Varicella Zoster Virus Induces Differential Cell-Type Specific Responses in Human Corneal Epithelial Cells and Keratocytes

Christina N. Como, Andrew N. Bubak, Anna M. Blackmon, Dallas Jones, Niklaus H. Mueller, Richard Davidson, and Maria A. Nagel

1Department of Neurology, University of Colorado School of Medicine, Aurora, Colorado, United States
2Department of Ophthalmology, University of Colorado School of Medicine, Aurora, Colorado, United States
3Linda Crnic Institute for Down Syndrome, University of Colorado School of Medicine, Aurora, Colorado, United States

Correspondence: Maria A. Nagel, Department of Neurology, University of Colorado School of Medicine, 12700 E. 19th Avenue, Mail Stop B182, Aurora, CO 80045, USA; maria.nagel@ucdenver.edu.

Submitted: September 25, 2018
Accepted: January 11, 2019

Citation: Como CN, Bubak AN, Blackmon AM, et al. Varicella zoster virus (VZV) produces varicella then establishes latency in ganglionic neurons, including cranial nerve ganglia. With aging or immunosuppression, VZV reactivates and typically presents as zoster with 20% occurring in the ophthalmic distribution of the trigeminal nerve (herpes zoster ophthalmicus, HZO), of which 23% have eye involvement.

Epithelial and stromal keratitis are corneal complications of VZV and can lead to vision loss after acute disease and during recurrence due to long-term corneal scarring and haze. While multiple studies have found viral DNA and/or antigen in early and late VZV keratitis, it is unclear whether these represent ongoing infection or persistent viral DNA and/or antigens that elicit a cell-mediated immune response. For example, punctate epithelial keratitis is transient early in disease, but may progress into pseudodendrites composed of swollen, heaped up, poorly adherent epithelial cells. VZV has been cultured from these abnormal epithelial cells, suggesting that active viral replication plays a role. Chronic epithelial pseudodendrites or mucus plaques can occur up to 2 years after HZO and contain VZV DNA. In contrast, VZV DNA has been detected in the cornea up to one month after acute epithelial keratitis and both VZV DNA and antigen have been detected in corneas up to 10 years after zoster without clinical symptoms and signs.

Based on its rapid resolution upon corticosteroid treatment, stromal keratitis was thought to be an immune response to viral antigens within the corneal stroma, comprised of stromal fibroblasts underlying the epithelial cell layer. However, Matoba and colleagues found VZV DNA in the cornea of a patient with stromal keratitis, and a recent case of VZV keratitis demonstrated herpesvirus capsids in degenerative-appearing keratocytes, suggesting active VZV infection. Supporting evidence for active VZV infection in stromal keratitis is that in patients who develop recurrent keratitis, the persistence of VZV antigens seems unlikely because one would expect persistent inflammation; rather, the recurrent keratitis is more likely due to recurrent deposition of VZV to
stoma with reactive inflammation.19 Thus, many questions remain concerning the role of active VZV infection in morphological changes seen in keratitis; the ability of corneal cells to support active VZV replication and transmit infectious virus to adjacent cells; the ability of VZV to persist in cornea, and; the role of VZV-induced inflammation in disease pathogenesis.

Since there is no animal model for VZV keratitis, we infected primary human corneal epithelial cells (HCECs) and stromal fibroblasts (keratocytes; HKs) with VZV and analyzed the cytopathology and inflammatory responses. Understanding the role of ongoing virus replication and inflammation in VZV keratitis can guide antiviral and corticosteroid therapy, mitigating ocular damage and vision loss produced by VZV.

**Materials and Methods**

**Virus and Cells**
The VZV Gilden strain (GenBank #MH379685) and primary HCECs and HKs from adult human cornea (ScienCell, Carlsbad, CA, USA) were used. Cells were confirmed by immunofluorescence antibody assay (IFA) and quantified by Fiji image processing software (https://fiji.sc/).

