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▶ To cite this version:

Mickaël J.-Y. Ploquin, Béatrice Jacquelin, Simon P. Jochems, Françoise Barré-Sinoussi, Michaela Müller-Trutwin. Innate immunity in the control of HIV/AIDS.. AIDS. Official journal of the international AIDS Society, 2012, 26 (10), pp.1269-1279. 10.1097/QAD.0b013e328353e46b . pasteur-02017960

HAL Id: pasteur-02017960 https://pasteur.hal.science/pasteur-02017960

Submitted on 19 Feb 2019

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Innate immunity in the control of HIV/AIDS: recent advances and open questions

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Part I	648 words	
Part II	1 415 words	
Part III	764 words	
Conclusion	279 words	
TOTAL	3352 words	
Abstract	217 words	
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1 Abstract

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3 From the publication of the first AIDS issue onwards, major advances have been made 4 in the field of innate immunity during human immunodeficiency virus (HIV) infection. Innate 5 immunity can be defined as the first and unspecific lines of defense constitutively present and ready to be mobilized upon infection. Although a large body of literature adamantly 6 7 highlights that innate immunity is a critical weapon of defense against HIV and its simian 8 parents (SIV), innate immunity is still underexplored. Focusing on innate immunity may open 9 new paths for the development of innovative therapeutics and vaccine strategies against HIV. 10 Understanding innate immunity may shed light on the natural protection occurring in rare 11 HIV-1 infected individuals who control their infection. Recent discoveries illustrate the 12 diversity of innate key mechanisms that individuals and non-human primates can mount 13 against HIV-1/SIV. Innate immune defenses are composed of a multitude of molecular and cellular protagonists, including dendritic cells (DC), macrophages and natural killer cells 14 15 (NK), directed at halting viral intrusion. This objective is achieved with a variable degree of 16 success according to the genetic background of individuals. The responses can also have 17 detrimental effects such as amplification of inflammation and recruitment of HIV target cells. 18 This review focuses on innate mechanisms sensing HIV-1 entry, controlling HIV-1 infection, 19 promoting inflammation and innate mechanisms shaping adaptive immunity.

- 20
- 21 Key words: HIV, SIV, innate immunity, NK, DC, Interferon

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3 Since the beginning of the HIV pandemic, scientific attention has effortlessly been aiming at developing new affordable strategies to prevent HIV infection. Therefore the 4 5 identification of protective factors against HIV infection and/or disease is extremely 6 beneficial in deriving rational approaches for vaccines or therapeutics. However, the field is 7 still lacking knowledge regarding the immune correlates of protection, including the role of 8 innate immunity (Tab. 1). Rare individuals displaying spontaneous resistance to infection, i.e. 9 "exposed uninfected" (EU) [1] or to progression to AIDS, i.e. "long-term non-progressors" 10 (LTNP) and "elite controllers" (EC) [2, 3], can help identify and elucidate natural 11 mechanisms of protection. The majority of EC display robust anti-HIV-1-specific CD8+ T-12 cell responses. However, a large proportion of EC lack efficient T-cell responses [4] 13 suggesting that innate responses might be involved in HIV control in EC. Furthermore, some 14 African non-human primates naturally infected with SIV lack signs of generalized immune 15 activation and are AIDS resistant despite viremia as high as those observed in viremic patients 16 [5, 6] or in SIV-infected macaques. These simian models can provide, respectively, crucial 17 clues to understand innate mechanisms associated with resistance or susceptibility to disease 18 progression [7, 8]. Therefore, studying all these individuals and non-human primate models 19 sheds light on the role of innate immune responses, their complexity and their influence on 20 the control of and the outcome of HIV/SIV infections. This review will emphasize in 21 particular the role of dendritic cells and NK cells as examples of innate immune responses to HIV. 22

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Innate Immunity as a firewall sensing HIV-1 entry into host target cells (648 words)

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Recognition via TLR in plasmacytoid dendritic cells

