

## Modest antiviral activity of Toll-like receptor 3 (TLR3) against respiratory syncytial virus infection in TLR3-overexpressed human lung epithelial cells

Kazuto WATANABE, Kazushige NAGAI, Lisa IGARASHI-OKITA,  
Takeshi TSUGAWA, Tsukasa HORI, Yuko YOTO and Hiroyuki TSUTSUMI

Department of Pediatrics, Sapporo Medical University School of Medicine

### ABSTRACT

Human respiratory syncytial virus (RSV) is the leading cause of acute lower respiratory infections in infants and Toll-like receptors (TLRs) are the first line of host defense against such infections. In this study, we aimed to elucidate the antiviral effect of TLR3 against RSV infection. The human TLR3 gene was either transiently or stably overexpressed in A549 cells and they were infected with the Long strain of RSV. In both cases, RSV production determined by plaque assay was modestly but significantly decreased in the TLR3-overexpressed cells compared with control cells. Less interferon (IFN)- $\beta$ , measured by ELISA, was produced in the supernatant of the TLR3-overexpressed cells. Neutralization of IFN- $\beta$  in the supernatant of the TLR3-overexpressed cells failed to increase RSV production to the same level as controls. These results indicate that TLR3 has modest anti-RSV activity and IFN- $\beta$  seems not to be a significant mediator of this activity.

(Received August 30, 2012 and Accepted November 29, 2012)

**Key words:** innate immunity, respiratory syncytial virus, toll-like receptor 3

### INTRODUCTION

Human respiratory syncytial virus (RSV) is a single-stranded, negative-sense RNA virus belonging to the family *Paramyxoviridae* and the genus *Pneumovirus*. RSV is a major cause of acute respiratory infections in all ages of humans, but most importantly RSV causes severe lower respiratory infections in infants and young children, or immune compromised hosts and elderly persons [1-4]. RSV infection becomes epidemic in every winter season in temperate climates or in the rainy seasons in tropical areas [5, 6]. It is very contagious and almost all children are thought to be infected at least once by 2 years of age. RSV bronchiolitis in infants may be a risk factor for developing future recurrent wheezing or asthma [7, 8, 9]. RSV infection may shift the profile of cytokine production by helper T cells from T-helper type1 (Th1) to T-helper type2 (Th2), which makes the infected infants more prone to allergic states [10-12]. Thus, developing effective vaccines and therapies for RSV infection are extremely important not only for current RSV infections but to reduce future burden of asthma.

The host defense system against RSV infections

must be fully understood if effective treatment strategies are to be developed. The human immune system against microbial infections consists of two major parts, i.e. innate immunity and adaptive immunity. The former is our first line of defense against microbial infections. Recent discoveries have established that the innate immunity system recognizes so called pathogen-associated molecular patterns (PAMPs) of invading pathogens and immediately reacts with them to isolate and exclude them. One of the important pattern recognition receptors is the Toll-like receptors (TLRs) which sense most microbes on the cell surface or in the intracellular compartment [13, 14]. At least 10 TLR family members (TLR1 to TLR10) have been identified in humans. Certain TLRs including TLR2, TLR3, TLR4, TLR7, TLR8 and TLR9 sense various PAMPs of viruses and activate nuclear factor- $\kappa$ B (NF- $\kappa$ B) and interferon (IFN) regulatory factors, inducing proinflammatory cytokines and type I IFNs [15-17].

RSV has been reported to interact with some TLRs and thereby activates innate immunity. TLR4 which recognizes the lipopolysaccharide of bacteria also senses

the fusion protein of RSV together with CD14 and produces interleukin (IL)-6, IL-8, tumor necrosis factor (TNF)- $\alpha$ , and IL-1 $\beta$  [18]. TLR4-deficient mice delay RSV clearance in the lungs, suggesting anti-RSV response of TLR4 [18, 19]. More recently, it has been reported that TLR3, the sensor of double-stranded RNA, mediates inflammatory cytokine and chemokine production in RSV-infected epithelial cells [20]. TLR3 regulates the pulmonary immune environment in mice infected with RSV but viral clearance by TLR3 has not been identified [21].

In this study, we focused on the antiviral role of TLR3 against RSV infection and investigated whether RSV production was affected in TLR3-overexpressed human lung epithelial cells. The results indicate that TLR3 has modest anti-RSV activity in TLR3-overexpressed human lung epithelial cells.

## Materials and methods

### Cell culture and virus infection

A549 human lung epithelial cells [22] were cultured in Dulbecco's modified Eagle medium (Invitrogen Corp., Carlsbad, CA USA) with 50  $\mu$ g/ml gentamicin and 10% fetal bovine serum (FBS). HEp-2 human epithelial cells were obtained from Cell Resource Center for Biomedical Research, Institute of Development, Aging, and Cancer, Tohoku University and maintained in Eagle minimal essential medium (MEM) (Nissui, Tokyo, Japan) with 10% FBS. These cells were cultured in a flask at 37°C in 5% CO<sub>2</sub>. The Long strain of RSV [23] was propagated in HEp-2 cells and the cell culture supernatants were centrifuged, snap frozen and stored at -80°C after considerable syncytia were observed. For RSV infection experiments, the Long strain was inoculated at a multiplicity of infection (MOI) of 3 and incubated for 2h, next the virus inoculum was removed and the cells washed once with phosphate-buffered saline (PBS). The infected cells were cultured in the medium for 12 to 24h and the supernatants were snap frozen at -80°C for RSV titration. For IFN- $\beta$  neutralization experiments, anti-IFN- $\beta$  polyclonal antibody (PBL Biomedical Laboratories, Piscataway, NJ USA) was added at a concentration of 2,000U/ml after the inoculation.

