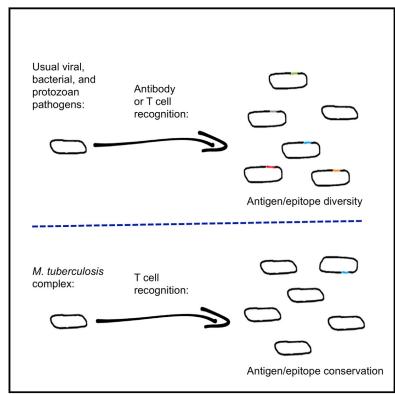
# **Cell Host & Microbe** *M. tuberculosis* T Cell Epitope Analysis Reveals Paucity of Antigenic Variation and Identifies Rare

## Variable TB Antigens

### **Graphical Abstract**



### **Highlights**

- 1,226 T cell epitopes sequenced from 216 diverse *M. tuberculosis* strains
- Most known *M. tuberculosis* T cell epitopes are highly conserved
- Comparative genomics identifies rare predicted epitopes with sequence variants
- Immunogenicity of predicted epitopes and variants confirmed in human studies

Coscolla et al., 2015, Cell Host & Microbe *18*, 1–11 November 11, 2015 ©2015 Elsevier Inc. http://dx.doi.org/10.1016/j.chom.2015.10.008

### Authors

Mireia Coscolla, Richard Copin, Jayne Sutherland, ..., Federica Giardina, Joel D. Ernst, Sebastien Gagneux

### Correspondence

joel.ernst@med.nyu.edu (J.D.E.), sebastien.gagneux@unibas.ch (S.G.)

### In Brief

Pathogens that evade adaptive immunity typically exhibit antigenic variation. By contrast, Coscolla, Copin et al. find that T cell epitopes across diverse strains of *M. tuberculosis* are hyperconserved. They identify rare variant *M. tuberculosis* epitopes and confirm their immunogenicity in human studies. These findings have implications for TB vaccine design.



# Cell Host & Microbe

**Cell**Press

# *M. tuberculosis* T Cell Epitope Analysis Reveals Paucity of Antigenic Variation and Identifies Rare Variable TB Antigens

Mireia Coscolla,<sup>1,2,7</sup> Richard Copin,<sup>3,7</sup> Jayne Sutherland,<sup>4</sup> Florian Gehre,<sup>4</sup> Bouke de Jong,<sup>4,5</sup> Olumuiya Owolabi,<sup>4</sup> Georgetta Mbayo,<sup>4</sup> Federica Giardina,<sup>2,6</sup> Joel D. Ernst,<sup>3,8,\*</sup> and Sebastien Gagneux<sup>1,2,8,\*</sup>

<sup>1</sup>Department of Medical Parasitology and Infection Biology, Swiss Tropical and Public Health Institute, 4002 Basel, Switzerland <sup>2</sup>University of Basel, 4003 Basel, Switzerland

<sup>3</sup>Department of Medicine, Division of Infectious Diseases, New York University School of Medicine, New York, NY 10016, USA

<sup>4</sup>TB Immunology Laboratory, Vaccinology Theme, MRC Unit, Fajara, the Gambia

<sup>5</sup>Department of Biomedical Sciences, Institute of Tropical Medicine, 2000 Antwerp, Belgium

<sup>6</sup>Department of Epidemiology and Public Health, Swiss Tropical and Public Health Institute, 4002 Basel, Switzerland

<sup>7</sup>Co-first author

<sup>8</sup>Co-senior author

\*Correspondence: joel.ernst@med.nyu.edu (J.D.E.), sebastien.gagneux@unibas.ch (S.G.) http://dx.doi.org/10.1016/j.chom.2015.10.008

#### SUMMARY

Pathogens that evade adaptive immunity typically exhibit antigenic variation. By contrast, it appears that although the chronic human tuberculosis (TB)-causing pathogen Mycobacterium tuberculosis needs to counter host T cell responses, its T cell epitopes are hyperconserved. Here we present an extensive analysis of the T cell epitopes of *M. tuberculosis*. We combined population genomics with experimental immunology to determine the number and identity of T cell epitope sequence variants in 216 phylogenetically diverse strains of M. tuberculosis. Antigen conservation is indeed a hallmark of M. tuberculosis. However, our analysis revealed a set of seven variable antigens that were immunogenic in subjects with active TB. These findings suggest that M. tuberculosis uses mechanisms other than antigenic variation to evade T cells. T cell epitopes that exhibit sequence variation may not be subject to the same evasion mechanisms, and hence vaccines that include such variable epitopes may be more efficacious.

#### INTRODUCTION

Microbial pathogens must adapt to host environments to establish replicative niches and counter innate and adaptive immune responses. The need to adapt is especially marked for obligate pathogens that must infect, replicate, and be transmitted to new hosts to survive and propagate. In the case of pathogens that encounter adaptive immune responses, a common mechanism of adaptation is antigenic variation, in which pathogen targets that are recognized by antibodies and T lymphocytes develop escape mutations that allow them to evade recognition and elimination by the host immune system (Deitsch et al., 2009; Goulder et al., 2001; Heaton et al., 2013; Palmer et al., 2009). As pathogens evolve to evade host immunity by antigenic variation, hosts respond by developing antibodies and T cells with specificity to the newly selected antigens. The cycle of antigenic variation and host response can be continuous (Dawkins and Krebs, 1979; Woolhouse et al., 2002). The consequences of antigenic variation can include persistent viral (Dustin and Rice, 2007), parasitic, or bacterial infection (Deitsch et al., 2009; Palmer et al., 2009), pandemics of diseases such as influenza (Itoh et al., 2009), and reinfection after recovery (Henderson et al., 1979). Antigenic variation also impacts vaccine development, by compelling the use of multivalent vaccines (containing multiple antigenic variants) such as for poliovirus and Streptococcus pneumoniae, or by requiring new vaccines at regular intervals, such as for influenza. Extreme antigenic variation confounds development of HIV vaccines that can protect against diverse viral strains (Walker and Korber, 2001).

Mycobacterium tuberculosis and other members of the Mycobacterium tuberculosis complex (MTBC) cause tuberculosis (TB) (Coscolla and Gagneux, 2014), a chronic infection transmitted by the aerosol route that remains a major global health problem despite the availability of drug treatment (WHO, 2014). M. tuberculosis is an obligate human pathogen, as it has no ecological niche other than its human hosts, with which it has coevolved for thousands of years (Bos et al., 2014; Comas et al., 2013). The success of M. tuberculosis as a pathogen is due to its efficiency of transmission and its ability to evade elimination by adaptive immune responses (Ernst, 2012). Immunity to M. tuberculosis depends on T lymphocytes, as T celldeficient humans, nonhuman primates, and mice are susceptible to rapidly progressive disease (Kwan and Ernst, 2011; Lin et al., 2009; North and Jung, 2004). Among T lymphocytes, CD4 T cells are essential for protective immunity to TB: in HIV-infected humans, loss of CD4 T cells greatly increases susceptibility to TB, and reconstitution of CD4 T cells by antiretroviral therapy reduces susceptibility to TB (Kwan and Ernst, 2011). Humans also generate CD8 T cell responses to M. tuberculosis antigens during infection, but the contribution of CD8 T cells to protection is less clear (Lancioni et al., 2012). Despite development of CD4 and CD8 T cell responses directed against *M. tuberculosis* antigens, the bacteria can persist for the life of an individual, allowing for reactivation, progression, and transmission of TB. The mechanisms that allow persistence and progression of *M. tuberculosis* infection are incompletely understood, but they include modulation of bacterial antigen expression, inefficient antigen presentation, and bacterial interference with T cell effector mechanisms (Ernst, 2012). The contribution of antigenic variation to immune evasion in TB is also incompletely understood.

