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## T cell immunity in HSV-1- and VZV-infected neural ganglia

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### 21 **Abstract**

22 Herpesviruses hijack the major histocompatibility complex class I (MHC I) and class II (MHC  
23 II) antigen presentation pathways to manipulate immune recognition by T cells. First, we  
24 illustrate herpes simplex virus-1 (HSV-1) and varicella-zoster virus (VZV) MHC immune  
25 evasion strategies. Next, we describe MHC - T cell interactions in HSV-1- and VZV- infected  
26 neural ganglia. Although studies on the topic are scarce and use different models, most reports  
27 indicate that neuronal HSV-1 infection is mainly controlled by CD8+ T cells through non-  
28 cytolytic mechanisms, whereas VZV seems to be largely controlled through CD4+ T cell-  
29 specific immune responses. Autologous human stem cell-derived *in vitro* models could

30 substantially aid in elucidating these neuro-immune interactions and are fit for studies on both  
31 herpesviruses.

32 **Keywords:** T cell, MHC, nervous system, varicella-zoster virus, herpes simplex virus-1,  
33 immune evasion.

## 34 **Highlights**

- 35 - Herpesviruses exert a multitude of MHC I and MHC II immune evasion strategies to  
36 establish persistent infections. A newly described mechanism involves epitope evasion  
37 through depletion of high-affinity peptides that fit into the MHC I binding cleft.
- 38 - MHC I and MHC II molecules are also expressed in the ‘immune-privileged’ nervous  
39 system.
- 40 - T cell immunity plays an active but not fully understood role in the nervous system to  
41 prevent HSV-1 and VZV reactivation.
- 42 - CD8<sup>+</sup> T cells can control viral infection without causing neuronal cell death via (i) non-  
43 lytic cytokines such as IFN- $\gamma$  and/or (ii) via lytic granules such as granzyme B that  
44 degrade specific viral proteins.
- 45 - Neuronal HSV-1 infection seems to be mainly controlled by CD8<sup>+</sup> T cells through non-  
46 cytolytic mechanisms, while VZV seems to be largely controlled through CD4<sup>+</sup> T cell-  
47 specific immune responses.

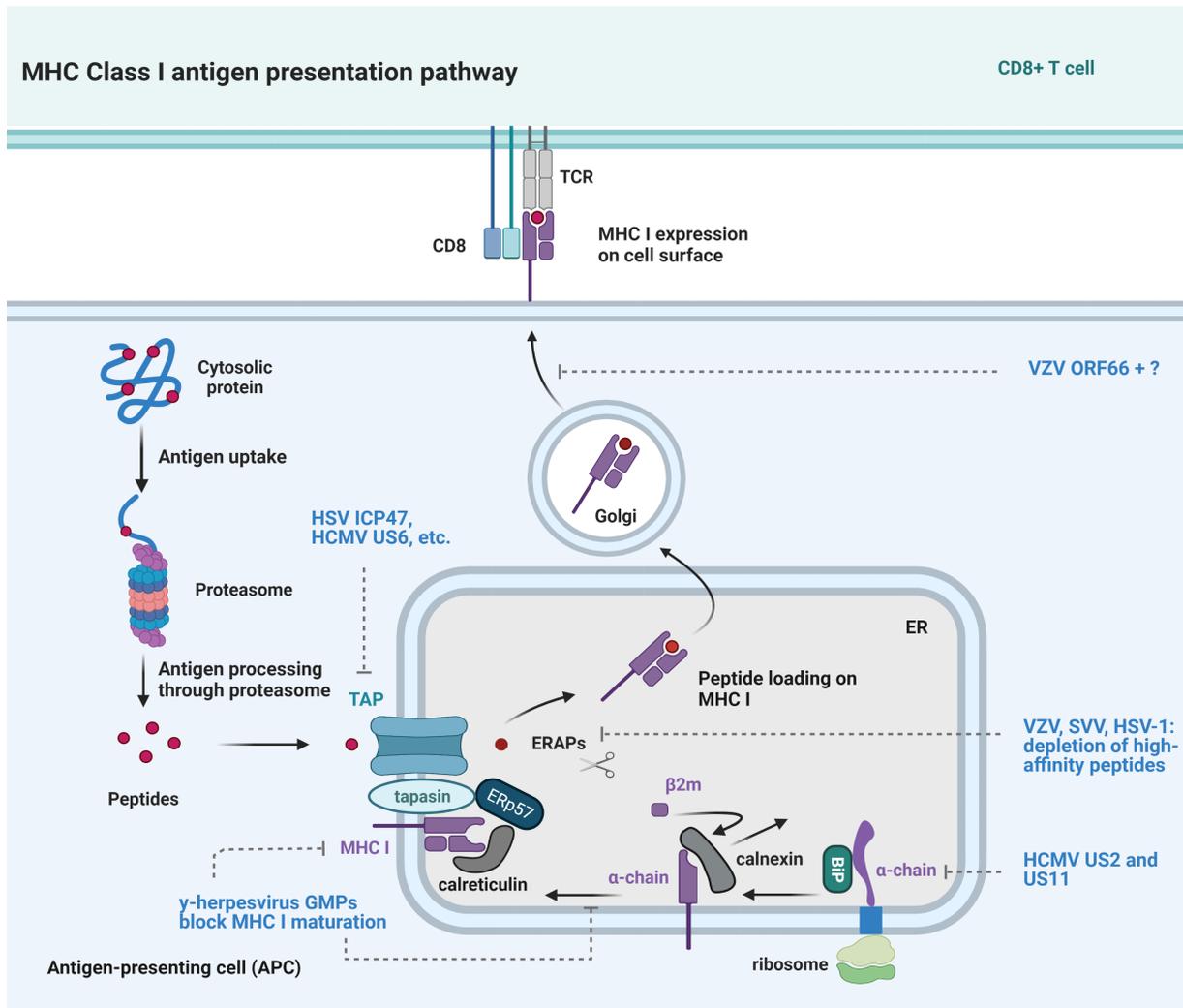
## 48 **MHC class I and class II antigen presentation pathway and** 49 **herpesvirus immune evasion strategies**

