



Immune amnesia following infections with measles virus

perspective from a measles outbreak in the Netherlands

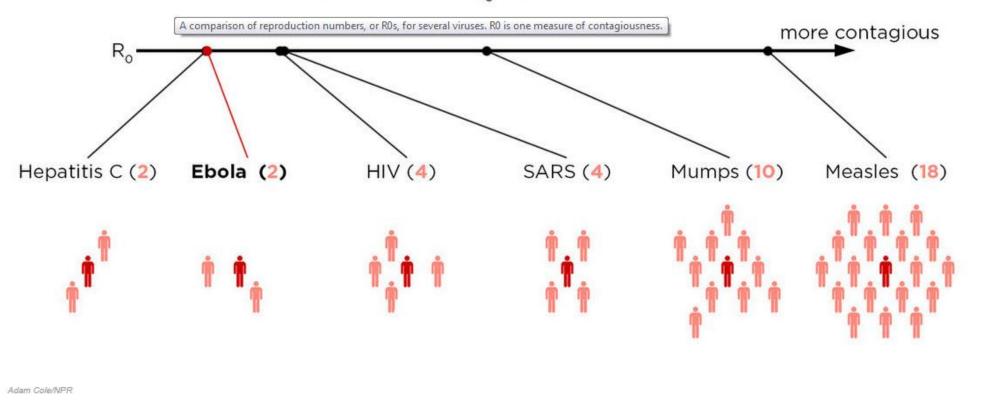
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Measles: the disease

• **Highly infectious:** R⁰: 12-18

The number of **people** that **one sick person** will infect (on average) is called R_0 . Here are the maximum R_0 values for a few viruses.



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Measles: the disease

- Highly infectious: R⁰: 12-18
- Long incubation time: 9-19 days
- Symptoms:
 - rash, fever, cough, conjunctivitis
 - Immunosuppression: opportunistic infections
 - e.g. pneumonia, GI tract disease, otitis media
 - Rare but severe neurological complications
- Estimated global mortality: 207,500 deaths/yr (2019)











Cellular receptors for measles virus

I FTTFR

letters to nature

SLAM (CDw150) is a cellular receptor for measles virus

Hironobu Tatsuo*, Nobuyuki Ono*, Kotaro Tanaka & Yusuke Yanagi

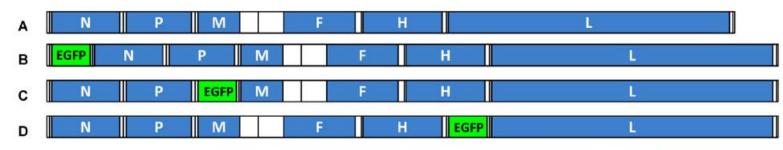
Adherens junction protein nectin-4 is the epithelial receptor for measles virus

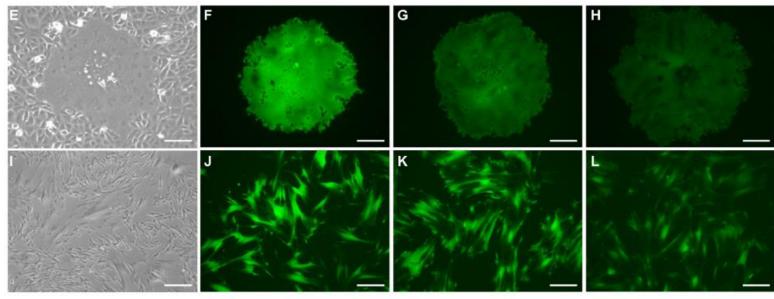
MV is a Lymphotropic, Myelotropic and Epitheliotropic virus

- 2000: Signalling Lymphocyte Activation Molecule (SLAM, CD150)
 - Expressed on subsets of thymocytes, macrophages, dendritic cells and lymphocytes
- **2011**: Nectin-4
 - Expressed on epithelial cells

