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Interaction between Herpesvirus Entry Mediator and HSV-2

Glycoproteins Mediates HIV-1 Entry of HSV-2-infected

Epithelial Cells 3

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- **Kev Words**: HIV-1; HSV-2; Herpesvirus entry mediator; co-infection. 15
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- 17 **Abbreviations**: 7-AAD, 7-aminoactinomycin D; AChE, acetylcholinesterase; AZT,
- 18 azidothymidine; HIV-1, human immunodeficiency virus type 1; HSV-2, herpes simplex
- 19 virus type 2; HVEM, herpesvirus entry mediator; HIV-1/HVEM, HVEM-bearing HIV-1;
- 20 HTLV-1, human T-lymphotropic virus 1; LFA-1, integrin lymphocyte function-
- 21 associated antigen 1; TEM, tetraspanin enriched membrane; VCAM-1, cell adhesion

- 22 molecule vascular cell adhesion molecule 1; XMRV, xenotropic murine leukemia virus-
- 23 related virus.

ABSTRACT

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HSV-2 increases HIV-1 acquisition and transmission via an unclear mechanism. HSV-2 entry receptor herpesvirus entry mediator (HVEM) is highly expressed on HIV-1 target cells CD4⁺ T cells and may be incorporated into HIV-1 virions, while HSV-2 glycoproteins can be present on infected cell surface. Since HVEM-gD interaction together with gB/gH/gL is essential for HSV-2 entry, HVEM-bearing HIV-1 (HIV-1/HVEM) may enter HSV-2-infected cells through such interactions. To test this hypothesis, we first confirmed the presence of HVEM on HIV-1 virions and glycoproteins on HSV-2-infected cell surface. Additional studies showed that HIV-1/HVEM bound to HSV-2-infected cell surface in an HSV-2 infection-time-dependent manner via HVEMgD interaction. HIV-1/HVEM entry of HSV-2-infected cells was dependent on HVEM-gD interaction and the presence of gB/gH/gL, and was inhibited by azidothymidine (AZT). Furthermore, peripheral blood mononuclear cells (PBMCs)-derived HIV-1 infected HSV-2infected primary foreskin epithelial cells and the infection was inhibited by anti-HVEM/gD antibodies. Together, our results indicate that HIV-1 produced from CD4⁺ T cells bears HSV-2 receptor HVEM and can bind to and infect HSV-2-infected epithelial cells depending on HVEMgD interaction and the presence of gB/gH/gL. Our findings provide a potential new mechanism underlying HSV-2 infection-enhanced HIV-1 mucosal transmission and may shed light on HIV-1 prevention.

INTRODUCTION

Human immunodeficiency virus type 1 (HIV-1) infection is usually accompanied by coinfections of other pathogens including herpes simplex virus type 2 (HSV-2) [1]. Like HIV-1,
HSV-2 is also sexually transmitted, but targets different cell subsets. HSV-2 predominantly
infects epithelial cells, causing mucosal ulceration, and can also infect immunocytes and neurons
[2-4]. Both epidemiological and clinical data have suggested that HSV-2 infection enhances
HIV-1 acquisition and transmission up to three folds, but the underlying mechanisms remain to
be defined [5-10]. HSV-2 is around 11.3 % (417 million) positive in the general population globe
wide with an annual new infection rate of 0.5 % (19.2 million) [11]. Moreover, data from World
Health Organization (WHO) indicate that 60-90 % of HIV-1-infected individuals are co-infected
with HSV-2 [12]. Consequently, understanding the mechanisms underlying HSV-2-enhanced
HIV-1 acquisition and transmission is crucial for HIV-1 prevention and treatment.

To date, several potential mechanisms from different perspectives have been proposed, which can be generally divided into two categories. One is that HSV-2 infection would generate ulceration and consequently disrupt the integrity of the mucosal barrier and allow HIV-1 infection of target cells underneath [10, 13-15]. The other is that inflammatory responses at the site of HSV-2 infection could cause enrichment of immunocytes including HIV-1 target cells at these sites [9, 16, 17]. However, all these potentials mechanisms have yet to be confirmed. In addition, the above presumptions all focus on the potential changes of topical microenvironment following HSV-2 infection, but little is known concerning the roles played by HIV-1 virion itself.

CD4-independent HIV-1 infection of non-target cells has been described in HIV-1 co-infection with other viruses. For instance, under the condition of HIV-1 and herpes simplex virus 1 (HSV-1) co-infection, HIV-1 infection of CD4⁻ keratinocytes was observed [18]. HIV-1 infection of a variety of CD4⁻ cell subsets including CD8⁺ T cells, B cells, epithelial cells and even skeletal muscle cells was reported in the context of HIV-1 and human T-lymphotropic virus 1 (HTLV-1) co-infection [19]. HIV-1 infection of female genital epithelial cells was also described when co-infected with xenotropic murine leukemia virus-related virus (XMRV) [20]. We hypothesized that, under the circumstances of HIV-1 and HSV-2 infection, HSV-2-induced changes on epithelial cells may be beneficial for HIV-1 to establish infection.

As an enveloped virus, HIV-1 obtains its membrane from host cells during viral budding, which consequently contains host cell components [21]. Herpesvirus entry mediator (HVEM), an HSV-2 entry receptor, is highly expressed on HIV-1 target cells CD4⁺ T cells [22]. Theoretically, HVEM is likely present on the surface of HIV-1 virion. HSV-2 is also an enveloped virus. Although its viral packaging usually takes place in the Golgi apparatus, HSV-2 glycoproteins may be partially present on the host cell surface owing to the overexpression of viral proteins and the trafficking of cell membrane system [23]. Since HSV-2 glycoprotein D interaction with its receptor HVEM together with the presence of three viral glycoproteins gB, gH and gL (designated as HVEM-gB/gD/gH/gL) are essential for successful viral entry, HVEM-bearing HIV-1 (designated as HIV-1/HVEM hereafter) may be able to enter HSV-2-infected cells through such interactions [24, 25]. In the current study, using both cell lines and primary foreskin epithelial cells as models, we tested whether HIV-1/HVEM could infect HSV-2-infected

epithelial cells and whether this type of infection is HVEM-gD interaction- and gB/gH/gL - dependent.

