

Molecular Basis of Binding between Novel Human Coronavirus MERS-CoV and its Receptor CD26

The newly-emerged Middle East respiratory syndrome coronavirus (MERS-CoV) can specifically engage CD26 via the surface spike protein. We identified the spike region (denoted as receptor binding domain (RBD)) that is responsible for receptor-binding, and solved the RBD structures in both the free and receptor-bound forms. MERS-CoV RBD is composed of a core subdomain and an external receptor binding motif that recognizes blades IV and V of CD26 β -propeller. The viral ligand locates at the membrane-distal tip of the receptor dimer, forming a "U"-shaped structure. Elucidation of the receptor-recognition mechanism for MERS-CoV would facilitate rational design of anti-viral drugs and prophylactic vaccines.

In 2012, a new coronavirus, named the Middle East respiratory syndrome coronavirus (MERS-CoV) [1], first emerged in Saudi Arabia [2], and then rapidly spread to multiple countries in the Middle East and Europe [3, 4]. The virus is highly pathogenic [2, 5]. Patients suffer severe pulmonary diseases, including fever, cough, and an acute respiratory distress syndrome. In some cases, the disease course is accompanied by renal failure, leading to exceptionally high mortality [2, 5]. As of April 10, 2014, the World Health Organization has compiled a total of 211 laboratory-confirmed infection cases globally, including 88 deaths [4]. In addition, there has been accumulating evidence showing the limited local transmission of the virus among close contacts [6]. Consequently, there is concern about a second potential coronavirus pandemic ten years after the SARS outbreak [7]. To combat this virus, there is an urgent need to identify how the virus infects humans.

MERS-CoV belongs to the *betacoronavirus* genus in the *Coronaviridae* family [8]. As with other coronaviruses [9], MERS-CoV utilizes the surface spike protein for receptor recognition [10]. The specific binding of the viral spike to the cellular receptor mediates the attachment of viruses to host cells, which is a crucial step initiating infection.

Recently, CD26 (also known as dipeptidyl peptidase 4, DDP4) was identified as the functional receptor for MERS-CoV [10]. The molecular mechanism of CD26

recognition by the novel coronavirus, however, remains elusive. This is a key question regarding the viral pathogenesis and would be useful for the development of anti-viral drugs targeting the viral entry process.

To delineate the receptor-recognition basis of MERS-CoV, we need first to identify the spike region that is responsible for receptor-engagement. By testing the interaction between CD26 and differently-truncated spike proteins through flow-cytometric assays, this receptor binding domain (RBD) was attributed to the MERS-CoV spike residues 367-606. A specific and potent binding of RBD to CD26 was further demonstrated by the surface plasmon resonance Biacore data, which revealed a dissociation constant (K_d) of about 16.7 nM [Fig. 1(a)].

We then successfully crystallized the free RBD protein and its complex with CD26, and managed to solve both structures at 2.5 Å and 2.7 Å, respectively. The viral RBD is composed of a core subdomain and an external receptor binding motif [Fig. 1(b)]. The former is homologous to that of the SARS-CoV spike protein [11], while the latter is a novel strand-dominated unit which recognizes blades IV and V of CD26 β -propeller. The receptor itself is a type II transmembrane protein, presented on the cell surface as homodimers [12, 13]. MERS-CoV RBD locates at the membrane-distal tip of the receptor dimer, forming an overall "U"-shaped structure [Fig. 1(c)].

Detailed analysis revealed that the RBD/CD26 interaction is mainly mediated by salt-bridges and hydrogen-bond contacts among hydrophilic residues at the binding interface. Interestingly, this featured pattern of RBD/CD26 engagement is very similar to those mediating the binding between adenosine deaminase (ADA) and CD26 [14], indicating competition between MERS-CoV and ADA for CD26 receptor. The ADA/CD26 interaction has been shown to play an important role in T cell activation [15], therefore our work indicates potential manipulation of the host immune system by MERS-CoV through competition for the ADA-recognition site. By comparing with other reported coronaviral spike-domain structures and aligning the spike sequences of representative betacoronaviruses, we assumed that members of the *betacoronavirus* genus might have evolved to reserve a similar core-domain fold in the spike protein to present external amino acids with divergent structures for viral pathogenesis, such as receptor recognition.

The emergence of MERS-CoV infections is a worldwide public health concern. The viral entry process represents one of the best drug targets. The identification of key residues, via high-resolution structures, mediating the attachment of MERS-CoV to CD26, could set the direction for future anti-viral research. Our work also indicates a potential application of the properly-folded MERS-CoV RBD proteins in prophylactic vaccination, which is worthy of future study.

REFERENCES

- [1] R.J. de Groot, S.C. Baker, R.S. Baric, C.S. Brown, C. Drosten, L. Enjuanes, R.A.M. Fouchier, M. Galiano, A.E. Gorbalenya, Z.A. Memish, S. Perlman, L.L.M. Poon, E.J. Shijder, G.M. Stephens, P.C.Y. Woo, A.M. Zaki, M. Zambon and J. Ziebuhr, *J. Virol.* **87**, 7790 (2013).

