

**UNIVERSIDADE DE PASSO FUNDO
FACULDADE DE AGRONOMIA E MEDICINA VETERINÁRIA
PROGRAMA DE PÓS-GRADUAÇÃO EM BIOEXPERIMENTAÇÃO**

**DESENVOLVIMENTO E CARACTERIZAÇÃO DA PROTEÍNA
RECOMBINANTE ORF2 DO VÍRUS DA HEPATITE E GENÓTIPO 3**

DISSERTAÇÃO DE MESTRADO

Denise Ramos de Almeida

**Passo Fundo, RS, Brasil
2015**

**DESENVOLVIMENTO E CARACTERIZAÇÃO DA PROTEÍNA RECOMBINANTE
ORF2 DO VÍRUS DA HEPATITE E GENÓTIPO 3**

Denise Ramos de Almeida

Dissertação apresentada ao Curso de Mestrado do Programa de Pós-Graduação em Bioexperimentação, Área de Concentração em Bioexperimentação, da Faculdade de Agronomia e Medicina Veterinária da Universidade de Passo Fundo (UPF), como requisito parcial para a obtenção do grau de **Mestra em Bioexperimentação**.

Orientador: Prof. Dr. Rafael Frandoloso

**Passo Fundo, RS, Brasil
2015**

**UNIVERSIDADE DE PASSO FUNDO FACULDADE DE AGRONOMIA E
MEDICINA VETERINÁRIA PROGRAMA DE MESTRADO EM
BIOEXPERIMENTAÇÃO**

A comissão examinadora, abaixo assinada, aprova a Dissertação de Mestrado

**DESENVOLVIMENTO E CARACTERIZAÇÃO DA PROTEÍNA RECOMBINANTE
ORF2 DO VÍRUS DA HEPATITE E GENÓTIPO 3**

Elaborada por
Denise Ramos de Almeida

Como requisito parcial para a obtenção do grau de
Mestre em Bioexperimentação

Comissão Examinadora

**Rafael Frandoloso, Ph.D., UPF
(Orientador/Presidente)**

Luiz Carlos Kreutz, Ph.D., UPF

Deniz Anziliero, Dr. IMED

**Passo Fundo, RS, Brasil
2015**

CIP – Catalogação na Publicação

A447d Almeida, Denise Ramos de
Desenvolvimento e caracterização da proteína
recombinante ORF2 do vírus da hepatite e genótipo 3 / Denise
Ramos de Almeida. – 2015.
60 f. : il., color. ; 30 cm.

Orientador: Prof. Dr. Rafael Frandoloso.
Dissertação (Mestrado em Bioexperimentação) –
Universidade de Passo Fundo, 2015

1. Hepatite. 2. Animais – experimentação. 3. Doenças
transmissíveis. I. Frandoloso, Rafael, orientador. II. Título.

CDU: 636.4

Catálogo: Bibliotecária Marciéli
de Oliveira - CRB 10/2113

AGRADECIMENTOS

A realização desse trabalho não seria possível sem o apoio e colaboração de inúmeras pessoas. Gostaria de agradecer a todos aqueles que de uma forma ou outra contribuíram para que eu pudesse concluir esse trabalho.

Em primeiro lugar, e mais importante de tudo, gostaria de agradecer ao meu orientador Dr. Rafael Frandoloso por acreditar e desafiar-me na busca experimental, na prática da bancada, a fim de explicar os fenômenos biológicos observados na prática clínica.

Desta forma não poderia deixar de agradecer imensamente a grande equipe do laboratório, pois, com certeza, sem eles este projeto não teria avançado. Em especial ao Rafael Pandolfi, ao Luis Tondo, a Dra. Michela Miani Colli e ao Aislan Brizskievicz.

Aos meus colegas de mestrado que de uma forma ou outra contribuíram na elaboração do projeto.

Aos meus colegas médicos do Hospital São Vicente de Paulo (HSVP): Marco Antonio Ruas Schilling, Pablo Santiago, Marcelo Cunha Lorenzoni, Juliana Chiodelli Salvador por cuidar dos pacientes enquanto eu estava em aula e mesmo durante o desenvolvimento do projeto.

E as instituições onde trabalho HSVP, Hemocentro Regional de Passo Fundo e Universidade de Passo Fundo.

DEDICATÓRIA

Dedico ao meu núcleo familiar essencial: ao meu marido Elias Ferreira da Silva e ao filho Nicolas Almeida da Silva.

Aos meus pais (*in memoriam*) que sempre incentivaram minha busca, constante, de conhecimento.

Em especial à minha sogra Nelzi Ferreira da Silva.

E a Deus o supremo mestre, por ser minha força, fé e confiança.

EPIGRAFE

“A coisa mais indispensável é reconhecer o uso que se deve fazer do próprio conhecimento.”

Platão

ÍNDICE

LISTA DE FIGURAS.....	viii
LISTA DE ABREVIATURAS.....	x
RESUMO.....	xi
ABSTRACT.....	xii
1.INTRODUÇÃO.....	13
2.REVISÃO DA LITERATURA.....	14
2.1. VÍRUS DA HEPATITE E.....	14
2.1.1. Genoma.....	14
2.1.1.1. ORF 1.....	14
2.1.1.2. ORF 2.....	14
2.1.1.3. ORF 3.....	15
2.1.2. Genótipos.....	16
2.1.3. Replicação Viral.....	18
2.1.4. Patogênese.....	18
2.2. DIAGNÓSTICO LABORATORIAL.....	19
2.3. TRATAMENTO.....	20
2.4. PREVENÇÃO	20
2.5. VACINA.....	20
3. CAPÍTULO 1. Development and characterization of a Brazilian candidate antigen for Hepatitis E Virus genotype 3 diagnosis	21
Abstract.....	22
Introduction.....	23
Material and Methods.....	25
Results.....	31
Discussion.....	34
References.....	40
4. CONCLUSÕES	54
5. CONSIDERAÇÕES FINAIS.....	55
6. REFERÊNCIAS.....	56

LISTA DE FIGURAS

2. REVISÃO LITERATURA

- FIGURA 1.** HEV e seu genoma. Representação esquemática do RNA genômico contendo 7,2 Kb e duas regiões UTR. Durante replicação do genoma, um subgenoma de RNA de aproximadamente 2 Kb também é produzido. Este vírus RNA possui três ORFs que codificam proteínas não estruturais (ORF1, laranja), a proteína do capsídeo (ORF2, azul) e uma proteína reguladora (ORF3, marrom). A ORF2 monomérica possui três domínios (representados em rosa, verde e azul) que resultam em diferentes elementos estruturais sobre a superfície do virion..... **15**
- FIGURA 2.** Distribuição dos genótipos do HEV isolados de humanos e animais (predominantemente suínos). As cores atribuídas a um país e o círculo associado a ele, representa o genótipo viral predominante em humanos e animais..... **17**
- FIGURA 3.** Árvore filogenética global do HEV baseada na sequência nucleotídica da proteína do capsídeo. Genótipo 1 e 2 (HEV-1 e HEV-2) circulam entre os humanos, primariamente na Ásia e África enquanto os genótipos 3 e 4 (HEV-3 e HEV-4), tem animais como reservatórios zoonóticos, e são comumente transmitidos através de alimentos..... **17**
- FIGURA 4.** Evolução clinicada infecção aguda do HEV. A hepatite E aguda é caracterizada por sintomas como febre, anorexia, vômitos e icterícia que iniciam várias semanas após a exposição inicial. Os sintomas clínicos coincidem com o aumento do nível da enzima hepática alanino aminotransferase (ALT) sendo que retorna ao normal durante a convalescência. O RNA viral pode ser detectado no sangue e nas fezes no início da infecção, no entanto, a viremia é de difícil detecção. Os títulos de IgM anti-HEV aumentam rapidamente e começam a decair semanas após a infecção, coincidindo com o aumento dos títulos de IgG anti-HEV os quais podem ser detectados durante meses ou mesmo anos após a infecção..... **19**

3. CAPÍTULO 1

- FIGURE 1. ORF2p multiple alignment against 8 HEV gt3 human (H) or swine (S) sequences.** Sequences within blue box represent 100% homology, which cover 98% of the whole analyzed fragment (251 aa). Red or pink blocks represent one or more different residues among the sequences..... **47**
- FIGURE 2. SDS-PAGE analysis of HEV ORF2p recombinant protein.** Line 1, molecular ladder; Line 2, ORF2p recombinant protein obtained from Q-Sepharose purification (30kDa); Line 3, Mbp-ORF2p fusion protein obtained from immobilized-metal (nickel) affinity chromatography (72kDa)..... **48**
- FIGURE 3. Indirect ELISA quantifying serologic rat IgG.** Mbp-ORF2p (circle) and ORF2p (square) immunized rat sera were collected before and 21, 42 or 56 days post-infection. Both sera were tested against homologous antigen (A) or ORF2p (B). Results are the mean \pm S.D. of 2 rats. Student's paired *t* test, * $p < 0.05$, ** $p < 0.01$ **49**
- FIGURE 4. Protein analysis of Mbp-ORF2p, ORF2p and HEV gt3 ORF.** Mbp-ORF2p and ORF2p recombinant protein were revealed with rat anti-ORF2p (panel A, line 1 and 2) or monkey anti-HEV gt3 (panel B, line 5 and 6) primary antibodies. Extract of *E. coli* ER2566 transformed with empty pET20 (panel A, line 3 and panel B, line 7) and feces from piglet I before the infection (panel A, line 4 and panel B, line 8) were used as negative control for rat anti-ORF2p and monkey anti-HEV gt3 respectively. Stool from piglet IV collected 21 days post-inoculation (panel C, line 9) were revealed with rat anti-ORF2p as primary antibody. MW: molecular weight..... **50**
- FIGURE 5. Hepatic ALT enzyme survey.** Swine hepatic ALT enzyme was quantified during the time of the experiment. Dashed red line represents the mean of ALT values before the infection..... **51**
- FIGURE 6. ORF2 PCR to confirm HEV infection.** HEV infection was confirmed by PCR detecting ORF2 (801bp). Line 1-5: feces from piglets I-V. Line 6-10: liver from piglets I-V, respectively. Line 11: bovine stool (negative control)..... **52**
- FIGURE 7. HEV gt3 detection by dot blot. Feces from experimentally infected piglets were assessed by dot blot assay.** Right panel: stool from animals #1, #3, #4 and #5 were analyzed at day 0 (above dashed line) or 21 days post-infection (below dashed line). Left panel: ORF2p recombinant protein (C1) and swine HEV gt3-positive stool (C2) were used as positive control; swine HEV gt3-negative (C3) and bovine (C4) feces were used as negative control. Rat anti-ORF2p polyclonal antibody was used as primary antibody..... **53**

LISTA DE ABREVIATURAS

ABNT	Associação Brasileira de Normas Técnicas
ALT	Amino Alanino Transferase
BNDE	Banco Nacional de Desenvolvimento Econômico
cDNA	Cópia do DNA complementar
DNA	Ácido desoxiribonucleico
ELISA	Ensaio Imunoenzimático
HEV	Vírus da Hepatite E
Gt	Genótipo
Kb	Kilobases
Kg	Kilograma
mg	Miligramas
µg	Micrograma
µl	Microlitro
ORF	Janela Aberta de Leitura
PCR	Reação em Cadeia da Polimerase
RNA	Ácido Ribonucleico
RT PCR	Reação em cadeia da Polimerase via Transcriptase Reversa
SDS	Duodecil Sulfato de Sódio
PAGE	Eletroforese em Gel de Poliacrilamida
UPF	Universidade de Passo Fundo

RESUMO

Dissertação de Mestrado
Programa de Pós-Graduação em Bioexperimentação
Universidade de Passo Fundo

DESENVOLVIMENTO E CARACTERIZAÇÃO DA PROTEÍNA RECOMBINANTE ORF2 DO VÍRUS DA HEPATITE E GENÓTIPO 3

Autor: Denise Ramos de Almeida

Orientador: Dr. Rafael Frandoloso

Passo Fundo, 2015

Hepatite E é uma doença infectocontagiosa viral causada pelo vírus da hepatite E (HEV), a qual possui destacada importância em saúde pública. Desde o seu descobrimento há 30 anos, surtos epidêmicos são associados com o consumo de águas contaminadas com o HEV, principalmente naqueles países onde o saneamento básico é deficitário ou mesmo inexistente. Por outro lado, países industrializados também notificam esta infecção e associam a mesma com o consumo de alimentos infectados com o HEV ou com viajantes que retornam de zonas endêmicas. Neste trabalho, descrevemos o desenvolvimento e a caracterização de um antígeno recombinante derivado da proteína ORF2 do HEV genótipo 3 (gt3). O RNA viral foi obtido a partir de fezes procedentes de suínos naturalmente infectados com o HEV gt3. A sequência codificante de 267 aminoácidos localizados no extremo carboxilo terminal da proteína ORF2⁽³⁹⁴⁻⁶⁶¹⁾ foi clonada dentro do vetor pET20a e expressada em *Escherichia coli* cepa ER2566. A sequência de aminoácidos do fragmento proteico clonado foi alinhada com diferentes sequências da proteína ORF2 do HEV gt3 isolado de humanos e de suínos, revelando uma homologia de 98%. A expressão da proteína recombinante ORF2p foi obtida mediante a indução com 0.4mM de IPTG e sua purificação, obtida mediante cromatografia líquida de proteína. O método de expressão utilizado para produzir a ORF2p foi altamente eficiente, rendendo 10 mg de proteína solúvel por litro de cultivo de *E. coli*. As propriedades imunogênicas da ORF2p foram avaliadas em Ratas Wistar. Em paralelo, suínos HEV negativos foram experimentalmente infectados com o HEV gt3. A proteína ORF2p demonstrou-se altamente imunogênica em ratas, rendendo altos títulos de anticorpos capazes de reconhecer o antígeno recombinante homólogo bem como a ORF2 do HEV gt3 presente nas fezes dos animais experimentalmente infectados. De forma inversa, demonstramos a capacidade dos anticorpos anti-HEV procedentes de macacos *Cynomologus* de reconhecer especificamente a proteína recombinante ORF2p, destacando a antigenicidade do antígeno desenvolvido. Nenhum dos leitões infectados apresentou sinais clínicos compatíveis com a doença durante o experimento ou, alterações macroscópicas durante a necropsia. Apesar do quadro clínico normal, HEV foi detectado nas fezes de 3 dos 4 leitões 14 dias após a infecção por PCR e, uma semana depois, mediante dot blot. Em conclusão, este estudo apresenta o desenvolvimento de um fragmento imunogênico da proteína ORF2 do HEV gt3, com excelentes características antigênicas, as quais convertem a ORF2p, em um candidato potencial para o desenvolvimento de ferramentas de diagnóstico para a detecção do HEV gt3 no Brasil como também, para o desenho de vacinas contra este genótipo em específico

ABSTRACT

**Dissertação de Mestrado
Programa de Pós-Graduação em Bioexperimentação
Universidade de Passo Fundo**

Development and characterization of a recombinant ORF2 protein based on C-terminal sequence of the Hepatitis E Virus genotype 3 isolated in Brazil

Author: Denise Ramos de Almeida

Teacher: Dr. Rafael Frandoloso

Passo Fundo, 2015

Hepatitis E, caused by hepatitis E virus (HEV), is a viral infectious pathology of great importance in the public health. Since HEV discovery 30 years ago, many cases of waterborne epidemics have been attributed to this virus. These outbreaks were registered in developing countries with poor or no sanitation, where drinking water was contaminated with infected fecal material. Hepatitis E is also reported in many industrialized countries probably due to consumption of HEV-positive swine meat or to travelers returning from endemic regions. In this study, we present the development and characterization of a recombinant antigen from ORF2 HEV gt3. Viral RNA was isolated from swine feces infected with the native virus. 267 residues from the C-terminal ORF2⁽³⁹⁴⁻⁶⁶¹⁾ coding sequence were cloned into the pET20a vector and expressed in *Escherichia coli* ER2566. The amino acid sequence cloned was aligned against other human or swine HEV gt3 ORF2 sequences, revealing a 98% homology. The expression of ORF2p recombinant protein was achieved with 0.4mM of IPTG and purified by protein liquid chromatography. The method of expression used to produce ORF2p was highly efficient, yielding 10mg of soluble protein per liter of *E. coli* medium. Wistar rats were inoculated with ORF2p to test its immunogenic properties. In parallel, HEV-negative swine were experimentally infected with HEV gt3. The study of ORF2p immunogenic capacity in rats resulted in a high antibody titration able to recognize both the homologous antigen and the native HEV gt3 ORF2 present in infected stool. Furthermore, anti-HEV antibodies from *Cynomolgus* monkey recognized ORF2p recombinant protein, underlying its antigenicity. None of the infected piglets showed clinical signs compatible with the disease during the experiment or macroscopic alterations during the necropsy. Despite the overall healthy clinical picture, HEV was detected by PCR 14 days post-infection in 3/4 piglets' feces and one week later by dot blot. In conclusion, this study proved the immunogenic and antigenic properties of the recombinant protein ORF2p. According to our results, ORF2p is a valid candidate for the development of diagnostic tools to detect HEV gt3 circulating in Brazil as well as for the design of a vaccine targeting this specific genotype.

