Usutu virus uses langerin as a receptor to productively infect Langerhans cells more efficiently than West Nile virus

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Abstract

Usutu virus (USUV) and West Nile virus (WNV) are emerging flaviviruses transmitted by mosquitoes. Although they differ in their endemicity, with WNV present throughout much of the world and USUV currently limited to Africa and Europe, both constitute a global public health threat. Since they are directly inoculated in the epidermis and the dermis during mosquito bites, the skin constitutes the initial site of viral replication and immune response. The skin is equipped with a unique network of dendritic cells, which represent an essential outpost of immune defenses. These skin-resident DCs comprise Langerhans cells (LCs) in the epidermis and dermal DCs in the dermis, which capture pathogens through the C-type lectin receptors (CLR) langerin and DC-SIGN, respectively. Despite the key role of these cells in the body's antiviral defenses, their implication in the immune control and replication of WNV and USUV is not known.

Using human skin explants, we show that while both viruses can replicate in keratinocytes, they can also infect resident DCs with distinct tropism, since WNV preferentially infects DCs in the dermis, whereas USUV has a greater propensity to infect LCs. Using both purified human epidermal LCs (eLCs) and monocyte derived LCs (MoLCs), we confirm that LCs sustain a faster and more efficient replication of USUV compared with WNV and that this correlates with a more intense innate immune response to USUV compared with WNV.

Next, we show that ectopic expression of langerin in non-permissive cells rendered them permissive to USUV, but not to WNV. Conversely, blocking or silencing langerin in MoLCs or eLCs made them resistant to USUV infection, thus demonstrating that this specific CLR allows USUV to enter and productively infect LCs.

Altogether, our results demonstrate that LCs constitute privileged target cells for USUV in human skin, because langerin favors its entry and replication. Intriguingly, this suggests that USUV efficiently escapes the antiviral functions of langerin, which normally safeguards LCs from most viral infections.

Introduction

Usutu virus (USUV) and West Nile Virus (WNV) are emerging arboviruses belonging to the *Flavivirus* genus of the *Flaviviridae* family, which comprise many other human pathogenic viruses, including Zika virus (ZIKV), Dengue virus (DENV) or Yellow fever virus (YFV). They are phylogenetically close and both belong to the Japanese encephalitis virus (JEV) antigenic complex [1]. WNV and USUV have recently expanded outside of Africa, where they both originate: WNV is now endemic throughout much of the world whereas the spread of USUV has recently dramatically increased in Europe and it has become endemic in several European countries [2–6]. Both viruses have caused several outbreaks among humans and birds and are therefore considered as serious potential threats to human and animal health [3–5,7,8].

USUV and WNV are maintained in the environment through an enzootic cycle involving mosquitoes (mainly of the genus *Culex*) and birds [9]. Infected mosquitoes can incidentally transmit the viruses to mammals, such as human and horses, which are dead-end hosts but can both develop severe neurological disorders. Since viruses are directly inoculated by the bite of an infected mosquito, the first organ to get infected is the skin.

The skin is a complex organ, composed of two main layers: the dermis, made up of connective tissue produced by fibroblasts, and the epidermis, a multilayered stratified epithelium mostly constituted of keratinocytes. The immune surveillance of this most peripheral organ of the body is mainly ensured by a unique network of dendritic cells (DCs), composed of Langerhans cells (LCs), which is the only DC subset that resides in the epidermis, and dermal DCs (dDCs), which are mostly located in the upper dermis [10,11]. LCs and dDCs are specialized in the recognition and capture of pathogens in the skin. Following antigen uptake and processing, they migrate to local draining lymph nodes in order to activate effector T cells. The capacity of skin-resident DCs to capture various pathogens is conferred by the expression of specific pattern recognition receptors (PRRs), including C-type lectins receptors (CLRs), which bind carbohydrate structures associated to viruses, fungi or bacteria [12]. Among the CLRs, langerin (or CD207) is exclusively expressed by LCs in humans [13]. Langerin is not only present at the cell surface but also within rod-shaped cytoplasmic organelles with a striated appearance, termed Birbeck granules (BGs) [13]. These are subdomains of the endosomal recycling compartment that are involved in pathogen degradation and antigen processing [13,14]. The role of langerin in the capture and degradation of viruses by LCs has been particularly well described in the case of HIV-1 [15,16]. Another important CLR, mostly expressed by DCs, including dDCs, is DC-SIGN (or CD209) [17]. Although CLRs have clear antiviral functions, many viruses are able to hijack these receptors to their advantage. In particular, DC-SIGN has been shown to bind HIV-1 gp120 and promote efficient *trans*-infection of T cells [18]. DC-SIGN can also be used by many viruses to infect immature DCs, such as Cytomegalovirus (CMV) [19] or Ebola virus (EBOV) [20] but also several flaviviruses, including DENV and WNV [21–23]. In contrast, the viral hijacking

of langerin has only been described for influenza A virus (IAV), although it was not determined whether LCs constitute target cells [24].

The role of skin cells in WNV infection, amplification and spread has been studied both *in vitro* and *in vivo* [6,25,26]. In particular, it has been shown that infected mosquitoes inject large quantities of virus into the skin, mostly outside blood vessels [27], and that productively infected keratinocytes probably account for virus dissemination [28]. However, although WNV was shown to infect monocyte-derived DCs [22,29–31], it is not known whether it can infect skin-resident DCs. Although LCs were shown to migrate to local lymph nodes following cutaneous infection with WNV, it was not determined whether these were infected or not [32]. Similarly, since USUV has received less attention than WNV, its cellular tropism in the skin has not yet been investigated and its ability to infect skin-resident DCs is entirely unknown.

In this study, we evaluated the capacity of USUV and WNV to infect human skin-resident DCs, including LCs. Using both human primary skin-isolated and monocyte-derived LCs (MoLCs), we report that, although WNV is taken up by LCs to some degree, USUV enters and replicates within LCs much more efficiently than WNV. In particular, we show that human LCs support productive infection of USUV and constitute privileged target cells for this virus. The innate immune response triggered by USUV was also much more intense than that by WNV. Finally, we show that USUV, but not WNV, can use langerin as an entry receptor, allowing it to efficiently infect LCs.

Results

USUV has the propensity to infect human epidermal Langerhans cells (eLCs)

First of all, we compared the capacity of USUV and WNV to infect DCs within human skin, using a strain of USUV Africa 2 (USUV AF2) isolated in France in 2018, and a clinical strain of WNV belonging to the lineage 1 (WNV L1). We gently scarified the surface of human skin explants to allow the virus to diffuse in all layers, as occurs during a mosquito bite. Explants were incubated with USUV AF2 or WNV L1 at 10^7 tissue culture infectious dose 50% (TCID50/ml) for 24 h. Paraffin-embedded tissues were analyzed by immunofluorescent staining using an anti-CD1a antibody and a pan-flavivirus antibody targeting the envelope protein E of flaviviruses, to label skin-resident DCs and infected cells, respectively (Figure 1A). As for WNV, most USUV-infected cells were epidermal CD1a-negative, thus suggesting that keratinocytes are also the main targets of USUV. However, a substantial proportion of double-positive cells could also be observed, mostly in the case of USUV infection (Figure 1A). We performed a quantification of CD1a-positive infected cells both in the epidermis and dermis, which confirmed that the proportion of double-positive cells was approximately 2-times higher with USUV compared to WNV (Figure 1B). Interestingly, CD1a-positive cells infected by USUV were almost exclusively found in the epidermis, suggesting that USUV preferentially infects LCs. In contrast, WNV was found to infect indifferently epidermal (eLCs) and dermal (dDCs) DCs (Figure 1B). In order to confirm these observations, we infected total epidermal cells or purified eLCs from human skin explants with USUV or WNV for 48 h at MOI 2. As with intact human skin, USUV was found to infect epidermal cells more efficiently than WNV and strikingly, was able to infect nearly all eLCs (Figure 1C). Furthermore, since we labeled the cells with an antibody targeting dsRNA, which recognizes replicating viral genomes, our results suggest that both viruses can replicate within LCs, but that USUV infection is more efficient (Figure 1C). This was confirmed by immunofluorescence staining of purified human epidermal cells, which allowed us to detect USUV replicating within LCs (Figure 1D). Some replicating WNV could be detected, but at very low levels (Figure 1D). Similarly, viral RNA was quantified by RT-qPCR and further confirmed that the amount of USUV in purified epidermal LCs was approximately 10 times higher than of WNV (Figure 1E). Altogether, our results show that in human skin, both WNV and USUV can infect epidermal CD1a-cells (mainly keratinocytes), as well as eLCs and dDCs. USUV however, was more efficient than WNV to infect skin-resident DCs and in particular eLCs.

