

## Original Article

# Identification of genes involved in enterovirus 71 infected SK-N-SH cells

Fei Fu\*, Junjie Zhao\*, Xueyan Xi

*School of Basic Medical Sciences, Hubei University of Medicine, Shiyan, Hubei Province. \*Equal contributors.*

Received November 14, 2017; Accepted November 28, 2017; Epub December 1, 2017; Published December 15, 2017

**Abstract:** The enterovirus 71 (EV71) is the major pathogen of hand-foot-and-mouth disease (HFMD) and has been associated with severe neurological disease in children under 5 years of age. The molecular mechanisms underlying the response of human neural cells to EV71 infection still remain unclear. In this study, the genome microarray was employed to perform transcriptome profiling analysis in human neuroblastoma SK-N-SH cells infected by EV71. The results indicated that EV71 infection lead to altered expression of 87 human mRNA. The up-regulated gene mainly include the cytokine and chemokine, ubiquitin mediated proteolysis, Toll-like receptor signaling pathway, p53 signaling pathway, apoptosis, leukocyte transendothelial migration, MAPK signaling pathway and Jak-STAT signaling pathway, etc. Finally, the microarray results were validated using real-time RT-PCR and ELISA in the RNA and protein level, respectively. Our results suggested that the high fatality rate of EV71 infection probably derived from a severe immune response caused by cytokines and chemokines. The findings will help to better understand the host responses to EV71 infection and provide the potential strategy for prevention and control of EV71 infection.

**Keywords:** EV71, SK-N-SH, chemokine, gene microarray, HFMD

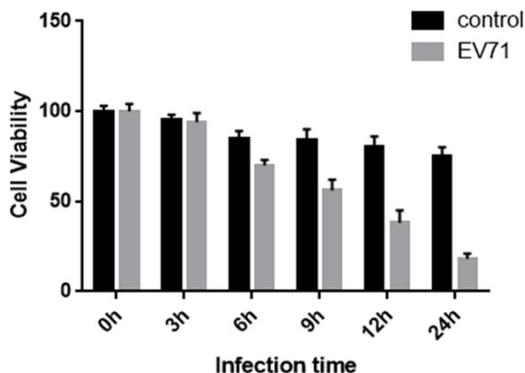
### Introduction

The enterovirus 71 (EV71) is one of the major pathogens responsible for human cases of hand, foot and mouth disease (HFMD) [1]. Children under 5 years of age are particularly susceptible to severe forms of EV71-associated neurological diseases, including aseptic meningitis, brainstem and/or cerebellar encephalitis and acute flaccid paralysis [2]. However, the molecular mechanisms underlying the response of human neural cells to EV71 infection still remain unclear. With the development of microarray technology, the response of cell to virus can be monitored by examining the gene expression changes [3]. By the use of DNA microarrays [4, 5], it is possible to define changes in gene expression that underlie the host response to EV71 infection and to gain specific insights into the molecular mechanism of the host pathways participated in the EV71 pathogenesis.

In this report, the genome microarray was employed to perform transcriptome profiling analysis in human neuroblastoma SK-N-SH cells

infected by EV71. Compared to un-infected control, EV71 infection changes the amount of many mRNA transcripts in SK-N-SH cells. The up-regulated gene mainly include the cytokine and chemokine, ubiquitin mediated proteolysis, Toll-like receptor signaling pathway, p53 signaling pathway, apoptosis, leukocyte transendothelial migration, MAPK signaling pathway and Jak-STAT signaling pathway, etc. And then, we used the real-time RT-PCR and enzyme linked immunosorbent assay (ELISA) to detect the cytokines and chemokines in EV71-infected SK-N-SH cells in the RNA and protein level, respectively. We found it is possible that the high fatality rate of EV71 infection results from a severe immune response caused by cytokines and chemokines. Previous data have implicated several chemokines and cytokines in the systemic and CNS inflammation that accompanies EV-71 infection [6, 7]. The knowledge of the host genes that are differently regulated with different kinetics during EV71 infection may be important for predicting cellular response to viral infection. Our findings will help to better understand the host responses to EV71 infection and provide the potential strat-

## The genes involved in enterovirus 71 infection



**Figure 1.** Growth kinetics of EV71-infected SK-N-SH cells. SK-N-SH cells were inoculated with the EV71 virus and mock control. The cells were collected at 3, 6, 9, 12 and 24 hours post-infection and cell viability were determined using MTT methods. Data was shown as mean  $\pm$  SD from 3 independent experiments.

egy for prevention and control of EV71 infection.

