



LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



UNIVERSITY OF  
LIVERPOOL



CENTRE FOR  
GLOBAL HEALTH  
RESEARCH



# New insights into lung resident immunity to *Mycobacterium tuberculosis*

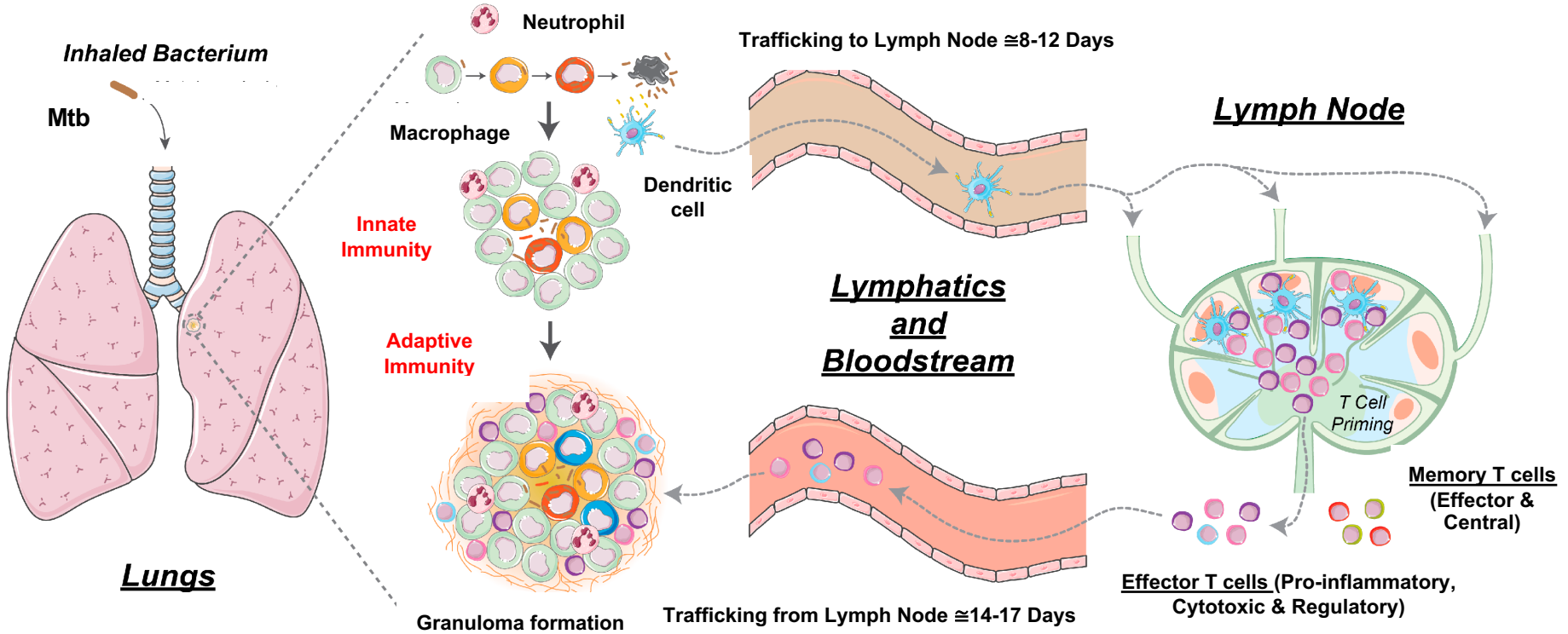
Henry Mwandumba

Malawi Liverpool Wellcome Research Programme, Malawi

