

## **Seroconversion to hepatitis C virus alternate reading frame protein during acute infection.**

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## HEPATOLOGY

**SEROCONVERSION TO HEPATITIS C VIRUS ALTERNATE  
READING FRAME PROTEIN DURING THE ACUTE INFECTION**

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# SEROCONVERSION TO HEPATITIS C VIRUS ALTERNATE READING FRAME PROTEIN DURING THE ACUTE INFECTION

Yoann Morice,<sup>1,2</sup> Maxime Ratinier,<sup>3</sup> Ahmed Miladi,<sup>1,2</sup> Stéphane Chevaliez,<sup>1,2</sup>

Georgios Germanidis,<sup>4</sup> Heiner Wedemeyer,<sup>5</sup> Syria Laperche,<sup>6</sup>

Jean-Pierre Lavergne,<sup>3</sup> and Jean-Michel Pawlotsky<sup>1,2\*</sup>

<sup>1</sup>National Reference Center for Viral Hepatitis B, C and delta, Department of Virology, Henri Mondor Hospital, University of Paris 12, Créteil, France; <sup>2</sup>INSERM U955, Créteil, France; <sup>3</sup>CNRS-UMR 5086, Institut de Biologie et de Chimie des Protéines, IFR 128 Lyon Gerland, Université Lyon I, Lyon, France; <sup>4</sup>Papageorgiou General Hospital, Thessaloniki, Greece; <sup>5</sup>Department of Gastroenterology, Hepatology and Endocrinology, Medical School Hannover, Hannover, Germany;

<sup>6</sup>National Reference Center for Viral Hepatitis B and C and Human Immunodeficiency Virus in Transfusion, Institut National de la Transfusion Sanguine, Paris, France

**Key-words:** ARFP, antibodies, acute hepatitis

## FOOTNOTE PAGE

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7  
8 Corresponding author: Prof. Jean-Michel Pawlotsky, MD, PhD, Department of  
9  
10 Virology, Hôpital Henri Mondor, 51 avenue du Maréchal de Lattre de Tassigny,  
11  
12 94010 Créteil, France. Phone: +33-1-4981-2827. Fax: +33-1-4981-4831. E-mail:  
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14 jean-michel.pawlotsky@hmn.aphp.fr  
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30 prototype assay.  
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**ABSTRACT**

The existence of hepatitis C virus proteins encoded by alternate reading frames overlapping the core-encoding region has been suggested. Several mechanisms of production have been postulated and the function(s) of these proteins in the HCV life cycle remain(s) unknown. We analyzed cases of seroconversion to an alternate reading frame protein in a group of 17 patients infected by the one of two hepatitis C virus genotype 1b strains during an outbreak in a hemodialysis unit. Three patients seroconverted and antibodies were transiently detected in another patient. Three of these patients were infected by one of the two HCV strains, whereas the strain infecting the remaining patient could not be identified. Quasispecies sequence analysis of the core-coding region showed no differences in the core or +1 reading frame sequences that could explain alternate reading frame protein seroconversion in some but not all of the patients infected by one of the HCV strains, and no such difference was found between the two strains. As differences in the structure of RNA elements could play a role in frameshift events, we conducted a predictive analysis of RNA folding by using RNAfold software. No difference was found between the patients who did and did not seroconvert to alternate reading frame protein.

**Conclusion:** our findings prove that alternate reading frame proteins can be produced during acute HCV infection. However, seroconversion does not occur in all patients for unknown reasons. Alternate reading frame protein could be generated by minority quasispecies variants or variants that occur transiently.

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Hepatitis C virus (HCV), a member of the *Flaviviridae* family, has a single-stranded positive RNA genome of approximately 9600 nucleotides. The genome is composed of a 5' non coding region (5'NCR), a long open reading frame (ORF) encoding the precursor polyprotein of about 3000 amino acids, and a 3'NCR. The ORF encodes 10 proteins that are generated through processing of the precursor polyprotein by cellular and viral proteases. HCV proteins comprise structural proteins (core protein and the two envelope glycoproteins E1 and E2) and nonstructural (NS) proteins (NS2, NS3, NS4A, NS4B, NS5A and NS5B) that have various functions in the HCV lifecycle (1, 2).

In 2001, Walewski et al. used computerized sequence analysis to map dual-use regions in HCV coding sequences. The results strongly suggested the existence of a new HCV antigen encoded, at least in part, by an alternate, +1 reading frame overlapping the core-encoding region (3). This was further supported by the observation of a single stop codon in the +1 reading frame of reference HCV strains, at positions that depended on the HCV genotype (4). The detection of specific antibodies targeting this protein in patients with chronic hepatitis C, by both enzyme immunoassay and Western-blot, strongly suggested that the alternate reading frame protein(s) (ARFP) is (are) produced during HCV infection (3, 5).

Since the first report suggesting translation of an ARFP (5), several mechanisms of ARFP production have been postulated (6). The first is a +1 programmed ribosomal frameshift promoted by a cluster of 10 adenines at codons 8-11 of the HCV genotype 1a ORF, leading to the formation of a 16- to 17-kDa protein (called ARFP/F) including the first 10 amino acids of the core protein (3, 5). The adenosine-rich sequence could also induce a -1 programmed ribosomal frameshift

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3 (7). Another potential mechanism in HCV genotype 1b infection is a double-  
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6 frameshift event. The first (+1) frameshift would occur at codon 42, located in stem-  
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9 loop VI of the HCV genome, and the second (-1) at codon 144 in the +1 ORF, close  
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11 to the terminal stem-loops (8). Rephasing back to translation in the HCV ORF leads  
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13 to production of ARFP-DFC (double frameshift core), whereas interruption of  
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15 translation after the stop codon leads to the production of ARFP-1b (8). Internal  
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17 initiation near codons 85-88 or at codon 26 in the core-encoding sequence has also  
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19 been suggested to generate ARFPs in the +1 reading frame (ARFP-86 and ARFP-  
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21 26, respectively) (9, 10).  
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25 ARFP/F can be expressed *in vitro*. It is present as a highly basic protein in the  
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27 cytoplasm of transfected cultured cells, sometimes with a perinuclear distribution  
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29 (11). ARFP/F is unstable, however, and is degraded by the proteasome complex  
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31 rapidly after its synthesis (half-life about 10 min) (5, 11). There is some evidence that  
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33 ARFPs are produced during HCV infection. Indeed, anti-ARFP antibodies have been  
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35 detected with specific assays in up to 40% of patients with chronic HCV infection,  
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37 and ARFP-specific T- and B-cell-mediated responses have been documented (5, 8,  
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39 12-14). However, the frequency and timing of ARFP production during infection, as  
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41 well as the role of ARFPs in the HCV lifecycle and pathogenicity, are totally unknown.  
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43 ARFP does not appear to play a role in viral replication, as subgenomic replicons  
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45 lacking the full structural region of the genome successfully replicate *in vitro* (15). The  
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47 basic nature and cytoplasmic localization of ARFP are compatible with an interaction  
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49 with HCV RNA. The possible role of ARFP in the establishment of acute and chronic  
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51 HCV infection is unknown.  
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58 Here we analyzed cases of seroconversion to ARFP in a group of patients  
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60 infected by the one of two HCV genotype 1b strains during an outbreak in a

