

Induction of HIV-1-specific T-helper responses and type 1 cytokine secretion following therapeutic vaccination of macaques with a recombinant fowlpoxvirus co-expressing interferon-gamma

Dale CJ, Zhao A, Jones SL, Boyle DB, Ramshaw IA, Kent SJ. Induction of HIV-1-specific T-helper responses and type 1 cytokine secretion following therapeutic vaccination of macaques with a recombinant fowlpoxvirus co-expressing interferon-gamma. J Med Primatol 2000; 29:240–247. © Munksgaard, Copenhagen

Abstract: Preventive and/or therapeutic vaccines against Human Immunodeficiency Virus (HIV-1) are urgently required. Induction of cellular immunity is favoured since these responses correlate with control of HIV-1. Recombinant fowlpoxvirus (FPV) vaccines encoding both HIV-1 gag/pol and interferon-gamma (FPV gag/pol-IFN γ) were hypothesised to enhance HIV-specific cellular immunity and were further evaluated in macaques previously infected with HIV-1. A novel assay to detect IFN γ secretion following HIV antigen stimulation of whole blood was developed to further assess the safety and immunogenicity of the FPV gag/pol-IFN γ vaccine. Immunisation with FPV gag/pol-IFN γ safely enhanced HIV-specific IFN γ secretion following *ex vivo* stimulation of whole blood, greater than that observed following FPV gag/pol vaccination not co-expressing IFN γ . Both HIV-specific IFN γ -spot-forming cells by ELISPOT and CD69 expression by CD4⁺ lymphocytes were also enhanced following FPV gag/pol-IFN γ vaccination. Hence, the FPV-HIV vaccine co-expressing IFN γ stimulated HIV-specific T cell responses in macaques, and should be further evaluated as a therapeutic or preventive HIV vaccine.

C. Jane Dale^{1,2}, Anne Zhao^{1,2}, Stephen L. Jones³, David B. Boyle⁴, Ian A. Ramshaw⁵, Stephen J. Kent^{1,2}

¹AIDS Pathogenesis Research Unit, Macfarlane Burnet Centre for Medical Research, Yarra Bend Rd, Fairfield 3078, Victoria, Australia, ²Department of Microbiology and Immunology, University of Melbourne, Parkville 3052, Victoria, Australia, ³Veterinary Division, CSL Ltd, 45 Poplar Road, Parkville 3052, Victoria, Australia, ⁴CSIRO, Division of Animal Health, Australian Animal Health Laboratories, Geelong 3220, Victoria, Australia, ⁵Division of Cell Biology and Immunology, John Curtin School for Medical Research, Australian National University, Canberra 2601, ACT, Australia

Key words: cellular immunity – ELISOT – CD69 – interferon-gamma assay – vaccine vectors

Accepted March 27, 2000.

Dr S. Kent, Department of Microbiology and Immunology, University of Melbourne, Parkville 3052 Vic Australia.
E-mail: s.kent@microbiology.unimelb.edu.au

Funding: Supported by Commonwealth AIDS Research Grants 956043 and 960338, Australia, and a Bassler fellowship from the Royal Australasian College of Physicians.

Introduction

A preventive HIV-1 vaccine is urgently required. In addition, a therapeutic vaccine to facilitate HIV-1 control and slow or halt progressive immunodeficiency would be of great benefit to the millions of people already infected with HIV-1 [37]. However, studies to date have shown no clinical benefit from therapeutic HIV-1 vaccines [12,

28]. This may be due to both the poor T cell immunogenicity of the vaccines evaluated to date, and evaluating vaccines in subjects not on effective antiretroviral therapy [34]. Suppressive antiretroviral drug treatment may be required to partially alleviate the HIV-1 induced immunodeficiency and to restore the host's ability to mount effective immune responses to HIV vaccines [30].

Circumstantial evidence suggests that HIV-specific CD4⁺ T-helper (Th) and CD8⁺ cytotoxic T lymphocyte (CTL) responses, rather than antibodies, are critical immune determinants of HIV-1 control. HIV-specific CTL and Th responses have been detected in HIV-exposed but uninfected persons, and are likely to have a role in protection from subsequent HIV-1 exposure [9, 32]. CTL responses temporally correlate with the decline in acute HIV-1 viremia in both humans and animal models [21, 24, 26]. Evidence that an early and vigorous selection for HIV-1 and SIV variants that escape CTL recognition occurs during infection is also consistent with a role for CTL in control of HIV-1 and SIV [3, 13]. No studies have directly addressed the requirement of Th or CTL responses to mediate protective immunity to HIV-1. In one SIV vaccine study, a correlation between SIV-specific CTL and a reduction in early viral load was made; however, this was to vaccine-induced protective immunity in only one animal [14]. Recent studies have shown that depletion of CD8⁺ T cells with monoclonal antibodies results in a dramatic rise in SIV viremia in macaques [39].

