

Société Belge d'infectiologie et de microbiologie clinique  
Belgische vereniging voor infectiologie en klinische microbiologie

*Symposium:*

*Micro-organisms bridging ages!*

*Mutual benefits of vaccination*

*Musée de la Médecine, Brussels, 4th April 2019*

# Immunosenescence

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**I have no conflict of interest to declare for this symposium**

**Pierre Olivier Lang**

# MY OBJECTIVES FOR TODAY

*To remind you the LANDSCAPE and the ACTORS involved in the NORMAL immune response.*

*You apprehend the complex interrelationship between AGEING and the IMMUNE SYSTEM and its CONSEQUENCES. In other words, to show you how the immune system with advancing age is progressively switching from the GOOD SIDE of the FORCE towards a less powerful DARK SIDE.*

*To finally, to just cross your mind with potential implications in terms of IMMUNIZATION STRATEGIES.*

# THE IMMUNE SYSTEM

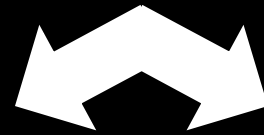
## PREAMBLE

« ... *The art of war* ... »

# Our immune system is ...

## A COMPLEX BIOLOGICAL SYSTEM

- Composed by **coordinated elements**



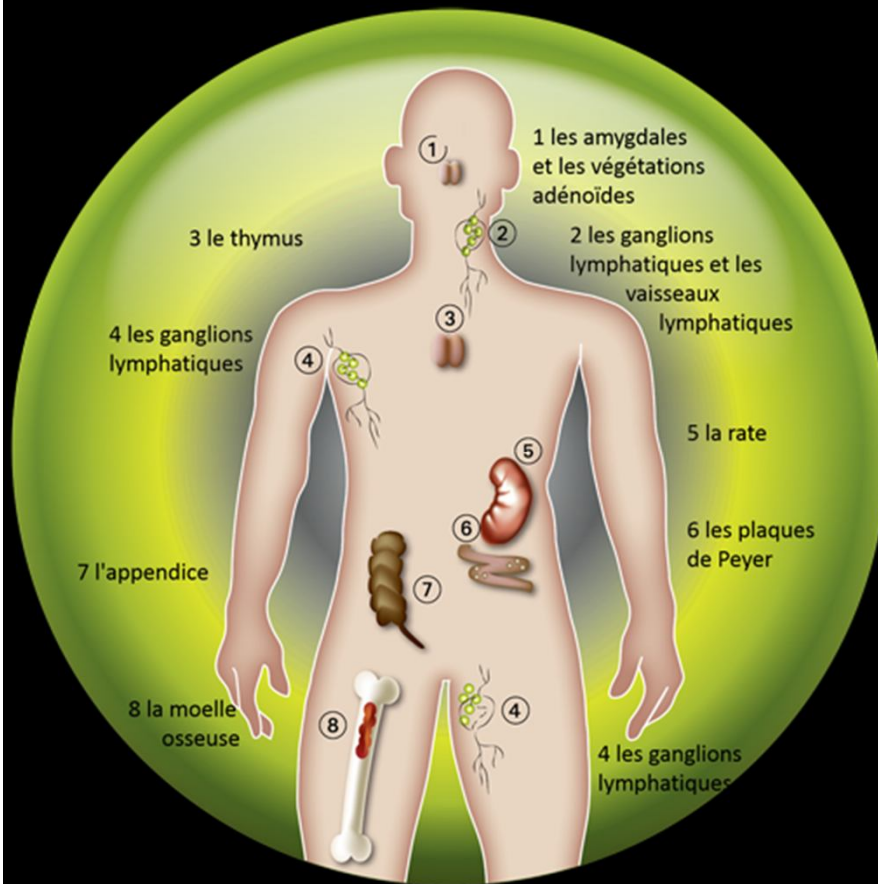
**OF DEFENSE**

**OF RECONNAISSANCE**

- For which the main goal is **to differentiate**  
« **SELF** » from « **NON-SELF** ».
- And, what is recognized as « **non-self** » is immediately and properly **destroyed**.

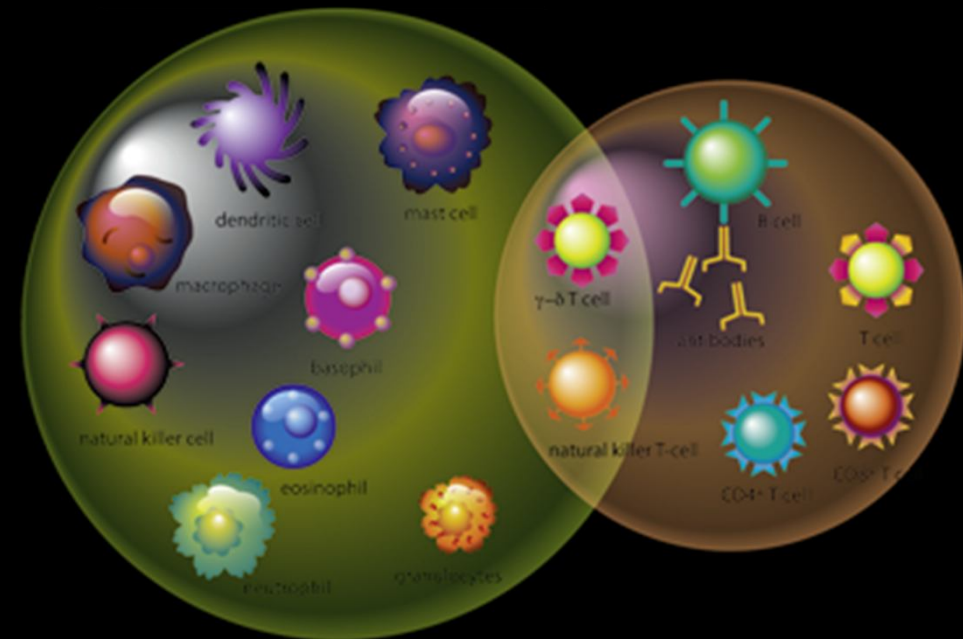
# The immune system is composed

By **ORGANS**



...

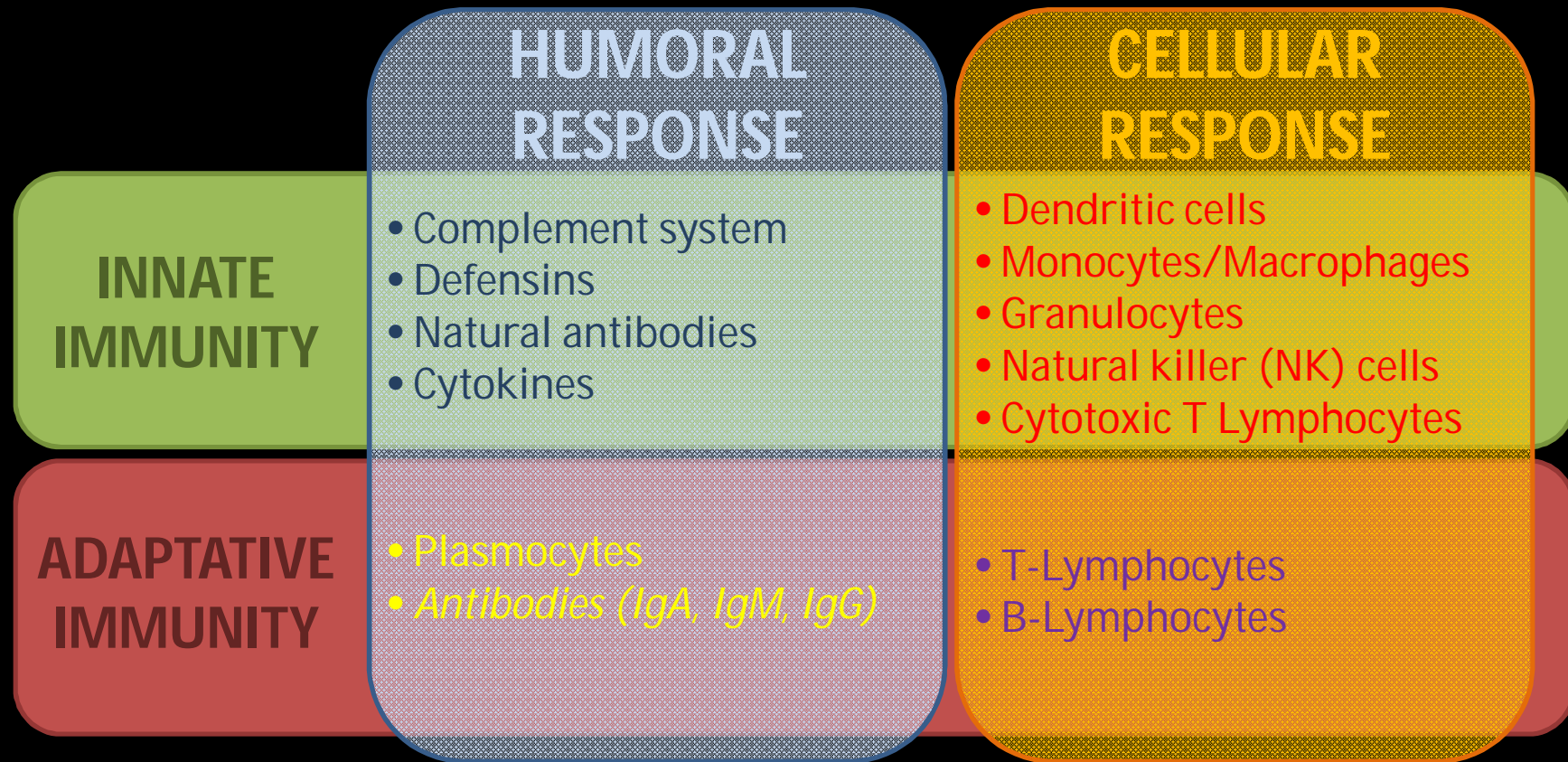
And **CELLS**



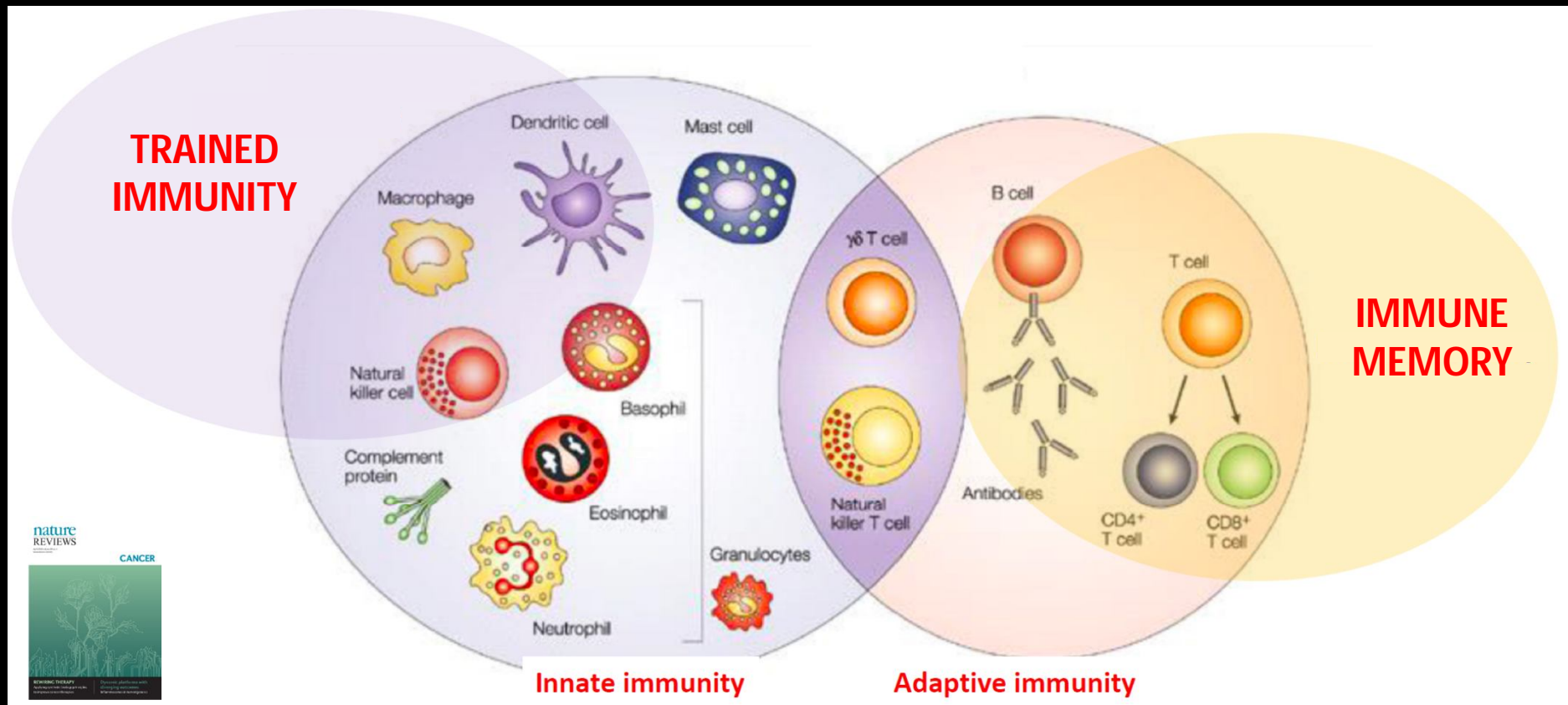
That communicate and interact together *via*  
**SOLUBLE MEDIATORS**  
cytokines, interleukines, ...

