Chronic Virus Infections: Hepatitis C Virus, HerpesViruses, and Human Immunodeficiency Virus: Pathogenesis, Immunity and Treatment

Unit 5

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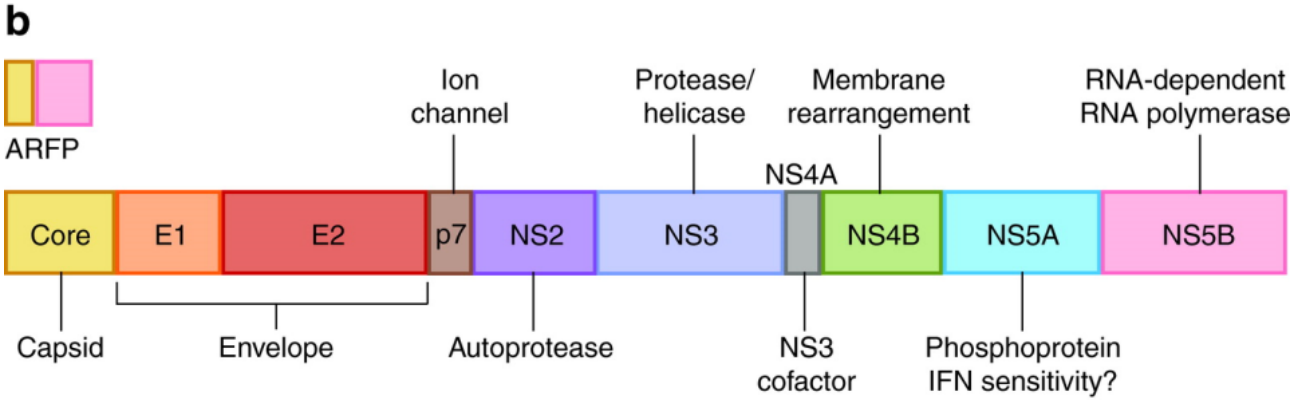
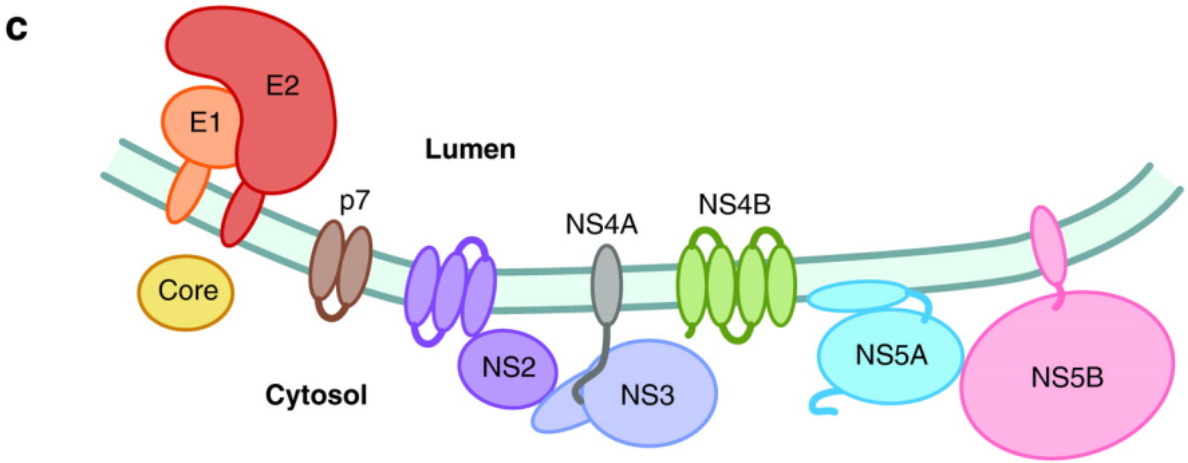
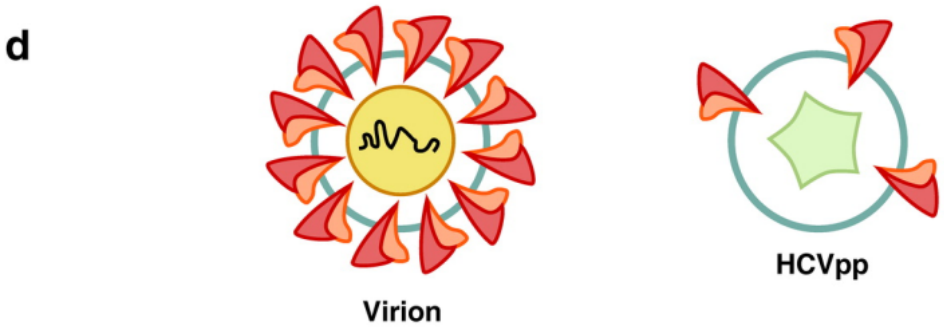
Hepatitis C virus

- Enveloped, positive strand RNA virus, *Flaviviridae*
- Isolated in 1989, treatments first emerged in early 1990s
- ~120 million-200 million infections worldwide, number one indication for liver transplant in the U.S.
- 10^{12} viral particles produced/day, ½ life 3 hours in circulation
- Six major genotypes, 3 dominate in the U.S. (1, 2, 3)
  - 30-50% genetic variation among genotypes
  - 1-5% variation among viruses within a single patient
- Replicates via negative-stranded RNA in membranous web in cytoplasm

HCV Structure

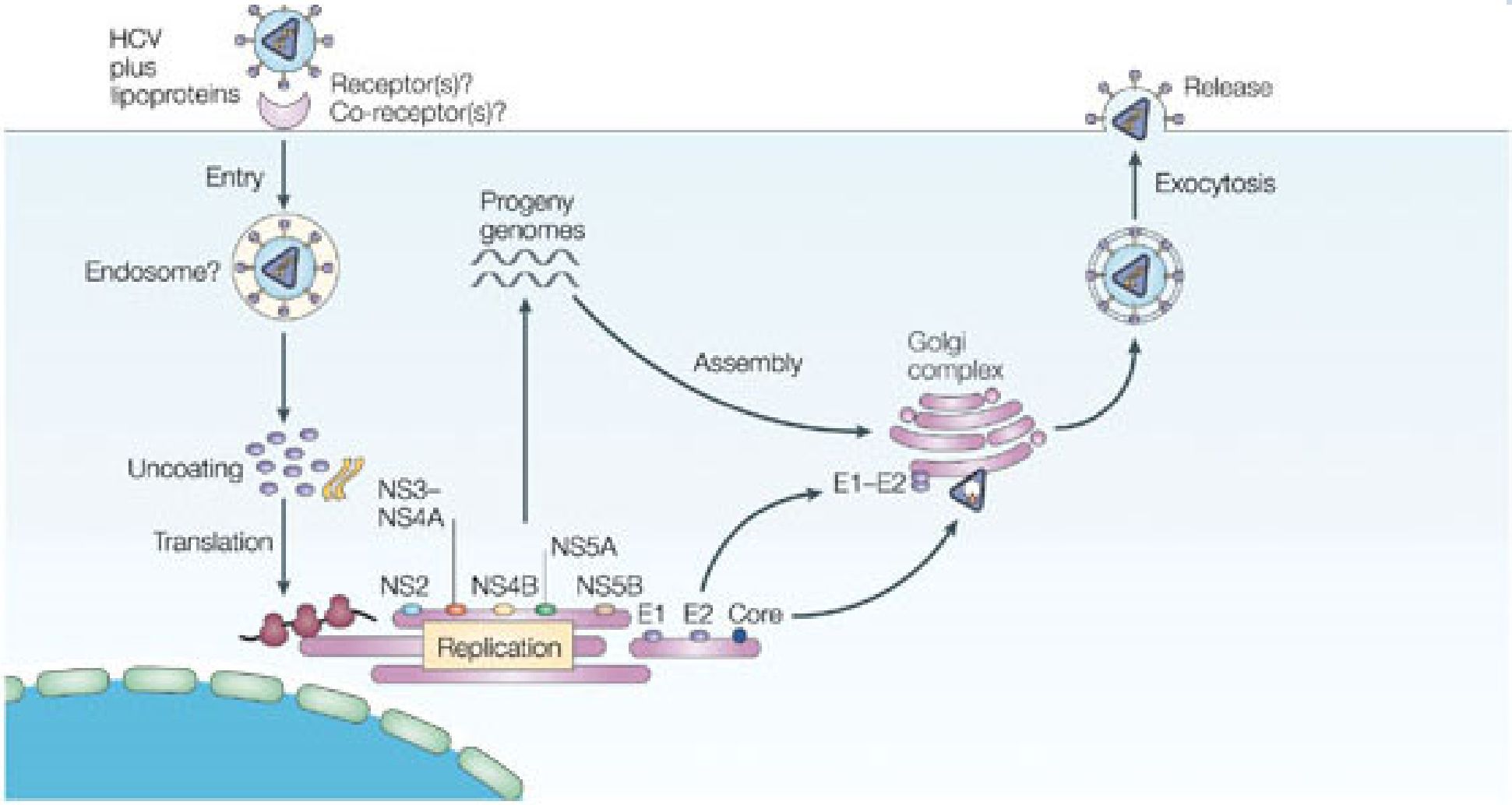




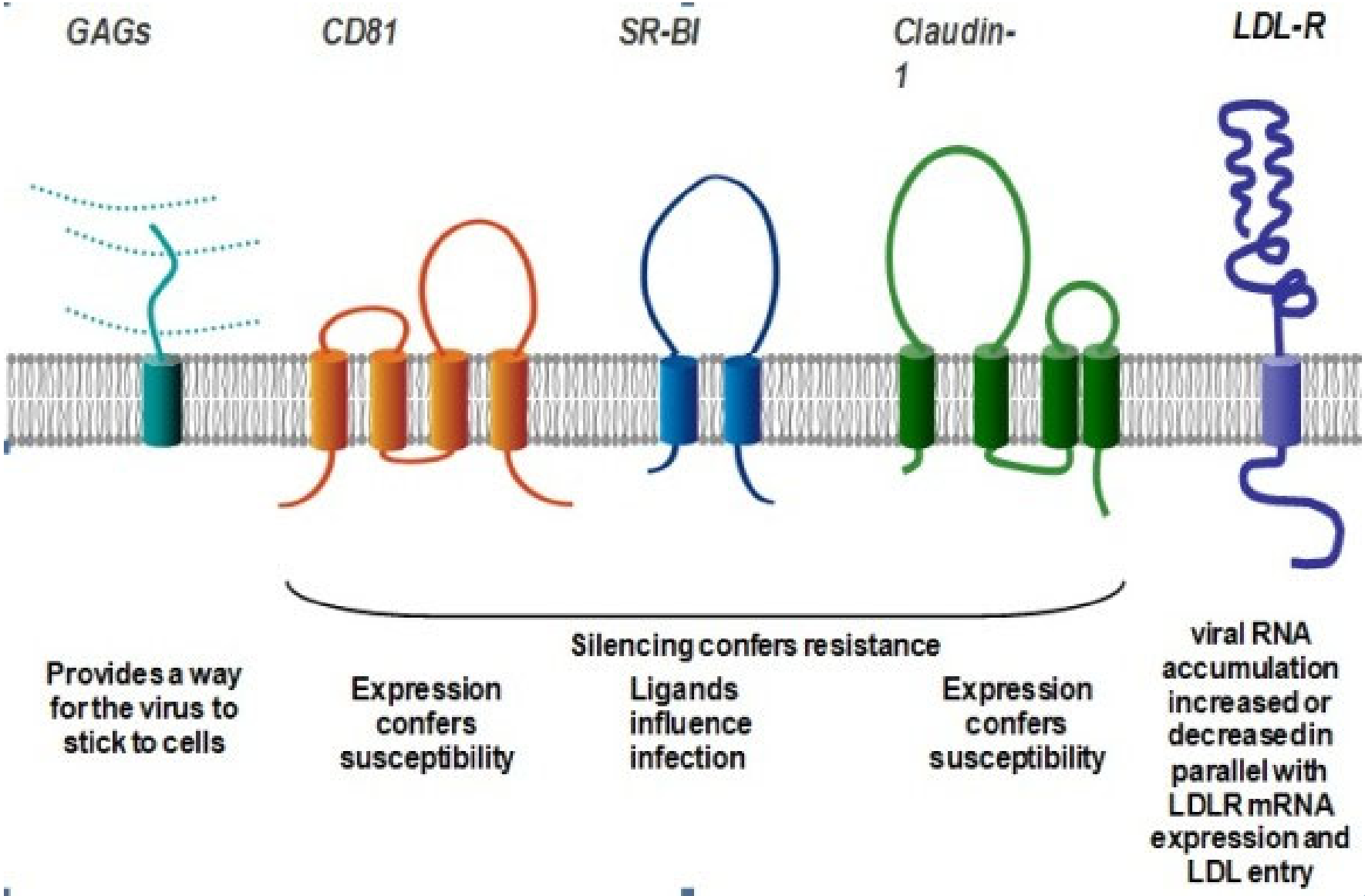


Dustin LB, Rice CM. 2007.
Annu. Rev. Immunol. 25:71–99

HCV LIFE CYCLE



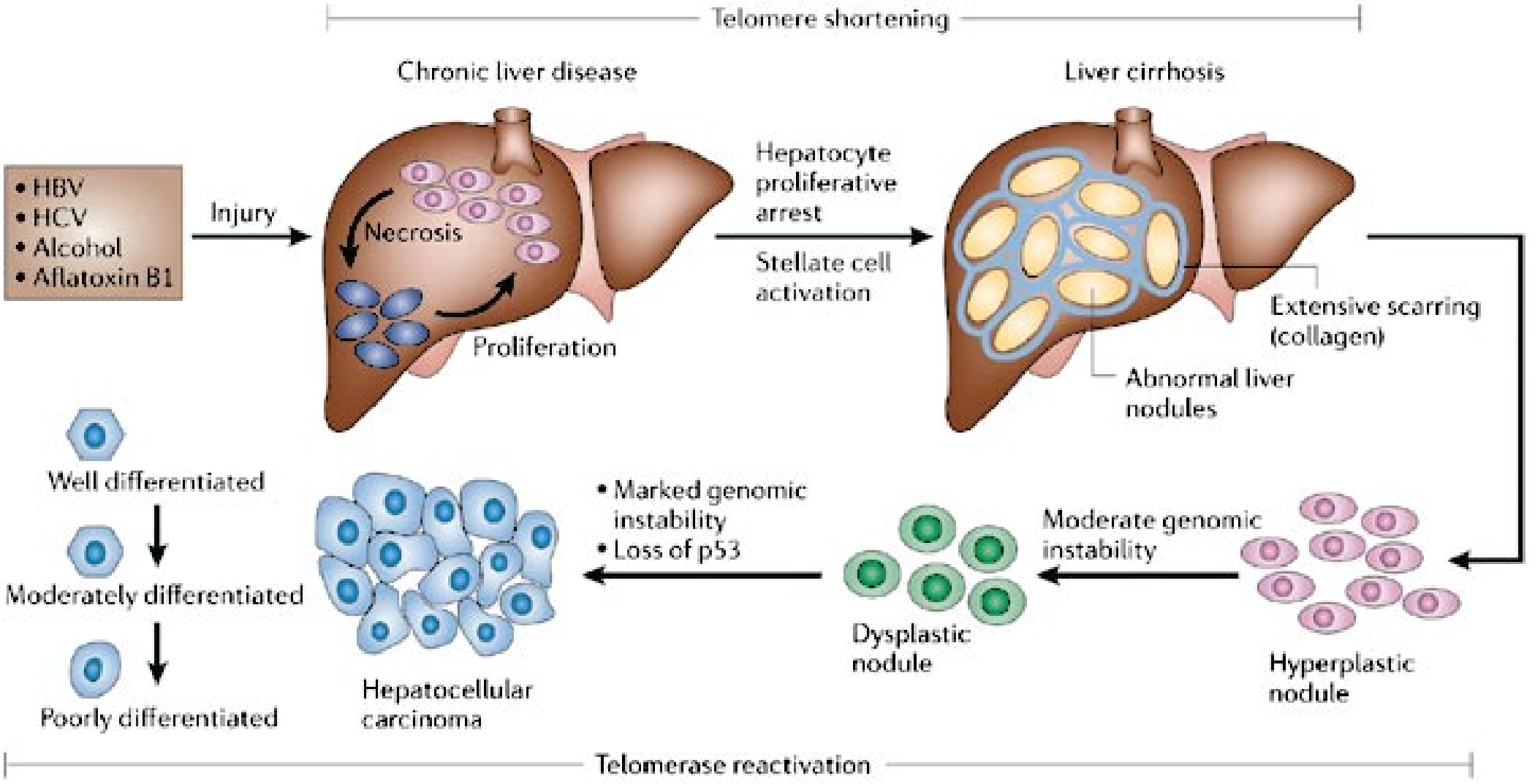
Receptors for Viral entry



HCV receptors for cell entry.
Ashfaq *et al. Virology Journal* 2011 **8**:161 doi:10.1186/1743-422X-8-161

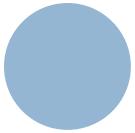
HCV Life Cycle 2

- HCV-associated disease results from viral persistence leading to long term inflammation and cell turnover



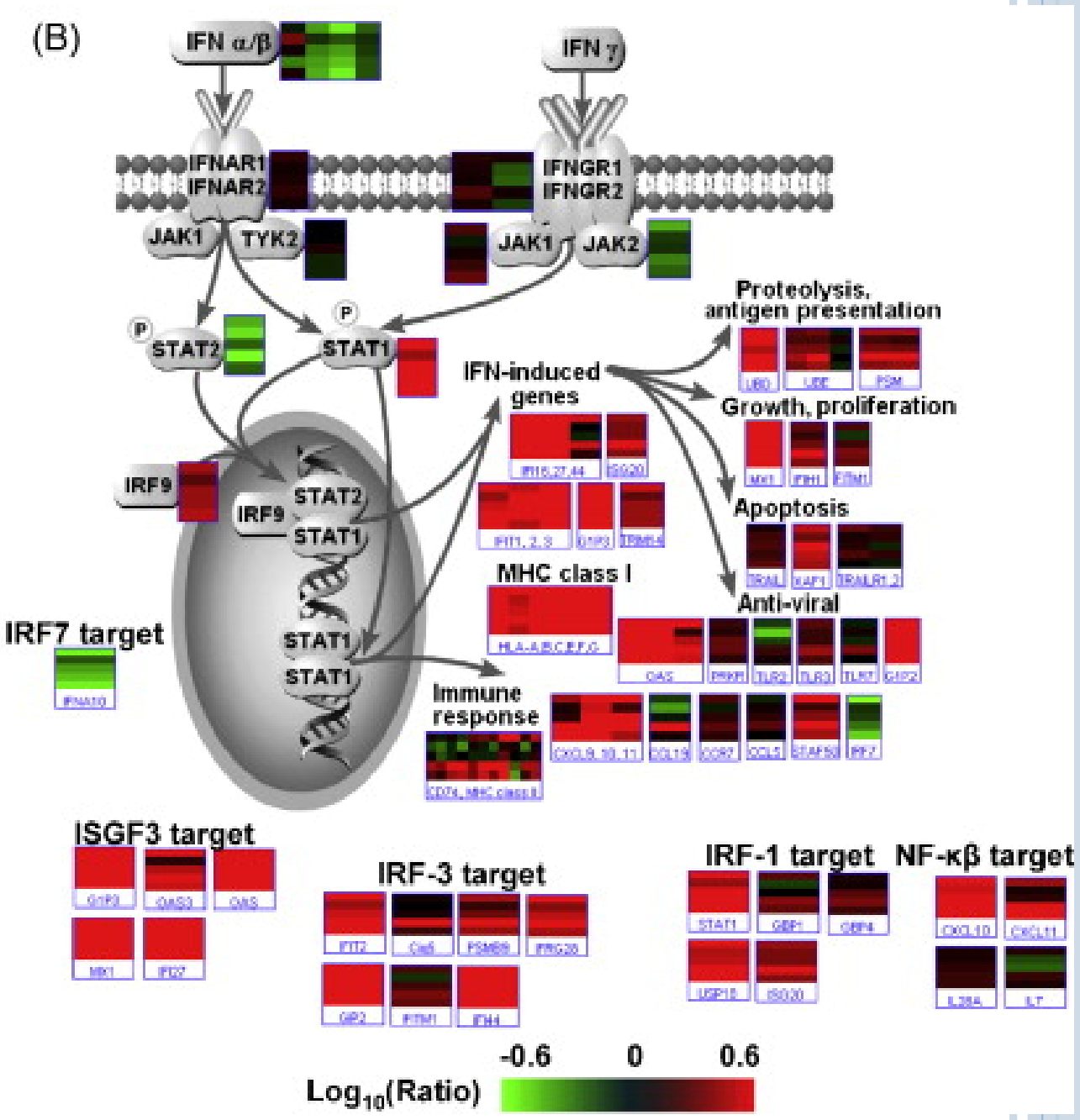
What Arms of the immune response are useful against HCV?