Whether HIV-specific Th responses were likely to facilitate control of HIV-1 has been uncertain for many years. Since HIV actively infects, destroys and induces the apoptosis of activated Th cells, few HIV-1 infected individuals harbour detectable HIV-specific Th cells. Studies from HIV-1 infected subjects during early infection or following adequate antiretroviral therapy have suggested that HIV-specific Th responses correlate with the control of HIV-1 viremia [30]. This is consistent

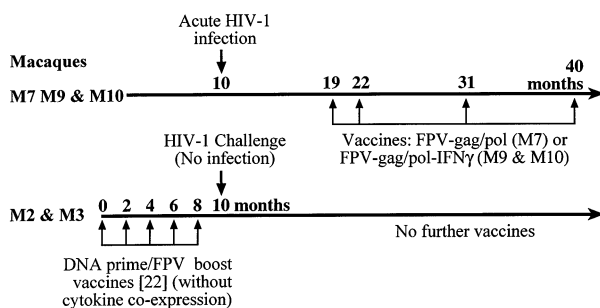


Fig. 1. Vaccine regimen and HIV-1 challenge of macaques. Macaque M2 and M3 were primed with a DNA vaccine encoding HIV-1 env/gag/pol, and boosted with FPVs encoding env and gag/pol, and all macaques were challenged i.v. with HIV-1 during the 10th month of the trial [22]. HIV-1 challenge did not lead to HIV-1 infection of macaques M2 and M3 [22]. Macaques M7, M9 and M10 became acutely infected following challenge, but this infection became latent with detection of only HIV-1 DNA, but not RNA, possible by month 19 [23]. Macaque M7 was immunised four times with the FPV gag/pol vaccine (10^8 pfu), and concurrent FPV gag/pol-IFN γ vaccines (10^8 pfu) were delivered to macaques M9 and M10.

with the general role of Th cells in the induction of CTL responses and supports animal model studies where the generation of both Th and CTL correlate with control of HIV-1 and SIV [20, 21].

Th cells that secrete the cytokines IL-2 and IFN γ (Th1 phenotype) support the generation of CTL responses more efficiently than Th cells secreting alternative cytokines (i.e. Th2, secreting IL4, IL-5 and IL-10), which support humoral immunity. The induction of Th1 responses by HIV vaccines is likely to be beneficial to the maintenance of HIV-specific CTL responses, potentially required for long-term immunogenicity and protective efficacy [19]. The vigorous Th response induced by live, attenuated SIV and HIV-1 strains also supports a role for Th responses for efficient induction of protective immunity [11, 15].

The most commonly used assays to detect and quantify antigen-specific CD8⁺ and CD4⁺ T cell responses are the ⁵¹Chromium release assay and the lymphoproliferative assay, respectively. Both assays are labour intensive, require prolonged incubation periods for cell expansion, generally require the use of fresh cells for reliable results, and commonly exhibit high inter-assay variability, particularly when the responses are analysed kinetically. Simpler and more reliable assays are clearly required.

Assays developed to meet these requirements to detect and quantify antigen-specific T cells include the detection of early activation markers (e.g. CD69, [6]) and intracellular cytokines [36] by flow cytometry, detection of T cell receptor and epitope complexes by MHC Class I tetramer and flow cytometry [1, 13, 27], and detection of cytokine production by ELISPOT where cytokine-producing cells are detected on plates using biotin-labelled antibodies and the formation of visible spots [35]. MHC tetramer assays are available for detection of SIV-specific T cells in a few MHC class I molecules defined for *Macaca mulatta*, but are not yet available for HIV-1-specific T cells in *Macaca nemestrina* [13].

Another assay for T cell-dependent immunity, which has not to our knowledge been used to study HIV-1 vaccines in non-human primates to date, is an assay for HIV-specific IFN γ production from whole blood. This assay, originally developed to detect mycobacterial-specific IFN γ production in cattle [38] and subsequently humans [33], is simple, does not require the separation of peripheral blood mononuclear cells (PBMC), and has a short (20 hour) incubation period. In this report we developed and evaluated a quantitative whole blood assay for HIV-specific IFN γ production in macaques.

For the initial evaluation of the safety and immunogenicity of novel cytokine co-expressing vaccines, we utilised pigtail macaques (*M. nemestrina*) previously infected with HIV-1 [21, 22] (Fig. 1). *M. nemestrina* are susceptible to acute HIV-1 infection, but after a few months only HIV-1 DNA, and not HIV-1 RNA or culturable virus, can be detected and the animals do not progress to immunodeficiency [21]. HIV-specific T cell responses decline to low memory levels following resolution of acute HIV-1 infection of macaques [21, 23]. Although this model is a very highly attenuated lentivirus infection system, it allows the preliminary evaluation of the ability of novel vaccines to boost HIV-primed T cell responses.

Recombinant poxviruses expressing HIV-1 antigens (including recombinant vaccinia, attenuated vaccinia variants, and avian poxviruses such as canarypox and fowlpox viruses, FPV) have long been proposed as potentially useful for HIV-1 vaccines [17, 18]. Poxviruses are attractive vaccine vectors since large amounts of foreign genetic material can be inserted at a number of well-characterised sites, and the antigens are abundantly expressed intracellularly with the potential to stimulate CTL responses. In human clinical trials, however, avipox-HIV-1 vaccines have induced HIV-specific CTL responses in only a limited proportion of subjects [8]. Co-expression of cytokines by recombinant poxvirus vaccines can dramatically modulate the resulting immune responses in mice (including enhanced T cell responsiveness) [25, 29], but this approach has not been assessed in non-human primates. Insertion sites were introduced into an Australian FPV strain (FPV M3) to accommodate and express multiple foreign proteins. The FPV M3 strains have been used safely as a successful vaccine vector in chickens [16]. Interferon-gamma (IFN γ) is a critical cytokine in the induction of CTL responses and Th1 responses. Utilising a recombinant FPV expressing both IFN γ and HIV-1 gag/pol (FPV gag/pol-IFN γ), the safety and immunogenicity as a therapeutic vaccine in macaques was assessed.

