DUX4-stimulated genes define the antiviral response to herpesviruses in human trophoblasts

Joshua Hatterschide[1], Liheng Yang[1], and Carolyn B. Coyne[1*]

[1]Department of Integrative Immunobiology, Duke University School of Medicine, Durham, NC, USA, Duke University Medical Center, Durham, NC, USA.

*Address correspondence:
Carolyn Coyne, PhD
3130 Medical Sciences Research Building III
3 Genome Court
Durham, NC 27710
USA
carolyn.coyne@duke.edu

Abstract

The placenta serves as a barrier against the vertical transmission of viruses, due to the protective functions of fetal-derived trophoblasts. Although some antiviral programs of trophoblasts are well-documented, our understanding of how trophoblasts respond to teratogenic viruses remains incomplete. To address this, we profiled the transcriptional responses of human trophoblast organoids to seven teratogenic viruses. We discovered that herpesviruses including HSV-1, HSV-2, and HCMV did not trigger an interferon (IFN) response but instead induced the expression of *DUX4* and downstream target genes, termed DUX4-stimulated genes (DSGs). This program was uniquely, highly expressed in trophoblasts. Through single-cell RNA sequencing, we defined the trophoblast response to *DUX4* and demonstrated that this program defines cells with low viral transcripts following HSV-1 infection. Similar to the IFN-stimulated genes, we observed that many DSGs with diverse predicted functions exhibited anti-herpesvirus activity. These findings establish DUX4 and DSGs as a critical antiviral defense mechanism in trophoblasts.

Introduction

In addition to its critical role in facilitating the exchange of nutrients, gases, and waste between the mother and fetus, the placenta acts as a robust barrier against infections, protecting the vulnerable fetus from vertical pathogen transmission during gestation.[1,2] However, certain pathogens, collectively referred to as TORCH pathogens (Toxoplasma, Other (e.g., enteroviruses, parvovirus B19, hepatitis B virus, syphilis, and Zika virus (ZIKV)), Rubella (RuV), Cytomegalovirus (HCMV), and Herpesviruses) are able to bypass the defenses at the maternal-fetal interface (MFI) and cause placental and/or fetal infections. These infections can lead to diverse pregnancy complications ranging in severity and including intrauterine growth restriction (IUGR), neurodevelopmental deficits, and loss of the pregnancy.[3-7]

The placenta is generally resistant to viral infection in part due to the antiviral activities of fetal-derived trophoblasts.[8,9] Chorionic villi of the human placenta contain several distinct subsets of trophoblasts including cytotrophoblasts (CTBs), extravillous trophoblasts (EVTs), and the syncytiotrophoblast (STB). The multinucleated STB is a single fused cell that covers the entire surface of the placenta and is in direct contact with maternal blood. CTBs are proliferative cells that lie beneath the STB and undergo fusion to grow and repair the STB layer. EVTs arise from columns of cytotrophoblasts at the tips of chorionic villi that anchor the placenta to the maternal decidua. EVTs then invade into maternal decidua (the pregnancy-specialized maternal endometrium) and remodel maternal spiral arteries to facilitate the redirection of maternal blood to the intervillous space.[10] CTBs, EVTs, and the STB are differentially susceptible to viral infection and thus may respond distinctly to pathogen infections.[2]

Responses to pathogens at the MFI must be tightly regulated as uncontrolled immune signaling at this site, such as type I interferon (IFN) signaling, is associated with poor pregnancy outcomes.[11-14] Possibly in response to this selective pressure, trophoblasts have evolved unique antimicrobial properties. For instance, the STB constitutively secretes interferon (IFN)-λs, which can act in both autocrine and paracrine manners to promote IFN-stimulated gene (ISG)

expression to restrict virus replication in the maternal and fetal compartments of the placenta.[9,15-]

[17] Constitutive release of IFNs is a unique feature of trophoblasts that is stimulated by viral mimicry

by host-derived C19MC Alu dsRNA.[16] IFN expression in most cell types is only observed after

the detection of pathogen associated molecular patterns (PAMPs). Evidence suggests that

trophoblasts also possess IFN-independent mechanisms of virus restriction. Although permissive

to HCMV entry, trophoblast organoids (TOs) and trophoblast stem cells have recently been shown

to limit HCMV replication at the stage of immediate early gene expression.[17,18] This restriction

occurs even in the presence of ruxolitinib, a JAK inhibitor that inhibits both type I and type III IFN

signaling.[17] However, IFN-independent pathways of virus restriction in trophoblasts have not yet

been widely explored.

Gaps in our knowledge surrounding how human trophoblasts respond to and defend against

virus infection can be attributed to the paucity of tractable systems to model the human MFI. The

anatomy of the MFI in many animal models is divergent from that of humans,[19,20] and animal

models also often require the use species-specific viruses (as in the case for HCMV)[21,22] or

immunodeficient or humanized animal models (as in the case of ZIKV in mice).[23] Human placental

explants,[24,25] isolated primary human trophoblast cells,[9] choriocarcinoma cell lines,[26] and

immortalized EVT cell lines[27] have all been employed to study human pathogens in their natural

host cells. However, these models either have a limited window of viability or lack physiological

properties of *in vivo* trophoblasts.[28] Trophoblast organoids are an *in vitro* model of the placenta

that is able to overcome some of the limitations of previous models. TOs and matched maternal

decidua organoids (DOs) can be derived from chorionic villi at early and late stages of

gestation.[17,29,30] TOs spontaneously differentiate into EVTs and the STB and constitutively secrete

hormones such as human chorionic gonadotropin (hCG) and immune molecules such as IFN-λs

that are naturally secreted by trophoblasts *in vivo*.[17]

In this study, we profiled the transcriptional responses of TOs to seven teratogenic viruses to

define cell-intrinsic mechanisms of virus restriction in trophoblasts and to determine whether they

responded in a virus-specific manner. We found that TOs mounted distinct responses to RNA and

DNA viruses, with the transcription factor DUX4 dominating the response to herpesviruses. DUX4

is a primate-specific pioneering transcription factor that participates in zygotic genome activation[31]

and is typically restricted to the 4-8 cells stages of embryonic development. Aberrant expression

of DUX4 in adult somatic muscle cells is the cause of facioscapulohumeral muscular dystrophy

(FSHD).[32,33] Expression of DUX4 has been observed following herpesvirus infection in other

systems and select DUX4-stimulated genes (DSGs) were previously reported to restrict

herpesvirus replication.[34,35] Comparative transcriptional profiling in TOs and DOs derived from

matched donor tissue infected with HCMV and HSV-1 revealed that the DUX4 program is

enriched in TOs, which occurs independent of constitutive type III IFN signaling. Using single cell

RNA sequencing (scRNAseq), we characterized the DUX4 program in trophoblasts in the context

of both an inducible DUX4 expression system and HSV-1 infection. DUX4 and accompanying

DSGs were observed to define a low viral gene expression trajectory in HSV-1 infected TOs. To

define the antiviral activity of DSGs, we performed high-content screening of the 30 top-most

induced DSGs in TOs for antiviral activity against herpesviruses in naturally permissive cells.

Analogous to ISGs in the IFN pathway, we observed redundancy in the antiviral activity of DSGs.

This shifts our understanding of DUX4 and DSGs from a collection of isolated antiviral genes to

a concerted antiviral signaling program that retains key hallmarks of ISGs, including a robust and

overlapping antiviral gene induction mechanism. Together, these findings unveil a human

trophoblast-enriched anti-herpesvirus pathway that mirrors the functional principles of the IFN

response, providing new insights into host defense strategies against viral infections at the

maternal-fetal interface.

Results

Human trophoblast organoids respond distinctly to diverse viruses

To directly compare how human placental trophoblasts respond to infection with teratogenic viruses, TOs from two male donors (TO74 and TO90) and one female donor (TO81) were infected with seven teratogenic viruses that belong to diverse virus families. These viruses included three herpesviruses: HCMV, HSV-1, HSV-2, a poxvirus: Vaccinia virus (VACV), and three positive sense RNA viruses: echovirus 5 (Echo5), rubella virus (RuV), and Zika virus (ZIKV). RNA was collected from mock and infected TOs and sent for polyA-selection bulk RNA sequencing. Reads were mapped to both the human and viral genomes. We observed minimal mapping of reads to the viral genomes in mock samples and little donor-to-donor variation in viral read levels in infected samples **(Figure S1A)**. Reads mapping to the virus genomes were excluded for the remaining analyses.

Differential gene expression analysis was conducted using the DESeq2 package, incorporating donor as a factor in the statistical model to account for variability between individual donors.[36] Differentially expressed genes (DEGs) were defined as host genes with Log_2 (fold-change) > 1 and adjusted p-value < 0.05. The differences in magnitude of the induced responses ranged from zero DEGs following ZIKV infection to 5453 DEGs following VACV infection **(Figure 1A-G and Table S1)**. We also observed variability in the directionality of responses. HSV-1, HSV-2, and RuV all led to substantially more upregulated DEGs than downregulated. HCMV and VACV both led to a relatively even distribution between upregulated and downregulated DEGs. Echo5 was the only virus with a response that skewed toward downregulation **(Figure 1A-G)**. The small transcriptional responses elicited by Echo5 and ZIKV may arise from impaired virus replication in TOs, which would lead to lower levels of pathogen associated molecular pattern (PAMP) detection and a diminished transcriptional response. This is consistent with what we've shown for ZIKV previously,[17] and with the observation that these viruses had the lowest quantities of viral reads **(Figure S1A)**. Pairwise comparisons between each infection condition revealed some overlap in

upregulated and downregulated DEGs between these diverse viruses **(Figure 1H).** However, after excluding Echo5 and ZIKV (due to their limited responses), only two DEGs were upregulated by all of the five remaining viruses: *EGR3* and *THBS1*. This suggests that TOs respond distinctly to infection in a virus-specific manner.

To further categorize these responses, we performed a principal component analysis (PCA). Four groups were found to segregate from the mock-infected samples along the first four principle components: HSV-1- and HSV-2-infected, VACV-infected, RuV-infected, and HCMV-infected **(Figure 1I)**. As expected, Echo5- and ZIKV-infected samples clustered closely with the mock-infected samples. We next analyzed the loadings from the PCA to identify sets of genes that defined these unique responses. The response to VACV was predominantly defined by genes encoding histone variants such as *H3C1* and *H4C2* **(Figure 1J, middle left)**. RuV was the only virus that induced type-I and type-III interferon (IFN) genes such as *IFNB1* and *IFNL1* along with downstream interferon-stimulated genes (ISGs) including *OASL, IFIT2,* and many others **(Figure 1J, middle right)**. The unique response to HCMV was defined by genes such as *IVL*, *IL1RN*, and *MPZL2* **(Figure 1J, right)**. HSV-1- and HSV-2- infected samples were defined by tripartite motif family genes such as *TRIM43* and *TRIM49*, and preferentially expressed antigen of melanoma family genes such as *PRAMEF8* and *PRAMEF12* **(Figure 1J, left)**.

Many of the genes that defined the HSV-1- and HSV-2- infected samples were also induced by HCMV. Indeed, there were 28 genes induced by all three herpesviruses **(Figure S1B)**. Most of these shared DEGs were induced by the herpesviruses and no other viruses **(Figure S1C)**. These findings suggest the existence of a herpesvirus-specific pathway activated in trophoblasts.

Trophoblasts respond to herpesviruses with DUX4-stimulated genes

Several of the shared differentially expressed genes induced by HSV-1, HSV-2 and HCMV, such as *TRIM43*, are putative targets of the transcription factor DUX4. DUX4 is a pioneering transcription factor that is normally expressed during embryogenesis between the four-cell and

eight-cell stages[31] and is pathogenic when aberrantly expressed in adult muscle cells.[32,33] DUX4

has also been shown to be upregulated following HSV-1 infection.[34] In the TO infection bulk

RNAseq analyses, *DUX4* expression was up-regulated in all donors by HSV-1 and HSV-2 and by

two donors by HCMV **(Figure 2A)**. DUX4 was not detected in any other infection conditions.

However, *DUX4* expression is notoriously difficult to detect even using next generation

sequencing methods.[37,38] Therefore, we confirmed the expression of *DUX4* and the DUX4

transcriptional-target, *TRIM43*, only in herpesvirus-infected samples in all three donors using

qRT-PCR **(Figure S2A-B)**.

DUX4 has never been studied in trophoblasts, and DUX4-stimulated genes (DSGs) in these

cells have yet to be defined. To characterize DSGs in trophoblasts, we developed a model of

DUX4 expression in TOs. TOs from three donors were transduced with a lentiviral vector encoding

codon-optimized DUX4 under a doxycycline-inducible promoter (iDUX4). Transduced organoids

were selected with puromycin, and expression of DUX4 upon treatment with doxycycline was

confirmed by immunofluorescence **(Figure 2B)**. One strength of the TO model is that they retain

the capacity to differentiated into several lineages of trophoblasts present in the placenta *in vivo*.