4 During mucosal infections, HIV must breach the robust physical barrier formed by 5 epithelial cells to infect the deeply embedded CD4⁺ T-cells [9, 10]. On its way to the basal 6 epithelium, resident innate target cells such as dendritic cells (DC) can capture HIV-1 upon 7 gp120-CD4 interactions. These cells express PRR acting as viral sensors, notably the Toll-like 8 receptors (TLR) that "recognize" viral intrusion (Fig. 1). HIV-1 recognition by plasmacytoid 9 DC (pDC) is mediated mostly by TLR7, but also by TLR9 [11-13]. This recognition is 10 intracellular and requires virion endocytosis followed by trafficking to early endosomes [14]. 11 PDC can sense HIV-1-infected cells more efficiently than free virions [13, 15]. Increased 12 expression of TLR7/9 by pDC following pDC-epithelial cell interactions in vitro [16] 13 supports the concept that in vivo pDC may respond to infection to gain HIV-1 sensing 14 activity. Upon HIV-1-mediated TLR7 activation, pDC do not fully mature but upregulate 15 IRF7 expression and persistently become type I interferon (IFN-I)-producing cells [14]. IFN-I 16 is known to inhibit early stages of the HIV-1 replication cycle [17]. It seems counter intuitive 17 for HIV-1 to trigger a long-lasting IFN-I response as it could hinder its replication. However, 18 as we will discuss in further sections, HIV-1 tends to promote IFN-I and innate inflammatory 19 responses to recruit activated target cells leading to a local amplification of infection. HIV-1 20 is also capable of escaping IFN-I induced anti-viral activity.

Alternative sensors of HIV-1

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Additional sensors of HIV may be in place and remain to be clearly identified. Notably 2 3 activation of unknown innate sensor(s) was proposed in myeloid DC (mDC) upon viral 4 capsid-cyclophilin A interactions [18, 19]. Other, but yet unidentified, innate nucleic acid 5 sensors act in T cells and TREX1 has been shown to counteract their effects in HIV-1 6 infection [20, 21]. In vitro, epithelial-like cells can sense HIV-1 in an IRF3 dependent manner 7 [15] and secret chemokines in response to HIV to recruit DC [22]. At later stages of HIV/SIV 8 infections, pDC die by apoptosis [23] and seem to be no longer the major producers of IFN-I 9 [24]. Understanding HIV sensing mechanisms in DC is currently an important area of 10 research [19, 25].

11 Nod-like receptors (NLRs) have been proposed as an alternative to TLRs in other 12 infections [26, 27]. The NLR Family pyrin domain containing 3 (NALP3, also known as 13 NLRP3) has been recently proposed as a novel cytoplasmic sensor for cytidine-phosphate-14 guanosine DNA motifs present in bacteria and viruses and for viral ssRNA and dsRNA [26]. 15 NALP3 interacts with co-adaptor proteins to form molecular complexes known as 16 inflammasomes. The inflammasome triggering leads to the production of pro-inflammatory 17 interleukin (IL) such as IL-1ß and IL-18 [27]. The latter are released in substantial amounts during HIV/SIVmac infections [28-30]. Although no data clearly show that HIV-1 genetic 18 19 material can activate the inflammasome, polymorphisms in NALP3 and in IL1B are associated with a higher risk for HIV-1 infection [31, 32]. Inactivated HIV-1 also induces an 20 21 important NALP3 RNA expression within 4h in monocyte-derived DC accompanied by 22 increased release of IL-1 β [33]. Notably DC from HIV-1⁺ individuals, independent of the 23 presence of ART, failed to increase NALP3 expression due to already elevated basal 24 expression. This finding suggests a chronic state of activation of DC in HIV-1 infection [33]. 25 HIV/SIV transmission occurs at higher rates during co-infection, i.e. with HSV-2 [34].

More studies [34, 35] are required on the impact of such co-infections on the innate immune
 responses, i.e TLR, inflammasome triggering and consequences for adaptive responses
 controlling the outcome of HIV/SIV infections.

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In conclusion, DC are critical protagonists during the first steps of HIV-1 infection as they detect viral intrusion. More investigations are needed regarding the mechanisms of recognition, the role of sensors other than TLRs, and on the consequential processes following the sensing of HIV. These responses are important either to confine infection at the site of entry or to promote inflammation and viral dissemination.

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Innate immunity controlling HIV-1 infection and promoting viral dissemination (1 415
words)

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Intrinsic cellular hindrance of viral replication

Innate restriction factors, i.e. TRIM5α, APOBEC-3G or Tetherin, can inhibit HIV replication at different stages of the replication cycle [36]. While not generally considered part of the innate immune system, these intrinsic factors represent a natural activity against HIV infection. Nonetheless, several of them are produced by cells of the innate immune system and/or triggered by IFN-I which is released predominantly by pDC in the case of HIV, as described above.