HCECs were seeded in corneal epithelial cell medium containing HCEC growth supplement/1% penicillin-streptomycin (20,000 cells/cm², ScienCell). Cells were co-cultured with lysates from uninfected or VZV-infected human fetal lung fibroblast (HFL; ATCC, Manassas, VA) for 24 hours (200 plaque-forming units [PFU]/cm²).20 medium was then replaced to eliminate the possibility that ongoing infection was due to residual lysate. To confirm that no HFLs contaminated the corneal cultures, HFL lysates were plated and did not grow out cells. HKs were seeded in basal fibroblast medium containing 2% fetal bovine serum (FBS)/1% penicillin-streptomycin (ScienCell). After 24 hours, medium was changed to quiescent basal medium supplemented with 0.1% FBS/1% penicillin-streptomycin and replenished every 72 hours for 7 days. Quiescent HKs were mock- or VZV-infected with HFL lysates. Cells were counted at 1, 3, 5, and 7 days postinfection (DPI) at the height of cytopathic effect (CPE).

Human PBMCs (Stemcell Technologies, Vancouver, BC) and neutrophils purified from whole blood (Vitalant; Denver, CO, USA) using the direct human neutrophil isolation kit (EasySep; Stemcell, Cambridge, MA, USA) were used.

**Immunofluorescence Antibody Assay**
At 7 DPI, HCECs and HKs were analyzed by IFA using primary mouse anti-cytokeratin 18 (epithelial cell marker; 1:100), rabbit anti-fibronectin (fibroblast marker; 1:250), mouse anti-VZV glycoprotein B (gB; 1:250; Abcam, Cambridge, UK), and rabbit anti-GAPDH (Cell Signaling, Danvers, MA, USA) antibodies then secondary donkey anti-mouse AlexaFluor 594 IgG and donkey anti-rabbit AlexaFluor 488 antibodies (1:500; Life Technologies, Grand Island, NY, USA) as described.21 Nuclei were stained with 2 μg/mL DAPI then visualized and analyzed by confocal microscopy.

**Transmission of VZV from Corneal Cells to HFLs**
VZV-infected HCECs were harvested at 3, 5, and 7 DPI; each sample was serially diluted onto 70% confluent monolayers of uninfected HFLs in DMEM F12 medium with 10% FBS (ATCC) to demonstrate virus transmission from HCECs to HFLs. Similarly, VZV-infected HKs at 3, 5, and 7 DPI were diluted onto HFLs. Three days later, HFLs were stained with 0.1% crystal violet and PFUs/mL were calculated.

**Multiplex Electrochemiluminescence Immunoassay**
Proinflammatory cytokines (IL-1β, IL-2, IL-4, IL-6, IL-8, IL-10, IL-12p70, IL-15, IFN-γ, and TNF-α) and MMPs in supernatants (MMP-1/2/3/9/10) were measured using commercial assays (Mesoscale Discovery, Rockville, MD, USA) as described.21

**RNA and Reverse Transcription-Quantitative Polymerase Chain Reaction (RT-qPCR)**
RNA was extracted, cDNA transcribed then analyzed by RT-qPCR using primers to cytokines above and glyceraldehyde-3-phosphate-dehydrogenase (GAPDH, Integrated DNA Technologies, Coralville, IA, USA), as described.21 Data were normalized to GAPDH and analyzed using the ∆∆Ct method or the ∆Ct method if transcripts were detected in VZV-infected cells, but not in mock-infected cells.

**Immune Cell Migration Assay**
At 7 DPI, mock- and VZV-infected supernatants were assayed for their ability to attract PBMCs and neutrophils. Supernatants were loaded in a 96-well chemotaxis plate (Neuroprobe, Gaithersburg, MD, USA). 5-μm pore size filters placed on top of mock-infected cells pipetted onto filters (50,000 cells/well), and plate incubated at 37°C for 4 hours. Filters were removed; migrating immune cells were visualized by microscopy and quantified using ImageJ 3D Objects Counter (http://imagej.nih.gov/ij/; provided in the public domain by the National Institutes of Health, Bethesda, MD, USA). Positive control for PBMC and neutrophil migration was chemokine (C-C motif) ligand 2 (CCL2; Biologend, San Diego, CA, USA) diluted in either HCEC or HK medium (20 pg/mL) and 50 ng/mL IL-8 (Biologend), respectively. Negative controls for PBMC and migration assays were HCEC and HKs medium only. To determine specificity for IL8-induced neutrophil migration in infected supernatant, mouse monoclonal IL-8 blocking antibody was added at 1 μg/mL (sIL8, R&D Systems, Minneapolis, MN). Fold differences of VZV-infected cells and positive and negative controls were relative to mock-infected cells.

