Cell-intrinsic Innate Immune Responses against Chikungunya Virus in a Human *Ex Vivo* Synovial Fibroblast Model

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Abstract

In recent years, newly and re-emerging arboviruses including Chikungunya virus (CHIKV), have caused growing concern due to expansion of insect vector ranges, mediated by the exponential increase in international travel and accelerating climate change. Due to the absence of specific antiviral treatment strategies and a protective vaccine, over 2 million CHIKV cases have been reported since 2005. Long-term morbidity after CHIKV infection includes debilitating chronic joint pain, which has associated health, social, individual, and economic impact. Here, we analyzed the early cell-intrinsic response to CHIKV infection in primary human synovial fibroblasts. This cell type represents a potential source of polyarthralgia induced by CHIKV infection. Synovial fibroblasts from healthy donors and osteoarthritic patients were similarly permissive to CHIKV infection. We observed a CHIKV infection-induced transcriptional profile that consisted in upregulation of several hundred interferon-stimulated genes, in addition to transcription factor-encoding genes and effector genes of proinflammatory pathways. In contrast, IL-6, which mediates chronic synovitis by stimulating neutrophil and macrophage infiltration into the joints, was barely secreted by CHIKV-infected fibroblasts. Finally, the cell-intrinsic response to interferon type I and III treatment of synovial fibroblasts differed from that of immortalized model cell lines. In synovial fibroblasts, CHIKV replication was impaired by IFN-α administered post-infection. In summary, primary human synovial fibroblasts serve as *bona-fide ex vivo* primary cell model of CHIKV infection and provide a valuable platform for studies of joint tissue-associated aspects of CHIKV immunopathogenesis.

Keywords: chikungunya virus, primary cells, fibroblasts, innate immunity, RNA-seq, transcriptomics

Introduction

Chikungunya virus (CHIKV) is an arthritogenic alphavirus of the *Togaviridae* family, which is transmitted by mosquitoes and circulates both in urban cycles between vectors and humans, and in sylvatic cycles [1,2]. Beyond the typically short acute phase associated with febrile illness and rashes, the most severe consequence of a CHIKV infection in humans is excruciating pain in multiple joints. The arthritis-like pain often manifests during the acute phase of the infection, but importantly can persist in a subgroup of patients for months to years [3,4]. The symptoms cause a severe loss of quality of life and high economic costs, which is a burden especially for low-income countries [5]. The underlying pathophysiology of the chronic symptoms remains largely unclear, but appears to associate with circulating IL-6 [6] and IL-12 [7]. Furthermore, it may involve persisting viral RNA [7,8], although this scenario has been debated [9].

Multiple studies on CHIKV in immortalized model cell lines or *in vivo* in immunodeficient mice have provided valuable information on key aspects of CHIKV tropism and replication, including host factors for entry and replication [10,11], the impact of mutations in the viral glycoproteins on cell entry [12], and cellular restrictions factors acting against CHIKV [13,14]. Additionally, studies investigating immune responses to infection have demonstrated that CHIKV nsP2 counteracts host immunity by blocking nuclear translocation of STAT1 [15,16] and inducing a host transcriptional shutdown [17,18]. However, it is unclear how relevant these and potentially additionally immunity-subverting mechanisms are in infected patients. *In vivo* studies in mice, though combining innate and adaptive immune responses, require a type I IFN-deficient background, neglecting the impact of type I IFN-mediated antiviral responses [19]. However, type I IFN induced in and acting on nonhematopoietic cells appears to be essential for the control and early clearance of CHIKV *in vivo* [20-22]. Therefore, these systems do not fully recapitulate the cellular

environment of human primary cells and tissues that are targeted by CHIKV *in vivo*. Primary human cells have been used sporadically, but only few studies properly characterized their unique properties [23-25]. Here, we perform an in depth-characterization of primary human synovial fibroblasts as an *ex vivo* model of CHIKV infection. Synovial fibroblasts have been described to be an aggressive key driver for rheumatoid arthritis by facilitating proinflammatory processes and stimulating the degradation of cartilage [26,27]. We found synovial fibroblasts to support the full replication cycle of CHIKV and characterized their intrinsic immune responses against CHIKV infection and their sensitivity to IFN exposure. Importantly, synovial fibroblasts from healthy donors and the more accessible synovial fibroblasts from osteoarthritic patients displayed very similar phenotypes in the context of CHIKV infection. Prospectively, this primary cell model provides the opportunity to address preclinical questions regarding the physiopathology of CHIKV.