RESULTS

HVEM is present on HIV-1 virions.

To test our hypothesis that HVEM-gD interaction together with gB/gH/gL may mediate HIV-1 entry of non-target epithelial cells, we first examined the presence of HVEM on HIV-1 virions. We conducted experiments to address whether HVEM is expressed on HIV-1 target CD4⁺ T cells and whether it can be incorporated into HIV-1 virions. Freshly isolated peripheral blood mononuclear cells (PBMCs) from different donors were assessed for the cell surface expression of CD4 and HVEM, respectively. Our results showed that a near 100 % HVEM expression was observed on PBMCs regardless of donor origins, and not surprisingly almost 100 % CD4⁺ T cells express HVEM (Fig. 1a) [22].

We next determined whether HVEM is incorporated into the viral membrane during progeny viral budding. HIV-1 from various sources was concentrated by ultracentrifugation, lysed and the presence of HVEM was determined by Western blot. As shown in Figure 1b, HVEM expression was detected from HIV-1 pellets generated from both PBMCs and HVEM-expressing 293T (293T-HVEM) cells. In contrast, no HVEM was detected from virions generated from 293T cells. Pelleted HIV-1 supernatants are usually contaminated with microvesicles. Our data showed that microvesicles, as indicated by acetylcholinesterase (AChE), were present in pelleted HIV-1 samples. To confirm that HVEM detected in the pellets was associated with HIV-1 virions rather than contaminant microvesicles, we pelleted cell culture supernatants from mock-treated 293T,

293T-HVEM and PBMC cells, respectively, and assessed the presence of HVEM. Our data showed that no HVEM was detected in the pellets of mock-treated cell culture supernatants, indicating that HVEM is associated with HIV-1 but not contaminant microvesicles (Fig. 1b). To further confirm these results, pelleted virus stocks were purified by 6−18% OptiprepTM density gradient and HVEM presence in the purified viruses were determined. As shown in Figure 1c, HVEM was successfully detected in purified HIV-1 derived from 293T-HVEM and PBMCs. These data together indicate that HVEM is highly expressed on CD4⁺ T cells and can be incorporated into HIV-1 virions during virus budding.

HIV-1/HVEM binds to HSV-2-infected cell surface via HVEM-gD interaction.

Cell surface presentation of viral glycoproteins and the viability of HSV-2-infected cells are two important factors determining the entry of HIV-1/HVEM in HSV-2-positive cells. Our data showed that HSV-2 gB and gD on cell surfaces of infected ME-180 and HeLa cells increased in a time dependent manner and peaked around 24 h (Fig.S1). Cell viability assay showed that, although HSV-2 infection disrupted cell morphology of both ME-180 and HeLa cells in an infection dose dependent manner, the majority of infected cells remained viable 30 h after infection as evidenced by 7-aminoactinomycin D (7-AAD) staining (Fig. S2).

We subsequently investigated whether HIV-1/HVEM could bind to HSV-2 infected epithelial cells. Two cervical epithelial cell lines HeLa and ME-180 were adopted in the assay. As shown in Fig.2a, binding of HIV-1/HVEM to HSV-2-infected cells was significantly increased in an HSV-2 infection time dependent manner, whereas HIV-1/BaL did not show such a binding pattern. Similar binding profiles of HIV-1/HVEM were observed in both HeLa and ME-180 cell

lines following HSV-2 infection, although higher level of binding was on ME-180 than on HeLa cells.

HVEM serves as a receptor for gD during HSV-2 entry. We further determined whether the binding of HIV-1/HVEM to HSV-2 infected cell surface was dependent on HVEM and HSV-2 glycoproteins. HSV-2 glycoproteins gB, gD, gH and gL alone or in combinations was expressed in HeLa and ME-180 cells, followed by the assessment of HIV-1/HVEM binding. Our results showed that HIV-1/HVEM bound to cells transfected with HSV-2 gB/gD/gH/gL, and such binding appeared to be gD-dependent (Fig. 2b). These data suggest that binding of HIV-1/HVEM to HSV-2-infected cell surface is dependent on the interaction between HVEM and gD.

HIV-1/HVEM enters HSV-2-infected cells in an HVEM-gB/gD/gH/gL dependent manner.

We next asked whether the binding of HIV-1/HVEM to HSV-2 infected epithelial cells could lead to viral infection. HeLa or ME-180 cells were infected with HSV-2 followed by co-cultivation with HVEM-bearing replication-competent HIV-1_{BaL} (HIV-1_{BaL}/HVEM) in the presence or absence of HIV-1 reverse transcriptase inhibitor (azidothymidine, AZT). Quantification of in-cell HIV-1 p24 showed that p24 was only detected in cells pre-infected with HSV-2 but not in those without HSV-2 infection. Moreover, the addition of AZT almost completely inhibited p24 production, indicating that a productive HIV-1 infection took place in HSV-2 infected epithelial cells (Fig.3a).

By assessing HIV-1/HVEM entry of HSV-2 gB/gD/gH/gL transfected cells, we further showed that HIV-1/HVEM entry of epithelial cells required the co-expression of all four glycoproteins

gB/gD/gH/gL (Fig. 3b). The control virus, HIV-1/BaL without HVEM incorporation, only infected CD4/CCR5- but not gB/gD/gH/gL-expressing cells. In contrast, HIV-1/HVEM, due to the lack of HIV-1 Env, infected gB/gD/gH/gL-expressing cells, but not those with CD4/CCR5 expression (Fig. 3b).

