



Immune dysregulation in COVID-19

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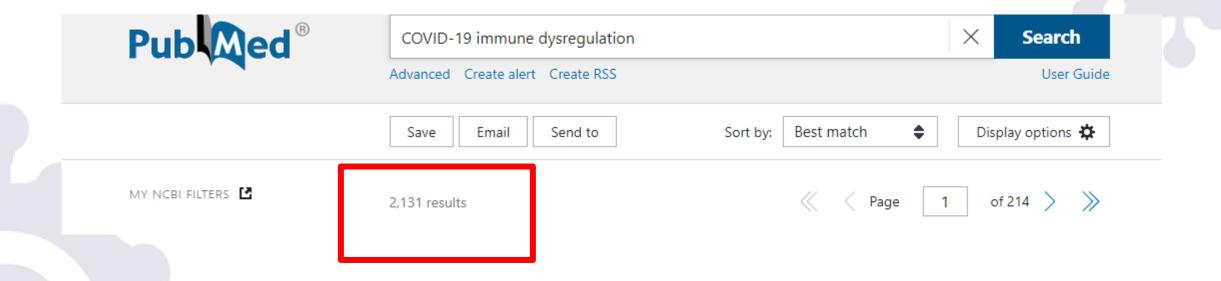




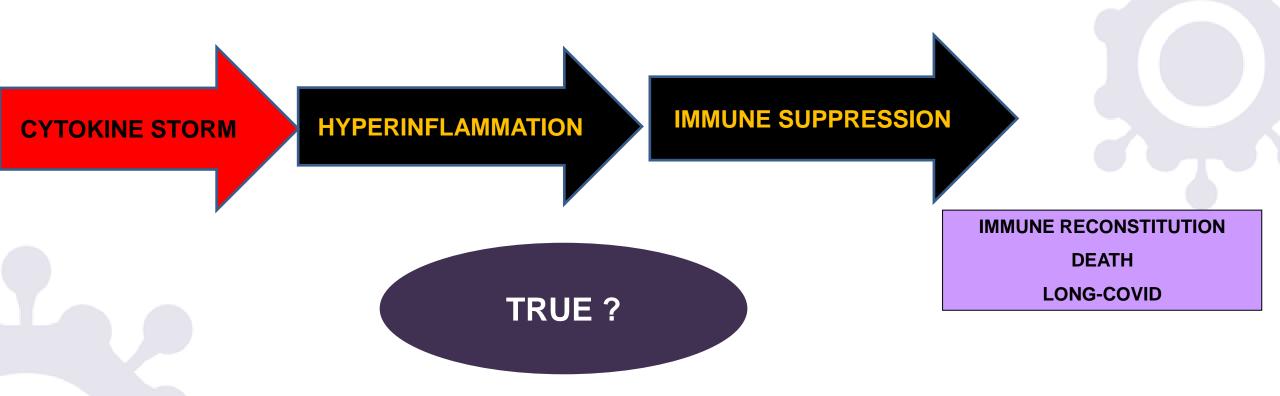
CONFLICT OF INTEREST DISCLOSURE

No conflict of interest

Immune Dysregulation in COVID-19



WHAT WE THOUGHT ABOUT COVID-19 IMMUNE RESPONSE CONTINUUM.....



- Cytokine levels elevated compared to normal people
- Patients exhibit hyperinflammation
- Immunosuppresion is common

Mudd PA,, et al. *Sci Adv* 2020; 6(50): eabe3024 Moore JB, June CH. *Science* 2020; 368(6490): 473.

Is it Innate Immunity?

Paludan SR, Mogensen TH. Sci Immunol 2022; 7(67)