# The immune system is divided...

into 2 entities with 2 modalities of response



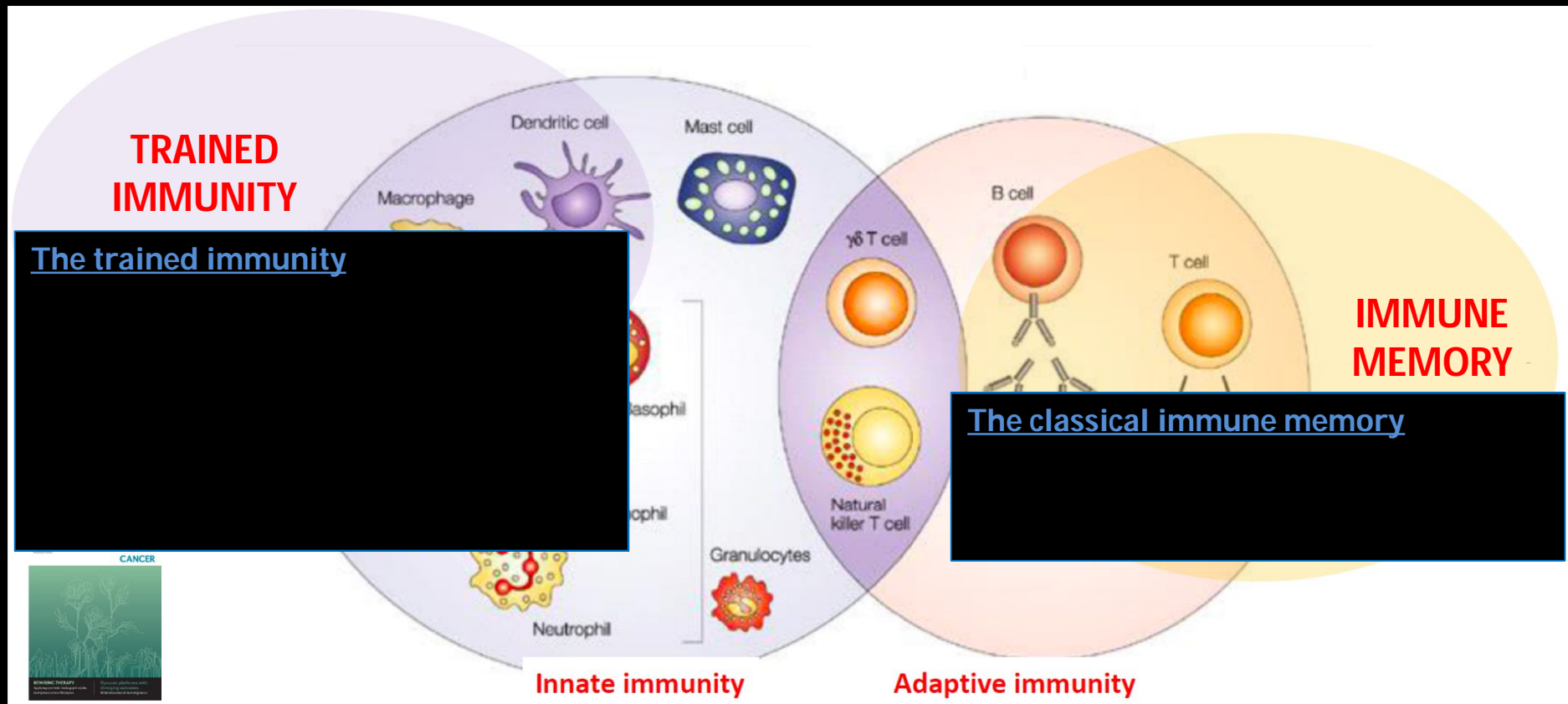
# These 4 squadrons are interconnected



IN ORDER TO BETTER PROTECT US AGAINST ANY PATHOGENS AND FOREIGN ANTIGENS

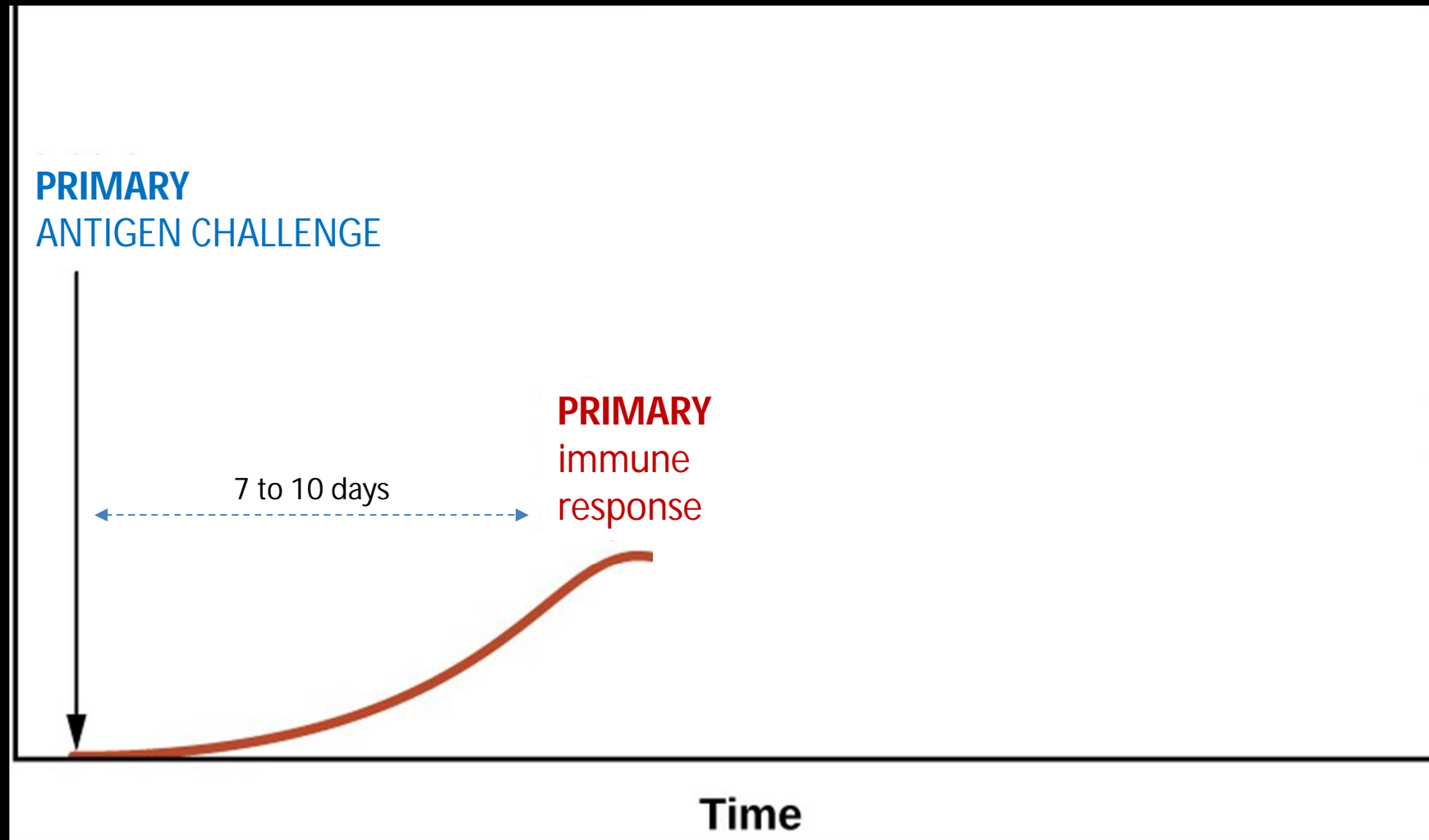


# These 4 squadrons are interconnected



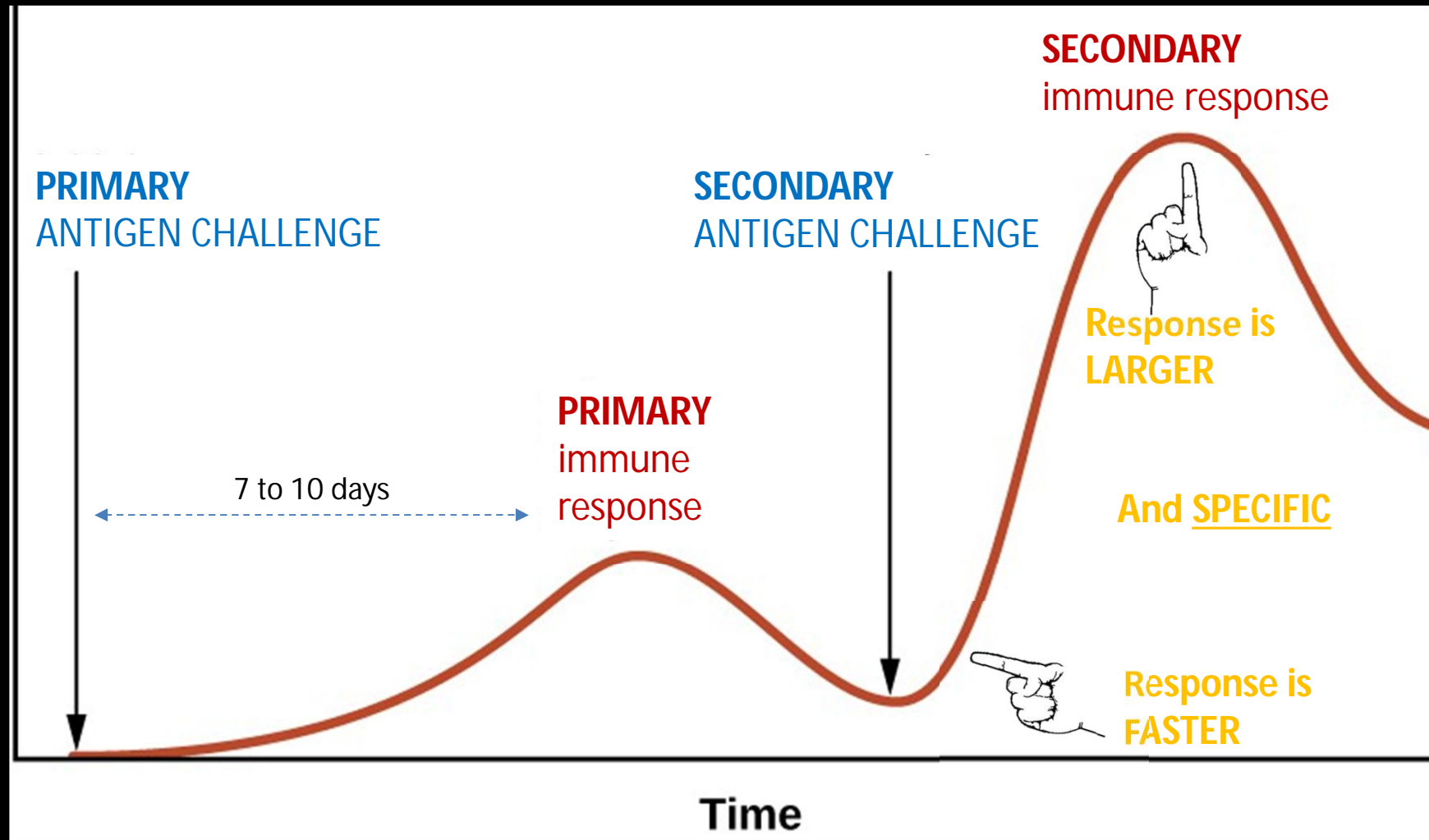
IN ORDER TO BETTER PROTECT US AGAINST ANY PATHOGENS AND FOREIGN ANTIGENS

# These 4 squadrons are interconnected



IN ORDER TO BETTER PROTECT US AGAINST ANY PATHOGENS AND FOREIGN ANTIGENS

# These 4 squadrons are interconnected



IN ORDER TO BETTER PROTECT US AGAINST ANY PATHOGENS AND FOREIGN ANTIGENS

# IMMUNOSENESCENCE

## EPIISODE I

« ... *The decoding of an at-risk phenotype...* »

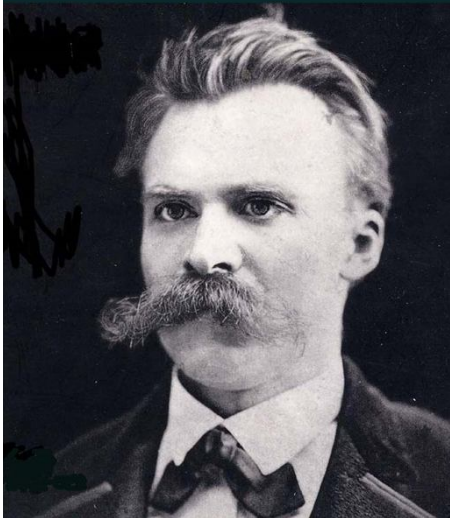


Nowhere on earth,  
you will find a sterile  
environment ...

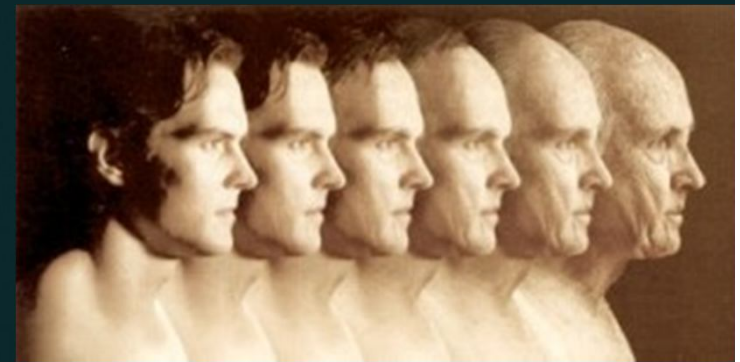


Thus, we can easily perceive that for surviving longer,

- ✓ People have had to deal with many pathogens
- ✓ People have had to build a powerful immunity against diverse pathogens
- ✓ People have had to acquire an strong and large immune repertoire

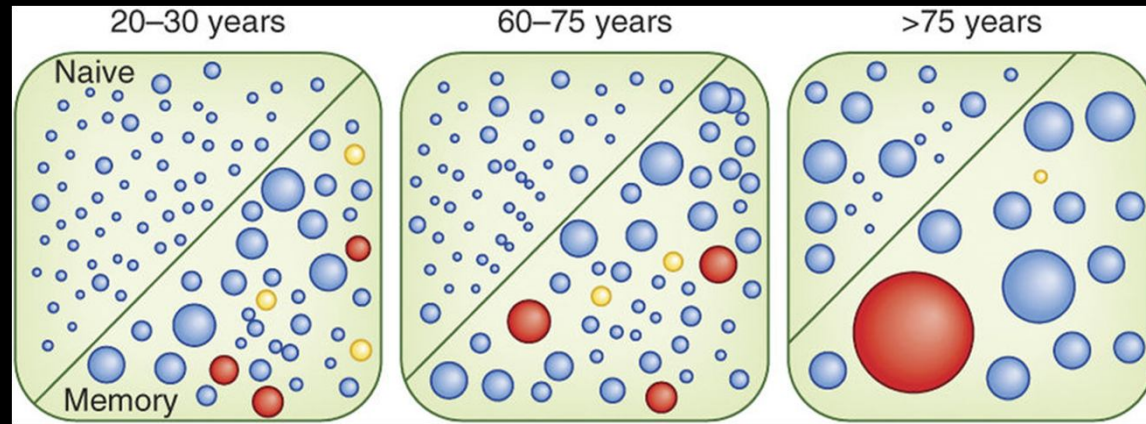


Whatever does  
**not** destroy  
me makes **ME**  
stronger  
Friedrich Wilhelm Nietzsche



# With advancing in age...

There is effectively an accumulation of memory T-cells

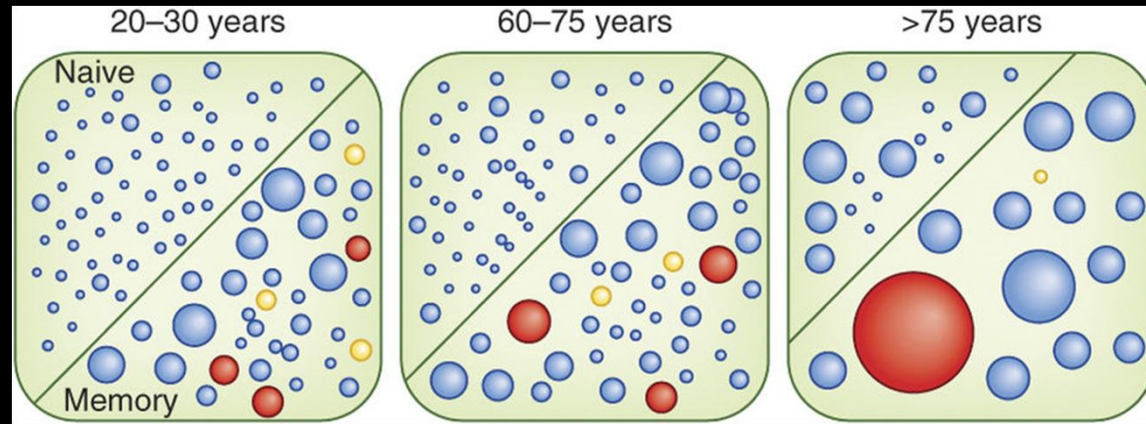


... but these cells...

