HIV disrupts CD34^{+} progenitors involved in T-cell differentiation

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Summary

HIV-1 causes the loss of $CD4^+$ T cells via depletion or impairment of their

production. The latter involves infection of thymocytes, but the involvement of other

cells including haematopoietic $CD34^+$ cells remains unclear even though HIV-

positive patients frequently manifest myelosuppression. In this study, we utilised the

OP9-DL1 coculture system, which supports in vitro T-lineage differentiation of

human haematopoietic stem/progenitor cells. Cord-derived $CD34^+$ cells were infected

with CXCR4-tropic HIV-1_{NL4-3} and cocultured. HIV-infected cocultures exhibited

sustained viral replication for 5 weeks, as well as reduced $CD4^+$ T-cell growth at

weeks 3–5. We further revealed that $CD34^+CD7^+CXCR4^+$ cells can be quickly

depleted as early as in 1 week after infection of the subset, and this was accompanied

by the emergence of $CD34^+CD7^+CD4^+$ cells. These results indicate that CXCR4-

tropic HIV-1 strains may disrupt $CD34^+CD7^+$ lymphoid progenitor cell pools,

presumably leading to impaired T-cell production potential.

Keywords

human immunodeficiency virus, acquired immunodeficiency syndrome,

haematopoietic stem/progenitor cells, C-X-C chemokine receptor type 4

Introduction

Human immunodeficiency virus (HIV) infection is associated with haematological changes [1]. Antiretroviral therapy is effective in controlling viremia and treating AIDS. However, some patients do not experience sufficient T-cell immune restoration despite being aviremic during treatment [2]. HIV-infected patients may display decreased thymopoiesis [3]. Thymic dysfunction occurs during HIV infection, and it is associated with rapid progression in infants with prenatal HIV infection [4]. A previous report tested coculture of CD34$^+$ and fetal thymic epithelial cells in the presence or absence of HIV-1, observing that infection led to the inhibition of thymocyte maturation at early stages (CD44$^+$CD25$^-$CD3$^-$) [5]. Pancytopenia may occur as a result of bone marrow abnormalities in HIV-infected individuals [6,7]. A previous study revealed depletion of CD34$^+$CD4$^+$ cells in bone marrow from HIV-infected patients. However, the study failed to uncover evidence of HIV infection of these cells [8].

The thymopoiesis environment can be mimicked in vitro using the OP9-DL1 or OP9-DL4 cell line. These cell lines were derived from the OP9 mouse stromal cell line via transduction with a notch ligand called delta-like 1 (DL1) or DL4 [9,10]. The ability of OP9-DL1 cells to support thymopoiesis in vitro was first demonstrated in coculture with mouse cells [9]. The cell line is also known to support the differentiation of human CD34$^+$ haematopoietic stem/progenitor cells (HSPCs) into thymocytes and T cells [11]. There is evidence that OP9-DL1 cells produce stromal derived factor-1 (SDF-1, also known as CXCL12), a ligand for CXCR4 [12]. Although OP9-DL4 cells can induce differentiation into both specific myeloid cells and T-lineage cells, OP9-DL1 cells only permit the differentiation of T-lineage cells while inhibiting B cells

and myeloid cells [13]. Thus, the OP9-DL1 coculture system is used to investigate

events associated with T-lineage differentiation.

CXCR4 and CCR5 are common coreceptors for HIV-1 [14]. Control of CCR5-

tropic strains of HIV-1 is usually considered a better correlate of good clinical

outcomes than control of CXCR4-tropic HIV-1 strains [15]. This is due to the fact that

memory $CD4^+$ T cells express higher levels of CCR5, thus making them susceptible

to CCR5-tropic HIV infection and subsequent depletion [16]. Consequently, CCR5 may

appear to be more closely involved in the immunopathogenesis of HIV infection than

CXCR4 [17]. Conversely, the biological functions of CXCR4 have been well

documented in fields such as developmental biology and haematology. CXCR4

interacts with SDF-1 and allows CXCR4-expressing cells to home to loci in which

SDF-1 is highly expressed [18]. SDF-1 and CXCR4 are essential in human stem cell

homing and repopulation of the host with differentiated haematopoietic cells [19,20].

SDF-1 is also produced by thymic epithelial cells, and it plays an important role in

migration of immature progenitors in the thymus [21].

Therefore, it may be important to better understand the influence of CXCR4-

tropic HIV-1 infection on CXCR4-associated biological events including

haematopoiesis and T-cell development. A prior study sought to clarify the effect of

CXCR4-tropic simian-human immunodeficiency virus infection on T-lineage cell

production in the thymi of newborn rhesus macaques [22]. However, it is not realistic to

closely follow in vivo bone marrow/thymus events in HIV-infected individuals.

Instead, humanised mouse models can be beneficial for this purpose [23,24]. Moreover,

an easy-to-use ex-vivo model may be helpful for closely monitoring the

differentiation of HSPCs into T-lineage cells in the presence of HIV-1. The present

study aimed to determine the in vitro fate of CD34$^+$ progenitor cells and derivatives

exposed to HIV-1 using the OP9-DL1 coculture system.

Results

Persistent HIV-1 infection observed in OP9-DL1 cocultures with cord-derived CD34+

cells

Two separate in vitro experiments were performed in the study. The data for

experiment 1 (long coculture) are shown in Figs. 1–3 and Extended Data Figs. 1–5.

To follow the in vitro fate of HIV–pre-exposed CD34+ cells and derivatives for

several weeks, we infected primary human umbilical cord-derived CD34+ cells with

HIV-1. These cells were partially CD4+ and/or CXCR4+ before infection (Extended

Data Fig. 1A). Cells were seeded in 48-well plates and exposed to 200 ng (p24) of

HIV-1$_{NL4-3}$. Following centrifugation and overnight incubation in the presence of

HIV-1, the cells were cocultured with OP9-DL1 cells (Fig. 1A). After a week of

coculture, intracellular HIV-1 p24 was detected in both CD34+ and CD34− cells (Fig.

1B). HIV infection was further examined via magnetic bead separation of CD34+ and

CD34− cells followed by DNA extraction and detection of HIV-1 *gag* DNA using

PCR (Extended Data Fig. 1B). The HIV-infected samples displayed persistent HIV-1

p24 expression in 0.1–1.7% of the total cocultured human cells (Fig. 1C, Extended

Data Fig. 1C–G). A correlation was found between intracellular HIV-1 p24+ cell

counts and supernatant HIV-1 p24 concentrations (Extended Fig. 1E).