Material and Methods

Cells and Viruses

Human osteosarcoma U2OS cells (a kind gift from T. Stradal, Hanover), human HEK293T cells (a kind gift from J. Bohne, Hanover), human foreskin fibroblast HFF-1 cell (ATTC-SCRC-1041) and hamster BHK-21 cells (ATCC CCL-10) were grown in Dulbecco's modified Eagle's medium - high glucose (DMEM, Sigma-Aldrich) supplemented with 10% heat-inactivated fetal bovine serum (FBS, Sigma-Aldrich), 2mM L-Glutamine (Gibco), and 100 units/ml penicillin-streptomycin (Gibco). Primary human fibroblasts were obtained from synovial biopsies from donors suffering from osteoarthritis (osteroarthrosis synovial fibroblasts, OASF) or a non-arthritic background (healthy donor synovial fibroblasts, HSF), purified, and cultured as described before [28]. The local ethic committee (Justus-Liebig-University Giessen) approved the cooperative study (ethical vote IDs 66-08 and 74-05). All patients gave written informed consent. Mycoplasma testing was routinely performed and negative in all primary human cell cultures. After 2-4 passages of initial cultivation, cells were used for experiments in high glucose DMEM supplemented with 20% FBS, 2 mM L-Glutamine, 100 units/ml penicillin-streptomycin, 1% non-essential amino acids (Gibco), and 1 % sodium pyruvate (Gibco). The CHIKV LR2006-OPY 5'GFP infectious clone expressing EGFP under the control of a subgenomic promotor (hereafter referred to as CHIKV) has been described previously [29]. Virus was produced by *in vitro*-transcription of and subsequent electroporation of RNA into BHK-21 cells. Virus-containing supernatant was collected, passaged once on BHK-21 cells and viral titers were determined by titration on HEK293T cells.

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105 **Infection, Treatments, Transfections**

106 EGFP expression as surrogate for productive CHIKV infection was analyzed on a BD
107 FACSCalibur, FACSLyric or Accuri C6. For neutralization assays, virus-containing
108 supernatants were pre-incubated for one hour with anti-CHIKV E2 antibody C9 (Integral
109 Molecular) at 1 µg/ml or with recombinant MXRA8-Fc (a kind gift from M. Diamond) at 150
110 ng/ml. Recombinant IFN-α2a (Roferon, Roche) and IFN-λ1 (Peprotech) was used where
111 indicated. Transfections were performed using Lipofectamine2000 (Thermo Fisher) for
112 plasmid DNA (pcDNA6 empty vector) or 5'triphosphate dsRNA (InvivoGen).

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114 **RNA-Seq Analysis**

115 RNA was extracted using the Promega Maxwell 16 with LEV simplyRNA Tissue Kits. RNA
116 quality was assessed using the Agilent Bioanalyzer and appropriate samples were used for
117 NGS library preparation with the NEBNext Ultra II Directional RNA kit and sequenced with
118 50 bp paired-end reads and 30 mio reads per sample on the Illumina HiSeq 2500. Data was
119 analyzed with CLC Genomics Workbench 12 (QIAGEN) by mapping the human reads onto
120 the hg19 reference genome scaffold (GCA_000001405.28). Unmapped reads not matching
121 the human genome were mapped onto the CHIKV genome LR2006_OPY (DQ443544.2). For
122 HSF, infection and analysis were performed similarly, but RNA was extracted with the Zymo
123 Research Direct-Zol RNA MiniPrep Kit, NGS libraries were prepared with the Illumina
124 TruSeq stranded mRNA kit and sequencing was performed on the Illumina NextSeq500 with
125 65 mio reads per sample. Biological process enrichment was analyzed by Gene Ontology
126 [30,31].

