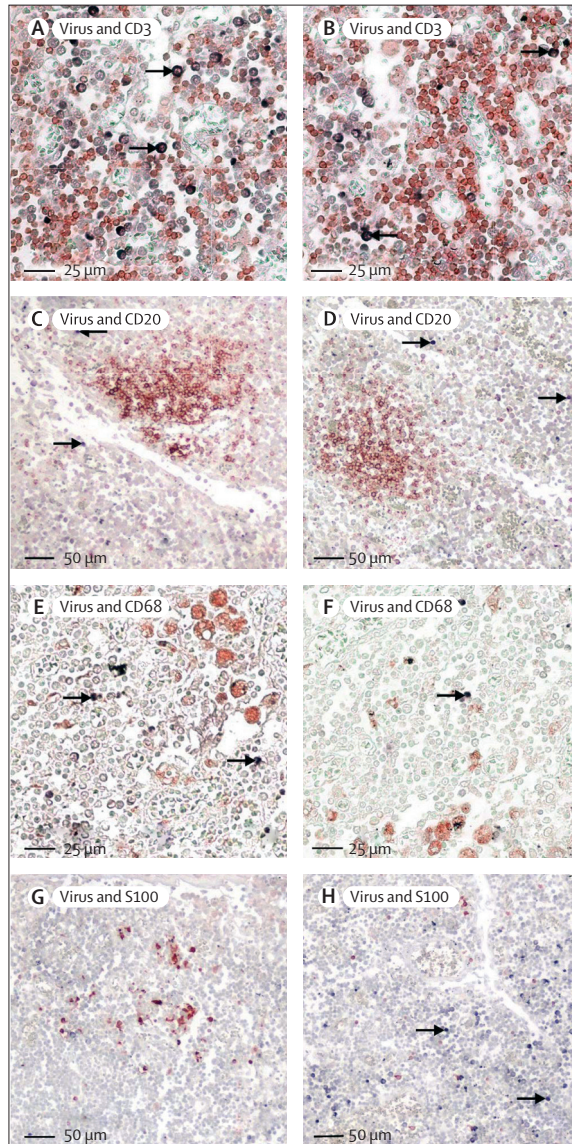


H5N1 infection of the respiratory tract and beyond: a molecular pathology study

Correspondence to:
Prof Jiang Gu, Infectious Disease
Centre, Peking University,
Beijing, 100083 China
jianggu@bjmu.edu.cn



Webfigure 3: Double labelling of lymphocytes of hilar lymph node
In-situ hybridisation (ISH) signals seen with nitroblue tetrazolium/5-bromo-4-chloro-3-indolyl phosphate (purple-blue) and immunohistochemistry (IHC) signals with 3-amino-9-ethylcarbazole (brown-red). (A,B) Double labelling combining ISH (with haemagglutinin probe) and CD3 IHC. In some cells, both signals appear to colocalise in the same cells (arrows), in cytoplasm, suggesting a small proportion of lymphocytes in lymph node to be infected by H5N1 virus. (C,D) Double labelling with ISH (with haemagglutinin probe) and CD20 IHC. ISH-positive cells are not positive for CD20 (arrows), suggesting cells not to be B lymphocytes. (E,F) Double labelling with ISH (with haemagglutinin probe) and CD68 IHC. Morphologically, ISH-positive cells do not resemble macrophages or monocytes, with different distribution patterns. Positive ISH signals (arrows) only seen in small cells that are not positive for CD68. (G,H) Double labelling with ISH (with haemagglutinin probe) and S100 IHC. Morphologically, ISH-positive cells do not resemble dendritic cells, with different distribution patterns and often located in different lymph node areas. Positive ISH signals (arrows) only seen in small cells that are not positive for S100.