Which originally defined the “Immune Risk Profile”

# With advancing in age...

There is effectively an accumulation of memory T-cells



... but these cells...

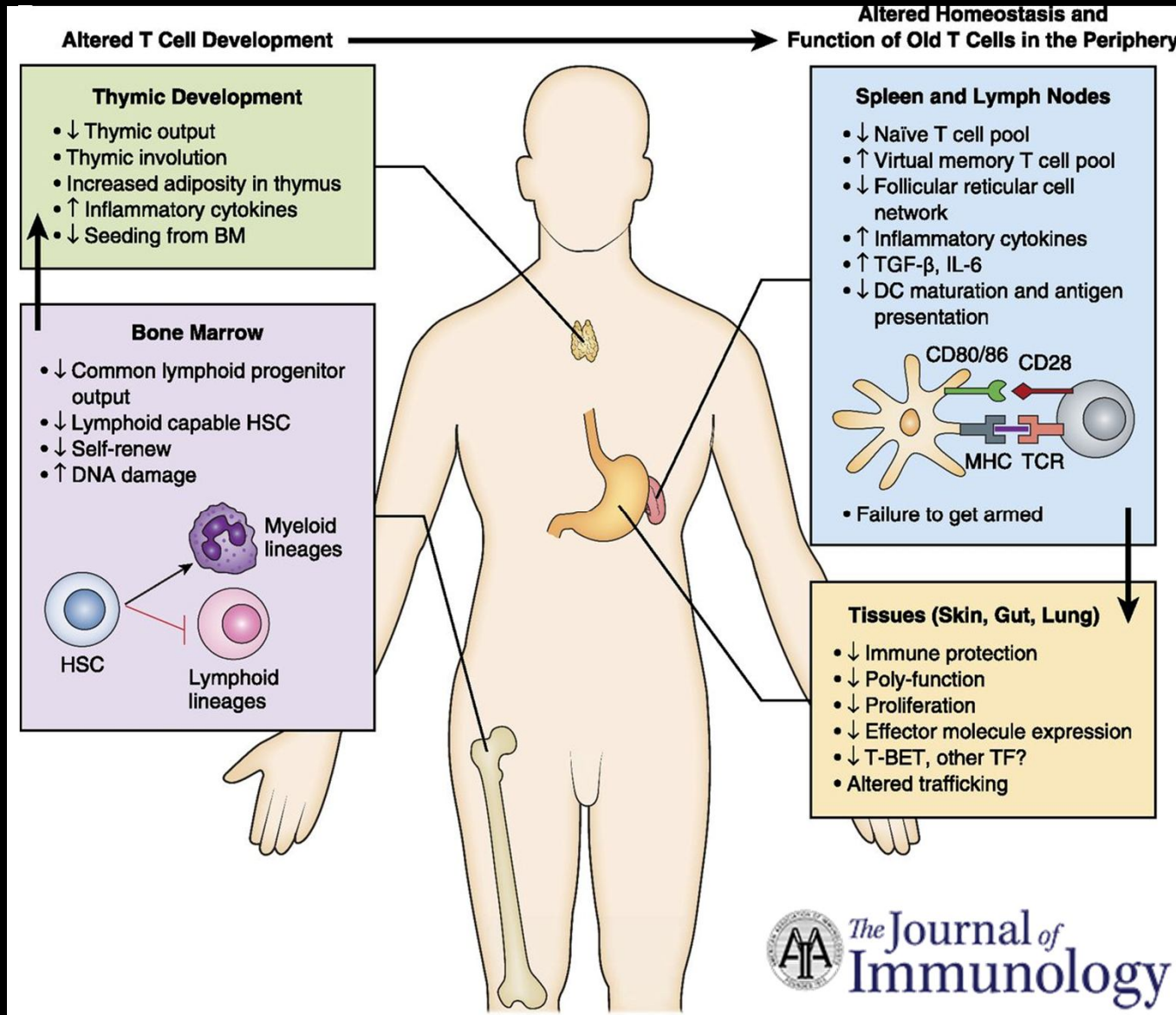
**Result from the clonal expansion of :**

- ❑ T-cells with shortened memory repertoire (CMV specific)
  - ❑ T-cells which become resistant to apoptosis
- ❑ Preferentially with cytotoxic phenotype (inverted CD4+/CD8+ ratio)
- ❑ Which produce pro-inflammatory cytokines (*Inflamm-aging*)

Which originally defined the “Immune Risk Profile”

# More specifically at the cellular and molecular level...

Janko Nikolich-Zugich J Immunol 2014;193:2622-2629

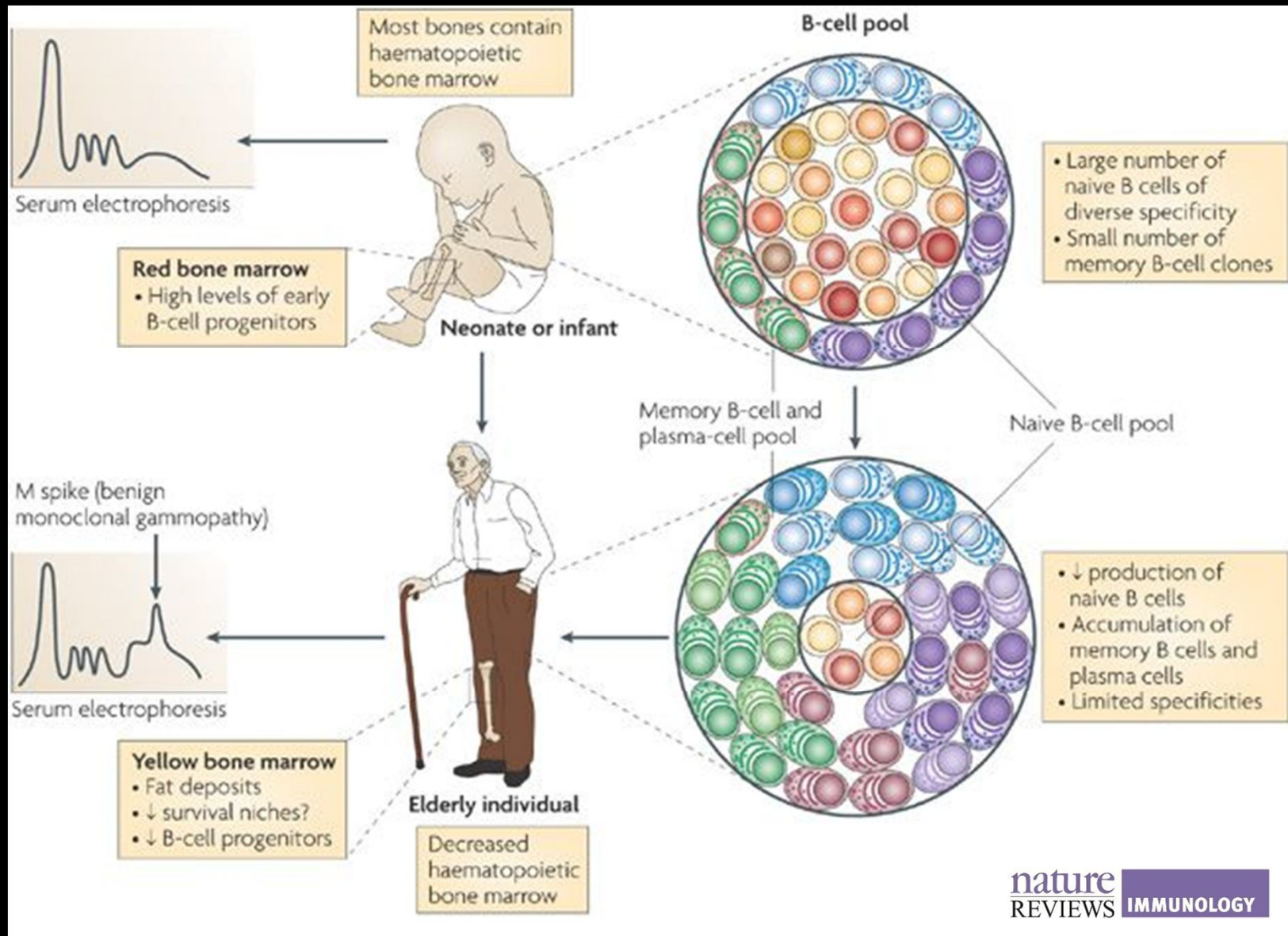


It occurs multiple defects in the T-cell compartment



# More specifically at the cellular and molecular level...

Siegrist AC, Aspinall R Nature Rev Immunol 2009;9:185-194



It occurs multiple defects in the B-cell compartment

# More specifically at the cellular and molecular level...

## DENDRITIC CELLS

- ↘ proliferative capacities
- ↘ cytotoxicity
- ↘ cytokines production
- ↘ expression of *Toll-like receptor* – (TLR)
- ↘ stimulating capacity of T-cells

## CYTOKINES

- ↗ circulating level of IL-6, IL-1 $\beta$  and TNF- $\alpha$

## GRANULOCYTES

- ↘ oxidative power
- ↘ phagocytosis capacity
- ↘ bactericide activity

## Natural Killer CELLS

- ↗ number of NK cells
- ↘ function of NK cells
- ↘ cytotoxic capacities

## MACROPHAGES

- Phenotypic switching (CD14dim/CD16brigh)
- ↘ interferon- $\gamma$  production
- ↘ NO and d'H<sub>2</sub>O<sub>2</sub> production
- ↘ response to growing factor



Innate  
Immunity

# IMMUNOSENESCENCE

## EPIISODE II

*« ... The possible consequence... »*

*or*

*« ... The attack of the clones ... »*

# Immunosenescence it is...

## AT THE INDIVIDUAL LEVEL

- A chronic state of low-grade inflammation (commonly named *Inflamm-aging*)
- ↗ intensity of inflammatory reaction

# Immunosenescence it is...

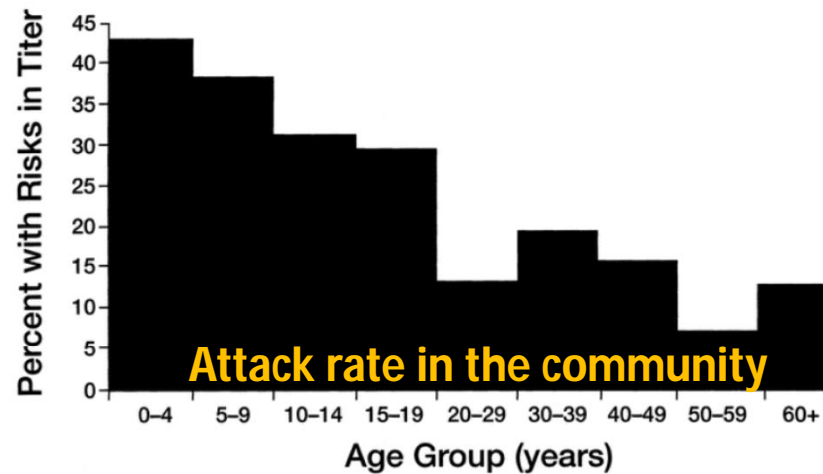
## AT THE INDIVIDUAL LEVEL

- A chronic state of low-grade inflammation (commonly named *Inflamm-aging*)
- ↗ intensity of inflammatory reaction
- ↗ susceptibility to common pathogens

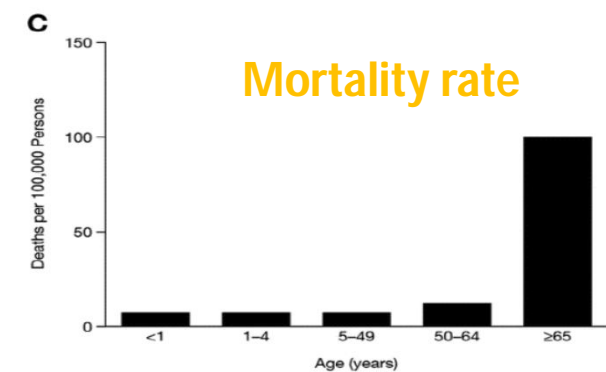
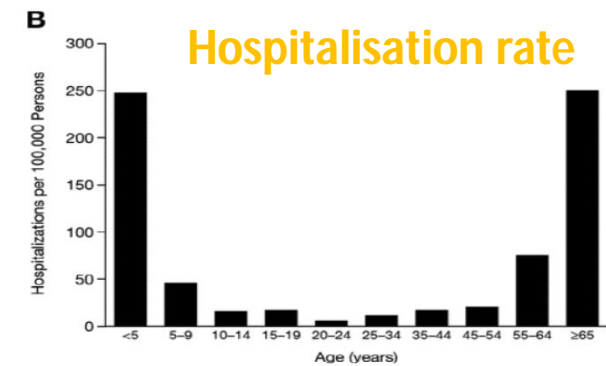
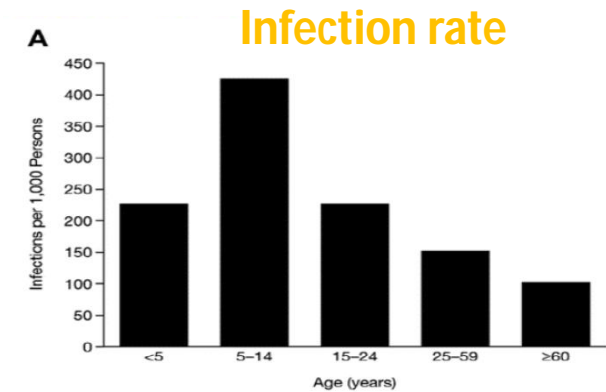
## Into statistics...

# INFLUENZA

## Community influenza attack rates and complication by age



Monto, et al. *Epidemiol Infect.* 1993;110:145-60.