- [2] A.M. Zaki, S. van Boheemen, T.M. Bestebroer, A.D.M.E. Osterhaus and R.A.M. Fouchier, *N. Engl. J. Med.* **367**, 1814 (2012).
- [3] J.A.A.-Tawfiq, *J. Infect. Public Health* **6**, 319 (2013).
- [4] World Health Organization, *Middle East respiratory syndrome coronavirus (MERS-CoV) - update*. http://www.who.int/csr/don/2014_04_10_mers/en/.
- [5] A. Bermingham, M.A. Chand, C.S. Brown, E. Aarons, C. Tong, C. Langrish, K. Hoschler, K. Brown, M. Galiano, R. Myers, R.G. Pebody, H.K. Green, N.L. Boddington, R. Gopal, N. Price, W. Newsholme, C. Drosten, R.A. Fouchier, M. Zambon, *Eurosurveillance* **17**, 20290 (2012).
- [6] R. Breban, J. Riou and A. Fontanet, *Lancet* **382**, 694 (2013).
- [7] World Health Organization, *Cumulative Number of Reported Probable Cases of Severe Acute Respiratory Syndrome (SARS)*. <http://www.who.int/csr/sars/country/en/>.
- [8] G. Lu and D. Liu, *Protein Cell* **3**, 803 (2012).
- [9] M.M. Lai, S. Perlman and L.J. Anderson, *Coronaviridae, in Fields Virology* (ed. D.M. Knipe) 1305 (2007).
- [10] V.S. Raj, H. Mou, S.L. Smits, D.H.W. Dekkers, M.A. Muller, R. Dijkman, D. Muth, J.A.A. Demmers, A. Zaki, R.A.M. Fouchier, V. Thiel, C. Drosten, P.J.M. Rottier, A.D.M.E. Osterhaus, B.J. Bosch and B.L. Haagmans, *Nature* **495**, 251 (2013).
- [11] F. Li, W. Li, M. Farzan and S.C. Harrison, *Science* **309**, 1864 (2005).
- [12] M. Engel, T. Hoffmann, L. Wagner, M. Wermann, U. Heiser, R. Kiefersauer, R. Huber, W. Bode, H.-U. Demuth and H. Brandstetter, *Proc. Natl. Acad. Sci. USA* **100**, 5063 (2003).
- [13] H.B. Rasmussen, S. Branner, F.C. Wiberg and N. Wagtmann, *Nat. Struct. Biol.* **10**, 19 (2003).
- [14] W.A. Weihofen, J. Liu, W. Reutter, W. Saenger and H. Fan, *J. Biol. Chem.* **279**, 43330 (2004).
- [15] M.D. Gorrell, V. Gysbers and G.W. McCaughan, *Scand. J. Immunol.* **54**, 249 (2001).

BEAMLIN

BL-1A

G. Lu¹, Y. Hu², Q. Wang¹, J. Qi¹, F. Gao^{1,3}, Y. Li¹, Y. Zhang¹, W. Zhang¹, Y. Yuan⁴, J. Bao³, B. Zhang², Y. Shi¹, J. Yan¹ and G.F. Gao^{1,4,5} (¹Chinese Academy of Sciences, ²Anhui Univ., ³Sichuan Univ., ⁴Univ. of Sci. and Tech. of China, ⁵China CDC)

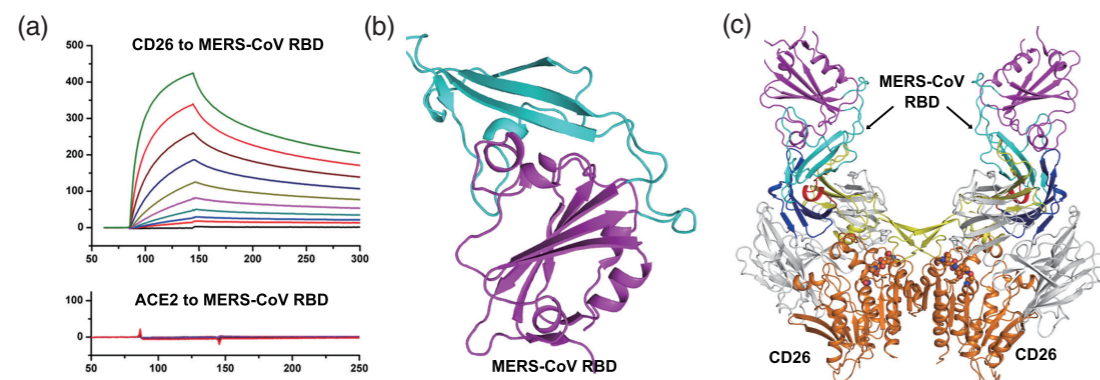


Figure 1: The high-affinity binding and complex structure between MERS-CoV RBD and CD26. (a) A surface plasmon resonance assay showing that MERS-CoV RBD can bind to CD26 but not to the SARS-CoV receptor human ACE2. (b) A schematic representation of the MERS-CoV RBD structure. The core subdomain and the external receptor binding motif are colored magenta and cyan, respectively. (c) The complex structure between MERS-CoV RBD and CD26. The CD26 dimer and its tip-located RBD molecules are shown and labeled.