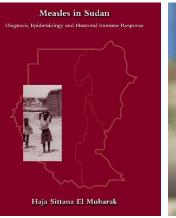
MV-GFP viruses and animal models

Recombinant measles virus: Khartoum, Sudan (KS)





Lemon et al. PLOS Pathog 2011; Davis et al., CHM 2014



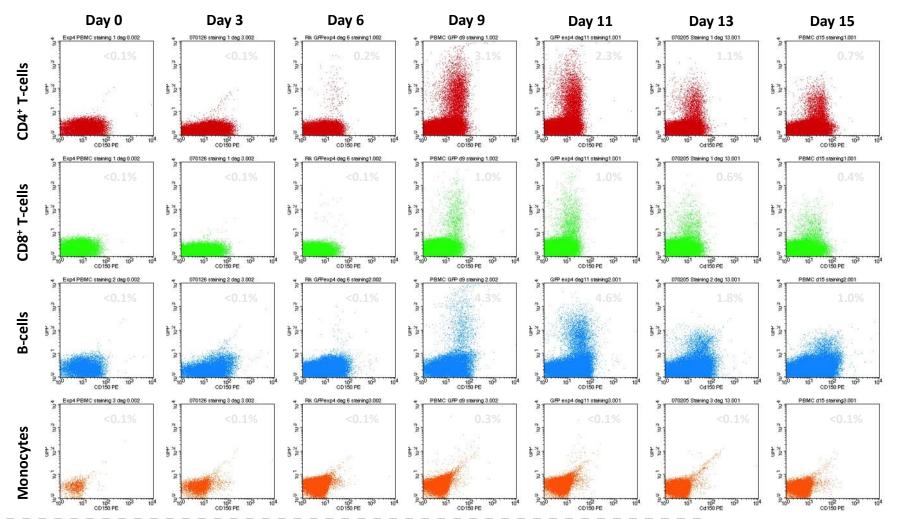


El Mubarak et al., J Gen Virol 2007



Dissemination throughout the host

Study objective (II): how is MV disseminated throughout the host?



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Dissemination via lymphoid / myeloid cells

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PLOS PATHOGENS

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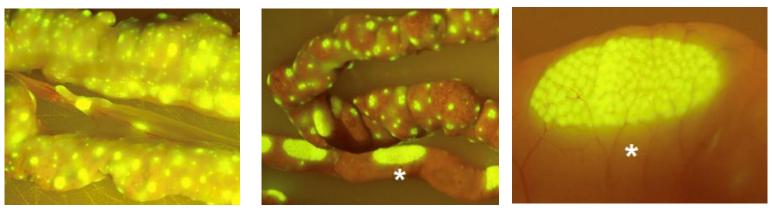
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Predominant Infection of CD150⁺ Lymphocytes and Dendritic Cells during Measles Virus Infection of Macaques

Rik L. de Swart^{1*}, Martin Ludlow^{2®}, Lot de Witte^{3®}, Yusuke Yanagi⁴, Geert van Amerongen¹, Stephen McQuaid², Selma Yüksel¹, Teunis B. H. Geijtenbeek³, W. Paul Duprex², Albert D. M. E. Osterhaus¹

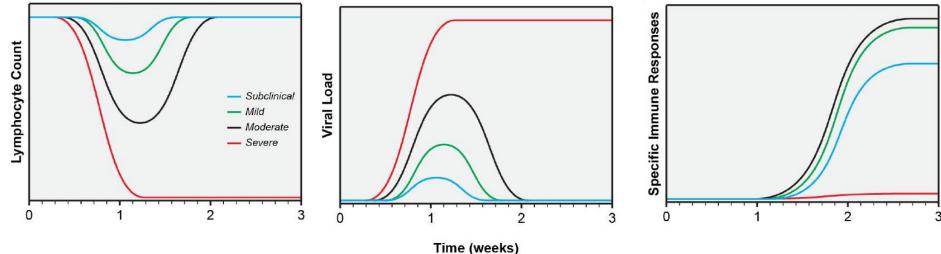
1 Department of Virology, Erasmus MC, University Medical Center, Rotterdam, The Netherlands, 2 School of Biomedical Sciences, Queen's University of Belfast, United Kingdom, 3 Department of Molecular Cell Biology and Immunology, VU University Medical Center, Amsterdam, The Netherlands, 4 Department of Virology, Kyushu University, Fukuoka, Japan

