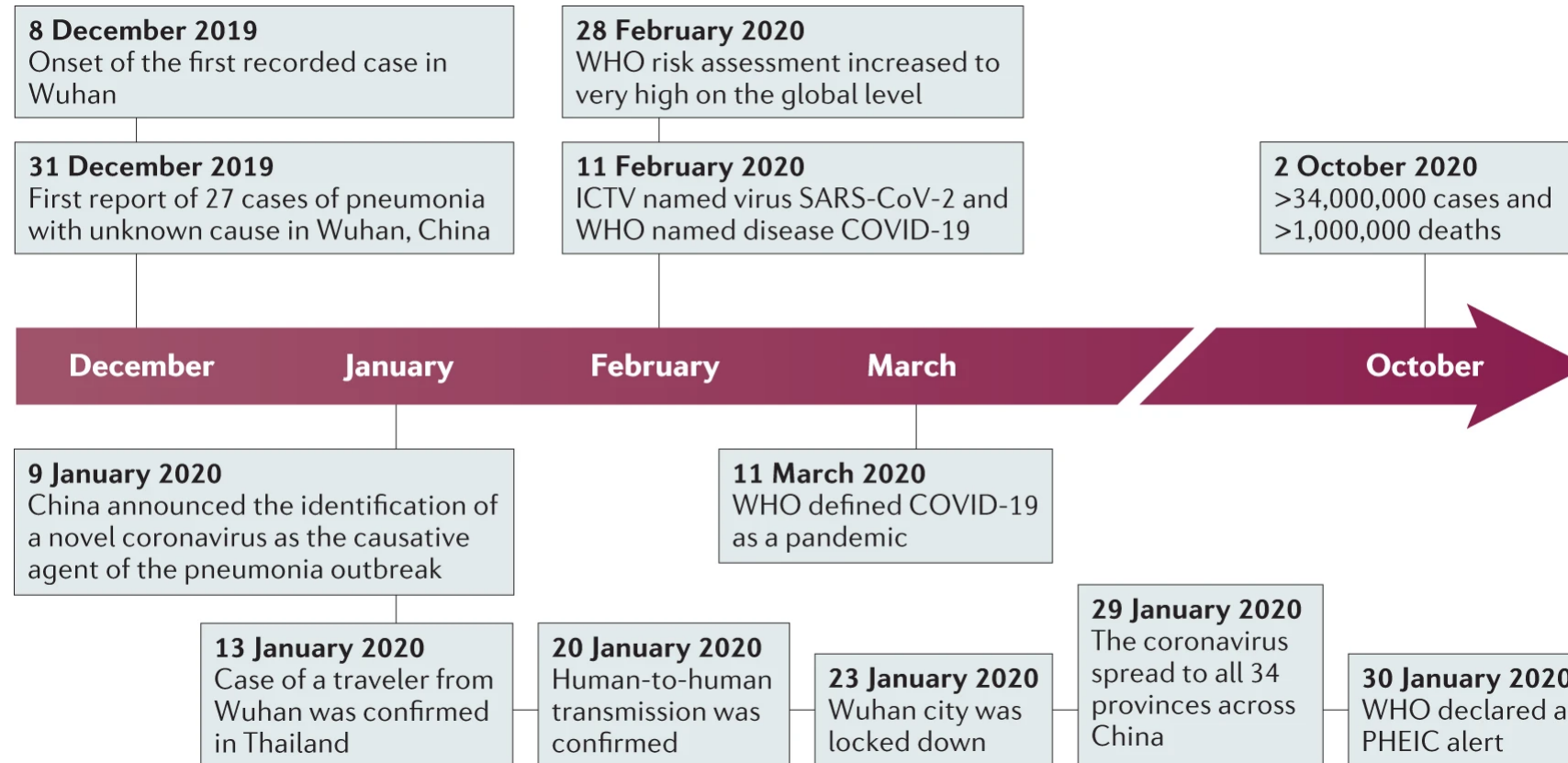


Anti-IFN au cours de l'infection par SARS-CoV2

GEAI

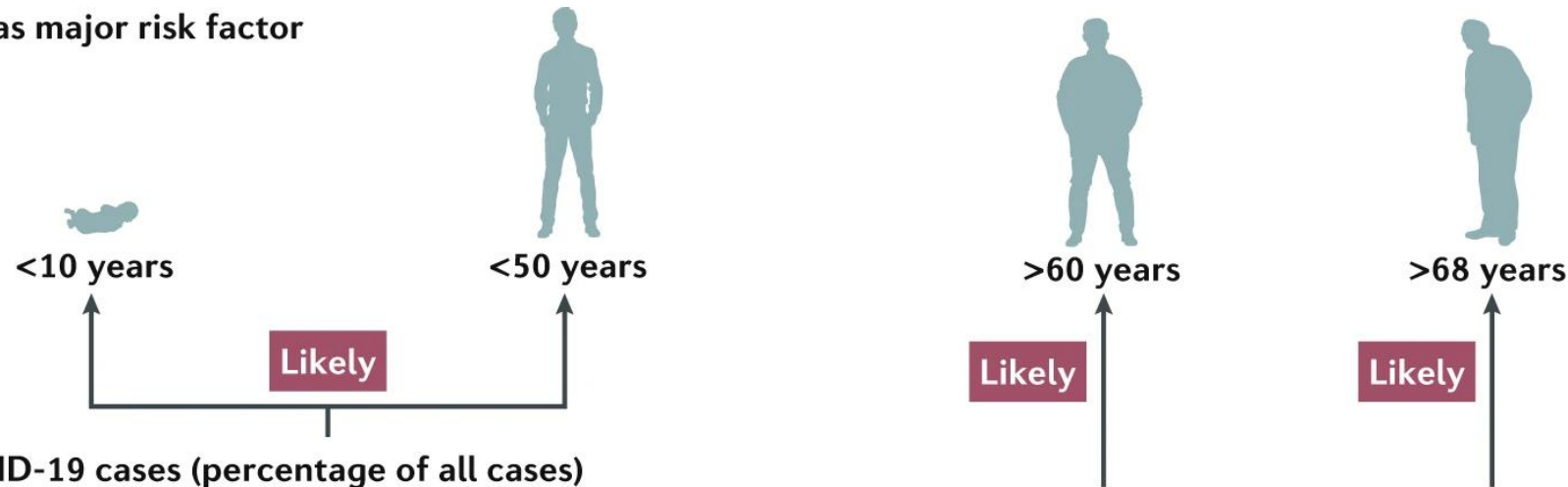
14.12.2020

Timeline of the key events of the COVID-19 outbreak



Clinical features of COVID-19

Age as major risk factor



COVID-19 cases (percentage of all cases)