We further addressed the influence of gB/gD/gH/gL expression level on the entry efficiency of HIV-1/HVEM. Our results showed that the amount of in-cell HIV-1/HVEM increased along with the gB/gD/gH/gL expression level (data not shown). Moreover, blockade of gD by an antibody significantly inhibited the entry of HIV-1/HVEM into gB/gD/gH/gL-expressing epithelial cells, further reinforcing the significance of gD-HVEM interaction in this process (Fig. 3c).

PBMC-propagated HIV-1 infects HSV-2-infected human foreskin epithelial cells.

The results above indicated that HVEM-bearing HIV-1, via an HVEM-gB/gD/gH/gL dependent manner, could successfully bind to and subsequently enter HSV-2-infected epithelial cells. To further confirm our findings in a physiologically relevant system, HIV-1_{BaL} was propagated in PBMCs and its ability to infect HSV-2-infected primary foreskin epithelial cells was determined. In accordance with the findings above, our results showed that HIV-1, albeit at a very low level, could infect HSV-2-infected foreskin epithelial cells. Moreover, this infection could be substantially inhibited by neutralizing antibodies against HSV-2 gD or HVEM (Fig. 4).

Taken together, our data reveal that HIV-1 can obtain HVEM from the host cell membrane and such HVEM-bearing virus can infect HSV-2-infected non-HIV-1-target cells through an HVEM-gB/gD/gH/gL dependent manner.

DISCUSSION

For an infection to occur, HIV-1 must cross the mucosal epithelial barrier [26]. HSV-2 infection-resulted disruption of mucosal integrity has been proposed to be one of the mechanisms accounted for HSV-2-enhanced HIV-1 acquisition and transmission. However, the fact that enhanced HIV-1 infection can occur in HSV-2 asymptomatic stage suggests the existence of other mechanisms [27]. In the asymptomatic phase, HSV-2 replication and viral shedding still take place [28]. This persistent viral replication could result in phenotype changes to the infected epithelial cells other than ulceration, which might be in favor of the cross of mucosal epithelial barrier by HIV-1. In the current study, we revealed that HSV-2 replication results in the presence of viral glycoproteins on the infected cell surface, which can be targeted by HIV-1 through viral membrane-retained HVEM. HVEM interaction with HSV-2 gD in the presence of the other three viral glycoproteins gB/gH/gL can subsequently lead to HIV-1 infection of epithelial cells. Our findings reveal a potential new mechanism underlying HSV-2-enhanced HIV-1 mucosal transmission, which may facilitate HIV-1 to cross mucosal epithelia.

HIV-1 co-infection with other viruses/pathogens is not uncommon. HIV-1 infection of CD4-keratinocytes has been described under the condition of co-infection with HSV-1[18], although the underlying mechanism remains to be fully defined. HSV-2 has a high genetic similarity to HSV-1, with about 83 % protein sequence identity. Moreover, these two viruses share almost

identical arrangement of open reading frames and can form various recombinant viruses in *in vitro* culture [29-31]. Given the high resemblance of these two viruses, it is likely that the incidence of HIV-1 infection of keratinocytes under HSV-1 co-infection may also take place under HSV-2 co-infection. Indeed, our study here revealed that HIV-1 infection of keratinocytes occurred under the condition of HSV-2 co-infection. Our results further showed that HIV-1 entry of non-target cell was mediated by HVEM on HIV-1 through interaction with gB/gD/gH/gL on HSV-2 infected epithelial cells. Furthermore, since HSV-1 adopts a similar entry mechanism as does HSV-2, such HVEM-gB/gD/gH/gL-mediated HIV-1 infection may provide an explanation for the phenomenon that HIV-1 can infect CD4⁻ keratinocytes under the condition of HSV-1 co-infection.

HIV-1 infects CD4⁺ T cells, macrophages and dendritic cells, while CD4⁻ keratinocytes are usually non-permissive to HIV-1. As mentioned above, in the case of co-infection with viruses like HSV-1, HTLV-1 and XMRV, HIV-1 infection of a range of non-target cells has been described, but the efficiency of these atypical infections has not been documented [18-20]. In the current study, we revealed that epithelial cells could be infected by HIV-1 providing that these cells are productively infected by HSV-2. Nevertheless, the proportion of HIV-1-infected epithelial cells was rather small. Of more than 90 % of HSV-2-infected primary foreskin epithelial cells, approximately 2 % of them were co-infected by HIV-1. Although the reasons for the low co-infection rate might be multifaceted, we believe that the cell condition at the time of HIV-1 infection is critical for the success of HIV-1 infection and replication. A successful HIV-1 infection appeared to rely on early HSV-2 infection (4-6 h). When cells were infected for a longer period of time with HSV-2 (16-20 h), the binding of HIV-1 to cell surface increased, but

intracellular HIV-1 dropped to a level below detection limit, suggesting that there were more glycoproteins expressed on the cell surface but the cell condition might not be suitable for HIV-1 replication (Fig.2a and unpublished data). Twenty hours post infection is the time close to the release of HSV-2 progeny viruses. At this time point, cellular resources might be exhausted by HSV-2 replication and cells overloaded with HSV-2 progeny virus particles are ready for extracellular transportation[32]. Therefore, the condition of the cells at this time point may not be ideal for HIV-1 entry and replication. We postulate that a successful HIV-1/HVEM infection of HSV-2-infected epithelial cells likely takes place only at the stage of HSV-2 early replication. At the early stage of HSV-2 infection (e.g. 4-6 h after infection), although the expression levels of HSV-2 glycoproteins are relatively low, gD expressed on the cell surface could mediate an interaction with HIV-1/HVEM and consequently result in a low level of HIV-1 infection. It is known that HIV-1 transmission often results from infection by a single transmitted/founder virus, indicating that a high quantity of infection may not be necessary for HIV-1 to establish a productive infection [33]. In our study, although HIV-1/HVEM-mediated infection of epithelial cells was low, we did observe a productive HIV-1 infection, revealing that the in-cell HIV-1 p24 was inhibited by reverse transcriptase inhibitor AZT (Fig. 3a), which is in agreement with a previous study that HIV-1 can replicate in epithelial cells under the coinfection condition[20]. Therefore, although HVEM-gB/gD/gH/gL-mediated HIV-1 infection of primary epithelial cells is not efficient, such advantage that HIV-1 has acquired may significantly increase the chances of successful mucosal transmission.