- During peak virus replication MeV mainly targets lymphoid tissues
- Massive MeV replication in submucosal tissues



Measles immune suppression

Study objective: characterize mechanism of MV immunosuppression



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zam

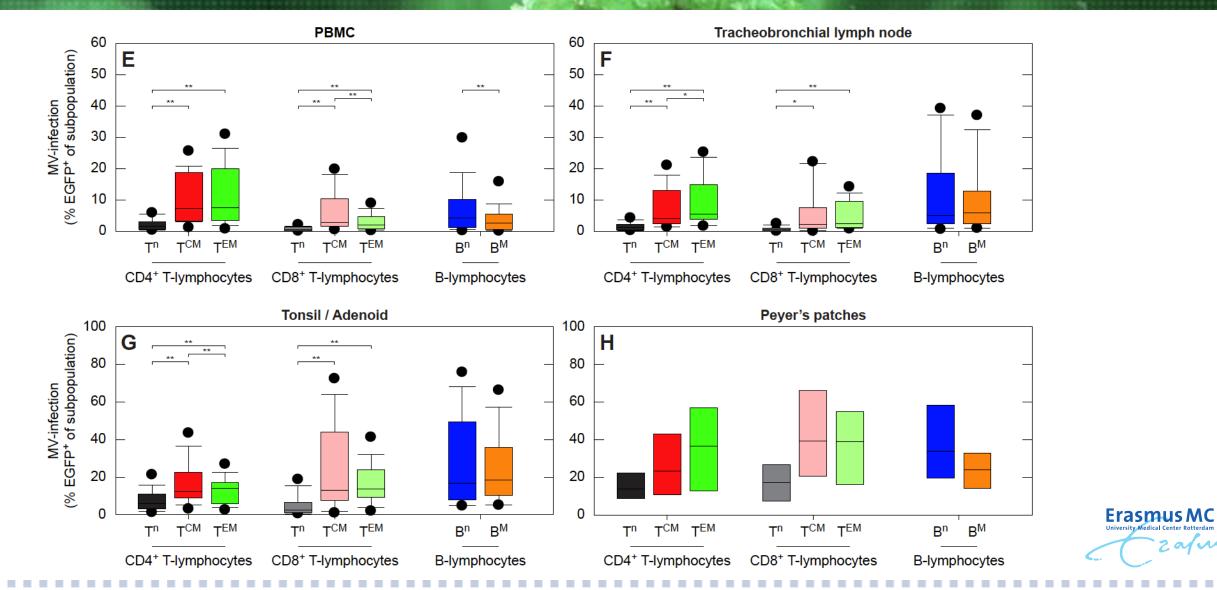
- Study design:
 - Percentage MV-infected lymphocytes in blood low (max 1-5%)?
 - Functional impairment of lymphocytes?
 - Functional impairment of antigen presenting cells?

MV targets lymphoid tissues in vivo

- MV infection of lymphocytes is mediated by CD150
- CD150 expression is mainly expressed on memory lymphocytes
- MV infection in PBMC < lymphoid tissues < subpopulations in lymphoid tissues</p>
- <u>Hypothesis</u>: infection and subsequent depletion of memory lymphocytes can explain measles immune suppression and increased susceptibility to opportunistic infections