**MMP Activity**
MMP general activity for mock- and VZV-infected HCEC and HK supernatants were quantified using a Fluorometric MMP Activity Assay (Abcam; Cambridge, UK). MMP-1 enzyme (500 pg/mL) served as positive control and MMP-1 enzyme plus MMP inhibitor (trypsin; 100 μg/mL) served as negative control (Anaspec; Fremont, CA, USA). Relative fluorescence units were measured using a fluorescent plate reader (excitation/emission: 485 nm/520 nm).

**Statistical Analysis**
Statistical analysis was performed using graphing software (GraphPad Prism; GraphPad, San Diego, CA, USA). Cytokine and MMP differences among mock- and VZV-infected cells were determined by multiple unpaired t-tests with a False Discovery Rate (q-value ≤ 0.05) using the two-stage step-up method of Benjamini et al.25 Significant differences in cell count, viral titer, PBMC/neutrophil migration and MMP activity were determined using a 1-way ANOVA with a
RESULTS

HCECs and HKs Are Permissive to VZV Infection and Transmit Virus

All DAPI-positive HCECs expressed cytokeratin 18 (total cells counted = 4528; Fig. 1A1, red); all DAPI-positive HKs expressed fibronectin (total cells counted = 3594; Fig. 1A2, green), indicating homogeneous cell cultures.

HCECs and HKs exposed to uninfected HFL lysates had no CPE or VZV gB (red; Figs. 1A3, 1A4 and 1A7, 1A8, respectively). HCECs exposed to VZV-infected HFL lysates had a CPE and contained regions of cells expressing VZV gB (Figs. 1A5, 1A6) that accumulated and spread, indicating that HCECs can harbor replicating VZV that spreads to adjacent cells. VZV-infected HCECs demonstrated an expanding CPE with VZV gB expression (Figs. 1A9, 1A10).

Aside from VZV-infected corneal having the capacity to spread VZV to adjacent cells of the same type, VZV-infected HCECs and HKs were tested for their ability to transmit VZV to another cell type by cell-to-cell spread. VZV-infected HCECs and HKs at 3, 5, and 7 DPI were cocultured with uninfected HFLs; PFUs were counted at 3 DPI. The PFUs observed were due to VZV-infected HFLs since input VZV-infected HCECs perish in DMEM F12 medium, and input infected HKs were present in low amounts and are morphologically distinguishable. VZV-infected HKs die and form cell clearings, whereas VZV-infected HCECs swell and form syncytia. Input VZV-infected HCECs at 3, 5, and 7 DPI significantly increased the PFU/mL in HFLs at 367 ± 219, 2300 ± 82, and 5250 ± 204, respectively (Fig. 1B; mean ± SEM; n = 3 [B]). In contrast, VZV-infected HKs significantly decreased PFU/mL at each time point: 3 DPI (14,666 ± 1171), 5 DPI (8333 ± 1553), and 7 DPI (5400 ± 493; mean PFU/mL ± SEM; n = 3; [C]). Dashed lines represent a 1-fold (no) change relative to control groups (*P < 0.05, **P < 0.01, ***P < 0.001).

VZV-Infection Induced Cell Proliferation in HCECs and Cell Death in HKs

Phase-contrast imaging indicated that VZV-infected HCECs proliferate; VZV-infected HKs sloughed off. Compared to mock- (Figs. 2A1, 2A2, surface plot), VZV-infected HCECs grew over the monolayer (Figs. 2A5, red, and 2A4, surface plot). Compared to mock- (Figs. 2B1, 2B2, surface plot), VZV-infected HKs showed cell clearing as infected cells died (Fig. 2B3, red, and 2B4, surface plot). VZV-infected HCECs significantly increased cell counts relative to 1 DPI at each time point: 3 DPI (2.09 ± 0.40), 5 DPI (2.00 ± 0.18), and 7 DPI (2.45 ± 0.16; Fig. 2C; mean fold difference [MFD] ± SEM; n =
3). VZV-infected HKs significantly decreased cell counts at 5 and 7 DPI relative to 1 DPI: 3 DPI (0.99 \pm 0.07), 5 DPI (0.64 \pm 0.07), 7 DPI (0.13 \pm 0.01; Fig. 2D; n = 3). Proinflammatory Cytokines and Infiltration of Immune Cells by VZV-Infected HCECs and HKs

