, intra-footpad route) and expression levels for TNFR superfamily members BAFFR, CD30, ICOS, OX40, 4-1BB, CD27, GITR, and TNFR1 in CD4⁺ and CD8⁺ T cells were determined 0, 5, and 7 days post infection (dpi) (**Figure 1**). Testing the human STAT2 knock-in (*huSTAT2* KI) model was based on prior research showing ZIKV

antagonizes the human interferon pathway by degrading the signal transducer and activator of transcription 2 (STAT2) protein [30] [31]. However, ZIKV does not antagonize the murine STAT2 protein [30], and thus does not effectively inhibit the murine interferon response. *huSTAT2* KI mice were infected with ZIKV (strain SD001, 1×10^5 FFU/mouse, intra-footpad route) and expression levels for TNFR superfamily members CD30, ICOS, OX40, 4-1BB, CD27, GITR, and TNFR1 in CD4⁺ and CD8⁺ T cells were determined 0, 3, 5, and 7 days post infection (dpi) (**Figure 2**). There was a shift in ICOS expression between naïve and antigen-specific CD4⁺ T cells in both the WT C57BL/6J and *huSTAT2* KI models; other superfamily members had minimal to no shifts in expression between naïve and antigen-specific CD4⁺ and CD8⁺ T cells in both the WT C57BL/6J and *huSTAT2* KI model.

The next model tested was WT C57BL/6J mice treated with an anti-*Ifnar1* blocking antibody one day prior to infection (dose of 1 mg/mouse, intraperitoneal (I.P.) route) and infected the following day with ZIKV (strain SD001, 1×10^3 FFU/mouse, intra-footpad route). Expression for TNFR superfamily members BAFFR, CD30, ICOS, OX40, 4-1BB, CD27, GITR, and TNFR1 in CD4⁺ and CD8⁺ T cells was determined 0, 3, 5, 7, and 9 days post infection (dpi); only data from day 5 is shown (**Figure 3**). Comparing the expression levels between the TNFR superfamily members tested in both CD4⁺ and CD8⁺ T cells, the shift in TNFR superfamily member expression was best seen using the WT C57BL/6J mice treated with an anti-*Ifnar1* blocking antibody one day prior to infection (**Figure 4**).

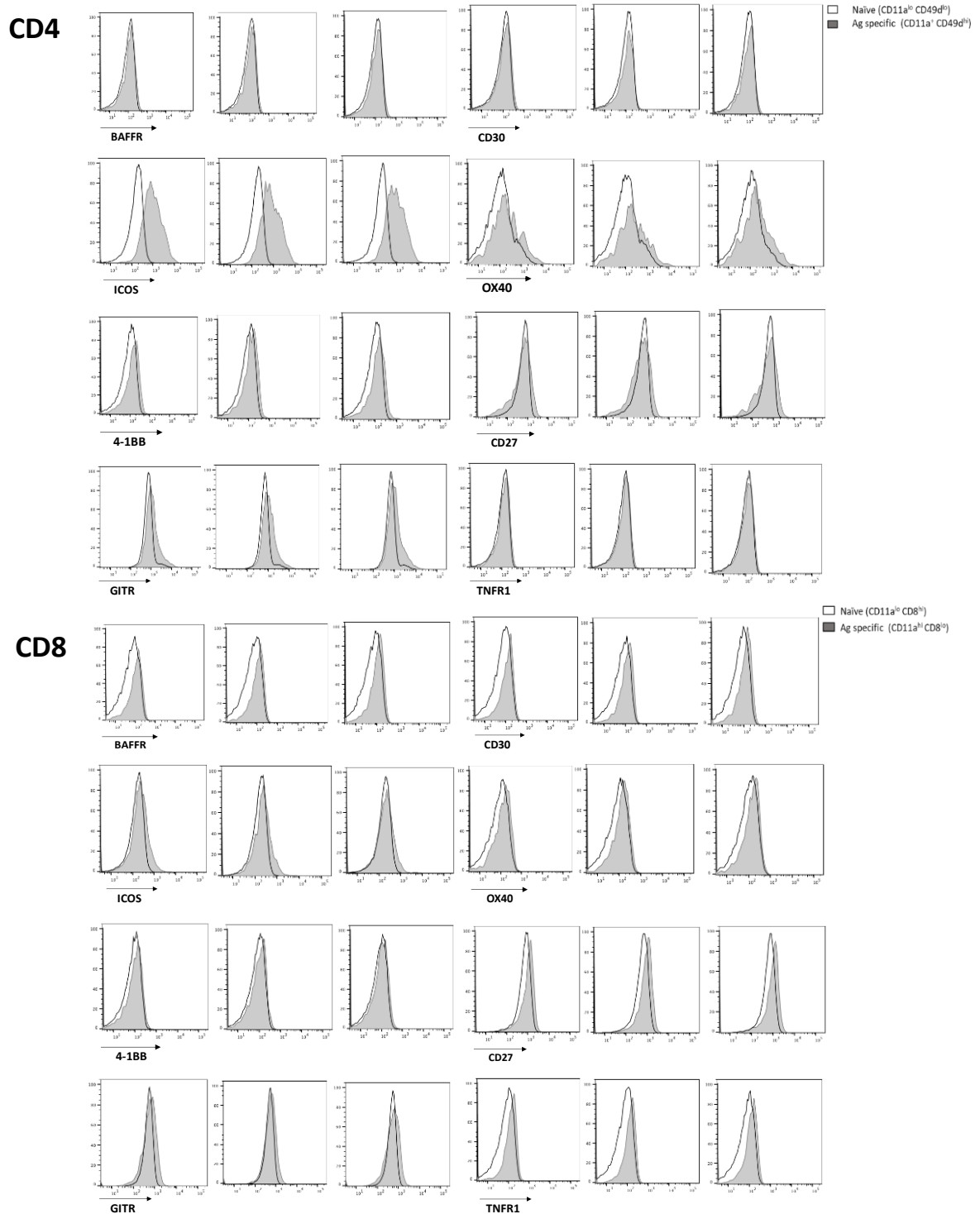


Figure 1: Expression patterns in TNFR superfamily members 5 days post infection in WT C57BL/6J mice.

WT C57BL/6J mice were infected with 10^5 Focus Forming Units (FFU) of ZIKV (strain SD001). Expression levels of TNFR superfamily members in naïve and antigen-specific CD4⁺ and CD8⁺ T cells were collected at 0 (n=3), 5 (n=3), and 7 (n=3) days post infection (dpi); only data from 5 dpi is shown.

