

## Impairment of the immune response in SARS-CoV-2 infection to the ICU patient: What's consequence in clinical practice ?

Pierre TISSIERES, MD, DSc  
Pediatric Intensive Care

AP-HP Paris Saclay University

[pierre.tissieres@aphp.fr](mailto:pierre.tissieres@aphp.fr)



AP-HP.  
Université  
Paris-Saclay



### Immunological consequences of severe COVID-19

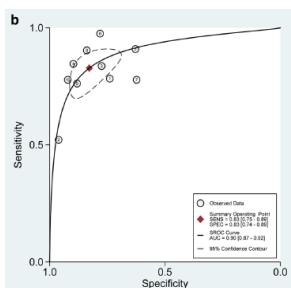
- Severe **persistent lymphopenia** + leukocytosis
- Peripheral depletion, probably no recruitment to organs (Liao M, Nature Med 2020)
- Oligoclonal plasmablast expansion (Kuri-Cervantes L, Science Immunol 2020)
- Heterogeneous T cells activation – exhaustion (Diao B, Front Immunol 2020)
- Immunophenotypes (1 to 3) based on CD4, CD8, B cells (Mathew Science 2020)

Complex and heterogenous dependant on:

- Severity
- Age
- Immunologic status (eg. Pregnancy, systemic disease, cancer, ...)
- Time
- (multiplicity of published data)

## Immunological consequences of severe COVID-19

- Severe **persistent lymphopenia** + leukocytosis
- Peripheral depletion, probably no recruitment to organs (Liao M, Nature Med 2020)
- Oligoclonal plasmablast expansion (Kuri-Cervantes L, Science Immunol 2020)
- Heterogeneous T cells activation – exhaustion (Diao B, Front Immunol 2020)
- Immunophenotypes (1 to 3) based on CD4, CD8, B cells (Mathew Science 2020)



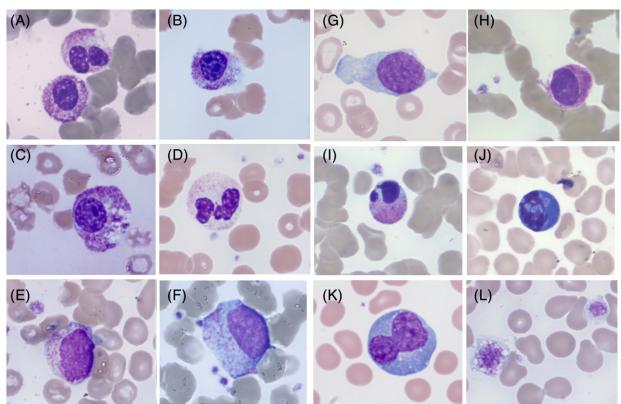
**Neutrophils to lymphocytes ratio**

AUC for mortality: 0,90 (95%CI 0,87-0,92)

NLR>6,5 (Se 0,83; Sp 0,87), odd ratio 32 (95% CI 17-61), post-test prob 83%

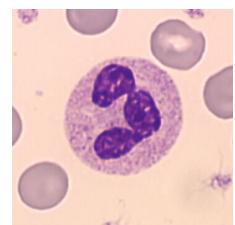
(Li X Critical Care 24; 2020)

## Marked alteration in neutrophil morphology



- Hyper granularity
- **Increased N band form**
- Total absence of nuclear segmentation (eg. Pseudo-Pelger anomaly)
- Apoptotic neutrophils
- Immature granulocytes