### Materials and methods

#### Cell and virus culture

Human rhabdomyosarcoma (RD; ATCC, CCL-136) and neuroblastoma (SK-N-SH; ATCC, HTB-11) cells were maintained in Dulbecco's modified Eagle's medium (DMEM) (Gibco) supplemented with 10% fetal bovine serum (FBS) plus streptomycin (200 U/ml), and cultured at 37°C in a 5% CO<sub>2</sub> incubator. Virus was propagated in RD cells. Briefly, 80% confluent monolayers of RD cells were inoculated with the virus, once 90% of the cells showed cytopathic effect (CPE), the culture medium and cell debris were harvested and were repeated freezing and thawing three times, cell debris was removed by centrifugation at 1,000 g for 10 minutes. The supernatants were filtered through a 0.22  $\mu$ m membrane (Milipore) and stored at -80°C before use. The virus titer was determined by TCID<sub>50</sub>.

#### In vitro virus infection

For in vitro virus infection,  $3 \times 10^6$  SK-N-SH cells were seeded onto 10 cm cell culture dishes (Corning) and incubated overnight. The cells were infected with EV71 at 10 MOI or control (the same growth medium but without virus) at 37°C in a 5% CO<sub>2</sub> incubator for different time point. The cells were then collected by centrifugation at 2000 g for 10 min.

#### Microarrays

The cDNA microarrays were made by Beijing Boao Biotechnology Co., Ltd. The used chips were Agilent G4112F Design ID 014850, 4 $\times$ 44 K format. They contain probes for 10,692 human expressed sequence tags (ESTs/cDNA elements) corresponding to known genes in the GenBank database, printed on nylon membrane. All the EST clones have been sequence verified.

#### The data analysis

Analysis software was Agilent G4450AA Feature Extraction software 10.0, Agilent Scan Control software, version A. 7.0 or later (includes XDR functionality) and Agilent GeneSpring software GX11. Genes were selected for this analysis if their expression levels in SK-N-SH cells following EV71 infection were different from that in uninfected cells control. Differences in expression levels of genes that increased or decreased by a factor of 0.5 at a minimum at two different time points were considered as significant.

#### MTT analysis

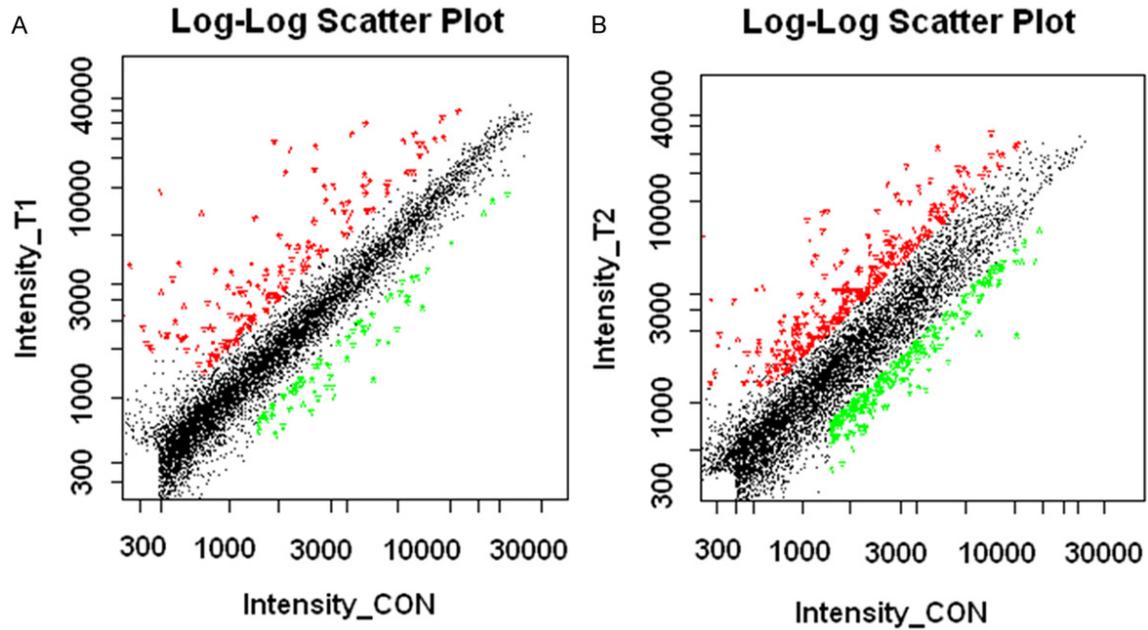
The cells were seeded into 96-well plates and incubated for overnight, 10  $\mu$ l MTT was added into each well and incubated for 4 hours. The absorbance was then measured using Epoch Microplate Spectrophotometer (Bio-Tek Instruments, Inc.) at 490 nm.