- Innate immunity
  - Antiviral effectors such as IFN that act on host cells, regulating key components of cell biology to limit viral growth and spread
- Antibody-mediated clearance
  - In principle, antibodies should be able to remove virus as it spreads from cell to cell
  - In practice, the correlation of antibody with HCV clearance and outcome is controversial or lacking
  - Patients with high levels of *neutralizing* antibodies nevertheless maintain chronic infection, indicating that neutralizing antibodies are not *sterilizing*
- Cell-mediated clearance
  - Infected cells can be killed before releasing progeny virions
  - Thought to be the primary means of long term control in HCV infection



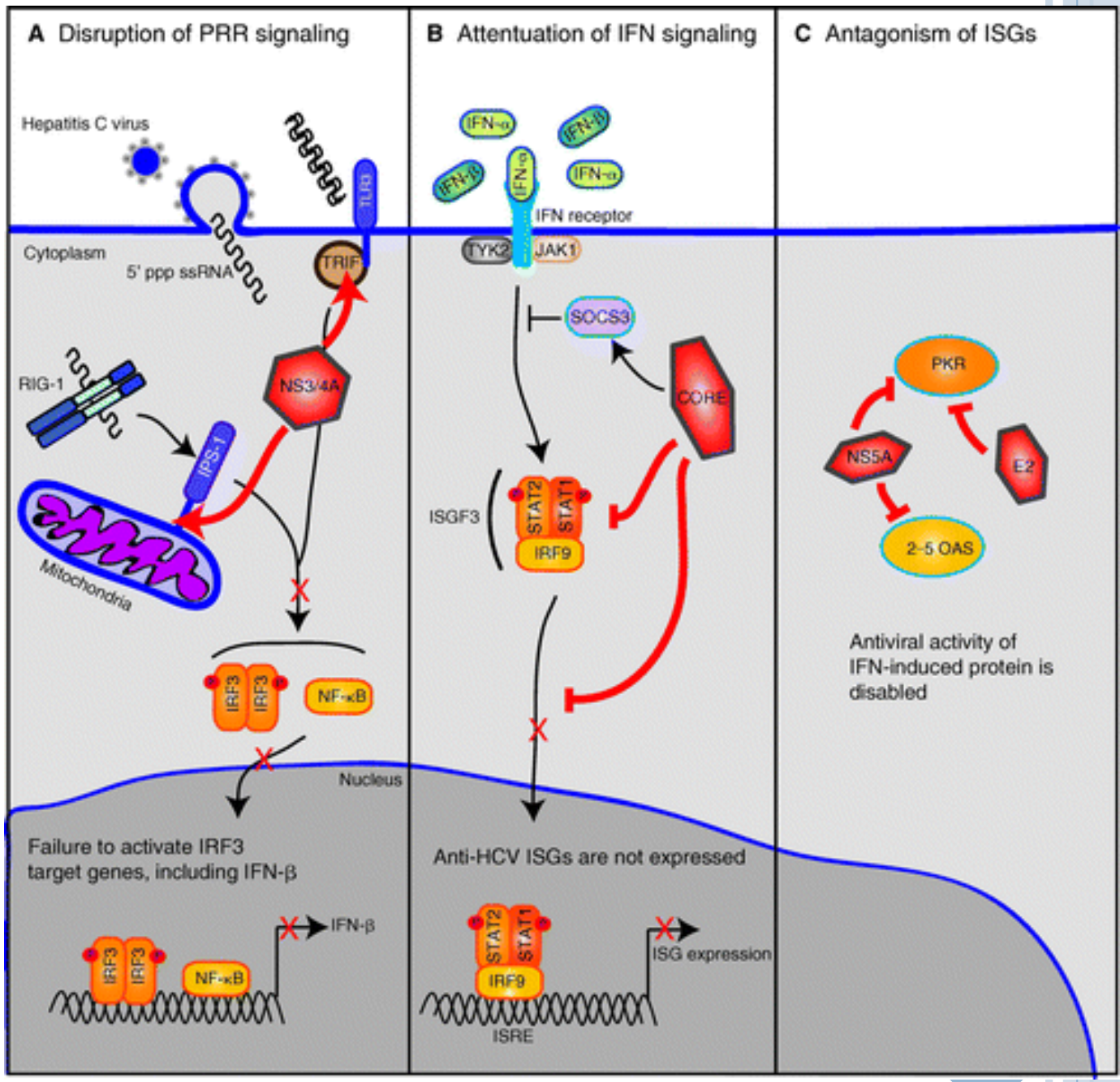
Induction of innate Immunity in Patients

- IFN-induced genes interfere with viral replication directly:
  - Reducing protein synthesis by inhibiting initiation factors (PKR, ISG56)
  - Targeting of viral RNA (OAS, RNAseL)
- Innate responses can enhance or initiate adaptive resposnes
  - MHC I expression
  - Chemokine secretion and recruitment of responder cells



Innate Recognition of HCV

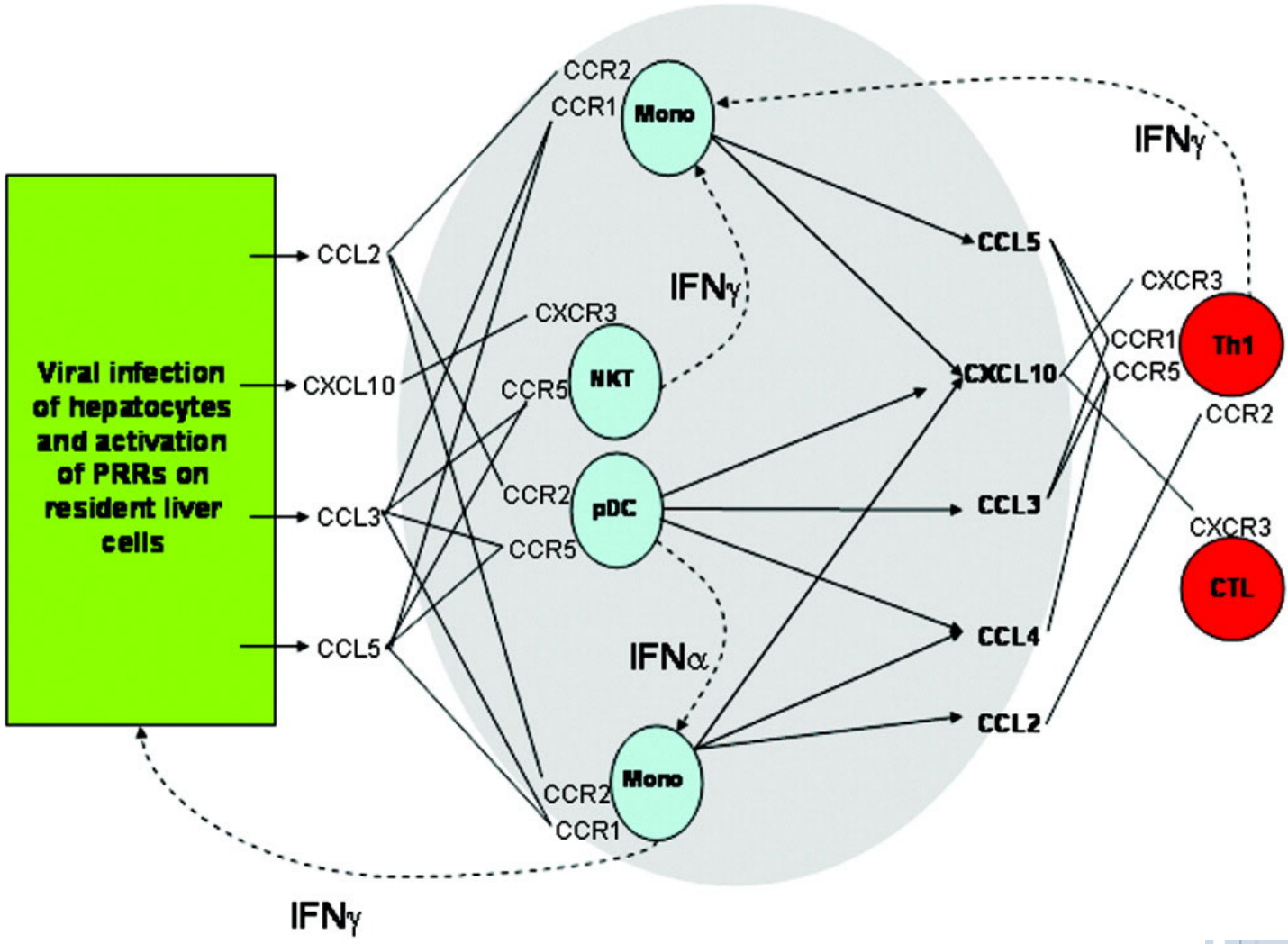
- The generation of dsRNA structures in HCV replication leads to recognition by multiple innate pathways
- HCV subverts these pathways by sequestering or cleaving key components of innate recognition
- The effects are both qualitative and quantitative on the ensuing innate response



Stacy M. Horner, Michael Gale. Journal of Interferon & Cytokine Research. September 2009, 29(9): 489-498

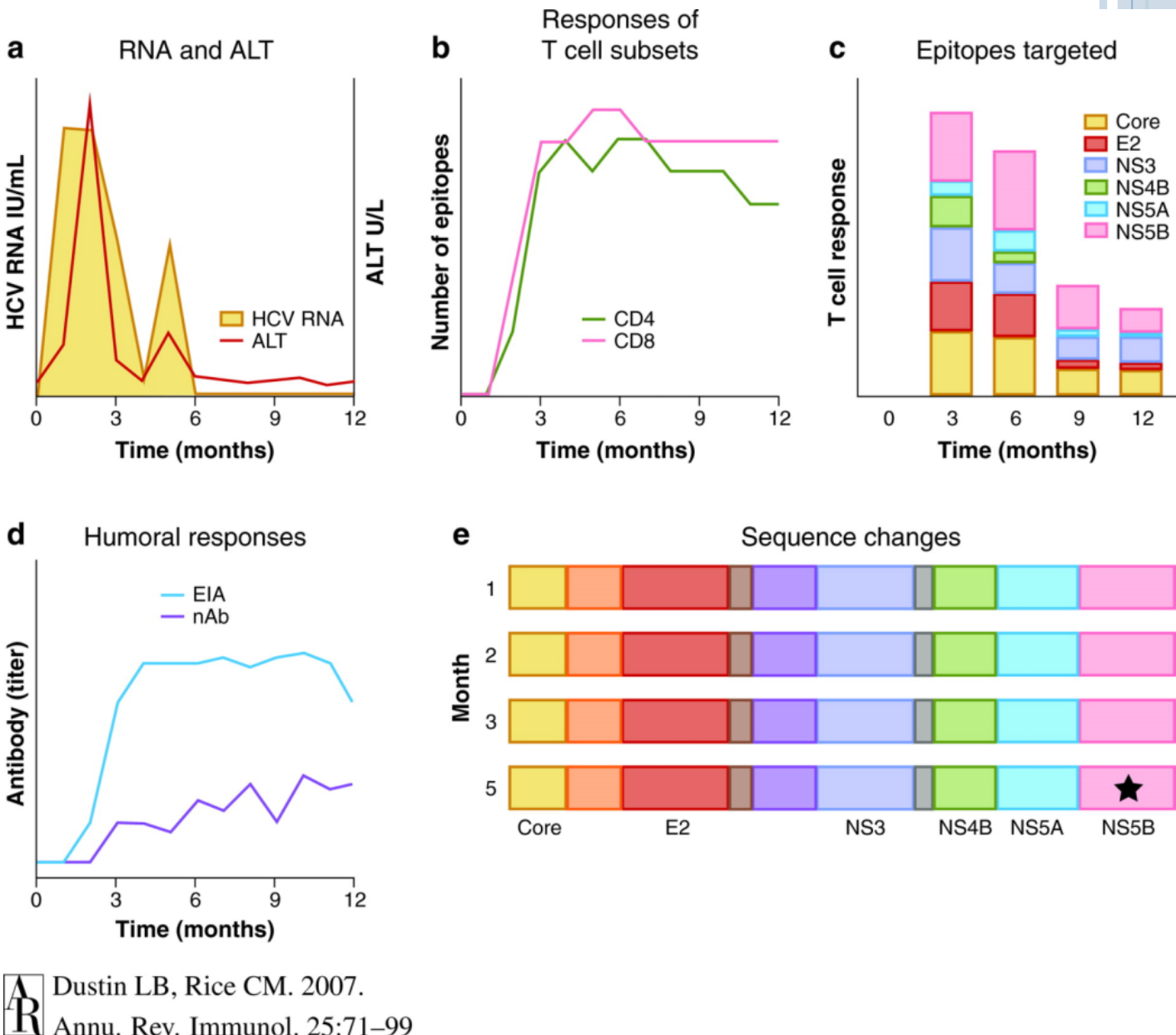
INNATE ACTIVATION OF ADAPTIVE RESPONSES

- The innate response results in the recruitment and "biasing" of key innate and adaptive cell types, including NK cells, NKT cells, antigen-presenting cells (monocytes/macrophages) and ultimately CD_4 T cells that will orchestrate the adaptive response



Successful HCV Control (Sustained Virological Response) is mediated by Robust Adaptive Immunity

- Broad-based immunological repertoires (targeting multiple epitopes with diverse populations) control acute and prevent the development of chronic infections—particularly CD4 and CD8 cells (the role of antibody is controversial)



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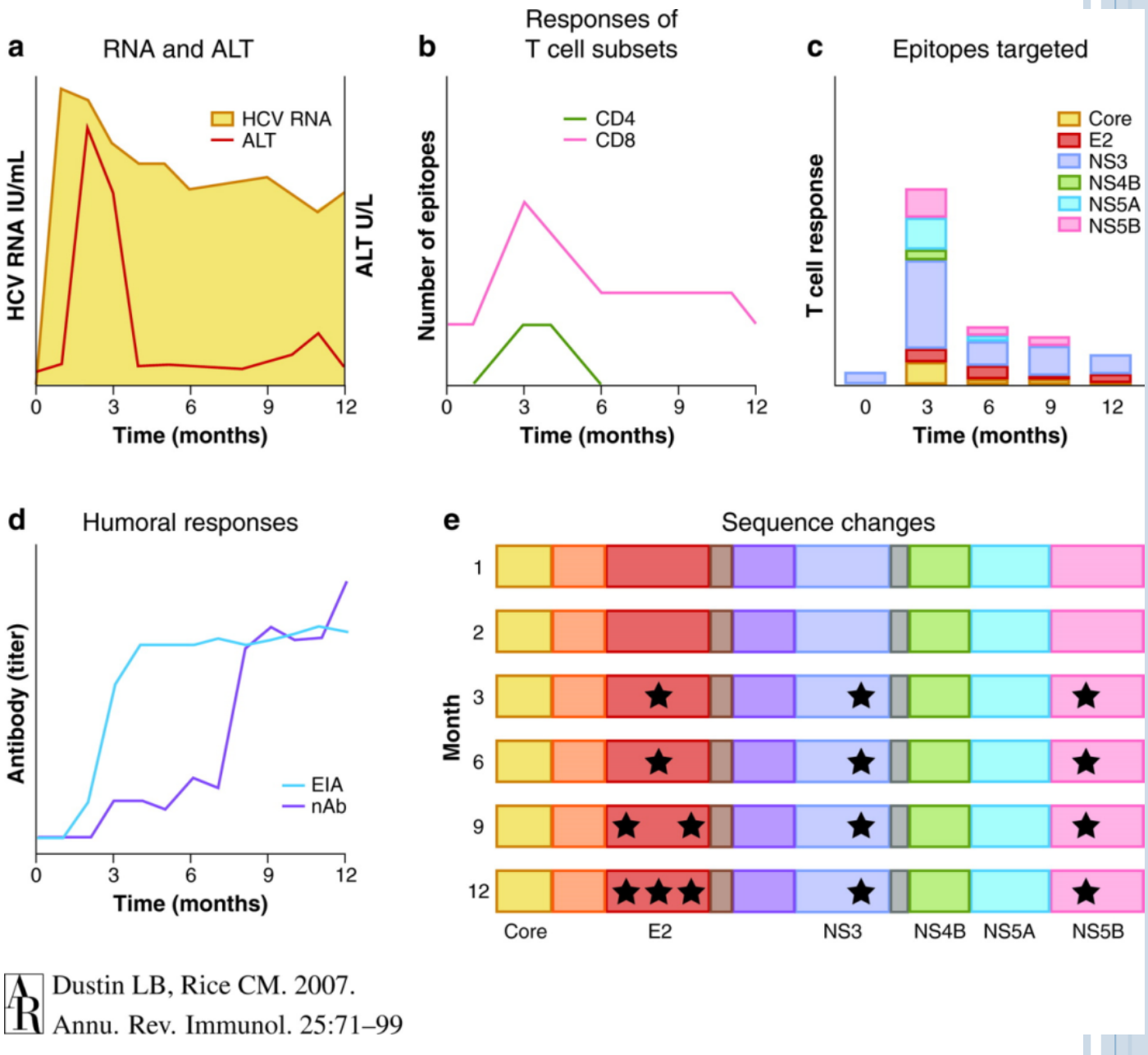
Chronic HCV infections result from poor T cell control, epitope escape and Limited Repertoires

- Limited TCR diversity, restricted epitope targets and dysfunctional T cell regulation result in weak T cell responses that are unable to avoid immunological escape



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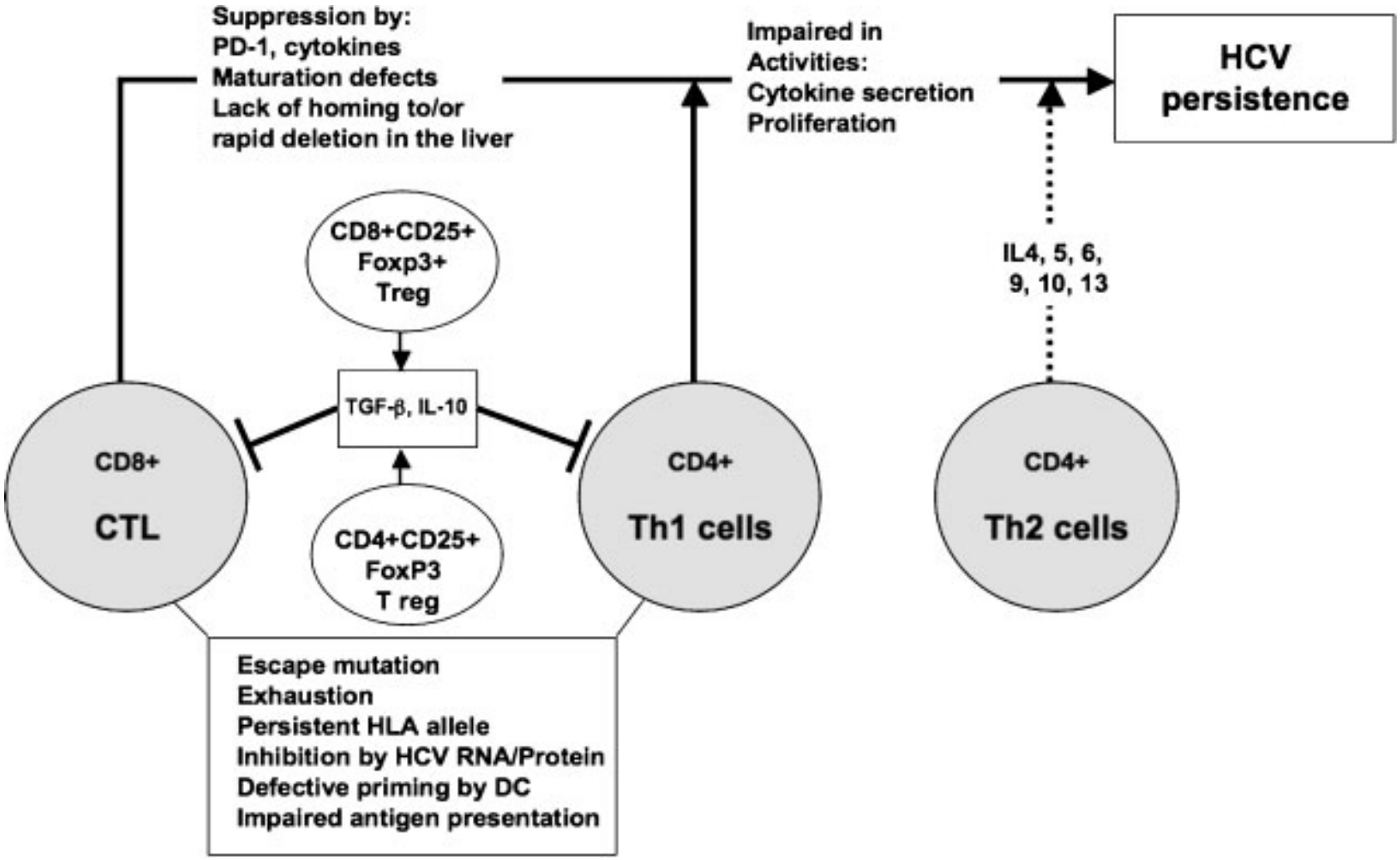
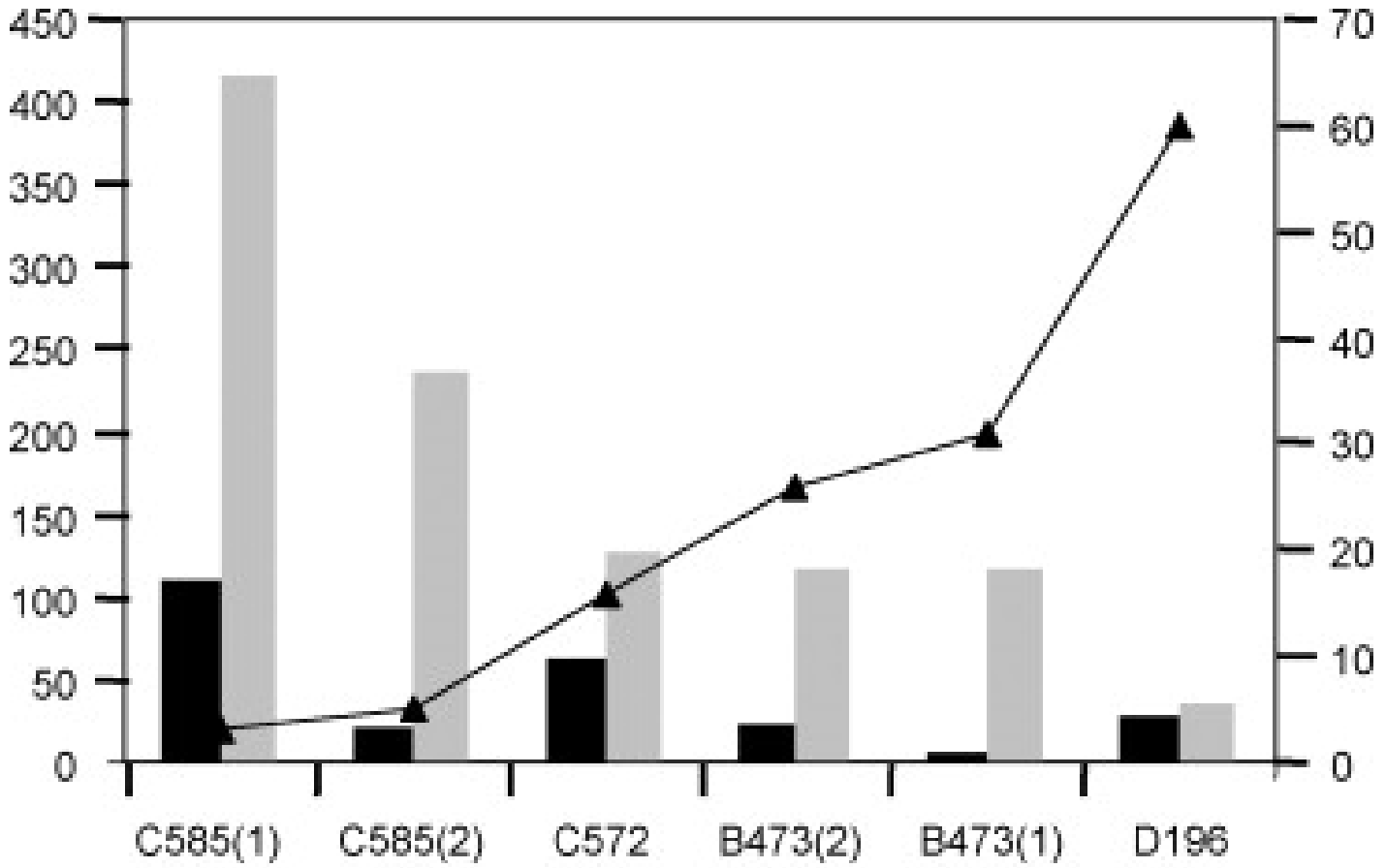
Chronic infections and Immunosuppression



