Research Article

Clarithromycin Suppresses Human Respiratory Syncytial Virus Infection-Induced Streptococcus pneumoniae Adhesion and Cytokine Production in a Pulmonary Epithelial Cell Line

Shin-ichi Yokota,1 Tamaki Okabayashi,1 Satoshi Hirakawa,2 Hiroyuki Tsutsumi,2 Tetsuo Himi,3 and Nobuhiro Fujii1

1 Departments of Microbiology, Sapporo Medical University School of Medicine, South-1, West-17, Chuo-ku, Sapporo 060-8556, Japan
2 Department of Pediatrics, Sapporo Medical University School of Medicine, South-1, West-16, Chuo-ku, Sapporo 060-8543, Japan
3 Department of Otolaryngology, Sapporo Medical University School of Medicine, South-1, West-16, Chuo-ku, Sapporo 060-8543, Japan

Correspondence should be addressed to Nobuhiro Fujii, fujii@sapmed.ac.jp

Received 17 January 2012; Revised 9 February 2012; Accepted 14 February 2012

Academic Editor: Kazuhiyo Asano

Copyright © 2012 Shin-ichi Yokota et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Human respiratory syncytial virus (RSV) sometimes causes acute and severe lower respiratory tract illness in infants and young children. RSV strongly upregulates proinflammatory cytokines and the platelet-activating factor (PAF) receptor, which is a receptor for Streptococcus pneumoniae, in the pulmonary epithelial cell line A549. Clarithromycin (CAM), which is an antimicrobial agent and is also known as an immunomodulator, significantly suppressed RSV-induced production of interleukin-6, interleukin-8, and regulated on activation, normal T-cell expressed and secreted (RANTES). CAM also suppressed RSV-induced PAF receptor expression and adhesion of fluorescein-labeled S. pneumoniae cells to A549 cells. The RSV-induced S. pneumoniae adhesion was thought to be mediated by the host cell’s PAF receptor. CAM, which exhibits antimicrobial and immunomodulatory activities, was found in this study to suppress the RSV-induced adhesion of respiratory disease-causing bacteria, S. pneumoniae, to host cells. Thus, CAM might suppress immunological disorders and prevent secondary bacterial infections during RSV infection.

1. Introduction

Human respiratory syncytial virus (RSV) is one of the most important infectious agents causing acute lower respiratory tract illness, such as bronchiolitis and pneumonia, in infants and young children [1, 2]. Viral RNA generated during RSV replication is recognized by host pattern recognition molecules, such as Toll-like receptor 3 (TLR3) and retinoic acid inducible gene-I (RIG-I), and it induces type I and type III interferon [3, 4]. Transcriptional induction of proinflammatory cytokines, chemokines, and interferons is mediated by NF-κB and interferon regulatory factors (IRFs) [5, 6]. These mediators are believed to contribute to the pathophysiology of RSV infection, such as mucous hypersecretion, swelling of submucous, and infiltration of lymphocytes, neutrophils, eosinophils, and macrophages [7].

Frequently, there are coinfections with respiratory viruses, including RSV, and bacteria that cause community-acquired respiratory diseases, such as Streptococcus pneumoniae and Haemophilus influenzae. There is evidence for a positive correlation between infections with S. pneumoniae and RSV in the pathogenesis of otitis media, pneumonia, and meningitis [8–11]. S. pneumoniae and H. influenzae colonize to the host respiratory epithelium via host cell surface receptors, such as the platelet-activating factor (PAF) receptor [12–14]. These bacteria interact with the PAF receptor via phosphorylcholine, which is a component of the bacterial cell surface. Both live and heat-killed S. pneumoniae cells show an increased adhesion to human epithelial cells infected with RSV [15]. The upregulation of PAF receptor expression that is induced by respiratory virus infections, including those caused by RSV, results in the enhanced
adhesion of *S. pneumoniae* and *H. influenzae* to respiratory epithelial cells [15–17]. PAF receptor expression and *S. pneumoniae* cell adhesion are also upregulated by exposure to acid, which causes tissue injury and an inflammatory response [18].