Materials and methods

Vaccines

Vaccines FPV gag/pol (rFPV encoding the HIV-1 gag/pol antigens) and FPV gag/pol-IFN γ (rFPV encoding the HIV-1 gag/pol antigens and human IFN γ) have been described previously [22, 23]. Briefly, for FPV gag/pol, HIV-1_{SF2} gag/pol genes were inserted into the FPV M3 genome downstream of the FPV thymidine kinase, and expression of the HIV-1 antigens utilised the FPV P.E/L

bi-directional promoter. For FPV gag/pol-IFN γ , the human IFN γ gene was cloned into the FPV plasmid vector pAF09 by PCR, and IFN γ expression was under the control of the P.E/L promoter. The gag/pol genes were inserted immediately downstream of IFN γ , and gag/pol expression controlled by the vaccinia virus P.7.5 promoter.

Animals and vaccinations

Five *M. nemestrina* were used in this study and have been described previously [22, 23] (Fig. 1). *M. nemestrina* were anaesthetised with Ketamine (10 mg/kg i.m.) prior to all procedures. The five macaques were either mock-immunised (monkeys M2 and M3), immunised with FPV gag/pol (monkey M7), or immunised with FPV gag/pol-IFN γ (monkeys M9 and M10), four times each (Fig. 1). A report in press describes an evaluation after the first two vaccinations, particularly CTL responses (by ⁵¹Chromium release assays) and lymphoproliferative responses [23]. All animals were previously challenged intravenously with HIV-1_{LAI} 9 months prior to initiating this study (Fig. 1). Prior to the first immunisation, only HIV-1 DNA and not HIV-1 RNA or culturable HIV-1 could be detected in PBMC from the animals.

Safety assessment of vaccines

Animals were monitored twice daily following vaccination for reactions caused by the vaccines. The activity of the macaques was recorded by counting the total number of behaviour events (foraging, grooming, displacement, mounting, and individual and conspecific play activities) over 15 minutes daily as described [5]. Mean behaviour scores for 1 week prior to vaccination were compared to those following vaccinations. Body weights were also recorded regularly at the time of blood sampling.

To assess possible central nervous system toxicity, cerebrospinal fluid (1 ml) was removed from one of the macaques receiving the FPVgag/pol-IFN γ vaccination (macaque M9) by lumbar puncture 1 week following the third vaccination. The lumbar puncture was performed aseptically under Ketamine sedation using a 23G paediatric lumbar puncture needle through the L3/4 intervertebral space without complications.

Antigen stimulation of whole blood and IFN γ detection by ELISA

Prior to use in this vaccine study, an assay to detect *M. nemestrina* IFN γ secretion from whole blood was optimised using the mitogen con-

canavalin A (Sigma, St Louis, MO), titrating the concentration from 100 $\mu\text{g/ml}$ to 1 $\mu\text{g/ml}$. Venous blood was collected from the animals prior to, and following, the 4th immunisation (Fig. 1). Heparin-anticoagulated whole blood (0.5 ml) was added to wells of a 48-well culture plate (Corning, Acton MA) and stimulated for 20 hours with 20 $\mu\text{g/ml}$ of Aldrithiol-2 inactivated whole HIV-1 (kindly supplied by L.O. Arthur, J.D. Lifson and J.L. Rossio, AVP, SAIC Frederick, NCI-FCRDC, Frederick MD; [31]). This antigen has been shown to efficiently stimulate lentivirus-primed T cells with low or undetectable levels of stimulation in naïve macaques [2]. Untreated plasma samples from each animal, and whole blood incubated without antigen, served as negative controls in the assay. Assays were set up in duplicate for each antigen on weeks 0 and 2.

Plasma from each of the blood samples was removed following gentle centrifugation (1,000 g) of the plates, and stored at -20°C . Plasma samples and titrated recombinant human IFN γ standards (Genzyme, Cambridge MA) were batched and assayed in duplicate for antigen-specific non-human primate IFN γ using a capture ELISA (PRIMAGAMTM; CSL Ltd, Parkville, Australia) utilising methods developed for mycobacterial-specific IFN γ production [10]. Briefly, samples were reacted with the IFN γ specific FA42.2B9 monoclonal antibodies (mAb) conjugated to horseradish peroxidase in ELISA wells coated with F(ab')₂ fragments of FA42.1F7 mAb for 2 hours at room temperature as described by Desem and Jones [10]. After washing, wells were incubated with chromophore for 30 minutes. The substrate reaction was stopped using 0.5 M H₂SO₄ and optical densities (OD) were measured using a 450 nm filter (Titertek Instruments, Huntsville AL).

Detection of IFN γ -secreting cells by ELISOPT

PBMC were isolated by density gradient centrifugation (Ficoll-Paque, Amersham Pharmacia, Uppsala Sweden) from heparin-treated blood collected from each animal and stored in liquid nitrogen. PBMC were batch-thawed and stimulated with Aldrithiol-2 inactivated HIV-1 (10 $\mu\text{g/ml}$), HIV-1_{SF2} p24 protein (10 $\mu\text{g/ml}$; NIH AIDS Research and Reference Reagent Program, MD) or with media-alone. The assay was batched for all PBMC samples collected over a 5-week period prior to, and following the 4th vaccination. Frozen PBMC, collected from each of the macaques prior to delivery of HIV-1 vaccines or HIV-1 exposure (month 0, Fig. 1; Naïve timepoint Fig. 4), were also tested. Samples were assayed using the monkey IFN γ

ELISPOT kit (U-CyTech bv, Utrecht, The Netherlands), according to the manufacturer's instructions. Briefly, 150 μl antigen-stimulated PBMC were counted and incubated in ELISPOT plates pre-coated with anti-IFN γ mAb. 'Spots' were detected using labelled anti-biotin antibodies. Results were normalised for the cell counts and expressed as the number of IFN γ spot-forming cells per 10⁶ antigen-stimulated PBMC.

