Immunomodulatory Function of Interleukin 28B During Primary Infection With Cytomegalovirus

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Background. Feedback mechanisms between interferons α and λ (IFNs) may be affected by single nucleotide polymorphisms (SNP) in interleukin 28B (IL-28B; IFN-λ3) promoter region and may influence cytomegalovirus (CMV) replication.

Methods. We associated IL-28B SNPs with the risk of CMV replication after transplantation. Next, we examined the effect of IL-28B genotypes on IL-28B, and IFN-stimulated gene (ISG) expression, and CMV replication in human foreskin fibroblast (HFF) and peripheral blood mononuclear cells (PBMCs).

Results. Transplant recipients with an IL-28B SNP (rs8099917) had significantly less CMV replication (P = .036). Both HFF-cells and PBMCs with a SNP showed lower IL-28B expression during infection with CMV, but higher “antiviral” ISG expression (eg, OAS1). Fibroblasts with a SNP had a 3-log reduction of CMV replication at day 4 (P = .004). IL-28B pretreatment induced ISG expression in noninfected fibroblasts, but a relative decrease of ISG expression could be observed in CMV-infected fibroblasts. The inhibitory effects of IL-28B could be abolished by siRNA or antagonistic peptides against the IL-28 receptor. In fibroblasts, inhibition of IL-28 signaling resulted in an increase of ISG expression and 3-log reduction of CMV-replication (P = .01).

Conclusions. We postulate that IL-28B may act as a key regulator of ISG expression during primary CMV infection. IL-28B SNPs may be associated with higher antiviral ISG expression, which results in better replication control.

Keywords. cytomegalovirus; interferon λ; interleukin 28; solid organ transplantation; immunosuppression; T-cell priming; innate immune response; adaptive immune response; feedback mechanism; interferon-stimulated gene.
mononuclear cells (PBMCs) [16]. Minor allele genotypes have been associated with increased ISG expression, which may thus inhibit viral replication [17–20]. The role of IL-28B SNPs in acute viral infection outside of HCV is not understood.

In immunocompromised hosts, such as transplant recipients, acute CMV infection is associated with high morbidity [21, 22]. Immunosuppression contributes significantly to the loss of CMV-specific adaptive immune control [23]. In this context the role of innate immunity to control CMV replication is magnified. CMV has evolved many ways to modulate the innate and adaptive immune response [24]; in particular, modulation of the IFN-α and its associated pathway have been described [25]. Whether IFN-λ contributes to innate responses, in the context of acute CMV infection is not known. Transplant recipients who are CMV-seronegative and receive an allograft from a CMV-seropositive donor (D+R−) who are CMV-seronegative and receive an allograft from a CMV-seropositive donor (D+R−) are at highest risk of CMV-associated morbidity. These patients routinely undergo antiviral prophylaxis [22]. However, after prophylaxis discontinuation they also present a unique opportunity to study the course of primary CMV infection [26].

We aimed to explore the effect of IL-28B SNPs on acute CMV infection and innate immune signalling. In addition, we examined the impact of IL-28B on CMV-specific T-cell priming. Detailed knowledge of these control mechanisms in the context of primary CMV infection has implications for the clinical practice of CMV-disease prevention, utilization of antiviral therapy in immunosuppressed patients, as well as the development of a CMV vaccine.

MATERIALS AND METHODS

Patient Population
Solid organ transplant patients at high risk for CMV replication (D+R−) were enrolled at the University of Alberta. CMV viremia was monitored after discontinuation of prophylaxis by quantitative polymerase chain reaction (PCR), measuring plasma CMV DNA level [27] (Supplementary Figure 1A). Healthy volunteers were recruited for T-cell priming experiments. The study protocols were approved through local ethics committees and written informed consent was provided.