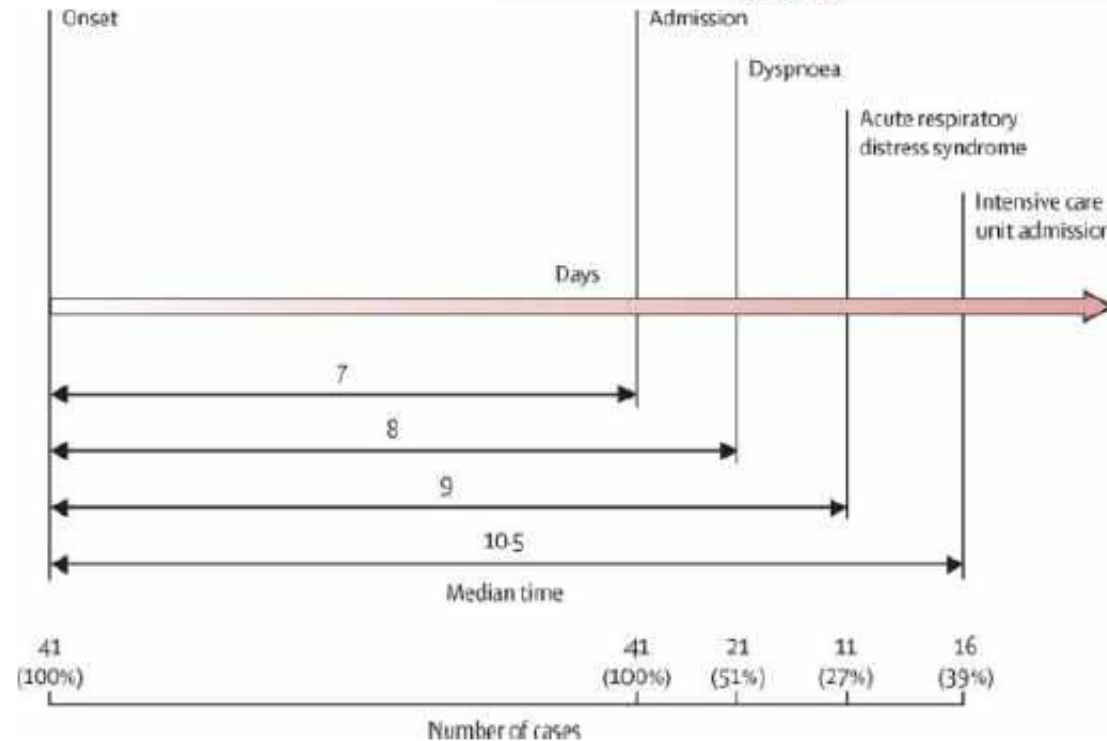
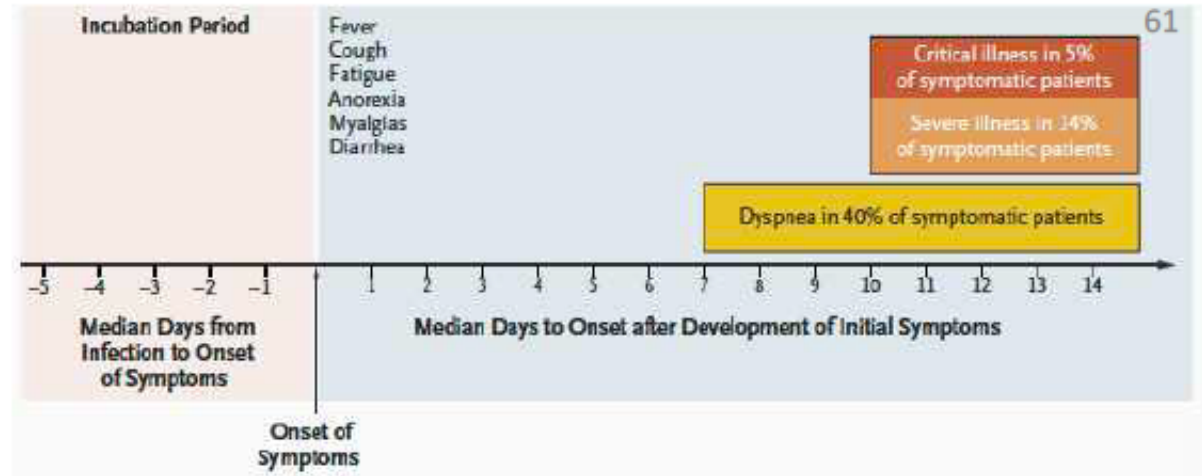
Asymptomatic...	and mild disease (81%)	Severe (14%)	Critical and deceased (5%)
Incubation period	<ul style="list-style-type: none"> Fever, fatigue and dry cough Ground-glass opacities Pneumonia 	<ul style="list-style-type: none"> Dyspnea Coexisting illness ICU needed 	<ul style="list-style-type: none"> ARDS Acute cardiac injury Multi-organ failure
~5 days (1-14)	~8 days (7-14)		~16 days (12-20)

Disease onset (indicated by a red arrow pointing to the ~5 days period)

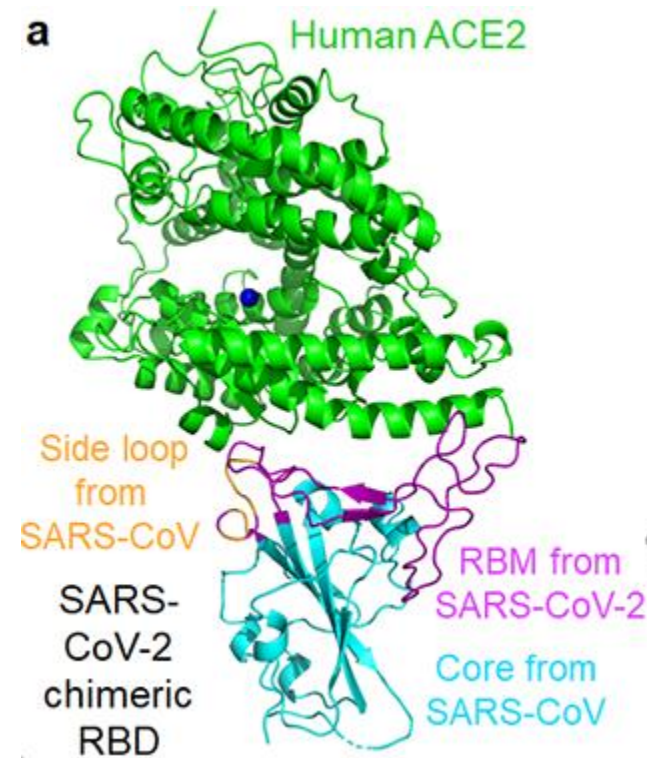
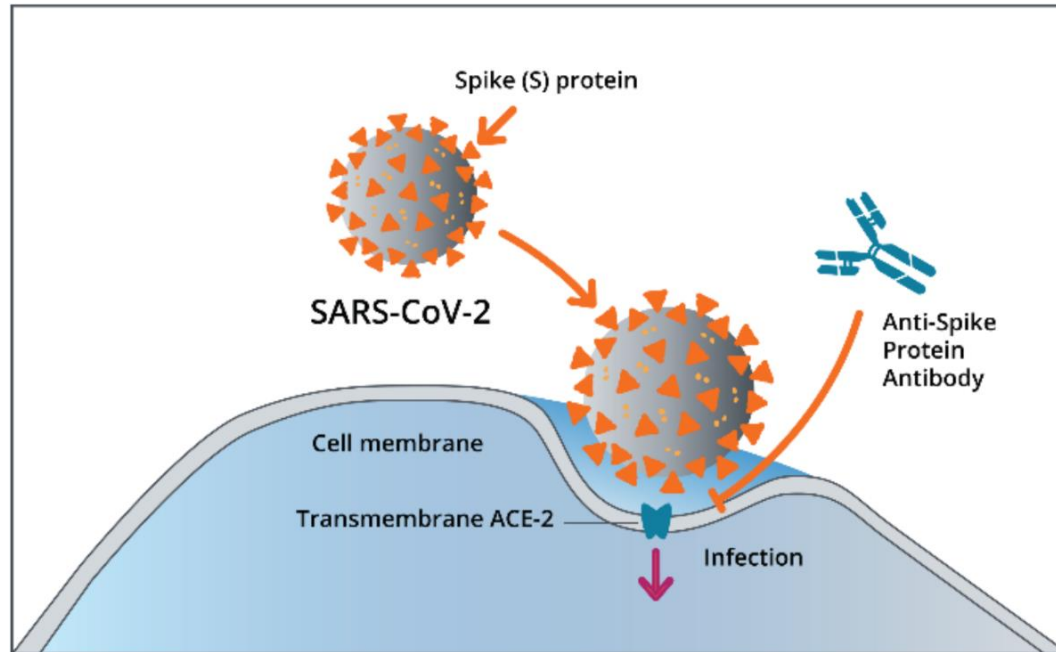
Clinical features

Median time (41 patients admitted to hospital)

- From onset of symptoms to first hospital admission
 - **7 days** [4,0–8,0]
- From illness onset to dyspnea
 - **8 days** [5,0–13,0]
- To ARDS
 - **9 days** [8,0–14,0]
- To ICU admission
 - **10,5 days**
- To mechanical ventilation
 - **10,5 days** [7,0–14,0]

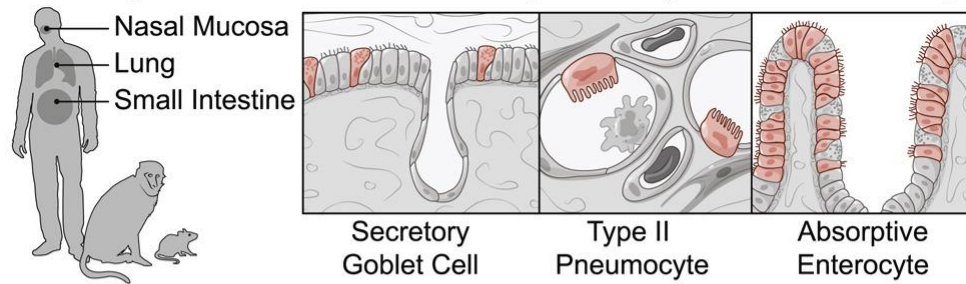


Structural basis of receptor recognition by SARS-CoV-2



ACE2 is a human interferon-stimulated gene (ISG)