#### Real-time RT-PCR

Two-step real-time RT-PCR was performed on selected genes to confirm the differential expression results obtained by microarray experiments. The reverse transcription was used for MMLV (Promega). The PCR reaction was performed on Stepone real-time PCR systems (ABI company) using a SYBR Green PCR kit (TOYOBO). Each RT-PCR experiment was performed three times.

#### ELISA

ELISA was performed to detect the expression difference in SK-N-SH cells following EV71 infection were different from that in uninfected cells control. The ELISA operation is carried out in accordance with the kit instructions (Boster).



**Figure 2.** Heat map of the microarray gene expression profile of SK-N-SH cells infected with EV71. A. The gene profile of SK-N-SH cells infected by EV71 at 9 hours. B. The gene profile of SK-N-SH cells infected by EV71 at 12 hours. Red represents mRNAs with increased expression, and green represents mRNAs with decreased expression.

#### Statistical analysis

Differences of gene expression compared to control were analyzed by Student's t test.

#### Results

##### Growth kinetics of EV71-infected SK-N-SH cells

In order to explore the time point when EV71 infected SK-N-SH cells, we analyzed the changes of SK-N-SH cells at different time post infection. The uninfected control and EV71 strain were added into SK-N-SH cells. The cell growth kinetics and cytopathic effect (CPE) was observed, respectively. As shown in **Figure 1**, the decrease in viable cell population was apparent in EV71-infected cells at 9 hours after infection. Visible CPE was also observed in the infected cell culture at the same time point (data not shown). There was no visible effect in the cells subjected to the mock control. The decrease in number of cells and CPE was first observed at 9 h post infection and progressed to moderate and severe at 12 and 24 h respectively. Thus, we collected the SK-N-SH cells infected by EV71 at the 9 and 12 hours to perform the microarray analysis.

##### Microarray data reveal a set of differentially expressed related gene

Labeled cDNA was prepared from the different RNA samples and then hybridized to cDNA microarrays as instruction of Beijing Boao Company. The area of a gene filter is displayed in **Figure 2** and showing several genes were either increased or decreased in abundance following the EV71 infection. Genes were selected for this analysis if their expression levels in SK-N-SH cells following EV71 infection were different from those in un-infected control cells by at least a factor of 0.5 at a minimum at 2 different time points. **Table 1** lists 87 representative transcripts that were significantly altered at 9 h and 12 h after infection according to their known functions. According the data analysis, 28 highly expressed protein molecules were fed into the STRING online database to construct protein-protein interaction networks. The networks figure was shown in **Figure 3**.

##### Confirmation of altered gene expression of microarray by real-time RT-PCR and ELISA

The RNA samples from EV71- or uninfected SK-N-SH cells were extracted at 9 h and 12 h