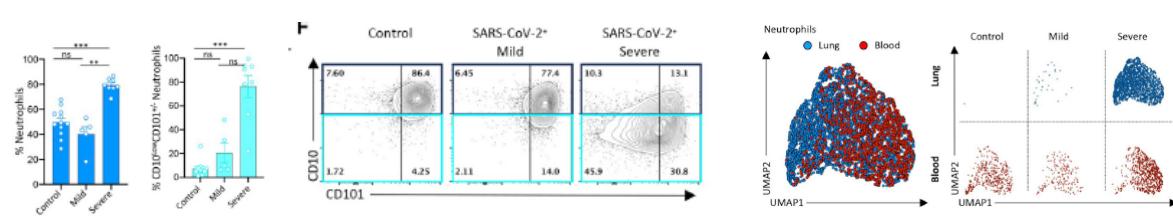
Zini G. Am J Hematol 2020



## Neutrophils in severe COVID-19

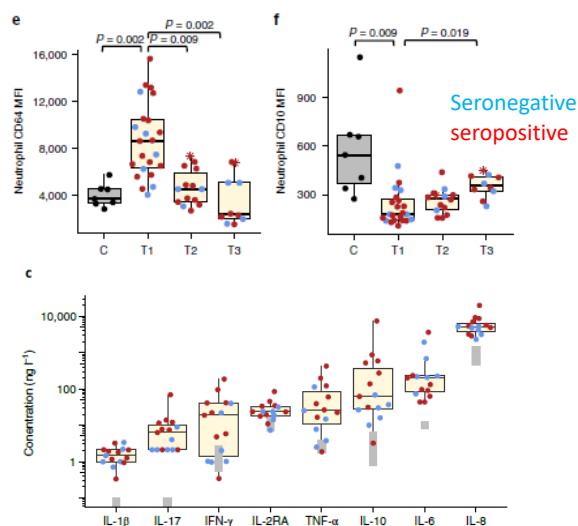
Spectral cytometer/25 markers

- 1) Exaggerated immature neutrophilia ( $CD10^{Low} CD101^- CXCR4^{+/-}$ )
- 2) Emergent myelopoiesis



Silvin A. Cell 2020

## Neutrophils in severe COVID-19 and pediatric PIMS



### Initial and resolution phase

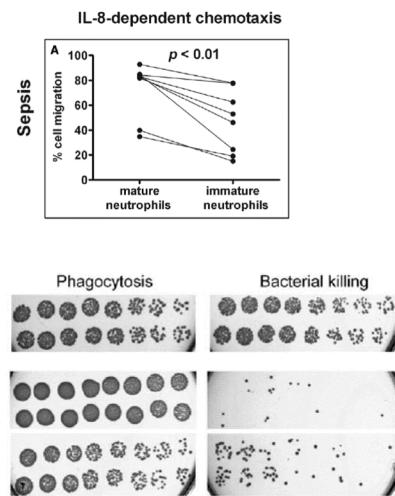
- Initially activated neutrophil
- But immature neutrophils ( $CD10^{Low}$ )
- Cytokines profile different between sero-positive and – negative ?

Carter M. Nature Med 2020

## Consequences of exaggerated immature neutrophilia

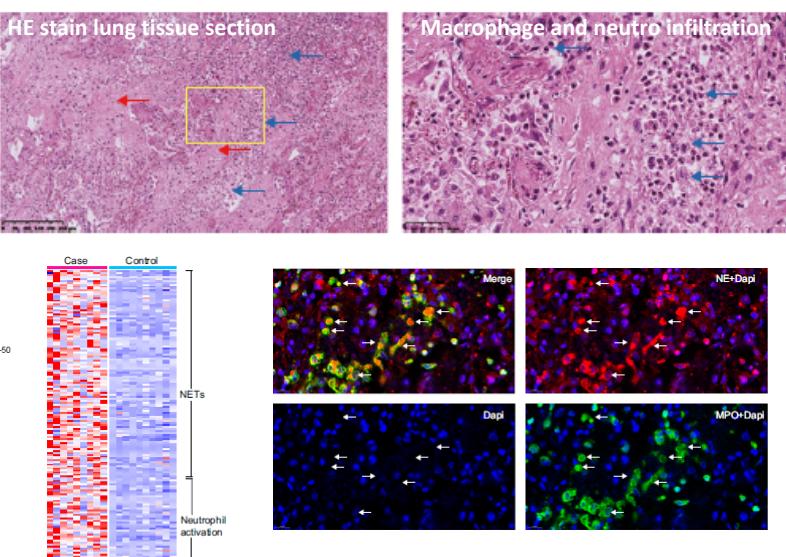
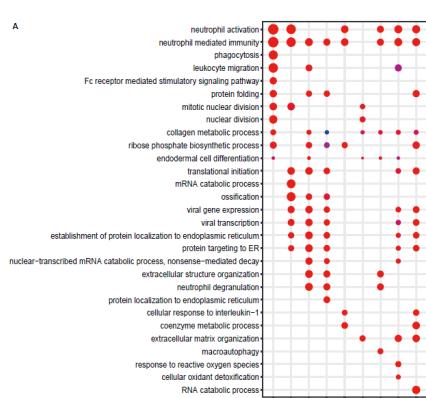
### 3) Altered neutrophils function:

- ↓ Chemotaxis
- ↓ Phagocytosis
- ↓ Bactericidia
- But increased proinflammatory balance



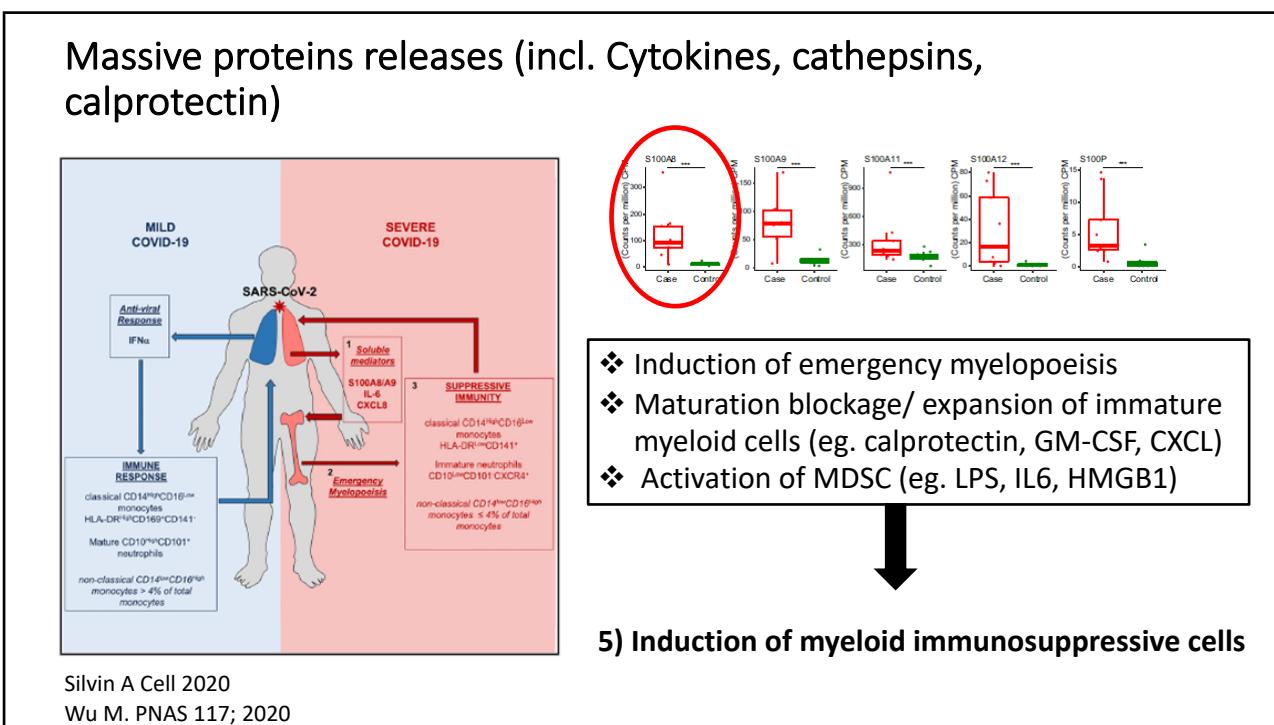
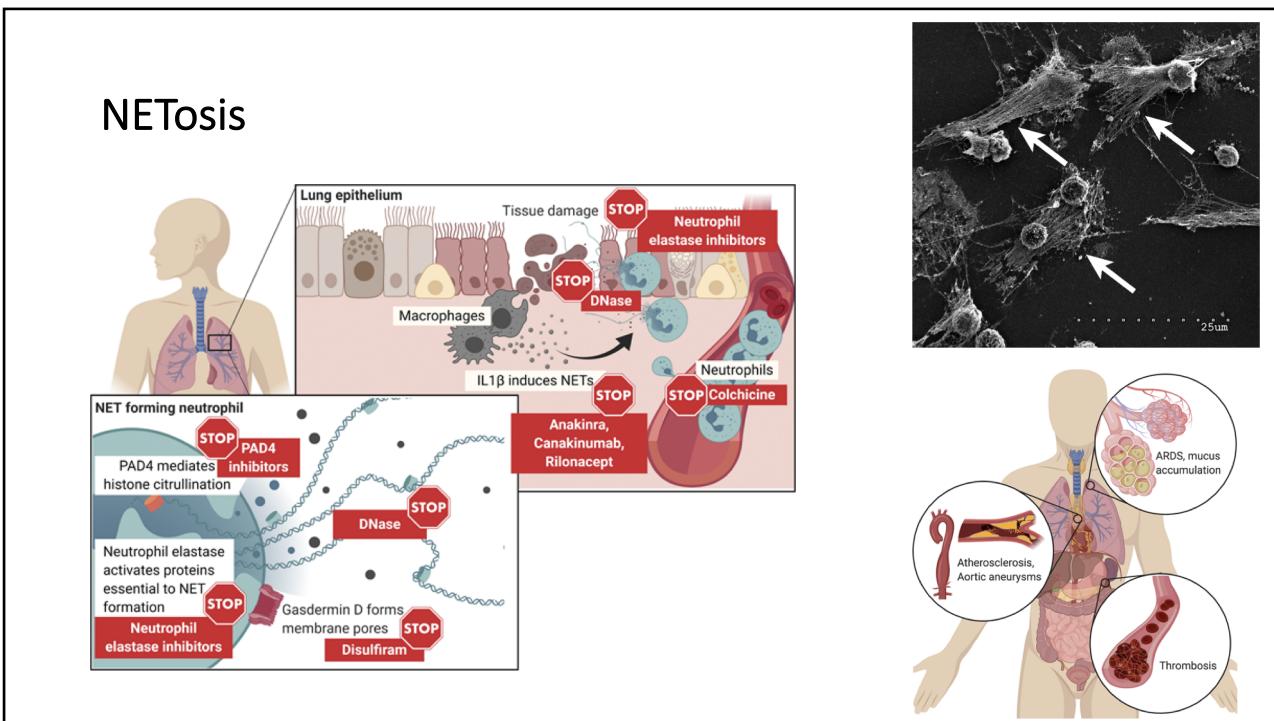
Drifte G Crit Care Med 2013

