### 1 CD25+FoxP3+ memory CD4 T cells are frequent targets of HIV infection in vivo

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#### 31 Abstract

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Interleukin 2 (IL2) signaling through the IL2 receptor alpha chain+ (CD25) facilitates HIV 33 replication in vitro and facilitates homeostatic proliferation of CD25+FoxP3+CD4+ T cells. 34 CD25+FoxP3+CD4+ T cells may therefore constitute a suitable subset for HIV infection and 35 plasma virion production. 36

CD25+FoxP3+CD4+ T cell frequencies, absolute numbers and the expression of CCR5 and cell 37 cycle marker Ki67 were studied in peripheral blood from HIV+ and HIV- study volunteers. 38 Different memory CD4+ T cell subsets were then sorted for quantification of cell-associated 39 HIV-DNA and phylogenetic analyses of the highly variable EnvV1V3 region in comparison to 40 41 plasma-derived virus sequences.

In HIV+ subjects, 51% (median) of CD25+FoxP3+CD4+ T cells expressed the HIV co-receptor 42 CCR5. Very high frequencies of Ki67+ cells were detected in CD25+FoxP3+ (median, 27.6%) 43 in comparison to memory CD25-FoxP3- memory CD4+ T cells (median, 4.1%, p<0.0001). HIV-44 DNA content was 15-fold higher in CD25+FoxP3+ compared to CD25-FoxP3- memory CD4+ T 45 cells (p=0.003). EnvV1V3 sequences derived from CD25+FoxP3+ memory CD4+ T cells did 46 47 not preferentially cluster with plasma-derived sequences. Quasi-identical cell-plasma-sequence pairs were rare and their proportion further decreased with the estimated HIV infection duration. 48

These data suggest that specific cellular characteristics of CD25+FoxP3+ memory CD4+ T cell 49 might facilitate efficient HIV infection in vivo and passage of HIV DNA to cell progeny in the 50 51 absence of active viral replication. Contribution of this cell population to plasma virion production remains unclear. 52

### 54 **Importance:**

Despite recent advances in the understanding of AIDS virus pathogenesis, it is incompletely 55 56 understood, which cell subsets support HIV infection and replication in vivo. In vitro, the IL2 signaling pathway and IL2 dependent cell cycle induction are essential for HIV infection of 57 stimulated T cells. CD25+FoxP3+ memory CD4 T cells - often referred to as regulatory CD4 T 58 cells - depend on IL2 signaling for homeostatic proliferation in vivo. Our results show that 59 CD25+FoxP3+ memory CD4+ T cells often express the HIV co-receptor CCR5, are significantly 60 more proliferative and contain more HIV-DNA compared to CD25-FoxP3- memory CD4 T cell 61 62 subsets. The specific cellular characteristics of CD25+FoxP3+ memory CD4+ T cell probably 63 facilitate efficient HIV infection in vivo and passage of HIV DNA to cell progeny in the absence of active viral replication. However contribution of this cell subset to plasma viremia remains 64 65 unclear.

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### 67 Introduction

The Acquired Immunodeficiency Syndrome (AIDS) is caused by HIV infection and is characterized by the failure of the immune system to control diverse opportunistic infections facilitated by the progressive loss of CD4 T cells. The rate of CD4 T cell depletion correlates with set point levels of HIV-1 viral load in plasma (1) and is critically dependent on ongoing viral replication. Antiretroviral therapy (ART) blocks viral replication, reverses CD4 T cell depletion (2) and reconstitutes immunity to most opportunistic pathogens. Replication of HIV within CD4 T cells significantly contributes to plasma viral load and thus to HIV disease

75 progression (3). It is well established that intra-cellular HIV DNA load in vivo are influenced by 76 CD4 T cell differentiation (4-6), functional properties of CD4 T cells (7) and pathogenspecificity (8–10) and that T cell activation and proliferation contribute to productive HIV 77 infection of memory CD4 T cells (11-15). Together these results imply that, depending on their 78 biological properties, different CD4 T cell subsets might differ in their susceptibility to HIV 79 infection and their contribution to virion production in vivo. Perhaps the best characterized CD4 80 81 T cell subset in this regard are follicular CD4 T helper cells (Tfh), which are essential for germinal center formation and which reside in the periphery of B cell follicles within secondary 82 lymphoid organs (reviewed in (16)). Recent data demonstrate that Tfh cells are a major reservoir 83 for HIV replication in vivo (17, 18) and contribute to persistent SIV virion production even in 84 elite controlling, aviremic macaques (19). In viremic macaques virion production appears to be 85 less restricted anatomically (19) and other cell subsets are likely to contribute. 86

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One such cell subset could be memory CD4 T cells expressing the IL2 receptor alpha chain 88 89 (CD25). Interception of IL2 signaling, which is required for antigen-specific proliferation and survival of CD4 T cells (reviewed in (20)), almost completely abrogates productive HIV 90 infection in cell cultures stimulated in vitro (13, 21-23). Moreover, expression of CD25 defines a 91 CD4 T cell population that efficiently supports productive HIV infection in lymphoid tissue 92 explants (10, 14). In vivo, CD25 expression is characteristic for CD4 T cells (24-26) co-93 expressing the transcription factor forkhead box P3 (FoxP3) often referred to as regulatory T 94 cells (Tregs). CD25+FoxP3+ CD4 T cells can suppress the activation, proliferation and effector 95 96 functions of a wide range of immune cells, including CD4 and CD8 T cells (reviewed in (27)), activities shown essential for the maintenance of self-tolerance, but which can also impede the 97

98 clearance of chronic infections (28, 29). The vast majority (>80%) of circulating CD25+FoxP3+ 99 CD4 T cells express the memory marker CD45RO (30, 31) and high frequencies of these cells 100 co-express the cell cycle marker Ki67 in peripheral blood (10-20%) and even more so in secondary lymphoid tissue (40-80%) (30, 32) indicating high levels of in vivo proliferation. 101 Doubling time of memory CD25+FoxP3+ CD4 T cells in humans is only 8 days, which is 3-fold 102 103 and 25-fold less than that of memory and naïve CD4 T cells, respectively (33). These specific 104 cell characteristics and the proposed mechanism of constant IL2 dependent homeostatic 105 replenishment of this cell subset (33, 34) support the hypothesis that CD25+FoxP3+ CD4 T cells are particularly susceptible to HIV infection in vivo and may contribute to plasma virus 106 107 production in viremic HIV progressors - potentially driven by IL-2 secreted by auto-antigenspecific T cells (35). 108

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To address this hypothesis, we analyzed peripheral blood of HIV-positive and HIV-110 negative individuals for CD25+FoxP3+ CD4 T cell numbers and frequencies, expression of HIV 111 112 co-receptor CCR5 and the cell proliferation marker Ki67 in relation to HIV infection. We have also assessed the levels of cell associated viral DNA and the phylogenetic relationship between 113 114 cell and plasma derived HIV envelope sequences relative to other memory CD4 T cell subsets. 115 Confirming previous reports (36), our data show that high proportions of circulating CD25+FoxP3+ CD4 T cells express the HIV co-receptor CCR5. Furthermore, memory 116 CD25+FoxP3+ CD4 T cells from HIV+ subjects contained high frequencies of Ki67+ cells, and 117 higher levels of HIV DNA and compared to memory CD4 T cells that were CD25-FoxP3-. 118 119 However, phylogenetic comparison of the highly variable HIV Env V1V3 region between plasma and cell-derived virus sequences did not allow definite conclusions about the cellular 120

121	origin of plasma virions, because sequences from both compartments behaved similar and
122	intermingled with no evidence of compartmentalization. Instead, we observed that the
123	phylogenetic distance between plasma and memory cell-derived viral sequences increases with
124	the duration of HIV infection, with simultaneous decrease in the proportion of detectable quasi-
125	identical cell-plasma-sequence pairs.

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### 127 Materials and Methods

Cohorts, Study volunteers and blood processing. WHIS cohort: 361 adult volunteers were 128 129 enrolled into a prospective cohort (WHIS) that studies the interaction between HIV-1 and 130 Helminth infection in the Mbeya region in South West Tanzania. The WHIS cohort study is 131 described in detail elsewhere (37). HIV status was determined using HIV 1/2 STAT-PAK, (Chem-bio Diagnostics Systems) and positive results were confirmed using ELISA (Bio-Rad). 132 Discrepancies between HIV 1/2 STAT-PAK and ELISA were resolved by Western Blot (MPD 133 HIV Blot 2.2, MP Biomedicals). 40ml of venous blood were drawn from each participant using 134 anticoagulant tubes (CPDA, EDTA; BD Vacutainer) Absolute CD4 T cell counts were 135 determined in anti-coagulated whole blood using the BD Multitest IMK kit (BD) according to 136 137 manufacturer instructions. Blood samples were processed within less than 6 hours of the blood 138 draw. Frequencies of CD25+FoxP3+ CD4 T cells and surface CCR5 expression were determined in fresh, anticoagulated whole blood as described below. The absolute numbers of 139 CD25+FoxP3+ CD4 T cells in the peripheral blood was calculated from the total CD4 T cell 140 counts and the percentage CD25+FoxP3+ CD4 T cells. Peripheral Blood Mononuclear Cells 141 142 (PBMC) were isolated using the Ficoll centrifugation method and Leucosep Tubes (Greiner Bio 143 one) according to Standard Protocols. HHECO and HISIS cohort: PBMCs from 28 HIV-144 positive blood donors who were recruited from a previously described cohort (HHECO) at the Komfo Anokye Teaching Hospital in Kumasi, Ghana (38, 39) and PBMCs from the previously 145 described HISIS cohort (40) were also isolated by centrifugation of heparinized venous blood on 146 a Ficoll/Hypaque (Biocoll Seperating Solution, Biochrom AG, Berlin, Germany) density 147 gradient, prior to cryopreservation. 148

**Ethics Statement.** Ethical approvals for the WHIS and HISIS cohorts were obtained from the Mbeya Regional and the National Ethics committee of the Tanzanian National Institute for Medical Research (NIMR)/Ministry of Health in Dar es Salaam and from the Ethics committee of the University of Munich. HHECO study was approved by the appropriate ethics committees of the Kwame Nkrumah University of Science and Technology (Ghana) and of the medical association in Hamburg (Germany) (38, 39). Signed informed consent was obtained from all participants.