USUV replicates at higher rates than WNV in monocyte-derived LCs

To further investigate the propensity of USUV to infect human LCs, we moved to a model of human monocyte-derived cells. Since monocytes can be differentiated into either DCs (MoDCs) or LCs (MoLCs), we first compared the kinetics of USUV and WNV replication in these cells. In order to exclude any strain-specific phenotype, we included 2 more viral lineages in our study: USUV Europe 2 (EU2, TE20421/Italy/2017), a lineage that has been involved in several severe clinical cases

[33,34], and a strain of WNV L2 (WNV-6125/France/2018), a lineage that actively circulates in Europe since 2004 [35]. We infected monocytes, or autologous MoDCs or MoLCs, and infection was followed over time by RT-qPCR. WNV strains showed slow and low replication rates that were comparable in the 3 cell types, whereas USUV replication was much faster and higher in amplitude in MoLCs and MoDCs, and peaked at 16 and 24 h post-infection (hpi), respectively (Figure 2A). Interestingly, USUV EU2 was the most virulent strain in these 2 models, in terms of kinetic and replication rates.

In order to confirm that MoLCs are able to support productive infection of USUV and WNV, we titrated the viruses produced by MoLCs over time. As shown in Figure 2B, replicative virus was detected in MoLC culture medium as early as 24 hpi and the highest viral production rate was again found for USUV EU2, which reached 4.10^7 TCID50/ml. Noteworthy, the viral replication kinetics of USUV strains showed multistep growth curves, typical of an effective viral replication (Figure 2B, top), while WNV L1 and WNV L2 RNA copies were significantly much lower and showed no active replication (Figure 2B, bottom). Similarly, immunofluorescence labeling of dsRNA in MoLCs infected with all 4 viral strains in order to evaluate the viral replication showed higher replication levels for USUV strains compared with WNV (Figure 2C). We also looked at Mx1 expression, a type I interferon-induced protein, in order to evaluate the innate immune response of MoLCs to infection [36]. Interestingly, we observed that dsRNA and Mx1 staining were mutually exclusive, a pattern that was particularly pronounced in the case of USUV (Figure 2C), suggesting that MoLCs respond to USUV infection by secreting interferon, thus partially inhibiting viral replication (Figure 2C).

USUV induces a higher innate immune response than WNV in MoLCs

To further investigate the innate immune response of MoLCs to WNV and USUV infection, we first compared the production of type I IFN triggered by WNV and USUV in monocytes, MoDCs and MoLCs. In monocytes, only USUV EU2 infection led to a very limited amount of type I IFN secreted in the culture medium from 48 hpi (Figure 3A). In MoDCs and MoLCs however, high amounts of type I IFN were produced, especially following USUV infection (Figure 3A). The divergence between USUV and WNV infection was particularly dramatic in MoLCs, since WNV triggered very little or no IFN production, whereas USUV strains induced a fast and potent secretion of up to 10^8 U/ml at 24 hpi (Figure 3A). Therefore, there is a good correlation between the susceptibility to infection of MoLCs by a given virus (Figure 2A) and their propensity to secrete IFN (Figure 3A). Next, we investigated whether USUV triggers a globally more intense antiviral innate immune response than WNV in MoLCs. To this end, we quantified the expression of a large panel of cytokines, chemokines and interferon-stimulated genes (ISGs) by RT-qPCR in MoLCs at 24 hpi. As anticipated, the induction of all transcripts was higher in USUV- compared to WNV-infected cells and once again, USUV EU2 was the most potent trigger (Figure 3B). A selection of cytokines was also quantified at the protein level in the culture medium of MoLCs at 48 hpi, and confirmed the former observations

(Figure 3C). Therefore, our results suggest that the efficient replication of USUV in MoLCs triggers a fast and potent innate immune response.

USUV, but not WNV, can use langerin to infect LCs

Since USUV is more efficient in infecting MoDCs, but also and especially MoLCs and epidermal LCs, we sought to decipher whether it has a better propensity to use DC-expressed CLR as entry receptors. To do this, we ectopically expressed human DC-SIGN or langerin in HEK293T cells, which are poorly permissive to USUV and WNV. As shown in Figure 4A, the expression of DC-SIGN enhanced WNV infection by more than 6 times, in agreement with previous studies [22,29]. The expression of langerin, however, did not allow the entry of WNV into HEK293T cells. In contrast, both DC-SIGN and langerin allowed the infection by USUV, thus suggesting that unlike WNV, USUV can also use langerin as an entry receptor. These observations were confirmed by quantifying the amount of viral RNA in infected cells by RT-qPCR, since we observed that DC-SIGN expression led to a 10-fold increase of both USUV and WNV entry, whereas langerin expression only increased USUV entry (Figure 5B). Next, we confirmed by western-blot that langerin expression allowed a marked enhancement of USUV E protein detection at 24 h and 48 h (Figure 4C). Interestingly, we observed a correlation between langerin expression and the susceptibility to USUV infection, since USUV E protein was increasingly detected upon increasing langerin expression (Figure 4D). The capacity of langerin to allow USUV entry in HEK293T cells was further illustrated by immunofluorescence labeling of langerin and USUV E protein, showing that only langerin-expressing HEK293T cells were infected, as revealed by the staining of the USUV E protein (Figure 4E). Furthermore, we observed a co-localization of USUV and langerin 15 minutes post-infection (Figure 4E), with a Manders' coefficient of 0.7 (Figure 4F), suggesting that langerin not only allows USUV binding but also co-internalizes with incoming virus. Finally, since langerin recognizes mannose-rich glycans present on certain viral glycoproteins, such as those expressed by IAV or HIV-1, we performed competition experiments with mannan [15,24]. As anticipated, we found that the pre-incubation of langerin-expressing HEK293T cells with mannan prevented their subsequent infection by USUV (Figure 4G).

To confirm that LCs recognize mannose-rich glycans on USUV, we tested the effect of mannan on USUV infection in MoLCs (Figure 5A) and in eLCs purified form human epidermis (Figure 5B). Results confirmed that mannan efficiently prevented the infection of LCs by USUV, as shown by RT-qPCR on the viral genome (Figure 5A) and flow cytometry using the dsRNA antibody (Figure 5B). Finally, we silenced its expression in eLCs purified form human epidermis using a specific siRNA (Figure 5C) and show that this efficiently reduced infection by USUV (Figure 5D), thus formally demonstrating that langerin constitutes an entry receptor for USUV infection of human LCs. As in HEK293T cells overexpressing langerin (Figure 4E), we observed that endogenous langerin co-localizes with incoming USUV in the very first steps of infection, thus suggesting that langerin is co-internalized with USUV virions in eLCs (Figure 5E).

Discussion

Arboviruses such as Dengue, Zika, West Nile, or Usutu viruses represent a global public health threat due to globalization and worldwide spread of mosquito vectors [5,37]. Since mosquito-borne viruses are directly inoculated in the epidermis and the dermis during blood meals, the skin constitutes the initial site of viral replication and immune response [25]. LCs and dDCs patrol the epidermis and the dermis, respectively, to sense and capture pathogens. For this purpose, they are equipped with unique receptors, known as CLRs, which bind carbohydrate moieties associated to pathogens. Among them, DC-SIGN and langerin are expressed by DCs and LCs, respectively, and act both as PRRs and antigen-uptake receptors. Therefore, DC-SIGN and langerin constitute key receptors, allowing the interception of a variety of pathogens that enter the organism through the skin [12,38]. In the case of viruses, glycans are present on their envelope glycoproteins, which are recognized by CLRs, thus inducing their endocytosis and subsequent degradation. But like many cellular defense mechanisms, DC-SIGN and langerin can be bypassed or even hijacked by some viruses to their advantage. Thus, many viruses can use DC-SIGN as a receptor to propagate, either in *cis*, via the productive infection of DCs, or in *trans*, if the receptor facilitates the capture and transmission to other cells [12,18]. In agreement with this, we found that both USUV and WNV can use DC-SIGN as a receptor, as already shown for many flaviviruses [21,29].