# Immunosenescence it is...

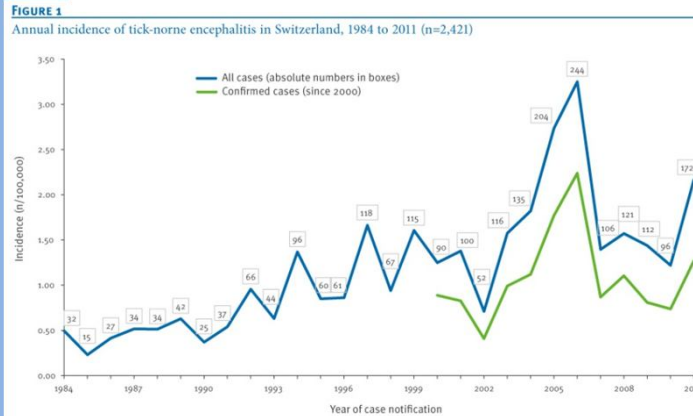
## AT THE INDIVIDUAL LEVEL

- A chronic state of low-grade inflammation (commonly named *Inflamm-aging*)
- ↗ intensity of inflammatory reaction
- ↗ susceptibility to common pathogens
- ↗ **susceptibility to emerging pathogens**

# TICK-BORN ENCEPHALITIS

## Small bites – Big problems

The love story of *Ixodes ricinus* and one of the encephalitogenic flaviviruses

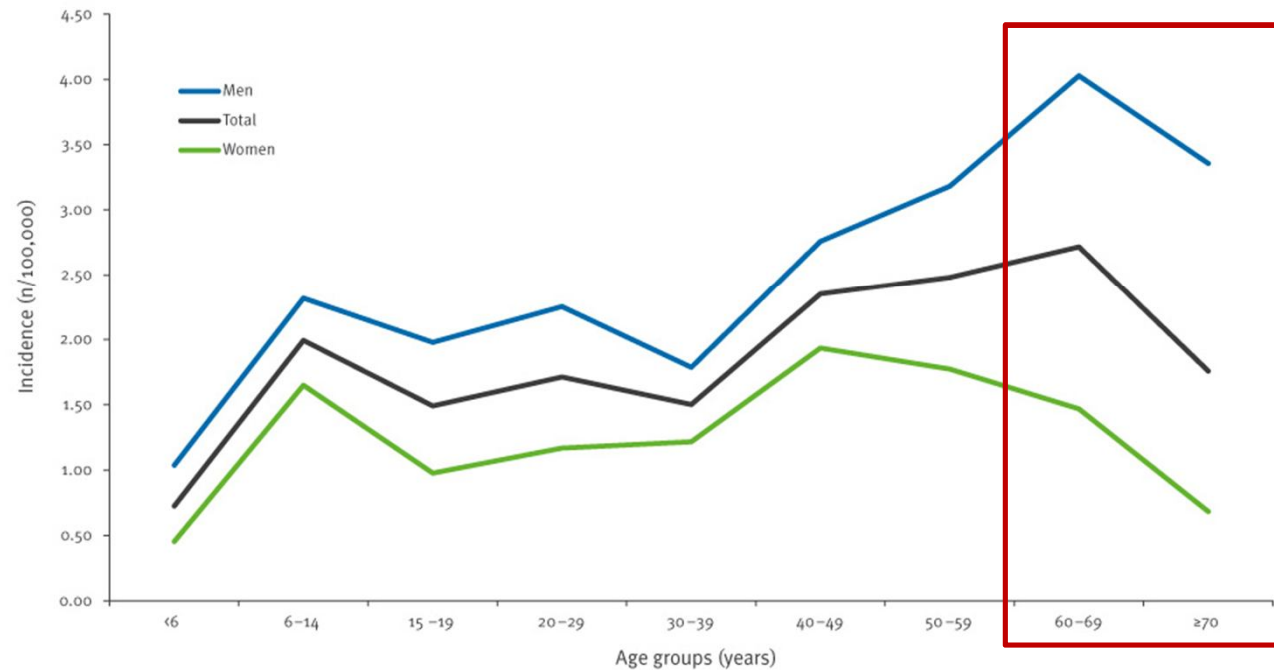


**Epidemiology of Tick-borne encephalitis in Switzerland, 2005 to 2011.**  
M. Schuler, et al, Eurosurveillance, 2014;19



**FIGURE 2**

Incidence of tick-borne encephalitis by age and sex, Switzerland, 2005 to 2011 (n=1,053)





# Immunosenescence it is...

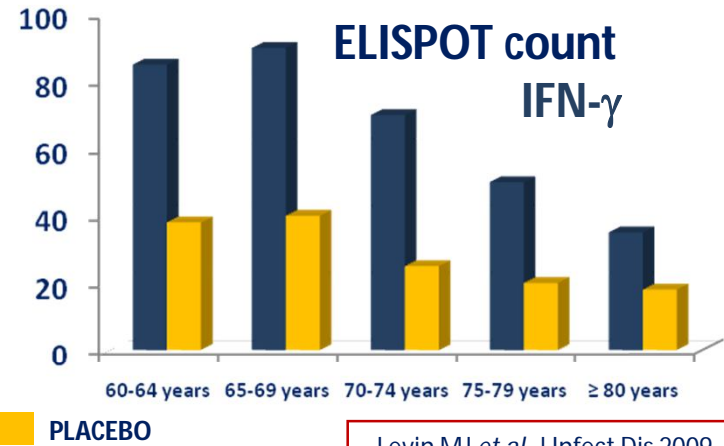
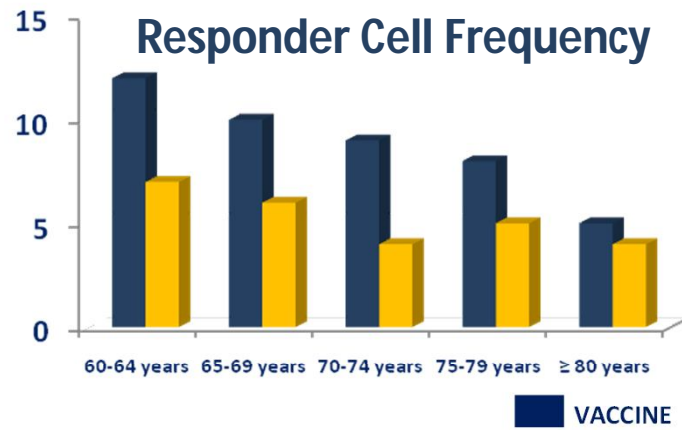
## AT THE INDIVIDUAL LEVEL

- A chronic state of low-grade inflammation (commonly named *Inflamm-aging*)
- ↗ intensity of inflammatory reaction
- ↗ susceptibility to common pathogens
- ↗ susceptibility to emerging pathogens
- ↘ vaccine immunogenicity and efficacy

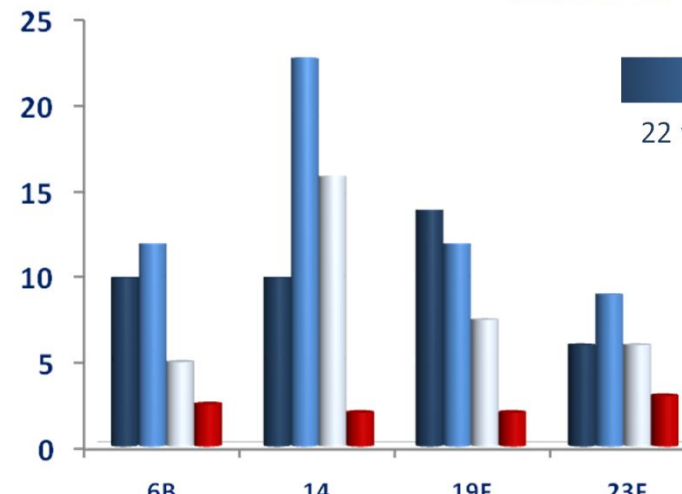
## Herpes zoster vaccine

## Pneumococcal vaccine

## Influenza vaccine

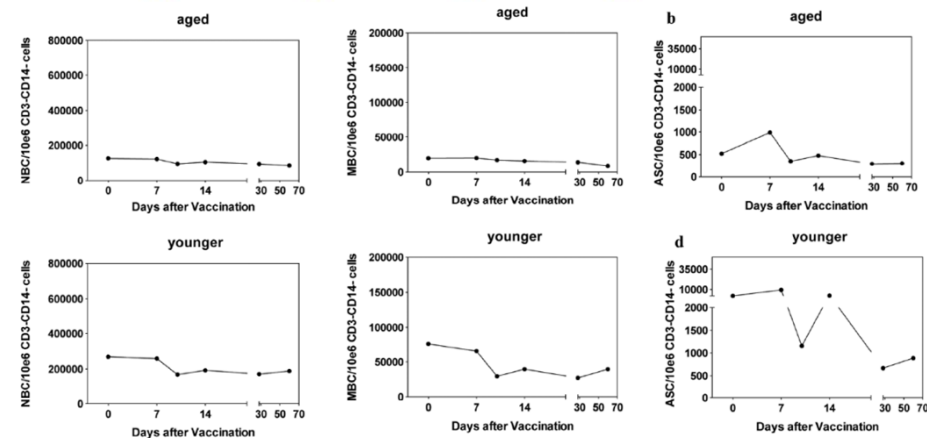


Levin MJ *et al*, J Infect Dis 2009



- A reduced humoral immune response to PPSV-23 is observed with advancing age.
- This reduction is also observed with the new PCV-13

Vila-Corcoles A *et al*, Drugs Aging, 2013



N = 74 individuals ranging in age from 65 to 87 year

Kurupati RK *et al*, Aging 2013

# Immunosenescence it is...

## AT THE INDIVIDUAL LEVEL

- A chronic state of low-grade inflammation (commonly named *Inflamm-aging*)
- ↗ intensity of inflammatory reaction
- ↗ susceptibility to common pathogens
- ↗ susceptibility to emerging pathogens
- ↘ vaccine immunogenicity and efficacy
- ↗ incidence of auto-immune disorders
- ↗ incidence of cancers
- ↗ incidence of main age-related diseases

# IMMUNOSENESCENCE

## EPIISODE III

*« A complex reality that is not fully understood »*



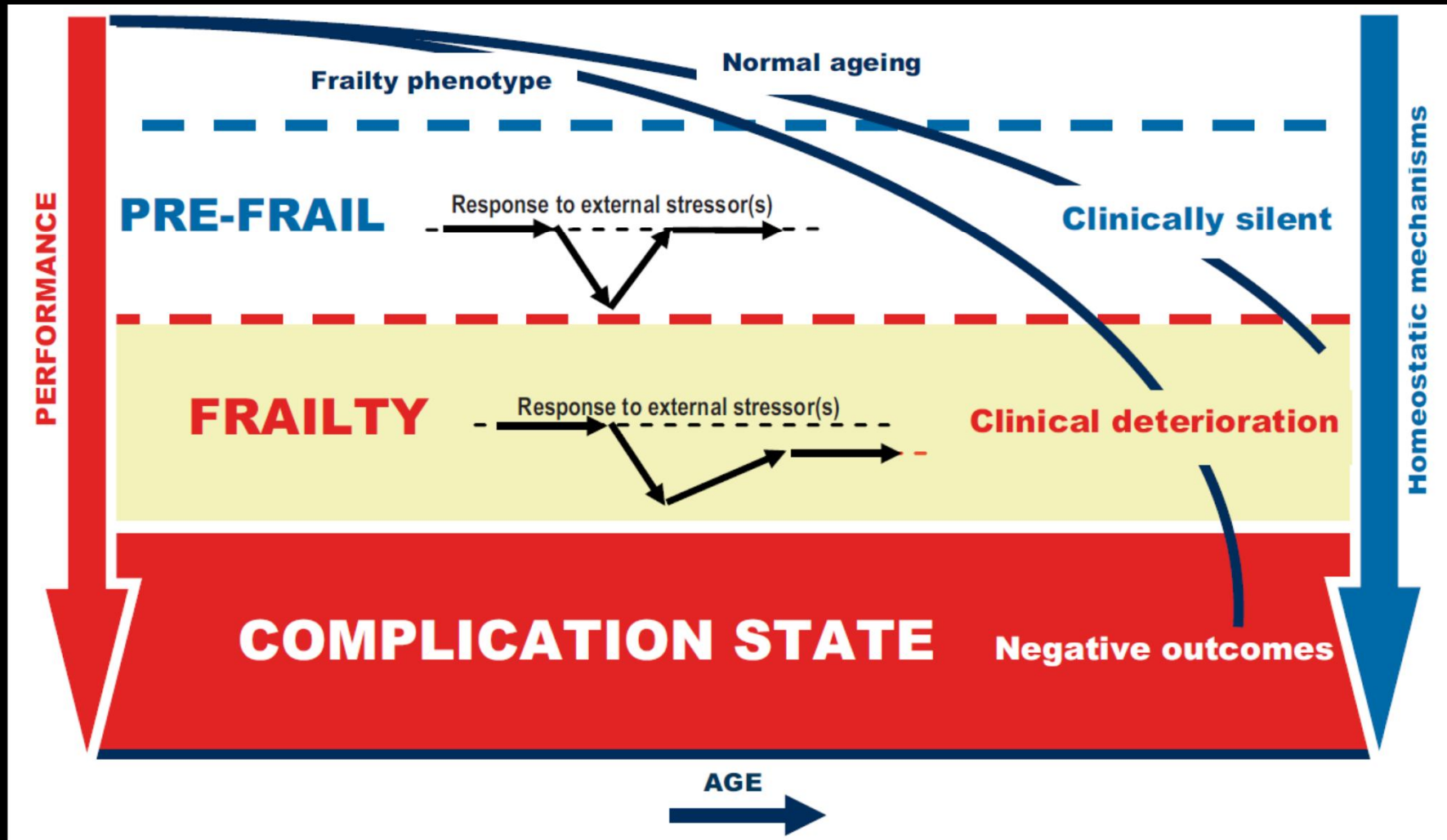
If Ageing is Universal, Intrinsec, Progressive and somehow Deleterious  
Ageing is