1. INTRODUÇÃO

O vírus da hepatite viral E, é um vírus RNA, não envelopado, icosaédrico, com 27-34 nm de diâmetro e pertencente à família *Hepeviridae*(1). Seu genoma possui três janelas abertas de leitura (ORFs), cujas sequências nucleotídicas codificam proteínas não estruturais (ORF1) e duas proteínas (ORF2 e ORF3) envolvidas na formação do capsídeo e na interação com o citoesqueleto celular, respectivamente (2,3).

O HEV pode ser classificado em quatro genótipos principais (gt 1 - 4) (1). Os gt1 e 2 são encontrados exclusivamente em humanos, e constituem a causa primária de hepatite E em regiões onde o saneamento básico é precário ou inexistente (4). Por outro lado, infecções produzidas pelos gt3 e 4 tem sido demonstradas principalmente em países desenvolvidos e relacionadas com o consumo de carne procedente de suínos infectados (5), destacando o potencial zoonótico (6).

O diagnóstico da hepatite E é realizado principalmente mediante sorologia com a detecção de IgM e IgG (10, 13, 14), pois o curto período de viremia, limita a detecção viral através de técnicas moleculares (15).

No Brasil, estudos realizados em humanos e suínos revelaram a presença e a circulação do HEV gt3(6, 16). No entanto, faltam dados soro-epidemiológicos robustos que demonstrem, de forma macro, o cenário desta infecção. Atualmente os kits comerciais utilizados para o diagnóstico da hepatite E incluem poliproteínas recombinantes derivadas das proteínas ORF2 e OFR3 dos genótipos 1 e 2. A capacidade destes kits de detectar anticorpos anti-HEV gt3 e 4 é limitada (17), ressaltando a necessidade de uma atualização para outros genótipos.

Do ponto de vista clínico, a infecção é assintomática em suínos (7) sendo que em humanos há potencial em desenvolver hepatite aguda (8-10), especialmente grave em pacientes imunocomprometidos, com doenças hepáticas pré-existentes, idosos e gestantes (11, 12).

Neste estudo, levando em consideração o importante rebanho suíno existente no Brasil, os escassos dados soropidemiológicos de hepatite E e a inexistência de um kit comercial baseado no principal genótipo detectado no Brasil, descrevemos o desenvolvimento e a caracterização de um antígeno recombinante baseado na estrutura da proteína ORF2 do HEV gt3, com potencial uso diagnóstico e imunopreventivo para hepatite. Os resultados dos experimentos estão descritos na forma de um artigo científico intitulado “**Development and characterization of a Brazilian candidate antigen for Hepatitis E Virus genotype 3 diagnosis**”, o qual foi submetido para publicação no periódico FEMS Microbiology Letters.

2. REVISÃO DA LITERATURA

2.1 O vírus da Hepatite Viral E

Descoberto em 1983, o vírus da Hepatite E é um pequeno vírus icosaédrico (27-34 nm), não envelopado, RNA de fita simples positivo e pertencente à família *Hepeviridae* (8, 18).

A doença foi descrita em 1980, durante uma avaliação retrospectiva de duas epidemias que ocorreram na Índia na década de 50 (1955 e 1956). Na época, não foram encontrados marcadores sorológicos compatíveis com as hepatites A ou B (7), e então, o agente epidêmico foi nomeado como vírus da Hepatite E, sendo mais tarde caracterizado molecularmente (8).

2.1.1 Genoma

O genoma do Vírus da Hepatite Viral E tem aproximadamente 7,5 kilobases (kb), contendo no final nos extremos 5' e 3' duas regiões curtas não codificantes (UTRs) de 26 e 68 nucleotídeos, respectivamente (19). Entre estas duas UTRs, se apresentam três janelas abertas de leitura (ORF's) parcialmente sobrepostos, chamados de ORF1, ORF2 e ORF3. ORF1 têm início no extremo 5' e se estende por aproximadamente 5 Kb dentro do genoma. ORF2 inicia na posição nucleotídica 39 do extremo - 3', e a ORF3, sobrepõe parcialmente ambas sequências ORF1 e ORF2, tendo um comprimento de somente 369 pb (20).

2.1.1.1 ORF 1

A ORF1 codifica um conjunto de proteínas com funções não estruturais. Está constituída por diferentes elementos funcionais como a RNA polimerase dependente de RNA (RdRp), RNA Helicase (Hel), Protease papaína (PC) e Metiltransferase (MeT). Estas proteínas estão envolvidas na replicação do material genético viral (enzima RdRp), na transcrição a partir do cDNA (Metiltransferase), e na criação das formas maduras e ativadas das proteínas virais (Protease papaína).

2.1.1.2 ORF2

A segunda janela aberta de leitura (ORF2) codifica a proteína do capsídeo, constituída por 660 aminoácidos (aa). Esta proteína é translocada através do retículo endoplasmático (RE) durante a translação, através de uma sequência hidrofóbica localizada no N-terminal da proteína, a qual é necessária para sua localização final na superfície celular (21).

A proteína ORF2 é N-glicosilada nos aminoácidos 137, 310 e 562, sem a qual o vírus não é infeccioso. As proteínas ORF2 não glicosiladas são retro-translocadas para o citoplasma,

permanecendo estáveis e indicando que a proteína viral mimetiza um substrato do proteossomo para ter acesso ao citoplasma (9, 19).

A sobreexpressão da proteína ORF2 em baculovírus resulta na produção de grande quantidade de ORF2, chamadas de partículas virais associadas (VLP) com destacado potencial imunogênico e antigênico (22-24)

2.1.1.3 ORF 3

A terceira janela aberta de leitura codifica uma proteína de 123 aminoácidos. A exata função desta proteína não foi ainda bem determinada, entretanto, dados contraditórios descrevem sua interação com muitas proteínas do hospedeiro e da proteína do capsídeo viral (1, 10).

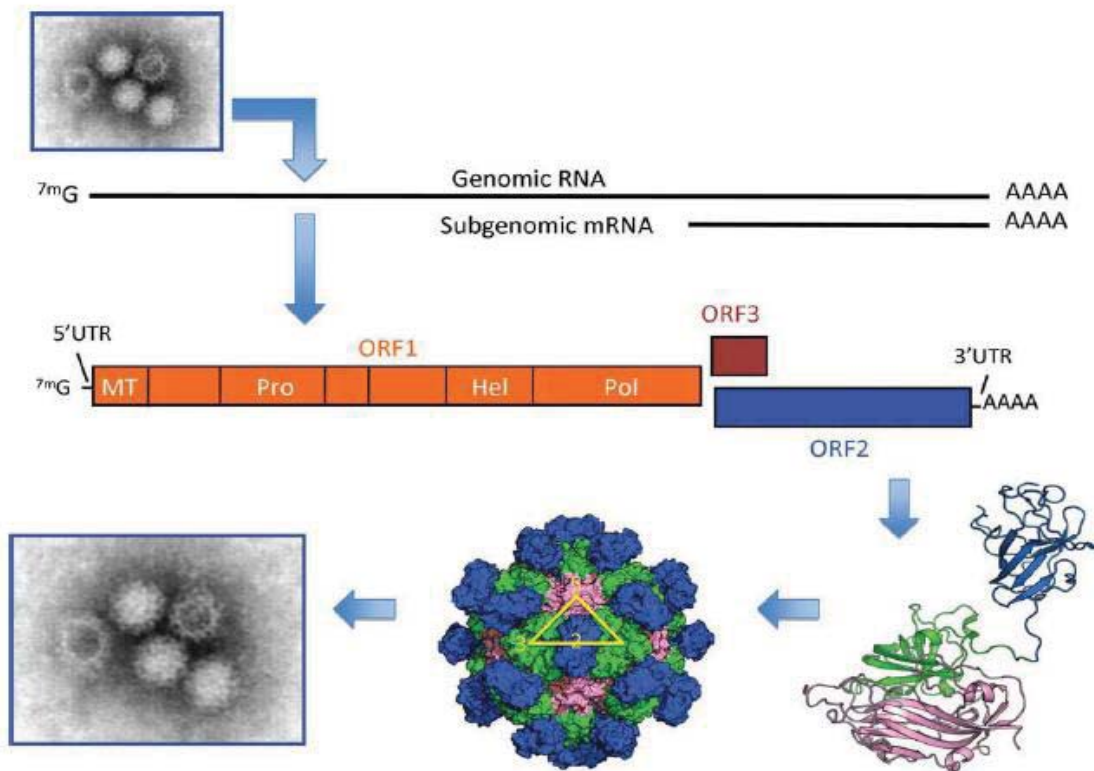


FIGURA 1. HEV e seu genoma. Representação esquemática do RNA genômico contendo 7,2 Kb e duas regiões UTR. Durante replicação do genoma, um subgenoma de RNA de aproximadamente 2 Kb também é produzido. Formado por três ORFs que codificam proteínas não estruturais (ORF1, laranja), a proteína do capsídeo (ORF2, azul) e uma proteína reguladora (ORF3, marrom). A ORF2 monomérica possui três domínios (representados em rosa, verde e azul) que resultam em diferentes elementos estruturais sobre a superfície do virion (25).

2.1.2 Genótipos

Baseado na variabilidade genômica, os HEV isolados, podem ser classificados em quatro genótipos: Genótipo 1, vem sendo identificado em episódios epidêmicos em países em desenvolvimento na Ásia e na África; Genótipo 2, foi descrito no México e na África; Genótipo 3, tem distribuição ampla e foi isolado em casos esporádicos de Hepatite viral E aguda e/ou de suínos domésticos em 22 países (Argentina, Austrália, Áustria, Cambódia, Canadá, França, Alemanha, Grécia, Itália, Japão, Coreia, México, Holanda, Nova Zelândia, Rússia, África do Sul, Espanha, Taiwan, Tailândia, Reino Unido e estados Unidos); e o Genótipo 4, descrito em humanos e suínos domésticos na China, Índia, Indonésia, Japão, África do Sul, Taiwan e Vietnam (Fig. 2 e 3) (1, 8, 16, 26, 27)..

No Brasil estudos de soroprevalência demonstraram a presença de anticorpos anti-HEV em diferentes grupos populacionais, fundamentalmente em mineiros e na Bacia Amazônica (6,1%) (28). Em São Paulo, pacientes submetidos à hemodiálise apresentaram prevalência de 4,9% de anticorpos anti-HEV (29). Em Salvador, Bahia, existe uma prevalência de 2% de hepatite viral E entre doadores de sangue (30).

No Laboratório de Referência Nacional para Hepatites Virais / Fiocruz / RJ (CRNHV), entre janeiro de 1994 e dezembro de 1996, foram diagnosticados 147 casos de hepatite viral aguda não A-C, com prevalência de anticorpos anti-HEV de 2,1% (31). No Rio de Janeiro, por sua vez, foi observado uma prevalência de 2,4% na comunidade de Manguinhos (31).

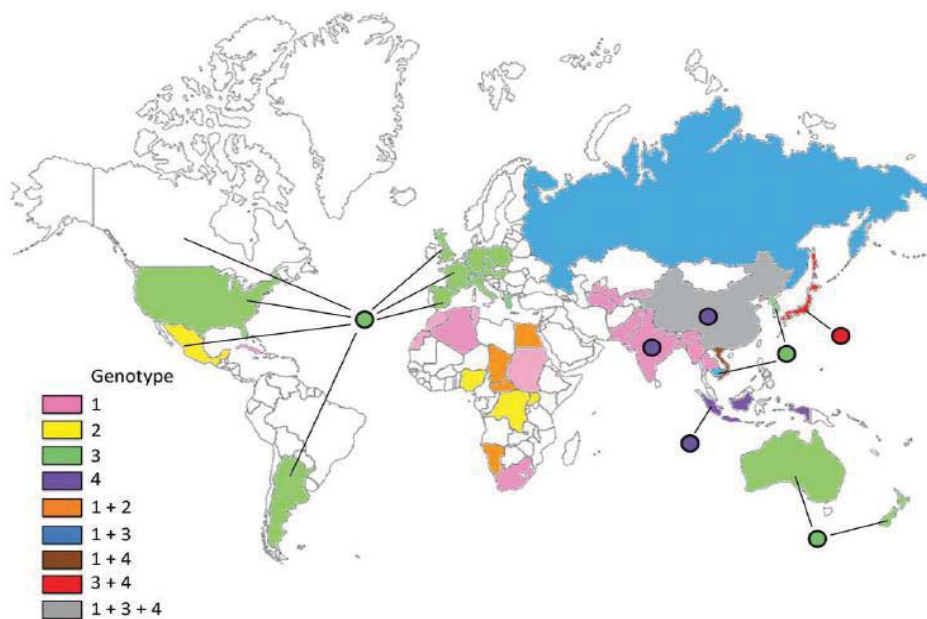


FIGURA 2. Distribuição dos genótipos do HEV isolados de humanos e animais (predominantemente suínos). As cores atribuída a um país e o círculo associado a ele, representa o genótipo viral predominante em humanos e animais (25).