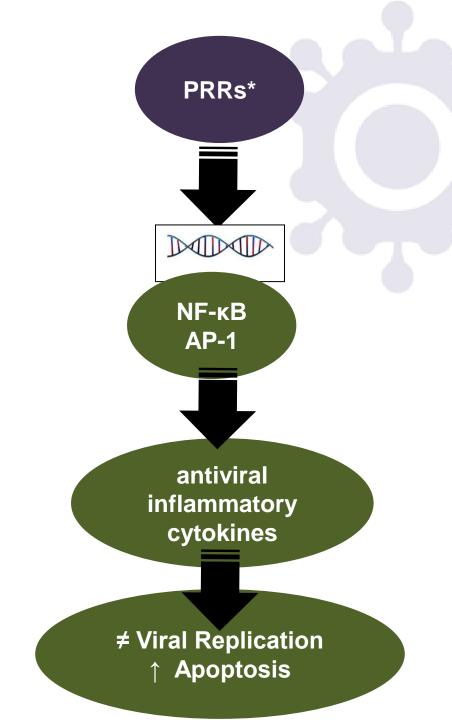


DAMPs*

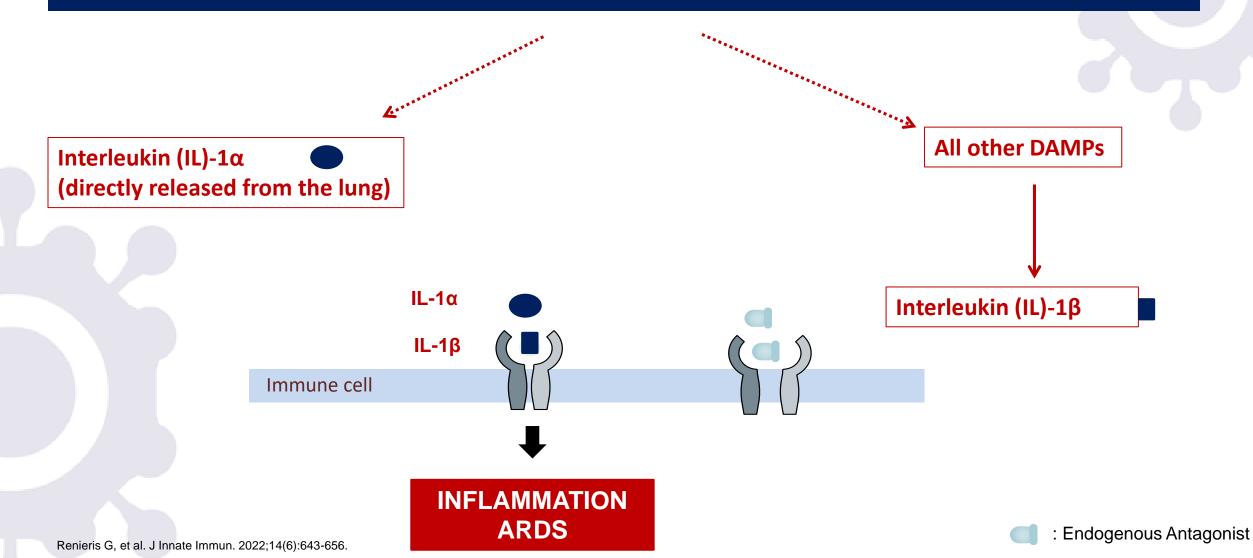
- Proteins from viral envelope, spikes, and nucleoproteins (N)
- single stranded RNA

- S100A8/A9
- nucleic acids from dead cells

- *PRRs Pattern Recognition Receptor
- *PAMPs Pathogen Associated Molecular Patterns
- *DAMPs Danger Associated Molecular Patterns
- * NF-kB Nuclear Factor kB
- * Activator protein 1

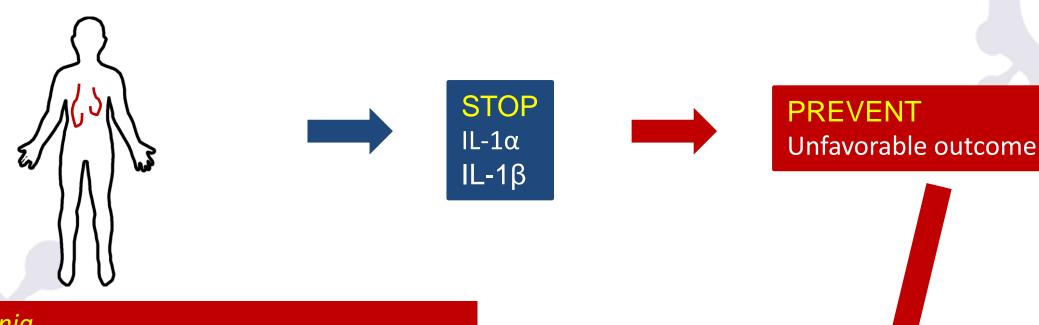


DANGER-ASSOCIATED MOLECULAR PATTERNS (DAMPs) IN COVID-19



<u>SUPAR-GUIDED ANAKINRA TREATMENT FOR VALIDATION OF THE RISK AND EARLY MANAGEMENT OF SEVERE RESPIRATORY FAILURE BY COVID-19</u>