IL-28B Promoter Region Polymorphism Genotyping
SNP genotypes were determined using Taqman probes on a 7900HT Fast Real-Time PCR system (Life Technologies). Probes for the rs12979860 SNP (ABI Assay ID AHSQ01E) were published elsewhere [28]. This probe set discriminates the C and T alleles, where C is the major and T is the minor allele. Probes for the rs8099917 SNP were designed using the Taqman assay design tool (ABI Assay ID AH1RU99). At this locus, T predicts the major allele, whereas G predicts the minor allele. Samples including positive controls were run in duplicate.

Cells and Cell Cultures
Human foreskin fibroblasts (HFF) from ATCC (HS97FS, SCRC1041, and CCD1112SK, Supplementary Table 1A) and peripheral blood mononuclear cells (PBMCs) were grown in standard media. PBMCs were isolated as published elsewhere [29].

Cytomegalovirus and Plaque Assay
We used the laboratory adapted Towne strain of CMV for all assays. To determine viral growth we infected HFF cells and treated them as described in the individual experiments. Cells and supernatant were harvested postinfection. Then, we used standard 14-day plaque assays to determine viral growth.

IL-28A, IL-28B, and IL-29 Specific Primers and Probes
IL-28B primers/probe were designed based on human interleukin-28 (IFN-λ1), IL-28A (IFN-λ2), and IL-29 (IFN-λ3) messenger RNA (mRNA) sequences using Primer3 Input (version 0.4.0; http://frodo.wi.mit.edu/). Supplementary Table 1B shows all primers and probes (Integrated DNA technologies). Specificity was tested against expression plasmids containing complete IFN-λ1-3 (Invitrogen, puno1-hil28a/28b/29) [2] (data not shown).

mRNA-expression Profile: IFN-α/β/λ, Pro- and Anti-inflammatory ISGs
RNA was extracted and after reverse transcription, mRNA expression was quantified using a real-time PCR approach using 10 ng of complementary DNA (cDNA) per reaction. Expression profiles were normalized to controls (media) and hypoxanthine phosphoribosyltransferase (HPRT) using the Pfaffl method [30]. The following primers and probes were used (TaqMan gene expression assays): Interferon alpha-2 (IFNα2, Hs00265051_s1), Interferon beta-1 (IFNβ1, Hs01077958_s1), MX1 (Hs00895608_m1), OAS1 (Hs00973637_m1), IFIT2 (Hs00533665_m1), ISG15 (Hs01921425_s1), SOCS1 (00705164_s1), USP18 (Hs00276441_m1), HPRT (Hs01003267_m1), and IL-28RA (Hs00417820_m1). In the case of no signal at 40 cycles in unstimulated samples, a CT value of 40 was set as detection for relative mRNA expression.

ELISA IFN-α
IFN-α levels in supernatants were quantified by an in-house enzyme-linked immunosorbent assay (ELISA) using commercially available antibodies and a human IFN-α standard (PBL Biomedical Laboratories). The detection limit was 4.7 pg/mL.

siRNA Transfection
Small interfering RNA (siRNA) against IL-28B and IL-29 were used at a concentration of 25 nM (Mission siRNA, EHi065311-20 μg; negative control, mission siRNA SIC001-10 μMol; IL-28B SRSI-hs01-00171730, all Sigma). Lipofectamin
(RNAiMax, Invitrogen) was used for transfection according to the manufacturer.

**Western Blots**
Proteins were harvested using RIPA lysis buffer (Santa Cruz Biotechnology). Samples were loaded at 10 μg of protein/lane in standard loading buffer to a discontinuous (4.0%/7.5%) Laemmli/SDS-PAGE gel. Standard running conditions and wet transfer were used. Primary antibodies against IL-28B and IL-28RA (Abcam), and against STAT2, and phosphorylated-STAT2, and GAPDH (RnD), followed by secondary HRP-conjugated antibodies (Santa Cruz Biotechnology).

**Design of IL28 Antagonistic Peptides**
Based on previous publications [31, 32] of the crystal structures of IL-29 and the receptor IL-28RA (PDB: 3OG4, 3OG6), we determined the amino acid residues, which are in close proximity to mediate interaction between the 2 molecules. We used the crystal structure of IL-28B oligomer (PDB: 3HHC [31]) focusing on amino acids, whose residues may be involved in the interactions responsible for the formation of the oligomeric state. We then designed peptides (Supplementary Table 1) to mimic these interaction domains in order to prevent the formation of oligomers.

