



Leiden University
Medical Center

Trained immunity as a mechanism behind the wider applicability of BCG

April 2021

Simone A Joosten

Infectious Diseases

LEIDEN UNIVERSITY MEDICAL CENTER



100 years of BCG



100 years of BCG:

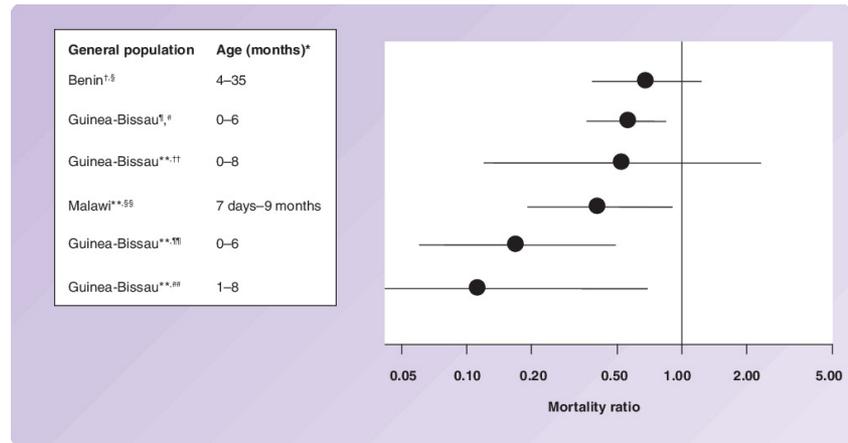
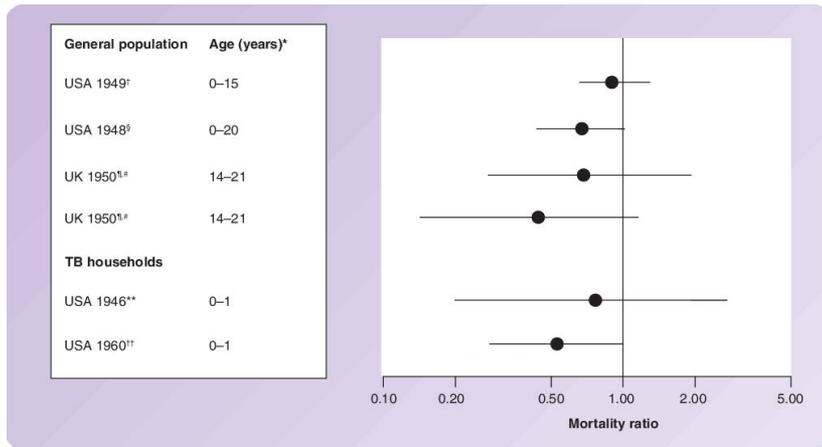
- Significant reduction of in particular childhood TB
- But also reduced overall childhood mortality, larger than expected from reduction in TB
- BCG (re)vaccination resulted in reduced respiratory tract infections
- BCG may boost other vaccine responses
- applied therapeutically against bladder cancer

>> many effects seem unrelated to antigen specific responses induced by vaccination

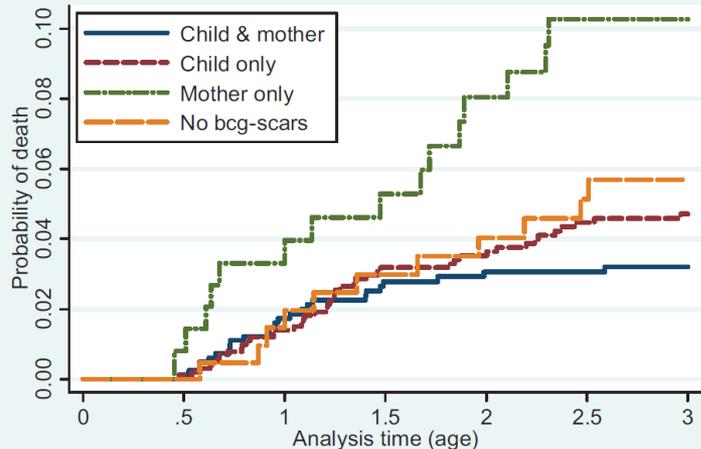
>> currently explored in prevention of SARS-CoV2

Heterologous protection by vaccination

BCG vaccination contributes to reduced 'all cause' childhood mortality



Roth, *Exp Rev Vacc* 2006: Vol. 5, Issue 2, p277



Number at risk	0	0.5	1	1.5	2	2.5	3
Child & mother	800	769	725	699	665	613	
Child only	994	959	899	843	786	748	
Mother only	153	149	140	130	117	111	
No bcg-scars	204	197	187	179	172	163	

Guinee-Bissau, RCT

BCG scar infant: 41% lower mortality (4.5 and 36 months)

