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# Refined Identification of Neutralization-Resistant HIV-1 CRF02\_AG Viruses

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**We studied neutralization of CRF02\_AG HIV-1-infected plasma samples. In contrast to previous reports, these samples neutralized CRF02\_AG viruses better than other viruses. This included six of eight CRF02\_AG viruses previously designated resistant (tier 2/3 or 3). Only viruses 253-11 and 278-50 remained highly resistant, but they were sensitive to membrane-proximal external region (MPER)-specific monoclonal antibodies, suggesting neutralization targets for even these viruses. We propose using high-neutralizing-within-subtype samples for evaluation of neutralization resistance of viruses.**

Human immunodeficiency virus type 1 (HIV-1) is an inefficiently transmitted virus (34) and thus depends upon survival within the host for extended periods of time. To persist, it must survive in the face of intense and sustained immune responses (23, 26). In part, this persistence is accomplished by its error-prone replication process and high recombination rate (42), which generate substantial diversity early in infection (16, 25). This diversity, in turn, likely ensures that viruses resistant to particular antibody responses are almost always present, even if at a very low frequency (21), and that neutralizing antibodies select them (7, 8, 10, 13, 19, 22, 29, 32, 33, 44).

There is evidence that induction of neutralizing antibodies to HIV-1 may be a fruitful approach for vaccine development. Passive immunization with neutralizing antibodies can prevent infection in primate models (15, 24, 41, 46) and also protects neonatal primates (35), even at low doses of antibody (14), all in cases in which the antibodies are able to neutralize the challenge virus. It thus appears likely that vaccine-induced antibodies will be able to protect a vaccinee from infection by viruses that they neutralize. The vaccine-induced prophylactic antibodies would have to be broadly neutralizing because of the great diversity of the pool of HIV against which vaccinees would have to be protected (45). Nonetheless, even a vaccine that gives rise to neutralizing antibodies with highly broad but less than 100% coverage of HIV-1 isolates may be able to prevent many infections. About three-quarters of heterosexual HIV-1 infections (1, 17, 36) can be traced back to a single virus. Neutralization by vaccine-induced antibody of one or a few infecting viruses is presumably a protective event.

In the case of less than 100% strain coverage of a vaccine, a worrisome prospect is the possibility that such a vaccine might select for difficult-to-neutralize HIV-1 viruses. Viruses differ substantially in their neutralization resistance. A recent large study (40) classified 107 viruses into 4 ordered categories, or tiers: tier 1A and 1B viruses were most sensitive, and tier 3 viruses the most resistant. Here, we report our work in which we have refined how highly neutralization-resistant viruses may be better identified by testing within-subtype neutraliza-

tion, and we apply this principle to a set of CRF02\_AG viruses.

Anonymous blood samples found to be HIV-1-infected were obtained from Yaoundé Central Hospital Blood Service, Yaoundé, Cameroon ( $n = 64$ ) between December 2006 and August 2007 and were subtyped by sequencing of *gag* and *nef* (data not shown). Twenty-two samples were subtyped CRF02\_AG for both genes. We selected 12 samples from subjects likely to be HIV infected for >5.5 months, by using the BED HIV-1 incidence test kit (Calypste Biomedical, Portland, OR) (31) (data not shown), because broad neutralizers are more frequent among individuals infected for longer time periods (2, 11, 27, 38). The median age of the donors of the 12 samples was 29 (interquartile range [IQR], 27 to 32); 33% (4/12) of donors were female; median viral load was 94,200 copies/ml (IQR, 53,000 to 231,000), and median CD4 count was 464 cells/ $\mu$ l (IQR, 316 to 770).

A pseudovirus panel ( $n = 27$ ) representative of the global HIV-1 pandemic was assembled, with CRF02\_AG highly represented and screened for sensitivity to our CRF02\_AG plasma samples (Fig. 1a). Pseudoviruses were chosen based upon subtype diversity, neutralization resistance (3, 40; R. A. Jacob, unpublished data), within-subtype sequence diversity, and geographic diversity of origin. All references to tier designations are according to those reported by Seaman et al. (40). Viruses are described as “tier 2/3” if they were between the clusters of tiers 2 and 3.