For T cells to contribute to immunity, they must recognize specific peptides (termed epitope peptides), generated by proteolysis of pathogen proteins, bound to major histocompatibility complex (MHC) molecules on the surface of antigen presenting cells. CD4 T cells recognize epitope peptides bound to MHC (human leukocyte antigen [HLA] in humans) class II molecules, while CD8 T cells recognize peptides bound to MHC/HLA class la molecules. For a given epitope to be immunogenic, it must bind with sufficient affinity to one or more MHC proteins, and the peptide-MHC complex must be recognized by a clonotypic T cell antigen receptor. Variation in the sequence of an epitope can result in loss of MHC binding and recognition by T cells (Corradin and Chiller, 1979), indicating that sequence variation of pathogen molecules can result in escape from control of infection by T cells (Farci et al., 2000; Kawashima et al., 2009).

To determine whether antigenic (epitope peptide) sequence variation contributes to immune evasion in human TB. we previously characterized the sequences of 491 human T cell epitopes in the genomes of 21 phylogenetically diverse strains of the MTBC and unexpectedly found that the T cell epitopes of the MTBC are hyperconserved (Comas et al., 2010). In that study, 95% of the T cell epitopes studied contained no amino acid substitutions, even in bacterial strains that diverged from a common ancestor thousands of years ago. This observation implied that human T cell recognition of the known human T cell epitopes of M. tuberculosis is not sufficiently detrimental to the pathogen to select for escape variants. If the persistence and evolutionary success of *M. tuberculosis* do not involve antigenic variation, it will be necessary to formulate new models for understanding the biology of TB and certain other infectious diseases, especially those that have been refractory to development of efficacious vaccines.

Although the results of our previous study established that T cell epitopes are hyperconserved, M. tuberculosis clearly adapts to antimicrobial drug pressure by development of resistance through chromosomal mutations, and not through horizontal gene exchange (Borrell and Gagneux, 2011; Goldberg et al., 2012; Müller et al., 2013). This indicates that *M. tuberculosis* can respond to selection pressure with adaptive mutations, and the finding of a very low frequency of epitope variation in our previous study may have been influenced by the approach commonly employed to discover T cell epitopes. Indeed, most studies to date have used derivatives (native or recombinant antigens, or synthetic peptides) based on the M. tuberculosis reference strain H37Rv, a member of the MTBC Lineage 4 (Gagneux and Small, 2007). Use of those derivatives to identify epitopes recognized by T cells of individuals who were infected by strains from MTBC lineages other than Lineage 4 may bias the results toward discovery of conserved epitopes. In addition, since the total number of antigens and

T cell epitopes encoded by the MTBC genome is unknown, it is possible that there are epitopes that have not been identified with usual approaches and that are under diversifying selection from T cell recognition.

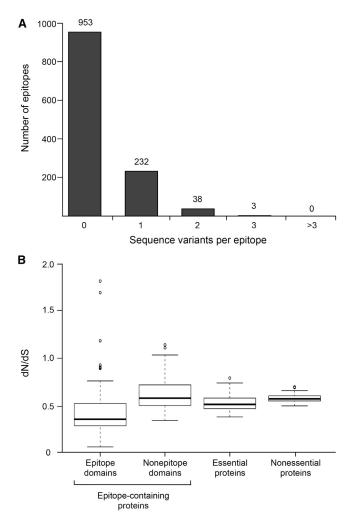
To better understand the evolutionary impact of human T cell recognition, and to determine the extent of *M. tuberculosis* antigenic variation, we first extended our analysis to an expanded set of experimentally validated epitopes and a larger number of bacterial strains. We then analyzed the genomes of 216 strains representative of the seven main human-adapted phylogenetic lineages of the MTBC (Coscolla and Gagneux, 2014) and used an innovative strategy based on a combination of population genomics and computational and experimental immunology to determine the number and the identity of human T cell epitopes with naturally occurring sequence variants. Our findings reinforce the finding of epitope conservation, reveal a small number of epitopes with sequence variants, and indicate that antigenic variation is not a major mechanism of immune evasion in *M. tuberculosis*.

#### RESULTS

#### Expanded Analysis of Epitopes and Bacterial Strains Confirms Conservation of Human T Cell Epitopes in *M. tuberculosis*

Our initial finding of hyperconservation of the epitopes of *M. tuberculosis* recognized by human T cells was based on the analysis of 21 genomes and 491 T cell epitopes; this may have limited the likelihood of finding epitopes with sequence variants. To better define the frequency of conserved and of variable epitopes, we analyzed the genomes of 216 bacterial strains (Comas et al., 2013) representative of the seven known human-adapted phylogenetic lineages of the MTBC (Coscolla and Gagneux, 2014). Recent epitope discovery efforts also facilitated our analysis of conservation and diversity of a larger number of human T cell epitopes.

We first identified 1.730 epitopes cataloged in the Immune Epitope Database (http://www.iedb.org). After excluding epitopes in repetitive regions (see Supplemental Experimental Procedures), we used 1,226 of these for analysis of their sequence diversity in the 216 phylogenetically diverse bacterial strains (Comas et al., 2013). This revealed that 953 (78%) of the 1,226 epitopes contained no amino acid variants in the 216 strains, while we found one amino acid substitution in 232 (19%) of the epitopes (Figure 1A). Notably, of the epitopes in which we found one amino acid substitution, 57% were found in a single isolate. No epitope exhibited more than three distinct amino acid variants. To further explore the degree of T cell epitope conservation, we compared the ratios of non-synonymous to synonymous substitution rates (dN/dS) in epitopes and other elements of the MTBC genome (Figure 1B). Consistent with our previous observation (Comas et al., 2010), we found that essential genes showed a significantly lower dN/dS than nonessential genes (Wilcoxon signed-rank test  $p = 5.6^{-15}$ ). This was expected, as essential genes are known to be under stronger purifying selection than nonessential genes. Again consistent with our previous findings (Comas et al., 2010), we found that all epitope regions combined showed a significantly lower dN/dS compared to the corresponding nonepitope regions of the same proteins, or to essential genes (Wilcoxon signed-rank



## Figure 1. Genetic Diversity of Experimentally Verified Human T Cell Epitopes of *M. tuberculosis*

(A) Frequency distribution of the number of epitopes (total n = 1,226) with the stated number of sequence variants.

(B) Comparison of dN/dS of epitopes considered in (A); nonepitope domains of the epitope-containing proteins; essential proteins, and nonessential proteins of *M. tuberculosis*.

test  $p = p < 2.2^{-16}$  and  $p = 4.4^{-14}$ , respectively) (Figure 1B). Since inclusion of epitopes in the IEDB does not require that peptides meet preset criteria (Ernst et al., 2008), we separately analyzed a subset of 163 peptides (included in the initial set of 1,226) identified in a recent T cell epitope screen as the most immunodominant among 20,610 peptides examined (Lindestam Arlehamn et al., 2013). After filtering out epitopes found in repetitive loci (58/163), we found that 9 of the 105 immunodominant epitopes (8.6%) contained sequence variants in more than one strain, while 11 additional epitopes contain variants in a single strain (singletons) (Table S1). Since singletons may be transient and destined to be removed by purifying selection, their biological significance is uncertain. Thus, expanded analyses of a larger number of epitopes in a larger number of bacterial strains confirmed that sequence conservation dominates in the known T cell epitopes of *M. tuberculosis*.