Clarithromycin (CAM) is 14-membered ring macrolide antibiotic that also acts as a biological reaction modifier with anti-inflammatory properties. In Japan, CAM is applied to diffuse panbronchiolitis, chronic bronchitis, otitis media, and chronic sinusitis as an immunomodulator [19–21]. The anti-inflammatory mechanism of CAM has not yet been completely clarified, but one of the important mechanisms for its anti-inflammatory action is considered to be the suppression of NF-κB [22–24].

Recently, we reported that foslomycin, which is an antibiotic, suppressed RSV-induced interleukin (IL)-8, regulated on activation, normal T-cell expressed and secreted (RANTES), and the PAF receptor by suppressing NF-κB activity [25, 26]. On the other hand, Wang et al. report that CAM suppressed rhinovirus-induced *Staphylococcus aureus* and *H. influenzae* adhesions to nasal epithelial cells [27]. So we anticipate that CAM suppresses RSV-induced bacterial adhesion to epithelial cells, because expression of PAF receptor is controlled by NF-κB [28, 29].

In the present study, we examined the effect of CAM on cytokine production, PAF receptor expression, and RSV infection-induced *S. pneumoniae* adhesion to respiratory epithelial cells.

## 2. Materials and Methods

### 2.1. Viruses, Cell Lines, Bacteria, and Reagents.

RSV strain Long, human type II pulmonary epithelial cell line A549 and *S. pneumoniae* strain R6 were obtained from the American Type Culture Collection (ATCC, Manassas, VA). RSV was grown in HEp-2 cells. The virus titer of RSV was determined with PBS (−) collected by centrifugation and washed once with Dulbecco’s phosphate-buffered saline (PBS (−)). Cell suspensions were incubated with a phycoerythrin-conjugated goat anti-mouse IgG F(ab)2 fragment antibody (1:100 dilution) (Abcam, Cambridge, UK) at 4°C for 30 min, and the stained cells were assessed with FACSCalibur (BD Bioscience, San Jose, CA).

### 2.2. Measurement of Cytokine Production.

A549 cells were infected with RSV at MOI of 1 for 24 h and uninfected A549 cells were incubated with FITC-labeled *S. pneumoniae* cells at MOI of 10 for 30 min at 37°C. For the control experiments, either 20 μg/mL of the PAF receptor antagonist or 10 μg/mL of the mouse anti-PAF receptor monoclonal antibody (11A4 clone 21) was added to the A549 cells 1 h prior to the addition of the FITC-labeled bacteria. The cell monolayer was gently washed three times with PBS (−) and observed by fluorescence microscopy. Alternatively, the cells were harvested with cell scraper and then assessed by flow cytometry as previously described [26].

### 2.3. Reverse Transcription-Polymerase Chain Reaction (RT-PCR).

Semiquantitative RT-PCR was carried out as described previously [4, 30].

### 2.4. Flow Cytometry.

The cell surface expression of the PAF receptor was examined by flow cytometry as previously described [26]. The cells were harvested from culture flasks using a cell scraper and then incubated with 2.5 μg/mL of mouse anti-PAF receptor monoclonal antibody (11A4 clone 21; Cayman Chemical, Ann Arbor, MI) or mouse IgG2a, κ isotype control antibody (eBioscience, San Diego, CA). After incubation at 4°C for 30 min, cells were collected with centrifugation and washed once with Dulbecco’s phosphate-buffered saline (PBS (−)). Cell suspensions were incubated with a phycoerythrin-conjugated goat anti-mouse IgG F(ab)2 fragment antibody (1:100 dilution) (Abcam, Cambridge, UK) at 4°C for 30 min, and the stained cells were assessed with FACSCalibur (BD Bioscience, San Jose, CA).

