

HIGH-VALUE
NUTRITION

Ko Ngā Kai
Whai Painga

Finding the right bioactives to build a stronger immune system

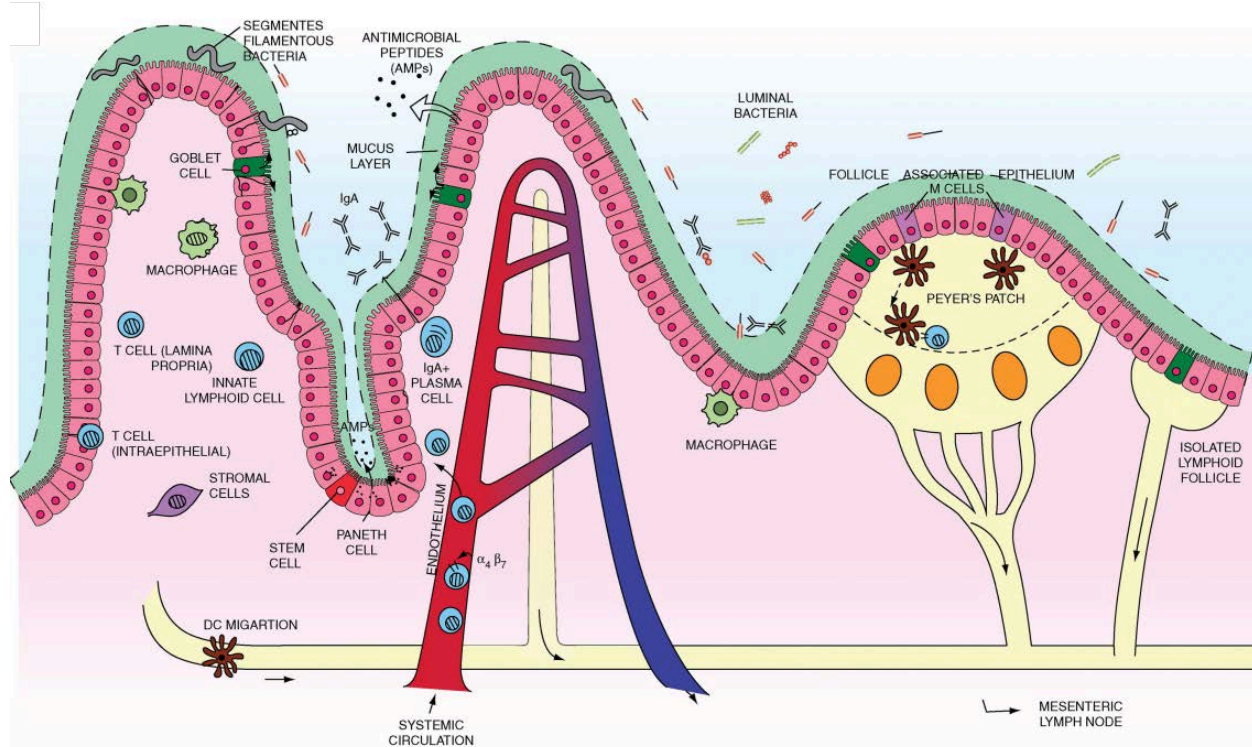
Olivier Gasser, PhD

27 September 2017

Host Institution



The gut: the largest immune organ

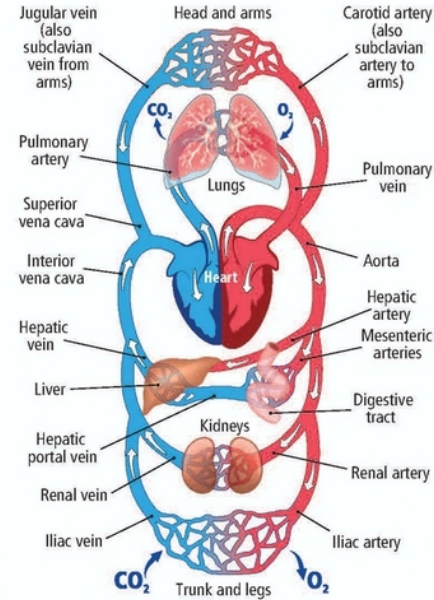
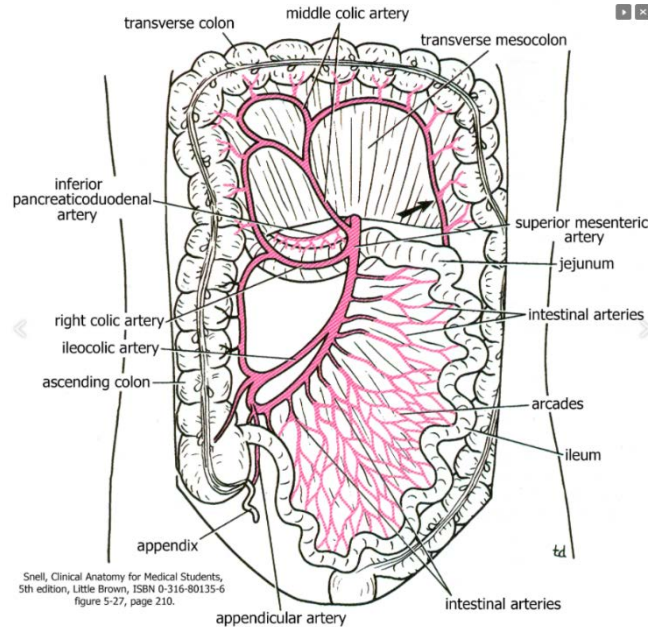