The relatively high neutralization resistance of CRF02\_AG viruses has been reported previously, with several fitting into tier 3 or tier 2/3 categories (40). CRF02\_AG viruses were more likely to

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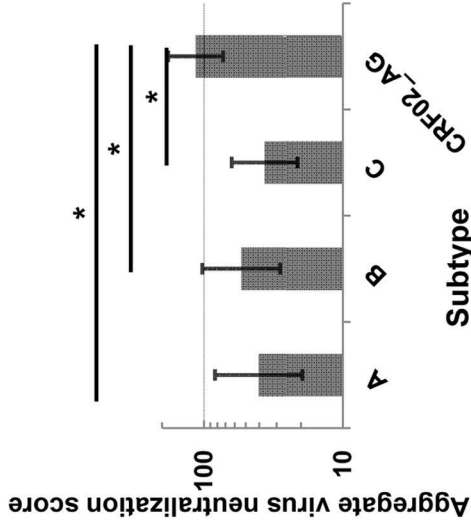
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a

Controls		27 Virus panel																		CRF02_AG									
		Subtype A Kenya				Subtype B, various locations				Subtype C southern Africa				Subtype C India				G				Tier 2/3				Tier 3			
		Tier 2	unk	unk	Tier 2/3	Tier 2	Tier 3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3	Tier 2	Tier 2/3
MLV	SF162	Q168	21M	Q461	REJO	SC	RHPA	4541	422861	PVO.4	WZ249	Du151	CA145	252-7	265-12	255-34	928-28	211-9	250-4	257-31	251-18	33-7	278-50	283-11					
		21M	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV	ENV
BS47	4	95	84	52	69	57	48	34	68	59	39	84	56	74	70	90	82	42	80	95	71	97	83	89	52	73	84	72	
BS06	6	96	63	97	28	39	70	40	71	66	54	48	51	84	53	95	66	85	61	75	85	84	89	94	74	69	96	50	53
BS77	23	99	98	100	22	75	82	55	67	87	90	63	49	30	43	47	62	38	5	84	88	71	68	67	63	54	98	12	27
BS73	7	91	52	66	67	25	38	77	59	47	62	57	62	62	46	23	26	38	60	61	78	59	94	93	86	51	23	39	30
BS50	0	72	18	60	29	16	60	44	60	45	21	22	17	57	50	11	14	25	63	86	79	71	88	84	82	63	58	61	51
BS66	1	99	69	87	49	22	26	88	82	75	36	39	49	88	39	12	16	35	36	75	65	65	83	87	49	46	25	23	35
BS39	3	96	22	28	22	19	31	38	55	40	26	34	43	36	34	9	24	37	43	52	86	51	85	76	80	54	35	35	36
BS22	2	83	30	23	20	24	31	40	53	35	24	31	47	21	40	10	29	37	46	64	76	52	73	67	70	53	47	35	40
BS45	13	86	22	21	29	28	21	28	51	48	34	37	45	0	35	11	23	31	40	53	75	63	71	57	56	46	32	31	33
BS01	0	83	54	0	12	15	34	29	36	10	7	0	0	0	24	0	16	28	69	28	71	72	52	30	32	17	0	0	0
BS55	5	98	28	0	21	9	0	0	33	2	0	0	0	48	22	17	6	0	43	41	65	47	61	65	43	25	28	17	14
BS43	5	48	21	0	12	13	0	0	27	26	20	30	24	0	10	4	11	0	0	19	64	22	28	30	20	16	0	9	20