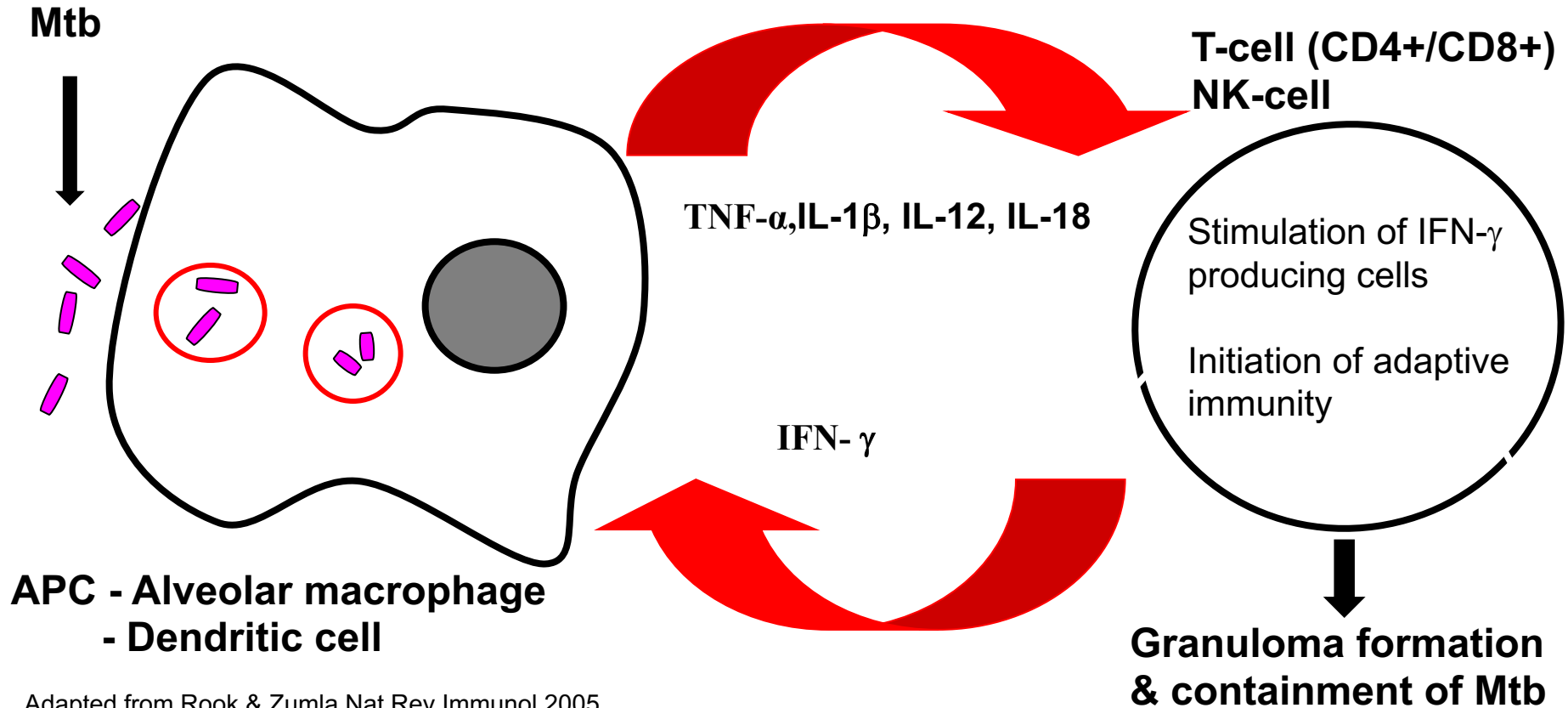
*13<sup>th</sup> June 2023; Recognition and Control of Mtb infected Cells: From Basics to the Clinic*



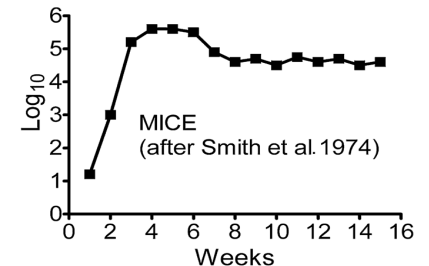
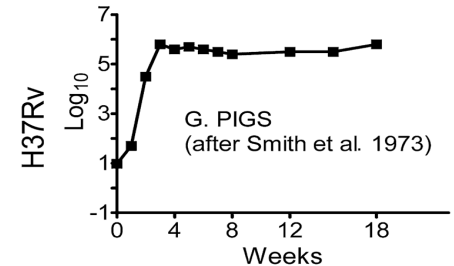
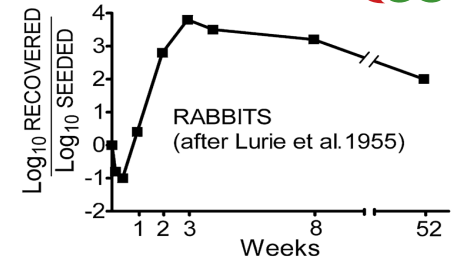
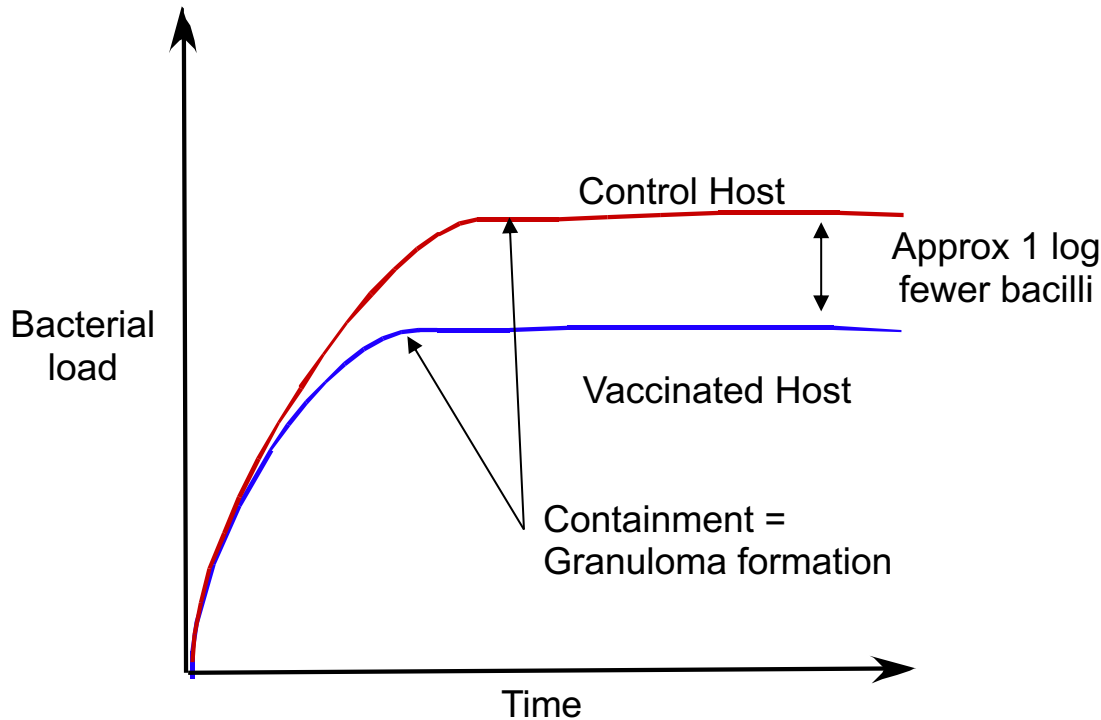
# Overview of the immune response to Mtb