To define DSGs across trophoblast cell types, and to determine whether there were trophoblast

cell type-specific DSGs, doxycycline-treated and mock-treated organoids from three donors were

dissociated and analyzed by single-cell (sc)-RNAseq. A total of 23,981 doxycycline-treated cells

and 23,233 mock-treated cells passed quality control and were used for further transcriptional

analysis following integration to correct for donor and batch effects. Clustering analysis revealed

11 clusters of cells that were present in both conditions **(Figure 2C and Figure S2C)**. The

identities of the clusters were defined by the expression of canonical trophoblast marker genes[39-

41] **(Figure S2E-F)**. The proliferative CTB clusters (CTBp-1, -2, and -3) were defined by high

expression of *MKI67*, *CCNA2*, *PCNA*, and *TOP2A*. CTB clusters (CTB-1, -2, -3, and -4) were

defined by cells that express high levels of the pan-trophoblast markers *PAGE4*, *PEG10*, *SMAGP*,

and *TP63*, but lack expression of more specialized programs. Of note, CTBp-1 and CTB-4 also

expressed markers of cell column CTBs such as *ITGB6*, *ATF3*, *PLAC8*, and *PLAU*. Cells in the

process of fusing into the STB (STBpre) were defined by the expression of the endogenous

retroviral elements that mediate and modulate fusion such as *ERVV-1*, *ERVFRD-1*, *ERVW-1*, and

ERVE-1. Markers of STB function including *HOPX*, *SDC1*, *CGB5*, and *PSG3* were used to define

the STB cluster. Two clusters were classified based on high iDUX4 expression in the doxycycline-

treated samples (DUX4-high-1 and DUX4-high-2). The presence of some cells in the "DUX4-high"

clusters in the mock-treated sample is likely due to leaky expression of iDUX4. The DUX4-high-1

cluster expands from an average of 1.6% of the mock-treated cells to an average of 11.6% of the

doxycycline-treated cells **(Figure S2D)**. The remaining clusters occupied a similar proportion of

cells between donors and conditions.

We first sought to identify genes that were broadly controlled by DUX4 across cells in the

dataset. We calculated the Pearson's correlation coefficient (r) between the expression of iDUX4

and other genes across all cells. One hundred and fifty genes were found to positively correlate

with iDUX4 expression with r > 0.4 suggesting they are stimulated by iDUX4 and can be classified

as DSGs **(Figure 2D and Table S2)**. To test whether these genes were similar to DSGs in other

cell types, we generated a list of 101 cell-type-independent DSGs (DUX4.101) by reanalyzing and

comparing bulk RNAseq datasets in which DUX4 was overexpressed in iPSCs (a model of DUX4

in embryogenesis)[31] and MB135 cells (a model of DUX4 in muscular dystrophy)[42] **(Figure S3A-C**

and Table S3). The expression of many of the genes in the DUX4.101 list strongly correlated with

iDUX4, suggesting the DUX4 program in TOs is similar to that of other cell types **(Figure 2D)**. We

also confirmed overlap between the DUX4.101 list and genes controlled by DUX4 in TOs by

performing bulk RNAseq on doxycycline-treated and mock-treated organoids **(Figure S3D-E and**

Table S3). While there were many genes uniquely modulated by iDUX4 in TOs, these data

demonstrate that the canonical DUX4 program is induced in trophoblasts. 98 of the genes that

correlated with iDUX4 expression with r > 0.4 were not a part of the iDUX4 list, including *GTF2F1*,

PTP4A1, *DBR1*, *ODC1*, *SOX15* amongst others.

We next investigated which trophoblast cell types predominantly expressed the DUX4 pathway

and whether it could be activated in a trophoblast cell type-specific manner. Expression of genes

in the DUX4.101 list were elevated in the doxycycline-treated samples and predominantly found

in the two DUX4-high clusters **(Figure 2E-F)**. This demonstrates that cells that express iDUX4

are transcriptionally distinct enough to cluster separately from other trophoblasts. As iDUX4

expression could also be observed in the non-DUX4-high clusters **(Figure 2F)**, we next defined

the impact of iDUX4 expression in these cell types. We performed pseudobulk analysis to identify

DEGs between the doxycycline-treated and mock-treated samples for each cluster. Although

there were cluster-specific differences in DEGs, genes in the DUX4.101 list were found to be

among the most highly differentially expressed genes across all clusters **(Figure 2G and Table**

S4). These data demonstrate that many of the canonical DSGs are also induced by DUX4

expression in trophoblasts and that DUX4 expression is capable of driving the expression of these

genes in all trophoblast lineages.

Finally, we determined whether any of the DEGs induced in TOs in response to herpesvirus

infections were DSGs. We found that the DUX4.101 list significantly overlapped with the top 100

DEGs induced by HCMV, HSV-1, and HSV-2, while overlapping by only one gene each with the

top DEGs induced by VACV and RuV **(Figure 2H and Figure S3F-K)**. HCMV may have induced

fewer DSGs than HSV-1 or HSV-2 due to its impaired replication in trophoblasts [17,18]. Based on

these data, we conclude that many of the shared genes induced by herpesviruses in TOs are

DSGs.

DUX4-stimulated genes are induced to higher levels in trophoblasts organoids than

maternal-derived decidua epithelial organoids

TOs repress HCMV replication and differentially respond to HCMV when compared to maternal

decidua derived DOs.[17,18] Because DSGs were upregulated in response to herpesviruses in TOs,

we determined whether this pathway was differentially induced in TOs and DOs following

herpesvirus infection. Matched TOs and DOs were mock-treated or infected with HSV-1 (MOI of 5). RNA was collected and sent for polyA selection bulk RNA sequencing. Additionally, we reanalyzed published RNA sequencing data from the infection of TOs and DOs with the HCMV strains TB40/E and AD169r (a clone of AD169 engineered to express the HCMV pentameric complex).[43] All RNA sequencing datasets were remapped to the human transcriptome following the same pipeline and analyzed using DESeq2 **(Table S5)**. We found that DUX4 expression was more than 9-fold higher in TOs than DOs following infection with HCMV TB40/E **(Figure 3A)**, HCMV AD169r **(Figure 3B)**, and HSV-1 **(Figure 3C)**. Analysis of the top 100 upregulated DEGs following each infection revealed greater overlap between the DEGs of TOs and the DUX4.101 list compared to the DEGs of DOs **(Figure 3D)**. While these DSGs were highly induced in TOs, nearly all of them were not induced in DOs following infection with HCMV TB40/E or HCMV AD169r **(Figure 3E and Figure S4A-D)**. Although DSGs were induced following HSV-1 infection in both TOs and DOs, all were induced between 6- and 50-fold more in TOs **(Figure 3E and Figure S4E-F)**. We used qRT-PCR to confirm enhanced expression of *DUX4* and the DSGs *TRIM43B* and *PRAMEF1* in three donors of TOs compared to three donors of DOs following HCMV TB40/E infection **(Figure S4G-I)**. These data demonstrate that trophoblasts respond with higher expression of *DUX4* and DSGs than maternal decidua epithelial cells.

Expression of DUX4 and DSGs is not dependent on constitutive type-III IFN signaling

The mechanisms by which DUX4 and DSG expression are induced by herpesviruses remain unknown. Additionally, the signaling pathways that modulate this program to drive its heightened expression in TOs have yet to be identified. Trophoblasts constitutively secrete type III IFNs, which is a major innate immunological difference between TOs and DOs.[17] Although DUX4 and DSG expression has not been previously linked to type-III IFN signaling, it could explain the increased expression of DUX4 and DSGs in TOs over DOs. To test this, we generated *IFNLR1* knockout (KO) TOs using CRISPR-Cas9 and a single guide RNA (sgRNA) targeting exon three

of the *IRNLR1* locus. To validate KO of *IFNLR1* genetically, we amplified the sgRNA target site

using high-fidelity PCR and sequenced the product using Sanger sequencing. Using the ICE tool

(Synthego) to predict the mixture of insertions and deletions present in the mixture, we found -19

bp and -10 bp deletions >95% of the sequences in the IFNLR1 KO clone **(Figure 4A-B)**. To test

whether IFNLR1 KO TOs are responsive to type-III IFNs, parental and IFNLR1 KO organoids

were treated with recombinant IFNλ3. RNA was collected and qRT-PCR was used to measure

the expression of several ISGs. Whereas *OASL* and *MX1* were induced ~ 5-fold and 10-fold

respectively in the parental TOs treated with IFNλ3, neither was induced in IFNLR1 KO TOs

(Figure 4C-D). Additionally, *OASL* and *MX1* were expressed at a significantly lower baseline-

level in IFNLR1 KO cells, likely due to disruption of constitutive autocrine type III IFN signaling.

IFNLR1 KO and parental cells were infected with HSV-1 to induce the expression of DUX4 and

DSGs. RNA was collected from mock and infected organoids and qRT-PCR was used to measure

the expression of the HSV-1 immediate early transcript ICP4, *DUX4*, and the DSGs: *TRIM43* and

PRAMEF1. HSV-1 ICP4 was expressed at similar levels in parental and IFNLR1 KO cells,

suggesting that type III IFN signaling does not restrict HSV-1 replication **(Figure 4E)**. *DUX4*

expression was increased in IFNLR1 KO TOs and *TRIM43* and *PRAMEF1* were expressed at

similar levels in control and KO organoids **(Figure F-H)**. These data suggest that the increased

expression of *DUX4* and DSGs in TOs occurs through a mechanism independent of type-III IFN

signaling.

DUX4-stimulated genes define a low viral gene expression trajectory in HSV-1-infected

trophoblast organoids

To further define the relationship between the DUX4-DSG program and herpesvirus infections

in trophoblasts, we next investigated which trophoblast cell types express this program in

response to infection and examined how the expression of these genes compared to that of viral

genes. HSV-1-infected and mock-infected organoids from two donors (2x TO74 samples and 1x

TO84 sample each) were dissociated and analyzed by scRNAseq. A total of 14,846 HSV-1-infected cells and 13,881 mock-infected cells passed quality control and were used for further analysis following integration to correct for donor and batch effects. Clustering analysis revealed 11 clusters of cells that were present in both conditions **(Figure 5A and Figure S5A-C)**. The identities of the clusters were defined by the expression of the canonical trophoblast marker genes described above[39-41] **(Figure S5D-J)**.

We first investigated which cells expressed DUX4/DSG and HSV-1 transcripts. We found that *DUX4* and DSGs were only expressed in HSV-1-infected samples, with one CTB cluster exhibiting particularly high levels of their expression (termed "DUX4-high"). *DUX4* and DSG expression was also high in the STB cluster **(Figure 5B and Figure S5I)**. In contrast, most HSV-1 transcripts, including all transcripts classified as late genes (γ1 and γ2) were expressed highest in a distinct CTB cluster (termed "HSV-1-high") **(Figure 5C and Figure S5J-K)**. A handful of immediate early (α), early (β), and unclassified HSV-1 genes were expressed at comparable or higher levels in the DUX4-high cluster when compared to the HSV-1-high cluster. As HSV-1 genes expression could be observed outside of the HSV-1- and DUX4-high clusters **(Figure 5B-C)**, we next investigated how HSV-1 infection impacted gene expression in those clusters. We performed pseudobulk analysis to determine differential gene expression between the HSV-1-infected and mock-infected samples in each of these clusters **(Figure 5D and Table S6)**. Other than HSV-1 genes, DSGs were found to be among the most highly DEGs in all clusters. These data demonstrate that all trophoblast lineages in TOs can respond to HSV-1 infection with the expression of DUX4 and DSGs.

The observation that peak DUX4/DSG expression and peak HSV-1 transcript expression were found in separate HSV-1-infected clusters suggests two possibilities: 1) that DUX4 and DSG expression precedes maximal HSV-1 gene expression during the normal course of replication, or 2) that DUX4 and DSG expression defines a distinct fate of HSV-1-infected cells in which replication is impaired. To determine which was the case, we performed trajectory analysis which

seeks to computationally infer the ordered progression of cells along a "pseudotime." Cells from

HSV-1-infected samples with > 0.1% of reads mapping to the HSV-1 genome were re-analyzed

independently **(Figure 5E)**. Clustering yielded eight clusters that were defined as described for

previous analyzes **(Figure S6A-I)**. Trajectories were predicted using the Slingshot algorithm

starting with the CTB-2 cluster and with undefined end clusters.[44] Three trajectories were inferred,

one that leads toward peak DSG expression (pseudotime 1), one that leads toward the peak of

HSV-1 gene expression (pseudotime 2), and one that follows differentiation into the STB

(pseudotime 3) **(Figure 5F)**. We performed pseudobulk analysis comparing cells at the termini of

pseudotime 1 and 2 to determine differential gene expression. We found that all but one HSV-1

transcript was more highly expressed in terminus 2 than 1 **(Figure 5G)**. Conversely, 64 DSGs

from the DUX4.101 list were more highly expressed in terminus 1 than 2. Four DSGs followed the

opposite pattern, and the remainder were not statistically significant. To visualize gene expression

patterns along these trajectories, fitGAM was used to calculate the average expression of HSV-1

transcripts and DSGs along pseudotime trajectories 1 and 2. While HSV-1 transcripts increased

along pseudotime 1, most reached only a small fraction of peak expression **(Figure 5H)**. All but

two HSV-1 transcripts instead reached maximum gene expression along pseudotime 2. DSGs

followed the opposite pattern. Nearly all DSGs reached peak expression along pseudotime 1,

while they reached only a fraction of peak expression along pseudotime 2 **(Figure 5I)**.