### 2.5. Bacterial Adhesion Assay.

*S. pneumoniae* adhesion was assayed using fluorescein-isothiocyanate- (FITC-) labeled *S. pneumoniae* as previously described [26]. Briefly, a bacterial suspension in 0.1 M NaCl-50 mM sodium carbonate buffer (pH 9.5) at 1 × 10⁶ CFU/mL was prepared. FITC isomer-I (Dojindo Laboratories, Kumamoto, Japan) was added at a concentration of 1 mg/mL, and the mixture was incubated at 4°C for 1 h. The cells were washed three times with PBS (−).

CAM was added to monolayers of A549 cells 1 h prior to RSV infection. The A549 cells infected with RSV at an MOI of 1 for 24 h and uninfected A549 cells were incubated with FITC-labeled *S. pneumoniae* cells at MOI of 10 for 30 min at 37°C. For the control experiments, either 20 μg/mL of the PAF receptor antagonist or 10 μg/mL of the mouse anti-PAF receptor monoclonal antibody (11A4 clone 21) was added to the A549 cells 1 h prior to the addition of the FITC-labeled bacteria. The cell monolayer was gently washed three times with PBS (−) and observed by fluorescence microscopy. Alternatively, the cells were harvested with cell scraper and then assessed by flow cytometry as previously described [26].

## 3. Results

First, we examined the effect of CAM on RSV replication in A549 cells. RSV infection to A549 cells was performed at MOI of 1. After 24 and 36 h of infection, significant alterations of the RSV titers or expression levels of G mRNA were not observed by the addition of CAM even at a concentration of 100 μg/mL (Figure 1).

When A549 cells were infected with RSV at MOI of 1, RANTES, IL-8, and IL-6 were markedly induced. These cytokine inductions were significantly suppressed in the presence of CAM in a dose-dependent manner (Figure 2). The degree of suppression by CAM was less than that by an NF-κB inhibitor, PDTC. PAF receptor expression on the cell surface is upregulated during RSV infection in A549 cells [26]. The RSV-induced upregulation of the PAF receptor was significantly suppressed by CAM and PDTC in a dose-dependent manner (Figure 3). The degree of suppression by CAM was slightly less than that by PDTC. Suppression of the PAF receptor expression was also observed when A549 cells were posttreated with CAM (4 or 12 h after RSV infection) (data not shown).
One hour before RSV infection, CAM was added to A549 cell culture at the indicated concentration. A549 cells were infected with the RSV at MOI of 1. (a) RT-PCR. After 24 h of infection, total RNAs were extracted from the cells. The mRNA levels of RSV G were determined by RT-PCR. The mRNA levels of human glyceraldehyde-3-phosphate dehydrogenase (GAPDH) were carried out as a control. (b) Plaque-forming assay. After 24 h and 36 h infection, the culture supernatants were corrected. Virus titers in the supernatants were determined by plaque-forming assay using Hep-2 cells as the indicator cell. Each experiment was performed in quadruplicate. The mean value and standard deviation are shown.

We examined the adhesion of FITC-labeled S. pneumoniae cells to A549 cells by fluorescence microscopy (Figure 4) and flow cytometry (Figure 5). RSV infection significantly enhanced the adhesion of S. pneumoniae to A549 cells, and this enhancement was suppressed by adding a PAF receptor antagonist (Figures 4 and 5) or anti-PAF receptor monoclonal antibody (data not shown). This result indicated that the RSV-induced S. pneumoniae adhesion occurs via the PAF receptor on A549 cells. The bacterial adhesion was significantly suppressed by CAM, as well as PDTC.

These lines of evidence confirmed that the expression of the PAF receptor was induced by RSV infection and indicated that this induction, and subsequent RSV-induced S. pneumoniae adhesion, can be suppressed by CAM treatment.