In contrast to DC-SIGN, hijacking of langerin by viruses seems much rarer, and has so far only been demonstrated for IAV in transfected cell lines [24]. In this manuscript, we show that USUV, but not WNV, can use naturally expressed langerin to enter into LCs. Our results not only show that LCs are permissive to USUV, but they also support productive viral replication. This is a surprising observation, since LCs are notoriously refractory to most viruses, with only a few exceptions, such as HSV-1 [39,40]. Although DENV, another flavivirus, was also suggested to infect skin-resident DCs, including LCs [41], this was not confirmed by further studies [42,43]. Among the viral strains that we tested, USUV EU2 showed the fastest and most efficient replication in both DCs and LCs, and also triggered the most intense innate immune response. Interestingly, this viral strain was previously described as being involved in several clinical cases, and was recently shown to be particularly neurovirulent and lethal in mice [33,34,44].

Flaviviruses encode one, two, or no N-linked glycosylation sites on their envelope proteins (E protein) [23]. In the case of WNV, it was shown that, unlike non-glycosylated viral particles, glycosylated strains can use DC-SIGN to infect DCs [29], thus illustrating the importance of N-glycosylations for flavivirus tropism. WNV and USUV E proteins contain a single N-linked glycosylation site at residue 154, whereas most DENV isolates contain glycosylation sites at residues 153 and 67 [45,46]. The specificity of the interactions between glycoproteins and CLRs is complex and depends both on the type and position of glycans. For example, whereas WNV grown in mammalian cells was shown to preferentially use DC-SIGNL as a receptor [22], the introduction of a glycosylation site at position 67 into WNV E protein conferred the capacity to also use DC-SIGN [47]. From the sequence of its USUV E protein, it can be predicted that USUV has, like WNV, a unique glycosylation at N154 [44], so this

cannot explain why only USUV can bind langerin and not WNV. Although most CLRs bind mannosylated antigens, they all have ligand specificity [48,49]. In particular, DC-SIGN and langerin, despite sharing many features, do not bind all sugars with the same affinity [48–50]. Further investigations will be required to determine which carbohydrates allow the interaction of the USUV E protein with human langerin. Another point that will need to be addressed is whether langerin acts as a *bona fide* entry receptor or as a proviral factor facilitating virion attachment. In the case of DENV for instance, it was shown that endocytosis-defective DC-SIGN allows viral entry as efficiently as the wild type protein, thus suggesting that DC-SIGN is likely an attachment factor rather than an entry receptor [51]. In our case however, we showed that blocking or silencing langerin in LCs prevent USUV infection, whereas langerin ectopic expression in non-permissive cells promotes virus entry. Thus, it is likely that langerin is necessary and sufficient to facilitate USUV entry.

As the most peripheral immune cells in the body, LCs are the most exposed. In this respect, it is rather surprising that so few viruses have been found to infect them. It is possible that langerin is more difficult than DC-SIGN to be hijacked by viruses, especially since it forms Birbeck granules that efficiently degrade viruses [13–15]. Alternatively, this may just reflect the fact that LCs are less studied than other types of dendritic cells. In any case, langerin has been described as a potent antiviral barrier that very few viruses are able to overcome [15,24,40,41,52]. How USUV, once inside LCs, manages to avoid degradation in Birbeck granules to replicate in LCs remains an open question.

Finally, our results showed a correlation between the susceptibility of LCs to infection and their ability to respond to this infection. Indeed, USUV strains, which infect LCs more efficiently than WNV, also induce a stronger innate immune response. Similarly, among the two USUV strains tested, EU2, the better and fastest replicating strain, was also a more potent inducer of antiviral cytokines and chemokines, including type I IFN. It is intriguing that this virus can replicate so efficiently while inducing such an intense innate response. Viruses are in a speed race with the IFN response to replicate before the IFN-induced antiviral state is established and our results suggest that USUV EU2 is fit enough to win this race. USUV was previously described to induce a stronger interferon response than WNV in MoLCs [53]. Interestingly, authors also showed that USUV was more sensitive than WNV to the antiviral activity of types I and III IFNs [53]. This latter observation might explain why USUV replicates faster than WNV, in order to overtake cellular defenses by completing their replication cycle before the expression of antiviral ISGs. ISGs interfering with WNV replication are now well characterized [54], but no study has yet been performed on USUV, thus illustrating the fact that research on USUV is still in its infancy. A number of studies, including our own, highlight important differences between USUV and WNV in terms of virus-cell and virus-host interactions. Since it is therefore impossible to transpose our knowledge of WNV onto USUV, more research is clearly needed in order to anticipate the possible worldwide emergence of this virus and the burden to economy and public health it may pose in the future.

Material and Methods

Cells

C6/36 cells (CRL-1660), Vero (CCL-81) and HEK293T (CRL-11268) were purchased from the American Type Culture Collection (ATCC). STING-37 reporter cells were kindly provided by Pierre-Olivier Vidalain (CIRI, Lyon, France). All cells were cultured with 10% fetal bovine serum (Serana), 1% Penicillin/Streptomycin (Gibco) and maintained in 5% CO2 at 37°C, except C6/36 cells which were grown at 28°C.

Antibodies and reagents

The primary antibodies used were mouse anti-dsRNA (J2 clone, Scicons), mouse pan-flavivirus (4G2 clone, Novus Biologicals), rabbit anti-MX1 (Thermo Fischer Scientific), mouse APC conjugated anti-langerin (clone 10E2, BioLegend), mouse anti-langerin (clone D9H7R, Cell Signaling), recombinant anti-DC-SIGN (clone REA617, Miltenyi Biotec), mouse anti-CD1a (Novus Biologicals), FITC-conjugated anti-CD1a (clone HI149, Miltenyi Biotec), FITC-conjugated anti-HLA-DR (clone AC122, Miltenyi Biotec), mouse anti-HSP90 (clone F-8, Santa Cruz), and mouse anti-GAPDH (clone 6C5, Merck Millipore). Secondary antibodies were goat anti-mouse AF488 (Thermo Fisher Scientific), donkey anti-mouse AF568 (Thermo Fisher Scientific), donkey anti-rabbit AF647 (Thermo Fisher Scientific) and goat anti-mouse or anti-rabbit HRP conjugates (GE Healthcare).
Mannan from *Saccharomyces cerevisiae* was purchased from Sigma-Aldrich.

Viruses

USUV Europe 2 (TE20421/Italy/2017) was kindly provided by Giovanni Savini (Istituto Zooprofilattico Sperimentale dell' Abruzzo e del Molise "G. Caporale", Teramo, Italy). USUV Africa 2 (Rhône 2705/France/2015) and WNV lineage 2 (WNV-6125/France/2018) were provided by ANSES (National Agency for Food, Environmental and Occupational Health Safety, France). The lineage 1 clinical strain of WNV was isolated from a human brain during the epidemic that occurred in Tunisia in 1997 and was provided by Isabelle Leparc-Goffart (French National Reference Center on Arboviruses, Marseille, France). Viral strains were amplified on C6/36 cells. Supernatants were collected 5 days after infection and their titers were determined on Vero cells, using the Spearman-Karber method, and expressed as TCID50/ml [55].