## The genes involved in enterovirus 71 infection

**Table 1.** The differentially expressed related gene of the SK-N-SH cells infected by EV71

Pathway	Gene name	Fold change (9 hour)	Fold change (12 hour)
Cytokine-cytokine receptor interaction	Chemokine (C-X-C motif) ligand 2 (CXCL2)	+3.222	+11.382
	Interleukin 8 (IL8)	+11.22	+14.56
	Tumor necrosis factor receptor superfamily 9 (TNFRSF9)	+3.33	+7.16
	Cloning stimulating factor 2 (CSF2)	+7.47	+8.66
	Chemokine (C-C Motif) Ligand 20 (CCL20)	+15.24	+20.16
	Interleukin 6 (IL6)	+30.62	+37.28
	Chemokine (C-C Motif) Ligand 2 (CCL2)	+10.92	+20.16
	Chemokine (C-X3-C) ligand 1 (CX3CL1)	+3.18	+4.72
	Chemokine (C-X-C motif) ligand 10 (CXCL10)	+2.8	+59.76
	Ectodysplasin A2 receptor (EDA2R)	-0.977	-0.556
	Interleukin 7 (IL7)	-0.774	-0.552
	Bone morphogenetic protein receptor, type 1A (BMPR1A)	-0.596	-0.336
Ubiquitin mediated proteolysis	Transcription elongation factor B (SIII), polypeptide 2 (TCEB2)	+1.51	+2.13
	Baculoviral IAP repeat containing 3 (BIRC3)	+2.76	+3.78
	Anaphase promoting complex subunit 1 (ANAPC1)	-0.92	-0.57
	Tripartite motif containing 37 (TRIM37)	-0.98	-0.45
	Anaphase promoting complex subunit 5 (ANAPC5)	-0.89	-0.59
Toll-like receptor signaling pathway	HECT and RLD domain containing E3 ubiquitin protein ligase 3 (HERC3)	-0.74	-0.46
	Interleukin 8 (IL8)	+11.22	+14.56
	Interleukin 6 (IL6)	+30.62	+37.28
	Interferon regulatory factor 7 (IRF7)	+2.51	+3.17
	Chemokine (C-X-C motif) ligand 10 (CXCL10)	+2.8	+59.76
p53 signaling pathway	Inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase epsilon (IKBKE)	+1.42	+3.18
	MAP3K7IP1	+1.11	+2.15
	BAX	+1.20	+2.04
	CD82	+2.04	+3.45
	BID	+1.42	+2.28
Apoptosis	CCNG1	-0.52	-0.47
	EI24	-0.82	-0.58
	BAD	+1.09	+1.81
	BAX	+1.20	+2.04
	BID	+1.42	+2.28
Leukocyte transendothelial migration	BIRC3	+2.76	+3.78
	PRKAR1A	-0.66	-0.46
	ICAM1	+11.32	+13.38
	RASSF5	+5.56	+8.23
	JAM2	+1.41	+1.82
ECM-receptor interaction	CTNNB1	-0.92	-0.47
	ROCK1	-1.02	-0.52
	ITGA6	-0.44	-0.45
	ITGAV	-0.55	-0.54
	ITGA6	-0.32	-0.36
Wnt signaling pathway	LAMB1	-0.88	-0.45
	FZD3	-0.82	-0.54
	CAMK2D	-0.78	-0.45
	PLCB1	-0.62	-0.48
	CTNNB1	-0.92	-0.47
Starch and sucrose metabolism	ROCK1	-1.02	-0.52
	PGM2	-0.66	-0.52
Biosynthesis of unsaturated fatty acids	PGM2L1	-0.83	-0.51
	HSD17B12	-0.88	-0.66
	ELOVL5	-0.92	-0.55

## The genes involved in enterovirus 71 infection

MAPK signaling pathway	DUSP9	+1.32	+1.91
	DUSP14	+1.42	+1.91
	MAP3K7IP1	+1.14	+1.93
	RASA1	-0.68	-0.54
	GNG12	-0.64	-0.58
Regulation of actin cytoskeleton	BDKRB1	+1.82	+2.17
	ITGA6	-0.32	-0.36
	ITGAV	-0.55	-0.54
	GNG12	-0.54	-0.56
	ROCK1	-1.02	-0.52
Jak-STAT signaling pathway	CSF2	+7.47	+8.66
	Interleukin 6 (IL6)	+30.62	+37.28
	Interleukin 7 (IL7)	-0.774	-0.552
Proteasome	PSMB10	+3.36	+3.38
	PSMB3	+1.21	+1.78
Inositol phosphate metabolism	MINPP1	-0.66	-0.57
	PLCB1	-0.50	-0.51
Tight junction	JAM2	+1.41	+1.82
	CTNNB1	-0.99	-0.51
ErbB signaling pathway	BAD	+1.09	+1.81
	CAMK2D	-0.82	-0.47
TGF-beta signaling pathway	ROCK1	-1.02	-0.52
	BMPR1A	-0.63	-0.32
Cell cycle	ANAPC5	-0.83	-0.56
Regulation of autophagy	ULK2	-0.71	-0.52
PPAR signaling pathway	MMP1	+3.10	+7.21
B cell receptor signaling pathway	IFITM1	+3.45	+3.68
Phosphatidylinositol signaling system	PLCB1	-0.50	-0.51
Adherens junction	CTNNB1	-0.99	-0.51
Gap junction	PLCB1	-0.50	-0.51
Neuroactive ligand-receptor interaction	P2RY11	+1.20	+1.64
	BDKRB1	+1.72	+2.13
Olfactory transduction	CAMK2D	-0.82	-0.47