>90%  
70-90%  
50-70%

b



c

Virus		clade		Tier		Neutralization score (95% PI)	
		Most Sensitive		Least Sensitive			
255-34	CRF02_AG	2		402 (191-845)			
211-9	CRF02_AG	2/3		371 (176-778)			
250-4	CRF02_AG	2/3		314 (149-659)			
257-31	CRF02_AG	3		180 (86-378)			
269-12	CRF02_AG	2		142 (67-298)			
928-28	CRF02_AG	2/3		139 (66-292)			
REJO 4541.67	B	2		106 (50-222)			
QG984.21M.ENV.A3	A	unk		71 (34-150)			
33-7	CRF02_AG	3		67 (32-141)			
SC 422861.8	B	2		64 (30-134)			
Q168.a2	A	2		63 (30-133)			
Du151.2	C (Afr)	2		60 (29-126)			
251-18	CRF02_AG	3		53 (25-112)			
RHPA 4259.7	B	2		48 (23-101)			
CAP45.2.00.G3	C (Afr)	2		41 (20-87)			
TRO11	B	2		41 (20-86)			
252-7	G	2		41 (19-85)			
Du422.1	C (Afr)	2/3		38 (18-79)			
ZM249 M.PL1	C (Afr)	2		38 (18-79)			
16936-2.21	C (Ind)	2		34 (16-72)			
PVO.4	B	3		29 (14-61)			
253-11	CRF02_AG	3		27 (13-56)			
QH343.21M.ENV.A10	A	unk		26 (12-55)			
001428-2.42	C (Ind)	2/3		24 (11-50)			
26191-2.48	C (Ind)	2		23 (11-49)			
278-50	CRF02_AG	3		22 (11-47)			
Q461.e2	A	2/3					

d

ID50 values:											
CRF02_AG plasma & tier 3 CRF02_AG viruses	33-7	251-18	278-50	253-11	257-31						
BS01	<50	<50	<50	<50	95						
BS06	1307	140	89	156	260						
BS22	88	77	<50	<50	223						
BS39	54	77	<50	62	374						
BS43	<50	<50	<50	<50	<50						
BS45	<50	52	<50	<50	118						
BS47	300	93	352	369	693						
BS50	173	167	105	179	384						
BS55	<50	<50	<50	<50	92						
BS66	<50	70	<50	<50	165						
BS73	68	74	75	54	621						
BS77	3838	149	<50	<50	188						

**TABLE 1** Differences in neutralization sensitivities between viruses or groups of viruses<sup>a</sup>

Virus(es) or virus group	Fold difference (95% CI) <sup>b</sup>	Wald $\chi^2$	P value
CRF02_AG viruses	1.00	Reference	
Group A	2.84 (1.95–4.13)	29.92	<0.00005
Group B	2.13 (1.51–3.02)	18.36	<0.00005
Group C	3.14 (2.30–4.28)	51.68	<0.00005
Group G	2.83 (1.46–5.48)	9.42	0.0021
278-50 and 253-11	1.00	Reference	
33-7, 253-11, and 257-31	3.33 (1.95–5.67)	19.55	<0.00005
33-7	2.59 (1.34–5.00)	8.02	0.0046
251-18	2.05 (1.06–3.96)	4.57	0.0326
257-31	6.93 (3.59–13.39)	33.23	<0.00005

<sup>a</sup> Statistical comparisons were made for the neutralization sensitivities of the indicated viruses or groups of viruses to the indicated reference group.

<sup>b</sup> Fold differences shown are ratios of geometric means of all measurements in each comparison group. The 95% confidence interval of the fold difference was obtained from a mixed regression model.

fit into one of these categories than other viruses (8/17 versus 20/90;  $\chi^2 = 4.565$ ;  $P = 0.033$ ). In addition, a CRF02\_AG-infected plasma pool was unable to preferentially neutralize within-subtype viruses, including the viruses used in this study (5, 40). In contrast, we observed substantial within-subtype neutralization with our CRF02\_AG-infected samples (Fig. 1). Collectively, the CRF02\_AG viruses were 2- to 3-fold more sensitive to the CRF02\_AG-infected plasma samples than the subtype A, B, or C virus groups or the lone subtype G virus (Fig. 1b; Table 1). All of the six most sensitive viruses to the CRF02\_AG-infected plasma samples were CRF02\_AG viruses, and two others were moderately sensitive (Fig. 1a and c). Strikingly, three tier 3 CRF02\_AG viruses (251-18, 33-7, and 257-31) were moderately or highly sensitive (Fig. 1a, c, and d). These three were significantly and substantially (overall, 3.33-fold) more sensitive to neutralization by our CRF02\_AG-infected plasma than the two resistant CRF02\_AG viruses (253-11 and 278-50) (Table 1). Two of these sensitive viruses (251-18 and 33-7) ranked among the three most resistant viruses of all 107 that were previously tier ranked (40). The most parsimonious explanation for this discrepancy may be that the CRF02\_AG pools used in the previous studies did not contain high levels of heterologous neutralizing antibody, including antibody specific for within-subtype CRF02\_AG viruses.