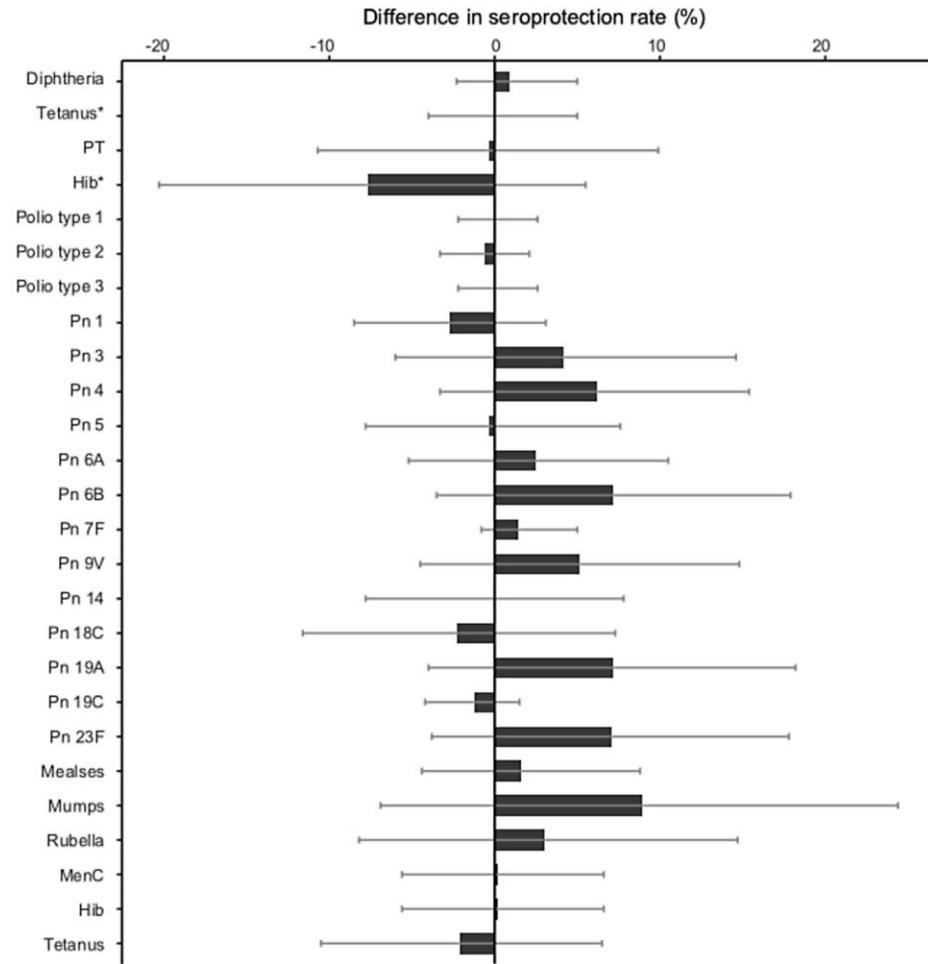
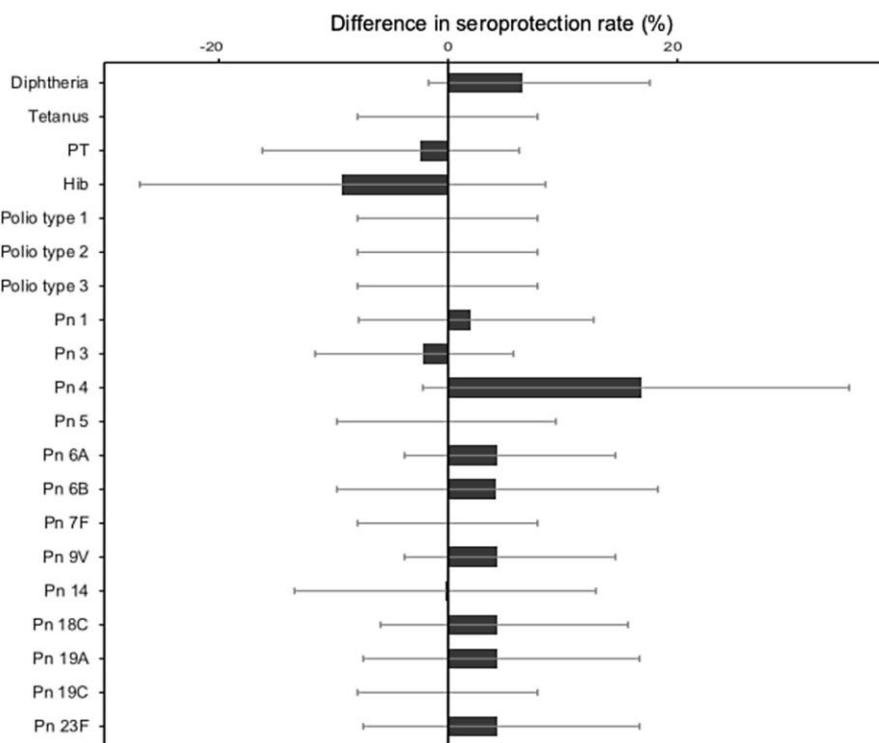
66% reduction if mother also BCG scar, 8% if mother had no BCG scar

> Maternal BCG priming important for effect of BCG vaccination on child survival.

