

VIROLOGY

Virus cultivation and assay 2

Virus assay: **Quantitative virology**

- Measurement of infectious units
- Measurement of virus particles and their components

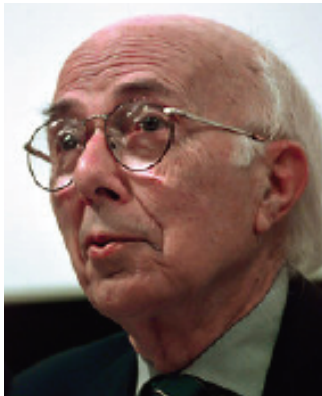
Measurement of infectious units

- *Plaque assay*
- *Immunoreactive focus assay*
- *Infectious center assay*
- *Transformation assay*
- *Endpoint dilution*

The third revolution in Animal Virology

1952 – Introduction of the Plaque Assay

R. Dulbecco & M.Vogt. Some problems of animal virology as studied by the plaque technique. *Cold Spring Harb Symp Quant Biol* 18: 273-279. 1953



PRODUCTION OF PLAQUES IN MONOLAYER TISSUE CULTURES BY SINGLE PARTICLES OF AN ANIMAL VIRUS

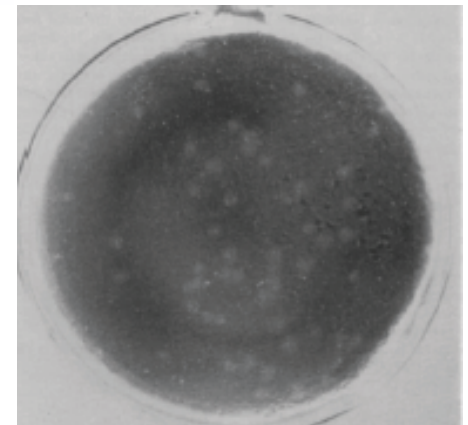
BY RENATO DULBECCO

CALIFORNIA INSTITUTE OF TECHNOLOGY, PASADENA, CALIFORNIA

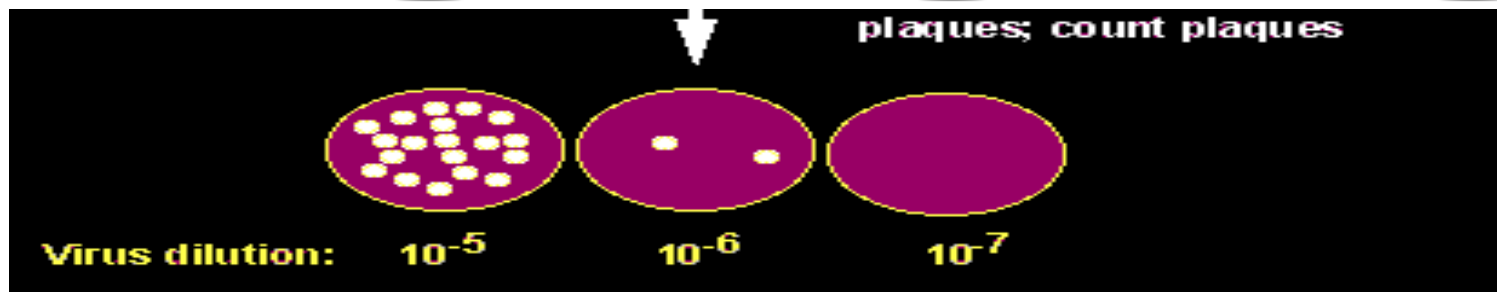
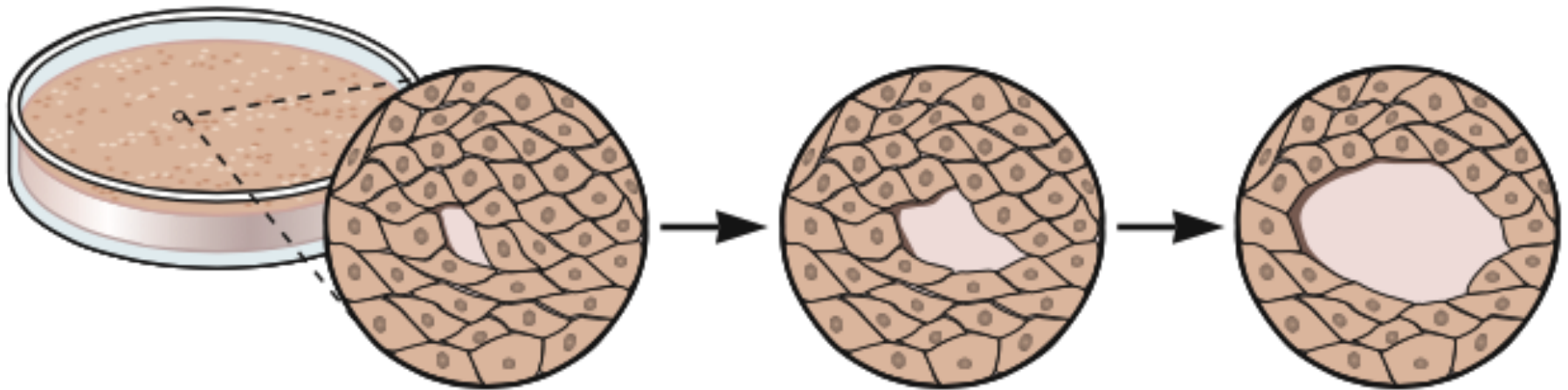
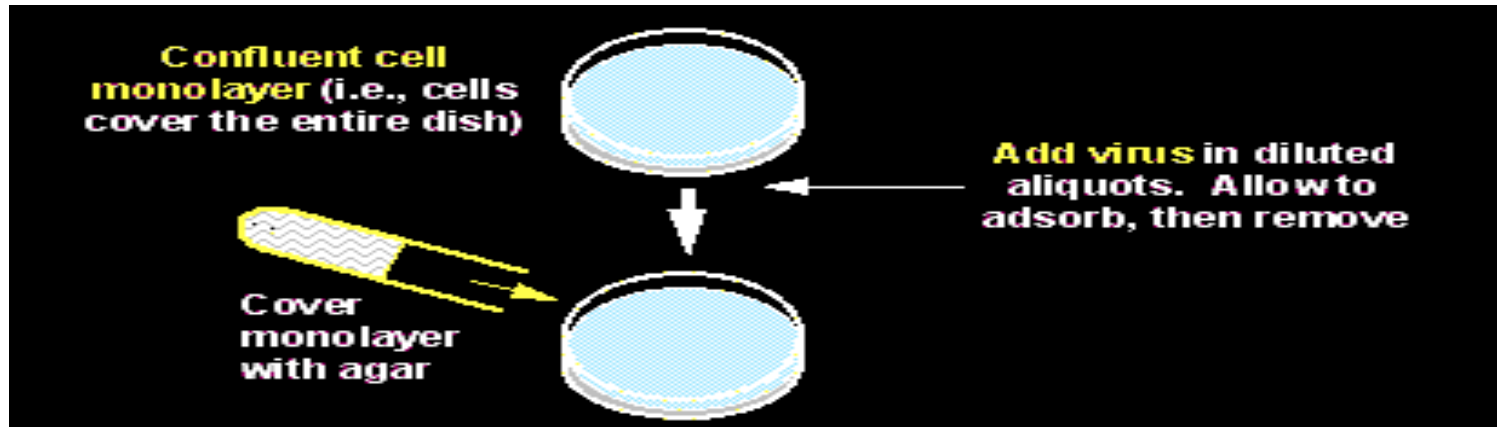
Read before the Academy, April 29, 1952

Research on the growth characteristics and genetic properties of animal viruses has stood greatly in need of improved quantitative techniques, such as those used in the related field of bacteriophage studies.

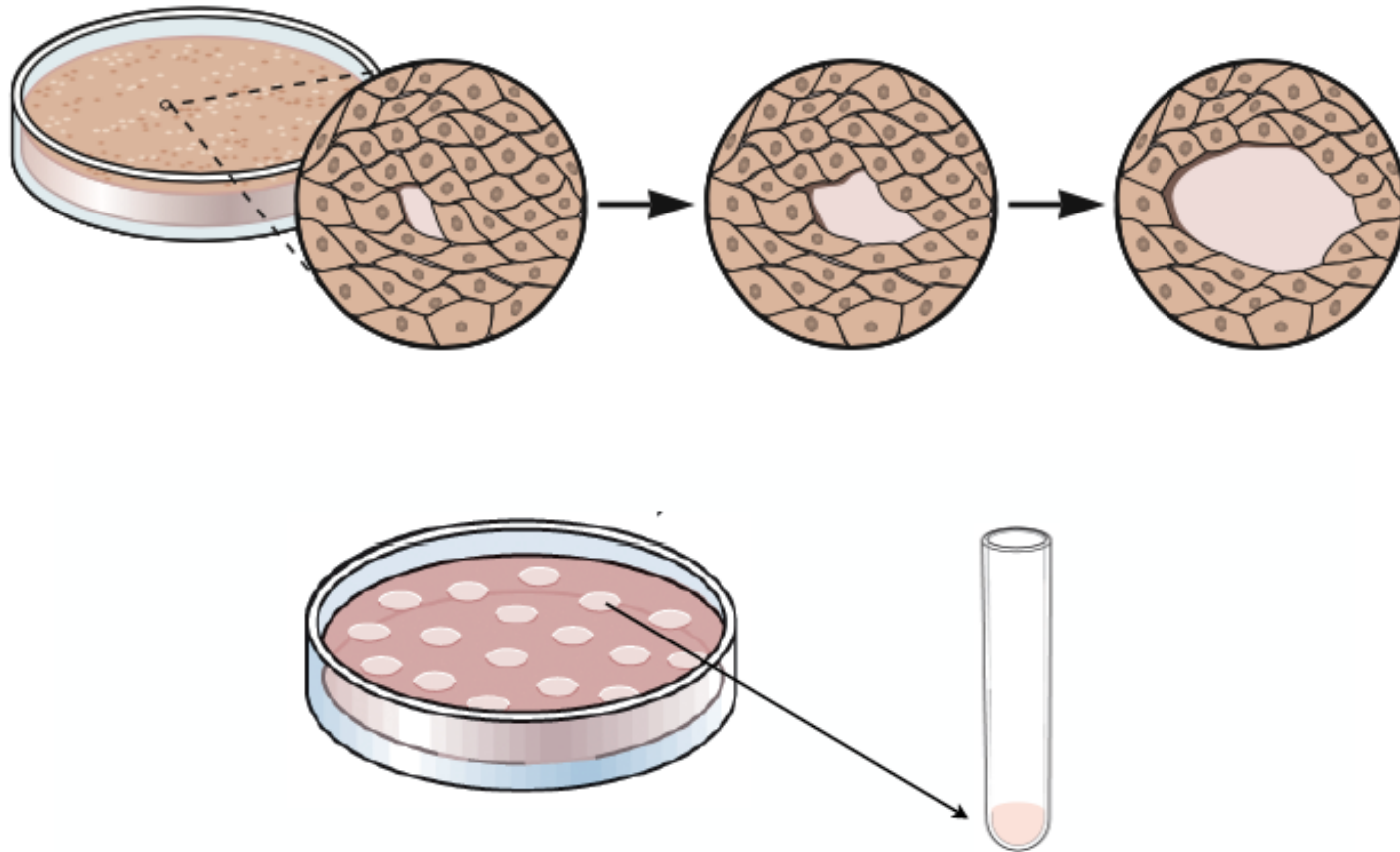
The requirements for a quantitative virus technique are as follows: (1) The use of a uniform type of host cell; (2) an accurate assay technique; (3) the isolation of the progeny of a single virus particle; and (4) the separate isolation of each of the virus particles produced by a single infected