after the infection. The expression of related genes was measured by real time RT-PCR and ELISA. We firstly confirmed the higher expression gene such as Chemokine (C-X-C motif) ligand 2 (CXCL2), Interleukin 8 (IL-8), Tumor necrosis factor receptor superfamily 9 (TNFRSF9), Chemokine (C-C Motif) Ligand 20 (CCL20), Cloning stimulating factor 2 (CSF2), Interleukin 6 (IL-6), Chemokine (C-C Motif) Ligand 2 (CCL2), Chemokine (C-X3-C) ligand 1 (CX3CL1) and Chemokine (C-X-C motif) ligand 10 (CXCL10) by real-time RT PCR. As shown in **Figure 4**, the expression level of CCL2, CCL20, CXCL2, IL-8 and IL-6 in the SK-N-SH cells infected by EV71 was higher than that of in the control cells. There was no distinct difference in the level of CX3CL1, CSF2 and CX3CL1 between EV71-infected SK-N-SH cells and control cells. Meanwhile, we furtherly use the ELISA to confirm the altered gene in the protein level. As shown in **Figure 5**, the expression level of CCL2, CCL20, CXCL2, IL-8 and IL-6 in the SK-N-SH

cells infected by EV71 was higher than that of in the control cells.

### Discussion

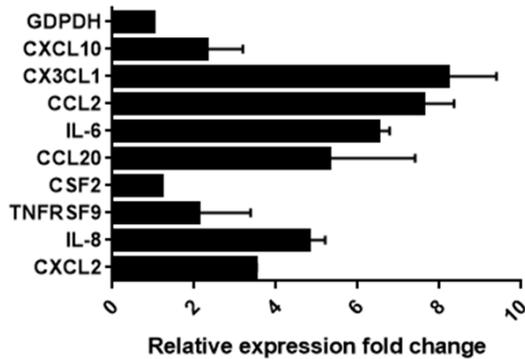
Increasing evidence suggests that both inflammatory cytokines may play a central role in HFMD derived from EV71 infection [8-10]. The inflammatory cytokines are the mediators of the innate and immune response and play key roles in the pathophysiology of infection. The persistent hyper-inflammatory cytokine levels might result in progression to multiple organ damage [11]. Previous studies have indicated that the serum levels of inflammatory cytokines and chemokines such as interleukin (IL)-1 $\beta$ , IL-6, and CXCL1 in EV71 patients with serious encephalitis were significantly higher than those of the uncomplicated patients [12].

In the study, we use microarray to analyze the gene changes of SK-N-SH cells infected by

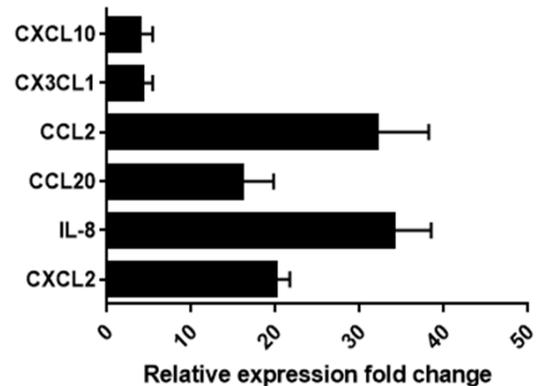
The genes involved in enterovirus 71 infection



**Figure 3.** The protein-protein interaction networks of highly expressed genes. 28 highly expressed protein molecules were fed into the STRING online database to construct protein-protein interaction networks.



**Figure 4.** Valuation differential expression selected genes by real-time RT-PCR. 9 expression levels of selected genes from the microarray assay were validated by real-time RT-PCR at 12 hours after the EV71 infection. The relative fold change was calculated based on endogenous control normalization and repeated three times independently.