SAMHD1 is the most recently discovered restriction factor with its activity
specifically confined to differentiated uncycling cells like macrophages and mDC [37, 38].
Polymorphisms in genes encoding for restriction factors such as APOBEC3G and TRIM5α
have been associated with the rate of disease progression [39]. In most cases, HIV-1 has
evolved to counteract these innate antiviral factors: the viral capsid for TRIM5α,

Vpu/Nef/Env for Tetherin, Vif for APOBEC3G and Vpx for SAMHD1 [25]. These instances
 of viral escape demonstrate that such restriction factors potentially are important components
 of defense.

4 More recently, evidence shows that EU have an unappreciated molecular mucosal 5 composition [40]. Characterization of cervical mucosa protein expression showed an over-6 abundance (>40%) of protease inhibitors, including Serpins, Cystatins, and A2ML1, amongst 7 360 unique proteins identified as compared to HIV-1⁺ controls. It is not known, however, if 8 these factors are causal for HIV-1- resistance, or merely associated with this phenotype [40]. 9 Previously described anti-HIV-1 factors, elevated in EU mucosal secretions, such as 10 RANTES [41], chemokines SLPI and MIP- α/β [42], and Elafin [43] have also been suggested 11 as correlates of resistance to HIV-1.

12 Additional intrinsic resistance of target cells, especially in macrophages, equally leads 13 to host hindrance of HIV-1 replication [44]. Macrophages are one of the HIV-1 cell targets 14 and may play a role in the reservoir and pathogenesis of HIV-1 infection. On one hand, 15 aggregation of activating immunoglobulin G Fc receptors by immune complexes inhibits 16 reverse transcript accumulation and integration of HIV-1 in macrophages via the induction of 17 the cyclin-dependent kinase inhibitor p21 (Cip1/WAF1) [45]. On the other hand, HIV-1 is 18 blocked in macrophages activated via TLR3, 4 or 8 ligands [46]. The TLR4-activated primary 19 macrophages were reported to down-regulate CCR5 expression and to acquire resistance to 20 R5 HIV-1 entry and replication [47]. This response might be important once the infection is 21 established and particularly during HIV-1-induced bacterial translocation. In vitro-derived 22 macrophages and CD4⁺ T-cells from EC individuals dramatically restrict HIV-1 replication 23 during reverse transcription in contrast to macrophages from HIV-1-seronegative donors [48]. 24 This reduced susceptibility to infection is not due to increased expression of the known innate

restriction factors (TRIM5α, APOBEC3G, Tetherin). Nevertheless, the degree of restriction
 observed *in vitro* correlated with the size of the viral reservoir *in vivo* [48].

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Control of HIV-1 infection by NK cells

5 Exposure to IFN-I and contact with activated DC producing IL-12 and IL-15 enhance 6 proliferation, IFN-y production, and cytotoxic activity of NK cells against infected cells [49-7 52]. NK cells in mucosa [53, 54] are among the first lines of defense against HIV-1-infected 8 cells. NK cell subset distribution is tissue-specific [55]. NK cells represent up to 70% of 9 leukocytes in the decidua [56] and may participate [57] along with local decidual soluble 10 factors [58] in the innate control of HIV-1 infection at the materno-foetal interface. During 11 HIV-1 infection, NK cells may control the virus, especially at the early stages of HIV-1 12 infection before adaptive immunity is initiated [59]. A balance between activating and 13 inhibitory signals explains the fine-tuning of NK cell activation [60, 61]. The expression of 14 NK cell surface receptors can be modified by specific cellular ligands expressed on HIV-1-15 infected cells. For instance, HIV-infected mDC lead to the down-regulation of CD85j expression on NK cells whereas CD85j⁺ NK cells highly protect mDC from HIV-1 infection 16 17 [62]. Association of KIR polymorphism with different outcome of HIV-1 infection [39, 60, 18 63] emphasizes the fundamental role of NK cells [64, 65]. In line with this, EU exhibit higher 19 ex vivo NK cell cytotoxic activity and cytokine production (IFNy) [66, 67]. This finding was 20 made in association with the expansion of particular NK cell subsets bearing a high 21 KIR3DS1/KIR3DL1 ratio, associated with down-regulated KIR3DL1 transcript levels, or an 22 enhanced NKG2C/NKG2A ratio.