Environment (comorbidity) → **HETEROGENEOUS** ← Genetic Epigenetic

80% OF >80 Y POP. AT HOME WITHOUT ANY DISABILITY

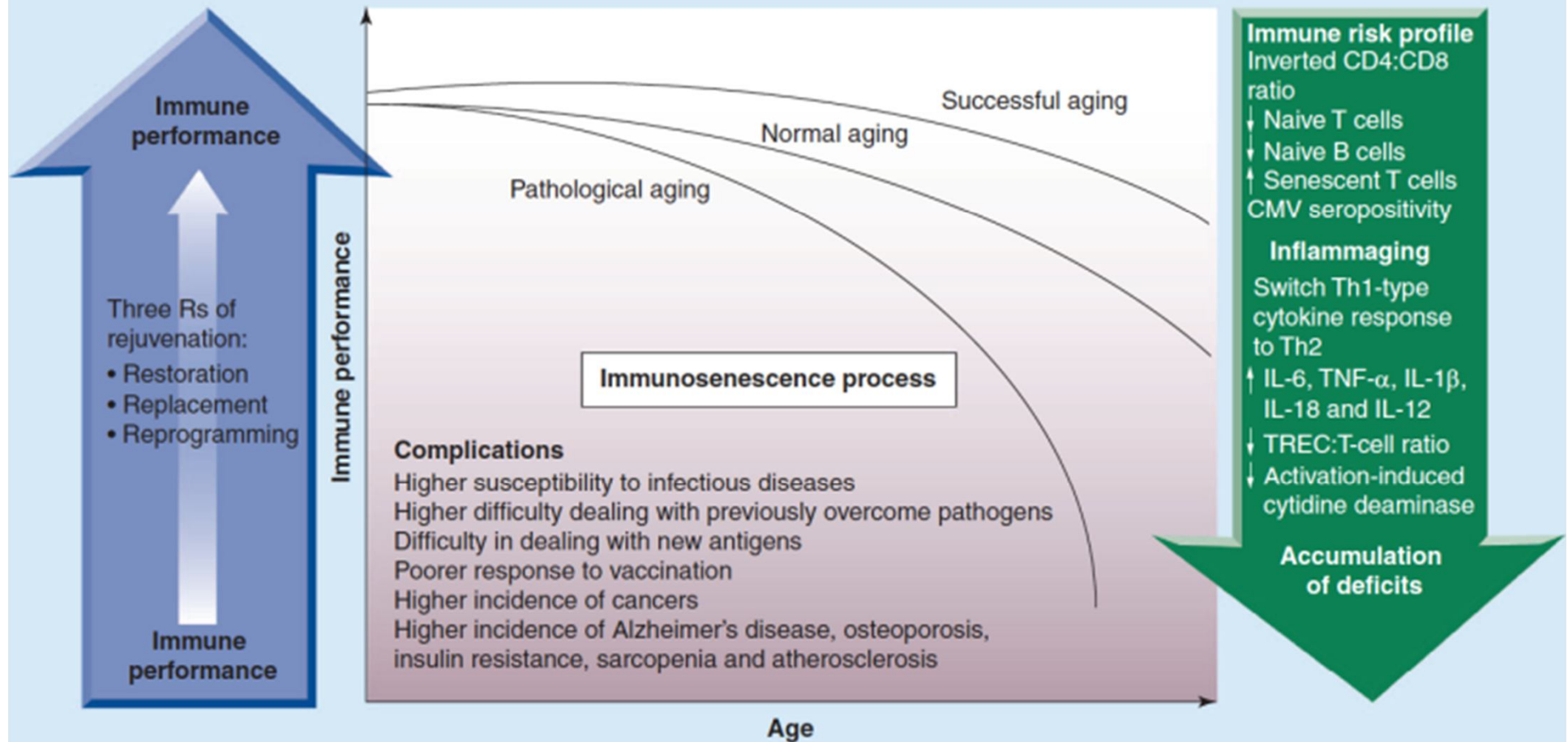


# AGEING is heterogeneous...



Performance and homeostatic reserve are gradually getting **WEAKER** with advancing age

# AGEING is heterogeneous...

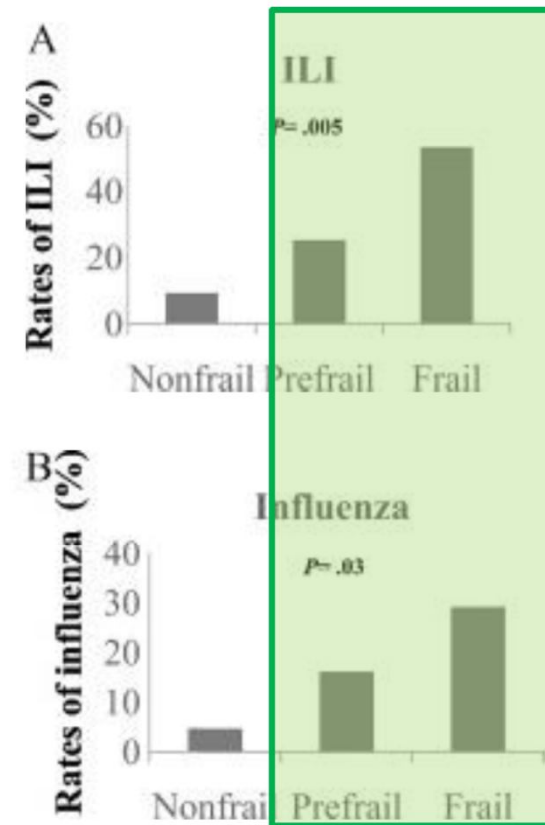
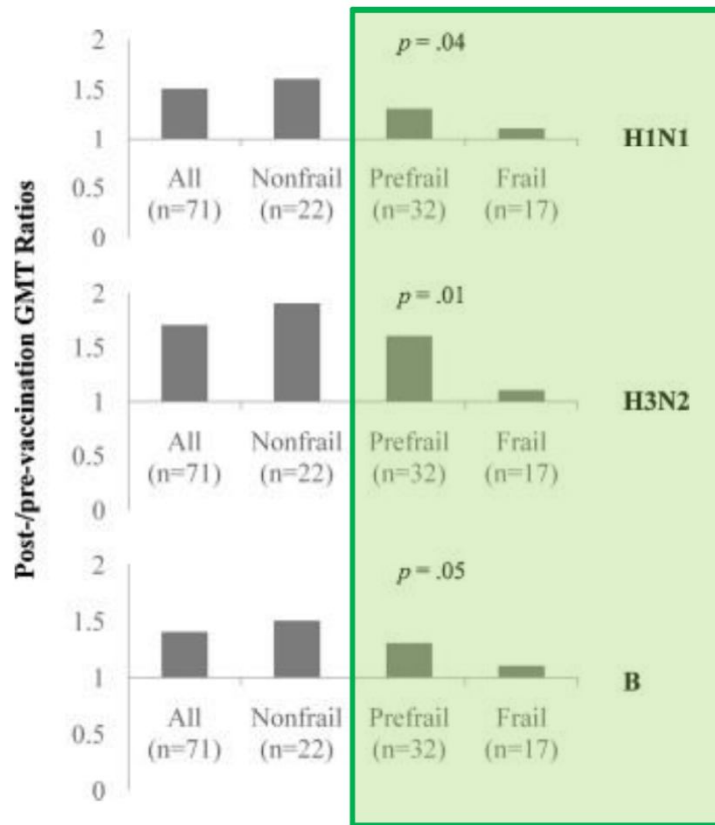


The immune system is also gradually getting **WEAKER**

From a clinical point of view...

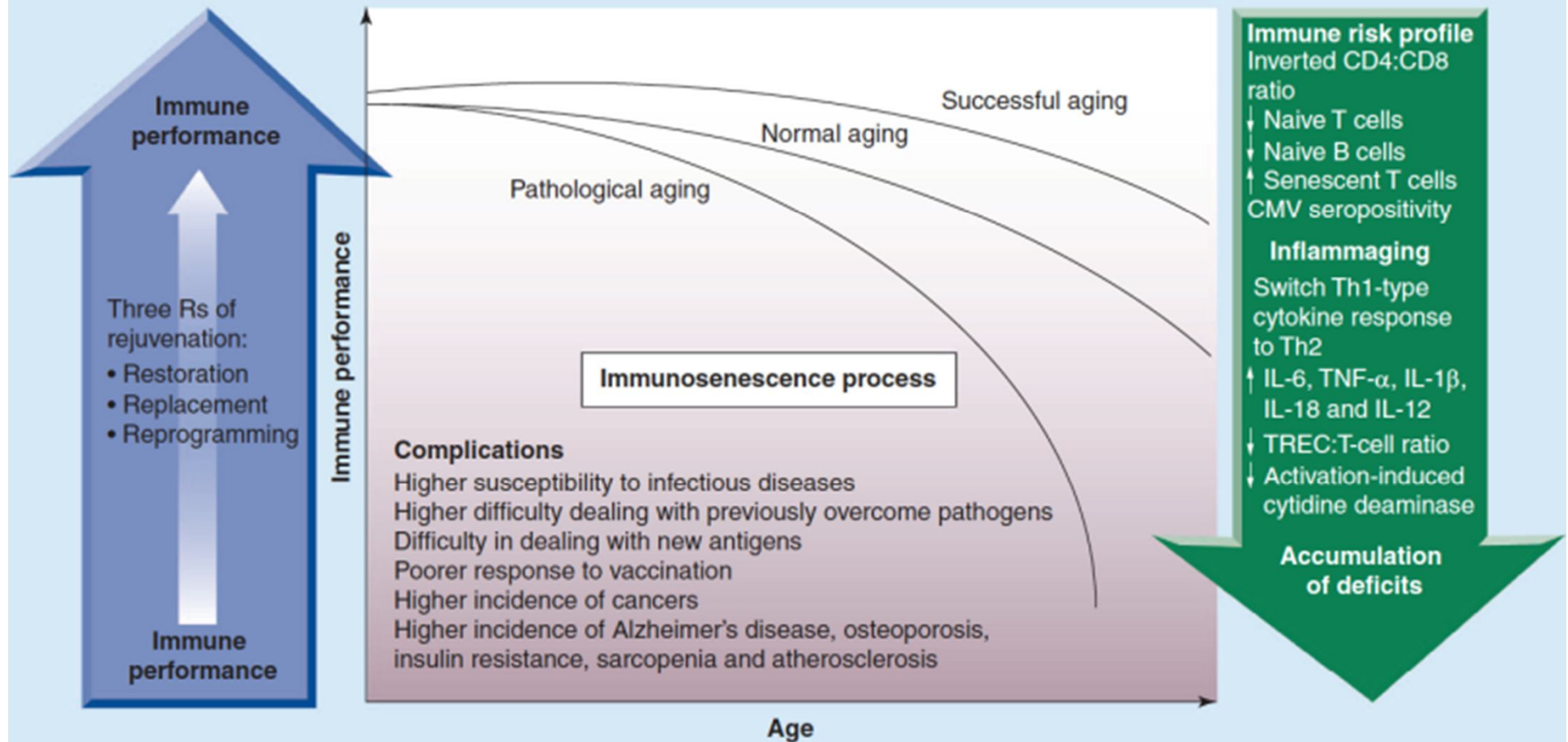
**INFLUENZA**

**IMMUNOSENESCENCE & VACCINE RESPONSE**





# AGEING is heterogeneous...



**BUT the immune system is also gradually getting WEAKER**

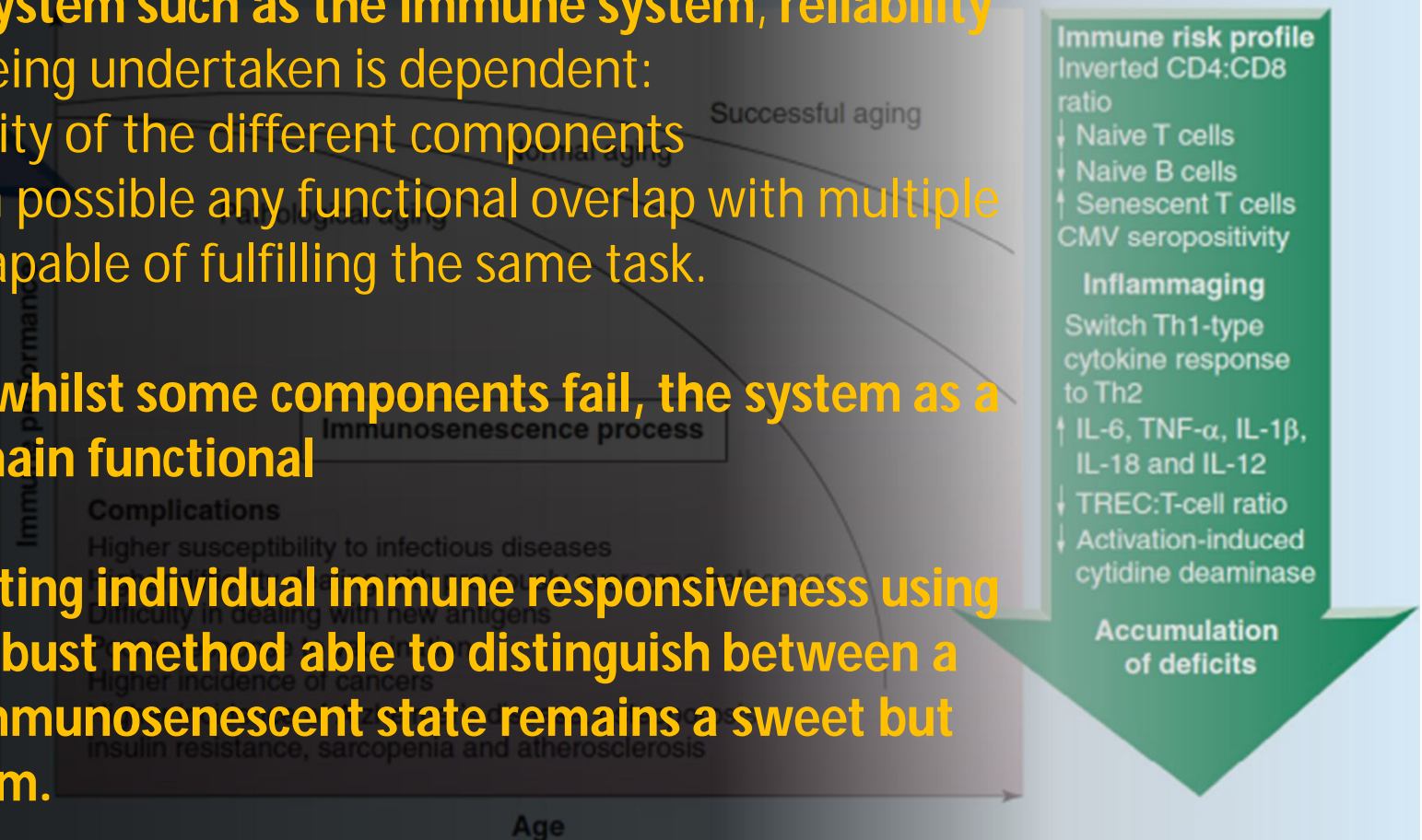
# BUT... because there always is a "but"

In a complex system such as the immune system, reliability of functions being undertaken is dependent:

- (1) of the quality of the different components
- (2) but also on possible any functional overlap with multiple components capable of fulfilling the same task.

**"BUT"** - Thus, whilst some components fail, the system as a whole can remain functional

**"BUT"** - Predicting individual immune responsiveness using a single and robust method able to distinguish between a healthy and immunosenescent state remains a sweet but desirable dream.