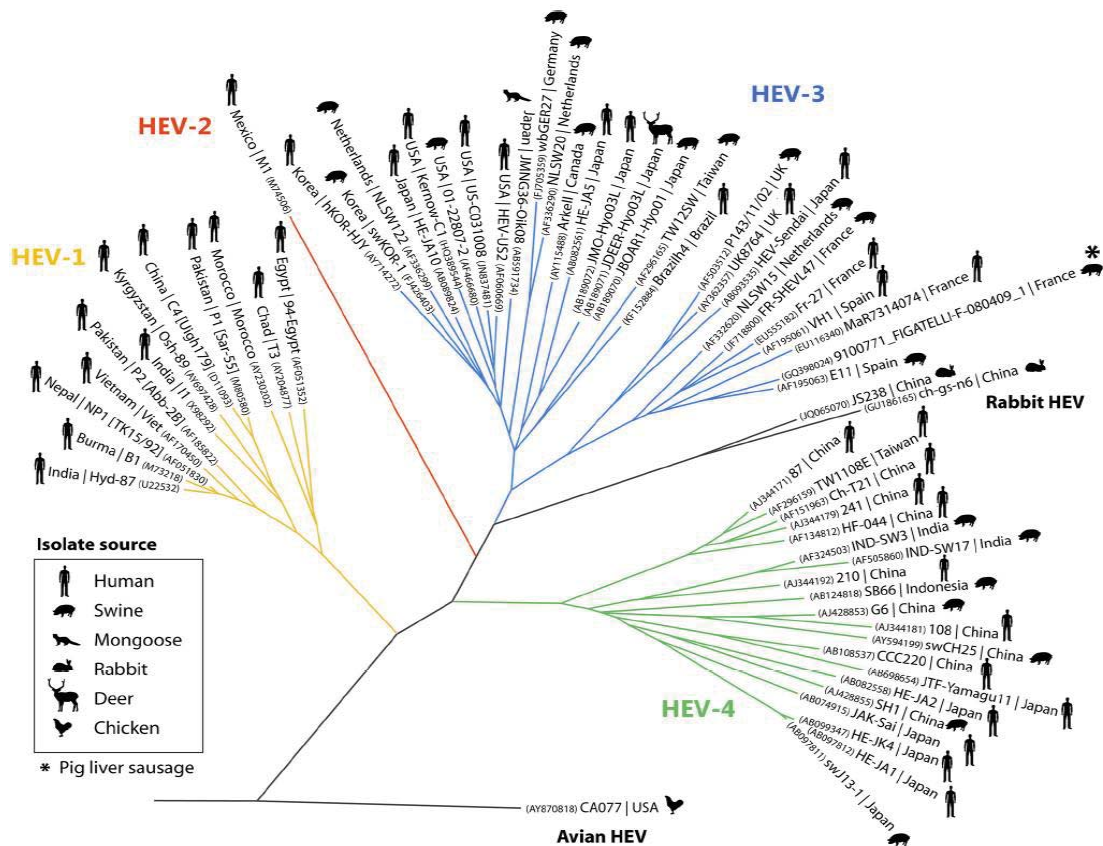


FIGURA 3. Árvore filogenética global do HEV baseada na sequência nucleotídica da proteína do capsídeo. Genótipo 1 e 2 (HEV-1 e HEV-2) circulam entre os humanos, primariamente na Ásia e África enquanto os genótipos 3 e 4 (HEV-3 e HEV-4), tem animais como reservatórios zoonóticos, e são comumente transmitidos através de alimentos (10).

2.1.3 Replicação viral

O ciclo de replicação do HEV parece ser similar ao de outros vírus RNA não envelopados. Entretanto, poucas pesquisas tem sido realizadas sobre o ciclo de replicação do HEV devido a falta de linhagens celulares eficientes para trabalhar-se com este patógeno *in vitro*. Com relação a interação do vírus com as células do hospedeiro, ainda permanece oculto quais receptores celulares estão envolvidos primariamente na união do HEV, no entanto, parece que resíduos de sulfato de heparina estão envolvidos neste processo (32).

2.1.4 Patogênese e Patologia

Muitos aspectos relacionados com a patogênese da infecção permanecem desconhecidos, devido entre outras razões, aos escassos estudos realizados com este microrganismo e a dificuldade de reproduzir a doença *in vitro* (1).

A via de infecção viral ocorre, principalmente, por via oral através do consumo de águas ou alimentos contaminados (17). O lugar de replicação primário do vírus ainda não foi identificado, no entanto, presume-se ser no trato intestinal (25). Da mesma maneira, não está

claro como o vírus chega aos hepatócitos, mas acredita-se que seja através da veia porta. Uma vez nos hepatócitos, o vírus se replica no citoplasma (20) e, conseqüentemente, ocorre a liberação de novas partículas virais na bile e no sangue (1).

Estudos realizados em voluntários (infecção oral), demonstraram a presença de viremia 22 dias após a exposição. Partículas virais foram identificadas em fezes, mediante microscopia eletrônica, 34 dias após a exposição e anticorpos anti-HEV foram detectados aos 41 dias de infecção, podendo ainda ser detectados após 48 meses da exposição (8).

As manifestações da infecção vão desde uma doença subclínica até o desenvolvimento de uma hepatite fulminante, e o período de incubação varia de 15 a 60 dias, com média de 40 dias (8, 13). A infecção do HEV tem um espectro amplo de manifestações clínicas, sendo a hepatite aguda sintomática a principal. Em pacientes com doenças hepáticas pré-existentes, idosos e gestantes, o curso torna-se grave, podendo o polimorfismo genético contribuir para a gravidade da doença (Fig. 4) (11, 12).

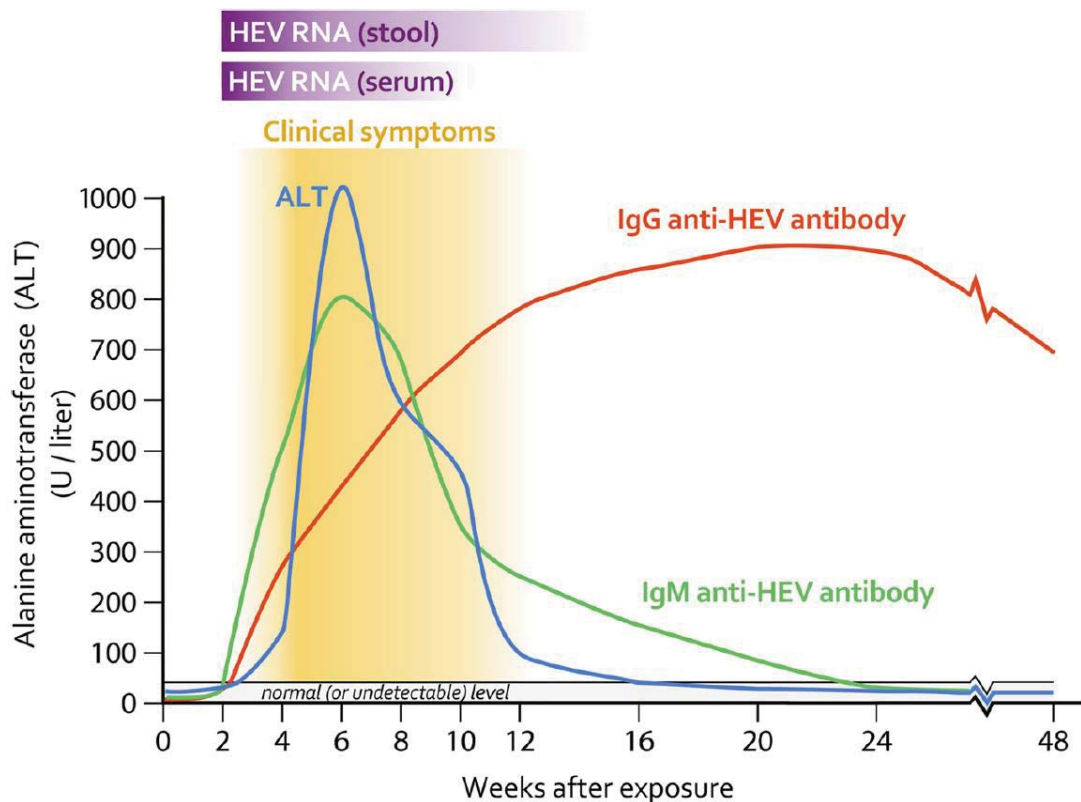


FIGURA 4. Curso da infecção aguda do HEV. A hepatite E aguda é caracterizada por sintomas como febre, anorexia, vômitos e icterícia que iniciam várias semanas após a exposição inicial. O início dos sintomas clínicos coincidem com o aumento do nível da enzima hepática alanino transaminase (ALT). Sintomas podem persistir por algumas semanas ou até um mês ou mais. O nível de ALT retorna ao normal durante a convalescência. O RNA viral pode ser detectado no sangue e nas fezes no início da infecção, no entanto, a viremia é de difícil detecção. Os títulos de IgM anti-HEV aumentam rapidamente e começam a decair semanas após a infecção,

coincidindo com o aumento dos títulos de IgG anti-HEV os quais podem ser detectados durante meses ou mesmo anos após a infecção (10).

2.2 Diagnóstico laboratorial

Infecções produzidas pelo vírus da Hepatite E não podem ser distinguidas de outros tipos de hepatites agudas somente com base nas características clínicas. Dessa maneira, o diagnóstico laboratorial torna-se imprescindível, e busca detectar anticorpos específicos contra o HEV ou a presença de RNA viral em pacientes infectados (13, 33).

Basicamente dois métodos de diagnóstico são utilizados para o diagnóstico de HEV: O primeiro método consiste em um teste sorológico do tipo ELISA. Este teste utiliza, como antígeno, poliproteínas recombinantes derivadas da proteína ORF2, e tem por objetivo detectar a presença de anticorpos específicos (IgG e IgM) no soro de pacientes contra o HEV. Também, pode ser utilizado para determinar se um indivíduo esteve em contato com o vírus de forma aguda ou crônica, já que as imunoglobulinas do tipo IgG contra o HEV permanecem circulando em títulos detectáveis durante muitos anos (2 – 13 anos) (34).

O segundo método consiste na detecção molecular de ácidos nucleicos e pode ser utilizado para detectar o RNA viral no soro, bile e nas fezes. No entanto, este teste somente é efetivo para detectar uma infecção ativa, enquanto a detecção sorológica de IgM fornece uma informação de infecção aguda ou recente (8) .

Os kits comerciais utilizados para o diagnóstico sorológico da hepatite viral E incluem, de forma restrita, fragmentos da OFR2 e OFR3 dos genótipos 1 e 2. Os genótipos 3 e 4 são os mais prevalentes nos países industrializados, e em vários estudos demonstram falhas na para detecção de anticorpos específicos contra o genótipo 3 (17) e mesmo, uma subnotificação dos casos autóctones(17, 35).

2.3 Tratamento

A hepatite viral E pode ser autolimitada, e desta forma, muitos pacientes não precisam de tratamento específico. Outros, todavia, podem evoluir para falência hepática aguda ou subaguda e nesse caso, necessitam de tratamento intensivo para controlar a insuficiência hepática. Em casos mais graves, torna-se inevitável o transplante hepático (8, 25, 36).

Na gestação, há aumento do risco de coagulopatia e hemorragia pós-parto, sendo necessário uso de hemocomponentes para o controle de hemorragias (25) .

Terapia com interferon α -2 α / α -2 β ou ribavirina por 3 a 12 meses tem sido usado em pacientes com infecção por HEV crônica com sucesso (25).

2.4 Prevenção

A Hepatite Viral E pode ser prevenida com o uso de água tratada, depósito adequado das fezes e medidas de higiene pessoal. Uso de cloro na água é útil. Medidas sanitárias envolvendo alimentos a base de carne de suínos devem ser implantadas nas áreas de transmissão zoonóticas, orientando a população a realizar o cozimento adequado desses produtos (25).

2.5 Vacina

Algumas vacinas contra hepatite viral E estão em fase clínica de pesquisa, fundamentalmente na China, onde a presença do HEV é endêmica. As vacinas atualmente estudadas são compostas por proteínas recombinantes derivadas da ORF2 (proteína do capsídeo) e apresentam excelentes resultados de soro-conversão e proteção em humanos (25, 37).

3. CAPÍTULO 1

Development and characterization of a Brazilian candidate antigen for

Hepatitis E Virus genotype 3 diagnosis

Denise Ramos de Almeida¹, Michela Miani¹, Rafael Pandolfi¹, Luis Tondo¹, Maikel Luis Colli, Fernando Rosado Spilki², Noemi Rovaris Gardinali³, Marcelo Alves Pinto³, Luiz Carlos Kreutz¹, Rafael Frandoloso^{1*}

Affiliation: 1- Laboratório de Imunologia e Microbiologia Avançada, Programa de Pós-Graduação em Bioexperimentação, Universidade de Passo Fundo (UPF), Passo Fundo, RS, Brazil; 2- Laboratório de Microbiologia Molecular (LMM), Instituto de Ciências da Saúde (ICS), Universidade Feevale, Novo Hamburgo, RS, Brazil; 3- Laboratório de Desenvolvimento Tecnológico em Virologia/IOC – Fiocruz, RJ, Brazil.

*Corresponding author. Rafael Frandoloso, Faculdade de Agronomia e Medicina Veterinária, Universidade de Passo Fundo, Campus I, Bairro São José. CEP 99052-100. Telephone: +55 54 3316 8485; Fax: +55 54 3316 8163.

E-mail: rfran@upf.br

Keywords: Hepatitis E Virus, ORF2 protein, Diagnosis, Vaccine

Abstract

27 Hepatitis E, caused by hepatitis E virus (HEV), is a viral infectious pathology
28 of great importance in the public health. Hepatitis E outbreaks were registered
29 in developing countries with poor or no sanitation, where drinking water was
30 contaminated with fecal material, but also in many industrialized countries
31 probably due to consumption of HEV-positive swine meat. In this study, we
32 present the development and characterization of a recombinant antigen from
33 ORF2 HEV genotype 3. Viral RNA was extracted from swine feces infected
34 with the native virus. 267 residues from the C-terminal ORF2⁽³⁹⁴⁻⁶⁶¹⁾ coding
35 sequence were cloned into the pET20a vector and expressed in *Escherichia coli*
36 ER2566. Recombinant protein was purified by liquid chromatography and the
37 fragment obtained a 98% homology against other human or swine HEV
38 genotype 3 ORF2 sequences. Wistar rats were inoculated with ORF2p,
39 developing antibodies able to recognize both the homologous antigen and the
40 native HEV genotype 3 ORF2 present in infected stool. In parallel, HEV-
41 negative swine were experimentally challenged with HEV genotype 3. ORF2
42 was detected by PCR 14 days post-inoculation in 3/4 piglets' feces and one
43 week later by dot blot. In conclusion, this study proved the immunogenic and
44 antigenic properties of the recombinant protein ORF2p.

45

46

47 **Introduction**

48 Hepatitis E is endemic in developing countries from Asia, Africa and South
49 America (Arankalle *et al.* 1995; Chandra *et al.* 2008). Infection generally occurs by
50 drinking water contaminated with hepatitis E virus, indicating a preferential fecal-oral
51 route of transmission (Krawczynski 1993). Virus contaminated food (Meng 2011) or
52 blood transfusion (Khuroo, Kamili and Yatoo 2004) might also be indicated as
53 potential source of infection

54 Hepatitis E virus (HEV) is a small, non-enveloped, plus-stranded RNA virus
55 (Reyes *et al.* 1990). The HEV genome contains three open-reading frames (ORFs):
56 ORF1 encodes for a protein containing domains present in nonstructural proteins
57 (Koonin *et al.* 1992), ORF2 codifies for the viral capsid protein (Li *et al.* 1997) and
58 ORF3 codifies for a small cytoskeleton-associated phosphoprotein (Zafrullah *et al.*
59 1997).

60 There are four known genotypes (genotype1 to 4), all of them have been
61 detected in human. While HEV genotype1 and HEV genotype 2 have been detected
62 exclusively in humans, HEV genotype 3 and HEV genotype 4 have also been found in
63 several animal species (Krain, Nelson and Labrique 2014).

64 Epidemiologically, HEV genotype 1 and 2 cause outbreaks of hepatitis E in
65 Asia, Africa, Central and South America (Escriba *et al.* 2008; Garcia *et al.* 2012; Teo
66 2012; Villalba Mde *et al.* 2008). HEV genotype 3 and 4 are responsible for sporadic
67 cases of hepatitis E worldwide and their presence has been documented in domestic
68 pigs from several industrialized countries. The nucleotide sequence similarity between
69 swine and human HEV putatively allows the cross-species infection (Meng *et al.* 1998;
70 Meng *et al.* 1997; Yazaki *et al.* 2003; Zhang *et al.* 2010).

71 Industrialized countries with intensive swine industry (such as Spain, France,
72 Germany, Japan and China) and pork meat consumption alerted the population about
73 the autochthonous circulation of HEV genotype 3. In these studies, they identified this
74 genotype as the agent causing several cases of acute hepatitis E in human (Legrand-
75 Abravanel *et al.* 2010; Lens *et al.* 2015; Wichmann *et al.* 2008; Yazaki *et al.* 2003;
76 Zhang *et al.* 2010).