**Flow Cytometry**
Prior to surface staining, LIVE/DEAD staining was performed (near-IR; invitrogen). Markers for identifying T-cell subsets were CD3, CD4, CD8, CD45RA, and CD69. Monocytes were labelled with CD14, MHC-II, CD40, and CD86 (all antibodies from Biolegend or eBiosciences). For T-cell expansion experiments, PBMCs were labelled with Cell Trace Violet proliferation dye (Invitrogen). Stimulation was according to the respective experimental condition for 5 days in 5%CO2 at 37°C.

**Statistical Analysis**
Statistical analyses were performed using SPSS (version 18.0, Chicago) and GraphPad Prism (version 4.0, La Jolla). Categorical variables were evaluated using a χ² test. Data were nonnormally distributed according to Shapiro–Wilk testing; therefore, continuous variables between 2 groups were evaluated with a Mann–Whitney U test. A 2-tailed P-value of <.05 was considered significant.

**RESULTS**

**Transplant Recipients (D + R−) With Major-allele Genotype Show More CMV Replication Within the First Year Post Transplant**
We recruited 38 D + R− patients at high risk for CMV primary infection. Table 1 shows details of patient characteristics. Genotypic distribution is comparable to that of the general population (data not shown; [6–9]). The duration of antiviral prophylaxis, allograft types, immunosuppression, patient age, and gender were comparable across groups. In accordance with guidelines all D+/R− patients received antiviral prophylaxis [22]. Interestingly, after stopping antiviral prophylaxis, CMV replication was detected significantly more often in transplant recipients with a major-allele genotype in rs8099917 (TT vs TG/GG 45% vs 22% P = .036; OR 5.62 95% CI, 1.02–31.10; Table 2). Figure 1B illustrates a Kaplan–Meier analysis comparing patients with major (TT) and minor allele genotypes (TG or GG). For the rs12979860 SNP a trend was observed for more CMV replication in the major allele genotype (CC vs TT, 52% vs 0%; P = .089; Table 3). In addition, we analyzed the data without the multivisceral and heart transplant recipients. Although the power of the study was reduced, a strong statistical trend remained for the rs8099917 (P = .1) and rs12979860 (P = .09) SNPs.

**Human Foreskin Fibroblasts With Major-allele Genotype Show Higher CMV Replication and Lower CMV-induced ISG Expression**
Next, we used HFF cells as a model system for CMV replication. HFF cells harboring different IL-28B genotypes were used to

**Table 1. Baseline Characteristics and Genotype Distribution**

<table>
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<tr>
<th>Characteristic</th>
<th>Measure or Criteria</th>
<th>N = 38</th>
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<tr>
<td>Age, years</td>
<td>Median (IQR)</td>
<td>47.5 (22)</td>
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<tr>
<td>Gender</td>
<td>Male</td>
<td>29 (76.3%)</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>9 (23.7%)</td>
</tr>
<tr>
<td>Type of graft</td>
<td>Kidney</td>
<td>14 (36.8%)</td>
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<tr>
<td></td>
<td>Liver</td>
<td>7 (18.4%)</td>
</tr>
<tr>
<td></td>
<td>Heart</td>
<td>2 (5.3%)</td>
</tr>
<tr>
<td></td>
<td>Lung</td>
<td>9 (23.7%)</td>
</tr>
<tr>
<td></td>
<td>Small bowel</td>
<td>1 (2.6%)</td>
</tr>
<tr>
<td></td>
<td>Kidney and pancreas</td>
<td>4 (10.5%)</td>
</tr>
<tr>
<td></td>
<td>Multivisceral</td>
<td>1 (2.6%)</td>
</tr>
<tr>
<td>CMV replication</td>
<td></td>
<td>17 (44.7%)</td>
</tr>
</tbody>
</table>

Age, gender, type of transplant, and rate of CMV replication. Age in years indicates the age at the time of enrolment into the study. CMV replication indicates active CMV replication within 12 months of antiviral prophylaxis discontinuation.