Berendsen, *J Pediatric Infect Dis Soc*, 2019, doi10.1093

BCG: immunomodulatory effect on vaccine responses

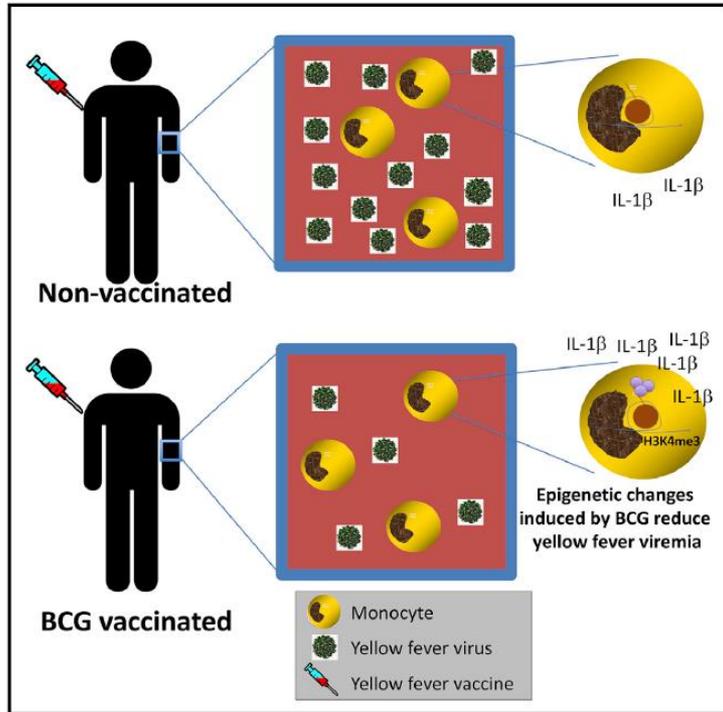
Ratio responses in BCG vaccinated over non-BCG vaccinated children



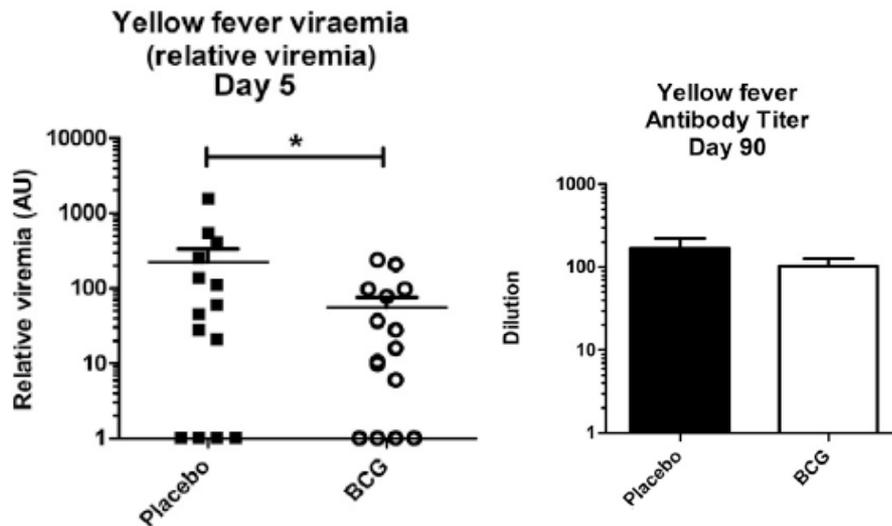
* only participants who had not had the Hib-MenC

Infants, Melbourne, Australia; BCG within 10 days after birth
 Serological analyses at 1 month post 6 and 12 month routine vaccination

BCG protects against YF viremia



- BCG-induced changes correlated with protection against experimental virus infection
- Viremia reduction correlated with IL-1 β upregulation, indicative of trained immunity
- SNPs in IL1B affect the induction of trained immunity by BCG
- Trained immunity did not alter adaptive response to YF



BCG activates non-specific immune responses

BCG revaccination (adolescents): reduced upper respiratory tract infections

Variable	Placebo (N=329)		H4:IC31 (N=330)			BCG (N=330)			Total (N=989)	
	n (%)	95% CI	n (%)	95% CI		n (%)	95% CI		n (%)	
Systemic AEs										
Headache	22 (7)	1 (<1)	0	24 (7)	0	0	21 (6)	2 (<1)	0	70 (7.1)
Upper respiratory tract infection	25 (8)	1 (<1)	0	31 (9)	0	0	7 (2) ^b	0	0	64 (6.5)
Fatigue	17 (5)	1 (<1)	0	16 (5)	0	0	8 (2)	2 (<1)	0	44 (4.4)

p=0.0003 calculated by two by three Chi Square test

Nemes, NEJM, 2018, 379 (2): 138-149

de Bree, NEJM, 2018, 379 (20): 1969

BCG protects against other unrelated pathogens, vaccine responses are enhanced in BCG vaccinated individuals >
state of immune activation, effects are wide >
innate immune activation?