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In addition to primary epithelial cells, we used two epithelial cell lines HeLa and ME-180 cells in the current study. A similar tendency of results, albeit with difference, was observed in the

two cell lines. A higher level of HIV-1/HVEM binding and entry was observed in ME-180 cells than in HeLa cells. In agreement, we observed that, following transfection with gD expressing constructs, ME-180 had higher level of HSV-2 gD on the cell surface than HeLa. Likewise, ME-180 was more sensitive to HSV-2 infection compared to HeLa (Fig. S2 and S3). Unexpectedly, we found that HIV-1 infection of HSV-2-infected ME-180 was in a lower quantity than in HeLa cells (Fig. 3a). Although the mechanism remains to be further addressed, this was likely caused by the higher rate of cell death on ME-180 than on HeLa cells upon HSV-2 infection. In addition, we observed basal level of HIV-1 binding to both HeLa and ME-180 cells and this was independent of either HVEM expression or HSV-2 infection, suggesting that other interactions between proteins from viral and cell membranes may be involved. Indeed, a wide range of host proteins, including MHC restriction factors HLA-I and HLA-II, cell adhesion molecule vascular cell adhesion molecule 1 (VCAM-1), integrin lymphocyte function-associated antigen 1 (LFA-1), T cell signaling molecules CD3 and CD4, have previously been shown to be detected on HIV-1 virions [34, 35]. HIV-1 infection of epithelial cells has also been described in in vitro and clinical studies in the absence of HSV-2 co-infection, indicating the potential involvement of unknown host factors during HIV-1 infection [36, 37]. Although beyond the scope of the current study, it will be interesting to explore the roles of other host proteins on HIV-1 virions in future studies.

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It is unclear why HVEM was not identified previously in HIV-1 virions. To identify virion-associated host proteins, differences in methodology and cells used for virus production likely result in different outcomes. It is known that, using traditional methods like immunoblotting, only very limited number of host proteins were identified [21, 34]. Although the adoption of

proteomic analysis has substantially increased the number of proteins identified in HIV-1 virions, so far there have been only a few studies with different results. There is no guarantee to identify all host proteins in virions using the technique. Of note, membrane proteins, due to their heterogeneous hydrophobic nature, are in general under-represented in proteomic studies [38]. For instance, CD48 is highly expressed on immunocytes including T cells, but its detection in HIV-1 virions requires a second purification step by affinity chromatography in addition to conventional LC-MS/MS [39]. Another example is that, tetraspanin enriched membranes (TEMs) are components frequently reported in HIV-1 envelope but have not been reported to be present in HIV-1 virions in the previous proteomic study [35].

Taken together, our study reveal that HIV-1 can obtain HSV-2 receptor HVEM from host cells during budding and that HVEM interaction with HSV-2 glycoprotein D in the presence of the other three viral glycoproteins gB/gH/gL on HSV-2-infected cell surface can mediate HIV-1 infection of non-target epithelial cells. Findings in this study provide a potential new mechanism underlying HSV-2 enhanced HIV-1 acquisition and transmission from a different perspective and may shed light on new treatment strategies against HIV-1/HSV-2 co-infection.

METHODS

Cells, plasmids and viruses

Human embryo kidney cell line HEK293T, African green monkey kidney cell line Vero and human cervical epithelial cell lines HeLa and ME-180 were purchased from the American Type Culture Collection. U87-CD4.CCR5 was obtained from the NIH AIDS Research and Reference Reagent Program, Division of AIDS, NIH. Primary PBMCs were isolated from peripheral blood of healthy donors using Ficoll-Hypaque density gradient (GE Healthcare) according to the manufacturer's instructions and cultured in RPMI-1640 medium supplemented with 10 % fetal bovine serum (FBS) and antibiotics. For HIV-1 propagation in PBMCs, cells were pre-treated with 20 U/mL interluekin-2 (IL-2; R&D Systems) and 1 μg/mL phytohaemagglutinin (PHA; Sigma-Aldrich) for 7 days before HIV-1 inoculation. Foreskin samples were obtained from teenagers underwent circumcision from Jiangxi Provincial Maternal and Child Health Hospital. Foreskin epithelial cells were isolated using Dispase II (ThermoScientific) digestion as previously described and cultured in EpiLife medium (ThermoScientific) supplemented with EpiLifeTM Defined Growth Supplement (ThermoScientific) and antibiotics [40].

HIV-1 *env*-deficient luciferase reporter gene-containing backbone plasmid pNL4-3.Luc.R⁻E⁻ and HIV-1 Env BaL-expressing construct were obtained from the NIH AIDS Research and Reference Reagent Program, Division of AIDS, NIH. pcDNA3.1(+) was purchased from Life Technology, ThermoScientific. Human HVEM, CD4 and CCR5 were cloned from human cDNA library. The open reading frames (ORFs) of HSV-2 glycoproteins gB, gD, gH and gL were amplified from HSV-2 genome. All these genes were inserted into pcDNA3.1(+) vector.