### Transfection and selection

For transient transfection, A549 cells were transfected with human TLR3-expression vector, pUNO-hTLR3-HA (InvivoGen, San Diego, CA USA) by using Effectene (Qiagen, Tokyo, Japan) following the

instruction manual. A control vector which does not harbor TLR3, designated pUNO-HA, was made by digesting pUNO-hTLR3-HA with *EcoR* V (Takara, Otsu, Japan) which removes the majority (59.5%) of the hTLR3 sequence and ligating the rest of the vector with T4 DNA ligase (New England Biolabs, Ipswich, MA USA). At 24h post-transfection, the cells were infected with the Long strain as mentioned above. To establish the stably TLR3-overexpressed cells, A549 cells were selected in a medium with Blasticidin S (InvivoGen) at 10  $\mu$ g/ml at 48h post-transfection. Each Blasticidin S-resistant cell colony was picked up and propagated, and thereafter stored at -80°C with Cell Banker 1 (Mitsubishi Chemical Medience, Tokyo, Japan) until use.

### Flow cytometry analysis

To detect TLR3 overexpression on the cell surface, cells were detached from a dish with 0.5mM EDTA (ethylene diamine tetraacetic acid) and resuspended in FACS (fluorescence activated cell sorting) buffer (3% FBS, 0.02% sodium azide in PBS). After centrifuge, the cells were stained with either PE (Phycoerythrin)-labeled anti-human TLR3 (eBioscience, San Diego, CA USA) diluted at 40  $\mu$ g/ml with FACS buffer or PE-labeled mouse IgG1 (Beckman Coulter, Fullerton, CA USA) diluted at 100  $\mu$ g/ml with FACS buffer. Cytometric analysis was performed with a BD FACSCalibur flow cytometer (BD Biosciences, San Jose, CA USA). For detection of intracellular TLR3 overexpression, cells were treated with BD Cytotfix/Cytoperm solution (BD Biosciences) before staining with PE-labeled antibodies.

### Plaque assay

Serial 10-times dilutions of the cell culture supernatants from RSV infection experiments were prepared for the plaque assay. Confluent HEp-2 cells on a well of 24-well plate were incubated with 150  $\mu$ l of the dilutant for 2h, then 1ml of 1% FBS, 0.75% methylcellulose-MEM (m-MEM) was overlaid. Another 1ml of m-MEM was added to the well 2 days later. Five days after the infection the cells were fixed with 10% formaldehyde for overnight and stained with 0.5% crystal violet for 1h. The plaques were counted on microscopy. The plaque number was represented as an average number of 3 wells at the same dilution.

### IFN- $\alpha/\beta$ ELISA

Human IFN- $\alpha$  and IFN- $\beta$  concentrations in the cell culture supernatants were measured with Human IFN- $\alpha$

ELISA kit (PBL Biomedical Laboratories) and Human IFN- $\beta$  ELISA kit (PBL Biomedical Laboratories), respectively, following the instruction manuals. The absorbance at 450nm was read by Model 680 Microplate Reader (Bio-Rad Laboratories, Hercules, CA USA).

### RNA extraction

Viral RNA was extracted from the cell culture supernatants by using MagExtractor™-Viral RNA (Toyobo, Osaka, Japan). Total RNA was extracted from the RSV infected cells by using MagExtractor™-RNA (Toyobo). The extracted total RNA was treated with 10U DNase I (Takara) in 40mM Tris-HCl (pH 7.5), 8mM MgCl<sub>2</sub>, and 5mM DTT at 37°C for 30min. The RNA was purified with phenol: chloroform: isoamyl alcohol (25:24:1) (Invitrogen), precipitated in isopropanol, and stored at -80°C for further analyses.

### Real-time RT-PCR

Real-time RT-PCR (reverse transcription polymerase chain reaction) was done to quantify TLR3 mRNA expression and RSV viral load (copy numbers) by using TaqMan PCR system (Applied Biosystems) with TaqMan RNA-to-Ct 1-Step Kit (Applied Biosystems). For TLR3 mRNA expression, multiplex real-time RT-PCR was employed in a 20 $\mu$ l mixture containing 10 $\mu$ l TaqMan RT-PCR mix, 1 $\mu$ l of each TLR3 and glyceraldehyde-3-phosphate dehydrogenase (GAPDH) TaqMan Gene Expression Assay (Applied Biosystems), 0.6 $\mu$ g template RNA, and RNase-free water. To quantify RSV viral load, an RSV vector was prepared as follows: a part of the N protein gene (nt 1140 to 1264) of the Long strain was amplified by RT-PCR, the amplicon was cloned into pCR-4-TOPO vector with TOPO TA cloning kit (Invitrogen Corp.), and the cloned plasmid was identified by PCR (polymerase chain reaction) and the N protein gene sequence was confirmed by the DNA sequencing. For RSV quantification, the N protein gene was amplified in a 20 $\mu$ l mixture containing 10 $\mu$ l TaqMan RT-PCR mix, 10 $\mu$ M forward primer 5'-CATCCAGCAAATACACCATCCA-3', 10 $\mu$ M reverse primer 5'-TTCTGCACATCATAATTAGGAGTATCAA-3', and 2.5 $\mu$ M probe 5'-FAM-CGGAGCACAGGAGAT-MGB-3', either 1 $\mu$ l of template RNA or the serial diluted RSV vectors, and RNase-free water [24]. RSV copy numbers were calculated using a standard curve made by the RSV vectors. PCR was done in 7500 Real-Time PCR System (Applied Biosystems) in triplicate.