Flow cytometric detection of HIV-1-specific CD69⁺ lymphocytes

Fresh PBMC were stimulated with HIV-1 antigens (as above) for 16 hours. Stimulated PBMC were washed and incubated with Ortho-mune OKT-4 FITC-conjugated CD4 mAb (Ortho Diagnostic Systems, Raritan, NJ) together with mouse anti-human CD69 mAb conjugated with phycoerythrin (Becton-Dickinson, Franklin Lakes NJ). Stimulated PBMC were also incubated with the mouse $\gamma 1/\gamma 2a$ simlestest control antibody (Becton-Dickinson). Cells were analysed using the FACScalibur flow cytometer (Beckman Instruments, Fullerton CA), and the data analysed using Cell-Quest software (Becton Dickinson Immunocytometry Systems). Gated lymphocytes were back-gated for CD4 expression and the proportion of CD69-expressing cells determined.

Results

Safety of FPV vaccines

Systemically administered cytokines can induce significant toxicity. However, cytokines expressed from FPV act by secreting the cytokine at the local level of immune response induction, rather than systemically [29]. The safety of this novel FPV vaccine encoding both HIV-1gag/pol and IFN γ was therefore of interest in non-human primates. No significant adverse effects of the FPV vaccines were noted in the macaques studied. Utilising methodology to enumerate normal playful macaque behaviour activities, previously developed to monitor animal enrichment devices [5], the activities of the macaques were studied prior to and following the immunisations. A transient (1–2 day) reduction in activity was detected in animals immunised with either FPVgag/pol-IFN γ (macaques M9 and M10) or FPVgag/pol (macaque M7, Fig. 2a). This reduction in playful behaviour became less apparent following subsequent vaccinations. Body weights of the macaques were analysed following vaccinations and all the juvenile macaques gained weight normally (Fig. 2b).

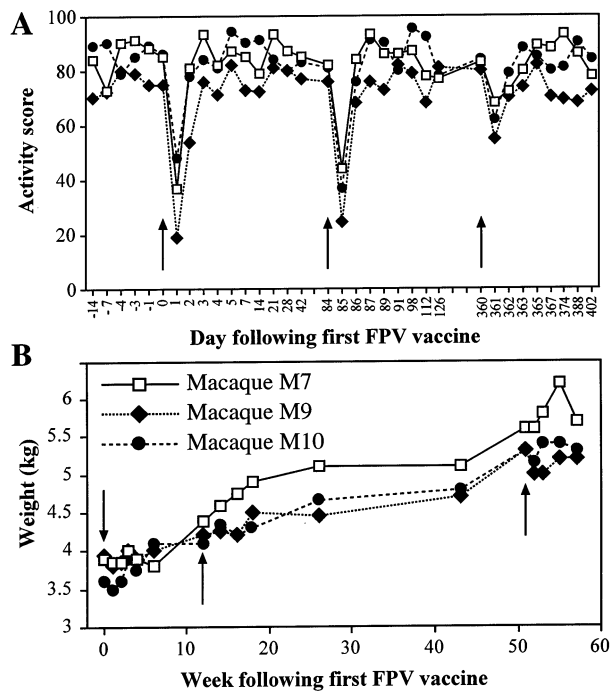


Fig. 2. Safety of FPV gag/pol and FPV gag/pol-IFN γ vaccines. **A**. The number of normal, playful macaque behavioural activities were counted daily over a 15-minute period following FPV vaccinations. **B**. The juvenile macaques gained weight normally over the course of the trial.

Since systemic IFN γ administration could have potential central nervous system toxicity [7], a lumbar puncture was performed 7 days after the third FPVgag/pol-IFN γ vaccination of one of the macaques, M9. The cerebrospinal fluid was clear and colourless and had a cell count of 1 lymphocyte/ μ l. The glucose and protein levels were normal as determined by automated biochemistry. Thus, no significant long-term central nervous system or behavioural abnormalities were observed following administration of the IFN γ expressing vaccine.

Detection of HIV-specific IFN γ secretion in whole blood

A simple assay was developed to detect HIV-specific macaque IFN γ secretion using whole blood. This whole blood antigen-specific IFN γ assay does not require PBMC separation and has a short incubation. Results were highly reproducible during assay development and for samples tested, with the standard error of the mean of replicate samples less than 0.05. The assay was developed prior to the 4th FPV vaccination and blood from the macaques was evaluated prior to, and following, this vaccination (Fig. 3). A rise in HIV-specific IFN γ secretion was seen by 1 week following FPVgag/pol-IFN γ vaccinations, and this persisted for

at least 4 weeks. FPVgag/pol vaccination resulted in lower HIV-specific IFN γ production, and macaques that did not receive concurrent immunisations showed no rise in HIV-specific IFN γ secretion. Unstimulated plasma samples from all animals, including FPVgag/pol-IFN γ vaccinees, showed no significant IFN γ secretion.