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Results

Osteoarthritic fibroblasts are susceptible and permissive to CHIKV infection

First, we examined the capacity of primary human synovial fibroblasts to support the entire CHIKV replication cycle. Therefore, we infected synovial fibroblasts obtained from osteoarthritic patients (OASF) and from patients with a non-arthritic background (HSF) with CHIKV strain LR2006-OPY expressing EGFP under the control of a second subgenomic promotor. 24 hours post-infection, the proportion of EGFP-positive cells ranged between 4 and 24.5 % and did not differ between fibroblast types (Fig 1A). At the same time point, supernatants of both OASF and HSF displayed titers of 1.6-8.8x10^5 infectious particles per ml, with significantly higher titers produced by OASF. At 48 hours post-infection, virus titers produced by HSF did not further increase, whereas the titers produced by OASF reached up to 1.5x10^7 infectious particles per ml (Fig. 1B), suggesting slightly higher virus production and/or viral spread in OASF as compared to HSF.

Susceptibility of cells to CHIKV infection is enhanced by the attachment factor MXRA8 [10]. Similarly, the cytosolic protein FHL-1 is essential for CHIKV genome replication [11]. We confirmed the expression of these two cellular cofactors in OASF and HSF by immunoblotting and/or immunofluorescence (Fig. 1C). We assessed the functional relevance of the MXRA8 attachment factor using a soluble MXRA8-Fc fusion protein, which blocks the binding site on the E1-E2 glycoprotein complex on the virus surface [10,32]. At a low MOI, MXRA8-Fc-preincubated CHIKV was 50 % less infectious to synovial fibroblasts, and this inhibition was reversed when saturating amounts of infectious virus particles were used (Fig. 1D), indicating that endogenous MXRA8 may contribute, at least partially, to CHIKV entry in OASF.

153 We next wondered whether IL-1β-mediated activation of synovial fibroblasts, a
154 hallmark of rheumatoid arthritis [33-35], modulates their susceptibility to CHIKV infection.
155 Treatment with IL-1β, while readily inducing IL-6 secretion, did not alter the percentage of
156 EGFP-positive cells upon CHIKV challenge (Fig. 1E). Conversely, infection with CHIKV
157 induced very mild secretion of IL-6 only at 48 hours post-infection, and did not modulate the
158 amount of IL-6 secreted upon IL-1β treatment (Fig. 1F). These data suggest that CHIKV
159 infection of synovial fibroblasts neither induces nor modulates IL-6 secretion, arguing against
160 their activation.

161 To determine the importance of IFN-mediated antiviral immunity in this primary cell
162 system, we monitored the infection in the absence or presence of the JAK/STAT inhibitor
163 Ruxolitinib. Using live-cell imaging, we documented the increase in EGFP-positive cells
164 between ten and 48 hours post-infection, which progressed faster in Ruxolitinib-treated
165 cultures, and an onset of cytopathic effects after 24 hours in all infected cultures (Fig. 1G,
166 Suppl. Mov. M1). Analysis of the EGFP intensity in each frame over time confirmed the
167 higher expression of EGFP in Ruxolitinib-treated cultures (Fig. 1H, Suppl. Mov. M2). To
168 assess the ability of CHIKV to persist in a fibroblast cultures over multiple passages, virus-
169 containing supernatants of infected OASF were transferred to an uninfected culture, in the
170 presence or absence of Ruxolitinib. The initial infection rates were markedly higher in
171 Ruxolitinib-treated cultures (18.6 times on average), however, EGFP positivity was lost after
172 two to three passages (Fig. 1I). Overall, these experiments establish the susceptibility and
173 permissiveness of synovial fibroblasts to CHIKV infection and their expression of important
174 cellular cofactors. Furthermore, we showed an absence of interconnection between IL1-β
175 activation and susceptibility to infection, and restriction of infection through JAK/STAT-
176 mediated innate immunity.

