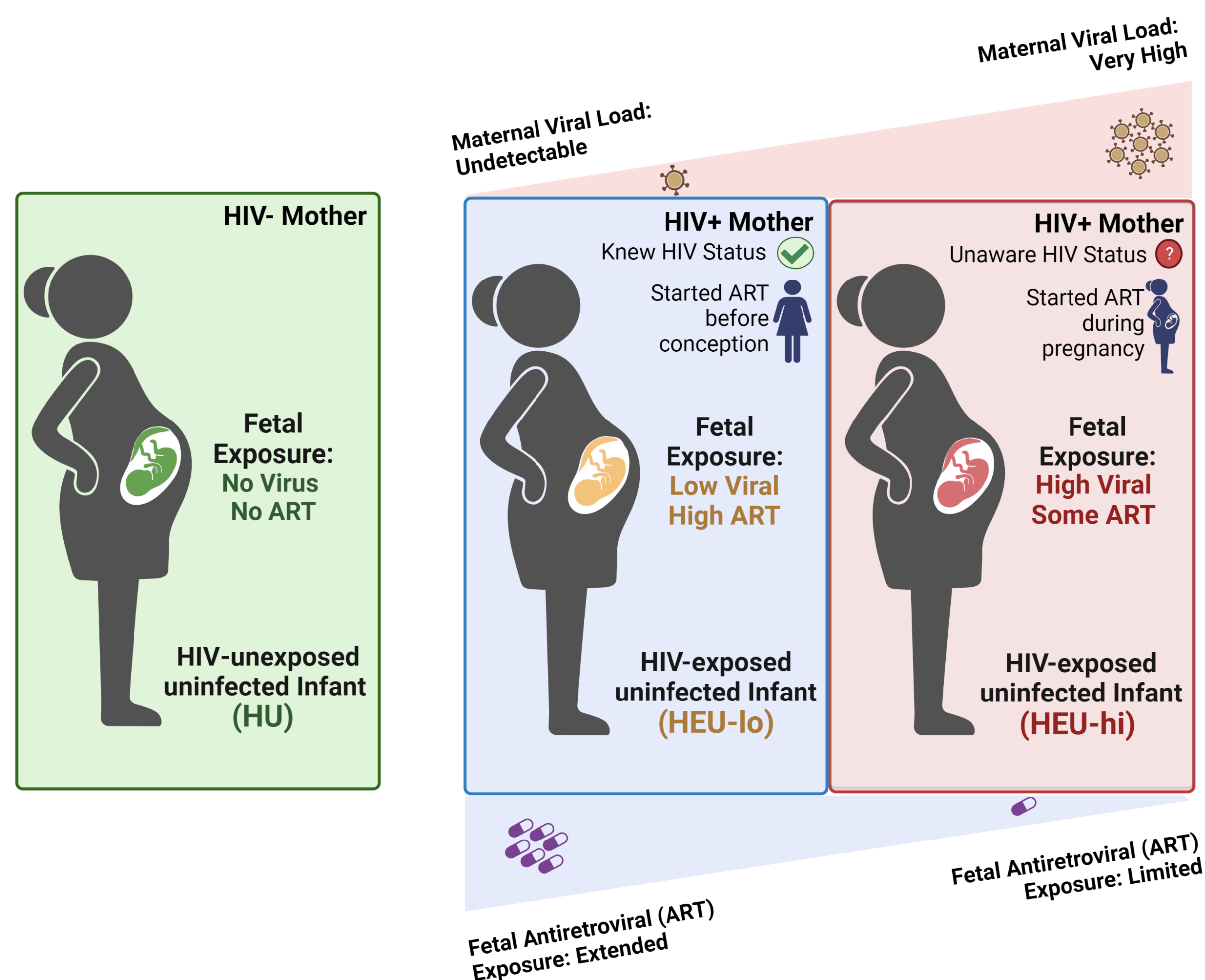


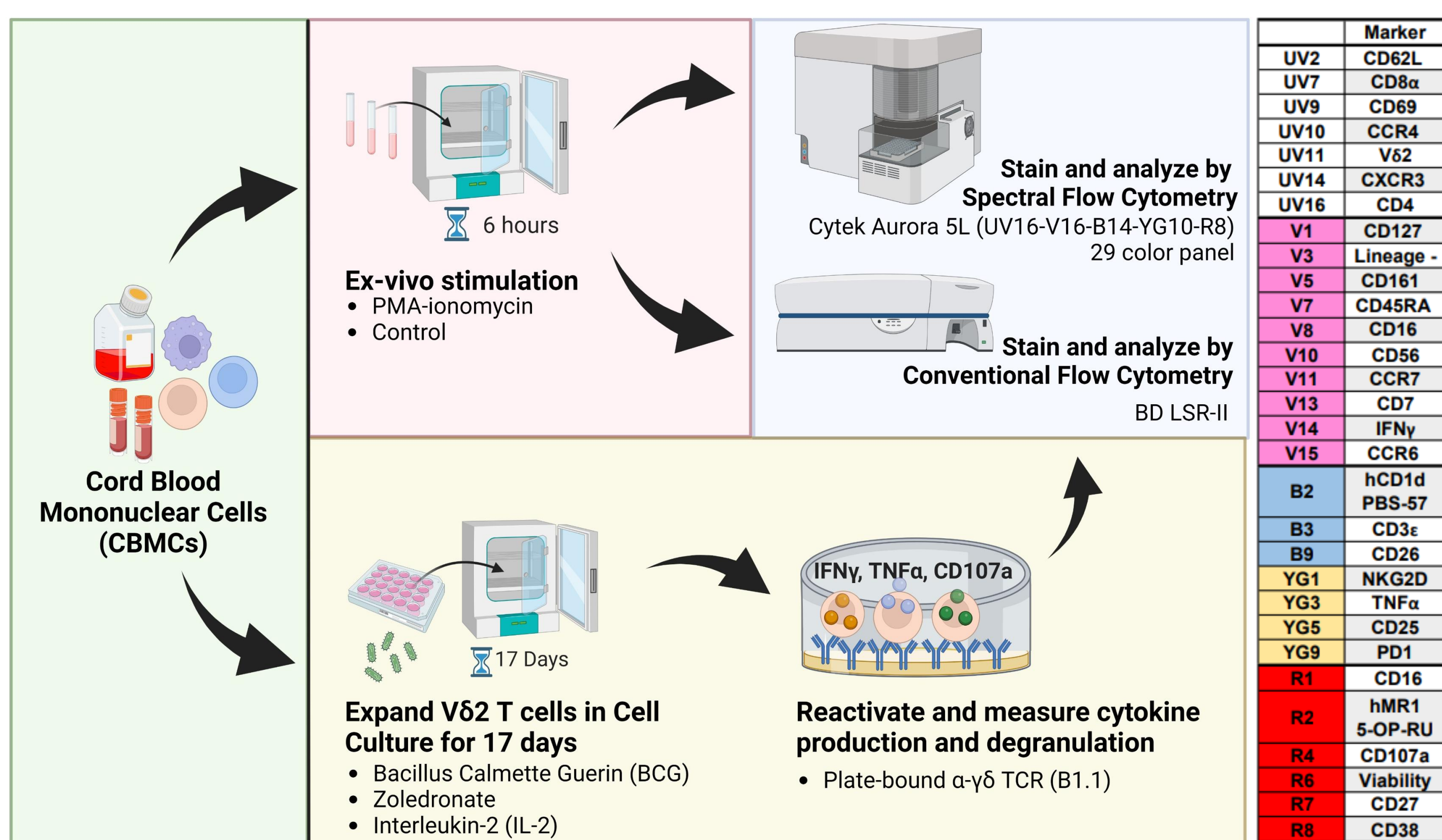
INTRODUCTION

- Maternal antiretroviral therapy (ART) effectively prevents perinatal infection of infants born to mothers living with HIV.
- HIV-exposed Uninfected (HEU) Infants exhibit increased morbidity to lower respiratory tract and diarrheal infections during the first six months life compared to HIV-unexposed (HU) infants.
- Prenatal exposure to HIV and/or ART may perturb the fetal immune system, contributing to the observed increased infectious morbidity.
- Vγ9Vδ2 T (Vδ2) cells, due to their rapid secretion of Th1 cytokines in response to a broad array of pathogens, are likely to play a key role against infections in early life.
- Elevated inflammation at the fetal-maternal interface may result in dysfunction of Vδ2 cells; however, the effect of in-utero HIV exposure on this subset is unknown.