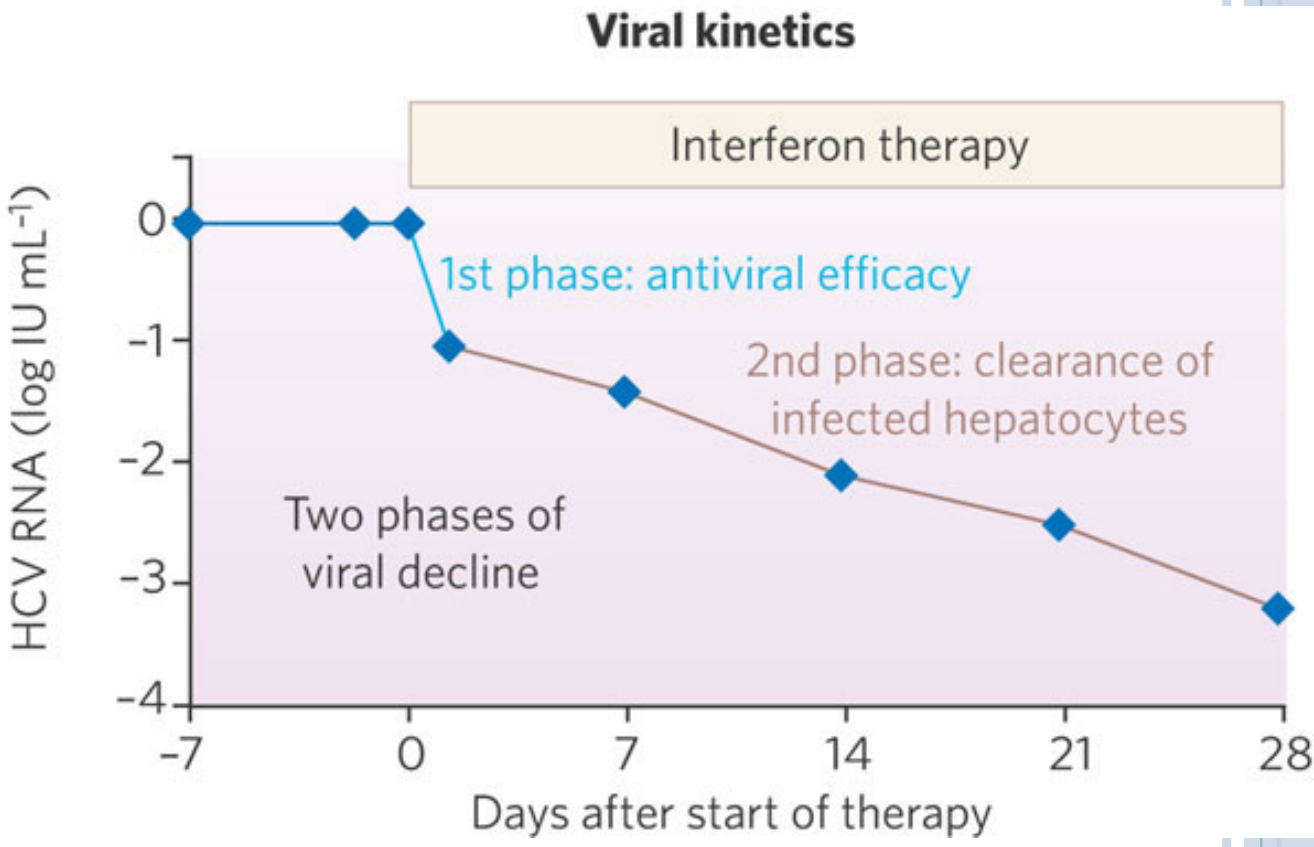
- Th2 biasing or immune senescence result in the downregulation of aggressive immunological control by CTL, providing the opportunity for viral escape and establishment of chronic infection

Control of Acute infection correlates with Interferon-Induced Genes



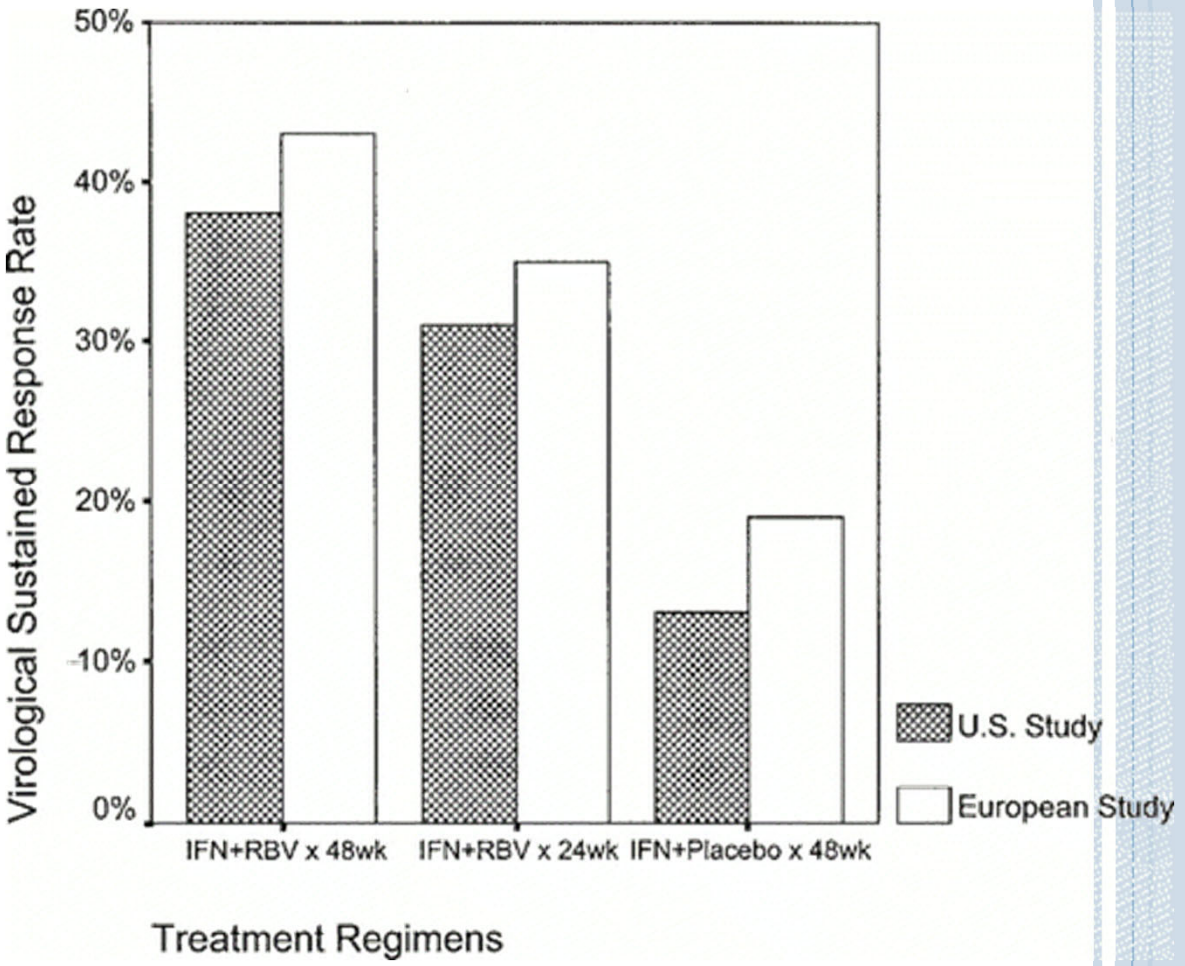
Treatment: Type I Interferon

- First therapy introduced for HCV
- Full mechanism of action unclear—presumably enhances the "normal" interferon response pathways
- Genotype of virus, low baseline levels of HCV RNA and stage of infection are the strongest correlates of efficacy
- Suggestions that immunomodulation may play a role and that high dose-inteferon may overcome some of the "regulatory" negative feedback loops active in the infected host
- Overall, the specific mechanism has not been clearly demonstrated biologically



Combination Therapy is significantly more effective

- Inteferon alone only yields a 20-25% response rate following a 12-18 month course
- Combination therapy with the "broad based" antiviral ribavirin results in 40% of individuals with SVR (30% genotype 1, 65% genotype 2 or 3)



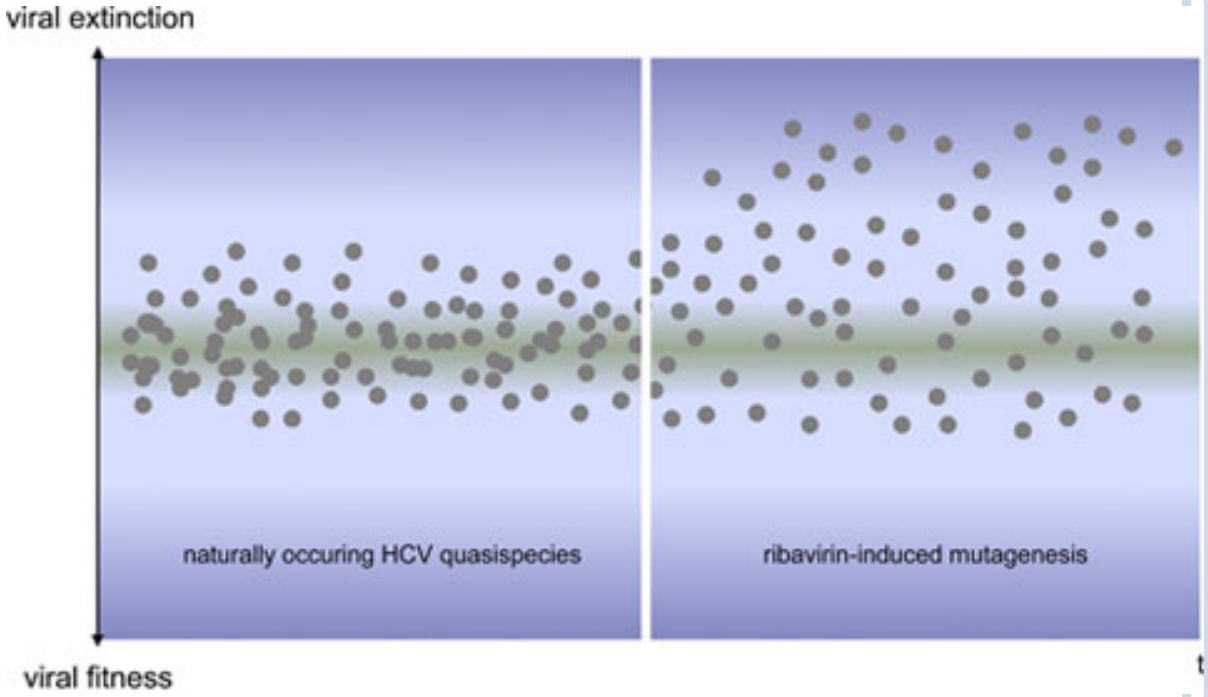
How does ribavirin work against HCV?

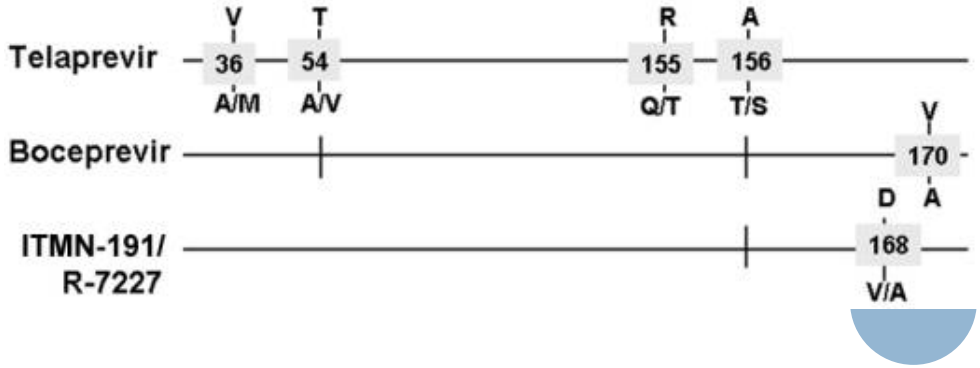
- Ribavirin was initially designed as a nucleoside analog and developed as an anti-influenza drug, but failed to receive FDA approval or show significant efficacy in humans
- It has been used to treat hemorraghic fevers, RSV and is again under consideration as combination therapy for influenza
- Proposed Mechanisms:
  1) Immunomodulatory properties
  2) Inhibition of the inosine monophosphate dehydrogenase (IMPDH)
  3) Direct inhibition of the HCV-encoded NS5B RNA polymerase
  4) Induction of lethal mutagenesis
  5) Modulation of interferon-stimulated gene (ISG) expression

What data would help resolve ribavirin's mechanism?

Interferon reduces viral production--given the proposed mechanisms, how should ribavirin work?

1) Immunomodulatory properties—**Should act independently of interferon**
2) Inhibition of the inosine monophosphate dehydrogenase (IMPDH)**—Should reduce viral production, be guanosine dependent**
3) Direct inhibition of the HCV-encoded NS5B RNA polymerase—**Should reduce viral production, put pressure on polymerase to mutate**
4) Induction of lethal mutagenesis—**Viral production maintained, infected cell number maintained (clearance by decay), new cells infected at a lower rate**
5) Modulation of interferon-stimulated gene (ISG) expression—**Direct antiviral effects like interferon, should shift ISG expression from negative feedback pathways and be synergistic with poor interferon responders.**

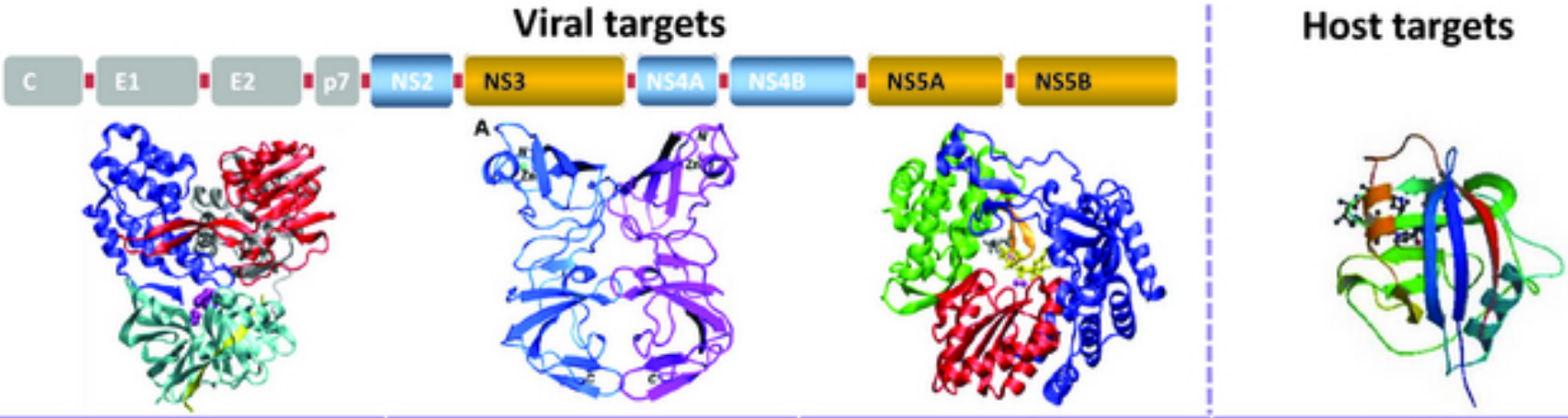




Determining an antivral treatment's mode of action

- Biological *in vitro* experiments with HCV have been difficult to perform as a result of the limited nature of developed culture systems
- Alternative drugs that perform a single "ribarvirin function" do not recapitulate ribarvirin efficacy, suggesting that multiple pathways may be acting together
- Biological mechanisms can often seem plausible, but can be difficult to prove conclusively that they play an important role (particularly when the drug is "reverse engineered" to the pathogen)
- Mathematical modeling from real infection data provides a compelling argument for the viral life cycle stage(s) that might be affected

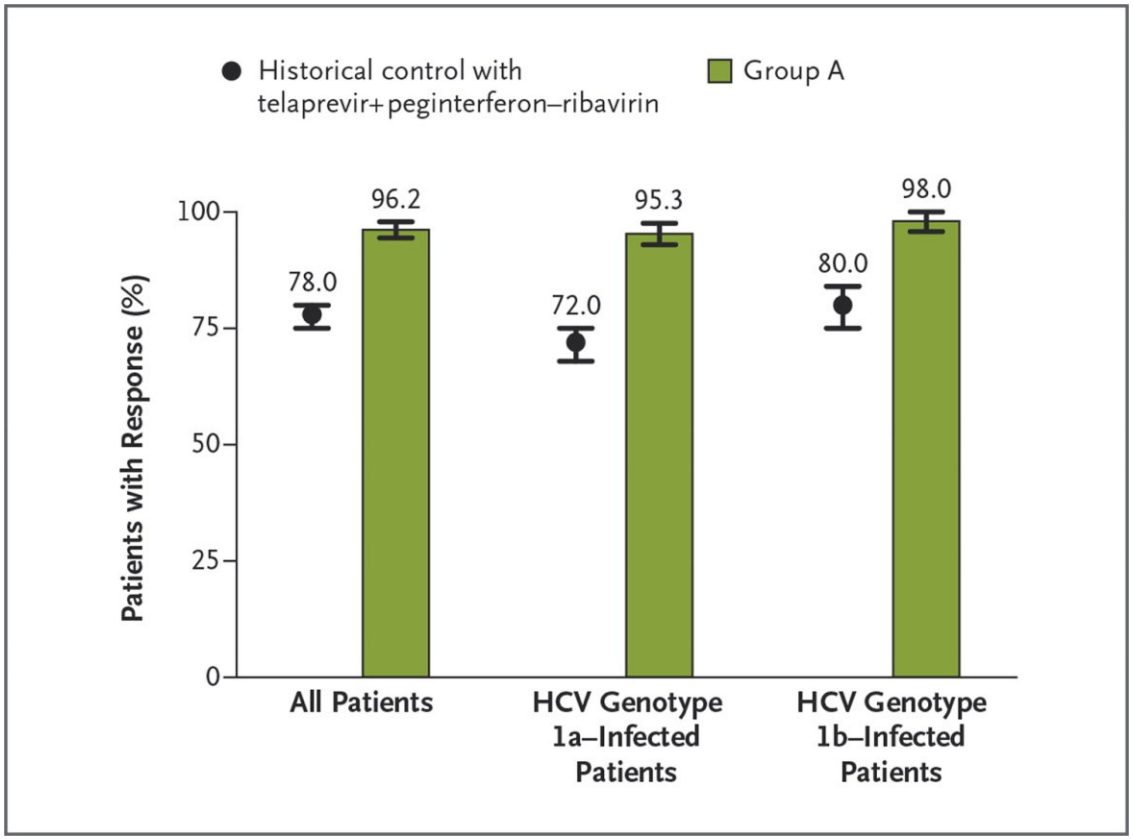
New Drug Treatments for HCV

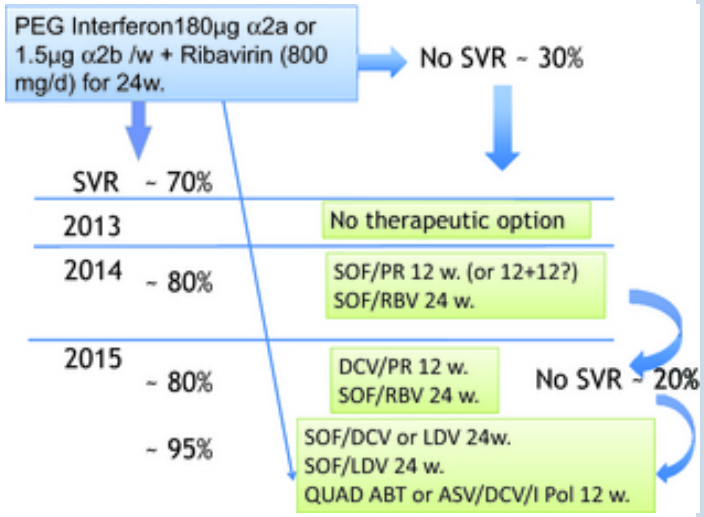


NS3	NS5A	NS5B	Cyclophilin A
The NS3/4A serine protease	Multifunctional phosphoprotein, component of the HCV-RNA replication complex	RNA-dependent RNA polymerase	Host protein interacting with NS5A and the NS5B
Boceprevir **Telaprevir** ABT-450/r, ACH-1625 Asunaprevir, TMC-435 (Simeprevir), BI-201335 Danoprevir/r, GS-9451 MK-5172	Daclatasvir GS-5885 ABT-267 PPI-668 MK	<u>Nucleos(t)ide analogue</u> GS-7977 (Sofosbuvir), Mericitabine, IDX-184 <u>Non-nucleoside analogue</u> BI-207127, ABT-333 ABT-072, BMS-791325 Tegobuvir, Setrobuvir VX-222, Filibuvir	Alisporivir SCY-635

Liver International
Volume 34, Issue Supplement s1, pages 18–23, February 2014

Rates of Sustained Virologic Response among All Patients and According to HCV Genotype in the Historical Control Group and in Group A.