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Productive CHIKV infection provokes a strong cell-intrinsic immune response in OASF

Next, we performed RNA-seq analysis on OASF infected with CHIKV, in the absence or presence of the E2-binding, neutralizing antibody C9 [36], and on mock-infected cells. C9 pre-treatment resulted in potent inhibition of the infection by (Fig. 2A). Upon CHIKV infection, expression of numerous interferon-stimulated genes (ISGs) was induced at the protein level in a C9 treatment-sensitive manner, including IFITM3, ISG15, and MX2. As expected, production of the viral E1-E2 and Capsid proteins was detectable specifically in CHIKV-infected, but not in cells exposed to C9-pretreated virus (Fig. 2B). We performed global transcriptional profiling of mock- and CHIKV-infected OASF by RNA-Seq and identified 992 significantly up- and 99 significantly downregulated genes in CHIKV-infected cells 24 hours post-infection (Fig. 2C). No significant differences were observed between the transcriptional profiles of uninfected cells and cells exposed to C9-treated virus (data not shown). We defined a set of prototype effector genes of the cell-intrinsic immune response, such as ISGs and proinflammatory transcription factors. Most of these genes were highly upregulated in CHIKV-infected cells, demonstrating a broad and strong activation of antiviral immune responses (Fig. 2D) in cells from four different donors with no statistically significant deviation in the magnitude of induction. Upon CHIKV infection, upregulation of *IFNB* and *IFNL1*, *IFNL2*, and *IFNL3* expression was statistically significant but low in magnitude. Almost no *IFNA* mRNA was upregulated upon CHIKV infection. Expression of mRNAs for all IFN receptors was detectable and stable with exception of the IFN-λ receptor, which was upregulated upon CHIKV infection. Established host factors for CHIKV as well as fibroblast marker genes and cellular housekeeping genes were not quantitatively altered in their expression. Virtual absence of expression of monocyte/macrophage lineage-specific genes excluded the possibility of a contamination of the fibroblast culture with macrophages, which occasionally has been reported in early passages of *ex vivo* cultured synovial

fibroblasts [28] (Fig. 2D). In productively infected cultures, 19-54 % of the reads were attributed to the CHIKV genome (Fig. 2E). Additionally, the 26S subgenomic viral RNA was 10-fold more abundant than nonstructural subgenomes in both CHIKV-infected cells and cells inoculated with C9-neutralized virus (Fig. 2F). Overall, CHIKV-infected OASF sense and react to productive CHIKV infection with the extensive upregulation of antiviral and proinflammatory ISGs. Interferon expression itself was low at 24 hours post-infection, not excluding the possibility that it peaked transiently at earlier time points.

HSF and OASF share a similar base-line and CHIKV-induced transcriptome

We next aimed at uncovering potential differences between fibroblasts from donors with different clinical conditions. In fibroblasts from healthy donors, infection rates, the resulting immune response, and the ratio of human and CHIKV RNAs equaled those of OASF (Fig. S1). A potential transcriptional predisposition in the cells of either category was largely excluded by the finding of a good correlation of the gene expression profile of respective uninfected samples (R^2=0.9086) (Fig. 3A). The CHIKV-inducible program of genes was not significantly differentially dysregulated at baseline when comparing uninfected OASF and HSF cells. Indeed, the pathways in which the differentially expressed genes were involved in were mostly part of organ development and cellular regulatory processes, and not of inflammatory or antiviral processes (Fig. 3B). Additionally, the transcriptional profile in CHIKV-infected OASF and HSF displayed a similarly good correlation of the gene expression (R^2=0.9085, Fig. 3C), with an equivalently strong upregulation of prototypic inflammation genes (R^2=0.7565, Fig. 3D). Interestingly, the number of genes significantly up- and downregulated upon CHIKV infection was 1.23-fold and 3.57-fold higher in HSF compared to OASF, respectively, but 55.4% of upregulated genes from both groups overlapped (Fig. 3E). Gene ontology analysis of the upregulated genes in HSF identified

pathways similar to those seen in OASF, such as the response to interferons and viruses, cytokine-mediated processes, and cell-intrinsic defense mechanisms (Fig. 3F). Conclusively, OASF and HSF share similar basal and CHIKV-inducible transcriptional profiles. Minor differences were present only in gene families not linked to innate immunity, while important mediators of antiviral immunity were equally strongly upregulated upon CHIKV infection in both OASF and HSF.