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Characterization of CD25+FoxP3+ CD4 T cells in fresh whole blood. Fresh anticoagulated 158 159 whole blood samples from the WHIS cohort were incubated for 30 minutes using the following 160 fluorochrome labeled monoclonal antibodies for cell surface staining (mABs);CD3-Pacific Blue (BD), CD4 Per-CP Cy5.5 (eBioscience), CD25 PE-Cy7 (eBioscience), and CCR5 APC-161 Cy7 (BD). Red blood cells in samples were then lysed by incubating and washing samples twice 162 for 10 minutes with 1X cell lysis solution (BD). Intracellular FoxP3 was detected with FoxP3 163 164 Alexa Fluor 647 (eBioscience) according to manufacturer's instructions. Cells were finally fixed with 2% paraformaldehyde prior to acquisition. Acquisition was performed on FACS CANTO II 165 166 (BD). Compensation was conducted with antibody capture beads (BD) stained separately with the individual antibodies used in the test samples. Flow cytometry data was analyzed using 167 FlowJo (version 9.5.3; Tree Star Inc). 168

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170 Characterization of memory CD25+FoxP3+ CD4 T cells. Cell surface markers of immune
 171 regulation and cell proliferation/cell turnover were stained on cryopreserved PBMCs of

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Cell sorting. Cryopreserved PBMCs from HIV+ WHIS (n=15) and HISIS (n=6) participants were thawed and washed twice in pre-warmed (37°C) complete media (RPMI plus 10% heat inactivated Fetal Bovine Serum (GIBCO) that was supplemented with Benzonase (5U/ml, Novagen). Surface staining was performed with CD3-Pacific Blue, CD4 Per-CP Cy5.5, CD25 PeCy7 and CD45RO PE (BD) for 30 minutes in the dark at RT; intracellular staining was performed with FoxP3 Alexa Fluor 647 (eBioscience) and Helios FITC (BioLegend) according to the CD25+FoxP3+ CD4 T cells staining protocol mentioned above. Cell sorts were performed on a FACSAria cell sorter (BD) after gating on CD3+CD4+CD45RO+ cells into "regulatory T cells populations" (CD25+FoxP3+Helios+ and CD25+FoxP3+Helios-) and memory populations (CD25-FoxP3-Helios+ and CD25-FoxP3-Helios-) as shown in Fig 4A. Between 293 and 750,000 fixed CD4 T cells from each of the four different populations were collected, depending on the number of PBMCs available from each individual. Cells were collected on FACS buffer consisting of PBS mixed with 0.5% Bovine Serum Albumin (BSA, Sigma), 2mM EDTA and

individuals from the HHECO cohort using anti-CD3 PerCP, anti-CD4 Pacific Blue, anti-

CD45RA Alexa Flour 700, and anti-CD25 PE-Cy7 (BD Biosciences, Germany). The stained

cells were later fixated and permeabilized (FoxP3 Staining Buffer Set, eBioscience) for

intracellular staining using anti-FoxP3-PE (Biolegend, Germany) and anti-Ki67-Alexa-Flour-647

(BD Biosciences, Germany). Flow cytometric data was acquired with the LSRII flow cytometer

(BD Biosciences, Germany). Compensation was conducted with antibody capture beads (BD

CompBeads Set Anti-Mouse Ig,  $\kappa$ , BD Biosciences, Germany), stained separately with the

individual flourochrome conjugated monoclonal antibodies used in all samples. Flow cytometry

measurements were analyzed using FlowJo® version 9.6.2 (Tree Star, San Carlos, USA).

195 0.2% Sodium Azide at pH 7.45. Median of fixed cell count number collected for each population 196 were as follows: CD25+FoxP3+Helios+ (Median: 9017 and IQR: 3931-14412); CD25+FoxP3+Helios-: (Median: 4381 and IQR: 1579-9799); CD25-FoxP3-Helios+ (Median: 197 2646 and IOR: 1336-5644) and CD25-FoxP3-Helios- (Median: 185000 and IOR: 79000-198 199 315000). Sorted Cells were then centrifuged at 13000 rpm for 3 minutes and the supernatant 200 removed. Cell pellet was stored at -80°C until further analysis.

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202 Quantification of cell-associated HIV gag DNA. Quantification of cell associated HIV gag 203 DNA was performed as previously described (8) with minor modifications. Sorted CD4 T cell subsets were lysed in 30 µl of 0.1 mg/ml proteinase K (Roche) containing 10mM, pH8 Tris-Cl 204 205 (Sigma) for 1 hour at 56°C followed by Proteinase K inactivation step for 10 min at 95°C. Cell lysates were then used to quantify cell associated HIV DNA was quantified by qPCR as 206 207 previously described with some modifications (10). Briefly, Gags primers and probe used were as follows: 783gag, forward, 5'-GAG AGA GAT GGG TGC GAG AGC GTC-3' (Tm>60), 208 209 895gag, reverse, 5'-CTK TCC AGC TCC CTG CTT GCC CA-3' (Tm>60); FAM-labeled probe 844gagPr, 5'-ATT HGB TTA AGG CCA GGG GGA ARG AAA MAA T-3' and had been 210 211 designed to optimally cover subtypes A, C and D prevalent in Mbeya Region (10). To quantify 212 the cell number in each reaction mix, the human prion gene copy number was also assessed by qPCR. Prion primers and probe sequences were as follows: Prion forward: 5'TGC TGG GAA 213 GTG CCA TGA G-3'; Prion reverse: 5'CGG TGC ATG TTT TCA CGA TAG-3'; probe 5'FAM-214 CAT CAT ACA TTT CGG CAG TGA CTA TGA GGA CC-TAMRA (41). 5 µl of lysate was 215 used in a total reaction volume of 25  $\mu$ l containing 0.8  $\mu$ M Gag primers or 0.4  $\mu$ M Prion primers, 216  $0.4 \,\mu\text{M}$  probe, a 0.2 mM concentration of each deoxynucleoside triphosphate, 3.5 mM MgCl<sub>2</sub> 217

218 and 0.65 U platinum Taq in the supplied buffer. Standard curves were generated using HIV-1 219 gag gene (provided by Brenna Hill, Vaccine Research Center, NIH, Bethesda) and prion gene 220 encoding plasmids. Real time PCR was performed in a Bio-Rad cycler CFX96 (Bio-Rad): 5-min at 95°C, followed by 45 cycles (15 seconds at 95°C and 1 minute at 60°C). To assure 221 comparability of the results, cell-associated gag DNA from the 4 different memory CD4 T cell 222 223 subsets, which were sorted from one patient, were always quantified simultaneously. Cell-224 associated gag DNA in memory CD25+FoxP3+ CD4 T cells and CD25-/FoxP3- memory CD4 T cells independent of Helios Expression was calculated as follows:  $\Sigma$ Gag DNA load 225 (Helios+)+(Helios-) divided by  $\Sigma$  sorted cells in 5 µl lysate (Helios+)+(Helios-). 226

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Amplification and phylogenetic comparison of HIV Envelope sequences from plasma and 228 229 sorted cell populations. A highly variable Envelope region spanning the V1 to V3 region 230 (EnvV1V3, Hxb 6559 – 7320) was amplified using a nested PCR strategy from 10  $\mu$ l of lysed sorted cells (described above) or from plasma virus cDNA. HIV RNA was extracted with 231 Sample Preparation Systems RNA on the automatic extractor m24sp instrument (Abbott 232 molecular, USA) following the manufacturer's instructions. The HIV cDNA was synthesized 233 234 µl of extracted RNA using the reverse primer from 3 ACD Env7521R 235 5'ATGGGAGGGGCATAYATTGC and the Superscript III reverse transcriptase (Life technologies, Darmstadt) according to manufacturer instructions. Newly designed PCR primer 236 pairs were optimized for detection of subtypes A, C and D were used to amplify the EnvV1V3 237 region. The 1<sup>st</sup> round PCR was performed with 10 µl of template in a 50 µl reaction (0.5 µl 238 (=5U)) Platinum Taq (Life technologies, Darmstadt), 2.0 mM primers; ACD Env6420F 239

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5`GGGAYSAAAGCCTAAARCCATGTG and ACD Env7320R GTTGTAATTTCTRRR TCCCCTCC, 2.0 mM MgCl<sub>2</sub>, 4 µl of dNTPs at 95°C for 10 min followed by 45 cycles (94°C-30 seconds, 53°C-30 seconds, 72°C-90 seconds) and 7 minutes at 72°C. The second round PCR products were extracted from agarose gel and then cloned using the TOPO-TA cloning Kit for sequencing (Life technologies, Darmstadt) including the pre-cut vector pCR4.1 and One Shot® chemically competent E. coli according to manufacturer instructions. EnvV1V3 sequences from 11-23 clones/population/subject were then sequenced unidirectional using Mnrev primers at Eurofins Genomics (Ebersberg, Germany). In total, 384 EnvV1V3 sequences from 6 subjects were analyzed.

(Life

5'CATAATGTCTGGGCYACACATGC

technologies,

254 To assess the error rate of the applied nested PCR strategy, the positive control template 255 (Du422, clone 1 (SVPC5)) (42) was endpoint diluted using a 10-fold dilution series and amplified as described above. The EnvV1V3 product from the last detectable dilution step was 256 257 then cloned as described above. Sequences from 21 clones were analyzed and compared to the 258 original Du422 template sequence.

and

ATAYATTGC, 3.5 mM MgCl<sub>2</sub>, 4 µl of dNTPs at 95°C for 10 min followed by 45 cycles (94°C-

30 seconds, 55°C-30 seconds, 72°C-90 seconds) and 7 minutes at 72°C. The 2<sup>nd</sup> round PCR was

performed with 2 ul of first round PCR product in a 50 µl reaction (0.25ul (2.5U) AmpliTag

Darmstadt),

ACD Env7521R

2.0

mМ

5°ATGGGAGGGGC

ACD Env6559F

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260 **Phylogenetic analyses.** Nucleotide sequences were aligned with respect to the predicted amino acid sequence of the reference alignment extracted from the Los Alamos HIV database 261

262 (http://www.hiv.lanl.gov/content/sequence/NEWALIGN/align.html) as previously described (43) 263 Evolutionary analyses were conducted in MEGA6 (44). The evolutionary history is inferred by 264 using the Maximum Likelihood method based on the General Time Reversible substitution model (GTR+G) (45) and is rooted on previous outbreaks. Upon each analysis the tree with the 265 highest log likelihood is shown. The percentage of trees in which the associated taxa clustered 266 267 together is presented next to the branches. Initial tree(s) for the heuristic search are obtained 268 automatically by applying Neighbor-Join and BioNJ algorithms to a matrix of pairwise distances estimated using the Maximum Composite Likelihood (MCL) approach, and then selecting the 269 270 topology with superior log likelihood value.