Trained innate immunity

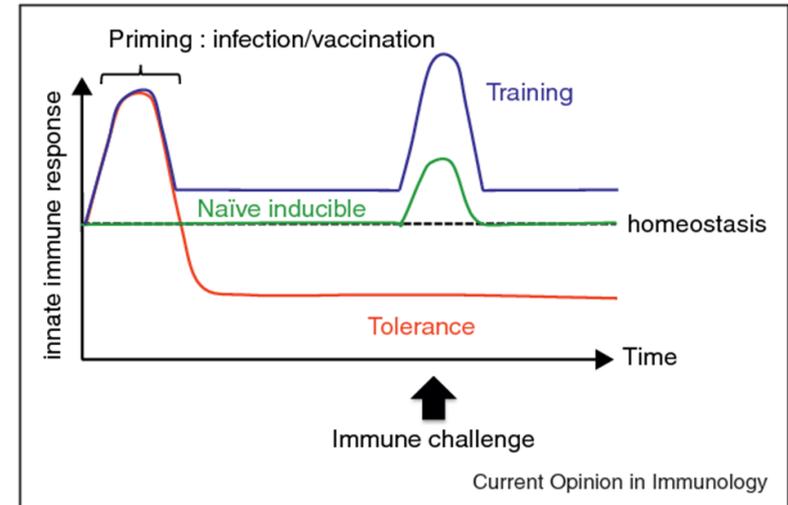
'Innate memory'

Defense ready state:

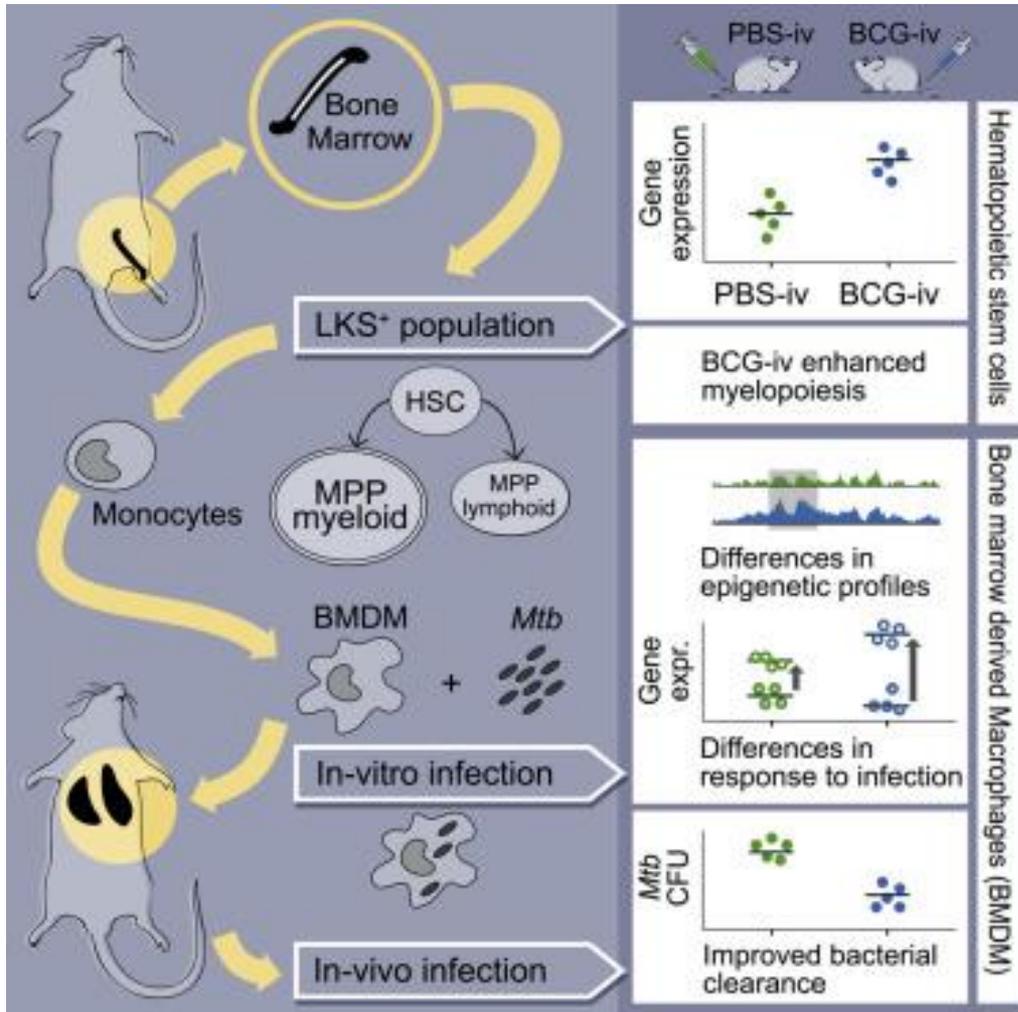
- High glycolysis
- Increased cytokine release upon restimulation
- Enhanced effector responses