The cell-intrinsic response to CHIKV infection in primary synovial fibroblasts exceeds the one induced in immortalized cell lines

We noticed that infection rates in OASF rarely increased after 24 hours post-infection, and suspected this to be the result of the strong immune activation and subsequent IFN signaling. As a reference, the commonly used osteosarcoma cell line U2OS was much more susceptible to CHIKV infection. As an additional reference, HFF-1, an immortalized fibroblast cell line, displayed reduced susceptibility (Fig. 4A). OASF exhibited very strong ISG responses, which exceeded those mounted by U2OS and HFF-1 cells at both 24 and 48 hours post-infection (Fig. 4B). To exclude the possibility that cell lines are less able to sense viral RNA, we performed stimulation experiments with a 5'-triphosphate dsRNA (5-ppp-RNA), which exclusively stimulates the RNA sensor RIG-I [37], the main sensor of CHIKV RNA in infected cells [38] (Fig. 4C). Because of the reported involvement of the DNA sensor cGAS in modulating RNA-viral infections [39-42], we further tested the ability of all cell types to sense plasmid DNA (Fig. 4D). All cell types responded to stimulation with 5-ppp-RNA and DNA by upregulating *IFIT1* and *MX2* mRNA. There was a trend towards strongest responses in OASF, despite the absence of statistical significance between the individual three cell systems. These findings demonstrate that even though the response to a virus-independent, specific stimulus led to immune responses of largely similar magnitudes in all cultured cells,

the response to the viral infection was highest in the primary synovial fibroblasts. This may reflect a synovial fibroblast-specific response to CHIKV infection and/or inefficiency of viral antagonism of host defenses.

Primary synovial fibroblast-specific sensitivities to type I and III IFN treatment

Type I and III IFNs play a crucial role in limiting virus infection and protecting the host [43-45]. Here, we analyzed to what extent they restrict CHIKV infection in OASF. Furthermore, we quantified the corresponding induction of expression of *IFIT1* and *MX2* mRNAs as surrogates for the overall response to IFN treatment. First, we pre-stimulated OASF individually with a range of IFN-α2a and –λ1 concentrations for 48 h and infected the cells with CHIKV in the continuous presence of the IFNs. All investigated concentrations, even the lowest dose, of IFN-α almost completely inhibited CHIKV infection. In contrast, IFN-λ inhibited infection less efficiently, in a largely dose-dependent fashion (Fig. 5A, left panel). The antiviral state induced by IFN-α pre-treatment manifested itself by a robust and dose-dependent *IFIT1* and *MX2* mRNA expression at the time point of infection initiation. IFN-λ pre-treatment mediated a comparably lower and less dose-dependent induction of ISGs (Fig. S2A, left panel). Additionally, we investigated IFN-α in a post-infection treatment setting (Post-treatment). When added four hours post-infection, IFN-α still displayed a clear, though less potent antiviral activity when compared to the pre-treatment setting (Fig. 5A, right panel). In parallel to the assessment of antiviral activity, we quantified the antiviral state induced by either the IFN treatment alone, or the state resulting from the combination of infection and subsequent IFN post-treatment. Interestingly, a preceding CHIKV infection failed to prevent ISG induction, and led to expression levels of *IFIT1* and *MX2* even exceeding those induced by IFN-α (Fig. S2). These data are in contrast to previous reports of efficient CHIKV-mediated antagonism of IFN signaling in Vero cell lines [15].