50 Herpesviruses have co-evolved with humans and can persist in humans by harnessing various  
51 strategies to circumvent both the innate and adaptive immune system. General herpes simplex  
52 virus-1 (HSV-1) and varicella-zoster virus (VZV) immune evasion strategies are reviewed in  
53 Amin et al. 2019 [1] and Abendroth et al. 2010 [2], respectively. We here focus on modulation  
54 of the major histocompatibility class I (MHC I) and class II (MHC II) antigen presentation  
55 pathway as an immune evasion strategy. In general, endogenous epitopes are presented by  
56 MHC class I molecules and exogenous epitopes are presented by MHC class II molecules.

57 **Cytoplasmic proteins**, including viral proteins, are processed by the **MHC class I antigen**  
58 **presentation pathway** (Figure 1).

59 Hijacking the transporter associated with antigen presentation (TAP) to avoid recognition by  
60 the adaptive immune system is frequently done by viruses, especially herpesviruses [3, 4]. For  
61 instance, HSV ICP47 cytoplasmic protein binds to TAP and prevents the transfer of viral  
62 peptides into the endoplasmic reticulum (ER), and as such also the loading onto MHC I (Figure  
63 1) [4-7]. Human cytomegalovirus (HCMV) US6 impairs TAP function by interfering with ATP  
64 binding to the transporter (Figure 1) [4, 8]. Although VZV UL49.5 protein interacts with TAP,  
65 it does not block its function and has no effect on antigen recognition by human leukocyte  
66 antigen (HLA)-A1 and HLA-A2 restricted cytotoxic T lymphocyte (CTL) clones [9]. This is in  
67 agreement with the observation that MHC I is retained in the Golgi apparatus of VZV-infected  
68 cells and not in the ER where TAP plays its active role [10]. Interestingly, VZV ORF66 protein  
69 kinase activity is, at least partially, responsible for the accumulation of MHC I in the Golgi  
70 apparatus [11]. It is plausible that the VZV ORF66 protein interacts with another yet-to-be-  
71 identified protein at the stage of vesicle egress from the Golgi apparatus, or with the VZV  
72 UL49.5 protein (Figure 1). Furthermore, HCMV US2 and US11 can downregulate MHC I  
73 expression by enhancing the degradation of ER-localized MHC I heavy  $\alpha$ -chain (Figure 1) [4].  
74 In addition,  $\gamma$ -herpesviruses genome maintenance proteins (GMPs) inhibit their own  
75 presentation on MHC I molecules during latency, a strategy called *cis*-acting immune evasion  
76 [12]. GMPs target many different steps in the MHC I antigen peptide presentation pathway all  
77 in the early stages of MHC I maturation (Figure 1) [12]. Finally, recent data showed that  
78 herpesviruses have evolved yet another MHC I immune evasion strategy: epitope evasion  
79 through depletion of high-affinity peptides that fit into the MHC I binding cleft (Figure 1) [13].  
80 Computational enrichment analyses to determine proteins that are depleted across the 30 most  
81 common human HLA-I genes showed that protein products of VZV ORFs 4, 9, 32, 61, 62, and  
82 63 are significantly depleted in the number of high-affinity peptides across many alleles,  
83 independently of the VZV strain used [13]. Interestingly, four of these proteins: ORFs 4, 61,  
84 62, and 63 are transcriptional regulators, important in the early stages of infection and  
85 reactivation [14-19]. Indeed, by delaying detection to later stages of infection, the virus prevents  
86 early immune-induced destruction of a host cell and increases the probability of budding [13].  
87 To illustrate clinical relevance: HLA-A molecules with poor VZV IE62 presentation  
88 capabilities were found to be more common in a cohort with a herpes zoster history as compared  
89 to a nationwide control group, and this tendency was most pronounced for herpes zoster cases  
90 at a young age where other risk factors are less prevalent [20]. In addition, post-herpetic  
91 neuralgia, the most common complication of herpes zoster, is also associated with certain HLA  
92 alleles [21-23]. Of note, in simian varicella virus (SVV), the closest but non-human VZV