Training by microbial ligands or metabolic triggers (OxLDL) permits augmented response to heterologous encounters

Training results in epigenetic alterations: H3K4Me3, H3K27Ac mark loci with enhanced access and thereby increased responsiveness to secondary stimulation

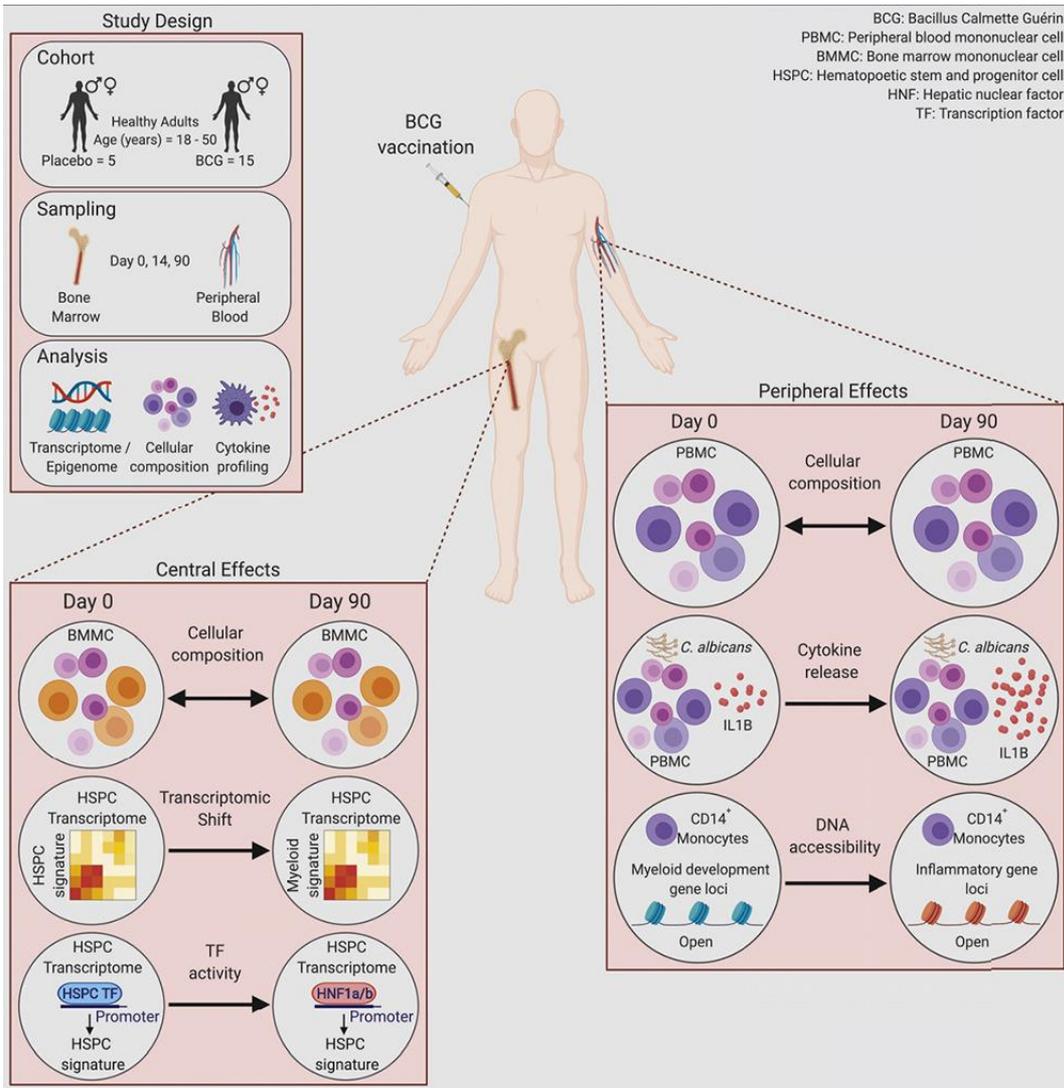


BCG educates hematopoietic stem cells



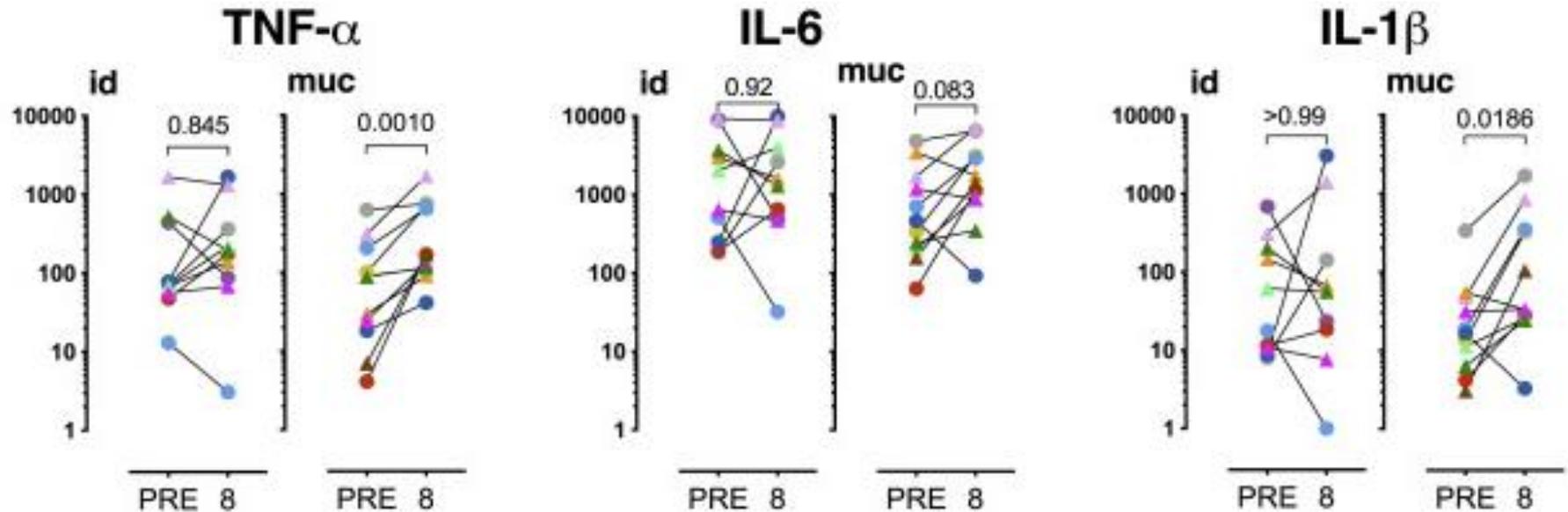
- Access of BCG to the bone marrow expands HSCs and promotes myelopoiesis
- BCG educates HSCs to generate trained monocytes/ macrophages
- BCG induces a unique epigenetic and transcriptomic signature in macrophages
- BCG-trained macrophages are highly protective against pulmonary *M. tuberculosis* infection