THE SAVE STRATEGY



Pneumonia

- Hospitalization
- pO_2/FiO_2 : 150-400
- Oxygen mask/nasal oxygen/high-flow oxygen
- suPAR ≥6 ng/ml

Anakinra

- Recombinant human receptor antagonist
- Blocks the action of IL-1α and IL-1β

suPAR: soluble urokinase Plasminogen Activator Receptor

The Paradox of COVID-19

Innate Immune System



Fails to mount an adequate immune respone

Hyperinflammation

Immunosuppression



Edema

Fibrosis

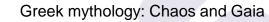
Thrombosis

ARDS

Death



Hyperstimulation of lymphocytes/monocytes cause a paradoxical imunosuppresive effect







Transcription Factors

- Nuclear factor, erythroid 2-related factor (Nrf2) activation inhibits SARS-CoV-2 replication through type 1 IFN signaling and inhibits inflammatory cytokine release
- Nrf2 suppression in the lungs contributes to decreased antiviral action and increased cytokine levels
- Hypoxia-inducible factor 1a (HIF-1a) is increased in severe COVID-19, induces inflammatory organ damage, is correlated with mortality in elderly population.

What about the cytokines

- Decreased early production of type I and type III interferons (IFN) allow for SARS-CoV-2 to replicate and cause severe cellular damage in the lungs
- Response of IFN delayed and reduced,
- Early and strong interleukin-6 (IL-6), interleukin-8 (IL-8), interleukin-10 (IL-10), and tumor necrosis factor-α (TNF-α), all of which predict disease severity and mortality
- Adaptive immune response cytokines interferon-gamma, IL-17 and IL-22 significantly decreased alongside with severity

Monocyte function...two sides of the same coin?