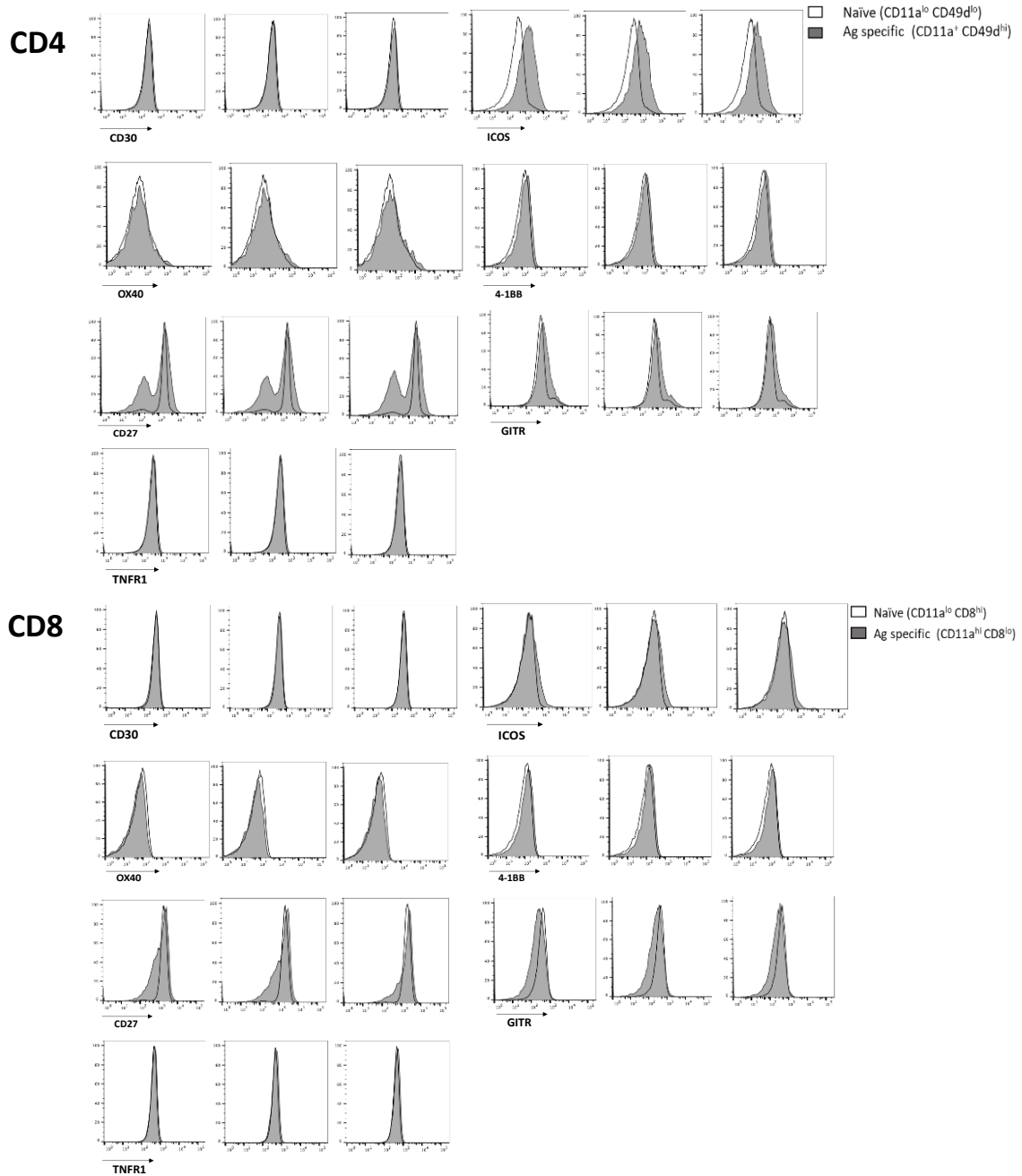


Figure 2: Expression patterns in TNFR superfamily members 5 days post infection in *huSTAT2* KI mice.

huSTAT2 KI mice were infected with 10^5 Focus Forming Units (FFU) of ZIKV (strain SD001). Expression levels of TNFR superfamily members in naïve and antigen-specific CD4⁺ and CD8⁺ T cells were collected at 0 (n=2), 3 (n=4), 5 (n=5), and 7 (n=5) days post infection (dpi); only data from 3 replicates at 5 dpi is shown.

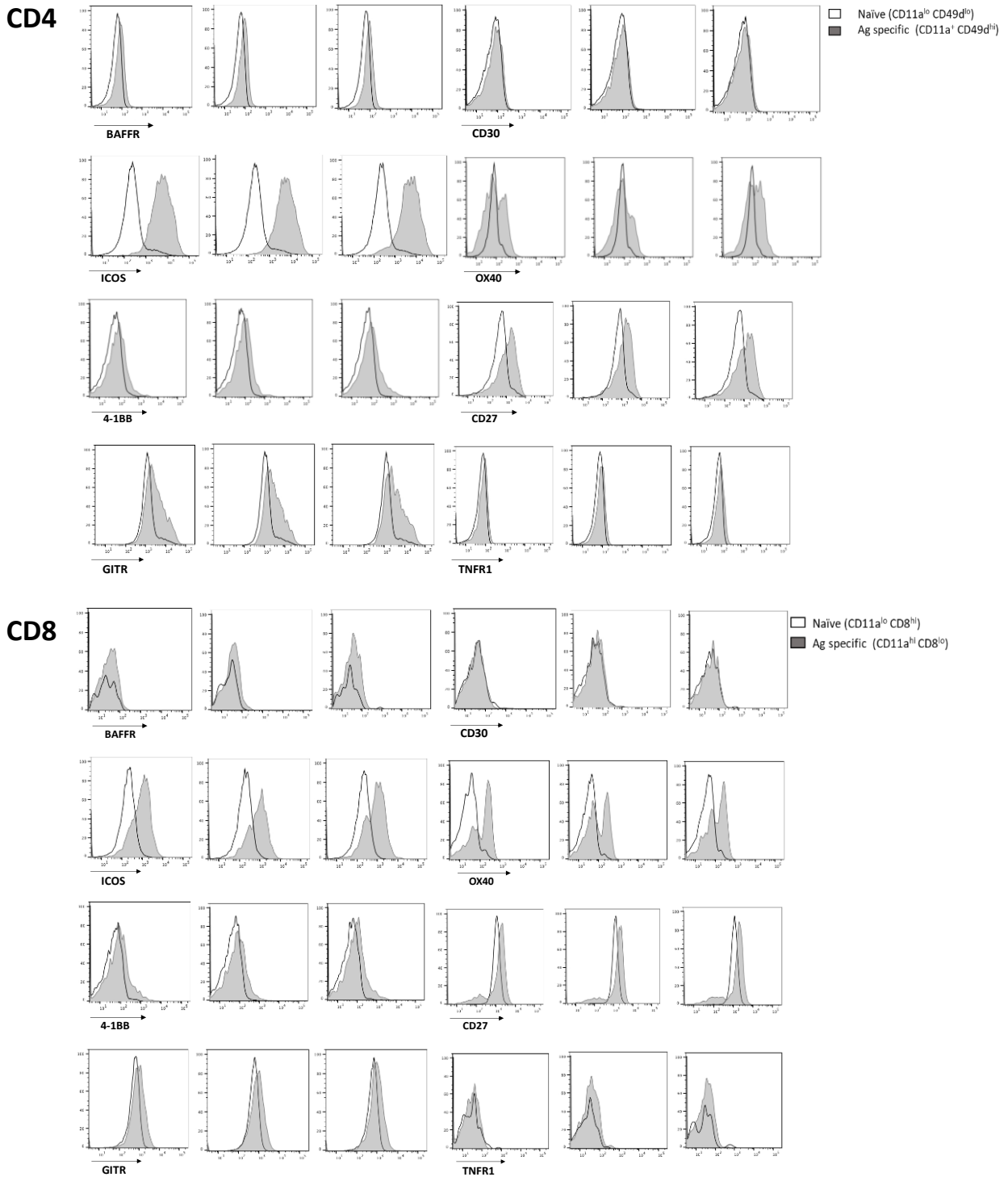


Figure 3: Expression patterns in TNFR superfamily members 5 days post-infection in WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody.