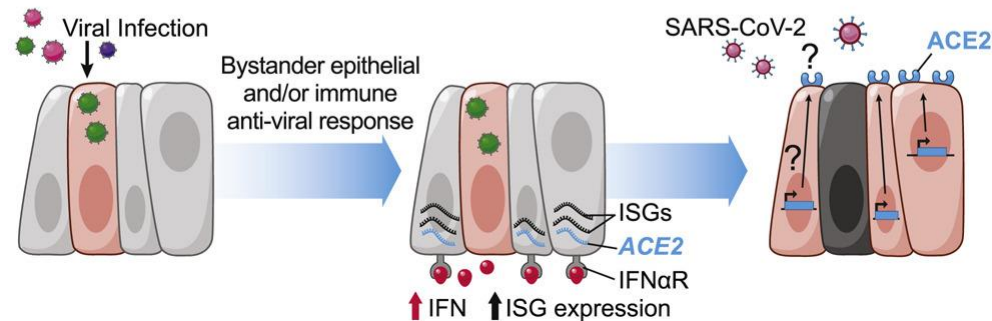
Identify Putative SARS-CoV-2 Target Cells (ACE2+/TMPRSS2+)



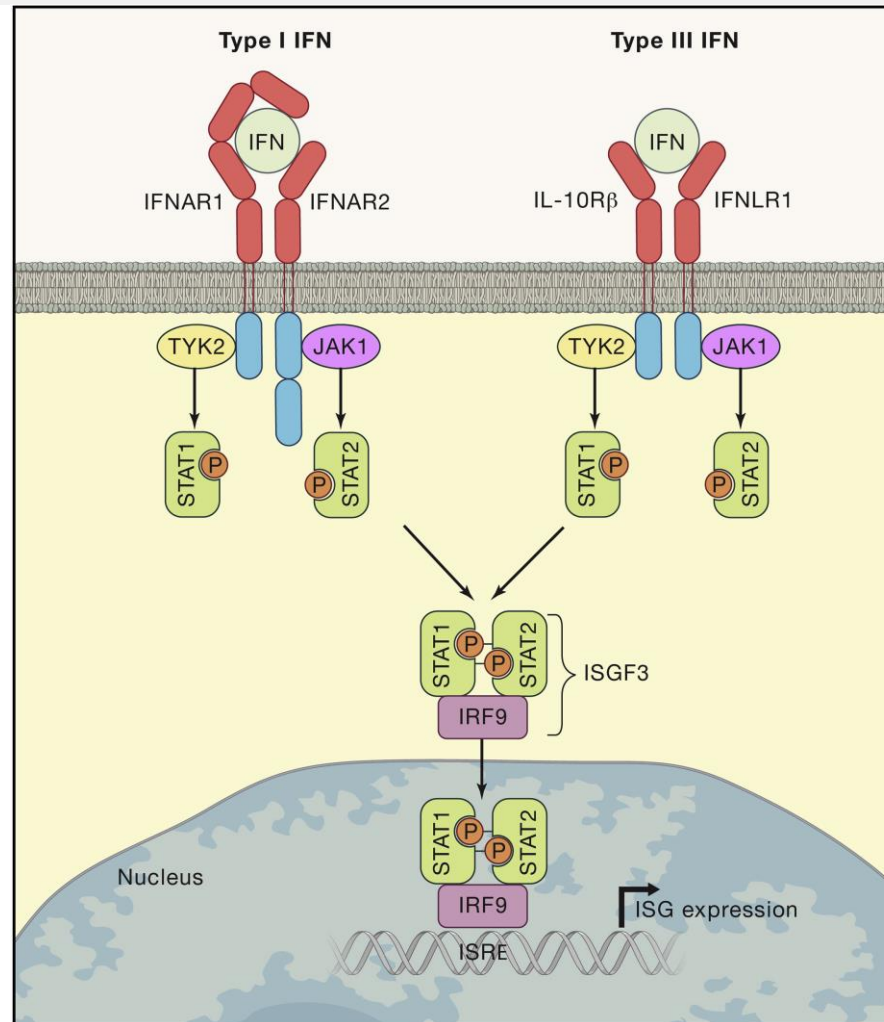
Discovery and Validation of ACE2 as an Interferon-Stimulated Gene

ACE2 induction	mouse	human cell line	primary human cells
IFN γ	-		
IFN α	-	-	
Virus	-	-	



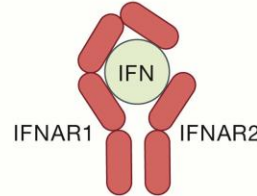
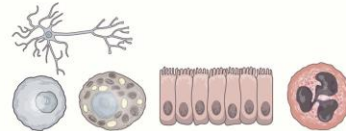
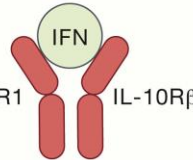

Is interferon net beneficial or detrimental in SARS-CoV-2?