HSV-2 (G strain; LGC standards) was propagated in HeLa cells and titrated in Vero cells as previously described [41]. For the production of pseudoviruses HIV-1/HVEM and HIV-1/BaL, HIV-1 backbone plasmid pNL4-3.Luc.R⁻E⁻ with either HVEM or BaL expression construct were co-transfected at a ratio of 3:2 into 293T cells using Lipofectamine 2000 (ThermoScientific) according to the manufacturer's instructions. Forty-eight hours post transfection, culture supernatants were collected and filtrated through 0.45 μm filters to remove cell debris. Filtered viruses were mixed with FBS to reach a final concentration of 20% and aliquoted and stored at -80 °C till use. Infectious clone to generate replication-competent virus HIV-1_{BaL} was obtained from the NIH AIDS Research and Reference Reagent Program, Division of AIDS, NIH and viruses were produced by transfection of 293T cells using Lipofectamine 2000. To generate PBMC-derived HIV-1_{BaL}, viruses produced from 293T cells were used to infect PBMCs. Three to four days post infection, culture supernatants were filtered, mixed with FBS, aliquoted and stored at -80 °C till use. All HIV-1 viruses were titrated by p24 ELISA.

HVEM cell surface expression

- The expression of HVEM on CD4⁺ PBMCs was analyzed by flow cytometry. Freshly isolated PBMCs were stained with PE-conjugated anti-HVEM antibody (Biolegend) and FITC-conjugated anti-CD4 (BD Biosciences) for 30 min at 4 °C. After washes, cells were evaluated on
- a BD LSRFortessa platform.

Virus concentration and purification

Ultracentrifugation was used for concentration of HIV-1 particles as previously described with modifications [42]. In brief, virus stocks were laid onto a 10 % iodixanol cushion and

centrifuged at 50,000 g for 1.5 h at 4 °C using a Beckman SW32 Ti swinging-bucket rotor (Beckman Coulter). The pelleted viruses were suspended with 1 mL PBS, aliquoted and stored at -80 °C till use.

Virus purification was performed using 6–18% OptiprepTM density gradient as previously described with modifications [43]. In brief, concentrated viruses in PBS were layered on the top of a 6–18% OptiprepTM density gradient and centrifuged at 200,000 g for 1.5 h at 4 °C using a Beckman SW41 Ti swinging-bucket rotor (Beckman Coulter). After centrifugation, gradients were collected in 1 mL fractions by upward displacement and the purified viruses were sharply in the bottom of the third of the gradients.

Western blot

Ultracentrifugation concentrated or density gradient purified viruses were lysed with 1 % Triton X-100 for 1 h in a 37 °C water bath and then mixed with SDS-PAGE loading buffer and boiled for 10 min. Thereafter, samples were separated by 10 % SDS-PAGE and transferred onto a PVDF membrane. Membrane was blocked with 5 % non-fat milk and incubated sequentially with primary antibodies and HRP-conjugated goat anti-mouse IgG (Santa Cruz) overnight at 4 °C and for 1 h at room temperature, respectively. Following incubations, the membrane was extensively washed and immunobands were visualized with ECL substrates (Millipore) under a CCD camera (Fujifilm LAS4000). The following primary antibodies were used in the current study for Western blot: mouse anti-human HVEM (R&D systems), mouse anti-human AChE (Millipore) and mouse anti-HIV-1 p24 Gag monoclonal (NIH AIDS Reagent Program, Division of AIDS, NIAID, NIH) [44].

Preparation of anti-gB/gD murine antibody

Murine anti-gB or -gD sera were prepared as previously described [42, 45]. In brief, 6-8 week old BALB/c mice were immunized intramuscularly with 20 µg of plasmids expressing HSV-2 gB or gD into the quadriceps of both legs, followed by *in vivo* electroporation using the ECM830 Square Wave Electroporation System (BTX). Immunization was repeated for three times at 3-week intervals. One week after the final immunization, mice were sacrificed and sera were collected and purified with protein A/G (ThermoScientific). The purified anti-gB or -gD sera were designated as mouse anti-gB and anti-gD antibodies, respectively.

The expression of gB and gD on HSV-2-infected cell surface was determined by cell-based

gB/gD cell surface expression

ELISA (CELISA) and flow cytometry as previously described [46]. In brief, HeLa cells were infected with HSV-2 at an MOI of 0.1 or 1 for up to 28 h (CELISA) or 24 h (flow cytometry) before the expression of gB and gD on cell surface was determined. For CELISA, cells were fixed with 4 % paraformaldehyde for 15 min, rinsed with PBS and incubated sequentially with mouse anti-gB or -gD antibodies and HRP-conjugated goat anti-mouse IgG both for 1 h at room temperature. After extensive washes, TMB solution was added for colorimetric reaction followed by the addition of stop solution (2N H₂SO₄). OD values were read by an ELISA plate reader (Tecan) at a test wavelength of 450 nm and a reference wavelength of 570 nm. For flow cytometry, cells were collected and washed with PBS and incubated with mouse antigB or -gD antibodies and FITC-conjugated goat anti-mouse IgG both for 30 min at 4 °C. After

washes, cells were suspended in 1 % paraformaldehyde fixation solution and evaluated on a BD LSRFortessa platform.

Cell survival assay

HeLa cells were infected with HSV-2 at an MOI of 0.1 or 1 for up to 36 h, and cells were subsequently collected and incubated with 7-amino-actinomycin D (7-AAD, Biolegend) for 10 min in the dark, followed by immediate evaluation by flow cytometry on a BD LSRFortessa platform.

Virus binding assay

HeLa or ME-180 cells were infected with HSV-2 (1 MOI) for 4 or 16 h, or transfected with a combination of HSV-2 gB, gD, gH and gL plasmids for 24 h, followed by an incubation with 200 ng HIV-1/HVEM for 1 h at 4 °C. Cells were then extensively washed with PBS to remove unbound viruses. To measure cell bound viruses, washed cells were lysed with 1 % Triton X-100 and HIV-1 p24 was quantified by ELISA as previously described [47, 48].