The dynamics of CD4+ cells in OP9-DL1 cocultures with HIV–pre-exposed CD34+

cells

The influence of HIV pre-exposure of CD34+ cells on post-coculture events was

analysed by flow cytometry weekly until week 5. CD19+, CD20+ or CD33+ cells were

not detected in the samples tested (data not shown). HIV-infected cocultures had

significantly lower whole cell counts at weeks 3, 4 and 5 post-coculture than

uninfected cocultures (Extended Data Fig. 2A), demonstrating reduced cell growth in

the presence of HIV-1. Similarly, the $CD4^+CD8^+$ and $CD4^+CD8^+CXCR4^+$ cell counts

were significantly smaller in HIV^+ cocultures than in HIV^- cocultures at week 3

(Extended Data Fig. 2B–D). When $CD34^-$ cells were gated and analysed for CD7 and

CD4 expression (Fig. 2A), the $CD34^-CD7^+CD4^+$ cell counts were not significantly

different between HIV-infected and uninfected samples (Fig. 2B). By contrast, there

was a notable decline in $CD34^-CD7^-CD4^+$ cell counts in HIV^+ samples compared to

those in HIV^- samples at week 3 (Fig. 2C). Further analysis of $CD34^-$ cells revealed

that the $CD7^+CD4^+$ cells contained CD4/CD8 double-positive cells and $CD3^+CD4^+$

cells, whereas the $CD7^-CD4^+$ cells were mostly $CD3^+CD4^+$ cells (Extended Data Fig.

3). In the analysis of $CD34^-CXCR4^+$, $CD34^-CD7^+CXCR4^+$ and $CD34^-CD7^-CXCR4^+$

cells, the $CD34^-CD7^-CXCR4^+$ cells exhibited the greatest growth impairment

following HIV-1 infection (Extended Data Fig. 4).

The dynamics of $CD34^+$ cells in OP9-DL1 cocultures with HIV–pre-exposed $CD34^+$

cells

HIV infection of $CD34^+$ cells was detected by intracellular $p24^+$ staining

followed by flow cytometric analysis (Fig. 3A–B, Extended Data Fig. 5A–D).

$p24^+CD34^+$ cells failed to grow by week 2 (Fig. 3A), in contrast to the rapid growth of

$p24^+$ cells at this time point (Fig. 1C). $p24^+CD34^+CD7^+$ cell counts increased at weeks

2 and 3 (Fig. 3B) in association with a low average $CD34^+CD7^+$ cell count in week 1

after infection and a rapid increase in week 2 (Fig. 3C). Then, $CD34^+$ cell dynamics in

HIV^+ samples were compared with those in HIV^- samples (Fig. 3C-D, Extended Data

Fig. 5E–G). There were nonsignificant differences in $CD34^+CD7^+$ cell counts

between HIV^+ and HIV^- cocultures (Fig. 3C). The difference in the average

frequencies of $CD34^+CD7^+$ cells was greatest at week 3 (Fig. 3C). However, the

average $CD34^+CD7^+CXCR4^+$ cell count in HIV^+ cocultures versus that in HIV^-

cocultures exhibited the greatest difference at week 2 (Fig. 3D). Therefore,

$CD34^+CD7^+CXCR4^+$ cells may be affected by HIV-1 earlier than the entire

$CD34^+CD7^+$ cell population or cells of other phenotypes.

HIV-1$_{NL4-3}$ infection of HSPC-derived cells after 4–6 weeks of coculture with OP9-

DL1 cells

To better describe the effect of HIV infection on the short-term dynamics of

$CD34^+$ cells, experiment 2 was performed (short coculture, n = 12, Fig. 4A). The

experiment 2 results are shown in Figs. 4–6, Extended Data Figs. 6–8 and Extended

Data Tables 1–2. Briefly, coculture of OP9-DL1 cells with HIV-uninfected cord-

derived $CD34^+$ cells for 4–6 weeks produced a mixture of cells with different

phenotypes as determined by the expression of CD34, CD4, CD8, CD7 and CXCR4

(Figs. 1–3, Extended Data Figs. 1–5). CD4 expression levels in $CD34^+$ cells before

infection were lower than those in $CD34^-$ cells (Fig. 4B). Cells were then harvested

and infected with HIV-1$_{NL4-3}$ following the procedures for HIV infection of $CD34^+$

cells (Fig. 1A). The infected cells were cocultured again with a new OP9-DL1

monolayer and further incubated for 1 week (Fig. 4A). One week after infection, HIV

replication was detected in all HIV-infected samples (Fig. 4C). The majority of HIV-1

$p24^+$ cells were $CD34^-$ (Fig. 4C, Extended Data Fig. 6). The majority of $p24^+CD34^+$

cells were $CD7^+$ (Fig. 4C, Extended Data Table 1).

Partial loss of CD34$^+$CD7$^+$CXCR4$^+$ cells after HIV-1$_{NL4-3}$ infection of OP9-DL1–

cocultured cells

The phenotypes of the cells in experiment 2 (short coculture) were analysed 1

week after infection (Fig. 5, Extended Data Fig. 7, Extended Data Table 2). The

whole cell counts were obtained using parts of the tested batches, with no significant

differences noted between HIV$^+$ and HIV$^-$ samples (n = 4, *p* = 0.5000, Extended Data

Table 2). The frequencies of CD4$^+$CD8$^+$, CD34$^+$ and CD34$^+$CD7$^+$ cells were not

significantly different between HIV$^+$ and HIV$^-$ cocultures (Extended Data Fig. 7).

Regarding CXCR4 expression levels in different subsets, the frequencies of

CD34$^+$CD7$^+$CXCR4$^+$ cells in HIV$^+$ samples were significantly reduced compared to

those in HIV$^-$ samples (Fig. 5A and C middle). This may be in accordance with the

results in Fig. 3D in which the growth of CD34$^+$CD7$^+$CXCR4$^+$ cells slowed earlier (at

week 2) than those of other phenotypes (at week 3).

Increased number of CD34$^+$CD7$^+$CD4$^+$ cells after HIV-1$_{NL4-3}$ infection of OP9-DL1–

cocultured cells

Figure 5 indicates the distinct dynamics of CD34$^+$CD7$^+$CXCR4$^+$ cells in the

presence of HIV-1. For increased clarity, CD34$^+$CD7$^+$ cells were further analysed for

CD4 expression (Fig. 6, Extended Data Fig. 8). Surprisingly, HIV-infected samples

had higher frequencies of CD34$^+$CD7$^+$CD4$^+$CXCR4$^+$ cells than uninfected samples

(Fig. 6A and B). These cells were found to be partially HIV p24$^+$ after carefully

adjusting the compensation matrices of the flow cytometry data (Fig. 6A and C). One

of nine batches was selected for further analyses of CD34$^+$CD7$^+$CD4$^+$ cells. Both the

frequencies and CD4 fluorescence intensities of CD34$^+$CD7$^+$CD4$^+$ cells were higher

in HIV$^+$ samples than in HIV$^-$ samples (Extended Fig. 8B), implying the emergence

of CD34$^+$CD7$^+$CD4^{hi} cells. In addition, the frequencies of CD34$^+$CD7$^+$CD4$^+$CXCR4$^+$

cells were correlated with those of p24$^+$ cells (Fig. 6D).