HIV-1 seems to have the ability to escape from active NK cell immune surveillance by
adapting the Vpu-Env region to host KIR genotypes, especially *KIR2DL2* [68]. These "KIR

footprints" in Vpu-Env result in enhanced binding of inhibitory KIRs to HIV-1-infected CD4⁺
 T-cells *in vitro*.

During acute HIV-1 infection, cytotoxic CD56^{dim} NK cells preferentially expand 3 concomitantly with decreased numbers of cytokine producing CD56^{bright} NK cells [69]. In 4 5 addition, an expression of inhibitory receptors begins during primary infection [69-71] and is 6 maintained during the chronic phase in association with viremia and immune activation [72]. Chronic HIV-1 infection is associated with an expansion of the anergic CD56^{neg} NK cell 7 subset at the expense of both the CD56^{bright} and CD56^{dim} NK cells [73]. During progressive 8 9 HIV-1 infection NK cell mucosal distribution is altered [54]. In lymph nodes [14], acute HIV-10 1 infection does not change the numbers or distribution of NK cell subsets as compared to 11 healthy individuals [74], with KIR⁻ NK cells being the major NK cell subset. This finding is explained by a decreased capacity of KIR⁺ and KIR⁻ NK cells for homing to LN. 12 13 Nevertheless, LN KIR⁻ NK cells are highly activated and express TRAIL [74]. The decreased 14 homing capacity of cytotoxic KIR⁺ NK cells offers an additional opportunity for HIV-1 to 15 escape a control of viral replication and to establish long-term infection in LN [74]. It has been suggested that NK cells from EC or LTNP resist anergy [75]. However, EC NK cells are 16 less robust than CD8⁺ T-cell at killing autologous CD4⁺ T-cells and their role in regulating the 17 18 size of the reservoirs remains to be defined [76]. The existence of other innate cells with 19 increased cytotoxic activities such as DC in LTNP and EC is not excluded either [77, 78].

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Inflammation and viral dissemination

During viral infection, innate immunity is critical in limiting the size of the viral reservoir. However, innate responses may also amplify the viral reservoir instead of limiting viral spread by attracting new HIV target cells to the sites of infection. Upon HIV/SIV mucosal infection, amplification of viral replication within the site of entry is necessary

before dissemination to the LN [79]. Local inflammatory innate responses triggered upon 1 sensing of HIV-1 may be a prerequisite for establishment of these foci [79]. Cytokines and 2 3 chemokines released by innate immune cells, i.e. pDC, macrophages and NK cells can theoretically promote recruitment of other innate cells as well as activated CD4⁺ T cells [80]. 4 5 Thus, more target cells become available for infection. Of note, chemokines such as CXCL9/10 can also promote viral latency in resting CD4⁺ T-cells and thus enhance the 6 7 establishment of viral reservoirs capable to escape immunosurveillance [81]. The cytokine 8 storm is produced very early after HIV-1 infection [30, 82]. PDC may contribute to this early 9 cytokine storm [83]. As soon as a few hours post-infection they are attracted to the 10 submucosae and have been shown to be hyperfunctional during the early stages of primary 11 infection and to produce high levels of IFN-I and other cytokines [84, 85].

12 IFN-I priming leads to ISG (Interferon-stimulated gene) expression, including 13 chemokines, i.e. CXCL9/10/11, which could further amplify recruitment of cells to sites of 14 infection. Chronic responsiveness to IFN-I has also been suggested to account for the loss of 15 IL-17 immunity [86, 87]. To date, IFN-I and ISG expression is considered one of the best 16 inflammatory markers associated with HIV-1 pathogenesis [7, 88]. In line with this, natural 17 SIV infections lack chronic ISG expression in all compartments in contrast to SIVmac 18 infection [7, 89]. This characteristic may result from an efficient down-regulation of 19 inflammation by the end of the acute infection in the natural hosts [90]. It is unclear however 20 so far to what extent IFN-I and ISG expressions contribute directly to generalized immune 21 activation or only represent excellent surrogate markers of inflammation.

In the future, the earliest innate responses that result either in early containment of viral replication or in harmful inflammation with viral dissemination and the mechanisms that tip this balance have to be addressed (Fig. 2). Macrophages were extensively studied in the early days of HIV research. Nevertheless, the role of HIV-macrophage in this balance should

be revisited in view of the latest findings on the early events of HIV infection. A major
contribution in inflammatory processes by other innate immune cells, i.e. neutrophils, is not
excluded and remains to be explored.