WT C57BL/6J mice were treated with 1 mg of anti-Ifnar1 blocking antibody one day prior to infection. The following day, mice were infected with 10^3 Focus Forming Units (FFU) of ZIKV (strain SD001). Expression levels of TNFR superfamily members in naïve and antigen-specific CD4⁺ and CD8⁺ T cells were collected at 0 (n=3), 3 (n=3), 5 (n=3), 7 (n=3), and 9 (n=3) days post infection (dpi); only data from 5 dpi is shown.

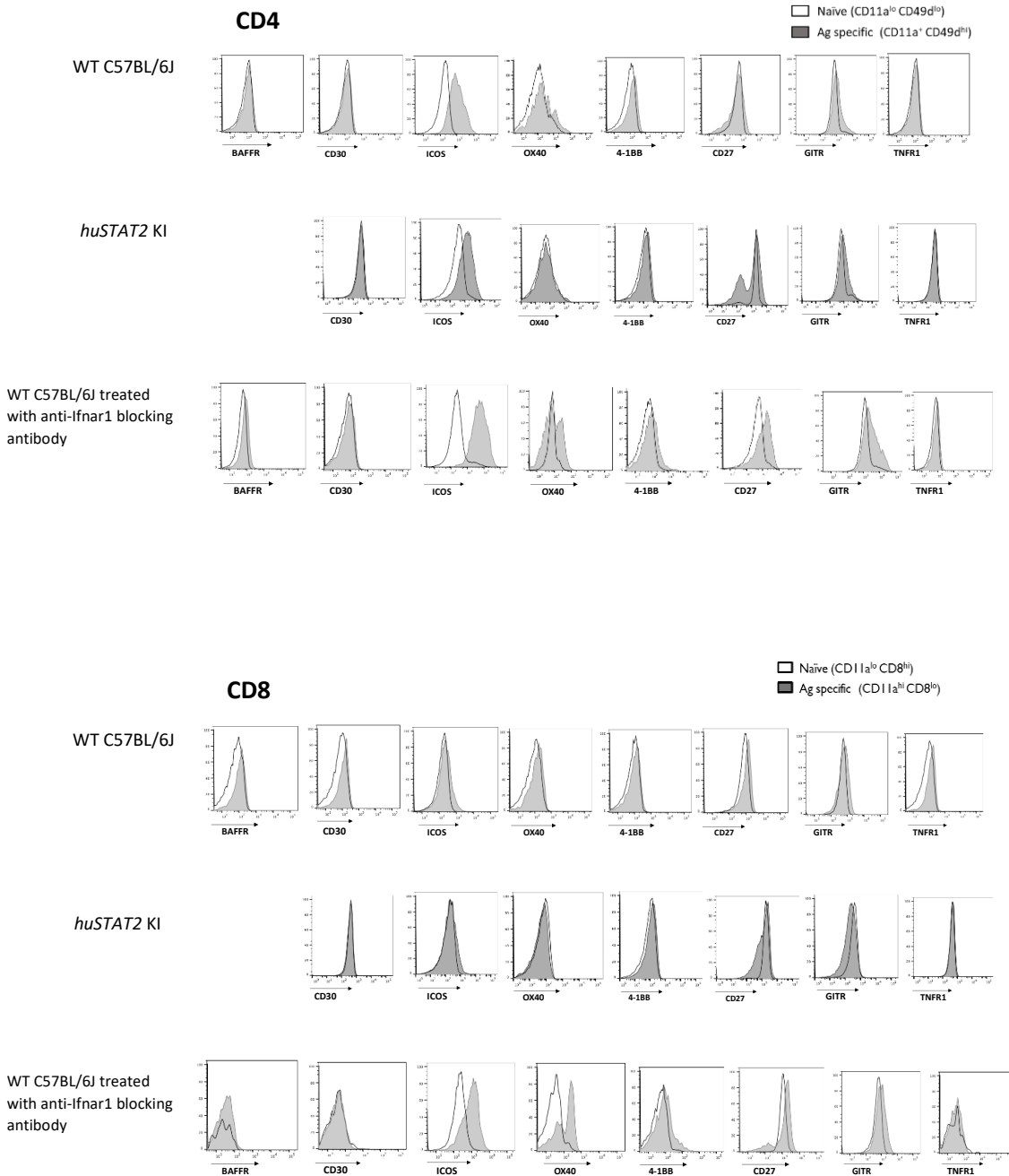


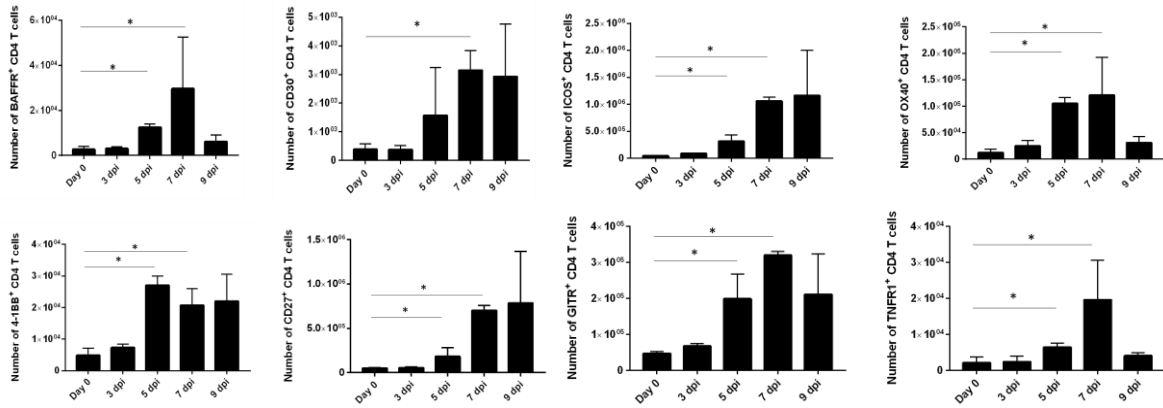
Figure 4: Comparing expression levels of TNFR superfamily members in WT C57BL/6J, *huSTAT2* KI, and anti-Ifnar1 blocking antibody treated WT C57BL/6J mice.

WT C57BL/6J and *huSTAT2* KI mice were infected with 10⁵ Focus Forming Units (FFU) of ZIKV (strain SD001). In a separate model, WT C57BL/6J mice were treated with an anti-Ifnar1 blocking antibody (1 mg) one day prior to infection and were infected the following day with 10³ FFU of ZIKV (SD001). Expression levels of BAFFR, CD30, ICOS, OX40, 4-1BB, CD27, GITR, and TNFR1 in naïve and antigen-specific T cells at 5 days post infection (dpi) are shown (only 1 replicate shown per model). Note: BAFFR was not tested for in the *huSTAT2* KI model.