**Figure 5.** Valuation differential expression selected genes by ELISA. 6 expression levels of selected genes from the microarray assay were validated by ELISA at 12 hours after the EV71 infection. The relative fold change was calculated based on control and repeated three times independently.

EV71. The up-regulation genes were validated by real-time PCR and ELISA. Our results showed the cytokine and chemokine participate the EV71 infection to SK-N-SH cell. Chemokines, a group of small (8-12 kd) proteins, are key regulators of leukocyte migration and play important roles in many physiological and pathological immune and inflammatory contexts. Chemokines are characterized by the presence of 3 to 4 conserved cysteine residues and can be subdivided into 4 families based on the positioning of the N-terminal cysteine residues [13, 14].

CCL2 (chemokine (C-C motif) ligand 2; monocyte chemoattractant protein-1, (MCP-1)) is a CC chemokine that attracts monocytes, memory T lymphocytes, and basophils. CCL2 and its receptor CCR2 are involved in inflammatory reactions, including monocyte/macrophage migration, Th2 cell polarization, and the production of TGF- $\beta$  and procollagen in fibroblast cells [15, 16]. IL-8 was identified as a neutrophil-specific chemotactic factor and later classified as a member of the CXC chemokine family. The major effector functions of IL-8 are activation and recruitment of neutrophils to the site of infection or injury [17, 18]. Patients with EV71 encephalitis had a significantly higher frequency of IL-8-251TT genotype and CCL2-2510GG genotypes than patients with EV71-related HFMD without encephalitis [19, 20].

Wang et al demonstrated that the plasma levels of interferon (IFN)-induced protein (IP-10), MCP-1 and IL-8 were significantly higher in patients with pulmonary edema (PE) than in those with uncomplicated brainstem encephalitis (BE). Overexpression of the chemokine cascade in the central nervous system compartment appears to play an important role in the elicitation of the immune response to EV71 [12]. Systemic inflammation caused by EV71 infection exacerbated the deterioration of the disease, and resulted in the disease progression to the critical illness stage.

Since the cause of cytokine/chemokine release during EV71 infection is still unclear, further investigation is needed to explore the sources for each of these cytokines and chemokines as well as the underlying mechanisms for how their presence is associated with infection and inflammation in this disease and is regulated. Answering these unknowns may help to translate these findings from bench to bedside.

### Acknowledgements

This work was supported by grants from the Natural Science Foundation of Hubei Provincial Department of Education (D20162104, B2014048) and Undergraduate innovation and entrepreneurship project of Hubei University of Medicine (20171029003). The funders had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

### Disclosure of conflict of interest

None.

**Address correspondence to:** Xueyan Xi, School of Basic Medical Sciences, Hubei University of Medicine, Hubei, 30 Renmin Nanlu, Shiyan 442000, Hubei Province, China. E-mail: xixueyan2001@126.com

### References

- [1] Bohn-Wippert K, Tevonian EN, Megaridis MR, Dar RD. Similarity in viral and host promoters couples viral reactivation with host cell migration. *Nat Commun* 2017; 8: 15006.
- [2] Chan LG, Parashar UD, Lye MS, Ong FG, Zaki SR, Alexander JP, Ho KK, Han LL, Pallansch MA, Suleiman AB. Deaths of children during an outbreak of hand, foot, and mouth disease in Sarawak, Malaysia: clinical and pathological characteristics of the disease. For the outbreak study group. *Clin Infect Dis* 2000; 31: 678-683.
- [3] Gong X, Zhou J, Zhu W, Liu N, Li J, Li L, Jin Y, Duan Z. Excessive proinflammatory cytokine and chemokine responses of human monocyte-derived macrophages to enterovirus 71 infection. *BMC Infect Dis* 2012; 12: 224.
- [4] Han ZL, Li JA, Chen ZB. Genetic polymorphism of CCL2-2510 and susceptibility to enterovirus 71 encephalitis in a Chinese population. *Arch Virol* 2014; 5: 1-5.
- [5] Kudoh K, Ramanna M, Ravatn R, Elkahloun AG, Bittner ML, Meltzer PS, Trent JM, Dalton WS, Chin KV. Monitoring the expression profiles of doxorubicin induced and doxorubicin-resistant cancer cells by cDNA microarray. *Cancer Res* 2002; 60: 4161-4166.
- [6] Lee YR, Liu MT, Lei HY, Liu CC, Wu JM, Tung YC, Lin YS, Yeh TM, Chen SH, Liu HS. A highly expressed chemokine in dengue haemorrhagic fever/dengue shock syndrome patients, may cause permeability change, possibly through reduced tight junctions of vascular endothelium cells. *J Gen Virol* 2006; 87: 3623-3630.