Discussion

Regarding the dynamics of CD34^{+} cells in HIV-infected individuals, there has

been a debate regarding whether HSPCs comprise an unignorable viral reservoir [25].

There is also a possibility of modified turnover of HSPCs through HIV infection and

depletion of CD4^{+} cells. For example, HIV infection commonly manifests as bone

marrow abnormalities [26]. Some patients fail to exhibit CD4^{+} T-cell recovery even

after effective antiretroviral therapy, thus being termed immunological nonresponders.

Such immunological nonresponsiveness can be associated with immune activation

and/or bone marrow impairment [27,28]. To approach these problems, the present study

revealed a method for utilising the OP9-DL1 coculture system, which enables in vitro

follow-up of the early events in T-cell differentiation such as lymphoid progenitor cell

generation that normally occur in the bone marrow as well as CD4^{+} thymocyte

differentiation in the thymus. The events observed in the cocultures of OP9-DL1 and

human CD34^{+} cells are likely to involve interactions between SDF-1 and CXCR4, as

mouse SDF-1 expressed by OP9-DL1 cells has high amino acid sequence identity

with human SDF-1 [29]. The observation is in accordance with previous reports

illustrating that the SDF-1/CXCR4 pair is crucially involved in the homing and

repopulation of HSPCs in specific bone marrow niches [30] and the entire T-cell

developmental process in the thymus [21,31]. It has been reported that HSPCs and

thymocytes express CXCR4, but their CCR5 expression is limited [32]. Another report

indicated that HIV utilises CXCR4 when it infects multipotent progenitor cells [33].

CXCR4-tropic HIV strains might contribute to pathogenesis by interfering with

haematopoiesis and/or lymphopoiesis [34-36], although the underlying mechanisms are

yet to be unveiled.

217  The present results provide insights into the impact of HIV-1 on T-lineage

218 differentiation of haematopoietic progenitor cells. In experiment 1 (long coculture),

219 HIV-infected samples exhibited similar $CD4^+$ cell production rates as uninfected

220 samples at weeks 1 and 2 but reduced $CD4^+$ cell production rates from week 3 to

221 week 5 (Fig. 2). This was most clearly observed with the dynamics of

222 $CD34^-CD7^-CD4^+$ cells (Fig. 2C) that were mostly $CD3^+$ T cells (Extended Data Fig.

223 3). It is unclear how the reduction of cell growth at week 3 after infection was so

224 accurately reproduced in the 12 samples tested (Fig. 2C, individual data not shown).

225 However, in the subsequent analyses of $CD34^+$ cells, the growth rates of

226 $CD34^+CD7^+CXCR4^+$ cells tended to fall as early as week 2 (Fig. 3D). This was

227 observed in 7/12 samples tested (data not shown), and the decline occurred earlier

228 than the reduction in $CD34^-CD7^-CD4^+$ cell counts (week 3). Because $CD34^+CD7^+$

229 cells represent lymphoid progenitor cells [37], their involvement in defining the

230 production rates of $CD4^+$ cells may be speculated.

231  Subsequently, experiment 2 (short coculture, Figs. 4–6) was conducted to

232 examine the effects of HIV-1 on the short-term dynamics of T-lineage cells including

233 $CD34^+$ progenitors. HIV-1 infection resulted in significant decreases of the frequency

234 of $CD34^+CD7^+CXCR4^+$ cells 1 week after infection (Fig. 5B right), which may be

235 consistent with the results of experiment 1 (Fig. 3D). Because of the limitation of the

236 present study, the fate of the lost $CD34^+CD7^+CXCR4^+$ cells in the HIV^+ cocultures is

237 unknown. The differentiation capacity of the remaining $CD34^+CD7^+CXCR4^+$ cells

238 also remains untested. Interestingly, a recent article reported that bone marrow $CD34^+$

239 progenitor cells from HIV-infected patients exhibit impaired T-cell differentiation

240 potential [38], which was related to proinflammatory cytokines. Cytokine analyses may

241 be applicable to the coculture assays we established in the present study.

The CD34$^+$CD7$^+$ progenitors were further analysed to better understand their

association with HIV-1 infection. Interestingly, the frequencies of CD34$^+$CD7$^+$CD4$^+$

cells were elevated in HIV-infected samples compared to those in uninfected samples

(Fig. 6, Extended Data Fig. 8). In addition, CD34$^+$CD7$^+$CD4$^+$ cells were found to be

partially HIV p24$^+$ (Fig. 6A and C). It may be fascinating to interpret the results as

CD4 upregulation following HIV infection, thereby driving the differentiation of T-

lineage precursor cells. However, caution may be necessary because exclusion of

possible CD34 upregulation in the infected CD4$^+$ cells was not confirmed in this

study (Extended Data Fig. 8), although the flow cytometry data did not indicate

correlations between HIV p24 expression and CD34 upregulation in CD34^{low} cells

(data not shown). Further studies may be designed to test shorter coculture periods

than 1 week and/or investigate the association of HIV-1 infection with factors that

regulate the expression of CD3, CD4, CD7 and CD34. Such analyses will also help

better clarify the debate on the issues of CD34$^+$ viral reservoirs [25].

The findings in this article highlight the potential of anti-HIV treatments such as

gene therapy using CD34$^+$ HSPCs followed by transplantation because in this manner,

all haematopoietic events in the host can be protected against HIV infection by the

gene products even in the absence of effective immune responses [39]. The problem is

that although CCR5 may be considered a reasonable target for knockout or

knockdown to prevent infection by CCR5-tropic HIV strains, CXCR4 expression

should not be altered in HSPCs because of the essential biological functions of the

molecule [40]. Therefore, instead of modulating CXCR4 expression, anti-HIV

modalities targeting an HIV gene or component may be desirable for protecting

haematopoietic cells including T-lineage cells from CXCR4-tropic HIV infection [41].