The number of CD4⁺ and CD8⁺ antigen-specific T cells that express OX40 and GITR increase at 5 and 7 days post infection

Since the WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody showed the most prominent shift in expression of TNFR superfamily members in both naïve and antigen-specific CD4⁺ and CD8⁺ T cells, the number of CD4⁺ and CD8⁺ T cells expressing the TNFR superfamily members tested was considered in this model. The number of antigen-specific CD4⁺ T cells at 5 days post infection (dpi) for BAFFR, ICOS, OX40, CD27, GITR, and TNFR1 increased significantly ($p = 0.0357$) compared to 0 dpi (**Figure 5**). At 7 dpi, the number of antigen-specific CD4⁺ T cells for BAFFR, CD30, ICOS, OX40, CD27, GITR, and TNFR1 increased significantly ($p = 0.0357$) when compared to 0 dpi. For CD8⁺ T cells, the number of antigen-specific T cells expressing ICOS, OX40, 4-1BB, CD27, and GITR also had a significant increase ($p = 0.0357$) at 5 dpi (**Figure 5**). Antigen-specific CD8⁺ T cells expressing ICOS, OX40, 4-1BB, CD27, and GITR at 7 dpi also had an increase in number when compared to 0 dpi ($p = 0.0357$) (**Figure 5**). These results indicate that the peak response of CD4⁺ and CD8⁺ antigen-specific T cells that express TNFR superfamily members was at 7 days post infection. Additionally, these results show an increase in the number of antigen-specific T cells for both CD4⁺ and CD8⁺ T cells expressing the TNFR superfamily members ICOS, OX40, and GITR. Based on the results from TNFR superfamily member expression at 5 dpi (**Figure 3**) and the increase in both CD4⁺ and CD8⁺ antigen-specific T cells, OX40 and GITR were the TNFR superfamily members of interest for the remainder of the project.

CD4



CD8

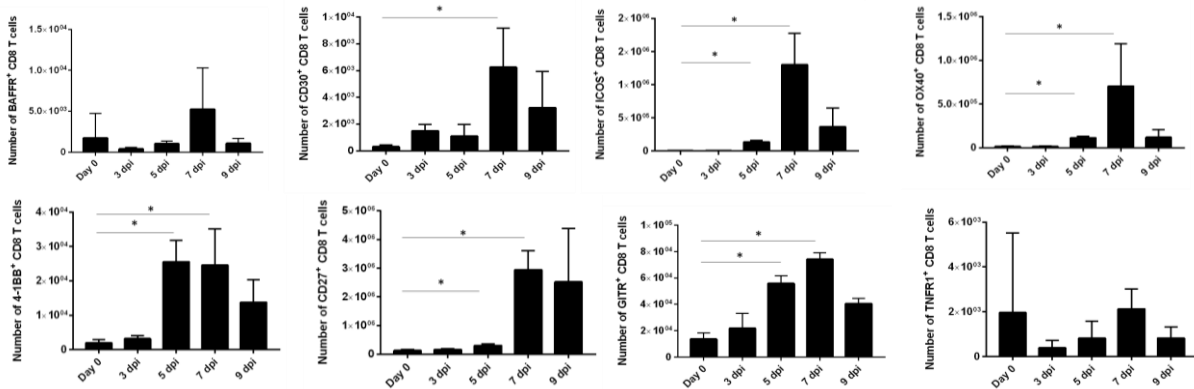


Figure 5: Number of antigen-specific CD4⁺ and CD8⁺ T cells expressing TNFR superfamily members in WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody.

One day prior to infection with 10⁵ Focus Forming Units (FFU) of ZIKV strain SD001, WT C57BL/6J were treated with an anti-Ifnar1 blocking antibody. Five different timepoints were tested: 0 (n=5), 3 (n=3), 5 (n=3), 7 (n=3), and 9 (n=3) days post infection (dpi). Shown is the number of antigen-specific CD4⁺ and CD8⁺ T cells expressing BAFFR, CD30, ICOS, OX40, 4-1BB, CD27, GITR, and TNFR1. A non-parametric Mann-Whitney test was used to compare 0 and 5 dpi, as well as 0 and 7 dpi. Significance difference (*) was defined by a p value < 0.05 and all error bars correspond to SEM.

Kinetics of the ZIKV-specific CD4⁺, CD8⁺, and Tfh T cell response in WT C57BL/6J mice

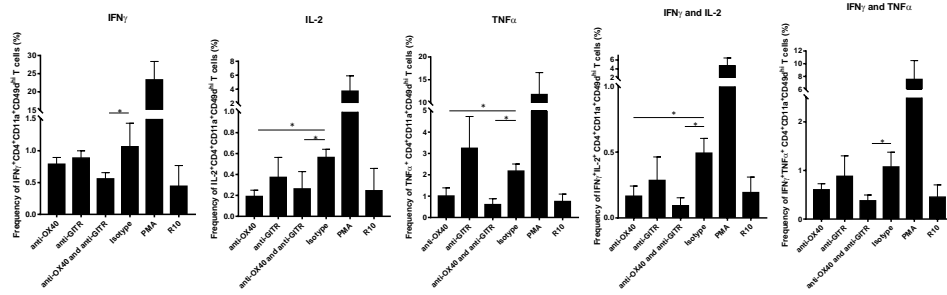
To elucidate the effect of OX40 and GITR on the kinetics of the splenic CD4⁺, CD8⁺, and Tfh T cell response induced by ZIKV-specific peptides, WT C57BL/6J mice were treated with agonistic anti-OX40, anti-GITR, both anti-OX40 and anti-GITR (combination), or isotype control antibody treatments after infection with ZIKV. For CD4⁺ T cells stimulated with ZIKV-specific peptide NS4B₂₄₈₀₋₂₄₉₄, the percentage of antigen-specific IFN γ ⁺CD4⁺ and IFN γ ⁺TNF α ⁺CD4⁺ T cells was higher in the isotype control group than the combination group ($p = 0.0286$) (**Figure 6A**). Additionally, the percentage of antigen-specific IL-2⁺CD4⁺, TNF α ⁺CD4⁺, and IFN γ ⁺IL-2⁺CD4⁺ T cells was higher in the isotype control group than the anti-OX40 group and the combination group ($p = 0.0286$) (**Figure 6A**). In relation to the total number of splenocytes, there was only a significant difference in the number of antigen-specific IFN γ ⁺IL-2⁺CD4⁺ T cells, which was higher in the isotype control group compared to the anti-GITR group ($p = 0.0286$) (**Figure 6B**). Similarly, in CD4⁺ T cells stimulated with ZIKV-specific peptide E₆₄₄₋₆₅₈, the percentage of antigen-specific IFN γ ⁺CD4⁺, IL-2⁺CD4⁺, and IFN γ ⁺IL-2⁺CD4⁺ T cells was higher in the isotype control group than the anti-OX40 group and combination group ($p = 0.0286$) (**Figure 6A**). The percentage of antigen-specific TNF α ⁺CD4⁺ and IFN γ ⁺TNF α ⁺CD4⁺ T cells was higher in the isotype control group than the anti-OX40 group, anti-GITR group, and combination group ($p = 0.0286$) (**Figure 6A**). For the total number of splenocytes, the number of antigen-specific IL-2⁺CD4⁺ and IFN γ ⁺TNF α ⁺CD4⁺ T cells was higher in the isotype control group compared to the anti-GITR group, while the number of IFN γ ⁺IL-2⁺CD4⁺ T cells was higher in the isotype control group than the combination group ($p = 0.0286$) (**Figure 6B**). Additionally, the number of antigen-specific TNF α ⁺CD4⁺ T cells was higher in the isotype control group compared to the combination and anti-GITR group ($p = 0.0286$) (**Figure 6B**).