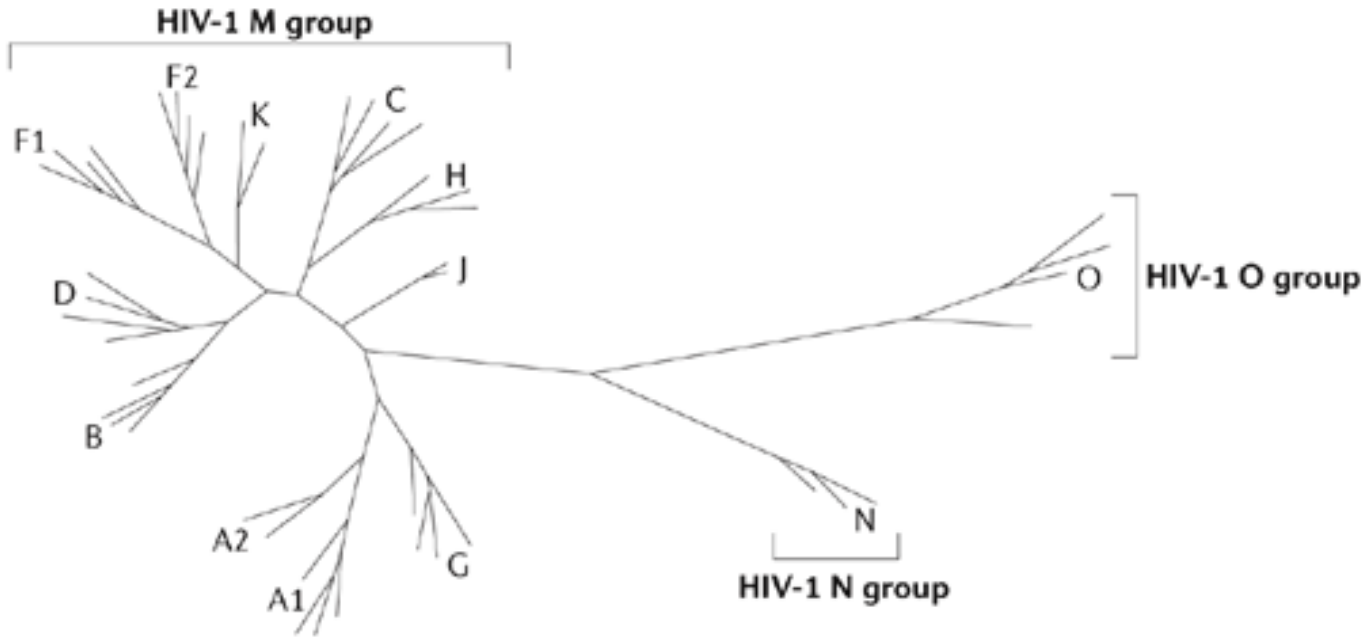




FELD JJ ET AL. N ENGL J MED 2014;370:1594-1603.

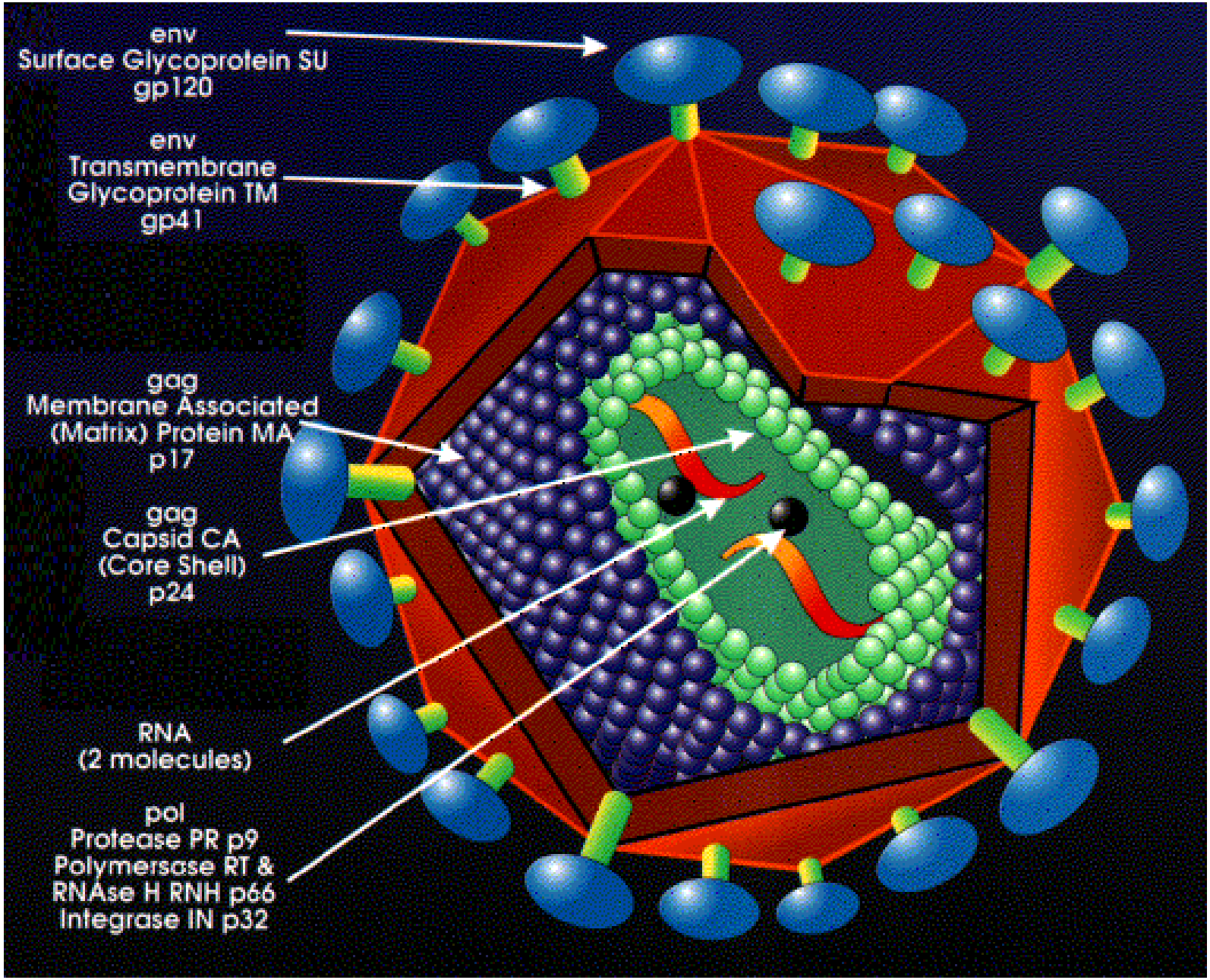
Prevalence of HIV Infection

Genetic Diversity of HIV-1

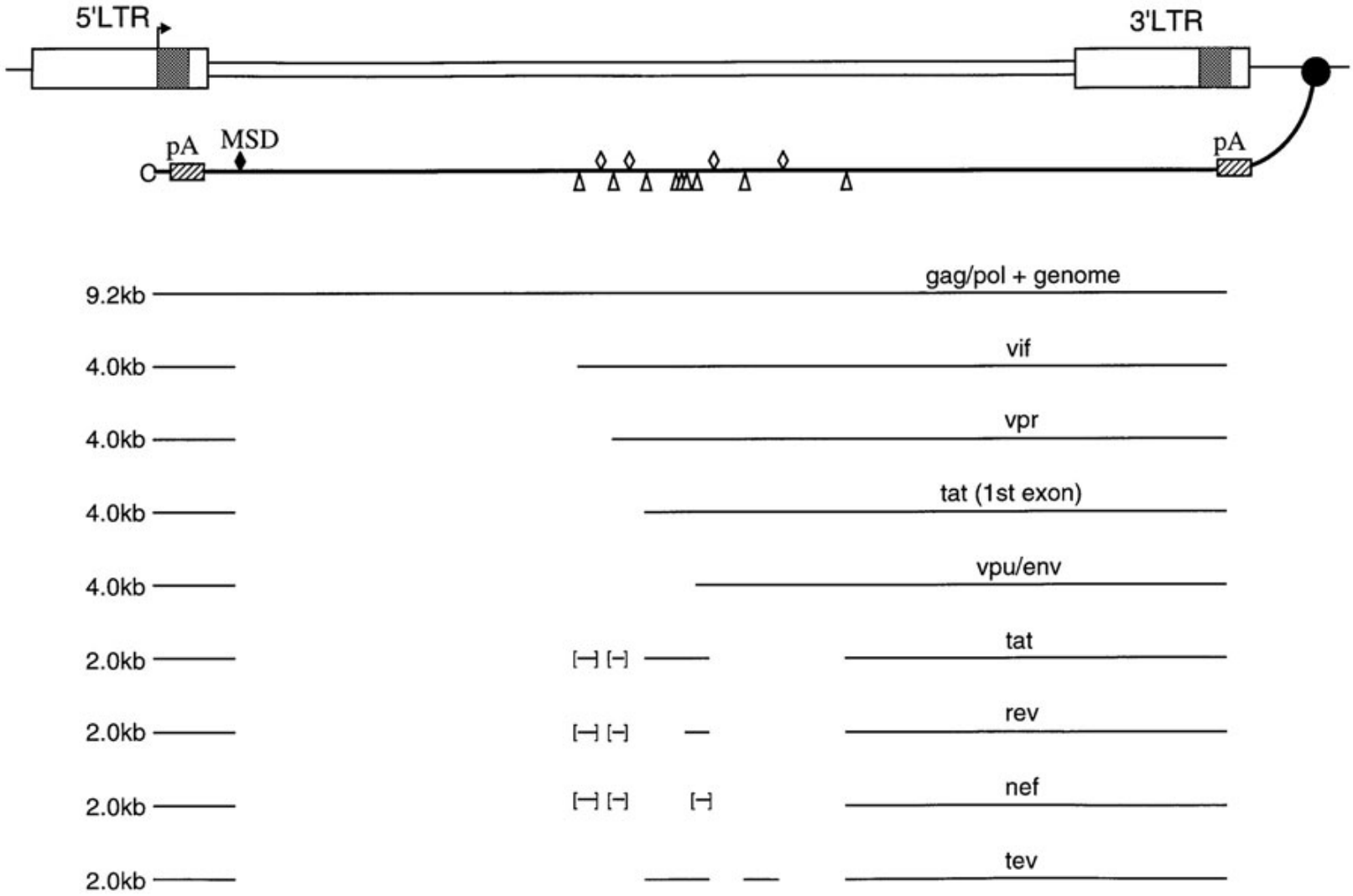


- Within HIV-1, a large sequence diversity exists with viral clades being geographically isolated
- Several studies have suggested that the clades have different biological characteristics, including disease pathogenicity and transmissibility

Virion Structure

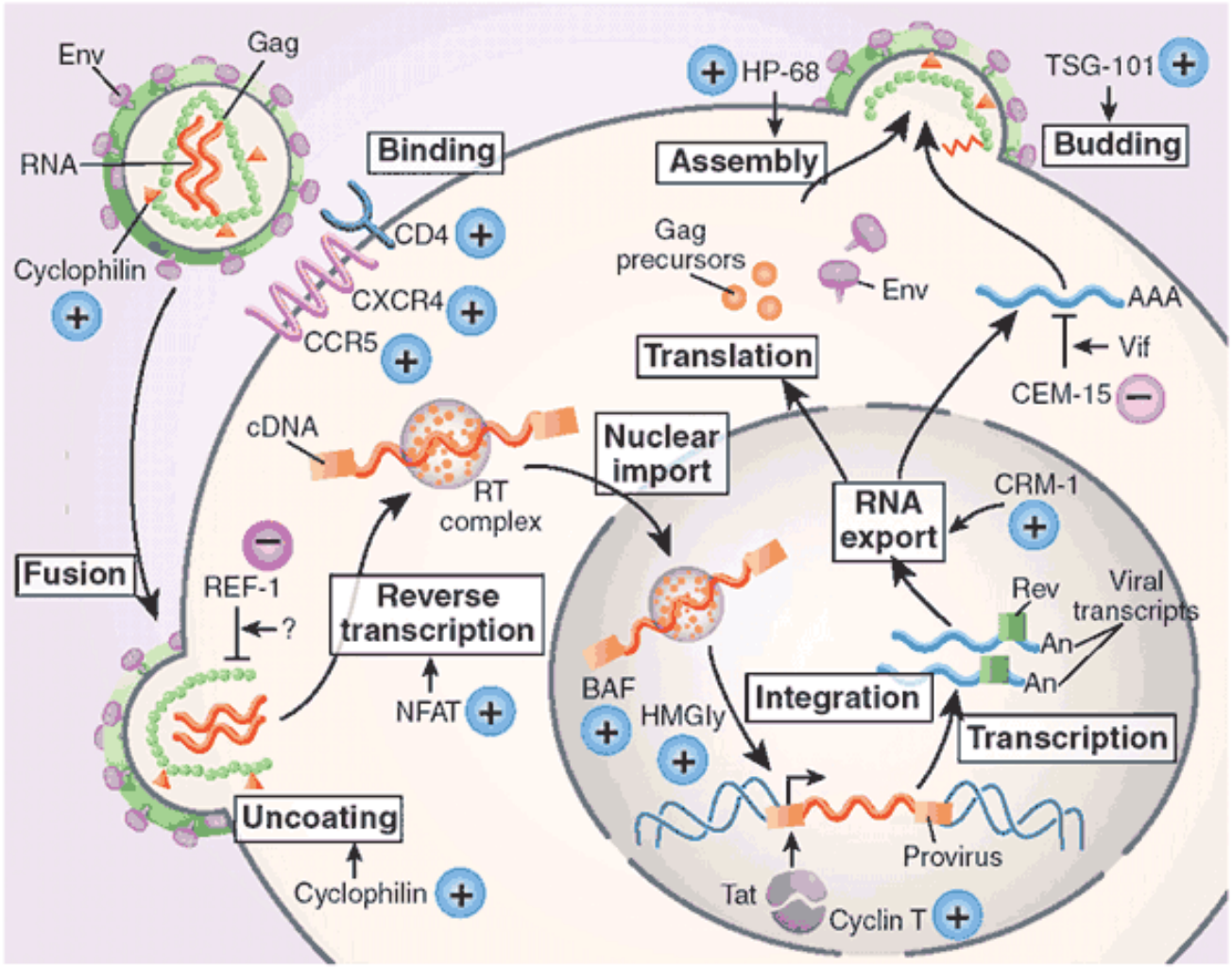


Single Stranded Genome, Multiple messages From alternative splicing



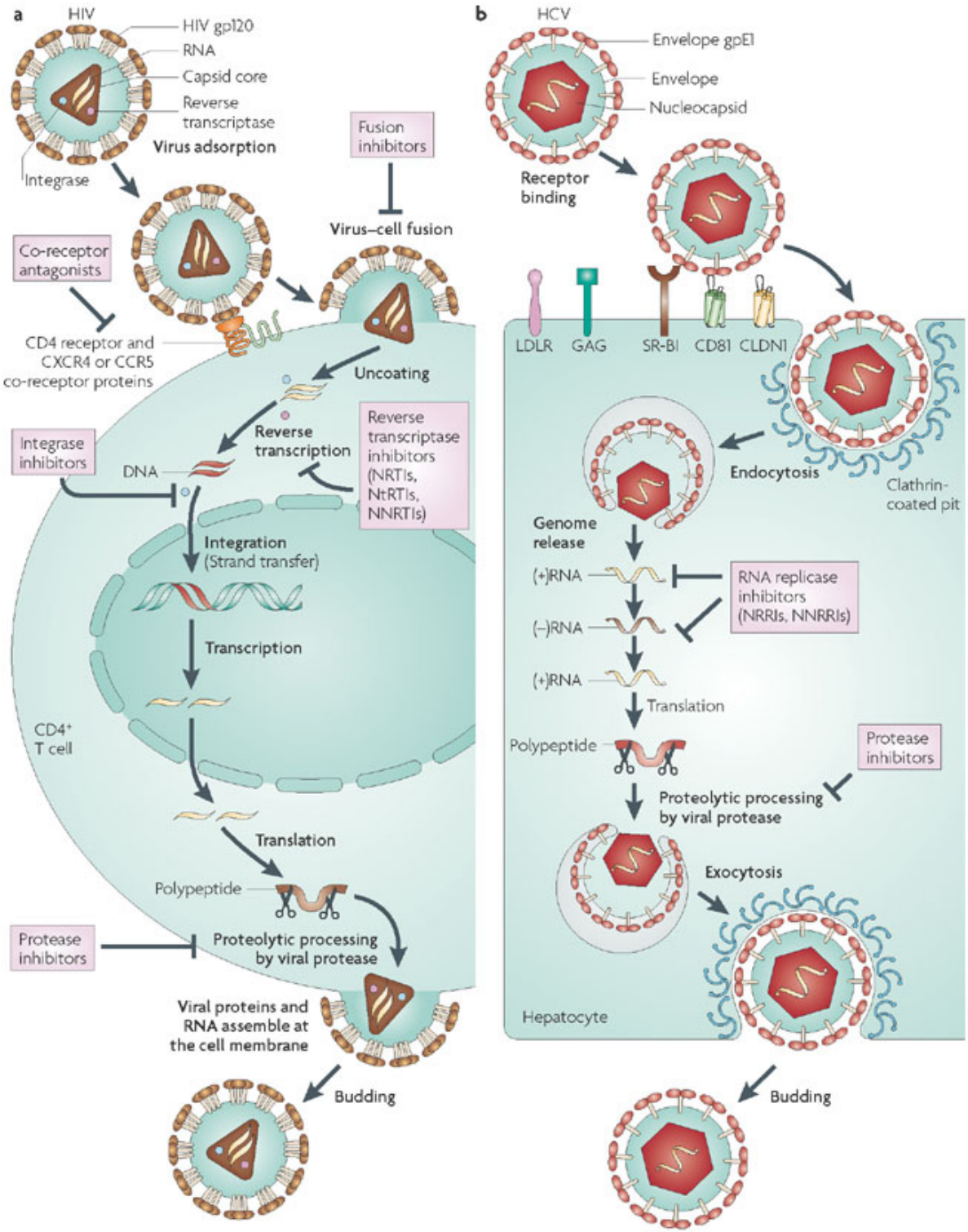
Viral Life cycle

- As a retrovirus, HIV replicates by making a DNA copy of itself that is inserted into the host genome
- Thus, an infected cell can become a stable reservoir for the long term production of viral particles