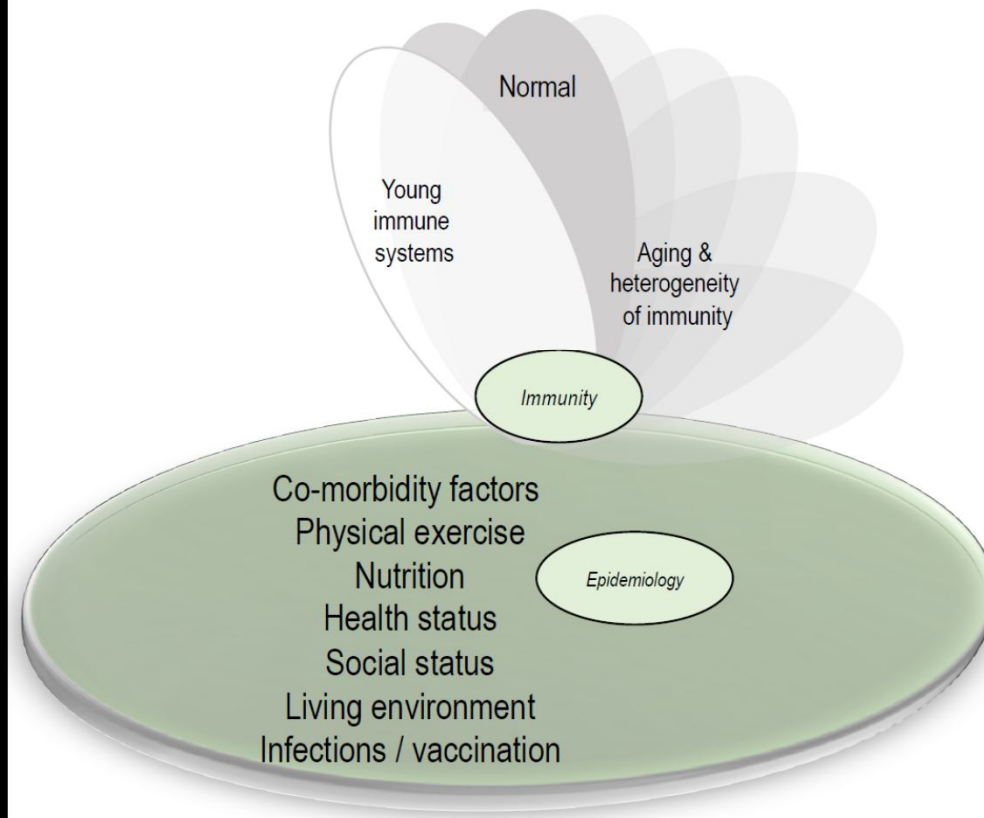
**AND with immunosenescence, there are many "BUT"**

# Age-associated immune remodelling

Although an individual's age is a major contributor, there is no single cause of immunosenescence.

Rather, it is the consequence of a complication of events including ...

## INDIVIDUAL'S IMMUNE COMPTENCY



...is a complex reality that is far to be fully understood yet

BUT... because there always is a “but”

Healthy  
and  
normally effective  
immune system



Non-functional  
immune system



**WE STILL HAVE TO MAP THIS ROAD**

TO IDENTIFY SPECIFIC TARGETS AND DEFINE THE OPTIMAL TIMING FOR NOVEL THERAPEUTIC APPROACHES

**The immune system is gradually getting WEAKER**



# IMMUNOSENESCENCE: EPISODE IV

## THE PARADOX

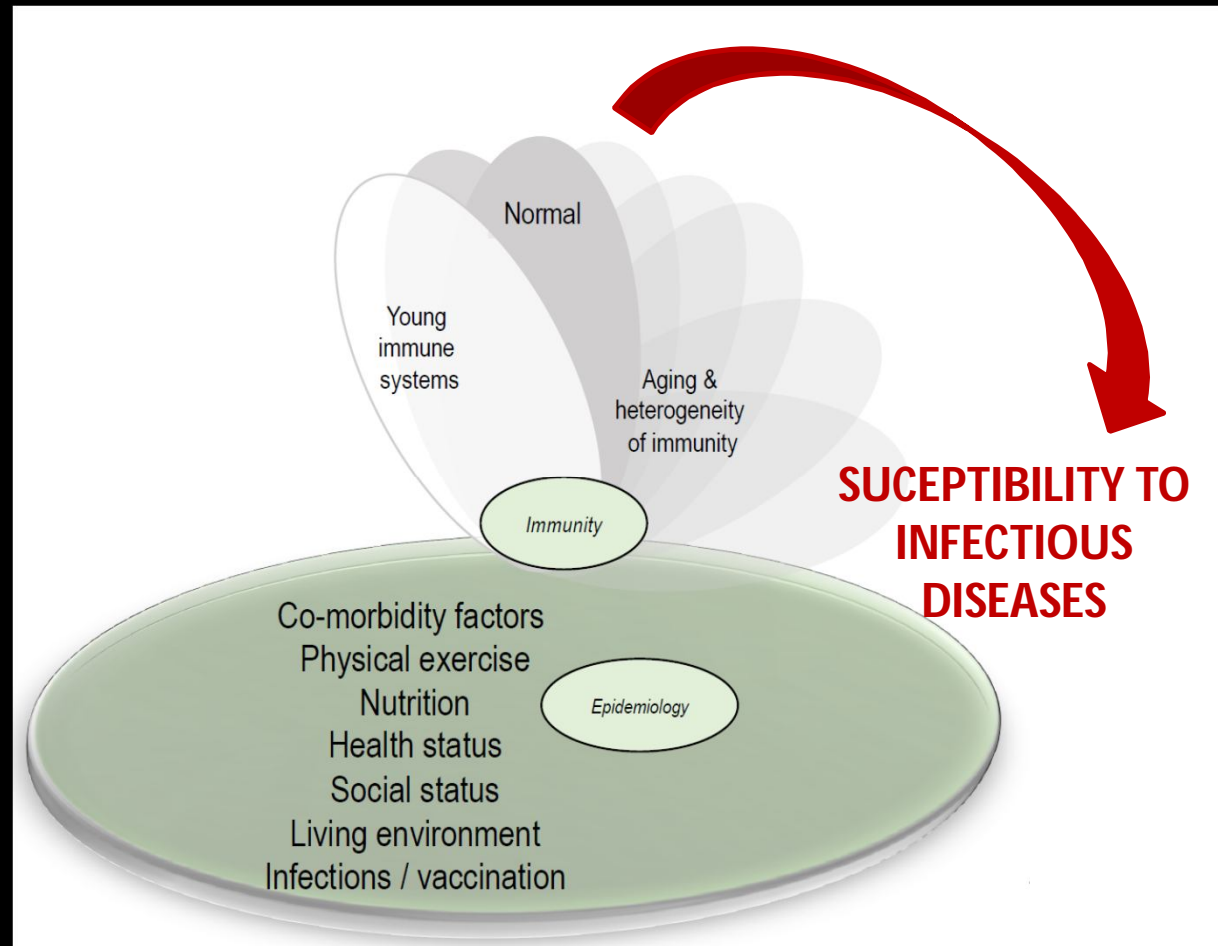
*« ... It is commonly believe that immunosenescence reduces vaccine responsiveness, but we advocate for immunization programmes in this population ... »*

Lang PO & Aspinall R. Vaccination in the elderly: What can be recommended? *Drugs Aging*.  
2014;31:581-99

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Although an individual's age is a major contributor, there is no single cause of immunosenescence.

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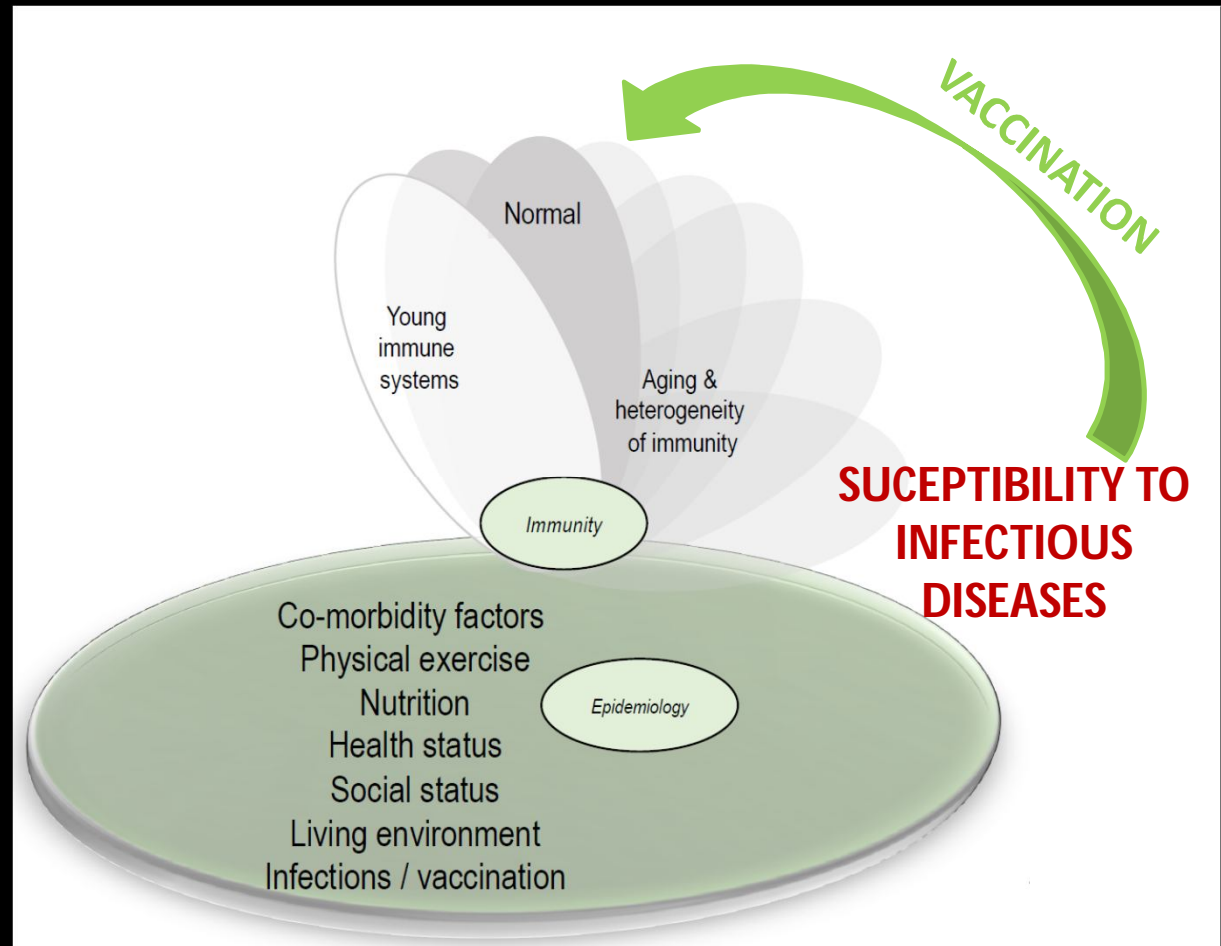


...is a complex reality that is far to be fully understood yet

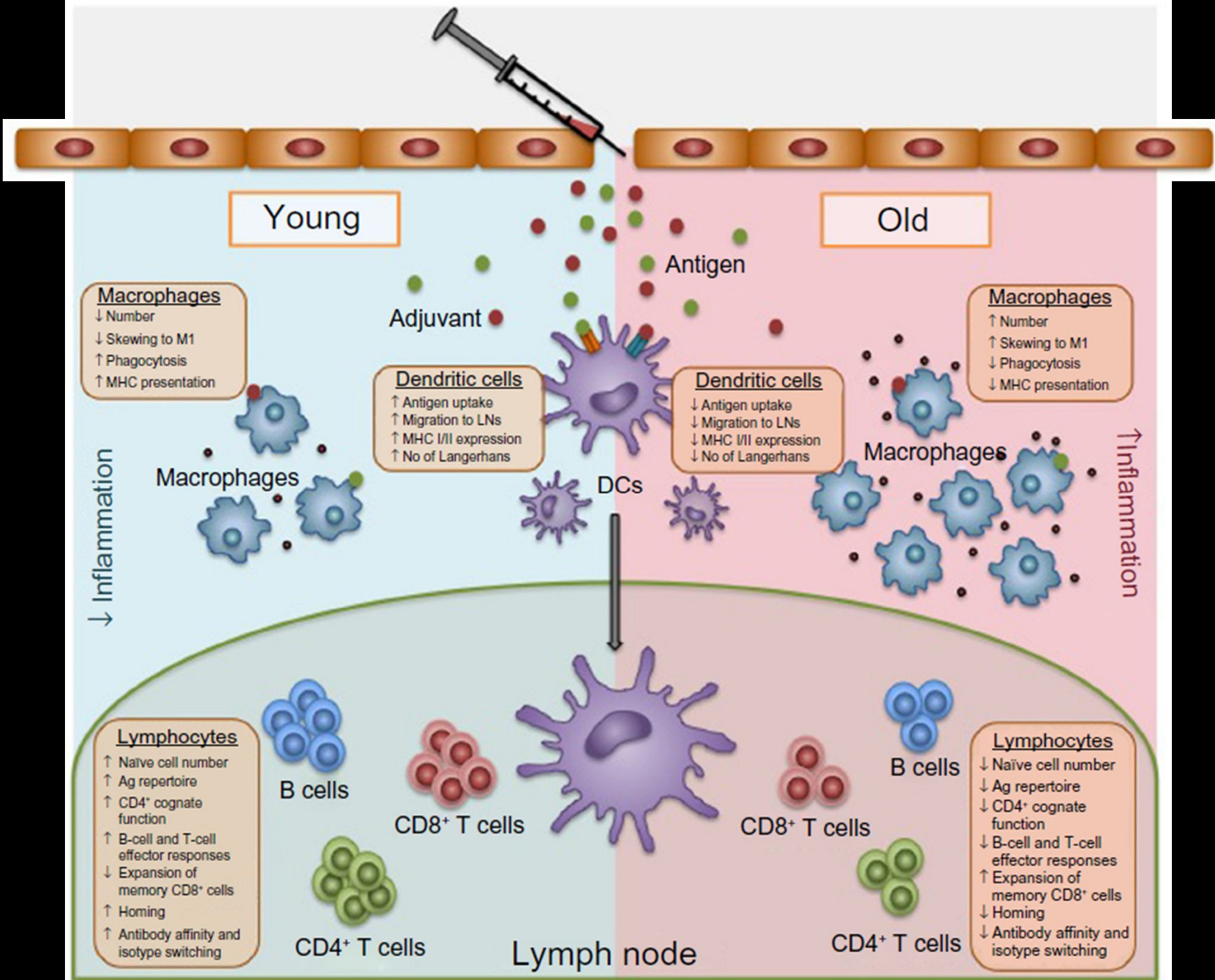
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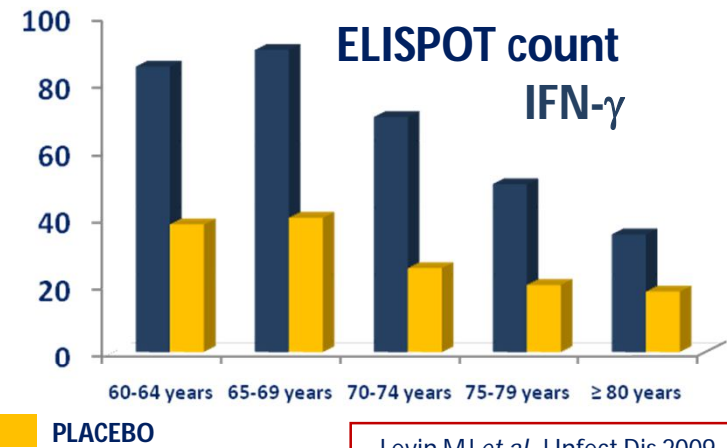
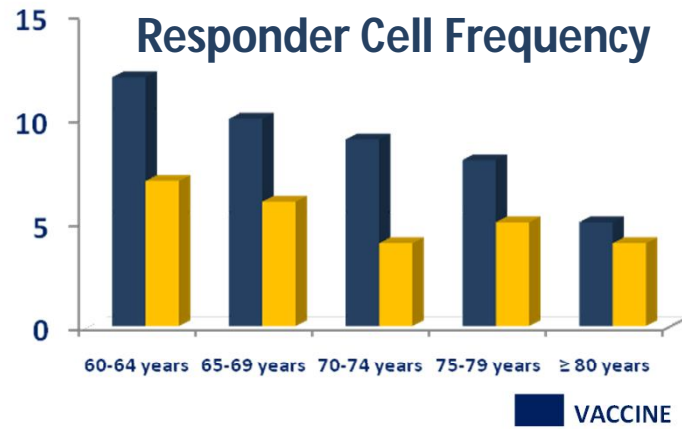