Plasmids and transfections

All ectopic transfections were performed using FuGENE® 6 Transfection Reagent (Promega) according to the manufacturer's instructions. Plasmids expressing human langerin and DC-SIGN have been described previously [15,56]. Expression of langerin and DC-SIGN constructs was assessed by flow cytometry, western blot, or indirect immunofluorescence. For siRNA transfection, non-targeting control siRNA (siRNA CTR) and siRNA specific for langerin (siRNA langerin) were purchased from Dharmacon as SMARTpools. Transfections were performed using DharmaFECT 4 (Dharmacon), as previously described [57].

Blood samples, isolation and culture of human primary cells

Buffy coats from healthy donors were obtained from the Etablissement Français du Sang (EFS, Montpellier, France). PBMCs were isolated by density centrifugation using Lymphoprep medium (STEMCELL Technologies). CD14+ monocytes were isolated from PBMCs using CD14 MicroBeads (Miltenyi Biotec) and subsequently differentiated into MoDCs or MoLCs. Briefly, MoDCs were generated by incubating purified monocytes in Iscove's Modified Dulbecco's Medium (IMDM) supplemented with 10% FBS, 1% P/S, 2 mM L-glutamine, 10 mM Hepes, 1% non-essential amino-acids, 1mM sodium pyruvate and cytokines GM-CSF (Granulocyte-Macrophage Colony Stimulating Factor, 500 IU/ml) and IL-4 (500 IU/ml), both from Miltenyi Biotec (Cytobox Mo-DC). MoLCs were generated as MoDCs, except for the addition of 10 ng/ml of TGF-β (Peprotech) within the differentiation medium. Immature MoDCs and MoLCs were harvested at day 6 and cell differentiation was estimated by measuring the expression of DC-SIGN, langerin, CD1a and HLA-DR (class II) by flow cytometry.

Isolation of epidermal LCs from human skin explants

After the provision of fully informed consent, skin samples were obtained from patients undergoing abdominoplasty or mammoplasty plastic surgery at the Poitiers University Hospital, France. The use of all human skin samples for research studies was approved by the Ethics Committee (committee for the protection of persons) Ouest III (project identification code: DC-2014-2109).

Human skin samples processing was adapted from the method previously described in [57]. Briefly, skin sheets were cut into 1 cm² pieces and incubated with agitation in shaking water bath (at 175 strokes/minute) in RPMI medium (Gibco) containing collagenase A (1 mg/ml, Roche), DNase I (20 U/ml, Sigma, D4263-5VL) and Dispase II (1 mg/ml, Roche) overnight at 37°C, after which the epidermis was mechanically separated from the dermis using forceps. Epidermal sheets were cultured separately in RPMI with 10% human AB serum (Thermo Fisher Scientific) and 1% Penicillin/Streptomycin/Amphotericin B solution for 48 h, after which migratory cells were collected from media. Migratory cells were either used directly for experiments or subjected to a positive selection using CD1a Microbeads (Miltenyi Biotec), in order to enrich epidermal Langerhans cells. The expression of CD207 and HLA-DR (class II) was assessed by flow cytometry. Staining was performed on both total epidermal cells and following purification of CD1a+ cells, in order to estimate the enrichment rate.

Infection of human skin explants and multiplex immunofluorescence assay

The outer layer of 1 cm^2 human skin explants was gently scarified using a fine needle and the viral inoculum was applied to the scarified surface, in order to allow viruses to spread inside the tissue. The pieces of skin were infected with 10^7 TCID50/ml of USUV AF2 or WNV L1 in 500 µL of RPMI containing 2% human AB serum and 1% of P/S. After 4 h at 37°C, medium was complemented to 10% of human AB serum. At 24 h post-infection, skin pieces were fixed in 4% paraformaldehyde (PFA) for 24 h at 4°C, and dehydrated in 70° ethanol. Samples were sent to the H2P2 platform

(University of Rennes, France) to perform multiplex immunofluorescence assays. Paraffin-embedded tissue was cut at 4 µm, mounted on Adhesion slides (TOMO) and dried at 58°C for 12 h. Immunofluorescent staining was performed on the Discovery ultra-Automated IHC stainer, using the Discovery Rhodamine kit and the Discovery FAM kit (Ventana Medical Systems). Following deparaffination with Ventana Discovery Wash solution (Ventana Medical Systems) at 75 °C for 8 min, antigen retrieval was performed by using Tris-based buffer solution CC1 (Ventana Medical Systems) at 95°C to 100°C for 40 min. Endogen peroxidase was blocked with Disc inhibitor (Ventana Medical Systems) for 8 min at 37°C. After rinsing with reaction buffer (Ventana Medical Systems), slides were incubated at 37°C for 60 min with the pan-flavivirus antibody. After rinsing, signal enhancement was performed using anti-mouse HRP antibody (Ventana Medical Systems) incubated for 16 min and the discovery Rhodamine kit (Ventana Medical Systems). Following denaturation with Ventana solution CC2 (Ventana Medical Systems) at 100°C for 8 min, slides were incubated at 37°C for 60 min with the anti-CD1a antibody. After rinsing, signal enhancement was performed using anti-mouse HRP antibody (Ventana Medical Systems) incubated for 16 min and the discovery FAM kit (Ventana Medical Systems). Slides were then counterstained for 4 min with DAPI and rinsed. After removal from the instrument, slides were manually rinsed and placed on coverslips. Images were acquired on a confocal scanner. Quantifications were performed with the image analysis platform Halo (V3.2.1851.371), using the HighPlex module (V4.04). Whole sections were analyzed (representing approximately 100,000 cells per condition). The number of cells positive for CD1a and pan-flavivirus staining was determined in the epidermis and in the dermis.

Quantification of secreted cytokines and chemokines

Total IFN secreted by monocytes, MoDCs and MoLCs was titrated on STING-37 reporter cells, which correspond to HEK293 cells stably expressing an IFN-stimulated response element (ISRE)-luciferase reporter gene [58]. A standard curve was established by applying known titers of recombinant IFN-α2a (R&D Systems) onto STING-37 cells. Luciferase induction in STING-37 cells was determined using the Bright-Glo reagent (Promega), according to manufacturer's instructions, and luminescence signal was acquired on a TECAN Infinite 200. Quantification of cytokine and chemokine levels in culture media was performed using the LEGENDPlex kit from BioLegend (human anti-virus response panel), according to the manufacturer's recommendations.

Immunofluorescence assays

Cells were plated on poly-D-lysine coated coverslips, fixed with 4% PFA (Alfa Aesar) for 10 min, permeabilized with 0.1% Triton X100 for 15 min, neutralized with 50 mM NH_4Cl for 10 min, and blocked with 2% BSA for 10 min. Cells were incubated with primary and secondary antibodies for 1 h and 45 min, respectively, at room temperature in a wet chamber. Finally, cells were labelled with Hoescht and mounted in SlowFade antifade reagent (Thermo Fischer Scientific). Images were acquired with a Leica SP5-SMD confocal microscope. Mander's coefficients were determined by counting 3 fields of around 300 cells per condition using the JAcoP plugin (ImageJ).

RT-qPCR

Total RNA was extracted using a RNeasy Mini kit (Qiagen) following the manufacturer's instructions. RNA concentration and purity were evaluated by spectrophotometry (NanoDrop 2000c, Thermo Fischer Scientific). A maximum of 500 ng of RNA were reverse transcribed with both oligo dT and random primers using a PrimeScript RT Reagent Kit (Perfect Real Time, Takara Bio Inc.) in a 10 µL reaction. Real-time PCR reactions were performed in duplicate using Takyon ROX SYBR MasterMix blue dTTP (Eurogentec) on an Applied Biosystems QuantStudio 5 (Thermo Fischer Scientific). Transcripts were quantified using the following program: 3 min at 95°C followed by 40 cycles of 15 s at 95°C, 20 s at 60°C and 20 s at 72°C. Values for each transcript were normalized to expression levels of RPL13A (60S ribosomal protein L13a), using the 2-ΔΔCt method. Primers used for quantification of transcripts are indicated within Table 1.