For CD8⁺ T cells stimulated with ZIKV-specific peptide E₂₉₄₋₃₀₂ there was a higher percentage of antigen-specific Granzyme B⁺CD8⁺ T cells in the anti-GITR group and combination group than the isotype control group ($p = 0.0286$) (**Figure 7A**). Additionally, for CD8⁺ T cells stimulated with E₂₉₄₋₃₀₂ there was a higher percentage of antigen-specific IFN γ ⁺CD8⁺, TNF α ⁺CD8⁺, and IFN γ ⁺TNF α ⁺CD8⁺ T cells in the isotype control group than the anti-OX40 group and combination group ($p = 0.0286$) (**Figure 7A**). In terms of the total number of splenocytes, the number of IFN γ ⁺GranzymeB⁺CD8⁺ T cells was higher in the isotype control group than the anti-OX40 and combination group ($p = 0.0286$) (**Figure 7B**). In CD8⁺ T cells stimulated with ZIKV-specific peptide NS5₂₇₈₃₋₂₇₉₂, there was a higher percentage of antigen-specific Granzyme B⁺CD8⁺ T cells in the anti-GITR group and combination group than the isotype control group ($p = 0.0286$) (**Figure 7A**). Furthermore, there was a higher percentage of antigen-specific IFN γ ⁺CD8⁺, TNF α ⁺CD8⁺, and IFN γ ⁺TNF α ⁺CD8⁺ T cells in the isotype control group than the anti-OX40 group and combination group ($p = 0.0286$) (**Figure 7A**). The number of antigen-specific Granzyme B⁺CD8⁺ T cells was higher in the combination group compared to the isotype control group ($p = 0.0286$) (**Figure 7B**). For antigen-specific IFN γ ⁺CD8⁺, TNF α ⁺CD8⁺, and IFN γ ⁺TNF α ⁺CD8⁺ T cells, the number of cells was higher in the isotype control group compared to the combination and anti-OX40 group ($p = 0.0826$) (**Figure 7B**).

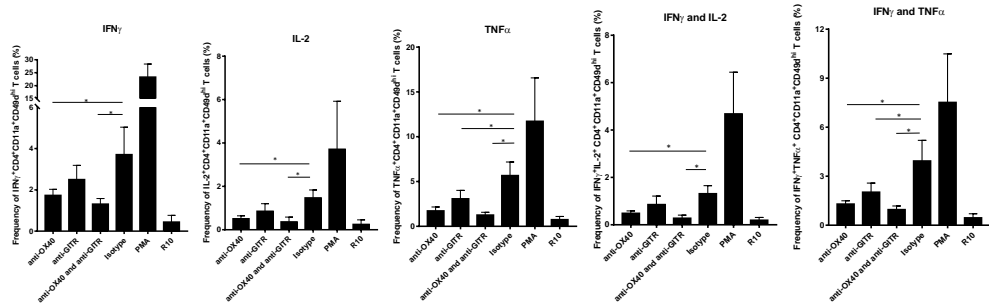
Splenocytes were also analyzed for the Tfh T cell response; the percentage (**Figure 8A**) and number (**Figure 8B**) of antigen-specific CD4⁺CD44⁺CXCR5⁺PD-1⁺ in the anti-OX40 group, anti-GITR group, and combination group was not significant compared to the isotype control group.

A.

NS4B₂₄₈₀₋₂₄₉₄

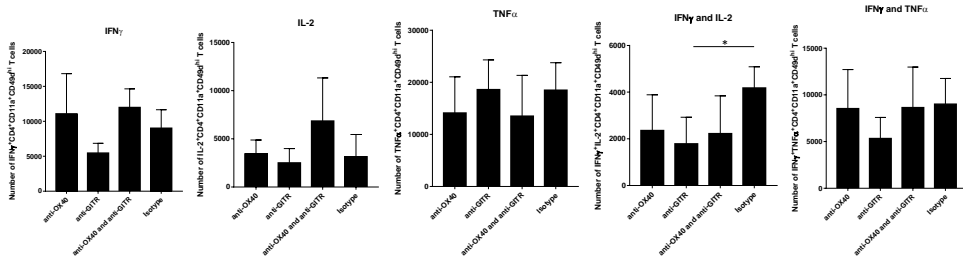


E₆₄₄₋₆₅₈



B.

NS4B₂₄₈₀₋₂₄₉₄



E₆₄₄₋₆₅₈

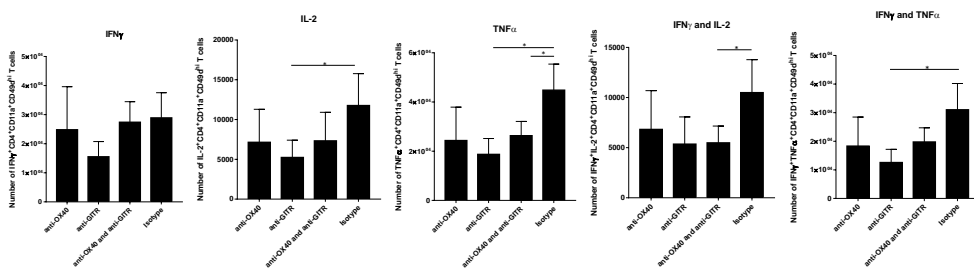


Figure 6: T cell kinetics of CD4⁺ T cells in WT C57BL/6J mice treated with agonistic anti-OX40 and/or agonistic anti-GITR antibody treatments 7 days post infection.

4 groups of WT C57BL/6J mice were infected with 10⁵ Focus Forming Units (FFU) of ZIKV strain SD001. Two hours after infection, mice were treated with either agonistic anti-OX40 (200 μg/mouse, n = 4), agonistic anti-GITR (200 μg/mouse, n = 4), both agonistic anti-OX40 and anti-GITR (100 μg of each antibody/mouse, n = 4), or isotype controls (100 μg of each isotype/mouse, n = 4). Spleens were collected 7 days post infection and the splenocytes isolated, stimulated with ZIKV-specific peptides NS4B₂₄₈₀₋₂₄₉₄ or E₆₄₄₋₆₅₈ or a stimulation cocktail of PMA (positive control, data not shown) and stained for intracellular cytokines. **A)** Frequency of antigen-specific IFN γ ⁺CD4⁺, IL-2⁺CD4⁺, TNF α ⁺CD4⁺, IFN γ ⁺IL-2⁺CD4⁺, and IFN γ ⁺TNF α ⁺CD4⁺ T cells stimulated with either ZIKV-specific peptides NS4B₂₄₈₀₋₂₄₉₄ or E₆₄₄₋₆₅₈. **B)** Number of antigen-specific IFN γ ⁺CD4⁺, IL-2⁺CD4⁺, TNF α ⁺CD4⁺, IFN γ ⁺IL-2⁺CD4⁺, and IFN γ ⁺TNF α ⁺CD4⁺ T cells stimulated with either ZIKV-specific peptides NS4B₂₄₈₀₋₂₄₉₄ or E₆₄₄₋₆₅₈. A non-parametric Mann-Whitney test was used to compare the anti-OX40 group to the isotype control, anti-GITR to the isotype control, and the combination (anti-OX40 and anti-GITR) group to the isotype control. Significance difference (*) was defined by a p value < 0.05 and all error bars correspond to SEM.