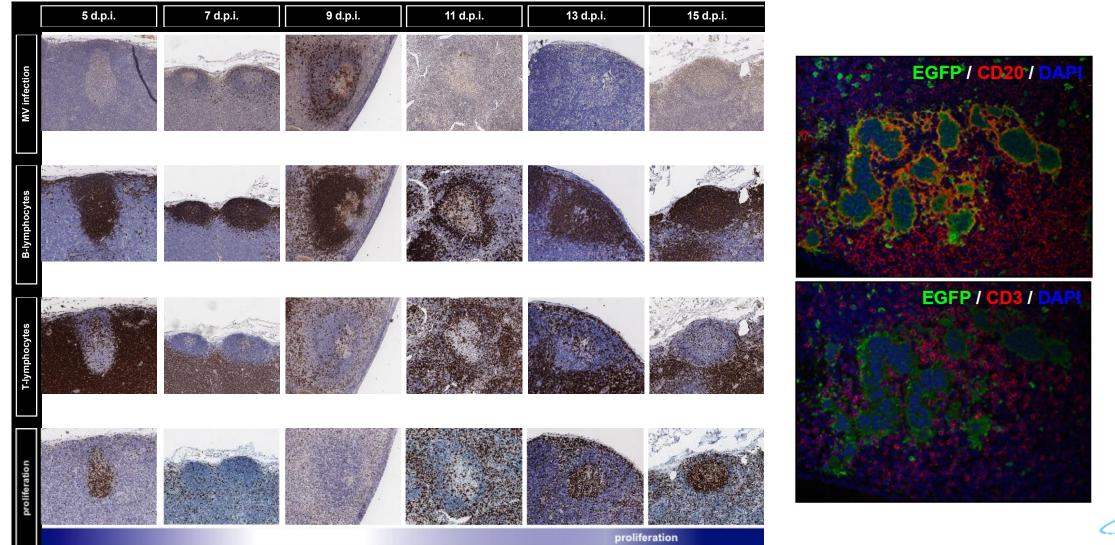


MV infection of memory T cells in vivo



zam

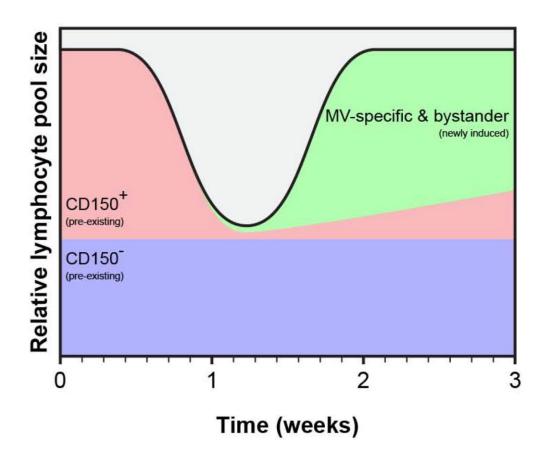
Lymphocyte depletion in lymphoid tissue



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Immune amnesia model

How to explain short-duration lymphopenia but long duration immune suppression?



- <u>Immune suppression</u>: MeV infects and depletes pre-existing CD150⁺ memory cells (shown in red), resulting in <u>immune amnesia</u>
- <u>Immune activation</u>: MeV induces a strong MV-specific immune response, resulting in expansion of new lymphocytes (shown in green) which <u>mask depletion</u> of pre-existing cells
- New immune cells are effective against measles, but cannot fight common infectious diseases



PLoS Pathog 2012, 2014; Science 2015

Duration of measles immune suppression

Higher incidence rates of GP consultations after measles

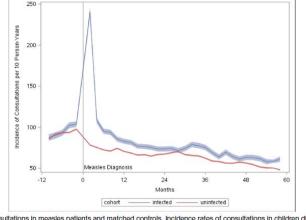


Figure 2 Consultations in measies patients and matched controls. Incidence rates of consultations in children diagnosed with measies (blue lines) or matched controls (red lines) per 10 person-years, plotted by time (in months) before or after diagnosis of measies. The vertical dotted line indicates the time point of diagnosis in the measies patients. The shaded areas represent 95% Cls.

Conclusion Following measles, children had increased rates of diagnosed infections, requiring increased prescribing of antimicrobial therapies. This population-

based matched cohort study supports the hypothesis that measles has a prolonged impact on host resistance to non-measles infectious diseases.