Enumeration of HIV-specific IFN γ producing cells

Enumeration of antigen-specific cells by detection of cytokines bound to antibody coated plates and

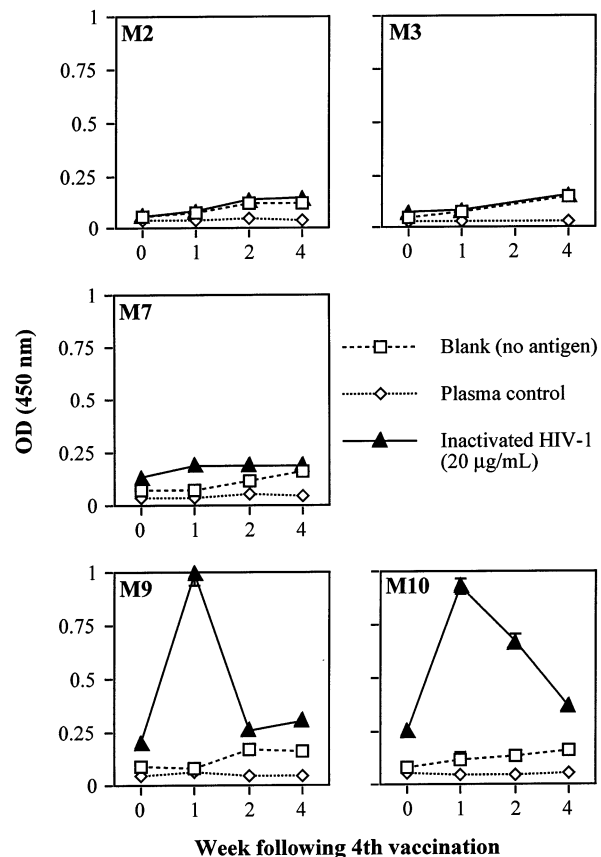


Fig. 3. Detection of IFN γ secretion following antigen stimulation of whole blood. Whole blood collected prior to (week 0), and on weeks 1, 2 and 4 following the 4th FPV gag/pol (macaque M7) and FPV gag/pol-IFN γ (macaques M9 and M10) vaccines was stimulated with inactivated HIV-1 (20 μ g/ml). Control plasma samples were either not incubated, or incubated without HIV-1 antigens. Blood collected from macaques M2 and M3, not concurrently vaccinated with FPVs, was similarly treated and served as negative controls in the assay. IFN γ secretion was enhanced 1 week following immunisation with FPV gag/pol-IFN γ compared to the other animals in the study, and, although declining, IFN γ secretion could be detected 4 weeks following this immunisation. IFN γ secretion detected in unstimulated plasma samples (plasma control) did not increase following immunisation of any of the animals. From serial dilutions of recombinant human IFN γ (not shown), an OD (450 nm) of one was approximately equivalent to 300 pg/ml IFN γ in the assay.

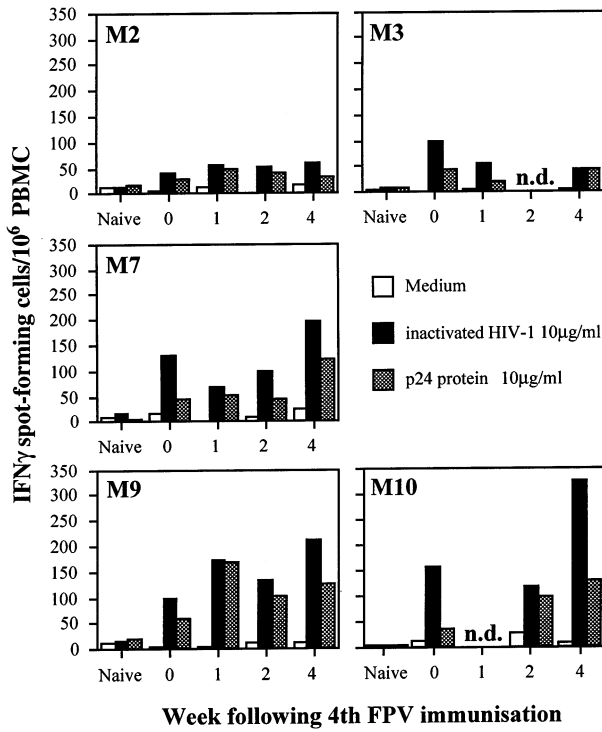


Fig. 4. Enumeration of HIV-specific IFN γ secreting cells. ELISPOT assays to detect the number of lymphocytes secreting IFN γ . PBMC collected before HIV-1 vaccines and exposure (naïve, month 0 in Fig. 1), and prior to and following the 4th FPV gag/pol (macaques M7) and FPV gag/pol-IFN γ (macaques M9 and M10) vaccination were stimulated with either inactivated HIV-1 (10 μ g/ml) or recombinant p24 protein (10 μ g/ml).

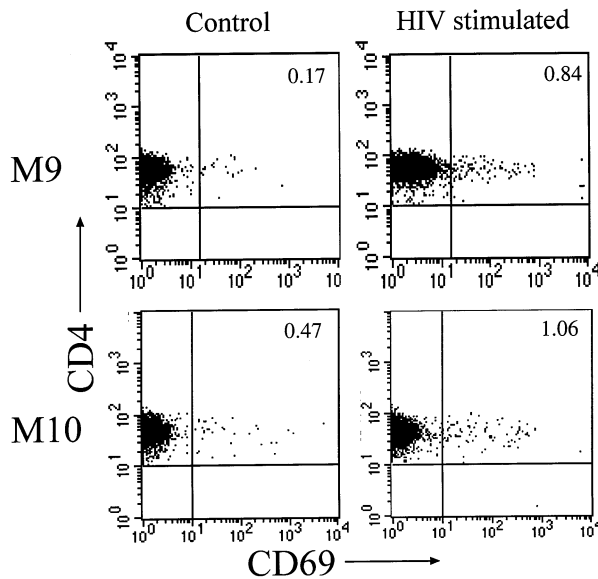


Fig. 5. HIV-specific expression of CD69 following FPV gag/pol-IFN γ immunisation. Expression of CD69 on CD4⁺ lymphocytes was evaluated when freshly isolated PBMC were stimulated with inactivated HIV-1 (10 μ g/ml) 4 weeks following the 4th immunisation with FPV gag/pol-IFN γ .