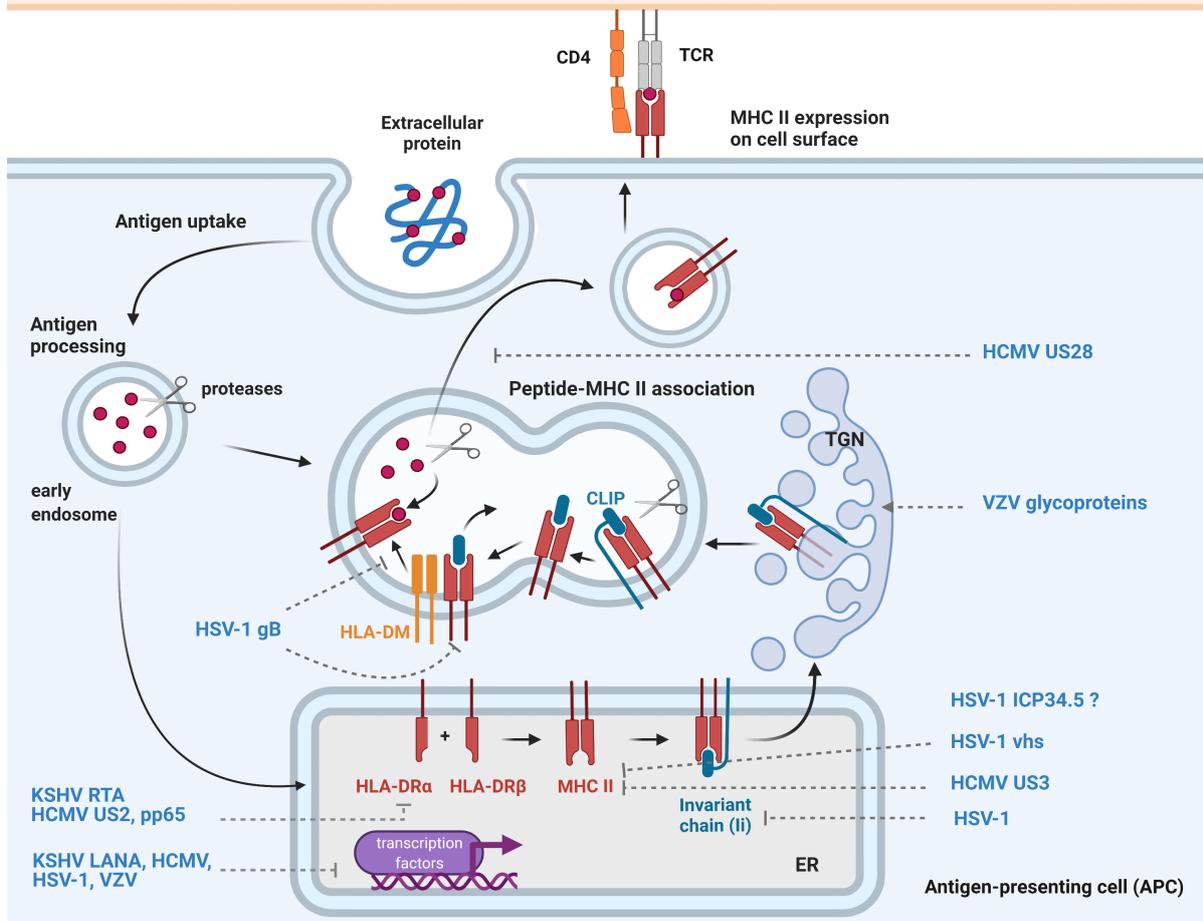
93 analog, ORFs 9, 61, 62, and 63 were found to be depleted too [13]. Furthermore, the homolog  
 94 of VZV ORF62, HSV1 protein RS1 also showed depletion [13].



95  
 96 **Figure 1: Herpesvirus strategies to modulate MHC class I antigen presentation**  
 97 Cytoplasmic proteins are processed by the proteasome. The resulting peptides are transported  
 98 into the ER lumen by TAP and can be further trimmed by endoplasmic reticulum  
 99 aminopeptidases (ERAPs). MHC I heavy  $\alpha$ -chain associates with binding immunoglobulin  
 100 protein (BiP) and next with calnexin.  $\beta$ 2-microglobulin ( $\beta$ 2m) assembles with the heavy  $\alpha$ -chain  
 101 to form the MHC I dimer. Calnexin is being exchanged for calreticulin. The MHC I-calreticulin  
 102 complex associates with TAP/Tapasin-ERp57. The peptide is loaded onto the MHC I complex  
 103 with concurrent dissociation of the TAP/Tapasin-ERp57. Finally, the MHC I – peptide complex  
 104 is transported to the cell surface through the Golgi apparatus where it can be recognized by  
 105 CD8+ T cells [24, 25]. Dashed lines indicate the stages where herpesviruses interfere with the  
 106 MHC class I antigen presentation pathway.

107 **Endosomal and lysosomal viral proteins**, typically ingested by antigen-presenting cells  
108 (APC), are processed by the **MHC class II antigen presentation pathway** (Figure 2).  
109 However, viral proteins normally found in the cytoplasm and exocytic compartments can also  
110 be efficiently presented by MHC II proteins [26, 27]. For instance, MHC II presentation of  
111 cytosolic antigens HCMV immediate early protein 1 (IE1) [28] and Epstein-Barr nuclear  
112 antigen 1 (EBNA1) [29, 30] was reported. Moreover, the autophagy pathway can serve as an  
113 additional entry route for presentation by MHC II, as illustrated by EBNA1 [31].  
114 MHC class II immunoevasins have been detected for all members of the herpesvirus family.  
115 They are presumed to be primarily expressed during the lytic cycle when virus particles can be  
116 transmitted to other hosts, rather than during latency when protein expression is already tightly  
117 contained [27, 32]. The MHC class II transactivator (CIITA) is the master regulator of MHC  
118 class II expression and is regulated by IFN- $\gamma$  signaling through the JAK/STAT pathway [26,  
119 27]. Several herpesviruses target **transcription factors upstream of CIITA**. For instance,  
120 Kaposi Sarcoma Herpesvirus (KSHV)-encoded latency-associated nuclear antigen (LANA) can  
121 downregulate CIITA transcription by reducing the transcriptional activity of CIITA promoters  
122 PIII and PIV (Figure 2) [33]. LANA can also bind RFX proteins which prevents the association  
123 of CIITA with the MHC II promoters, leading to an even greater MHC II downregulation [34].  
124 Furthermore, HCMV can induce enhanced proteasomal degradation of JAK1, leading to MHC  
125 II downregulation (Figure 2) [35]. Similarly, HSV-1 can target STAT1 and STAT2 [27], and  
126 VZV can target STAT1 $\alpha$  and JAK2, thereby blocking downstream transcription of IFN  
127 regulatory factor 1 (IRF1) and CIITA, resulting in downregulation of MHC II expression  
128 (Figure 2) [36]. Moreover, VZV can inhibit IFN- $\gamma$  induction of MHC II cell surface expression,  
129 which may transiently protect cells from CD4 $^{+}$  T cell immune surveillance [36]. HCMV, HSV-  
130 1 and VZV genes involved in targeting the transcriptional factors in the JAK/STAT pathway  
131 remain to be elucidated [27]. Herpesviruses also interfere with MHC II expression post-  
132 translationally at different stages of **MHC II assembly and trafficking to the cell surface**. For  
133 instance, KSHV replication and transcription activator (RTA) protein, an important regulator  
134 of the viral life cycle, can downregulate MHC II expression directly through redirection of  
135 HLA-DR $\alpha$  to a proteasomal degradation pathway and indirectly by enhancing the expression  
136 of MARCH8 which results in downregulation of its substrate HLA-DR $\alpha$  (Figure 2) [37].  
137 Furthermore, three HCMV-encoded proteins, HCMV US2, US3, and pp65, downregulate MHC  
138 II expression during lytic infection and act at different stages of assembly and trafficking.  
139 HCMV US2 can induce rapid proteasomal degradation of MHC II heavy chains. HCMV US3  
140 can bind MHC II  $\alpha\beta$  complexes leading to mislocalization, and HCMV pp65 can traffic MHC