...is a complex reality that is far to be fully understood yet



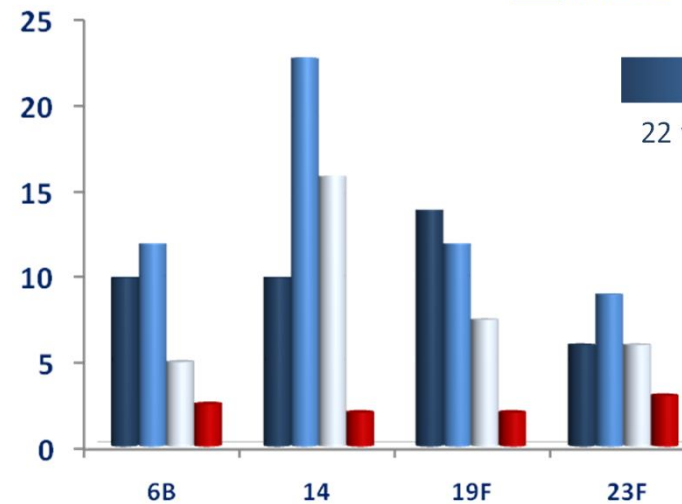


## Herpes zoster vaccine



Levin MJ *et al*, J Infect Dis 2009

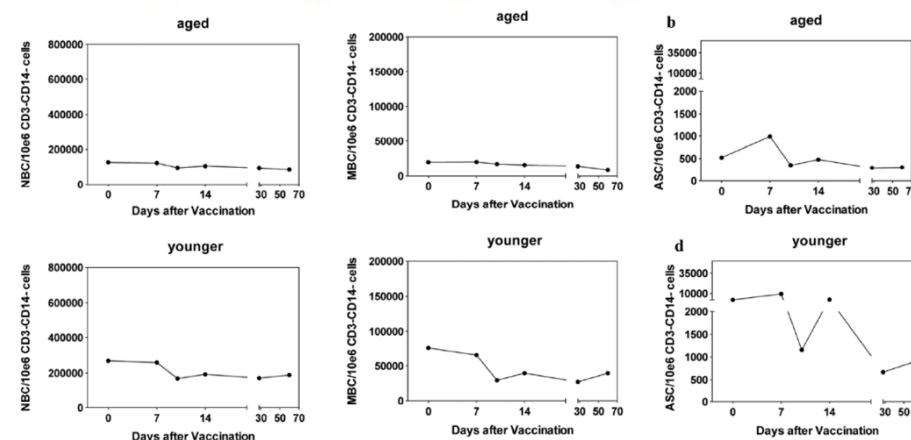
## PPSV23 vaccine



- A reduced humoral immune response to PPSV-23 is observed with advancing age.
- This reduction is also observed with the new PCV-13

Vila-Corcoles A *et al*, Drugs Aging, 2013

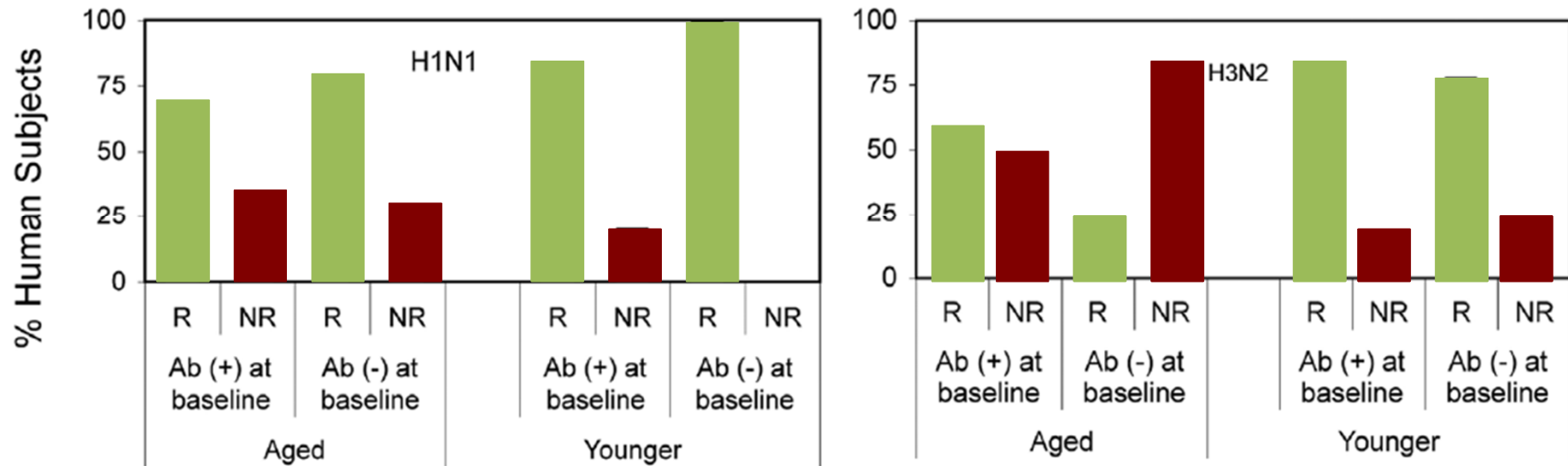
## Influenza vaccine



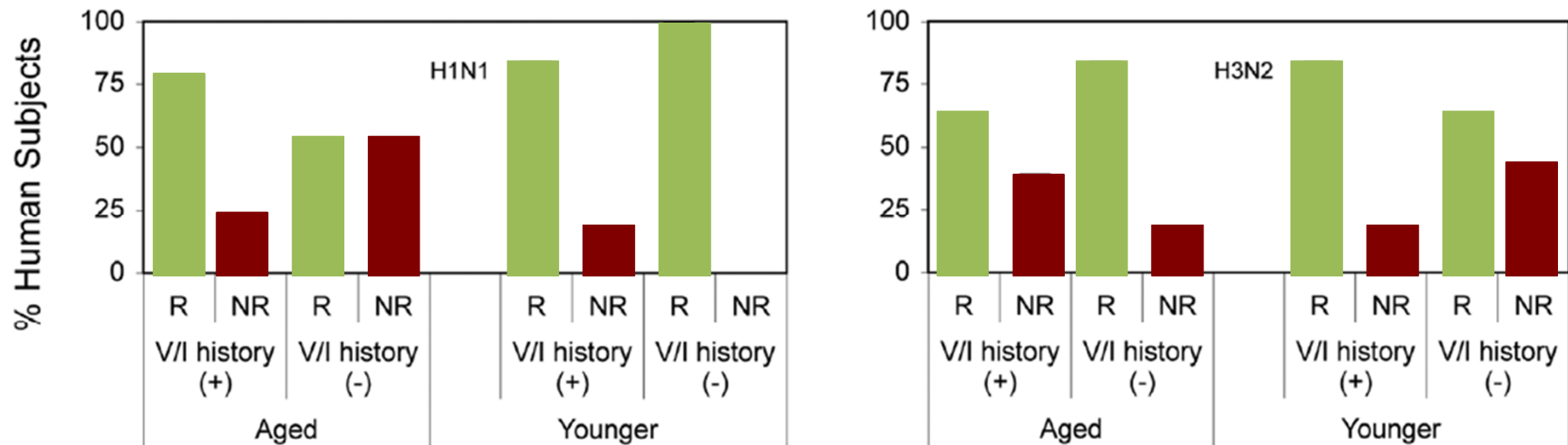
N = 74 individuals ranging in age from 65 to 87 year

Kurupati RK *et al*, Aging 2013

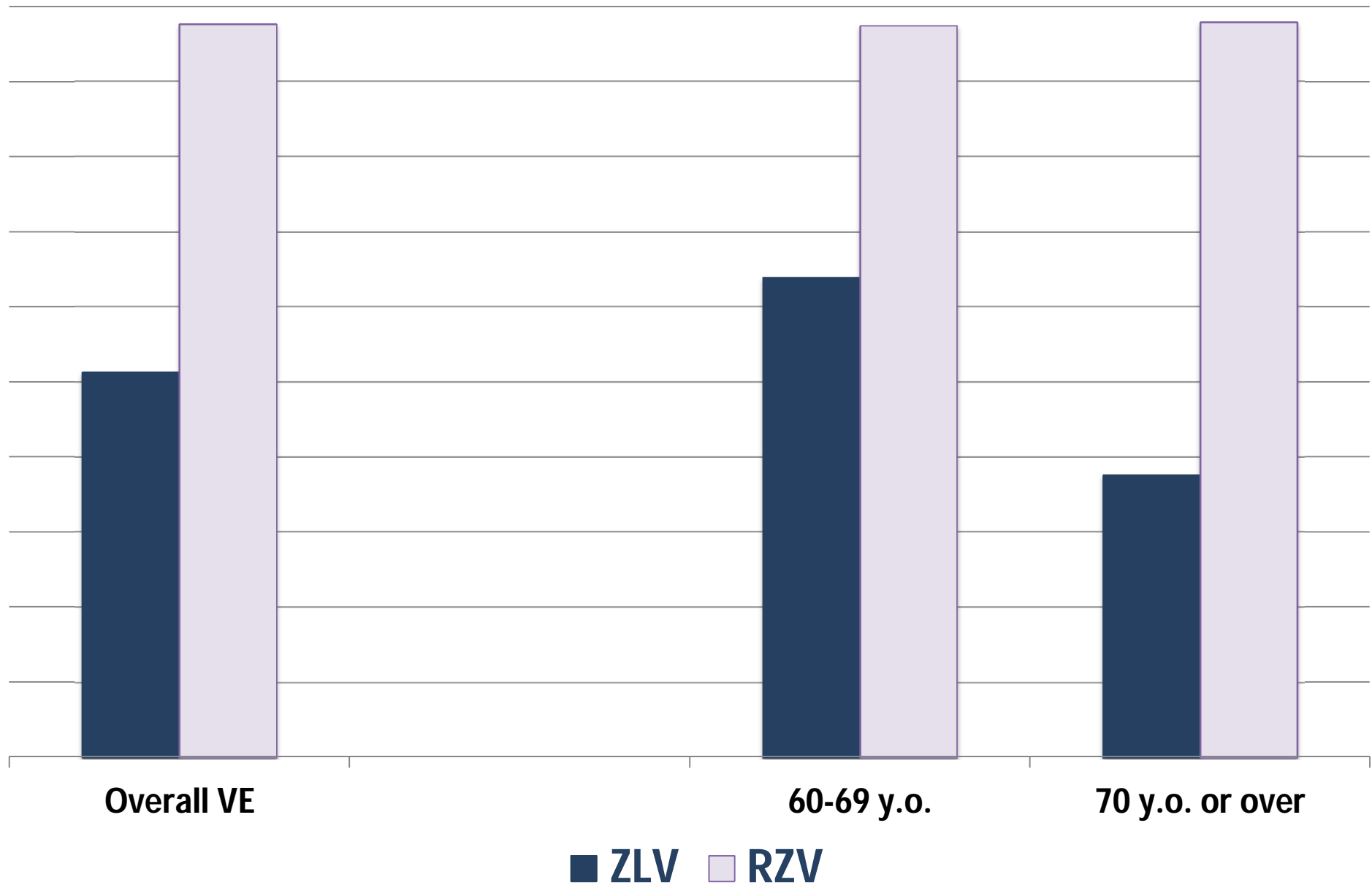
# BUT, the story can change because of ...



B cell responses to the 2011/2012-influenza vaccine in the aged  
R.K. Kurupati et al, Aging, 2013



# BUT, the story can change because of ...

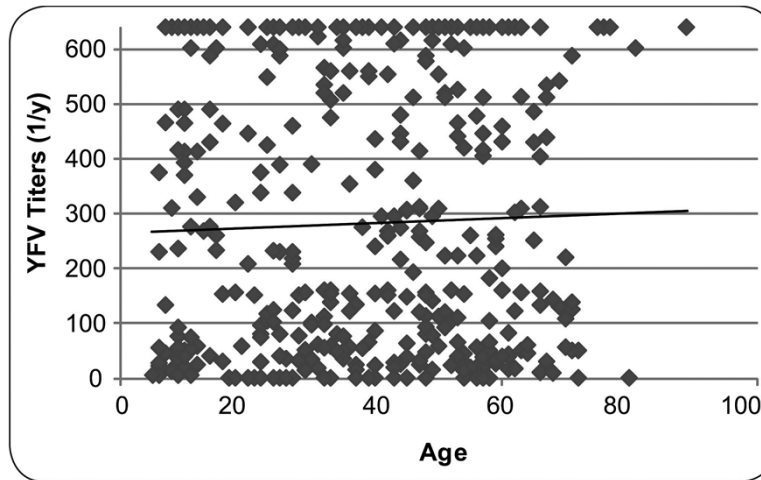


**Yellow fever**

**FSME**

**Pertussis**

**Tdap**



**Effect of AGE on AB titer**  
**OR = 1.054 ; 95% CI 1.009-1.099**  
 $p = 0.016$

N = 383 adults in Brazil

Wolff Machado V *et al*, Rev Soc Bras Med Trop 2013

- Studies have revealed a significantly lower antibody response in people more than 50 years of age compared to that of younger individuals (< 30 years).
- Pre- and post-booster antibody concentrations as well as neutralizing antibody titers are significantly lower among those over 50 years of age in response to TBE vaccination.
- BUT no age-related differences are found in the avidity and functional activity of antibodies induced by vaccination.

Lang PO *et al*, Curr Top Med Chem 2013

Stiasny K *et al*, PLoS ONE 2012

- A single dose of aP vaccine induced good and effective immune response in most older individuals (89% pertussis toxoid – 96% filamentus hemagglutinin, and 94% pertactin).

Theeten H *et al*, Curr Med Res Opin 2007

Grimpel *et al*, Vaccine 2005

- A single dose of Tdap (Boostrix®) is immunogenic in adults aged 65 years or older. BUT long-lasting immunity is only provided by repetitive booster doses

Van Damme P *et al*, Vaccine 2011

Weinberger B *et al*, PLoS ONE 2013

# Age-associated immune remodelling

- #1: Lower vaccine responsiveness is a trend not observed with all the vaccines.
- #2: **The vaccine efficacy and effectiveness do not only depend of the quality of the vaccinee (age, comorbidities, nutrition and etc) but also of the vaccine type:**
  - *in terms of antigenic contents (sub-unit, live attenuated, etc..)*
  - *in term of the pathogen targeted (epidemiology, way of infectivity)*
  - *in terms of presence or not of an adjuvant*
  - *and, in terms of route of administration*
- #3: The link between immunogenicity and protection is not direct and this because:
  - *While antibody level is important, the quality of the antibodies produced is also of high importance (avidity and affinity)*
  - *Is the immune component(s) that effectively induce(s) the protection really the readout considered?*
- #4: The vaccine responsiveness can be influenced by prior contact(s) with pathogen antigen(s) and/or prior vaccination.