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5 Innate immunity and its modulatory role in shaping adaptive immunity (764 words)

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HIV-1 infection modulates the NK/DC cross-talk

8 In the majority of HIV-1+ individuals, the rate of disease progression depends on the 9 host capacity to mount efficient adaptive immune responses. This is well-achieved in the rare 10 EC who exhibit robust CD8+ T cell responses [2, 3, 91]. DC equipped with the full antigen 11 presentation machinery are necessary in shaping T-cell responses. MDC are not directly 12 activated by HIV, but the IFN-I and TNF- α released by pDC induce bystander maturation of 13 mDC [92, 93]. Circulating mDC from EC display increased antigen-presenting properties and 14 release less inflammatory cytokines with regard to HIV-1⁺ progressors [94]. The latter exhibit 15 numerical and functional DC deficiencies reviewed in [92, 95].

16 Activated NK cells may indirectly help to prime T cell responses by secreting cytokines, such as interferon- γ (IFN- γ), which promote the differentiation of activated CD4⁺ 17 T cells into Th1 effector cells [80]. DC and NK cells are both present in sites of infection and 18 19 inflammation [53, 54, 74]. NK/DC interactions were found to be a critical checkpoint in 20 shaping the adaptive immune response [92] that ensures an optimization of the DC 21 differentiation process. At high NK/DC ratios, interactions lead to the killing of immature DC (iDC), through engagement of the activating receptor NKp30, so only the mature DC survive 22 23 and migrate to inductive sites to fully present HIV-1 antigens and license T-cells. Conversely, 24 at low NK/DC ratios, DC activate NK cells.

1 The NK/DC cross-talk during HIV-1 infection remains to be further explored. HIV-1 2 infection of DC may interfere with their ability to prime the appropriate NK cell response 3 [65]. HIV-1 Vpr hinders pDC production of IFN-I and IFN-γ production by NK cells upon 4 NK/pDC interaction [96]. Furthermore, NK cells from viremic patients show a decreased 5 ability to kill iDC [97, 98]. The defect is associated with an increase in the proportion of rare CD56⁻ NK cells with impaired NKp30 function during acute HIV-1 infection, early depletion 6 of CD56^{bright} NK cells as discussed above and an upregulation of the high mobility group box 7 8 1 protein (HMGB1) [98, 99].

9 Interestingly, a recent report shows that the strength of the NK/DC cross-talk is greater 10 in EU [100]. Activated NK cells from these individuals exhibit a higher ability to eliminate 11 autologous iDCs. In turn, iDCs from these individuals produced more IL-12, which may 12 positively feedback the robust NK cell activity [101]. Also iDCs from EU enhance NK cell 13 activity (degranulation and IFN- γ production) in comparison to that observed with HIV-1⁻ or 14 other HIV-1⁺ individuals [100, 102]. This increased NK cell ability was not associated with 15 higher expression of NKp30 or other NK cell surface receptors, nor with a peculiar expression 16 of MHC class I molecules [100].

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Protective coordination of NK and CD8⁺ T-cell responses during HIV-1 infection?

Dynamics of NK and HIV-1-specific CD8⁺ T-cells have previously been characterized [59]. NK cell responses start very early during acute HIV-1 infection and are dramatically elevated, when HIV-1-specific CD8⁺ T-cell responses are still absent or weak, and then decline after the emergence of HIV-specific CD8⁺ T-cells. In contrast, both NK and CD8⁺ Tcell populations are substantially expanded during rebound of viral replication after ART interruption in chronic HIV-1 infection [59].

1 Growing evidence from studies in mice reveal an unappreciated role of NK cells as 2 rheostat [103-105] (or competitor) of T-cell responses. NK cell depletion improves memory 3 CD8⁺ T-cell formation [106]. Of note, NK cells negatively affect both CD4⁺ and CD8⁺ T-cell expansion and effector functions during MCMV infection whose clearance depends mainly 4 5 on NK cells [104]. In contrast, during LCMV infection in which CD4⁺ and CD8⁺ T-cells are 6 required for immune control, the presence of NK cells inhibits virus-specific poly-functional 7 T-cells [103, 105]. They therefore negatively impact the efficiency of viral clearance by 8 directly suppressing activated CD4⁺ T-cells [105]. During the natural course of HIV-1 9 infection, to achieve a minimal size of viral reservoirs, NK and virus-specific CD8⁺ T-cells 10 must cooperate in a timely manner. This coordination between NK and T-cell responses might 11 be compromised during chronic HIV infection. Paradoxically and interestingly with respect to 12 NK cell-mediated killing of activated CD4⁺ HIV infection. T-cells prevents 13 immunopathology and mortality in the LCMV infection model [105].