### Statistical analysis

Statistical analysis was performed with a two-tailed, unpaired Student's *t* test. The data were expressed as mean  $\pm$  standard deviation of the mean. A value of  $P < 0.05$  was considered to be significant.

## Results

### Transiently overexpressed TLR3 suppresses RSV production

To investigate the antiviral role of TLR3 on RSV infection, human TLR3 gene was transiently overexpressed in A549 cells and the cells were infected with RSV. The overexpression of TLR3 was identified by TLR3 mRNA expression by real-time RT-PCR. Expression level of TLR3 was approximately 8 times higher in the pUNO-hTLR3-HA vector-transfected A549 cells compared to that in the control pUNO-HA vector-transfected cells at 24h post-transfection (Fig. 1a). These cells were infected with the Long strain of RSV at a MOI of 3 at 24h post-transfection. RSV copy numbers in the cell culture supernatants were significantly lower in the TLR3-overexpressed cells than in the control cells at 12h and 24h post-infection (Fig. 1b). At 24h post-infection, in particular, RSV copy number of the TLR3-overexpressed cells was about 30% of that of the control cells. These data suggest that TLR3 may suppress RSV production in human respiratory epithelial cells.

### Stable overexpressed TLR3 was detected in the intracellular compartment in A549 cells

To further explain the antiviral role of TLR3 against RSV, stable TLR3-overexpressed A549 cell clones were obtained by Blasticidin S selection after transfection. After the selection, 13 colonies of the pUNO-hTLR3-HA-transfected A549 cells, as well as 4 colonies of the pUNO-HA-transfected cells, were collected. Flow cytometry analysis showed the same level of TLR3 expression on the cell surface in pUNO-hTLR3-HA-transfected and pUNO-HA-transfected cells. However three clones of pUNO-hTLR3-HA-transfected cells demonstrated more TLR3 expression in the intracellular compartment compared to a clone of pUNO-HA-transfected cells (clone A549/HA3). Among these three, two clones (clones A549/TLR3-HA2 and A549/TLR3-HA8) were used for further experiments (Fig. 2). Exogenous TLR3 expression in pUNO-HA-transfected cells was not detected in flow cytometry analysis. Thus we concluded that A549/TLR3-HA2 and A549/TLR3-HA8 clones stably overexpressed TLR3 in the intracellular compartment and used them for further

RSV infection experiments.

### Stably overexpressed TLR3 suppresses RSV production

A549/TLR3-HA2 and A549/TLR3-HA8 cells as well as A549/HA3 control cells were infected with the Long strain at MOI of 3. The cell supernatants were collected and snap-frozen at 12, 18, and 24h post-infection (only 24h in A549/TLR3-HA8 cells). RSV production was quantified at those designated times by plaque assay. TLR3-overexpressed cell clones significantly suppressed RSV production compared to the control cell clone at 18 and 24h post-infection (Fig. 3). At 24h post-infection, in particular, RSV production was less

than 20% in both TLR3-overexpressed cell clones compared to the control cell clone. These data further confirmed that TLR3 had suppressed RSV production in A549 cells.

### IFN- $\beta$ has a partial role as a mediator of TLR3 anti-RSV activity

The antiviral activity of TLR3 is reported to involve type I IFNs (IFN- $\alpha/\beta$ ), especially IFN- $\beta$  [25]. To elucidate whether IFN- $\alpha/\beta$  are involved in the anti-RSV activity of TLR3, we measured IFN- $\alpha/\beta$  production in the cell culture supernatants by ELISA. IFN- $\alpha$  was below minimum detection level ( $< 12.5\text{pg/ml}$ ) up to 24h post-RSV infection, a finding compatible with the previous report that RSV infection of human epithelial cells induced IFN- $\beta$  but not IFN- $\alpha$  [26]. IFN- $\beta$  concentration could be measured by ELISA post-18h of infection. However, in contrast to our expectation, more IFN- $\beta$  was secreted in the supernatants of A549/HA3 cells than in those of A549/TLR3-HA2 and A549/TLR3-HA8 cells at 24h post-infection (Fig. 4).

To further explain whether IFN- $\beta$  mediates the anti-RSV activity of TLR3, anti-IFN- $\beta$  antibody which neutralizes any secreted IFN- $\beta$  was added to the cell culture supernatants immediately after RSV inoculation. A concentration of 2,000U/ml of anti-IFN- $\beta$  antibody was sufficient to neutralize IFN- $\beta$  in the supernatants of A549 cells at 24h after RSV infection under minimum detection level ( $< 25\text{pg/ml}$ ) measured by ELISA (data not shown). RSV production was significantly suppressed in A549/TLR3-HA2 cells compared to A549/HA3 cells without anti-IFN- $\beta$  antibody at 24h post-infection, which was compatible with the results presented in Fig. 3 (Fig. 5). After neutralizing IFN- $\beta$  in the supernatants, RSV production increased significantly in both A549/HA3 and A549/TLR3-HA2 cells (Fig. 5), but the increase of RSV production in A549/TLR3-HA2 cells was much less than in A549/HA3 cells (Fig. 5). These data support the concept that secreted IFN- $\beta$  in the supernatant might have a limited role as a mediator of anti-RSV activity by TLR3.