Since the present experimental approaches to *M. tuberculosis* epitope discovery may be biased toward discovery of conserved epitopes (by studying responses to antigens or epitope peptides derived from bacteria from a single phylogenetic lineage), we used an alternative approach to determine the existence and frequency of human T cell epitopes with sequence variants in the MTBC. We reasoned that effective immune recognition would drive a higher level of sequence diversity than the genome average in genes that encode antigens containing variable epitopes and that variable epitopes could be discovered by use of comparative genomics.

# Identification of Variable Regions in the *M. tuberculosis* Genome

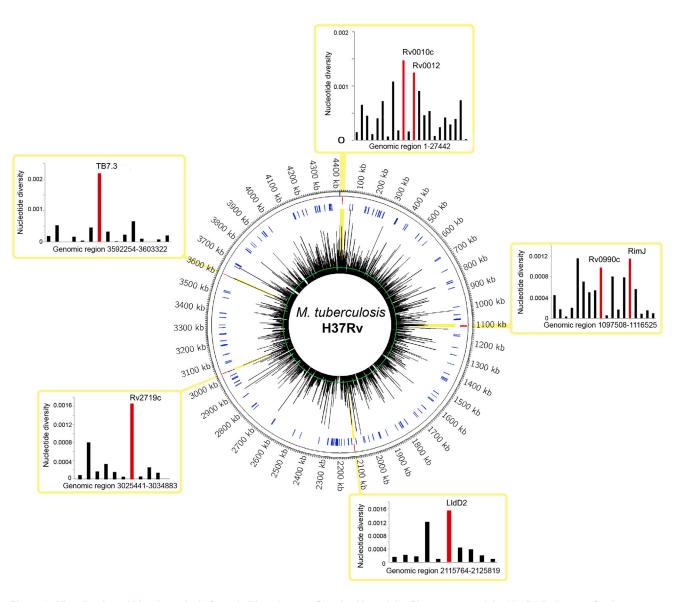
To identify and quantitate variable candidate antigens in the MTBC genome, we analyzed 3,774 coding regions in whole genome sequences of 216 human-adapted MTBC strains representative of the seven main lineages (Comas et al., 2013) (Figure 2). First, we calculated the nucleotide diversity ( $\pi$ ), defined as the average number of nucleotide differences per site between any two DNA sequences chosen randomly. This revealed a median  $\pi$  = 0.0002 for all coding regions, ranging from 0 to 0.0046, compared to  $\pi$  = 0.0003 for the whole genome (Figure 2, Table S2). Because only nSNPs lead to amino acid changes and potential antigenic variation, we further focused our analyses on coding regions exhibiting high rates of nSNPs. To this end, we selected the most variable 5% of the genes (N = 189; Table S2) and determined that the dN/dS in these genes ranged from 0 to 4.21; 47% (88/189) of the genes showed a dN/dS > 1 (Table S2). Because 19 genes showed only nSNPs, a dN/dS value could not be calculated for these genes and was indicated as "infinite" (Table S2).

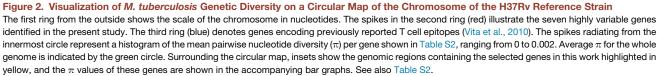
Next, we selected genes for further characterization based on the three following criteria: (1) ranking in the 5% of genes with the highest  $\pi$  (Table S2), (2) a dN/dS > 1, and (3) harboring at least one nSNP present in an entire MTBC lineage (Table S2). To assess the possibility that the impact of a given nSNP on immune response depends on its distribution in the MTBC phylogeny, we also selected candidates with variants in distinct lineages. A total of seven genes were chosen for further analyses. These seven genes were associated with several functional categories (Lew et al., 2011), including cell wall and cell processes (3 genes), intermediary metabolism (2 genes), lipid metabolism (1 gene), and information pathways (1 gene) (Table S3). The protein products encoded by 5 of the 7 genes have been detected in proteomics studies that have revealed the presence of 3 of them in the bacterial membrane fraction (de Souza et al., 2011; Mawuenyega et al., 2005; Rosenkrands et al., 2000; Schubert et al., 2013). None of the proteins were predicted or determined to be secreted.

#### **Epitope Prediction**

To explore whether sequence diversity in the seven genes of interest could be related to human T cell recognition, we first computationally predicted human CD4 and CD8 T cell epitopes in the protein products of these genes using HLA class I and HLA class II alleles that are prevalent in diverse human populations (Hoof et al., 2009; Nielsen et al., 2010) (Table S4). This identified a mean of 207 potential high-affinity epitopes per protein for HLA class II.

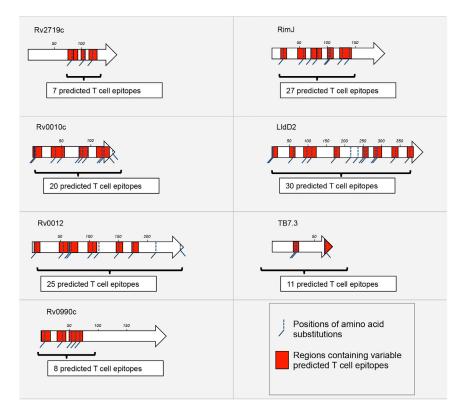
#### **Cell**Press





We then examined the relationship between the predicted human T cell epitopes and DNA sequence variation in the seven genes of interest. Comparative analysis of the 216 whole genomes revealed 56 nSNPs in these seven genes (Table S5). Moreover, we found that 91% (51/56) of these nSNPs coincided with predicted CD4 and/or CD8 T cell epitopes (Figure 3). We then evaluated whether the corresponding amino acid changes altered the results of the epitope predictions. We found that on average, a given amino acid substitution led to 5% fewer predicted CD4 T cell epitopes (range, 0%–8%) and 18% fewer predicted CD8 T cell epitopes, ranging from 11% (10 of 88 for RimJ) to 53% (9 of 17 for TB7.3) (Table S6A). To test whether this reduction in the number of predicted CD4 and CD8 epitopes

encoded by these genes was statistically significant, we selected a control set of 100 predicted T cell epitopes from random regions of the MTBC genome that contained nSNPs (Table S6B) and evaluated the consequences of these nSNPs on the predicted binding affinity of this other set of epitopes. We found that the impact of nSNPs on predicted CD4 T cell epitopes was similar regardless of whether the epitopes were derived from the seven genes of interest or elsewhere in the genome. In contrast, for the predicted CD8 T cell epitopes, nSNPs in the seven genes of interest were  $\sim$ 5 times more likely to affect the predicted epitope binding than nSNPs in predicted epitopes encoded in the random proteins (16% versus 3.3%;  $\chi^2 = 8.233$ , p < 0.005). These results suggest that the seven



#### Figure 3. Location of 82 Naturally Occurring Amino Acid Substitutions and Predicted CD4 and CD8 T Cell Epitopes in Seven Candidate *M. tuberculosis* Antigens

For each protein, a length scale in amino acids is shown. The red rectangles highlight regions containing predicted CD4 and/or CD8 T cell epitopes for which predicted HLA binding affinity was affected by amino acid substitutions. The number of affected predicted T cell epitopes per protein is indicated in the white boxes. T cell epitope predictions were done using HLA molecules representing major global human populations (Table S4 and accompanying map).

collection. Moreover, HLA allele frequencies are best characterized in the Caucasian populations where Lineage 4 strains are prevalent. This analysis revealed that the 14 nSNPs specific to Lineage 4 strains led to a net decrease of 17% of the predicted T cell epitopes (Table S6C). By contrast, we found that nSNPs in Lineages 1, 3, or 6 increase the number of predicted epitopes by an average of 37% (Table S6C). The latter finding may be related to the relative lack of success of Lineage 1, 3, and 6

genes of interest identified here are under distinct selection pressures compared with random genes in the MTBC genome, and that this difference could be due to CD8 T cell recognition.