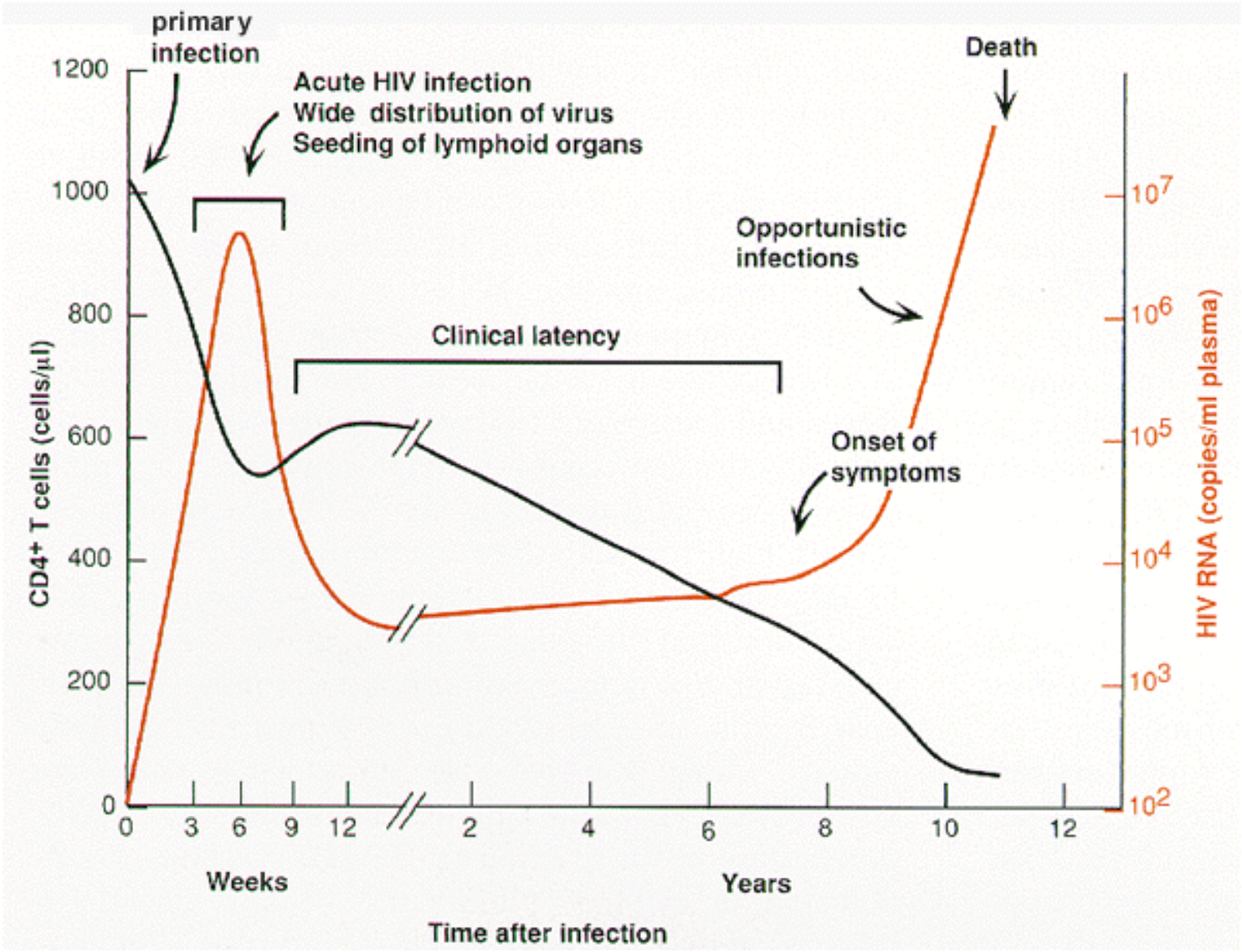


Comparison of HIV and HCV

- HIV and HCV both produce chronic infections, but are biologically very different viruses
- HIV has a DNA intermediate that become heritably integrated
- HCV is a purely RNA virus

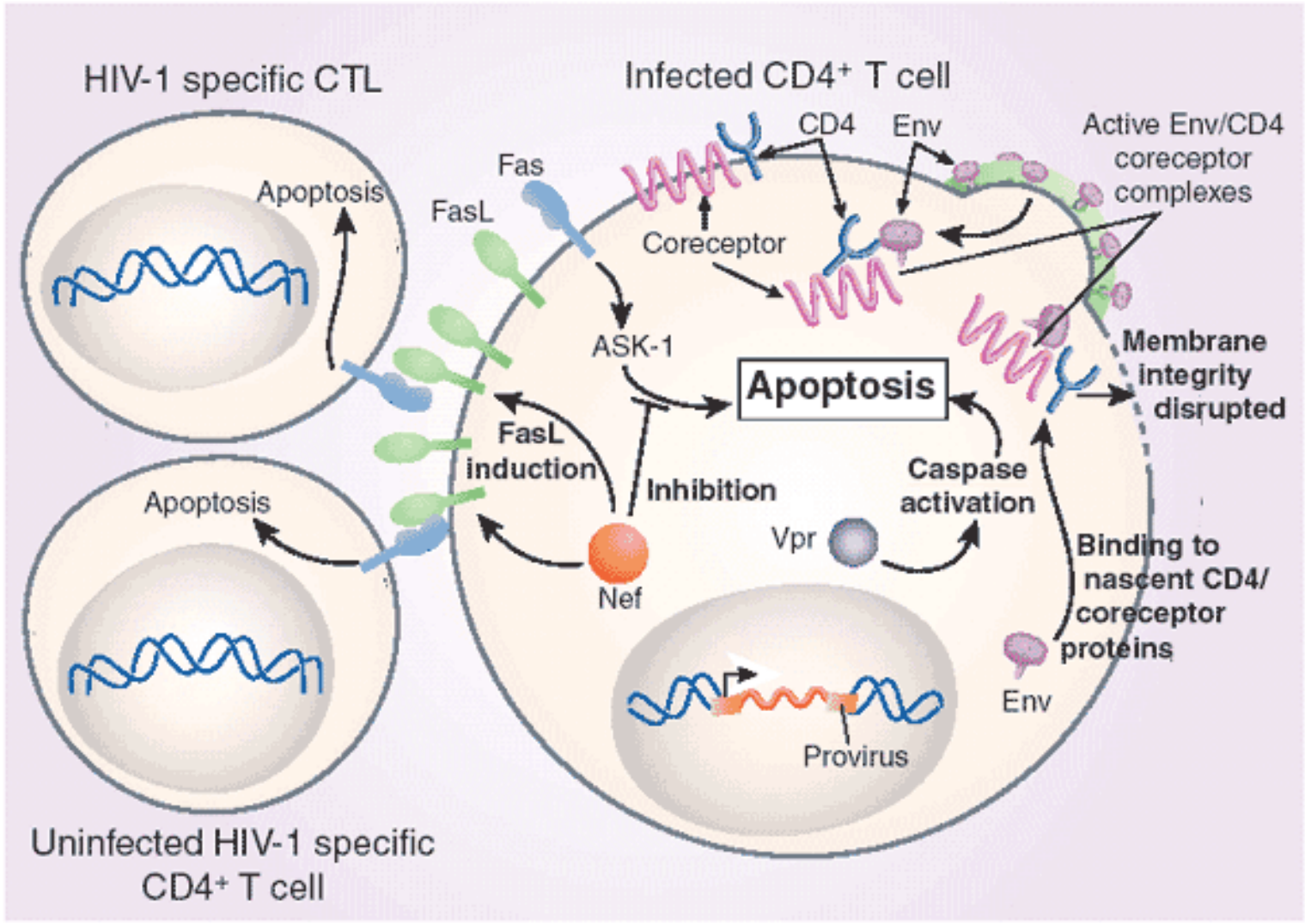


Clinical course of infection

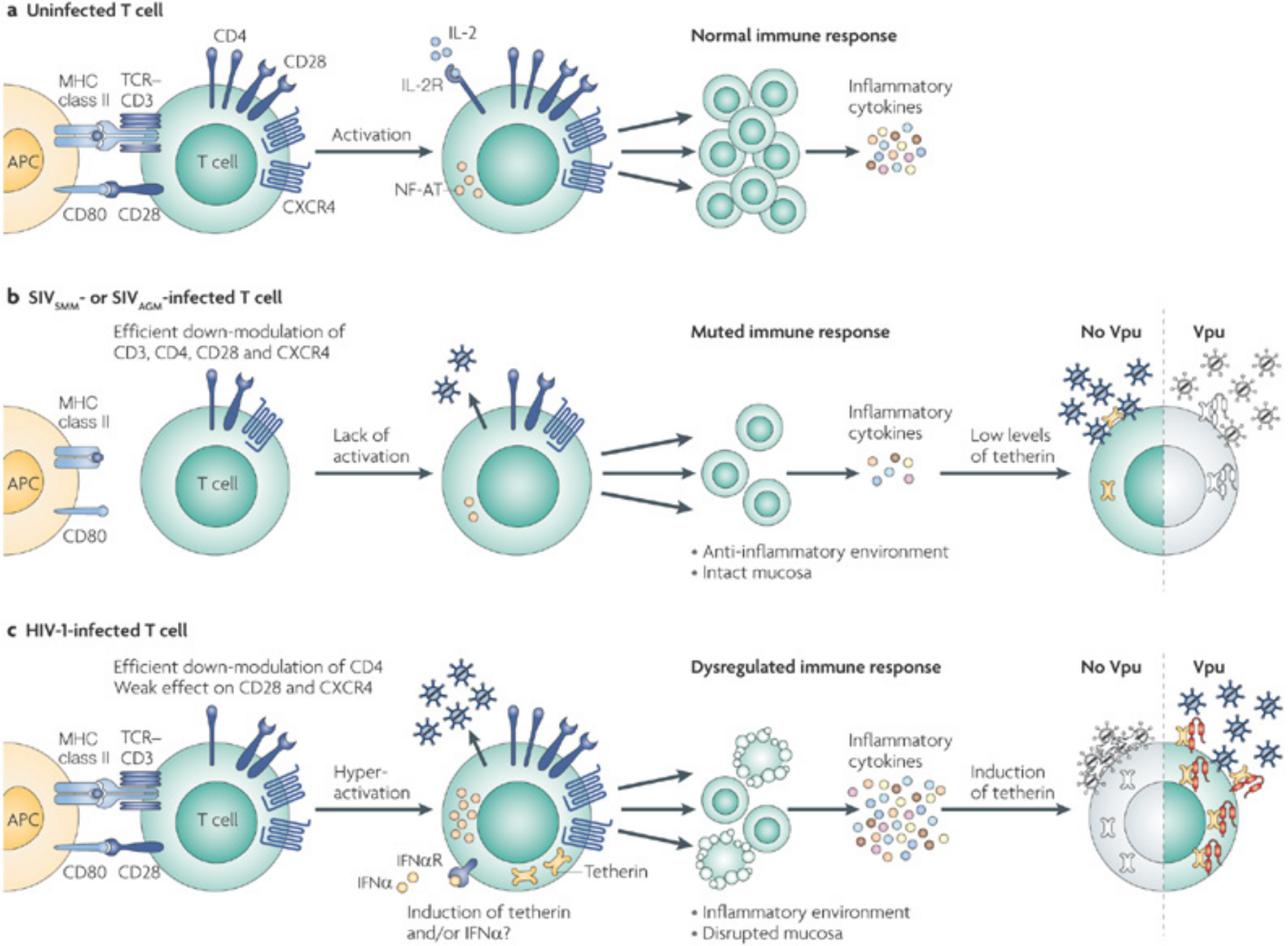


Mechanisms of Cytopathogenicity

- Viral envelope fusogenicity (ER compromised)
- Vpr activates caspases
- Nef contributes indirectly to apoptosis via FasL



Mechanisms of Immune Dysregulation



What makes HIV lethal?

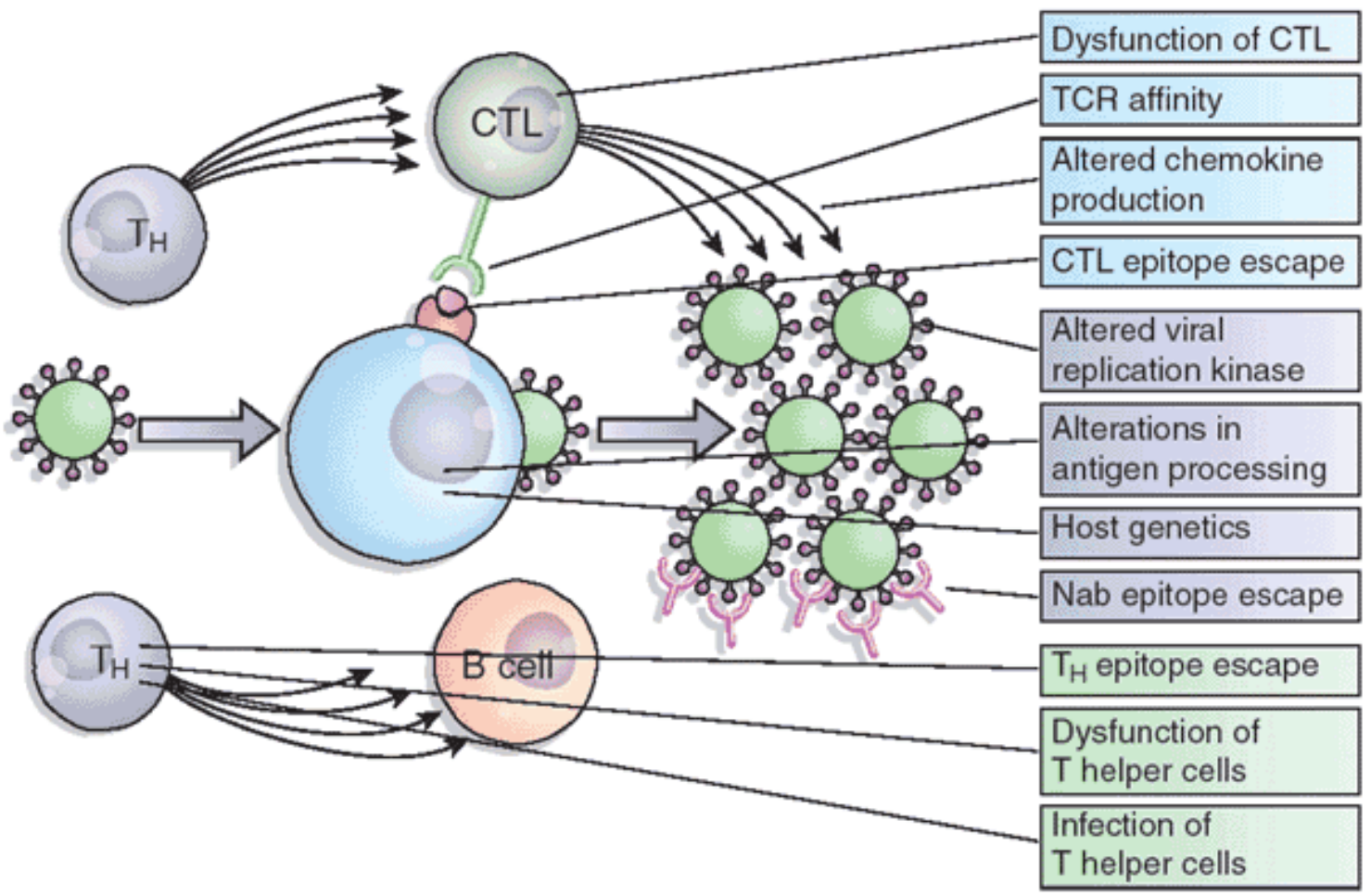
Infections	
Parasites	*Toxoplasma* spp. *Cryptosporidium* spp. *Leishmania* spp. *Microsporidium* spp.
Intracellular bacteria	*Mycobacterium tuberculosis* *Mycobacterium avium intracellulare* *Salmonella* spp.
Fungi	*Pneumocystis carinii* *Cryptococcus neoformans* *Candida* spp. *Histoplasma capsulatum* *Coccidioides immitis*
Viruses	Herpes simplex Cytomegalovirus Varicella zoster

Malignancies
Kaposi's sarcoma - HHV8 Non-Hodgkin's lymphoma, including EBV-positive Burkitt's lymphoma Primary lymphoma of the brain

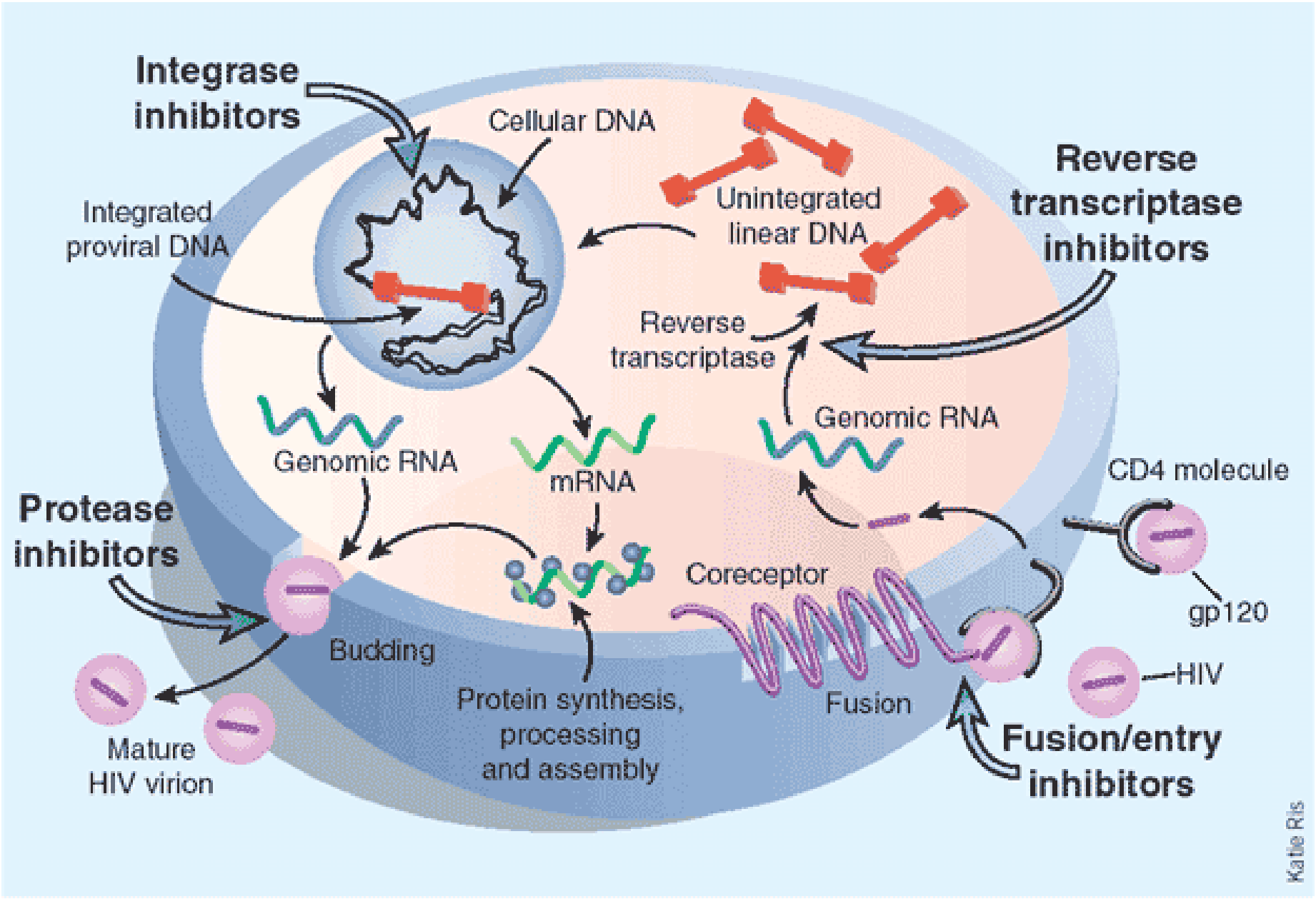
Figure 11-30 Immunobiology, 6/e. (© Garland Science 2005)

WHY IS HIV UNLIKE ANY OTHER CHRONIC INFECTION?