141 II complexes into perinuclear lysosomes where the HLA-DR $\alpha$  chain is degraded (Figure 2) [27,  
142 38, 39]. During HCMV latency, MHC II expression is downregulated via retention of HLA-  
143 DR within cytoplasmic vesicles that also contain HLA-DM [40]. This mechanism is attributed  
144 to the HCMV US28 protein (Figure 2) [41]. Alpha-herpesviruses also interfere post-  
145 translationally with MHC II expression. For instance, HSV-1 infection strongly reduces the  
146 expression of the invariant chain (Ii) in B lymphoblastoid cells, impairing the formation of  
147 stable MHC II-peptide complexes (Figure 2) [42]. In addition, HSV-1 viral envelope  
148 glycoprotein B (gB) can bind to HLA-DR which leads to competition with viral peptides for  
149 binding to Ii (Figure 2) [43]. HSV-1 gB can also associate with HLA-DM molecules (Figure  
150 2). These three mechanisms ultimately serve to inhibit MHC II cell surface expression and  
151 antigen presentation [42]. Moreover, the HSV-1 host shutoff (*vhs*) protein, encoded by the UL41  
152 gene, and the infected cell protein 34.5 (ICP34.5), encoded by the  $\gamma_1$ 34.5 gene, can block  
153 antigen capturing and transport of MHC II proteins to the cell surface leading to decreased  
154 MHC II expression on glioblastoma cells [44]. The *vhs* protein acts early in infection to block  
155 the *de novo* synthesis of MHC II proteins, whilst the ICP34.5 protein acts later in the infection  
156 cycle through a yet-to-be-elucidated mechanism (Figure 2) [44]. It is unlikely that VZV  
157 interferes at the stage of MHC II transport to the cell surface since experimental MHC II  
158 upregulation on fibroblasts, through IFN- $\gamma$  stimulation, is not reversed by VZV infection. For  
159 VZV to be able to persist latently in the host, transient downregulation of MHC II cell surface  
160 expression is indeed favored over a prolonged blocking through multiple mechanisms which  
161 would completely circumvent CD4<sup>+</sup> T cell immune surveillance and lead to a productive  
162 infection [36]. Remarkably, herpesviruses' final replication stages occur in endosomal  
163 compartments containing proteins for virion assembly. VZV acquires its viral glycoproteins  
164 through vesicles derived from the TGN. These proteins can directly be processed for  
165 presentation by MHC II molecules on APC instead of being used for viral assembly [26, 45].  
166 Whether this is a viral strategy to limit viral spread in favor of the establishment of latency  
167 remains to be elucidated.



168

169 **Figure 2: Herpesvirus strategies to modulate MHC class II antigen presentation**

170 Endosomal or lysosomal viral proteins are first degraded into peptides within their acidic  
 171 vesicles. Meanwhile, in the ER newly synthesized class II  $\alpha$  and  $\beta$  chains associate with the  
 172 invariant chain (Ii). These complexes are directed to the trans-Golgi network (TGN) and  
 173 subsequently to the vesicles containing the peptides to be presented. The class II invariant light  
 174 chain peptide (CLIP) that occupies the peptide-binding cleft is exchanged for the antigen, a  
 175 process facilitated by an important accessory protein HLA-DM. Finally, the MHC class II –  
 176 peptide complex is transported to the cell surface for antigen presentation to CD4+ T cells [27,  
 177 46]. Dashed lines (blockade) and arrows (entry route) indicate the stages where herpesviruses  
 178 interfere with the MHC class II antigen presentation pathway.