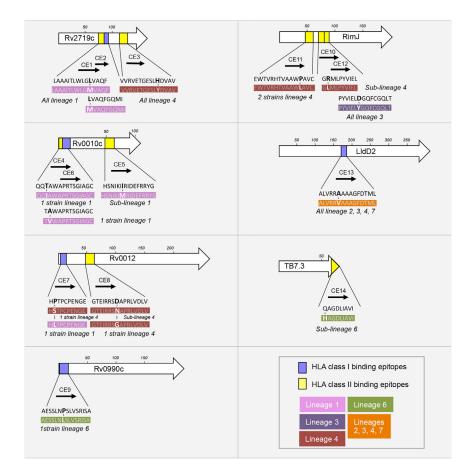
Next, we examined the impact of naturally occurring sequence variation on the predicted capacity of putative epitope peptides to bind to selected HLA alleles with high affinity. We found that on average, a nSNP decreased the binding affinity of 25% (7 of 33) and 18% (9 of 51) of the predicted peptide:HLA class I and peptide:HLA class II interactions, respectively (Table S6A). We also found that the naturally occurring sequence variation could lead to an increase in the number of HLA alleles capable of high-affinity binding of the corresponding epitope peptide. Overall, epitope variants were predicted to form 4–13 new HLA class I and 2–17 new HLA class II high-affinity binding interactions (Table S6A). In summary, our results indicate that the naturally occurring sequence variation in epitopes predicted from our seven genes of interest can result in either loss or gain of recognition by human T cells.

The different phylogenetic lineages of the MTBC have been associated with different human populations (Brites and Gagneux, 2015), and some MTBC lineages are more globally widespread than others (Coscolla and Gagneux, 2014). Because 53 of the 56 (95%) nSNPs found in the seven genes of interest were specific to individual MTBC lineages, we assessed the possibility that the impact of a given nSNP on T cell epitope recognition depends on its distribution in the MTBC phylogeny and the corresponding human population. We initially concentrated on nSNPs specific to Lineage 4 (also known as the Euro-American lineage), because it is the most successful MTBC lineage worldwide and also well represented in our strain compared to Lineage 4 in spreading globally (Hershberg et al., 2008).

# Immunogenicity of Peptides Representing Candidate Variable CD4 and CD8 T Cell Epitopes

To experimentally validate our epitope predictions, we assessed the immunogenicity of the predicted T cell epitopes and their respective naturally occurring sequence variants by assaying immune responses from 88 sputum smear-positive, HIV-seronegative adults with newly diagnosed TB in The Gambia. For this analysis, we focused on variable T cell epitopes with high affinities for the HLA alleles that are most prevalent in The Gambia (Table S4). A total of nine CD4 and five CD8 candidate T cell epitopes were selected, containing 16 amino acid changes predicted to alter the interactions with some or all selected HLA alleles (Figure 4). In total, 30 peptides corresponding to 14 ancestral (present in the MTBC common ancestor) and 16 variant (any departure from the ancestral) sequences were synthesized from the seven genes of interest (Figure 4). Each peptide was used to stimulate fresh diluted whole blood samples followed by ELISA quantitation of interferon gamma (IFN- $\gamma$ ) in supernatants. Cells of six of the subjects did not respond to any of three positive controls; therefore the IFN-y responses of 82 subjects were used for further analysis (Table S7).

Each of the candidate epitope peptides was immunogenic in subjects with active TB, as defined by the ability to stimulate IFN- $\gamma$  release to a level at least 2-fold higher than the individual subject's unstimulated control sample. When considered together, the ancestral and variant sequences of each peptide induced responses from the cells of an average of 12 subjects



(Figure 5A, Table S7). By summing the responses to all peptides from one protein, we found that epitopes in RimJ and Rv0010c induced responses in  $\geq$  30% of the subjects (Figure 5B). Considered separately, the HLA class I and class II candidate epitopes stimulated the cells of an average of 12% and 16% of subjects (10/82 and 13/82), respectively. No statistically significant difference was found between these percentages, indicating that the accuracy of predicting immunogenic HLA class I and class II epitopes did not differ.

Fifty-two of the 82 (63%) subjects with TB responded to at least one candidate epitope peptide. Cells from individual subjects responded to an average of 3 of the 30 (10%) candidate epitope peptides (ancestral and/or variant form), although cells of some subjects responded to as many as 22 (73.3%). The amount of IFN- $\gamma$  secreted in response to peptide stimulation of cells from certain subjects was in a range similar to that observed when a pool of overlapping peptides from ESAT-6 and CFP10 was used, indicating that the candidate epitope peptides were immunogenic in this population (Figure 6A). Of note, epitope peptides from Rv0010c stimulated responses from the highest fraction of the subjects, and also induced responses with the highest magnitude (Figure 6A). Evidence that responses to the peptides were attributable to infection with M. tuberculosis was obtained by analysis of responses obtained after 2 months and 6 months of drug treatment for TB. With the exception of Candidate Epitope 3 (CE3; from Rv2719c), the magnitude of the responses decreased significantly with successful treatment and resolution of TB (Figure 6B).

#### Figure 4. Localization of the Peptides Representing Candidate Variable CD4 and CD8 T Cell Epitopes Predicted Using HLA Molecules Prevalent in the Gambian Population

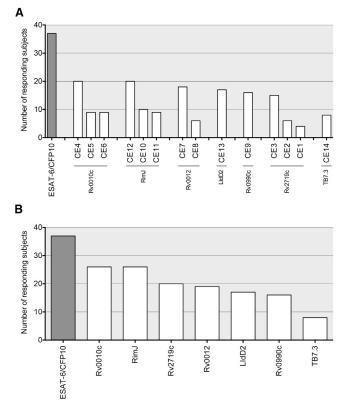
For each protein, a length scale in amino acids is shown. The rectangles depict the positions of the candidate CD4 (yellow) and CD8 (blue) T cell epitopes within the protein sequences. Each epitope is also represented by an arrow and associated with a candidate epitope number (from CE1 to CE14). The amino acid sequences in black are the sequences of the candidate epitopes in the inferred most recent common ancestor of the MTBC. The sequences in white font represent the naturally occurring variants identified in this work; the amino acid changes compared with the ancestral sequence are in bold. Each variant sequence is color-coded according to its distribution in the MTBC phylogeny. The phylogenetic lineages and the number of strains containing the variant version of each epitope sequence are also indicated. See also Tables S2, S3, and S5.

To assess the impact of the amino acid substitutions on the responses to the candidate epitope peptides, we compared the responses (assayed as IFN- $\gamma$  secretion) induced by the ancestral or the variant sequences of each of the 14 candidate epitopes. We found that an average of 72% of the responding subjects for a given candidate epitope exhibited differential responses to the

ancestral compared with the variant sequences of each of the 14 candidate epitopes (designated CE1-CE14) (Tables S7 and S8). Amino acid substitutions in 10 of the 14 candidate epitopes altered T cell responses in the majority of the responding subjects (ranging from 63% of the responding subjects for CE14 to 87% for CE3, Bayesian p < 0.05) (Tables S7 and S8, Figures 7A and 7B). Amino acid substitutions in the four other candidate epitopes influenced T cell responses in a smaller fraction of the subjects, although all of them still altered the responses in > 40% of the subjects (Table S7). Notably, amino acid changes in CE9 completely abrogated T cell responses in eight individuals (Figure 7A). CE12, contained in RimJ, was distinct from the other candidate epitopes, as more of the subjects responded to the variant peptides than to the ancestral peptide (Figure 7B). Whether this reflects a difference in the sequence of this epitope in the bacterial strains infecting these subjects, or a difference in binding of the variant peptides to the subjects' HLA alleles, will require further investigation. Together, our results demonstrate that naturally occurring sequence variation in these candidate T cell epitopes affects host recognition, suggesting that T cell recognition is a factor driving variation in the seven genes identified in this study.