# Classical paradigm of host lung immune response to Mtb

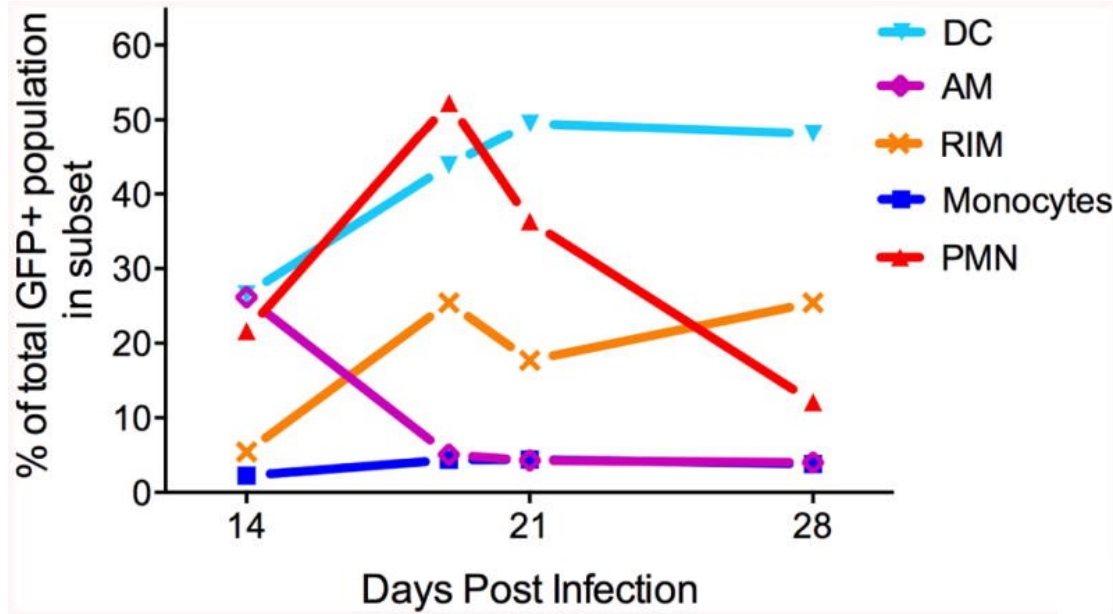


# Delayed onset of adaptive immunity following *Mtb* infection

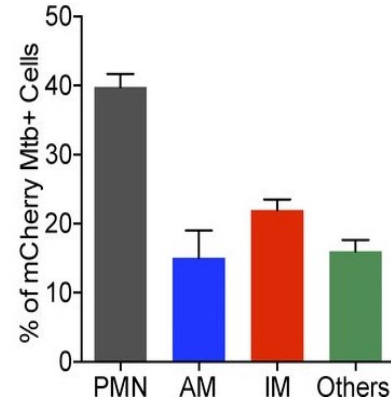
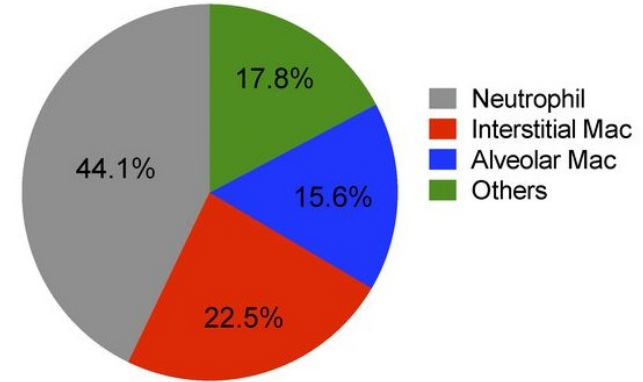