70% of immune system

60% of secreted immunoglobulins (grams)

10^6 lymphocytes/g tissue

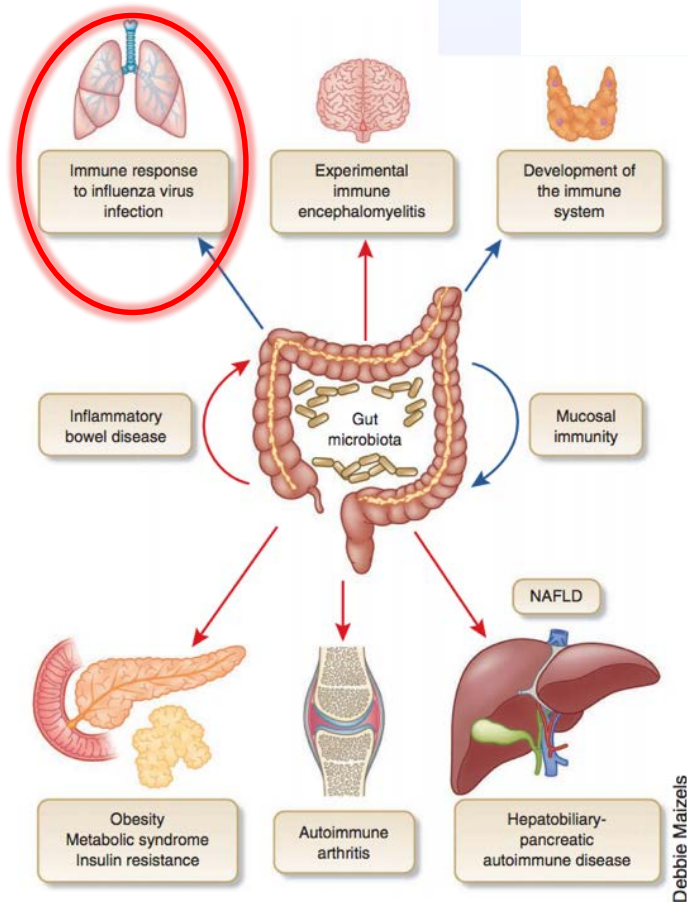
Immune effects beyond the gut



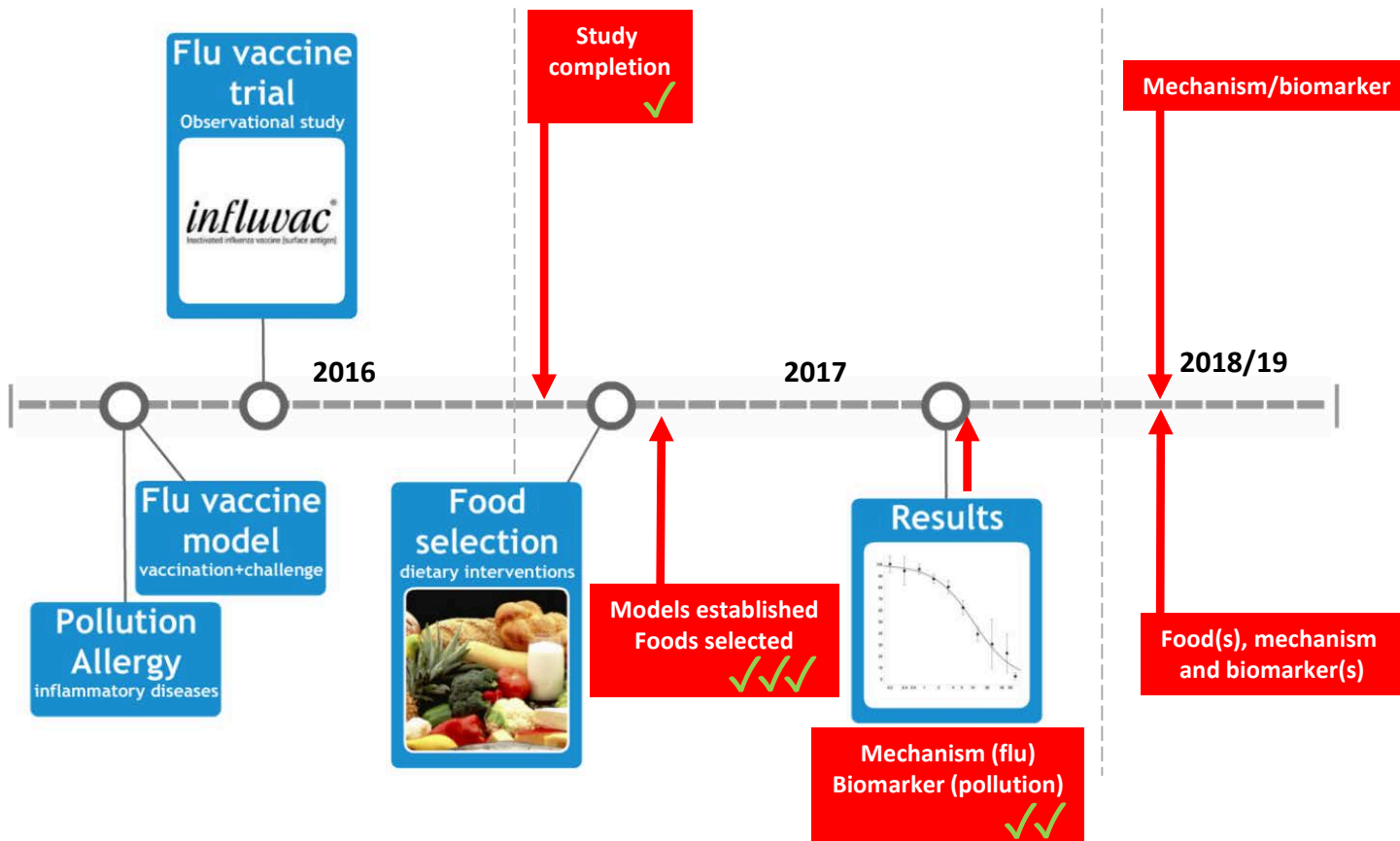
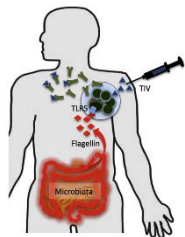
Systemic distribution of:

- **Food metabolites** (sugars, lipids, amino acids, and others)
- **Immune cells**
- **Immune effector molecules**
- **Microbiota-derived metabolites**

Immune effects beyond the gut



How can we identify the right bioactives?

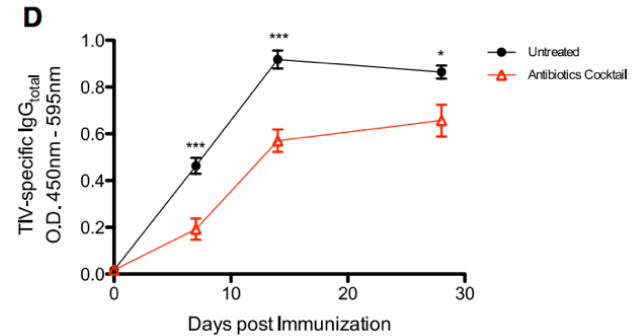
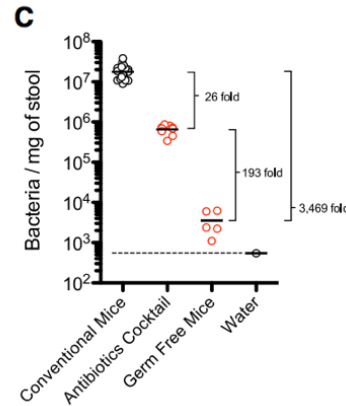
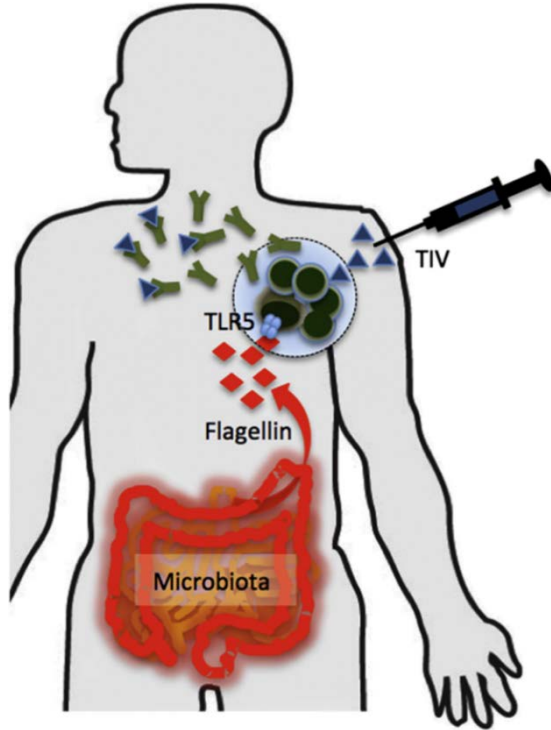


The microbiota: the in-built immune adjuvant



TLR5-Mediated Sensing of Gut Microbiota Is Necessary for Antibody Responses to Seasonal Influenza Vaccination