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3 hemodialysis unit. Our findings prove that ARFP can be produced during acute HCV  
4 infection, but not all patients or even all patients infected by a given strain are able to  
5 mount a humoral response against it if produced.  
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## 10 11 12 **MATERIALS AND METHODS**

### 13 14 15 16 17 **Patients**

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22 Six groups of patients were studied (Table 1). Group I consisted of a cohort of  
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24 17 patients (6 males and 11 females, mean age 64 years) who developed acute  
25 hepatitis C during an outbreak in a Greek hemodialysis unit (16). The route of  
26 transmission was not identified. The patients were infected with one of two distinct  
27 HCV genotype 1b strains, nine patients with strain A and seven with strain B (one  
28 patient's strain could not be genotyped) (16). The patients were monitored without  
29 treatment during the first 6 months, and blood samples were taken frequently (on  
30 average, 15±4 samples per patient) and stored at -80°C. Alanine aminotransferase  
31 (ALT) and HCV RNA levels were measured in all samples. The seroconversion  
32 profiles were characterized by using a semi-quantitative line immunoassay (Inno-LIA  
33 HCV IV prototype assay, Innogenetics, Ghent, Belgium) that semi-quantifies  
34 antibodies against eight HCV epitopes present in the core, E1, E2, NS3, NS4 and  
35 NS5 protein sequences.  
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53 Group II consisted of 24 patients with acute viral hepatitis unrelated to HCV: 9  
54 patients had acute hepatitis A, characterized by the presence of anti hepatitis A virus  
55 IgM; 15 patients had acute hepatitis B, characterized by a seroconversion to HBs  
56 antigen (including 7 patients who presented with symptoms of acute hepatitis and 8  
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3 regular blood donors who seroconverted between two donations). Group III consisted  
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5 of a cohort of 216 patients chronically infected by HCV genotype 1 strains and  
6  
7 managed in the Hepatology Department of Henri Mondor hospital, France.  
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10 Three control groups of subjects with no markers of HCV infection were used  
11  
12 to assess the specificity of our anti-ARFP ELISA. Group IV consisted of 187 patients  
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14 managed in medical departments of Henri Mondor hospital who had no serological  
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16 markers of common viral infections. Group V consisted of 122 patients infected by  
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18 human immunodeficiency virus (HIV) and Group VI consisted of 93 patients infected  
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20 by hepatitis B virus (HBV).  
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### 27 **Study design**

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31 We developed and characterized a sensitive ELISA method for anti-ARFP (43-  
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33 141) antibody detection. It was used to detect anti-ARFP antibodies in all available  
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35 serum samples, including serial samples from Group I patients and single samples  
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37 from Group II and III patients. The nucleotide and deduced amino acid sequences of  
38  
39 the HCV core region were determined in all Group I patients. Multiple clones were  
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41 generated to characterize the quasispecies distribution of the analyzed region. The  
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43 ARFP sequences were deduced from the core protein-coding sequences and  
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45 compared between the patients who did and did not seroconvert to ARFP. The core  
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47 protein-coding sequence contains highly conserved structural RNA elements,  
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49 including two consecutive stem-loops (V and VI), and two consecutive terminal stem-  
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51 loops (17). In order to determine whether the production of anti-ARFP antibodies  
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53 during acute HCV infection in some patients but not in others was related to  
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55 structural differences in the core protein-coding sequence of the corresponding HCV  
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3 strains, we examined sequence variations and predicted their impact on the  
4 secondary structure of the core protein-coding region. The prevalence of anti-ARFP  
5 antibodies was also measured with our ELISA method in the 24 Group II patients  
6 with acute hepatitis A or B in order to assess the specificity of anti-ARFP antibody  
7 detection for HCV-related acute hepatitis and in the 216 Group III patients with  
8 chronic HCV genotype 1 infection, in order to compare it with the incidence of anti-  
9 ARFP seroconversion during acute infection. The specificity of anti-ARFP antibody  
10 detection was assessed by testing the patients in Groups IV to VI.  
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### 25 **Anti-ARFP (43-141) antibody ELISA**

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29 For ELISA detection of anti-ARFP (43-141) antibodies, we used the synthetic  
30 peptide G97A, composed of 99 amino acids encoded by codons 43-141 and derived  
31 from the +1 ORF of the core protein sequence of HCV genotype 1b isolate HCV-JA  
32 (12). The wells of microtiter plates were coated with 200 ng per well of purified G97A  
33 peptide (10 µg/mL) by overnight incubation at room temperature in sodium carbonate  
34 buffer (50 mmol, pH 9.5). Anti-ARFP (43-141) monoclonal antibodies raised in mice  
35 immunized with the same peptide were used as a positive control. The wells were  
36 washed three times with PBS-Tween and incubated with 200 µL of blocking buffer  
37 (200 mmol/L Tris, 200 mmol/L maleic acid, 0.9 g/L sodium azid, 5 g/L bovine  
38 serumalbumin, 1% goat seru, pH 6.2) for 2 hours at 37°C. After washing, coated  
39 plates were incubated with 200 µL of human serum diluted to 1:10 with Diasorin  
40 sample diluent (Saluggia, Italy) at 37°C for 1 hour. After washing, the wells were  
41 incubated for 1 hour at 37°C with 200 µL of a peroxidase-conjugated anti-human IgG  
42 (Diasorin) or anti-mouse IgG antibody for the clinical specimens or positive controls.  
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3 respectively. After washing, the reaction was developed by adding a  
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5 tetramethylbenzidine/hydrogen peroxide mix and incubating the plate at 37°C for  
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7 40 min in the dark. After adding 100 µL of 0.4 N sulfuric acid, absorbance was read  
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9 at 450/620 nm. The cut-off value was determined as the mean optical density value  
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11 obtained with three sera from HCV-uninfected blood donors plus three standard  
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13 deviations plus 0.1. A gray zone of  $\pm 20\%$  was defined around the cutoff value.  
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### 20 **Core and ARFP quasispecies sequence analysis**