179 **MHC class I - CD8+ T cell interactions in HSV-1- and VZV-**  
180 **infected ganglia**

181 Although MHC class I molecules are expressed at the surface of almost all nucleated cells, their  
182 expression levels may strongly vary depending on cell type and conditions [47]. Initially, it was  
183 generally accepted that neural cells, in an immune-privileged site, do not express MHC I at their  
184 surface. This concept has been increasingly challenged as MHC I expression may be  
185 upregulated on neurons during neuronal HSV-1 and/or VZV infection. Yet, this is not without  
186 risk as MHC I expression would make infected neurons susceptible to CD8+ T cell killing and  
187 as such - as neurons are non-renewable - would potentiate loss of local neuronal network  
188 integrity. Nevertheless, besides **cytolytic mechanisms**, CD8+ T cells can also exert **non-**  
189 **cytolytic mechanisms** to clear virus-infected cells (Text Box 1).

190 **Text Box 1: CD8+ T cell mechanisms to clear virus-infected cells**

CD8+ T cell cytolytic mechanisms:

- (i) Release of **perforin** alone or together with **granzymes**.  
Perforin alone can lead to immediate necrosis of the target cell through the formation of large pores, causing swelling and rupture of the cell membrane. In addition, perforin can mediate the trafficking of granzymes into the target cell leading to apoptosis [48].
- (ii) Ligation of the **Fas-Ligand** (FasL) with the **Fas-receptor** (Fas) activates the caspase cascade and leads to apoptosis [48, 49].

CD8+ T cell non-cytolytic mechanisms:

- (i) Virus-infected cells release type I interferons (IFNs) including **IFN- $\alpha$  and - $\beta$** , immediately upon infection in response to Toll-like receptor signaling and other RNA sensors. Type I IFNs induce pro-apoptotic molecules but also activate immune cells (NK cells, B cells, T cells, dendritic cells, macrophages) and trigger the activation of non-cytolytic intracellular pathways resulting in the production of interferon-stimulated genes that limit viral spread [50, 51].

- (ii) CD8<sup>+</sup> T cells (and NK cells) can produce antiviral cytokines, primarily **IFN- $\gamma$**  and **TNF- $\alpha$** , in response to IFN- $\alpha/\beta$  that can potentially result in complete viral clearance without killing the affected cell [50].
- (iii) Besides the typical cytolytic activity of **granzymes**, they can also inhibit viral replication and reactivation in cell death-independent manners. They can induce proteolysis of viral or host cell proteins necessary for viral entry, release, or intracellular trafficking, and can amplify the antiviral cytokine response [52].

191

## 192 MHC class I – CD8<sup>+</sup> T cell interactions in HSV-1-infected ganglia

### 193 MOUSE STUDIES

194 Pioneering work from Pereira et al. in mice showed transient expression of the murine  
195 equivalent of human MHC I (H2 surface antigen) in primary sensory neurons, satellite glial  
196 cells (SGCs), and Schwann cells, upon HSV-1 infection. Interestingly, this was only observed  
197 during acute infection but not during latency at 64 weeks after infection [53]. CD8<sup>+</sup> T cells  
198 were observed tightly associated with some neurons from seven days post-inoculation,  
199 concurrent with the first detectable expression of H2 surface antigens and termination of  
200 infection [53]. At this point, most MHC I-expressing neurons were thus not productively  
201 infected [53]. As hypothesized by Medana et al., MHC I-expressing neurons that contain a high  
202 viral load may be rapidly killed by CTLs thereby implying the sacrifice of a limited number of  
203 non-renewable neurons to protect healthy adjacent neurons [54]. However, termination of  
204 productive infection does not necessarily require neuronal cell death. Indeed, there is clear  
205 evidence for non-cytolytic CD8<sup>+</sup> T cell responses. It was shown that control of HSV-1 latency  
206 in mice involves a non-cytolytic CD8<sup>+</sup> T cell response via IFN- $\gamma$  signaling, but also via lytic  
207 granules such as granzyme B (grB) that do not kill the entire affected neuron. Instead, grB  
208 specifically degrades HSV-1 ICP4, which is essential for viral gene expression and reactivation  
209 [55, 56]. In another report, CD8<sup>+</sup> T cells specific for the immunodominant HSV-1 gB<sub>498-505</sub>  
210 epitope were found to be selectively retained in the ophthalmic branch of the latently infected  
211 trigeminal ganglia (TG) in mice. CD8<sup>+</sup> T cells also showed the capacity to produce IFN- $\gamma$  and  
212 showed T cell receptor polarization to junctions with neurons, suggesting active surveillance of  
213 HSV-1 gene expression during latency [57]. Likewise, Liu et al. showed that CD8<sup>+</sup> T cells  
214 block HSV-1 reactivation in latently infected mouse sensory ganglia without cytolysis [58].

215 They hypothesized that early in reactivation a low density of HSV-1 epitopes, derived from  
216 HSV IE and E proteins, are expressed on MHC I which may favor the production of antiviral  
217 cytokines by CD8+ T cells without cytolysis [58]. However, high-density presentation of an  
218 immunodominant HSV-1 CD8+ T cell epitope, gB<sub>498</sub>, did also not activate cytolytic CD8+ T  
219 cell responses and did not affect latency nor virus loads in mouse sensory ganglia [59]. Another  
220 proposed control mechanism involves MHC I presentation of HSV-1 structural antigens  
221 immediately following entry in the neuron and prior to viral replication. Such a mechanism  
222 would allow immune surveillance by CD8+ T cells, thereby limiting viral spread and the  
223 establishment of latency without cytolysis [53].

#### 224 HUMAN GANGLIA

225 A recent study in latently HSV-1 infected human TG showed clusters of CD4+ and CD8+ T  
226 cells surrounding neurons and expression of transcripts and proteins associated with antigen  
227 recognition and antiviral functions [60]. Moreover, expression of perforin and grB directly  
228 correlated with HSV-1 DNA levels, and grB and TIA-1 protein expression co-localized with  
229 CD8+ T cells in the proximity of neurons [60]. MHC I expression, however, was not studied in  
230 that report. Interestingly, in an earlier study in which human TG were latently infected, most T  
231 cells were CD8+ with only a few CD4+ T cells [61].