In summary, the results of the long/short coculture of human CD34$^+$ cells and

derivatives with OP9-DL1 cells in the presence of HIV-1 indicate that the dynamics

of CD34$^+$CD7$^+$ lymphoid progenitors may be affected more quickly by HIV-1 than

CD34$^-$CD4$^+$ thymocytes and T cells despite the lower susceptibility of CD34$^+$CD7$^+$

cells to HIV-1 infection as suggested by their lower CD4 expression levels. Further

studies may be designed to elucidate the underling mechanisms. In addition, the

preceding reduction of CD34$^+$CD7$^+$CXCR4$^+$ cell growth at week 2 followed by the

reduction of CD34$^-$CD4$^+$ cell growth at week 3 in the HIV$^+$ cocultures may illustrate

the mechanism by which reduced sizes of progenitor cell pools may decelerate the

production of T cells in HIV-infected patients (Extended Data Fig. 9). In HIV-

infected patients, this may occur in combination with different mechanisms of CD4$^+$

T-cell depletion including direct cytopathic effects, apoptosis and antigen-specific

immunological mechanisms [42,43].

Methods

Virus stocks. Stocks of HIV-1$_{NL4-3}$ were produced via transfection of 293T cells with

the molecular clone DNA pNL4-3 [44]. After transfection, the culture supernatant was

collected, and viral loads were determined using an HIV p24 enzyme-linked

immunosorbent assay (ELISA) kit (ZeptoMetrix, NY, USA).

Cells. Umbilical cord blood samples were collected at Fukuda Hospital, Kumamoto,

Japan after obtaining informed consent. Cord blood mononuclear cells were isolated

using Pancoll (PAN-Biotech GmbH, Aidenbach, Germany) and centrifugation at 800

rpm for 20 min. CD34$^+$ cells were labelled and selected using human CD34

microbeads and LS columns (Miltenyi Biotec, NSW, Australia). The purity constantly

exceeded 92%. The OP9-DL1 cell line was generated via transduction of the OP9 cell

line (ATCC CRL-2749) with human DL1. The cell line was maintained in α-MEM

medium (Wako Pure Chemical Industries, Osaka, Japan) supplemented with 10% heat

inactivated fetal bovine serum (FBS, GE Healthcare, Tokyo, Japan).

Antibodies. Anti-human CD8 Brilliant Violet (BV) 510 (clone RPA-T8), anti-human

CD3 PE-Cy7 (clone UCHT1) and anti-human CD34 APC (clone 8G12) were

purchased from BD Biosciences (Tokyo, Japan). Anti-human CD4 PE-Cy7 (clone

OKT4), anti-human CD4 PerCP-Cy5.5 (clone OKT4) and anti-human CXCR4

BV421 (clone 12G5) were purchased from BioLegend (Tokyo, Japan). Anti-human

CD3 ECD (clone UCHT1) and anti-HIV-1 p24 PE (clone FH190-1-1, also known as

KC57 RD1) were purchased from Beckman Coulter (Tokyo, Japan). Anti-human CD7

FITC (clone CD7-6B7) was purchased from CALTAG Laboratories (CA, USA),

Coculture of human cells with OP9-DL1. The OP9-DL1 coculture experiment was performed following a previously published protocol with modifications [45]. Briefly, 2 × 10^5 HIV-infected or uninfected cord-derived CD34$^+$ cells were seeded in a 6-well plate (Corning, Tokyo, Japan) containing a OP9-DL1 monolayer. The coculture was maintained for 5 weeks in α-MEM medium supplemented with 20% heat inactivated FBS, 5 ng/mL recombinant human FMS-like tyrosine kinase 3 ligand (R&D Systems, MN, USA) and 5 ng/mL recombinant human interleukin 7 (Miltenyi Biotec). Cells were passaged weekly with vigorous pipetting and filtering through a 70-μm membrane and cocultured again with a fresh monolayer of OP9-DL1 cells. A portion of the collected cells was analysed by flow cytometry.

HIV infection. The method for in vitro HIV infection of CD34$^+$ cells was described previously [46]. To infect primary cord-derived CD34$^+$ cells with HIV-1$_{NL4-3}$, a 48-well plate (Corning) was treated overnight with RetroNectin (Takara Bio, Kusatsu, Japan) at a concentration of 10 μg/mL. CD34$^+$ cells were re-suspended in the OP9-DL1 medium, seeded at 2 × 10^5 per well in the coated plate and infected with 200 ng (p24) of HIV-1$_{NL4-3}$ using spinoculation at 1200 × g at 34°C for 30 min. Cells were further cultured overnight and cocultured in a 6-well plate with a fresh monolayer of OP9-DL1 cells. For HIV infection of OP9-cocultured human cells, the cell concentration was modified to 5 × 10^5 per well.

Flow cytometry. Surface and intracellular antigen expression was analysed using a FACS LSR II (BD Biosciences), FACS Diva v6.0 software (BD Biosciences) and FlowJo v10.3 software (FlowJo, OR, USA). Dead cells were discriminated using

Live/Dead Fixable Near-IR Dead Cell Stains (Thermo Fisher Scientific, VIC,

Australia). Live cells were further gated to exclude doublets from the analysis by

plotting FSC-W and FSC-A.

PCR analysis of HIV DNA. Cellular DNA was extracted using a Kaneka Easy DNA

Extraction Kit (Kaneka, Takasago, Japan). DNA extraction was followed by the PCR

analysis using an HIV *gag* primer set (sense: 5′-

AGTGGGGGGACATCAAGCAGCCATGCAAAT-3′, antisense: 5′-

TACTAGTAGTTCCTGCTATGTCACTTCC-3′) as described previously [47]. The

oligo DNAs were purchased from Sigma-Aldrich (Tokyo, Japan).

Statistical analysis. Statistical analysis was performed using GraphPad Prism

software version 7.0 (GraphPad Software, CA, USA). Statistical significance was

defined as $P < 0.05$. Comparisons between HIV-infected and uninfected samples were

performed using Wilcoxon's matched-pairs signed rank test, unless otherwise stated.

Multiple comparison analyses were done, if necessary, using Dunn's method.

Spearman's correlation coefficients were calculated for correlation analyses.

References

1   Parinitha, S. & Kulkarni, M. Haematological changes in HIV infection with

correlation to CD4 cell count. *Australas Med J* **5**, 157-162,

doi:10.4066/AMJ.20121008 (2012).

2   Corbeau, P. & Reynes, J. Immune reconstitution under antiretroviral

therapy: the new challenge in HIV-1 infection. *Blood* **117**, 5582-5590,

doi:10.1182/blood-2010-12-322453 (2011).

3   Blom, M., Epeldegui, M. & Uittenbogaart, C. H. in *HIV-Host Interactions*

(ed Theresa Li-Yun Chang) (InTech, 2011).

4   Ye, P., Kirschner, D. E. & Kourtis, A. P. The thymus during HIV disease:

role in pathogenesis and in immune recovery. *Curr HIV Res* **2**, 177-183 (2004).