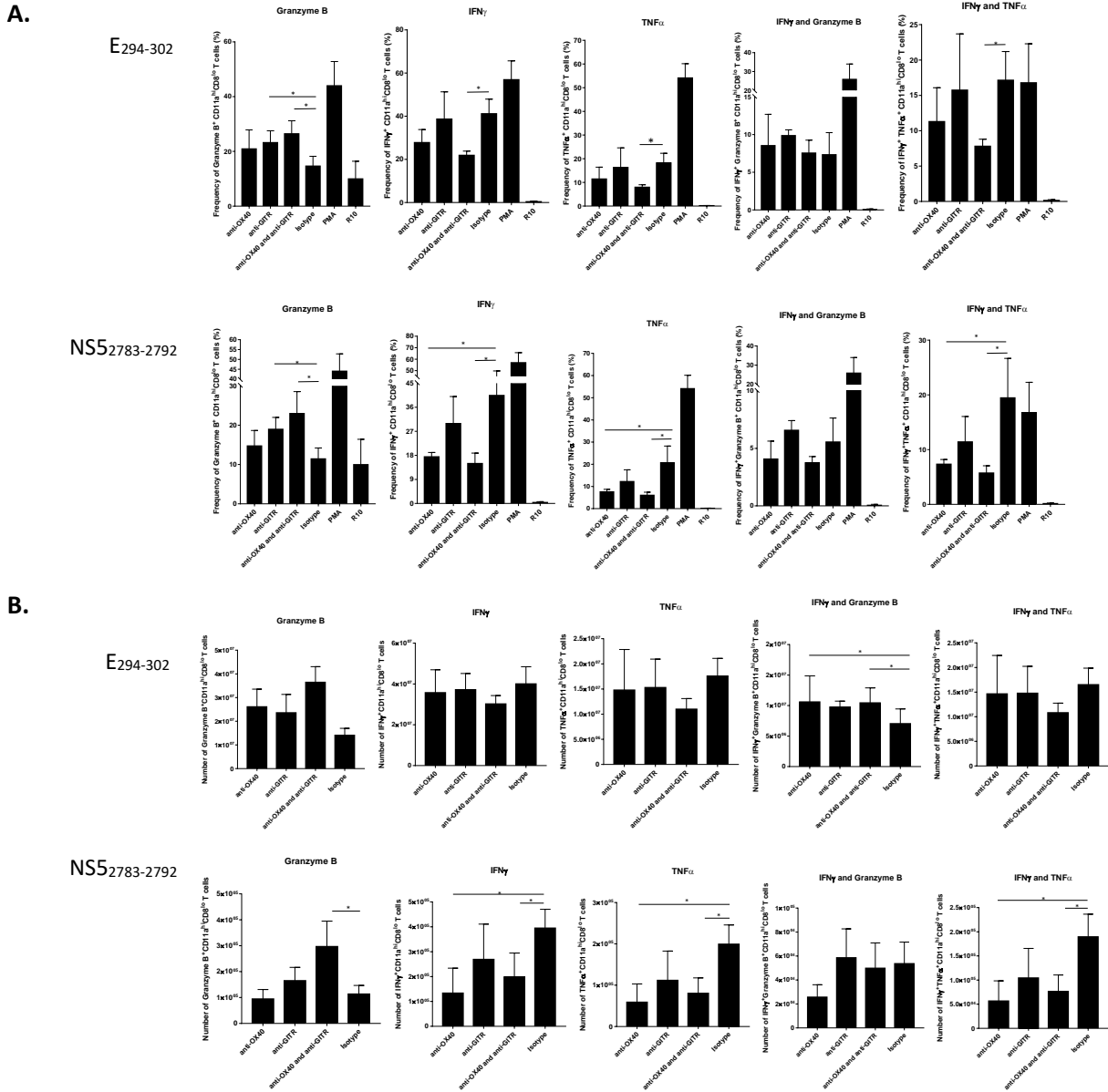


Figure 7: Splenocyte kinetics of CD8⁺ T cells in WT C57BL/6J mice treated with agonistic anti-OX40 and/or agonistic anti-GITR antibody treatments 7 days post infection.

4 groups of WT C57BL/6J mice were infected with 10⁵ Focus Forming Units (FFU) of ZIKV strain SD001. Two hours after infection, mice were treated with either agonistic anti-OX40 (200 μg/mouse, n = 4), agonistic anti-GITR (200 μg/mouse, n = 4), both agonistic anti-OX40 and anti-GITR (100 μg of each antibody/mouse, n = 4), or isotype controls (100 μg of each isotype/mouse, n = 4). Spleens were collected 7 days post infection and the splenocytes isolated, stimulated with ZIKV-specific peptides E294-302 or NS52783-2792 or a stimulation cocktail of PMA (positive control, data not shown) and stained for intracellular cytokines. **A)** Frequency of antigen-specific Granzyme B⁺CD8⁺, IFNγ⁺CD8⁺, TNFα⁺CD8⁺, IFNγ⁺GranzymeB⁺CD8⁺, and IFNγ⁺TNFα⁺CD8⁺ T cells stimulated with either ZIKV-specific peptides E294-302 or NS52783-2792. **B)** Number of antigen-specific Granzyme B⁺CD8⁺, IFNγ⁺CD8⁺, TNFα⁺CD8⁺, IFNγ⁺GranzymeB⁺CD8⁺, and IFNγ⁺TNFα⁺CD8⁺ T cells stimulated with either ZIKV-specific peptides E294-302 or NS52783-2792. A non-parametric Mann-Whitney test was used to compare the anti-OX40 group to the isotype control, anti-GITR to the isotype control, and the combination (anti-OX40 and anti-GITR) group to the isotype control. Significance difference (*) was defined by a p value < 0.05 and all error bars correspond to SEM.

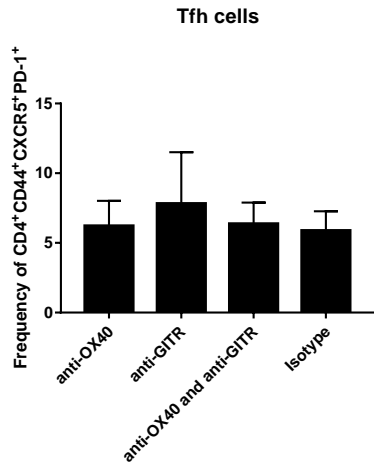
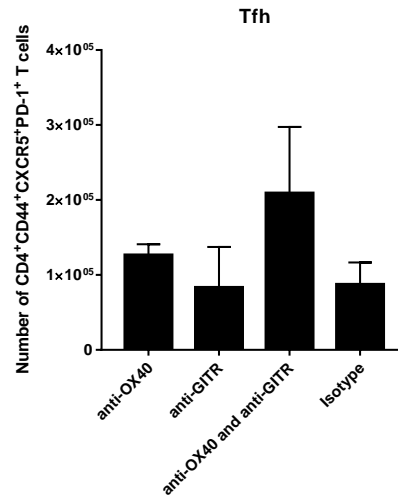
A.**B.**

Figure 8: Splenocyte kinetics in WT C57BL/6J mice treated with agonistic OX86 and/or DTA-1 antibody treatments 7 days post-infection.