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24 In order to generate core and ARFP quasispecies sequences, viral RNA was  
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26 extracted from 200 µL of serum with the High Pure kit (Roche Applied Science,  
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28 Indianapolis, France) and recovered in 50 µL of RNase-free water. After 15 min of  
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30 denaturation at 75°C, 5 µL of viral RNA was reverse transcribed at 53°C for 1 hour  
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32 using 10 pmol of antisense primer CORE-AS1  
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34 (5'-CCGAACACAGGGCACGCACC-3') and 200 U of Superscript III reverse  
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36 transcriptase (Invitrogen, Carlsbad, California). Samples were heated for 15 min at  
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38 70°C to inactivate the reaction. The core protein-coding region was amplified by  
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40 means of nested polymerase chain reaction (PCR) with outer primers CORE-S1  
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42 (sense, 5'-CTAGCCGAGTAGTGTGGG-3') and CORE-AS1 (antisense) and inner  
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44 primers CORE-S2 (sense, 5'-CTGATAGGGTGCTTGCGAG-3') and CORE-AS2  
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46 (antisense) (5'-TCCGCTGCCTCATAACAATGC-3'). The two PCR rounds were  
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48 carried out with the Advantage 2 Polymerase Mix (BD, Palo Alto, California). The first  
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50 round consisted of 5 min of denaturation at 95°C, followed by 40 PCR cycles with  
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52 denaturation at 95°C for 30 s, annealing at 55°C for 30 s, and extension at 68°C for  
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54 45 s, and a final extension step at 68°C for 5 min. Two microliters of the first-round  
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3 PCR product was used as a template for the second round, which consisted of 5 min  
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5 of denaturation at 95°C, followed by 35 PCR cycles with denaturation at 95°C for  
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7 30 s, annealing at 60°C for 30 s, and extension at 68°C for 45 s, and a final extension  
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9 step at 68°C for 5 min.  
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12 PCR amplicons were purified before ligation into the pCR4.0 plasmid  
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14 (Invitrogen). On average, 24 clones per sample were sequenced. Nucleotide and  
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16 amino acid sequences were aligned with the CLUSTAL W program (18). ARFP  
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18 sequences were deduced from core protein sequence alignments. Sequence data  
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20 from this study have been deposited in the EMBL Nucleotide Sequence Database  
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22 under accession numbers AM285684 to AM286184 and AM397933 to AM397949.  
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### 29 **Predictive analysis of conserved secondary structures in core/ARFP-** 30 **coding sequences** 31 32

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35 All analyses were performed using the European HCV Database website  
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37 facilities (<http://euhcvdb.ibcp.fr>) (19), the Clustal W program (18) and the Vienna  
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39 RNA secondary structure server (<http://rna.tbi.univie.ac.at/cgi-bin/RNAfold.cgi>) (20).  
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41 We predicted the impact of core protein-coding sequence variations on the RNA  
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43 secondary structure by using the RNAfold program. Two HCV genotype 1b reference  
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45 genome sequences from the European HCV database were used (numbered  
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47 D90208 and M58335). The regions selected to generate stem-loops V and VI and the  
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49 terminal stem-loops spanned nucleotides 43 to 169 and 438 to 518, respectively,  
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51 using the A of the AUG initiation codon as position 1. Only nonredundant sequences  
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53 were analyzed in each patient. In order to eliminate misincorporation errors at the  
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3 PCR stage, sequences harboring a nucleotide substitution at a position that was fully  
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5 conserved in all the other sequences were excluded.  
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## 10 RESULTS

### 11 12 13 14 15 Performance of the anti-ARFP (43-141) ELISA

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19 We evaluated the analytical sensitivity of our anti-ARFP (43-141) ELISA by  
20 testing several dilutions of an anti-ARFP (43-141) monoclonal antibody produced in  
21 mice immunized with the G97A peptide (initial concentration: 2.8 mg/mL; range of  
22 dilutions: 1/1000 to 1/128 000). The ELISA started to detect anti-ARFP (43-141) at a  
23 concentration of  $2.2 \times 10^{-2}$  ng/ $\mu$ L. By comparison, commercial anti-HCV assays can  
24 detect anti-HCV antibody concentrations of about  $10^{-3}$  ng/ $\mu$ L.  
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34 The specificity of our anti-ARFP (43-141) ELISA was 99.4% (95% confidence  
35 interval: 99.3%-99.5%) when tested on samples from Group IV patients, who had no  
36 markers of common viral infections (one of the 187 patients fell in the gray zone)  
37 (Table 2). None of the 122 HIV-infected patients in Group V had anti-ARFP (43-141)  
38 antibodies. In contrast, one (1.1%) of the 93 HBs antigen-positive patients in Group  
39 VI was positive and seven (7.5%) fell in the gray zone (Table 2), suggesting cross-  
40 reactivity between the two viruses, as previously reported with another ELISA assay  
41 using a similar peptide (13).  
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53 The intra- and inter-assay coefficients of variation were determined by testing  
54 15 sera five times each in five different runs. They ranged from 2.5% to 8.1%,  
55 suggesting that our ELISA had excellent precision and reproducibility.  
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## Seroconversion to ARFP (43-141) in the 17 Group I patients with acute HCV infection

Seroconversion to ARFP (43-141) was studied in the 17 Group I patients who were infected by one of two distinct HCV genotype 1b strains during an outbreak in a hemodialysis unit (16). The seroconversion profiles were compared for ARFP (43-141) and for structural and nonstructural HCV proteins in 82 serum samples from the 17 patients, who were sampled roughly every month during the 6-month follow-up period.

Figure 1 shows the dynamics of anti-ARFP (43-141) antibody titers in the 17 patients. Three patients seroconverted to ARFP (43-141) during the study period (patients 1, 6 and 14), and anti-ARFP (43-141) antibodies were transiently detected in another patient (patient 3). Patients 1 and 6 were both infected by HCV strain A, whereas the strain infecting patient 14 could not be identified. Patient 3 was also infected by HCV strain A. Figure 2 shows anti-ARFP (43-141) antibody seroconversion dynamics relative to alanine aminotransferase (ALT) and HCV RNA dynamics in these three patients. Seroconversion occurred respectively 4 and 8 weeks after the ALT peak in patients 1 and 6, and at the time of the ALT peak in patient 14.

Figure 3 shows the profiles of seroconversion to ARFP (43-141) and to eight structural or nonstructural HCV epitopes of the core, E1, E2, NS3, NS4 and NS5 proteins. Fifteen patients seroconverted to the core and nonstructural proteins, while patients 13 and 16 had incomplete seroconversion profiles. Thus, the failure to detect anti-ARFP antibodies in 14 patients was not related to an inability to mount HCV-specific humoral responses.