Canonical Type I and Type III IFN Signaling

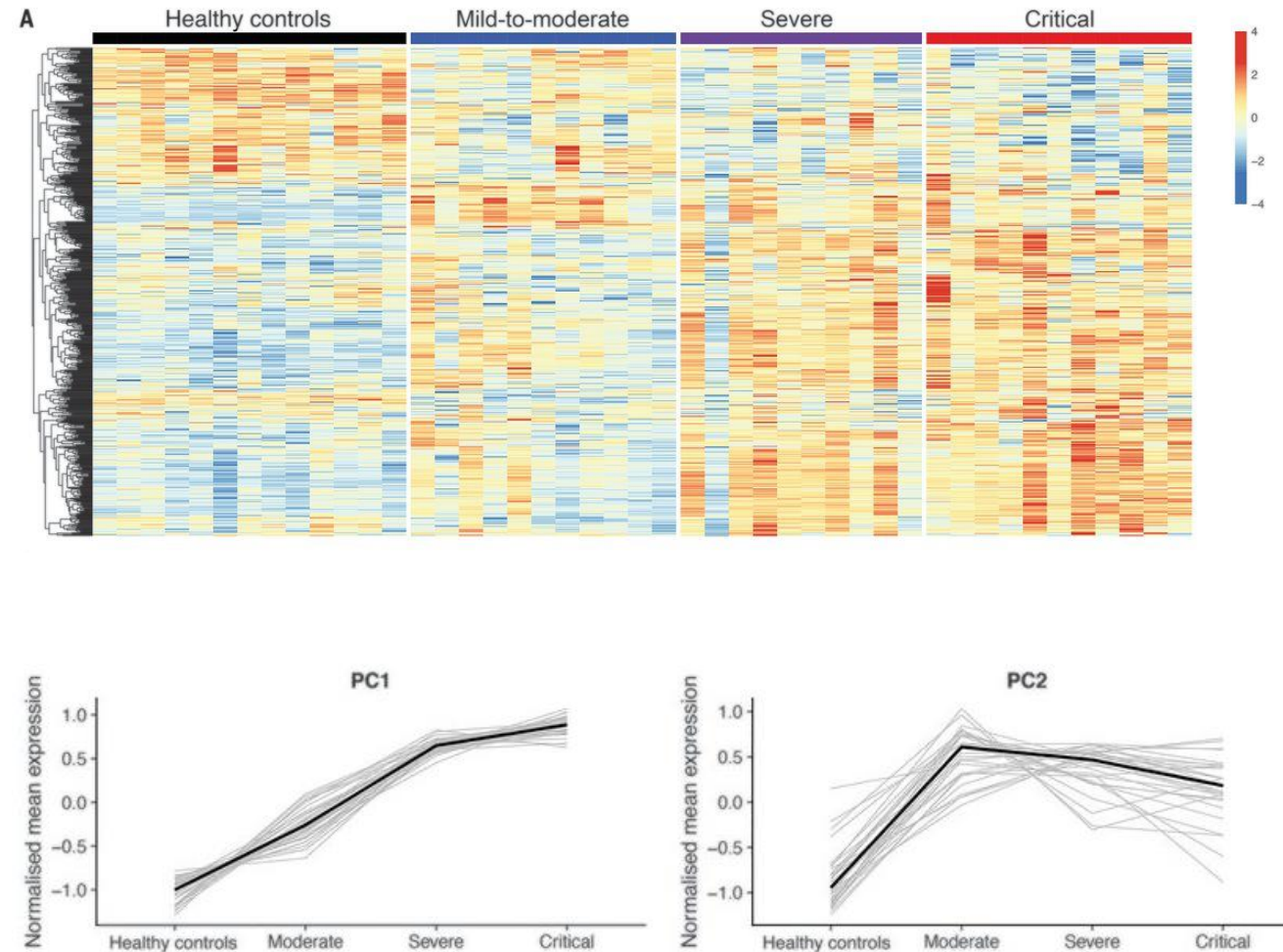


Comparison of Type I and Type III IFNs

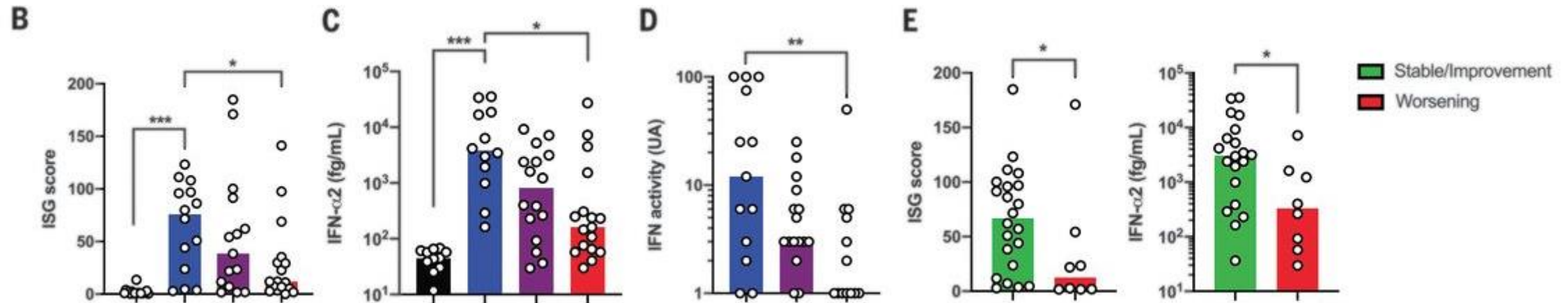
	Type I IFN	Type III IFN
Gene	 Single exon	 Multiple exons
Members	Human $\alpha 1, \alpha 2, \alpha 4, \alpha 5, \alpha 6, \alpha 7, \alpha 8, \alpha 10, \alpha 13, \alpha 14, \alpha 16, \alpha 17, \alpha 21, \beta, \epsilon, \kappa, \omega$ Mouse $\alpha 1, \alpha 2, \alpha 4, \alpha 5, \alpha 6, \alpha 7, \alpha 9, \alpha 11, \alpha 12, \alpha 13, \alpha 14, \alpha 15, \alpha 16, \alpha B\beta, \epsilon, \kappa, \zeta$	Human $\lambda 1, \lambda 2, \lambda 3, \lambda 4$ Mouse $\lambda 2, \lambda 3$
Receptor binding	 <p>IFNAR1 IFNAR2</p> <ul style="list-style-type: none"> • High-affinity binding to IFNAR2, then recruits low-affinity IFNAR1 to form signaling competent ternary complex • Receptor subunits bind on opposite sides of cytokine, no stem/stem contacts • Receptor is ubiquitously expressed 	 <p>IFNLR1 IL-10Rβ</p> <ul style="list-style-type: none"> • High-affinity binding to IFNLR1, then recruits low-affinity IL-10Rβ to form signaling competent ternary complex • Less cytokine surface exposed, more stem-stem contacts in receptor • Receptor preferentially expressed on epithelial cells (and some immune cells, e.g., neutrophils) 
Response	<ul style="list-style-type: none"> • High potency • Rapid kinetics • Systemic • Inflammatory 	<ul style="list-style-type: none"> • Lower potency • Slower kinetics • Anatomic barriers • Less inflammatory

Altération de l'activité IFN de type I et réponses inflammatoires exagérées chez les patients sévères

- Identification de gènes exprimés différemment dans le sang périphérique en fonction des degrés de gravité de la Covid-19.
- Analyse en composante principale non supervisée selon le degré de sévérité:
 - PC1, enrichie en gènes codant pour les réponses immunes innées et inflammatoires (TLR, TNF, ...)
 - PC2, enrichie en gènes codant pour les réponses interférons (IFN) de type I and type II



Défaut d'activité IFN de type I chez les patients sévères et critiques

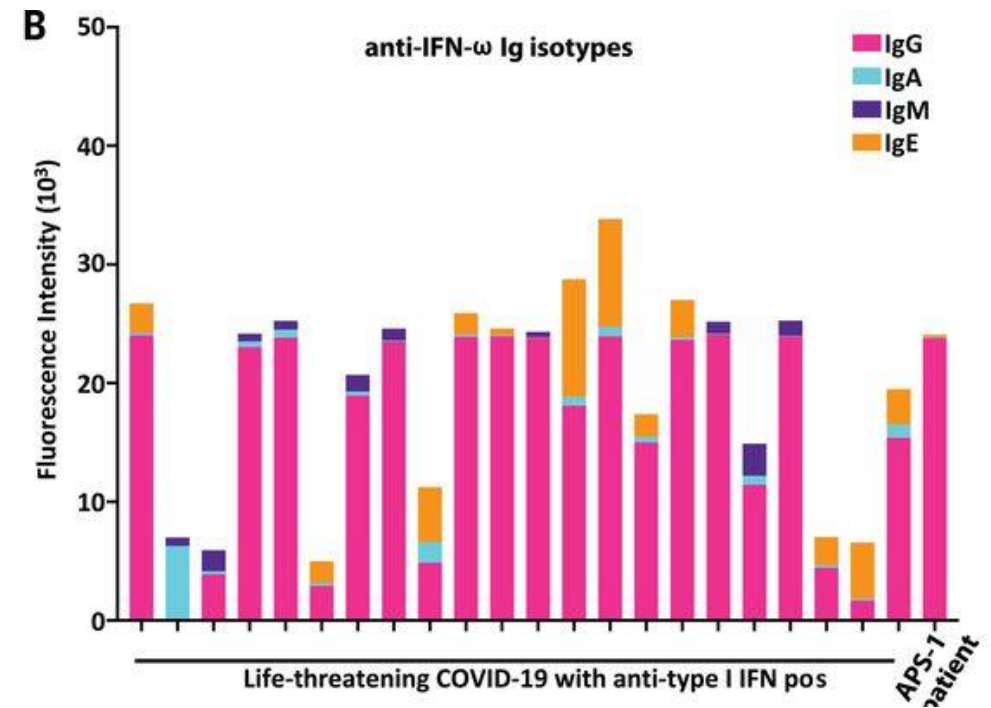
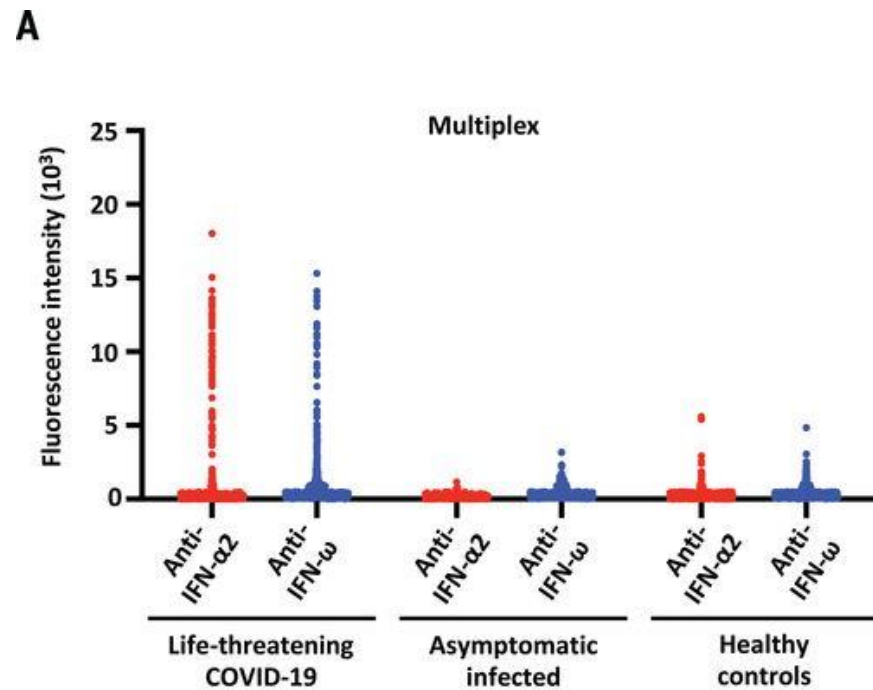


Diminution de l'ISG score, des taux d'IFN- α 2 dans le plasma et de l'activité IFN chez les patients les plus sévères, comparativement aux formes modérés