Outline of Viral Plaque Assay



Plaque formation and purification



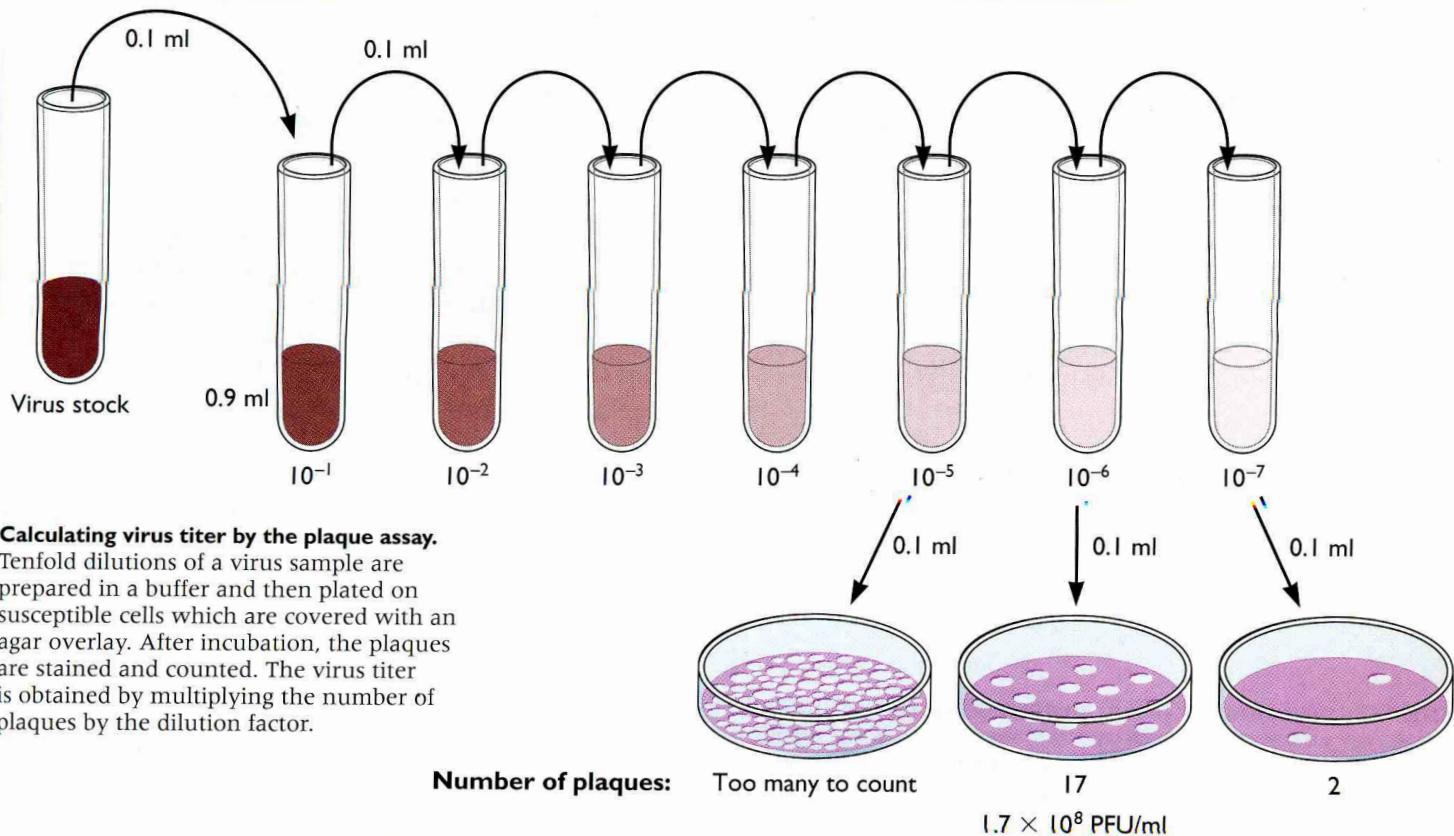
A method for obtaining clonal virus stocks. Usually it is performed three times consecutively

**BOX
2.5****METHODS****Calculating virus titer from the plaque assay**

To calculate the titer of a virus in plaque-forming units per milliliter, 10-fold serial dilutions of a virus stock are prepared, and 0.1-ml aliquots are inoculated onto susceptible cell monolayers (see figure). After a suitable incubation period, the monolayers are stained and the plaques are counted. To minimize error in calculating the virus titer, only plates

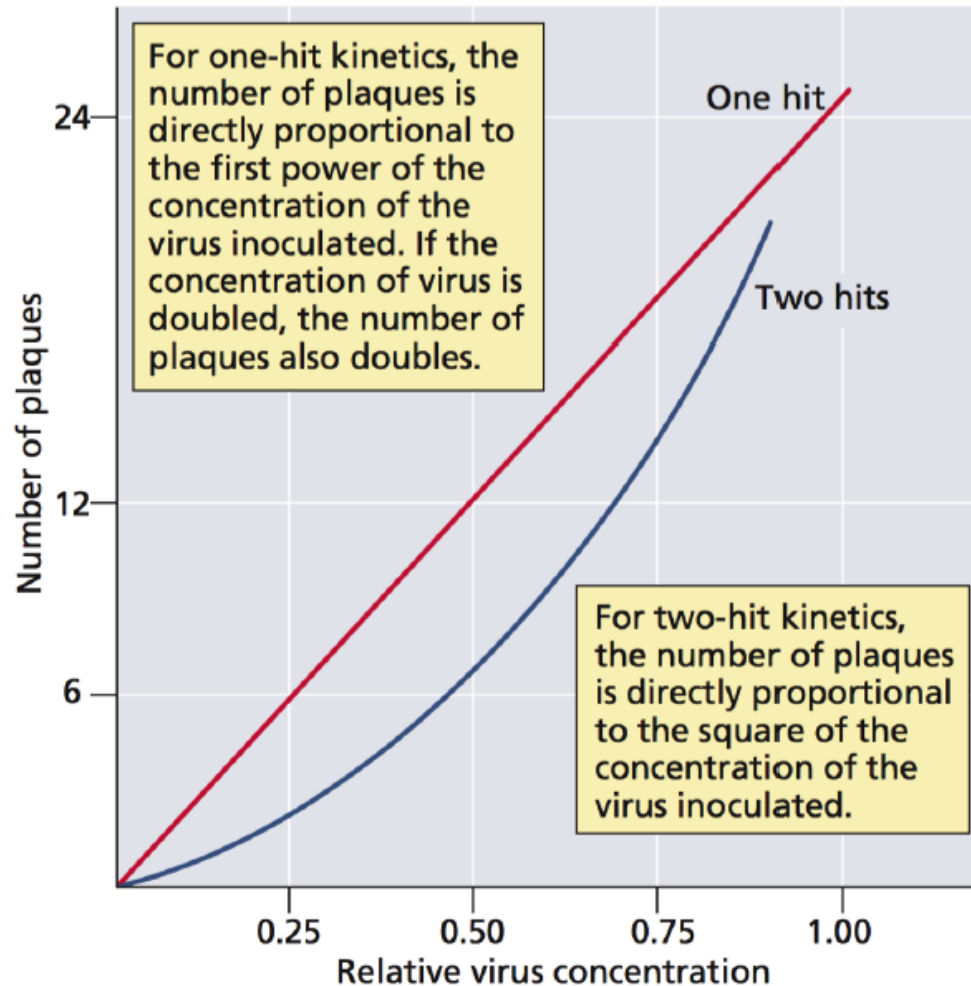
containing between 10 and 100 plaques are counted, depending on the area of the cell culture vessel. According to statistical principles, when 100 plaques are counted, the sample titer varies by $\pm 10\%$. For accuracy, each dilution is plated in duplicate or triplicate (not shown in the figure). Plates with more than 100 plaques are generally not counted because the plaques

may overlap, causing inaccuracies. In the example shown in the figure, 17 plaques are observed on the plate produced from the 10^{-6} dilution. Therefore, the 10^{-6} dilution tube contains 17 PFU per 0.1 ml, or 170 PFU per ml, and the titer of the virus stock is 170×10^6 or 1.7×10^8 PFU/ml.



Calculating virus titer by the plaque assay. Tenfold dilutions of a virus sample are prepared in a buffer and then plated on susceptible cells which are covered with an agar overlay. After incubation, the plaques are stained and counted. The virus titer is obtained by multiplying the number of plaques by the dilution factor.

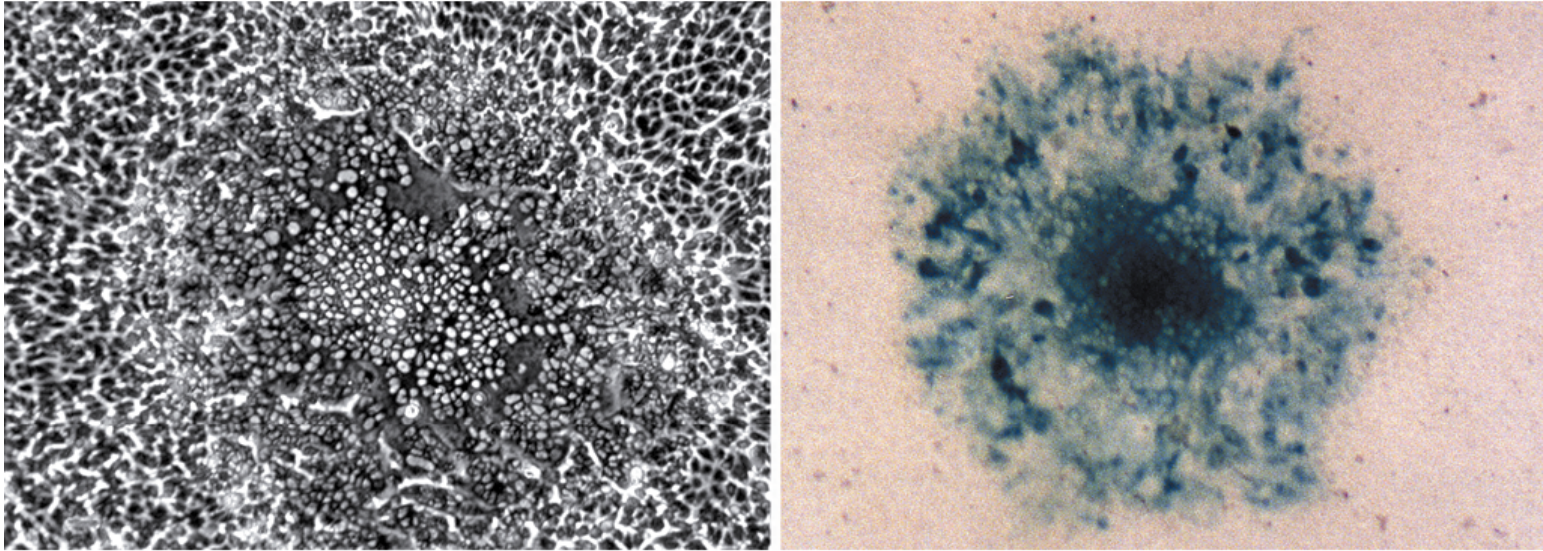
The dose-response curve of plaque assay



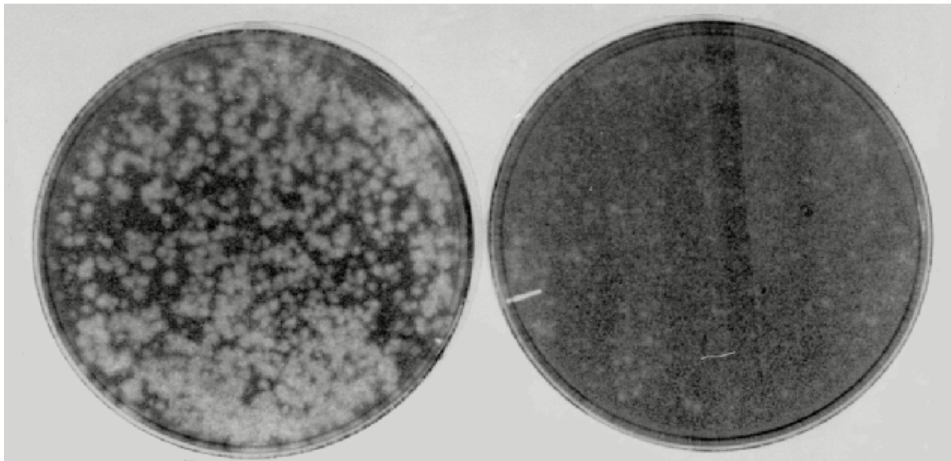
For the majority of animal viruses there is a linear relationship between the number of infectious particles the plaque count. One infectious particle is therefore sufficient to initiate infection, and the virus is said to infect cells with **one-hit kinetics**.