Table 1. Primers used in RT-qPCR analyses

Target	Forward primer (5'->3')	Reverse primer (5'->3')
RPL13A	AACAGCTCATGAGGCTACGG	TGGGTCTTGAGGACCTCTGT
USUV	AACAGACGGTGATGCGAACT	TACAGCTTCGGAAACGGCTT
WNV	AGTTGAGTAGACGGTGCTGC	CTCCTTCCGAGACGGTTCTG
IFN-α2	CTTGACTTGCAGCTGAGCAC	GCTCACCCATTTCAACCAGT
IFN-β	TGCTCTCCTGTTGTGCTTCTC	CAAGCCTCCCATTCAATTGCC
IFN-γ	GGCAGCCAACCTAAGCAAGAT	CAGGGTCACCTGACACATTCA
IFN-λ1	TTCCAAGCCCACCACAACTG	GTGACTCTTCCAAGGCGTCC
IFN-λ2/3	CTGCCACATAGCCCAGTTCA	TCCTTCAGCAGAAGCGACTC
IRF7	CAGATCCAGTCCCAACCAAG	GTCTCTACTGCCCACCCGTA
DDX60	AACAGGATGAATGAAGGAGATGCT	AGCTCACGCAAGGAAACACT
OASL	TCGTGAAACATCGGCCAACT	AAGAGCATAGAGAGGGGGCA
PKR	GTGGACCTCTACGCTTTGGG	GATGCCATCCCGTAGGTCTG
RIG-I	ATCCAAACCAGAGGCAGAGGAA	ACTGCTTCGTCCCATGTCTGAA
TRIM25	CTTACCCAGCAAGCTTCCCA	GCACCTTGGCCTTGAGAGAT
IFITM1	AGGAAGATGGTTGGCGACG	GCCGAATACCAGTAACAGGATGA
IFITM2	TTGTGCAAACCTTCTCTCCTGT	CCCAGCATAGCCACTTCCTG
IFITM3	GAAGATGGTTGGCGACGTGA	CACTGGGATGACGATGAGCA
MX1	AAGCTGATCCGCCTCCACTT	TGCAATGCACCCCTGTATACC
MX2	CTGGCCAGGTGGAGAAAGAG	TCAGGGGAGGTGATCTCCAG
IFIT1	ATGCGATCTCTGCCTATCGC	CCTGCCTTAGGGGAAGCAAA
IFIT2	AATAGGACACGCTGTGGCTC	AGGCTGGCAAGAATGGAACA
IFIT3	AACAGATGTCCTCCGCAGTG	TGTGGATTCCAACACCCGTT
IFI27	ATCAGCAGTGACCAGTGTGG	GGCCACAACTCCTCCAATCA
ISG15	CAGCGAACTCATCTTTGCCAG	GACACCTGGAATTCGTTGCC
ISG20	GAGCGCCTCCTACACAAGAG	TAGAGCTCCATCGTTGCCCT
IL-1β	GGCATCCAGCTACGAATCTC	GAACCAGCATCTTCCTCAGC
IL-4	AACAGCCTCACAGAGCAGAAGAC	GCCCTGCAGAAGGTTTCCTT
IL-6	TAACCACCCCTGACCCAACC	ATTTGCCGAAGAGCCCTCAG
IL-12a	TCAGCAACATGCTCCAGAAG	GGTAAACAGGCCTCCACTGT
IL-12b	GGACATCATCAAACCTGACC	AGGGAGAAGTAGGAATGTGG
IL-17a	AAGAACTTCCCCCGGACTGT	AGGTGAGGTGGATCGGTTGT
IL-17f	TCACGTAACATCGAGAGCCG	GCAGCCCAAGTTCCTACACT
IL-22	CACCTTCATGCTGGCTAAGGA	TCATCAGATAGCAGCGCTCAC
IL-23a	CCCAAGGACTCAGGGACAAC	AGAGAAGGCTCCCCTGTGAA
TNF-α	GGCGTGGAGCTGAGAGATAAC	GGTGTGGGTGAGGAGCACAT
CXCL1	CGGAAAGCTTGCCTCAATCCT	CAGTTGGATTTGTCACTGTTCAGC
CCL3	CCAGTTCTCTGCATCACTTGCT	TGGCTGCTCGTCTCAAAGTAG
CCL5	CTGCTTTGCCTACATTGCCC	TCGGGTGACAAAGACGACTG
CXCL9	CCAACCAAGGGACTATCCACCT	GGCTGACCTGTTTCTCCCACTT
CXCL10	CGCTGTACCTGCATCAGCAT	GCAATGATCTCAACACGTGGAC

Flow cytometry analysis

All cells were fixed with 2% PFA for 30 min and permeabilized in a PBS/1% BSA/0.05% saponin solution for 30 min prior to intracellular staining with corresponding primary antibodies for 1h at 4°C diluted in the permeabilization solution and then incubated with the corresponding secondary antibody for 30 min. For flow cytometry analysis, all acquisitions were done with Fortessa cytometer (B Becton Dickinson D), data were collected with FACSDiva software (Becton Dickinson) and were processed with FlowJo software (Treestar Inc.).

Western Blot

For the detection of the viral envelope protein, the anti-pan-flavivirus antibody was used under non-reducing and non-denaturing conditions. Briefly, cells were lysed in buffer containing Tris pH 7.6 1mM, NaCl 150mM, Deoxycholate 0.1% (deoxycholic acid), EDTA 1mM and Triton 1% during 30 min at 4°C and then Laemmli 2X with SDS but without β-mercaptoethanol. Cell lysates were loaded on 10% ProSieve gel (LONZA, LON50618), then subjected to electrophoresis. Chemiluminescent acquisitions were done on a Chemidoc™ MP Imager and analyzed using Image Lab™ desktop software (Bio-Rad Laboratories).

Statistical analyses

Mann-Whitney *t*-tests (* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$) were used to analyze unpaired data using GraphPad Prism software.

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Declaration of interests

The authors declare no competing interests.

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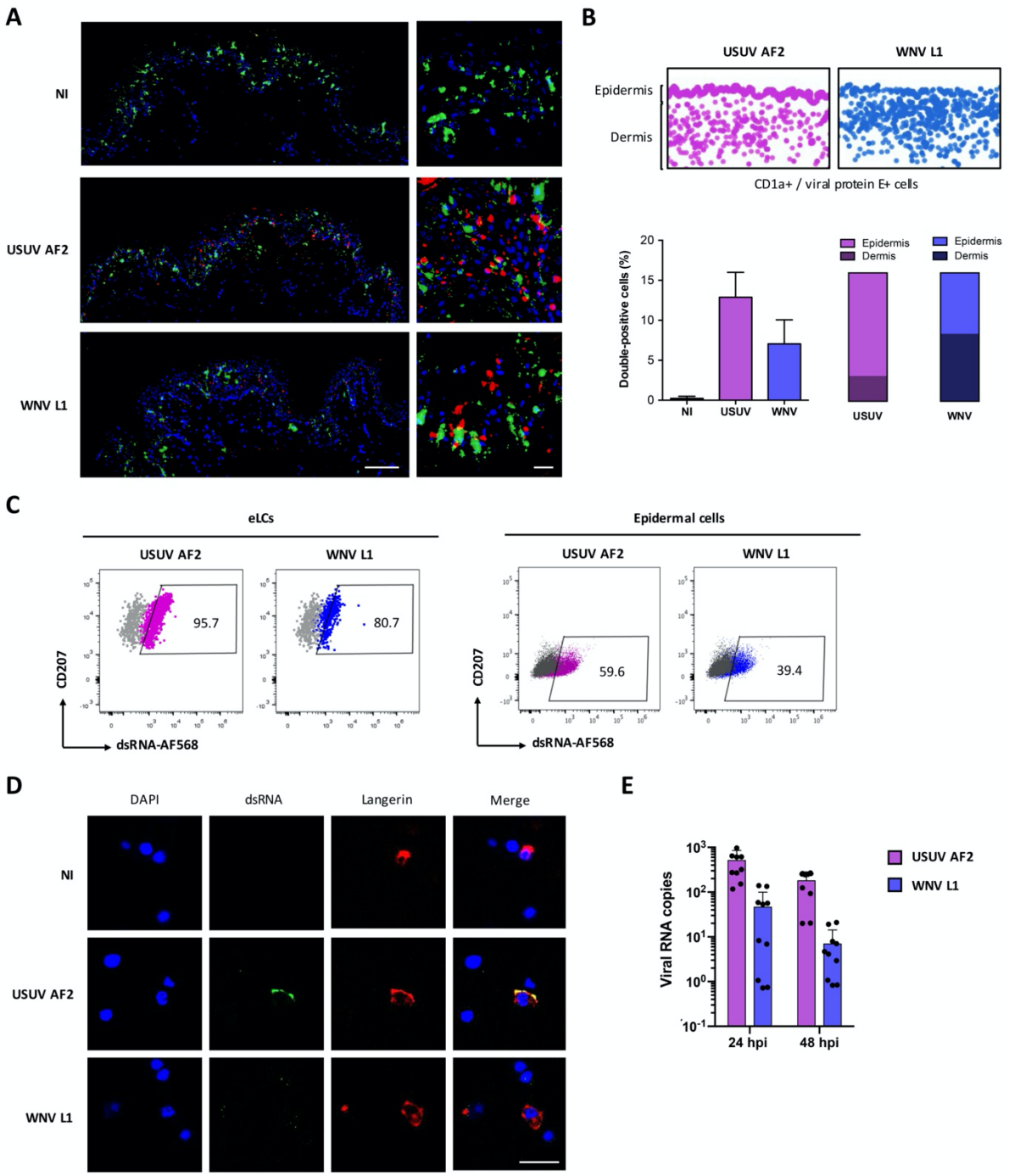