5   Knutsen, A. P., Roodman, S. T., Freeman, J. J., Mueller, K. R. & Bouhasin,

J. D. Inhibition of thymopoiesis of CD34+ cell maturation by HIV-1 in an in vitro

CD34+ cell and thymic epithelial organ culture model. *Stem Cells* **17**, 327-338,

doi:10.1002/stem.170327 (1999).

6   Alexaki, A. & Wigdahl, B. HIV-1 infection of bone marrow hematopoietic

progenitor cells and their role in trafficking and viral dissemination. *PLoS Pathog* **4**,

e1000215, doi:10.1371/journal.ppat.1000215 (2008).

7   Dhurve, S. A. & Dhurve, A. S. Bone Marrow Abnormalities in HIV Disease.

Mediterr J Hematol Infect Dis **5**, e2013033, doi:10.4084/MJHID.2013.033 (2013).

8   Banda, N. K. *et al.* Depletion of CD34+ CD4+ cells in bone marrow from

HIV-1-infected individuals. *Biol Blood Marrow Transplant* **5**, 162-172,

doi:10.1053/bbmt.1999.v5.pm10392962 (1999).

9   Nakano, T., Kodama, H. & Honjo, T. Generation of lymphohematopoietic

cells from embryonic stem cells in culture. *Science* **265**, 1098-1101 (1994).

10 Schmitt, T. M. *et al.* Induction of T cell development and establishment of

T cell competence from embryonic stem cells differentiated in vitro. *Nat Immunol* **5**,

410-417, doi:10.1038/ni1055 (2004).

11 De Smedt, M., Hoebeke, I. & Plum, J. Human bone marrow CD34+

progenitor cells mature to T cells on OP9-DL1 stromal cell line without thymus

microenvironment. *Blood Cells Mol Dis* **33**, 227-232,

doi:10.1016/j.bcmd.2004.08.007 (2004).

12 Janas, M. L. *et al.* Thymic development beyond beta-selection requires

phosphatidylinositol 3-kinase activation by CXCR4. *J Exp Med* **207**, 247-261,

doi:10.1084/jem.20091430 (2010).

13 Mohtashami, M. *et al.* Direct comparison of Dll1- and Dll4-mediated Notch

activation levels shows differential lymphomyeloid lineage commitment outcomes. *J

Immunol* **185**, 867-876, doi:10.4049/jimmunol.1000782 (2010).

14 Weiss, R. A. HIV receptors and the pathogenesis of AIDS. *Science* **272**,

1885-1886 (1996).

15 Grivel, J. C. & Margolis, L. B. CCR5- and CXCR4-tropic HIV-1 are

equally cytopathic for their T-cell targets in human lymphoid tissue. *Nat Med* **5**,

344-346, doi:10.1038/6565 (1999).

16 Schnittman, S. M. *et al.* Preferential infection of CD4+ memory T cells by

human immunodeficiency virus type 1: evidence for a role in the selective T-cell

functional defects observed in infected individuals. *Proc Natl Acad Sci U S A* **87**,

6058-6062 (1990).

17 Okoye, A. A. & Picker, L. J. CD4(+) T-cell depletion in HIV infection:

mechanisms of immunological failure. *Immunol Rev* **254**, 54-64,

doi:10.1111/imr.12066 (2013).

18 Kucia, M. *et al.* CXCR4-SDF-1 signalling, locomotion, chemotaxis and

adhesion. *J Mol Histol* **35**, 233-245 (2004).

19 Lapidot, T. & Kollet, O. The essential roles of the chemokine SDF-1 and its

receptor CXCR4 in human stem cell homing and repopulation of transplanted

immune-deficient NOD/SCID and NOD/SCID/B2m(null) mice. *Leukemia* **16**, 1992-

2003, doi:10.1038/sj.leu.2402684 (2002).

20 Kucia, M. *et al.* Trafficking of normal stem cells and metastasis of cancer

stem cells involve similar mechanisms: pivotal role of the SDF-1-CXCR4 axis. *Stem*

Cells **23**, 879-894, doi:10.1634/stemcells.2004-0342 (2005).

21 Plotkin, J., Prockop, S. E., Lepique, A. & Petrie, H. T. Critical role for

CXCR4 signaling in progenitor localization and T cell differentiation in the

postnatal thymus. *J Immunol* **171**, 4521-4527 (2003).

22 Suzuki, H. *et al.* Intrathymic effect of acute pathogenic SHIV infection on

T-lineage cells in newborn macaques. *Microbiol Immunol* **49**, 667-679 (2005).

23 Marsden, M. D. *et al.* HIV latency in the humanized BLT mouse. *J Virol* **86**,

339-347, doi:10.1128/jvi.06366-11 (2012).

24 Dudek, T. E. & Allen, T. M. HIV-specific CD8(+) T-cell immunity in

humanized bone marrow-liver-thymus mice. *J Infect Dis* **208 Suppl 2**, S150-154,

doi:10.1093/infdis/jit320 (2013).

25 Pace, M. & O'Doherty, U. Hematopoietic stem cells and HIV infection. *J*

Infect Dis **207**, 1790-1792, doi:10.1093/infdis/jit120 (2013).

26 Tripathi, A. K., Misra, R., Kalra, P., Gupta, N. & Ahmad, R. Bone marrow

abnormalities in HIV disease. *J Assoc Physicians India* **53**, 705-710 (2005).

27 Hunt, P. W. *et al.* T cell activation is associated with lower CD4+ T cell

gains in human immunodeficiency virus-infected patients with sustained viral

suppression during antiretroviral therapy. *J Infect Dis* **187**, 1534-1543,

doi:10.1086/374786 (2003).

28 Isgro, A. *et al.* Altered clonogenic capability and stromal cell function

characterize bone marrow of HIV-infected subjects with low CD4+ T cell counts

despite viral suppression during HAART. *Clin Infect Dis* **46**, 1902-1910,

doi:10.1086/588480 (2008).

29 Shirozu, M. *et al.* Structure and chromosomal localization of the human

stromal cell-derived factor 1 (SDF1) gene. *Genomics* **28**, 495-500,

doi:10.1006/geno.1995.1180 (1995).

30 Moll, N. M. & Ransohoff, R. M. CXCL12 and CXCR4 in bone marrow

physiology. *Expert Rev Hematol* **3**, 315-322, doi:10.1586/ehm.10.16 (2010).

31 Petrie, H. T. Cell migration and the control of post-natal T-cell

lymphopoiesis in the thymus. *Nat Rev Immunol* **3**, 859-866, doi:10.1038/nri1223

(2003).

32 Nixon, C. C. *et al.* HIV-1 infection of hematopoietic progenitor cells in vivo

in humanized mice. *Blood* **122**, 2195-2204, doi:10.1182/blood-2013-04-496950

(2013).