Plaques formed by different animal viruses

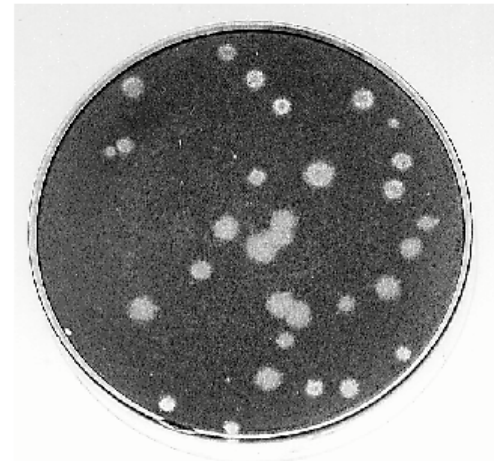
A



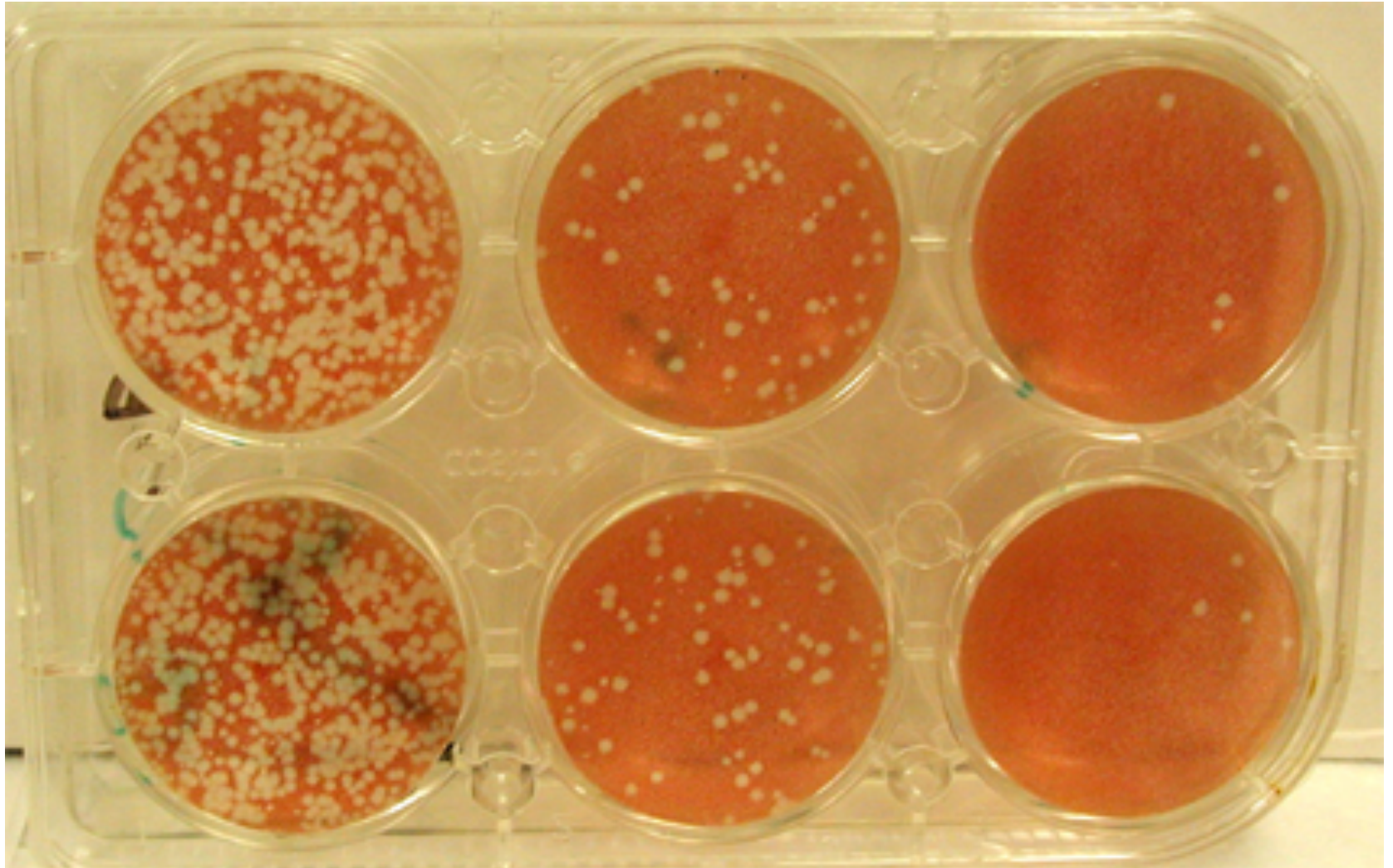
B

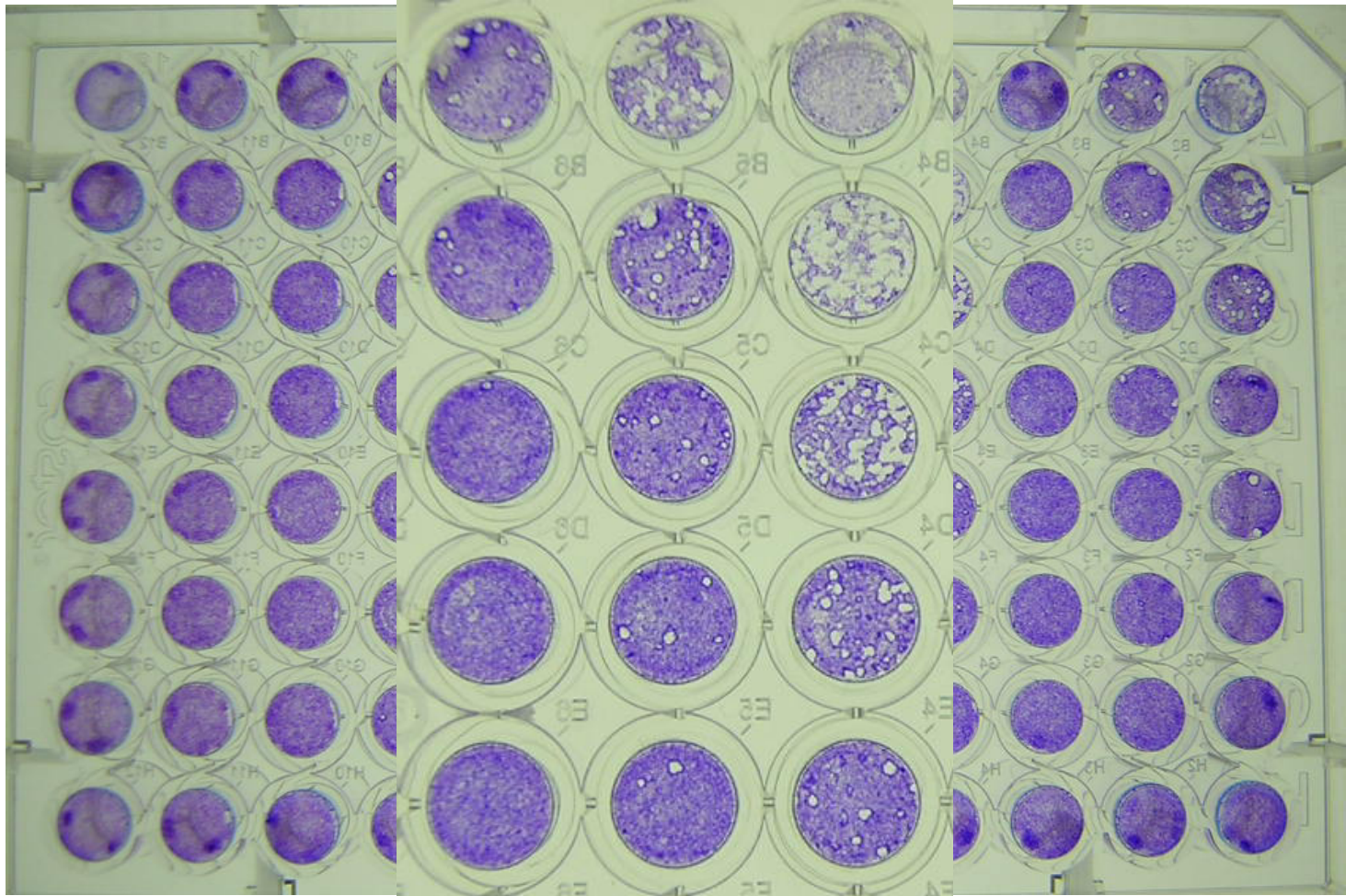


C



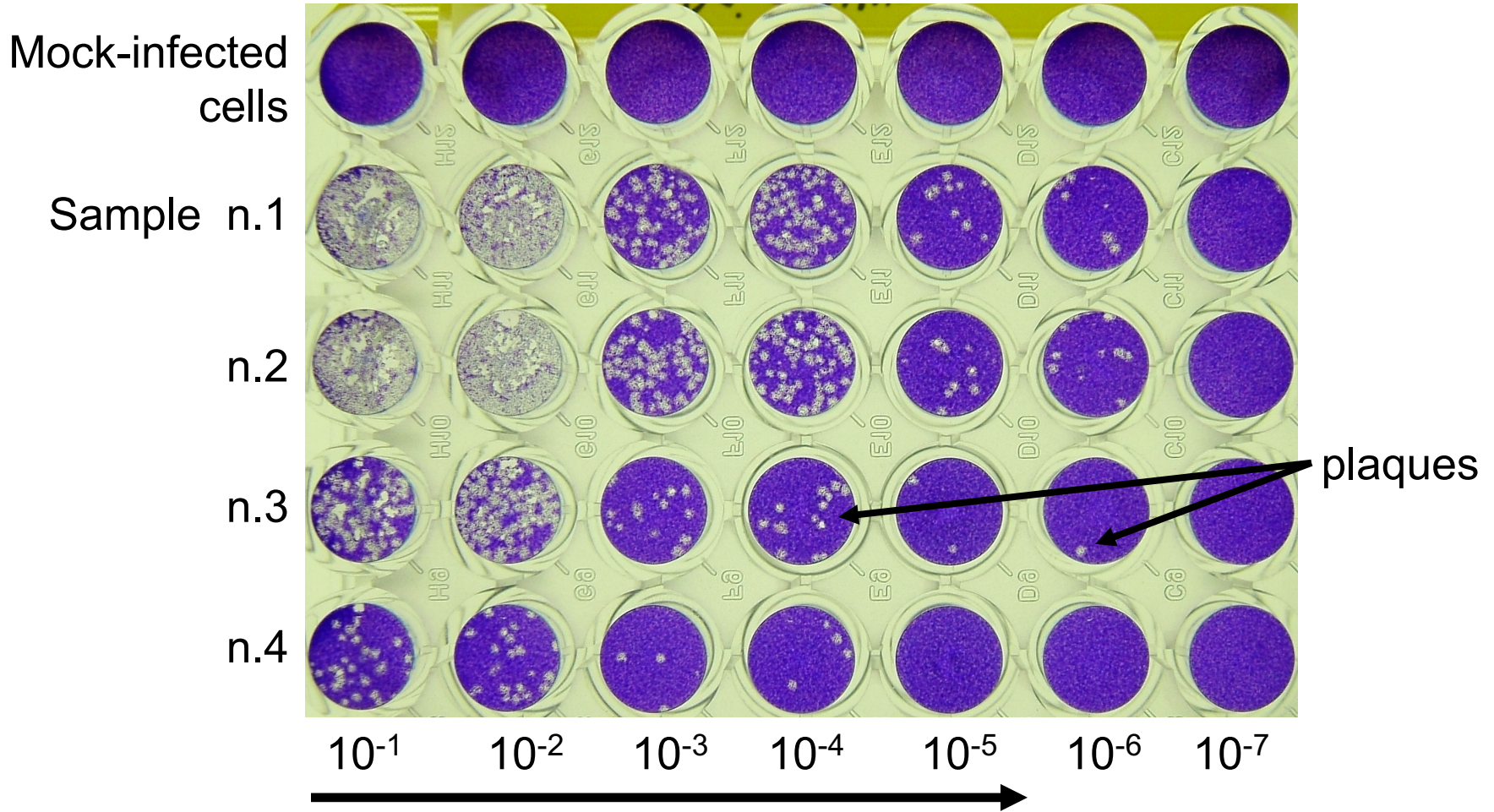
An example of Plaque Assay





An example of Plaque Assay: MCMV

An example of Plaque Assay: HSV1

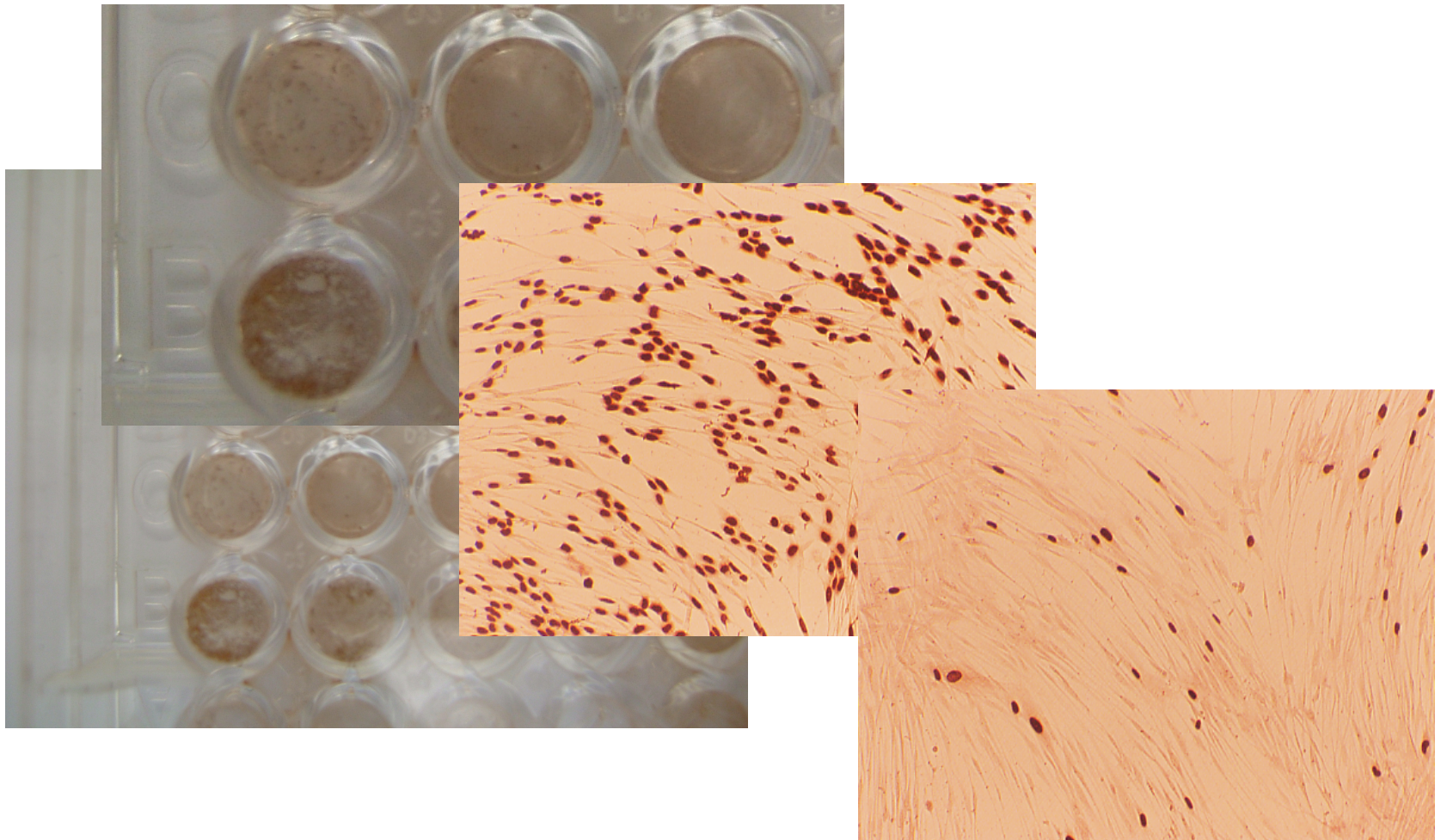


Number of plaques in the original sample = plaques : dV

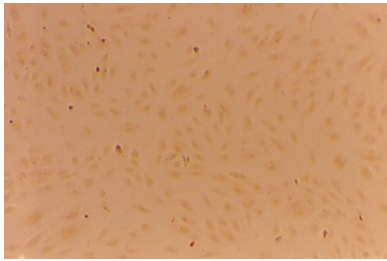
d = dilution, V = volume of diluted virus added to the well

Which is the HSV-1 #1 titer? (V= 0.1 ml)

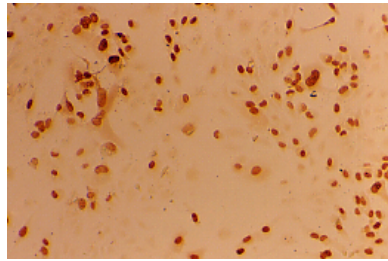
Titration of HCMV infectivity by quantitative IE
proteins IPA staining (48 hpi):
an example of immunoreactive focus assay



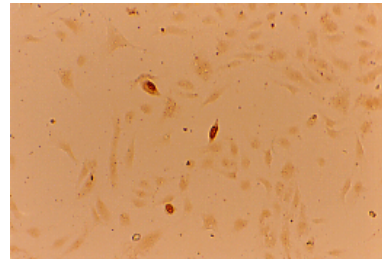
Immunoperoxidase staining of HCMV IE proteins at
48 hpi in infected-HUVEC:
as a quantitative assessment of the extent of virus
replication



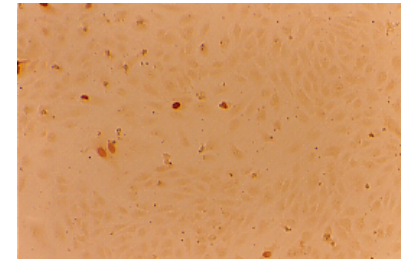