Figure 1. Unlike WNV, USUV infects preferentially Langerhans cells in human skin.
(**A**) Human skin explants were left uninfected (NI) or infected by USUV AF2, WNV L1 at MOI 1. 24 hpi, tissues were fixed and paraffin-embedded, and analyzed by multiplex immunofluorescent assay using a pan-flavivirus anti-viral envelope E antibody (red) and an anti-CD1a antibody (green). Nuclei were stained with DAPI (blue). Images were acquired on a confocal scanner. Scale bars: 100 µm (left) or 20 µm (right).
(**B**) Pan-flavivirus (red) and CD1a (green) staining from (**A**) was quantified using the image analysis platform Halo. Screenshots of double positive cells (infected CD1a+ cells) in whole sections are presented (top). Quantification of double positive cells in each condition was represented as mean ± SD (bottom left), as well as the distribution of double positive cells between the epidermis and the dermis (bottom right).
(**C**) Epidermal cells were purified from skin explants and infected with USUV AF2, WNV L1 at MOI 2. At 48 hpi, viral replication was estimated by flow cytometry by staining intracellular viral dsRNA in CD207+ Langerhans cells (eLCs) or CD207- epidermal cells (mainly keratinocytes).
(D) Epidermal cells were purified from skin explants and infected with USUV AF2, WNV L1 at MOI 2. At 24 hpi, cells were fixed and stained for nuclei (blue), dsRNA (green) and CD207 (red). Images were acquired on a Leica SP5-SMD microscope. Scale bar: 10 µm.
(**E**) Epidermal CD1a+ cells were infected with USUV AF2, WNV L1 at MOI 2 for 24h or 48h. Intracellular viral RNA was quantified by RT-qPCR. Results from 3 independent experiments performed in duplicate are shown.

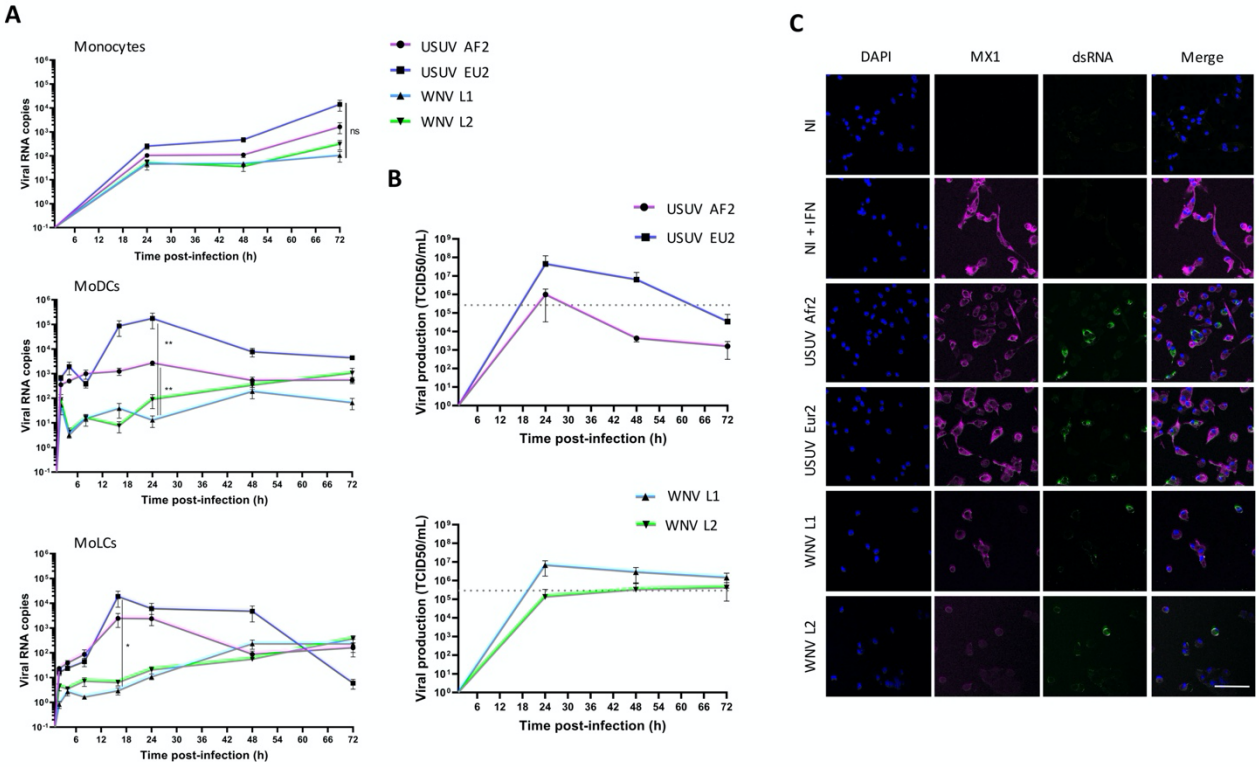

Figure 2. Viral replication of WNV and USUV in primary human myeloid cells
(**A**) Human monocytes and autologous MoDCs or MoLCs were infected by USUV AF2, USUV EU2, WNV L1 or WNV L2 at MOI 1. Cells were harvested at indicated times post-infection and intracellular viral RNA was quantified by RT-qPCR. Data represent 3 independent experiments run in technical duplicate, represented as mean ± SEM and shown in intracellular viral RNA copies. * $p < 0.05$, ** $p < 0.01$ have been determined using a Mann-Whitney *t*-test relative to indicated condition.
(**B**) MoLCs were infected by USUV AF2, USUV EU2, WNV L1 or WNV L2 at MOI 1. Viral production in MoLCs was assessed by TCID50/ml titration of supernatants at indicated times on Vero cells. The dotted line shows the titer of the viral inoculum. Results are represented as mean ± SD of 3 independent experiments performed in duplicate.
(**C**) MoLCs were infected at MOI 1 by USUV AF2, USUV EU2, WNV L1, WNV L2, not infected (NI) or pre-treated by IFN-α2 (NI + IFN). Cells were fixed at 24hpi (USUV) or 48 hpi (WNV) and stained for nuclei (blue), dsRNA (green) and MX1 (purple). Images were acquired on a Leica SP5-SMD microscope. Scale bar: 35 µm.