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Next Generation Sequencing (NGS). Library preparation from EnvV1V3PCR second round 272 273 products was done using TruSeq DNA PCR-Free Sample Preparation Kit (Illumina Inc., San 274 Diego, CA, USA) with 550 bp as insert size following the manufacturer's instruction. The 275 libraries were controlled with Agilent Bioanalyzer HS Chip (Agilent Technologies) and sequenced using MiSeq Desktop Sequencer (Illumina Inc.) using MiSeq Reagent Kits v3 276 277 (Illumina Inc.). The sequencing was done to 250 cycles in both directions. The produced reads were processed through a quality control pipeline that removed all reads containing unresolved 278 279 positions or had a mean quality below 20. Furthermore, poly-A tails and low quality read ends 280 were trimmed away. All reads that had a length below 30nt after trimming were also excluded from further analysis. An initial mapping was created for each sample, by placing the reads onto 281 282 the HIV HXB2 reference sequence (GenBank identifier K03455.1 (46)) using segemehl (version (0.1.6) (47). The difference parameter was set to two in order to increase the sensitivity given the 283 origin of the sequences being a highly variable viral genome. Using an adapted samtools (version 284

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Results

Study subjects

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303 Table 1 provides an overview of the subjects included in this study. A total of 258 HIV 304 negative and 103 HIV positive adults (Mean age, 34.3 years) from the WHIS cohort (37) were 305 included in this study of which 217 (60%) of these were female. The vast majority of HIV+

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287 official HIV reference sequence is very diverse from our set of reads, thus the initial mapping was only able to place an unsatisfyingly low number of reads onto this sequence. The second 288 289 individual mapping was able to use a higher number of reads and create sufficient alignments 290 which were used as input for the quasispecies reconstruction tool QuasiRecomb (49). It uses an 291 expectation maximization algorithm to not only reconstruct the single sequences present in the viral population, but to also assign their relative proportions. 292 293

(0.1.19) (48) pipeline, we created a consensus sequence for each sample from the initial mapping

to use as individual reference for a second round of alignments. This was necessary as the

294 Statistical analysis. Data analyses were performed using Prism version 4.0 software (GraphPad, Inc.). Comparisons of two groups were performed using the Mann-Whitney test. Comparisons of 295 296 paired groups were performed using the Wilcoxon matched pairs test. For correlation analyses 297 the Spearman r, Pearson two-tailed statistical test or linear regression were used. Differences were considered significant at P values of <0.05. Tests used for statistical analysis are described 298 in the figure legends. 299

subjects from the WHIS cohort were treatment naïve (97%) with a median  $CD4^+$  T cell count of 307 396.3 cells/µl and median  $Log_{10}$  plasma viral load was 4.7 copies/ml. 28 subjects from the 308 previously described HHECO cohort were included for the in-depth characterization of memory 309 CD25+FoxP3+ CD4 T cells ((38, 39); also described in Table 1). PBMCs from 6 viremic HIV+ 310 subjects from the HISIS cohort (40) were used for the characterization of HIV infection within 311 different memory T cell subsets.

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## 313 Correlation between CD4 T cells and CD25+FoxP3+ CD4 T cell counts in HIV infected 314 subjects

We first determined and compared the frequency and absolute numbers of 315 CD25+FoxP3+ CD4+ T cells in fresh anticoagulated peripheral blood of HIV+ (treatment naïve, 316 n=100) and HIV- subjects (n=258) from the WHIS cohort. A representative dot plot and gating 317 318 of CD25+FoxP3+CD4+ T cell is shown in Fig 1A. In HIV+ compared to HIV-neg. individuals, CD25+FoxP3+CD4+ T cell frequencies were moderately increased (Fig 1B, HIV+: median, 319 2.5%; IQR, 1.5-4.5% versus HIV-: median, 2.1%; IQR, 1.5-2.9; p= 0.03;), but absolute numbers 320 321 of CD25+FoxP3+CD4+ T cell were significantly decreased with median counts of 10.16 cells/µl (IQR, 4.88- 18.57 cells/µl) in HIV+ subjects and 17.75 cells/µl (IQR, 11.06- 24.56 cells/µl) in 322 HIV- subjects (p < 0.0001, Fig 1C). Within HIV+ subjects there was a positive correlation 323 between CD25+FoxP3+CD4+ T cell and CD4 T cell counts (p<0.0001, r= 0.6152, Fig 1D). 324 Confirming previous reports (50-54), our data shows that the depletion of CD25+FoxP3+CD4+ 325 326 T cells is closely linked to the loss of CD4 T cells.

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## High frequencies of CD25+FoxP3+ CD4 T cells express HIV-co receptor CCR5 and the cell cycle marker Ki67

In order to determine, whether CD25+FoxP3+CD4+ T cells could potentially support entry of HIV, we assessed the expression of the HIV co-receptor CCR5. Fresh anticoagulated whole blood was used for improved CCR5 staining. A representative plot is shown in Fig 2A. A considerable proportion of CD25+FoxP3+CD4+ T cell expressed CCR5 (median, 53.7%), which was higher than previously observed in total memory CD4 T cells (median, 40%; data not shown). HIV infection was associated with a moderate decrease in the frequency of CCR5+ CD25+FoxP3+CD4+ T cells (Fig 2B; median, 50.9% compared to 54.5%; p= 0.01).

337 We next studied the cell cycle status of memory CD25+FoxP3+ and CD25-FoxP3- CD4+ 338 T cells in HIV infected subjects and analyzed cellular Ki67 expression using cryopreserved PBMC samples (n=28 from HHECO cohort, Table 1). The representative dots plots for Ki67 339 staining in memory (CD45RA-) CD25+FoxP3+ and CD25-FoxP3- CD4+ T cells are shown in 340 3A. HIV infected study participants had very high frequencies of Ki67+ memory CD25+FoxP3+ 341 342 CD4 T cells (median, 27.6%, Fig 3B) despite the majority of subjects from the HHECO cohort being on ART. Importantly, frequencies of Ki67+ cells detected were 6.7-fold higher in 343 344 CD25+FoxP3+ compared to CD25-FoxP3- memory CD4+ T cells (median, 4.1%, p<0.0001), consistent with high in vivo proliferation of memory CD25+FoxP3+ CD4 T cells. Correlation 345 analysis demonstrated a close association between the proportion of Ki67+CD25+FoxP3+ and 346 347 Ki67+CD25-FoxP3-memory CD4 T cells (p=0.005, r=0.51, Fig 3C), linked to the level of CD4 T cell depletion in HIV+ subjects (p=0.1, r=(-)0.3, Fig 3D and p=0.02, r=(-)0.4, 3E). Memory 348 349 CD25+FoxP3+ CD4 T cells could hence potentially support CCR5 mediated viral entry and 350 subsequent steps of the viral life cycle due to their high in vivo proliferation. The correlation <u>Journ</u>al of Virology

351 between the frequency of Ki67+ memory T cells and memory CD25+FoxP3+ CD4 T cells and 352 the fact that loss of these cell subsets is closely linked, support the proposed mechanism of constant replenishment of memory CD25+FoxP3+ CD4 T cells from the memory CD4 T cell 353 pool (30) also during HIV infection. 354 355

### Memory Helios+ and Helios- CD25+FoxP3+ CD4 T cells are frequent targets for HIV 356 infection in vivo 357

To determine in vivo HIV infection rates of memory CD25+FoxP3+ CD4 T cells, we 358 359 sorted four different subsets of CD45RO+ memory CD4 T cells on the basis of their Helios, CD25 and FoxP3 expression (Fig 4A) for 22 subjects (WHIS cohort, plus 6 subjects from HISIS 360 cohort, Table 1) and quantified HIV gag DNA within the sorted subsets. Helios is an Ikaros 361 transcriptional factor family member, which is critical for the regulatory function of 362 363 CD25+FoxP3+ CD4 T cells (55–58) is a negative regulator of IL2 signaling in CD25+FoxP3+ CD4 T cells (59). A large fraction of CD25+FoxP3+ CD4 T cells expressed the memory marker 364 CD45R0 in HIV+ subjects (median, 87.3%; IQR, 71.85%-93.55%) and most of these expressed 365 366 Helios (median, 76.30%; IQR, 69.18%-84.43%; data not shown), consistent with a regulatory 367 cell function of this subset. In contrast, only a minor fraction of CD25-FoxP3- memory CD4 T expressed Helios (median, 1.65%; IQR, 1.15%-2.75%). HIV gag DNA was detected in >80% of 368 memory CD25+FoxP3+ and CD25-FoxP3- CD4 T cells with a 15-fold higher median gag DNA 369 load in CD25+FoxP3+ compared to CD25-FoxP3- memory CD4 T cells (Etelios<sup>+</sup>Helios-, 370 16072 versus 1074 copies/10<sup>6</sup> cells; p=0.003; Fig 4B). From 16 subjects we also determined the 371 plasma viral load (pVL) and found correlation between log cell associated DNA gag in memory 372

373 CD25-FoxP3- memory CD4 T cells and log pVL (p=0.025, r=0.56, data not shown). No such
association was detected for memory CD25+FoxP3+ (p=0.1, r=0.39, data not shown).

Fig 4C shows the levels of HIV gag DNA within these memory CD4 T cell subsets 375 further delineated by Helios expression. Compared to the largest sorted memory CD4 T cell 376 population in the blood (FoxP3-CD25-Helios-), which contained a median of 154.4 HIV 377  $copies/10^6$  cells (IOR, 0-10241 copies/10<sup>6</sup> cells), levels of HIV gag DNA were substantially 378 increased in the other subsets; the FoxP3+CD25+Helios- CD4 T cells (119-fold increased, 379 median, 18407 copies/ $10^6$  cells; IOR, 1556-106067 copies/ $10^6$  cells; p= 0.007), FoxP3-CD25-380 Helios+ CD4 T cells (104-fold increased, median, 16096 copies/10<sup>6</sup> cells; IQR, 837.9-47903 381 copies/10<sup>6</sup> cells, p= 0.029) and FoxP3+CD25+Helios+ CD4 T cells (26-fold increased, median, 382 4106 copies/ $10^6$  cells: IOR, 0-446m copies/ $10^6$  cells: p=0.072). Together these data demonstrate 383 384 that CD25+FoxP3+ memory CD4 T cells and in particular the small Helios- population, contain high HIV DNA levels in vivo. Likewise, the small CD25-FoxP3- Helios+ memory CD4 T cell 385 386 population contained substantially increased HIV DNA copies. In comparison, the main CD25-387 FoxP3- Helios- memory CD4 T cell subset (>90% of memory CD4 T cells in peripheral blood) of which high cell numbers were sorted for all 22 subjects, contained few and surprisingly often 388 undetectable gag DNA copies. Together these data suggest that CD25+FoxP3+ and also CD25-389 390 FoxP3-Helios+ memory CD4 T cells are frequent targets for HIV infection. However, the lack of 391 correlation between plasma viral load and Gag DNA loads in CD25+FoxP3+ memory CD4 T 392 cells is inconsistent with the hypothesis of significant plasma virus production by this cell subset.