**Progression of *Mtb* infection in all animal models follows the same basic pattern: Rapid expansion followed by immune-controlled “stasis”.**

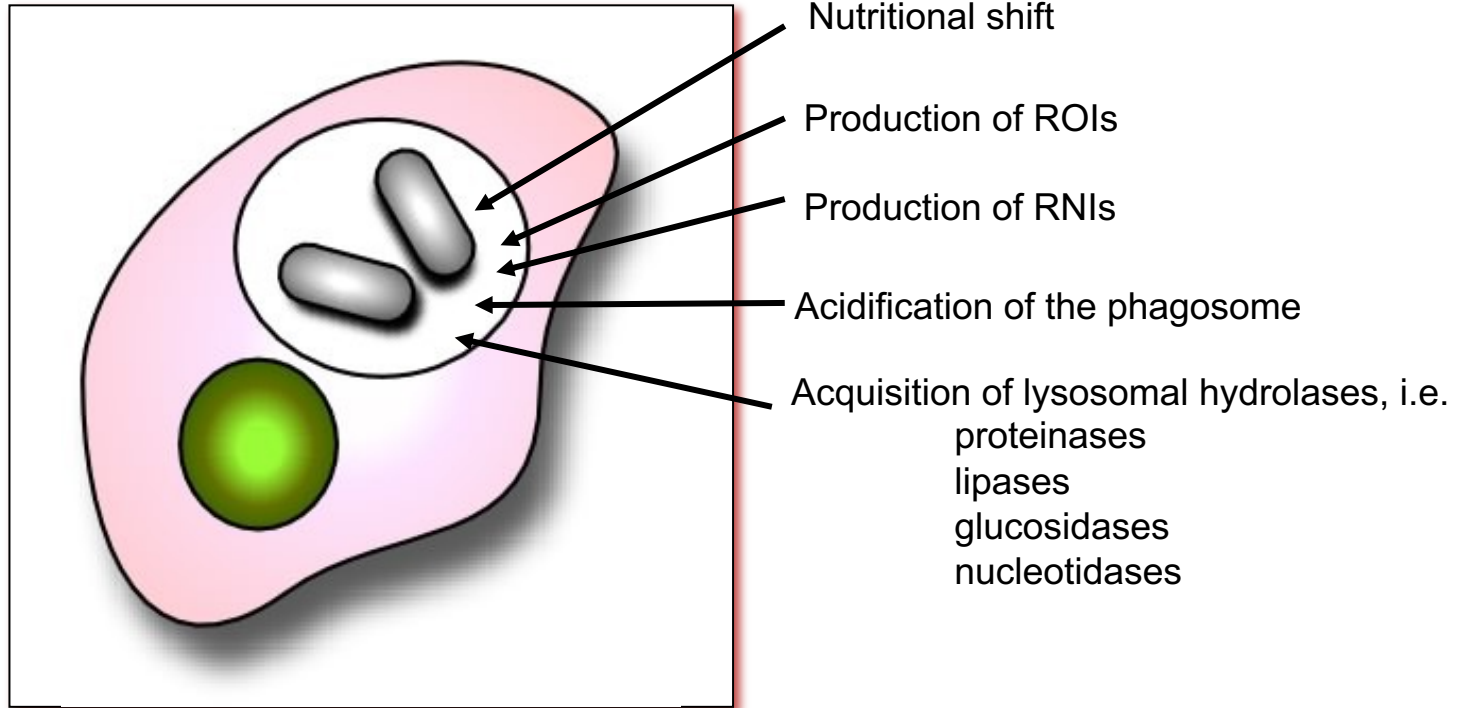
# Time course and distribution of Mtb by lung cell subsets



***M. tuberculosis* infection triggers recruitment of interstitial macrophages to the infected lung**



# Alveolar phagocytes are critical in early immune responses to Mtb



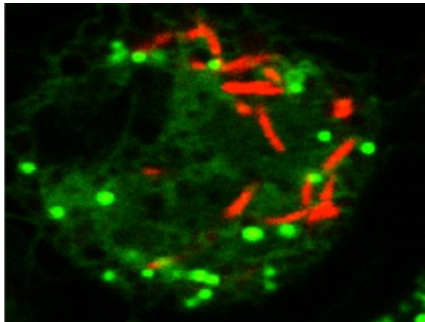
**Environmental pressures active within the phagocyte.**