### Discussion

In this study, we have shown that both transiently and stably overexpressed TLR3 inhibits RSV replication in A549 human respiratory epithelial cells. Our finding conflicts with that of Rudd et al. who reported that TLR3 had no effect on RSV replication [20]. They infected human kidney HEK293 cells with stable TLR3 expression

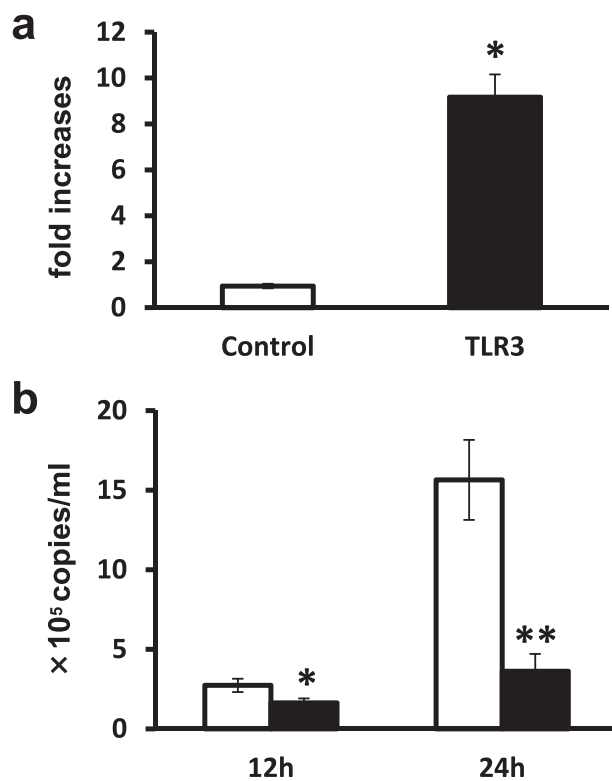


Fig.1 a TLR3 mRNA expression in transiently pUNO-TLR3-HA vector-transfected (TLR3) or pUNO-HA vector-transfected (control) A549 cells quantified by real-time RT-PCR.  
 b RSV copy numbers in the supernatants of the control (white bar) and the TLR3 (black bar) A549 cells at 12h and 24h after RSV infection quantified at by real-time RT-PCR. The data are representative of three experiments. \*,  $P < 0.05$ ; \*\*,  $P < 0.01$

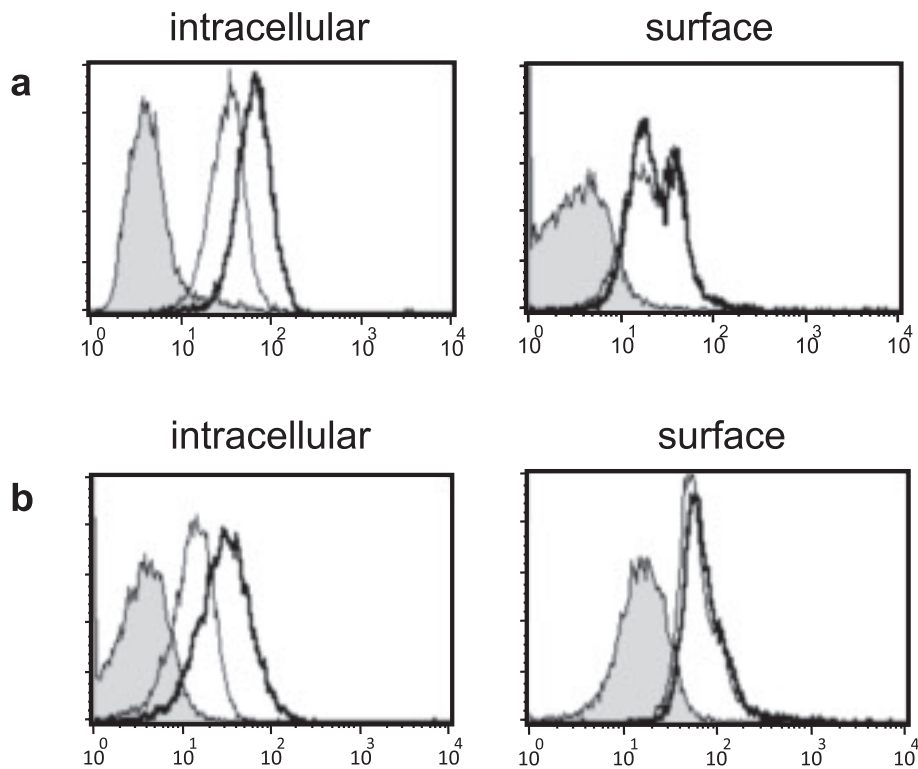


Fig.2 Flow cytometry analysis to detect TLR3 expression in the cytoplasm and on the cell surface of A549/TLR3-HA2 (a) and A549/TLR3-HA8 (b) cells. The shaded peaks indicate A549/TLR3-HA2 and A549/TLR3-HA8 cells stained with PE-labeled mouse IgG1, the thin line peaks do A549/HA3 control cells stained with PE-labeled anti-human TLR3, and the thick line peaks do A549/TLR3-HA2 and A549/TLR3-HA8 cells stained with PE-labeled anti-human TLR3

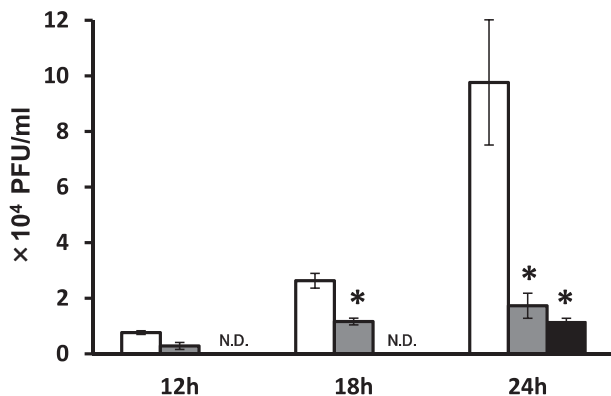


Fig.3 Plaque assay to quantify RSV production in A549/HA3 cells (white bars), A549/TLR3-HA2 cells (gray bars), and A549/TLR3-HA8 cells (a black bar) at 12h, 18h, and 24h after RSV infection. The number of plaques was designated as PFU (plaque forming units) per ml. The data are representative of three experiments. \*,  $P < 0.05$ , N.D.: not determined.