Cytokine Storm

Immunosuppression

Macrophage Activation Syndrome

Increased S100A8/A9,

High IL-6

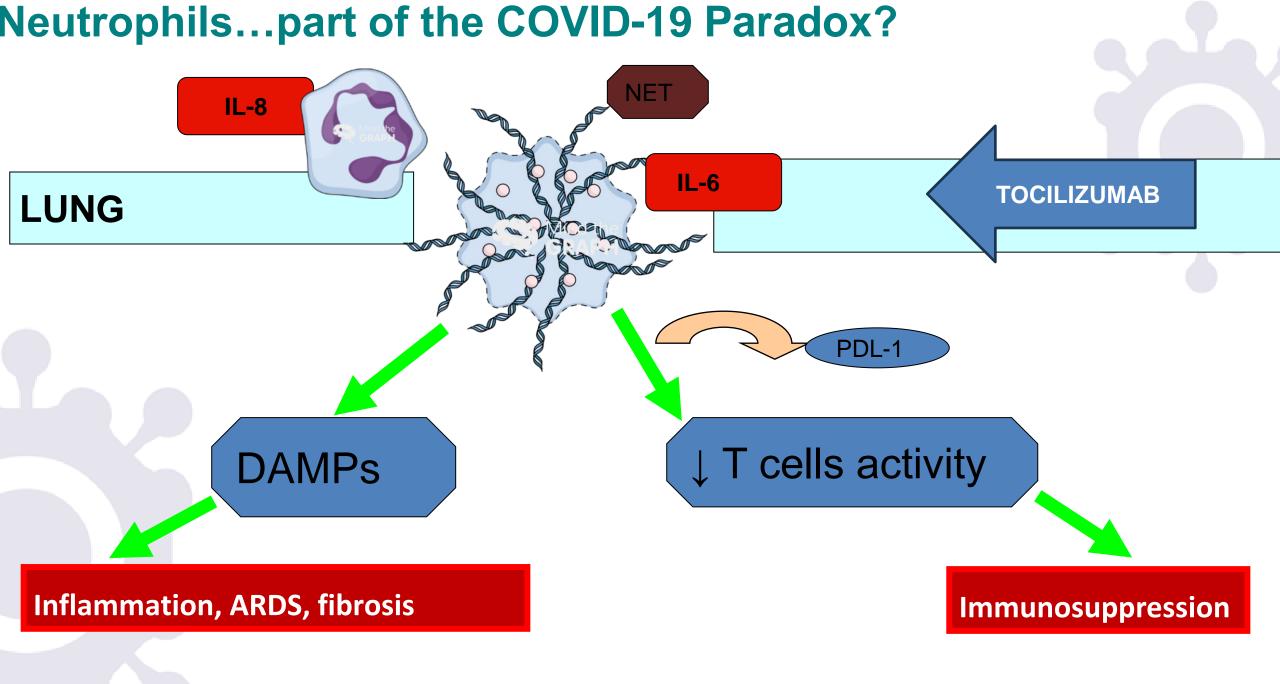
Low HLA-DR expresion

Decreased TNF-α production



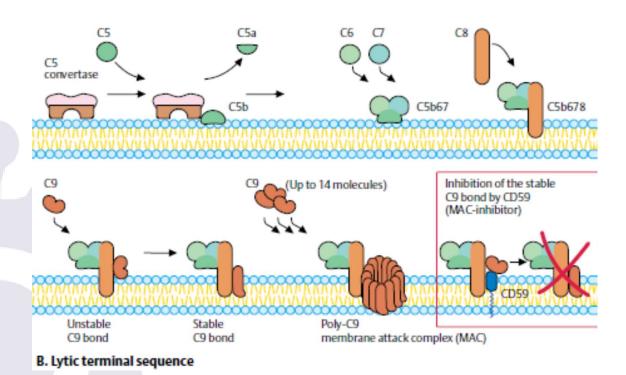
Ren X, et al., *Cell* 2021; 184(7): 1895

Paces J, et al . *Physiol Res* 2020;69(3): 379.



Davitt E, et al. Best Pract Res Clin Haematol. 2022; 35(3): 101401

How about complement activation?



- C3, C4d, and C5a are significant elevated in severe COVID-19
- viral N antigen interaction with mannanbinding lectin serine protease 2 (MASP-2) activates the lectin pathway leading to cellular deposition of the membrane attack complex (MAC)
- This MAC deposition occurs in vascular walls, bronchial epithelial cells, macrophages, and lymphocytes, leading to cellular damage and intravascular coagulation leading to ARDS

The role of dendritic cells

- Viral RNA activates endosomal TLR7 located in pDCs and produce type I and type III IFNs
- Early decrease in circulating pDCs?
- Apoptotic signaling of pDCs is increased and antigenpresenting cDCs is inhibited in severe disease
- STAT3 activation pathway inhibit DC function in and antigen presentation despite high levels of IL-6 associated with severe COVID-19

Laing AG, et al. *Nat Med* 2020; 26(10):1623 Davitt E, et al. *Best Pract Res Clin Haematol*. 2022; 35(3): 101401

The role of Natural Killer Cells

- Severe COVID-19 is marked by NK cell cytopenia
- Less capable of producing IFN and TNF-α
- Overproduction of IL-6, IL-8 inhibits NKs function, again,

through STAT3 pathway

Laing AG, et al. *Nat Med* 2020; 26(10):1623

Davitt E, et al. *Best Pract Res Clin Haematol*. 2022; 35(3): 101401

Adaptive Immunity Dysregulation

- Lymphopenia is predictive of poor outcomes and is a risk factor for secondary hospital-acquired infections, accounting for 50% of estimated mortality secondary to COVID-19
- T cell exhaustion (PD-1* upregulation CD4+ lymphocytes)
- FOXP3-mediated negative regulatory mechanisms of T-cell activation are impaired
- Atypical T-cell differentiation seems to occur in COVID-19, producing T-cells that partially resemble Th1, Th2, Th17 and Tfh but lack their cardinal features