# Phylogenetic sequence analyses of the highly variable EnvV1V3 region in plasma virus and sorted memory CD4 T cell populations

To assess whether memory CD25+FoxP3+ CD4 T cells could potentially contribute to 396 397 plasma virion production, we compared the highly variable Envelope V1V3 region from cell (CD25+FoxP3+ and CD25-FoxP3- memory CD4 T cell subsets) DNA and plasma virus 398 399 sequences in seven viremic subjects. The estimated HIV infection duration varied from 9 months (H574), 27-30 months (H605), 1.3 - 3.3 years (6233K12), above 3.2 years for 3806A11, 400 8710U11 and 9440A11 and above 4.5 years for 8975T11. PCR related sequence background 401 402 variation was controlled for by using an endpoint diluted molecular clone of the subtype isolate 403 Du422 clone 1. Ten of the 21 Du422 sequences did not contain any nucleotide substitutions compared to the template sequence, seven sequences had one and three sequences had two 404 405 substitutions. Hence, the PCR protocol introduced only two or less nucleotide substitutions and 406 no insertions or deletions in 95% of the amplicons. We hence considered up to four substitutions 407 between cell- and plasma-derived sequence variants as quasi-identical. EnvV1V3 amplicons containing clones from 6 of the 7 subjects were subjected to Sanger sequencing and clonal 408 sequences were analyzed using Maximum likelihood method (Figs 5A and 5B). In 4 of these 6 409 subjects (H574, H605, 6233K12, 9440A11) we found quasi-identical cell- and plasma-derived 410 411 EnvV1V3 sequence pairs (Table 2). For subject H574 (9- months HIV infected) viral sequences 412 were closely related to each other and sequences from all four sorted cell populations were closely related to plasma virus (Fig 5B, Table 2). 11.4% (8 of 70) of cell-derived sequences were 413 quasi-identical to plasma-derived sequence variants. For subject H605 (27 to 30 months infected) 414 the closest sequence was derived from the "dominant" memory CD4 T cell subset (CD25-415 FoxP3-Helios-, 3 substitutions) and 6.8% (3 of 44) of cell-derived sequences were quasi-416

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to a plasma-derived sequence variant had 32, 54 and 4 substitutions respectively. Hence, we
detected a single "quasi-identical pair" between cell- and plasma-derived EnvV1V3 sequences
(derived from CD25+Helios+ memory CD4 T cells) only in one of these three subjects. In
summary, sequences derived from CD25+FoxP3+ memory CD4 T cells (or those derived from
the other sorted memory CD4 T cell subsets) were not preferentially clustering with plasma-
derived sequence variants. Quasi-identical cell- and plasma-derived EnvV1V3 sequence pairs
were generally infrequent and their proportion decreased with HIV infection duration (Fig 5C,
p=0.03, $r=(-)0.85$ ) as the nucleotide distances between cell- and plasma-derived sequences (Fig
5D, p=0.02, $r^2$ =0.84) and also between individual plasma-derived sequences (Fig 5E, p=0.02,
$r^2=0.95$ ) increased. To ascertain the relatedness of the plasma sequences and the sequences
isolated from the cell fractions we estimated the nucleotide variation within each fraction. The
estimation was performed using the neighbor-joining model with the Kimura-2 parameter

the other sorted memory CD4 T cell subsets) were not preferentially clust 425 ng with plasmaderived sequence variants. Quasi-identical cell- and plasma-derived EnvV 426 3 sequence pairs were generally infrequent and their proportion decreased with HIV infection luration (Fig 5C, 427 p=0.03, r=(-)0.85) as the nucleotide distances between cell- and plasma-derived d sequences (Fig 428 5D, p=0.02, r<sup>2</sup>=0.84) and also between individual plasma-derived sequence 429 (Fig 5E, p=0.02, 430  $r^{2}=0.95$ ) increased. To ascertain the relatedness of the plasma sequences d the sequences 431 isolated from the cell fractions we estimated the nucleotide variation within ach fraction. The estimation was performed using the neighbor-joining model with the K ura-2 parameter 432 method. The sequence diversity analyses showed that the sequence diversity in plasma was not 433 different from the estimated diversity between the plasma and the cell-derived sequences (data 434 435 not shown).

identical to plasma-derived sequence variants. For subject 6233K12 (16 to 38 months infected)

only 1 of 53 EnvV1V3 sequences was quasi-identical to a plasma-derived sequence variant and

was derived from the CD25-FoxP3-Helios+ memory T cell subset. The three subjects (8710U11,

8975T11 and 9440A11) were infected for at least 3.2 years and the closest cell-derived sequence

We also analyzed plasma- and cell-derived EnvV1V3 amplicons from two HIV+ subjects 436 (3806A11 and 9440A11) infected for more than 3.2 years using next generation sequencing to 437 detect "rare" quasi-identical sequence pairs we might have missed in the previous analyses. 438 Between 780 and 10000 EnvV1V3 sequences were first reconstructed using QuasiRecomb (49). 439

440 The 50 most frequent sequences/population were aligned and sequences compared (Fig 6). The 441 closest cell-associated and plasma sequences were 6 and 14 nucleotide substitutions apart for 3806A11 and 9440A11, respectively, inconsistent with a major contribution of the sorted 442 peripheral memory CD4+ T cell subsets to plasma virus production. Blast searching all plasma 443 sequence variants against the 150 highest frequency cell-derived variants (per sorted cell subset) 444 445 identified the closest pairs as 4 (3806A11, CD25-FoxP3-Helios+) and 10 (9440A11, 446 CD25+Helios+) nucleotides apart.

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#### Discussion 448

HIV plasma viremia predicts the rate of HIV disease progression (1, 60) and depends on 449 active HIV viral replication in CD4+ cells. Memory CD4 T cells are most probably the primary 450 substrate for virus replication (11, 61-63). HIV infection rates differ substantially between 451 452 different CD4 T cell subsets (4–6, 64). Recent data show that follicular T Helper (Tfh) cells are a prime target for virus replication and contribute to virion production even in elite controlling 453 rhesus macaques (19) and most probably to plasma viremia (17). To what extent other CD4+ cell 454 455 subsets contribute to plasma virus production in viremic progressors is unclear. In various in 456 vitro infection models, HIV replication is associated with IL2 signaling and CD25 expression on stimulated CD4 T cells (10, 13, 14, 21–23). Because IL2 is important for the homeostatic 457 proliferation of the CD25+FoxP3+ CD4 T cells (35, 65), and because of high in vivo 458 proliferation rates of this subset (32), we hypothesized that CD25+FoxP3+ CD4 T cells 459 460 constitute a prime target for HIV infection and may contribute to plasma virion production in 461 vivo.

462 Consistent with a previous report, we show that a large fraction of CD25+FoxP3+ CD4 T 463 cells, express the HIV co-receptor CCR5 (35), potentially supporting viral entry. Although 464 frequencies of CD25+FoxP3+ CD4 T cells were slightly elevated in viremic, HIV+ subjects, absolute cell numbers of this subset were significantly depleted, which confirms previously 465 published data (50, 52, 67). A greater proportion of CD25+FoxP3+ memory CD4 T cells from 466 467 HIV+ subjects expressed Ki67+ with almost one third of these cells "cycling" at any given time. This pattern – depleted cell counts despite increased fractions of Ki67+, "cycling" cells 468 demonstrates that homeostasis of CD25+FoxP3+ CD4 T cells is heavily perturbed by HIV 469 infection. Furthermore, expression of CCR5 and high proportions of cycling cells within 470 CD25+FoxP3+ CD4 T cells should support both cell entry and reverse transcription of HIV, 471 472 which is supported by the increased HIV DNA loads observed in memory CD25+FoxP3+ CD4 T 473 cells observed in this study (12, 36). Other reports show discrepant results regarding in vivo levels of HIV DNA in "regulatory" CD4 T cells - typically defined by CD25<sup>high</sup> phenotype, 474 475 instead of the definition using co-expression of CD25 and FoxP3 that we used (66, 68, 69). Tran et al. observed a higher infection rate in CD25<sup>high</sup> than CD25 negative CD4 T cells (70), but did 476 not exclude naïve CD4 T cells - which are not susceptible to CCR5-topic strains which 477 predominate throughout most of the infection course. Of note, high in vivo proliferation of 478 memory CD25+FoxP3+ CD4 T cells could also potentially pass on proviral HIV DNA to the cell 479 progeny in the absence of productive HIV infection during ART. Previous studies reported that 480 CD25<sup>high</sup> T cells (which were >99% FoxP3+) release virus upon in vitro re-stimulation and have 481 482  $\sim$ 3-fold higher HIV infection rates compared to other CD4 T cells upon in vitro activation (36, 70). Together these data suggest that CD25+FoxP3+ CD4 T cells are a prime cellular target for 483 484 HIV infection that might serve as an important HIV reservoir during ART.

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We next wanted to address whether memory CD25+FoxP3+ CD4 T cells could potentially 486 contribute to plasma virion production. Because cell fixation complicates analyses of HIV 487 transcription in sorted cell populations defined by intranuclear transcription factors (such as FoxP3), we decided to study the phylogenetic relationship between plasma- and cell-derived 488 sequences within the highly variable EnvV1V3 region; if CD25+FoxP3+ memory CD4 T cells 489 490 significantly contribute to plasma virion production, EnvV1V3 DNA sequences derived from 491 this cell population should often be quasi-identical or preferentially cluster with plasma-derived sequences. A previous study had reported rapid replacement of cell- and plasma-derived HIV 492 sequences by an incoming superinfecting HIV strain (71), implying a highly dynamic exchange 493 between these two compartments. In our study, detection of quasi-identical sequence pairs 494 derived from cells and plasma was rare and their fraction further decreased with infection 495 duration, which is consistent with the broadening of the viral reservoir with time. There was no 496 497 clear pattern of phylogenetic clustering of the plasma virus with any of the cell subset-derived 498 sequences we had sorted. In fact, cell-derived sequences did not "behave differently" from 499 plasma-derived sequences and sequences from both compartments intermingled. Our 500 phylogenetic data therefore do not allow definite conclusions about the cellular origin of plasma 501 virions. The high variability between individual plasma-derived sequences during chronic 502 infection emphasizes that a huge number of infected cells must contribute to plasma virion 503 production at any given time during chronic infection. It might hence be difficult to determine 504 the exact cellular origins of plasma virus through phylogenetic sequence analyses. Nonetheless, 505 in our analyses of individual sequences, we did find several quasi-identical sequence pairs between plasma and CD25+FoxP3+ CD4 T cells, indicating that they may contribute to the 506 507 plasma viremia. One limitation of our study was that we used comparatively small amounts of

PBMC and plasma (compared to the total body amount) for phylogenetic analyses and we therefore probably included insufficient numbers for detection of clusters of cell- and plasmaderived sequences (76). Virus sequences from very large amounts of specimen will need to be analyzed and optimally include material from secondary lymphoid tissues for more conclusive answers. Secondary lymphoid tissues are thought to constitute the primary site for virion production (reviewed in (63)). After ART interruption, onset of viral RNA transcription in lymph nodes coincides with a rise in plasma viral load (73). CD25+FoxP3+ CD4 T cells in secondary lymphoid organs contain high frequencies of Ki67+ "cycling" cells with significant capacity for IL2 production and often express a CD69+ "recently activated" phenotype (74) and hence differ from those in peripheral blood. A recent study detected colocalization of SIV\_p27- and FoxP3 expression in intestinal tissues using confocal microscopy (75). We therefore consider it likely that CD25+FoxP3+ CD4 T cells in lymphoid tissues are a targeted by HIV, but additional studies will be needed to define the role of CD25+FoxP3+ CD4 T cells for plasma virion production in

vivo.