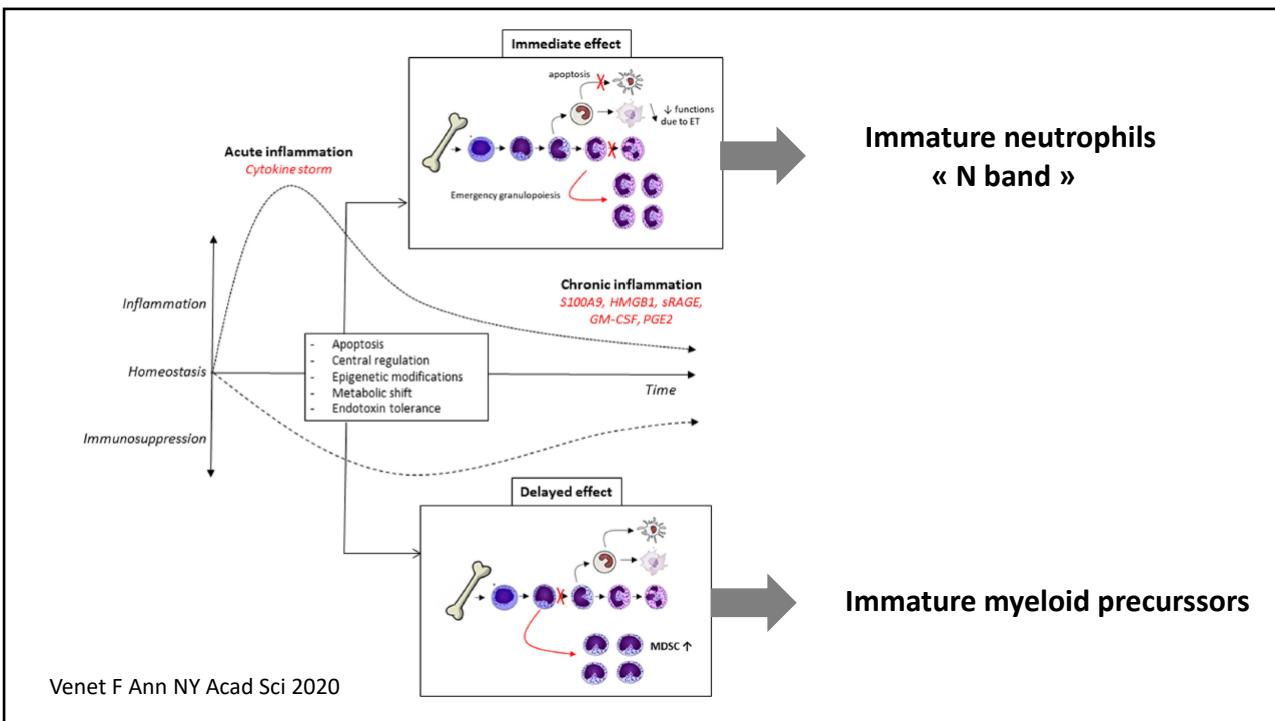
### Where are mature neutrophils ????