# Current paradigm of macrophage control of Mtb



## Controller Cells

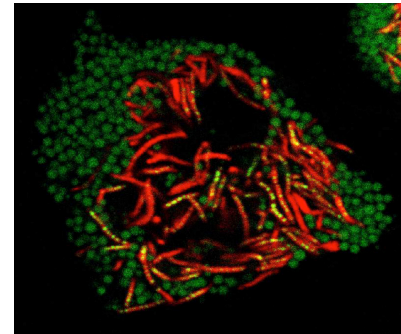
- Th1 activated macrophages
- Product of IFN-g exposure
- Good at controlling Mtb *in vitro* and *in vivo* (in mice)
- Efficacy revealed in loss of function studies (KO mice)



- Vaccine efficacy assessed by immune correlates of Th1

## Permissive Cells

- M2 macrophages or another cell type?
- Exposure to IL-10/IL-4 or TGF-b?
- Permissive for bacterial expansion *in vitro* and *in vivo*?
- We have minimal data on bacterial permissiveness as an immune function



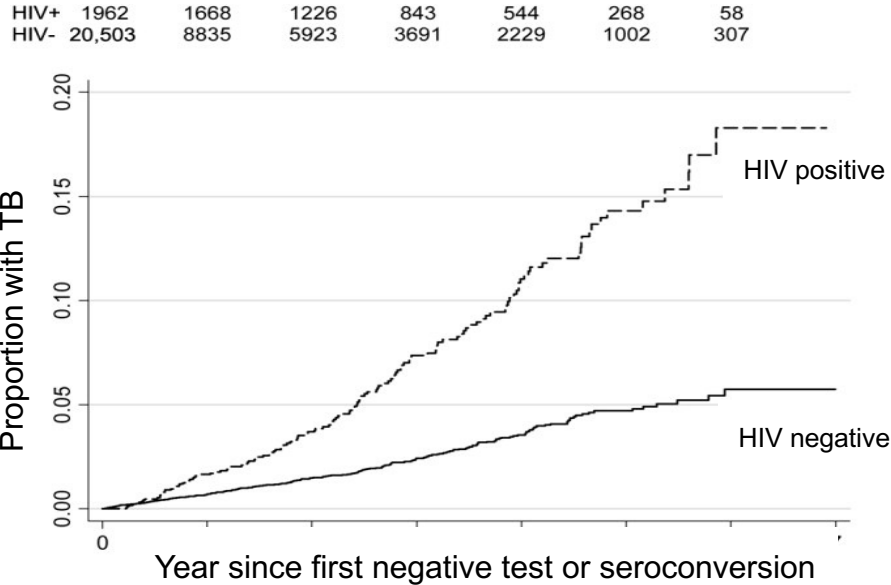
- We also need bacterial correlates of permissiveness +/- immune correlates.



**Using HIV infection to understand immunity to  
*M. tuberculosis* in the human lung**

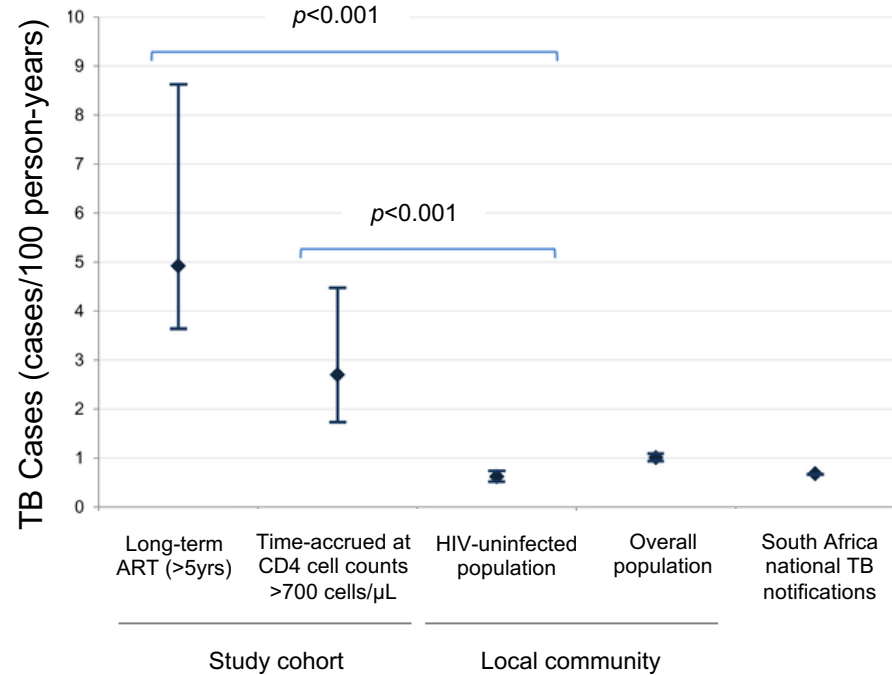


# HIV infection increases the risk of developing TB disease



Sonnenberg et al., *J Infect Dis* 2005

**Cumulative hazard estimate of pulmonary TB incidence, by HIV status among South African gold miners (Pre-ART)**



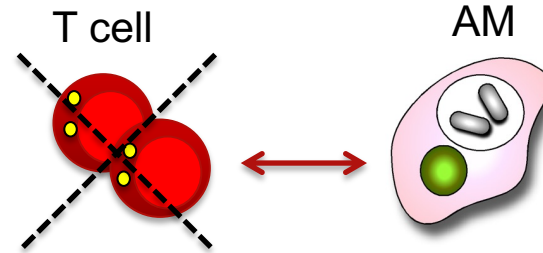
**TB incidence rates during 8 years of follow-up of an ART cohort in South Africa: comparison with rates in the community**