77 Diagnosis of HEV infection is mainly dependent on serology as the viremia is
78 limited to the acute phase of infection in human beings (Jimenez de Oya *et al.* 2009).
79 Commercial kits to detect anti-HEV antibodies in human serum are designed on short
80 ORF2 and ORF3 fragments of HEV genotype 1 or HEV genotype 2 (Jimenez de Oya
81 *et al.* 2009). There is no available kit to specifically detect HEV genotype 3, which is
82 the most prevalent genotype in humans and swine in industrialized countries (Daniel *et*
83 *al.* 2004; Herremans *et al.* 2007). As a result, HEV genotype 3 infection could be under-
84 estimated in human and in swine population.

85 In this study we produced a recombinant ORF2 antigen from HEV genotype 3
86 isolated in Brazil. The immunogenic and antigenic properties of this antigen support it
87 to develop diagnostic assays or its use as a targeted vaccine against HEV genotype 3.

88

89

90 Materials and methods**91 Viral RNA isolation and cDNA synthesis**

92 Viral RNA extraction was performed on stool of HEV genotype 3 naturally
93 infected swine (LADTV-IOC/Fiocruz, Rio de Janeiro). Briefly, 5 g of feces
94 were suspended in 5 ml RPMI 1640 (Invitrogen, CA) and centrifuged for 20
95 mins $13,000 \times g$ at 4°C . Supernatant was filtered ($0.22 \mu\text{m}$, *TPP*) and viral RNA
96 was isolated with QIAmp Viral RNA Mini (Qiagen, The Netherlands) according
97 to manufacturer instructions. Isolated RNA purity and concentration were
98 determined by spectrophotometry (NanoPhotometre, Implen, Germany).
99 Samples were stored at -80°C .

100 cDNA synthesis was performed by reverse transcription (RT) using QuantiTec
101 Reverse Transcription (Qiagen) according to manufacturer recommendations.

102 Cloning and sequencing of ORF2 gene

103 A specific pair of primers (orf-2F and orf-2R) were designed to amplify a 801
104 nucleotides fragment from the HEV genotype 3 ORF2⁽³⁹⁴⁻⁶⁶¹⁾ C-terminal
105 (GenBank access n° AB362842.1). Fragment was amplified by PCR (final
106 volume $50 \mu\text{l}$) with 500 nM of each primer (sequence available upon request),
107 3 U of Pfu DNA polymerase, $5 \mu\text{l}$ 10x buffer supplemented with MgSO_4 , 200
108 μM dNTPs (Promega, WI) and DNase-free water (Sigma, Germany). PCR
109 cycles were as follows: initial denaturation set at 95°C for 10 min followed by
110 35 cycles of 95°C for 60 sec, 55°C for 45 sec and 72°C for 90 sec. Fragment
111 DNA 3'-end was adenylated and cloned inside a pGEM-T-Easy vector
112 (Promega) according to manufacturer instructions. The vector was transformed
113 in competent *Escherichia coli* JM109 strain (Promega). Positive clones

114 (pGEM-T-ORF2p) were confirmed by PCR and sequencing was performed
115 using pUC/M13 primers (Promega). The sequence was aligned with several
116 human or swine fragments from Spain (AFJ06417.1), France (AHC55357.1),
117 Germany (AHC54588.1), Hungary (AEA4882.1), Japan (BAE98089.1), China
118 (ACV66756.1), Thailand (ACB15470.1) and Brazil (EF491203.1). The
119 alignment was done using Gene Inspector 2.0 software.

120 **Subcloning and expression of ORF-2 protein**

121 The pGEM-T-ORF2p vector was digested with BamHI and HindIII restriction
122 enzymes (Promega) to obtain a DNA fragment containing the ORF2p that was
123 separated on 1% agarose gel stained with GelRed (Unisen, Hong Kong), cut
124 and purified with Wizard SV Gel (Promega). The fragment was inserted into a
125 pET20 modified expression vector (kindly provided by Dr. Schryvers)
126 previously digested with the same restriction enzymes. The pET20 vector
127 express a fusion protein that has on its N-terminal 6 histidine residues followed
128 by a maltose-binding protein (Mbp) and a restriction site for tobacco etch virus
129 (TEV) protease, all preceding the ORF2 coding region. The resulting plasmid
130 construct, pET20-His-Mbp-TEV-ORF2p, was then transformed in competent
131 *E. coli* ER2566 strain (New England BioLabs® Inc.) and Mbp-TEV-ORF2p
132 fusion protein expression was stimulated overnight with different isopropyl- β -
133 D-thiogalactopyranoside (IPTG, Sigma) concentrations (0.1 – 0.5 mM).
134 Culture medium was centrifuged for 1 hour at 8,000 $\times g$ and bacterial pellet was
135 resuspended in NTA buffer (20mM NaH₂PO₄, 500mM NaCl, 20mM Imidazole,
136 pH8.0). Bacteria were lysed with 3 cycles of sonication and protein-enriched
137 supernatant was purified in a nickel sepharose chromatography column (GE
138 Healthcare), and eluted with NTA buffer containing 250 mM imidazole

139 (Sigma). Purified Mbp-ORF2p was exposed to TEV protease, dialyzed (10mM
140 Hepes pH 6.0) and purified with a Q sepharose column (GE Healthcare). The
141 highly pure ORF2p recombinant protein was obtained with 75 mM NaCl
142 (Sigma).

143 **Polyclonal serum production**

144 Wistar rats (n=4) were immunized subcutaneously with 50µg of recombinant
145 ORF2p (n=2) or Mbp-ORF2p (n=2) combined with Freund's adjuvant (Sigma)
146 in a 1:1.2 ratio. The first immunization was performed with Freund's complete
147 adjuvant while Freund's incomplete adjuvant was used for subsequent
148 injections at 21 and 42 days after priming. Animal blood was collected from the
149 caudal vein before the first immunization and 7 days after each injection. For
150 the following procedure animals were anesthetized with isoflurane (Cristália,
151 Brazil) in accordance with the recommendations of the *Colégio Brasileiro de*
152 *Experimentação Animal*. Total serum was harvested 14 days after the last
153 immunization, aliquoted and stored at -80°C. The experimental protocol was
154 approved in institutional revision board (CEUA nº 031/2014)

155 **ELISA assay**

156 The IgG response against Mbp-ORF2p or ORF2p antigens were evaluated by
157 ELISA. ELISA plates were individually coated with either antigen (10 µg/well)
158 diluted in carbonate buffer. Plates were incubated for 2 h at 37°C followed by
159 an overnight incubation at 4°C. The wells were washed with 0.5% PBS Tween-
160 20 (PBST), and then blocked with 5% (v/v) skim milk (Sigma) diluted in PBST.
161 Rat serum (1:100) was added to the plates and incubated at 37°C for 60 min
162 followed by peroxidase-conjugated goat anti-rat IgG (Sigma) for 60 min,
163 diluted according to manufacturer's instructions. After washing the plates,

164 0.002% hydrogen peroxide substrate (TMB, Sigma) was added to the wells and
165 after 15 min the reaction was stopped with sulphuric acid 2 M (Sigma). Plates
166 were read on an ELISA reader at 450 nm (Rosys Anthos 2010, Austria). Each
167 serum was run in duplicate and the ODs were analyzed by GraphPad Software.
168 Student's *t*-test was used to compare the OD of the two groups immunized.
169 Significance was set at $p < 0.05$.

170 **HEV genotype 3 experimental infection in piglets and alanine** 171 **aminotransferase quantification**

172 HEV-negative 21 days-old piglets (n=5, Large White × Landrace) were
173 experimentally infected (biosafety level II, Ethic Committee n° 031/2014) with
174 20 g of HEV genotype 3-positive swine stool (10^6 copies/ml) (LADTV-
175 IOC/Fiocruz) homogenized with 20 ml cool (4°C) RPMI 1640 (Invitrogen) and
176 centrifuged for 1 hour at $13,000 \times g$. Supernatant was retrieved, carefully
177 filtered (0.22 μ m, *TPP*, Switzerland) and cooled at 4°C. Piglets were
178 anesthetized with 25mg/Kg of ketamine and 1 mg/Kg of xylazine and
179 inoculated with 4 ml intravenously (10^6 copies/ml). Animals were clinically
180 followed for 21 days post-inoculation. Blood samples and feces were collected
181 daily.

182 Serum levels of alanine aminotransferase (ALT) were evaluated in a semi-
183 automatic analyzer (TP Analyzer Basic, Thermoplate, China) using commercial
184 kits (Labtest Diagnóstica S.A., Brazil). Tests were carried out in duplicate.

185 The experimental protocol was approved in institutional revision board (CEUA
186 n° 031/2014).

187

188

189 **Antigenicity analysis**

190 Recombinant proteins and supernatant from washed feces were analysed by
191 12% SDS-PAGE gel and transferred to a nitrocellulose membrane (Bio-Rad
192 Laboratories, CA, USA). Membrane was blocked with PBST supplemented
193 with 5% skim milk (Sigma) for 1 hour at room temperature. Serum of rat
194 inoculated with ORF2p (rat anti-ORF2p) or serum from *Cynomolgus* monkey
195 experimentally infected with HEV genotype 3 (LADTV-IOC/Fiocruz) were
196 used as primary antibody, diluted 1:400 and 1:100 in 1% skim milk PBST,
197 respectively. These antisera were incubated at room temperature for 1 hour
198 followed by 3 washes with PBST. The membranes were incubated with
199 secondary antibody conjugated with peroxidase, diluted 1:1,000 (goat anti-rat
200 IgG, Sigma) or 1:5,000 (goat anti-human IgG-HRP, Santa Cruz Biotechnology's,
201 USA), respectively. Proteins were detected adding revealing buffer (HRP Color
202 Development Solution, 4CN), which was prepared following the
203 manufacturer's instruction (Bio-Rad, USA).

204 **Dot blot detection of HEV genotype 3**

205 Stool samples of HEV genotype 3-infected piglets (1 g) were homogenized with
206 1 ml RPMI 1640 (Invitrogen) and centrifuged for 1 hour at $13,000 \times g$.
207 Supernatant was harvested and concentrate using centrifugal filters (Amicon
208 Ultra 30kDa, Merck Millipore, Germany) according to manufacturer
209 instructions. Two microliters (2 μ l) of concentrate sample was added to
210 nitrocellulose membrane (Bio-Rad) immobilized in into the Hybri-SlotTM
211 apparatus (Gibco, USA), blocked and washed as described above. Primary
212 antibody (1:400 rat anti-ORF2p) was added and incubated for 1 hour at room
213 temperature. The membrane was washed 3 times; secondary antibody (goat anti

214 rat IgG-HRP, Sigma) diluted 1:1,000 was added and incubated for 1 hour. After
215 being washed 3 times the membrane was revealed as describe for Western blot.
216

217 **Results**

218 **Recombinant ORF2 C-terminal nucleotide sequence diversity**

219 The C-terminal portion of the HEV genotype 3 ORF2 was amplified using the
220 primers described in this study (orf-2F and orf-2R) and then aligned with HEV
221 genotype 3 genomes from human and swine isolated in different countries such
222 as Spain, France, Germany, Hungary, Japan, China, Thailand and Brazil. The
223 801 nucleotides fragment was found highly conserved, with blue squares
224 representing 100% homology against the other 8 sequences analyzed (Fig. 1).

225 **ORF2 cloning and expression**

226 The ORF2p fragment was cloned into a pET20 expression vector to obtain a
227 pET20-His-Mbp-TEV-ORF2p construct. Mbp-ORF2p was expressed in *E. coli*
228 ER2566 bacteria strain and the highest concentration of recombinant protein
229 (10 mg purified protein/L bacteria growth) was achieved with 0.4 mM IPTG
230 stimulation overnight. The purified Mbp-ORF2p and ORF2p recombinant
231 protein (obtained after TEV protease enzymatic digestion of the Mbp-ORF2p
232 fusion protein) was analyzed by SDS-PAGE and the molecular weight was
233 estimated in 74 kDa and 30 kDa respectively (Fig. 2).

234 **Immunogenicity and antigenicity**

235 All rats immunized with the fusion (Mbp-ORF2p) or recombinant (ORF2p)
236 protein seroconverted after the first immunization. To evaluate the homologous
237 antigen immune response, plates were coated with each antigen used in the
238 immunization process. Both antigens induced high antibody titers (Fig. 3A).
239 Rats immunized with Mbp-ORF2p protein had higher antibody titers ($p < 0.01$)
240 after the second and third immunization compared to the ORF2p-immunized
241 group (Fig. 3A). Similar tendency was observed when the serum obtained from

242 rats immunized with Mbp-ORF2p antigen were tested in the ELISA plate
243 coated with the ORF2p recombinant protein (Fig. 3B).

244 The antigenicity of the ORF2p recombinant protein was demonstrated by
245 western blot (Fig. 4). Rat anti-ORF2p antibodies (Fig. 4B) as well as monkey
246 anti-HEV antibodies (Fig.4A) were capable to recognize the ORF2p and Mbp-
247 ORF2p recombinant proteins. HEV genotype 3 from swine stool was detected
248 by rat anti-ORF2p (Fig. 4B, lane 7). Mbp-ORF2p (lanes 2 and 4) displayed two
249 bands: the lower band corresponded to the recombinant ORF2p (30 kDa) and
250 the upper band corresponded to the fusion protein (\approx 74 kDa). Two intermediate
251 bands could be observed close (73 kDa) and about 50 kDa to fusion protein due
252 to proteolysis. The specificity of the rat anti-ORF2p antibodies was
253 demonstrated in lanes 5 and 6.

254 ***In vivo* viral amplification**

255 Five HEV genotype 3-negative piglets were experimentally infected with HEV
256 genotype 3-positive swine feces (confirmed by PCR). Only piglets III and IV
257 presented minor subclinical manifestations 14 days post-inoculation (data not
258 shown). As HEV mainly targets the liver, serologic ALT enzyme was studied
259 to monitor hepatic function (Fig. 5). Piglet II presented a rapid increment of
260 ALT enzyme in the bloodstream (from 40 to 80 Units/L after 7 days after-
261 infection), so that the animal was sacrificed at this time. Liver and feces were
262 harvested to proceed with viral detection. ALT enzyme quantification in piglets
263 III and IV indicated a 1.4 and 1.5 fold increase at day 14 and a 1.4 and 2.5 fold
264 increase at day 21 post-infection (Fig. 5). In piglets I and V the level of ALT
265 enzyme was not altered throughout the experiment. With the exception of piglet
266 II, all animals were euthanized 21 days after the first infection and were

267 submitted to necropsy. No visible signs of hepatic or intestinal lesions were
268 encountered.

269 **HEV genotype 3 detection in feces of inoculated pigs**

270 Molecular detection of the virus was performed by PCR. Piglets' feces were
271 investigated daily for virus shedding. HEV genotype 3 was detected in the feces
272 of piglets III, IV and V starting from the 14th day post-infection, while it
273 remained undetected in the stool of piglets I and II (Fig. 6). Likewise, livers
274 from piglets III, IV and V tested positive for HEV genotype 3 after euthanasia
275 but piglets I and II showed no presence of the virus (Fig. 6).

276 The same samples were used to evaluate the capacity of anti-ORF2p antibodies
277 to detect HEV genotype 3, which was confirmed to be present in 3 out of 4
278 piglets (see above). Dot blot assay revealed that after 21 days post-inoculation,
279 our anti-ORF2p antibody was able to detect the virus in stool of piglets III, IV
280 and V (Fig. 7).

281

282

283 **Discussion**

284 Hepatitis E virus infection has been detected worldwide, increasing its
285 toll on public health (Emerson and Purcell 2007; Meng 2013; Purcell and
286 Emerson 2008). Recent data estimates 20 millions new HEV infection every
287 year, 3 millions of which develop hepatitis E clinical symptoms (WHO 2015).