Despite the lack of knowledge regarding ways to trigger a potential (and still debatable) specific memory NK cell response [107, 108], it is time now for rational approaches focusing on NK cells in HIV vaccine research. The observations from mice studies raise exciting questions for the control of HIV-1 infection and disease progression. The EU and the EC individuals could reflect the different strength in NK cell activity and NK/DC cross-talk (see model Fig. 3).

20

21 **Concluding remarks** (279 words)

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HIV is capable of breaching the first lines of mucosal defense to gain access to its preferred targets: activated CD4⁺ T-cells. Innate immunity is an organized network of cells and signals that HIV dismantles, progressively and thoroughly. Innate immune responses triggered upon viral entry and sensing have a long-term impact for the outcome of HIV-1 infection. In some conditions, they promote adaptive immune responses and are associated with efficient confinement of viral replication. In others, they can help establish viral reservoirs and promote viral dissemination or chronic inflammation and thus progression to AIDS. Therefore, innate inflammatory responses appear to be a two-edged sword in HIV infection.

7 Understanding which early viral-host interactions lead to the establishment of chronic 8 HIV infection remains an indispensable enterprise. Amongst numerous compelling questions, 9 knowledge on the fate and location of the virus within these first days and subsequent 10 regulation of inflammation/dissemination is required. SIV⁺ macaque models and natural hosts 11 will provide further insights on the early protective mechanisms of control of inflammation in 12 mucosa and in lymphoid organs. Among the many actors of the innate immune system, we 13 focused here on the role of DC and NK cells. As we discussed, the critical impact of NK/DC 14 interactions on the adaptive immunity, their responsiveness to the cytokine milieu (IFN-I, 15 chemokines, other innate soluble factors) and to the mucosal environment (epithelial cells, 16 neutrophils, innate lymphocytes) is also a missing piece in the puzzle. Eventually, pursuing 17 the identification of specific viral determinants, which interact with these innate cell 18 participants and their specific signaling pathways, is a mandatory prerequisite. Understanding 19 these parameters and interactions can be selectively exploited in future rational approaches 20 for efficient vaccine designs and therapeutic interventions.

1 Acknowledgements

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The authors are grateful to Elisabeth Menu and Olivier Rescaniere for critical reading of this manuscript. Studies from FBS' laboratory referred in this manuscript are supported by ANRS ("Agence Nationale de la Recherche sur le Sida et les hépatites virales"), SIDACTION and AREVA foundation.

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Table 1. Components of the innate immune system

COMPONENTS OF THE INNATE IMMUNE SYSTEM	ROLE	
	Noll	
Mast cells	Release of chemokines / Cell recruitment	
Phagocytic cells		
monocytes / macrophages	Microbial clearance / Antigen presentation / Cell recruitment	
dendritic cells (including Langerhans cells, interstitial dendritic cells, myeloid and plasmacytoid dendritic cells)	Antigen presentation / Regulation of adaptive immunity	
Granulocytes		
eosinophils	Killing of invading pathogens	
basophils	Histamine release / Cell recruitment	
neutrophils	Microbial clearance	
NK cells	Elimination of infected cells	
NKT cells	At the interface between innate and adaptive	
γδ T cells	immunity / Cytokine production	
Soluble factors		
Antimicrobial peptides	_	
LL-37		
defensins		
Lactoferrin	Inactivation / Direct killing of microbes	
Lysozyme		
Interferons		
	Inactivation of microbes / Activation of	
Complement	adaptive immunity / Recruitment of phagocytic	
	cells	
Chemokines	Attraction of cells	
Cytokines	Cell signaling	