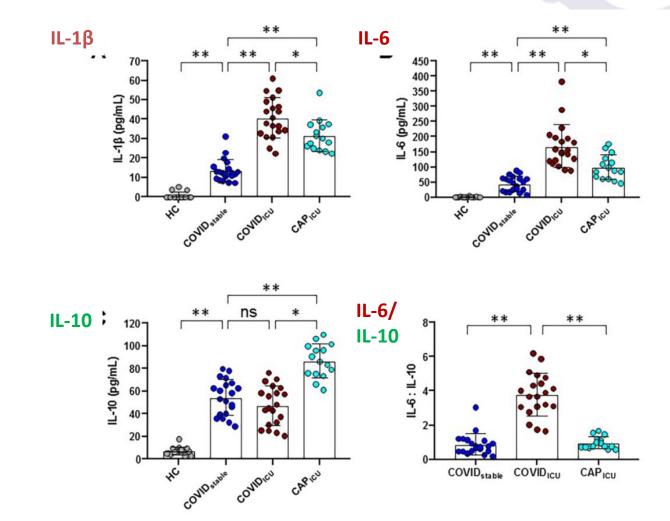
Kalfaoglu B, et al., Biochem Biophys Res Commun. 2021; 538: 204

^{*} PD-1 Programmed cell death 1

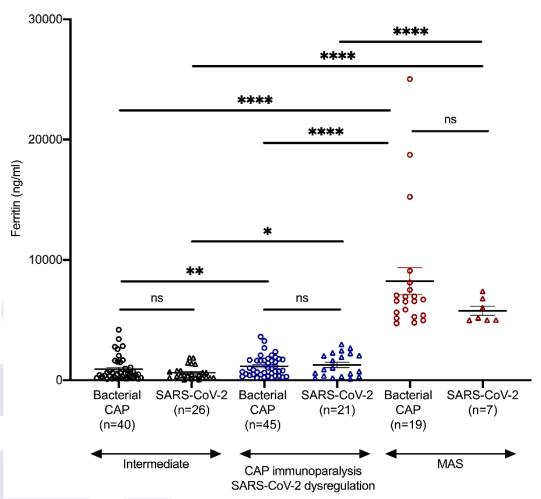
IMMUNE RESPONSES IN COVID-19: TH1 TO TH2 IMBALANCE

(McElvaney OJ, et al. Am J Resp Crit Care Med 2020; 202: 812-81)

- Healthy (HC, n=20)
- COVID_{stable} (n=20)
- COVID_{ICU} (n=20)
- CAP: community-acquired pneumonia (n=20)