4. Discussion

Macrolides, with the exception of the 16-membered ring type, have both anti-inflammatory and antibacterial functions [20, 21]. One of the important mechanisms of anti-inflammatory action is the suppression of NF-κB activation [22–24]. Our recent studies show that RSV upregulates proinflammatory cytokines, such as IL-6, and chemokines, such as IL-8 and RANTES, in the respiratory epithelial cell line A549. Furthermore, the induction of chemokines by RSV is significantly suppressed by an antibiotic, fosfomycin, via suppression of NF-κB activation [25]. In the present study, CAM was shown to suppress IL-6, IL-8, and RANTES, which are induced by RSV infection, at concentrations of 10 and 100 μg/mL. Patel et al. reported that the concentration of CAM in fluid of the bronchopulmonary epithelial lining was 34.2 ± 5.16 μg/mL at 4 h, 23.01 ± 11.9 μg/mL at 12 h in healthy adults orally administered CAM 500 mg [31]. We observed that CAM did not affect RSV replication even at a concentration of 100 μg/mL. However, it is reported that respiratory virus, such as RSV [32], rhinovirus [33, 34], and influenza virus [35], replication is suppressed by 14-membered ring macrolides, including CAM. The reasons of contradictory results between the report of Asada et al. [32] and our present study have been unclear. These two studies used different types of epithelial cells and different experimental conditions of RSV infection. Asada et al. used primary human tracheal epithelial cells, and in contrast we used A549 cell line. Asada et al. carry out infection at a lower titer of RSV (10⁻³ TCID₅₀/cell) and measuring virus titer at a longer period (3–5 days) after infection. Our results indicated that suppression of the RSV-induced cytokines by CAM was not caused by the amount of replicated RSV. In other words, CAM was suggested to have suppressive activity of cytokine production independent of viral replication. Both IL-8 and RANTES, which are strongly upregulated during RSV infection, play important roles in pathogenesis [36, 37]. IL-8 primarily activates neutrophils and promotes their migration. RANTES is secreted from respiratory epithelial cells and promotes migration of eosinophils, basophils, monocytes, and neutrophils. In particular, RANTES is an efficient eosinophil chemoattractant involved in the pathogenesis of asthma [38]. CAM has been suggested to suppress the inflammatory disorders induced by RSV.

In the present study, we also observed that CAM suppressed enhanced S. pneumoniae adhesion by RSV infection in A549 cells. The RSV-induced S. pneumoniae adhesion was mainly mediated by host PAF receptor, as indicated by that suppressed by the PAF receptor antagonist and anti-PAF receptor monoclonal antibody. The PAF receptor acts as a receptor for S. pneumoniae and H. influenzae [12–14]. Transcription of the PAF receptor gene is controlled by NF-κB [28, 29]. We confirmed it by that the RSV-induced PAF receptor expression and S. pneumoniae adhesion were suppressed by an NF-κB inhibitor, PDTC. We revealed that CAM also suppressed PAF receptor expression induced by RSV infection and S. pneumoniae adhesion to RSV-infected A549 cells. It should be caused by the suppression of
NF-κB activated by RSV infection. Recently, Wang et al. [27] reported that CAM suppressed rhinovirus-induced *S. aureus* and *H. influenzae* adhesions to nasal epithelial cells. They show that the expressions of fibronectin and carinoembryonic antigen-related cell adhesion molecule (CEACAM), which act as receptors for *S. aureus* and *H. influenzae*, respectively, are induced by rhinovirus and suppressed by CAM. The present study indicated that CAM suppressed the PAF receptor-phosphorylcholine (host-bacteria) interaction, which is enhanced by RSV infection, by inhibiting PAF receptor expression. CAM showed more potent suppression of RSV-induced *S. pneumoniae* adhesion and production of proinflammatory cytokines and chemokines than fosfomycin, as we reported previously [25, 26]. Notably, CAM significantly suppressed RSV-induced IL-6 production, whereas fosfomycin did not significantly [25].
This finding may be caused by the fact that CAM is more potent than fosfomycin; however, the actual reason for this disparity is not clear. The upregulation of PAF receptor expression and the enhanced adhesion of pathogenic bacteria, such as *S. pneumoniae*, to respiratory epithelial cells is considered to be a major risk factor for secondary bacterial infections after primary respiratory viral infections. CAM may suppress both secondary bacterial infections and immunological disorders induced by RSV, without suppressing viral replication. Infection with other respiratory viruses, such as human parainfluenza virus 3 [16] and rhinovirus [17], also upregulates known receptors for the pathogenic bacteria, including PAF receptor and *S. pneumoniae* adhesion. On the other hand, influenza virus does not upregulate the known receptors for bacteria, whereas bacterial adhesion is increased by the infection [16]. McCullers [39] reported that influenza-induced bacterial adhesion to A549 cells was not inhibited by PAF receptor antagonist, and the PAF receptor knock-out mice did not show lower susceptibility to experimental secondary pneumonia caused by *S. pneumoniae* following influenza infection compared to the parent mice. Lines of evidence...
suggest that adherent inducing mechanisms of *S. pneumoniae* to host respiratory epithelial cells are varied among viruses. So CAM may not always suppress virus-induced pathogenic bacteria adhesion.