STUDY POPULATION: MALAWIAN COHORT

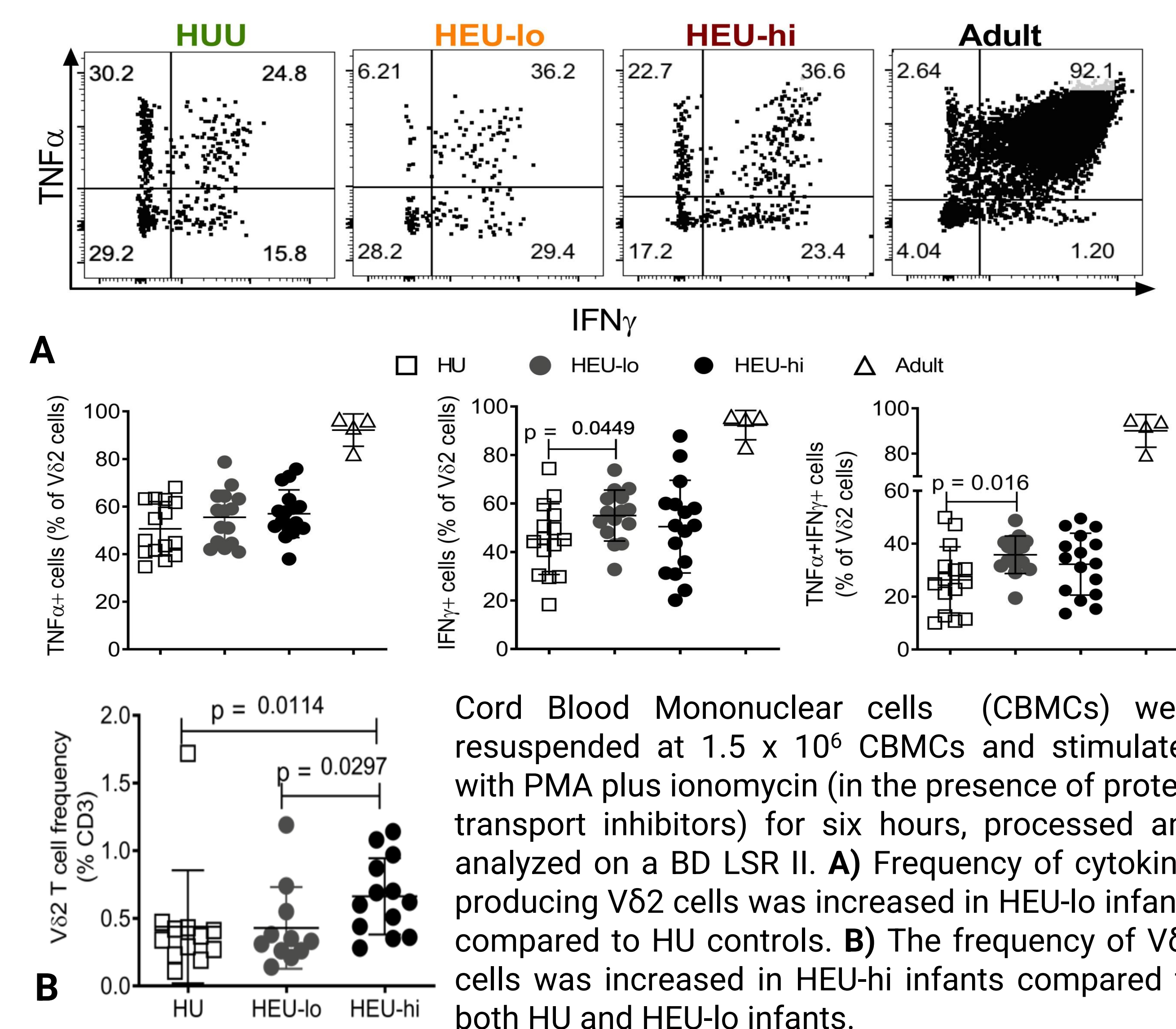


METHODS



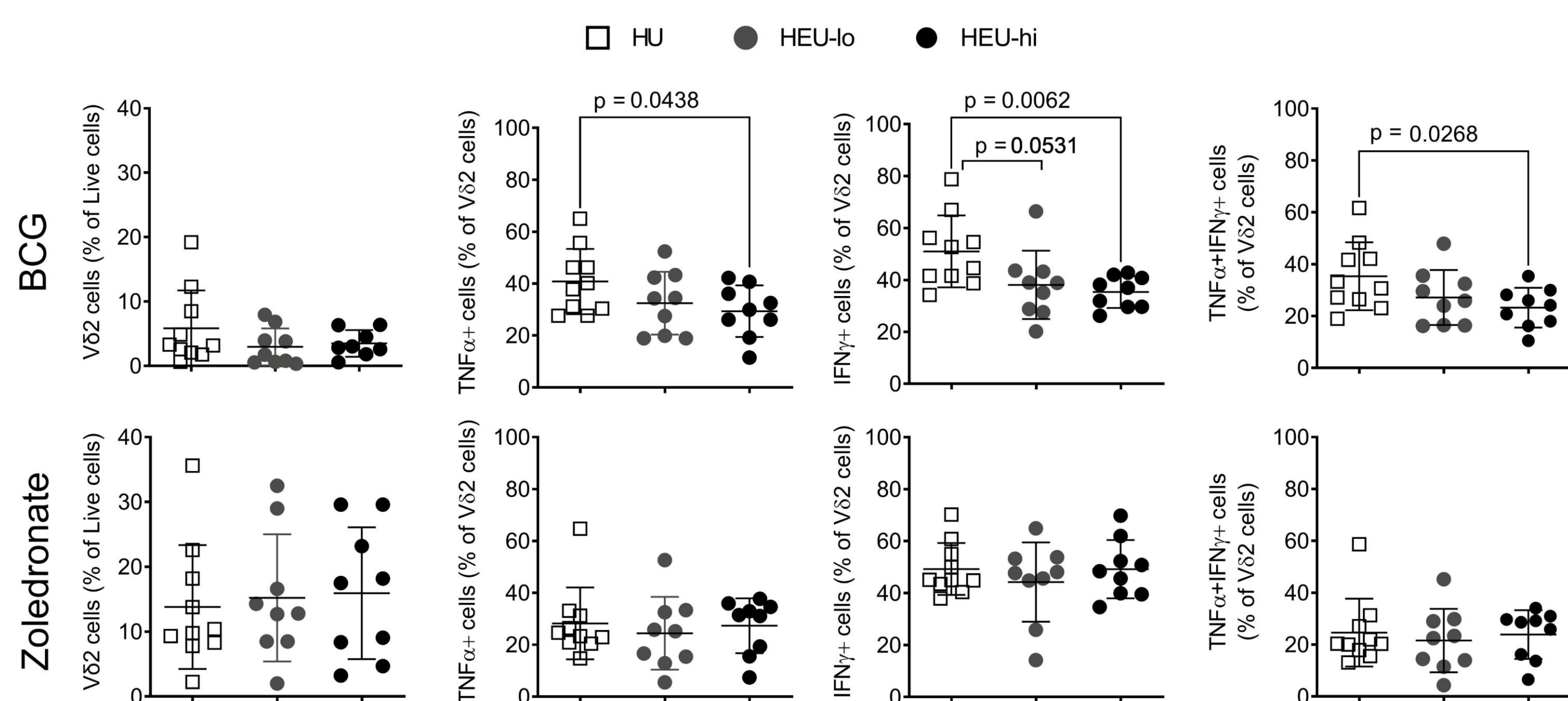
RESULTS: FLOW CYTOMETRY – EX VIVO

Figure 1. The frequency and polyfunctionality of Vδ2 cells are altered in HEU infants compared to HU controls