288 Hepatitis E is mainly associated with consumption of contaminated
289 drinking water (Corwin *et al.* 1999; Daniel *et al.* 2004; Escriba *et al.* 2008;
290 Naik *et al.* 1992). Diagnostic of HEV, based on serologic analysis, is
291 performed by commercial kits that have been developed to recognize protein
292 antigens of HEV genotype 1 and 2 (Drobeniuc *et al.* 2010; Herremans *et al.*
293 2007). Putatively zoonotic HEV genotype 3 and 4 are not included in the
294 available commercial kits for diagnosis (Drobeniuc *et al.* 2010; Herremans *et*
295 *al.* 2007), so that their circulation may result under-detected. These genotypes
296 not only represent a threat for human health (Meng *et al.* 2002) but they are
297 also known to be enzootic in swine herds in China (genotype 4), USA
298 (genotype 3) and Brazil (genotype 3) (Meng *et al.* 1999; Vitral *et al.* 2005;
299 Zheng *et al.* 2006).

300 Amongst structural HEV antigens, surface protein ORF2 has been used
301 to develop diagnostic tests and vaccines for humans and animals (Li *et al.*
302 2005; Zhang *et al.* 2009). The C-terminal of ORF2 contains conserved epitopes
303 in all 4 genotypes (Emerson *et al.* 2006; Meng *et al.* 2001). However, studies
304 demonstrated that human and animal sera immune-reactivity is much stronger
305 when directed against genotype-homologous ORF2 and ORF3 (Herremans *et*
306 *al.* 2007; Ma *et al.* 2011).

307 Recent studies demonstrated that HEV genotype 3 not only circulates in
308 swine farms in Brazil (dos Santos *et al.* 2009), but it is also associated with
309 acute cases of human hepatitis E (Lopes Dos Santos *et al.* 2010). However, no
310 commercial kits are available to detect this genotype. Thus, we expressed a 30
311 kDa fragment from HEV genotype 3 ORF2. Our recombinant protein was
312 aligned with several ORF2 HEV genotype 3 public sequences, scoring a 98%
313 homology (Fig. 1). This highly conserved region resulted to be a valid
314 candidate for diagnostic purposes or vaccine design.

315 The necessity to have reasonable amounts of HEV is limited by the lack
316 of an appropriate cell line to use for its multiplication. Many efforts were made
317 to produce a high quantity of recombinant ORF2 with preserved antigenic and
318 immunogenic characteristics. Different systems were developed to obtain a
319 relative large-scale protein production, such as mammal eukaryote or insect
320 cell lines transfected with recombinant baculovirus or vaccinia virus (Jimenez
321 de Oya *et al.* 2012; Jimenez de Oya *et al.* 2009; Robinson *et al.* 1998; Zhang
322 *et al.* 2001; Zhou *et al.* 2006). ORF2 expression in *E. coli* (Zhang *et al.* 2001)
323 and plastids have also been described (Zhou *et al.* 2006). The most efficient
324 system to produce recombinant ORF2 ($\approx 15\text{mg/L}$ growth) was achieved by
325 transfecting Sf-9 (*Spodoptera frugiperda*) insect cell line with a recombinant
326 baculovirus (Robinson *et al.* 1998). In this study we used *E. coli* ER2566 strain
327 to express our Mbp-TEV-ORF2p recombinant protein yielding 10 mg of
328 soluble protein for each liter of culture media. The high solubility of ORF2p
329 may be related to the Mbp as an associated fusion protein. Indeed, Mbp is
330 capable of increasing the solubility of the target protein if compared to other
331 fusion proteins such as glutathione S-transferase or thioredoxin (Fox *et al.*

332 2003; Kapust and Waugh 1999). A recent study expressed a HEV genotype 1
333 ORF2 truncated protein in *E. coli* using pET30a expression vector without
334 Mbp obtaining 1 mg/L of purified protein (Farshadpour *et al.* 2014). The
335 difference of the yield achieved may be at least in part dependent on the choice
336 of using Mbp to increase expression and solubility of ORF2 recombinant
337 protein.

338 Both Mbp-ORF2p and ORF2p were immunogenic in rats. However, the
339 fusion protein (Mbp-ORF2p) proved to stimulate more IgG synthesis than
340 ORF2p (Fig. 3) perhaps by exposing additional epitopes. Antibodies from
341 swine, human or *Cynomolgus* monkey did not recognize Mbp, making of this
342 fusion protein a candidate in the development of diagnostic tools and vaccine
343 (data not shown). Importantly, rat anti-Mbp antibodies did not recognize any
344 microorganism or molecule in feces, blood and liver from HEV-infected
345 animals nor from HEV-negative bovines and humans (data not shown). An
346 antigenicity property of the ORF2p proteins was confirmed by western blot
347 (Fig. 4), where rat anti-ORF2p antibodies recognized both ORF2p and native
348 HEV ORF2 protein.

349 In line with previous studies (Halbur *et al.* 2001; Meng *et al.* 1998), our
350 HEV genotype 3-infected pigs maintained showed asymptomatic clinical
351 profile (an overall healthy clinical profile without fever, prostration, vomit or
352 jaundice). Even so, ALT enzyme was altered in some of the animals. Thus, in
353 this study ALT enzyme monitoring did not represent a valid parameter to
354 discriminate an ongoing HEV infection. One could speculate that as natural
355 HEV reservoirs, pigs do not develop major clinical symptoms and hepatic
356 alteration or that the time frame was too short to observe a significant ALT

357 increase *in vivo*. Absence of this enzyme alteration was previously reported in
358 swine infected with human HEV (Halbur *et al.* 2001) and discrete elevation
359 was reported in *Cynomolgus* monkey infected with swine HEV genotype 3 (de
360 Carvalho *et al.* 2013).

361 Since the first epidemiologic report of swine HEV infection in Brazil
362 was published (Lyra *et al.* 2005), many studies have focused on hepatitis E
363 both in human and animals (dos Santos *et al.* 2009; Passos-Castilho *et al.*
364 2015). It has been previously shown that swine or human HEV genotype 3 can
365 cross species barrier infecting *Cynomolgus* monkeys (de Carvalho *et al.* 2013).
366 In our study, piglets were inoculated with swine infected fecal material that
367 naturally represents one source of infection. Stool analysis 14 days after the
368 inoculation indicated that 3 out of 4 piglets tested positive for HEV genotype
369 3 (PCR confirmation), indicating that the animals were indeed infected and
370 potentially able to spread the virus despite appearing clinically normal. Of
371 note, this result was in line with previous findings where HEV was detected in
372 nasal and rectal swab 2 weeks post-inoculation and animals seroconverted 4 to
373 8 weeks after the infection (Meng *et al.* 1998). Importantly, in our study, rat
374 anti-ORF2p antibodies recognized both the recombinant ORF2p and the HEV
375 genotype 3 isolated from fecal material. The time frame for this detection was
376 21 days post-infection, as previously reported (Halbur *et al.* 2001; Meng *et al.*
377 1998; Meng *et al.* 1998).

378 In conclusion, we developed a workflow to produce a recombinant HEV
379 genotype 3 ORF2 protein with a high yield and intact antigenic properties.
380 Also, rat antibodies produced against ORF2p specifically recognize the
381 recombinant protein and HEV genotype 3 virus, indicating that ORF2p is a

382 good candidate for developing serologic tests and possibly vaccine for human
383 and animals.

384 **Acknowledgements**

385 This work was supported by the National Counsel of Technological and
386 Scientific Development of Brazil (CNPq, grant 485807/2013-0). M.M. was
387 recipient of a postdoctoral fellowship from the Coordenação de
388 Aperfeiçoamento de Pessoal de Ensino Superior (CAPES). M.S.L. was
389 supported by a Master fellowships from the Fundação Universidade de Passo
390 Fundo. We Thank Dr. Anthony Bernard Schryvers (University of Calgary) for
391 kindly providing the pET20 modified expression vector.

392

393 **Conflict of interest**

394 No conflict of interest declared.

395

396 **Reference**

397

398 Arankalle VA, Tsarev SA, Chadha MS, *et al.* Age-specific prevalence of
399 antibodies to hepatitis A and E viruses in Pune, India, 1982 and 1992. *J Infect*
400 *Dis* 1995;**171**(2):447-50.

401

402 Chandra V, Taneja S, Kalia M, *et al.* Molecular biology and pathogenesis of
403 hepatitis E virus. *J Biosci* 2008;**33**(4):451-64.

404

405 Corwin AL, Tien NT, Bounlu K, *et al.* The unique riverine ecology of hepatitis
406 E virus transmission in South-East Asia. *Trans R Soc Trop Med Hyg*
407 1999;**93**(3):255-60.

408 Daniel HD, Warier A, Abraham P, *et al.* Age-wise exposure rates to hepatitis e
409 virus in a southern Indian patient population without liver disease. *Am J Trop*
410 *Med Hyg* 2004;**71**(5):675-8.

411

412 de Carvalho LG, Marchevsky RS, dos Santos DR, *et al.* Infection by Brazilian
413 and Dutch swine hepatitis E virus strains induces haematological changes in
414 *Macaca fascicularis*. *BMC Infect Dis* 2013;**13**:495.

415

416 dos Santos DR, Vitral CL, de Paula VS, *et al.* Serological and molecular
417 evidence of hepatitis E virus in swine in Brazil. *Vet J* 2009;**182**(3):474-80.

418

419 Drobeniuc J, Meng J, Reuter G, *et al.* Serologic assays specific to
420 immunoglobulin M antibodies against hepatitis E virus: pangenotypic
421 evaluation of performances. *Clin Infect Dis* 2010;**51**(3):e24-7.

422

423 Emerson SU, Clemente-Casares P, Moiduddin N, *et al.* Putative neutralization
424 epitopes and broad cross-genotype neutralization of Hepatitis E virus confirmed
425 by a quantitative cell-culture assay. *J Gen Virol* 2006;**87**(Pt 3):697-704.

426

427 Emerson SU, Purcell RH. Hepatitis E. *Pediatr Infect Dis J* 2007;**26**(12):1147-
428 8.

429

430 Escriba JM, Nakoune E, Recio C, *et al.* Hepatitis E, Central African Republic.
431 *Emerg Infect Dis* 2008;**14**(4):681-3.

432

433 Farshadpour F, Taherkhani R, Makvandi M, *et al.* Codon-Optimized
434 Expression and Purification of Truncated ORF2 Protein of Hepatitis E Virus in
435 *Escherichia coli*. *Jundishapur J Microbiol* 2014;**7**(7):e11261.

436

437 Fox JD, Routzahn KM, Bucher MH, *et al.* Maltodextrin-binding proteins from
438 diverse bacteria and archaea are potent solubility enhancers. *FEBS Lett*
439 2003;**537**(1-3):53-7.

440

- 441 Garcia CG, Sanchez D, Villalba MC, *et al.* Molecular characterization of
442 hepatitis E virus in patients with acute hepatitis in Venezuela. *J Med Virol*
443 2012;**84**(7):1025-9.
444
- 445 Halbur PG, Kasorndorkbua C, Gilbert C, *et al.* Comparative pathogenesis of
446 infection of pigs with hepatitis E viruses recovered from a pig and a human. *J*
447 *Clin Microbiol* 2001;**39**(3):918-23.
448 Herremans M, Bakker J, Duizer E, *et al.* Use of serological assays for diagnosis
449 of hepatitis E virus genotype 1 and 3 infections in a setting of low endemicity.
450 *Clin Vaccine Immunol* 2007;**14**(5):562-8.
451
- 452 Jimenez de Oya N, Escribano-Romero E, Blazquez AB, *et al.* Characterization
453 of hepatitis E virus recombinant ORF2 proteins expressed by vaccinia viruses.
454 *J Virol* 2012;**86**(15):7880-6.
455
- 456 Jimenez de Oya N, Galindo I, Girones O, *et al.* Serological immunoassay for
457 detection of hepatitis E virus on the basis of genotype 3 open reading frame 2
458 recombinant proteins produced in *Trichoplusiani* larvae. *J Clin Microbiol*
459 2009;**47**(10):3276-82.
460
- 461 Kapust RB, Waugh DS. *Escherichia coli* maltose-binding protein is
462 uncommonly effective at promoting the solubility of polypeptides to which it is
463 fused. *Protein Sci* 1999;**8**(8):1668-74.
464
- 465 Khuroo MS, Kamili S, Yattoo GN. Hepatitis E virus infection may be
466 transmitted through blood transfusions in an endemic area. *J Gastroenterol*
467 *Hepatol* 2004;**19**(7):778-84.
468
- 469 Koonin EV, Gorbalenya AE, Purdy MA, *et al.* Computer-assisted assignment
470 of functional domains in the nonstructural polyprotein of hepatitis E virus:
471 delineation of an additional group of positive-strand RNA plant and animal
472 viruses. *Proc Natl Acad Sci U S A* 1992;**89**(17):8259-63.
473
- 474 Krain LJ, Nelson KE, Labrique AB. Host immune status and response to
475 hepatitis E virus infection. *Clin Microbiol Rev* 2014;**27**(1):139-65.
476
- 477 Krawczynski K. Hepatitis E. *Hepatology* 1993;**17**(5):932-41.
478
- 479 Legrand-Abravanel F, Kamar N, Sandres-Saune K, *et al.* Characteristics of
480 autochthonous hepatitis E virus infection in solid-organ transplant recipients in
481 France. *J Infect Dis* 2010;**202**(6):835-44.
482
- 483 Lens S, Mensa L, Gambato M, *et al.* HEV infection in two referral centers in
484 Spain: epidemiology and clinical outcomes. *J Clin Virol* 2015;**63**:76-80.
485
- 486 Li SW, Zhang J, Li YM, *et al.* A bacterially expressed particulate hepatitis E
487 vaccine: antigenicity, immunogenicity and protectivity on primates. *Vaccine*
488 2005;**23**(22):2893-901.