and vector control cells with a clinical isolate of RSV A strain at a MOI of 0.1. They measured RSV load by plaque assay in both cell lines and the number of plaques was shown in a log scale graph. The graph shows similar peaks in both cell lines and it is difficult to see clear differences of viral replication between them. Additionally, they produced TLR3-suppressed A549 cells with small interfering RNA (siRNA) for TLR3 (TLR3i) and control cells with random siRNA and infected them with the same RSV strain at a MOI of 1. The viral loads (numbers of plaques) in TLR3i and control cells are similar on a log scale graph. In general, virus replication occurs exponentially and a log scale graph is used. In our case, the difference of viral loads between the TLR3-overexpressed cells and controls was statistically significant although it was within a single digit range. Therefore, we showed the viral loads using a linear scale graph to make the difference more evident and concluded that TLR3 had modest anti-RSV activity.

The authors' recent review concerning the roles of TLRs in regulating the immune response against RSV

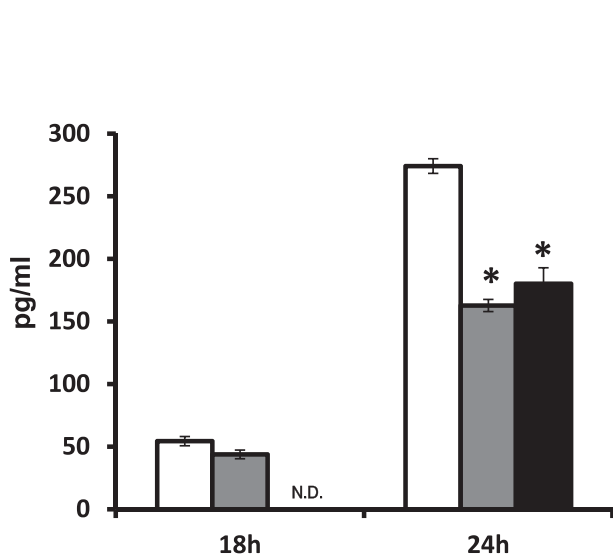


Fig.4 IFN- $\beta$  ELISA of the cell culture supernatants of A549/HA3 cells (white bars), A549/TLR3-HA2 (gray bars), and A549/TLR3-HA8 (a black bar) cells at 18h and 24h after RSV infection. The data are representative of three experiments. \*,  $P < 0.05$ , N.D.: not determined

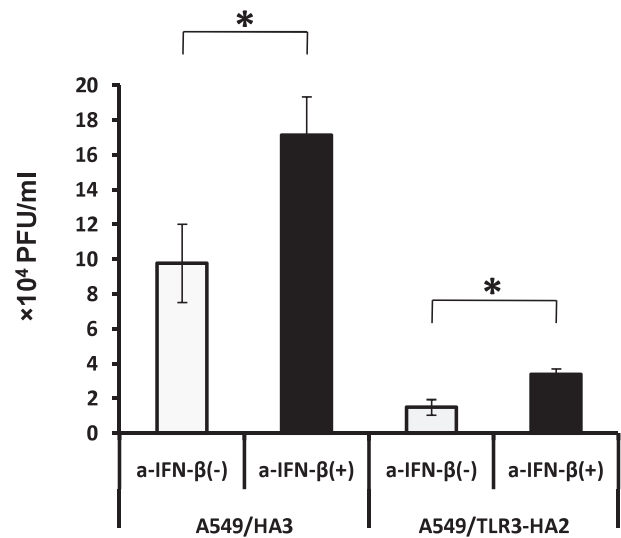


Fig.5 Plaque assay to quantify RSV production without anti-IFN- $\beta$  antibody (a-IFN- $\beta$  (-), white bars) or with anti-IFN- $\beta$  antibody (a-IFN- $\beta$  (+), black bars) in A549/HA3 and A549/TLR3-HA2 cells at 24h after RSV infection. The number of plaques was designated as PFU (plaque forming units) per ml. The data are representative of three experiments. \*,  $P < 0.05$

suggested that differences in infectious doses and strains of RSV and propagation cell lines employed might influence study outcome [27]. Therefore, the conflicting results by Rudd et al. and ourselves might be explained by those different factors.

An antiviral role of TLR3 for another respiratory virus was reported by Hewson et al. [28]. They infected BEAS-2B human bronchial epithelial cells with rhinovirus (RV) with or without anti-TLR3 antibody to block TLR3 which are expressed on the cell surface. Blocking TLR3 with antibody significantly increased RV release into the supernatants, suggesting an antiviral role of TLR3 against RV.