Analogous experiments in U2OS and HFF-1 cells yielded partially different outcomes. Although less effective than in OASF, IFN-α pre-treatment restricted CHIKV infection both in U2OS and HFF-1 cells, despite more efficient IFN-α induced expression of *IFIT1* and *MX2* in U2OS cells when compared to HFF-1, suggesting different abilities of the two cell lines to exert ISG-mediated antiviral restriction. IFN-λ pre-treatment was more potent in U2OS cells than in OASF, and largely ineffective in HFF-1 cells (Fig. 5B, left panels). IFN-λ antiviral activity in U2OS cells was accompanied by a decent expression of ISG mRNAs (Fig. S2B, left panel). In HFF-1 cells, a lack of IFN-λ antiviral activity correlated with a weak induction of *IFIT1* and *MX2* mRNA expression, which was in the same range as those detected in OASF and which was sufficient to exert an antiviral effect, pointing to different efficiencies of a given antiviral state in the two cell systems (Fig. 5B, left panels). Post-treatment of both immortalized cell lines with IFN-α was very ineffective (Fig. 5B, C, right panels), even though we observed a dose-dependent ISG induction in both cells lines (Fig. S2B, C, right panels). Overall, the data suggest a stronger sensitivity of OASF to IFN-α-induced immunity compared to commonly used immortalized cell lines. IFN-λ pre-treatment of OASF, although not as effective as in the osteosarcoma cell line U2OS, clearly inhibited CHIKV infection, suggesting that these primary synovial fibroblasts express levels of IFN-λ receptors that are sufficient to signal upon IFN-λ treatment. This corresponds to our observation that the *IFNLR1* gene is not only expressed, but upregulated in CHIKV infected OASF (Fig. 2D). Most interestingly, and in striking contrast to the immortalized cell lines, OASF were unique in their ability to transform a post-infection treatment of IFN-α into a relatively potent antiviral program, suggesting that postulated virus-mediated antagonistic strategies against IFNs such as the inhibition of STAT1 nuclear translocation or a host transcriptional and translational shutoff [15-17,46,47] are poorly effective in primary synovial fibroblasts. Collectively, these data uncover crucial differences between primary synovial fibroblasts and

302 widely used immortalized cell lines and underline the need to study virus-host interactions in

303 primary target cells of CHIKV infection.

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Discussion

Considering the CHIKV-induced arthritis, it is likely that cells of the synovium are directly implicated in the pathophysiology of CHIKV infection. Cells of the synovial tissue and synovial fluid contain CHIKV RNA and protein upon CHIKV infection *in vivo* in humans [7], experimentally infected macaques [48], and mice [49]. The main cell types composing the synovium are macrophages and fibroblasts. The latter have been identified to be susceptible to CHIKV infection *ex vivo* [10,50,51]. However, the corresponding basal innate immune state of primary synovial fibroblasts and their ability to exert IFN-mediated antiviral restriction is unknown. Here, we establish that the widely available OASF and less available HSF share susceptibility and permissiveness to CHIKV infection and their basal and infection-induced transcriptional program. These findings are in line with reports on overall transcriptional similarity of the two cell types, except in some signaling pathways unrelated to immunity [52]. CHIKV infection provoked a striking cellular response that involves upregulation of multiple ISGs, many of them exerting antiviral activity. Although we did not define the PAMP(s) that trigger responses in synovial macrophages, infection by alphaviruses typically raises RIG-I-mediated responses through exposure of dsRNA intermediates and provokes mitochondrial DNA leakage that is sensed via cGAS/STING [38,39,41]. Indeed, experimental ligands of both sensors were highly reactive in OASF, as was IFN-α pre-treatment. Surprisingly, also IFN-λ pre-treatment translated into an antiviral state, indicating that synovial fibroblasts may represent an exception to the notion of otherwise IFN-λ-nonresponsive fibroblasts [53]. Finally, CHIKV infection of synovial fibroblasts was sensitive to IFN-α applied after inoculation with virus. These findings appear to contrast potent virus-mediated antagonism of IFN in U2OS and HFF-1 cell lines, which has been suggested to involve counteraction of nuclear translocation of STAT1 [15,16]. Also, unaltered levels of expression of housekeeping genes and genes encoding fibroblast markers did not generate