*Gupta et al., PLoS One 2012*

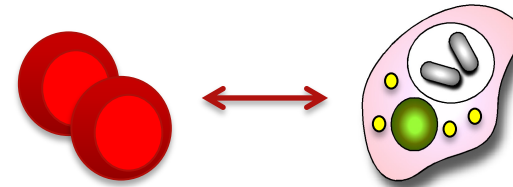
# Potential mechanisms for increased risk of TB disease in HIV-infected people



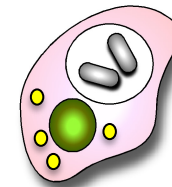
**HIV infection of alveolar CD4<sup>+</sup> T-cells:**  
*Loss of immune surveillance*



**Alveolar macrophages (AMs) co-infected with HIV & Mtb:**  
*Impaired phagocyte function & loss of immune recognition*

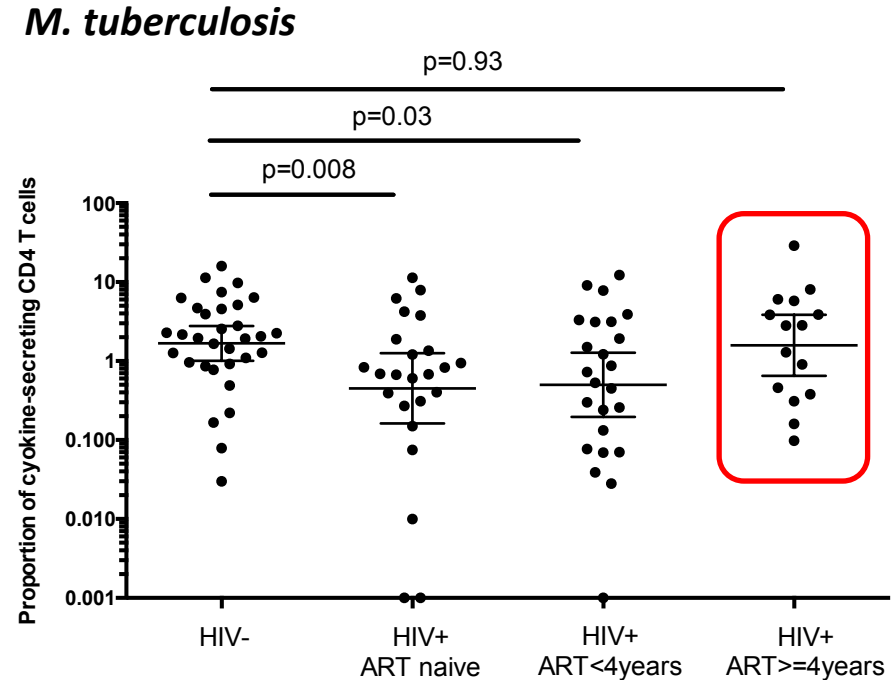
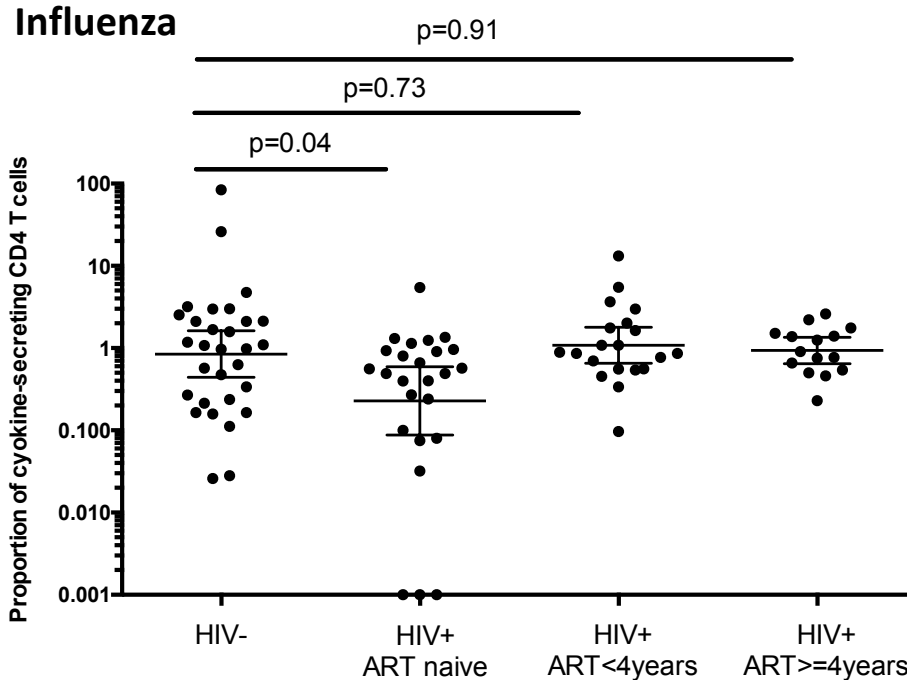