#### DISCUSSION

The most significant findings of the present study are the strong evidence that antigen and epitope conservation dominate in *M. tuberculosis*, and the discovery of human T cell epitopes



#### Figure 5. Frequency of Immune Responses to the Candidate T Cell Epitopes Selected in This Work

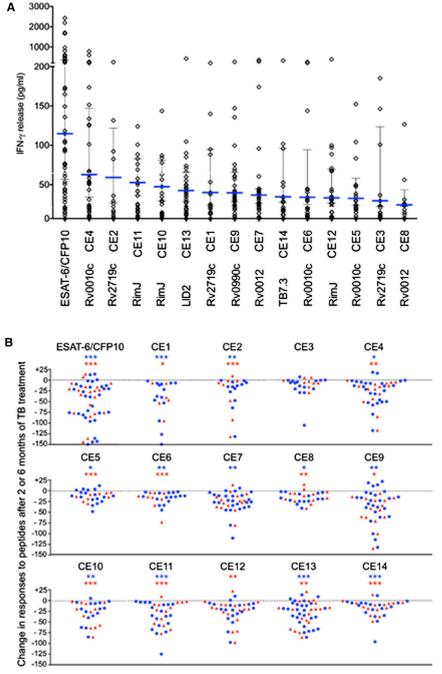
(A and B) The results were derived from the diluted whole blood assay using cells from 82 human subjects with active TB, stimulated with synthetic epitope peptides, followed by quantitation of secreted IFN- $\gamma$ . Number of subjects (of 82 total) responding to (A) the ancestral or variant sequences of each candidate epitope or (B) to all peptides derived from each antigenic protein. Responses were defined as a stimulation index > 2, as defined in Experimental Procedures. Each bar represents the cumulative responses to the ancestral and variant sequences of each candidate epitope. See also Table S7.

that exhibit sequence variation and evidence of diversifying selective pressure. The combination of two distinct approaches to determining the frequency of conserved and variable T cell epitopes in the genome of M. tuberculosis yielded incontrovertible evidence that epitope sequence conservation is the rule, and not the exception, in this highly successful human pathogen. First, we examined 1,226 experimentally verified peptide epitopes for sequence variants in 216 phylogenetically diverse strains of the MTBC and confirmed that the vast majority (78%) showed no amino acid variation. Moreover, we confirmed that T cell epitopes in the MTBC are significantly more evolutionarily conserved than non-epitope regions in the same antigens. Second, we used a comparative genomics strategy, which avoids the potential discovery bias of the former approach to determine the frequency and identity of human T cell epitopes with sequence variants and confirmed their recognition by cells of humans with pulmonary TB. This effort revealed a small number of variable epitopes, indicating that, even though epitope sequence conservation dominates in *M. tuberculosis*, there are exceptions, and these had not been identified by standard approaches. Together, the results reveal that *M. tuberculosis*  employs epitope sequence variation only rarely as an evolutionary strategy to evade recognition by human T cells. Since epitope peptides are the sole molecular interface of the pathogen with T cells, and since T cells are the most important component of protective adaptive immunity in TB, our results indicate that these bacteria have evolved to use mechanisms other than antigenic variation to evade T cell immunity.

The findings we report here are consistent with the conclusions of our recent analysis of the *pe\_pgrs* gene family in *M. tuberculosis* that had been proposed to be involved in antigenic variation (Cole et al., 1998). That analysis of 27 *pe\_pgrs* genes in 94 phylogenetically diverse strains of *M. tuberculosis* revealed that, although certain of the *pe\_pgrs* genes are highly polymorphic, their sequence polymorphisms and indels are concentrated in the C-terminal PGRS domains, while their T cell epitopes are concentrated in the conserved N-terminal PE domain (Copin et al., 2014). Therefore, in the products of the *pe\_pgrs* genes, despite their high frequency of sequence and structural variants, the T cell epitopes are conserved.

The evidence that *M. tuberculosis* does not employ antigenic variation as a major mechanism of adaptation and immune evasion is unexpected, since *M. tuberculosis* causes chronic infection that can persist for the life of the host. This indicates that the bacteria are highly successful in using other mechanisms to evade elimination by adaptive immune responses. Since other pathogens that cause chronic infections, including HIV (Liu et al., 2013), hepatitis C virus (Farci, 2011), *Trypanosoma cruzei* (Mugnier et al., 2015), and *Treponema pallidum* (Reid et al., 2014), employ antigenic variation to cause persistent infection, *M. tuberculosis* stands as a prominent exception to an increasingly widely accepted rule.

The unexpected finding of antigen and epitope conservation in M. tuberculosis compels consideration of an explanation for the results. One potential explanation is that during coevolution with humans, M. tuberculosis has derived a net evolutionary benefit from T cell recognition, despite the within-host cost that T cell responses impose on the bacteria in the majority of infected individuals. As noted previously, one possible mechanism of an evolutionary benefit to the bacteria in the context of epitope conservation is through the inflammatory lung tissue damage characteristic of human cavitary tuberculosis, whose incidence is directly related to the number of circulating CD4 T cells at the time of TB diagnosis in HIV-coinfected individuals (Kwan and Ernst, 2011) and which is associated with high transmission of infection (Reichler et al., 2002). A second potential explanation for the dominance of conserved epitopes in M. tuberculosis is that the epitopes are derived from domains of proteins that serve an essential function for the bacteria and are therefore constrained in their inherent mutational tolerance. Although this is a plausible explanation, 76% of the epitopes we analyzed here are encoded by nonessential genes, and our efforts to date have not detected evidence that human T cell epitopes in M. tuberculosis have common structural motifs or that they are preferentially derived from active sites in proteins with known enzymatic functions (R.C. and J.D.E., unpublished data). However, in support of this latter model is the recent observation that certain of the known T cell epitopes of *M. tuberculosis* are also conserved in nonpathogenic mycobacteria, which are not under selection pressure in a mammalian host (Lindestam



Arlehamn et al., 2015). Similarly, T cell epitopes are also conserved in *Mycobacterium canettii*, which is a member of the MTBC that otherwise shows much genomic diversity (Supply et al., 2013).

In addition to being unexpected, the finding that antigenic variation is the exception rather than the rule in *M. tuberculosis* has implications for understanding the immunopathogenesis of TB. If antigenic variation does not contribute to the persistence of *M. tuberculosis* in immunocompetent individuals with measurable T cell responses, then other potent mechanisms for evading elimination of the bacteria by immune responses must account Whole Blood Samples Stimulated with Synthetic Peptides Representing Ancestral Sequences of the Candidate Epitopes (A) Each diamond represents the response of a single subject; the horizontal blue line represents

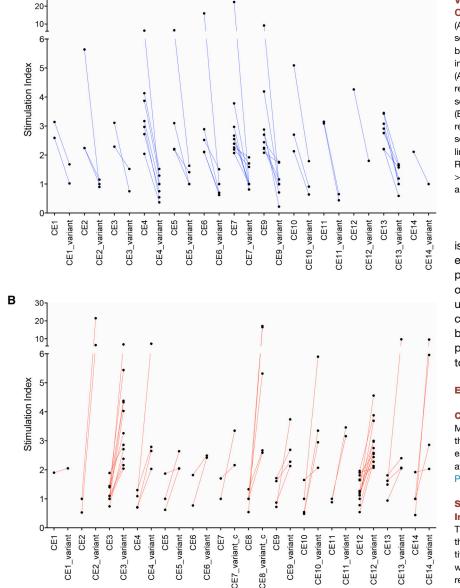
Figure 6. Quantitation of IFN- $\gamma$  from Diluted

the median response calculated using data from responders only. The vertical line represents the interquartile range. Each value is the net concentration after subtraction of background determined with an unstimulated sample from each subject assayed simultaneously (see also Table S7).