evidence for virus-mediated host transcriptional shut-off reported in several cell lines [17,18]. Overall, synovial fibroblasts appear to react differently to CHIKV as compared to commonly used cell lines, and to be particularly responsive to CHIKV infection. The underlying reason for this difference is unknown, but may involve a different intracellular milieu that is hyper-responsive to CHIKV infection. Future studies are required to delineate the exact mode of CHIKV sensing in productively infected synovial fibroblasts. In addition, it will be important to study the impact of potential abortive infection events, occurring either due to uptake of defective interfering particles and/or due to high refractoriness of individual cells, to the overall cellular response in an infected culture or tissue. Finally, the interplay of tissue-resident, synovial macrophages and fibroblasts likely additionally modulates CHIKV infection and cellular responses.

It is tempting to speculate that the synovial fibroblast-specific hyperreactivity is linked to the long-term arthralgia observed *in vivo* in chronic CHIKV patients, and that pharmacological interference with hyperinflammation represents a feasible intervention approach towards alleviation of long-term arthralgia. In rheumatoid arthritis, hyperactivated synovial fibroblasts are known to invade the joint matrix, destroying/disrupting the cartilage and causing long-term inflammation [26,54]. This and the subsequent attraction of immune cells, including monocyte-derived macrophages to the damaged sites, may represent important events in the progression to long-term morbidity [55]. Indeed, data obtained in recent clinical studies suggest that treatment of chikungunya-induced arthritis with the immunosuppressant methotrexate may be a beneficial strategy [56,57].

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Declaration of Interest

The authors declare they have no actual or potential competing financial interests.

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519 **Legends**

520

521 **Figure 1. Osteoarthritis fibroblasts are susceptible and permissive to CHIKV infection.**
522 **(A)** OASF or HSF were infected with 5'EGFP-CHIKV (MOI 10). Tthe percentage of EGFP-
523 positive cells was quantified by flow cytometry (n = 12 for OASF, 5 for HSF. Values are
524 derived from data also shown in Fig. 2, 5, and S1). **(B)** Supernatants of CHIKV-infected
525 OASF were collected at 24 and 48 hpi, titrated on HEK293T cells, and titers were determined
526 by analyzing EGFP expression at 24 hpi. For background controls (post-wash), samples were
527 collected 1 h post virus inoculation and subsequent washing (n = 3). **(C)** Uninfected OASF
528 and HSF were analyzed for MXRA8 and FHL1 expression by immunoblotting (n = 4-6) and
529 for MXRA8 expression by immunofluorescence. Scale bar = 50 µm (n = 3, representative
530 images shown). **(D)** OASF were infected with 5'EGFP-CHIKV treated with MXRA8-Fc
531 recombinant protein or mock-treated virus. At 24 hpi, cells were analyzed for EGFP
532 expression (n = 4). **(E)** OASF were stimulated with IL-1β at 10 ng/ml for 16 h and
533 subsequently infected with CHIKV (MOI 10) in the presence of IL-1β. Mock-stimulated
534 OASF were infected as a control. Cells were analyzed for EGFP expression and **(F)**
535 supernatant was analyzed for IL-6 secretion by ELISA (n = 3). **(G)** OASF were infected with
536 5'EGFP-CHIKV (MOI 10) in the absence or presence of Ruxolitinib (10 µM) or mock-
537 infected. Infection was analyzed by live-cell imaging and representative images are shown.
538 Scale bar = 100 µm (n = 3). **(H)** Live-cell imaging from G was analyzed for EGFP intensity
539 using ImageJ. **(I)** OASF were treated with Ruxolitinib or mock-treated for 16 h, infected with
540 5'EGFP-CHIKV (MOI 10) and supernatant was transferred to uninfected, untreated or
541 Ruxolitinib-pretreated OASF every two to three days. Expression of EGFP in the target cells
542 was quantified at indicated time points (n = 3).

543

Figure 2. Productive CHIKV infection provokes a strong cell-intrinsic immune response in OASF.