BCG Vaccination in humans elicits trained immunity



- Peripheral blood cells release more pro-inflammatory cytokines 3 months after BCG
- Myeloid transcription profile of human HSPCs
- Persistent (90 days) innate training of CD14⁺ monocytes
- Persistent epigenetic changes in peripheral monocytes

Mucosal BCG induces strong TI in macaques

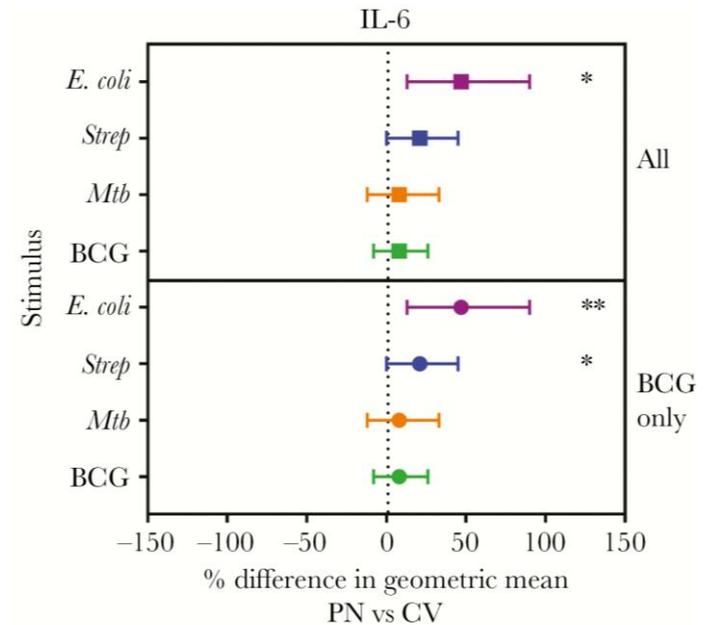


BM monocytes, LPS stim, 24 hrs

- Mucosal vaccination with BCG resulted in enhanced training in NHP compared to routine ID vaccination
- >> different administration routes of BCG may induce innate training of myeloid (monocytic) populations, likely through reprogramming of BM progenitors