RESULTS: FLOW CYTOMETRY - CULTURE

Figure 2. In vitro proliferation of Vδ2 cells is similar across the cohorts

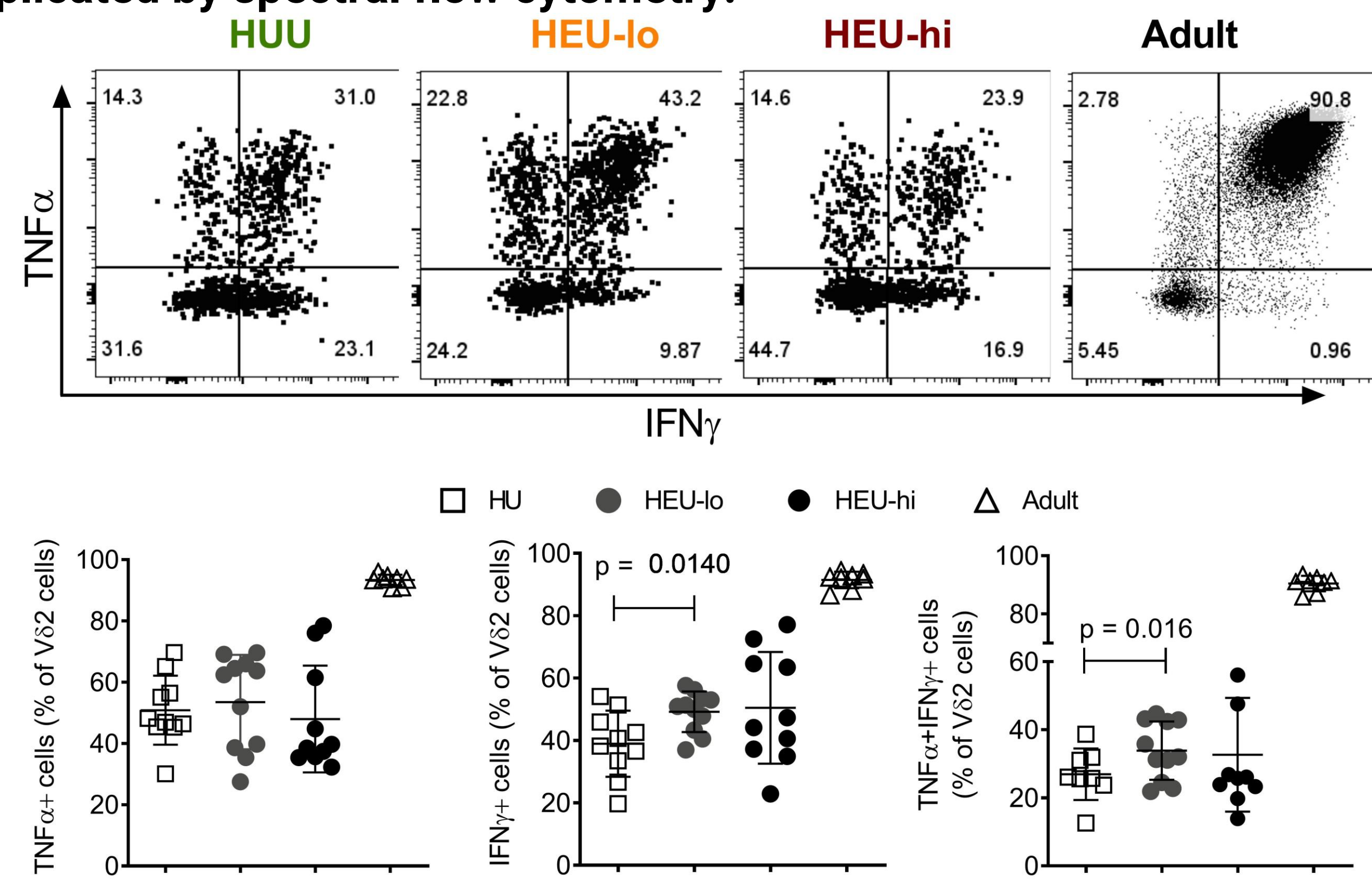


CBMCs were treated with A) Bacillus Calmette-Guérin [BCG] (MOI=1) or B) Zoledronate (0.5μM); plus IL-2 (100 U/mL) for two weeks to expand Vδ2 cells, before resting for 3 days. Intracellular Th1 cytokines were detected in Vδ2 cells after restimulation with plastic-immobilized anti-γδ TCR antibody (B1.1), followed by processing and analysis on a BD LSR II.

No statistically significant differences in frequency of Vδ2 cells following BCG or ZOL expansion between HEU and HU infants were noted. Following restimulation, HEU-hi infants had a lower frequency of cytokine-producing cells compared to HU controls in the BCG expansion cultures. This altered cytokine response, however, was not observed in Zoledronate expansion cultures.

RESULTS: SPECTRAL FLOW CYTOMETRY

Figure 3. The cytokine production patterns across exposure groups are replicated by spectral flow cytometry.



CBMCs were resuspended at 3.0×10^6 CBMCs and stimulated with PMA plus ionomycin (in the presence of protein transport inhibitors) for six hours, processed and analyzed on a Cytek Aurora 5L.

As in conventional Flow Cytometry data shown in Figure 1, the frequency of cytokine producing Vδ2 cells was increased in HEU-lo infants compared to HU controls when analyzed by spectral flow cytometry. Cytokine-production in HEU-hi infants appears heterogeneous.

CONCLUSIONS

- In-utero HIV and/or ART exposure impacts cord blood Vδ2 cells in HEU infants
- An increased frequency of cord blood Vδ2 cells in HEU infants; corroborating previous observations noted in a Nigerian cohort.
- An increased frequency of ex-vivo cytokine-producing Vδ2 cells was noted in response to PMA-ionomycin. Conversely, a decreased frequency of cytokine-producing cells was noted after expansion with BCG, but not with Zoledronate.

FUTURE DIRECTIONS