Interestingly, peak DSG expression comes after the rise and fall of HSV-1 genes expression along

pseudotime 1. This pattern is borne out by the expression of representative features such as the

percent of transcripts mapping to HSV-1, GFP expression from the HSV-1 genome, and

expression of DSGs *TRIM49* and *PRAMEF1* **(Figure 5J-K and Figure S6H-I)**. Taken together,

these data suggest that high DSG expression defines a low viral gene expression trajectory in

HSV-1-infected trophoblasts.

DUX4-stimulated genes exert anti-herpesvirus activity

Given that DUX4 and DSGs are highly upregulated in response to herpesviruses and define a trajectory associated with low viral gene expression following infection, we next sought to test whether these genes exhibited anti-herpesvirus activity. As the cause of FSHD, many studies have attempted to engineer cells to block or impair DUX4 expression[45]. In genetically normal cells, hundreds of copies DUX4 coding sequence are repeated within D4Z4 arrays that are located in the proximal sub-telomeric domains of chromosomes 4 and 10. D4Z4 has additional homologous regions in many other chromosomes.[46] For this reason, traditional CRIPSR-Cas9 editing within the DUX4 ORF is not generally employed as it would generate many double-stranded breaks, leading to genome instability and off-target effects.[45] Instead, studies have employed CRISPR interference (CRISPRi),[47] CRISPR/Cas9-directed base editing,[48] and dominant-negative DUX4 constructs,[49] all with varying degrees of knockdown efficiency. We attempted several similar methods of impairing DUX4 activity in TOs including *DUX4*-targeting shRNAs **(Figure S7A-D)**, CRISPRi targeting the transcription start site of the *DUX4* locus **(Figure S7E-G)**, and a dominant-negative DUX4 construct where the transactivation domain was swapped for the KRAB domain of ZIM3 **(Figure S7H-L)**. Although we achieved modest suppression of *DUX4* using shRNAs and of the DSGs *TRIM43* and *PRAMEF1* using the DUX4-ZIM3 construct, DSGs in these contexts were still expressed at ~250- and 500-fold more than in mock samples (which were at or near the limit of detection). Accordingly, these interventions had insignificant impact on HSV-1 gene expression **(Figure S7D and L)**. For this reason, we decided to instead interrogate the top DSGs induced by herpesviruses in TOs for anti-herpesvirus activity.

The biological functions of DSGs are largely unknown. Therefore, we systematically screened individual DSGs for antiviral activity against HCMV and HSV-1 using an overexpression system in cells permissive to virus replication. We selected DSGs that were highly induced in response to iDUX4 expression, and HCMV TB40/E, HCMV AD169r, or HSV-1 infection **(Figure S8A)**. Many DSGs were within transposable elements, causing them to have many orthologues in the human genome which are often other DSGs.[31] Among DSGs with >90% peptide identity, a single ORF

was selected **(Figure S8B)**. The remaining genes were prioritized to a list of 30 based on median

$\log_2$ (fold-change) in TO datasets **(Figure S8C)**. Codon-optimized ORFs of these genes were

cloned into lentiviral expression vectors that co-expressed puromycin resistance and Tag2BFP

on a polycistronic transcript **(Figure 6A)**. MRC5 cells, which are permissive to HCMV and HSV-

1, were arrayed in 96-well plates and transduced with these lentiviruses as well as a control

lentivirus (ORF_Stuffer) and a vector expressing a codon-optimized *DUX4* ORF. Cells were

selected with 2 μg/mL puromycin for 48 h. Cells were then infected with 5 x 10^4 pfu / well of HCMV

TB40/E (mCherry) or 5 x 10^3 pfu / well of HSV-1 (GFP-UL25). These infection conditions were

chosen to observe a single round of HCMV replication in a high percentage of cells over 96 h,

while allowing for multiple rounds of HSV-1 replication over a similar timespan. Replication

progression was monitored over time using high-content automated fluorescence microscopy

(Figure 6A). Overexpression of six DSGs as well as DUX4 exhibited cell toxicity in MRC5 cells

(Figure S8D-E).

Fluorescence intensity of the exogenously expressed tags was quantified, and hits at each

timepoint were defined as conditions that reduced the fluorescence intensity to less than half of

that of ORF_Stuffer **(Figure S8F)**. We observed 17, 21, 18, and 15 hits for HCMV at 1, 2, 3, and

4 dpi respectively **(Figure 6B and Figure S9A-C)**. 13, 10, and 8 hits were observed for HSV-1 at

1, 2, and 3 dpi **(Figure 6C and Figure S9D-E)**. Ten genes consistently restricted replication of

both viruses: *CCNA1*, *FRG2*, *H3Y1*, *LEUTX*, *MBD3L2*, *PRAMEF2*, *PRAMEF8*, *PRAMEF20*,

PRR20D, and *TRIM49* **(Figure 6D-E)**. A handful of candidates were found to be antiviral to HCMV

but not HSV-1. These included *PRAMFE12* and *ZSCAN4*, both of which consistently reduced

mCherry expression from HCMV to less than 25% of ORF_Stuffer while having minimal impact

on GFP expression from HSV-1 **(Figure 6E)**. The top hits from both viruses suppressed

fluorescence protein expression throughout all timepoints **(Figure 6F-I)**. These data show that

many DSGs function as antiviral mediators.

Discussion

Fetal-derived trophoblasts form the barrier between the maternal and fetal compartments of the MFI and possess cell-autonomous mechanisms of protecting the developing fetus from the vertical transmission of viruses.[1,2] Furthermore, trophoblasts have been shown to restrict the replication of prominent teratogenic herpesviruses such as HCMV.[17,18] In this study, we profiled the response of TOs to seven teratogenic viruses and identified the expression of DUX4 and downstream target DSGs as a unique response to herpesvirus infections. Comparison between TOs and matched maternally-derived DOs revealed that DUX4 and DSGs are induced to significantly higher levels in TOs by both HSV-1 and HCMV, suggesting that it is uniquely induced in trophoblasts. Using scRNAseq and pseudotime trajectory analysis, we identified a unique pathway in HSV-1-infected TOs. This trajectory was distinct from the typical virus replication trajectory and was characterized by the expression of *DUX4* and downstream target DSGs. Overexpression of the most highly induced DSGs in cells permissive to HSV-1 and HCMV replication demonstrated that many of these genes significantly impaired the replication of one or both viruses. These findings uncover a previously unrecognized antiviral pathway in human trophoblasts, wherein the induction of DUX4 and its downstream target genes serves as a cell-intrinsic defense mechanism against herpesvirus infections. This discovery highlights the unique antiviral strategies employed by trophoblasts to protect the developing fetus from teratogenic viral threats.

A relationship between the DUX4 program and herpesvirus infection has emerged, but there is not a consensus on its role in virus replication. Expression of DUX4 or select DSGs have been observed in response to infection with alpha, beta, and gamma herpesviruses in cell culture as well as in herpesvirus-mediated cancers.[34,50-52] Induction of DUX4 following herpesvirus infection was originally described based on the antiviral activity of the E3 ubiquitin ligase TRIM43.[34] TRIM43 was proposed to impair herpesvirus replication by directing components of the centrosome for degradation leading to destabilization of the nuclear envelope.[34] Recently,

knockdown of the DSGs *RASD1* and *RRAD*, which are Ras-related GTPases, was found to

augment HSV-1 virion production in fibroblasts.[35] As the above DSGs exert antiviral activity,

DUX4 and DSGs have been suggested to be a part of the cell-intrinsic defenses against

herpesvirus infection. In the cell types examined in previous studies, DSG induction typically

occurs alongside canonical IFN antiviral signaling, which likely serves as the primary antiviral

defense mechanism. In contrast, our findings reveal that in human trophoblasts, the DUX4

pathway operates as the predominant defense mechanism against herpesvirus infections,

representing a specialized antiviral strategy unique to this cell type. Consistent with this, we found

that the expression of DUX4 and the majority of DSGs defined a low viral gene expression

trajectory following HSV-1 infection in TOs. In line with this, overexpression of the majority of

DSGs restricted HSV-1 and/or HCMV replication in MRC5 fibroblasts. Our data expands our

conception of DUX4 and DSGs from isolated antiviral genes controlled by a common transcription

factor to a coordinated cell-intrinsic antiviral pathway.

Most DSGs are not expressed at detectable levels in normal adult cells, and many remain

largely uncharacterized. Their specific roles and potential functions are poorly understood,

highlighting a significant gap in our knowledge about these genes and their biological importance.

Apart from *TRIM43*, *RASD1*, and *RRAD*,[34,35] it remained unclear how many DSGs exert anti-viral

activity. Thus, we tested the impact of overexpression of 30 DSGs that were highly expressed in

TOs on HSV-1 and HCMV replication in permissive MRC5 cells. Twenty-one of these genes

reduced fluorescent protein expression of at least one virus by >50% during at least one timepoint.

If we extrapolate to include genes that were excluded based on the >90% peptide identity cutoff,

this screen identified 42 novel potentially antiviral human ORFs. Of note, one of the three genes

that had little impact on the replication of either virus at any timepoint was *TRIM43*. *RASD1* and

RRAD were not tested in this screen because they did not meet the expression cutoffs in TOs for

inclusion. Additionally, none of the DSGs in the screen led to an increase in viral fluorescent

protein expression above that of the control vector. One of the top antiviral DSGs identified by the

screen was *CCNA1*, which is a meiosis-specific cyclin A gene in mammals.[53] Although, *CCNA1*

has not been previously studied in the context of virus replication, its paralog *CCNA2* restricts

HCMV replication.[54] The largest group of genes represented in our screen were the PRAME

(<u>pr</u>eferentially expressed <u>a</u>ntigen in <u>me</u>lanoma) family of leucine-rich repeat proteins. All five of

the PRAME family genes tested displayed some level of anti-viral activity, with *PRAMEF2*,

PRAEMF8, and *PRAMEF20* being among the top hits for both viruses. The only member of this

family in humans to have been studied mechanistically is *PRAME*, which can function as a

negative regulator of retinoic acid signaling.[55,56] However, *PRAME* does not appear to be a DSG

based on our analyses, and involvement in retinoic acid signaling has not been confirmed with

any other PRAME family members which share at most 53% peptide identity with *PRAME*. The

PRAME family is extensively duplicated in mammals. Additionally, both the PRAME family and

LEUTX, another top hit from this screen, have high allelic variation in humans and exhibit signs

of positive selection.[57-59] Our findings suggest that herpesvirus infections may have exerted

evolutionary selective pressure on the development and retention of these genes. We conclude

that many of the highly upregulated DSGs in trophoblasts possess strong anti-herpesvirus activity,

positioning them as compelling targets for future mechanistic studies to better understand their

roles in antiviral defense and potential therapeutic applications.

A detailed mechanism of how herpesvirus infection triggers *DUX4* expression has yet to be

reported. A recent study suggests that the HSV-1 immediate early genes RL2 (ICP0) and US1

(ICP4) are necessary and sufficient to induce DUX4 expression in HSV-1 infection.[51] In our

scRNAseq data of HSV-1 infection in TOs, we observed that 9 out of 50 HSV-1 genes were

expressed at comparable or higher levels in the DUX4-high cluster when compared to the HSV-

1-high cluster. All of these genes were immediate early (α), early (β), or unclassified HSV-1

transcripts. Thus, DUX4 expression being triggered by the activities of one or several immediate

early genes may explain this expression pattern. Importantly, US1 was not among the HSV-1

genes with higher expression in the DUX4-high cluster and the expression of RL2 was too low to

accurately conclude a pattern of expression between these clusters. Another observation that

may point to how DUX4 is controlled is that TOs respond to HCMV and HSV-1 with much higher

expression of both *DUX4* and downstream DSGs than matched maternal DOs. As trophoblasts

uniquely constitutively secrete IFN-λs,[9,15-17] we hypothesized that constitutive type-III IFN

signaling may modulate *DUX4* and DSG expression. However, knock-out of *IFNLR1* did not

decrease *DUX4* or DSG expression in TOs following HSV-1 infection, demonstrating that

constitutive type III IFN signaling does not influence this pathway. Nonetheless our data indicate

that TOs respond to herpesvirus infection with uniquely high expression of *DUX4* and DSGs,

which could be used in future studies to investigate how this pathway is induced and modulated

during herpesvirus infection.

Immune responses at the MFI must be tightly regulated to prevent damage to the developing

fetus. For example, in mice the type I IFN response, either induced by viruses or poly I:C, can

cause placental damage and lead to fetal demise.[11-13,60] Although RuV infection induced IFN and

ISG expression in TOs, demonstrating that IFN pathways can be activated in this model, HSV-1,

HSV-2, and HCMV infection had minimal impact on the expression of IFNs and ISGs. The

induction of DSGs may also have potential negative impacts on trophoblast function, raising the

possibility of trade-offs between antiviral defense and maintaining normal cellular processes.