4 groups of WT mice were infected with 10^5 Focus Forming Units (FFU) of ZIKV strain SD001. Two hours after infection, mice were treated with either agonistic anti-OX40 (200 μ g/mouse, $n = 4$), agonistic anti-GITR (200 μ g/mouse, $n = 4$), both agonistic anti-OX40 and agonistic anti-GITR (100 μ g of each antibody/mouse, $n = 4$), or isotype control (100 μ g of each isotype/mouse, $n = 4$). Spleens were collected 7 days post infection and the splenocytes isolated for extracellular staining of Tfh markers. **A)** Frequency of antigen-specific CD4⁺CD44⁺CXCR5⁺PD-1⁺ T cells. **B)** Number of antigen-specific CD4⁺CD44⁺CXCR5⁺PD-1⁺ T cells. A non-parametric Mann-Whitney test was used to compare the anti-OX40 group to the isotype control, anti-GITR group to the isotype control, and the combination (anti-OX40 and anti-GITR) group to the isotype control. Significance difference (*) was defined by a p value < 0.05 and all error bars correspond to SEM.

Discussion

In this study, expression levels of various TNFR superfamily members on both naïve and antigen-specific T cells were characterized after ZIKV infection. Out of the time points tested, the shift in expression of TNFR superfamily members was most prominent at 5 days post infection, while the peak T cell response was at 7 days post infection. The WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody one day before infection served as the best model to observe changes in both expression of TNFR superfamily members and T cell activation. OX40 and GITR were selected as potential targets to observe the effects of engaging TNFR superfamily members after ZIKV infection. Treatment with agonistic anti-OX40 antibody and/or agonistic anti-GITR antibody after ZIKV infection did not affect the T cell kinetics of CD4⁺ T cells, the majority of CD8⁺ T cells or Tfh cells; however, mice treated with an agonistic anti-GITR antibody and a combination of agonistic anti-OX40 and anti-GITR antibodies had a higher frequency of antigen-specific CD8⁺ T cells that produced Granzyme B.

Based on expression data and the number of antigen-specific CD4⁺ and CD8⁺ T cells for each TNFR superfamily member, OX40 and GITR emerged as potential targets to study the effect of engaging TNFR superfamily members during T cell activation. The OX40 receptor was first identified in 1987[32] and the gene for OX40 and other TNFR superfamily members, including GITR, is located on human chromosome 1[33]. OX40 is expressed primarily on activated CD4⁺ and CD8⁺ T cells as well as Th2, Th1, and Th17 cells[33]. Many studies have focused on the functional aspect OX40 plays in CD4⁺ T cells, particularly in terms of cell division and survival. In this study, the number of antigen-specific CD4⁺ and CD8⁺ cells expressing OX40 did increase both 5 and 7 days post infection, indicating levels of OX40 expression are changing after ZIKV infection. Also observed was that GITR expression followed the same trend as OX40 in terms of an increase in the number of antigen-specific CD4⁺ and CD8⁺ T cells 5 and 7 days post infection. GITR (glucocorticoid-induced tumor necrosis factor receptor-related protein) was first cloned in 1997 in a hybridoma T cell line treated with dexamethasone, where it was discovered to be involved in the regulation of T cell receptor-mediated death [34]. Previous studies have shown GITR is expressed at high levels in both CD4⁺ and CD8⁺ T cells after activation[35-37]; results from this study indicate a similar trend in the enhanced expression of GITR after ZIKV infection.

Of the mouse models tested, the WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody one day prior to infection proved to be the most viable model for observing both expression of TNFR superfamily members and T cell activation. One of the challenges of studying ZIKV in mice is that the virus does not block the murine Type I Interferon response, allowing the murine host cells to prevent viral replication. In humans, ZIKV and other flaviviruses have viral proteases that target host proteins involved in interferon signaling, allowing the virus to escape the host's interferon response [38]. When comparing the WT C57BL/6J model to the WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody, there was little to no shift in expression of TNFR superfamily members between naïve and antigen-specific CD4⁺ and CD8⁺ T cells at 5 days post infection for the WT C57BL/6J. Additionally, prior studies showing that flaviviruses ZIKV and Dengue (DENV) antagonize the human STAT

2 protein[30, 39, 40] made the human STAT2 knock-in (*huSTAT2* KI) model a promising approach. However, there was little to no shift in expression of TNFR superfamily members between naïve and antigen-specific CD4⁺ and CD8⁺ T cells at 5 days post infection. These results indicate the WT C57BL/6J and the *huSTAT2* KI show little changes in expression of TNFR superfamily members between naïve and antigen specific CD4⁺ and CD8⁺ T cells when compared to the WT C57BL/6J mice treated with an anti-Ifnar1 blocking antibody one day before infection.

To elucidate the effects of engaging OX40 and GITR receptors during T cell activation after ZIKV infection, agonistic antibody treatments for both OX40 and GITR were tested. Agonist antibodies are functional forms of a receptor's natural ligand and have a higher affinity for the targeted receptor than does the natural ligand. Agonist OX40 treatments have been used in a variety of pre-clinical tumor models, including B16 melanoma[41], fibrosarcoma [42], CT26 colon cancer[43], and GL261 glioma[44], to promote an anti-tumor response. In a similar manner, agonist GITR treatments have been used to promote anti-tumor responses in murine tumor models of B16 melanoma[45], CT26 colon cancer [46], and fibrosarcoma[47]. However, little research has been done regarding agonistic antibody treatments and acute flavivirus infections. The T cell kinetics of mice treated with agonistic anti-OX40 and/or anti-GITR antibody treatments were investigated to determine the cytokine profile of CD4⁺, CD8⁺, and Tfh T cells. For CD4⁺ T cells stimulated with ZIKV-specific peptides NS4B₂₄₈₀₋₂₄₉₄ or E₆₄₄₋₆₅₈, there were more antigen-specific cells that produced IFN γ , IL-2, and/or TNF α in the isotype control treated mice than in mice treated with agonistic anti-OX40, agonistic anti-GITR, or both agonistic anti-OX40 and anti-GITR. These results indicate engaging OX40 and GITR in the context of stimulated CD4⁺ T cells could be hindering cytokine production. For CD8⁺ T cells stimulated with ZIKV-specific peptide E₂₉₄₋₃₀₂, there were more antigen-specific cells that produced IFN γ and/or TNF α in the isotype treated mice than mice treated with both agonistic anti-OX40 and anti-GITR (combination group). Similarly, in CD8⁺ T cells stimulated with ZIKV-specific peptide NS5₂₇₈₃₋₂₇₉₂, there were more antigen-specific T cells that produced IFN γ and/or TNF α in the isotype treated mice than mice treated with agonistic anti-OX40, agonistic anti-GITR, or both agonistic anti-OX40 and anti-GITR. However, mice treated with agonistic anti-GITR or both agonistic anti-OX40 and anti-GITR had more antigen-specific CD8⁺ T cells that produced Granzyme B when compared to the isotype treated mice. Based on these findings, engaging OX40 and GITR in activated CD8⁺ T cells could have an effect of favoring production of Granzyme B over IFN γ and TNF α . For Tfh cells, there was no difference in the frequency and number of antigen-specific cells between all four treatment groups, possibly because the cytokine production of CD4⁺ T cells was already reduced.