At 7 DPI, compared to mock-, VZV-infected HCEC supernatant significantly increased IL-2, IL-6, IL-8, IL-10, IL-12p70, and IFN-\(\gamma\); no significant differences in IL-1\(\beta\) or IL-13 was seen and IL-4 and TNF-\(\alpha\) were not detected (Table 1: mock- and VZV-HCEC mean concentrations, cytokine detection range and fold differences in columns 2 through 5, respectively; fold differences in Fig. 3A, black bars; MFD \pm SEM; n = 5). To verify cytokine expression, transcripts were analyzed by RT-qPCR and fold differences between VZV- to mock-infected HCECs determined (Table 1, column 6). Compared to mock-, IL-8 transcript was significantly increased and TNF-\(\alpha\) transcript was not detected corresponding to their secreted cytokine levels during VZV infection. The following fold differences in transcripts did not correspond to that detected for secreted proteins: IL-1\(\beta\), IL-2, IL-4, IL-13, IFN-\(\gamma\), and TNF-\(\alpha\).

At 7 DPI, compared to mock-, VZV-infected HK supernatant had significantly decreased concentrations of IL-1\(\beta\), IL-2, IL-4, IL-6, IL-10, IL-12p70, IL-13, and IFN-\(\gamma\); significantly increased levels of IL-8 and no detection of TNF-\(\alpha\) (Table 2: mock- and VZV-infected HK mean concentrations, cytokine detection range and fold differences in columns 2 through 5, respectively; fold differences in Fig. 3A, gray bars; MFD \pm SEM; n = 5). To verify cytokine expression, transcripts from mock- and VZV-infected HKs were analyzed by RT-qPCR and fold differences between VZV- to mock-infected HKs determined (Table 2, column 6). Compared to mock-, IL-8 transcript was significantly increased and TNF-\(\alpha\) transcript was not detected corresponding to their secreted cytokine levels during VZV infection. The following fold differences in transcripts did not correspond to that detected for secreted proteins: IL-1\(\beta\), IL-2, IL-4, IL-6, IL-12p70, IL-10, IL-13 and IFN-\(\gamma\).

Relative to mock, VZV-infected HCEC supernatant significantly increased PBMC infiltration (1.73 \pm 0.15), consistent
TABLE 1. Meso Scale Discovery Analyte Levels and Transcript Levels from Mock- and VZV-Infected HCECs*

<table>
<thead>
<tr>
<th>Analyte</th>
<th>HCECs Mock, Mean ± SEM, pg/mL</th>
<th>HCECs VZV, Mean ± SEM, pg/mL</th>
<th>HCECs Fold Difference, VZV/Mock (P; q-value)</th>
<th>Detection Range, LLOD-ULOD</th>
<th>HCECs Transcripts Fold Difference, ΔΔCt (P Value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL-1β</td>
<td>20.75 ± 6.05</td>
<td>22.94 ± 1.60</td>
<td>1.11 ± 0.03 Not significant</td>
<td>0.14–566</td>
<td>0.94 ± 0.19 (0.65)</td>
</tr>
<tr>
<td>IL-2</td>
<td>0.27 ± 0.05</td>
<td>0.44 ± 0.04</td>
<td>1.64 ± 0.06 (0.00006; 0.05)</td>
<td>0.54–1410</td>
<td>2.59 ± 0.25 (0.008)</td>
</tr>
<tr>
<td>IL-4</td>
<td>0.03 ± 0.00</td>
<td>0.05 ± 0.04</td>
<td>Undetectable</td>
<td>0.06–246</td>
<td>Undetectable</td>
</tr>
<tr>
<td>IL-6</td>
<td>15.73 ± 5</td>
<td>23.93 ± 4.12</td>
<td>1.52 ± 0.12 (0.03; 0.032)</td>
<td>0.17–712</td>
<td>1.45 ± 0.11 (0.04)</td>
</tr>
<tr>
<td>IL-8</td>
<td>861.19 ± 226.29</td>
<td>1181.6 ± 179.69</td>
<td>1.37 ± 0.09 (0.049; 0.057)</td>
<td>0.156–556</td>
<td>2.78 ± 0.04 (0.004)</td>
</tr>
<tr>
<td>IL-10</td>
<td>0.11 ± 0.02</td>
<td>0.17 ± 0.03</td>
<td>1.46 ± 0.11 (0.009; 0.016)</td>
<td>0.09–356</td>
<td>18.74 ± 0.03 (ΔΔCt (0.00000004))</td>
</tr>
<tr>
<td>IL-12p70</td>
<td>0.15 ± 0.02</td>
<td>0.24 ± 0.04</td>
<td>1.60 ± 0.14 (0.008; 0.016)</td>
<td>0.12–497</td>
<td>3.09 ± 0.89 (0.049)</td>
</tr>
<tr>
<td>IL-13</td>
<td>3.86 ± 0.52</td>
<td>5.06 ± 1.68</td>
<td>1.31 ± 0.20 Not significant</td>
<td>0.12–492</td>
<td>27.63 ± 2.08 (0.009)</td>
</tr>
<tr>
<td>IFN-γ</td>
<td>1.01 ± 0.06</td>
<td>1.65 ± 0.49</td>
<td>1.63 ± 0.22 (0.038; 0.033)</td>
<td>0.38–1380</td>
<td>Undetectable</td>
</tr>
<tr>
<td>TNF-α</td>
<td>Undetectable</td>
<td>Undetectable</td>
<td>0.09–369</td>
<td>4.93 ± 0.29 (0.03)</td>
<td></td>
</tr>
</tbody>
</table>