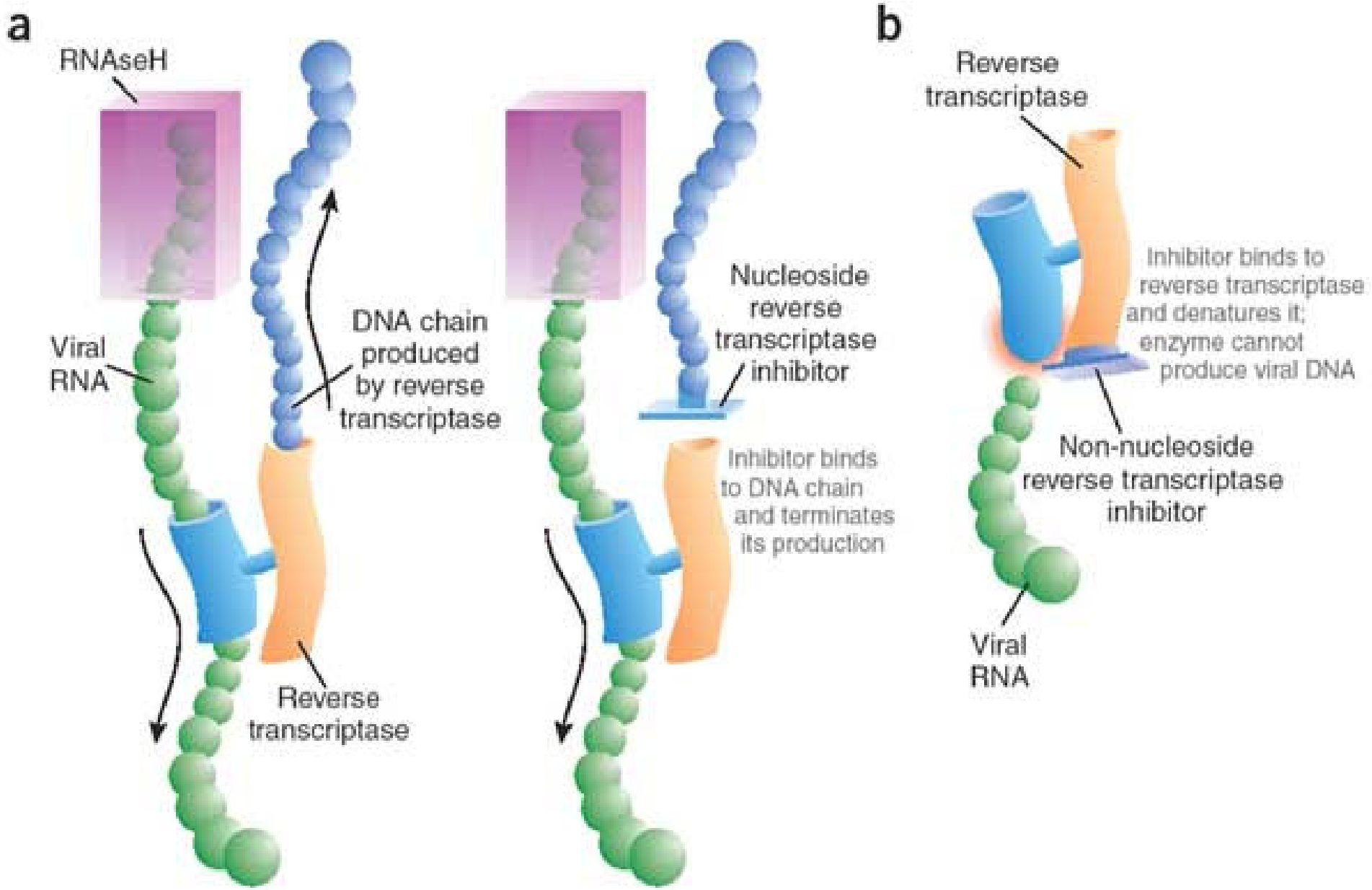
- A combination of "traditional" immune evasion mechanisms (CTL escape, antigen masking) and non-traditional (attacking immune function and cell compartments directly



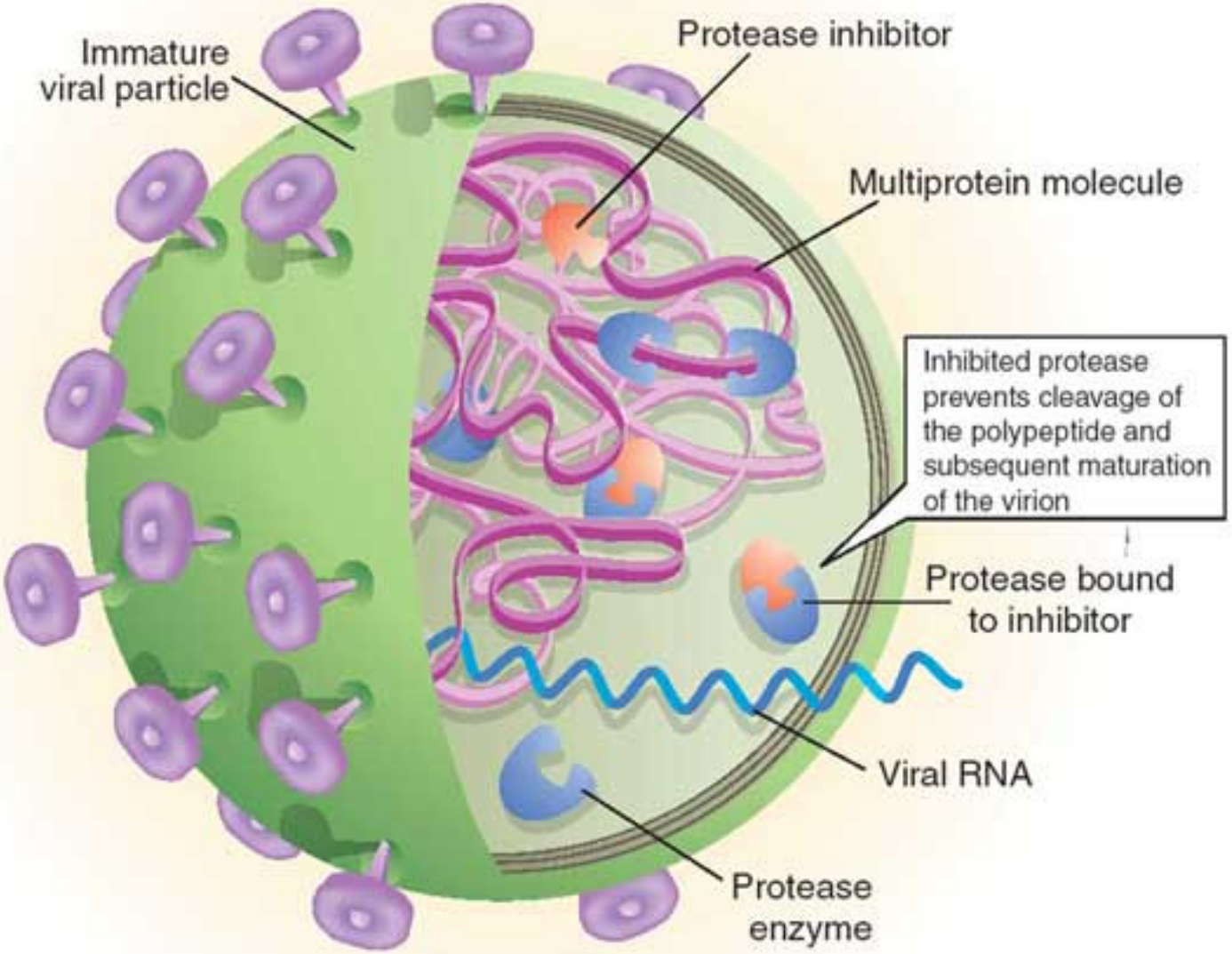
Can infection be effectively controlled?



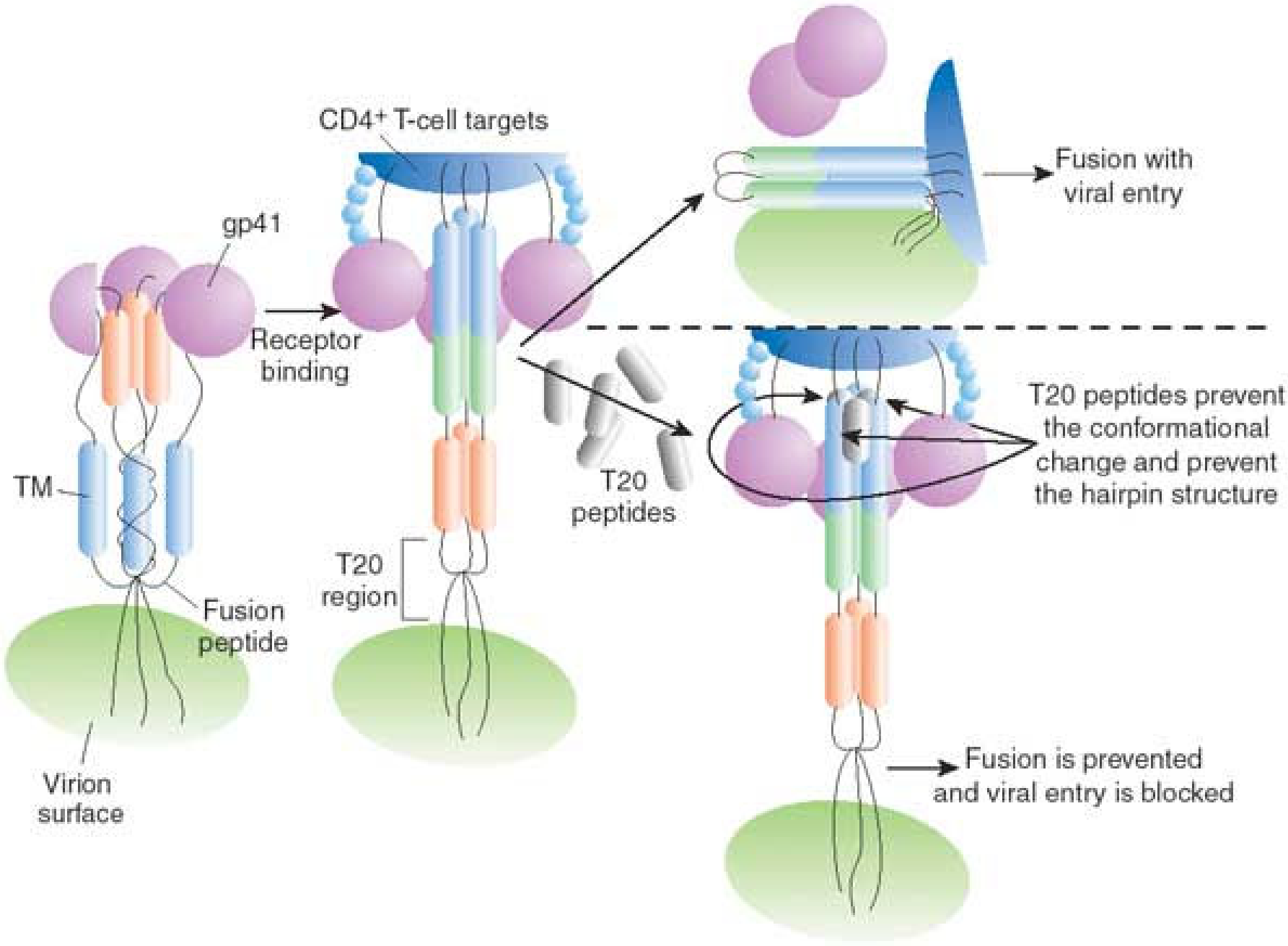
Mechanisms of RT Inhibitors



Mechanism of Protease Inhibitors

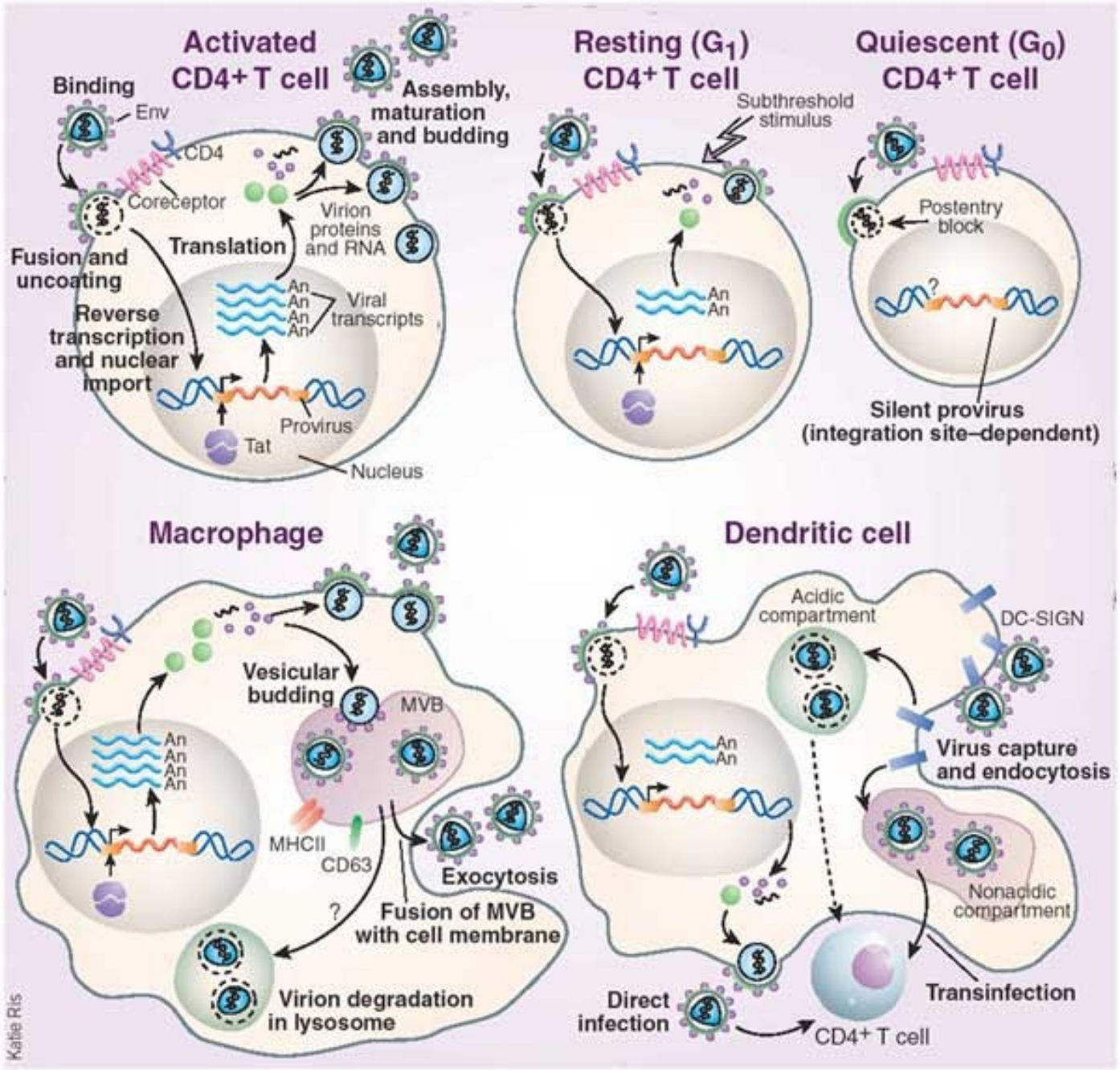


Fusion Inhibitors



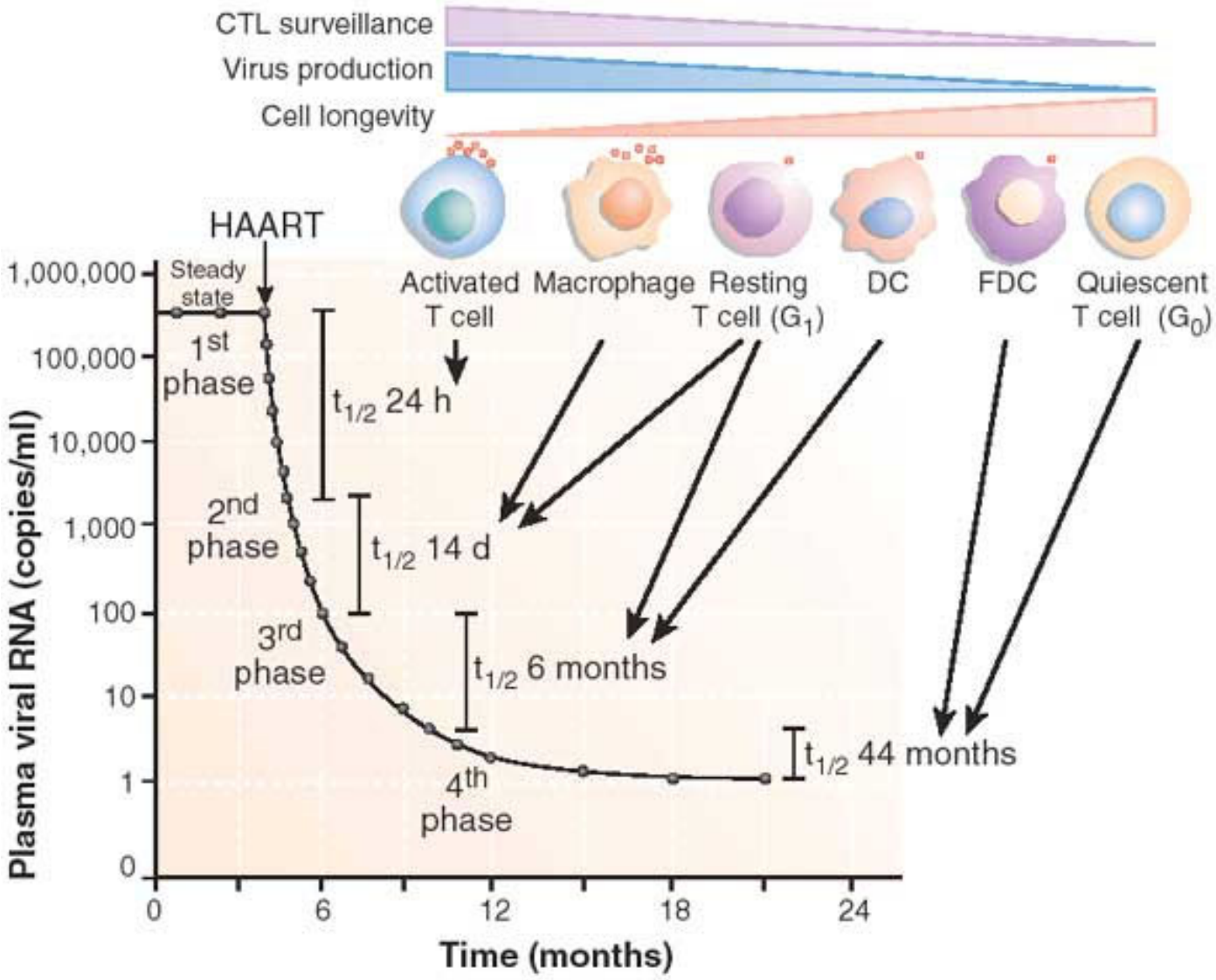
Latent Reservoirs of Virus

- Multiple cell types can serve as latent reservoirs
- "Quiescence" of infected cells constrains the possibility total viral elimination

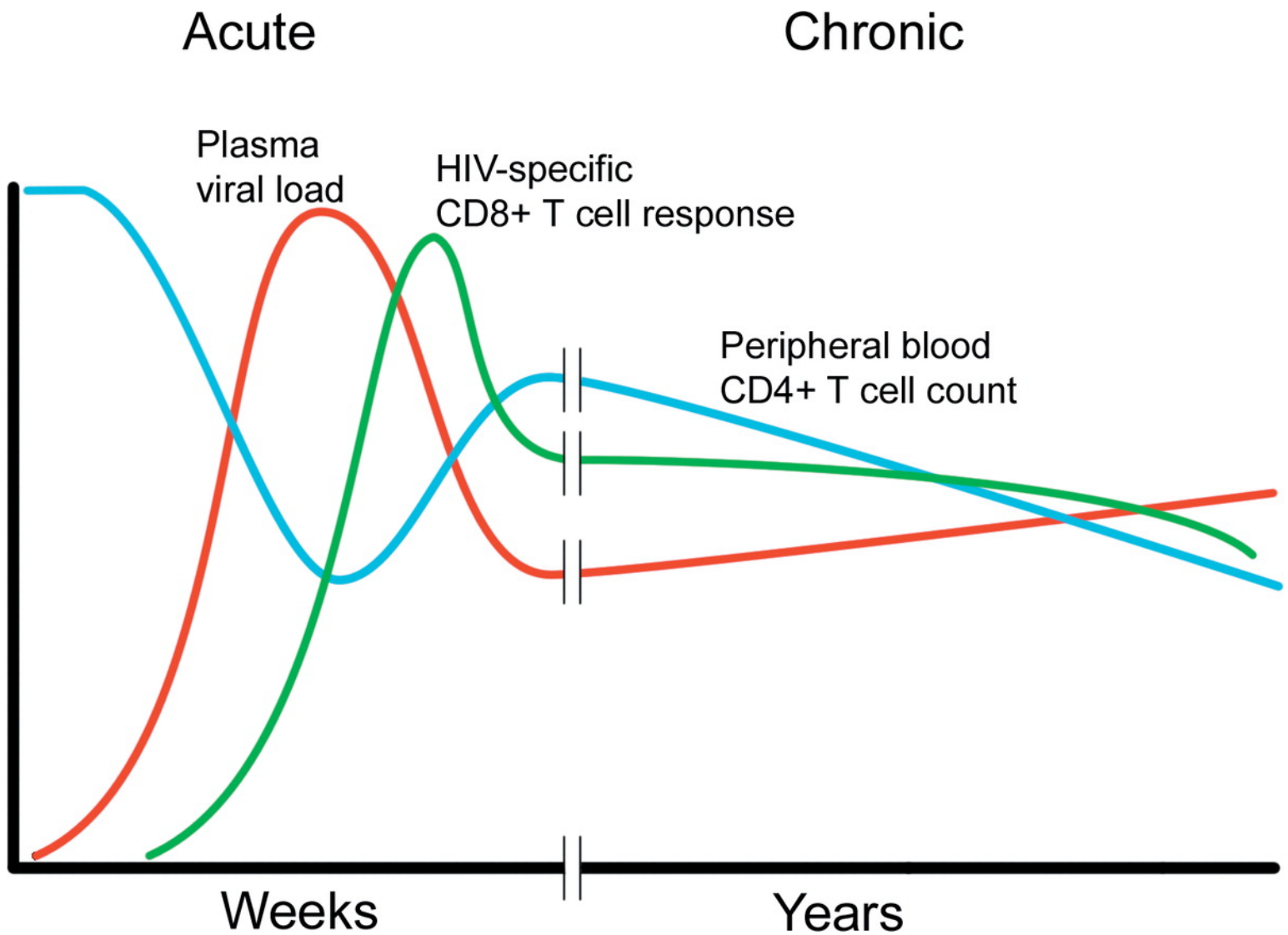


Contribution of Individual Reservoirs

- Steady-state virus levels result from the relative contributions and turnover of each reservoir compartment
- After viral inhibition by HAART, plasma viral RNA decays in four distinct phases allowing a dissection of each reservoir's individual contribution