The findings of this study conclude that TNFR superfamily members play an important role in T cell activation during a primary ZIKV infection. Knowledge regarding the roles TNFR superfamily members play in the adaptive immune system, particularly in regard to sustaining populations of activated T cells, will be important in developing new treatments for acute viral infections. Currently, there is no vaccine or anti-viral therapy available to treat ZIKV infections. OX40 and GITR are potential candidates for triggering the antigen-specific T cell response against ZIKV, but more research needs to be done to examine any pathogenic effects engaging

OX40 and GITR may have. Additionally, further research regarding the upregulation of Granzyme B in CD8⁺ T cells after engagement with OX40 and GITR along with any downstream effects on survival is warranted. Performing the same investigation but using a mouse-adapted strain of ZIKV as opposed to a clinically-isolated ZIKV strain like SD001 would also be a potential avenue of research. Further testing of models that block the Type I Interferon response combined with engagement of OX40 and GITR will provide vital knowledge in understanding the T cell response against flaviviruses.

Methods

Virus

A clinically-isolated strain of ZIKV known as SD001 was proliferated in C6/36 *Aedes albopictus* cells (ATCC® CRL-1660™). Viral titers were determined via focus-forming assay (FFA) using baby hamster kidney (BHK)-21 cells purchased from the American Type Culture Collection (ATCC).

Mouse experiments and virus infections

Wild-type (WT) C57BL/6J and human STAT2 knock-in (*huSTAT2* KI) mice were bred at the La Jolla Institute for Immunology in a pathogen-free facility. All infections were done using the ZIKV SD001 strain. WT mice were treated with an *Ifnar1*-blocking monoclonal antibody MAR1-5A3 (purchased from BioXCell, USA) one day before infection with ZIKV SD001. MAR1-5A3 was injected via an IP route at a dose of 1 mg/mouse. WT C57BL/6J mice that received MAR1-5A3 were infected via an intra-footpad route with 1×10^3 FFU of ZIKV SD001 in 20 μ L of PBS with 10% FBS. WT C57BL/6J mice that did not receive MAR1-5A3 and *huSTAT2* KI mice were infected via an intra-footpad route with 1×10^5 FFU of ZIKV SD001 in 20 μ L of PBS with 10% FBS. For collection of expression data of TNFR superfamily members, WT C57BL/6J mice treated with MAR1-5A3 were sacrificed at 0, 3, 5, 7, and 9 days post infection (dpi); WT C57BL/6J mice that did not receive MAR1-5A3 were sacrificed at 0, 5, and 7 dpi and *huSTAT2* KI mice were sacrificed at 0, 3, 5, and 7 dpi.

For the T cell kinetics experiment, WT C57BL/6J mice were infected via an intra-footpad route with 1×10^5 FFU of ZIKV SD001 in 20 μ L of PBS with 10% FBS. 2 hours after infection mice were treated with either 200 μ g of agonistic anti-OX40 (clone: OX86, BioXCell, USA), 200 μ g of agonistic anti-GITR (clone: DTA-1, BioXCell, USA), both agonistic anti-OX40 at a dose of 100 μ g and anti-GITR at a dose of 100 μ g, or 100 μ g of the isotype control for the anti-OX40 antibody (rat IgG1, κ , BioXCell, USA) and 100 μ g of the isotype control for the anti-GITR antibody (rat IgG2b, BioXCell, USA). Mice were sacrificed at 7 dpi and the spleens were harvested.

Cell isolation and flow cytometry

For extracellular staining, spleens were collected from each mouse in 10% FBS/RPMI and passed through a 70 μ m cell strainer. Isolated splenocytes were plated as

2×10^6 splenocytes/well in a volume of 100 μ L into a 96-well round-bottom plate. Cells were stained with anti-CD49d FITC (BioLegend, Clone R1-2), anti-CD4 BV711 (BioLegend, Clone RM4-5), anti-CD8 BV650 (BioLegend, Clone 53-6.7), anti-CD3 PerCPCy 5.5 (BioLegend, Clone 17A2), anti-CD45 AF700 (BioLegend, Clone 30-F11), anti-CD11a PE (BioLegend, Clone M17/4), anti-OX40 BV421 (BioLegend, Clone OX86), anti-CD30 APC (BioLegend, Clone mCD30.1), anti-41BB PE-Cy7 (Invitrogen, Clone 4B4), anti-TNFR1 APC (BioLegend, Clone 55R-286), anti-BAFFR APC (eBioscience, Clone eBio7H22-E16), anti-GITR BV421 (BD Biosciences, Clone DTA-1), and anti-ICOS BV785 (BioLegend, Clone C398.4A). Tfh cells from the T cell kinetics experiment were stained with anti-CD3 PE-Cy7 (Tonbo, Clone 145-2C11), anti-CD4 APC-eFluor780 (Invitrogen, Clone GK1.5), anti-CD44 BV785 (BioLegend, Clone IM7), anti-CD62L AF700 (BioLegend, Clone MEL-14), anti-CXCR5 Biotin (BioLegend, Clone L138D7), and anti-PD1 BV605 (BioLegend, Clone 29F.1A12); twenty minutes later a secondary stain of Streptavidin-Brilliant Violet 421 (BioLegend) was added. Extracellular staining was followed by fixation using BD Cytotfix/Cytoperm and samples were acquired on the LSR-Fortessa (BD Biosciences). Samples were analyzed using FlowJo Software X 10.0.7 (Tree Star).

For intracellular staining, spleens were collected from each mouse in 10% FBS/RPMI and passed through a 70 μ m cell strainer. Isolated splenocytes were resuspended in 10% FBS/RPMI media at 40×10^6 cells/mL, then plated as 2×10^6 splenocytes/well in a volume of 50 μ L into a 96-well round-bottom plate. For activation of CD4⁺ T cells, splenocytes were stimulated with ZIKV-specific epitopes NS4B₂₄₈₀₋₂₄₉₄ and E₆₄₄₋₆₅₈. For activation of CD8⁺ T cells, splenocytes were stimulated with ZIKV-specific epitopes E₂₉₄₋₃₀₂ and NS5₂₇₈₃₋₂₇₉₂. Positive (PMA-Ionomycin, Invitrogen, U.S.A.) and negative (10% FBS/RPMI media) controls were used, and cells were stimulated in the presence of Brefeldin A for 6 hours. After stimulation, CD4⁺ T cells were stained with anti-CD3 PerCPCy5.5 (Tonbo, Clone 145-2C11), anti-CD4 APC-eFluor780 (Invitrogen, Clone GK1.5), anti-CD11a PE (BioLegend, Clone M17/4), anti-CD49d BV605 (BD Biosciences, Clone R1-2), anti-IFN γ FITC (Tonbo, Clone XMG1.2), anti-IL-2 BV711 (BioLegend, Clone JES6-5H4), and anti-TNF α APC (eBioscience, Clone MP6-XT22). CD8⁺ T cells were stained with anti-CD8 BV510 (BioLegend, Clone 53-6.7), anti-CD3 PE-Cy7 (Tonbo, Clone 145-2C11), anti-CD11a PE (BioLegend, Clone M17/4), anti-IFN γ FITC (Tonbo, Clone XMG1.2), anti-TNF α APC (eBioscience, Clone MP6-XT22), and anti-Granzyme B PE-Cy7 (eBioscience, Clone NGZB). Intracellular staining was followed by fixation using BD Cytotfix/Cytoperm and buffer wash using BD PermWash. Samples were acquired on the LSR-Fortessa (BD Biosciences) and analyzed using FlowJo Software X 10.0.7 (Tree Star).

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