Virus entry assay

HeLa or ME-180 cells were either infected with HSV-2 (1 MOI) for 4-6 h or transfected with a combination of HSV-2 gB, gD, gH and gL plasmids for 24 h, and then infected with 200 ng of replication-competent HIV-1_{Bal}/HVEM (for HSV-2 infection) or pseudotyped HIV-1/HVEM (for HSV-2 glycoprotein transfection) for 2 h. For AZT (NIH AIDS Research and Reference Reagent Program, Division of AIDS, NIH) treatment, AZT at the final concentration of 10 μ M was added 1 h before HIV-1 infection and remained throughout the assay [20]. Thereafter, cells

were washed with PBS to remove unbound virus and cultured in complete medium for another 24 h. Cells were trypsinized to remove cell surface associated viruses followed by washes and lysis [49]. The treatment with trypsin was to ensure that only in-cell p24 was measured in the following experiments. HIV-1 p24 (for HSV-2 infection) or luciferase activity (for HSV-2 glycoprotein transfection) was measured. HIV-1/BaL infection of CD4/CCR5 transfected cells was used as control. For HSV-2 glycoprotein concentration assay, cells were transfected with ascendant doses of gB, gD, gH and gL. For gD blocking assay, cells transfected with gB, gD, gH and gL were treated with mouse anti-gD antibody or control IgG for 1 h at 37 °C before used for HIV-1/HVEM infection.

Infection of foreskin epithelial cells

Foreskin epithelial cells were first infected with HSV-2 (1 MOI) for 4-6 h, followed by infection with PBMC-propagated replication-competent HIV-1_{BaL} (200 ng) for 2 h. Cells were subsequently washed with PBS to remove unbound virus and cultured in complete medium for another 24-30 h. For antibody blocking, anti-gD or anti-HVEM antibodies were used to treat epithelial cells or HIV-1_{BaL} for 1 h at 37 °C prior to co-infection. After infection, cells were trypsinized to remove cell surface viruses, washed and stained with mouse anti-gD antibody followed by FITC-conjugated goat anti-mouse IgG, both for 30 min at 4 °C. After washes, cells were fixed, permeabilized and stained with PE-conjugated anti-HIV-1 p24 (Beckman Coulter) for another 30 min at 4 °C. Cells were then washed and evaluated by flow cytometry on a BD LSRFortessa platform.

Statistical analysis

All data were expressed as mean \pm standard deviation (SD) and analyzed by GraphPad Prism 7.02. Mann-Whitney test was used for comparisons between two groups while Kruskal-Wallis test was used for comparisons among three or more groups. A p value less than 0.05 was considered statistically significant.

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Conflicts of interest

The authors have declared that no conflict of interest exist.

Ethical statement

This study involved experiments using human peripheral blood and foreskin samples as well as specific-antigen-free (SPF) BALB/c mice. All protocols involving human samples and animals were reviewed and approved by the institutional ethical review board of Wuhan Institute of Virology, Chinese Academy of Science, and performed in accordance with the Declaration of Helsinki and the guidelines of Hubei Laboratory Animal Science Association. Informed written consents were obtained from human subjects participated in this study.

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Figure Legends

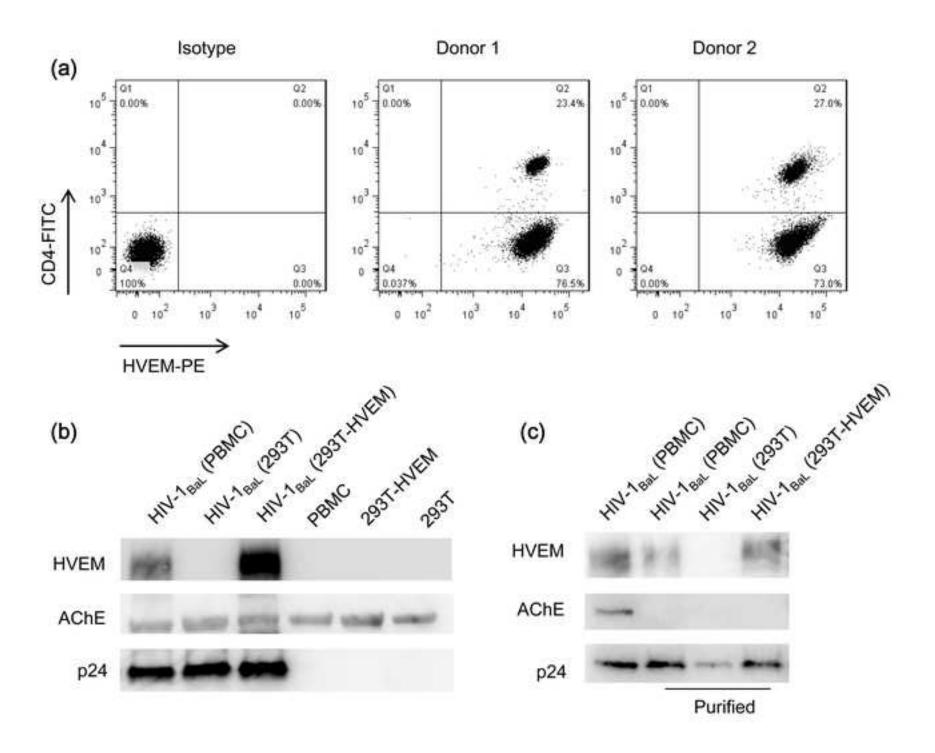
Figure 1. Presence of HVEM on HIV-1 virions. (a) HVEM expression on freshly isolated PBMCs. Freshly isolated PBMCs were stained with PE-conjugated anti-HVEM and FITC-conjugated anti-CD4 antibodies. The expression of HVEM and CD4 on PBMCs were analyzed by flow cytometry. (b) 293T, 293T-HVEM and PBMC-derived HIV-1 virus stocks, and mock-treated cell supernatants were pelleted by ultracentrifugation and HVEM, AChE and HIV-1 p24 in the pellets were determined by Western blot. One representative experiment out of three is shown. (c) Concentrated 293T, 293T-HVEM and PBMC-derived HIV-1 virus stocks were purified by 6–18% Optiprep[™] density gradient, and HVEM, AChE and HIV-1 p24 in the purified viruses were determined by Western blot. One representative experiment out of three is shown.

