

Characterization of Enterovirus A71 entry factors in cell lines and Human Enteroids using CRISPR-Cas9 Knock-Out

LAYMAN'S SUMMARY:

Enterovirus A71 (EV-A71) is a non-enveloped, positive single-stranded RNA virus belonging to the *Picornaviridae* family, which is considered a major public health concern due to recent global outbreaks¹⁻³. EV-A71 is one of the main causative agents of hand, foot and mouth diseases (HFMD)⁴ and it can cause illness in multiple organs, such as the gastrointestinal and respiratory tract⁵. Most worrisome however, is EV-A71's ability to infect the central nervous system (CNS)⁶. It is considered to be the most neurotoxic enterovirus⁷ due to potential life-threatening consequences in young children. Despite this, the entry mechanism EV-A71 utilizes to enter the host cell and initiate infection remains elusive. Thus, fully understanding the factors involved in viral entry in the primary replication site, the gastrointestinal tract, is a crucial step towards combating EV-A71 infection.

Multiple receptors have been shown to be involved in EV-A71 infection over the years, such as SCARB2⁸ and HSPGs⁹. SCARB2, a lysosomal protein, is believed to play a role in uncoating the viral capsid¹⁰, as well as act as an entry receptor¹¹. However, due to SCARB2's low expression in the cell membrane¹², its role as an entry receptor is unlikely. Thus, other factors, such as HSPG2, might fulfil this role. Most studies on EV-A71 entry have been performed in cell lines, models which present multiple crucial limitations¹³⁻¹⁵. To overcome these limitations, enteroids, which are human 3D tissue cultures mimicking the function and structure of the intestine¹⁶, are promising tools for the study of EV-A71 infection. Therefore, in this study we aimed to characterize the role of SCARB2 and HSPG2 in EV-A71 infection using more physiologically relevant models, enteroids, as well as cell lines. To do so, we utilized CRISPR-Cas9 technology, to knock-out SCARB2 and HSPG2 in these models, which allows for the loss of expression of these proteins.

Here, we showed SCARB2 plays a pivotal role in EV-A71 infection, since loss of SCARB2 expression significantly hindered EV-A71 infection in both cell lines and enteroids. Furthermore, SCARB2 loss did not affect the binding ability of EV-A71 to the cell membrane, nor did it hinder the internalization of viral particles inside the cell. Thus, our study presents SCARB2 as an essential factor for EV-A71 infection only post-internalization, disproving SCARB2's role as an entry receptor demonstrated in previous reports. Following these findings, we sought to assess another protein which was suggested to be involved in EV-A71 entry, HSPG2. Our findings showed HSPG2 loss did not impact EV-A71 binding to the cell membrane nor internalization into the cell, hence HSPG2 is not an entry receptor of EV-A71. Furthermore, EV-A71 infection was not hindered after loss of HSPG2 expression in neither cell lines nor enteroids. Thus, in our study HSPG2 did not play a role in any steps of EV-A71 infection.

Overall, we have demonstrated the crucial role of SCARB2 in EV-A71 infection and showed its role is limited to post-internalization stages. Furthermore, we showed EV-A71 infection is independent of HSPG2. These findings, shed a light on specific host proteins in the early stages of EV-A71 infection in physiologically relevant models. Finally, it stresses the need to further characterize EV-A71's entry pathway in order to fully understand EV-A71 viral pathogenesis.

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