**Table 2. Effects of rs8099917 on Cytomegalovirus (CMV) Replication**

<table>
<thead>
<tr>
<th>rs8099917</th>
<th>No (%)</th>
<th>Yes (%)</th>
<th>Total</th>
<th>χ²</th>
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</thead>
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<tr>
<td>TT</td>
<td>12 (55%)</td>
<td>15 (45%)</td>
<td>27</td>
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<tr>
<td>TG or GG</td>
<td>9 (77.8%)</td>
<td>2 (22.2%)</td>
<td>11</td>
<td>0.036</td>
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</table>

Transplant recipients with a minor allele (GT or GG) genotype experienced less CMV replication.
investigate the dynamics of CMV infection in vitro (Supplementary Table 1A). We focused on the manifestations of the IL-28B SNP rs12979860 (CT or TT), because HFF cells carrying rs8099917 SNPs (TG or GG) were not available via ATCC, and we could not recruit HFF cells from newborns in our center. IL-28 receptor α-subunit (IL-28RA) expression was constant during CMV infection (Figure 1C–E). CMV growth curves indicated that the major-allele genotype was associated with 3-log10 higher CMV replication at day 4 when compared with the minor allele (P = .004, Figure 2A).

To further characterize the effect of the rs12979860 SNP, we measured IFN-λ and IFN-α2 mRNA expression in HFF cells. HFF cells with a major-allele genotype (CC) had higher IL-28B mRNA expression during CMV infection compared to minor-allele genotypes (CT or TT) (Figure 2B). In contrast to IL-28B, IFNα2 mRNA expression was lower during CMV infection in HFF cells with the major-allele genotype (CC) compared to minor-allele genotype (CT or TT). Although IFN-α2 mRNA expression peaked 6 hours after CMV infection, the difference between genotypes was maximal at 12 hours and 24 hours (Figure 2C).

IFN-α2 and ISG expression are associated. Therefore, we examined the expression of 2 sets of antiviral ISGs: MX1, OAS1, IFIT2, and ISG15 were compared to anti-inflammatory ISGs: USP18 and SOCS1 in each of the HFF cells during CMV infection. Interestingly, the cell line with the major allele genotype
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<tr>
<td>CC</td>
<td>10 (48%)</td>
<td>11 (52%)</td>
<td>21</td>
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</tr>
<tr>
<td>TT</td>
<td>3 (100%)</td>
<td>0 (0%)</td>
<td>3</td>
<td>0.089</td>
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</table>

Transplant recipients with a minor-allele genotype (TT) showed a trend to less CMV replication.

(CC) had lower levels of antiviral ISGs (Figure 2D–E) and higher levels of anti-inflammatory ISGs (Figure 2F). In HFF cells with the major allele, IFIT2 expression was induced approximately 6-fold less by CMV infection; conversely, USP18 was induced 3-fold more.

Interferon-λ Pretreatment of HFF Cells Results in Lower IFN-α2 Signaling and Pro-inflammatory ISG Induction in Response to CMV Infection

Because we observed a correlation between IL-28B genotype and antiviral response in HFF cells, we determined the effects of exogenously added recombinant IFN-λs. The purpose of this was to mimic a strong “major allele”-like situation. We observed a dose-dependent inhibitory effect of IFN-λ pretreatment on CMV-induced IFN-α2 mRNA expression in HFF cells (SCRC1041, CT genotype; Figure 3A). In addition, we observed a strong suppressive effect on antiviral ISG expression during CMV infection by IL-28B (Figure 3B). In contrast, anti-inflammatory ISGs (USP18 and SOCS1), remained up-regulated at later time-points of infection in HFF cells pretreated with IL-28B (Figure 3C). Supplementary Figure 1A illustrates the induction of ISGs based solely on IFN-λ treatment in non-infected HFF cells (Supplementary Figure 1A). These findings highlight that IFN-λ induces ISGs, but in the context of CMV replication.