An understanding of the vulnerability of CRF02\_AG viruses characterized monoclonal antibodies (MAbs) could provide information for vaccine design. Thus, we assessed the neutralization of the panel viruses to four commonly used MAbs. Nine of 10 CRF02\_AG viruses were resistant to b12 (9) (recognizes the CD4 binding site [37]) and 2G12 (recognizes a cluster of  $\alpha 1 \rightarrow 2$ -linked mannose residues on gp120 [39, 43]). On the other hand, CRF02\_AG viruses were sensitive to the anti-gp41 membrane-proximal external region (MPER)-recognizing MAbs (48). All CRF02\_AG viruses were sensitive to 4E10 (6), and 8/10 were sensitive to 2F5 (30) (Fig. 2). We conclude that it may be possible to neutralize even highly resistant CRF02\_AG viruses, such as 278-50 and 253-11, with antibodies directed at the MPER. This may be important for development of an HIV-1 vaccine effective for a wide variety of HIV-1 strains, including neutralization-resistant strains such as 278-50 and 253-11.

Our studies highlight 253-11 and 278-50 as highly neutralization-resistant viruses and also demonstrate the utility of using pools or panels of within-subtype samples selected for good neutralizers to identify such viruses selectively. It is striking that such antibodies specific for 253-11 and 278-50 occur rarely, even among CRF02\_AG-infected donors. Neutralizing anti-MPER antibodies in plasma samples previously were found to be rare in a North American cohort (47), but they were less rare in South Africa-sourced plasma samples (15/50, 30%) (12). Based on preliminary data from a panel of South Africa-sourced samples, we found that 17/68 contained neutralizing antibodies to a subtype C consensus MPER sequence, yet only 3/17 (18%) sera neutralized 253-11 and only 9/17 (53%) neutralized 278-50 (R. A. Jacob and J. R. Dorfman, unpublished data), suggesting that 253-11 and, to a lesser extent, 278-50, are resistant to most anti-MPER antibodies. Although the MPER is already targeted in vaccine efforts, we argue that study of neutralization of 253-11 and similar viruses remains important for vaccine development.

It is important that viruses with high neutralization resistance be defined as rigorously as possible. Based upon our study, we propose that procedures for selection of highly neutralization-resistant viruses include within-clade neutralization using samples selected for good neutralizers. Identification and study of these viruses is important because (i) epitopes from resistant viruses may be desirable in a vaccine and (ii) resistant viruses should be included in panels to evaluate candidate vaccines.

**FIG 1** (a) Sensitivity of panel viruses to 12 plasma samples from CRF02\_AG-infected study subjects. The percent neutralization of the indicated pseudovirus by the indicated plasma at a screening dilution of 1/100 is shown. Plasma samples are ranked by number of viruses neutralized at >50%; ties were broken by ranking the number of viruses neutralized at 70% and then at 90%. Plasma samples that neutralized  $\geq 16$  of the 24 viruses (at  $\geq 50\%$  neutralization) are indicated in bold. Neutralization assays were performed as described previously (28). Samples were tested against murine leukemia virus (MLV) as a negative control and against the highly neutralization-sensitive subtype B SF162.2 as a positive control. unk, tier unknown; virus not analyzed in reference 40. (b) Graphic depiction of the aggregate sensitivity of viruses grouped by subtype to the CRF02\_AG plasma samples. The vertical axis represents the aggregate virus neutralization score for all viruses belonging to a particular subtype. Error bars represent the 95% confidence intervals from a linear mixed regression model. \*,  $P < 0.0005$ . The virus neutralization score is the marginal prediction of a linear mixed model and is equal to the geometric mean of the 50% inhibitory dilution ( $ID_{50}$ ) values of all plasma samples neutralizing that virus. The  $ID_{50}$  value was directly measured for samples 33-7, 251-18, 278-50, 253-11, 257-31, and 928-28, or is an estimated  $ID_{50}$  based upon the percent neutralization at 1/100 for other viruses (R. A. Jacob et al., unpublished data). (c) Relative sensitivity rankings of individual viruses to the subtype CRF02\_AG plasma samples. Viruses were ranked by the same virus neutralization scores used for panel b; 95% prediction intervals from the model are also shown. (d) Measured  $ID_{50}$  values for tier 3 CRF02\_AG viruses neutralized by individual CRF02\_AG plasma samples.