## 5. Conclusions

We proposed that clarithromycin efficiently suppressed PAF receptor-mediated *Streptococcus pneumoniae* adhesion to respiratory epithelial cells as well as RSV-induced proinflammatory cytokine and chemokine production. Clarithromycin may suppress secondary bacterial infections and immunological disorders during RSV infection.

### Abbreviations

| Abbreviation | Description                                                                 |
|--------------|-----------------------------------------------------------------------------|
| CAM          | Clarithromycin                                                              |
| ELISA        | Enzyme-linked immunosorbent assay                                           |
| FITC         | Fluorescein isothiocyanate                                                  |
| IL           | Interleukin                                                                 |
| MOI          | Multiplicity of infection                                                  |
| PAF          | Platelet-activating factor                                                  |
| PDTC         | Pyrrolidine dithiocarbamate                                                 |
| RANTES       | Regulated on activation, normal T-cell expressed and secreted               |
| RSV          | Human respiratory syncytial virus                                           |
| RT-PCR       | Reverse transcription-polymerase chain reaction                             |

### Conflict of Interests

All the authors declare that there is no conflict of interests.

### Acknowledgment

This work was supported in part by a Grant-in-Aid for Scientific Research from the Japan Society for the Promotion of Science.

### References

[1] C. B. Hall, G. A. Weinberg, M. K. Iwane et al., “The burden of respiratory syncytial virus infection in young children,” *The New England Journal of Medicine*, vol. 360, no. 6, pp. 588–598, 2009.

[2] A. Greenough, “Respiratory syncytial virus infection: clinical features, management, and prophylaxis,” *Current Opinion in Pulmonary Medicine*, vol. 8, no. 3, pp. 214–217, 2002.

[3] P. Liu, M. Jamaluddin, K. Li, R. P. Garofalo, A. Casola, and A. R. Brasier, “Retinoic acid-inducible gene I mediates early antiviral response and ‘toll-like receptor 3 expression in respiratory syncytial virus-infected airway epithelial cells,” *Journal of Virology*, vol. 81, no. 3, pp. 1401–1411, 2007.

[4] T. Okabayashi, T. Kojima, T. Masaki et al., “Type-III interferon, not type-I, is the predominant interferon induced by respiratory viruses in nasal epithelial cells,” *Virus Research*, vol. 160, no. 1-2, pp. 360–366, 2011.

[5] M. Matsumoto and T. Seya, “TLR3: interferon induction by double-stranded RNA including poly(I:C),” *Advanced Drug Delivery Reviews*, vol. 60, no. 7, pp. 805–812, 2008.

[6] K. Onomoto, M. Yoneyama, and T. Fujita, “Regulation of antiviral innate immune responses by RIG-I family of RNA helicases,” *Current Topics in Microbiology and Immunology*, vol. 316, pp. 193–205, 2007.

[7] H. Tsutsumi, R. Takeuchi, and S. Chiba, “Activation of cellular genes in the mucosal epithelium by respiratory syncytial virus: implications in disease and immunity,” *Pediatric Infectious Disease Journal*, vol. 20, no. 10, pp. 997–1001, 2001.