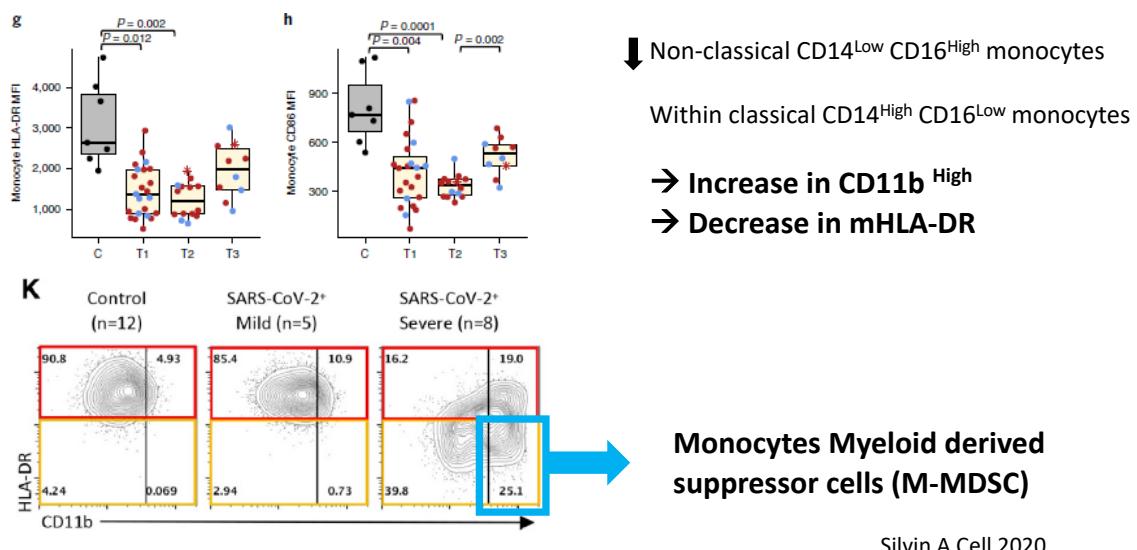
### 4) Neutrophils sewing in the lung / Lung NETosis

- 1- Upregulated NETosis genes
  - myeloperoxidase, lactiferin, histones
- 2- co-local myeloperoxidase and neutrophil elastase