detected by a second conjugated antibody is being increasingly studied in HIV/SIV vaccine experiments in macaques and humans [15, 35]. Serial frozen PBMC samples collected prior to any HIV-1 vaccines of HIV-1 exposure (naïve timepoint, Fig. 4), and prior to and following the 4th FPV vaccinations, were stimulated with two HIV-1 antigens (inactivated HIV-1 and recombinant p24 protein). Control animals (M2 and M3) had been vaccinated with DNA and FPV HIV-1 vaccines 30 months previously (see Fig. 1). IFN γ secreting cells specific for HIV-1 antigens were detected at low levels following previous vaccinations in all five animals. P24-specific IFN γ secreting cells were boosted 2.1 to 4.0-fold by week 4 following the 4th FPVgag/pol or FPVgag/pol-IFN γ vaccinations. Control monkeys, which did not receive concurrent FPV vaccines (M2 and M3), showed no significant enhancement of HIV-specific IFN γ secreting cells. Frozen PBMC samples from an additional two naïve pigtail macaques were stimulated with both HIV-1 antigen preparation and showed no significant IFN γ secreting cells (< 10 spot-forming cells/10⁶ PBMC, data not shown).

HIV-specific expression of CD69 following vaccination

Analysis of early activation markers on T cells, such as CD69, by flow cytometry is a reliable and simple method to detect antigen-specific T cells. We analysed CD69 expression on CD4⁺ lymphocytes following *in vitro* stimulation of freshly isolated PBMC from macaques following the 4th FPVgag/pol-IFN γ vaccination (Fig. 5). HIV-specific CD4⁺ lymphocytes represented 0.59–0.67% of CD4⁺ lymphocytes 4 weeks following the 4th FPVgag/pol-IFN γ vaccination.

Discussion

This report extends a preclinical evaluation of the safety and immunogenicity of a FPV-HIV vaccine co-expressing IFN γ [23]. The FPV gag/pol-IFN γ vaccine safely stimulated high levels of Th cells which secreted IFN γ in macaques. No significant systemic plasma IFN γ was detected following FPV gag/pol-IFN γ vaccination, and all safety analyses demonstrated no significant or long-term toxicity. These results are consistent with the vaccine acting to stimulate and influence the phenotype of the HIV-specific Th cells locally rather than mediating an effect by increasing systemic IFN γ levels. Given the perceived importance of the induction of HIV-1-specific Th1 responses for the maintenance of HIV-specific CTL effectors and control of HIV-1 replication [15, 30], this vaccine should be further

evaluated as a therapeutic or preventive HIV vaccine.

This initial evaluation of these novel FPV vaccines was performed in pigtail macaques previously exposed to HIV-1. This highly attenuated lentivirus infection model is not suited to analyses of the possible virologic efficacy of this vaccine since no active HIV-1 replication, and only low levels of latent HIV-1 DNA are detectable after the first few months following HIV-1 inoculation [23]. Future studies are planned to evaluate these vaccines in pathogenic SHIV macaque models. Alternatively, if ongoing studies define HIV-1 strains which induce high levels of replication and/or disease in pigtail macaques [4], this model could be re-evaluated.

A novel, simple, whole blood IFN γ production assay was developed to analyse HIV-specific macaque Th1 cells in this study. This assay clearly demonstrated the potential utility of the FPV gag/pol-IFN γ vaccine studied, with elevations of HIV-1-specific IFN γ production detected within 1 week of vaccination which persisted for at least 4 weeks following FPV gag/pol-IFN γ vaccination. Indeed, baseline levels of HIV-1-specific IFN γ production were still elevated 9 months following the third FPV gag/pol-IFN γ vaccine (Fig. 3, week 0 time-point). Replicate samples were highly concordant, and the results consistent with previous analyses of standard lymphoproliferative assays and IFN γ production following *in vitro* stimulation of isolated PBMC for 7 days [23]. It is most likely that the antigen-specific IFN γ production detected by this assay reflects IFN γ secretion from CD4⁺ T cells, but future depletion studies are required for this to be confirmed. One limitation of this assay is the requirement for modest volumes of fresh whole blood (0.5 ml per antigen replicate), which could be limiting in smaller macaques. Nevertheless, this assay should prove a simple and reliable addition to immunologic monitoring of macaques in lentivirus vaccine studies.