33 Carter, C. C. *et al.* HIV-1 utilizes the CXCR4 chemokine receptor to infect

multipotent hematopoietic stem and progenitor cells. *Cell Host Microbe* **9**, 223-234,

doi:10.1016/j.chom.2011.02.005 (2011).

34 Ho Tsong Fang, R., Colantonio, A. D. & Uittenbogaart, C. H. The role of

the thymus in HIV infection: a 10 year perspective. *AIDS* **22**, 171-184,

doi:10.1097/QAD.0b013e3282f2589b (2008).

35 Bordoni, V. *et al.* Early ART in primary HIV infection may also preserve

lymphopoiesis capability in circulating haematopoietic progenitor cells: a case report.

J Antimicrob Chemother, doi:10.1093/jac/dku559 (2015).

36 Akkina, R. New insights into HIV impact on hematopoiesis. *Blood* **122**,

2144-2146, doi:10.1182/blood-2013-08-518274 (2013).

37 Hoebeke, I. *et al.* T-, B- and NK-lymphoid, but not myeloid cells arise from

human CD34(+)CD38(-)CD7(+) common lymphoid progenitors expressing

lymphoid-specific genes. *Leukemia* **21**, 311-319, doi:10.1038/sj.leu.2404488 (2007).

38 Bordoni, V. *et al.* Bone Marrow CD34+ Progenitor Cells from HIV-

Infected Patients Show an Impaired T Cell Differentiation Potential Related to

Proinflammatory Cytokines. *AIDS Res Hum Retroviruses* **33**, 590-596,

doi:10.1089/aid.2016.0195 (2017).

39 Savkovic, B. *et al.* A quantitative comparison of anti-HIV gene therapy

delivered to hematopoietic stem cells versus CD4+ T cells. *PLoS Comput Biol* **10**,

e1003681, doi:10.1371/journal.pcbi.1003681 (2014).

40 Liu, Y., Zhou, J., Pan, J. A., Mabiala, P. & Guo, D. A novel approach to

block HIV-1 coreceptor CXCR4 in non-toxic manner. *Mol Biotechnol* **56**, 890-902,

doi:10.1007/s12033-014-9768-7 (2014).

41 Suzuki, K., Ahlenstiel, C., Marks, K. & Kelleher, A. D. Promoter Targeting

RNAs: Unexpected Contributors to the Control of HIV-1 Transcription. *Mol Ther*

Nucleic Acids **4**, e222, doi:10.1038/mtna.2014.67 (2015).

42 Costin, J. M. Cytopathic mechanisms of HIV-1. *Virol J* **4**, 100,

doi:10.1186/1743-422x-4-100 (2007).

43 Tsukamoto, T., Yamamoto, H., Okada, S. & Matano, T. Recursion-based

depletion of human immunodeficiency virus-specific naive CD4(+) T cells may

facilitate persistent viral replication and chronic viraemia leading to acquired

immunodeficiency syndrome. *Med Hypotheses* **94**, 81-85,

doi:10.1016/j.mehy.2016.06.024 (2016).

44 Adachi, A. *et al.* Production of acquired immunodeficiency syndrome-

associated retrovirus in human and nonhuman cells transfected with an infectious

molecular clone. *J Virol* **59**, 284-291 (1986).

45 Holmes, R. & Zuniga-Pflucker, J. C. The OP9-DL1 system: generation of

T-lymphocytes from embryonic or hematopoietic stem cells in vitro. *Cold Spring*

Harb Protoc **2009**, pdb.prot5156, doi:10.1101/pdb.prot5156 (2009).

46 Tsukamoto, T. & Okada, S. The use of RetroNectin in studies requiring in

vitro HIV-1 infection of human hematopoietic stem/progenitor cells. *J Virol*

Methods **248**, 234-237, doi:10.1016/j.jviromet.2017.08.003 (2017).

47 Suzuki, K. *et al.* Prolonged transcriptional silencing and CpG methylation

induced by siRNAs targeted to the HIV-1 promoter region. *J RNAi Gene Silencing* **1**,

66-78 (2005).

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509
510 **Figures**
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Figure 1. Primary umbilical cord-derived CD34$^+$ cells are susceptible to HIV

infection. Coculture of HIV-infected primary cord-derived CD34$^+$ cells with OP9-

DL1 cells resulted in persistent viral replication for 5 weeks (n = 12). (A) Schematic

representation of experiment 1 (long coculture). Cord-derived CD34$^+$ cells were

infected with HIV-1$_{NL4-3}$ and cocultured with OP9-DL1 cells for 5 weeks. (B)

Intracellular HIV p24 expression was tested 1 week after infection. HIV p24$^+$ cells

were found in both the CD34$^+$ and CD34$^-$ fractions of HIV-infected samples.

Representative plots are shown. (C) HIV p24$^+$ cell counts at weeks 1–5 post-infection

(n = 12). Statistical analyses were performed using the Wilcoxon matched-pairs

signed rank test.

A

B   C

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Figure 2. Pre-exposure of primary cord-derived CD34$^+$ cells to HIV-1 affected the

dynamics of OP9-DL1 cocultured cells (n = 12). (A) Representative plots showing the

loss of CD34$^-$CD7$^-$CD4$^+$ cells in the HIV-infected cocultures 3–5 weeks after

infection. (B-C) Cell counts were compared between HIV$^+$ and HIV$^-$ cocultures for

(B) CD34$^-$CD7$^+$CD4$^+$ and (C) CD34$^-$CD7$^-$CD4$^+$ cells. Statistical analyses were

performed using the Wilcoxon matched-pairs signed rank test. ***: $P < 0.001$.

Figure 3. Pre-exposure of primary cord-derived CD34^{+} cells to HIV-1 affected the

dynamics of CD34^{+} cells in the subsequent OP9-DL1 cocultures (n = 12). (A) HIV

p24^{+}CD34^{+} cell counts in HIV^{+} OP9-DL1 cocultures. (B) HIV p24^{+}CD34^{+}CD7^{+} cell

counts in HIV^{+} OP9-DL1 cocultures. (C–D) Cell counts were compared between

HIV^{+} and HIV^{−} cocultures for (C) CD34^{+}CD7^{+} and (D) CD34^{+}CD7^{+}CXCR4^{+} cells.

Statistical analyses were performed using the Wilcoxon matched-pairs signed rank

test.