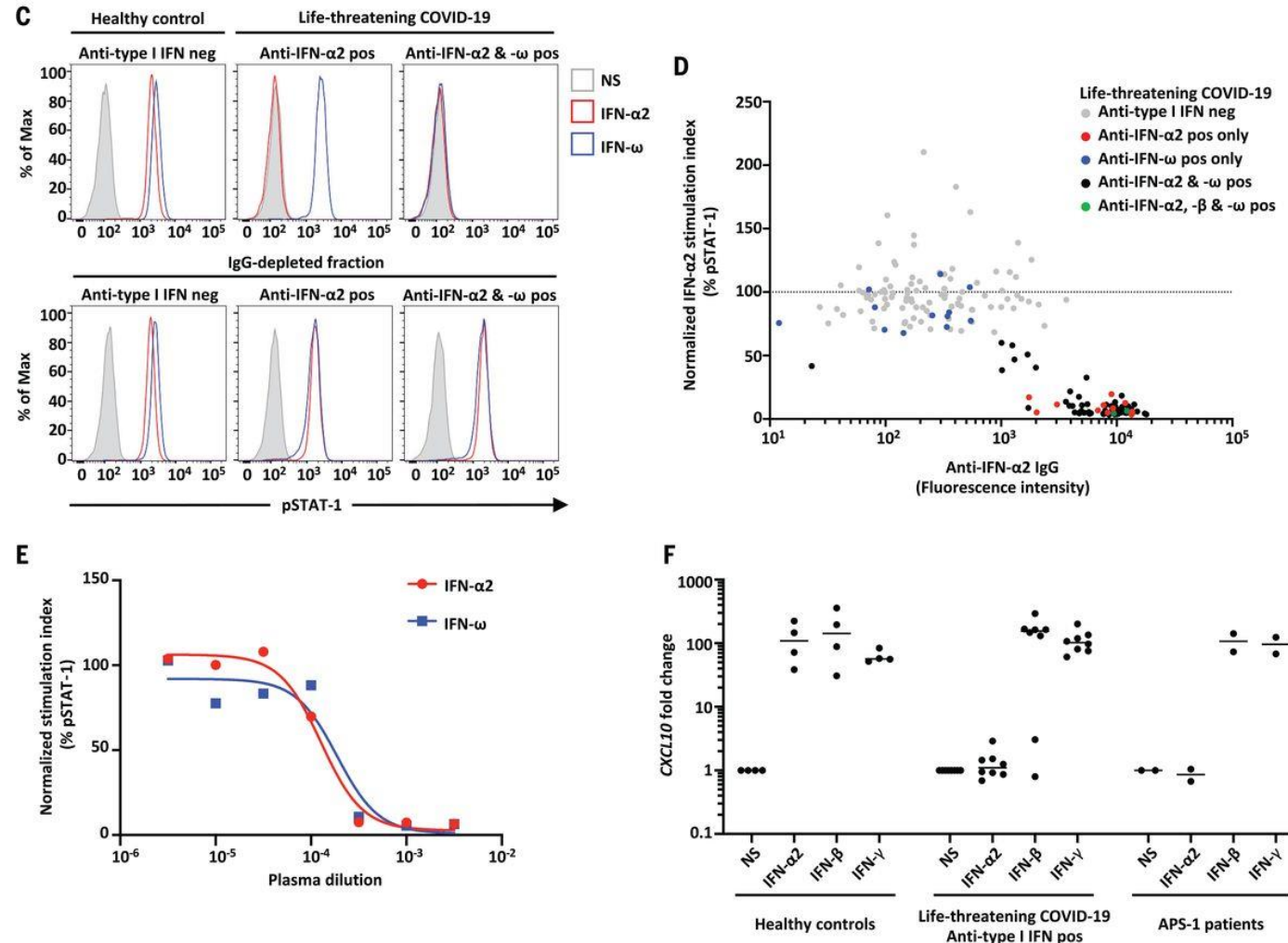
Absence de détection d'IFN- β

Défaut d'activité IFN de type 1 précédant la détérioration clinique

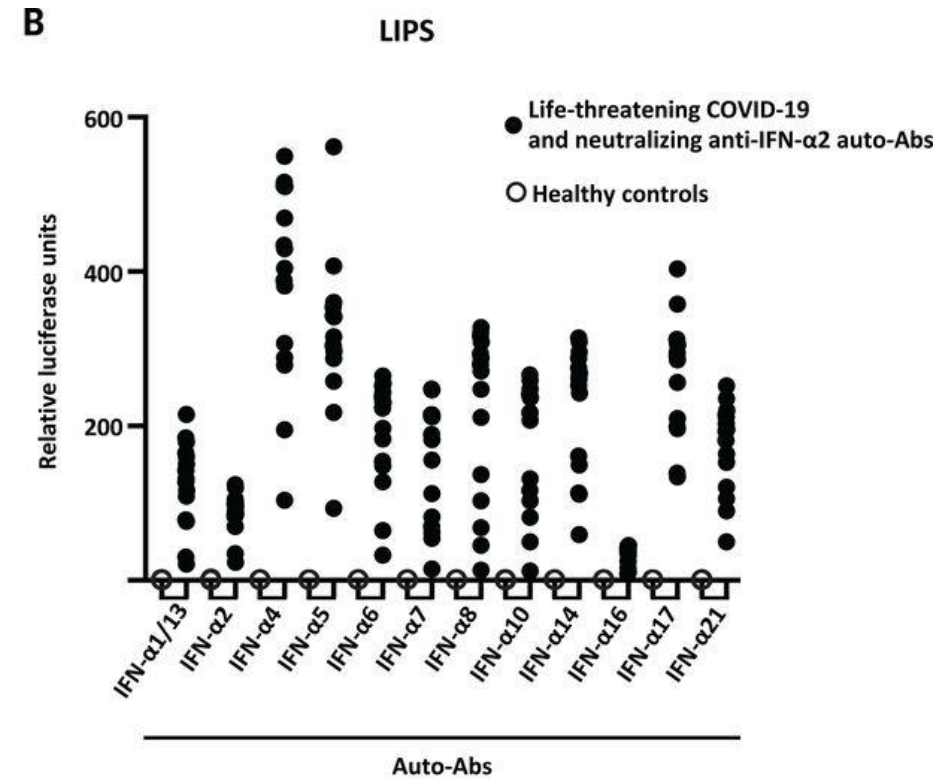
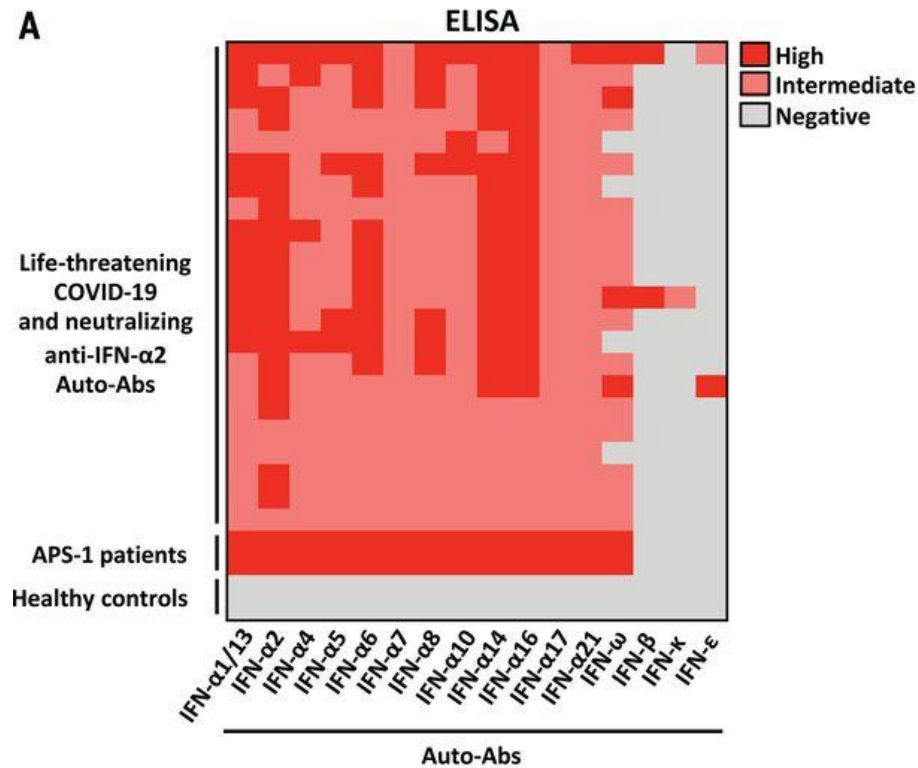
Auto-Abs against IFN- α 2 and/or IFN- ω in patients with life-threatening COVID-19