LLOD, lower limits of detection ± 2.5 standard deviation; ULOD, upper limits of detection ± 2.5 standard deviation.

* Data was analyzed by an unpaired t test corrected; fold difference (VZV/mock) ± SEM.

Figure 3. Proinflammatory cytokines and immune cell migration in conditioned supernatant from mock- and VZV-infected primary HCECs and HKs. At 7 days postinfection, conditioned supernatant from mock- and VZV-infected cells were analyzed for proinflammatory cytokines IL-1β, IL-2, IL-4, IL-6, IL-8, IL-10, IL-12p70, IL-13, IFN-γ, and TNF-α by multiplex assays (Meso Scale Discovery). Compared to the respective mock-infected cells, supernatant from VZV-infected HCECs contained significantly increased levels of IL-2, IL-6, IL-8, IL-10, IL-12p70 and IFN-γ; IL-1β and IL-13 were unchanged and; IL-4 and TNF-α were not detected (ND; A, black bars; n = 5). Supernatant from VZV-infected HKs contained significantly decreased levels of IL-1β, IL-2, IL-4, IL-6, IL-10, IL-12p70, IL-13 and IFN-γ; IL-8 was increased and; TNF-α was not detected (A, gray bars; n = 5). Results are reported as fold difference of VZV-infected compared to mock-infected cells. In chemotaxis assays, supernatants from mock- and VZV-infected cells at 7 days postinfection were placed in the bottom chamber, peripheral blood mononuclear cells (PBMCs) or neutrophils were placed in the top chamber separated from the bottom chamber by a 0.5-μm filter and the number of immune cells migrating through the filter and toward conditioned supernatant was quantitated 4 hours later. Compared to mock-infected supernatant, VZV-infected HCEC supernatant significantly increased PBMC infiltration (1.73 ± 0.15, mean fold difference ± SEM; n = 3), media only control had less migrating PBMCs than CCL2 (20 pg/mL, positive control) diluted in HCEC medium (0.03 ± 0.01 versus 2.68 ± 0.48, respectively; mean fold difference ± SEM; n = 3 [B]). Compared to mock-infected cells, VZV-infected HK supernatant did not increase PBMC migration (0.99 ± 0.16, mean fold difference ± SEM; n = 3), media only control had less migrating PBMCs than CCL2 diluted in HK medium (0.27 ± 0.27 versus 2.19 ± 0.40, respectively; mean fold difference ± SEM; n = 3 [C]). Compared to mock-infected HCEC supernatant, neutrophils significantly increased migration toward VZV-infected HCEC supernatant (1.29 ± 0.04, mean fold difference ± SEM; n = 3), anti-IL-8 antibody (2.0 pg/mL) in VZV-infected HCEC supernatant and an anti-IL-8 with IL-8 cytokine did not significantly increase neutrophil migration (0.89 ± 0.05 and 1.02 ± 0.07, respectively; mean fold difference relative to mock ± SEM; n = 3) and IL-8 diluted in HCEC medium significantly increased neutrophil infiltration (2.90 ± 0.45, mean fold difference ± SEM; n = 3 [D]). Compared to mock-infected HK supernatant, neutrophils significantly increased migration toward VZV-infected HK supernatant (3.01 ± 0.68, mean fold difference ± SEM; n = 3), IL-8 in VZV-infected HK supernatant and a 200 ng/mL IL-8 cytokine was not significantly increased (1.00 ± 0.10 versus 1.37 ± 0.11, respectively, mean fold difference relative to mock ± SEM; n = 3), IL-8 diluted in HK medium significantly increased PBMC infiltration (4.31 ± 12.22, mean fold difference ± SEM; n = 3 [E]). Dashed lines represent a 1-fold difference relative to control group (*P < 0.05, **P < 0.01, ***P < 0.001).
with the elevated proinflammatory cytokine levels detected. Media only control had less migrating PBMCs than CCL2 diluted in HK medium (0.03 ± 0.01 vs. 2.68 ± 0.48, respectively; Fig. 3B; MFD ± SEM; n = 5). In contrast, VZV-infected HK supernatant did not increase PBMC migration (0.99 ± 0.16), consistent with the suppression of proinflammatory cytokines. Media only control had less migrating PBMCs than CCL2 diluted in HK medium (0.27 ± 0.27 vs. 2.19 ± 0.40, respectively; Fig. 3C; MFD ± SEM; n = 5). Relative to mock-, VZV-infected HCEC supernatant significantly increased neutrophil migration (1.29 ± 0.04). Anti-IL-8 in VZV-infected supernatant, zIL-8 with IL-8 cytokine in media and media only did not significantly increase migration (0.89 ± 0.05, 1.02 ± 0.07, 0.88 ± 0.02, respectively). IL-8 cytokine in HCEC medium significantly increased neutrophil infiltration (2.9 ± 0.45; Fig. 3D; MFD ± SEM; n = 3).