Expression of DUX4 and six of the DSGs that were tested in our screen led to cell death in MRC5

cells, suggesting that expression of these genes could also be lethal in trophoblasts. Additionally,

although scRNAseq analysis of iDUX4 expression and HSV-1 infection revealed that all

trophoblast cell types can produce DSGs, the STB was one of the clusters that expressed the

highest levels of DSGs in response to HSV-1 infection. The STB is a critical trophoblast cell type

that participates in placental hormone secretion and nutrient, gas, and waste exchange. The

impacts of expression of a potently lethal gene in a polynuclear fused cell such as the STB are

unclear. DUX4 causes FSHD when aberrantly expressed in adult muscle cells—another

polynuclear fused cell type.[32,33] Finally, many DSGs are small molecule transporters, such as the

sodium phosphate transporter *SLC34A2* and the amino acid transporter *SLC36A2,*[61,62] which

were induced by 240-fold and 11-fold respectively by iDUX4 expression in TOs. In MRC5 cells

expression of SLC34A2 had a small impact on HCMV replication at one timepoint and no impact

on HSV-1 replication. However, an increase in expression of small molecule transporters could

disrupt the crucial functions of nutrient and waste exchange between the maternal and fetal blood

supplies across the STB. Thus, our data present the possibility that DUX4 expression in

trophoblasts following herpesvirus infection could contribute to impaired placental function.

The data presented here establish that DUX4 and its transcriptional targets, termed DSGs,

form the central response mechanism of trophoblasts to herpesvirus infection, underscoring their

critical role in the antiviral defense of these specialized cells. Like ISGs, DSGs are induced as

part of an antiviral defense mechanism and encode non-redundant effectors that likely target

distinct aspects of viral replication. However, the DUX4-DSG pathway appears uniquely adapted

for pregnancy, enabling a cell-intrinsic antiviral response in trophoblasts without activating

paracrine signaling that could disrupt maternal immune tolerance. Given the high prevalence of

herpesvirus exposure during pregnancy, this pathway may have evolved to balance effective

antiviral defense with the preservation of placental function and immune tolerance, ensuring

optimal pregnancy outcomes. These insights not only deepen our understanding of trophoblast

biology but also open new avenues for exploring therapeutic strategies to protect against

teratogenic viral infections.

Acknowledgements

This work was supported by NIH grants F32-AI183633 (JH), R01-AI173333 (CC), P01-AI129859 (CC), and R01-AI145828 (CC). We would like to acknowledge Phillip Kolb (University Hospital Freiburg), Rebecca Göttler (University Hospital Freiburg), Nat Moorman (University of North Carolina at Chapel Hill) and Bekah Dickmander (University of North Carolina at Chapel Hill) for assistance with HCMV propagation.

Materials and Methods

Culture of trophoblast and decidua organoids.

TO and DO lines employed in this study were derived from full-term placental tissue as previously described.[17,63,64] Human tissue used in this study was obtained from Duke University after approval from the Duke University Institutional Review Board and in accordance with the guidelines of Duke University human tissue procurement. TOs were cultured by plating in domes of Matrigel (Corning 356231) and maintained with term trophoblast organoid medium (tTOM) [Advanced DMEM/F12 (Life Technologies, 12634010) supplemented with 1X B27 (Life Technologies, 17504044), 1× N2 (Life Technologies, 17502-048), 10% FBS (vol/vol, Cytiva HyClone, SH30070.03), 2 mM GlutaMAX^{TM} supplement (Life Technologies, 35050061), 100 µg/ml Primocin (InvivoGen, ant-pm-1), 1.25 mM N-acetyl-L-cysteine (Sigma, A9165), 500 nM A83-01 (Tocris, 2939), 1.5 µM CHIR99021 (Tocris, 4423), 50 ng/ml recombinant human EGF (Gibco, PHG0314), 80 ng/ml recombinant human R-spondin 1 (R&D systems, 4645-RS-100), 100 ng/ml recombinant human FGF2 (Peprotech, 100-18C), 50 ng/ml recombinant human HGF (Peprotech, 100-39), 10 mM nicotinamide (Sigma, N0636-100G), 5 µM Y-27632 (Sigma, Y0503-1MG) and 2.5 µM prostaglandin E2 (PGE2, Tocris, 2296)].[17] DOs were maintained in Expansion Medium (ExM) [Advanced DMEM/F12 (Life Technologies, 12634010) supplemented with 1X B27 without vitamin A (Life Technologies, 12587010), 1× N2 (Life Technologies, 17502-048), 2 mM GlutaMAX^{TM} supplement (Life Technologies, 35050061), 100 µg/ml Primocin (InvivoGen, ant-pm-1), 1.25 mM N-acetyl-L-cysteine (Sigma, A9165), 500 nM A83-01 (Tocris, 2939), 50 ng/ml recombinant human EGF (Gibco, PHG0314), 100 ng/mL recombinant human Noggin (Peprotech, 120-10C), 80 ng/ml recombinant human R-spondin 1 (R&D systems, 4645-RS-100), 100 ng/ml recombinant human FGF-10 (Peprotech, 100-26), 50 ng/ml recombinant human HGF (Peprotech, 100-39), 10 mM nicotinamide (Sigma, N0636-100G), and 2.5 µM Y-27632 (Sigma, Y0503-1MG)].[64] Organoid cultures were maintained in a humidified incubator with 5% CO_2 at 37°C, and medium was renewed every 2-3 days. After 4-5 days in culture, organoids were grown in their

respective growth media without Y-27632. Organoids were passaged after 5-7 days in culture by

collecting Matrigel domes, digesting with TrypLE Express (Gibco, 12605-028) for 6-12 min at 37°C,

then mechanically dissociating into single cells and small fragments by manual pipetting.

Resulting cells were resuspended in Matrigel and plated as domes in 24-well tissue culture plates.

Culture of cell lines and viruses.

Lenti-X™ 293T cells (Takara, 632180), ARPE-19 cells (ATCC, CRL-2302) and Vero (ATCC,

CCL-81) cells were cultured in Dulbecco's minimal essential medium (DMEM) with 10% FBS and

1% penicillin/streptomycin (Gibco, 15140). MRC5 cells (ATCC, CCL-171) were cultured in DMEM

with 10% FBS, 1% penicillin/streptomycin (Gibco, 15140), 1x HyClone™ non-essential amino

acids (Cytiva, SH30238.01), 1 mM sodium pyruvate (Cytiva, SH30239.01). Cell lines were tested

for mycoplasma using the MycoStrip Mycoplasma Detection Kit (Invivogen, rep-mys-50).

mCherry-tagged HCMV TB40/E (a gift from N. Moorman[65]) was propagated by infecting ARPE-

19 (MOI $\cong$ 0.01) followed by extended incubation until >90% of cells showed cytopathic effect.

Growth on ARPE-19 cells was chosen to select for epithelial tropism. Both supernatant and cells

were harvested, cells were gently lysed by freeze/thaw, and pooled cell-associated and cell-free

virus was concentrated on a 20% sucrose cushion (20,000 rpm). Virus pellet was the

resuspended in sterile media before titration on MRC5 cells and ARPE-19 cells. The remaining

virus stocks were previously prepared, and aliquots were pulled from storage at -80°C for

experiments. GFP-UL25 HSV-1 KOS strain (a gift from F. Homa[66]),[8] HSV-2 333 strain (a gift from

H. Lazear), YFP-tagged VACV Western Reserve strain (a gift from S. Cherry),[8] RuV M33 strain

(ATCC, VR-315),[67] and ZIKV Paraiba-2015 strain (a gift from D. Watkins)[9] were all titrated on

Vero cells. Echo5 Noyce strain was titrated on HeLa cells [68].

Virus infection in organoids

Virus infections in organoids were performed either on coat-seeded cultures or in suspension.

Matrigel coats were generated by covering the bottom of a 48-well plate or 8-well chamber slide

with 20 uL of undiluted Matrigel, which was then allowed to polymerize for ~10 min. Dissociated

organoids were seeded on Matrigel coats following passage and allowed to grow in for 5-7 days

prior to infection. The coat-culturing method allows organoids to grow into 3D spherical structures,

but leaves the majority of the surface of each organoid unit exposed to the media rather than fully

imbedded in matrigel as is typical in Matrigel domes. Coat-seeded organoids were infected by

replacing the culturing media with inoculum (virus diluted in tTOM), incubating for 2 h at 37°C,

and then replacing the inoculum with fresh culturing media. Suspension infections were performed

by first releasing organoids from Matrigel domes using cell recovery solution (Corning, 354253)

at 4°C for 20-30 min. Organoids were pelleted by gravity, washed with PBS, and pelleted again.

Inoculum was then added to the released organoids. Infections were allowed to proceed for 2 h

at 37°C, agitating the culture every 30 min to keep the organoids from aggregating. Organoids

were then pelleted, resuspended in Matrigel, seeded in domes in 24-well plates, and submerged

with normal tTOM. Prior to infections, parallel wells of organoids were disrupted and counted to

calculate MOI. MOI for each experiment is specified in the results and figure legends.

Lentivirus production.

Lentiviral particles were produced in Lenti-X™ 293T cells (Takara, 632180) by transfection of

a lentiviral transfer plasmid along with psPAX2 (Addgene #12260) and pMD2.G (Addgene #12259)

packaging plasmids using TransIT®-293 transfection reagent (Mirus Bio, MIR 2700). 293T cells

were refed with intended target cell medium at 24 h post transfection. Supernatant was collected

at 48 h post transfection, filtered with 0.45 µm filter, then stored at -80°C prior to transduction of

target cells. psPAX2 and pMD2.G were gifts from Didier Trono. pCW57.1-DUX4-CA, used to

generate iDUX4 lentiviral particles, was a gift from Stephen Tapscott (Addgene #99281).[42]

Lentiviral plasmids for the overexpression of DSGs, CRISPR-Cas9-mediated editing of IFNLR1,

shRNAs, CRISPRi, and dominant-negative DUX4 overexpression were constructed by

VectorBuilder. Descriptions of these vectors along with vector IDs (that can be used to retrieve

detailed information on them) can be found in **Table S7**.

Transduction and single-cell cloning of trophoblast organoids.

Trophoblast organoids were transduced by first dissociating them into single-cell suspension

following the same protocol for passaging described above. The dissociated single cell

suspension was then incubated with filtered lentiviral supernatant and 8 μg/mL polybrene

overnight in an ultralow attachment plate at 37°C overnight. The transduced cell suspension was

resuspended in Matrigel and plated as domes. After 2-3 days of recovery, transduced cells were

selected for by supplementing the media with 2 ug/mL puromycin for 4-5 days. Single cell clones

of CRISPR-Cas9-edited organoids were generated by isolating and propagating individual

organoid units one passage after selection. This process takes advantage of the likelihood that

most organoids in Matrigel arise from a single or very few starting stem cells. Clonal organoid

lines were screened for knockout by isolating genomic DNA using GenElute Mammalian Genomic

DNA Purification Kit (Sigma, G1N350), amplifying the sgRNA target region using high-fidelity PCR,

and the sequencing the purified PCR product with sanger sequencing at GENEWIZ. The resulting

capillary electrophoresis traces were analyzed using the ICE analysis tool from Synthego. The

primers used to amplify the sgRNA target editing site in *IFNLR1* are listed in **Table S7**.

Immunofluorescence and confocal microscopy.

For immunofluorescence staining, organoids cultured in a layer of matrigel on 8-well chamber

slides. Organoids were fixed with 4% paraformaldehyde for 30 min, permeabilized with PBS with

0.5% Triton X-100 for 60 min, then blocked with 10% normal goat serum in PBS with 0.05%

TWEEN-20 for 60 min. Organoids were then incubated with primary antibody diluted in blocking

solution at 4°C overnight. Organoids were then washed with PBS and then incubated for 2 hr at

room temperature with Alexa Fluor-conjugated secondary antibodies. Organoids were washed

again with PBS and mounted in Vectashield (Vector Laboratories) containing 4′,6-diamidino- 2-

phenylindole (DAPI). The following antibodies were used for staining: DUX4 (Sigma, MABD116),

anti-V5-tag (Cell Signaling Technologies, #58009), Alexa Fluor 488 Goat anti-Mouse IgG

secondary antibody (Invitrogen, A11029), and Alexa Fluor 594 Goat anti-Rabbit IgG secondary

antibody (Invitrogen, A11037). Images were captured on an Olympus Fluoview FV3000 laser

scanning confocal microscope.

Overexpression screen and automated microscopy.

Lentivirus particles for constructs used in the screen were prepared as described above and

arrayed into 96-well plate format for this screen. MRC5 cells were seeded into 96-well plate format

at a density of 5 x 10^3 cells per well. The following day, the media on these cells was replaced

with MRC5 culturing medium supplemented with 16 µg/mL polybrene. 100 µL of the appropriate

lentivirus or mock media was added to each well. Transductions were performed in triplicate.

Transduction plates were then incubated statically at 37°C for 30 min, centrifuged at 800xg for 30

min, then incubated for an additional hour statically at 37°C. Transduction media was then

replaced with fresh culturing media. 24 h post transduction, the media was replaced with MRC5

culturing media supplemented with 2 µg/mL puromycin, and selection was allowed to proceed for

48 h. 72 h post transduction, selected cells were infected with HCMV TB40/E mCherry (5 x 10^4

particles/well), HSV-1 KOS GFP (5 x 10^3 particles/well), or mock media. Inoculums were applied

to cells for 2 h statically at 37°C. Inoculum was then replaced with fresh media. A Keyence BZ-

X810 all-in-one automated microscope was used to capture fluorescent and bright field images

at 10x magnification of every well at 24 h intervals for the duration of each experiment. Five fields

of images were captured per well. Cultures were maintained in a humidified, 37°C chamber during

imaging. Lentiviral constructs that led to complete cell death were excluded from further analysis.