Figure 4. Experiment 2 (short coculture, n = 9) was performed to further analyse the dynamics of CD34$^+$ cells in the presence of HIV-1. (A) Schematic representation of experiment 2 (short coculture). Primary cord-derived CD34$^+$ cells were cocultured with OP9-DL1 cells for 4–6 weeks. Cells were then collected and infected with HIV-1$_{NL4-3}$. The infected cells were cocultured again with OP9-DL1 cells for 1 week, collected and analysed. (B) Percentages of CD4$^+$ cells in CD34$^-$, CD34$^-$CD7$^+$, CD34$^-$CD7$^-$, CD34$^+$ and CD34$^+$CD7$^+$ subsets before infection. A multiple comparison test was performed to compare CD34$^-$ and CD34$^+$ cells or CD34$^-$CD7$^+$ and CD34$^-$CD7$^-$ cells. (C) Frequencies of HIV p24$^+$, p24$^+$CD34$^-$CD7$^+$, p24$^+$CD34$^-$CD7$^-$, p24$^+$CD34$^+$ and p24$^+$CD34$^+$CD7$^+$ cells measured 1 week after the second post-infection coculture (n = 9). Statistical analysis was performed using the multiple comparison test with Dunn's method.

A

B

Figure 5. CD34^{+} cells in experiment 2 (short coculture, n = 9) were analysed 1 week
after the second post-infection coculture. (A) Representative plots showing
CD7/CXCR4 expression levels in CD34^{+} cells. An HIV^{+} sample is compared to its
autologous uninfected counterpart. (B) Frequencies of CD34^{+} (left), CD34^{+}CD7^{+}
(middle left), CD34^{+}CXCR4^{+} (middle right) and CD34^{+}CD7^{+}CXCR4^{+} (right) cells
were compared between HIV^{+} and HIV^{−} samples. Statistical analyses were performed
using the Wilcoxon matched-pairs signed rank test.

Figure 6. CD34^{+}CD7^{+} cells in experiment 2 (short coculture, n = 9) were analysed 1 week after the second post-infection coculture. For these analyses, compensation matrices were checked carefully to exclude false-positive events. (A) Representative plots showing CD4/CXCR4 and CD4/p24 expression levels in CD34^{+}CD7^{+} cells. An HIV^{+} sample is compared to its autologous uninfected counterpart. (B) Comparison of the frequencies of CD34^{+}CD7^{+}CD4^{+}CXCR4^{+} cells between HIV^{+} and HIV^{−} samples. (C) p24 mean fluorescence intensities (MFIs) of CD34^{+}CD7^{+}CD4^{+} cells were compared between HIV^{+} and HIV^{−} samples (n = 7). (D) The frequencies of CD34^{+}CD7^{+}CD4^{+}CXCR4^{+} cells were correlated with those of p24^{+} cells. Comparisons were performed using the Wilcoxon matched-pairs signed rank test. Spearman's correlation coefficient was calculated for the correlation analysis.

  Extended Data figures and tables

Extended Data Figure 1. HIV infection of cord-derived CD34^{+} cells and derivatives
were evaluated. (A) Primary cord-derived CD34^{+} cells were gated and tested for CD4
and CXCR4 expression by flow cytometry. Representative plots are shown. The CD4
signal levels were compared to the signal levels of a PE-conjugated mouse isotype
control antibody. (B) The CD34^{+} and CD34^{−} fractions of an HIV-infected sample
were separated using the CD34 microbead method. Total DNA was isolated and
analysed by PCR. HIV gag DNA was detected in both the CD34^{+} and CD34^{−}
fractions. A PCR sample using the HIV molecular plasmid pNL4-3 was used as a
control. (C) Percentage of HIV p24^{+} cells in HIV^{+} OP9-DL1 coculture samples tested
weekly by intracellular staining and flow cytometry. (D) Coculture supernatants of
HIV-infected samples were tested for HIV p24 concentrations by ELISA at weeks 2–
5. (E) Correlation analysis between the frequencies of HIV p24^{+} cells and HIV p24
concentrations. The weeks 2–5 data in F and G are included (n = 48). Spearman's
correlation coefficients are shown. (F) p24^{+}CD34^{−}CD7^{+} cell counts. (G)
p24^{+}CD34^{−}CD7^{−} cell counts. Comparisons were performed using the Wilcoxon
matched-pairs signed rank test.

Extended Data Figure 2. Pre-exposure of primary cord-derived CD34^{+} cells to HIV-
1 affected the dynamics of OP9-DL1 cocultured cells. (A) Whole cell counts were
compared between HIV^{+} and HIV^{−} cocultures. (B) Representative plots for samples
displaying reduced frequencies of CD4^{+}CD8^{+} cells 3–5 weeks after HIV pre-exposure
of primary CD34^{+} cells and coculture. The plots were selected from week 4 samples.
(C–D) Cell counts were compared between HIV^{+} and HIV^{−} cocultures for (C)
CD4^{+}CD8^{+} and (D) CD4^{+}CD8^{+}CXCR4^{+} cells. Statistical analyses were performed
using the Wilcoxon matched-pairs signed rank test. **: $P < 0.01$, ***: $P < 0.001$.
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Extended Data Figure 3. Analysis of CD34$^-$CD4$^+$ cells. (A) Flow cytometry plots
showing the phenotype analysis of CD34$^-$CD4$^+$ cells in an OP9-DL1 coculture.
Representative plots are shown. Cord-derived CD34$^+$ cells were cocultured with OP9-
DL1 cells for 4 weeks. Cells were collected and analysed by flow cytometry. CD34$^-$
cells were gated by CD7 and CD4 expression. CD7$^+$CD4$^+$ and CD7$^-$CD4$^+$ cells were
further gated by CD8 and CD3 expression. The analysis revealed that CD7$^+$CD4$^+$
cells contained different subsets including CD3$^-$CD4$^+$CD8$^+$ and CD3$^+$CD4$^+$CD8$^-$
cells, whereas CD7$^-$CD4$^+$ cells were mostly CD3$^+$CD4$^+$CD8$^-$ cells. These results
indicate that CD4/CD8 double-positive thymocytes, CD7$^+$ CD4 T cells and CD7$^-$
CD4 T cells were generated via coculture of cord-derived CD34$^+$ and OP9-DL1 cells.
(B) CD34$^-$CD7$^+$CD3$^+$CD4$^+$CD8$^-$ cell counts.

Extended Data Figure 4. Phenotypes of CD34$^-$ cells in the OP9-DL1 cocultures were analysed weekly for 5 weeks after HIV-1 infection. Cell counts were compared with those in uninfected samples. (A) CD34$^-$CXCR4$^+$ cell counts. (B) CD34$^-$CD7$^+$CXCR4$^+$ cell counts. (C) CD34$^-$CD7$^-$CXCR4$^+$ cell counts. Comparisons were performed using the Wilcoxon matched-pairs signed rank test. *: $P < 0.05$, **: $P < 0.01$, ***: $P < 0.001$.