232 **Taken together, these data point toward a functional role of CD8+ T cells in controlling**  
233 **HSV-1 infection, without causing neuronal cell death, via non-lytic cytokines and/or via**  
234 **lytic granules such as grB that degrade specific viral proteins.**

#### 235 MHC class I – CD8+ T cells interactions in VZV-infected ganglia

#### 236 HUMAN GANGLIA

237 Examination of human sensory ganglia from donors who experienced herpes zoster 1 to 4.5  
238 months prior to death, revealed no MHC I expression on either VZV-infected or non-infected  
239 neurons and no CD8+ T cells in proximity of the neurons [62]. Non-cytolytic CD8+ T cells,  
240 identified by the absence of TIA-1 or grB expression, were the most abundant immune cell type  
241 in the ganglia whereas only very few cytolytic CD8+ T cells were observed [62]. Together, this  
242 suggests that CD8+ T cells do not play a major role in controlling VZV reactivation or that they  
243 do so in a non-cytolytic manner and without direct contact with infected neurons. Possibly,  
244 CD8+ T cells interact with other cell types within the ganglia that do express MHC I, such as  
245 SGCs [63]. Alternatively, MHC I expression on neurons could be too low to be detected by

246 immunofluorescence staining or was downregulated to a steady-state level at the time of  
247 investigation. Interestingly, Steain et al. did not detect MHC I in neurons of patients with a  
248 reactivated VZV infection at the time of death. In contrast, MHC I expression was detected on  
249 all other cell types within the ganglia [63]. Characterization of the infiltrating T cells revealed  
250 many CD4+ T cells and cytolytic, grB-expressing, CD8+ T cells of which many were closely  
251 associated with neurons within the reactivated ganglia. However, there was little evidence of T  
252 cell-induced neuronal apoptosis in either reactivated or non-infected ganglia [63]. As mentioned  
253 above, grB can specifically degrade HSV-1 ICP4 instead of affecting the entire ganglion [55].  
254 Similarly, grB may degrade a specific VZV protein without causing neuronal apoptosis.  
255 Interestingly, grB can also cleave VZV ORF62, the homolog of HSV-1 ICP4, and HSV ICP27  
256 and its homolog VZV ORF4 [64].

257 **Thus, while there is clear evidence for MHC I expression on neurons and direct**  
258 **interaction with CD8+ T cells upon HSV-1 infection, this is not the case for VZV infection.**

## 259 **MHC class II - CD4+ T cell interactions in HSV-1- and VZV-** 260 **infected ganglia**

261 As MHC II expression is restricted to professional APC, its expression in the nervous system  
262 was thought to be reserved for microglia, the central nervous system counterpart of  
263 macrophages [65, 66]. Nonetheless, MHC II expression was described on different neural cell  
264 types, including neurons, especially upon induction with IFN- $\gamma$  [27, 67, 68].

265 In general, CD4+ T cells can recognize peptides presented by MHC class II molecules and act  
266 together with CD8+ T cells to clear the invading pathogen (Text Box 2). However, CD4+ T  
267 cell functions extend beyond aiding CD8+ T cells (Text Box 2).

### 268 **Text Box 2: CD4+ T cell mechanisms to clear virus-infected cells**

CD4+ T cells' key roles in ensuring a robust and optimal antiviral response:

- (i) CD4+ T cells are required for the **generation of cytotoxic and memory CD8+ T cell populations.**

CD4+ T cells promote memory differentiation of CTLs during priming. Help signals enhance IL-15-dependent maintenance of central memory T cells and regulate the size and function of effector memory T cells [69, 70].

(ii) **T-helper 1 cells (T<sub>H1</sub>)** cells produce a large amount of **IFN- $\gamma$** , which can activate APC to kill ingested microbes.

Naïve CD4<sup>+</sup> T cells develop into effector CD4<sup>+</sup> T cells upon recognition of an antigen presented by MHC II molecules on activated APC [69] and can differentiate into specific CD4<sup>+</sup> effector subtypes depending on the cytokine milieu of the microenvironment [71]. Typically, IL-12 produced by APC, IFN- $\gamma$  produced by NK cells, and type I IFNs drive the differentiation of naïve CD4<sup>+</sup> T cells into T<sub>H1</sub> cells. Hence, CD4<sup>+</sup> T cells generated in response to viral infection generally have a T<sub>H1</sub> phenotype [46, 69, 71-73].

(iii) Subsets of **CD4<sup>+</sup> T cells displaying potent direct antiviral activity** themselves were recently reported in animal models and humans. These untraditional CD4<sup>+</sup> T cells are likely to play an important, yet underrated, role in the control of viral replication *in vivo* [27, 74].

(iv) **Follicular helper cells (T<sub>fh</sub>)** interact with **B-cells**, leading to B-cell activation with the production of **virus-specific antibodies** [46, 75]

269

## 270 MHC class II – CD4<sup>+</sup> T cell interactions in HSV-1-infected ganglia

### 271 MOUSE STUDIES

272 One of the first studies that focused on HSV-1 spread to the central nervous system of mice  
273 indicated that MHC II-restricted presentation of viral antigens is required for the control of  
274 HSV-1 infections in the nervous system [76]. The morphology of the MHC II-expressing cells  
275 in that study suggests that these are most likely microglia or infiltrated macrophages and not  
276 neurons [76].