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## **Analysis of the nucleotide sequence of the core-coding region in the 17 Group I patients with acute HCV infection**

In order to assess whether seroconversion to ARFP (43-141) was associated with specific nucleotide sequence motifs in the core-coding region that could explain the occurrence of frameshift events, we characterized the core-coding region quasispecies distribution in the 17 patients with acute HCV infection. Twenty-four clones per sample were generated and their sequence was determined at baseline (earliest available sample) in all the patients except two, for whom PCR amplification of the core protein-coding region was not possible (a patient infected with strain B who did not seroconvert to ARFP, and the patient infected by an unidentified strain who seroconverted to ARFP). As two patients infected with HCV strain A infection seroconverted to ARFP (43-141) during follow-up, quasispecies sequence analysis was repeated on the latest available sample in all the patients infected by HCV strain A (except for one patient who did not seroconvert to ARFP and in whom PCR amplification of the target region was not possible). A total of 504 full-length core protein-coding region sequences were analyzed.

The G97A peptide used to detect anti-ARFP (43-141) antibodies in our ELISA showed a high percentage of homology with the putative ARFP sequences deduced from the core protein-coding sequence in the patients, ranging from 88.5% to 91.0% (99 amino acids). In patients infected by HCV strain A, only patient 1's major quasispecies variant harbored a single nucleotide variation (C to U at position 93) relative to the strain A consensus sequence. The major variant of all strain B-infected patients had the same sequence as the consensus strain B sequence.

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Several mechanisms have been forwarded to explain the production of ARFP proteins, including +1 ribosomal frameshifts at various positions of the ORF (codons 8-11, 42 and 144), and internal initiations of translation at codons 26 or 86-88 in the +1 reading frame. All of these positions were carefully examined in the viral sequences of the patients with and without anti-ARFP (43-141) antibody seroconversion (Figure 4). (i) No AGA to AAA substitution at codon 9 and no ACC to AAC substitution at codon 11, that would have created a polyA stretch (5, 21), was observed in any variant from any patient, regardless of ARFP (43-141) seroconversion (Figure 4A). (ii) The regions surrounding codons 42 and 144, which have been reported to harbor a double frameshift event (8), were highly conserved and did not differ between the patients who seroconverted to ARFP (43-141) and those who did not (Figures 4B and 4C). (iii) Codon 26 in the +1 reading frame, which has been described as a potential site for internal initiation of translation of ARFP proteins (9), had GTG and GCG sequences in 99.2% and 0.8% of analyzed sequences, respectively (Figure 4D). The sequence did not therefore differ between the patients with and without ARFP (43-141) seroconversion, and nor did the sequence spanning codons 28-35, that has been suggested to contain a signal that enhances the selection of codon 26 for initiation of translation (Figure 4D). (iv) Strong conservation was also observed in the region spanning codons 81-88, a suggested region of translation initiation in the +1 reading frame (10), and particularly the ATG sequence of codons 86 and 88. A few variations were observed in minor quasispecies variants, that did not differ according to ARFP (43-141) seroconversion status.

Overall, no differences in the core or +1 reading frame sequences were found that could explain ARFP (43-141) seroconversion in two of the patients infected by



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3 HCV strain A, and no such difference was found between strains A and B. The  
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5 studied regions were highly conserved and no sequence known to be potentially  
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7 associated with a +1 frameshift was found in any variant from any patient.  
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### 10 11 12 **Predictive analysis of conserved secondary structures in the core** 13 14 **protein coding sequence** 15

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20 As differences in the structure of RNA elements could play a role in frameshift  
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22 events and may not be readily identified by sequence analysis of the core protein  
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24 coding region, we conducted a predictive analysis of RNA folding by using RNAfold  
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26 software. The regions spanning nucleotides 43-169 and 438-518 were used to  
27  
28 predict the structures of stem-loops V and VI and of the terminal stem-loops,  
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30 respectively. Only non-redundant sequences from each patient were included in the  
31  
32 analysis, and sequences harboring one nucleotide substitution at a fully conserved  
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34 position among all the other sequences were removed in order to exclude potential  
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36 PCR errors. A final set of 76 sequences spanning stem-loops V and VI (53 and 23  
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38 sequences from patients infected by strains A and B, respectively) and 69 sequences  
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40 spanning the terminal loops (51 and 18 sequences from patients infected by strains A  
41  
42 and B, respectively) was analyzed in comparison with two reference HCV genotype  
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44 1b strains.  
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51 We observed strong conservation of predicted structural elements in the core  
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53 coding sequence, with only a minority of sequences generating different RNA folding  
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55 predictions (5% for stem-loops V and VI, and 2.2% for the terminal stem-loops).  
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57 Figure 5 shows the predicted secondary structures of stem-loops V and VI. Four  
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59 folding predictions were generated, with the strain A consensus sequence, patient 1's  
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3 major quasispecies sequence, the strain B consensus sequence, and the reference  
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5 sequence M58335, respectively. Stem-loop V successively includes a long 10-base-  
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7 pair stem followed by a conserved bulge, a 4-base-pair stem and the 5-nucleotide  
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9 loop. This structure was conserved in the HCV strain A consensus sequence,  
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11 whereas an additional bulge at the beginning of the long stem was predicted in the  
12  
13 HCV strain B consensus sequence (Figure 5). Stem-loop VI successively includes a  
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15 7-base-pair stem followed by a conserved bulge, a 7-base-pair stem, two conserved  
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17 excluded adenines, a variable 10- to 13-base-pair stem, another conserved bulge, a  
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19 4-base-pair stem, and the final loop (6 nucleotides) (Figure 5).  
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25 The strain A consensus sequence structure differed from that of the reference  
26  
27 strains and strain B by a variation in the first bulge of stem-loop VI (Figure 5).  
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29 However, this difference was not found in the major quasispecies variant from patient  
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31 1, as a C to U substitution at position 93 restored the reference secondary structure  
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33 (Figure 5). Thus, patients 1 and 6, who both seroconverted to ARFP (43-141), had  
34  
35 different predicted stem-loops VI, whereas stem-loop VI was identical in patient 6 and  
36  
37 in the patients infected by strain A who did not seroconvert to ARFP (43-141). Only  
38  
39 one substitution distinguished patients 1 and 6 from the other patients infected by  
40  
41 strain A, namely an A to G substitution at position 59, which altered the conserved  
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43 bulge in stem-loop V and added one base pair to the stem (Figure 5). Other point  
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45 substitutions were found in patient 1 and patient 6 (Figure 5).  
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50 The terminal stem-loops were also highly conserved among the different  
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52 patients, as a result of strong conservatory constraints on the sequence of the core  
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54 protein. No difference was found between the patients infected by strain A who did  
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56 and did not seroconvert to ARFP (43-141). Rare substitutions sometimes affected the  
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3 number of predicted stem-loops (data not shown), but they bore no relationship to  
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5 ARFP (43-141) seroconversion.  
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10 **Prevalence of anti-ARFP (43-141) antibodies in patients with acute**  
11 **hepatitis A or B (Group II)**  
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17 None of the 9 patients with acute hepatitis A had detectable anti-ARFP (43-  
18 141) antibodies. One blood donor with an HBs antigen seroconversion (out of 15  
19 patients with acute hepatitis B) was found to be positive in our anti-ARFP (43-141)  
20 ELISA but was negative on repeat testing, confirming possible cross-reactivity  
21 between the two viruses.  
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31 **Prevalence of anti-ARFP (43-141) antibodies in patients with chronic HCV**  
32 **genotype 1 infection (Group III)**  
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38 Twenty-six (12.3%) of the 216 patients with chronic HCV genotype 1 infection  
39 (Group II) had detectable anti-ARFP (43-141) antibodies in our ELISA.  
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45 **DISCUSSION**  
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50 Our observation of seroconversion to ARFP (43-141) in three patients and  
51 transient detection in one patient with dated acute HCV infection proves that ARFPs  
52 are produced during HCV infection, that they are expressed early in the acute phase  
53 of infection, and that their production can trigger a specific humoral response. In two  
54 of the three patients who seroconverted, anti-ARFP (43-141) antibodies emerged  
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3 several weeks after antibodies against the main ORF proteins, both structural and  
4 nonstructural. This may point to late ARFP production during infection, or may simply  
5 reflect the slightly lower sensitivity of our anti-ARFP (43-141) antibody ELISA relative  
6 to commercial anti-HCV assays. In the third patient anti-ARFP (43-141) antibodies  
7 were detected one week before anti-core antibodies, and no other antibodies  
8 emerged during the short follow-up period of a few months. Our anti-ARFP (43-141)  
9 antibody assay was highly specific, virtually ruling out false-positive results.  
10 Importantly, anti-ARFP (43-141) antibodies were not found in acute viral hepatitis of  
11 other causes.