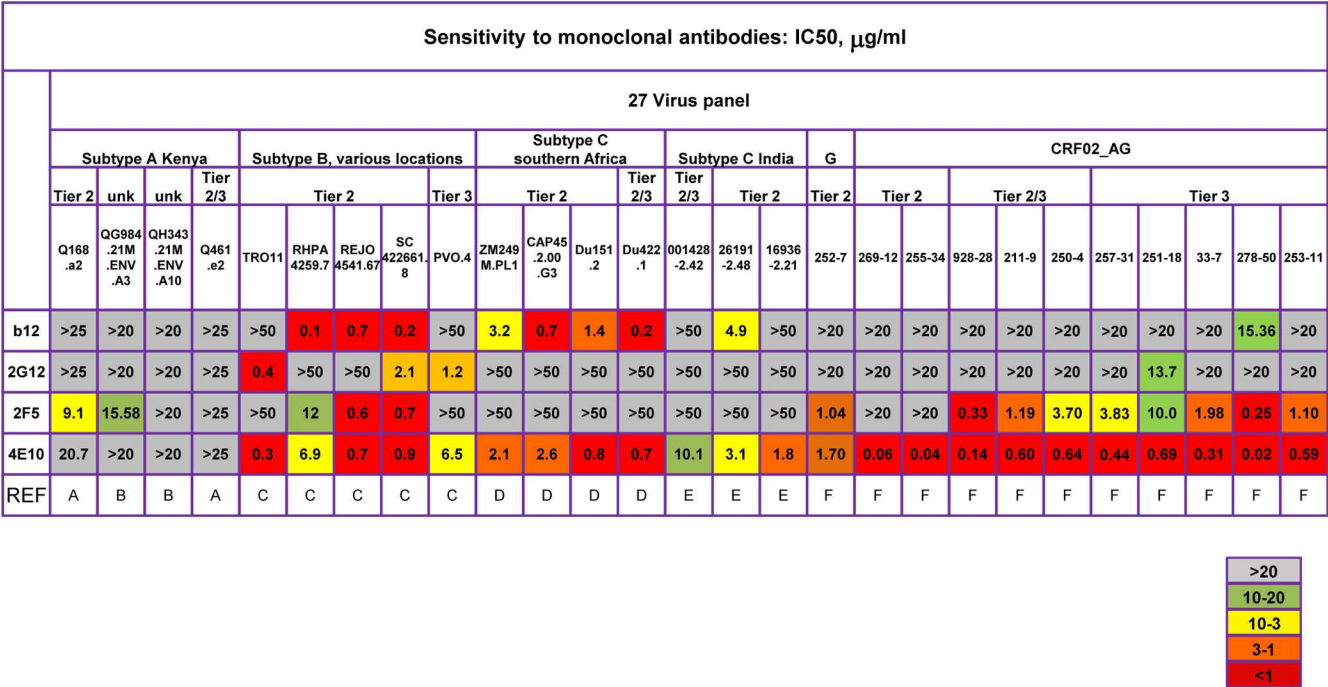


FIG 2 Fifty percent inhibitory concentration (IC<sub>50</sub>) titers for monoclonal antibodies against panel viruses. The “REF” row refers to previously reported IC<sub>50</sub> values, as follows (reference indicated in parentheses): A (4); B (3); C (20); D (19); E (18); F (this study). unk, tier unknown; virus not analyzed in reference 40.

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REFERENCES

4. Blish CA, Nedellec R, Mandaliya K, Mosier DE, Overbaugh J. 2007. HIV-1 subtype A envelope variants from early in infection have variable sensitivity to neutralization and to inhibitors of viral entry. *AIDS* 21:693–702.

5. Brown BK, et al. 2008. Cross-clade neutralization patterns among HIV-1 strains from the six major clades of the pandemic evaluated and compared in two different models. *Virology* 375:529–538.

6. Buchacher A, et al. 1994. Generation of human monoclonal antibodies against HIV-1 proteins; electrofusion and Epstein-Barr virus transformation for peripheral blood lymphocyte immortalization. *AIDS Res. Hum. Retroviruses* 10:359–369.