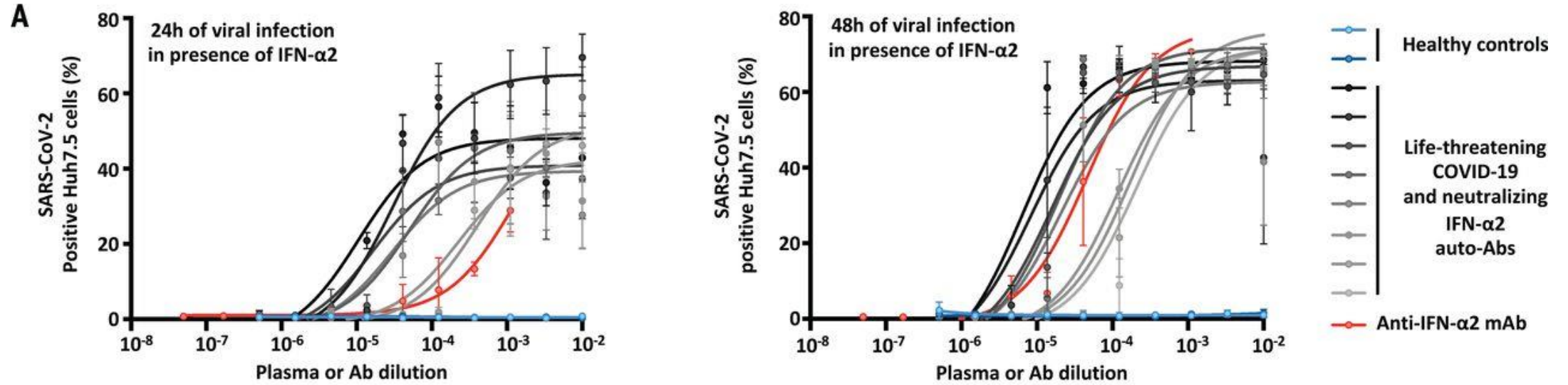
Neutralizing auto-Abs against IFN- α 2 and/or IFN- ω in patients with life-threatening COVID-19



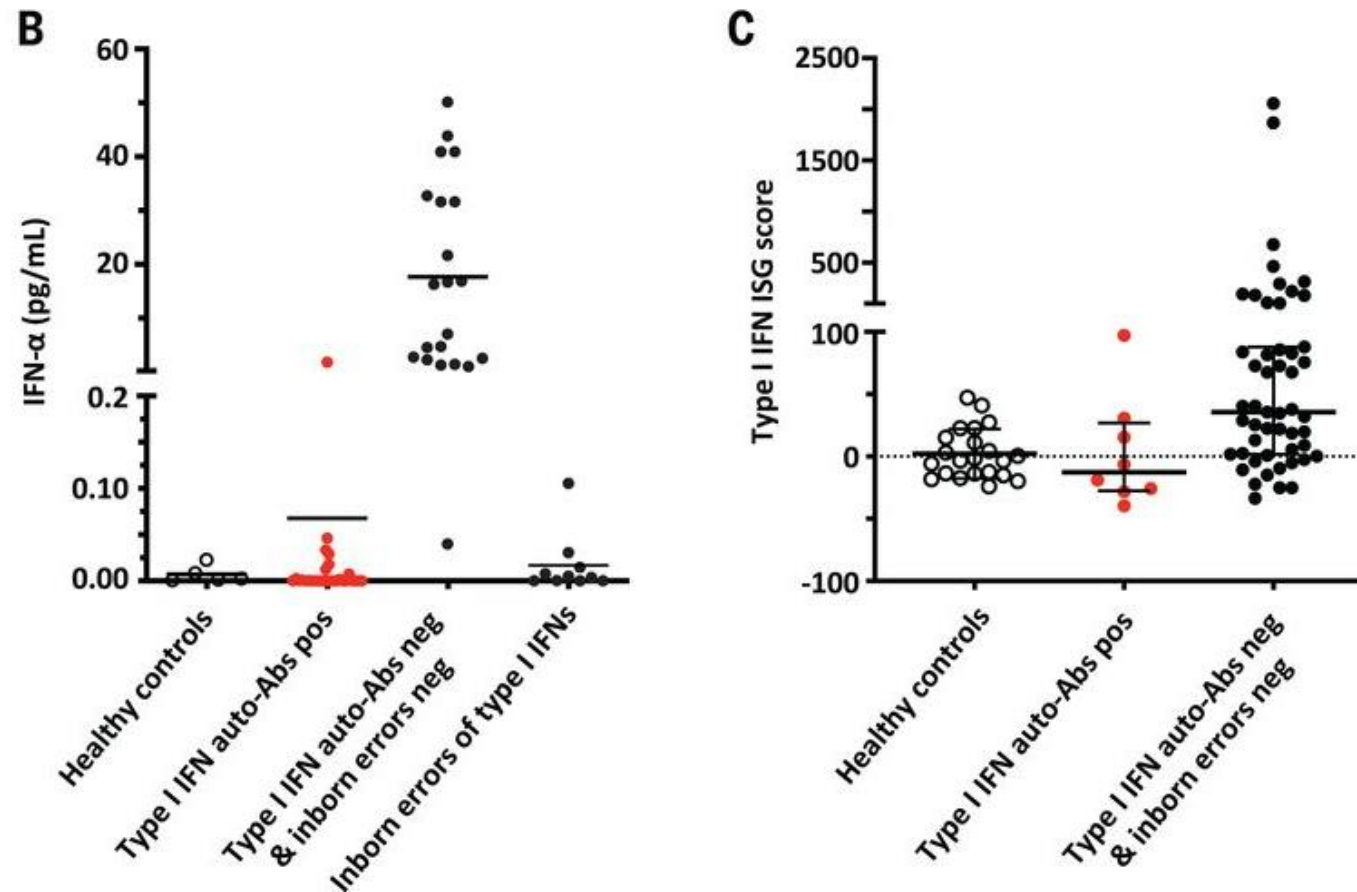
Auto-Abs against the different type I IFN subtypes



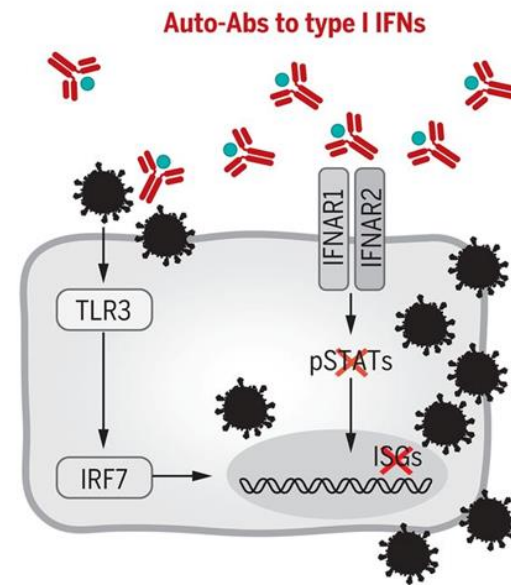
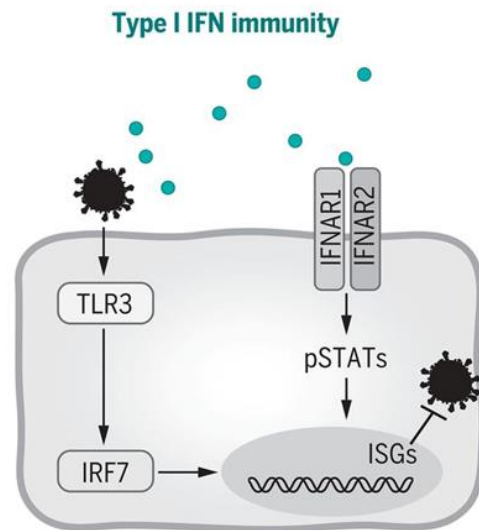
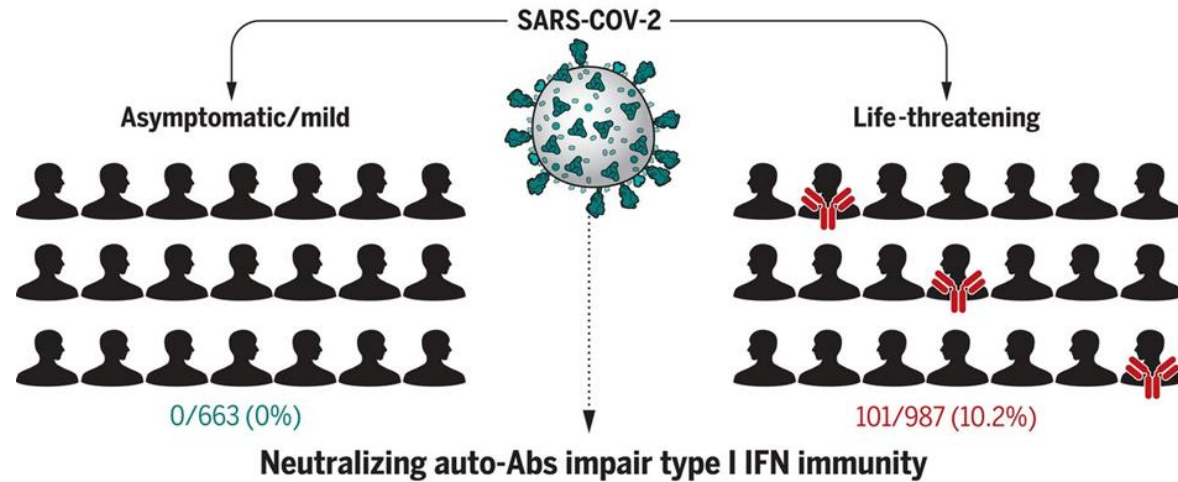
Enhanced SARS-CoV-2 replication, despite the presence of IFN- α 2, in the presence of plasma from patients with auto-Abs against IFN- α 2