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25 Our study population was exceptional, because the patients with acute  
26 hepatitis C were infected by one of only two HCV genotype 1b strains. This situation  
27 is ideal for studying the respective roles of viral and host factors. Indeed, two patients  
28 infected by strain A, but none of the patients infected by strain B, developed anti-  
29 ARFP (43-141) antibodies, suggesting that some HCV strains but not others express  
30 ARFP. However, the number of patients was relatively small, and a third patient with  
31 an untypeable strain also developed anti-ARFP (43-141) antibodies. More interesting  
32 is the fact that only two of the nine patients infected by the same HCV strain A  
33 experienced anti-ARFP (43-141) antibody seroconversion. In the patients who did not  
34 have detectable anti-ARFP (43-141) antibody seroconversion, it was not possible to  
35 know if ARFP was not produced, or was produced but the patients failed to mount a  
36 detectable anti-ARFP (43-141) antibody response, or the antibody response was not  
37 detectable with our assay. In this respect, it is of interest that 10 out of our 17  
38 patients had no evidence of anti-NS5B antibodies, as shown in Figure 3, whereas it  
39 is obvious that they all produced the NS5B RNA-dependent RNA polymerase, the  
40 viral enzyme needed for replication. We were not able to study the possible role of  
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3 host factors in this variability, or the underlying mechanisms. It also remains to be  
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5 determined whether or not anti-ARFP (43-141) antibody seroconversion can occur  
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7 later in patients who develop chronic HCV infection. This could not be studied, as our  
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9 patients were treated when the acute infection did not resolve spontaneously after 6  
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11 months of follow-up.  
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15 The prevalence of anti-ARFP (43-141) antibodies was 12.6% in our patients  
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17 with chronic HCV genotype 1 infection, a rate lower than in another study (13). The  
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19 difference could be due to a cohort effect (only patients infected with HCV genotype  
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21 1a were tested in the other study) or to the use of a longer antigen (160 amino acids  
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23 instead of 99 in our assay) and/or a less stringent cut-off in the latter study (13).  
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25 Contrary to the acutely infected patients in our study, our chronically infected patients  
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27 were unrelated and were infected by different HCV genotype 1 strains. Two factors  
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29 may have played a role in the production of anti-ARFP (43-141) antibodies in these  
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31 patients, namely the intrinsic capacity of the infecting viral strain to produce ARFP,  
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33 and host factors regulating ARFP production and/or the humoral response to ARFP.  
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39 In an attempt to identify viral characteristics potentially explaining why only  
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41 some patients seroconverted to ARFP (43-141), we analyzed the sequence of the  
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43 core protein-coding region quasispecies. The aim was to detect sequences known to  
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45 be associated with ARFP production in major or minor quasispecies populations. We  
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47 focused on sites previously implicated in ARFP production, such as the adenine  
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49 cluster at codons 8-11, the frameshift codons 42 and 144, and the internal initiation  
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51 codons 26 and 85-88 (3, 5, 7-10). No sequences potentially involved in ARFP  
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53 production were found and no difference was seen between strains A and B, or  
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55 between the HCV strains infecting patients who seroconverted and those who did  
56  
57 not. Likewise, predictive structural analysis of the core protein-coding sequence  
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3 showed no differences between the patients who seroconverted and those who did  
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5 not. These results suggest that ARFPs are probably encoded by minority variants  
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7 that cannot be detected by clonal sequence analysis of serum samples. Alternatively,  
8  
9 the expression of ARFP-encoding variants may be transient, leading to brief ARFP  
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11 production that is sufficient to trigger a humoral response in some patients but not in  
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13 others. The lack of seroconversion could be due to a lack of ARFP production,  
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15 excessively brief ARFP expression, an expression level too low to elicit specific  
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17 antibodies, or an inability of our assay to detect low levels of these antibodies. The  
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19 observed conservation of predicted ARFP sequences in our patients rules out a  
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21 failure of our assay to detect antibodies directed at different antigenic sequences.  
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27 In conclusion, our observation of anti-ARFP (43-141) antibody production in  
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29 some hemodialysis patients acutely infected with one of two HCV genotype 1b  
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31 strains during a nosocomial outbreak is the strongest argument to date that ARFPs  
32  
33 are produced during HCV infection. Our findings also indicate that ARFP production  
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35 occurs early during infection. ARFP could be generated by minority quasispecies  
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37 variants or variants that occur transiently at the beginning of infection. Our findings  
38  
39 throw no light on the possible function of ARFP. The patients who did and did not  
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41 seroconvert did not differ by their clinical outcomes, severity of infection, or  
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43 seroconversion profiles. The role of ARFP in the replicative cycle and pathogenicity  
44  
45 of HCV remains to be unraveled.  
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## 51 52 53 **ACKNOWLEDGMENTS**