mock



VR1814

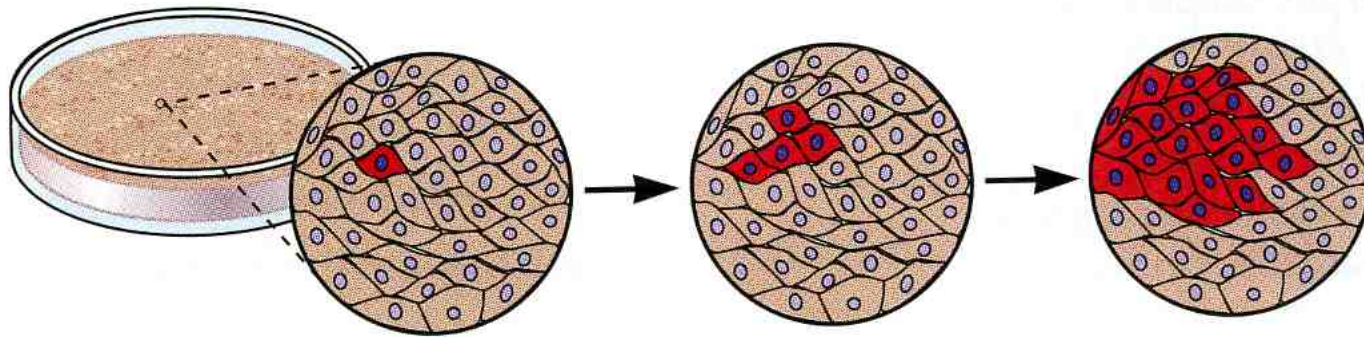


VR1814 +
AS602868, 1 μ M



VR1814 +
AS602868, 10 μ M

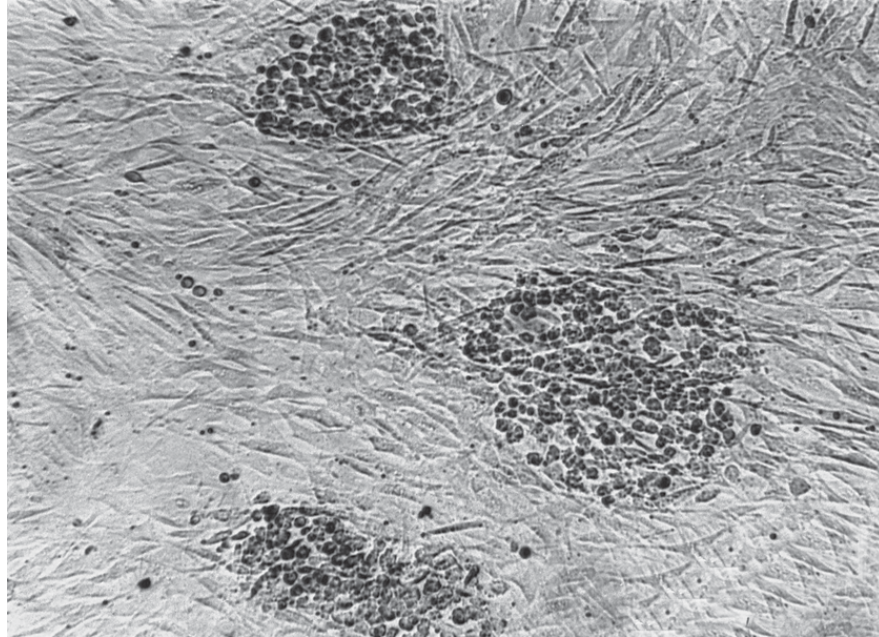
Infectious center assay: a quantitative assessment of the ability of virus to spread to an indicator culture



The **infectious center assay** allows one to determine the fraction of cells within a culture that are infected with virus. In this case, the infected cells are suspended, counted, and plated onto monolayers of susceptible cells (indicator cells), which are then overlaid with methylcellulose.

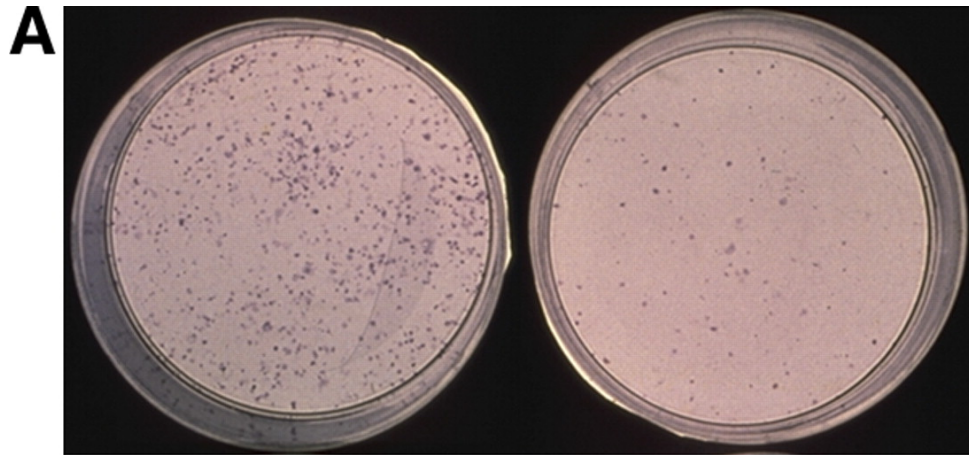
The number of plaques observed represents the number of infected cells in the original culture that harbored virus and infected the underlying indicator monolayer upon co-culture, thus allowing the quantitative evaluation of the **percentages of infected cells in the original culture able to spread virus** to the indicator culture.