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infection IL-28B effects extensive modulation of net ISG expression.

Because SOCS-1 inhibits signaling via the IFN-α/β receptor [33, 34], we determined the effect of IFN-λs on IFNα-response during infection of HFF-cells. mRNA expression is shown 6 hours after infection. A, Effect of IFN-λs on IFNα-induced signaling in fibroblasts. mRNA expression is relative to HPRT and noninfected controls, and 3 independent experiments were performed unless otherwise indicated. Bars or symbols indicate median value, whiskers the interquartile ranges unless otherwise indicated. IFN-λ (100 ng/ml) was added 2 hours prior to infection with CMV (MOI 0.3). Data from 3 independent experiments are shown. A, Effects of IFN-λs on IFNα-response during infection of HFF-cells. mRNA expression is shown 6 hours after infection. B, Effect of IFN-λ on STAT2-phosphorylation during CMV infection. mRNA-expression profile is shown 24 hours after infection. C, Effect of IFN-λ on anti-inflammatory ISG expression during CMV infection. mRNA expression is shown 24 hours after infection. D, Effects of IFN-λ on STAT-phosphorylation during IFNα-receptor activation. HFF cells were pretreated with IFN-λ for 8 hours, then washed and rested for another 16 hours. Finally, IFN-α2 (10 IU/mL) was added to the cells for 30 minutes prior to harvesting. Abbreviations: CMV, cytomegalovirus; HFF, human foreskin fibroblast; IFN, interferon; IL, interleukin; ISG, IFN-stimulated gene; mRNA, messenger RNA.

Inhibition of Interferon-λ. Signaling Increases Pro-inflammatory ISG Expression and Reduces CMV Replication

Since pre-incubation of HFF cells with IFN-λ resulted in decreased IFN-α2 signaling and decreased pro-inflammatory ISG expression in response to CMV infection, we determined whether inhibition of IFN-λ signaling could result in the converse situation—increased ISG expression and lower CMV replication. These experiments were performed in cells with a CT genotype background (SCRC1041). Transfection of siRNA against IL-28RA resulted in reduction of IL-28RA expression in HFF cells compared to control siRNA (Supplementary Figure 1C and 1D). Down-regulation of IL-28RA had a significant effect on CMV replication compared to negative control siRNA (P = .007). We observed a decline in CMV replication by a median of greater than a 2-log10 at day-4 post-infection (Figure 4A). This effect was not caused by toxicity due to transfection of siRNA (MTT-assay, data not shown). Consistent with our previous experiments, inhibition of IFN-λ signaling using siRNA resulted in a greater induction of pro-inflammatory ISGs during CMV infection (Figure 4B).

In addition, we designed peptides with the purpose of modulating IL-28A/B and IL-29 induced signaling via the inhibition of interactions with IL-28RA (Figure 4C–H). The peptides were screened based on their ability to inhibit IL-28B signaling. Peptides PRT, LKY, and LNC (10 µM) were added to HFF cells for 2 hours, followed by a 30 minutes challenge with IL-28B (100 µg/mL). Signaling was assessed by STAT2-phosphorylation through Western blot. Peptides LKY and LNC lead to a 40% and 34% reduction in STAT2-phosphorylation, respectively.
Peptides REV, FKG, and APP (10 μM) were pre-incubated with recombinant IL-28B (100 ng/mL) for 2 hours before being added to HFF cells for 30 minutes. None of these peptides blocked STAT-2 phosphorylation (Figure 4I, Supplementary Figure 1E). Consistent with the ability to inhibit signaling by IL-28B, pretreatment of HFF cells with peptide LNC resulted in 2.5 log10 lower CMV-replication at day 4 after infection (MWU, *P* = .01; Figure 4J).

**The IL-28B SNP and Recombinant IL-28B Modulate IFN Responses in PBMCs and Inhibit T-cell Priming During CMV-infection**

Successful control of virus-replication is induced and maintained by monocytes, T- and B-cells. In order to further examine the effect of IL-28B, PBMCs from healthy donors were in vitro stimulated with CMV. IL-28B mRNA expression was 2000-fold higher in PBMCs from rs8099917 and/or
rs12979860 major-allele carriers following stimulation with CMV compared to minor-allele carriers (Figure 5A).