FERRITIN

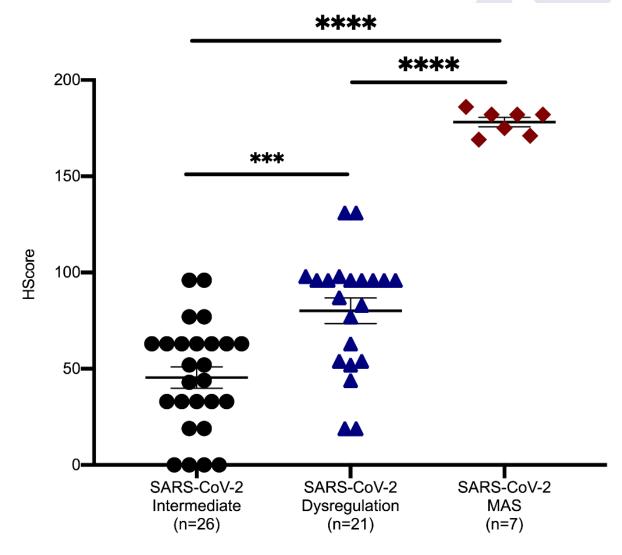


CAP: community-acquired pneumonia MAS: macrophage activation syndrome

ns: non-significant

*p<0.05 **p<0.01 ***p<0.001 ****p<0.0001

HEMOPHAGOCYTOSIS SCORE



HLA-DR on CD14-cells

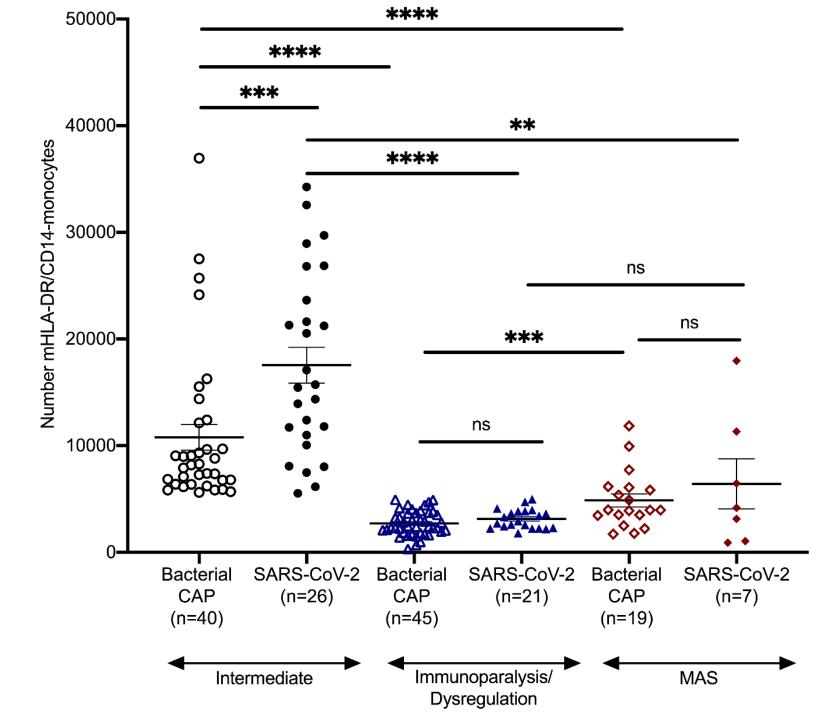
CAP: community-acquired pneumonia MAS: macrophage activation syndrome

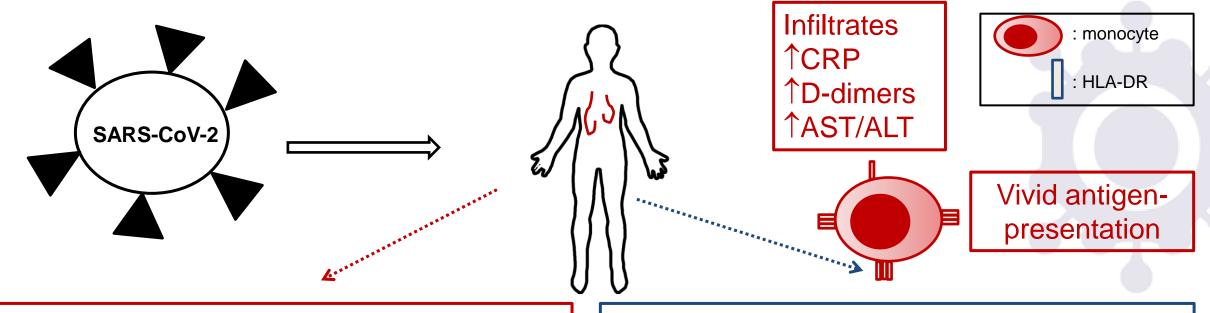
ns: non-significant

*p<0.05

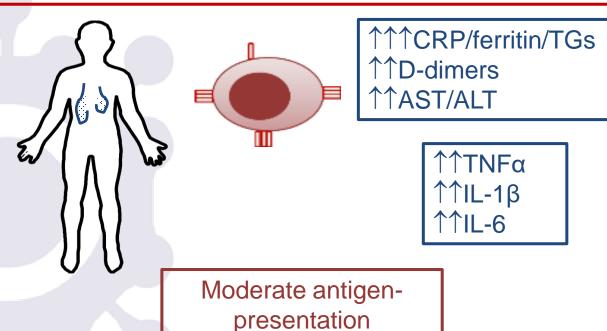
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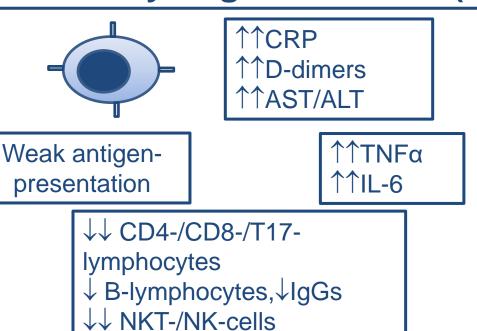




Macrophage activation: IL-1β (25%)