Quantification of the number of HIV-specific cells secreting IFN γ were also evaluated by ELISPOT on serial frozen cells in this report. This assay detected an increase in the number of HIV-specific T cells following the 4th FPV gag/pol or FPV gag/pol-IFN γ vaccination, but not in mock-immunised control macaques. Interestingly, HIV-specific IFN γ secreting T cells were detected both 9 months following the third FPV gag/pol or FPV gag/pol-IFN γ vaccination (macaques M7, M9 M10), and, to a lesser extent, 30 months following HIV-1 DNA and FPV prime/boost vaccine studies (macaques M2 and M3), in comparison to samples obtained prior to any vaccinations or challenges,

or other HIV-naïve macaques. Taken together, these results suggest future studies of DNA vaccine priming and FPV gag/pol-IFN γ boosting could stimulate even greater levels of Th1/CTL responses. These results are consistent with previous reports suggesting ELISPOT assays are highly sensitive for the detection of HIV-specific IFN γ secretion. The pattern of enhancement of IFN γ secretion by individual HIV-1-specific T cells was different to that observed utilising the whole blood HIV-1-specific IFN γ production assay. This may reflect a number of effects, namely: (i) the longer duration of antigen stimulation in the ELISPOT assay (potentially detecting a more significant memory T cell response); (ii) that ELISPOTs do not quantify the amount of IFN γ secreted by each T cell; (iii) counting of ELISPOTs is difficult to standardise; or (iv) the ELISPOT assays were performed on frozen PBMC in this study. Used in tandem, both ELISPOT and whole blood IFN γ secretion assays should provide an accurate reflection of antigen-specific IFN γ secreting T cells.

In summary, a FPV-HIV vaccine co-expressing IFN γ stimulated high levels of HIV-specific Th1 cells in macaques. This vaccine is poised to be evaluated in further macaque studies to prevent or modulate pathogenic SHIV infections, and ultimately, in therapeutic and preventive HIV vaccine clinical trials in Australia.

Acknowledgments

We thank N Desem, CSL Ltd, for technical assistance, and R Sydenham, S Lee and A Joy, Macfarlane Burnet Centre for Medical Research, for expert animal care.

References

1. ALTMAN JD, MOSS PAH, GOULDER PJR et al.: Phenotypic analysis of antigen-specific T lymphocytes. *Science* 274:94–96, 1996.
2. ARTHUR LO, LIFSON JD, ROSSIO JL et al.: Inactivated SIV vaccines. In: 17th Annual Symposium on Nonhuman Primate Models for AIDS, New Orleans, Louisiana, 1999.
3. BORROW P, LEWICKI H, WEI X et al.: Antiviral pressure exerted by HIV-1-specific cytotoxic T lymphocytes (CTLs) during primary infection demonstrated by rapid selection of CTL escape virus. *Nature Med* 3:205–211, 1997.
4. BOSCH ML, AGY M, FLOREY MJ, KIMBALL L, SCHMIDT A, MORTON WR: *In vivo* adaptation of HIV-1 to replication in pigtailed macaques. In: 17th Annual Symposium on Nonhuman Primate Models for AIDS, New Orleans, Louisiana, 1999.
5. CARDINAL B, KENT SJ: Behavioural effects of simple manipulable environmental enrichment techniques on macaques. *Lab Primate Newsletter* 37:1–4, 1998.
6. CARUSO A, LICENZIATI S, CORULLI M et al.: Flow cytometric analysis of activation markers on stimulated T cells and their correlation with cell proliferation. *Cytometry* 27:71–76, 1997.