Jason Z. Oh,^{1,2} Rajesh Ravindran,^{1,2} Benoit Chassaing,⁴ Frederic A. Carvalho,^{4,5} Mohan S. Maddur,^{1,2} Maureen Bower,⁶ Paul Hakimpour,² Kiran P. Gill,^{1,2} Helder I. Nakaya,^{3,7} Felix Yarovsky,⁸ R. Balfour Sartor,⁶ Andrew T. Gewirtz,⁴ and Bali Pulendran^{1,2,3,*}

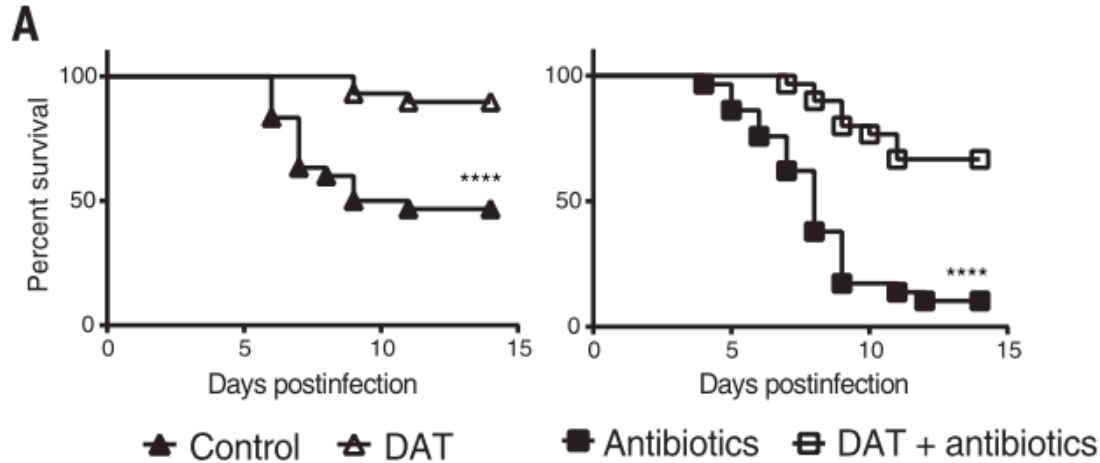


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The microbiota: the in-built immune adjuvant



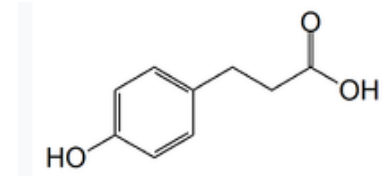
→ type I interferon amplification loop

RESEARCH

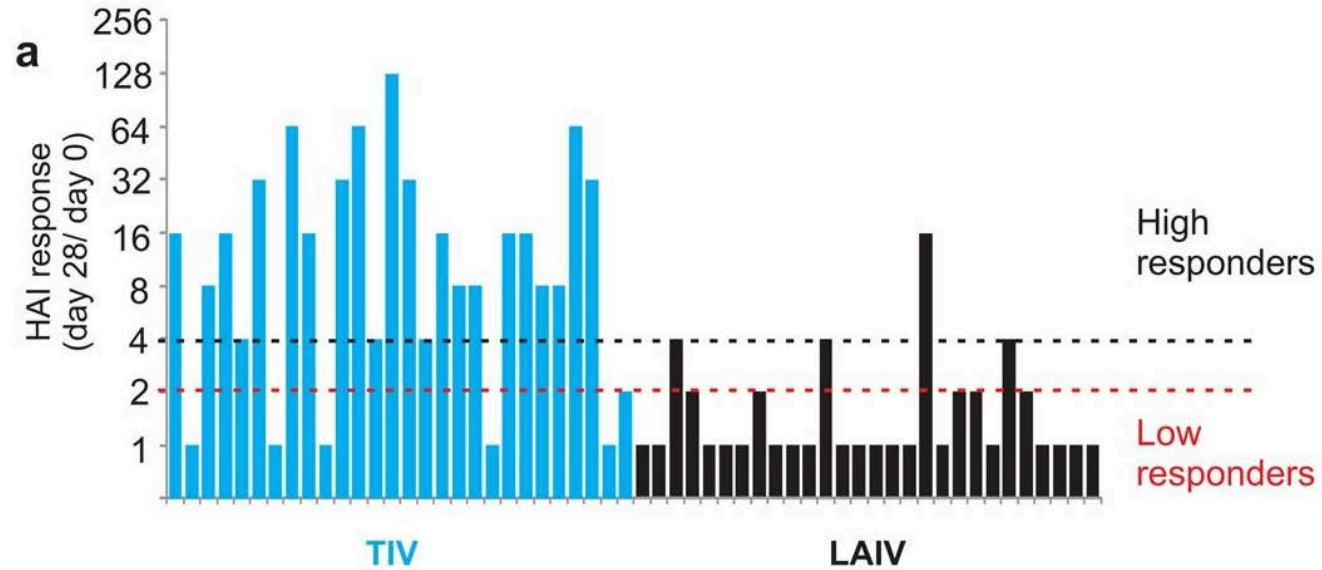
MICROBIOTA

The microbial metabolite desaminotyrosine protects from influenza through type I interferon

Steed *et al.*, *Science* **357**, 498–502 (2017) 4 August 2017



Is gut microbial composition linked with vaccine efficacy in humans?