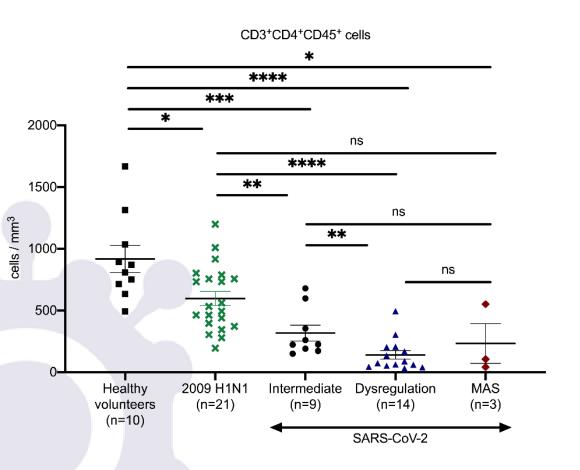


Immune dysregulation: IL-6 (75%)



Giamarellos-Bourboulis EJ, et al. Cell Host Microbe 2020; 27: 992

HYPO-FUNCTIONING T-CELLS

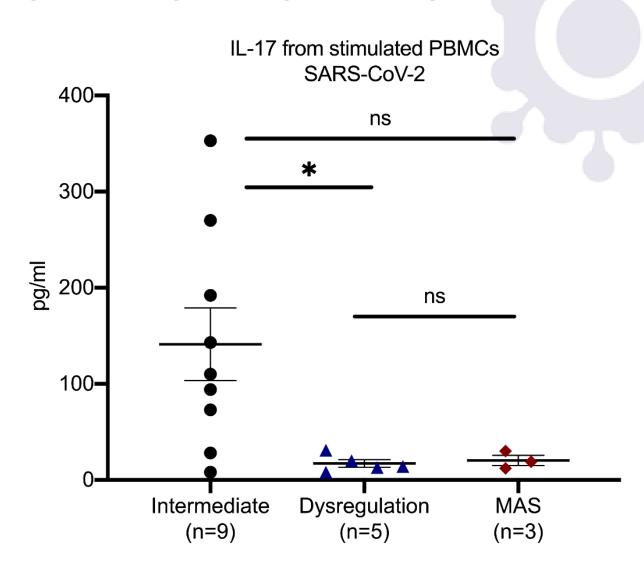


IL: interleukin

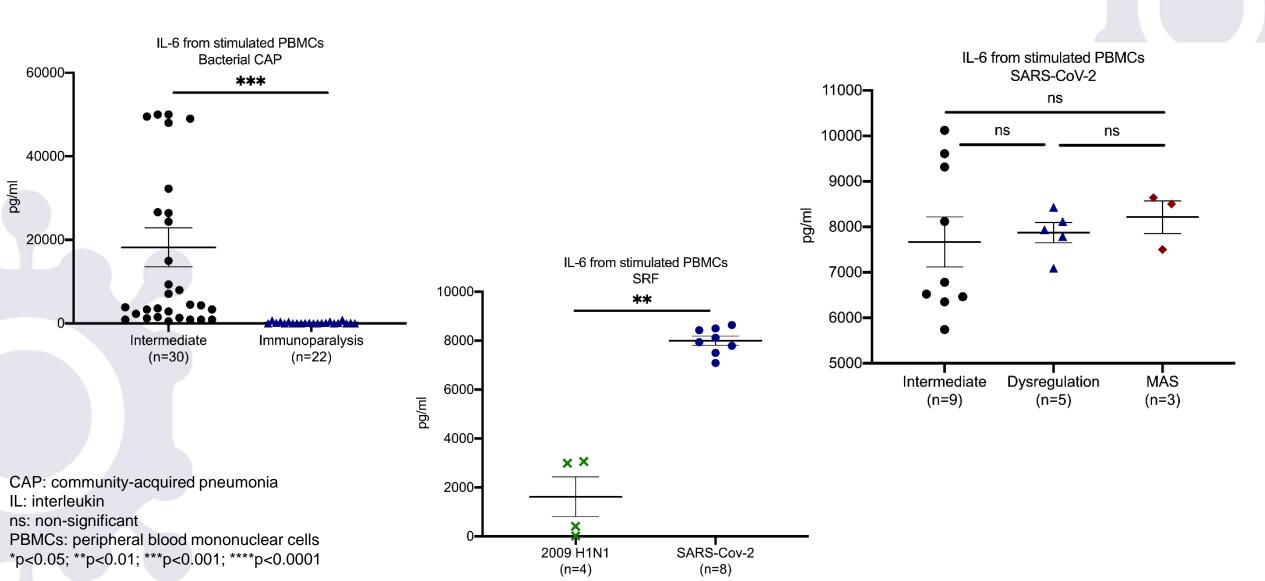
MAS: macrophage activation syndrome

ns: non-significant

PBMCs: peripheral blood mononuclear cells *p<0.05; **p<0.01; ***p<0.001; ****p<0.0001