(B) Comparison of responses (as IFN- $\gamma$  release in pg/ml) after 2 and 6 months of TB treatment, compared with responses before treatment. Results were obtained by subtracting response values measured after 2 months (blue circles) or 6 months (red triangle) of treatment from those before treatment in the same subject. Statistical analysis was done by Wilcoxon signed-rank test; \*p < 0.05, \*\*p < 0.01, or \*\*\*p < 0.001; blue asterisks represent analysis of differences after 2 months, and red asterisks represent analysis of differences after 6 months of treatment.

for bacterial persistence and chronic infection. Since M. tuberculosis occupies professional antigen-presenting cells such as dendritic cells and macrophages (Ernst, 2012; Philips and Ernst, 2012), it is not surprising that there is evidence for the bacteria manipulating antigen presentation to T cells. For example, multiple studies provide evidence that M. tuberculosis interferes with MHC class Il antigen presentation to CD4 T cells (reviewed in Baena and Porcelli, 2009), and M. tuberculosis inhibits apoptosis in diverse subsets of antigen-presenting cells in vivo (Blomgran et al., 2012; Velmurugan et al., 2007), which decreases cross-presentation to CD8 T cells (Divangahi et al., 2010). These and other mechanisms may allow the bacteria to survive and cause progressive disease and transmission of infection without requiring antigenic variation as a mechanism of immune evasion.

Apart from the importance for understanding TB pathogenesis, the significance of antigen and epitope conservation should be considered in developing TB vaccines directed at inducing T cell responses. If bacterial persistence and survival in TB is predominantly accomplished by manipulating infected antigen-presenting cells to minimize their recognition by antigen-specific CD4 or CD8 T cells, then these mechanisms may also limit the efficacy of vaccine-induced T cells. The modest impact of existing (e.g., BCG) and experimental TB vaccines to date (Andersen and Woodworth, 2014) suggests that there are potent mechanisms that restrict the efficacy of antigen-specific T cells at the



**A** 30

site of infection; our results that human T cell recognition does not impose a measurable selection pressure on *M. tuberculosis* to evade these responses are consistent with this possibility. The finding of T cell epitopes that exhibit sequence variation implies that these epitopes are not subject to the same evasion mechanisms employed by those in the hyperconserved immunodominant antigens of *M. tuberculosis*. This suggests that vaccines that include such variable epitopes may be more efficacious than those containing conserved, immunodominant epitopes. In this sense, our search for variable epitopes under diversifying selection can be considered to be a variation of "reverse vaccinology" (Sette and Rappuoli, 2010).

Finally, our finding that *M. tuberculosis* does not adhere to the canonical model of a host-pathogen arms race should prompt reconsideration of the generalizability of that model. Although it

#### Figure 7. Naturally Occurring Amino Acid Variants Alter Immune Recognition of Candidate Epitopes

(A and B) Comparison of the magnitude of IFN- $\gamma$  secretion from cells of individual subjects induced by the ancestral and the variant sequences of individual candidate epitopes.

(A) Responses of individuals whose cells responded to the ancestral but not the variant sequence peptide.

(B) Responses of individuals whose cells responded to the variant but not the ancestral sequence of each candidate. Each connecting line represents responses of a single subject. Responses were defined as a stimulation index > 2, as defined in Experimental Procedures. See also Table S8.

is clear that antigenic variation is employed by diverse, highly successful pathogens, our results indicate that in other pathogens, especially those with unique and narrow host ranges, antigen conservation may prevail, and this should be considered in understanding their pathogenesis and in devising methods to prevent them.

#### **EXPERIMENTAL PROCEDURES**

#### **Computational Analysis**

Methods and associated references referring to the genetic diversity analysis, HLA allele selection, epitope predictions, and statistical analysis are available in the Supplemental Experimental Procedures.

#### Subject Recruitment and Patient Information

The subjects studied were recruited and studied at the MRC Unit, Gambia. They were HIV-seronegative adults with newly diagnosed pulmonary TB who gave informed consent to a prospective study reviewed and approved by the New York University Institutional Review Board and by the Gambia Government/Medical Research Council (MRC) Joint Ethics Committee. After written informed

consent, 30 ml of heparin-anticoagulated blood was obtained by venipuncture for the diluted whole blood assay with individual epitope peptides as the antigenic stimuli (Black et al., 2001, 2009).

#### Human T Cell Responses to Candidate Epitope Peptides

Peptides were synthesized by EZ Biolabs and reconstituted in water or DMSO. Stocks were diluted to 1 mg/ml and stored in aliquots. In a 96-well plate, each peptide was added to a final concentration of 10 µg/ml in an individual well containing whole blood diluted with nine volumes of RPMI 1640. Samples without stimulus were used as negative controls to allow calculation of the magnitude of the induced responses. Phytohemagglutinin (PHA; 5 µg/ml), purified protein derivative (PPD; Staten Serum Institute, Denmark), and a pool of 35 overlapping 15-mer peptides (2.5 µg/ml) derived from the 6 kDa Early Secreted Antigenic Target and the Culture Filtrate Protein-10 protein (ESAT-6/CFP-10) were used as positive controls (Tientcheu et al., 2014). Antigens were stimulated in triplicate, and after 7 days of incubation at  $37^{\circ}$ C in a humidified CO<sub>2</sub> incubator, supernatants were removed for assay of IFN- $\gamma$ .

#### **ELISA of Whole Blood Stimulated Supernatants**

Supernatants were analyzed for IFN- $\gamma$  by ELISA as previously described (Black et al., 2009). In Table S7, the values shown represent the average of duplicate wells for each antigen. The stimulation index (SI) was calculated for each response by dividing the concentration of IFN- $\gamma$  in the stimulated wells by the unstimulated negative control for each subject. A positive response was defined as a SI  $\geq$  2.

#### SUPPLEMENTAL INFORMATION

Supplemental Information includes Supplemental Experimental Procedures and nine tables and can be found with this article online at <a href="http://dx.doi.org/10.1016/j.chom.2015.10.008">http://dx.doi.org/10.1016/j.chom.2015.10.008</a>.

#### **AUTHOR CONTRIBUTIONS**

J.D.E. and S.G. designed the project, supervised the research, and wrote the paper. M.C. and R.C. acquired and analyzed genome diversity and evolutionary selection parameters and predicted T cell epitopes. O.O. enrolled subjects and generated and organized clinical data and sample collection; G.M. generated and organized laboratory data, both in the Gambia. J.S., F. Gehre, B.d.J., and R.C. organized, supervised, and contributed to analysis of human subjects' data, including experimental responses to candidate epitope peptides. F. Giardina contributed to statistical analyses. R.C. and M.C. also contributed to writing the paper.

#### ACKNOWLEDGMENTS

This work was supported by the National Institutes of Health (R01 Al090928 and HHSN266200700022C) and the Swiss National Science Foundation (PP00P3\_150750). R.C. was supported by the Potts Memorial Foundation and the Belgian American Educational Foundation. Calculations were performed at sciCORE (http://scicore.unibas.ch/) scientific computing core facility at University of Basel.