Is gut microbial composition linked with vaccine efficacy in humans?

Feasibility study assessing the association between gut microbiota in healthy adults and antibody response to seasonal influenza vaccination

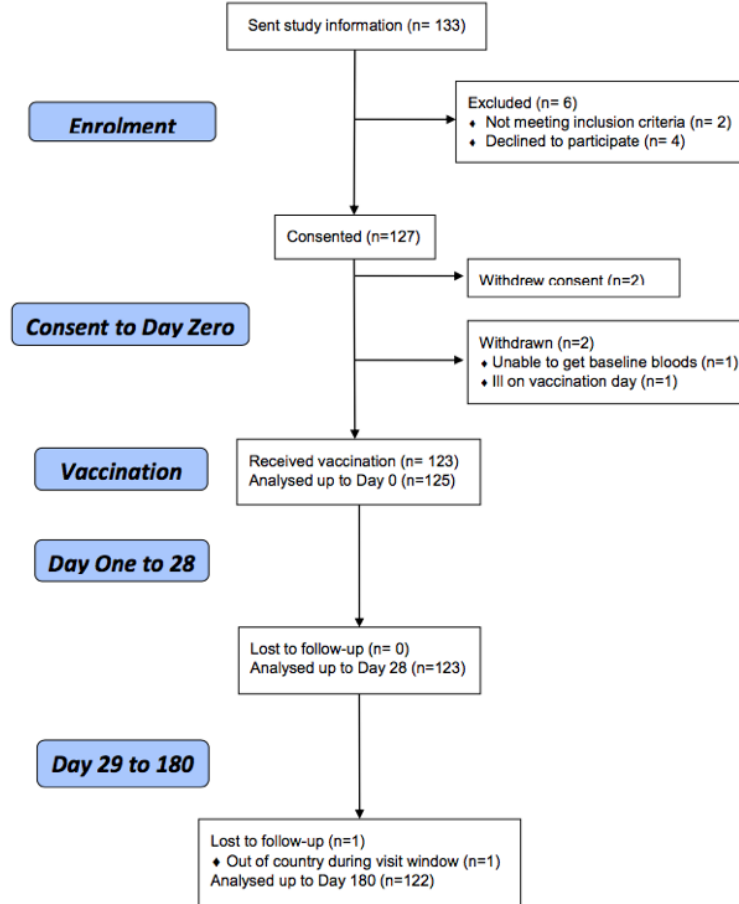
Internal Reference Number / Short title: Gut microbiota and influenza vaccine

Ethics Ref: 15/CEN/207

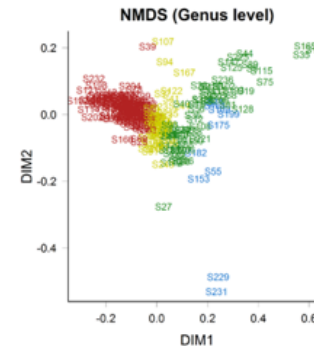
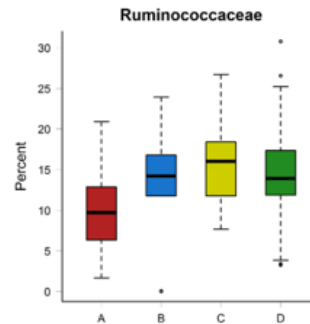
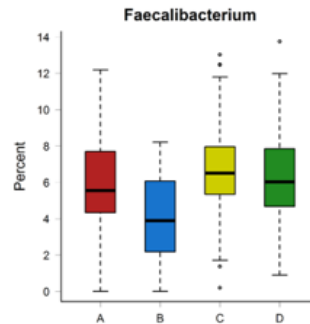
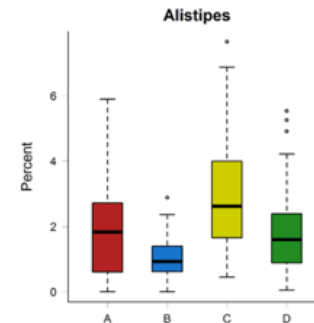
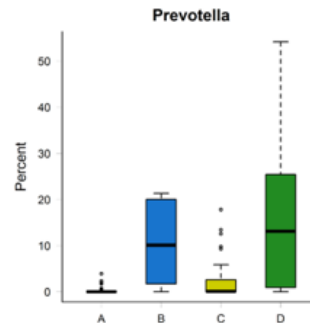
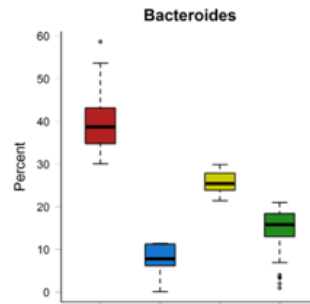
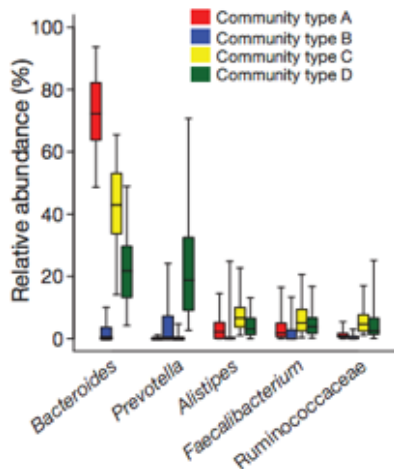
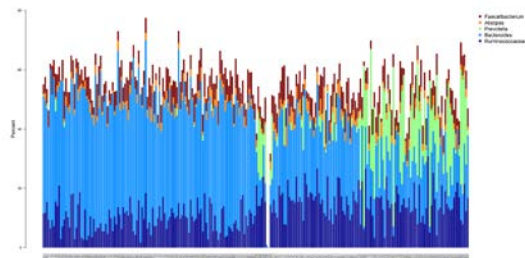
Each 0.5mL of the Influvac® vaccine contains antigens representative of the following type:

- A/California/7/2009 (H1N1)pdm09-like strain (A/California/7/2009, X-181) 15 µg haemagglutinin/dose
- A/Hong Kong/4801/2014 (H3N2)-like strain (A/New Caledonia/71/2014, X257A) 15 µg haemagglutinin/dose
- B/Brisbane/60/2008-like strain (B/Brisbane/60/2008, wild type) 15 µg haemagglutinin/dose

Study protocol



Microbial 'enterotype' analysis



Stability of enterotypes

| Stool Community Type Day Zero N/123 (%) | Stool Community Type Day 28 N/123 (%) | | | |
|--------------------------------------------|------------------------------------------|------------------|--------------------|--------------------|
| | SCT-A 59 (48) | SCT-B 6 (4.9) | SCT-C 26 (21.1) | SCT-D 32 (26.0) |
| SCT-A 64 (52) | 51 | 2 | 10 | 1 |
| SCT-B 4 (3.3) | 1 | 2 | 0 | 1 |
| SCT-C 23 (18.7) | 4 | 0 | 10 | 9 |
| SCT-D 32 (26) | 3 | 2 | 6 | 21 |

Abbreviation: SCT, stool community type.

Lack of association between enterotypes and immune outcomes

| | Univariate p value | Multivariate p value |
|-----------------------------------|--------------------|----------------------|
| HAI titre | | |
| - <i>H1N1</i> ^c | 0.075 | 0.099 |
| - <i>H3N2</i> ^d | 0.60 | 0.98 |
| - <i>B</i> ^e | 0.17 | 0.16 |
| Seroconversion^a | | |
| - <i>H1N1</i> ^c | 0.15 | 0.08 |
| - <i>H3N2</i> ^d | 0.62 | 0.79 |
| - <i>B</i> ^e | 0.57 | 0.42 |
| - All strains | 0.87 | 0.64 |
| Seroprotection^b | | |
| - <i>H1N1</i> ^c | 0.43 | 0.40 |
| - <i>H3N2</i> ^d | 0.81 | 0.71 |
| - <i>B</i> ^e | 0.77 | 0.59 |
| - All strains | 0.62 | 0.22 |

No association between enterotypes and vaccine-specific antibody titers.

Abbreviation: HAI, haemagglutination inhibition

^a Seroconversion: a ≥ 4 fold increase in HAI titre if pre vaccination HAI titre was $\geq 1:10$; or a post vaccination HAI titre of 1:40 if pre vaccination HAI titre was $< 1:10$.

^b Seroprotection: a post vaccination HAI titre of $\geq 1:40$.

^c Influenza A (H1N1) A/California/7/2009, X-181

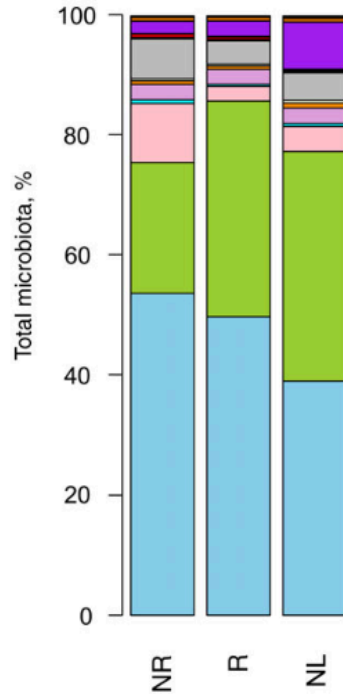
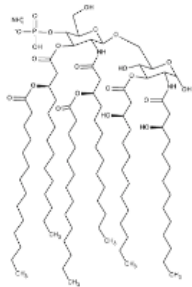
^d Influenza A (H3N2) A/New Caledonia/71/2014, X257A