- 1 Figure legends
- 2

3 Figure 1. Inflammatory innate responses are a two-edged sword. Early innate events 4 either preventing viral replication (displayed in blue) or promoting viral amplification and 5 inflammation (displayed in red) are shown here. They may occur simultaneously in vivo and 6 the balance of these events may determine the efficiency of viral confinement at the site of 7 entry or viral spread to lymphoid organs. Upon viral entry, either as free virions or as 8 infected-carrier cells, HIV-1 has to breach the first lines of innate immunodefense to reach its preferred target cells: activated CD4⁺ T-cells. Upon capture by plasmacytoid dendritic cells 9 10 (pDC), HIV-1 triggers inflammatory cytokines and chemokines and thereby the recruitment 11 of new target cells (activated CD4⁺ T-cells, DC) at the site of entry. Activated CD4⁺ T-cells are the highest producers of HIV locally and lead to the emergence of foci. Among 12 13 inflammatory cytokines and chemokines released by DC, type I IFN (IFN-I) and TNF-a 14 enhance mDC maturation and increase their homing capacity to lymphoid organs. The latter 15 may thus promotes HIV-1 dissemination to lymphoid organs. Additionally, strong and harmful inflammation triggers anti-inflammatory cytokine production, i.e. IL-10, TGF-β in an 16 17 unsuccessful attempt to suppress inflammation. These detrimental side effects of the innate 18 response are counterbalanced by the capacity of innate immunity to confine HIV replication. 19 Indeed, activated DC can lead to NK cell activation to ensure killing of virus-infected cells. 20 The discovery of innate restrictions factors, intrinsic hindrance of HIV-1 replication in target 21 cells in EC as well as the peculiar composition of mucosal secretions in EU individuals 22 emphasizes the protective role of innate immunity.

1 Figure 2. Early innate events are determinant for the degree of viral dissemination.

HIV-1 triggers innate inflammatory responses leading to confinement of infection at the site
of entry (in blue) *versus* deleterious inflammation promoting viral dissemination (in red).
Understanding the precise signals that tip this balance may help to control the size of viral
reservoirs.

6

7 Figure 3. Different strength in NK/DC cross-talk and shaping of T-cell responses: 8 possible consequences for the outcome of HIV-1 infection. A. In our model, EU individuals 9 are characterized by the most intense NK/DC cross-talk: NK cells display ex vivo higher 10 cytotoxic capacity against infected cells and DC. In turn, DC enhance NK cell activation. 11 Hypothetically, this could result in robust confinement of HIV-1 infection at the site of 12 exposure and in the prevention of viral dissemination. Killing of DC may explain poor T-cell 13 responses [109, 110]. In EU, NK cells could be the genuine "viral controllers". B. EC and 14 LTNP individuals exhibit anergy-resistant NK cells with milder cytotoxic activity than CD8⁺ 15 T-cells. The latter are easily detected at least in blood and might be accountable for control of 16 viral reservoirs [4]. DC from EC have increased antigen-presenting properties and diminished 17 propensity to release pro-inflammatory cytokines [94]. Appropriate DC maturation and 18 migration to lymphoid organs trigger protective T-cell responses. Hypothetically, the NK/DC 19 cross-talk in those individuals is balanced and leads to a healthy and protective cooperation 20 between innate and adaptive immune responses. In addition, in EU and EC, appropriate NK 21 cell cytotoxic activity might prevent the accumulation of unwanted activated CD4⁺ T-cells. C. 22 A loss of appropriate NK/DC cross-talk might contribute to progressive HIV-1 infection. 23 Expansion of unwanted NK cell subsets may explain this different NK/DC crosstalk. This 24 would result in amplified inflammation at the site of entry as well as in lymphoid tissues and to the lack of appropriate killing of DC. The latter disseminate HIV-1 and license T-cell 25

responses, which become exhausted as infection remains uncontrolled and chronic. This
exhausted T-cell responses might as well come from licensing DC with functional aberrations
due to inappropriate NK/DC cross-talk. Ultimately, these disorganized innate events
contribute to a deleterious state of generalized immune activation and to progression to AIDS.



Exposed&ininfected?& HIV*1+&lite&ontrollers?&

 Control of Inflammation
 Viral restriction
 Robust NK activity from appropriate NK subsets
 Killing of infected cells
 Confinement of infection

viral&eservoirs&&&&&

HIV*1+&rogressors&&

 Inflammation,
 Recruitment of target cells
 Numerical and functional aberration of NK/DC
 Amplified local viral infection
 Migration of infected cells to lymphoid organs
 Chronic T-cell activation
 viral&servoirs& & & +*