7. Bunnik EM, Pisas L, van Nuenen AC, Schuitemaker H. 2008. Autologous neutralizing humoral immunity and evolution of the viral envelope in the course of subtype B human immunodeficiency virus type 1 infection. *J. Virol.* 82:7932–7941.

8. Burton DR, Stanfield RL, Wilson IA. 2005. Antibody vs. HIV in a clash of evolutionary titans. *Proc. Natl. Acad. Sci. U. S. A.* 102:14943–14948.

9. Burton DR, et al. 1994. Efficient neutralization of primary isolates of HIV-1 by a recombinant human monoclonal antibody. *Science* 266:1024–1027.

10. Frost SD, et al. 2005. Neutralizing antibody responses drive the evolution of human immunodeficiency virus type 1 envelope during recent HIV infection. *Proc. Natl. Acad. Sci. U. S. A.* 102:18514–18519.

11. Gray ES, et al. 2011. The neutralization breadth of HIV-1 develops incrementally over four years and is associated with CD4<sup>+</sup> T cell decline and high viral load during acute infection. *J. Virol.* 85:4828–4840.

12. Gray ES, et al. 2009. Antibody specificities associated with neutralization breadth in plasma from human immunodeficiency virus type 1 subtype C-infected blood donors. *J. Virol.* 83:8925–8937.

13. Gray ES, et al. 2007. Neutralizing antibody responses in acute human immunodeficiency virus type 1 subtype C infection. *J. Virol.* 81:6187–6196.

14. Hessel AJ, et al. 2009. Effective, low-titer antibody protection against low-dose repeated mucosal SHIV challenge in macaques. *Nat. Med.* 15:951–954.

15. Johnson PR, et al. 2009. Vector-mediated gene transfer engenders long-lived neutralizing activity and protection against SIV infection in monkeys. *Nat. Med.* 15:901–906.