### 277 HUMAN GANGLIA

278 In a later report in which human TG latently harboring HSV-1 were examined, retention of  
279 virus-specific CD4<sup>+</sup> T cells, next to CD8<sup>+</sup> T cells, within TG was observed [60]. SGCs are the  
280 most evident non-neuronal cells in the peripheral nervous system presumed to serve as non-  
281 professional APC. They have phagocytic capacity related to macrophages and myeloid

282 dendritic cells, express CD45, co-stimulatory molecules and MHC II, and envelope neuronal  
283 cell bodies [60, 77]. Hence, SGCs could support HSV-specific CD4+ T cell responses within  
284 latently infected human TG. However, as mentioned earlier, CD8+ T cells are the most  
285 dominant cell type during HSV-1 latency [61].

286 **Taken together, little research has been done on MHC II – CD4+ T cell interactions in**  
287 **HSV-1-infected ganglia. Instead, MHC I – CD8+ T cell interactions are more clearly**  
288 **described and generally considered more important in controlling HSV-1 infection and**  
289 **reactivation.**

### 290 MHC class II – CD4+ T cell interactions in VZV-infected ganglia

#### 291 AFRICAN GREEN MONKEYS: SIMIAN VARICELLA VIRUS (SVV)

292 Analyses of ganglia obtained from African green monkeys inoculated with the non-human  
293 primate counterpart of VZV, SVV, revealed an influx of CD8<sup>bright</sup> T cells, equivalent to human  
294 CD8+ T cells, and CD8<sup>dim</sup> T cells, which develop from CD4+ T cells, concurrent with a decline  
295 in viral load. Increased MHC II expression on SGCs and a specific influx of CD8<sup>dim</sup> T cells that  
296 recognize peptides presented on MHC II indicate a major role for MHC class II-restricted T  
297 cell responses [78]. This is in agreement with the finding that depletion of CD4+ T cells, but  
298 not CD8+ T cells or B cells, during primary SVV infection results in sustained lytic viral gene  
299 expression in ganglia [79].

#### 300 HUMAN GANGLIA

301 For VZV, Steain et al. observed infiltration of cytolytic CD8+ T cells but also CD4+ T cells in  
302 the ganglia from patients who were suffering from active herpes zoster at the time of death [63].  
303 They showed that MHC I, but more significantly MHC II expression, was upregulated on SGCs  
304 within both reactivated and neighboring ganglia and on some other infiltrating inflammatory  
305 cells [63]. Of note, data from Zostavax® and Shingrix® vaccine trials point out an essential  
306 role for CD4+ T cells in preventing VZV reactivation [80-83].

307 **All things considered, SGCs are likely to play a role in controlling VZV reactivation: (i)**  
308 **as non-professional APC by taking up VZV antigens, expressing MHC II, and presenting**  
309 **viral peptides to CD4+ T cells which could then kill the virus by the production of IFN- $\gamma$**   
310 **or through unconventional direct antiviral mechanisms; (ii) by expressing MHC I and**  
311 **interaction with CD8+ T cells.**

312 An overview of MHC I – CD8+ T cell interactions and MHC II – CD4+ T cell interactions to  
 313 control HSV-1 and VZV infection in the nervous system is presented in Key Table 1. As  
 314 described here, these mechanisms differ between HSV-1 and VZV and between latency and  
 315 reactivation or lytic infection. The exact contribution of each cell population, however, remains  
 316 to be elucidated and merits further in-depth investigation.

317 **Key Table 1: Site of MHC I and MHC II expression in HSV-1- and VZV-infected neural**  
 318 **ganglia and proposed mechanism of control**

HSV-1		
MHC I and MHC II expression	Proposed mechanism of viral control in neural ganglia	Main sources
<p><u>Mouse sensory ganglia:</u></p> <p>H2 surface antigen (equivalent to human MHC I): on primary sensory neurons, SGCs, and Schwann cells during acute infection, not during latency.</p> <p>MHC II: on microglia or infiltrating macrophages</p>	<p><u>Acute infection:</u></p> <p>Non-cytolytic control via CD8+ T cells that produce antiviral cytokines such as IFN-<math>\gamma</math> and via grB that specifically degrades HSV-1 ICP4.</p> <p>Peptide presentation to CD4+ T cells, presumably by microglia or infiltrating macrophages, is required for the control of an acute HSV-1 infection.</p>	[53, 55, 56, 58, 76]
<p><u>Human TG:</u></p> <p>MHC I: not studied</p> <p>MHC II: likely on SGCs</p>	<p><u>Reactivation:</u></p> <p>Non-cytolytic control via CD8+ T cells, releasing perforin and grB, in cooperation with CD4+ T cells that interact with MHC II, presumably on SGCs.</p> <p><u>Latency:</u></p> <p>CD8+ T cells are much more abundant than CD4+ T cells.</p>	[57, 60, 61]

	<u>Hypothesis</u> : <b>More prominent role for CD8+ T cells than CD4+ T cells in controlling HSV-1 reactivation.</b>	
<b>VZV</b>		
<b>MHC I and MHC II expression</b>	<b>Proposed mechanism of viral control in neural ganglia</b>	<b>Main sources</b>
<p><u>Human TG</u>:</p> <p>MHC I: on all cell types (infiltrating cells and SGCs) except neurons, during latency and reactivation.</p> <p>MHC II: on SGCs in reactivated and neighboring cells (not studied during latency)</p>	<p><u>Reactivation</u>:</p> <p>Non-cytolytic control via CD8+ T cells that release grB, in cooperation with CD4+ T cells that interact with MHC II on SGCs.</p> <p><u>Hypothesis</u>: SGCs are likely to play a role in controlling VZV reactivation: (i) as non-professional APC by taking up VZV antigens and presenting viral peptides on MHC II to CD4+ T cells, which could then kill the ingested virus by the production of IFN-<math>\gamma</math> or through other antiviral mechanisms; (ii) by expressing MHC I and interaction with CD8+ T cells.</p> <p><u>Latency</u>:</p> <p>Non-cytolytic control via non-cytolytic (grB and TIA-1 negative) CD8+ T cells that do not interact directly with neurons.</p> <p><u>Hypothesis</u>: <b>More prominent role for CD4+ T cells than CD8+ T cells in controlling VZV reactivation.</b></p>	[62, 63]