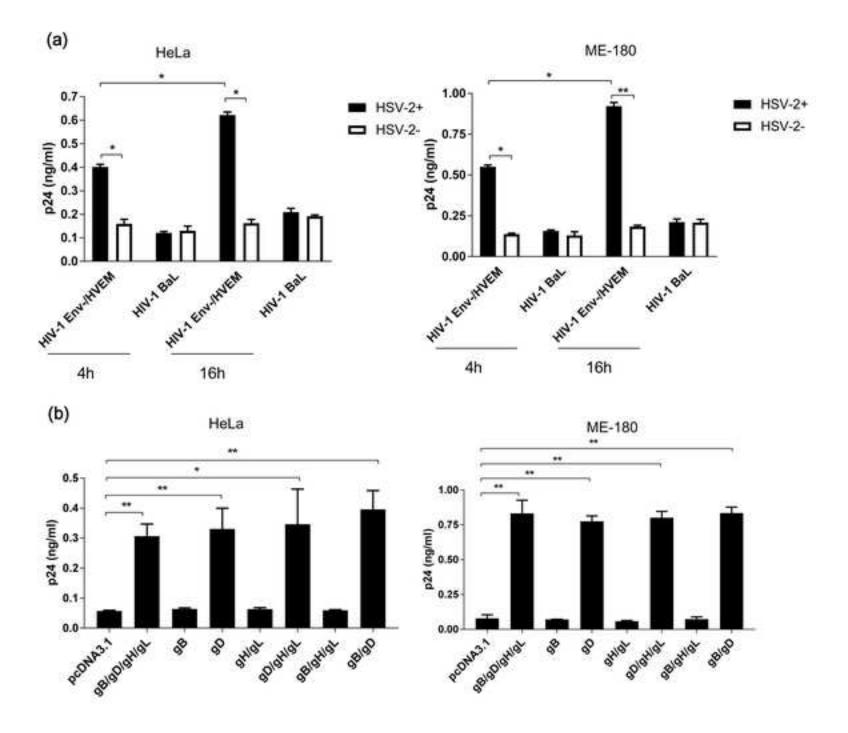
Figure 2. Binding of HIV-1/HVEM to HSV-2-infected cell surface through HVEM-gD interaction. (a) HeLa or ME-180 cells were mock infected or infected with 1 MOI of HSV-2 for 4 or 16 h and then incubated with 200 ng HIV-1/HVEM or HIV-1/BaL for 1 h at 4 °C. Following incubation, cell-bound HIV-1 p24 was quantified. Data shown are mean ± SD of three independent experiments. (b) HeLa or ME-180 cells were transfected with pcDNA3.1 or plasmids expressing HSV-2 gB/gD/gH/gL for 24 h and then incubated with 200 ng HIV-1/HVEM for 1 h. Following incubation, cell-bound HIV-1 p24 was quantified. Data shown are mean ± SD of three independent experiments. *, p < 0.05; **, p <0.01.

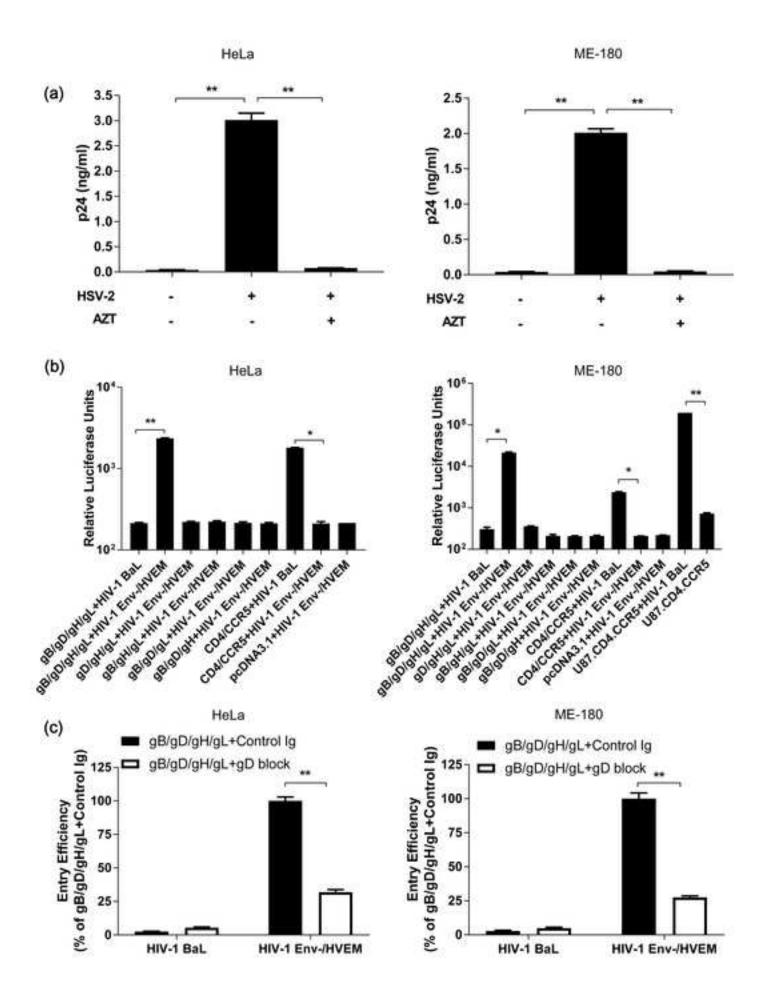
Figure 3. Entry of HIV-1/HVEM into HSV-2-infected cells through HVEM-gB/gD/gH/gL-dependent manner. (a) HeLa or ME-180 cells were infected with 1 MOI of HSV-2 for 4-6 h and