Received: June 12, 2015 Revised: August 10, 2015 Accepted: October 7, 2015 Published: October 22, 2015

#### REFERENCES

Andersen, P., and Woodworth, J.S. (2014). Tuberculosis vaccines-rethinking the current paradigm. Trends Immunol. *35*, 387–395.

Baena, A., and Porcelli, S.A. (2009). Evasion and subversion of antigen presentation by Mycobacterium tuberculosis. Tissue Antigens 74, 189–204.

Black, G.F., Warndorff, D.K., Floyd, S., Weir, R.E., Blackwell, J.M., Bliss, L., Sichali, L., Mwaungulu, L., Chaguluka, S., Jarman, E., et al.; Fine PEM (2001). Relationship between IFN-gamma and skin test responsiveness to Mycobacterium tuberculosis PPD in healthy, non-BCG-vaccinated young adults in Northern Malawi. Int. J. Tuberc. Lung Dis. 5, 664–672.

Black, G.F., Thiel, B.A., Ota, M.O., Parida, S.K., Adegbola, R., Boom, W.H., Dockrell, H.M., Franken, K.L.M.C., Friggen, A.H., Hill, P.C., et al.; GCGH Biomarkers for TB Consortium (2009). Immunogenicity of novel DosR regulon-encoded candidate antigens of Mycobacterium tuberculosis in three high-burden populations in Africa. Clin. Vaccine Immunol. *16*, 1203–1212.

Blomgran, R., Desvignes, L., Briken, V., and Ernst, J.D. (2012). Mycobacterium tuberculosis inhibits neutrophil apoptosis, leading to delayed activation of naive CD4 T cells. Cell Host Microbe *11*, 81–90.

Borrell, S., and Gagneux, S. (2011). Strain diversity, epistasis and the evolution of drug resistance in Mycobacterium tuberculosis. Clin. Microbiol. Infect. *17*, 815–820.

Bos, K.I., Harkins, K.M., Herbig, A., Coscolla, M., Weber, N., Comas, I., Forrest, S.A., Bryant, J.M., Harris, S.R., Schuenemann, V.J., et al. (2014). Pre-Columbian mycobacterial genomes reveal seals as a source of New World human tuberculosis. Nature *514*, 494–497.

Brites, D., and Gagneux, S. (2015). Co-evolution of Mycobacterium tuberculosis and Homo sapiens. Immunol. Rev. 264, 6–24.

Cole, S.T., Brosch, R., Parkhill, J., Garnier, T., Churcher, C., Harris, D., Gordon, S.V., Eiglmeier, K., Gas, S., Barry, C.E., 3rd, et al. (1998). Deciphering the biology of Mycobacterium tuberculosis from the complete genome sequence. Nature *393*, 537–544.

Comas, I., Chakravartti, J., Small, P.M., Galagan, J., Niemann, S., Kremer, K., Ernst, J.D., and Gagneux, S. (2010). Human T cell epitopes of Mycobacterium tuberculosis are evolutionarily hyperconserved. Nat. Genet. *42*, 498–503.

Comas, I., Coscolla, M., Luo, T., Borrell, S., Holt, K.E., Kato-Maeda, M., Parkhill, J., Malla, B., Berg, S., Thwaites, G., et al. (2013). Out-of-Africa migration and Neolithic coexpansion of Mycobacterium tuberculosis with modern humans. Nat. Genet. *45*, 1176–1182.

Copin, R., Coscollá, M., Seiffert, S.N., Bothamley, G., Sutherland, J., Mbayo, G., Gagneux, S., and Ernst, J.D. (2014). Sequence diversity in the pe\_pgrs genes of Mycobacterium tuberculosis is independent of human T cell recognition. MBio 5, e00960–e13.

Corradin, G., and Chiller, J.M. (1979). Lymphocyte specificity to protein antigens. II. Fine specificity of T-cell activation with cytochrome c and derived peptides as antigenic probes. J. Exp. Med. *149*, 436–447.

Coscolla, M., and Gagneux, S. (2014). Consequences of genomic diversity in Mycobacterium tuberculosis. Semin. Immunol. *26*, 431–444.

Dawkins, R., and Krebs, J.R. (1979). Arms races between and within species. Proc. R. Soc. Lond. B Biol. Sci. 205, 489–511.

de Souza, G.A., Leversen, N.A., Målen, H., and Wiker, H.G. (2011). Bacterial proteins with cleaved or uncleaved signal peptides of the general secretory pathway. J. Proteomics 75, 502–510.

Deitsch, K.W., Lukehart, S.A., and Stringer, J.R. (2009). Common strategies for antigenic variation by bacterial, fungal and protozoan pathogens. Nat. Rev. Microbiol. 7, 493–503.

Divangahi, M., Desjardins, D., Nunes-Alves, C., Remold, H.G., and Behar, S.M. (2010). Eicosanoid pathways regulate adaptive immunity to Mycobacterium tuberculosis. Nat. Immunol. *11*, 751–758.

Dustin, L.B., and Rice, C.M. (2007). Flying under the radar: the immunobiology of hepatitis C. Annu. Rev. Immunol. 25, 71–99.

Ernst, J.D. (2012). The immunological life cycle of tuberculosis. Nat. Rev. Immunol. 12, 581–591.

Ernst, J.D., Lewinsohn, D.M., Behar, S., Blythe, M., Schlesinger, L.S., Kornfeld, H., and Sette, A. (2008). Meeting Report: NIH Workshop on the Tuberculosis Immune Epitope Database. Tuberculosis (Edinb.) *88*, 366–370.

Farci, P. (2011). New insights into the HCV quasispecies and compartmentalization. Semin. Liver Dis. *31*, 356–374.

Farci, P., Shimoda, A., Coiana, A., Diaz, G., Peddis, G., Melpolder, J.C., Strazzera, A., Chien, D.Y., Munoz, S.J., Balestrieri, A., et al. (2000). The outcome of acute hepatitis C predicted by the evolution of the viral quasispecies. Science *288*, 339–344.

Gagneux, S., and Small, P.M. (2007). Global phylogeography of Mycobacterium tuberculosis and implications for tuberculosis product development. Lancet Infect. Dis. 7, 328–337.

Goldberg, D.E., Siliciano, R.F., and Jacobs, W.R., Jr. (2012). Outwitting evolution: fighting drug-resistant TB, malaria, and HIV. Cell *148*, 1271–1283.

Goulder, P.J., Brander, C., Tang, Y., Tremblay, C., Colbert, R.A., Addo, M.M., Rosenberg, E.S., Nguyen, T., Allen, R., Trocha, A., et al. (2001). Evolution and transmission of stable CTL escape mutations in HIV infection. Nature *412*, 334–338.

Heaton, N.S., Sachs, D., Chen, C.-J., Hai, R., and Palese, P. (2013). Genomewide mutagenesis of influenza virus reveals unique plasticity of the hemagglutinin and NS1 proteins. Proc. Natl. Acad. Sci. USA *110*, 20248–20253.

Henderson, F.W., Collier, A.M., Clyde, W.A., Jr., and Denny, F.W. (1979). Respiratory-syncytial-virus infections, reinfections and immunity. A prospective, longitudinal study in young children. N. Engl. J. Med. *300*, 530–534.

Hershberg, R., Lipatov, M., Small, P.M., Sheffer, H., Niemann, S., Homolka, S., Roach, J.C., Kremer, K., Petrov, D.A., Feldman, M.W., and Gagneux, S. (2008).

High functional diversity in Mycobacterium tuberculosis driven by genetic drift and human demography. PLoS Biol. 6, e311.