Transformation Assay



CEFs transformed by RSV

Cell transformation by RSV. (A) The RSV focus assay of transformed cells in a chick embryo fibroblast monolayer as described by Temin and Rubin (1958) showing a 1:100 and 1:1000 dilution of the virus stock.



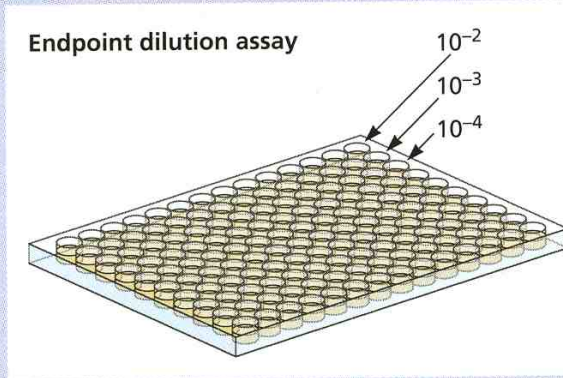
Virus assay: **Endpoint Methods**

- How to quantitate viruses that cannot be adapted to either a plaque or a focus assay?
- The infectious dose 50 concept (ID_{50})
- Tissue culture infective dose 50 ($TCID_{50}$)
- Egg infectious dose 50 (EID_{50})
- Lethal dose 50 (LD_{50})

BOX 2.6

METHODS

End-point dilution assays



Virus dilution	Cytopathic effect									
10^{-2}	+	+	+	+	+	+	+	+	+	+
10^{-3}	+	+	+	+	+	+	+	+	+	+
10^{-4}	+	+	-	+	+	+	+	+	+	+
10^{-5}	-	+	+	-	+	-	-	+	-	+
10^{-6}	-	-	-	-	-	-	+	-	-	-
10^{-7}	-	-	-	-	-	-	-	-	-	-

End-point dilution assays are usually carried out in multiwell plastic plates (see the figure). In the example shown in the first table, 10 mono-layer cell cultures were infected with each virus dilution. After the incubation period, plates that displayed cytopathic effect were scored +. Fifty percent of the cell cultures displayed cytopathic effect at the 10^{-5} dilution, and therefore the virus stock contains 10^5 TCID₅₀ units.

In most cases, the 50% end point does not fall on a dilution tested as shown in the example; for this reason, various statistical procedures have been developed to calculate the end point of the titration. In one popular method, the dilution containing the ID₅₀ is identified by interpolation between the dilutions on either side of this value. The assumption is made that the location of the 50% end point varies linearly with the log of the dilution. Because the number of test units used at each dilution is usually small, the accuracy of this method

is relatively low. For example, if six test units are used at each 10-fold dilution, differences in virus titer of only 50-fold or more can be detected reliably. The method is illustrated in the second example, in which the lethality of poliovirus in mice is the end point. Eight mice were inoculated per dilution. In the method of Reed and Muench, the results are pooled, as shown in the table, which equalizes chance variations (another way to achieve the same result would be to utilize greater numbers of

animals at each dilution). The interpolated value of the 50% end point, which in this case falls between the 5th and 6th dilutions, is calculated to be $10^{-6.5}$. The virus sample therefore contains $10^{6.5}$ LD₅₀s. The LD₅₀ may also be calculated as the concentration of the stock virus in PFU per milliliter (1×10^9) times the 50% end-point titer. In the example shown, the LD₅₀ is 3×10^2 PFU.

Reed LJ, Muench H. 1938. A simple method of estimating fifty per cent endpoints. *Am J Hyg* 27:493-497.

Dilution	Alive	Dead	Total alive	Total dead	Mortality ratio	Mortality (%)
10^{-2}	0	8	0	40	0/40	100
10^{-3}	0	8	0	32	0/32	100
10^{-4}	1	7	1	24	1/25	96
10^{-5}	0	8	1	17	1/18	94
10^{-6}	2	6	3	9	3/12	75
10^{-7}	5	3	8	3	8/11	27

Endpoint Method: Data for ID₅₀

Logs of virus dilution	Infected test units	Cumulative infected (A)	Cumulative uninfected (B)	Ratio of A/(A+B)	Percent infected
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-4

-5

-6

-7

Endpoint Method: Data for ID₅₀

Logs of virus dilution	Infected test units	Cumulative infected (A)	Cumulative uninfected (B)	Ratio of A/(A+B)	Percent infected
-4	10/10				
-5	7/10				
-6	4/10				
-7	0/10				

Endpoint Method: Data for ID₅₀

Logs of virus dilution	Infected test units	Cumulative infected (A)	Cumulative uninfected (B)	Ratio of A/(A+B)	Percent infected
-4	10/10	21			
-5	7/10	11			
-6	4/10	4			
-7	0/10	0			

Endpoint Method: Data for ID₅₀

Logs of virus dilution	Infected test units	Cumulative infected (A)	Cumulative uninfected (B)	Ratio of A/(A+B)	Percent infected
-4	10/10	21	0		
-5	7/10	11	3		
-6	4/10	4	9		
-7	0/10	0	19		

Endpoint Method: Data for ID₅₀

Logs of virus dilution	Infected test units	Cumulative infected (A)	Cumulative uninfected (B)	Ratio of A/(A+B)	Percent infected
-4	10/10	21	0	21/21	
-5	7/10	11	3	11/14	
-6	4/10	4	9	4/13	
-7	0/10	0	19	0/19	

Endpoint Method: Data for ID₅₀

Logs of virus dilution	Infected test units	Cumulative infected (A)	Cumulative uninfected (B)	Ratio of A/(A+B)	Percent infected
-4	10/10	21	0	21/21	100
-5	7/10	11	3	11/14	78.5
-6	4/10	4	9	4/13	30.7
-7	0/10	0	19	0/19	0.00

Endpoint Method: calculation of TCID₅₀

$$\text{I} = h \frac{(\% \text{ positive above } 50\%) - 50\%}{(\% \text{ positive above } 50\%) - (\% \text{ positive below } 50\%)}$$

h = dilution factor (10)

$$\text{I} = (78.5\% - 50\%) / (78.5\% - 30.7\%) = 0.8$$

$$50\% \text{ endpoint titer} = 10^{[\log \text{ dilution} > 50\% - (\text{I} \times \log h)]}$$

$$\text{ID}_{50} = 10^{-5 - (0.8 \times 1.0)} = 10^{-5.8}$$

Particles vs. Infectious Particles (particle to-PFU-ratio)

- ✓ # of physical particles : # of infectious particles
- ✓ A single particle *can* initiate infection
- ✓ Not all viruses are successful:
 - Damaged particles
 - Mutations
 - Complexity of infectious study
- ✓ Complicates study

Particles vs. Infectious Particles

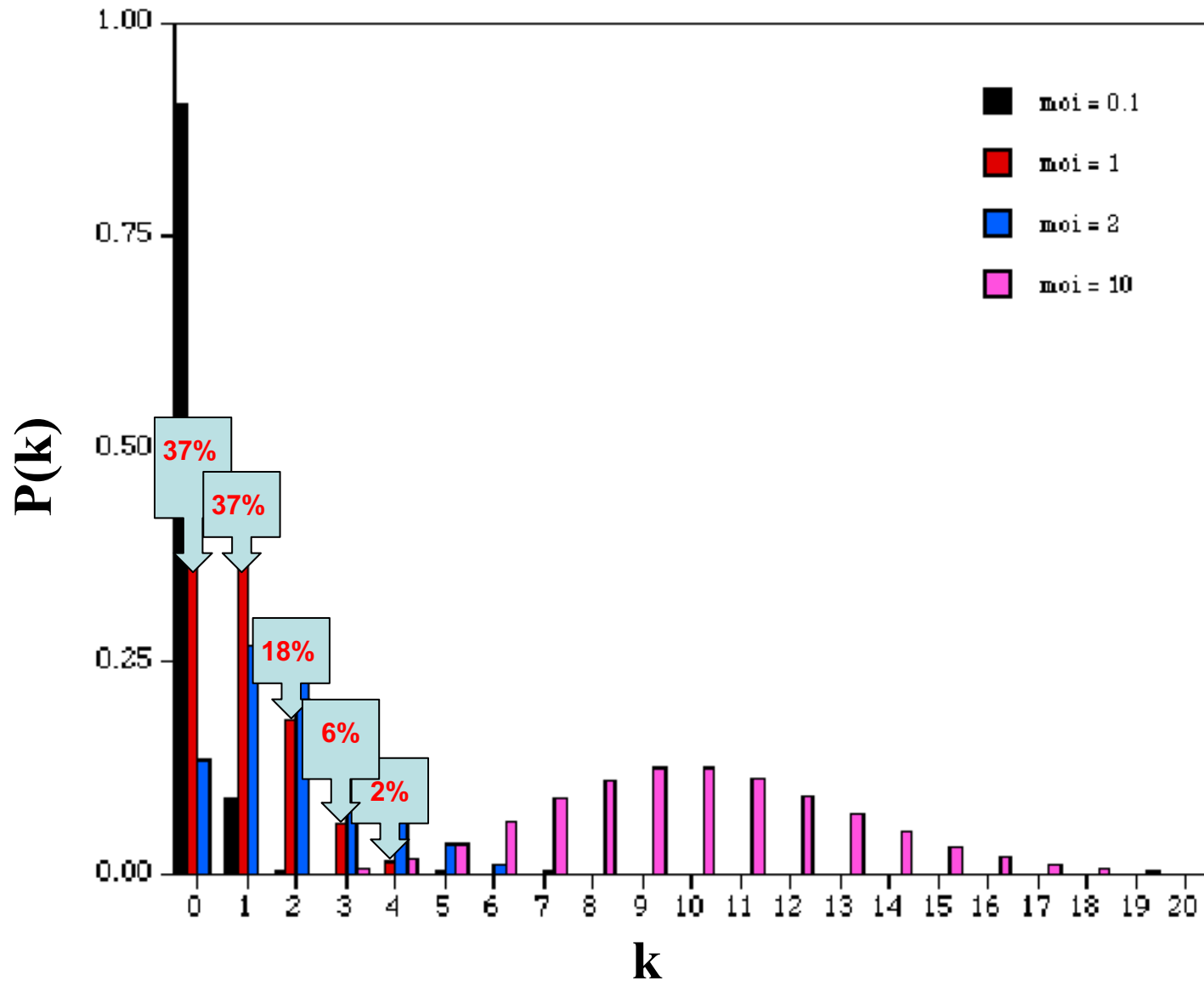
Table 2.2 Particle-to-PFU ratios of some animal viruses

Virus	Particle/PFU ratio
<i>Adenoviridae</i>	20–100
<i>Alphaviridae</i>	
Semliki Forest virus	1–2
<i>Herpesviridae</i>	
Herpes simplex virus	50–200
<i>Orthomyxoviridae</i>	
Influenza virus	20–50
<i>Papillomaviridae</i>	
Papillomavirus	10,000
<i>Picornaviridae</i>	
Poliovirus	30–1,000
<i>Polyomaviridae</i>	
Polyomavirus	38–50
Simian virus 40	100–200
<i>Poxviridae</i>	1–100
<i>Reoviridae</i>	
Reovirus	10

The Multiplicity of Infection (MOI)

- ✓ Number of infectious particles **ADDED** per cell
- ✓ Not the number of infectious particles each cell receives
- ✓ Adding 10^7 virus particles to 10^6 cells – MOI of 10 –each cell does **NOT** receive 10 virions
- ✓ Infection depends on the random collision of virions and cells
- ✓ When susceptible cells are mixed with virus, some cells are uninfected, some receive one, two, three or more particles
- ✓ The distribution of virus particles per cell is best described by the *Poisson distribution*

The Poisson distribution: values of $P(k)$ for various values of MOI and k



The Multiplicity of Infection (MOI)

- $P(k) = m^k e^{-m}/k!$
- m = multiplicity of infection (MOI);
- K = number of virus infecting a cell;
- $P(k)$ = fraction of cells infected by k virus
- m is calculated from the proportion of uninfected cells $P(0)$
- If k is made 0 then, $P(0) = e^{-m}$ and $m = -\ln P(0)$