We also sorted memory CD4 T cell populations depending on their Helios expression. Helios is an Ikaros transcriptional factor family member is critical for the regulatory function of CD25+FoxP3+ CD4 T cells (55–57) and for the prevention of autoimmunity (58). Helios modulates cell cycle progression and sustained cell survival through regulation of genes involved in IL-2 signaling (58, 59). Helios expression is also linked to expression of a range of suppressive T cell markers and can be induced in CD4 T cells upon in vitro activation (72, 73). In vitro, dividing CD25+FoxP3+CD4 T cells co-express Helios, while non-dividing regulatory T cells lose expression of FoxP3 and Helios, suggesting Helios as a marker of recently divided

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cells. In the same set of in vitro experiments, CD25-Helios+ CD4 T cells were composed of a highly activated "effector" memory cells (72). We detected higher median Gag DNA loads in memory CD25+FoxP3+ in both Helios positive (26-fold increased) and negative (119-fold increased) as well as CD25-FoxP3- Helios+ memory CD4 T cells (104-fold increased) compared to FoxP3-CD25- Helios- memory CD4 T cells. It is remarkable that we often did not detect HIV-DNA in this "dominant" memory CD4 T cell subset. A history of more frequent or recent cell divisions within CD25-FoxP3- Helios+ memory CD4 T cells might have contributed to high HIV susceptibility in this memory subset, whereas removal of such cells in the sorted CD25-FoxP3-Helios- memory CD4 T cells, could potentially explain the low HIV infection rates observed in this memory cell subset. "Non-activated", circulating memory CD4 T cells are probably less susceptible and accumulate less HIV DNA over time, in comparison to other memory CD4 T cell subsets with a history of in vivo proliferation. Helios deficient regulatory CD4 T cells exhibit an activated phenotype, increased capacity to secrete IFN-y and develop into non-anergic cells under inflammatory conditions (58, 74). Increased responsiveness to cellular activation in comparison to their Helios+ counterparts signaling could potentially explain the higher HIV-DNA levels in CD25+FoxP3+ Helios- memory CD4 T cells compared to their Helios+ counterparts. These data show that Helios and CD25/FoxP3 expression patterns are linked to different cellular HIV infection rates, consistent with a role of the IL2 signaling pathway for HIV infection in vivo.

In conclusion, we find that homeostasis of CD25+FoxP3+ CD4 T cells is heavily 551 perturbed during HIV infection. High expression of HIV coreceptor-CCR5 and in vivo 552 553 proliferation potentially facilitates efficient HIV infection of memory CD25+FoxP3+ CD4 T <u>Journal</u> of Virology

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cells. Furthermore, high proliferative activity of this cell subset is likely to passage of HIV DNA 555 to cell progeny in the absence of active viral replication. This subset could therefore serve as an 556 important viral reservoir during ART. Neither circulating memory CD25+FoxP3+ CD4 T cell-557 nor any of the other memory CD4 T cell subset-derived EnvV1V3 sequences preferentially clustered with plasma-derived sequences. Instead, sequences from the two compartments 558 559 intermingled and the genetic distance in-between and within the two compartments increased 560 with infection duration, precluding definite conclusion about the cellular origin of the plasma 561 virus in this study.

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### 571 References

572	1.	Mellors JW, Rinaldo CR, Gupta P, White RM, Todd JA, Kingsley LA. 1996.
573		Prognosis in HIV-1 infection predicted by the quantity of virus in plasma. Science (80)
574		<b>272</b> :1167–70.
575	2.	Li TS, Tubiana R, Katlama C, Calvez V, Ait Mohand H, Autran B. 1998. Long-
576		lasting recovery in CD4 T-cell function and viral-load reduction after highly active
577		antiretroviral therapy in advanced HIV-1 disease. Lancet <b>351</b> :1682–6.
578	3.	Verhofstede C, Reniers S, Van Wanzeele F, Plum J. 1994. Evaluation of proviral copy
579		number and plasma RNA level as early indicators of progression in HIV-1 infection:
580		correlation with virological and immunological markers of disease. AIDS 8:1421-7.
581	4.	Ganesan A, Chattopadhyay PK, Brodie TM, Qin J, Mascola JR, Michael NL,
582		Follmann DA, Roederer M. 2010. Immunological and Virological Events in Early HIV
583		Infection Predict Subsequent Rate of Progression. J Infect Dis 201:272–284.
584	5.	Brenchley JM, Schacker TW, Ruff LE, Price DA, Taylor JH, Beilman GJ, Nguyen
585		PL, Khoruts A, Larson M, Haase AT, Douek DC. 2004. CD4+ T cell depletion during
586		all stages of HIV disease occurs predominantly in the gastrointestinal tract. J Exp Med
587		<b>200</b> :749–59.
588	6.	Chomont N, El-Far M, Ancuta P, Trautmann L, Procopio F a, Yassine-Diab B,
589		Boucher G, Boulassel M-R, Ghattas G, Brenchley JM, Schacker TW, Hill BJ, Douek
590		DC, Routy J-P, Haddad EK, Sékaly R-P. 2009. HIV reservoir size and persistence are
591		driven by T cell survival and homeostatic proliferation. Nat Med 15:893–900.
592	7.	Casazza JP, Brenchley JM, Hill BJ, Ayana R, Ambrozak D, Roederer M, Douek DC,

Journal of Virology

 $\leq$ 

593		Betts MR, Koup RA. 2009. Autocrine production of beta-chemokines protects CMV-
594		Specific CD4 T cells from HIV infection. PLoS Pathog 5:e1000646.
595	8.	Douek DC, Brenchley JM, Betts MR, Ambrozak DR, Hill BJ, Okamoto Y, Casazza
596		JP, Kuruppu J, Kunstman K, Wolinsky S, Grossman Z, Dybul M, Oxenius A, Price
597		DA, Connors M, Koup RA. 2002. HIV preferentially infects HIV-specific CD4+ T cells.
598		Nature <b>417</b> :95–8.
599	9.	Geldmacher C, Koup RA. 2012. Pathogen-specific T cell depletion and reactivation of
600		opportunistic pathogens in HIV infection. Trends Immunol 33:207-14.
601	10.	Geldmacher C, Ngwenyama N, Schuetz A, Petrovas C, Reither K, Heeregrave EJ,
602		Casazza JP, Ambrozak DR, Louder M, Ampofo W, Pollakis G, Hill B, Sanga E,
603		Saathoff E, Maboko L, Roederer M, Paxton WA, Hoelscher M, Koup RA. 2010.
604		Preferential infection and depletion of Mycobacterium tuberculosis-specific CD4 T cells
605		after HIV-1 infection. J Exp Med 207:2869-81.
606	11.	Zhang Z, Schuler T, Zupancic M, Wietgrefe S, Staskus KA, Reimann KA, Reinhart
607		TA, Rogan M, Cavert W, Miller CJ, Veazey RS, Notermans D, Little S, Danner SA,
608		Richman DD, Havlir D, Wong J, Jordan HL, Schacker TW, Racz P, Tenner-Racz K,
609		Letvin NL, Wolinsky S, Haase AT. 1999. Sexual transmission and propagation of SIV
610		and HIV in resting and activated CD4+ T cells. Science 286:1353-7.
611	12.	Zack JA, Arrigo SJ, Weitsman SR, Go AS, Haislip A, Chen IS. 1990. HIV-1 entry into
612		quiescent primary lymphocytes: molecular analysis reveals a labile, latent viral structure.
613		Cell <b>61</b> :213–22.
614	13.	Chou CS, Ramilo O, Vitetta ES. 1997. Highly purified CD25- resting T cells cannot be

 $\sum$ 

infected de novo with HIV-1. Proc Natl Acad Sci U S A 94:1361-5. 615 Biancotto A, Iglehart SJ, Vanpouille C, Condack CE, Lisco A, Ruecker E, Hirsch I, 616 14. Margolis LB, Grivel J-C. 2008. HIV-1 induced activation of CD4+ T cells creates new 617 targets for HIV-1 infection in human lymphoid tissue ex vivo. Blood 111:699-704. 618 Maenetje P, Riou C, Casazza JP, Ambrozak D, Hill B, Gray G, Koup RA, de Bruyn 619 15. 620 G, Gray CM. 2010. A steady state of CD4+ T cell memory maturation and activation is established during primary subtype C HIV-1 infection. J Immunol 184:4926-35. 621 16. Crotty S. 2014. T Follicular Helper Cell Differentiation, Function, and Roles in Disease. 622 623 Immunity **41**:529–542. 624 17. Perreau M, Savoye A-L, De Crignis E, Corpataux J-M, Cubas R, Haddad EK, De 625 Leval L, Graziosi C, Pantaleo G. 2013. Follicular helper T cells serve as the major CD4 T cell compartment for HIV-1 infection, replication, and production. J Exp Med 210:143-626 56. 627 18. Pallikkuth S, Sharkey M, Babic DZ, Gupta S, Stone GW, Fischl MA, Stevenson M, 628 629 Pahwa S. 2015. Peripheral T Follicular Helper Cells Are the Major HIV Reservoir Within Central Memory CD4 T Cells in Peripheral Blood from chronic HIV infected individuals 630 on cART. J Virol JVI.02883-15. 631 Fukazawa Y, Lum R, Okoye AA, Park H, Matsuda K, Bae JY, Hagen SI, Shoemaker 632 19. R, Deleage C, Lucero C, Morcock D, Swanson T, Legasse AW, Axthelm MK, 633 Hesselgesser J, Geleziunas R, Hirsch VM, Edlefsen PT, Piatak M, Estes JD, Lifson 634 635 **JD**, **Picker LJ**. 2015. B cell follicle sanctuary permits persistent productive simian

636 immunodeficiency virus infection in elite controllers. Nat Med **21**:132–9.