This was defined by visual morphological assessment of bright field images (spherical cell body

and/or detachment) at 0 hpi and 24 hpi, which are timepoints at which cytopathic effects are not

observed by either virus in control conditions. Fluorescence quantification was performed using

BZ-X800 Image Analyzer (Keyence). Cell body areas were defined algorithmically using

brightfield images. Fluorescence intensity of the virally encoded tags were integrated within these

areas and then normalized to the total cellular area (in μm^2), yielding an RFU / μm^2 measurement

for each well at each timepoint.

RNA extraction, qRT-PCR, and bulk RNAseq

RNA for qRT-PCR and bulk RNAseq was purified using the Sigma GenElute total mammalian

RNA miniprep kit or the Qiagen RNAeasy Mini Kit following the manufacturer's instruction. cDNA

for qRT-PCR was generated from total RNA using iScript cDNA synthesis kit (Bio-Rad) following

the manufacturer's instructions. Quantitative PCR was performed using the iQ SYBR Green

Supermix (Bio-Rad, 1708882) on a CFX96 Touch Real-Time PCR Detection System (Bio-Rad).

Gene expression was determined based on a ΔCT method normalized to actin. Primers used for

qPCR can be found in **Table S7**.

Bulk RNAseq libraries were prepared by the Duke Center for Genomic and Computational

Biology using the KAPA mRNA HyperPrep Kit (Roche). Sequencing was performed as follows:

on a NovaSeq X Plus using 100 bp paired end sequencing for the diverse virus TO infection

experiment, on a NovaSeq 1000 using 100 bp paired end sequencing for the iDUX4 experiment,

and on a NextSeq 500 using 75 by paired end sequencing for the HSV-1 infection in matched TO

and DO experiment. The following datasets were downloaded from Sequence Read Archive (SRA)

and used in analyses: TO/DO infections with HCMV TB40/E and HCMV AD169r

(PRJNA869760),[17] iDUX4 expression in iPSCs (PRJNA377314),[31] and iDUX4 expression in

MB135 cells (PRJNA338591).[42]

RNAseq reads were aligned to the human genome (GRCh38) and the appropriate viral

genomes for each experiment using QIAGEN CLC Genomics Workbench (v24). Viral genomes

used in mapping are as follows: HCMV TB40/E (GenBank: MW439039.1), HSV-1 KOS (GenBank:

KT899744.1), HSV-2 333 (GenBank: LS480640.1), VACV WR (GenBank Assembly:

GCA_000860085.1), Echo5 Noyce (GenBank: AF083069.1), RuV M33 (GenBank: OM816674.1),

and ZIKV Paraíba (GenBank: KX280026.1). Differential gene expression analysis was performed

using DESeq2 package in R accounting for multiple donors in the statistical model.[36] PCA analysis

was performed using PCAtools package in R following correction for donor, experimental set, and

dpi batch effects using the ComBat function of the sva package.[69] Heatmaps were generated

using $\log_2$ normalized counts (an output from DESeq2) and the pheatmap package in R. Raw

data from the bulk RNAseq experiments reported here have been deposited into SRA

(PRJNA1213838).

Dissociation of organoids for single cell RNAseq.

Matrigel domes of organoids were resuspended into media [Advanced DMEM/F12 (Life

Technologies, 12634010) supplemented with 1% penicillin/streptomycin (Gibco, 15140), 10 mM

HEPES (Gibco, 15630-106), and 2 mM GlutaMAX™ supplement (Life Technologies, 35050061)]

and organoids were pelleted by centrifugation. The media was replaced by TrypLE Express

(Gibco, 12605-028), and organoids were digested at 37°C for 12 min. Organoids were pelleted

again and resuspended in 200 uL resuspension media and vigorously disrupted by manual

pipetting (~180 pipettes per min) for 3 min. The volume of the cell suspension was increased to 1

mL with PBS supplemented with 1% FBS. The cell suspension was then filtered through a 40 μm

filter cell strainer (Corning, 352098) using an additional 3 mL of PBS supplemented with 1% FBS

to wash the filter. Cells were pelleted by centrifugation and resuspended in 100 μL of PBS

supplemented with 1% FBS. Cells were counted and viability tested using trypan blue and

automated cell counting (Biorad TC20 automated cell counter). All samples had >1 x 10^6 live

cells/mL and viabilities >70%.

Single-cell RNAseq library preparation and data analysis.

Libraries were prepared from ~10,000 cells using 10x Genomics Single Cell 3' reagent kits (v2 chemistry, #CG00052) on a Chromium X instrument (10x Genomics) by the Molecular Genomics Core at the Duke Molecular Physiology Institute. Sequencing was performed on a NovaSeq X sequencer using a S4 flow cell which was predicted to yield around 71k reads / cell. Custom genomes were constructed using the CellRanger package (v6.1.2, 10x Genomics) in Linux by adding either the iDUX4 lentiviral vector sequence or the HSV-1 KOS genome (GenBank: KT899744.1) to the human genome (GRCh38) as additional chromosomes. HSV-1 genes that share a polyadenylation site (e.g. polycistronic or alternatively spliced transcripts) were grouped into single features as they cannot be distinguished by the employed library preparation chemistry. Post-processing and read alignment to these custom genomes were performed using the 10x CellRanger package hosted through the 10x cloud analysis platform. Gene expression matrices were analyzed using the Seurat (version 4) package in R.[70] Cells with between 2000 and 12000 uniquely expressed genes and between 4% and 25% mitochondrial reads were included for downstream analysis. To eliminate batch effects, samples from different donors within the same condition were normalized and integrated using the SCTransform and FindIntegrationFeatures functions in Seurat while simultaneously regressing the following variables: percent mitochondrial reads, percent ribosomal reads, percent X chromosome reads, percent Y chromosome reads, number of features per cell, number of counts per cell, and percent HSV-1 reads (for the HSV-1 infection dataset) or DUX4/DSG score (for the iDUX4 dataset). The RNA assay was scaled and normalized and ALRA-mediated imputation of the data was performed before subsequent analyses.[71] Samples from separate conditions were then merged together using the Harmony package in R.[72] Dimensional reduction was performed using the RunPCA function followed by the RunUMAP function using the top 50 principle component dimensions. The FindNeighbors and FindClusters commands were used to perform clustering at a resolution of 0.6. Determination of an optimal resolution was aided by the clustree package.[73] Correlation between iDUX4 and all

other genes was performed using the Pearson correlation setting of the base cor() function in R.

Differential gene expression analysis was performed by retrieving the raw counts from each

cluster separated by original sample using the AggregateExpression function and then performing

DESeq2 analysis accounting for multiple donors in the statistical model.[36] HSV-1 transcripts were

classified as described in Dremel et al.[74]

To perform trajectory analysis of HSV-1 infected cells, the data were reanalyzed to only include

infected cells and to allow these cells to be ordered based on HSV-1 gene expression. Cells with

between 2000 and 12000 uniquely expressed genes, >10000 total reads, between 4% and 25%

mitochondrial reads, and >0.1% HSV-1 reads were included for downstream analysis. To

eliminate batch effects, samples from different donors were normalized and integrated using the

SCTransform and FindIntegrationFeatures functions in Seurat while simultaneously regressing

percent X chromosome reads, percent Y chromosome reads, and number of counts per cell.

Dimensional reduction was performed using the RunPCA function followed by the RunUMAP

function using the top 20 principle component dimensions. The FindNeighbors and FindClusters

commands were used to perform clustering at a resolution of 0.6. The SlingShot package in R

was used to predict pseudotime orders of infected cells from clusters identified in Seurat using a

defined starting cluster and undefined end clusters.[44] The fitGAM function of the tradeSeq

package in R was used to fit variable features, HSV-1 genes, and DSGs to a generalized additive

model along the predicted pseudotime trajectories.[75] The predictSmooth function was used to plot

the average expression of genes in cells along trajectories.

Raw data from the scRNAseq experiments reported here have been deposited into SRA

(PRJNA1213838).

Statistics and reproducibility.

All primary organoid-based experiments in this report have been replicated using independent

samples from organoid lines derived from multiple donors. Experiments in cell lines and cloned

organoids lines were performed with triplicate independent samples. Data in bar charts are

presented as mean ± SD. In all graphics, each individual data point is shown when possible.

Statistical significance was determined as described in the figure legends. All statistical analyses

were performed using GraphPad Prism, unless otherwise specified (e.g. bulk RNAseq and

scRNAseq). Unless otherwise specified, p values of <0.05 were considered to be statistically

significant.

Figures and Legends

Figure 1 | Trophoblast organoids respond distinctly to diverse viruses. Trophoblast organoids from three donors were infected with HCMV, HSV-1, HSV-2, VACV, Echo5, RuV, and ZIKV at an MOI of 2. mRNA was purified and analyzed by bulk RNAseq. **(A-G)** Volcano plots portraying the DEGs relative to mock samples. Colored circles represent significant DEGs (Log2(fold-change) > 1 and adjusted *p*-value < 0.05). Gray circles represent genes whose expression was not significantly impacted. Also see **Table S1**. **(H)** Heatmap showing the number of shared DEGs between each infection condition. Genes that were found to be differentially expressed between donors, timepoints, or experimental sets in the mock infected samples were excluded from these tallies. **(I)** PCA of RNAseq data from each sample is portrayed in two graphs: principle component 1 (PC1) vs PC2 (top) and PC3 vs PC4 (bottom). Shapes denote the donor a sample came from, and color denotes the infection condition of the sample. **(J)** Heatmaps portraying the genes that define the responses unique to virus types. Values are $\log_2$ normalized counts from DESeq2 analysis plus a pseudo count of 0.1. Keys are at the bottom of each chart. The scale is not constant between each heatmap. Red indicates higher expression and blue indicates lower expression. Hierarchical clustering of genes is shown at the top.

Figure S1 | Trophoblast organoids respond distinctly to diverse viruses. Trophoblast organoids from three donors were infected with HCMV, HSV-1, HSV-2, VACV, Echo5, RuV, and ZIKV at an MOI of 2. mRNA was purified and analyzed by RNAseq. **(A)** Heatmap portraying the $\log_{10}$ reads that map to each of the viral genomes. **(B)** Venn diagram denoting the number of shared DEGs between each of the herpesvirus infection conditions. **(C)** Heatmap portraying the genes that are induced by all three herpesviruses in TOs. Values are $\log_2$ normalized counts from DESeq2 analysis plus a pseudo count of 0.1. Key is at the bottom. Red indicates higher expression and blue indicates lower expression. Hierarchical clustering of genes is shown at the top.

775
Figure 2 | Trophoblasts respond to herpesviruses with DUX4-stimulated genes. (A) Bar plot
portraying the expression of *DUX4* in the RNAseq experiments from Figure 1. Shapes denote the
donor of each data point. **(B)** Confocal micrographs of TOs engineered to express DUX4 under a
doxycycline (Dox) inducible promoter. DUX4 is displayed in green and DAPI-stained nuclei are in
blue. Scale bar = 100 μm. **(C)** UMAP of clusters from three donors of mock-treated TOs and three
donors of Dox-treated TOs. Clusters are labeled as proliferative cytotrophoblasts (CTBp),
cytotrophoblasts (CTB), pre-syncytiotrophoblasts (STBpre), syncytiotrophoblasts (STB), or
DUX4-high cells. Multiple clusters from a single cell type are annotate with a -number after the
cluster name. **(D)** Plot portraying the correlation (Pearson's r) between iDUX4 transcript and all
other measured genes. Values are plotted in rank order. Genes that belong to the DUX4.101 list

are displayed as red circles. Also see **Table S2**. **(E)** Feature plots of iDUX4 (top) and the *LEUTX*
(bottom) expression. Keys are shown to the right. **(F)** Dot plots showing the average expression
(ALRA assay) and proportion of cells expressing selected DSGs and iDUX4 in each cluster
separated into mock-treated samples (top) and Dox-treated samples (bottom). **(G)** Pseudobulk
analysis identifying significant DEGs (Log2(fold-change) > 1 and adjusted *p*-value < 0.05)
between Dox-treated samples and mock-treated samples. Results from all clusters other than the
DUX4-high clusters are shown. Genes that belong to the DUX4.101 list are displayed as red
circles and iDUX4 transcript is displayed as a blue circle. Also see **Table S4**. **(H)** Venn diagrams
denoting the overlap between the top 100 DEGs upregulated by each virus and the DUX4.101
list.
796

Figure S2 | Trophoblasts respond to herpesviruses with DUX4-stimulated genes. (A-B) Bar plot portraying the expression of *DUX4* and the DSG *TRIM43* as measured by qRT-PCR following the infection of TOs from three donors with HCMV, HSV-1, HSV-2, RuV, and ZIKV. Values are plotted as Log$_{10}$(fold-change over mock). Shapes denote the donor of each data point. Bars display mean ± SD. Statistical significance was determined by ANOVA with the Tukey multiple comparisons tests. *** p < 0.001, **** p < 0.0001. **(C)** UMAP of clusters from three donors of mock-treated TOs and three donors of Dox-treated TOs separated by sample. Clusters are labeled as proliferative cytotrophoblasts (CTBp), cytotrophoblasts (CTB), pre-syncytiotrophoblasts (STBpre), syncytiotrophoblasts (STB), or DUX4-high cells. Multiple clusters

from a single cell type are annotate with a -number after the cluster name. **(D)** Comparison of the
proportion of cells that belong to each cluster by sample. **(E)** Dot plots showing the average
expression (ALRA assay) and proportion of cells expressing selected genes in each cluster
separated into mock-treated samples (top) and Dox-treated samples (bottom). The selected
genes are established markers of proliferation, CTBs, cell column CTBs (ccCTBs), fusion, the
STB, and DSGs. **(F)** Feature plots of representative markers of each cell type.
814

815
Figure S3 | Trophoblasts respond to herpesviruses with DUX4-stimulated genes. (A-B)
Volcano plots portraying the DEGs upon DUX4 expression in (A) MB135 cells or (B) iPSCs.
Colored circles represent significant DEGs (Log2(fold-change) > 4 and adjusted *p*-value < 0.01).