- 489
490 Li TC, Yamakawa Y, Suzuki K, *et al.* Expression and self-assembly of empty
491 virus-like particles of hepatitis E virus. *J Virol* 1997;**71**(10):7207-13.
492
- 493 Lopes Dos Santos DR, Lewis-Ximenez LL, da Silva MF, *et al.* First report of a
494 human autochthonous hepatitis E virus infection in Brazil. *J Clin Virol*
495 2010;**47**(3):276-9.
496 Lyra AC, Pinho JRR, Silva LK, *et al.* HEV, TTV and GBV-C/HGV markers in
497 patients with acute viral hepatitis. *Brazilian Journal of Medical and Biological*
498 *Research* 2005;**38**:767-775.
499
- 500 Ma H, Song X, Harrison TJ, *et al.* Hepatitis E virus ORF3 antigens derived from
501 genotype 1 and 4 viruses are detected with varying efficiencies by an anti-HEV
502 enzyme immunoassay. *J Med Virol* 2011;**83**(5):827-32.
503
- 504 Meng J, Dai X, Chang JC, *et al.* Identification and characterization of the
505 neutralization epitope(s) of the hepatitis E virus. *Virology* 2001;**288**(2):203-11.
506
- 507 Meng XJ. From barnyard to food table: the omnipresence of hepatitis E virus
508 and risk for zoonotic infection and food safety. *Virus Res* 2011;**161**(1):23-30.
509
- 510 Meng XJ. Zoonotic and foodborne transmission of hepatitis E virus. *Semin*
511 *Liver Dis* 2013;**33**(1):41-9.
512
- 513 Meng XJ, Dea S, Engle RE, *et al.* Prevalence of antibodies to the hepatitis E
514 virus in pigs from countries where hepatitis E is common or is rare in the human
515 population. *J Med Virol* 1999;**59**(3):297-302.
516
- 517 Meng XJ, Halbur PG, Haynes JS, *et al.* Experimental infection of pigs with the
518 newly identified swine hepatitis E virus (swine HEV), but not with human
519 strains of HEV. *Arch Virol* 1998;**143**(7):1405-15.
520
- 521 Meng XJ, Halbur PG, Shapiro MS, *et al.* Genetic and experimental evidence
522 for cross-species infection by swine hepatitis E virus. *J Virol*
523 1998;**72**(12):9714-21.
524
- 525 Meng XJ, Purcell RH, Halbur PG, *et al.* A novel virus in swine is closely related
526 to the human hepatitis E virus. *Proc Natl Acad Sci U S A* 1997;**94**(18):9860-5.
527
- 528 Meng XJ, Wiseman B, Elvinger F, *et al.* Prevalence of antibodies to hepatitis E
529 virus in veterinarians working with swine and in normal blood donors in the
530 United States and other countries. *J Clin Microbiol* 2002;**40**(1):117-22.
531
- 532 Naik SR, Aggarwal R, Salunke PN, *et al.* A large waterborne viral hepatitis E
533 epidemic in Kanpur, India. *Bull World Health Organ* 1992;**70**(5):597-604.
534

- 535 Passos-Castilho AM, de Sena A, Geraldo A, *et al.* High prevalence of hepatitis
536 E virus antibodies among blood donors in Southern Brazil. *J Med Virol*
537 2015;10.1002/jmv.24336.
- 538
- 539 Purcell RH, Emerson SU. Hepatitis E: an emerging awareness of an old disease.
540 *J Hepatol* 2008;**48**(3):494-503.
- 541
- 542 Reyes GR, Purdy MA, Kim JP, *et al.* Isolation of a cDNA from the virus
543 responsible for enterically transmitted non-A, non-B hepatitis. *Science*
544 1990;**247**(4948):1335-9.
- 545
- 546 Robinson RA, Burgess WH, Emerson SU, *et al.* Structural characterization of
547 recombinant hepatitis E virus ORF2 proteins in baculovirus-infected insect
548 cells. *Protein Expr Purif* 1998;**12**(1):75-84.
- 549
- 550 Teo CG. Fatal outbreaks of jaundice in pregnancy and the epidemic history of
551 hepatitis E. *Epidemiol Infect* 2012;**140**(5):767-87.
- 552
- 553 Villalba Mde L, Lay Lde L, Chandra V, *et al.* Hepatitis E virus genotype 1,
554 Cuba. *Emerg Infect Dis* 2008;**14**(8):1320-2.
- 555
- 556 Vitral CL, Pinto MA, Lewis-Ximenez LL, *et al.* Serological evidence of
557 hepatitis E virus infection in different animal species from the Southeast of
558 Brazil. *Mem Inst Oswaldo Cruz* 2005;**100**(2):117-22.
- 559
- 560 WHO. *Hepatitis E*. (Date Accessed 2015)
- 561
- 562 Wichmann O, Schimanski S, Koch J, *et al.* Phylogenetic and case-control study
563 on hepatitis E virus infection in Germany. *J Infect Dis* 2008;**198**(12):1732-41.
- 564
- 565 Yazaki Y, Mizuo H, Takahashi M, *et al.* Sporadic acute or fulminant hepatitis
566 E in Hokkaido, Japan, may be food-borne, as suggested by the presence of
567 hepatitis E virus in pig liver as food. *J Gen Virol* 2003;**84**(Pt 9):2351-7.
- 568
- 569 Zafrullah M, Ozdener MH, Panda SK, *et al.* The ORF3 protein of hepatitis E
570 virus is a phosphoprotein that associates with the cytoskeleton. *J Virol*
571 1997;**71**(12):9045-53.
- 572
- 573 Zhang J, Liu CB, Li RC, *et al.* Randomized-controlled phase II clinical trial of
574 a bacterially expressed recombinant hepatitis E vaccine. *Vaccine*
575 2009;**27**(12):1869-74.
- 576
- 577 Zhang JZ, Ng MH, Xia NS, *et al.* Conformational antigenic determinants
578 generated by interactions between a bacterially expressed recombinant peptide
579 of the hepatitis E virus structural protein. *J Med Virol* 2001;**64**(2):125-32.
- 580

- 581 Zhang M, Emerson SU, Nguyen H, *et al.* Immunogenicity and protective
582 efficacy of a vaccine prepared from 53 kDa truncated hepatitis E virus capsid
583 protein expressed in insect cells. *Vaccine* 2001;**20**(5-6):853-7.
584
- 585 Zhang W, He Y, Wang H, *et al.* Hepatitis E virus genotype diversity in eastern
586 China. *Emerg Infect Dis* 2010;**16**(10):1630-2.
587
- 588 Zheng Y, Ge S, Zhang J, *et al.* Swine as a principal reservoir of hepatitis E virus
589 that infects humans in eastern China. *Journal of Infectious Diseases*
590 2006;**193**(12):1643-1649.
591
- 592 Zhou YX, Lee MY, Ng JM, *et al.* A truncated hepatitis E virus ORF2 protein
593 expressed in tobacco plastids is immunogenic in mice. *World J Gastroenterol*
594 2006;**12**(2):306-12.
595
596

597 **Legends to the figures**

598

599 **Figure 1.** ORF2p multiple alignment against 8 HEV genotype 3 from human
600 (H) or from swine (S). Sequences within blue box represent 100% homology,
601 which cover 98% of the whole analyzed fragment (251 aa). Red or pink blocks
602 represent one or more different residues among the sequences.

603

604 **Figure 2.** SDS-PAGE analysis of HEV ORF2p recombinant protein. Line 1,
605 molecular weight markers; Line 2, purified ORF2p recombinant protein
606 (30kDa); Line 3, Mbp-ORF2p fusion protein (72kDa).

607

608 **Figure 3.** Indirect ELISA quantifying serologic rat IgG. Mbp-ORF2p (circle)
609 and ORF2p (square) immunized rat sera were collected before and 21, 42 or 56
610 days post-infection. Both sera were tested against homologous antigen (A) or
611 ORF2p (B). Student's paired *t* test, * $p < 0.05$, ** $p < 0.01$.

612

613 **Figure 4.** Protein analysis of ORF2p, Mbp-ORF2p and HEV genotype 3 ORF2.
614 ORF2p and Mbp-ORF2p recombinant protein were detected with monkey anti-
615 HEV genotype3 (panel A, line 1 and 2, respectively). Panel B: ORF2p, Mbp-
616 ORF2p and native HEV were detected with rat anti-ORF2p (lines 3, 4 and 7,
617 respectively). Extract of *E. coli* ER2566 transformed with empty pET20a (panel
618 B, line 5) and feces from piglet I before the infection (panel B, line 6) were used
619 as negative control for rat anti-ORF2p antibody. Stool from piglet IV collected
620 21 days post-infection (panel B, line 7) were detected with rat anti-ORF2p as
621 primary antibody. MW: molecular weight.

622

623 **Figure 5.** Hepatic ALT enzyme survey. Swine hepatic ALT enzyme was
624 quantified during the experiment. Dashed red line represents the mean of ALT
625 values before the infection.

626 **Figure 6.** ORF2 PCR to confirm HEV infection. HEV infection was confirmed
627 by PCR detecting ORF2 (801bp). Line 1-5: feces from piglets I-V. Line 6-10:
628 liver from piglets I-V, respectively. Line 11: bovine stool (negative control).

629

630 **Figure 7.** HEV genotype 3 detection by dot blot. Feces from experimentally
631 infected piglets were assessed by dot blot assay. Right panel: stool from animals
632 I, III, IV and V were analyzed at day 0 (above dashed line) or 21 days post-
633 infection (below dashed line). Left panel: ORF2p recombinant protein (C1) and
634 swine HEV genotype 3-positive stool (C2) were used as positive control; swine
635 HEV genotype 3-negative (C3) and bovine (C4) feces were used as negative
636 control. Rat anti-ORF2p polyclonal antibody was used as primary antibody.

637

638

639

640

641

642

643

644

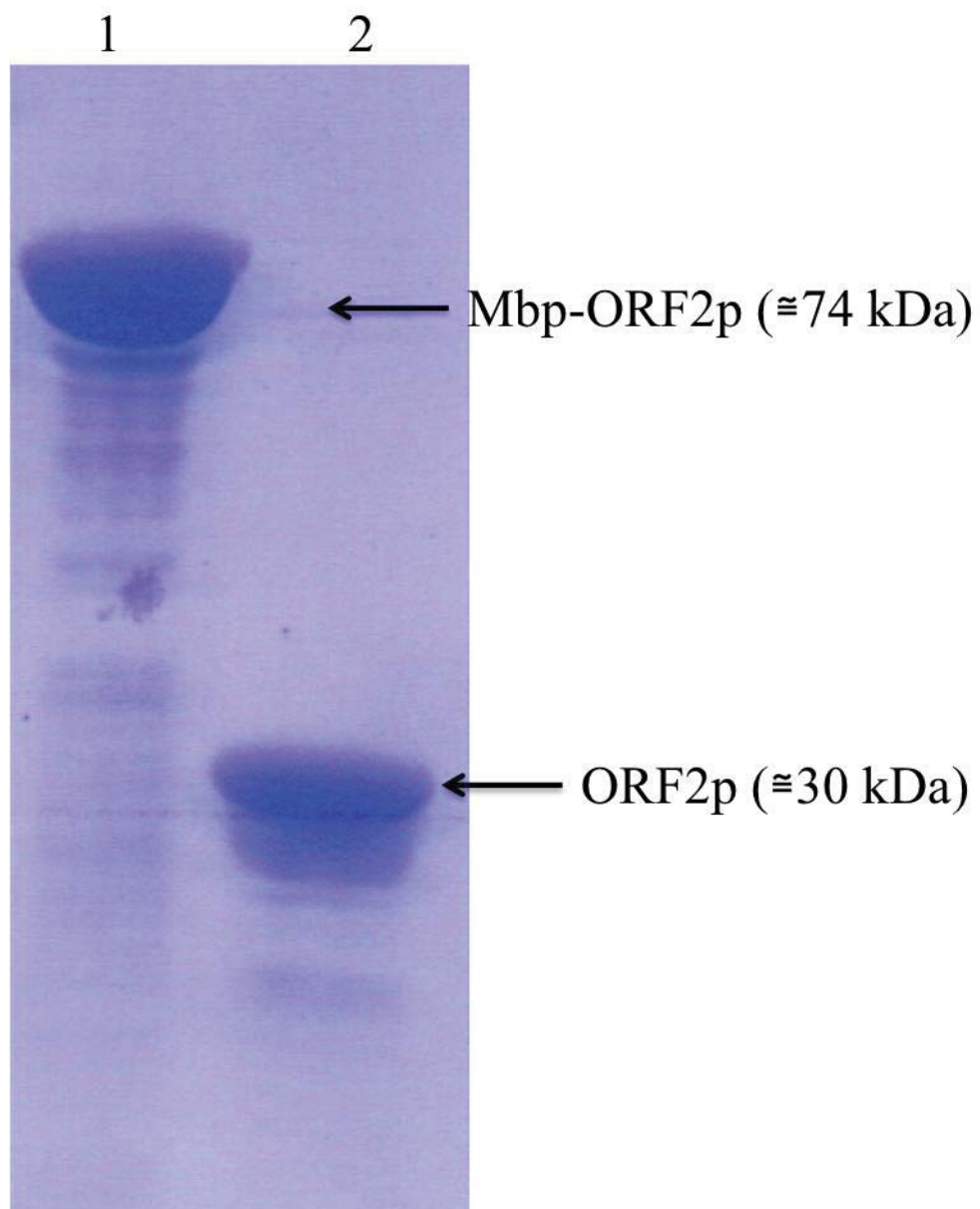
645 **Figure 1**

% matched: 98		10	20	30	40	50
ORF2p.UPF	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
H.AC66756.1 (China)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
H.AHC55357.1 (France)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
H.AHC54588.1 (Germany)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
H.BAE98089.1 (Japan)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
S.EF491206.1 (Brazil)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
S.AFJ06417.1 (Spain)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
S.ACB15470.1 (Thailand)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
S.AEA48882.1 (Hungary)	1	LFYSRPVVS	NGEPTVKLYT	SVENAQQDKG	IAIPHDIDL	DSRVVIQDY
ORF2p.UPF	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
H.AC66756.1 (China)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
H.AHC55357.1 (France)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
H.AHC54588.1 (Germany)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
H.BAE98089.1 (Japan)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
S.EF491206.1 (Brazil)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
S.AFJ06417.1 (Spain)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
S.ACB15470.1 (Thailand)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
S.AEA48882.1 (Hungary)	51	NQHEQDRPT	SPAPSRPFSV	LRANDVLWLS	LTAAEYDQTT	YGSSTNPMYV
ORF2p.UPF	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
H.AC66756.1 (China)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
H.AHC55357.1 (France)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
H.AHC54588.1 (Germany)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
H.BAE98089.1 (Japan)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
S.EF491206.1 (Brazil)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
S.AFJ06417.1 (Spain)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
S.ACB15470.1 (Thailand)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
S.AEA48882.1 (Hungary)	101	SDTVTFNVA	TGAQAVARSL	DWSKVTLDGR	PLTTIIQYSK	TFYVLPRLGK
ORF2p.UPF	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
H.AC66756.1 (China)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
H.AHC55357.1 (France)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
H.AHC54588.1 (Germany)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
H.BAE98089.1 (Japan)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
S.EF491206.1 (Brazil)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
S.AFJ06417.1 (Spain)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
S.ACB15470.1 (Thailand)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
S.AEA48882.1 (Hungary)	151	LSFWEAGTTK	AGYPYNYNTT	ASDQIL IENA	AGHRVAISTY	TTS LGAGPVS
ORF2p.UPF	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
H.AC66756.1 (China)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
H.AHC55357.1 (France)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
H.AHC54588.1 (Germany)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
H.BAE98089.1 (Japan)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
S.EF491206.1 (Brazil)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
S.AFJ06417.1 (Spain)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
S.ACB15470.1 (Thailand)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
S.AEA48882.1 (Hungary)	201	VS AVGVLA PH	SALAVLEDTI	DY PARAHTFD	DFCPECRNLG	LQGC AFQSTI
ORF2p.UPF	251	AELQRLKMKV	GKTRE			
H.AC66756.1 (China)	251	AELQRLKMKV	GKTRE			
H.AHC55357.1 (France)	251	AELQRLKMKV	GKTRE			
H.AHC54588.1 (Germany)	251	AELQRLKMKV	GKTRE			
H.BAE98089.1 (Japan)	251	AELQRLKMKV	GKTRE			
S.EF491206.1 (Brazil)	251	AELQRLKMKV	GKTRE			
S.AFJ06417.1 (Spain)	251	AELQRLKMKV	GKTRE			
S.ACB15470.1 (Thailand)	251	AELQRLKMKV	GKTRE			
S.AEA48882.1 (Hungary)	251	AELQRLKMKV	GKTRE			