[8] P. E. Kim, D. M. Mushler, W. P. Glezen, M. C. Rodriguez-Barradas, W. K. Nahm, and C. E. Wright, “Association of invasive pneumococcal disease with season, atmospheric conditions, air pollution, and the isolation of respiratory viruses,” *Clinical Infectious Diseases*, vol. 22, no. 1, pp. 100–106, 1996.

[9] J. M. Hament, J. L. L. Kimpen, A. Fleer, and T. F. W. Wolfs, “Respiratory viral infection predisposing for bacterial disease: a concise review,” *FEMS Immunology and Medical Microbiology*, vol. 26, no. 3-4, pp. 189–195, 1999.

[10] T. Chomnattree and T. Heikkinen, “Viruses and acute otitis media,” *Pediatric Infectious Disease Journal*, vol. 19, no. 10, pp. 1005–1007, 2000.

[11] M. A. Andrade, A. Hoberman, J. Glustein, J. L. Paradise, and E. R. Wald, “Acute otitis media in children with bronchiolitis,” *Pediatrics*, vol. 101, no. 4, pp. 617–619, 1998.

[12] D. R. Cundell, C. Gerard, I. Idanpaan-Heikkila, E. I. Tuomanen, and N. P. Gerard, “PAF receptor anchors *Streptococcus pneumoniae* to activated human endothelial cells,” *Advances in Experimental Medicine and Biology*, vol. 416, pp. 89–94, 1997.

[13] D. R. Cundell, N. P. Gerard, C. Gerard, I. Idanpaan-Heikkila, and E. I. Tuomanen, “*Streptococcus pneumoniae* anchor to activated human cells by the receptor for platelet-activating factor,” *Nature*, vol. 377, no. 6548, pp. 435–438, 1995.

[14] W. E. Swords, B. A. Buscher, K. Ver Steeg Li et al., “Non-typeable *Haemophilus influenzae* adhere to and invade human bronchial epithelial cells via an interaction of lipooligosaccharide with the PAF receptor,” *Molecular Microbiology*, vol. 37, no. 1, pp. 13–27, 2000.

[15] J. M. Hament, P. C. Aerts, A. Fleer et al., “Enhanced adherence of *Streptococcus pneumoniae* to human epithelial cells infected with respiratory syncytial virus,” *Pediatric Research*, vol. 55, no. 6, pp. 972–978, 2004.

[16] V. Avadhunala, C. A. Rodriguez, J. P. De Vincenzo et al., “Respiratory viruses augment the adhesion of bacterial pathogens to respiratory epithelium in a viral species- and cell type-dependent manner,” *Journal of Virology*, vol. 80, no. 4, pp. 1629–1636, 2006.

[17] S. Ishizuka, M. Yamaya, T. Suzuki et al., “Effects of rhinovirus infection on the adherence of *Streptococcus pneumoniae* to cultured human airway epithelial cells,” *Journal of Infectious Diseases*, vol. 188, no. 12, pp. 1928–1939, 2003.

[18] S. Ishizuka, M. Yamaya, T. Suzuki et al., “Acid exposure stimulates the adherence of *Streptococcus pneumoniae* to cultured human airway epithelial cells: effects on platelet-activating factor receptor expression,” *American Journal of Respiratory Cell and Molecular Biology*, vol. 24, no. 4, pp. 459–468, 2001.

[19] N. Keicho and S. Kudoh, “Diffuse panbronchiolitis: role of macrolides in therapy,” *American Journal of Respiratory Medicine*, vol. 1, no. 2, pp. 119–131, 2002.

[20] J. Tamaki, J. Kadota, and H. Takizawa, “Clinical implications of the immunomodulatory effects of macrolides,” *The American Journal of Medicine*, vol. 117, supplement 9, pp. 55–115, 2004.

[21] Y. S. López-Boado and B. K. Rubin, “Macrolides as immunomodulatory medications for the therapy of chronic lung
Mediators of Inflammation

[22] T. Ichiyama, M. Nishikawa, T. Yoshitomi et al., “Clarithromycin inhibits NF-kB activation in human peripheral blood mononuclear cells and pulmonary epithelial cells,” Antimicrobial Agents and Chemotherapy, vol. 45, no. 1, pp. 44–47, 2001.