16. Keele BF. 2010. Identifying and characterizing recently transmitted viruses. *Curr. Opin. HIV AIDS* 5:327–334.
17. Keele BF, et al. 2008. Identification and characterization of transmitted and early founder virus envelopes in primary HIV-1 infection. *Proc. Natl. Acad. Sci. U. S. A.* 105:7552–7557.
18. Kulkarni SS, et al. 2009. Highly complex neutralization determinants on a monophyletic lineage of newly transmitted subtype C HIV-1 Env clones from India. *Virology* 385:505–520.
19. Li M, et al. 2006. Genetic and neutralization properties of subtype C human immunodeficiency virus type 1 molecular env clones from acute and early heterosexually acquired infections in southern Africa. *J. Virol.* 80:11776–11790.
20. Li M, et al. 2005. Human immunodeficiency virus type 1 env clones from acute and early subtype B infections for standardized assessments of vaccine-elicited neutralizing antibodies. *J. Virol.* 79:10108–10125.
21. Loh L, Petravic J, Batten CJ, Davenport MP, Kent SJ. 2008. Vaccination and timing influence SIV immune escape viral dynamics in vivo. *PLoS Pathog.* 4:e12. doi:10.1371/journal.ppat.0040012.
22. Mahalanabis M, et al. 2009. Continuous viral escape and selection by autologous neutralizing antibodies in drug-naïve HIV controllers. *J. Virol.* 83:662–672.
23. Mascola JR, Montefiori DC. 2010. The role of antibodies in HIV vaccines. *Annu. Rev. Immunol.* 28:413–444.
24. Mascola JR, et al. 1999. Protection of macaques against pathogenic simian/human immunodeficiency virus 89.6PD by passive transfer of neutralizing antibodies. *J. Virol.* 73:4009–4018.
25. McMichael AJ, Borrow P, Tomaras GD, Goonetilleke N, Haynes BF. 2010. The immune response during acute HIV-1 infection: clues for vaccine development. *Nat. Rev. Immunol.* 10:11–23.
26. McMichael AJ. 2006. HIV vaccines. *Annu. Rev. Immunol.* 24:227–255.
27. Mikell I, et al. 2011. Characteristics of the earliest cross-neutralizing antibody response to HIV-1. *PLoS Pathog.* 7:e1001251. doi:10.1371/journal.ppat.1001251.
28. Montefiori DC. 2009. Measuring HIV neutralization in a luciferase reporter gene assay. *Methods Mol. Biol.* 485:395–405.
29. Moore PL, et al. 2009. Limited neutralizing antibody specificities drive neutralization escape in early HIV-1 subtype C infection. *PLoS Pathog.* 5:e1000598. doi:10.1371/journal.ppat.1000598.
30. Muster T, et al. 1993. A conserved neutralizing epitope on gp41 of human immunodeficiency virus type 1. *J. Virol.* 67:6642–6647.
31. Parekh BS, et al. 2011. Determination of mean recency period for estimation of HIV type 1 incidence with the BED-capture EIA in persons infected with diverse subtypes. *AIDS Res. Hum. Retroviruses* 27:265–273.
32. Richman DD, Wrin T, Little SJ, Petropoulos CJ. 2003. Rapid evolution of the neutralizing antibody response to HIV type 1 infection. *Proc. Natl. Acad. Sci. U. S. A.* 100:4144–4149.
33. Rong R, et al. 2009. Escape from autologous neutralizing antibodies in acute/early subtype C HIV-1 infection requires multiple pathways. *PLoS Pathog.* 5:e1000594. doi:10.1371/journal.ppat.1000594.g008.
34. Royce RA, Sena A, Cates W, Jr, Cohen MS. 1997. Sexual transmission of HIV. *N. Engl. J. Med.* 336:1072–1078.
35. Ruprecht RM, Ferrantelli F, Kitabwalla M, Xu W, McClure HM. 2003. Antibody protection: passive immunization of neonates against oral AIDS virus challenge. *Vaccine* 21:3370–3373.
36. Salazar-Gonzalez JF, et al. 2008. Deciphering human immunodeficiency virus type 1 transmission and early envelope diversification by single-genome amplification and sequencing. *J. Virol.* 82:3952–3970.
37. Saphire EO, et al. 2001. Crystal structure of a neutralizing human IgG against HIV-1: a template for vaccine design. *Science* 293:1155–1159.
38. Sather DN, et al. 2009. Factors associated with the development of cross-reactive neutralizing antibodies during human immunodeficiency virus type 1 infection. *J. Virol.* 83:757–769.
39. Scanlan CN, et al. 2002. The broadly neutralizing anti-human immunodeficiency virus type 1 antibody 2G12 recognizes a cluster of  $\alpha 1 \rightarrow 2$  mannose residues on the outer face of gp120. *J. Virol.* 76:7306–7321.
40. Seaman MS, et al. 2010. Tiered categorization of a diverse panel of HIV-1 Env pseudoviruses for neutralizing antibody assessment. *J. Virol.* 84:1439–1452.
41. Shibata R, et al. 1999. Neutralizing antibody directed against the HIV-1 envelope glycoprotein can completely block HIV-1/SIV chimeric virus infections of macaque monkeys. *Nat. Med.* 5:204–210.
42. Taylor BS, Sobieszyk ME, McCutchan FE, Hammer SM. 2008. The challenge of HIV-1 subtype diversity. *N. Engl. J. Med.* 358:1590–1602.
43. Trkola A, et al. 1996. Human monoclonal antibody 2G12 defines a distinctive neutralization epitope on the gp120 glycoprotein of human immunodeficiency virus type 1. *J. Virol.* 70:1100–1108.
44. Wei X, et al. 2003. Antibody neutralization and escape by HIV-1. *Nature* 422:307–312.
45. Woodman Z, Williamson C. 2009. HIV molecular epidemiology: transmission and adaptation to human populations. *Curr. Opin. HIV AIDS* 4:247–252.
46. Xu W, Hofmann-Lehmann R, McClure HM, Ruprecht RM. 2002. Passive immunization with human neutralizing monoclonal antibodies: correlates of protective immunity against HIV. *Vaccine* 20:1956–1960.
47. Yuste E, et al. 2006. Simian immunodeficiency virus engrafted with human immunodeficiency virus type 1 (HIV-1)-specific epitopes: replication, neutralization, and survey of HIV-1-positive plasma. *J. Virol.* 80:3030–3041.
48. Zwick MB, et al. 2001. Broadly neutralizing antibodies targeted to the membrane-proximal external region of human immunodeficiency virus type 1 glycoprotein gp41. *J. Virol.* 75:10892–10905.