Gray circles represent genes whose expression did not meet these criteria. Also see **Table S3**.
(C) Venn diagram denoting the overlap between the genes induced by DUX4 expression in
MB135 cells and iPSCs. These 101 genes constitute the DUX4.101 list used throughout the paper
as canonical DSGs that are expressed in divergent cell types. **(D)** TOs engineered to express
DUX4 under a doxycycline (Dox) inducible promoter. RNAseq was performed on mock-treated
and Dox-treated samples. Volcano plot portrays the DEGs upon DUX4 expression in TOs. Genes
that belong to the DUX4.101 list are displayed as red circles and iDUX4 transcript is displayed as
a blue circle. Significant DEGs (Log2(fold-change) > 1 and adjusted *p*-value < 0.05) are depicted
in dark gray. Light gray was used to depict genes that did not meet these criteria. Also see **Table
S3**. **(E)** Venn diagram denoting the overlap between the top 100 DEGs upregulated by iDUX4
expression in TOs and the DUX4.101 list of DSGs. **(F-H)** Volcano plots portraying the DEGs upon
HCMV (F), HSV-1 (G), or HSV-2 (H) infection in TOs from Figure 1. Genes that belong to the
DUX4.101 list are displayed as red circles and *DUX4* transcript is displayed as a blue circle.
Significant DEGs (Log2(fold-change) > 1 and adjusted p-value < 0.05) are depicted in dark gray.
Light gray was used to depict genes that did not meet these criteria. **(I-K)** Heatmaps comparing
the expression of the top 10 genes induced by HCMV (I), HSV-1 (J), or HSV-2 (K) infection in
TOs to the expression of those same genes following iDUX4 expression in TOs. Values are $\log_2$
normalized counts from DESeq2 analysis plus a pseudo count of 0.1. Keys are at the bottom of
each chart. The scale is not constant between each heatmap. Red indicates higher expression
and blue indicates lower expression. Hierarchical clustering of genes is shown to the left.
839

840
Figure 3 | DUX4-stimulated genes are induced to higher levels in trophoblast organoids
than maternal-derived decidua epithelial organoids. RNAseq analysis was employed to
assess if TOs and DOs differentially express DUX4 or DSGs when infected with HCMV TB40/E,
HCMV AD169r, and HSV-1 (MOI of 5). Also see **Table S5**. **(A-C)** Bar plots portraying the
expression of *DUX4* in TOs and DOs in mock-treated samples or those infected with HCMV
TB40/E (A), HCMV AD169r (B), and HSV-1 (C). Each individual normalized count value is
displayed. Bars represent mean ± SD. Statistical significance was determined using DESeq2
differential expression analysis. * p < 0.05, **** p < 0.0001. **(D)** Venn diagrams denoting the
overlap between the top 100 DEGs upregulated by each virus and the DUX4.101 list with TO
infections on the top and DO infections on the bottom. **(E)** Heatmaps portraying the expression of
canonical DSGs following infection of TOs and DOs with HCMV TB40/E, HCMV AD169r, and
HSV-1. Values are $\log_2$ normalized counts from DESeq2 analysis plus a pseudo count of 0.1.
Keys are at the bottom of each chart. The scale is not constant between each heatmap. Red
indicates higher expression and blue indicates lower expression. Hierarchical clustering of genes
is shown on the left.

● = DUX4.101   ● = DUX4 Transcript

Figure S4 | DUX4-stimulated genes are induced to higher levels in trophoblasts than maternal decidual epithelial cells. RNAseq analysis was employed to assess if TOs and DOs differentially express DUX4 or DSGs when infected with HCMV TB40/E, HCMV AD169r, and HSV-1. Also see **Table S5**. **(A-F)** Volcano plots portraying the DEGs upon HCMV TB40/E (A-B), HCMV AD169r (C-D), or HSV-1 (E-F) infection in TOs (top) and DOs (bottom). Genes that belong to the DUX4.101 list are displayed as red circles and DUX4 transcript is displayed as a blue circle. Significant DEGs (Log2(fold-change) > 1 and adjusted p-value < 0.05) are depicted in dark gray. Light gray was used to depict genes that did not meet these criteria. **(G-I)** TOs and DOs from three donors each (two matched and one unique to each) were infected with HCMV TB40/E and qRT-PCR was used to measure the expression of *DUX4* and the DSGs *TRIM43B* and *PRAMEF1*. Values are plotted as Log$_{10}$(fold-change over mock). Shapes denote the donor of each data point.

869   Bars display mean ± SD. Statistical significance was determined by ANOVA with the Tukey
870   multiple comparisons tests. * $p < 0.05$, *** $p < 0.001$, **** $p < 0.0001$.
871

872
Figure 4 | Expression of DUX4 and DSGs are not dependent on constitutive type-III IFN
signaling. TOs were transduced with lentiviral vectors engineered to express Cas9 and an
sgRNA to target exon three of the human IFNLR1 locus. Single cell cloning was used to isolate
homogenous organoid lines. PCR amplicons of the sgRNA target site were sent for sanger
sequencing and analyzed using the Synthego ICE tool. **(A)** Predicted indel distribution of the
IFNLR1 KO clone. **(B)** Sanger sequencing traces of the IFNLR1 KO clone aligned to a control
sequencing trace. Sequencing proceeded from right to left as the traces are displayed. **(C-D)**
IFNLR1 KO and parental organoids were mock-treated or treated with 5 ng/μL IFNλ3. qRT-PCR
was used to measure the expression of the ISGs *OASL* and *MX1*. **(E-H)** IFNLR1 KO and parental
organoids were infected with HSV-1 to induce DUX4/DSGs. qRT-PCR was used to measure the
expression of HSV-1 ICP4, *DUX4*, *TRIM43B*, and *PRAMEF1*. Values are plotted as expression
relative to parental mock and each individual data point is displayed. Bars display mean ± SD.
Statistical significance was determined by ANOVA with the Tukey multiple comparisons tests. * p
< 0.05, ** p < 0.01, **** p < 0.0001.

888
889 **Figure 5 | DUX4-stimulated genes define a low viral gene expression trajectory in HSV-1-**
890 **infected trophoblast organoids.** HSV-1-infected and mock-infected organoids from two donors
891 (2x TO74 samples and 1x TO84 sample each) were analyzed by scRNAseq. **(A)** UMAP of clusters
892 from all mock-infected and all HSV-1-infected TOs separated by infection status. Clusters are

labeled as proliferative cytotrophoblasts (CTBp), cytotrophoblasts (CTB), pre-syncytiotrophoblasts (STBpre), syncytiotrophoblasts (STB), DUX4-high cells, or HSV-1-high cells. Multiple clusters from a single cell type are annotate with a -number after the cluster name. **(B-C)** Dot plots showing the average expression (ALRA assay) and proportion of cells expressing selected DSGs (B) and HSV-1 transcripts (C) in each cluster separated into mock-infected samples (top) and HSV-1-infected samples (bottom). **(D)** Pseudobulk analysis identifying significant DEGs (Log2(fold-change) > 1 and adjusted *p*-value < 0.05) between HSV-1-infected samples and mock-infected samples. Results from all clusters other than the DUX4-high and HSV-1-high clusters are shown. Genes that belong to the DUX4.101 list are displayed as red circles and HSV-1 transcripts are displayed as blue circles. Also see **Table S6**. **(E)** UMAP of re-clustered cells from HSV-1 infected samples with >0.1% HSV-1 reads. Clusters are labeled as CTBp, CTB, preSTB/STB, DUX4-high, or HSV-1-high. Multiple clusters from a single cell type are annotate with a -number after the cluster name. Slingshot trajectories are superimposed and numbered. **(F)** Featureplots of the pseudotime values (0-100) assigned to each cell along each trajectory (top and lower left). Featureplot showing the cells that were part of the final 15% of cells in a trajectory and designated as part of a trajectory terminus (lower right). **(G)** Pseudobulk analysis identifying significant DEGs (Log2(fold-change) > 1 and adjusted *p*-value < 0.05) between terminus 1 and terminus 2. Genes that belong to the DUX4.101 list are displayed as red circles and HSV-1 transcripts are displayed as blue circles. **(H-I)** Plots of the average expression (scaled to between 0 and 1) of all HSV-1 transcripts (H) and all DSGs (I) along pseudotime 1 and pseudotime 2. Relative peak expression of each HSV-1 transcript (H) and each DSG (I) along each trajectory is shown in a plot to the right. **(J-K)** Featureplots showing percent HSV-1 reads (J) and the expression of the DSG *TRIM49* (K).

917
Figure S5 | DUX4-stimulated genes define a low viral gene expression trajectory in HSV-1-infected trophoblast organoids. HSV-1-infected and mock-infected organoids from two donors (2x TO74 samples and 1x TO84 sample each) were analyzed by scRNAseq. **(A-B)** UMAP of clusters from all mock-infected (A) and all HSV-1-infected (B) TOs separated by sample. Clusters are labeled as proliferative cytotrophoblasts (CTBp), cytotrophoblasts (CTB), pre-syncytiotrophoblasts (STBpre), syncytiotrophoblasts (STB), DUX4-high cells, or HSV-1-high cells. Multiple clusters from a single cell type are annotate with a -number after the cluster name. **(C)** Comparison of the proportion of cells that belong to each cluster by sample. **(D)** Dot plots showing the average expression (ALRA assay) and proportion of cells expressing selected genes in each

cluster separated into mock-infected samples (top) and HSV-1-infected samples (bottom). The selected genes are established markers of proliferation, CTBs, cell column CTBs (ccCTBs), fusion, the STB, DSGs, and HSV-1 transcripts. **(E-J)** Feature plots of representative markers of each cell type. **(K)** Dot plots showing the average expression (ALRA assay) and proportion of cells expressing all HSV-1 transcripts in each cluster. HSV-1 transcripts are organized into α (immediate early), β (early), γ1 (leaky late), γ2 (true late), γ1/γ2 polycistronic/alternatively spliced, mixed polycistronic/alternatively, and no class.

Figure S6 | DUX4-stimulated genes define a low viral gene expression trajectory in HSV-1-infected trophoblast organoids. (A) UMAP of re-clustered cells from HSV-1 infected samples with >0.1% HSV-1 reads separated by sample. Clusters are labeled as CTBp, CTB, preSTB/STB, DUX4-high, or HSV-1-high. Multiple clusters from a single cell type are annotate with a -number after the cluster name. Slingshot trajectories are superimposed. **(B)** Comparison of the proportion of cells that belong to each cluster by sample. **(C)** Dot plots showing the average expression (ALRA assay) and proportion of cells expressing selected genes in each cluster. The selected genes are established markers of proliferation, CTBs, cell column CTBs (ccCTBs), fusion, the STB, DSGs, and HSV-1 transcripts. **(D-I)** Feature plots of representative markers of each cell type.