646

647

648

Figure 2

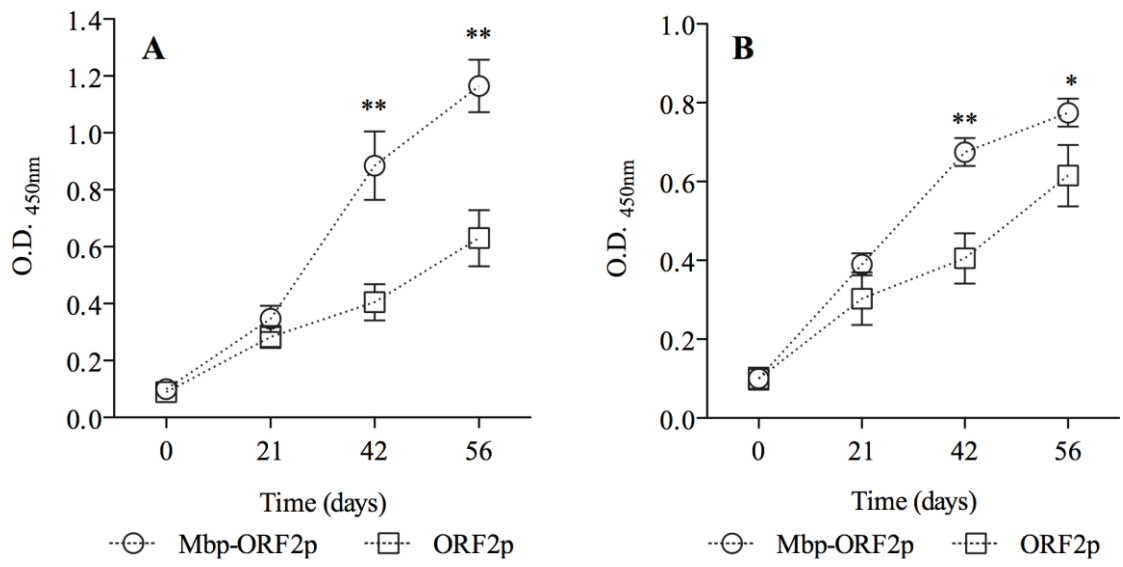
649

650

651

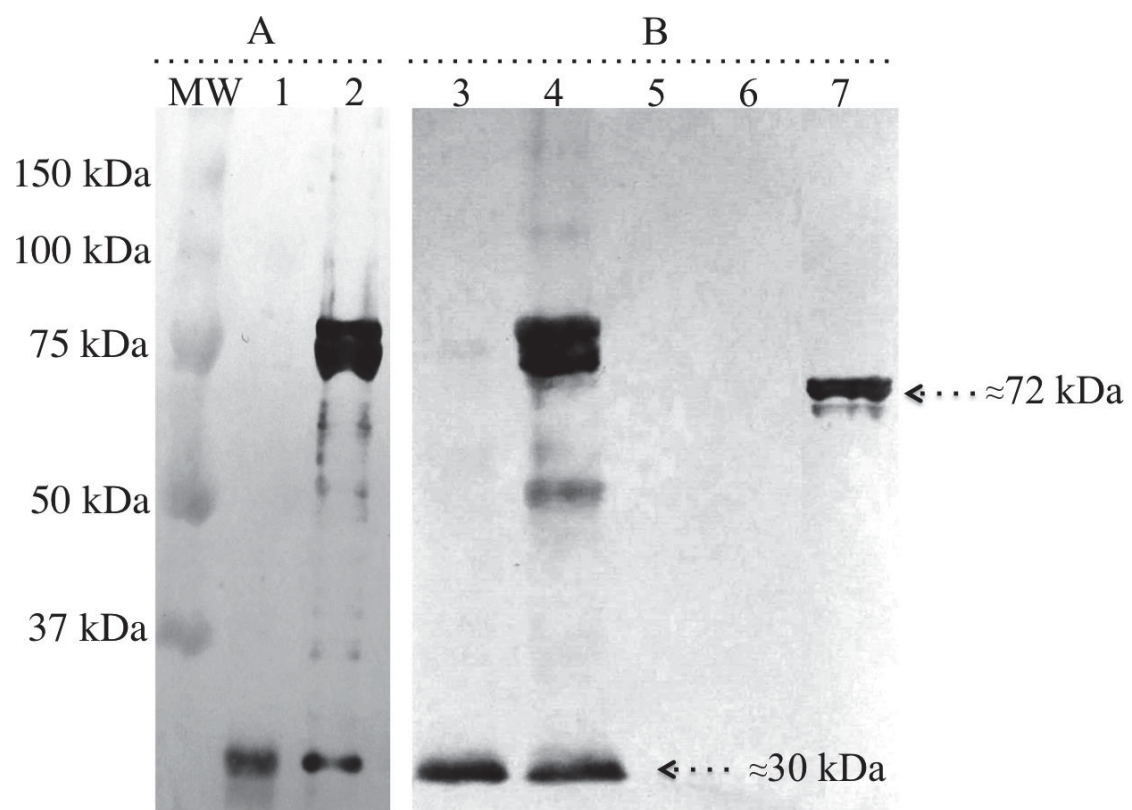
Figure 3

652



653

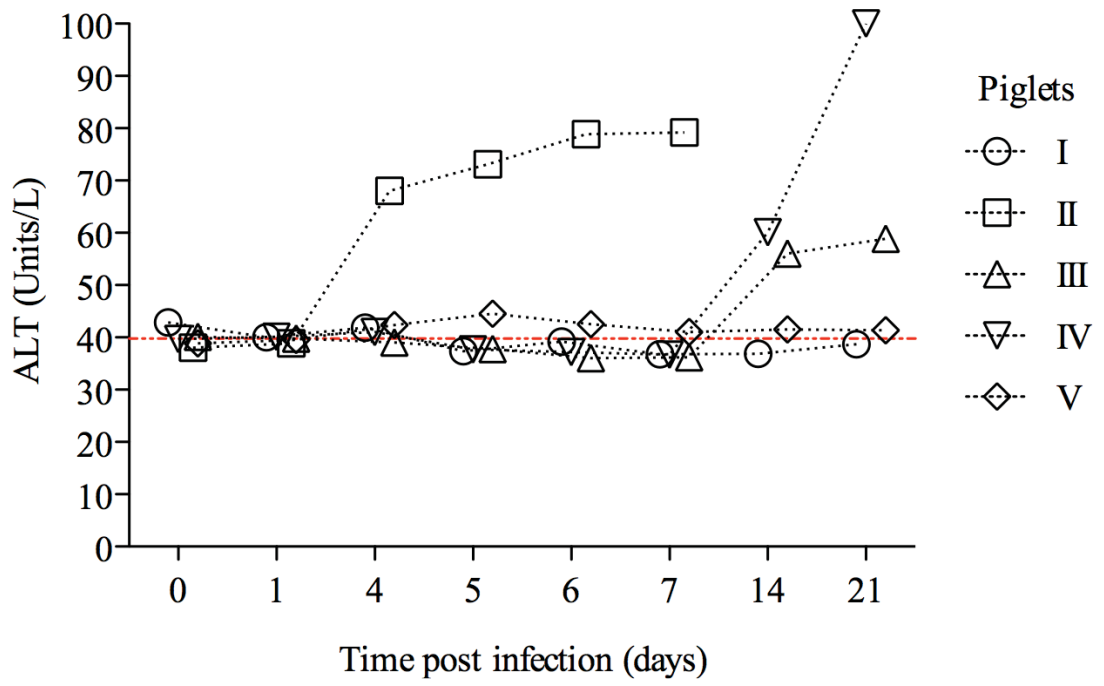
654

Figure 4

655

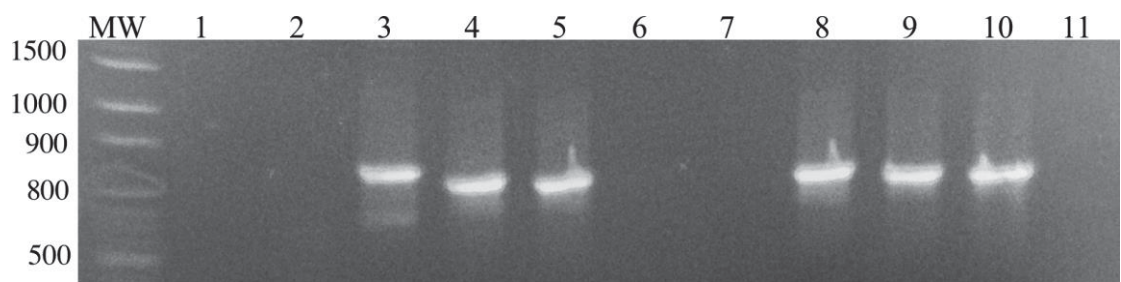
656

Figure 5



657

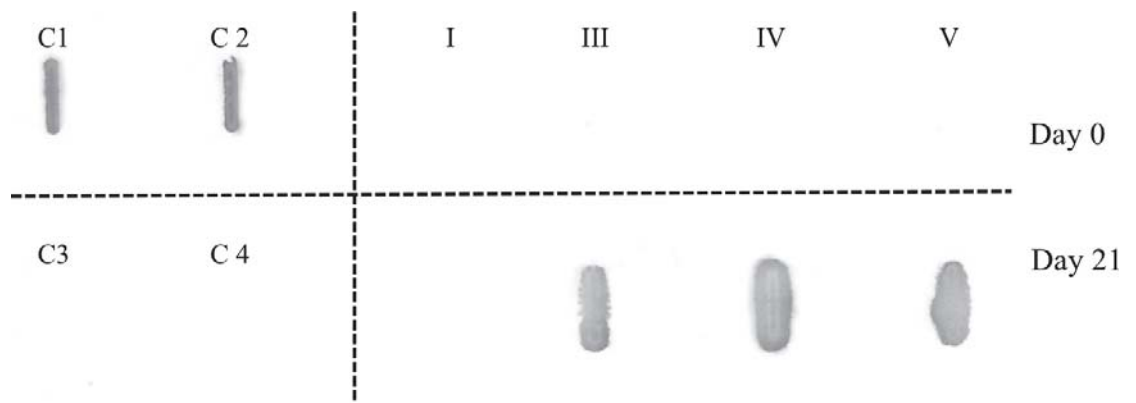
658

Figure 6

659

660

Figure 7



661

662

4. CONCLUSÕES

A Hepatite Viral E é uma doença infectocontagiosa pouco conhecida no Brasil. Nosso estudo, pioneiro no Brasil, apresenta o desenvolvimento de um antígeno recombinante derivado do Vírus da Hepatite E genótipo 3, o qual poderá ser utilizado tanto no desenvolvimento de testes diagnósticos como também na formulação de vacinas contra este importante patógeno. Assim concluímos que:

Primeira:

A sequência nucleotídica codificante do extremo C-terminal da proteína ORF2 do Vírus da Hepatite E genótipo 3 (isolado brasileiro) é altamente conservada, apresentando homologia de 98% quando comparado com outras sequências do HEV genótipo 3 procedente de humanos e suínos.

Segunda:

O sistema de expressão baseado no vetor pET20a transformado em células de *Escherichia coli* cepa ER2566 demonstra-se adequado para produzir a proteína recombinante ORF2p de forma solúvel e em alta concentração.

Terceira:

A proteína recombinante ORF2p além de ser imunogênica em ratas Wistar conserva um repertório de epítomos equivalentes aos encontrados na proteína ORF2 nativa, evidenciando sua qualidade antigênica.

5. CONSIDERAÇÕES FINAIS

Hepatite E é uma doença viral emergente de grande importância em saúde pública, diferente das demais hepatites, a hepatite E é zoonótica, podendo ser transmitida por várias espécies animais.

Países com alta produção de suínos, como China, Estados Unidos, Espanha, França e Alemanha, chamam a atenção para a presença e circulação dos genótipos zoonóticos do vírus da hepatite E, e ao mesmo tempo, notificam inúmeros casos de hepatite em humanos produzidas por estes genótipos.

Atualmente, o Brasil detém o quarto principal rebanho de suínos do mundo, ocupando lugar de destaque entre os principais exportadores desta proteína animal. Contudo, estudos soropidemiológicos relacionados com o HEV são escassos e, conseqüentemente, desconhecemos a real importância desta doença em nosso país.

Neste trabalho, descrevemos o desenvolvimento de um antígeno recombinante, derivado da proteína ORF2 do HEV gt3 que permitirá, por um lado, realizar futuros estudos sorológicos em humanos e em suínos através do desenvolvimento de um teste de diagnóstico customizado com o antígeno descrito e, por outro, desenvolver de uma vacina de subunidade para suínos, com potencial de eliminar a infecção da principal espécie animal considerada reservatório do principal genótipo do vírus da hepatite E circulante no Brasil.

6. REFERÊNCIAS

1. Chandra V, Taneja S, Kalia M, Jameel S. Molecular biology and pathogenesis of hepatitis E virus. *Journal of biosciences*. 2008 Nov;33(4):451-64.
2. Koonin EV, Gorbalenya AE, Purdy MA, Rozanov MN, Reyes GR, Bradley DW. Computer-assisted assignment of functional domains in the nonstructural polyprotein of hepatitis E virus: delineation of an additional group of positive-strand RNA plant and animal viruses. *Proceedings of the National Academy of Sciences of the United States of America*. 1992 Sep 1;89(17):8259-63.
3. Jameel S, Zafrullah M, Ozdener MH, Panda SK. Expression in animal cells and characterization of the hepatitis E virus structural proteins. *J Virol*. 1996 Jan;70(1):207-16.
4. Song YJ, Park WJ, Park BJ, Lee JB, Park SY, Song CS, et al. Hepatitis E virus infections in humans and animals. *Clin Exp Vaccine Res*. 2014 Jan;3(1):29-36.
5. Ponterio E, Di Bartolo I, Orru G, Liciardi M, Ostanello F, Ruggeri FM. Detection of serum antibodies to hepatitis E virus in domestic pigs in Italy using a recombinant swine HEV capsid protein. *BMC Vet Res*. 2014;10:133.
6. Lopes Dos Santos DR, Lewis-Ximenez LL, da Silva MF, de Sousa PS, Gaspar AM, Pinto MA. First report of a human autochthonous hepatitis E virus infection in Brazil. *J Clin Virol*. 2010 Mar;47(3):276-9.
7. Meng XJ, Dea S, Engle RE, Friendship R, Lyoo YS, Sirinarumitr T, et al. Prevalence of antibodies to the hepatitis E virus in pigs from countries where hepatitis E is common or is rare in the human population. *J Med Virol*. 1999 Nov;59(3):297-302.
8. Panda SK, Thakral D, Rehman S. Hepatitis E virus. *Rev Med Virol*. 2007 May-Jun;17(3):151-80.
9. Kamar N, Bendall R, Legrand-Abravanel F, Xia NS, Ijaz S, Izopet J, et al. Hepatitis E. *Lancet*. 2012 Jun 30;379(9835):2477-88.
10. Krain LJ, Nelson KE, Labrique AB. Host immune status and response to hepatitis E virus infection. *Clinical microbiology reviews*. 2014 Jan;27(1):139-65.
11. Bose PD, Das BC, Kumar A, Gondal R, Kumar D, Kar P. High viral load and deregulation of the progesterone receptor signaling pathway: association with hepatitis E-related poor pregnancy outcome. *J Hepatol*. 2011 Jun;54(6):1107-13.
12. Wedemeyer H, Pischke S, Manns MP. Pathogenesis and treatment of hepatitis e virus infection. *Gastroenterology*. 2012 May;142(6):1388-97 e1.
13. Khuroo MS. Seroepidemiology of a second epidemic of hepatitis E in a population that had recorded first epidemic 30 years before and has been under surveillance since then. *Hepatol Int*. 2010;4(2):494-9.
14. Martins RM, Freitas NR, Kozlowski A, Reis NR, Lopes CL, Teles SA, et al. Seroprevalence of hepatitis E antibodies in a population of recyclable waste pickers in Brazil. *J Clin Virol*. 2014 Mar;59(3):188-91.
15. La Rosa G, Fratini M, Muscillo M, Iaconelli M, Taffon S, Equestre M, et al. Molecular characterisation of human hepatitis E virus from Italy: comparative analysis of five reverse transcription-PCR assays. *Virol J*. 2014;11:72.
16. Echevarria JM, Gonzalez JE, Lewis-Ximenez LL, Dos Santos DR, Munne MS, Pinto MA, et al. Hepatitis E virus infection in Latin America: a review. *J Med Virol*. 2013 Jun;85(6):1037-45.
17. Jiménez de Oya N, Galindo I, Escribano-Romero E, Blázquez A-B, Alonso-Padilla J, Halaihel N, et al. Expression and Immunoreactivities of Hepatitis E Virus Genotype 3 Open Reading Frame-2 (ORF-2) Recombinant Proteins Expressed in Insect Cells. *Food Environ Virol*. 2009 2009/06/01;1(2):77-84.