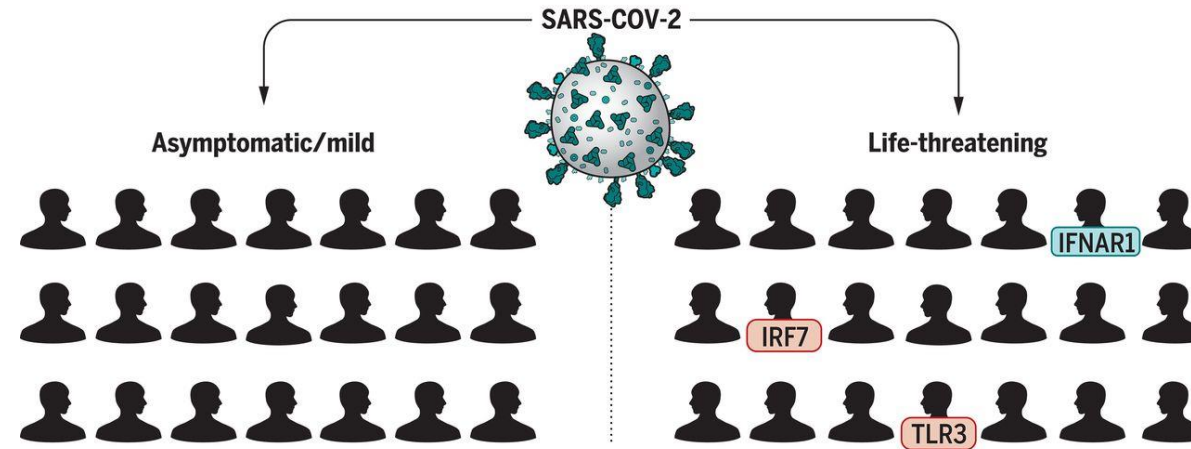
Low *in vivo* levels of IFN- α in patients with auto-Abs against IFN- α 2 and



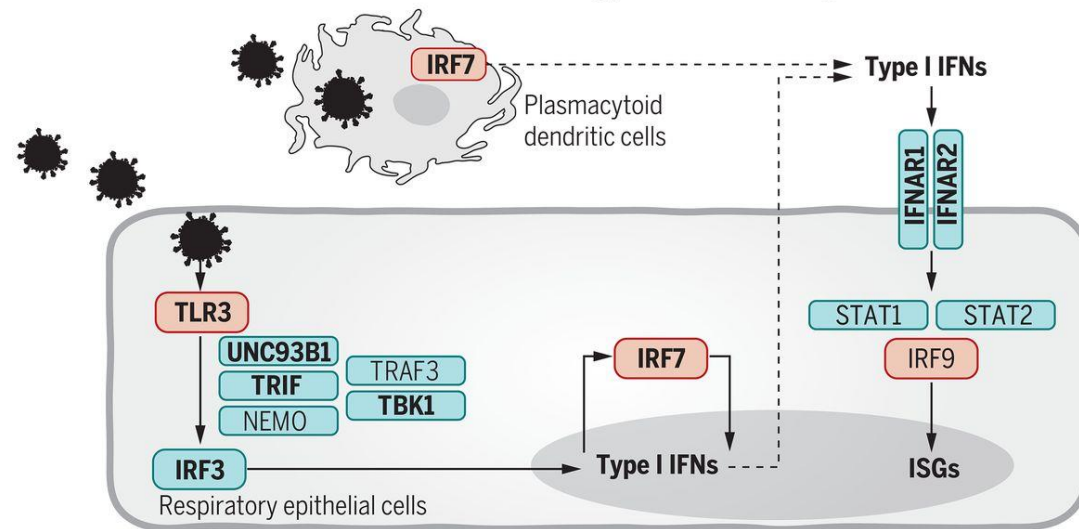
Neutralizing auto-Abs to type I IFNs underlie life-threatening COVID-19 pneumonia



Inborn errors of TLR3- and IRF7-dependent type I IFN production and amplification underlie life-threatening COVID-19 pneumonia.

