

stimulation, 10 µg/ml Brefeldin A (Sigma) was added, followed by an additional 6 h of incubation. The stimulation was halted by 2 mM EDTA. The cells were stained with anti-CD3 PE-Cy7 (BD Pharmingen), anti-CD4 FITC (Serotec), anti-CD8 PE (Serotec) and a violet dead cell staining kit (Invitrogen), fixed and permeabilized with Cytofix/Cytoperm (BD) and stained with anti-IFN- γ AF647 (Serotec). The stained cells were acquired using a BD LSRII and analyzed using FlowJo (Tree Star). The background level of cytokine staining in the non-stimulated samples was subtracted for each individual animal. For the assessment of cell proliferation, in combination with the IFN- γ response, PBMC were labeled with 5 µM CellTrace Violet (Molecular probes), as described by the manufacturer, prior to stimulation. The cells were suspended in R10 supplemented with IL-18 and 50 µM 2-mercaptoethanol (Sigma) and stimulated for 5 days with 2 µg/ml of recombinant influenza proteins. At day 5, the PBMC were re-stimulated with the same amount of proteins for an additional 18 h. Next, 10 µg/ml Brefeldin A was added, followed by an additional 6 h of incubation. The cells were stained and acquired as described above but with the near IR dead cell staining kit (Invitrogen).

2.8. Statistical analysis

Differences between the groups were calculated using two-way ANOVA and Bonferroni multiple comparison test (GraphPad Prism v.6, GraphPad software).

3. Results

3.1. Clinical observations

None of the pigs displayed any signs of clinical disease or side effects of vaccination during the experiment. In addition, influenza

virus could not be identified in any of the weekly collected nasal secretions.

3.2. Induction of cross-reactive antibodies

Antibody responses against three out of the four tested different influenza proteins, homologous to the vaccine genes, could be detected in the vaccinated pigs (Fig. 1a-d). In particular, the HA-specific antibodies were found to be present at high titers after day 28pv1, and anti-H3 antibodies were detected at day 14pv1. The antibody response levels correlated well with the applied DNA doses. In addition, antibody responses against influenza proteins not corresponding to the vaccine genes were detected (Fig. 1e-h). Antibodies against recombinant HA of both human and swine origin (Fig. 1e,f) were seen after day 28pv1 in the two pig groups receiving the highest DNA doses. A high antibody response was detected against NP originating from H1N1pdm09 in all vaccinated groups. Both vaccinated and control pigs had low levels of influenza-specific IgG against several different antigens at day 0pv1 (Fig. 1a H1pdm09, 1C N2 1968, 1E H1 2007 and 1G NPpdm09). This low level detected at day 0 gradually decreased over time in the control group, thus indicating that these antibodies represent maternally derived antibodies (MDA).

3.3. Induction of HI antibodies

Vaccinated pigs had vaccine-induced serum HI antibodies that were cross-reactive against two swine virus strains, H1N1pdm09 and H1N2, which were heterologous to the vaccine genes (Fig. 2). The HI antibody levels were significantly higher in the group vaccinated with the highest dose of DNA than in the control group after day 28pv1. The HI titers obtained with the two different virus

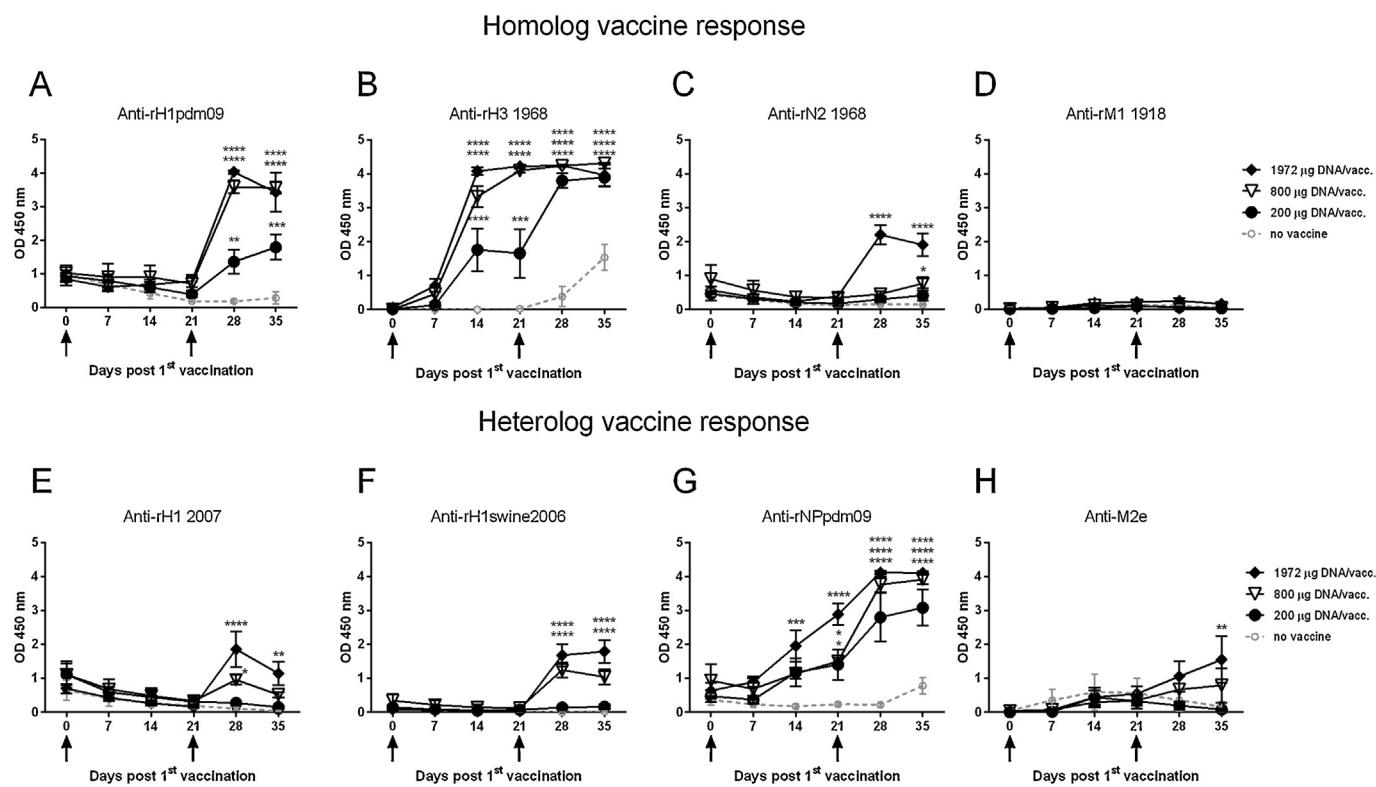


Fig. 1. Influenza-specific antibody response following DNA vaccination. Pigs were vaccinated twice (arrows) i.d. with needle-free delivery with 200 µg ($n=6$), 800 µg ($n=6$) or 1972 µg ($n=5$) DNA, or not DNA vaccinated at all ($n=5$). Levels of IgG in the sera were measured by ELISA. Recombinant influenza proteins that were (a-d) homologous to the vaccine or (e-h) heterologous to the vaccine were used as the coating antigens. All serum samples were tested using a fixed 1:100 or 1:125 serum dilution. Error bars indicate the mean \pm SEM, and significant differences from the no-vaccine control group are indicated by: ****: $p < 0.0001$; ***: $p < 0.001$; **: $p < 0.01$; *: $p < 0.05$.

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