## The genes involved in enterovirus 71 infection

- [7] Leong WF, Chow VK. Transcriptomic and proteomic analyses of rhabdomyosarcoma cells reveal differential cellular gene expression in response to enterovirus 71 infection. *Cell Microbiol* 2006; 8: 565-580.
- [8] Li J, Lin A, Yu C, Zhang Z, Xu D, Hu W, Liu L, Wang S, Nie X, Sun W, Gai Z, Chen Z. Association of enterovirus 71 encephalitis with the interleukin-8 gene region in Chinese children. *Infect Dis* 2015; 47: 418-22.
- [9] Li JA, Chen ZB, Lv TG, Han ZL. Genetic polymorphism of CCL2-2518, CXCL10-201, IL8+781 and susceptibility to severity of enterovirus-71 infection in a Chinese population. *Inflamm Res* 2014; 63: 549-556.
- [10] McMinn PC. An overview of the evolution of enterovirus 71 and its clinical and public health significance. *FEMS Microbiol Rev* 2002; 26: 91-107.
- [11] Shao P, Wu X, Li H, Wu Z, Yang Z, Yao H. Clinical significance of inflammatory cytokine and chemokine expression in hand, foot and mouth disease. *Mol Med Rep* 2017; 15: 2859-2866.
- [12] Shang W, Qian S, Fang L, Han Y, Zheng C. Association study of inflammatory cytokine and chemokine expression in hand foot and mouth disease. *Oncotarget* 2017; 8: 79425-79432.
- [13] Shih SR, Stollar V, Lin JY, Chang SC, Chen GW, Li ML. Identification of genes involved in the host response to enterovirus 71 infection. *J Neurovirol* 2004; 10: 293-304.
- [14] Wang SM, Lei HY, Liu CC. Cytokine immunopathogenesis of enterovirus 71 brain stem encephalitis. *Clin Dev Immunol* 2012; 2012: 876241.
- [15] Wang SM, Lei HY, Yu CK, Wang JR, Su IJ, Liu CC. Acute chemokine response in the blood and cerebrospinal fluid of children with enterovirus 71-associated brainstem encephalitis. *J Infect Dis* 2008; 198: 1002-1006.
- [16] Wang W, Li W, Yang X, Zhang T, Wang Y, Zhong R, Jiao Y, Li T, Jiang T, Tian Y, Wu H. Interleukin-8 is elevated in severe hand, foot, and mouth disease. *J Infect Dev Ctries* 2014; 8: 94-100.
- [17] Yang X, Xie J, Jia L, Liu N, Liang Y, Wu F, Liang B, Li Y, Wang J, Sheng C, Li H, Liu H, Ma Q, Yang C, Du X, Qiu S, Song H. Analysis of miRNAs involved in mouse brain damage upon enterovirus 71 infection. *Front Cell Infect Microbiol* 2017; 7: 133.
- [18] Ye N, Gong X, Pang LL, Gao WJ, Zhang YT, Li XL, Liu N, Li DD, Jin Y, Duan ZJ. Cytokine responses and correlations thereof with clinical profiles in children with enterovirus 71 infections. *BMC Infect Dis* 2015; 15: 225-233.
- [19] Zamora Y, Rojas LJ, Sandoval EM, Porras JS, Contrera EY, Romero SS, Ramirez PD, Losada H, Rios C, Mahecha DA, Serrano KD, Montaña JC, Caicedo VL, Gutierrez FRS. Chagas disease immunogenetics: elusive markers of disease progression. *Expert Rev Cardiovasc Ther* 2017; 19: 1-10.
- [20] Zhang Y, Liu H, Wang L, Yang F, Hu Y, Ren X, Li G, Yang Y, Sun S, Li Y, Chen X, Li X, Jin Q. Comparative study of the cytokine/chemokine response in children with differing disease severity in enterovirus 71-induced hand, foot, and mouth disease. *PLoS One* 2013; 8: e67430.