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For Peer Review

**REFERENCES**

1. Moradpour D, Penin F, Rice CM. Replication of hepatitis C virus. *Nat Rev Microbiol* 2007;5:453-463.
2. Pawlotsky JM, Chevaliez S, McHutchison JG. The hepatitis C virus life cycle as a target for new antiviral therapies. *Gastroenterology* 2007;132:1979-1998.
3. Walewski JL, Keller TR, Stump DD, Branch AD. Evidence for a new hepatitis C virus antigen encoded in an overlapping reading frame. *RNA* 2001;7:710-721.
4. Cristina J, Lopez F, Moratorio G, Lopez L, Vasquez S, Garcia-Aguirre L, Chunga A. Hepatitis C virus F protein sequence reveals a lack of functional constraints and a variable pattern of amino acid substitution. *J Gen Virol* 2005;86:115-120.
5. Xu Z, Choi J, Yen TS, Lu W, Strohecker A, Govindarajan S, Chien D, et al. Synthesis of a novel hepatitis C virus protein by ribosomal frameshift. *EMBO J* 2001;20:3840-3848.
6. Branch AD, Stump DD, Gutierrez JA, Eng F, Walewski JL. The hepatitis C virus alternate reading frame (ARF) and its family of novel products: the alternate reading frame protein/F-protein, the double-frameshift protein, and others. *Semin Liver Dis* 2005;25:105-117.
7. Choi J, Xu Z, Ou JH. Triple decoding of hepatitis C virus RNA by programmed translational frameshifting. *Mol Cell Biol* 2003;23:1489-1497.
8. Boulant S, Becchi M, Penin F, Lavergne JP. Unusual multiple recoding events leading to alternative forms of hepatitis C virus core protein from genotype 1b. *J Biol Chem* 2003;278:45785-45792.



- 1  
2  
3 9. Baril M, Brakier-Gingras L. Translation of the F protein of hepatitis C virus is  
4 initiated at a non-AUG codon in a +1 reading frame relative to the polyprotein.  
5 Nucleic Acids Res 2005;33:1474-1486.  
6  
7
- 8  
9  
10 10. Vassilaki N, Mavromara P. Two alternative translation mechanisms are  
11 responsible for the expression of the HCV ARFP/F/core+1 coding open  
12 reading frame. J Biol Chem 2003;278:40503-40513.  
13  
14
- 15  
16  
17 11. Roussel J, Pillez A, Montpellier C, Duverlie G, Cahour A, Dubuisson J,  
18 Wychowski C. Characterization of the expression of the hepatitis C virus F  
19 protein. J Gen Virol 2003;84:1751-1759.  
20  
21  
22
- 23  
24  
25 12. Bain C, Parroche P, Lavergne JP, Duverger B, Vieux C, Dubois V, Komurian-  
26 Pradel F, et al. Memory T-cell-mediated immune responses specific to an  
27 alternative core protein in hepatitis C virus infection. J Virol 2004;78:10460-  
28 10469.  
29  
30  
31
- 32  
33  
34 13. Komurian-Pradel F, Rajoharison A, Berland JL, Khouri V, Perret M, Van  
35 Roosmalen M, Pol S, et al. Antigenic relevance of F protein in chronic hepatitis  
36 C virus infection. Hepatology 2004;40:900-909.  
37  
38  
39
- 40  
41 14. Fiorucci M, Boulant S, Fournillier A, Abraham JD, Lavergne JP, Paranhos-  
42 Baccala G, Inchauspe G, et al. Expression of the alternative reading frame  
43 protein of Hepatitis C virus induces cytokines involved in hepatic injuries. J  
44 Gen Virol 2007;88:1149-1162.  
45  
46  
47
- 48  
49  
50 15. Lohmann V, Korner F, Koch J, Herian U, Theilmann L, Bartenschlager R.  
51 Replication of subgenomic hepatitis C virus RNAs in a hepatoma cell line.  
52 Science 1999;285:110-113.  
53  
54  
55
- 56  
57  
58 16. Lavillette D, Morice Y, Germanidis G, Donot P, Soulier A, Pagkalos E,  
59 Sakellariou G, et al. Human serum facilitates hepatitis C virus infection, and  
60

- 1  
2  
3 neutralizing responses inversely correlate with viral replication kinetics at the  
4 acute phase of hepatitis C virus infection. *J Virol* 2005;79:6023-6034.  
5  
6  
7  
8 17. Walewski JL, Gutierrez JA, Branch-Elliman W, Stump DD, Keller TR,  
9 Rodriguez A, Benson G, et al. Mutation Master: profiles of substitutions in  
10 hepatitis C virus RNA of the core, alternate reading frame, and NS2 coding  
11 regions. *RNA* 2002;8:557-571.  
12  
13  
14  
15  
16  
17 18. Thompson JD, Higgins DG, Gibson TJ. CLUSTAL W: improving the sensitivity  
18 of progressive multiple sequence alignment through sequence weighting,  
19 position-specific gap penalties and weight matrix choice. *Nucleic Acids Res*  
20 1994;22:4673-4680.  
21  
22  
23  
24  
25  
26  
27 19. Combet C, Garnier N, Charavay C, Grando D, Crisan D, Lopez J, Dehne-  
28 Garcia A, et al. euHCVdb: the European hepatitis C virus database. *Nucleic*  
29 *Acids Res* 2007;35:D363-366.  
30  
31  
32  
33  
34 20. Hofacker IL. Vienna RNA secondary structure server. *Nucleic Acids Res*  
35 2003;31:3429-3431.  
36  
37  
38  
39 21. Varaklioti A, Vassilaki N, Georgopoulou U, Mavromara P. Alternate translation  
40 occurs within the core coding region of the hepatitis C viral genome. *J Biol*  
41 *Chem* 2002;277:17713-17721.  
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## FIGURE LEGENDS

**Figure 1.** Kinetics of anti-ARFP (43-141) antibodies during the acute phase of HCV infection in a cohort of 17 patients infected with one of two genotype 1b strains during an outbreak in a hemodialysis unit. For each patient, optical density in the enzyme immunoassay is shown at the different sampling times. The dotted line indicates the positivity cut-off. Three patients (patients 1, 6 and 14) seroconverted, and patient 3 had transiently detectable anti-ARFP (43-141) antibodies.

**Figure 2.** Respective kinetics of HCV RNA (black circles), alanine aminotransferase (ALT, white squares) and anti-ARFP (43-141) antibodies (gray arrow) in the three patients who seroconverted to ARFP (43-141).

**Figure 3.** Seroconversion profiles in the 17 patients infected with one of two genotype 1b strains during an HCV outbreak in a hemodialysis unit. The blue bars indicate the detection of anti-ARFP (43-141) antibodies in our enzyme immunoassay; the other bars indicate the detection of antibodies directed at antigens encoded by the main HCV ORF in a prototype line immunoassay (yellow: low titer; orange: medium titer; brown: high titer).