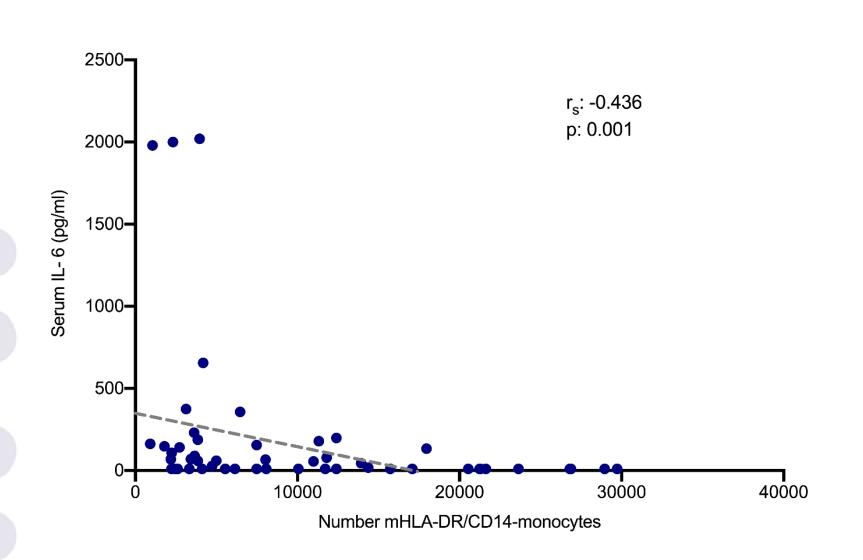


NO EXHAUSTION FOR CYTOKINE PRODUCTTION # SEPSIS

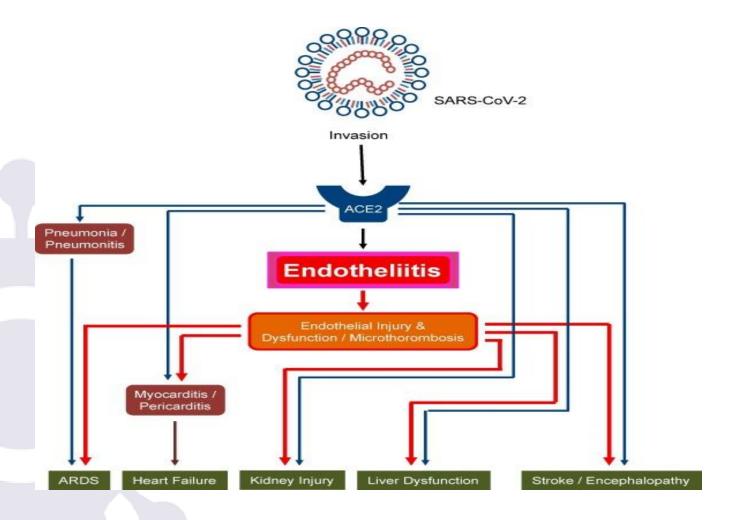


IL-6 DRIVES JJJ HLA-DR EXPRESSION

(Giamarellos-Bourboulis EJ, et al. Cell Host Microbe 2020; 27: 992-1000)



COVID-19 endothelitis



Hypercoagulation is a characteristic feature in the pathophysiology of COVID19 pneumonia

Traditionally attributed to vascular endothelitis

Endothelial injury triggers immunothrombosis; platelet dysfunction and microthrombi formation

Overexpression of CD42b/CD62p on platelets perpetuates the ominous cycle of immunothrombosis-immune dysregulation in severe COVID-19

Take home message

- Innate immune system overstimulation leads to hyperinflammation, cytokine storm, tissue damage and impaired antigen presentation
- Adaptive Immune demonstrates significant dysregulation with prominent T cell exhaustion, CD4 cell and NK cell cytopenia
- Patient can exhibit MAS or Immune dysregulation/suppression with very low HLA-DR but these immune states are not mutually excluded.