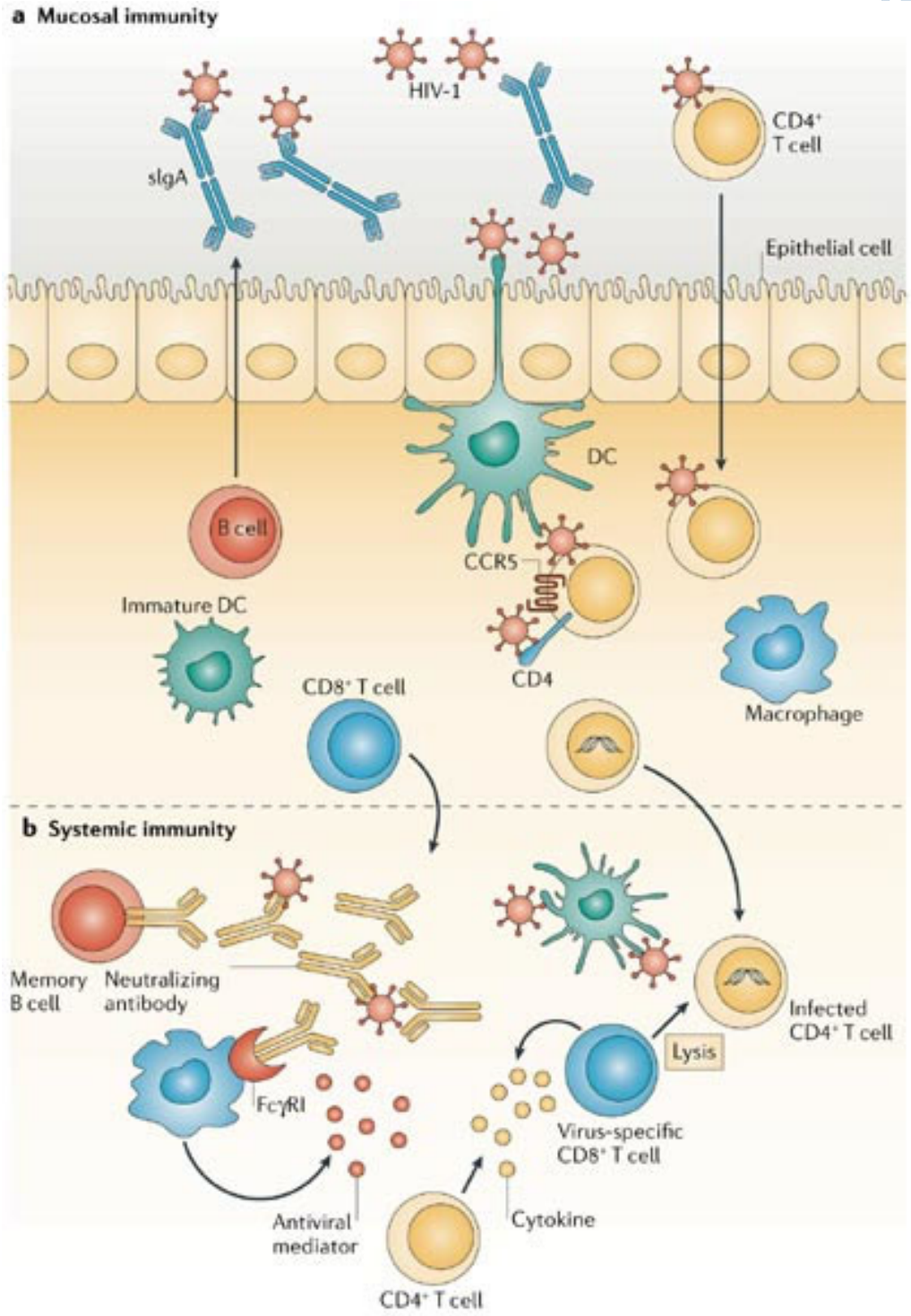


Can the Immune system be used to Prevent or Clear infection?



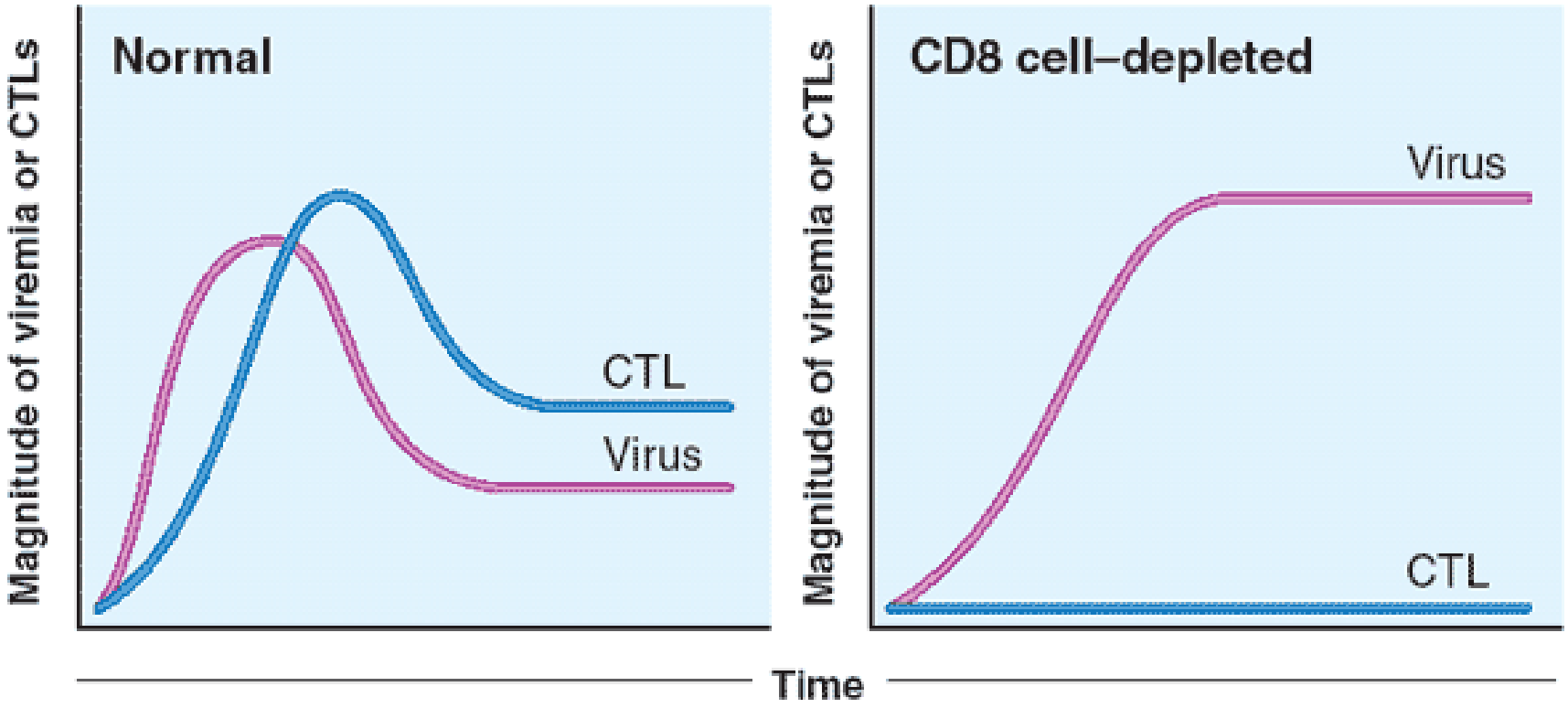
Mechanisms of Immune protection

- "Standard" immunological protection mechanisms, including antibody, clearance by phagocytic cells and Fc receptors, and cytotoxic killing of infected cells all function to limit infection and control long-term viral loads
- The loss of effective immune control is what leads to the development of AIDS, therefore the immune response in principle is an effective tool for viral control and clearance



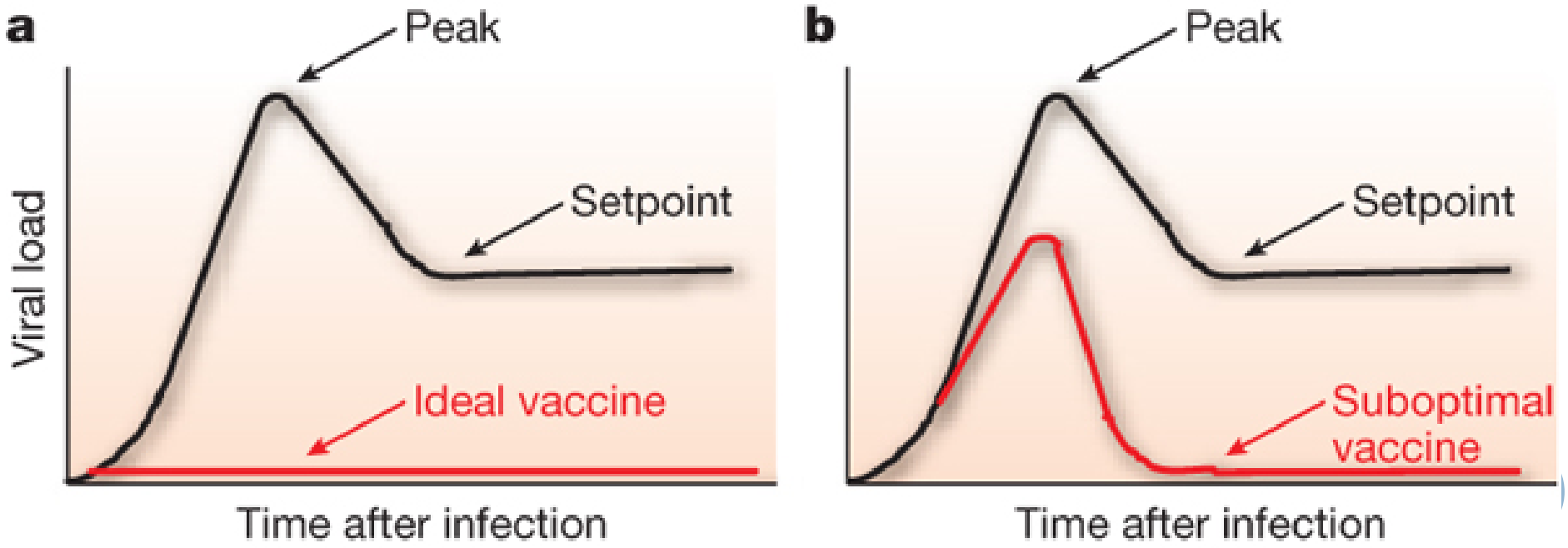
CD8 T cells provide significant Viral control during the chronic phase of infection

- CD8 depletion in SIV-infected animals leads to rapid increase in viral titers and pathogenesis of disease



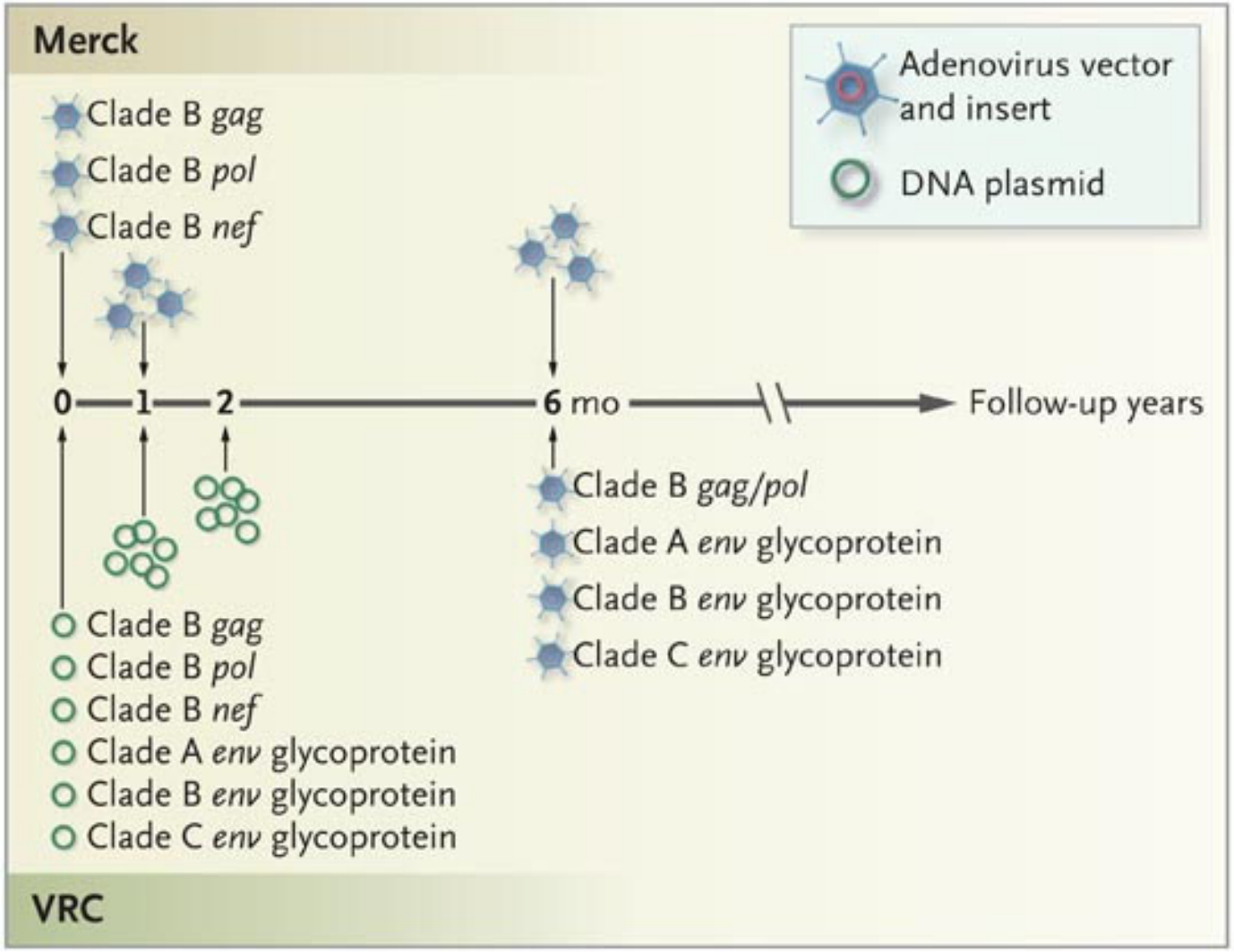
Vaccine Expectations

- Since viral load "set point" is a key predictor of disease progression and pathogenesis, even a suboptimal vaccine could be of use in highly endemic areas to protect against disease and spread (we'll talk more about this when we get to malaria)



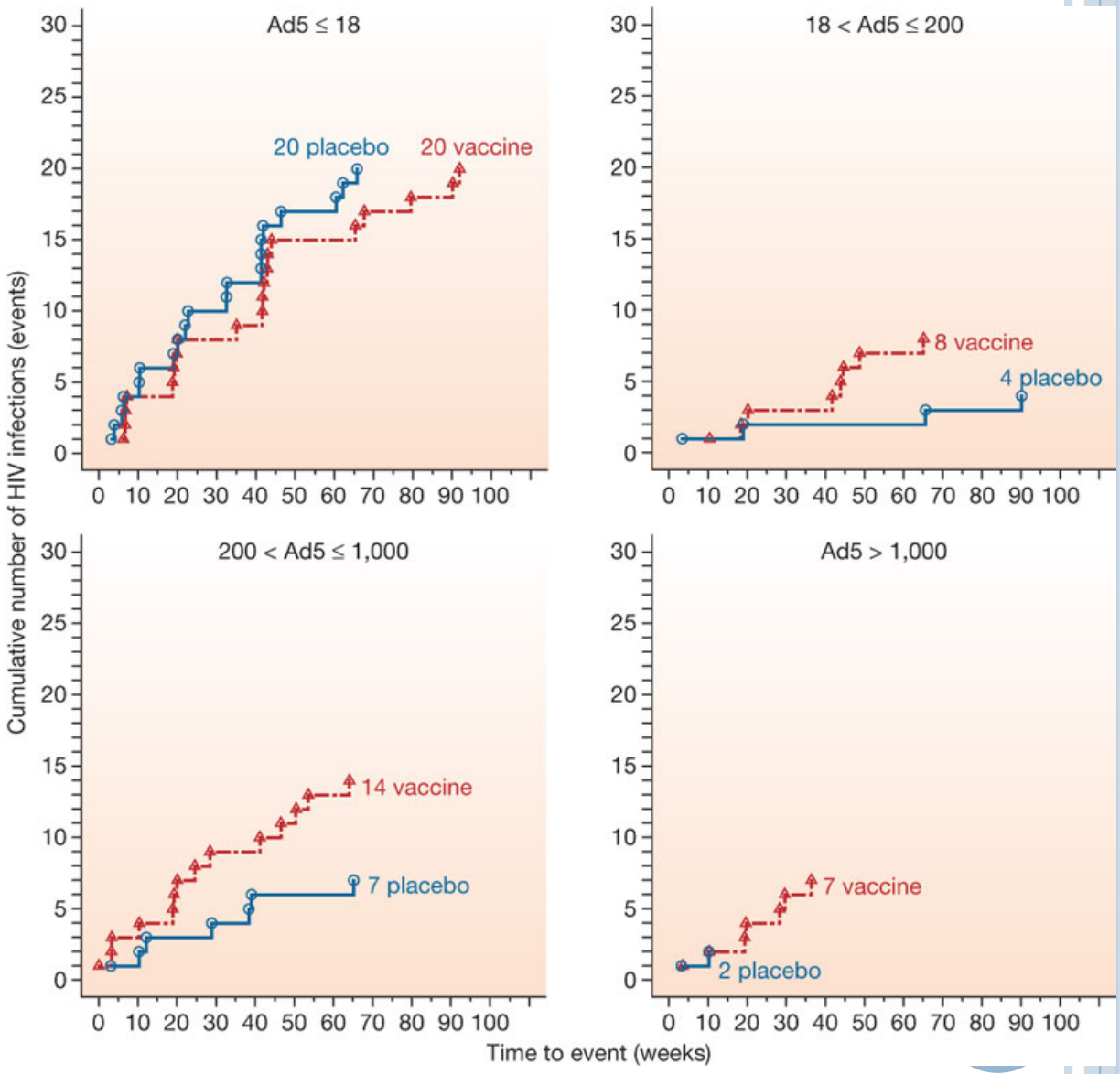
The Merck Vaccine

- Use of a viral vector has been shown experimentally to boost cellular responses, by delivering more antigen with the proper innate/PAMP signals