Virus infection activates a crucial transcription factor, IFN regulatory factor 3 (IRF3), and IRF3 induces IFN- $\alpha / \beta$ . The induced IFN- $\alpha / \beta$  activate the Janus kinases-signal transducers and activators of the transcription (JAK-STAT) signal cascade and induce many IFN-inducible genes involving the antiviral responses [29, 30]. Mediators of TLR3 antiviral activity were postulated by Doyle et al., after experiments in which TLR3 activated IRF3 and it induced IFN- $\beta$  which inhibited murine  $\gamma$  herpes-virus 68 (MHV68) replication [31]. Liu et al. reported that siRNA-mediated TLR3

knockdown inhibited IFN- $\beta$  expression following RSV infection in A549 cells, and suggested the IFN- $\beta$  is a mediator of TLR3 bioactivity in A549 cells infected with RSV [32]. Thus, we speculated that IFN- $\beta$  mediates the antiviral activity of TLR3 against RSV infection. Our IFN- $\beta$  neutralization experiments, however, demonstrated that IFN- $\beta$  had only a limited role as a mediator of TLR3 anti-RSV activity. This is supported by our finding that IFN- $\beta$  secretion was greater in the control cells than in the TLR3-overexpressed cells. We assumed that this reflected greater production of RSV in the supernatants because RSV infection induces IFN- $\beta$  not only via TLR3 but also via other sensors such as retinoic acid-inducible gene I [32]. This hypothesis is supported by the case of RV infection mentioned above [28]. In BEAS-2B cells, cell surface TLR3 mediated production of proinflammatory mediators IL-6, CXCL8, and CCL5 on stimulation with poly(IC) and this production was reduced by inhibiting TLR3 activation with anti-TLR3 antibody. In contrast, such mediators were more produced by inhibiting TLR3 activation in case of RV infection and the amount of RV was higher with TLR3 blocking. The authors explained these results that when TLR3 was blocked, the antiviral response via TLR3

was inhibited and RV replication increased, resulting in increase in RV infection and stimulation of non-TLR3 receptors such as protein kinase R, which overwhelmed reduced production of the mediators due to TLR3 inhibition.

Currently we do not know what factor(s) other than IFN- $\beta$  mediate the antiviral activity of TLR3. Recently, new members of the IFN family, type III IFNs (IFN- $\lambda$  1/IL-29, IFN- $\lambda$  2/IL-28A, IFN- $\lambda$  3/IL-28B), have been identified [33, 34]. These IFN- $\lambda$ s were induced by several viruses including RSV in different cell lines including A549 and displayed potent antiviral activity [35, 36]. Further, the TLR3 signal transduction pathway activated IFN- $\lambda$  1 promoter and the IFN- $\lambda$  1 gene is regulated by IRF3 and IRF7 [37]. Thus, IFN- $\lambda$ s could be involved in the TLR3-mediated anti-RSV activity.

Localization of TLR3 expression is reported to differ depending on cell type. In human fibroblasts, TLR3 was naturally expressed on the cell surface whereas it was expressed only in the intracellular compartment in monocyte-derived immature dendritic cells (iDCs) [38, 39]. According to previous reports, A549 cells do not express TLR3 on the cells surface at baseline, but express intracellularly at baseline and on the cell surface after RSV infection [40, 41, 42]. In our study, however, TLR3 was expressed on the cell surface at baseline in both control vector- and TLR3 gene-transfected A549 cells, and TLR3 gene-transfected A549 cells further overexpressed TLR3 in the intracellular compartment. We do not know why TLR3 was expressed on the cell surface in those control vector- and TLR3 gene-transfected A549 cells without RSV infection. Sha et al. reported that TLR3 expressed on the plasma membrane of the BEAS-2B airway epithelial cell line and primary bronchial epithelial cells and the TLR3 expression was further upregulated by dsRNA stimulation detected by flow cytometric analysis [43]. Thus, the transfected exogenous gene might stimulate TLR3 induction by dsRNA originating from the transcriptional intermediate of the exogenous gene.

In conclusion, we have shown that TLR3 expressed in human lung epithelial cells can modestly inhibit RSV replication and IFN- $\beta$  may not be a major mediator of this activity. Further study is necessary to elucidate other factor(s) which mediate anti-RSV activity of TLR3 and details of their mechanisms.

### Acknowledgements

We thank Dr. Peter M. Olley (University of Alberta and Sapporo Medical University) for pertinent English

advice and Dr. Hiroki Sakamoto (Sapporo Clinical Laboratory Inc.) for the flow cytometry analysis. This work was supported by the grants-in-aid for scientific research (grant 17591102 to K.N.) from the JSPS (Japan Society for the Promotion of Science).

### Conflict of interest

The authors declare that they have no conflicts of interest.

### References

1. Blanchard S, Gerrek M, Siegel C, Czinn S. Significant morbidity associated with RSV infection in immunosuppressed children following liver transplantation: case report and discussion regarding need of routine prophylaxis. *Pediatr Transplant* 2006; 10: 826-829.
2. Ebbert J, Limper A. Respiratory syncytial virus pneumonitis in immunocompromised adults: clinical features and outcome. *Respiration* 2005; 72: 263-269.
3. Falsey A, Hennessey P, Formica M, Cox C, Walsh E. Respiratory syncytial virus infection in elderly and high-risk adults. *N Engl J Med* 2005; 352: 1749-1759.
4. Shay D, Holman R, Newman R, Liu L, Stout J, Anderson L. Bronchiolitis-associated hospitalizations among US children, 1980-1996. *JAMA* 1999; 282: 1440-1446.
5. Hall C. Respiratory syncytial virus and parainfluenza virus. *N Engl J Med* 2001; 344: 1917-1928.
6. Simoes E. Respiratory syncytial virus infection. *Lancet* 1999; 354: 847-852.
7. Lazzaro T, Hogg G, Barnett P. Respiratory syncytial virus infection and recurrent wheeze/asthma in children under five years: an epidemiological survey. *J Paediatr Child Health* 2007; 43: 29-33.
8. Openshaw P, Dean G, Culley F. Links between respiratory syncytial virus bronchiolitis and childhood asthma: clinical and research approaches. *Pediatr Infect Dis J* 2003; 22: S58-64; discussion S64-55.
9. Sigurs N, Gustafsson P, Bjarnason R, Lundberg F, Schmidt S, Sigurbergsson F, Kjellman B. Severe respiratory syncytial virus bronchiolitis in infancy and asthma and allergy at age 13. *Am J Respir Crit Care Med* 2005; 171: 137-141.
10. Becker Y. Respiratory syncytial virus (RSV) evades the human adaptive immune system by skewing the Th1/Th2 cytokine balance toward increased levels of Th2 cytokines and IgE, markers of allergy—a review. *Virus Genes* 2006; 33: 235-252.
11. Legg J, Hussain I, Warner J, Johnston S, Warner J. Type 1 and type 2 cytokine imbalance in acute respiratory syncytial virus bronchiolitis. *Am J Respir Crit Care Med* 2003; 168:

- 633-639.
12. Román M, Calhoun W, Hinton K, Avendaño L, Simon V, Escobar A, Gaggero A, Díaz P. Respiratory syncytial virus infection in infants is associated with predominant Th-2-like response. *Am J Respir Crit Care Med* 1997; 156: 190-195.
  13. Akira S, Uematsu S, Takeuchi O. Pathogen recognition and innate immunity. *Cell* 2006; 124: 783-801.
  14. Kawai T, Akira S. TLR signaling. *Cell Death Differ* 2006; 13: 816-825.
  15. Boehme K, Compton T. Innate sensing of viruses by toll-like receptors. *J Virol* 2004; 78: 7867-7873.
  16. Rassa J, Ross S. Viruses and Toll-like receptors. *Microbes Infect* 2003; 5: 961-968.
  17. Wang J, Kurt-Jones E, Finberg R. Innate immunity to respiratory viruses. *Cell Microbiol* 2007; 9: 1641-1646.
  18. Kurt-Jones E, Popova L, Kwinn L, Haynes L, Jones L, Tripp R, Walsh E, Freeman M, Golenbock D, Anderson L, Finberg R. Pattern recognition receptors TLR4 and CD14 mediate response to respiratory syncytial virus. *Nat Immunol* 2000; 1: 398-401.
  19. Haynes L, Moore D, Kurt-Jones E, Finberg R, Anderson L, Tripp R. Involvement of toll-like receptor 4 in innate immunity to respiratory syncytial virus. *J Virol* 2001; 75: 10730-10737.
  20. Rudd B, Burstein E, Duckett C, Li X, Lukacs N. Differential role for TLR3 in respiratory syncytial virus-induced chemokine expression. *J Virol* 2005; 79: 3350-3357.
  21. Rudd B, Smit J, Flavell R, Alexopoulou L, Schaller M, Gruber A, Berlin A, Lukacs N. Deletion of TLR3 alters the pulmonary immune environment and mucus production during respiratory syncytial virus infection. *J Immunol* 2006; 176: 1937-1942.
  22. Takeuchi R, Tsutsumi H, Osaki M, Haseyama K, Mizue N, Chiba S. Respiratory syncytial virus infection of human alveolar epithelial cells enhances interferon regulatory factor 1 and interleukin-1beta-converting enzyme gene expression but does not cause apoptosis. *J Virol* 1998; 72: 4498-4502.
  23. Takeuchi R, Tsutsumi H, Osaki M, Sone S, Imai S, Chiba S. Respiratory syncytial virus infection of neonatal monocytes stimulates synthesis of interferon regulatory factor 1 and interleukin-1beta (IL-1beta)-converting enzyme and secretion of IL-1beta. *J Virol* 1998; 72: 837-840.
  24. Perkins S, Webb D, Torrance S, El Saleeby C, Harrison L, Aitken J, Patel A, DeVincenzo J. Comparison of a real-time reverse transcriptase PCR assay and a culture technique for quantitative assessment of viral load in children naturally infected with respiratory syncytial virus. *J Clin Microbiol* 2005; 43: 2356-2362.
  25. Alexopoulou L, Holt A, Medzhitov R, Flavell R. Recognition of double-stranded RNA and activation of NF-kappaB by Toll-like receptor 3. *Nature* 2001; 413: 732-738.
  26. Garofalo R, Mei F, Espejo R, Ye G, Haeberle H, Baron S, Ogra P, Reyes V. Respiratory syncytial virus infection of human respiratory epithelial cells up-regulates class I MHC expression through the induction of IFN-beta and IL-1 alpha. *J Immunol* 1996; 157: 2506-2513.
  27. Klein Klouwenberg P, Tan L, Werkman W, van Bleek GM, Coenjaerts F. The role of Toll-like receptors in regulating the immune response against respiratory syncytial virus. *Crit Rev Immunol* 2009; 29: 531-550.
  28. Hewson C, Jardine A, Edwards M, Laza-Stanca V, Johnston S. Toll-like receptor 3 is induced by and mediates antiviral activity against rhinovirus infection of human bronchial epithelial cells. *J Virol* 2005; 79: 12273-12279.
  29. Takaoka A, Yanai H. Interferon signalling network in innate defence. *Cell Microbiol* 2006; 8: 907-922.
  30. Taniguchi T, Takaoka A. The interferon-alpha/beta system in antiviral responses: a multimodal machinery of gene regulation by the IRF family of transcription factors. *Curr Opin Immunol* 2002; 14: 111-116.
  31. Doyle S, Vaidya S, O'Connell R, Dadgostar H, Dempsey P, Wu T, Rao G, Sun R, Haberland M, Modlin R, Cheng G. IRF3 mediates a TLR3/TLR4-specific antiviral gene program. *Immunity* 2002; 17: 251-263.
  32. Liu P, Jamaluddin M, Li K, Garofalo R, Casola A, Brasier A. Retinoic acid-inducible gene I mediates early antiviral response and Toll-like receptor 3 expression in respiratory syncytial virus-infected airway epithelial cells. *J Virol* 2007; 81: 1401-1411.
  33. Kotenko S, Gallagher G, Baurin V, Lewis-Antes A, Shen M, Shah N, Langer J, Sheikh F, Dickensheets H, Donnelly R. IFN-lambdas mediate antiviral protection through a distinct class II cytokine receptor complex. *Nat Immunol* 2003; 4: 69-77.
  34. Sheppard P, Kindsvogel W, Xu W, Henderson K, Schlutsmeyer S, Whitmore T, Kuestner R, Garrigues U, Birks C, Roraback J, Ostrander C, Dong D, Shin J, Presnell S, Fox B, Haldeman B, Cooper E, Taft D, Gilbert T, Grant F, Tackett M, Krivan W, McKnight G, Clegg C, Foster D, Klucher K. IL-28, IL-29 and their class II cytokine receptor IL-28R. *Nat Immunol* 2003; 4: 63-68.
  35. Ank N, West H, Bartholdy C, Eriksson K, Thomsen A, Paludan S. Lambda interferon (IFN-lambda), a type III IFN, is induced by viruses and IFNs and displays potent antiviral activity against select virus infections in vivo. *J Virol* 2006; 80: 4501-4509.
  36. Spann K, Tran K, Chi B, Rabin R, Collins P. Suppression of