...and vaccine responsiveness. Who has said easy?

# IMMUNOSENESCENCE EPILOGUE

Aspinall R & Lang PO. Vaccine choice for older people, looking beyond age specific approaches.  
Expert Rev Vaccines. 2018;17:23-30

*Despite the mass of information generated, neither the cross-sectional nor the longitudinal studies has provided a clear mapping of the age-associated remodeling processes that impact the immune system.*

*Despite the mass of information generated, neither the cross-sectional nor the longitudinal studies approach has provided a clearly identifiable strategy for manufacturers to design specific vaccines for older individuals.*

*Consequently, vaccine companies have taken a more pragmatic view in making changes in order to improve the immunogenicity of the vaccine by considering the immune system to be gradually getting weaker in older individuals and just providing a stronger stimulus.*

*To improve the ability of vaccines to protect older individuals we can no longer consider those over 65 years of age to be an homogenous population termed the 'elderly' displaying a condition termed immunosenescence.*

**TO BE CONTINUED ...**

**MAY THE FORCE BE WITH YOU!**

**[PLang@montchoisi.ch](mailto:PLang@montchoisi.ch)**



# IMMUNOSENESCENCE

## EPIISODE V

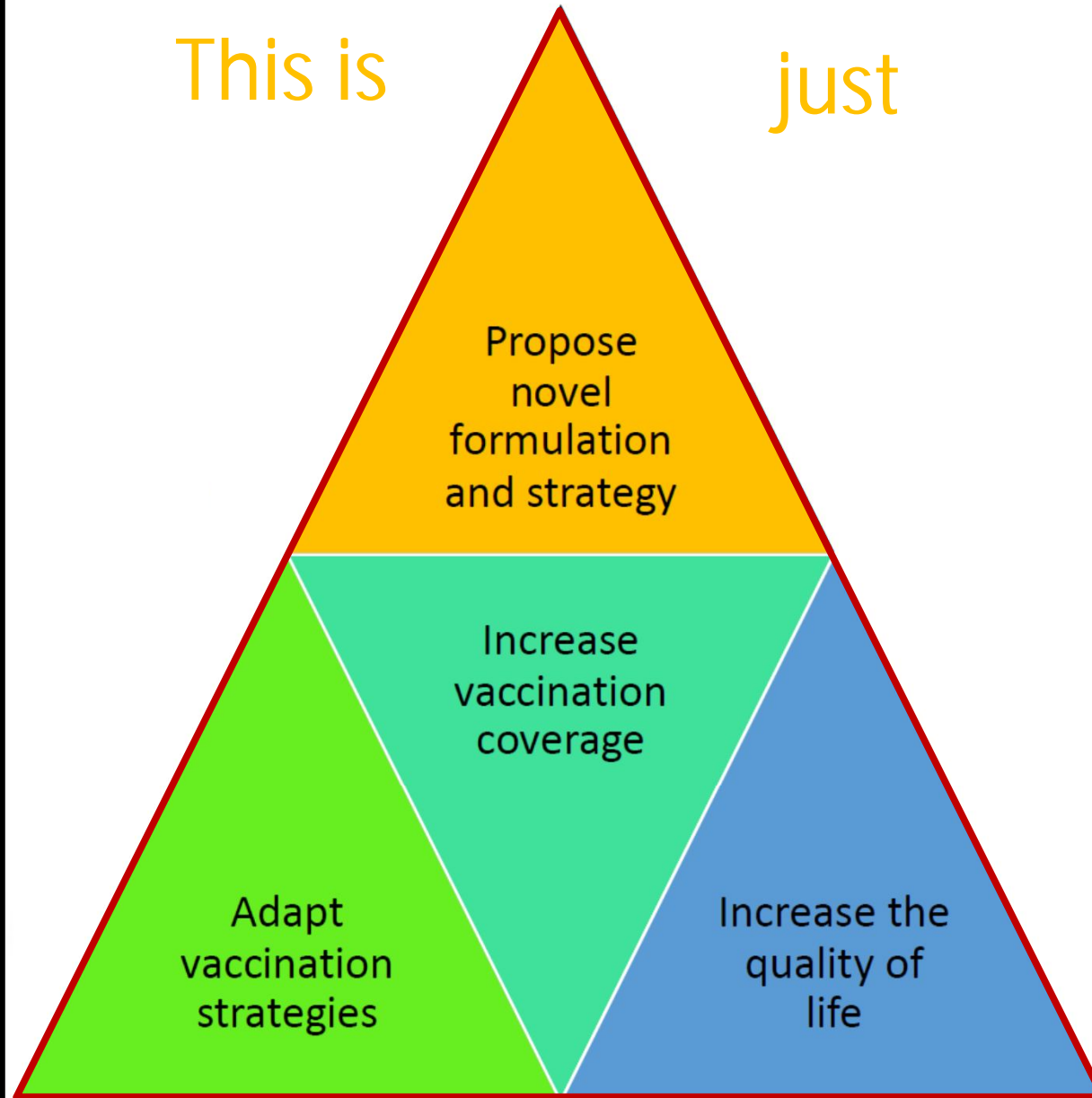
### Strategies to strike back

Lang PO & al. Reversing T-cell immunosenescence: Why, who, and how. *Age* 2013;35:609-20

Aspinall R & Lang PO. Intervention to restore appropriate immune function in the elderly.  
*Immun Aging*. 2018;15:5

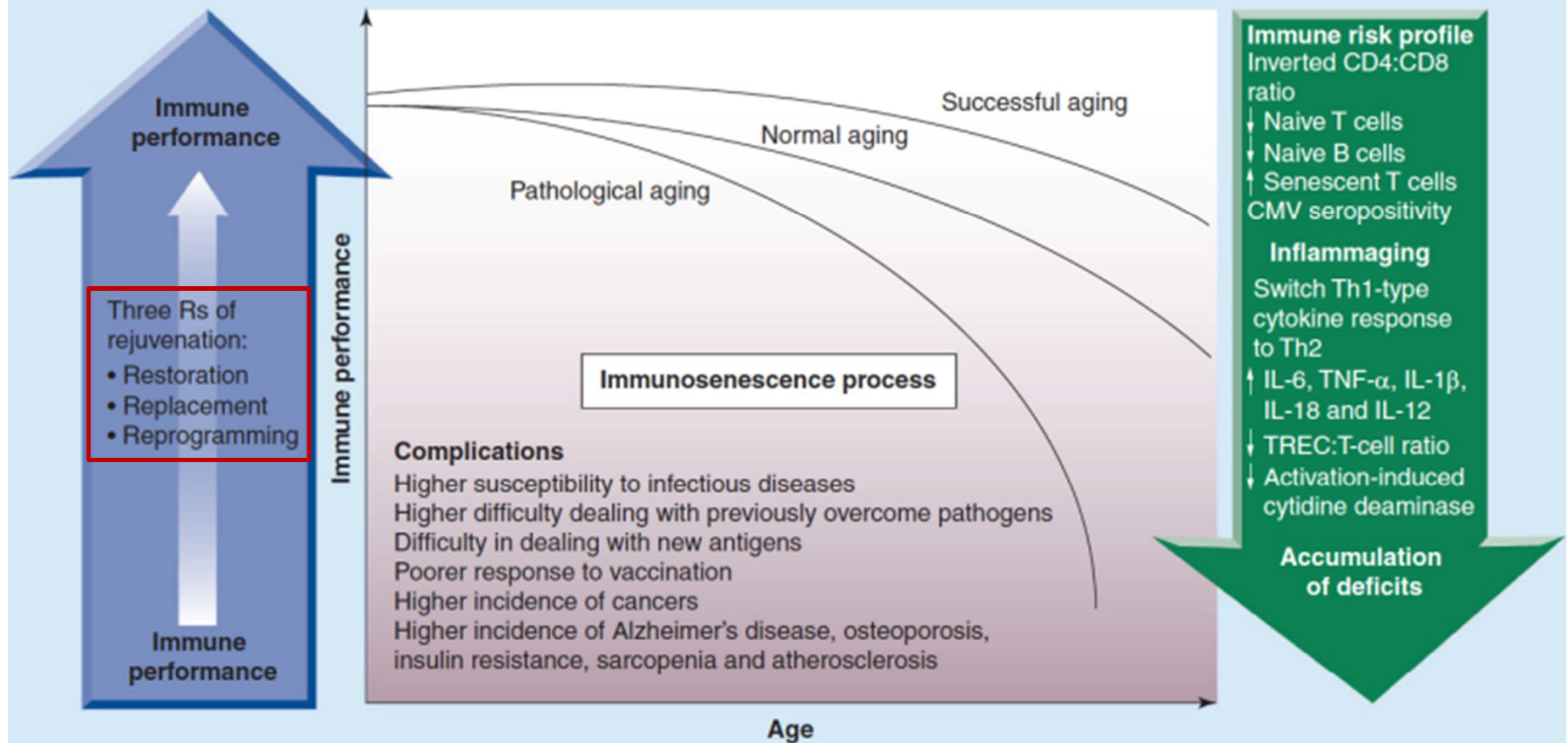
This is

just



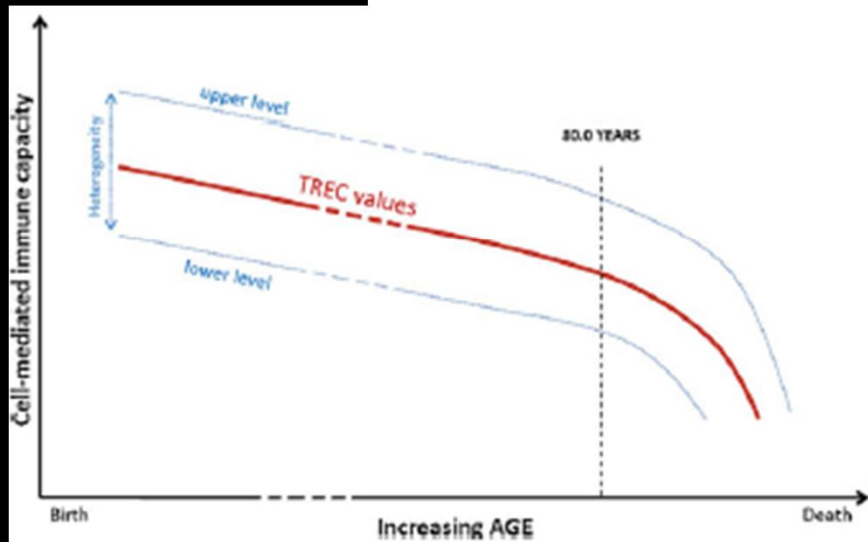
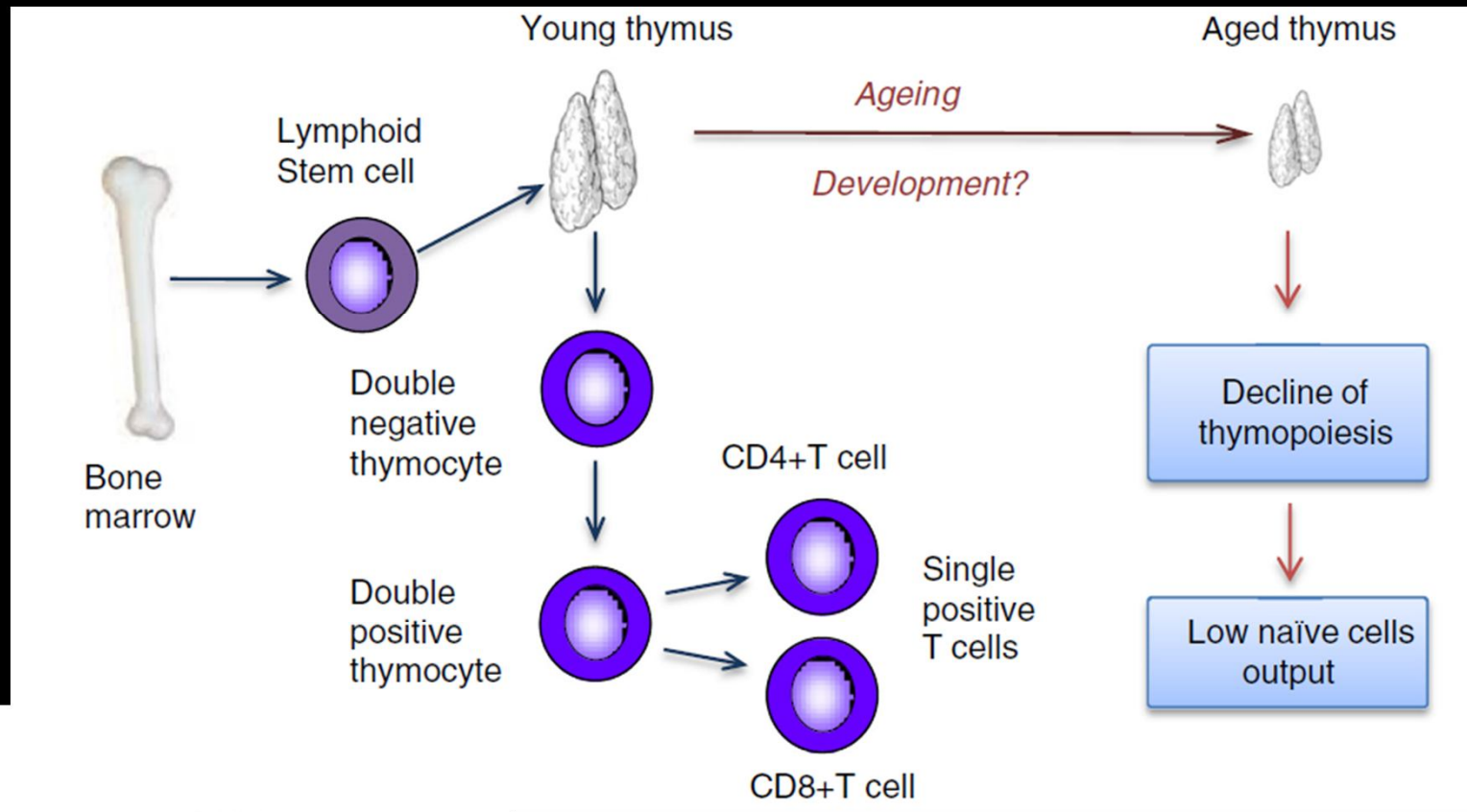
**A focus on what it is already possible to do now**

# More complicated things are also possible...



To enhance the immune system more in depth

# More specifically at the cellular and molecular level...



Clinical and Experimental Immunology ORIGINAL ARTICLE

## Tracing thymic output in older individuals

W. A. Mitchell,<sup>\*†</sup> P. O. Lang<sup>†</sup> and R. Aspinall<sup>\*†</sup>

<sup>\*</sup>Department of Immunology, Imperial College, London, and <sup>†</sup>Translational Medicine Group, Cranfield University, Beds, UK