MOI (m)	1	3	5	10
% uninfected cells	0.37	0.05	0.01	0.00

Then, the MOI required to infect 99% of the cells will be:

$$P(0) = 1\% = 0.01 \quad m = -\ln P(0) = -\ln(0.01) = \mathbf{4.6 \text{ PFU/cell}}$$

The Multiplicity of Infection (MOI)

Examples:

If 10^6 cells are infected at MOI of 10:

45 cells are uninfected

450 cells receive 1 particle

The rest receive > 1 particle

If 10^6 cells are infected at MOI of 1:

37% of the cells are uninfected

37% of the cells receive 1 particle

26% receive > 1 particle

If 10^6 cells are infected at MOI of 0.01:

99.9% of the cells are uninfected

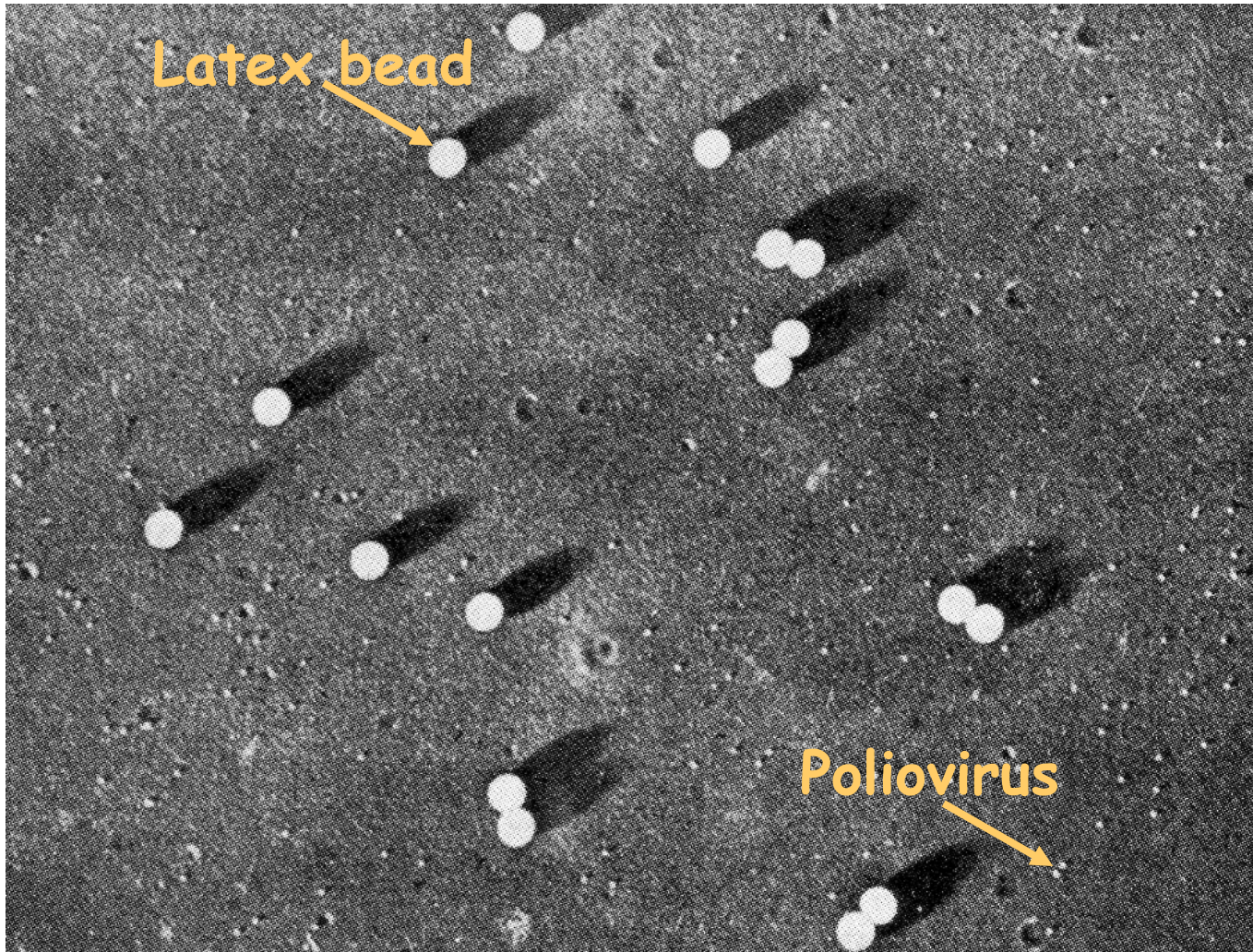
0.099% of the cells receive 1 particle (10^4 cells)

0.0001% receive > 1 particle (100 cells)

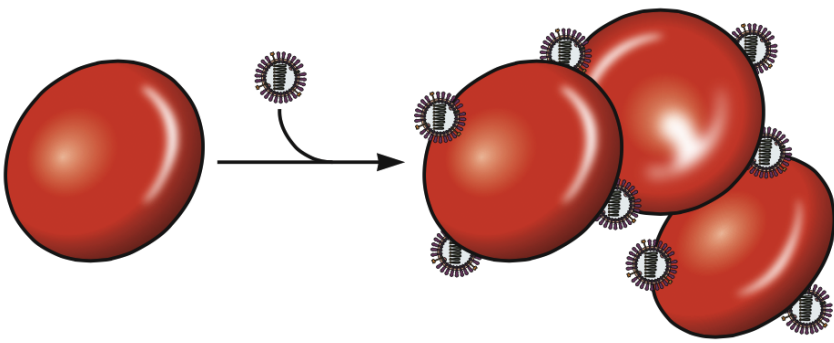
Measurement of virus particles and their components

- E.M. particle counts
- Hemagglutination
- Viral enzyme activity
- Serological methods
- Nucleic Acid detection:
 - PCR
 - DNA microarrays
 - High-throughput sequencing

Direct Particle count by EM



Hemagglutination

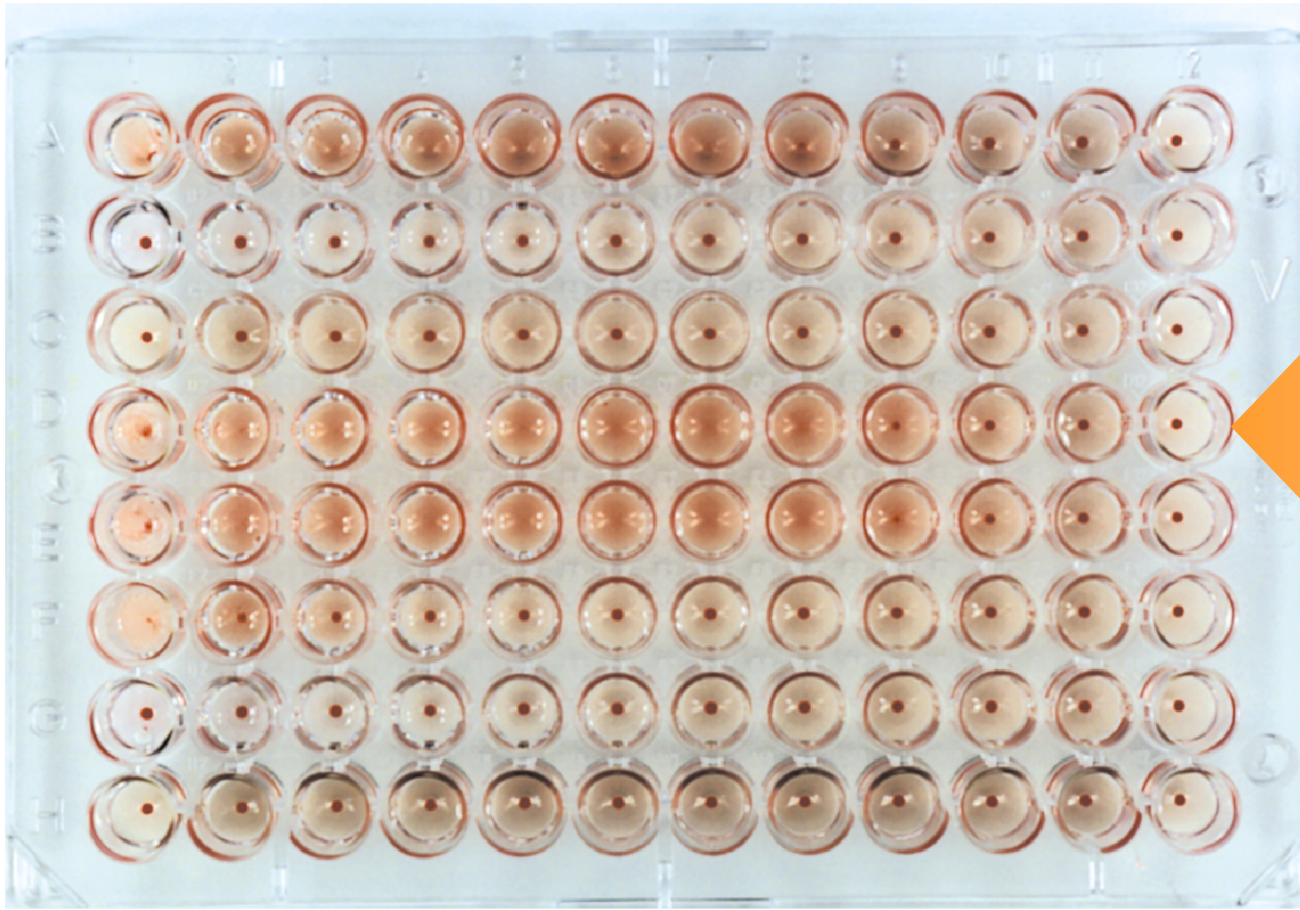


Dilution

1:4 1:8 1:16 1:32 1:64 1:128 1:256 1:512 1:1,024 1:2,048 1:4,096 1:8,192

Sample

A
B
C
D
E
F
G
H



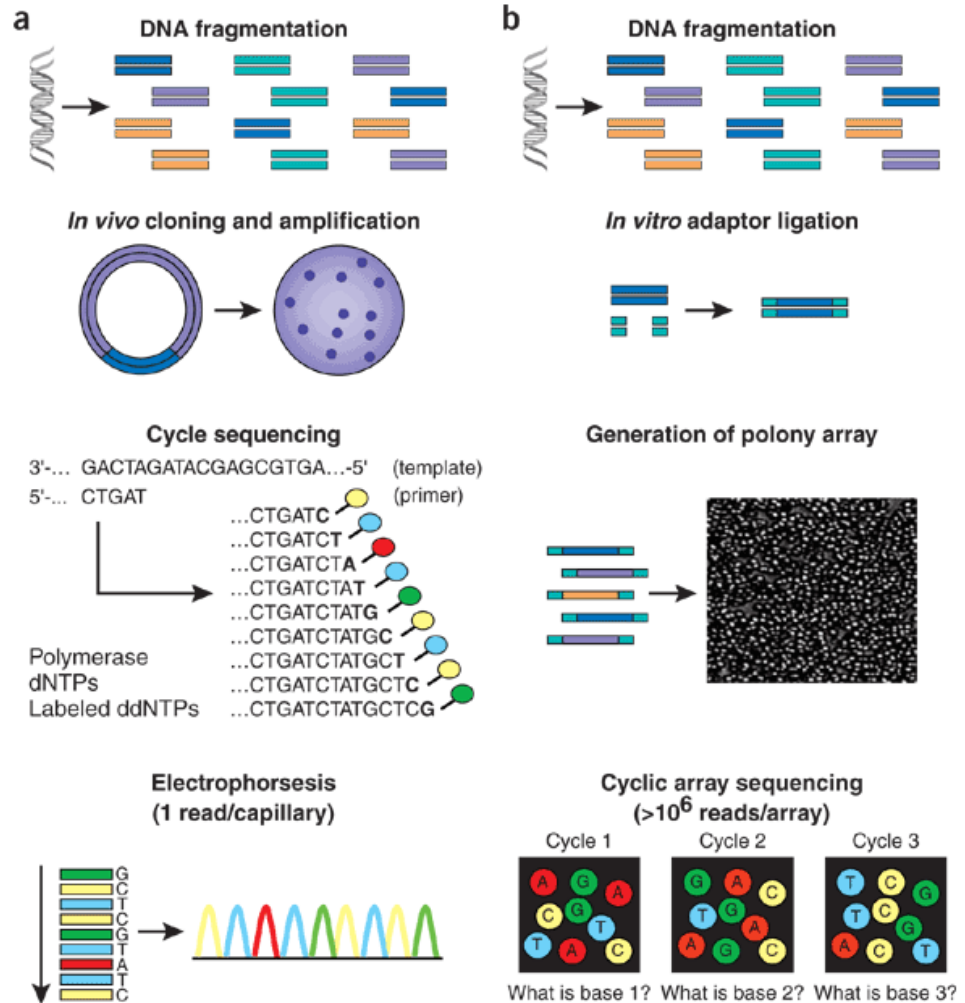
HA=512

Serological methods in Virology

- Virus neutralization
- Hemagglutination inhibition
- Complement fixation
- Immunostaining
- Immunoprecipitation and immunoblotting
- ELISA

Deep, high-throughput sequencing (NGS)

- ✓ Metagenomics
- ✓ Identification of new viruses in environmental samples
- ✓ Identification of new pathogens
- ✓ Used to study the **virome**



Can techniques of genetic engineering facilitate the cultivation and assay of viruses?