Gadroen K, et al. BMJ Open 2018;8:e021465. doi:10.1136/bmjopen-2017-021465

Higher incidence rates of infections after measles

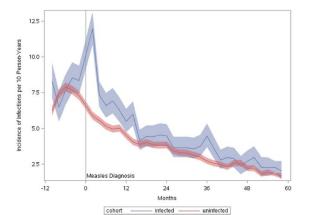


Figure 3 | Infections in measles patients and matched controls. Incidence rates of Infections in children diagnosed with measles (blue lines) or matched controls (red lines) per 10 person-years, plotted by time (in months) before or after diagnosis of measles. The vertical dotted line indicates the time point of diagnosis in the measles patients. The shaded areas represent 95% Cls.

Higher incidence rates of antibiotic prescription incidence rates after measles

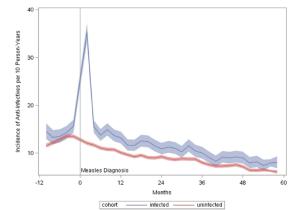
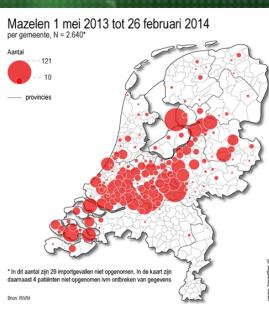


Figure 4 | Anti-Infective prescriptions in measles patients and matched controls. Incidence rates of anti-Infective prescriptions in children diagnosed with measles (buie lines) or matched controls (red lines) per 10 person-years, plotted by time (in months) before or after diagnosis of measles. The vertical dotted line indicates the time point of diagnosis in the measles patients. The shaded areas represent 95% Cls.



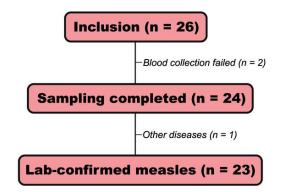
Clinical study in unvaccinated children

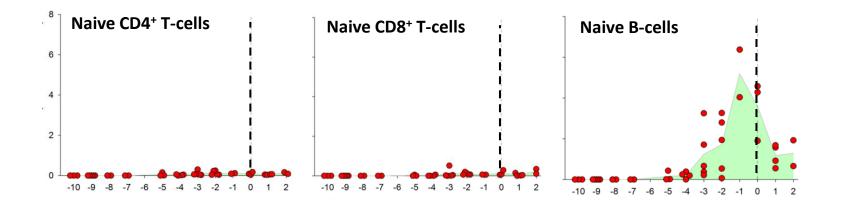
- Title: Studies into the mechanism of measles-associated immune suppression during an outbreak of measles in The Netherlands (NL45323.078.13)
- **Objective:** Validate immune suppression model in measles patients
- Study design: Observational cohort study
- **Study population:** Unvaccinated children in families, 4-17 years of age