Compared to mock-, VZV-infected HK supernatant significantly increased neutrophil migration (3.01 ± 0.68), consistent with the elevated levels of IL-8 (a neutrophil chemoattractant).

Anti-IL-8 in VZV-infected HK supernatant, zIL-8 with IL-8 cytokine in media and media only did not significantly increase migration (1.00 ± 0.1, 1.37 ± 0.11, 0.27 ± 0.27, respectively). IL-8 diluted in HK medium significantly increased PBMC infiltration (43.31 ± 12.22; Fig. 3E; MFD ± SEM; n = 5). The ability of zIL-8 to block migration of neutrophils indicates that IL-8 in the infected conditioned media was responsible for neutrophil chemotaxis.

### MMP Secretion and Activity in VZV-Infected HCECs and HKs

Compared to mock-, VZV-infected HCEC supernatant significantly increased MMP-1 (1.70 ± 0.29) and MMP-9 (1.61 ± 0.07), but not MMP-3 or MMP-10; MMP-2 was not detected (Fig. 4A, black bars; MFD ± SEM; n = 3). In contrast, VZV-infected HK supernatant significantly decreased MMP-1 (0.28 ± 0.01), MMP-2 (0.67 ± 0.05), MMP-3 (0.66 ± 0.06) and MMP-9 (0.56 ± 0.04); MMP-10 was not detected (Fig. 4A, gray bars; MFD ± SEM; n = 3).