Early Mtb clearance related to trained immunity

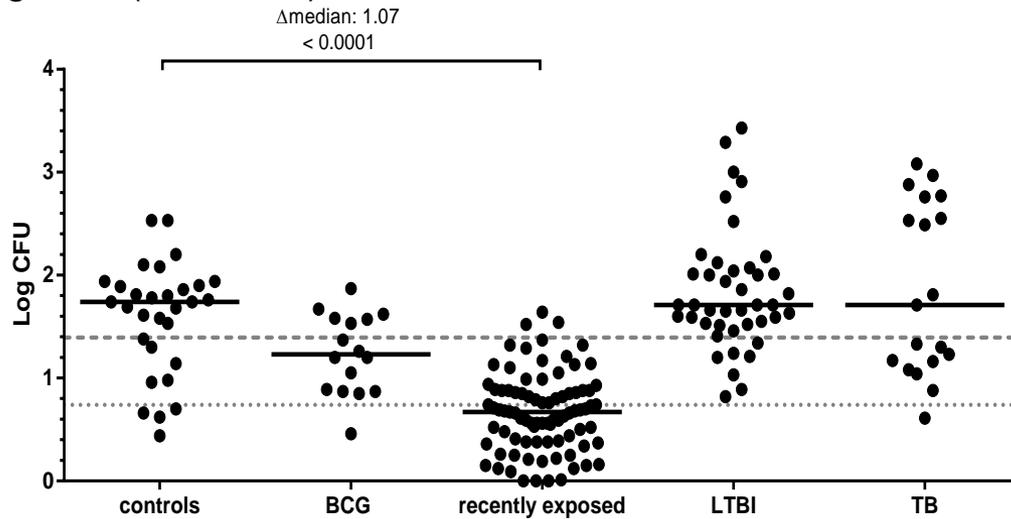
- Indonesian household contacts of TB cases, IGRA baseline and 14 weeks post recruitment
- persistently IGRA-negative contacts:
 - resolving innate cellular response from 2 to 14 weeks
 - more proinflammatory cytokines following heterologous stimulation with *Escherichia coli* and *Streptococcus pneumoniae*.
- Early clearance of *M. tuberculosis* is associated with enhanced heterologous innate immune responses similar to those activated during induction of trained immunity



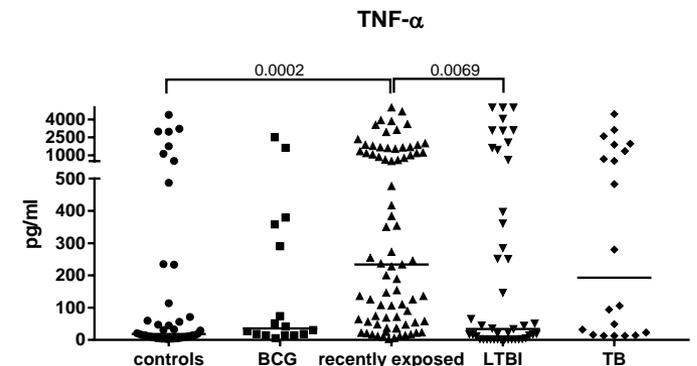
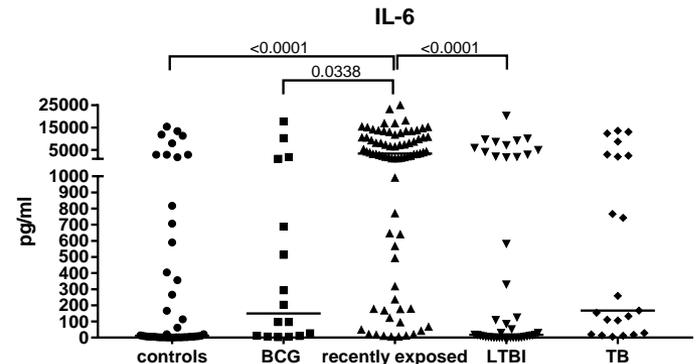
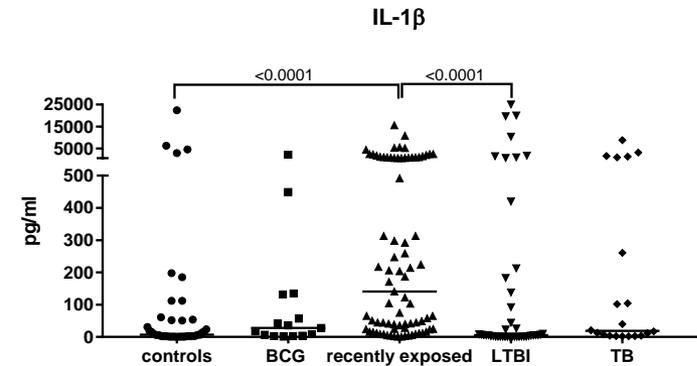
CV: IFN- γ release assay converters
PN: persistently negative contacts