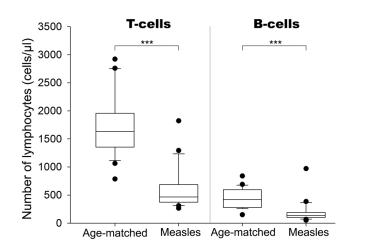


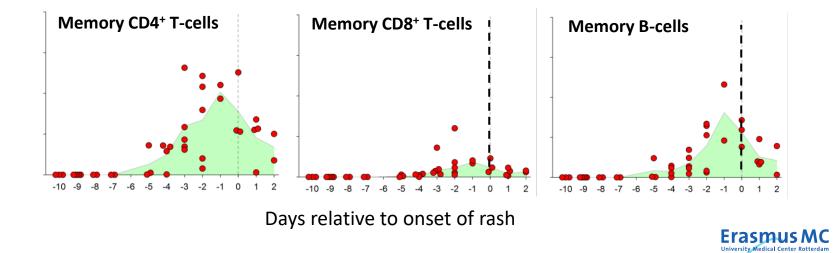


Cohort A: early acute measles

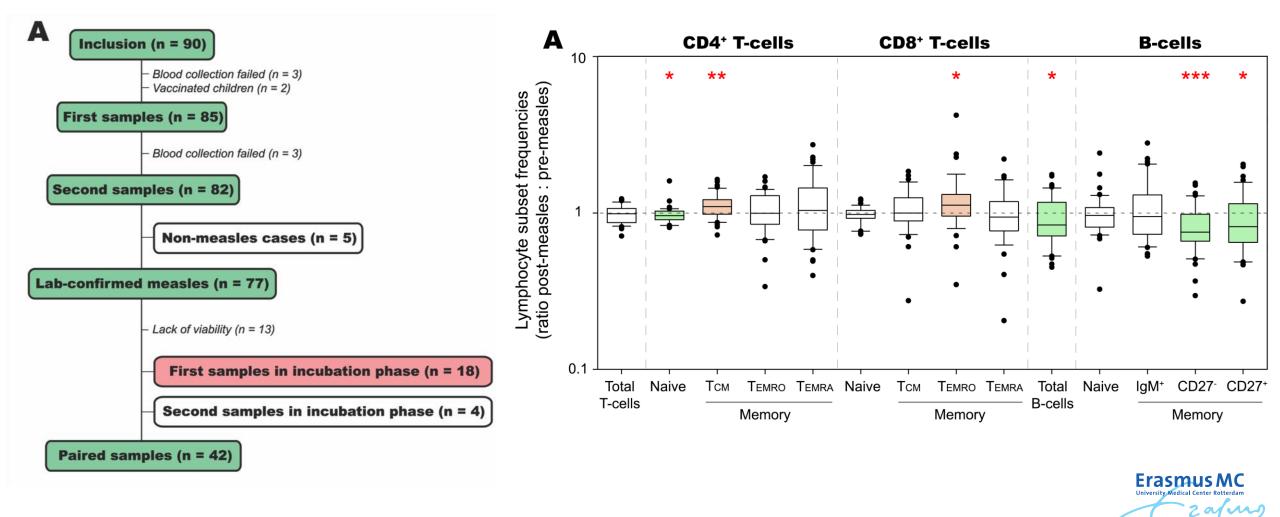




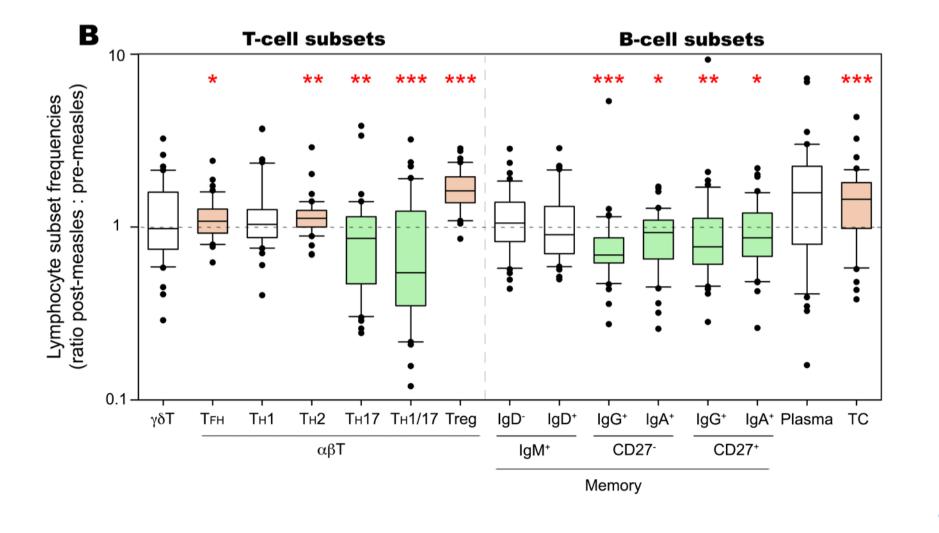




Cohort B: paired PBMC



Cohort B: paired PBMC

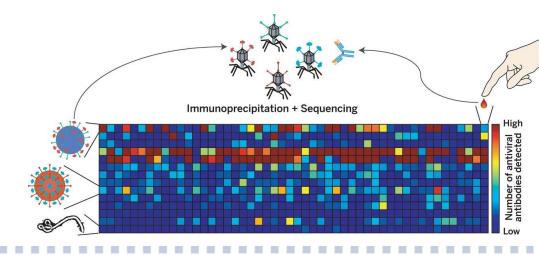


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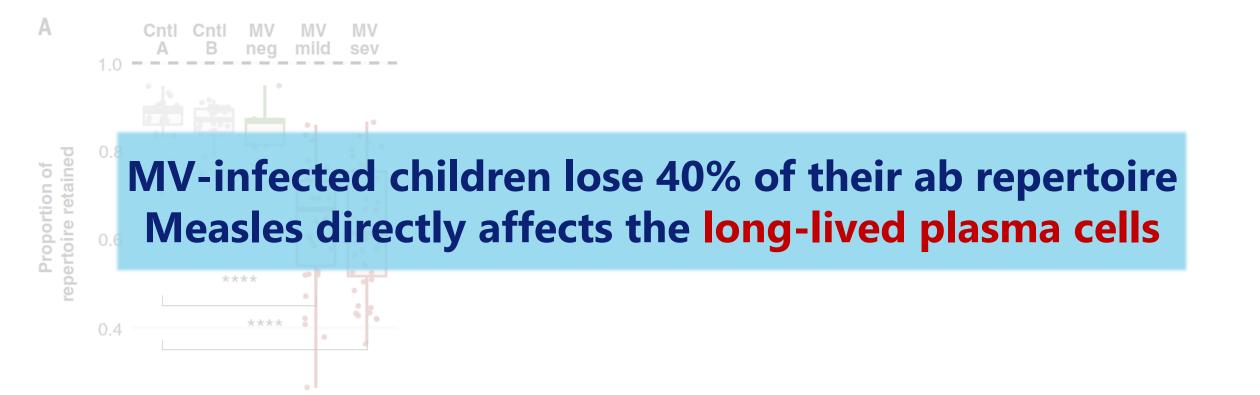
Effect on antibody repertoire

Systematic viral epitope scanning (VirScan)

- Comprehensive analysis of antibodies in human sera
- Bacteriophage display to create a uniform, synthetic representation of peptide epitopes comprising the entire human virome
- High-throughput DNA sequencing reveal peptides recognized y antibodies