PBMCs from donors with a minor-allele genotype exhibited a 10-fold higher mRNA-expression of IFN-α2 following CMV stimulation compared to minor-allele genotypes (Figure 5B). IFN-α expression was not accounted for by differences in plasmacytoid dendritic cells, gender, and age (data not shown). As observed in HFF-cell lines, major-allele carriers displayed lower antiviral ISG expression during CMV stimulation compared with minor-allele carriers (Figure 5B). Pretreatment with IL-28B (100 ng/mL) for 2 hours prior to stimulation with CMV suppressed antiviral ISG expression at later time points.

Figure 5. Modulating effects of IL-28B and IL-28B SNPs on interferon responses and on adaptive immune functions during T-cell priming. PBMCs from healthy volunteers were stimulated with CMV (MOI 0.3). IFN-λ and ISG mRNA-expressions was determined A and B, mRNA was normalized to HPRT expression and relative fold increases were calculated to non-stimulated controls. Bars indicate median values, whiskers interquartile range values. Comparison between 4 major-allele carriers and 4 minor-allele carriers are shown. A, CMV induced IFN-λ mRNA expression according to IL-28B genotype. mRNA-expression is shown 6 hours after stimulation. B, Stimulatory effect of CMV on pro-inflammatory ISG mRNA expression according to genotype. IFNα2 mRNA-expression is shown 6 hours later, and MX1 and OAS1 mRNA expression are shown at 72 hours time point. C, Effect of IL-28B on pro-inflammatory ISG expression. PBMCs were pretreated for 2 hours with recombinant IL-28B (100 ng/mL) and then stimulated with CMV (MOI 0.3). MX1, OAS1, IFIT2, ISG15 mRNA-expression is shown at 72 hours irrespective of the IL-28B genotype. Comparisons between 7 individuals are shown. D, Effects of pretreatment of PBMC with peptides on CMV stimulated IFN-α production. Irrespective of the IL28B genotype, PBMC from healthy volunteers (n = 5) were pretreated with peptides (10 μM) for 2 hours prior to stimulation with CMV (MOI 0.3). IFNα levels were determined by ELISA at 24 hours. IFNα is shown as fold change compared to non-peptide treated controls. E, Effects of pre-treatment of PBMC with peptides on CMV stimulated ISG mRNA expression. Relative ISG expressions of MX1, OAS1, and IFIT2 were pooled in a profile for every single treatment condition (a separation is shown in Supplementary Figure 2A). F, Impact of IL-28B on antigen presentation and co-stimulatory signaling of monocytes. PBMCs from CMV seronegative healthy blood donors were pre-treated with recombinant IL-28B (100 ng/mL) prior to a 5-day stimulation with CMV (MOI 0.05). Relative MFI expression of CD86, HLA DR, CD40 and CD14 is shown normalized to non-infected and non-pretreated fibroblast lysate (raw data of the experiment is provided in Supplementary Figure 2B). G, Impact of IL-28B on priming of naive T cells. PBMCs from CMV seronegative healthy volunteers were pretreated with recombinant IL-28B (100 ng/mL) prior to a 5-day stimulation with CMV (MOI 0.3). T-cell proliferation during in vitro priming with CMV is expressed in percent of the overall respective CD4 T-cell population. H, Impact of IL-28B on T-cell activation after expansion phase. T cells of different subtypes show a clear down-regulation of CD69 surface expression.
providing more evidence that this effect is IL-28B dependent (Figure 5C, Supplementary Figure 1F).