947
Figure S7 | DUX4 knockdown strategies in TOs. (A-D) TOs were engineered to express control
(shCTRL) or *DUX4*-targeting (shDUX4) shRNAs. Engineered TOs were infected with HSV-1 at
an MOI of 5, and RNA was collected at 24 hpi. qRT-PCR was used to measure the expression of
DUX4 (A), *TRIM43* (B), *PRAMEF1* (C), and HSV-1 ICP4 (D). **(E-G)** TOs were engineered to
expresses dCas9-KRAB-MeCP2 (used for CRISPRi) along with either 4 scrambled sgRNAs (4x
sgScrambled) or 4 sgRNAs targeting the transcription start site of DUX4 (4x sgDUX4).
Engineered TOs were infected with HSV-1 at an MOI of 5, and RNA was collected at 24 hpi. qRT-
PCR was used to measure the expression of *DUX4* (E), *TRIM43* (F), and *PRAMEF1* (G). **(H-L)**
TOs were engineered to express a control vector (ORF_Stuffer) or a dominant-negative DUX4

957 construct with the transcriptional activation domain of DUX4 replaced with the KRAB domain of
958 ZIM3 along with a V5 tag (DUX4-ZIM3). Confocal micrographs. V5 staining is in red and DAPI-
959 stained nuclei are in blue. Scale bar = 100 µm (H). Engineered TOs were infected with HSV-1 at
960 an MOI of 5, and RNA was collected at 24 hpi. qRT-PCR was used to measure the expression of
961 *DUX4* (I), *TRIM43* (J), *PRAMEF1* (K), and HSV-1 ICP0 (L).
962

Figure 6 | DUX4-stimulated genes exert anti-herpesvirus activity, (A) Schematic representing the screening method in MRC5 cells. **(B-C)** Bar graphs depicting representative timepoints for HCMV (B; 72 hpi) and HSV-1 (C; 48 hpi). Black circles represent each individual datapoint. Bars

display mean ± SD. **(D)** Mean normalized relative fluorescence units (RFU) from HCMV in cells
expressing each DSG plotted against the mean normalized RFU from HSV-1 in cells expressing
each DSG (mean of all timepoints). **(E)** Zoomed in view of panel (D). **(F-G)** Representative DSGs
for HCMV: one with minimal impact and four top hits. Normalized mCherry fluorescence from
HCMV for these genes at all timepoints (F). Dots and error bars display mean ± SD. Widefield
micrographs of representative fields from 72 hpi. mCherry is portrayed in red in the top row, and
merged mCherry (red), TagBFP2 (blue), and brightfield (grayscale) is portrayed in the bottom row
(G). Scale bars = 200 μm. **(H-I)** Representative DSGs for HSV-1: one with minimal impact and
four top hits. Normalized GFP fluorescence from HSV-1 for these genes at all timepoints (H). Dots
and error bars display mean ± SD. Widefield micrographs of representative fields from 48 hpi.
GFP is portrayed in green in the top row, and merged GFP (green), TagBFP2 (blue), and
brightfield (grayscale) is portrayed in the bottom row (I). Scale bars = 200 μm. Black dashed lines
in graphs represent the mean expression of ORF_Stuffer. Colored dashed lines represent 0.5x
the black line.
981

Figure S8 | DUX4-stimulated genes exert anti-herpesvirus activity. (A) Venn diagram depicting the overlap between DEGs induced by iDUX4 expression or HSV-1, HCMV TB40/E, or HCMV AD169r infection in TOs ($\log_2$(fold-change) > 4 and adjusted p-value < 0.01). Thick line highlights the selected genes. **(B)** Heatmap depicting the percent peptide sequence identity between genes selected in (A). Genes with >90% peptide sequence identity are highlighted in green. Median $\log_2$ fold-change over control from iDUX4 expression and HSV-1, HCMV TB40/E, and HCMV AD169r infection in TOs are displayed to the left. Genes selected for further consideration are marked in gray to the left. **(C)** Heatmap depicting the $\log_2$ fold-change over control from iDUX4 expression and HSV-1, HCMV TB40/E, and HCMV AD169r infection in TOs. Genes are ordered by median $\log_2$ fold-change over control. Prioritized genes are marked in gray to the top. **(D-E)** DUX4 and six DSGs were toxic to MRC5 cells. Widefield micrographs of representative fields from HCMV (D) and HSV-1 (E) infection at 24 hpi. Images portray merged TagBFP2 (blue), brightfield (grayscale), and mCherry (D; red; HCMV) or GFP (E; green; HSV-1). **(F)** Schematic of image quantification method. Scale bars = 200 μm.

998
999 **Figure S9 | DUX4-stimulated genes exert anti-herpesvirus activity. (A-C)** Bar graphs
1000 depicting timepoints for HCMV (A-C) and HSV-1 (D-E) not shown in Figure 6. Black circles
1001 represent each individual datapoint. Bars display mean ± SD. Black dashed lines in graphs
1002 represent the mean expression of ORF_Stuffer. Colored dashed lines represent 0.5x the black
1003 line.
1004

References

1. Ander, S.E., Diamond, M.S., and Coyne, C.B. (2019). Immune responses at the maternal-fetal interface. Sci Immunol *4*. 10.1126/sciimmunol.aat6114.

2. Megli, C.J., and Coyne, C.B. (2022). Infections at the maternal-fetal interface: an overview of pathogenesis and defence. Nat Rev Microbiol *20*, 67-82. 10.1038/s41579-021-00610-y.

3. Pontes, K.F.M., Nardozza, L.M.M., Peixoto, A.B., Werner, H., Tonni, G., Granese, R., and Araujo Junior, E. (2024). Cytomegalovirus and Pregnancy: A Narrative Review. J Clin Med *13*. 10.3390/jcm13020640.

4. Winter, A.K., and Moss, W.J. (2022). Rubella. Lancet *399*, 1336-1346. 10.1016/S0140-6736(21)02691-X.

5. Lamont, R.F., Sobel, J.D., Carrington, D., Mazaki-Tovi, S., Kusanovic, J.P., Vaisbuch, E., and Romero, R. (2011). Varicella-zoster virus (chickenpox) infection in pregnancy. BJOG *118*, 1155-1162. 10.1111/j.1471-0528.2011.02983.x.

6. Sandoni, M., Ciardo, L., Tamburini, C., Boncompagni, A., Rossi, C., Guidotti, I., Garetti, E., Lugli, L., Iughetti, L., and Berardi, A. (2022). Enteroviral Infections in the First Three Months of Life. Pathogens *11*. 10.3390/pathogens11010060.

7. Shi, T.L., Huang, L.J., Xiong, Y.Q., Zhong, Y.Y., Yang, J.J., Fu, T., Lei, X.F., and Chen, Q. (2018). The risk of herpes simplex virus and human cytomegalovirus infection during pregnancy upon adverse pregnancy outcomes: A meta-analysis. J Clin Virol *104*, 48-55. 10.1016/j.jcv.2018.04.016.

8. Delorme-Axford, E., Donker, R.B., Mouillet, J.F., Chu, T., Bayer, A., Ouyang, Y., Wang, T., Stolz, D.B., Sarkar, S.N., Morelli, A.E., et al. (2013). Human placental trophoblasts confer viral resistance to recipient cells. Proc Natl Acad Sci U S A *110*, 12048-12053. 10.1073/pnas.1304718110.

9. Bayer, A., Lennemann, N.J., Ouyang, Y., Bramley, J.C., Morosky, S., Marques, E.T., Jr., Cherry, S., Sadovsky, Y., and Coyne, C.B. (2016). Type III Interferons Produced by Human Placental Trophoblasts Confer Protection against Zika Virus Infection. Cell Host Microbe *19*, 705-712. 10.1016/j.chom.2016.03.008.

10. Pollheimer, J., Vondra, S., Baltayeva, J., Beristain, A.G., and Knofler, M. (2018). Regulation of Placental Extravillous Trophoblasts by the Maternal Uterine Environment. Front Immunol *9*, 2597. 10.3389/fimmu.2018.02597.

11. Buchrieser, J., Degrelle, S.A., Couderc, T., Nevers, Q., Disson, O., Manet, C., Donahue, D.A., Porrot, F., Hillion, K.H., Perthame, E., et al. (2019). IFITM proteins inhibit placental syncytiotrophoblast formation and promote fetal demise. Science *365*, 176-180. 10.1126/science.aaw7733.

12. Yockey, L.J., Jurado, K.A., Arora, N., Millet, A., Rakib, T., Milano, K.M., Hastings, A.K., Fikrig, E., Kong, Y., Horvath, T.L., et al. (2018). Type I interferons instigate fetal demise after Zika virus infection. Sci Immunol *3*. 10.1126/sciimmunol.aao1680.

13. Zani, A., Zhang, L., McMichael, T.M., Kenney, A.D., Chemudupati, M., Kwiek, J.J., Liu,
S.L., and Yount, J.S. (2019). Interferon-induced transmembrane proteins inhibit cell fusion
mediated by trophoblast syncytins. J Biol Chem *294*, 19844-19851.
10.1074/jbc.AC119.010611.

14. Casazza, R.L., Lazear, H.M., and Miner, J.J. (2020). Protective and Pathogenic Effects of
Interferon Signaling During Pregnancy. Viral Immunol *33*, 3-11. 10.1089/vim.2019.0076.

15. Corry, J., Arora, N., Good, C.A., Sadovsky, Y., and Coyne, C.B. (2017). Organotypic
models of type III interferon-mediated protection from Zika virus infections at the maternal-
fetal interface. Proc Natl Acad Sci U S A *114*, 9433-9438. 10.1073/pnas.1707513114.

16. Wickramage, I., VanWye, J., Max, K., Lockhart, J.H., Hortu, I., Mong, E.F., Canfield, J.,
Lamabadu Warnakulasuriya Patabendige, H.M., Guzeloglu-Kayisli, O., Inoue, K., et al.
(2023). SINE RNA of the imprinted miRNA clusters mediates constitutive type III interferon
expression and antiviral protection in hemochorial placentas. Cell Host Microbe *31*, 1185-
1199 e1110. 10.1016/j.chom.2023.05.018.

17. Yang, L., Semmes, E.C., Ovies, C., Megli, C., Permar, S., Gilner, J.B., and Coyne, C.B.
(2022). Innate immune signaling in trophoblast and decidua organoids defines differential
antiviral defenses at the maternal-fetal interface. Elife *11*. 10.7554/eLife.79794.

18. Rollman, T.B., Berkebile, Z.W., Okae, H., Bardwell, V.J., Gearhart, M.D., and Bierle, C.J.
(2024). Human trophoblast stem cells restrict human cytomegalovirus replication. J Virol
98, e0193523. 10.1128/jvi.01935-23.

19. Schatten, H., and Constantinescu, G.M. (2007). Comparative reproductive biology, 1st
Edition (Blackwell Pub.).

20. Wooding, F.B.P., and Burton, G. (2008). Comparative placentation : structures, functions
and evolution (Springer).

21. Berkebile, Z.W., Putri, D.S., Abrahante, J.E., Seelig, D.M., Schleiss, M.R., and Bierle, C.J.
(2021). The Placental Response to Guinea Pig Cytomegalovirus Depends Upon the
Timing of Maternal Infection. Front Immunol *12*, 686415. 10.3389/fimmu.2021.686415.

22. Schleiss, M.R., and McVoy, M.A. (2010). Guinea Pig Cytomegalovirus (GPCMV): A Model
for the Study of the Prevention and Treatment of Maternal-Fetal Transmission. Future Virol
5, 207-217. 10.2217/fvl.10.8.

23. Gorman, M.J., Caine, E.A., Zaitsev, K., Begley, M.C., Weger-Lucarelli, J., Uccellini, M.B.,
Tripathi, S., Morrison, J., Yount, B.L., Dinnon, K.H., 3rd, et al. (2018). An
Immunocompetent Mouse Model of Zika Virus Infection. Cell Host Microbe *23*, 672-685
e676. 10.1016/j.chom.2018.04.003.

24. Fisher, S., Genbacev, O., Maidji, E., and Pereira, L. (2000). Human cytomegalovirus
infection of placental cytotrophoblasts in vitro and in utero: implications for transmission
and pathogenesis. J Virol *74*, 6808-6820. 10.1128/jvi.74.15.6808-6820.2000.

25. Weisblum, Y., Panet, A., Zakay-Rones, Z., Vitenshtein, A., Haimov-Kochman, R.,
Goldman-Wohl, D., Oiknine-Djian, E., Yamin, R., Meir, K., Amsalem, H., et al. (2015).

Human cytomegalovirus induces a distinct innate immune response in the maternal-fetal
interface. Virology *485*, 289-296. 10.1016/j.virol.2015.06.023.

26. Schulz, J., Schilling, E., Fabian, C., Zenclussen, A.C., Stojanovska, V., and Claus, C.
(2023). Dissecting Rubella Placental Infection in an In Vitro Trophoblast Model. Int J Mol
Sci *24*. 10.3390/ijms24097894.

27. de la Torre, E., Mulla, M.J., Yu, A.G., Lee, S.J., Kavathas, P.B., and Abrahams, V.M.
(2009). Chlamydia trachomatis infection modulates trophoblast cytokine/chemokine
production. J Immunol *182*, 3735-3745. 10.4049/jimmunol.0800764.

28. Semmes, E.C., and Coyne, C.B. (2022). Innate immune defenses at the maternal-fetal
interface. Curr Opin Immunol *74*, 60-67. 10.1016/j.coi.2021.10.007.

29. Turco, M.Y., Gardner, L., Kay, R.G., Hamilton, R.S., Prater, M., Hollinshead, M.S.,
McWhinnie, A., Esposito, L., Fernando, R., Skelton, H., et al. (2018). Trophoblast
organoids as a model for maternal-fetal interactions during human placentation. Nature
564, 263-267. 10.1038/s41586-018-0753-3.

30. Haider, S., Meinhardt, G., Saleh, L., Kunihs, V., Gamperl, M., Kaindl, U., Ellinger, A.,
Burkard, T.R., Fiala, C., Pollheimer, J., et al. (2018). Self-Renewing Trophoblast
Organoids Recapitulate the Developmental Program of the Early Human Placenta. Stem
Cell Reports *11*, 537-551. 10.1016/j.stemcr.2018.07.004.

31. Hendrickson, P.G., Dorais, J.A., Grow, E.J., Whiddon, J.L., Lim, J.W., Wike, C.L., Weaver,
B.D., Pflueger, C., Emery, B.R., Wilcox, A.L., et al. (2017). Conserved roles of mouse DUX
and human DUX4 in activating cleavage-stage genes and MERVL/HERVL
retrotransposons. Nat Genet *49*, 925-934. 10.1038/ng.3844.

32. Bosnakovski, D., Gearhart, M.D., Toso, E.A., Ener, E.T., Choi, S.H., and Kyba, M. (2018).
Low level DUX4 expression disrupts myogenesis through deregulation of myogenic gene
expression. Sci Rep *8*, 16957. 10.1038/s41598-018-35150-8.