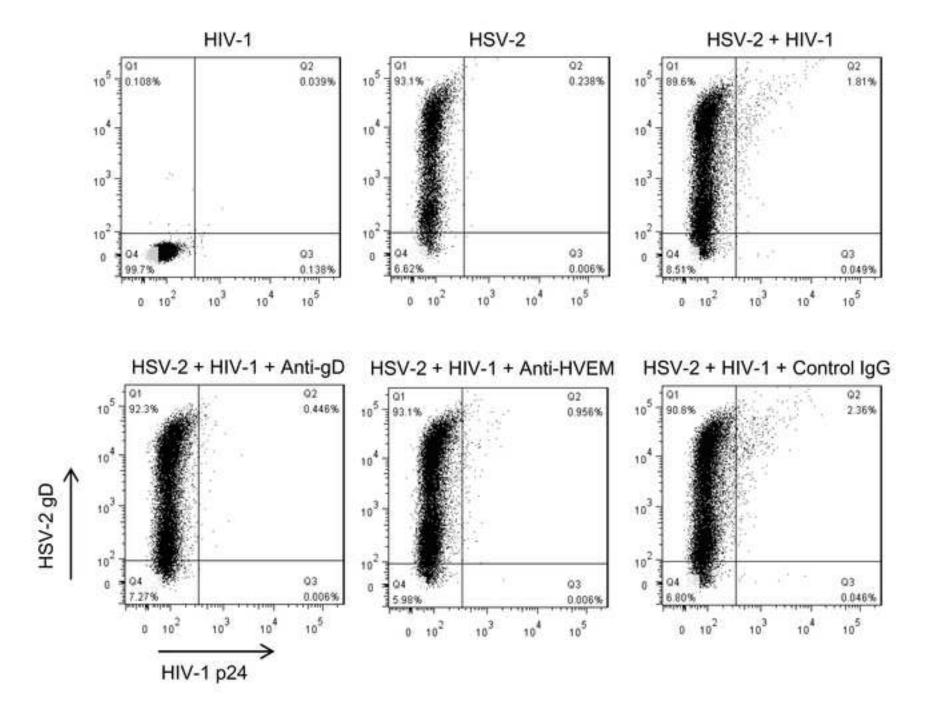
then incubated with 200 ng HIV-1_{BaL}/HVEM for another 24 h in the presence or absence of AZT. Following incubation, cell surface viruses were removed by trypsin treatment and in-cell p24 was quantified. Data shown are mean \pm SD of three independent experiments. (b-c) HeLa or ME-180 cells were transfected with plasmids expressing HSV-2 gB/gD/gH/gL or CD4/CCR5 for 24 h, and then untreated (b) or treated with anti-gD antibody or control Ig (c), followed by infection with HIV-1/HVEM or HIV-1/BaL for another 24 h. In-cell luciferase activity was measured. Data shown are mean \pm SD of three independent experiments. ns, not statistically significant; *, p < 0.05; **, p <0.01.

Figure 4. PBMC-propagated HIV-1_{BaL} infection of HSV-2-infected primary foreskin epithelial cells. Foreskin epithelial cells were infected with HSV-2 for 4-6 h and then incubated with HIV-1 for another 24-30 h in the presence or absence of inhibitory antibodies. Following infection, cell surface viruses were removed by trypsin treatment. gD and in-cell p24 were stained and analyzed by flow cytometry. One representative experiment out of three is shown.









Supplemental Materials

Figure S1: Expression of viral glycoproteins on HSV-2-infected cell surface. (a-b) HeLa cells were infected with 0.1 or 1 MOI of HSV-2 for an ascending time periods and then cell surface expression of gB (a) and gD (b) was measured by CELISA. Data shown are mean \pm SD of three independent experiments. (c) HeLa cells were infected with 0.5 or 1 MOI of HSV-2 for 24 h and then cell surface expression of gB and gD was measured by flow cytometry. One representative experiment out of three is shown.

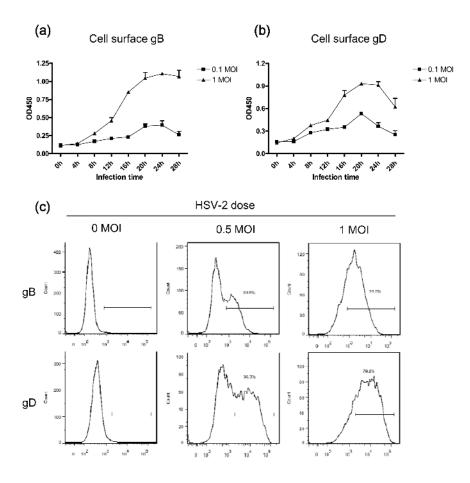


Figure S2: Impact of HSV-2 infection on cell viability. HeLa and ME-180 cells were mock-infected or infected with HSV-2 (MOI 0.1-1) for 30 h and then cell morphology was observed under microscope while cell viability was determined by 7-AAD staining. One representative experiment out of two is shown.

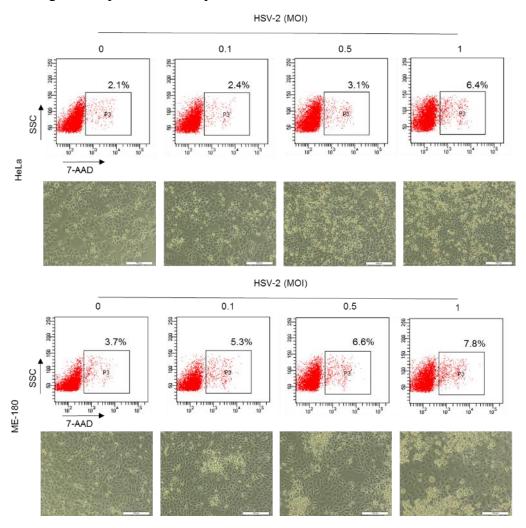


Figure S3: Viral glycoprotein expression on transiently transfected HeLa and ME-180 cells. HeLa and ME-180 cells were cotransfected with plasmids expressing HSV-2 gB, gD, gH and gL for 24 h and then cell surface gD was determined by flow cytometry. One representative experiment out of two is shown.