18. Yu C, Engle RE, Bryan JP, Emerson SU, Purcell RH. Detection of immunoglobulin M antibodies to hepatitis E virus by class capture enzyme immunoassay. *Clin Diagn Lab Immunol.* 2003 Jul;10(4):579-86.
19. Surjit M, Jameel S, Lal SK. Cytoplasmic localization of the ORF2 protein of hepatitis E virus is dependent on its ability to undergo retrotranslocation from the endoplasmic reticulum. *J Virol.* 2007 Apr;81(7):3339-45.
20. Tam AW, Smith MM, Guerra ME, Huang CC, Bradley DW, Fry KE, et al. Hepatitis E virus (HEV): molecular cloning and sequencing of the full-length viral genome. *Virology.* 1991 Nov;185(1):120-31.
21. Zafrullah M, Ozdener MH, Kumar R, Panda SK, Jameel S. Mutational analysis of glycosylation, membrane translocation, and cell surface expression of the hepatitis E virus ORF2 protein. *J Virol.* 1999 May;73(5):4074-82.
22. Jimenez de Oya N, Galindo I, Girones O, Duizer E, Escribano JM, Saiz JC. Serological immunoassay for detection of hepatitis E virus on the basis of genotype 3 open reading frame 2 recombinant proteins produced in *Trichoplusia ni* larvae. *Journal of clinical microbiology.* 2009 Oct;47(10):3276-82.
23. Jimenez de Oya N, Escribano-Romero E, Blazquez AB, Lorenzo M, Martin-Acebes MA, Blasco R, et al. Characterization of hepatitis E virus recombinant ORF2 proteins expressed by vaccinia viruses. *Journal of virology.* 2012 Aug;86(15):7880-6.
24. Robinson RA, Burgess WH, Emerson SU, Leibowitz RS, Sosnovtseva SA, Tsarev S, et al. Structural characterization of recombinant hepatitis E virus ORF2 proteins in baculovirus-infected insect cells. *Protein expression and purification.* 1998 Feb;12(1):75-84.
25. Aggarwal R, Jameel S. Hepatitis E. *Hepatology.* 2011 Dec;54(6):2218-26.
26. Chiu DM, Chan MC, Yeung AC, Ngai KL, Chan PK. Seroprevalence of hepatitis E virus in Hong Kong, 2008-2009. *J Med Virol.* 2013 Mar;85(3):459-61.
27. Baylis SA, Koc O, Nick S, Blumel J. Widespread distribution of hepatitis E virus in plasma fractionation pools. *Vox Sang.* 2012 Feb;102(2):182-3.
28. Miranda AE, Merçon-de-Vargas PR, Corbett CEP, Corbett JF, Dietze R. Perspectives on sexual and reproductive health among women in an ancient mining area in Brazil. *Revista Panamericana de Salud Pública.* 2009;25:157-61.
29. Focaccia R, Sette Junior H, Conceicao OJ. Hepatitis E in Brazil. *Lancet.* 1995 Oct 28;346(8983):1165.
30. Parana R, Vitvitski L, Andrade Z, Trepo C, Cotrim H, Bertillon P, et al. Acute sporadic non-A, non-B hepatitis in Northeastern Brazil: etiology and natural history. *Hepatology.* 1999 Jul;30(1):289-93.
31. Trinta KS, Liberto MI, de Paula VS, Yoshida CF, Gaspar AM. Hepatitis E virus infection in selected Brazilian populations. *Mem Inst Oswaldo Cruz.* 2001 Jan;96(1):25-9.
32. Kannan H, Fan S, Patel D, Bossis I, Zhang YJ. The hepatitis E virus open reading frame 3 product interacts with microtubules and interferes with their dynamics. *J Virol.* 2009 Jul;83(13):6375-82.
33. Meng XJ. Hepatitis E virus: animal reservoirs and zoonotic risk. *Vet Microbiol.* 2010 Jan 27;140(3-4):256-65.
34. Worm HC, Schlauder GG, Brandstatter G. Hepatitis E and its emergence in non-endemic areas. *Wien Klin Wochenschr.* 2002 Aug 30;114(15-16):663-70.
35. Ruggeri FM, Di Bartolo I, Ponterio E, Angeloni G, Trevisani M, Ostanello F. Zoonotic transmission of hepatitis E virus in industrialized countries. *New Microbiol.* 2013 Oct;36(4):331-44.
36. Schlosser B, Stein A, Neuhaus R, Pahl S, Ramez B, Kruger DH, et al. Liver transplant from a donor with occult HEV infection induced chronic hepatitis and cirrhosis in the recipient. *J Hepatol.* 2012 Feb;56(2):500-2.

37. Xing L, Li TC, Mayazaki N, Simon MN, Wall JS, Moore M, et al. Structure of hepatitis E virion-sized particle reveals an RNA-dependent viral assembly pathway. *J Biol Chem*. 2010 Oct 22;285(43):33175-83.
38. Arankalle VA, Tsarev SA, Chadha MS, Alling DW, Emerson SU, Banerjee K, et al. Age-specific prevalence of antibodies to hepatitis A and E viruses in Pune, India, 1982 and 1992. *The Journal of infectious diseases*. 1995 Feb;171(2):447-50.
39. Krawczynski K. Hepatitis E. *Hepatology*. 1993 May;17(5):932-41.
40. Meng XJ. From barnyard to food table: the omnipresence of hepatitis E virus and risk for zoonotic infection and food safety. *Virus research*. 2011 Oct;161(1):23-30.
41. Reyes GR, Purdy MA, Kim JP, Luk KC, Young LM, Fry KE, et al. Isolation of a cDNA from the virus responsible for enterically transmitted non-A, non-B hepatitis. *Science*. 1990 Mar 16;247(4948):1335-9.
42. Villalba Mde L, Lay Lde L, Chandra V, Corredor MB, Frometa SS, Moreno AG, et al. Hepatitis E virus genotype 1, Cuba. *Emerging infectious diseases*. 2008 Aug;14(8):1320-2.
43. Garcia CG, Sanchez D, Villalba MC, Pujol FH, de Los Angeles Rodriguez Lay L, Pinto B, et al. Molecular characterization of hepatitis E virus in patients with acute hepatitis in Venezuela. *Journal of medical virology*. 2012 Jul;84(7):1025-9.
44. Teo CG. Fatal outbreaks of jaundice in pregnancy and the epidemic history of hepatitis E. *Epidemiology and infection*. 2012 May;140(5):767-87.
45. Escriba JM, Nakoune E, Recio C, Massamba PM, Matsika-Claquin MD, Goumba C, et al. Hepatitis E, Central African Republic. *Emerging infectious diseases*. 2008 Apr;14(4):681-3.
46. Grimwade D, Walker H, Oliver F, Wheatley K, Harrison C, Harrison G, et al. The importance of diagnostic cytogenetics on outcome in AML: analysis of 1,612 patients entered into the MRC AML 10 trial. The Medical Research Council Adult and Children's Leukaemia Working Parties. *Blood*. 1998 Oct 1;92(7):2322-33.
47. Meng XJ, Purcell RH, Halbur PG, Lehman JR, Webb DM, Tsareva TS, et al. A novel virus in swine is closely related to the human hepatitis E virus. *Proceedings of the National Academy of Sciences of the United States of America*. 1997 Sep 2;94(18):9860-5.
48. Meng XJ, Halbur PG, Shapiro MS, Govindarajan S, Bruna JD, Mushahwar IK, et al. Genetic and experimental evidence for cross-species infection by swine hepatitis E virus. *Journal of virology*. 1998 Dec;72(12):9714-21.
49. Yazaki Y, Mizuo H, Takahashi M, Nishizawa T, Sasaki N, Gotanda Y, et al. Sporadic acute or fulminant hepatitis E in Hokkaido, Japan, may be food-borne, as suggested by the presence of hepatitis E virus in pig liver as food. *The Journal of general virology*. 2003 Sep;84(Pt 9):2351-7.
50. Zhang W, He Y, Wang H, Shen Q, Cui L, Wang X, et al. Hepatitis E virus genotype diversity in eastern China. *Emerging infectious diseases*. 2010 Oct;16(10):1630-2.
51. Legrand-Abravanel F, Kamar N, Sandres-Saune K, Garrouste C, Dubois M, Mansuy JM, et al. Characteristics of autochthonous hepatitis E virus infection in solid-organ transplant recipients in France. *The Journal of infectious diseases*. 2010 Sep 15;202(6):835-44.
52. Lens S, Mensa L, Gambato M, Gonzalez P, Torras X, Soriano G, et al. HEV infection in two referral centers in Spain: epidemiology and clinical outcomes. *Journal of clinical virology : the official publication of the Pan American Society for Clinical Virology*. 2015 Feb;63:76-80.
53. Wichmann O, Schimanski S, Koch J, Kohler M, Rothe C, Plentz A, et al. Phylogenetic and case-control study on hepatitis E virus infection in Germany. *The Journal of infectious diseases*. 2008 Dec 15;198(12):1732-41.

54. Herremans M, Bakker J, Duizer E, Vennema H, Koopmans MP. Use of serological assays for diagnosis of hepatitis E virus genotype 1 and 3 infections in a setting of low endemicity. *Clinical and vaccine immunology : CVI*. 2007 May;14(5):562-8.
55. Daniel HD, Warier A, Abraham P, Sridharan G. Age-wise exposure rates to hepatitis e virus in a southern Indian patient population without liver disease. *The American journal of tropical medicine and hygiene*. 2004 Nov;71(5):675-8.
56. Meng XJ. Zoonotic and foodborne transmission of hepatitis E virus. *Seminars in liver disease*. 2013 Feb;33(1):41-9.
57. Purcell RH, Emerson SU. Hepatitis E: an emerging awareness of an old disease. *Journal of hepatology*. 2008 Mar;48(3):494-503.
58. Emerson SU, Purcell RH. Hepatitis E. *The Pediatric infectious disease journal*. 2007 Dec;26(12):1147-8.
59. WHO. Hepatitis E. <http://www.who.int/mediacentre/factsheets/fs280/en/#>. World Health Organization; 2015 [updated July 2015; cited 2015 August 2015].
60. Corwin AL, Tien NT, Bounlu K, Winarno J, Putri MP, Laras K, et al. The unique riverine ecology of hepatitis E virus transmission in South-East Asia. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 1999 May-Jun;93(3):255-60.
61. Naik SR, Aggarwal R, Salunke PN, Mehrotra NN. A large waterborne viral hepatitis E epidemic in Kanpur, India. *Bulletin of the World Health Organization*. 1992;70(5):597-604.
62. Drobeniuc J, Meng J, Reuter G, Greene-Montfort T, Khudyakova N, Dimitrova Z, et al. Serologic assays specific to immunoglobulin M antibodies against hepatitis E virus: pangenotypic evaluation of performances. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*. 2010 Aug 1;51(3):e24-7.
63. Meng XJ, Wiseman B, Elvinger F, Guenette DK, Toth TE, Engle RE, et al. Prevalence of antibodies to hepatitis E virus in veterinarians working with swine and in normal blood donors in the United States and other countries. *Journal of clinical microbiology*. 2002 Jan;40(1):117-22.
64. Vitral CL, Pinto MA, Lewis-Ximenez LL, Khudyakov YE, dos Santos DR, Gaspar AM. Serological evidence of hepatitis E virus infection in different animal species from the Southeast of Brazil. *Memorias do Instituto Oswaldo Cruz*. 2005 Apr;100(2):117-22.
65. Zheng Y, Ge S, Zhang J, Guo Q, Ng MH, Wang F, et al. Swine as a principal reservoir of hepatitis E virus that infects humans in eastern China. *Journal of Infectious Diseases*. 2006;193(12):1643-9.
66. Li SW, Zhang J, Li YM, Ou SH, Huang GY, He ZQ, et al. A bacterially expressed particulate hepatitis E vaccine: antigenicity, immunogenicity and protectivity on primates. *Vaccine*. 2005 Apr 22;23(22):2893-901.
67. Zhang J, Liu CB, Li RC, Li YM, Zheng YJ, Li YP, et al. Randomized-controlled phase II clinical trial of a bacterially expressed recombinant hepatitis E vaccine. *Vaccine*. 2009 Mar 13;27(12):1869-74.
68. Emerson SU, Clemente-Casares P, Moiduddin N, Arankalle VA, Torian U, Purcell RH. Putative neutralization epitopes and broad cross-genotype neutralization of Hepatitis E virus confirmed by a quantitative cell-culture assay. *The Journal of general virology*. 2006 Mar;87(Pt 3):697-704.
69. Meng J, Dai X, Chang JC, Lopareva E, Pillot J, Fields HA, et al. Identification and characterization of the neutralization epitope(s) of the hepatitis E virus. *Virology*. 2001 Sep 30;288(2):203-11.
70. Ma H, Song X, Harrison TJ, Zhang H, Huang W, Wang Y. Hepatitis E virus ORF3 antigens derived from genotype 1 and 4 viruses are detected with varying efficiencies by an anti-HEV enzyme immunoassay. *Journal of medical virology*. 2011 May;83(5):827-32.

71. dos Santos DR, Vitral CL, de Paula VS, Marchevsky RS, Lopes JF, Gaspar AM, et al. Serological and molecular evidence of hepatitis E virus in swine in Brazil. *Veterinary journal*. 2009 Dec;182(3):474-80.
72. Zhang M, Emerson SU, Nguyen H, Engle RE, Govindarajan S, Gerin JL, et al. Immunogenicity and protective efficacy of a vaccine prepared from 53 kDa truncated hepatitis E virus capsid protein expressed in insect cells. *Vaccine*. 2001 Dec 12;20(5-6):853-7.
73. Zhou YX, Lee MY, Ng JM, Chye ML, Yip WK, Zee SY, et al. A truncated hepatitis E virus ORF2 protein expressed in tobacco plastids is immunogenic in mice. *World journal of gastroenterology : WJG*. 2006 Jan 14;12(2):306-12.
74. Zhang JZ, Ng MH, Xia NS, Lau SH, Che XY, Chau TN, et al. Conformational antigenic determinants generated by interactions between a bacterially expressed recombinant peptide of the hepatitis E virus structural protein. *Journal of medical virology*. 2001 Jun;64(2):125-32.
75. Kapust RB, Waugh DS. Escherichia coli maltose-binding protein is uncommonly effective at promoting the solubility of polypeptides to which it is fused. *Protein science : a publication of the Protein Society*. 1999 Aug;8(8):1668-74.
76. Fox JD, Routzahn KM, Bucher MH, Waugh DS. Maltodextrin-binding proteins from diverse bacteria and archaea are potent solubility enhancers. *FEBS letters*. 2003 Feb 27;537(1-3):53-7.
77. Farshadpour F, Taherkhani R, Makvandi M, Rajabi Memari H, Samarbafzadeh AR. Codon-Optimized Expression and Purification of Truncated ORF2 Protein of Hepatitis E Virus in Escherichia coli. *Jundishapur journal of microbiology*. 2014 Jul;7(7):e11261.
78. Meng XJ, Halbur PG, Haynes JS, Tsareva TS, Bruna JD, Royer RL, et al. Experimental infection of pigs with the newly identified swine hepatitis E virus (swine HEV), but not with human strains of HEV. *Arch Virol*. 1998;143(7):1405-15.
79. Lyra AC, Pinho JRR, Silva LK, Sousa L, Saraceni CP, Braga EL, et al. HEV, TTV and GBV-C/HGV markers in patients with acute viral hepatitis. *Brazilian Journal of Medical and Biological Research*. 2005;38:767-75.
80. de Carvalho LG, Marchevsky RS, dos Santos DR, de Oliveira JM, de Paula VS, Lopes LM, et al. Infection by Brazilian and Dutch swine hepatitis E virus strains induces haematological changes in *Macaca fascicularis*. *BMC Infect Dis*. 2013;13:495.