## 320 **Human stem cell-derived models to study neuro-immune** 321 **interactions in the context of HSV-1 and VZV infection**

322 During the last decade, neuronal models derived from human embryonic stem cells (hESCs) or  
323 human induced pluripotent stem cells (hiPSCs) have been developed to study the infection  
324 dynamics of HSV-1 and especially VZV, since mice are refractory to VZV disease [84-86].  
325 hESCs are derived from the inner cell mass of *in vitro*-fertilized human embryos and can  
326 differentiate into neurons with a sensory phenotype, which is the site of HSV-1 and VZV  
327 latency in the peripheral nervous system [87, 88]. iPSCs can be derived from various cell types  
328 such as fibroblasts or peripheral blood mononuclear cells which are reprogrammed, using a  
329 group of transcription factors, towards an embryonic stem cell-like stage [89]. Subsequently,  
330 the iPSCs can be induced into human neuronal stem cells and further differentiated into  
331 neuronal cells with a sensory phenotype, comparable to hESC-derived neurons [84]. In  
332 addition, hESC- and hiPSC-derived neurons can be co-cultured with autologous SGCs,  
333 macrophages, or other immune cell types. Thus, these models offer a valuable, and even  
334 advanced, alternative to studies on (human) cadaver ganglia. Indeed, cadaver ganglia are  
335 difficult to obtain, costly, and have the inherent disadvantage of post-mortem changes which  
336 influences many factors including gene expression. Moreover, stem cell-derived neuronal  
337 models are suitable to study both HSV-1 as well as VZV. These stem cell-derived (co-)culture  
338 models clearly hold great potential to gain novel fundamental insights into HSV-1 and VZV  
339 (immune)biology. While to date, these models have not yet been exploited to investigate the  
340 interaction between HSV-1 or VZV-infected neurons and immune cells, the availability of  
341 differentiation protocols for a multitude of cell types makes such studies clearly feasible. It  
342 should be noted, however, that differentiation protocols from hESCs or hiPSCs towards T cells  
343 still face poor differentiation efficiency and poor scalability [90]. Nonetheless, new  
344 differentiation protocols are being developed given the large opportunity for iPSC-derived T  
345 cells in the context of immunotherapy [91]. In addition, iPSC-derived neurons can easily be  
346 combined with primary T cells from the same donor, thus bypassing the need for differentiation  
347 from iPSCs to T cells.

## 348 **Concluding Remarks and Future Perspectives**

349 HSV-1 and VZV interfere at multiple stages of the MHC class I and class II antigen presentation  
350 pathway to modulate MHC I and MHC II cell surface expression. As a consequence,

351 opportunities for antigen recognition by CD8<sup>+</sup> and CD4<sup>+</sup> T cells are tightly controlled,  
352 especially in neurons. While there is evidence for a more important role of CD8<sup>+</sup> T cells over  
353 CD4<sup>+</sup> T cells in preventing HSV-1 reactivation, the opposite is true for the control of VZV  
354 reactivation. In particular, SGCs are likely to play a role in controlling VZV reactivation. In  
355 contrast, during HSV-1 reactivation, CD8<sup>+</sup> T cells are likely to interact directly with MHC I on  
356 neurons. However, the exact mechanisms of control of neuronal HSV-1 and VZV reactivation  
357 are still unclear (cf. Outstanding Questions). A limitation to the comparison described in this  
358 review, is that most of the HSV-1 data come from studies in mouse models, which cannot be  
359 done for VZV as mice are refractory to VZV infection. *Ex vivo* material of (latently) HSV-1 or  
360 VZV infected ganglia is valuable but also scarce, costly, and has inherent disadvantages of  
361 variability and post-mortem changes. More complex neuro-immune models incorporating  
362 autologous neurons, SGCs, and T cells are urgently needed to unravel the mechanisms of viral  
363 control in neural ganglia. Human iPSC-based neuronal cell systems are very promising for this  
364 type of research. In addition to gaining a fundamental understanding of herpesvirus infection  
365 biology, such models can elucidate which mechanisms of immune control are truly relevant,  
366 which would be highly valuable in the context of vaccine development.

## 367 **Outstanding Questions**

- Are VZV glycoproteins in TGN-vesicles captured to display viral antigens on MHC II molecules for recognition by CD4<sup>+</sup> T cells? Does this contribute to the establishment of latency?
- What is the role of granzyme B in non-lytic control of neuronal VZV infection? Can granzyme B specifically degrade the VZV virion (as shown with HSV-1) instead of killing the entire neuron?
- What is the role of satellite glial cells in maintaining neuronal VZV and HSV-1 latency?
- Are CD4<sup>+</sup> T cells and not CD8<sup>+</sup> T cells essential in preventing VZV reactivation in human neural ganglia?
- Are CD8<sup>+</sup> T cells and not CD4<sup>+</sup> T cells essential in preventing HSV-1 reactivation in human neural ganglia?

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## 376 Declaration of Interests

377 The authors declare no competing interests.

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