**Alveolar macrophages co-infected with HIV & Mtb:**  
*Increased permissiveness for Mtb*



**Altered airway immune microenvironment**

# HIV-associated impairment and ART-mediated recovery of alveolar pathogen-specific immune responses

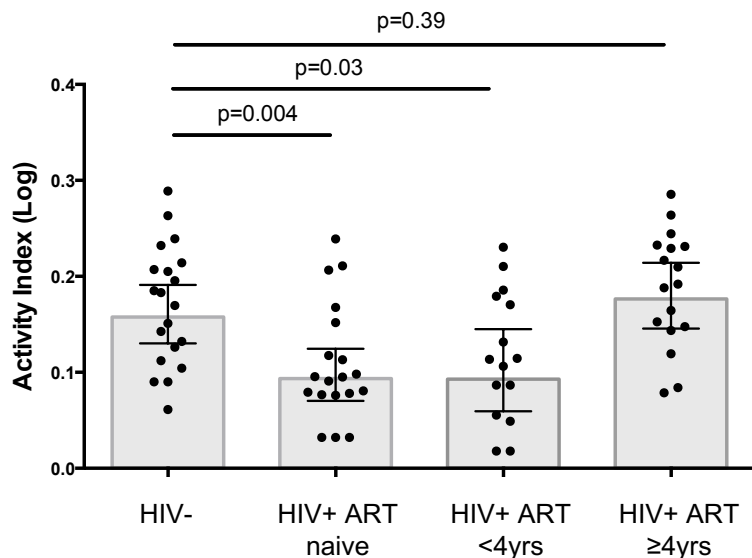


**Delayed and incomplete recovery of *M. tuberculosis*-specific CD4+ T cell numbers and function in HIV-infected adults on long term ART**