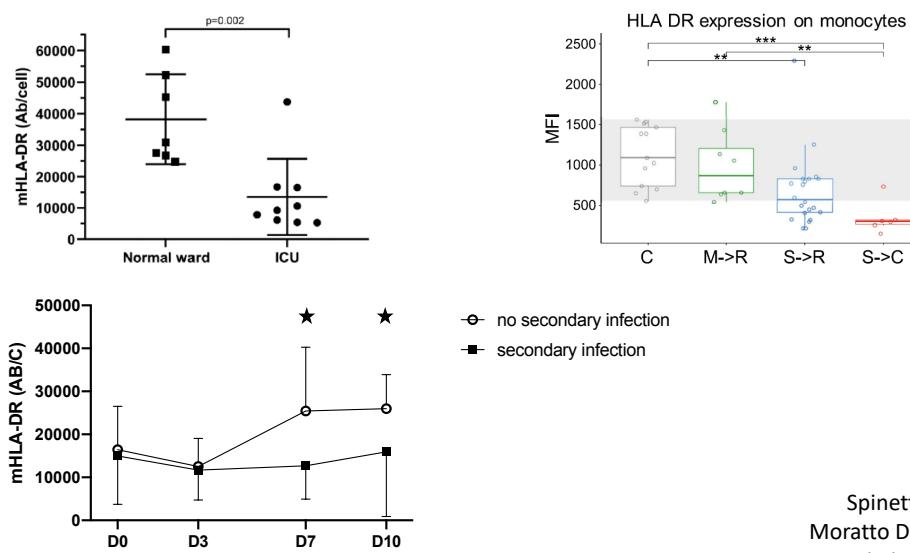




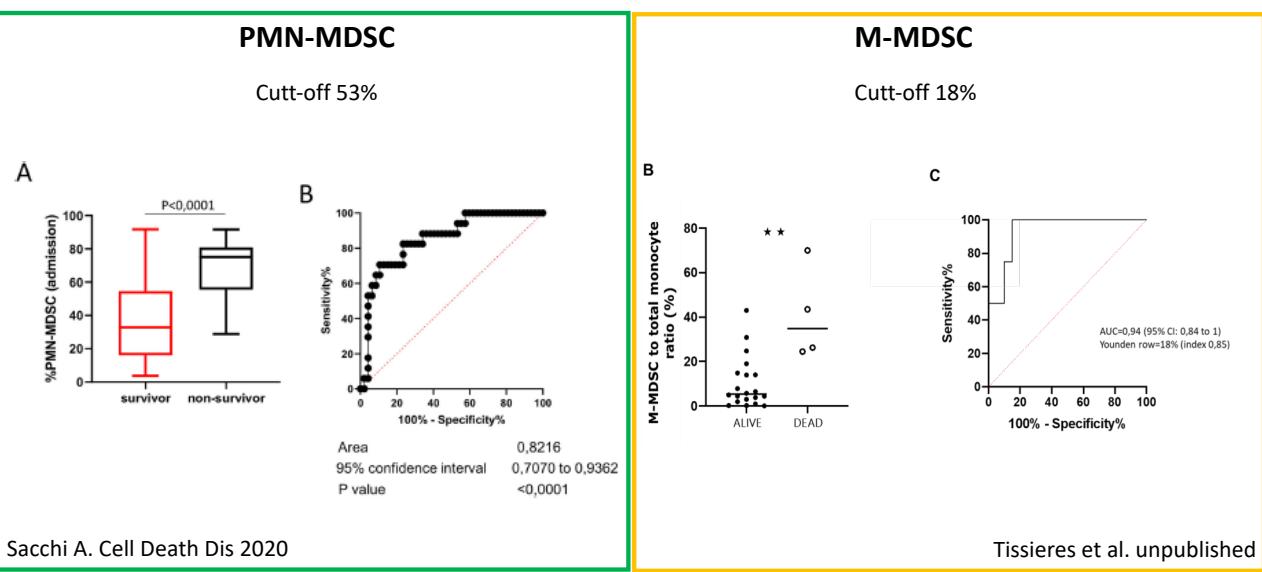
## Induction of immature myeloid precursors and deactivated monocytes



## 6) mHLA-DR is transiently decreased in severe COVID-19



## MDSC at admission has a prognostic value

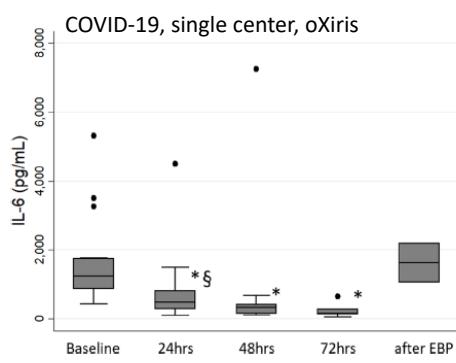


## How to modulate severe COVID 19 immune response ?

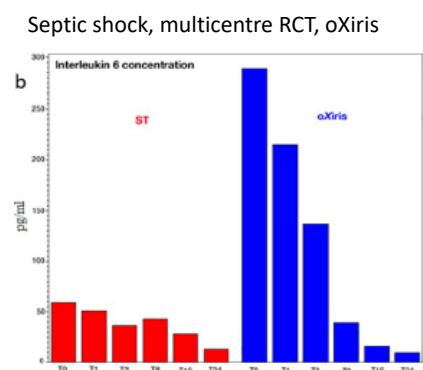
- Cytokines storm and massive release of circulating compounds are triggering altered myeloid phenotype (mHLA-DR depression, MDSC)
- Functional effect ?
  - anti-IL6, IL-1 receptor antagonist, colchicine, ..?
  - **Extracorporeal blood purification/cytokines removal**