^e Influenza B (B/Brisbane/60/2008, wild type)

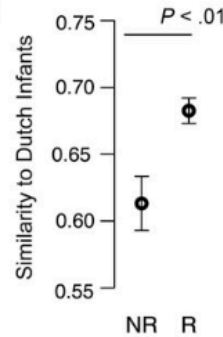
Lipopolysaccharides and rotavirus vaccination efficacy

A

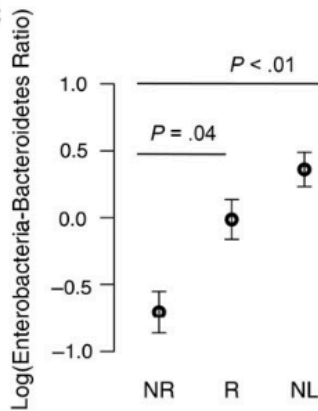
- Verrucomicrobia
- Uncultured Mollicutes
- Uncultured Clostridiales
- Proteobacteria
- Fusobacteria
- *Clostridium* cluster XVIII
- *Clostridium* cluster XVI
- *Clostridium* cluster XV
- *Clostridium* cluster XIVa
- *Clostridium* cluster XI
- *Clostridium* cluster IX
- *Clostridium* cluster IV
- *Clostridium* cluster I
- Bacteroidetes
- Bacilli
- Actinobacteria



B



C



The Journal of Infectious Diseases

MAJOR ARTICLE

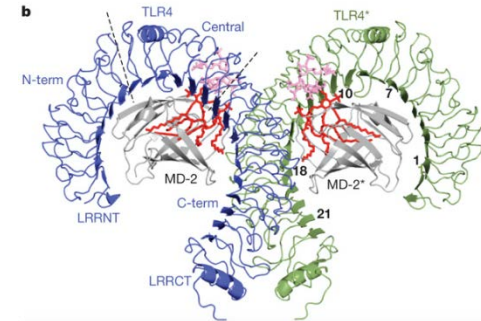
WJIDS
Infectious Diseases Society of America

hivma
HIV Medicine Association

Significant Correlation Between the Infant Gut Microbiome and Rotavirus Vaccine Response in Rural Ghana

Vanessa C. Harris,^{1,2} George Armah,³ Susana Fuentes,³ Katri E. Korpela,⁴ Umesh Parashar,⁷ John C. Victor,⁸ Jacqueline Tate,⁷ Caroline de Weert,⁴ Carlo Giaquinto,⁵ Willem Joost Wiersinga,⁷ Kristen D. C. Lewis,^{1,6} and Willem M. de Vos^{1,6}

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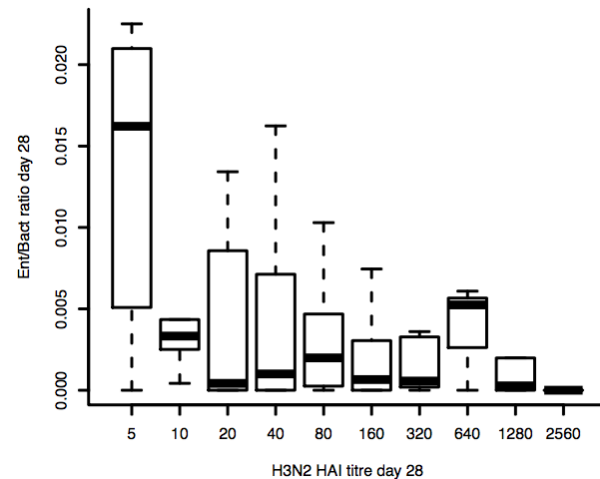
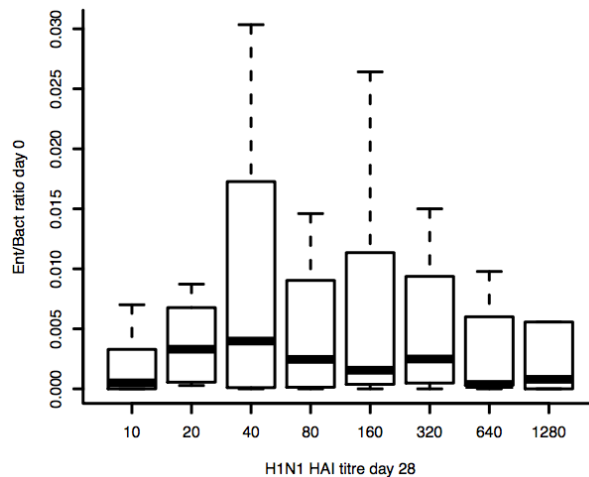
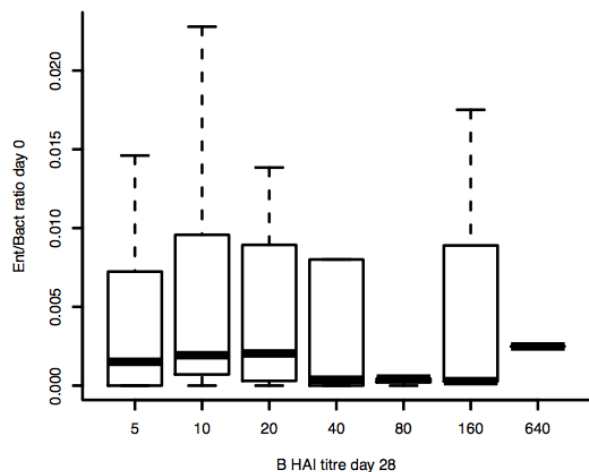