30

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Boyman O, Sprent J. 2012. The role of interleukin-2 during homeostasis and activation of the immune system. Nat Rev Immunol 12:180-90. Finberg RW, Wahl SM, Allen JB, Soman G, Strom TB, Murphy JR, Nichols JC. 1991. Selective elimination of HIV-1-infected cells with an interleukin-2 receptor-specific cytotoxin. Science 252:1703-5. Ramilo O, Bell KD, Uhr JW, Vitetta ES. 1993. Role of CD25+ and CD25-T cells in acute HIV infection in vitro. J Immunol 150:5202-8. Goletti D, Weissman D, Jackson RW, Graham NM, Vlahov D, Klein RS, Munsiff SS, Ortona L, Cauda R, Fauci AS. 1996. Effect of Mycobacterium tuberculosis on HIV replication. Role of immune activation. J Immunol 157:1271-8. Baecher-Allan C, Brown JA, Freeman GJ, Hafler DA. 2003. CD4+CD25+ regulatory cells from human peripheral blood express very high levels of CD25 ex vivo. Novartis Found Symp 252:67-91, 106-14. Seddiki N, Santner-Nanan B, Martinson J, Zaunders J, Sasson S, Landay A, Solomon M, Selby W, Alexander SI, Nanan R, Kelleher A, Fazekas de St Groth B. 2006. Expression of interleukin (IL)-2 and IL-7 receptors discriminates between human regulatory and activated T cells. J Exp Med 203:1693-700. Hori S, Takahashi T, Sakaguchi S. 2003. Control of autoimmunity by naturally arising regulatory CD4+ T cells. Adv Immunol 81:331-71. Sakaguchi S, Yamaguchi T, Nomura T, Ono M. 2008. Regulatory T cells and immune tolerance. Cell 133:775-87. Aandahl EM, Michaëlsson J, Moretto WJ, Hecht FM, Nixon DF. 2004. Human CD4+

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659		CD25+ regulatory T cells control T-cell responses to human immunodeficiency virus and
660		cytomegalovirus antigens. J Virol 78:2454–9.
661	29.	Kinter AL, Horak R, Sion M, Riggin L, McNally J, Lin Y, Jackson R, O'shea A,
662		Roby G, Kovacs C, Connors M, Migueles SA, Fauci AS. 2007. CD25+ regulatory T
663		cells isolated from HIV-infected individuals suppress the cytolytic and nonlytic antiviral
664		activity of HIV-specific CD8+ T cells in vitro. AIDS Res Hum Retroviruses 23:438–50.
665	30.	Booth NJ, McQuaid AJ, Sobande T, Kissane S, Agius E, Jackson SE, Salmon M,
666		Falciani F, Yong K, Rustin MH, Akbar AN, Vukmanovic-Stejic M. 2010. Different
667		proliferative potential and migratory characteristics of human CD4+ regulatory T cells
668		that express either CD45RA or CD45RO. J Immunol 184:4317–26.
669	31.	Antons AK, Wang R, Oswald-Richter K, Tseng M, Arendt CW, Kalams SA,
670		Unutmaz D. 2008. Naive precursors of human regulatory T cells require FoxP3 for
671		suppression and are susceptible to HIV infection. J Immunol 180:764–773.
672	32.	Peters JH, Koenen HJPM, Fasse E, Tijssen HJ, Ijzermans JNM, Groenen PJTA,
673		Schaap NPM, Kwekkeboom J, Joosten I. 2013. Human secondary lymphoid organs
674		typically contain polyclonally-activated proliferating regulatory T cells. Blood 122:2213-
675		23.
676	33.	Vukmanovic-stejic M, Zhang Y, Cook JE, Fletcher JM, Mcquaid A, Masters JE,
677		Rustin MHA, Taams LS, Beverley PCL, Macallan DC, Akbar AN. 2006. Human
678		CD4+CD25hiFoxp3+ regulatory T cells are derived by rapid turnover of memory
679		populations in vivo. J Clin Invest <b>116</b> :2423–2433.
680	34.	Vukmanovic-Stejic M, Agius E, Booth N, Dunne PJ, Lacy KE, Reed JR, Sobande

 $\sum$ 

681		TO, Kissane S, Salmon M, Rustin MH, Akbar AN. 2008. The kinetics of CD4+Foxp3+
682		T cell accumulation during a human cutaneous antigen-specific memory response in vivo.
683		J Clin Invest <b>118</b> :3639–50.
684	35.	Sakaguchi S, Ono M, Setoguchi R, Yagi H, Hori S, Fehervari Z, Shimizu J,
685		Takahashi T, Nomura T. 2006. Foxp3+ CD25+ CD4+ natural regulatory T cells in
686		dominant self-tolerance and autoimmune disease. Immunol Rev 212:8–27.
687	36.	Oswald-Richter K, Grill SM, Shariat N, Leelawong M, Sundrud MS, Haas DW,
688		Unutmaz D. 2004. HIV infection of naturally occurring and genetically reprogrammed
689		human regulatory T-cells. PLoS Biol 2:E198.
690	37.	Chachage M, Podola L, Clowes P, Nsojo A, Bauer A, Mgaya O, Kowour D, Froeschl
691		G, Maboko L, Hoelscher M, Saathoff E, Geldmacher C. 2014. Helminth-associated
692		systemic immune activation and HIV co-receptor expression: Response to
693		Albendazole/Praziquantel treatment. PLoS Negl Trop Dis 8:e2755.
694	38.	Sarfo FS, Eberhardt KA, Dompreh A, Kuffour EO, Soltau M, Schachscheider M,
695		Drexler JF, Eis-Hübinger AM, Häussinger D, Oteng-Seifah EE, Bedu-Addo G,
696		Phillips RO, Norman B, Burchard G, Feldt T. 2015. Helicobacter pylori Infection Is
697		Associated with Higher CD4 T Cell Counts and Lower HIV-1 Viral Loads in ART-Naïve
698		HIV-Positive Patients in Ghana. PLoS One 10:e0143388.
699	39.	Eberhardt KA, Sarfo FS, Dompreh A, Kuffour EO, Geldmacher C, Soltau M,
700		Schachscheider M, Drexler JF, Eis-Hubinger AM, Haussinger D, Bedu-Addo G,
701		Phillips RO, Norman B, Burchard GD, Feldt T. 2015. Helicobacter pylori Coinfection
702		Is Associated with Decreased Markers of Immune Activation in ART-Naive HIV-Positive
703		and in HIV-Negative Individuals in Ghana. Clin Infect Dis 61:1615–1623.

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704	40.	Geldmacher C, Currier JR, Herrmann E, Haule A, Kuta E, McCutchan F, Njovu L,
705		Geis S, Hoffmann O, Maboko L, Williamson C, Birx D, Meyerhans A, Cox J,
706		Hoelscher M. 2007. CD8 T-cell recognition of multiple epitopes within specific Gag
707		regions is associated with maintenance of a low steady-state viremia in human
708		immunodeficiency virus type 1-seropositive patients. J Virol 81:2440-8.
709	41.	Hoffmann D, Wolfarth B, Hörterer HG, Halle M, Reichhuber C, Nadas K, Tora C,
710		Erfle V, Protzer U, Schätzl HM. 2010. Elevated Epstein-Barr virus loads and lower
711		antibody titers in competitive athletes. J Med Virol 82:446–51.
712	42.	Li M, Salazar-Gonzalez JF, Derdeyn CA, Morris L, Williamson C, Robinson JE,
713		Decker JM, Li Y, Salazar MG, Polonis VR, Mlisana K, Karim SA, Hong K, Greene
714		KM, Bilska M, Zhou J, Allen S, Chomba E, Mulenga J, Vwalika C, Gao F, Zhang M,
715		Korber BTM, Hunter E, Hahn BH, Montefiori DC. 2006. Genetic and neutralization
716		properties of subtype C human immunodeficiency virus type 1 molecular env clones from
717		acute and early heterosexually acquired infections in Southern Africa. J Virol 80:11776-
718		90.
719	43.	Pollakis G, Baan E, van Werkhoven MB, Berkhout B, Bakker M, Jurriaans S,
720		Paxton WA. 2015. Association between gp120 envelope V1V2 and V4V5 variable loop
721		profiles in a defined HIV-1 transmission cluster. AIDS 29:1161-71.
722	44.	Tamura K, Stecher G, Peterson D, Filipski A, Kumar S. 2013. MEGA6: Molecular
723		Evolutionary Genetics Analysis version 6.0. Mol Biol Evol <b>30</b> :2725–9.
724	45.	Nei M, Kumar S. 2000. Molecular Evolution and Phylogenetics. Oxford University
725		Press.

Σ

Journal of Virology

726

46.

Nucleic Acids Res 37:D26-31. 727 Hoffmann S, Otto C, Kurtz S, Sharma CM, Khaitovich P, Vogel J, Stadler PF, 728 47. Hackermüller J. 2009. Fast mapping of short sequences with mismatches, insertions and 729 deletions using index structures. PLoS Comput Biol 5:e1000502. 730 731 48. Li H, Handsaker B, Wysoker A, Fennell T, Ruan J, Homer N, Marth G, Abecasis G, Durbin R. 2009. The Sequence Alignment/Map format and SAMtools. Bioinformatics 732 25:2078-9. 733 Töpfer A, Zagordi O, Prabhakaran S, Roth V, Halperin E, Beerenwinkel N. 2013. 734 49. Probabilistic inference of viral quasispecies subject to recombination. J Comput Biol 735 736 **20**:113–23. 50. Angin M, Kwon DS, Streeck H, Wen F, King M, Rezai A, Law K, Hongo TC, Pyo A, 737 Piechocka-Trocha A, Toth I, Pereyra F, Ghebremichael M, Rodig SJ, Milner DA, 738 Richter JM, Altfeld M, Kaufmann DE, Walker BD, Addo MM. 2012. Preserved 739 function of regulatory T cells in chronic HIV-1 infection despite decreased numbers in 740 blood and tissue. J Infect Dis 205:1495-500. 741 742 51. Schulze Zur Wiesch J, Thomssen A, Hartjen P, Tóth I, Lehmann C, Meyer-Olson D, Colberg K, Frerk S, Babikir D, Schmiedel S, Degen O, Mauss S, Rockstroh J, 743 744 Staszewski S, Khaykin P, Strasak A, Lohse AW, Fätkenheuer G, Hauber J, van Lunzen J. 2011. Comprehensive analysis of frequency and phenotype of T regulatory 745 cells in HIV infection: CD39 expression of FoxP3+ T regulatory cells correlates with 746 747 progressive disease. J Virol 85:1287-97.

Benson DA, Karsch-Mizrachi I, Lipman DJ, Ostell J, Sayers EW. 2009. GenBank.

748	52.	Presicce P, Orsborn K, King E, Pratt J, Fichtenbaum CJ, Chougnet CA. 2011.
749		Frequency of circulating regulatory T cells increases during chronic HIV infection and is
750		largely controlled by highly active antiretroviral therapy. PLoS One 6:e28118.
751	53.	Montes M, Lewis DE, Sanchez C, Lopez de Castilla D, Graviss EA, Seas C, Gotuzzo
752		E, White AC. 2006. Foxp3+ regulatory T cells in antiretroviral-naive HIV patients. AIDS
753		<b>20</b> :1669–71.
754	54.	Simonetta F, Lecuroux C, Girault I, Goujard C, Sinet M, Lambotte O, Venet A,
755		Bourgeois C. 2012. Early and long-lasting alteration of effector CD45RA(-)Foxp3(high)
756		regulatory T-cell homeostasis during HIV infection. J Infect Dis 205:1510-9.
757	55.	Sugimoto N, Oida T, Hirota K, Nakamura K, Nomura T, Uchiyama T, Sakaguchi S.
758		2006. Foxp3-dependent and -independent molecules specific for CD25+CD4+ natural
759		regulatory T cells revealed by DNA microarray analysis. Int Immunol 18:1197–209.
760	56.	Thornton AM, Korty PE, Tran DQ, Wohlfert EA, Murray PE, Belkaid Y, Shevach
761		EM. 2010. Expression of Helios, an Ikaros transcription factor family member,
762		differentiates thymic-derived from peripherally induced Foxp3+ T regulatory cells. J
763		Immunol <b>184</b> :3433–41.
764	57.	Getnet D, Grosso JF, Goldberg M V, Harris TJ, Yen H-R, Bruno TC, Durham NM,
765		Hipkiss EL, Pyle KJ, Wada S, Pan F, Pardoll DM, Drake CG. 2010. A role for the
766		transcription factor Helios in human CD4(+)CD25(+) regulatory T cells. Mol Immunol
767		47:1595–600.
768	58.	Kim H-J, Barnitz RA, Kreslavsky T, Brown FD, Moffett H, Lemieux ME, Kaygusuz
769		Y, Meissner T, Holderried TAW, Chan S, Kastner P, Haining WN, Cantor H. 2015.