## Rationale behind ECBP in COVID-19

### 1) Reducing pro-inflammation (cytokines)

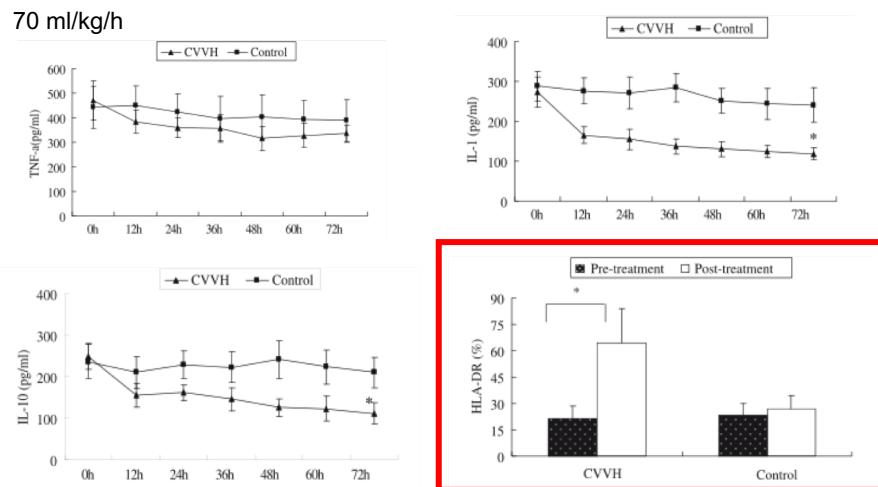


Villa G. Crit Care 2020



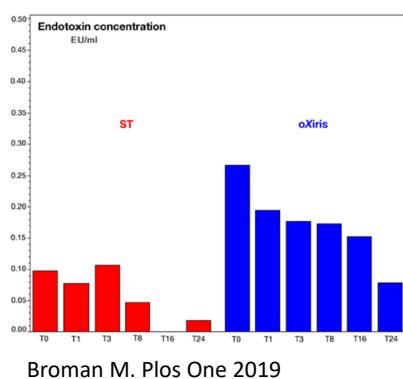
Broman M. Plos One 2019

## 2) immuno-modulation (mHLA-DR)



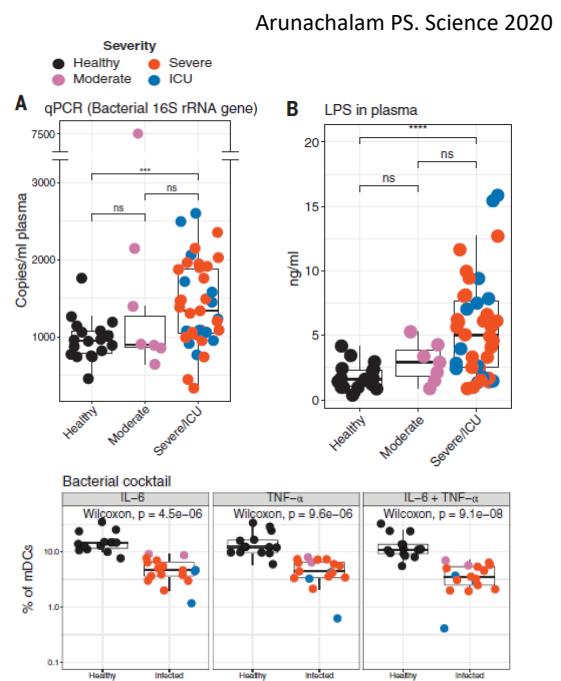
Peng Z et al, Cytokines 2010

## 3) Capturing circulating endotoxins



Broman M. Plos One 2019

## 8) Increased circulating LPS and bacterial DNA in severe COVID-19 + altered response



## Consequences of severe COVID-19 on myeloid cells

- 1) Exaggerated immature neutrophilia
- 2) Emergent myelopoiesis
- 3) Altered neutrophils function
- 4) Neutrophils sewing in the lung / Lung NETosis
- 5) Induction of myeloid immunosuppressive cells
- 6) mHLA-DR is transiently decreased in severe COVID-19, correlates with severity and **secondary infection**
- 7) MDSC at admission has a **prognostic value**
- 8) Increased circulating LPS on severe COVID-9 and altered response