[23] T. Kikuchi, K. Hagiwara, Y. Honda et al., “Clarithromycin inhibits NF-κB activation in human peripheral blood mononuclear cells and pulmonary epithelial cells,” Antimicrobial Agents and Chemotherapy, vol. 45, no. 1, pp. 44–47, 2001.

[24] T. Miyanohara, M. Ushikai, S. Matsune, K. Ueno, S. Katahira, and Y. Kurono, “Effects of clarithromycin on cultured human nasal epithelial cells and fibroblasts,” Laryngoscope, vol. 110, no. 1, pp. 126–131, 2000.

[25] T. Okabayashi, S. Yokota, Y. Yoto, H. Tsutsumi, and N. Fujii, “Fosfomycin suppresses chemokine induction in airway epithelial cells infected with respiratory syncytial virus,” Clinical and Vaccine Immunology, vol. 16, no. 6, pp. 859–865, 2009.

[26] S. Yokota, T. Okabayashi, Y. Yoto, T. Hori, H. Tsutsumi, and N. Fujii, “Fosfomycin suppresses RS-virus-induced Streptococcus pneumoniae and Haemophilus influenzae adhesion to respiratory epithelial cells via the platelet-activating factor receptor,” FEMS Microbiology Letters, vol. 310, no. 1, pp. 84–90, 2010.

[27] J. H. Wang, S. H. Lee, H. J. Kwon, and Y. J. Jang, “Clarithromycin inhibits rhinovirus-induced bacterial adhesions to nasal epithelial cells,” Laryngoscope, vol. 120, no. 1, pp. 193–199, 2010.

[28] H. Mutoh, S. Ishii, T. Izumi, S. Kato, and T. Shimizu, “Platelet-activating factor (PAF) positively auto-regulates the expression of human PAF receptor transcript 1 (leukocyte-type) through NF-kB,” Biochemical and Biophysical Research Communications, vol. 205, no. 2, pp. 1137–1142, 1994.

[29] T. Shimizu and H. Mutoh, “Structure and regulation of platelet activating factor receptor gene,” Advances Experimental Medicine and Biology, vol. 416, pp. 197–204, 1997.

[30] T. Okabayashi, H. Kariwa, S. Yokota et al., “Cytokine regulation in SARS coronavirus infection compared to other respiratory virus infections,” Journal of Medical Virology, vol. 78, no. 4, pp. 417–424, 2006.

[31] K. B. Patel, D. Xuan, P. R. Tessier, J. H. Russomanno, R. Quintiliani, and C. H. Nightingale, “Comparison of bronchopulmonary pharmacokinetics of clarithromycin and azithromycin,” Antimicrobial Agents and Chemotherapy, vol. 40, no. 10, pp. 2375–2379, 1996.

[32] M. Asada, M. Yoshida, T. Suzuki et al., “Macrolide antibiotics inhibit respiratory syncytial virus infection in human airway epithelial cells,” Antiviral Research, vol. 83, no. 2, pp. 191–200, 2009.

[33] T. Suzuki, M. Yamaya, K. Sekizawa et al., “Erythromycin inhibits rhinovirus infection in cultured human tracheal epithelial cells,” American Journal of Respiratory and Critical Care Medicine, vol. 165, no. 8, pp. 1113–1118, 2002.

[34] Y. J. Jang, H. J. Kwon, and B. J. Lee, “Effect of clarithromycin on rhinovirus-16 infection in A549 cells,” European Respiratory Journal, vol. 27, no. 1, pp. 12–19, 2006.

[35] M. Tsurita, M. Kurokawa, M. Imakita, Y. Fukuda, Y. Watanabe, and K. Shiraki, “Early augmentation of interleukin (IL)-12 level in the airway of mice administered orally with clarithromycin or intranasally with IL-12 results in alleviation of influenza infection,” Journal of Pharmacology and Experimental Therapeutics, vol. 298, no. 1, pp. 362–368, 2001.