 $\sum$ 

770

Science (80) 350:334-339. 771 59. Baine I, Basu S, Ames R, Sellers RS, Macian F. 2012. Helios Induces Epigenetic 772 Silencing of Il2 Gene Expression in Regulatory T Cells. J Immunol 190:1008-16. 773 Ioannidis JP, Cappelleri JC, Lau J, Sacks HS, Skolnik PR. 1996. Predictive value of 774 60. 775 viral load measurements in asymptomatic untreated HIV-1 infection: a mathematical model. AIDS 10:255-62. 776 Haase AT. 1999. Population biology of HIV-1 infection: viral and CD4+ T cell 777 61. 778 demographics and dynamics in lymphatic tissues. Annu Rev Immunol 17:625–56. 779 62. Veazey RS, DeMaria M, Chalifoux L V, Shvetz DE, Pauley DR, Knight HL, 780 Rosenzweig M, Johnson RP, Desrosiers RC, Lackner AA. 1998. Gastrointestinal tract as a major site of CD4+ T cell depletion and viral replication in SIV infection. Science 781 280:427-31. 782 Schacker T, Little S, Connick E, Gebhard K, Zhang ZQ, Krieger J, Pryor J, Havlir 783 63. D, Wong JK, Schooley RT, Richman D, Corey L, Haase AT. 2001. Productive 784 785 infection of T cells in lymphoid tissues during primary and early human immunodeficiency virus infection. J Infect Dis 183:555-62. 786 Brenchley JM, Hill BJ, Ambrozak DR, Price DA, Guenaga FJ, Casazza JP, Kuruppu 787 64. J, Yazdani J, Migueles SA, Connors M, Roederer M, Douek DC, Koup RA. 2004. T-788 cell subsets that harbor human immunodeficiency virus (HIV) in vivo: implications for 789 790 HIV pathogenesis. J Virol 78:1160-8. 791 65. Setoguchi R, Hori S, Takahashi T, Sakaguchi S. 2005. Homeostatic maintenance of

Stable inhibitory activity of regulatory T cells requires the transcription factor Helios.

792		natural Foxp3(+) CD25(+) CD4(+) regulatory T cells by interleukin (IL)-2 and induction
793		of autoimmune disease by IL-2 neutralization. J Exp Med 201:723–35.
794	66.	Moreno-Fernandez ME, Zapata W, Blackard JT, Franchini G, Chougnet CA. 2009.
795		Human regulatory T cells are targets for human immunodeficiency Virus (HIV) infection,
796		and their susceptibility differs depending on the HIV type 1 strain. J Virol 83:12925-33.
797	67.	Nilsson J, Boasso A, Velilla PA, Zhang R, Vaccari M, Franchini G, Shearer GM,
798		Andersson J, Chougnet C. 2006. HIV-1-driven regulatory T-cell accumulation in
799		lymphoid tissues is associated with disease progression in HIV/AIDS. Blood 108:3808-
800		17.
801	68.	Dunham RM, Cervasi B, Brenchley JM, Albrecht H, Weintrob A, Sumpter B,
802		Gordon S, Klatt NR, Frank I, Donald L, Douek DC, Paiardini M, Silvestri G,
803		Engram J, Sodora DL, Sodora L. 2008. CD127 and CD25 Expression Defines CD4+ T
804		Cell Subsets That Are Differentially Depleted during HIV Infection. J Immunol
805		<b>180</b> :5582–5592.
806	69.	Chase AJ, Yang H-C, Zhang H, Blankson JN, Siliciano RF. 2008. Preservation of
807		FoxP3+ regulatory T cells in the peripheral blood of human immunodeficiency virus type
808		1-infected elite suppressors correlates with low CD4+ T-cell activation. J Virol 82:8307-
809		15.
810	70.	Tran T-A, de Goër de Herve M-G, Hendel-Chavez H, Dembele B, Le Névot E, Abbed
811		K, Pallier C, Goujard C, Gasnault J, Delfraissy J-F, Balazuc A-M, Taoufik Y. 2008.
812		Resting regulatory CD4 T cells: a site of HIV persistence in patients on long-term
813		effective antiretroviral therapy. PLoS One <b>3</b> :e3305.

Σ

38

814	71.	McCutchan FE, Hoelscher M, Tovanabutra S, Piyasirisilp S, Sanders-Buell E,
815		Ramos G, Jagodzinski L, Polonis V, Maboko L, Mmbando D, Hoffmann O, Riedner
816		G, von Sonnenburg F, Robb M, Birx DL. 2005. In-depth analysis of a heterosexually
817		acquired human immunodeficiency virus type 1 superinfection: evolution, temporal
818		fluctuation, and intercompartment dynamics from the seronegative window period through
819		30 months postinfection. J Virol <b>79</b> :11693–704.
820	72.	Akimova T, Beier UH, Wang L, Levine MH, Hancock WW. 2011. Helios expression is
821		a marker of T cell activation and proliferation. PLoS One 6:e24226.
822	73.	Verhagen J, Wraith DC. 2010. Comment on "Expression of Helios, an Ikaros
823		transcription factor family member, differentiates thymic-derived from peripherally
824		induced Foxp3+ T regulatory cells". J Immunol 185:7129.
825	74.	Sebastian M, Lopez-Ocasio M, Metidji A, Rieder SA, Shevach EM, Thornton AM.
826		2015. Helios Controls a Limited Subset of Regulatory T Cell Functions. J Immunol
827		<b>196</b> :144–55.
828		

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Fig 1. Frequencies and absolute numbers of CD25+FoxP3+ CD4 T cells in the peripheral 831 blood in relation to HIV infection. Representative dot plots and gating strategy for the 832 detection of regulatory T cells through CD25 and FoxP3 expression on CD3<sup>+</sup>CD4<sup>+</sup> T cells from 833 fresh anticoagulated whole blood of WHIS subjects are shown in (A). CD25+Foxp3+ CD4 T cell 834 835 frequencies and absolute numbers were compared between HIV- and HIV+ subjects in (B) and (C), respectively. A correlation analysis of absolute CD4 counts and CD25+Foxp3+ CD4 T cell 836 837 counts is shown in (D). Statistical analysis was performed using Mann-Whitney test when comparing groups and Spearman r statistical test for correlation analyses. 838

- Fig 2. Ex vivo HIV-co receptor (CCR5) expression on CD25+Foxp3+ CD4 T cells. Shown is
  (A) a histogram overlay for CCR5 expression on total CD4 T cells (grey) and CD25+Foxp3+
  CD4 T cells (black). The frequencies of CCR5+ expressing CD25+Foxp3+ CD4 T cells are
  compared between HIV negative and positive subjects in (B). For maximum staining sensitivity,
  fresh anticoagulated whole blood of individuals from the WHIS cohort was used to determine
  CCR5 expression on CD4 T cells. Statistical analysis was performed using Mann-Whitney test.
- Fig 3. Ki67 expression in memory CD25+FoxP3+ and CD25-FoxP3- CD4 T cells in HIV+
  subjects. Representative dot plots for Ki67 staining are shown in (A). A comparison of the
  frequencies of Ki67+ cells in memory CD25+FoxP3+ and CD25-FoxP3- memory CD4 T cells in
  HIV+ subjects is shown in (B). A correlation analysis of the frequency of Ki67+ cells between
  CD25+FoxP3+ (Y axis) and CD25-FoxP3- (X axis) memory CD4 T cells is shown in (C). A
  correlation analysis of the frequency of Ki67+ cells among CD25+FoxP3+ and CD25-FoxP3CD4 T cells versus CD4 T cell frequencies (% of CD3) is shown in (D) and (E) respectively.

852 The analysis was done using cryopreserved PBMC samples from HIV+ HHECO study 853 participants. Memory status of CD4 T cells was determined by CD45RA staining. Statistical analysis was performed using Mann-Whitney test when comparing groups and Spearman r 854 statistical test for correlation analyses. 855

#### Fig 4. Quantification of Cell associated HIV gag DNA in sorted memory CD4 T cell subsets. 856

857 Gating/sorting strategy used to sort different memory CD4 T cell populations delineated by Helios, CD25 and FoxP3 expression (A). The number of gag copies/10<sup>6</sup> cells detected in CD25<sup>-</sup> 858 /FoxP3<sup>-</sup> and CD25<sup>+</sup>/FoxP3<sup>+</sup> memory CD4 T cells from 21 different subjects is shown in (**B**). The 859 number of gag copies/ $10^6$  cells detected in these memory CD4 T cell subsets further delineated by 860 861 Helios expression is shown in (C). Gag DNA within different CD4 T cell populations of the same subject was quantified during the same RT-PCR run. Cryopreserved PBMC from the 862 863 WHIS and HISIS cohorts were used for cell sorting. The statistical analysis was performed using 864 the Wilcoxon-rank-matched pairs test.

865

Fig 5. Phylogenetic relationship of HIV Envelope sequences derived from plasma and 866 sorted memory CD4 T cell populations. Plasma- and cell-derived sequences of the highly 867 868 variable EnvV1V3 region (Hxb 6559-7320) were amplified cloned, sequenced (n=384, Sanger method) and analyzed for 6 viremic subjects from the WHIS and HISIS cohorts with differing 869 870 HIV infection duration. The phylogenetic relationship was inferred by the Maximum Likelihood 871 method based on the General Time Reversible substitution model (GTR+G, A and B). Correlation between frequency of cell-derived sequences that were quasi-identical to plasma-872 873 derived sequences and the estimated infection duration is shown in (C). Linear regression 874 analysis (green line) between: (**D**) the distance of the EnvV1V3 sequences derived from plasma

875 to the sequences extracted from the corresponding cellular fractions and the estimated duration 876 of infection, and (E) plasma sequences diversity plotted against the estimated duration of 877 infection. The red line indicates a non-linear analysis performed using a second order polynomial equation taking into account the best-fit values. The evolutionary distances were computed 878 879 using the Kimura 2-parameter method (75) and are in the units of the number of base 880 substitutions per site including both Transitions + Transversions. The rate variation among sites 881 was modeled with a gamma distribution. The analysis was conducted in MEGA6 (70). No sequence diversity was observed in the 8710 plasma fraction, probably because the number of 882 viruses sampled in each PCR was very low (Table 2). We hence excluded 8710 results from the 883 884 linear regression analysis. P and r-values were calculated with the Pearson two-tailed statistical test. 885

886

# Fig 6. Phylogenetic analyses of HIV Envelope sequences derived from plasma and sorted memory CD4 T cell populations using a using Next Generation sequencing.

Shown is the phylogenetic analyses of EnvV1V3 sequences from the 50 most frequently detected sequences derived from either plasma or the different sorted memory CD4 T cell subsets for two viremic subjects of the WHIS cohort. The phylogenetic relationship was inferred by the Maximum Likelihood method based on the General Time Reversible substitution model (GTR+G). EnvV1V3 amplicons were directly subjected to next generation sequencing. Quasispecies reconstruction was performed using the software QuasiRecomb. The applied methods are described in detail in the material and methods section.