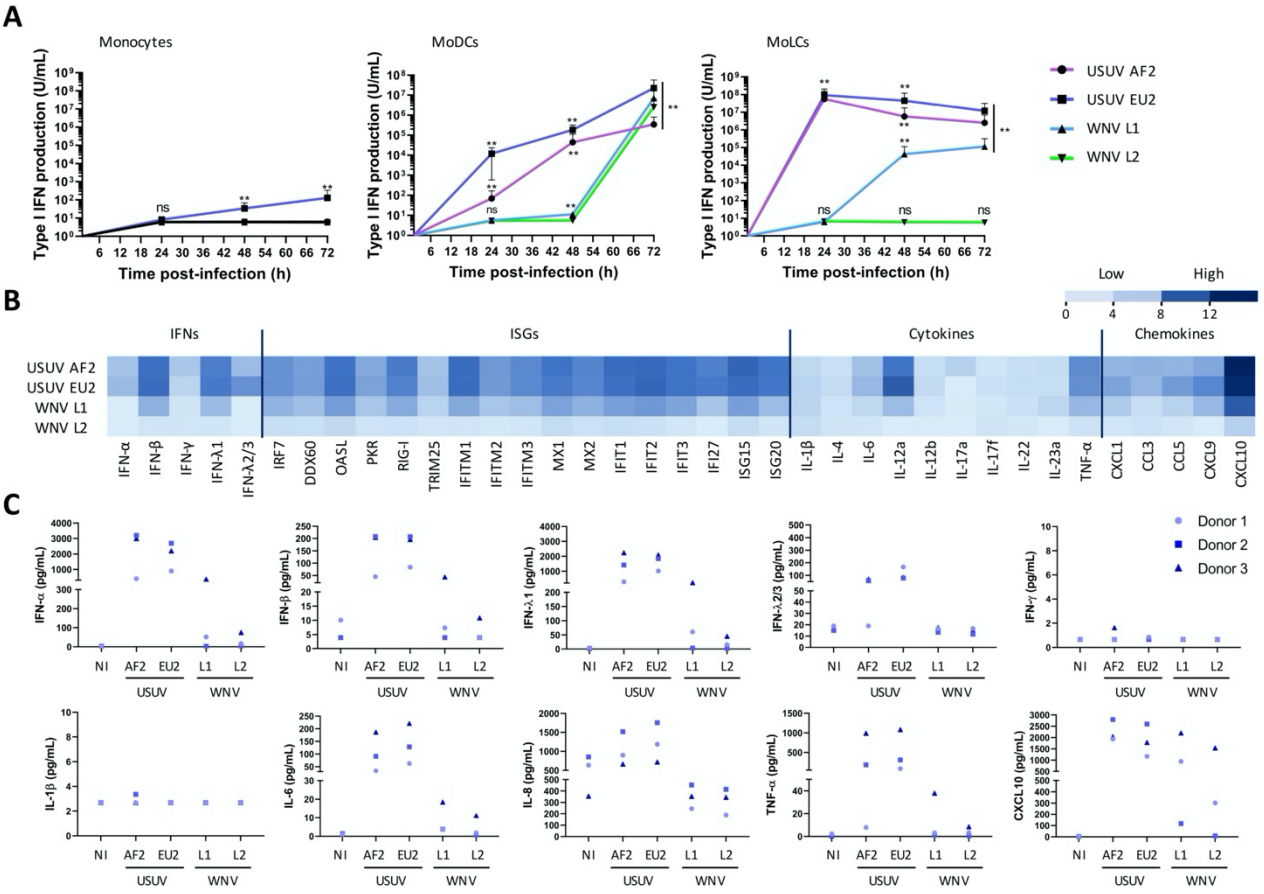

Figure 3. Characterization of USUV- and WNV-triggered innate immune response in MoLCs
(**A**) Human monocytes and autologous MoDCs or MoLCs were infected with USUV AF2, USUV EU2, WNV L1 or WNV L2 at MOI 1 for 24, 48 or 72 hours. Type I IFN secreted in the culture medium by infected cells was quantified on STING-37 reporter cells. Data are represented as mean ± SD. * $p < 0,05$, ** $p < 0,01$ have been determined using a Mann-Whitney *t*-test relative to control cells.
All data represent 3 independent experiments performed in technical duplicate.
(**B**) MoLCs were harvested at 24 hpi and transcripts of a panel of proteins including IFNs, ISGs, cytokines and chemokines were quantified by RT-qPCR. Results are summarized on a heatmap showing low (light blue) to high (dark blue) transcription intensity. Data represent the mean of the log2 transcription intensity of each indicated transcript, from four independent experiments run in technical duplicate, relative to control cells (NI).
(**C**) Cytokine concentrations in supernatants from infected MoLCs were measured using the multiplex bead-based immunoassay LEGENDplex (BioLegend) at 48 hpi. Data are from 3 independent experiments performed on cells from 3 donors.

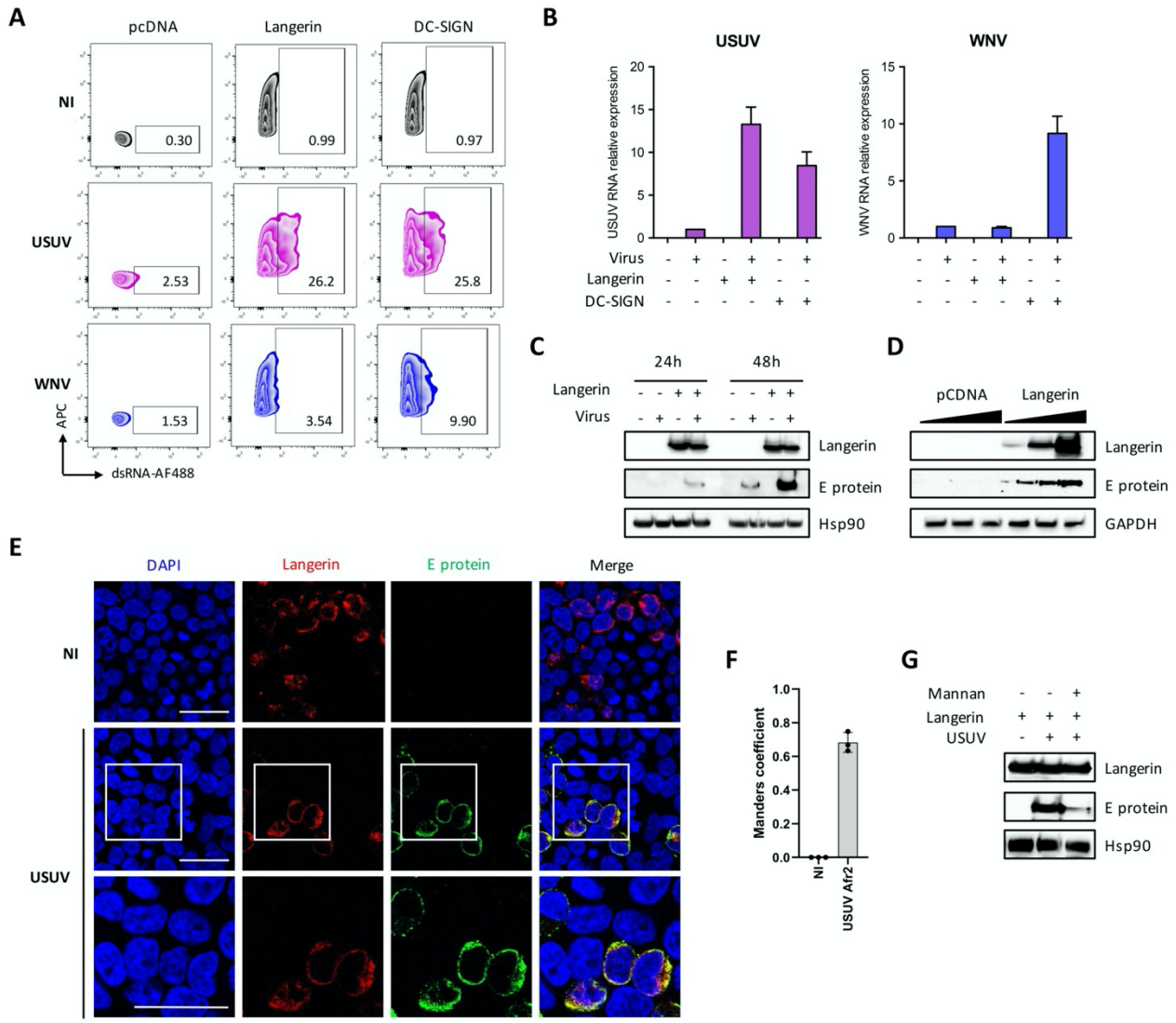

Figure 4. Langerin allows USUV entry in HEK293T cells

(**A**) HEK293T cells were transfected with an empty plasmid (pcDNA) or with plasmids encoding langerin or DC-SIGN. 24h post transfection, cells were infected with USUV AF2 and WNV L1 at MOI 0.5 or left non-infected (NI). At 48 hpi, cells were fixed and subjected to intracellular staining. USUV and WNV replication was assessed by flow cytometry using anti-dsRNA and Alexa Fluor 488, anti-langerin-APC and anti-DC-SIGN-APC antibodies. The percentage of infected cells among langerin-positive and DC-SIGN-positive (transfected) cells is shown. Results are from one representative experiment of 3 independent experiment.