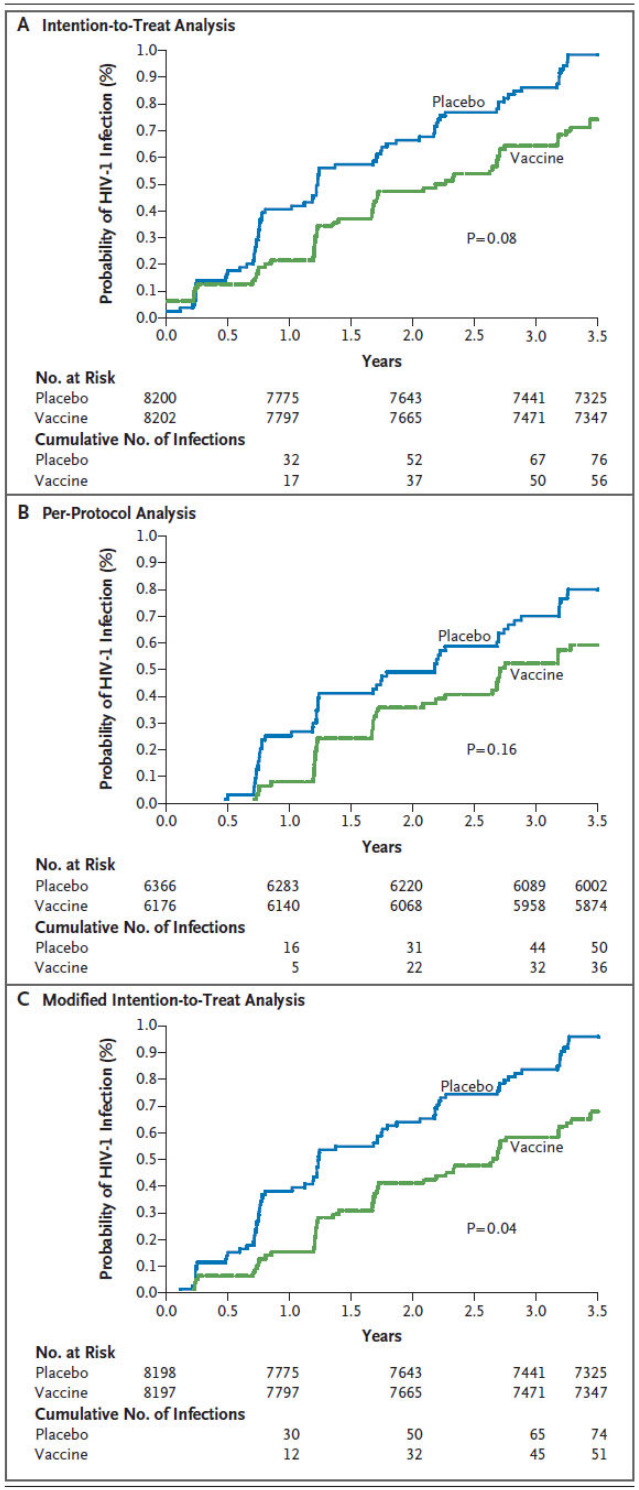
Merck Vaccine Failure

- Not only did the Merck Vaccine fail to protect, there appeared to be an enhancement of infection in vaccinees who had relatively higher pre-existing antibody titers to the viral vector
- This failure led to the cancellation of other vaccine trials based on a similar approach
- HVTN-505 just halted in April 2013—also Ad5 based (41 vacc inf, 30 placebo)

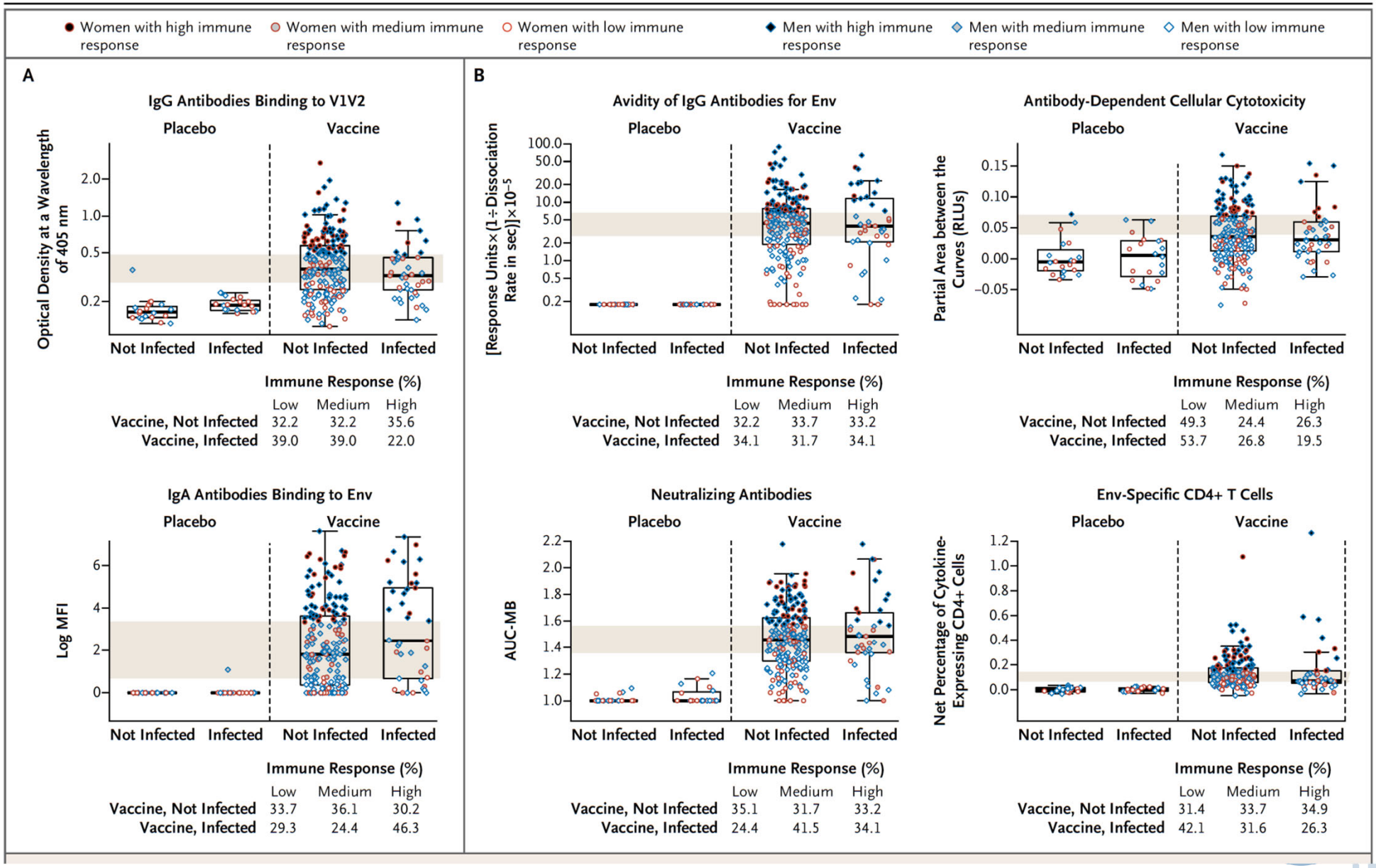


A Protective Vaccine? RV144 Trial

- ALVAC/AIDSVAX Prime boost-boost vaccine (canarypox followed by protein boost, gp120 based)
- 16,402 vaccinees
- Vaccine efficacy was 31.2%
- No mitigation of viral load in those that did become infected

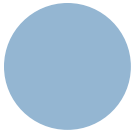


IMMUNE CORRELATES OF HIV RISK



Points for Discussion

- HIV is a unique pathogen in that it targets the immune system directly—playing "offense"—killing or dysregulating the cells that specifically target it and "defense", employing more conventional immune escape mechanisms
- Despite this, the immune response, both antibody and CTLs, provide an important level of control over the virus for an extended period of time, keeping the reservoir relatively stable
- Vaccines could in principle employ similar strategies, but drugs are still the most effective treatment tool



Human Herpesviruses

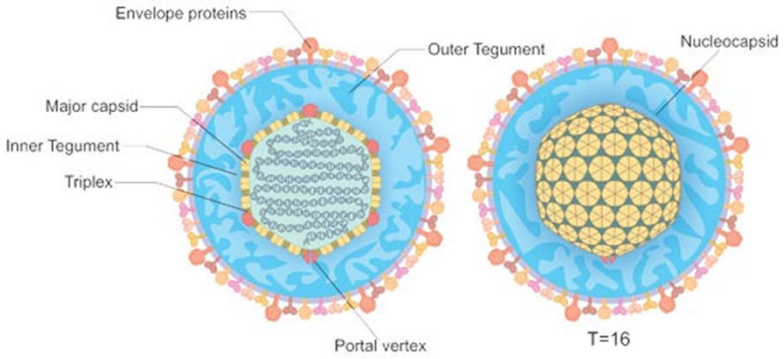
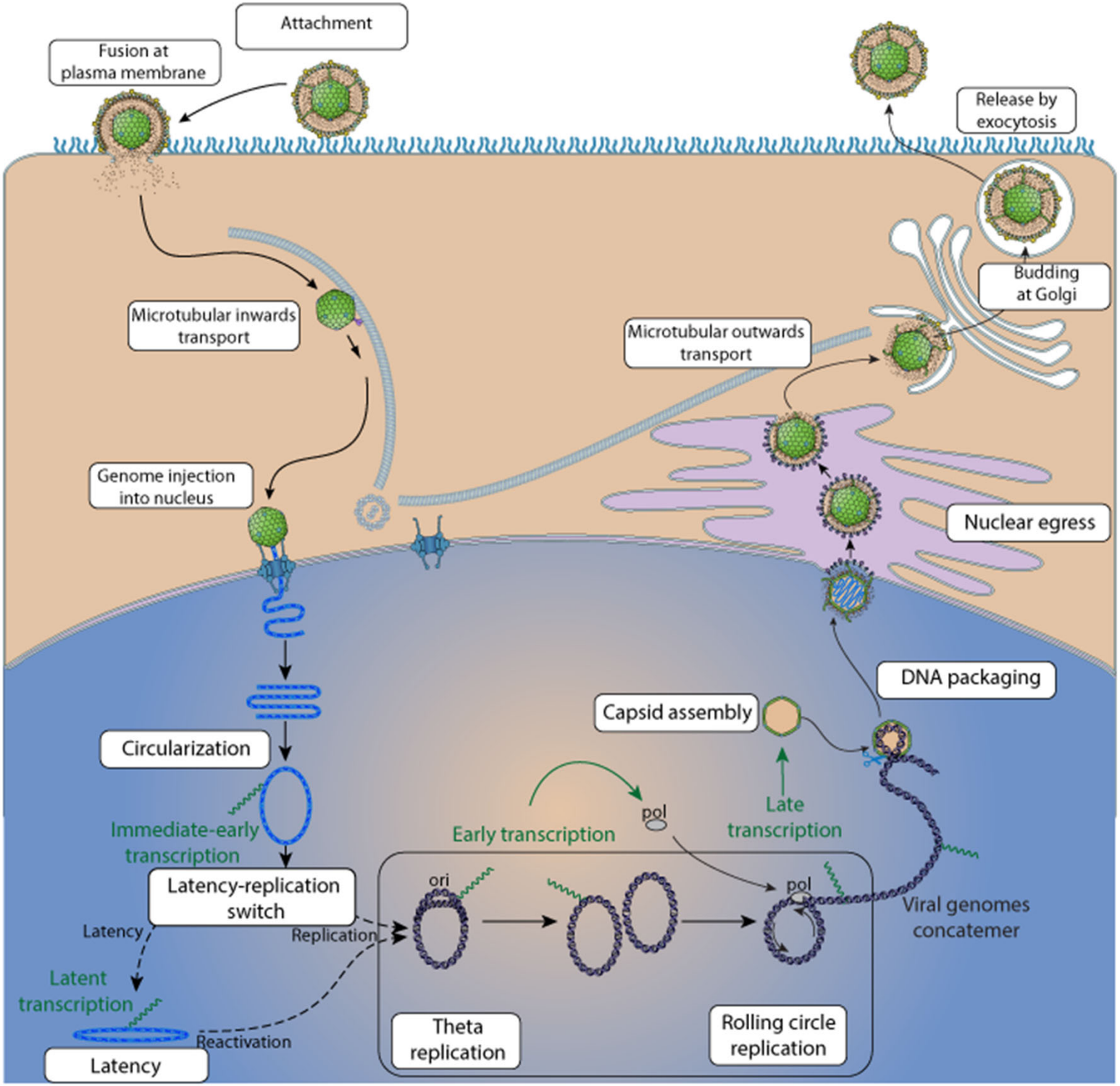


Figure 1. The structure of herpesviruses

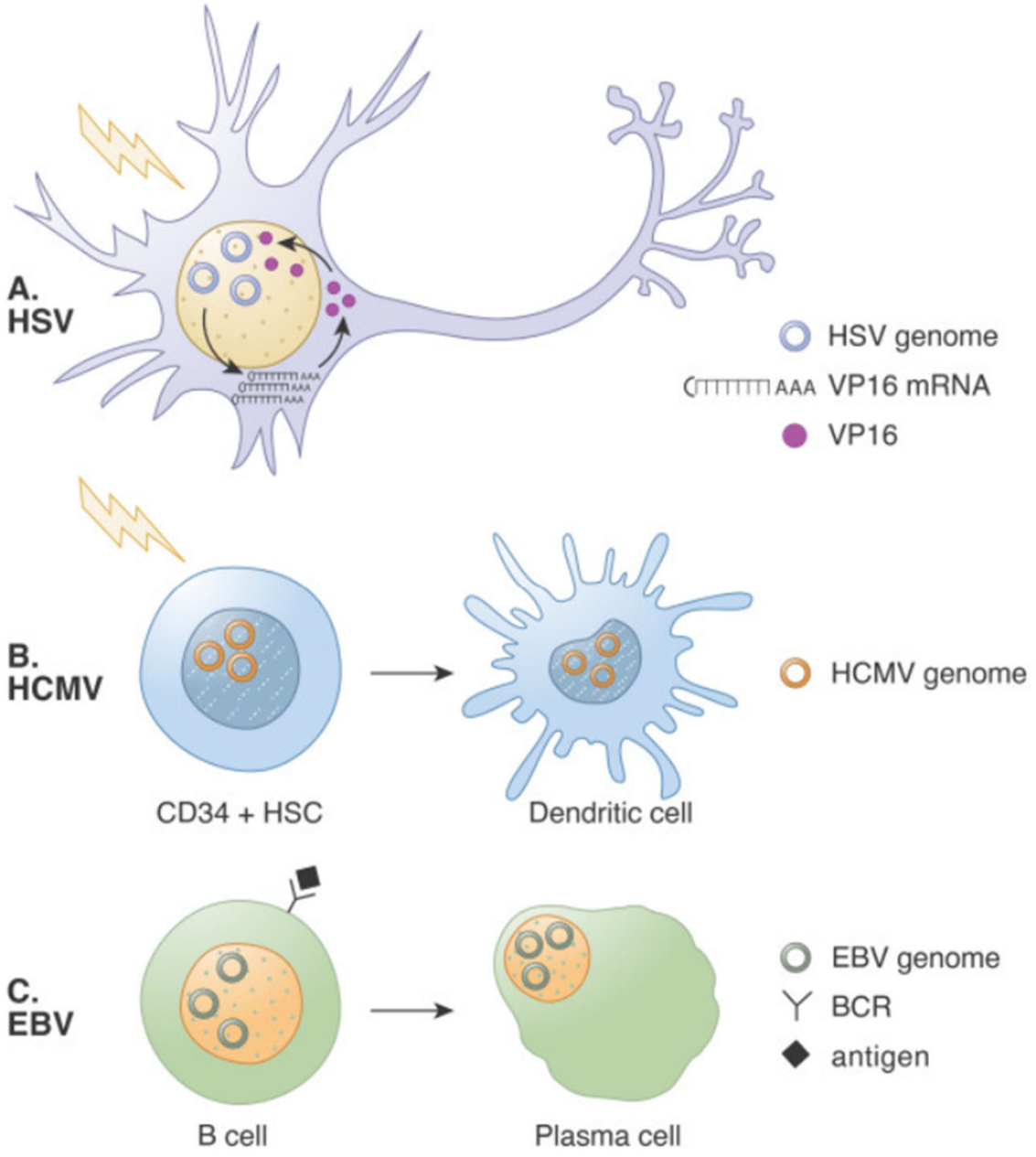
Trivial name and acronym	Formal name	Type	Oral affection	Other pathology	Primary target cells	Main sites of latency
Herpes simplex virus-1 (HSV-1)	Human herpesvirus 1	Alpha	Cold sores (herpes ulcers)	Genital ulcers, related skin lesions, keratitis, encephalitis, meningitis	Mucoepithelia	Sensory and cranial nerve ganglia
Herpes simplex virus-2 (HSV-2)	Human herpesvirus 2	Alpha	Cold sores (herpes ulcers)	Genital ulcers, as HSV-1 but more rare	Mucoepithelia	Sensory and cranial nerve ganglia
Varicella zoster virus (VZV)	Human herpesvirus 3	Alpha	Possible oral manifestation of chicken pox and herpes zoster	Chicken pox, herpes zoster	Mucoepithelia	Sensory and cranial nerve ganglia
Epstein–Barr virus (EBV)	Human herpesvirus 4	Gamma	Hairy leukoplakia, periodontitis, nasopharyngeal carcinoma	Mononucleosis, lymphoma	Epithelial and B-cells	Memory B-cells
Cytomegalovirus (CMV)	Human herpesvirus 5	Beta	Periodontitis?	Mononucleosis	Monocytes, lymphocytes and epithelia	Monocytes, lymphocytes
Roseola virus (HHV-6)	Human herpesvirus 6A and 6B	Beta		Roseola in infants	T-cells	Various leukocytes
Roseola virus (HHV-7)	Human herpesvirus 7	Beta		Roseola in infants	T-cells	T-cells, epithelia
Kaposi's sarcoma-associated virus (HHV-8)	Human herpesvirus 8	Gamma		Kaposi's sarcoma	Probably lymphocytes and epithelia	B-cells



https://viralzone.expasy.org/5836

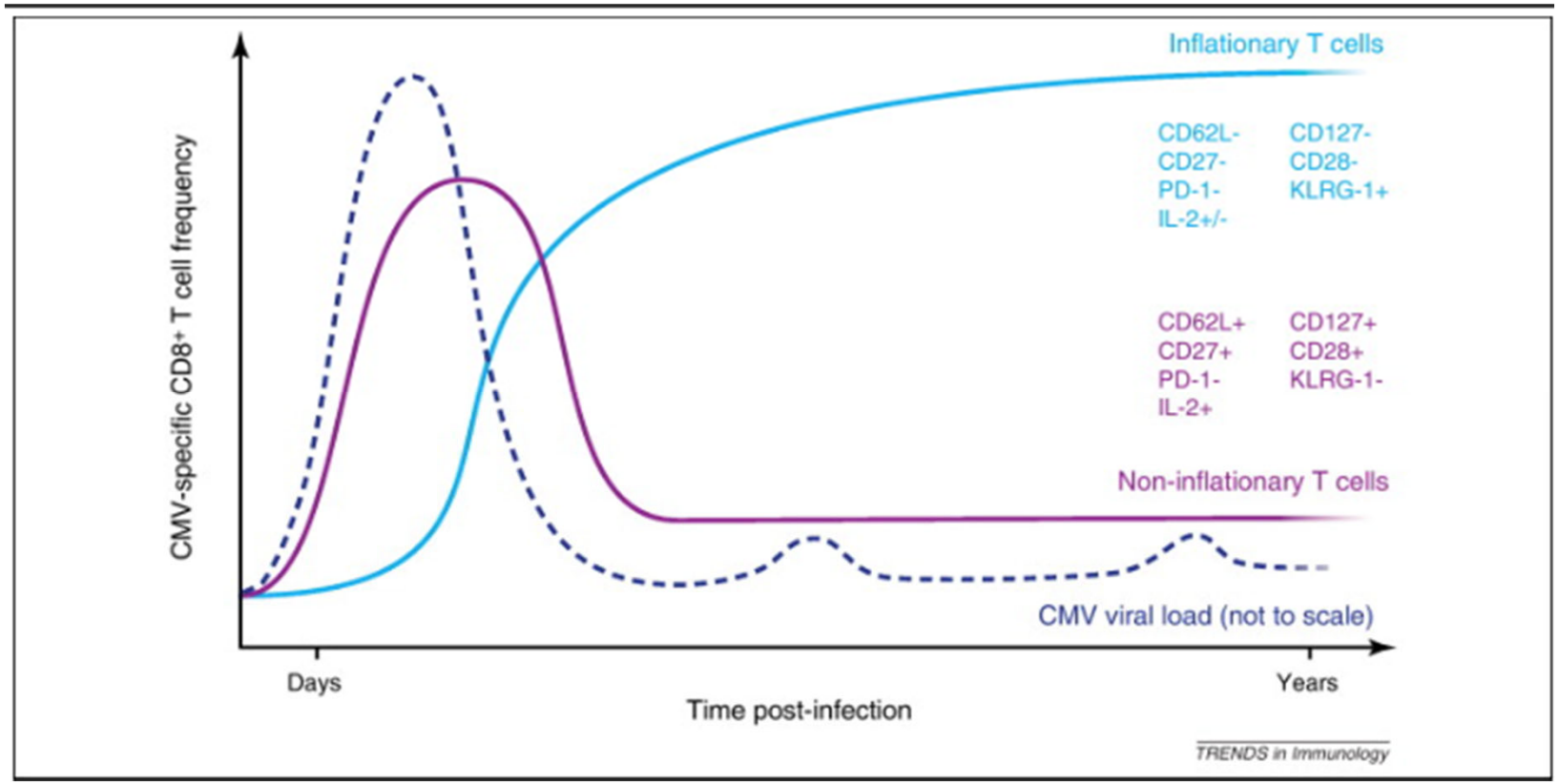
Diverse mechanisms of Latency

- HSV is truly latent, and goes through cycles of lytic and latent replication
- HCMV is often referred to as "smoldering"—not a distinct lifecycle but a low level of minimal (nearly undetectable) production



Ongoing Immmune Control Required for HHV suppression

- The "smoldering" nature of CMV infection provides a persistent source of antigen but doesn't drive exhaustion
- In humans, >10% of T cells can be commonly CMV specific in >65 year olds



HHV control is driven by Traditional Type I immunity

- Requirements for IFNg, IL-12, and type I immunity
- Generation of CD_4 and CD8 T cells that monitor infected cells—CD_4 deficiency reactivates many HHVs