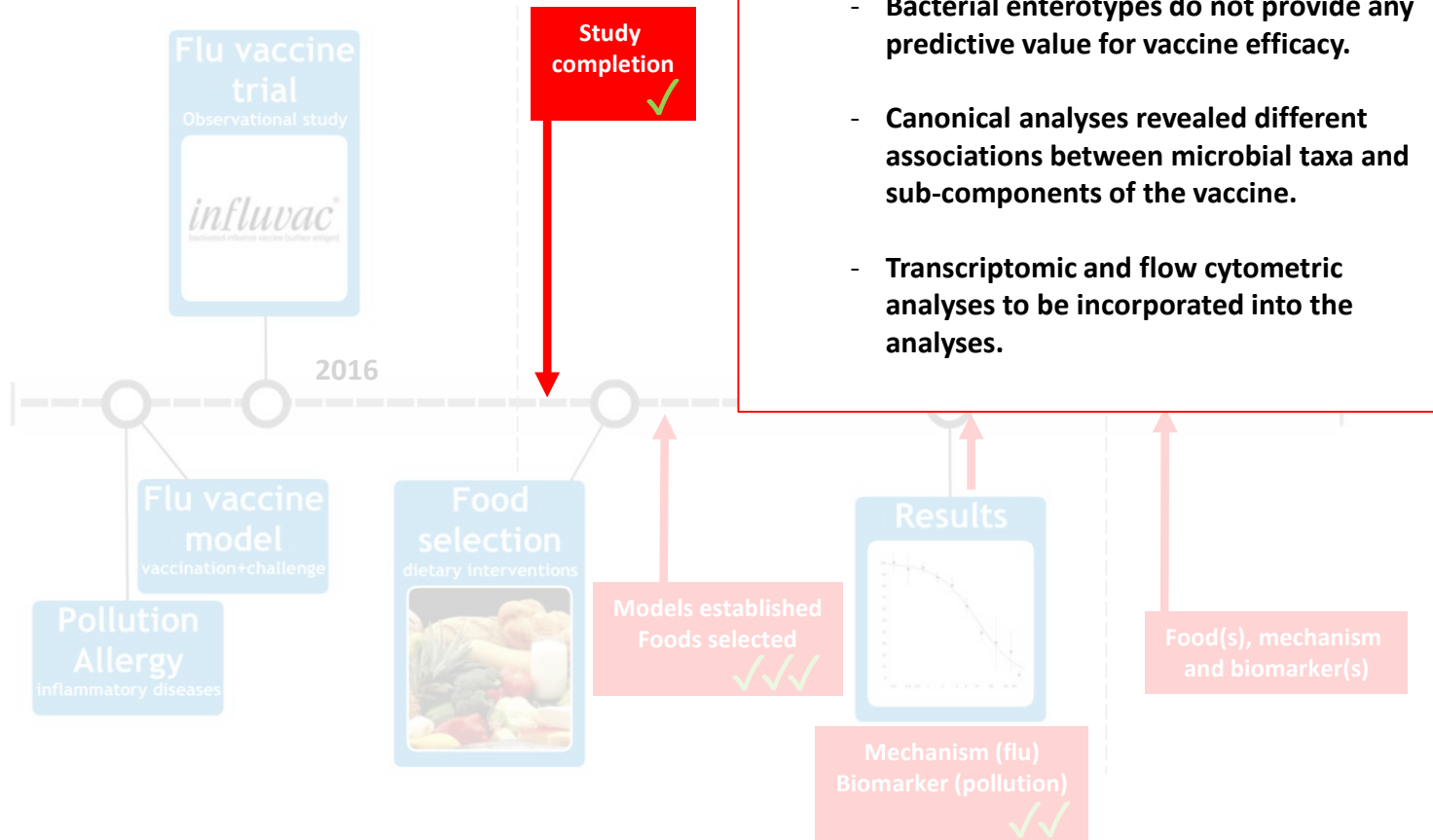
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Lipopolysaccharides and influenza vaccination efficacy





Thank you for your attention ...