- the induction of alpha, beta, and lambda interferons by the NS1 and NS2 proteins of human respiratory syncytial virus in human epithelial cells and macrophages [corrected]. *J Virol* 2004; 78: 4363-4369.
37. Osterlund P, Pietilä T, Veckman V, Kotenko S, Julkunen I. IFN regulatory factor family members differentially regulate the expression of type III IFN (IFN-lambda) genes. *J Immunol* 2007; 179: 3434-3442.
38. Matsumoto M, Kikkawa S, Kohase M, Miyake K, Seya T. Establishment of a monoclonal antibody against human Toll-like receptor 3 that blocks double-stranded RNA-mediated signaling. *Biochem Biophys Res Commun* 2002; 293: 1364-1369.
39. Matsumoto M, Funami K, Tanabe M, Oshiumi H, Shingai M, Seto Y, Yamamoto A, Seya T. Subcellular localization of Toll-like receptor 3 in human dendritic cells. *J Immunol* 2003; 171: 3154-3162.
40. Ciencewicz J, Brighton L, Wu W, Madden M, Jaspers I. Diesel exhaust enhances virus- and poly(I:C)-induced Toll-like receptor 3 expression and signaling in respiratory epithelial cells. *Am J Physiol Lung Cell Mol Physiol* 2006; 290: L1154-1163.
41. Groskreutz D, Monick M, Powers L, Yarovinsky T, Look D, Hunninghake G. Respiratory syncytial virus induces TLR3 protein and protein kinase R, leading to increased double-stranded RNA responsiveness in airway epithelial cells. *J Immunol* 2006; 176: 1733-1740.
42. Guillot L, Le Goffic R, Bloch S, Escriou N, Akira S, Chignard M, Si-Tahar M. Involvement of toll-like receptor 3 in the immune response of lung epithelial cells to double-stranded RNA and influenza A virus. *J Biol Chem* 2005; 280: 5571-5580.
43. Sha Q, Truong-Tran A, Plitt J, Beck L, Schleimer R. Activation of airway epithelial cells by toll-like receptor agonists. *Am J Respir Cell Mol Biol* 2004; 31: 358-364.
- 
- Address for correspondence:  
Kazuto WATANABE  
Department of Pediatrics, Sapporo Medical University  
School of Medicine, South 1, West 16, Chuo-ku, Sapporo,  
060-8543 Japan.  
Tel: 011-611-2111  
Fax: 011-611-0352  
E-mail: watanabk@sapmed.ac.jp

## RS ウイルス感染に対する Toll-like receptor 3 の抗ウイルス作用

渡辺一人<sup>1)</sup>, 永井和重<sup>1)</sup>, 五十嵐リサ<sup>1)</sup>, 津川 毅<sup>1)</sup>  
堀 司<sup>1)</sup>, 要藤裕孝<sup>1)</sup>, 堤 裕幸<sup>1)</sup>

<sup>1)</sup> 札幌医科大学医学部小児科学教室

ヒトRSウイルス(RSV)は乳幼児に急性細気管支炎などの下気道感染症をしばしば引き起こす。一方、自然免疫のパターン認識受容体として、広範囲に病原体を認識するToll-like receptors (TLRs)は、感染症に対する宿主側の最前線の防御機構である。本研究は、2本鎖RNAを認識するToll-like receptor 3 (TLR3)の抗RSV作用を検討することを目的とした。ヒトTLR3発現プラスミドベクターをA549細胞に導入し、TLR3を一過性または恒常的に過剰発現させ、RSV Long株を感染させた。いずれのTLR3過

剰発現細胞でも、コントロール細胞と比較して、わずかだが有意にRSV産生が抑制された。TLR3過剰発現細胞の上清では、ELISAにて測定した結果、インターフェロン(IFN)- $\beta$ 産生量が減少していた。また、TLR3過剰発現細胞の上清においてIFN- $\beta$ を中和しても、RSV量はコントロールと同じ水準にまで増加しなかった。以上の結果から、TLR3は弱いながら抗RSV作用を有し、IFN- $\beta$ はこの作用における主要な媒介物質ではないと考えられた。