(A) OASF were infected with 5'EGFP-CHIKV (MOI 10) in the presence or absence of the anti-E2 antibody C9. At 24 hpi, the percentage of EGFP-positive cells was measured by flow cytometry (filled squares: donor cells used for RNA-seq, n = 4. Values shown for comparison are derived from data plotted in Fig. 5). **(B)** Immunoblot of selected proteins expressed upon infection in samples from A (n = 4). **(C-F)** RNA from cells infected in A was extracted and subjected to RNA-seq (n = 4). **(C)** Analysis of up- and downregulated genes in CHIKV-infected samples compared to mock infection. Dotted lines indicate cutoff for <1.5 fold regulation and a p-value of 0.05. **(D)** Heatmaps of selected gene expression profiles related to innate immune responses (left) or to secreted proinflammatory mediators (middle) as well as to the expression of interferon receptors, CHIKV cofactors, and cellular expression markers (right) in uninfected or CHIKV-infected cells. **(E)** Number of NGS reads attributed to the human or CHIKV reference genome in CHIKV or neutralizing antibody-treated CHIKV infected cells. **(F)** NGS reads attributed to each individual position in the CHIKV genome plotted for cells infected with CHIKV in the presence or absence of neutralizing antibody. SGP: subgenomic promotor-

Figure 3. HSF and OASF share a similar base-line and CHIKV-induced transcriptome.

(A) Visualization of global transcriptional differences between OASF and HSF under regular culturing conditions. Average RPKM (log_{10}) values for all detected transcripts from OASF are plotted on the x-axis, with corresponding values from HSF plotted on the y-axis. R^2 value and regression line for comparison are inset. **(B)** Gene ontology analysis of differentially expressed genes in OASF compared to HSF. **(C)** Visualization of global transcriptomic differences between CHIKV-infected OASF and HSF as described in A. **(D)** Visualization of

the fold change induction of indicated genes in CHIKV-infected OASF and HSF. Average fold change (log_2) values for infected OASF are plotted on the x-axis, with corresponding values from infected HSF plotted on the y-axis. R^2 value and regression line for the comparison are inset. **(E)** Overlap of significantly (FDR-p <0.05) up- and downregulated genes in infected OASF and HSF. Numbers of genes up- or downregulated in either OASF or HSF only, or in both cell-types, are indicated. **(F)** Gene ontology analysis of the top significantly upregulated pathways in OASF, HSF, and shared by both in response to CHIKV infection.

Figure 4. The cell-intrinsic response to CHIKV infection in primary synovial fibroblasts exceeds the one induced in immortalized cell lines.

(A) OASF and HFF-1 cells were infected (MOI 10), U2OS cells were infected (MOI 0.5), and EGFP-positive cells were quantified by flow cytometry (n = 3-6). **(B)** Cells infected in A were analyzed for expression of *IFIT1* and *MX2* mRNA by quantitative RT-PCR (n = 3-6). Data from (A) and (B) is derived from experiments shown in Fig. 5. **(C)** Indicated cell cultures were transfected with 5'-triphosphate dsRNA (5-ppp-RNA) and analyzed for the expression of *IFIT1* (left) and *MX2* (right) mRNA (n = 3-4) **(D)** Same as F, but with plasmid DNA as transfectant (n = 3).

Figure 5. Primary synovial fibroblast-specific sensitivities to type I and III IFN treatment

(A) For a pre-treatment setting, OASF were treated with IFN-α2a or –λ1 for 48 h before infection with 5'EGFP-CHIKV (MOI 10) in the presence of IFN (left panel). For a post-treatment setting, OASF were infected with 5'-EGFP CHIKV (MOI 10) and IFN-α2a was

added 4 hpi (right panel). EGFP-positive cells were quantified by flow cytometry. **(B)** U2OS cells were treated and analyzed as described in (A), but infected at an MOI of 0.5. **(C)** HFF-1 cells were treated, infected, and analyzed as described in (A). UT: untreated (n = 3 for all experiments)