**Figure 4.** Summary of quasispecies sequence analysis in the 17 patients infected by one of two genotype 1b strains during an HCV outbreak in a hemodialysis unit. Each different variant sequence is reported, with its frequency among the 504 analyzed sequences on the right. Five genomic regions that might be involved in frameshift events were studied (see Introduction and Results): (A) Codons 8-11; the HCV-1

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3 strain known to possess a poly(A) stretch is shown for comparison; (B) sequence  
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5 spanning codon 42; (C) sequence spanning codon 144; (D) sequence spanning  
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7 codon 26 and codons 28-35; (E) sequence spanning codons 86-88.  
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12 **Figure 5.** Prediction of stem-loop V and VI secondary structures. Numbering starts at  
13 the A of the AUG initiation codon. Variable positions are indicated in bold. (A)  
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15 Predicted secondary RNA structure of the consensus strain A sequence. Differences  
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17 relative to the consensus sequence observed in the patients who seroconverted  
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19 (patients 1 and 6) are indicated by the bold patient's number. The circled U was  
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21 found in the major quasispecies variant of patient 1. Positions highlighted in gray  
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23 correspond to substitutions found in both patients 1 and 6. Squared differences  
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25 relative to the consensus sequence were found either in patient 1 or in patient 6. (B)  
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27 Predicted secondary RNA structure of patient 1's major quasispecies sequence,  
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29 which was identical to that of reference strain D90208. (C) Predicted secondary RNA  
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31 structure of the consensus of strain B sequences. (D) Predicted secondary RNA  
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33 structure of reference strain M58335.  
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**Table 1.** Study groups.

<b>Groups</b>	<b>N</b>	<b>Characteristics</b>
<u>Group I</u>	17	Acute HCV infection with one of two HCV genotype 1b strains (strain A and strain B) during an HCV outbreak in a hemodialysis unit
<u>Group II</u>	<u>24</u>	<u>HCV-negative acute hepatitis A (n=9) or B (n=15)</u>
<u>Group III</u>	216	Chronic HCV genotype 1 infection
<u>Group IV</u>	187	Patients with no markers of common chronic viral infections
<u>Group V</u>	122	HIV-infected patients
<u>Group VI</u>	93	Patients with chronic HBV infection (HBsAg-positive)

**Table 2.** Specificity of anti-ARFP (43-141) antibody detection with our ELISA assay in subjects with no markers of viral infection (Group III) and in patients infected by HIV (Group IV) or HBV (Group V).

<b>Patients</b>	<b>N</b>	<b>Anti-ARF (43-141) Negative Response: n (%)</b>	<b>Gray Zone</b>	<b>Anti-ARF (43-141) Positive Response: n (%)</b>
Group III (no infection)	187	186 (99.5%)	1 (0.5%)	0 (0%)
Group IV (HIV infection)	122	120 (98.4%)	2 (1.6%)	0 (0%)
Group V (HBV infection)	93	85 (91.4%)	7 (7.5%)	1 (1.1%)

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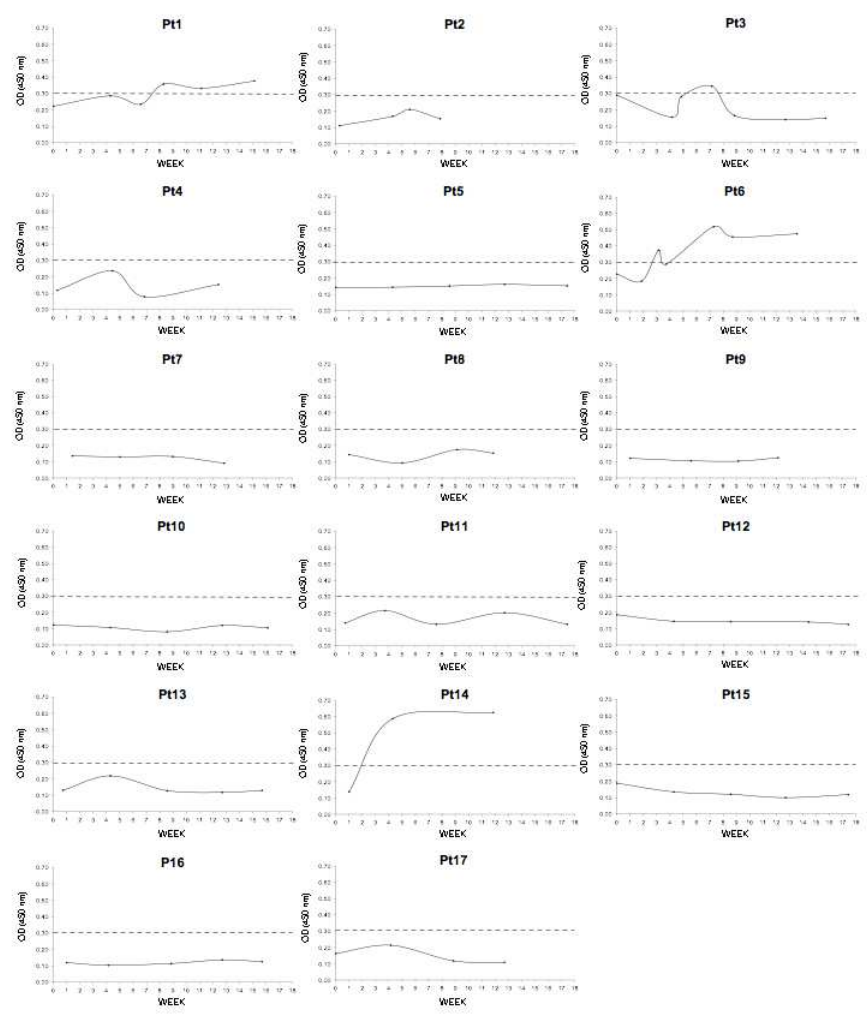