Genetically engineered cell lines to render them:

- more suitable hosts for viral replication
- more convenient substrates for rapidly detecting virus-infected cells

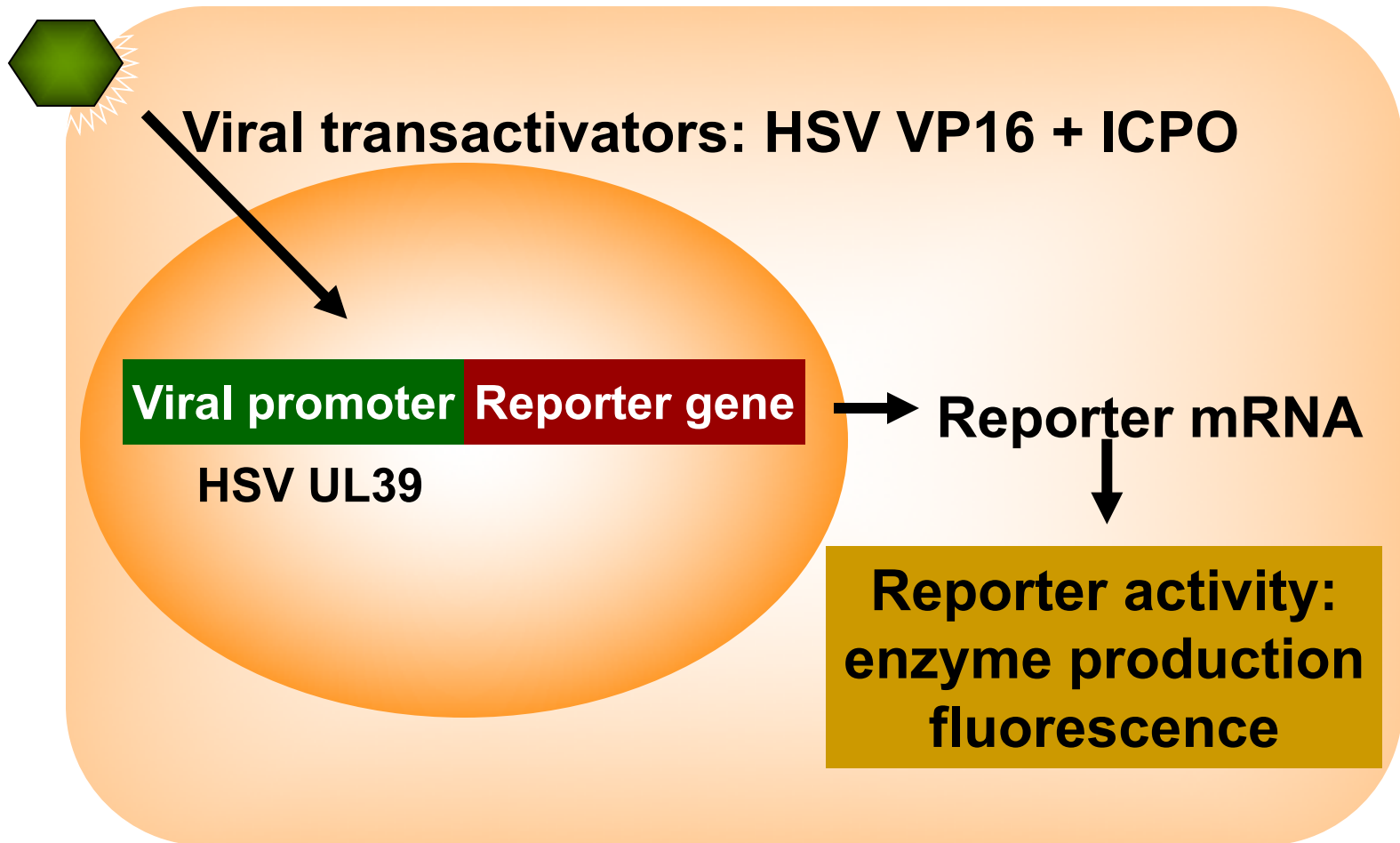
Genetically modified cells in Virology

- to modify susceptibility and permissivity
 - expression of virus receptors
- to support replication of mutant viruses
- to increase lifespan of primary or diploid cell lines
 - hTERT immortalization
- to facilitate virus detection
 - indicator cell lines

Genetically engineered cell lines to detect Herpesviruses

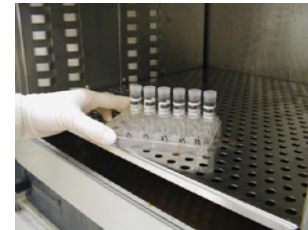
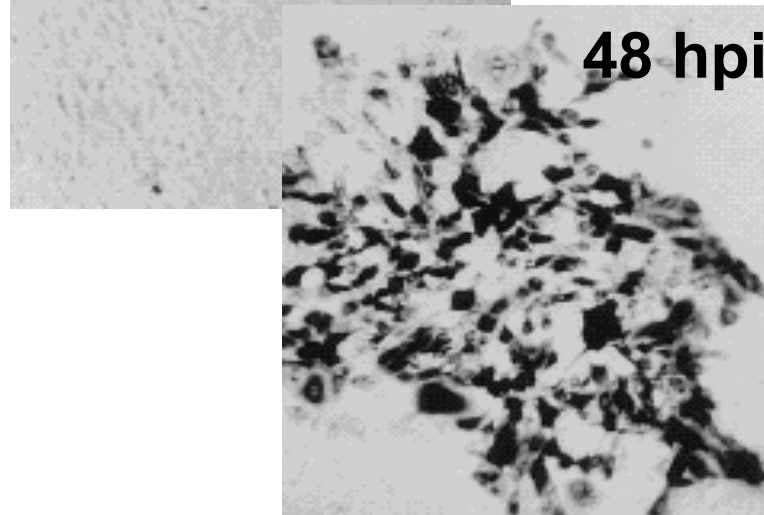
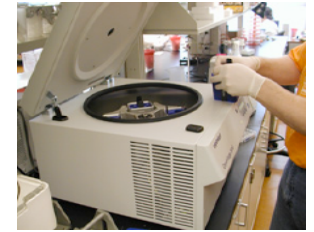
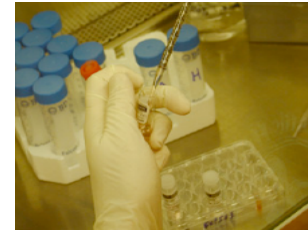
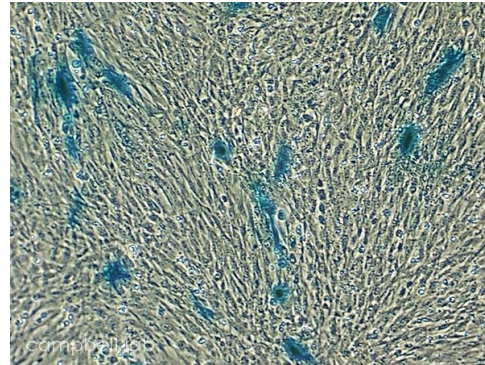
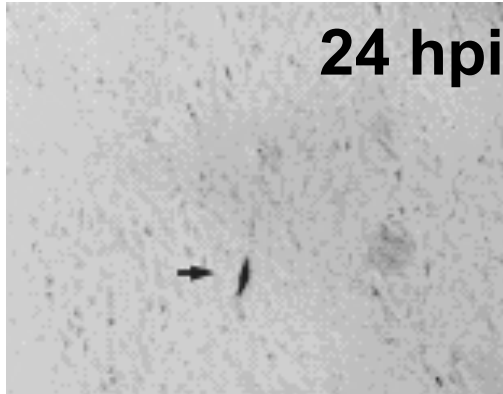
- to perform simple, rapid, sensitive and specific assay for virus detection in clinical specimens
- to perform rapid antiviral drug susceptibility testing

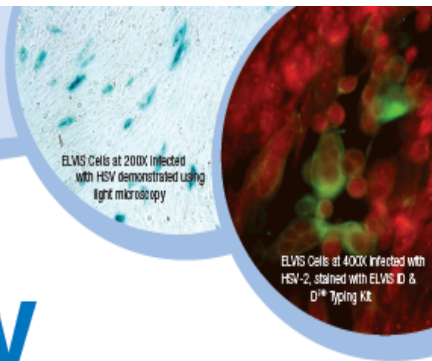
Genetically engineered cell lines to detect Herpes simplex viruses



An engineered BHKICP6LacZ cell line to detect HSV-1 infection

(ELVIS® HSV Test System)





ELVIS[®] HSV

Sensitivity of a Ten-Day Cell Culture in Less Than One Day

- Overnight HSV detection system for culture confirmation of positive OR negative HSV-1 and HSV-2 infections.
- No fluorescence required for non-typing assay.
- Typing can be done in a single vial through sequential staining applications.
- Uses patented engineered BHK cells which produce a detectable enzyme when infected and ONLY when infected with Herpes simplex.

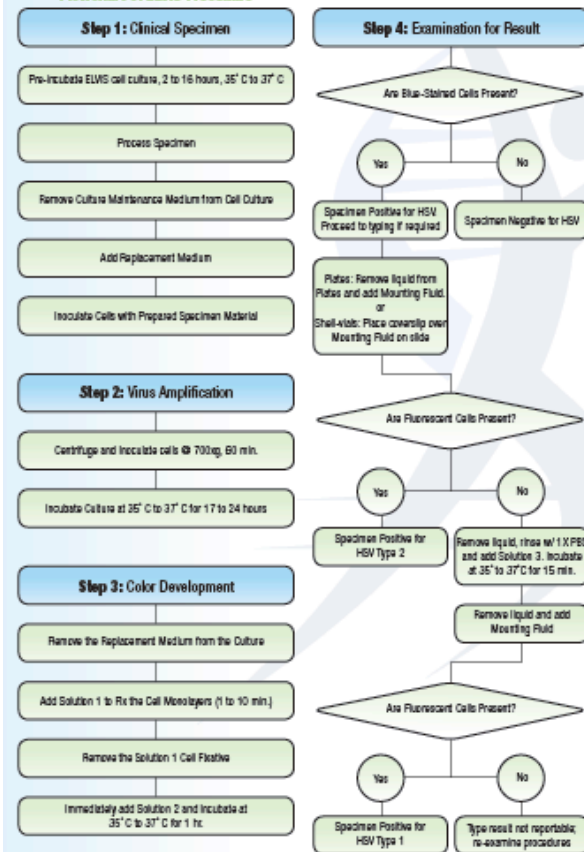
For Rapid Identification and Typing of Herpes Simplex Virus — 17-hour

turnaround time for reporting both positive and negative results for HSV



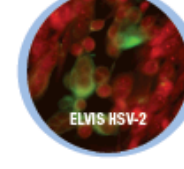
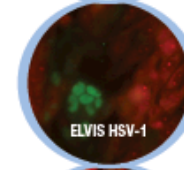
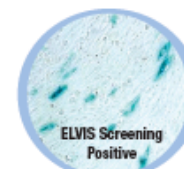
ELVIS[®] HSV

Flowchart of ELVIS Procedure



ELVIS Product Codes

Catalog Code	Description
66-2406	24 Well Plate/6 Fill
66-2412	24 Well Plate/12 Fill
66-2418	24 Well Plate/18 Fill
66-2424	24 Well Plate/24 Fill
66-0101	1 Vial
66-0102	1 Shell Vial with Coverslip
SK-ELVIS-100	ELVIS ID Staining Kit (100)
SK-ELVIS-200	ELVIS ID Staining Kit (200)
SK-ELVIS-600	ELVIS ID Staining Kit (600)
SK-ELVIS-1000	ELVIS ID Staining Kit (1000)
SKT-ELVIS-60.V2	ELVIS ID & D* Typing / Staining Kit (60)
SKT-ELVIS-300.V2	ELVIS ID & D* Typing / Staining Kit (300)
10-220100	ELVIS Replacement Medium (100-mL)
10-220600	ELVIS Replacement Medium (600-mL)



Genetically engineered cell lines that facilitate Herpesvirus detection: critical issues?