Hoof, I., Peters, B., Sidney, J., Pedersen, L.E., Sette, A., Lund, O., Buus, S., and Nielsen, M. (2009). NetMHCpan, a method for MHC class I binding prediction beyond humans. Immunogenetics *61*, 1–13.

Itoh, Y., Shinya, K., Kiso, M., Watanabe, T., Sakoda, Y., Hatta, M., Muramoto, Y., Tamura, D., Sakai-Tagawa, Y., Noda, T., et al. (2009). In vitro and in vivo characterization of new swine-origin H1N1 influenza viruses. Nature *460*, 1021–1025.

Kawashima, Y., Pfafferott, K., Frater, J., Matthews, P., Payne, R., Addo, M., Gatanaga, H., Fujiwara, M., Hachiya, A., Koizumi, H., et al. (2009). Adaptation of HIV-1 to human leukocyte antigen class I. Nature *458*, 641–645. Kwan, C.K., and Ernst, J.D. (2011). HIV and tuberculosis: a deadly human syndemic. Clin. Microbiol. Rev. *24*, 351–376.

Lancioni, C., Nyendak, M., Kiguli, S., Zalwango, S., Mori, T., Mayanja-Kizza, H., Balyejusa, S., Null, M., Baseke, J., Mulindwa, D., et al.; Tuberculosis Research Unit (2012). CD8+T cells provide an immunologic signature of tuberculosis in young children. Am. J. Respir. Crit. Care Med. *185*, 206–212.

Lew, J.M., Kapopoulou, A., Jones, L.M., and Cole, S.T. (2011). TubercuList–10 years after. Tuberculosis (Edinb.) *91*, 1–7.

Lin, P.L., Rodgers, M., Smith, L., Bigbee, M., Myers, A., Bigbee, C., Chiosea, I., Capuano, S.V., Fuhrman, C., Klein, E., and Flynn, J.L. (2009). Quantitative comparison of active and latent tuberculosis in the cynomolgus macaque model. Infect. Immun. 77, 4631–4642.

Lindestam Arlehamn, C.S., Gerasimova, A., Mele, F., Henderson, R., Swann, J., Greenbaum, J.A., Kim, Y., Sidney, J., James, E.A., Taplitz, R., et al. (2013). Memory T cells in latent Mycobacterium tuberculosis infection are directed against three antigenic islands and largely contained in a CXCR3+CCR6+ Th1 subset. PLoS Pathog. 9, e1003130.

Lindestam Arlehamn, C.S., Paul, S., Mele, F., Huang, C., Greenbaum, J.A., Vita, R., Sidney, J., Peters, B., Sallusto, F., and Sette, A. (2015). Immunological consequences of intra-genus conservation of Mycobacterium tuberculosis T cell epitopes. Proc. Natl. Acad. Sci. USA *112*, E147–E155.

Liu, M.K., Hawkins, N., Ritchie, A.J., Ganusov, V.V., Whale, V., Brackenridge, S., Li, H., Pavlicek, J.W., Cai, F., Rose-Abrahams, M., et al.; CHAVI Core B (2013). Vertical T cell immunodominance and epitope entropy determine HIV-1 escape. J. Clin. Invest. *123*, 380–393.

Mawuenyega, K.G., Forst, C.V., Dobos, K.M., Belisle, J.T., Chen, J., Bradbury, E.M., Bradbury, A.R.M., and Chen, X. (2005). Mycobacterium tuberculosis functional network analysis by global subcellular protein profiling. Mol. Biol. Cell *16*, 396–404.

Mugnier, M.R., Cross, G.A., and Papavasiliou, F.N. (2015). The in vivo dynamics of antigenic variation in Trypanosoma brucei. Science *347*, 1470–1473.

Müller, B., Borrell, S., Rose, G., and Gagneux, S. (2013). The heterogeneous evolution of multidrug-resistant Mycobacterium tuberculosis. Trends Genet. *29*, 160–169.

Nielsen, M., Justesen, S., Lund, O., Lundegaard, C., and Buus, S. (2010). NetMHCIIpan-2.0 - Improved pan-specific HLA-DR predictions using a novel concurrent alignment and weight optimization training procedure. Immunome Res. 6, 9.

North, R.J., and Jung, Y.J. (2004). Immunity to tuberculosis. Annu. Rev. Immunol. 22, 599-623.

Palmer, G.H., Bankhead, T., and Lukehart, S.A. (2009). 'Nothing is permanent but change'- antigenic variation in persistent bacterial pathogens. Cell. Microbiol. *11*, 1697–1705.

Philips, J.A., and Ernst, J.D. (2012). Tuberculosis pathogenesis and immunity. Annu. Rev. Pathol. 7, 353–384.

Reichler, M.R., Reves, R., Bur, S., Thompson, V., Mangura, B.T., Ford, J., Valway, S.E., and Onorato, I.M.; Contact Investigation Study Group (2002). Evaluation of investigations conducted to detect and prevent transmission of tuberculosis. JAMA 287, 991–995.

Reid, T.B., Molini, B.J., Fernandez, M.C., and Lukehart, S.A. (2014). Antigenic variation of TprK facilitates development of secondary syphilis. Infect. Immun. *82*, 4959–4967.

Rosenkrands, I., King, A., Weldingh, K., Moniatte, M., Moertz, E., and Andersen, P. (2000). Towards the proteome of Mycobacterium tuberculosis. Electrophoresis *21*, 3740–3756.

Schubert, O.T., Mouritsen, J., Ludwig, C., Röst, H.L., Rosenberger, G., Arthur, P.K., Claassen, M., Campbell, D.-S., Sun, Z., Farrah, T., et al. (2013). The Mtb proteome library: a resource of assays to quantify the complete proteome of Mycobacterium tuberculosis. Cell Host Microbe *13*, 602–612.

Sette, A., and Rappuoli, R. (2010). Reverse vaccinology: developing vaccines in the era of genomics. Immunity *33*, 530–541.

Supply, P., Marceau, M., Mangenot, S., Roche, D., Rouanet, C., Khanna, V., Majlessi, L., Criscuolo, A., Tap, J., Pawlik, A., et al. (2013). Genomic analysis of smooth tubercle bacilli provides insights into ancestry and pathoadaptation of Mycobacterium tuberculosis. Nat. Genet. 45, 172–179.

Tientcheu, L.D., Sutherland, J.S., de Jong, B.C., Kampmann, B., Jafali, J., Adetifa, I.M., Antonio, M., Dockrell, H.M., and Ota, M.O. (2014). Differences in T-cell responses between Mycobacterium tuberculosis and Mycobacterium africanum-infected patients. Eur. J. Immunol. *44*, 1387–1398.

Velmurugan, K., Chen, B., Miller, J.L., Azogue, S., Gurses, S., Hsu, T., Glickman, M., Jacobs, W.R., Jr., Porcelli, S.A., and Briken, V. (2007). Mycobacterium tuberculosis nuoG is a virulence gene that inhibits apoptosis of infected host cells. PLoS Pathog. *3*, e110.

Vita, R., Zarebski, L., Greenbaum, J.A., Emami, H., Hoof, I., Salimi, N., Damle, R., Sette, A., and Peters, B. (2010). The immune epitope database 2.0. Nucleic Acids Res. *38*, D854–D862.

Walker, B.D., and Korber, B.T. (2001). Immune control of HIV: the obstacles of HLA and viral diversity. Nat. Immunol. 2, 473–475.

WHO (2014). Global tuberculosis report (Geneva: World Health Organization).

Woolhouse, M.E., Webster, J.P., Domingo, E., Charlesworth, B., and Levin, B.R. (2002). Biological and biomedical implications of the co-evolution of pathogens and their hosts. Nat. Genet. *32*, 569–577.