**TABLE 2.** Meso Scale Discovery Analyte Levels from Mock- and VZV-Infected HKs

<table>
<thead>
<tr>
<th>Analyte</th>
<th>HKs Mock, Mean ± SEM, pg/mL</th>
<th>HKs VZV, Mean ± SEM, pg/mL</th>
<th>HKs Fold Difference, VZV/Mock (P; q-value)</th>
<th>Detection Range</th>
<th>HKs Transcripts Fold Difference, ΔΔCt (P value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL-1β</td>
<td>1.79 ± 0.20</td>
<td>1.50 ± 0.17</td>
<td>0.01 ± 0.04 (0.001; 0.006)</td>
<td>0.14–566</td>
<td>Undetectable</td>
</tr>
<tr>
<td>IL-2</td>
<td>1.00 ± 0.11</td>
<td>0.64 ± 0.12</td>
<td>0.06 ± 0.05 (0.009; 0.0009)</td>
<td>0.34–1410</td>
<td>Undetectable</td>
</tr>
<tr>
<td>IL-4</td>
<td>0.08 ± 0.02</td>
<td>0.05 ± 0.01</td>
<td>0.62 ± 0.08 (0.036; 0.006)</td>
<td>0.06–246</td>
<td>8.14 ± 1.41 (0.009)</td>
</tr>
<tr>
<td>IL-6</td>
<td>9.38 ± 3.42</td>
<td>3.49 ± 0.70</td>
<td>0.37 ± 0.03 (0.009; 0.002)</td>
<td>0.17–712</td>
<td>24.40 ± 5.88 (0.014)</td>
</tr>
<tr>
<td>IL-8</td>
<td>27.61 ± 7.58</td>
<td>90.48 ± 24.59</td>
<td>3.27 ± 0.69 (0.07; 0.008)</td>
<td>0.156–556</td>
<td>38.37 ± 30.02 (0.04)</td>
</tr>
<tr>
<td>IL-10</td>
<td>0.47 ± 0.04</td>
<td>0.30 ± 0.07</td>
<td>0.65 ± 0.07 (0.002; 0.001)</td>
<td>0.09–556</td>
<td>Undetectable</td>
</tr>
<tr>
<td>IL-12p70</td>
<td>0.49 ± 0.05</td>
<td>0.37 ± 0.09</td>
<td>0.76 ± 0.08 (0.037; 0.006)</td>
<td>0.12–497</td>
<td>1.88 ± 0.70 (0.02)</td>
</tr>
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<td>IL-13</td>
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<td>8.35 ± 1.39</td>
<td>0.74 ± 0.05 (0.009; 0.002)</td>
<td>0.12–492</td>
<td>27.63 ± 2.08 (0.0003)</td>
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<tr>
<td>IFN-γ</td>
<td>2.62 ± 0.07</td>
<td>2.20 ± 0.38</td>
<td>0.84 ± 0.06 (0.04; 0.006)</td>
<td>0.38–1380</td>
<td>Undetectable</td>
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<tr>
<td>TNF-α</td>
<td>Undetectable</td>
<td>Undetectable</td>
<td>0.09–569</td>
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Data was analyzed by an unpaired t-test corrected; fold difference (VZV/mock) ± SEM.
Compared to mock- VZV-infected HCECs significantly increased MMP activity (1.44 ± 0.06), whereas VZV-infected HKs significantly decreased MMP activity (0.84 ± 0.0009; Fig. 4B; MFD ± SEM; n = 3). Positive control MMP-1 enzyme had increased activity (1.78 ± 0.03) compared to the negative control that was not detected.

**DISCUSSION**

Herein, we show both HCECs and HKs can harbor productive VZV infection yet differ with respect to cytopathology, proinflammatory cytokine production and matrix metalloproteinase release, which may contribute to the clinical differences in VZV epithelial and stromal keratitis.

The question of whether HKs are able to synthesize infectious virions was recently raised following a case report of a patient who developed VZV stromal keratitis after zoster vaccination. VZV particles appeared inside keratocytes; however, capsids were empty and it was unclear whether VZV was able to complete all the replication steps and release complete virions to infect adjacent keratocytes. To our knowledge, only one previous study examined the effects of VZV infection on human corneal stromal fibroblasts in vitro, which showed that VZV can infect stromal fibroblasts and that VZV deficient in functional ORF60 protein kinase expression is severely growth-impaired in these cells. Our study showed that both VZV-infected HCECs and HKs can synthesize infectious virus particles following exposure to VZV-infected HFL lysates, as demonstrated by the proliferation and “piling up” of HCECs expressing VZV glycoproteins, reminiscent of epithelial pseudodendrites, and by an expanding cytopathic effect in VZV-infected HKs that express VZV glycoproteins at the periphery of plaques, reminiscent of degenerating stromal cells seen by Jastrzebski and colleagues. While conditioned supernatant from VZV-infected HCECs and HKs were unable to infect HFLs, indicating that cell-free virus was not produced, infected HCECs and HKs were able to transmit infectious virus particles to HFLs by cell-to-cell spread, demonstrating that HCECs and HKs are permissive to VZV infection.

