

# CHARACTERIZATION OF THE INFLAMMATORY CYTOKINE PROFILE AND LATENT HIV RESERVOIR IN EARLY TREATED AND LONG-TERM SUPPRESSED HIV INFECTED CHILDREN – THE EMERGING INSIGHTS INTO HIV PERSISTENCE

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## Background

Knowledge of immunological mechanisms contributing to HIV persistence in early treated children is limited. It is unknown whether the few HIV infected cells that persist on long-term ART harbor proviruses capable of infectious virion production. This study compared inflammatory cytokine levels in virologically suppressed children soon after therapy initiation and at 7-8 years. The frequency of inducible HIV from CD4+ T lymphocytes were also determined.

## Methods

Twenty-six cytokines were measured by multiplex-assays in plasma samples at baseline (6 months) and 7-8 years. Samples originated from the CHER trial and included three study arms (Arm 1: delayed therapy; Arms 2 and 3: early therapy until interruption at 40 and 96 weeks). Children began ART at <1 year of age and sustained viral suppression at 7-8 years. A subset of participants was also tested for total HIV-1 DNA using qPCR targeting a conserved region in HIV *integrase*. Total inducible virus recovery (TVR) assays were performed on purified CD4+ T cells stimulated with PMA and ionomycin. Virus outgrowth assays (VOA) were also performed on purified CD4+ T cells, activated with phytohemagglutinin and co-cultured with irradiated HIV-1 negative feeder cells and CD8-depleted blasts. HIV-1 RNA was measured in culture supernatants using a quantitative HIV-1 PCR assay targeting *integrase* (iSCA) with single-copy sensitivity. VOA supernatants were assayed for p24 antigen by EIA.

## Results

Thirty-eight samples were evaluated for cytokine expression. The median baseline viral load at ART initiation was 738,500.5 copies/ml (range: 399–750001 copies/ml). The median CD4 percentage at baseline and follow-up were 36.9% (range: 23.1-57.1%) and 37.5% (range: 27-47%) respectively. In Arm 1, significantly higher levels of INF- $\gamma$  ( $P = 0.0117$ ), IL-17A, TNF- $\alpha$ , RANTES (all  $P = 0.0039$ ) and G-CSF ( $P = 0.0078$ ) were observed at baseline. A significant increase in cytokine expression was observed for IL-13, IL-4 ( $P = 0.0156$ ), VEGF, MCP-1, and PDGF-BB (all  $P = 0.0039$ ) at follow-up. Arm 2 showed highly significant elevations at follow-up for IL-13 ( $P = 0.0005$ ), VEGF ( $P < 0.0001$ ), FGF-basic ( $P < 0.0001$ ), MCP-1 ( $P < 0.001$ ), and PDGF-BB ( $P < 0.0001$ ). Similar trends were noted for Arm 3. In 23 children assessed for HIV-1 DNA at follow-up, a median of 32.5 copies/million cells (range: 0–247.6) was observed.

TVR and VOA were implemented on 10 PBMC (6 females, 4 males) at 7-8 years of age. Five participants had pre-ART HIV RNA >750,000 copies/ml and 5 had a median pre-ART HIV RNA of 635,000 copies/ml. The median CD4 percentage at 7-8 years was 39%. Median cell associated HIV-1 DNA was 38 copies per million cells (range: 4.5-186). Two of 10 children had inducible HIV-1 RNA by TVR assay detected by iSCA at 2267 and 24 copies/ml. All VOA supernatants collected were negative for p24 antigen, but 4 participants had detectable HIV-1 RNA (range: 9-697 copies/ml).

**Conclusion**

Despite the low level of cell-associated DNA detected, children initiated on ART early showed an increase in chronic inflammatory disease-associated cytokine expression following 7-8 years on suppressive therapy. Although infectious virus could not be readily isolated in viral outgrowth assays, inducible virion production was detected in 4 of 10 children using a highly sensitive HIV-1 RNA assay.