Foreskin immune associations of asymptomatic Herpes Simplex Virus-2 infection

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- □ HIV **↓** by 50-60%
 - 3 independent, well-controlled clinical trials agree
- □ HSV-2 **↓** 28-34%
- □ Genital ulcers ↓ 47%
- □ Oncogenic HPV Ψ 32-35%
- Bacterial infections (gonorrhea, syphilis, chlamydia)
 reduced in some studies but not others

Other than vaginal insertive sex?

Anal sex

- ... maybe?
 - Meta-analysis of >50,000 MSM shows no difference
 - If exclusively insertive may have protective effect

Transmission rates to receptive partner

- Protective in some observational studies
- Clinical trials confounded: increased if sex before complete wound healing (3-6 weeks)
- Indirectly protects women against co-infections
 HPV by 28%; BV by 40%; TV by 48%; GUD by 22%

For review read: Tobian, Arch Pedia Adol Med 2010 or Wawer Lancet and Am J Obstet Gynecol. 2009

HIV infection at the mucosa



Moir et al. 2011 An Rev Path Mech Dis



- At mucosa, HIV infects CD4 cells that express CCR5
 Despite ample CXCR4⁺ CD4 T cells
- Certain subsets of CCR5⁺ CD4 T cells may be more permissive to infection
 - □ Th17 cells
- □ Virus replicates in activated CCR5⁺ CD4 T cells
 - **D** Pro-inflammatory cytokines (TNF α and IFN γ)
 - Immunomodulatory Tregs possibly protective?

HSV-2 and HIV



 \Box Chronic HSV-2 infection = \sim 3x more HIV

Physical breaks in epithelium

- BUT most HSV-2 is asymptomatic
- Acyclovir treatment does not reduce HIV acquisition in HSV-2 positive individuals

Even though it does reduce ulcers

 Suggests increased HIV susceptibility is not solely due to compromised epithelial integrity



- Subclinical HSV-2 alters the immune environment
 - Density of CCR5⁺ CD4 T cells is increased at healed ulcer site, even after 20 weeks with no recurrence
 - Women with no prior symptoms have more CCR5⁺ CD4
 T cells in the cervix
 - Studies from our group have shown increased CD4 T cell density in the foreskin
 - Functional characteristics of these cells might also be altered

Hypothesis



Asymptomatic HSV-2 infection is associated with increased CD4 T cell CCR5 expression, enhanced inflammatory cytokine production, and more Th17 cells within the foreskin.

Study Population



- Rakai Heath Science Program- Uganda
 Site of one of three circumcision trials in 2004
 Currently circumcising ~80 men/week
- Enrolled 87 HIV negative men, 39 HSV-2 positive
 Confirmed to be HIV negative day of surgery
 HSV-2 serology by Kalon ELISA
 Previously validated in Rakai
 Median age = 35.2 years





- Foreskin and blood cells isolated from each patient
- Cells stimulated, permeabilized, and stained for surface markers and cytokine production
 - 1. HIV "Target" Cells
 - CD3/CD4/CCR5⁺
 - 2. Tregs
 - CD3/CD4/CD25/FoxP3⁺
 - 3. Th17 cells
 - CD3/CD4⁺ & producing IL17a
 - 4. CTL
 - \blacksquare CD3/CD8+ production of TNFa and/or IFN γ



CCR5 expression on CD4 T cells



△ HSV-2 Positive

Th17 and Tregs





△ HSV-2 Positive



Pro-Inflammatory Cytokines



△ HSV-2 Positive





- Major immune association of asymptomatic HSV-2 infection in the foreskin was increased CCR5 expression on CD4 T cells
 - In addition to increased density of CD4 T cells in the foreskin shown previously
- Compartmentalized increase of CCR5⁺ CD4 T cells in the foreskin may contribute to HSV-2 associated increases in HIV susceptibility, even in the absence of any clinical symptoms.

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Gating