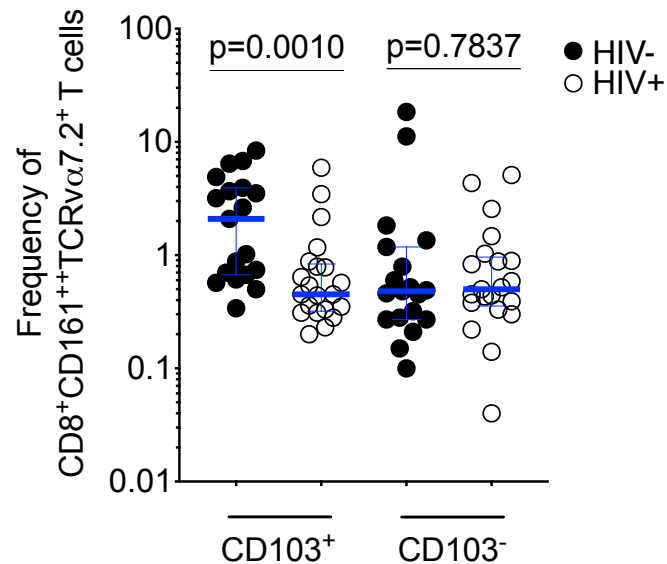


# HIV-associated impairment of airway innate effector cells

## A. Alveolar macrophage (AM) proteolytic function



## B. Frequency of airway MAIT cells



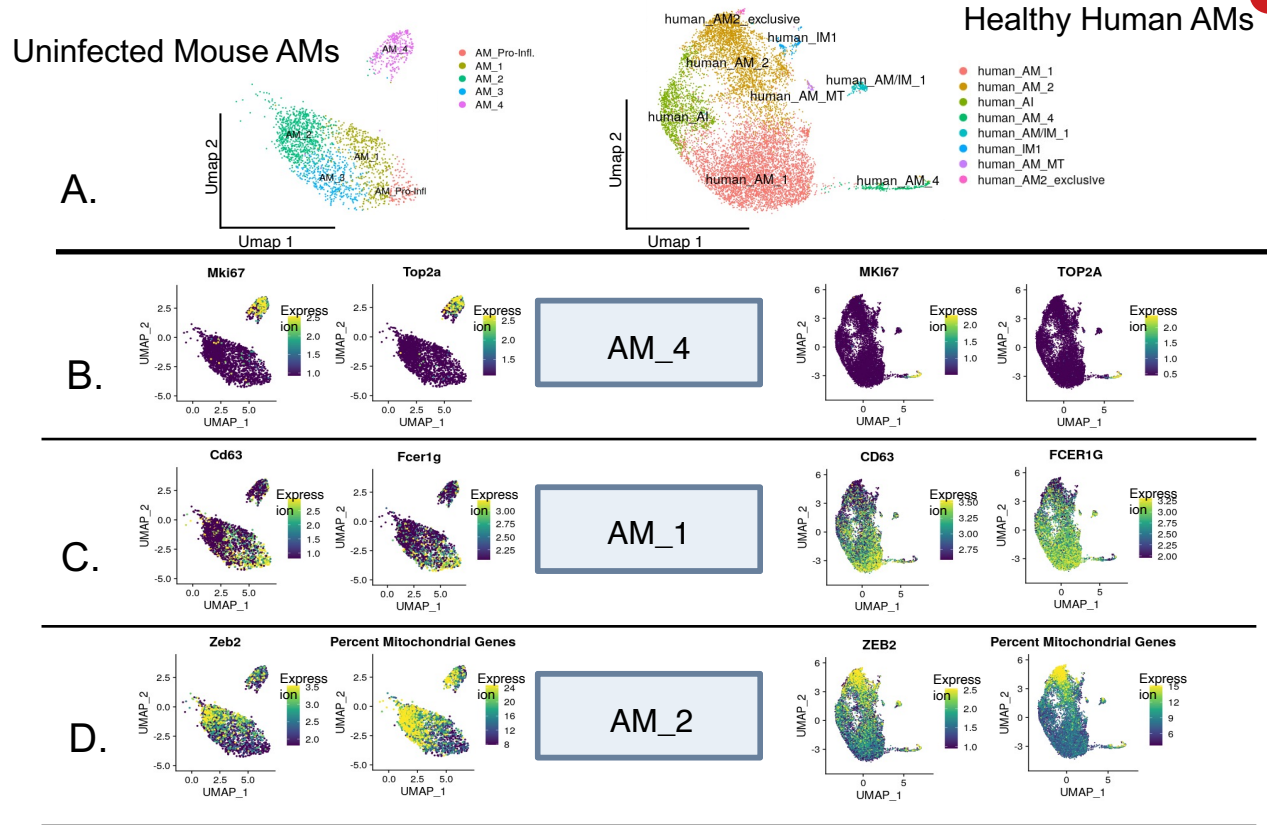
**Impaired AM phagosome function pre-ART and delayed recovery on ART.**

**HIV-associated depletion of MAIT cells in the airway targets the resident population.**

# Single cell analysis of alveolar macrophages reveals heterogeneity

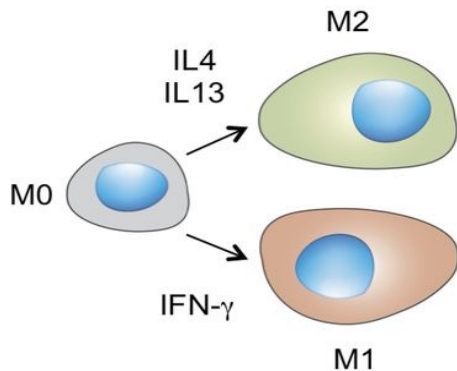


(A) Umap plots showing unbiased clustering of AMs in mice and humans. (B) Gene expression values for the marker genes (*Top2a* and *Mki67*) of the AM<sub>4</sub> population indicative of cell replication (C) Gene expression values for (*Cd63* and *Fcer1g*) of the AM<sub>1</sub> population. (D) Gene expression values for *Zeb2*, as well as the percentage of mitochondrial reads of the AM<sub>2</sub> population indicative of OXPHOS metabolism.



# Growth of *Mtb in vivo* segregates with host macrophage metabolism and ontogeny

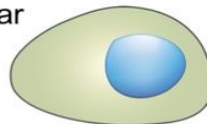
## Model 1. Re-Programming



## Model 2. Pre-Programming

### Embryonic origin

Alveolar  
M $\phi$

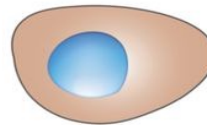


Mtb  
infection



M2-like  
FAO  
Permissive  
for Mtb

### Monocyte origin Interstitial M $\phi$



M1-like  
Glycolysis  
Restrictive  
for Mtb

- In the M1/M2 Re-Programming model *Mtb* growth is regulated by cytokine environment.
- In the Pre-Programming model macrophage metabolism and ontogeny regulate *Mtb* growth.

# Concluding remarks



1. Immunity to *M. tuberculosis* is complex.
2. Altered lung immune environment may promote/enhance growth & survival of Mtb in permissive AMs and progression to active TB.
3. Exploiting HIV-mediated lung immune impairment may unravel what constitutes protective immunity to TB in humans.
4. Modulation of epigenetic programming of tissue resident macrophage lineages by new TB vaccines/drugs could be a novel strategy to impact Mtb infection, control and persistence in humans.