In order to further explore the modulatory impact of IL-28B, we used our antagonistic peptides to pretreat PBMCs for 2 hours prior to 24 hours CMV stimulation. Peptide LNC resulted in a 2.4-fold induction of IFN-α2 production measured by ELISA. In addition, the same peptide induced a panel of antiviral ISGs (MX1, OAS1, and IFIT2) by more than 6-fold compared to respective negative controls (MWU, \( P = .001 \)) (Figure 5D–E). Supplementary Figure 2A shows mRNA expression changes for individual ISGs (Supplementary Figure 2A).

**IL-28B Impairs Priming of the Adaptive Immune Response to CMV**

Given that IFN-α2 is an important cofactor in activating antigen-presenting cells and promoting antigen presentation to T cells [35], we determined the impact of IL-28B on monocyte activation, and priming of T cells in PBMCs of CMV-seronegative healthy nonimmununsuppressed blood donors. Pretreatment with recombinant IL-28B prior to CMV stimulation showed a clear trend to reduce CD40 and HLA-DR expression on monocytes (CD14+, Figure 5F, Supplementary Figure 2B) and B cells (CD20+, data not shown). CD40 is a crucial co-stimulatory factor for T cells and provides activation signals for monocytes [36] and B cells [37].

IL-28B was associated with a significant reduction of naive T-cell priming during in vitro CMV stimulation (\( P = .03 \), Figure 5G). The inhibitory effect during the priming phase was reflected by a significant reduction of naive CD4+CD45RA- T-cell proliferation (>50%) during stimulation with CMV over 5 days. In addition, this important T-cell subset, which later configures the memory compartment, had a notable down-regulation of CD69 (median >30%), an important T-cell activation marker (Figure 5H).

**DISCUSSION**

This study provides novel insight into the interplay between IFN-α and IFN-λ in the context of CMV infection. We demonstrate that IL-28B may act as a key regulator of ISG expression and plays a role in T-cell priming during acute CMV infection. Transplant recipients at high-risk for primary CMV infection, who carry a minor-allele genotype, showed less CMV replication during the first year following transplantation. Employing detailed in-vitro and ex-vivo analysis we propose that IL-28B itself, and the IL-28B SNP mediate this clinical observation via a modulation of IFN signalling, induced interferon-stimulated genes, and T-cell priming (Figure 5).

Recently, in hematopoietic stem cell transplant recipients with a high risk for CMV primary infection, the IL-28B minor allele genotype was associated with a lower risk of infection as well as shorter episode of CMV replication [38]. These data highly support our hypothesis. In contrast, the IL-28B minor-allele genotype is known to negatively influence HCV treatment outcomes [6–9]. Interestingly, several studies observed an elevated ISG expression in chronic HCV minor-allele carriers [17–19, 39–41]—giving rise to 2 potential interpretations. First, HCV is exposed to a generally higher baseline ISG expression favouring selection of resistant quasi-species [20]. Second, a higher set-point of ISG impedes a significant induction with IFN-α treatment.

Interestingly, in liver transplant patients with a minor-allele phenotype in graft and recipient the initial viral RNA level at HCV recurrence is significantly lower, suggesting a phase of superior antiviral control [42, 43]. The somewhat surprising association of higher ISG expression in patients with a minor-allele genotype suggests a feedback between IFN-λ and IFN-α.

Host cells induce IFN-α, IFN-β, and IFN-λ during CMV infection [44, 45]. However, the complex role of IFN-λ in the context of CMV replication and its interplay with other IFNs is incompletely characterized. Our in vitro experiments show that in fibroblasts, the minor-allele genotype was associated with reduced CMV replication. Fibroblasts with a minor-allele genotype showed significantly lower IL-28B mRNA expression during CMV infection. Interestingly, this was associated with higher IFN-α and antiviral ISG expression. We demonstrated that treatment with IL-28B reversed these effects and suppressed IFN-α and antiviral ISGs during CMV infection. The induction of anti-inflammatory ISGs likely inhibits STAT2 phosphorylation [33, 46]. A recent study confirmed that priming of hepatocytes with IL-29 impaired IFN-α induced STAT phosphorylation via USP18 [46]. In hepatocytes stimulated with IFN-λ and IFN-α, an overlap of ISG induction was observed; however, striking differences were present in the array and duration of induced genes [47, 48]. Interestingly, IFN-λ induced anti-inflammatory genes, such as SOCS1, to a much greater extent than IFN-α [47].