Functional control of mycobacterial outgrowth

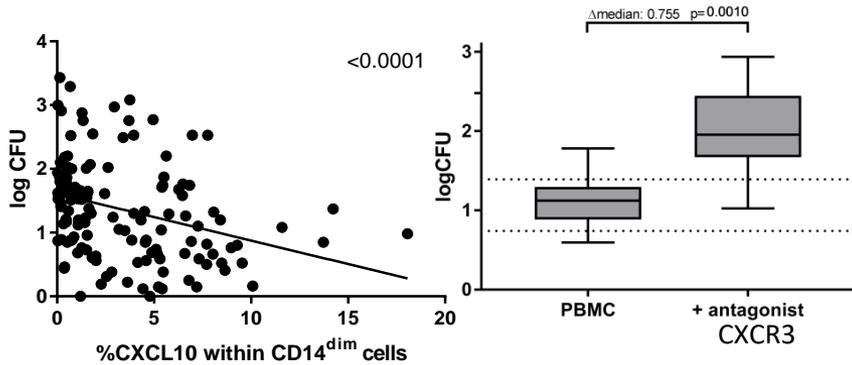
In vitro PBMC based mycobacterial killing assay (MGIA):
assess capacity of PBMCs to control mycobacterial
growth (here BCG)



>> control of BCG outgrowth correlated with secretion of
hallmark cytokines for trained immunity

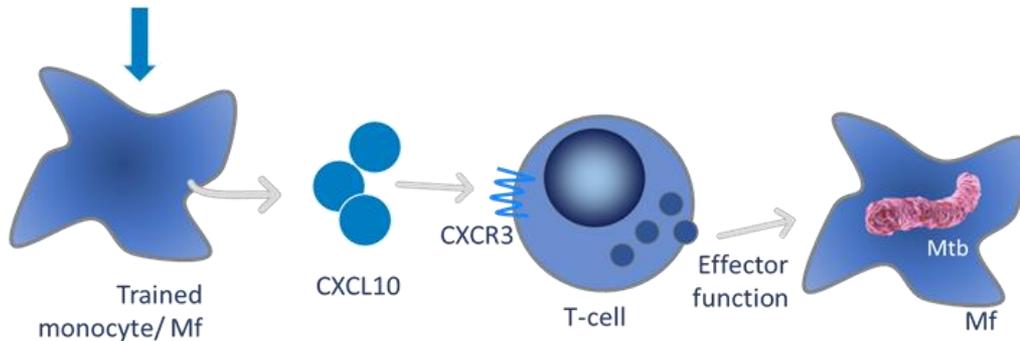
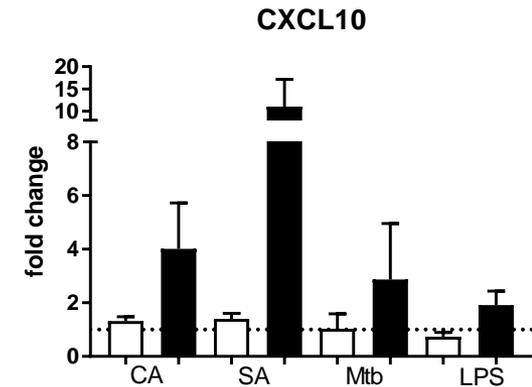


CXCL10-CXCR3 new player in trained immunity



Control of BCG outgrowth is mediated through the CXCL10-CXCR3 axis

Classical model of trained innate immunity



- Trained immunity correlates with strong functional control of anti-mycobacterial immunity
- CXCL10-CXCR3 novel player in trained immunity

Summary

Trained innate immunity is induced by BCG vaccination

Training is the result of alterations in HSPCs in the BM and persists (at least) for several months

Epigenetic changes that result in increased accessibility of specific loci (eg cytokine genes) are a hallmark of trained immunity

Trained monocytes produce increased levels of pro-inflammatory cytokines and have altered metabolic profiles

Functional control of mycobacterial outgrowth correlates with innate trained immunity

BCG can induce Trained Immunity which may affect the response to mycobacterial but also unrelated pathogens

Acknowledgements

LUMC, Dept of Infectious
Diseases, Leiden, The
Netherlands

Krista E van Meijgaarden

Anne MHF Driittij

Paula Ruibal

Louis Wilson

Sandra M Arend

Corine Prins

Kees LMC Franken

Simone A Joosten

Tom HM Ottenhoff

Norwegian Institute of Public
Health, Oslo, Norway

Fredrik Oftung

Gro Ellen Korsvold

KNCV Dutch Tuberculosis
Foundation, The Hague, The
Netherlands

Sandra Kik

Radboud UMC, Nijmegen,
The Netherlands

Reinout van Crevel

Rob Arts

Mihai Netea