Compared to mock- VZV-infected HCECs secreted significantly higher levels of IL-2, IL-6, IL-8, IL-10, IL-12p70 and IFN-γ in the conditioned medium; no significant differences in IL-1β or IL-13 were measured. IL-1α and TNF-α were not detected. However, only IL-1β, IL-6, IL-8, IL-10, and IL-12p70 were confirmed at the transcript level. The reason(s) for the disparities in transcript and secreted cytokine levels remain to be determined. Consistent with the increased proinflammatory cytokine levels of VZV-infected HCECs, supernatant recruited PBMCs and neutrophils in a migration assay; consistent with inflammatory infiltrates observed in VZV-infected corneal epithelium of patients. The number of proinflammatory cytokines secreted by VZV-infected HCECs is greater than that previously reported in VZV-infected human brain vascular adventitial fibroblasts (HBVAFs), vascular smooth muscle cells (HBVSMCs), perineural cells (HPNCs) and HFLs. During VZV infection, IL-8 was increased in all four of these primary human cell cultures; IL-6 was increased in all but HBVSMCs, while IL-2 was increased only in HPNCs. However, there were no increases in IL-4, IL-10, IL-12p70 or IFN-γ, possibly due to the different VZV strains used (VZV Ellen strain in the previous report and the Gilden strain herein) or differential cell type specific responses to infection. The cytokines secreted from VZV-infected HCECs differ from those secreted from herpes simplex-1 (HSV-1; KOS strain)-infected HCECs. While both viruses led to an increase in IL-6 and IL-8, HSV-1-infected HCECs also showed an increase in TNF-α and IFN-β, which was not detected and not measured in VZV-infected HCECs, respectively. In a study of HSV-1-infected human cornea organotypic cultures, IL-6 and IL-1β were not significantly increased, but TNF-α was modestly increased; IL-17 was not detected. These differential cytokine responses in HCECs against two different viruses may contribute to differences in the level of inflammation and morphological changes (i.e., ulcerations and perforation, seen in VZV and HSV-1 epithelial keratitis).

In VZV-infected HCECs, levels of secreted MMP-1 and MMP-9 were significantly increased, unlike the HSV-1-induced increases in MMP-2 and MMP-9 in HCECs. MMP-1 is an enzyme that cleaves collagen that is present in the extracellular matrix of the cornea. Similarly, MMP-9 degrades denatured collagen. Both MMPs can mediate epithelial-stromal interactions, immune cell infiltration, corneal damage and corneal ulceration. Since the ability of MMPs to cleave extracellular matrix depends on the balance of activated MMPs and tissue inhibitors of MMPs, an MMP activity assay was used that showed increased extracellular matrix substrate cleavage. This increase in MMP activity associated with VZV infection of HCECs could lead to the loss of epithelial layer integrity and promote an environment that is more permissive to immune cell infiltration and epithelial cell migration and proliferation.

Compared to mock-infected HKs, VZV-infected HKs secreted significantly higher levels of IL-8 that was confirmed at the transcript level, similar to HSV-1-induced IL-8 secretion in keratocytes; conditioned supernatant recruited neutrophils in the migration assay. Specificity for increased IL-8 in HK supernatant acting as a neutrophil attractant is seen by decreased infiltration when IL-8 was neutralized with an anti-IL-8 antibody. In addition, MMP-1, -2, -3, and -9 were suppressed in VZV-infected HKs. The inability of VZV-infected HKs to secrete proinflammatory cytokines, recruit PBMCs and cleave extracellular matrix, in contrast to the ability of VZV-infected HCECs to create a proinflammatory environment, may be due to differences in developmental origins: HCECs are embryonic ectoderm-derived, whereas HKs are neural crest-derived.

Overall, our data shows that VZV-infected HCECs recapitulate the clinical findings seen in patients with VZV keratitis, including epithelial cell proliferation, pseudodendrite formation and increased proinflammatory cytokines and MMPs, providing an in vitro model for VZV infection of HCECs. The proliferation and persistence of VZV-infected HCECs suggest that these cells may serve as viral reservoirs if immune clearance is incomplete. Finally, the VZV-induced death of HKs and suppression of most proinflammatory cytokines and MMPs may explain the widespread death of these cells with unchecked viral spread due to ineffective recruitment of PBMCs.

**Acknowledgments**

Supported by National Institutes of Health (Bethesda, MD, USA) grants AG032958 and NS094758 (MAN); the American Heart Association (Dallas, TX, USA) Grant AHA 17POST33661139 (DJ); and a Research to Prevent Blindness, Inc., Challenge Grant, Department of Ophthalmology, University of Colorado School of Medicine (Aurora, CO, USA; MAN and NHM). Imaging experiments were performed in the University of Colorado Anschutz Medical Campus Advance Light Microscopy Core supported in part by NIH/NCATS Colorado CTSI Grant Number UL1 TR001082. The authors alone are responsible for the content and writing of the paper.

Disclosure: C.N. Como, None; A.N. Bubak, None; A.M. Blackmon, None; D. Jones, None; N.H. Mueller, None; R. Davidson, None; M.A. Nagel, None


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