(**B**) Same as (**A**), except that viral replication was estimated by quantifying viral RNA by RT-qPCR. Results are represented as mean fold change ± SD of 3 independent experiments performed in duplicate, relative to infected control cells (transfected with pcDNA).

(**C**) HEK293T cells were transfected with an empty plasmid (-) or with a plasmid encoding human langerin (+), as indicated. At 24 h post transfection, cells were infected with USUV AF2 at MOI 0.5 for 24 h or 48 h or left uninfected. Cell lysates were subjected to western-blotting using anti-langerin or pan-flavivirus anti-E (E protein) antibodies. Hsp90 was used as a loading control.

(**D**) HEK293T cells were transfected with increasing amount of empty plasmid (pcDNA) or plasmid encoding langerin (0.25, 0.5 and 1 µg) for 24 h and then infected during 48 h with USUV AF2 at MOI 0.5. Expression of langerin and USUV E protein was assessed by western-blot using anti-langerin and pan-flavivirus anti-E antibodies.

(**E**) HEK293T cells expressing langerin were left uninfected (NI) or infected by USUV AF2 at MOI 5. Cells were fixed at 15 minutes post-infection and stained for nuclei (blue), langerin (red) and E protein (green). Images were acquired on a Leica SP5-SMD microscope. Scale bar: 15 µm.

(**F**) Manders' coefficients were calculated using the ImageJ JACoP plug-in to evaluate the colocalization of langerin and the viral protein E. The analysis was performed on approximately 1,000 cells from 3 different fields in each condition.

(**G**) HEK293T cells were transfected with a plasmid encoding langerin and were treated or not with 1 mg/ml mannan for 1 h. Cells were then infected with USUV AF2 at MOI 0.5 for 48h and cell lysates were subjected to western-blot to assess langerin and E protein expression.

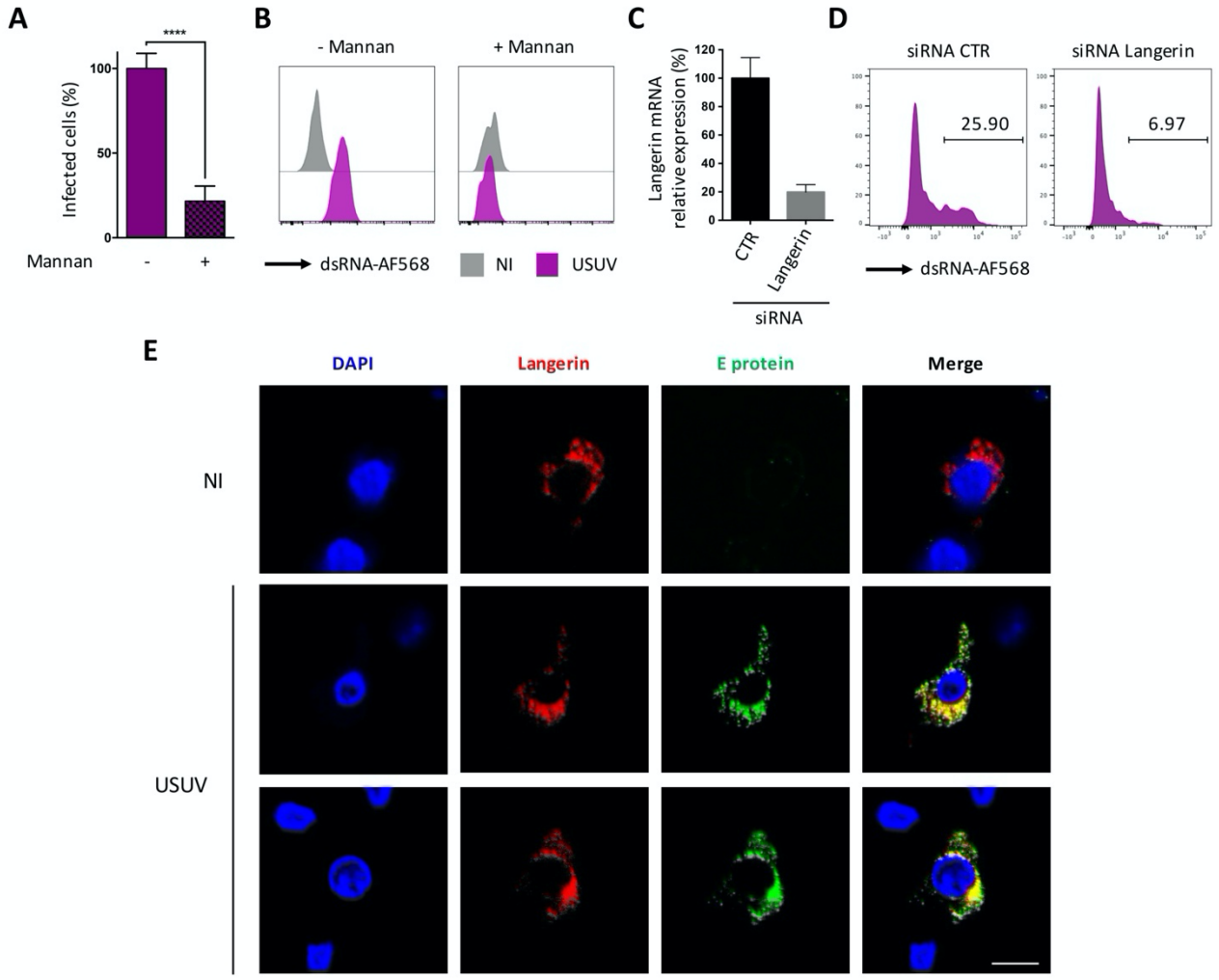

Figure 5. Langerin allows USUV entry and replication in human LCs
(**A**) MoLCs were left untreated or treated for 1 h with 1 mg/ml mannan and infected with USUV AF2 at MOI 2 for 48 h. Viral replication was assessed by quantifying the amount of viral RNA in cells by RT-qPCR. Data represent the mean ± SD of 3 independent experiments performed in triplicate on cells from 3 different donors.
(**B**) Epidermal LCs purified from human skin were treated or not with 1 mg/ml mannan for 1 h and infected with USUV AF2 at MOI 2. 48 hpi, viral replication was estimated by flow cytometry using dsRNA and Alexa Fluor 568 antibodies. Data are from one representative experiment of two independent experiments.
(**C** and **D**) Epidermal LCs purified from human skin were transfected with siRNA control (CTR) or siRNA targeting langerin. Relative expression of langerin was estimated by RT-qPCR analysis (**C**). Cells were infected with USUV AF2 for 48 h at MOI 2 and viral replication was assessed by flow cytometry using anti-dsRNA and AF568 antibodies (**D**). Data are from one representative experiment of two independent experiments.
(**E**) Epidermal LCs purified from skin explants were infected (USUV) or not (NI) with USUV AF2 MOI 5 for 15 min. Cells were fixed and stained for nuclei (blue), E protein (green) and CD207 (red). Images were acquired on a Leica SP5-SMD microscope. Scale bar: 20 µm.