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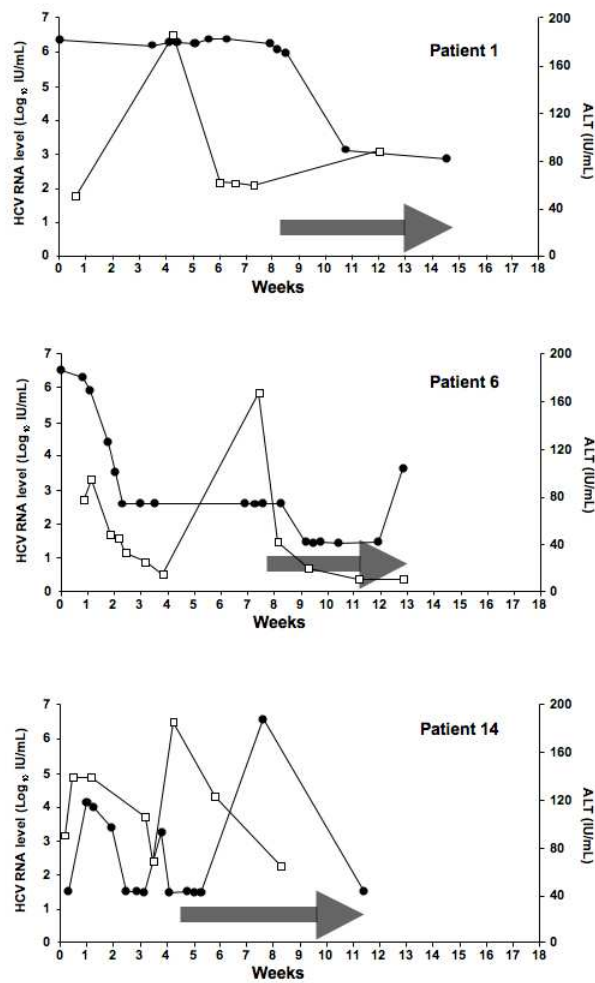


Figure 2



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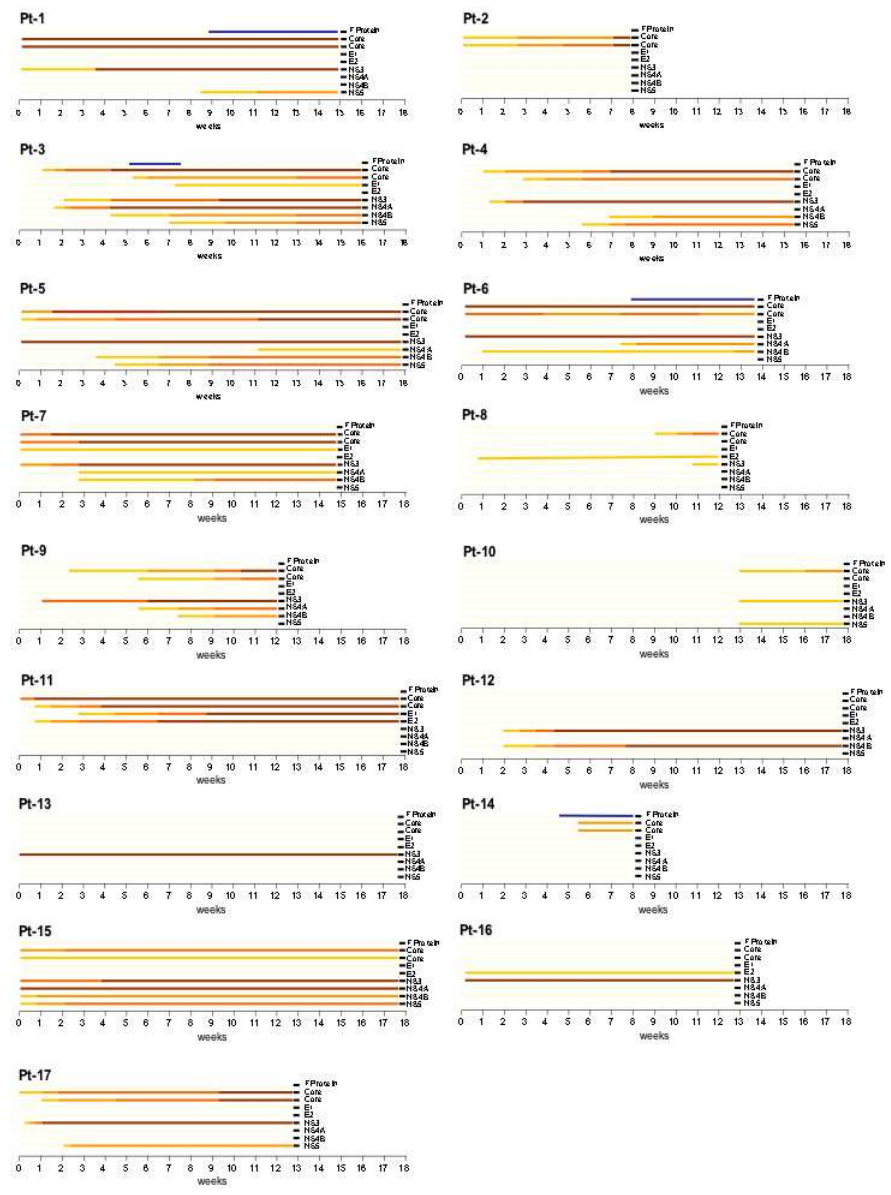


Figure 3  
264x352mm (72 x 72 DPI)

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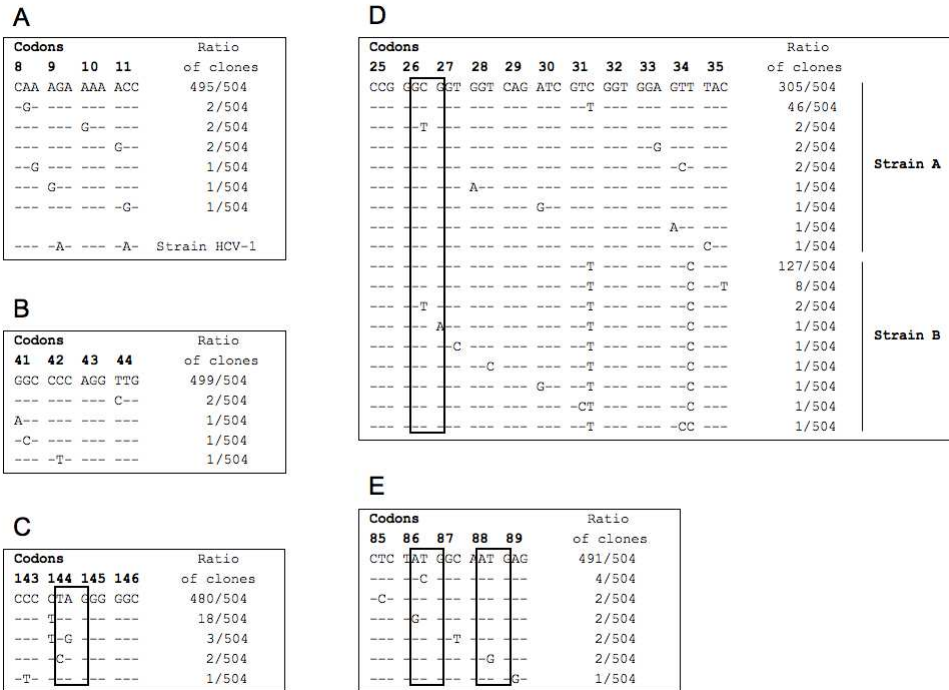


Figure 4