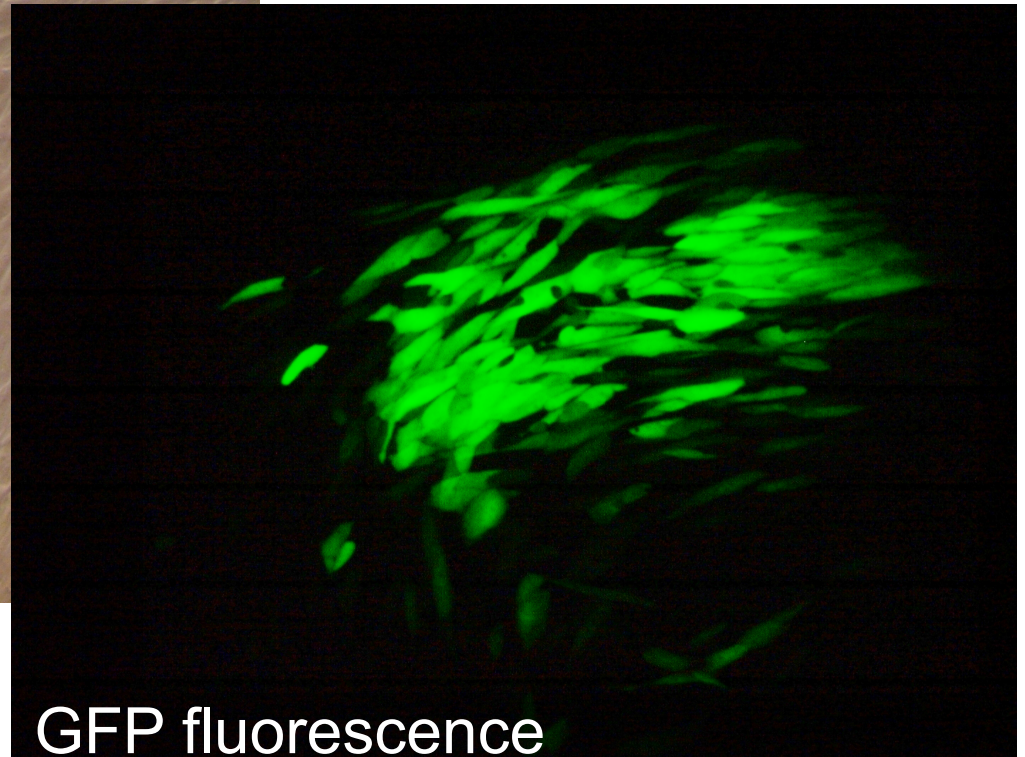
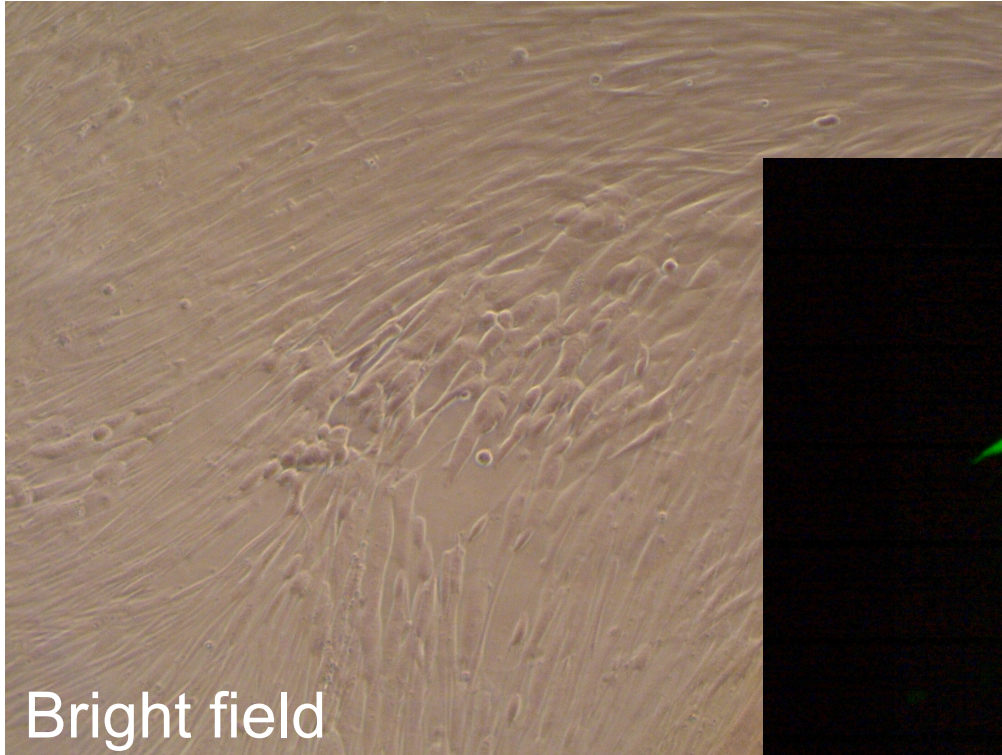
- the viral promoter
- the cell type
- the reporter gene

Genetically modified viruses

Aims?

- to characterize the functions of viral genes
- to facilitate virus detection
 - indicator virus strains

Plaque produced on HELFs by infection with a HCMV-GFP virus

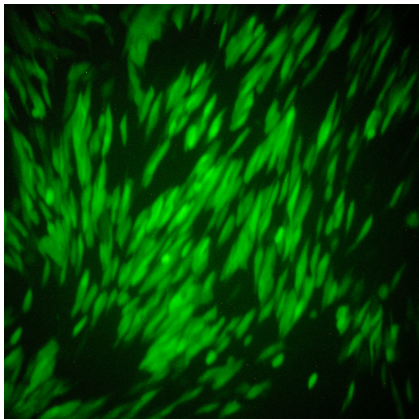


GFP-based HCMV assays

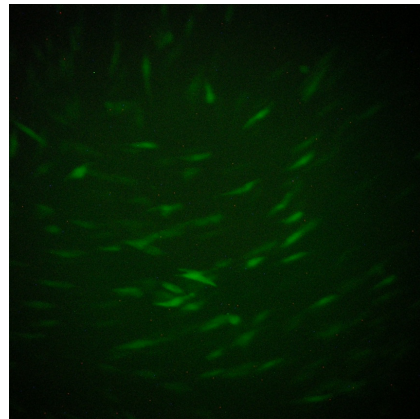
Readout of GFP signals:

- GFP fluorescence microscopy
- Flow cytometry
- Automated fluorometry

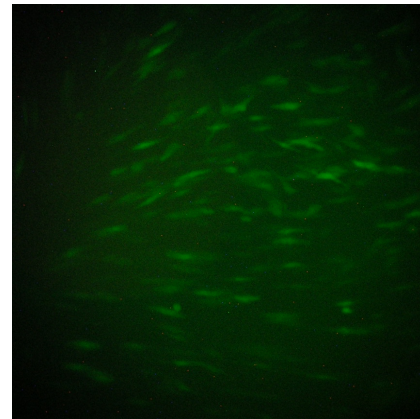
HCMV-GFP as a tool for antiviral screening assays



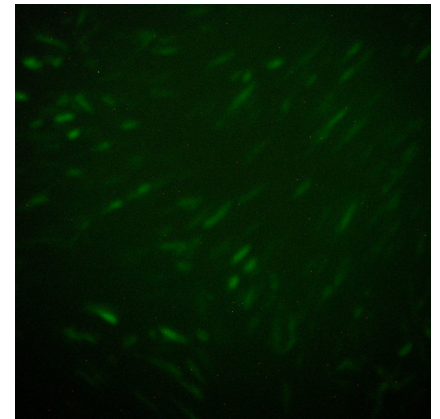
RCMV288



+GCV



+PFA



+AS602868

GFP-based antiviral assays: **advantages**

- Faster than Plaque Reduction Assay (PRA)
- Easier to perform than PRA
- Reliable as PRA
- Adaptable for both screening (HTS) and confirmation tests

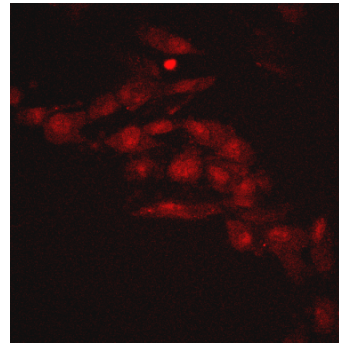
CpG ODNs do not interfere with HCMV attachment

(Luganini et al., AAC 2008)

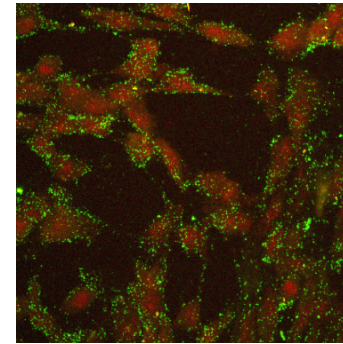


HCMV TB40 UL32-EGFP

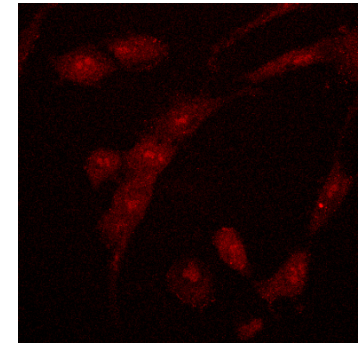
(Laib Sampaio et al., J. Virol. 2005)



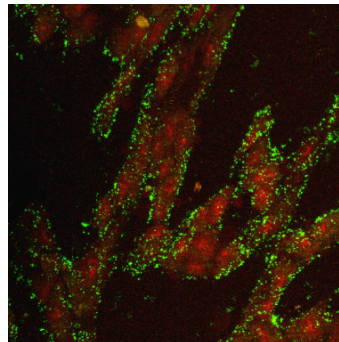
Mock-infection



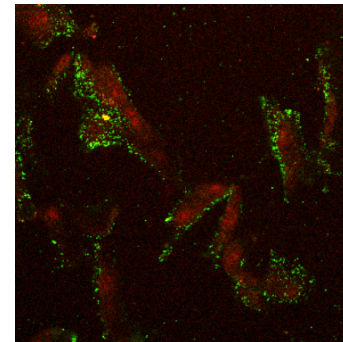
Control infection



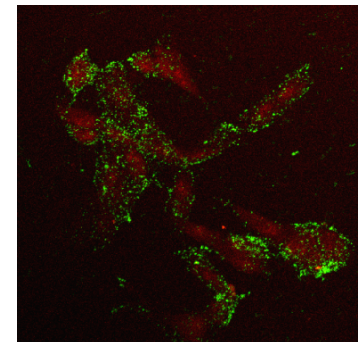
Heparin



CpG 2006



ODN 2137



CpG 2007