33. Rickard, A.M., Petek, L.M., and Miller, D.G. (2015). Endogenous DUX4 expression in
FSHD myotubes is sufficient to cause cell death and disrupts RNA splicing and cell
migration pathways. Hum Mol Genet *24*, 5901-5914. 10.1093/hmg/ddv315.

34. Full, F., van Gent, M., Sparrer, K.M.J., Chiang, C., Zurenski, M.A., Scherer, M.,
Brockmeyer, N.H., Heinzerling, L., Sturzl, M., Korn, K., et al. (2019). Centrosomal protein
TRIM43 restricts herpesvirus infection by regulating nuclear lamina integrity. Nat Microbiol
4, 164-176. 10.1038/s41564-018-0285-5.

35. Wyler, E., Franke, V., Menegatti, J., Kocks, C., Boltengagen, A., Praktiknjo, S., Walch-
Ruckheim, B., Bosse, J., Rajewsky, N., Grasser, F., et al. (2019). Single-cell RNA-
sequencing of herpes simplex virus 1-infected cells connects NRF2 activation to an
antiviral program. Nat Commun *10*, 4878. 10.1038/s41467-019-12894-z.

36. Love, M.I., Huber, W., and Anders, S. (2014). Moderated estimation of fold change and
dispersion for RNA-seq data with DESeq2. Genome Biol *15*, 550. 10.1186/s13059-014-
0550-8.

37. Banerji, C.R.S., and Zammit, P.S. (2021). Pathomechanisms and biomarkers in
facioscapulohumeral muscular dystrophy: roles of DUX4 and PAX7. EMBO Mol Med *13*,
e13695. 10.15252/emmm.202013695.

38. Cowley, M.V., Pruller, J., Ganassi, M., Zammit, P.S., and Banerji, C.R.S. (2023). An in
silico FSHD muscle fiber for modeling DUX4 dynamics and predicting the impact of
therapy. Elife *12*. 10.7554/eLife.88345.

39. Arutyunyan, A., Roberts, K., Troule, K., Wong, F.C.K., Sheridan, M.A., Kats, I., Garcia-
Alonso, L., Velten, B., Hoo, R., Ruiz-Morales, E.R., et al. (2023). Spatial multiomics map
of trophoblast development in early pregnancy. Nature *616*, 143-151. 10.1038/s41586-
023-05869-0.

40. Derisoud, E., Jiang, H., Zhao, A., Chavatte-Palmer, P., and Deng, Q. (2024). Revealing
the molecular landscape of human placenta: a systematic review and meta-analysis of
single-cell RNA sequencing studies. Hum Reprod Update *30*, 410-441.
10.1093/humupd/dmae006.

41. Vento-Tormo, R., Efremova, M., Botting, R.A., Turco, M.Y., Vento-Tormo, M., Meyer, K.B.,
Park, J.E., Stephenson, E., Polanski, K., Goncalves, A., et al. (2018). Single-cell
reconstruction of the early maternal-fetal interface in humans. Nature *563*, 347-353.
10.1038/s41586-018-0698-6.

42. Jagannathan, S., Shadle, S.C., Resnick, R., Snider, L., Tawil, R.N., van der Maarel, S.M.,
Bradley, R.K., and Tapscott, S.J. (2016). Model systems of DUX4 expression recapitulate
the transcriptional profile of FSHD cells. Hum Mol Genet *25*, 4419-4431.
10.1093/hmg/ddw271.

43. Wang, D., and Shenk, T. (2005). Human cytomegalovirus UL131 open reading frame is
required for epithelial cell tropism. J Virol *79*, 10330-10338. 10.1128/JVI.79.16.10330-
10338.2005.

44. Street, K., Risso, D., Fletcher, R.B., Das, D., Ngai, J., Yosef, N., Purdom, E., and Dudoit,
S. (2018). Slingshot: cell lineage and pseudotime inference for single-cell transcriptomics.
BMC Genomics *19*, 477. 10.1186/s12864-018-4772-0.

45. Mariot, V., and Dumonceaux, J. (2022). Gene Editing to Tackle Facioscapulohumeral
Muscular Dystrophy. Front Genome Ed *4*, 937879. 10.3389/fgeed.2022.937879.

46. Winokur, S.T., Bengtsson, U., Vargas, J.C., Wasmuth, J.J., Altherr, M.R., Weiffenbach, B.,
and Jacobsen, S.J. (1996). The evolutionary distribution and structural organization of the
homeobox-containing repeat D4Z4 indicates a functional role for the ancestral copy in the
FSHD region. Hum Mol Genet *5*, 1567-1575. 10.1093/hmg/5.10.1567.

47. Himeda, C.L., Jones, T.I., and Jones, P.L. (2016). CRISPR/dCas9-mediated
Transcriptional Inhibition Ameliorates the Epigenetic Dysregulation at D4Z4 and
Represses DUX4-fl in FSH Muscular Dystrophy. Mol Ther *24*, 527-535.
10.1038/mt.2015.200.

48. Sikrova, D., Cadar, V.A., Ariyurek, Y., Laros, J.F.J., Balog, J., and van der Maarel, S.M.
(2021). Adenine base editing of the DUX4 polyadenylation signal for targeted genetic

therapy in facioscapulohumeral muscular dystrophy. Mol Ther Nucleic Acids *25*, 342-354.
10.1016/j.omtn.2021.05.020.

49. Mitsuhashi, H., Ishimaru, S., Homma, S., Yu, B., Honma, Y., Beermann, M.L., and Miller,
J.B. (2018). Functional domains of the FSHD-associated DUX4 protein. Biol Open *7*.
10.1242/bio.033977.

50. Friedel, C.C., Whisnant, A.W., Djakovic, L., Rutkowski, A.J., Friedl, M.S., Kluge, M.,
Williamson, J.C., Sai, S., Vidal, R.O., Sauer, S., et al. (2021). Dissecting Herpes Simplex
Virus 1-Induced Host Shutoff at the RNA Level. J Virol *95*. 10.1128/JVI.01399-20.

51. Full, F., Walter, S., Neugebauer, E., Tan, J., Drayman, N., Franke, V., Tay, S., Landthaler,
M., Akalin, A., Ensser, A., and Wyler, E. (2023). Herpesviruses mimic zygotic genome
activation to promote viral replication. Res Sq. 10.21203/rs.3.rs-3125635/v1.

52. Tan, J., Franke, V., Neugebauer, E., Lagisquet, J., Kuderna, A.K., Walter, S., Ensser, A.,
Landthaler, M., Stamminger, T., Gramberg, T., et al. (2024). DNA virus infections shape
transposable elements activity in vitro and in vivo. Biorxiv.

53. Liu, D., Matzuk, M.M., Sung, W.K., Guo, Q., Wang, P., and Wolgemuth, D.J. (1998). Cyclin
A1 is required for meiosis in the male mouse. Nature Genetics *20*, 377-380. 10.1038/3855.

54. Oduro, J.D., Uecker, R., Hagemeier, C., and Wiebusch, L. (2012). Inhibition of human
cytomegalovirus immediate-early gene expression by cyclin A2-dependent kinase activity.
J Virol *86*, 9369-9383. 10.1128/JVI.07181-11.

55. Epping, M.T., Wang, L., Edel, M.J., Carlee, L., Hernandez, M., and Bernards, R. (2005).
The human tumor antigen PRAME is a dominant repressor of retinoic acid receptor
signaling. Cell *122*, 835-847. 10.1016/j.cell.2005.07.003.

56. Kern, C.H., Yang, M., and Liu, W.S. (2021). The PRAME family of cancer testis antigens
is essential for germline development and gametogenesisdagger. Biol Reprod *105*, 290-
304. 10.1093/biolre/ioab074.

57. Birtle, Z., Goodstadt, L., and Ponting, C. (2005). Duplication and positive selection among
hominin-specific PRAME genes. BMC Genomics *6*, 120. 10.1186/1471-2164-6-120.

58. Katayama, S., Ranga, V., Jouhilahti, E.M., Airenne, T.T., Johnson, M.S., Mukherjee, K.,
Burglin, T.R., and Kere, J. (2018). Phylogenetic and mutational analyses of human LEUTX,
a homeobox gene implicated in embryogenesis. Sci Rep *8*, 17421. 10.1038/s41598-018-
35547-5.

59. Lewin, T.D., Blagrove, J.R., and Holland, P.W.H. (2023). Rapid Evolution of the
Embryonically Expressed Homeobox Gene LEUTX within Primates. Genome Biol Evol *15*.
10.1093/gbe/evad097.

60. Thaxton, J.E., Nevers, T., Lippe, E.O., Blois, S.M., Saito, S., and Sharma, S. (2013).
NKG2D blockade inhibits poly(I:C)-triggered fetal loss in wild type but not in IL-10-/- mice.
J Immunol *190*, 3639-3647. 10.4049/jimmunol.1203488.

61.   Thwaites, D.T., and Anderson, C.M. (2011). The SLC36 family of proton-coupled amino
acid transporters and their potential role in drug transport. Br J Pharmacol *164*, 1802-1816.
10.1111/j.1476-5381.2011.01438.x.

62.   Marks, J. (2019). The role of SLC34A2 in intestinal phosphate absorption and phosphate
homeostasis. Pflugers Arch *471*, 165-173. 10.1007/s00424-018-2221-1.

63.   Yang, L., Liang, P., Yang, H., and Coyne, C.B. (2024). Trophoblast organoids with
physiological polarity model placental structure and function. J Cell Sci *137*.
10.1242/jcs.261528.

64.   Turco, M.Y., Gardner, L., Hughes, J., Cindrova-Davies, T., Gomez, M.J., Farrell, L.,
Hollinshead, M., Marsh, S.G.E., Brosens, J.J., Critchley, H.O., et al. (2017). Long-term,
hormone-responsive organoid cultures of human endometrium in a chemically defined
medium. Nat Cell Biol *19*, 568-577. 10.1038/ncb3516.

65.   O'Connor, C.M., and Shenk, T. (2011). Human cytomegalovirus pUS27 G protein-coupled
receptor homologue is required for efficient spread by the extracellular route but not for
direct cell-to-cell spread. J Virol *85*, 3700-3707. 10.1128/JVI.02442-10.

66.   Cockrell, S.K., Sanchez, M.E., Erazo, A., and Homa, F.L. (2009). Role of the UL25 protein
in herpes simplex virus DNA encapsidation. J Virol *83*, 47-57. 10.1128/JVI.01889-08.

67.   Bayer, A., Delorme-Axford, E., Sleigher, C., Frey, T.K., Trobaugh, D.W., Klimstra, W.B.,
Emert-Sedlak, L.A., Smithgall, T.E., Kinchington, P.R., Vadia, S., et al. (2015). Human
trophoblasts confer resistance to viruses implicated in perinatal infection. Am J Obstet
Gynecol *212*, 71 e71-71 e78. 10.1016/j.ajog.2014.07.060.

68.   Wells, A.I., Grimes, K.A., and Coyne, C.B. (2022). Enterovirus Replication and
Dissemination Are Differentially Controlled by Type I and III Interferons in the
Gastrointestinal Tract. mBio *13*, e0044322. 10.1128/mbio.00443-22.

69.   Johnson, W.E., Li, C., and Rabinovic, A. (2007). Adjusting batch effects in microarray
expression data using empirical Bayes methods. Biostatistics *8*, 118-127.
10.1093/biostatistics/kxj037.

70.   Hao, Y., Hao, S., Andersen-Nissen, E., Mauck, W.M., 3rd, Zheng, S., Butler, A., Lee, M.J.,
Wilk, A.J., Darby, C., Zager, M., et al. (2021). Integrated analysis of multimodal single-cell
data. Cell *184*, 3573-3587 e3529. 10.1016/j.cell.2021.04.048.

71.   Linderman, G.C., Zhao, J., Roulis, M., Bielecki, P., Flavell, R.A., Nadler, B., and Kluger,
Y. (2022). Zero-preserving imputation of single-cell RNA-seq data. Nat Commun *13*, 192.
10.1038/s41467-021-27729-z.

72.   Korsunsky, I., Millard, N., Fan, J., Slowikowski, K., Zhang, F., Wei, K., Baglaenko, Y.,
Brenner, M., Loh, P.R., and Raychaudhuri, S. (2019). Fast, sensitive and accurate
integration of single-cell data with Harmony. Nat Methods *16*, 1289-1296.
10.1038/s41592-019-0619-0.

73.   Zappia, L., and Oshlack, A. (2018). Clustering trees: a visualization for evaluating
clusterings at multiple resolutions. Gigascience *7*. 10.1093/gigascience/giy083.

74.   Dremel, S.E., and DeLuca, N.A. (2019). Genome replication affects transcription factor
1239   binding mediating the cascade of herpes simplex virus transcription. Proc Natl Acad Sci
1240   U S A *116*, 3734-3739. 10.1073/pnas.1818463116.

1241   75.   Van den Berge, K., Roux de Bezieux, H., Street, K., Saelens, W., Cannoodt, R., Saeys,
1242   Y., Dudoit, S., and Clement, L. (2020). Trajectory-based differential expression analysis
1243   for single-cell sequencing data. Nat Commun *11*, 1201. 10.1038/s41467-020-14766-3.
1244