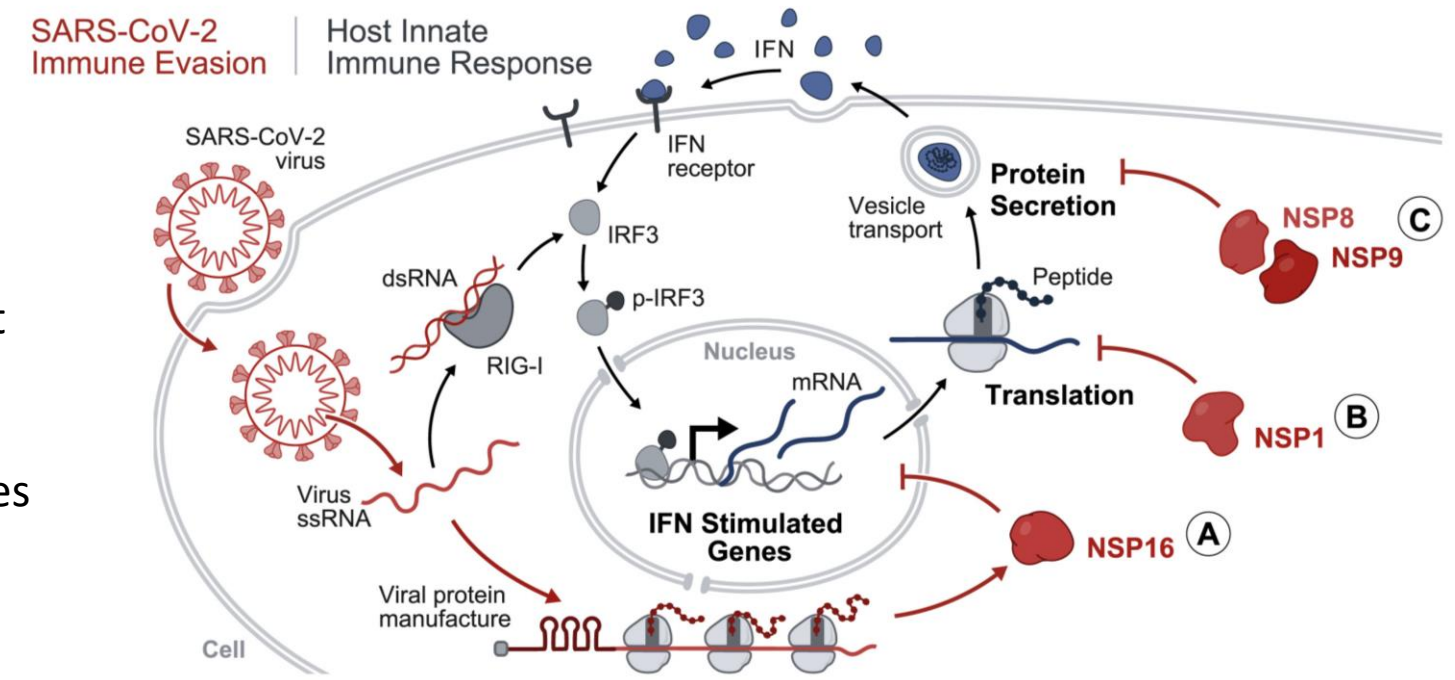


Inborn errors of type I IFN immunity

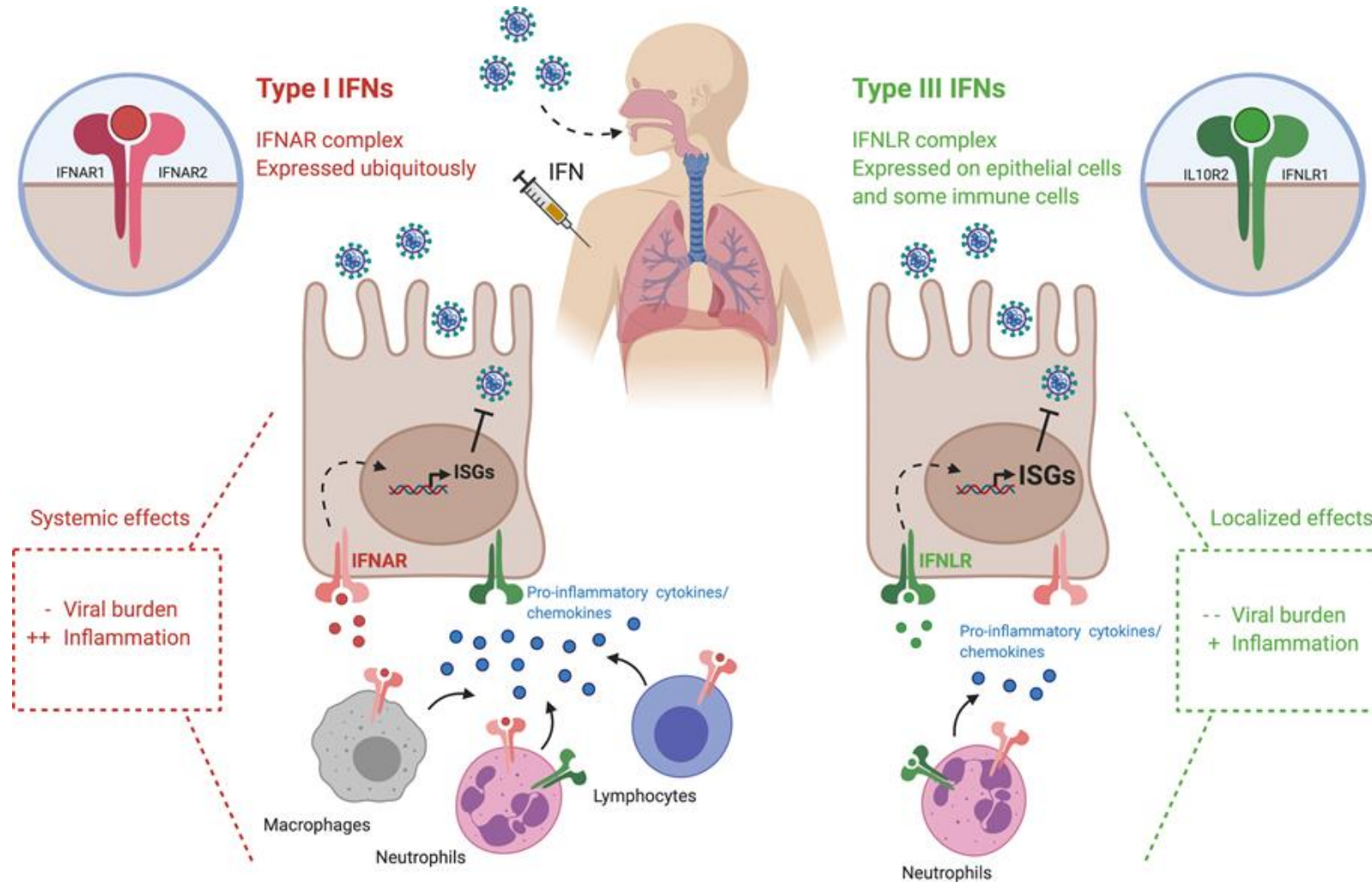


A model of how SARS-CoV-2 suppresses host immune responses through multi-pronged inhibition of core cellular functions

- A. NSP16 diminue l'épissage des ARNm
- B. NSP1 se fixe à l'ARN ribosomal 18S et diminue la traduction des ARNm
- C. NSP8 et NSP9 diminuent le trafic des protéines membranaires dépendantes de la SRP

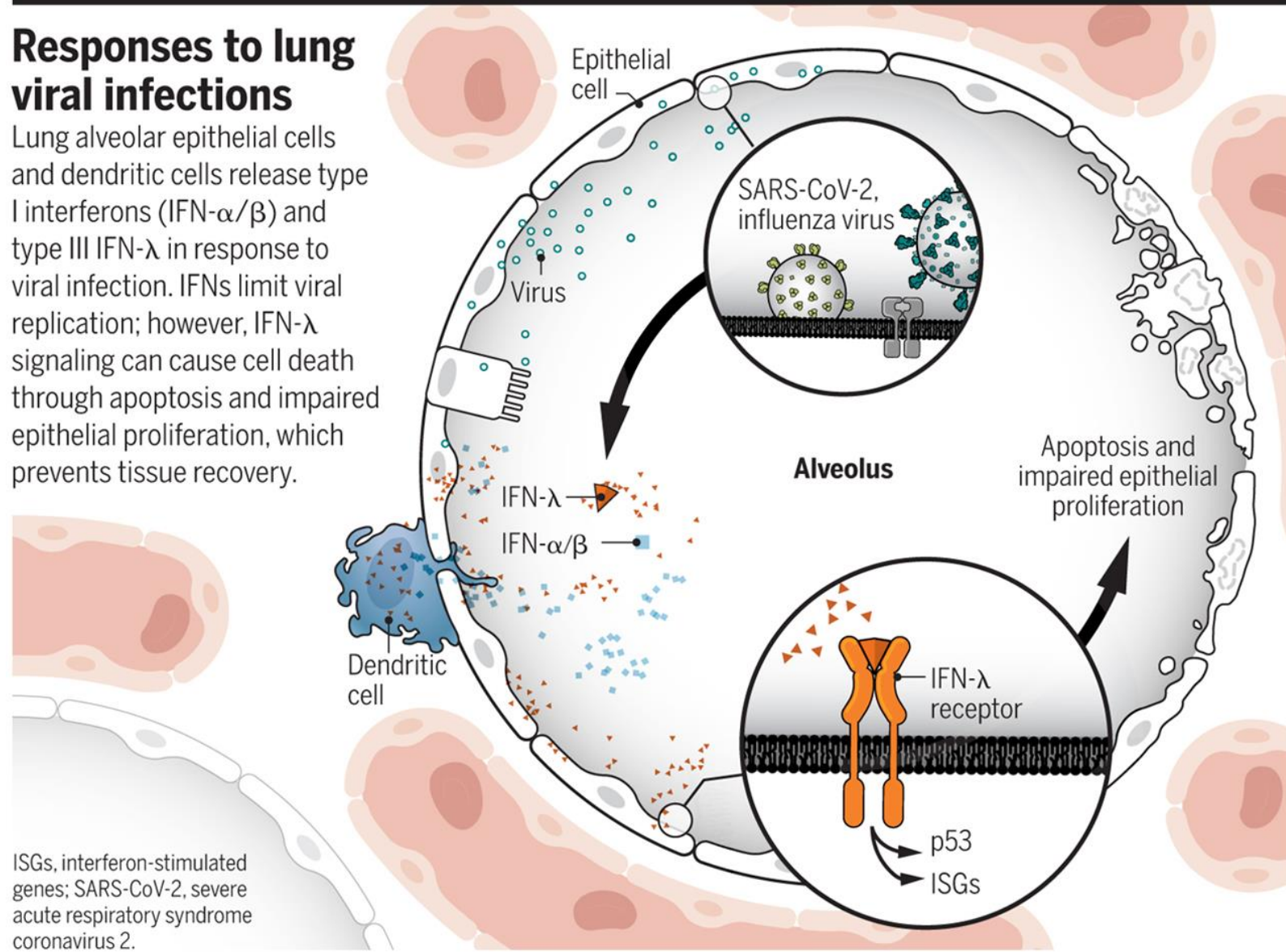


Responses to lung viral infections



Responses to lung viral infections

Lung alveolar epithelial cells and dendritic cells release type I interferons (IFN- α/β) and type III IFN- λ in response to viral infection. IFNs limit viral replication; however, IFN- λ signaling can cause cell death through apoptosis and impaired epithelial proliferation, which prevents tissue recovery.



ISGs, interferon-stimulated genes; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.