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Extended Data Figure 5. (A–D) HIV p24^{+} subset dynamics were analysed. (A)
Percent p24^{+}CD34^{+} cells. (B) Percent p24^{+} cells among CD34^{+} cells. (C) Percent
p24^{+}CD34^{+}CD7^{+} cells. (D) Percent p24^{+} cells among CD34^{+}CD7^{+} cells. (E–G)
CD34^{+} subset dynamics were analysed and compared between HIV^{+} and HIV^{−}
samples. (E) CD34^{+} cell counts. (F) CD34^{+}CXCR4^{+} cell counts. (G)
CD34^{+}CD7^{−}CXCR4^{+} cell counts.

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641 **Extended Data Figure 6.** Experiment 2 (short coculture, n = 9) was performed to
642 further analyse the dynamics of CD34$^+$ cells in the presence of HIV-1. Representative
643 plots showing HIV p24$^+$ cells 1 week after infection. The majority of p24$^+$ cells were
644 CD34$^−$ (left). HIV replication may be causing CD4 downregulation (middle).
645 Frequencies of CD8$^+$ cells in p24$^+$ cells were variable among the samples (right).
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A

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C

Extended Data Figure 7. The frequencies of subsets were compared between HIV-infected and uninfected samples 1 week after infection. (A) CD4$^+$CD8$^+$ cells. (B) CD4$^+$CD8$^+$CXCR4$^+$ cells. (C) CD34$^-$CXCR4$^+$ (left), CD34$^-$CD7$^+$CXCR4$^+$ (middle) and CD34$^-$CD7$^-$CXCR4$^+$ (right) cells. Comparisons were performed using the Wilcoxon matched-pairs signed rank test.

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Extended Data Figure 8. $CD34^+CD7^+CD4^+$ cells were further analysed. (A)
Comparison of $CD34^+CD4^+$ (left) and $CD34^+CD7^+CD4^+$ (right) frequencies between
HIV^+ and HIV^- samples. (B) Fluorescence intensities (FIs) of $CD34^+CD7^+CD4^+$ cells
were compared between HIV^+ and HIV^{-} samples using the Mann-Whitney test. (C)
Correlation between the CD4 and CD34 FI of $CD34^+CD7^+CD4^+$ cells in the HIV^+
sample of ID 1 were analysed (n = 3 for HIV^-; n = 7 for HIV^+). (D)
$CD34^+CD7^+CD4^+CXCR4^+$ cells were tested for correlations with the frequencies of
$p24^+CD34^+$ (left) and $p24^+CD34^+CD7^+$ (right) cells. (E) Comparison of CD3 FIs
between HIV-infected and uninfected samples. (F) Correlation analysis between CD3
FIs and CD4 (left) or CD34 (right) FIs. Comparisons were made using the Wilcoxon
matched-pairs signed rank test unless otherwise noted. Spearman's correlation
coefficients were calculated for correlation analyses.

- Infection
- Environmental factors e.g. cytokines ?

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Extended Data Figure 9. A schematic representation of factors potentially
influencing the decrement of CD4^{+} T cells. Thymocytes and T cells are highly
susceptible to HIV infection. However, the decrease of CD34^{+} lymphoid progenitor
counts occurs early and precedes the decrease of thymocyte and T-cell counts.
Although the mechanisms for the decrease of CD34^{+} lymphoid progenitors are
unclear, this decline may limit the production of thymocytes and T cells.

Subset	Cell count in infected samples (mean ± SD, n = 4)	% in the mean whole cell count
Whole	390,000 ± 155,000	100
p24$^+$	547 ± 258	0.140
p24$^+$CD34$^-$CD7$^+$	326 ± 242	0.084
p24$^+$CD34$^-$CD7$^-$	124 ± 56	0.032
p24$^+$CD34$^+$	97 ± 42	0.025
p24$^+$CD34$^+$CD7$^+$	80 ± 31	0.021

Extended Data Table 1. Mean cell counts (n = 4) in different HIV p24$^+$ subsets of

OP9-DL1-cocultured cells. The whole cell count data were obtained with 4/9 samples

of experiment 2 (short coculture, Figs. 4-6, Extended Data Figs. 4-5), in which cord-

derived CD34$^+$ cells were first cocultured with OP9-DL1 for 4-6 weeks, infected with

HIV-1$_{NL4-3}$, cocultured again for 1 week, and analysed by flow cytometry. The

percentages in the mean whole cell count are also shown and comparable to Fig 4C

SD: standard deviation.

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Subset	Cell count (mean ± SD, n = 4)		$\%\dfrac{(infected-uninfected)}{uninfected}$
	uninfected	*infected*	
Whole	400,000 ± 169,000	390,000 ± 155,000	−2.5
CD4$^+$CD8$^+$	5,790 ± 3,510	4,920 ± 2,360	**−15.0**
CD4$^+$CD8$^+$CXCR4$^+$	3,290 ± 1,760	3,050 ± 1,840	−7.3
CD34$^+$	32,900 ± 18,200	32,100 ± 21,400	−2.3
CD34$^+$CD7$^+$	16,700 ± 9,500	16,100 ± 12,100	−3.6
CD34$^+$CXCR4$^+$	18,300 ± 11,000	18,300 ± 14,700	−0.1
CD34$^+$CD7$^+$CXCR4$^+$	12,100 ± 7,800	11,900 ± 11,100	−2.0
CD34$^+$CD7$^-$CXCR4$^+$	6,150 ± 3,870	6,380 ± 3,990	+3.7
CD34$^+$CD7$^+$CD4$^+$	129 ± 42	178 ± 74	**+38.0**
CD34$^-$CXCR4$^+$	149,000 ± 164,000	157,000 ± 167,000	+5.8
CD34$^-$CD7$^+$CXCR4$^+$	131,000 ± 161,000	139,000 ± 162,000	+5.6
CD34$^-$CD7$^-$CXCR4$^+$	16,900 ± 7,500	18,000 ± 8,000	+7.8

Extended Data Table 2. Mean cell counts (n = 4) in different subsets of OP9-DL1 cocultured cells. The whole cell count data were obtained with 4/9 samples of experiment 2 (short coculture, Figs. 4-6, Extended Data Figs. 4-5), in which cord-derived CD34$^+$ cells were first cocultured with OP9-DL1 for 4-6 weeks, infected with HIV-1$_{NL4-3}$, cocultured again for 1 week, and analysed by flow cytometry. Cell counts in HIV-infected samples were compared with uninfected control samples. Percent changes of the subset cell counts by HIV infection were calculated and shown in the right column. Percent changes > 10% or < −10% are shown in bold. SD: standard deviation.

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