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### Tables

#### Table 1. Characteristics of study subjects from different cohorts.

	WHIS	HHECO	HISIS
N	361	28	6
HIV pos., N	103	28	6
Females, N	217	25	6
Age, mean (SD)	34.3 (11.05)	38.8 (7.5)	28 (3.2)
Median CD4, cell/ul (IQR)*	396 (265-603)	629 (444-900)	496 (231 - 707)
Median log pVL, copy/ml (IQR)*	4.67 (3.74-5.23)	1.59 (1.59-3.82)	4.9 (4.4 - 5.5)
On ARV treatment, N (%)*	3 (0.8)	20 (71.4)	0 (0)

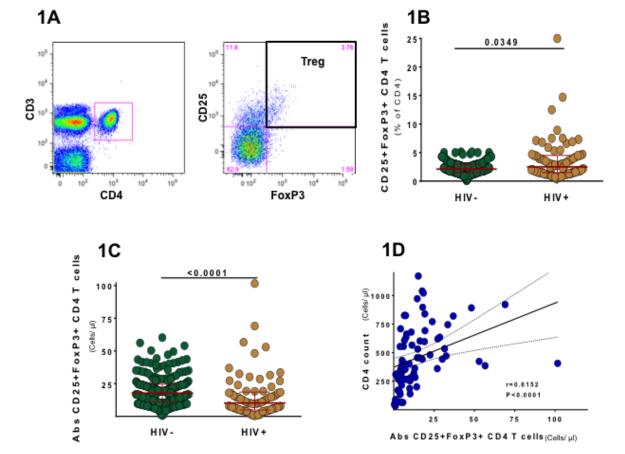
\*Data shown for HIV positive subjects only

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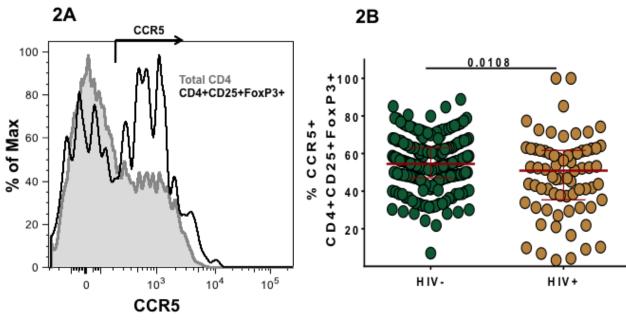
 Table 2. Key data of the EnvV1V3 phylogenetic studies and HIV infection duration for 6 viremic subjects.

Subject ID	HIV Infection duration (months)	% of cell-derived sequences quasi-identical to plasma-derived sequences (n)	mean number of nucleotide substitutions between plasma and cell-derived sequences	cellular origin of closest sequence	Number of nucleotide substitutions	cellular origin of most distant sequence	Number of nucleotide substitutions
Н574	9 to 12	11.4 (8 of 70)	6	CD25+FoxP3+Helios-	1	CD25+FoxP3+Helios+	16
			÷	CD25+FoxP3+Helios+	1		
				CD25-FoxP3-Helios+	1		
				CD25-FoxP3-Helios-	1		
H605	27 to 30	6.8 (3 of 44)	39	CD25-Foxp3-Helios-	3	CD25+FoxP3+Helios+	32
6233K12	16 to 38	1.9 (1 of 53)	30	CD25-FoxP3-Helios+	2	CD25-FoxP3-Helios+	30
9440A11*	>38	2.6 (1 of 38)	46	CD25+Helios+	4	CD25+Helios+	76
8710U11	>38	0 (0 of 39)	57	CD25-FoxP3-Helios-	32	CD25-FoxP3-Helios-	67
8975T11	>54	0 (0 of 55)	53	CD25-FoxP3-Helios+	54	CD25-FoxP3-Helios-	86

\*Cells (PBMCs) from this subject were sorted into four populations only on the basis of CD25 and Helios expression on memory (CD45RO) CD4 T cells



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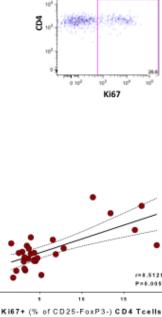
Ki67+ (% of CD25+FoxP3+) CD4 Tcells

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40

21

3C



CD25+FoxP3+

CD45RA- memory CD4 T cells

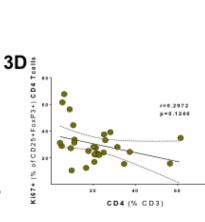
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r=0.5129 P=0.0053 20 10

3A

104 8,,,

102



CD25-FoxP3-

Ki67

3B \*\*

% Ki67+

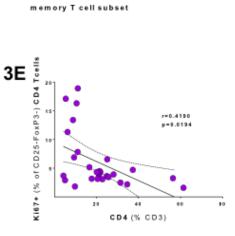
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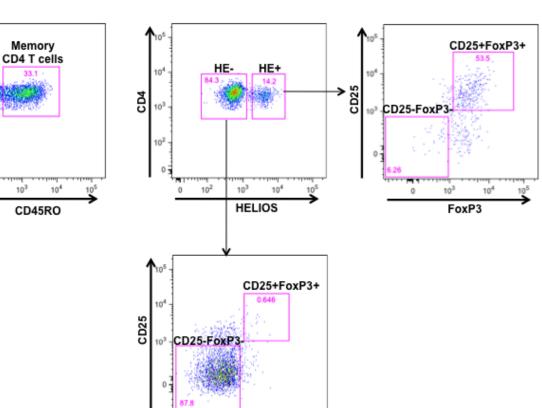
CD25+FoxP3+



CD25-FoxP3

p<0.0001

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FoxP3

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4A 104 CD4 10<sup>3</sup> 10<sup>2</sup>

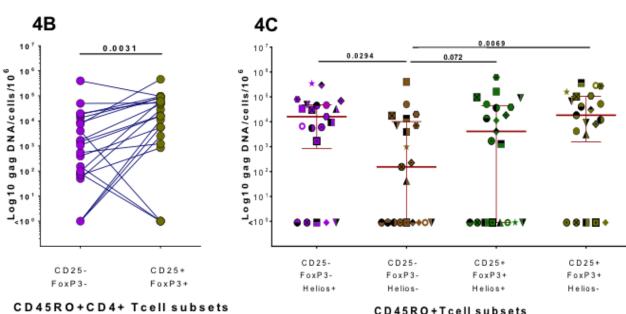
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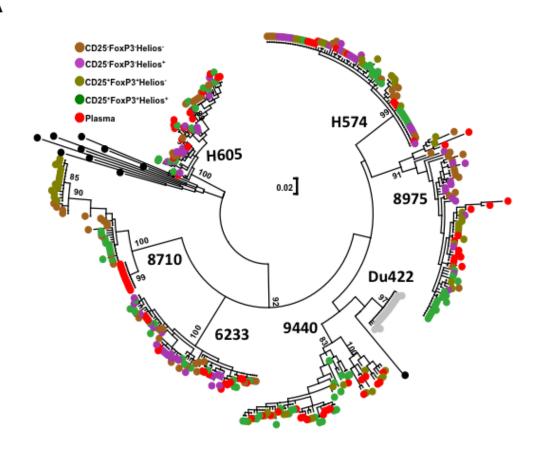
10<sup>2</sup> 10<sup>3</sup> CD45RO Downloaded from http://jvi.asm.org/ on July 9, 2016 by GSF Forschungszentrum F



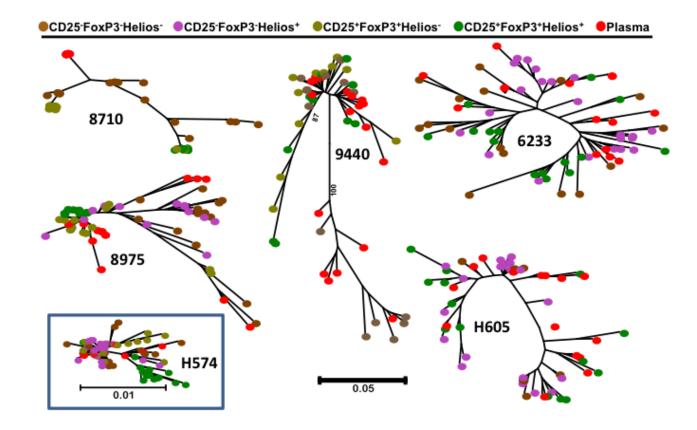


CD45RO+Tcell subsets

5A

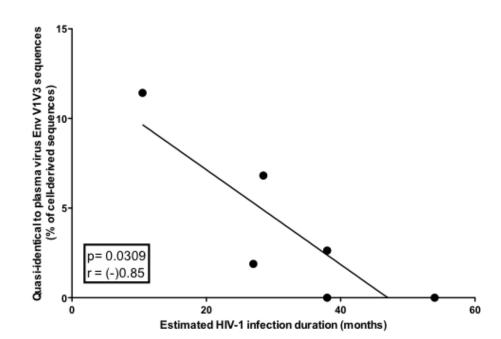


## 5B



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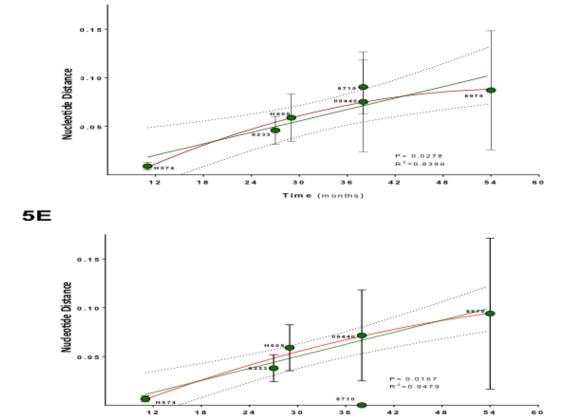


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5C



5D



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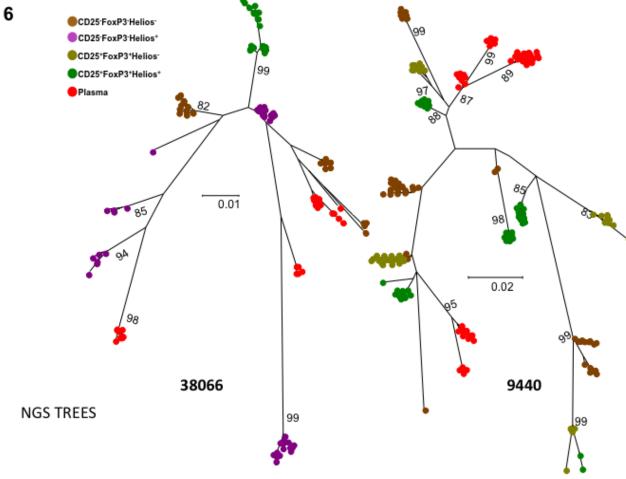
(months)

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Tim e



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