7. CLARK WM: Cytokines and reperfusion injury. *Neurology* 49:S10–S14, 1997.
8. CLEMENTS-MANN ML, WEINHOLD K, MATTHEWS TJ et al.: Immune responses to human immunodeficiency virus (HIV) type 1 induced by canarypox expressing HIV-1MN gp120, HIV-1SF2 recombinant gp120, or both vaccines in seronegative adults. NIAID AIDS Vaccine Evaluation Group. *J Infect Dis* 177:1230–1246, 1998.
9. CLERICI M, BALOTTA C, MERONI L et al.: Type 1 cytokine production and low prevalence of viral isolation correlate with long-term nonprogression in HIV infection. *AIDS Res Hum Retroviruses* 12:1053–1061, 1996.
10. DESEM N, JONES SL: Development of a human gamma interferon enzyme immunoassay and comparison with tuberculin skin testing for detection of *Mycobacterium tuberculosis* infection. *Clin Diag Lab Immunol* 5:531–536, 1998.
11. DYER WB, GECZY AF, KENT SJ et al.: Lymphoproliferative immune function in the Sydney Blood Bank Cohort, infected with natural nef/long terminal repeat mutants, and in other long-term survivors of transfusion-acquired HIV-1 infection. *AIDS* 11:1565–1574, 1997.
12. ERON JJ JR, ASHBY MA, GIORDANO MF et al.: Randomised trial of MNrgp120 HIV-1 vaccine in symptomless HIV-1 infection. *Lancet* 348:1547–1551, 1996.
13. EVANS DT, O'CONNOR DH, JING P et al.: Virus-specific T-lymphocyte responses select for amino-acid variation in simian immunodeficiency virus Env and Nef. *Nature Med* 5:1270–1276, 1999.
14. GALLIMORE A, CRANAGE M, COOK N et al.: Early suppression of SIV replication by CD8+ nef-specific cytotoxic T cells in vaccinated macaques. *Nature Med* 1:1167–1173, 1995.
15. GAUDUIN M-C, GLICKMAN RL, AHMAD S, YILMA T, JOHNSON RP: Immunization with live attenuated simian immunodeficiency virus induces strong type 1 T helper responses and B-chemokine production. *Proc Natl Acad Sci USA* 96:14031–14036, 1999.
16. HEINE HG, BOYLE DB: Infectious bursal disease virus structural protein VP2 expressed by a fowlpox virus recombinant confers protection against disease in chickens. *Arch Virol* 131:277–292, 1993.
17. HU SL, ABRAMS K, BARBER GN et al.: Protection of macaques against SIV infection by subunit vaccines of SIV envelope glycoprotein gp160. *Science* 255:456–459, 1992.
18. HU SL, FULTZ PN, MCCLURE HM et al.: Effect of immunization with a vaccinia-HIV env recombinant on HIV infection of chimpanzees. *Nature* 328:721–723, 1987.
19. KALAMS SA, BUCHBINDER SP, ROSENBERG ES et al.: Association between virus-specific cytotoxic T-lymphocyte and helper responses in human immunodeficiency virus type 1 infection. *J Virol* 73:6715–6720, 1999.
20. KENT SJ, HU SL, COREY L, MORTON WR, GREENBERG PD: Detection of simian immunodeficiency virus (SIV)-specific CD8+ T cells in macaques protected from SIV challenge by prior SIV subunit vaccination. *J Virol* 70:4941–4947, 1996.
21. KENT SJ, WOODWARD A, ZHAO A: Human immunodeficiency virus type 1 (HIV-1)-specific T cell responses correlate with control of acute HIV-1 infection in macaques. *J Infect Dis* 176:1188–1197, 1997.
22. KENT SJ, ZHAO A, BEST SJ, CHANDLER JD, BOYLE DB, RAMSHAW IA: Enhanced T-cell immunogenicity and protective efficacy of a human immunodeficiency virus type 1 vaccine regimen consisting of consecutive priming with DNA and boosting with recombinant fowlpox virus. *J Virol* 72:10180–10188, 1998.
23. KENT SJ, ZHAO A, DALE CJ, LAND S, BOYLE DB, RAMSHAW IA: A recombinant avipoxvirus HIV-1 vaccine expressing interferon-gamma is safe and immunogenic in macaques. *Vaccine* 18:2250–2256, 2000.
24. KOUP RA, SAFRIT JT, CAO Y et al.: Temporal association of cellular immune responses with the initial control of viremia in primary human immunodeficiency virus type 1 syndrome. *J Virol* 68:4650–4655, 1994.
25. LEONG KH, RAMSAY AJ, BOYLE DB, RAMSHAW IA: Selective induction of immune responses by cytokines co-expressed in recombinant fowlpox virus. *J Virol* 68:8125–8130, 1994.
26. MUSEY L, HUGHES J, SCHACKER T, SHEA T, COREY L, MCELRATH MJ: Cytotoxic-T-cell responses, viral load, and disease progression in early human immunodeficiency virus type 1 infection. *New Engl J Med* 337:1267–1274, 1994.
27. OGG GS, JIN X, BONHOEFFER S et al.: Quantitation of HIV-1-specific cytotoxic T lymphocytes and plasma load of viral RNA. *Science* 279:2103–2106, 1998.
28. PONTESILLI O, GUERRA EC, AMMASSARI A et al.: Phase II controlled trial of post-exposure immunization with recombinant gp160 versus antiretroviral therapy in asymptomatic HIV-1-infected adults. *AIDS* 12:473–480, 1998.
29. RAMSHAW IA, ANDREW ME, PHILLIPS SM, BOYLE DB, COUPAR BE: Recovery of immunodeficient mice from a vaccinia virus/IL-2 recombinant infection. *Nature* 329:545–546, 1987.
30. ROSENBERG ES, BILLINGSLEY JM, CALIENDO AM et al.: Vigorous HIV-1-specific CD4+ T cell responses with control of viremia. *Science* 278:1447–1450, 1997.
31. ROSSIO JL, ESSER MT, SURYANARAYANA K et al.: Inactivation of HIV-1 infectivity with preservation of conformational and functional integrity of virion surface proteins. *J Virol* 72:7992–8001, 1998.
32. ROWLAND-JONES S, SUTTON J, ARIYOSHI K et al.: HIV-specific cytotoxic T-cells in HIV-exposed but uninfected Gambian women. *Nat Med* 1:59–64, 1994.
33. STREETON JA, DESEM N, JONES SL: Sensitivity and specificity of a gamma interferon blood test for tuberculosis infection. *Int J Tuberc Lung Dis* 2:443–450, 1998.
34. TUBIANA R, GOMARD E, FLEURY H et al.: Vaccine therapy in early HIV-1 infection using a recombinant canarypox virus expressing gp160: A double blind controlled randomised study of safety and immunogenicity. *AIDS* 11:819–820, 1997.
35. VAN DER MEIDE PH, GROENESTEIN RJ, DE LABIE MC et al.: Enumeration of lymphokine-secreting cells as a quantitative measure for cellular immune responses in rhesus macaques. *J Med Primatol* 24:271–281, 1995.
36. WALDROP SL, PITCHER CJ, PETERSON DM, MAINO VC, PICKER LJ: Determination of antigen-specific memory/effector CD4+ T cell frequencies by flow cytometry: evidence for a novel, antigen-specific homeostatic mechanism in HIV-associated immunodeficiency. *J Clin Invest* 99:1739–1750, 1997.
37. WODARZ D, NOWAK MA: Specific therapy regimes could lead to long-term immunological control of HIV. *Proc Natl Acad Sci USA* 96:14464–14469, 1999.
38. WOOD PR, ROTHEN JS: *In vitro* immunodiagnostic assays for bovine tuberculosis. *Vet Microbiol* 40:125–135, 1994.
39. ZHANG L, LEWIN SR, MARKOWITZ M et al.: Measuring recent thymic emigrants in blood of normal and HIV-1-infected individuals before and after effective therapy. *J Exp Med* 190:725–732, 1999.