- Antibodies to short contiguous epitopes (not comformational)



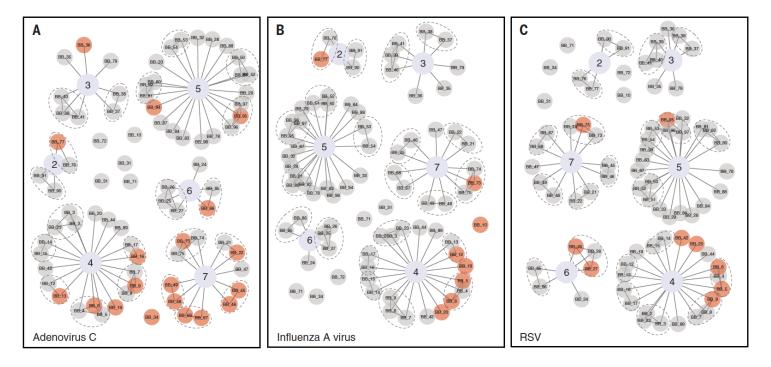
Effect on antibody repertoire



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Effect on antibody repertoire

Subset of children had increased hits for particular pathogens



- Clustering of restoration by postal code / school / household
- Reconstruction of immune memory on a per pathogen basis
- Only respiratory viruses clustered spatially



Conclusions (4)

- MV preferentially infects memory cells
- MV decimates lymphoid organs
- Lymphocyte subsets are preferentially depleted after measles
- Antibody repertoire is significantly reduced after measles



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