The IL-28 receptor (IL-28RA) transmits the regulatory effects of IFN-λ. Therefore, we were interested in the potential of IL-28RA blockade. We suppressed the IFN-λ signalling by reducing the ligand-receptor interaction using siRNA knockdown of the IL-28RA. This resulted in significantly increased ISG expression and reduced CMV replication. One limitation is that transfection with siRNA in itself may change IFN expression, even though each experiment was performed with a concurrent negative control siRNA. Also, we designed peptides able to bind and inhibit the IL-28RA. Pretreatment of HFF-cells with blocking peptides resulted in increased antiviral ISGs and reduced CMV replication.

Aside from the important functions of the innate immune system, the adaptive immune response is also crucial in efficiently controlling virus replication. CMV-specific naive T cells have an important role in the control of primary CMV infection [23]. We provide strong evidence that the adaptive
immune response during primary CMV infection might be modulated by IFN-λ. In particular, naïve T cells are inhibited in their proliferative potential and activation state. Interestingly, blockade of the “IL-28-receptor” markedly reduced the RSV-mediated suppression of CD4 T-cell proliferation [49]. Although T cells do not express IL-28RA receptor on the cell surface, the effect of IL-28B may be transmitted via monocytes, which show significant IL-28RA expression (data not shown). Our data suggest that IL-28B regulates HLA-DR and CD40 expression on monocytes in the context of CMV-stimulation. Both antigen presentation and co-stimulatory signalling to naïve T cells are critical elements in the priming phase.

A limitation of this study is the relatively low number and heterogeneity of patients included. However, this unique patient group of transplant recipients at highest risks for primary CMV infection presents the rare opportunity to study the influence of innate immune variations. The clinical implication of these findings will have to be confirmed in other cohorts. We excluded seropositive solid organ transplant recipients as the immunological processes to CMV reactivation are different, and therefore these patients may show a different outcome. CMV has DNA proof-reading, therefore the accumulation of ISG resistance mutations is less frequent compared to RNA viruses (see discussed above). In a R+ patient, latent infection is already established, and the control of virus replication in this situation has different requirements [23].

Although, post-translational modifications of ISG-mRNA could occur, we demonstrate that IFN-λ inhibits the downstream signalling of IFN-α. Additionally, the blockade of IL-28RA signalling by differing means and the use of a plaque assay to measure CMV replication provides robust data regarding the importance of these pathways. IFN-α or IFN-λ specific ISGs should be identified using microarray expression profiles and might help to further dissect the down-stream effects. Another limitation is the cell types and CMV strains used in this study: further evaluation could be performed using different strains of CMV (including clinical isolates) and different cell lines such as endothelial cells. In addition, performing in-vitro experiments using cells from the transplant recipients may provide additional supportive data. Finally, we were unsuccessful in obtain an HFF-cell line with the rs8099917 SNP, and it would be important for future studies to further analyse the in-vitro effects of this SNP, perhaps by screening other sources of fibroblasts such as newborn foreskins, in order to obtain one with this SNP.

In summary, we have demonstrated that immunosuppressed patients carrying the minor-allele IL-28B SNP have superior control of CMV replication following primary infection. IL-28B specifically inhibited IFN-α-induced ISG expression and hindered the priming of CMV-specific T cells. These findings stand to have a considerable impact upon the clinical management of CMV screening and prophylaxis in immunosuppressed patients. Finally, manipulation of the IFN-λ pathway can prove valuable in terms of augmenting adaptive immune responses, such as those required for effective vaccination.

**Supplementary Data**

Supplementary materials are available at The Journal of Infectious Diseases online (http://jid.oxfordjournals.org/). Supplementary materials consist of data provided by the author that are published to benefit the reader. The posted materials are not copyrighted. The contents of all supplementary data are the sole responsibility of the authors. Questions or messages regarding errors should be addressed to the author.

**Notes**

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