

SARS-CoV-2 and HIV co-infection: lessons for future pandemics

Alex Sigal

Africa Health Research Institute

University of KwaZulu-Natal

Centre for the AIDS Programme of Research in South Africa

NMRC Awards Ceremony and Research Symposium

27.04.2023

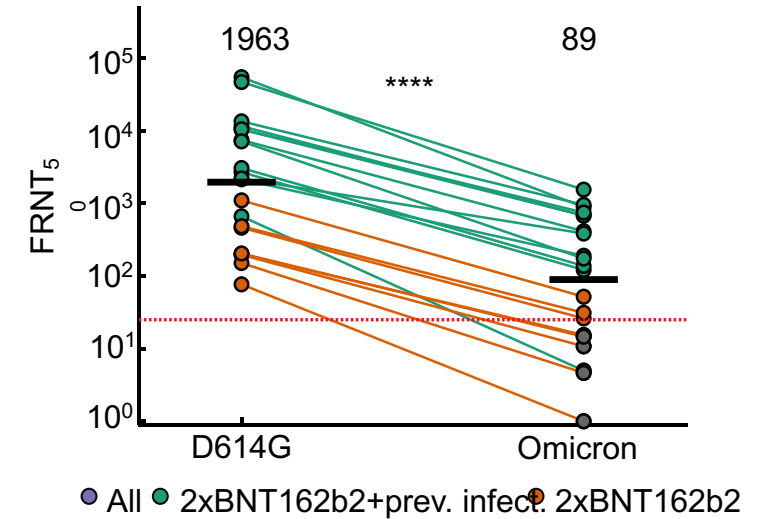
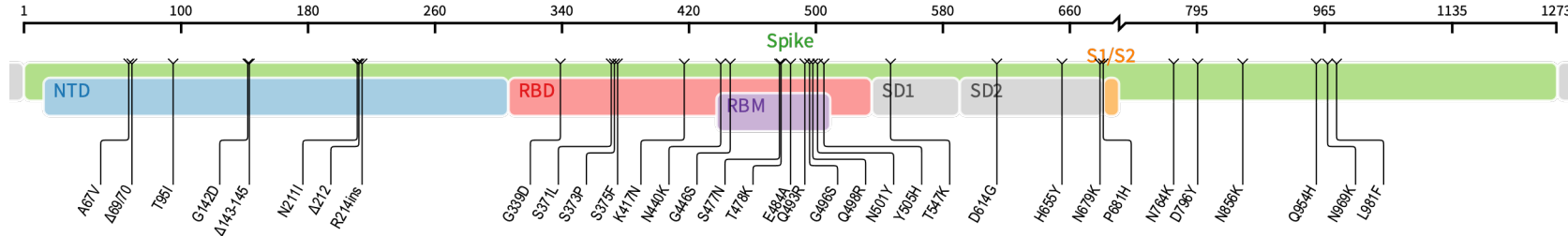


Why is studying respiratory viruses in the context of HIV important?

- 8.5 million people living with HIV in South Africa alone
- 1 in 10 PLWH has advanced HIV disease (CD4 <200)
- ~800K immunosuppressed because of HIV
- Immunosuppression may interfere with infection clearance and lead to viral evolution of respiratory viruses

SARS-CoV-2 variants are an example of how viral evolution plays a key role in our immune response

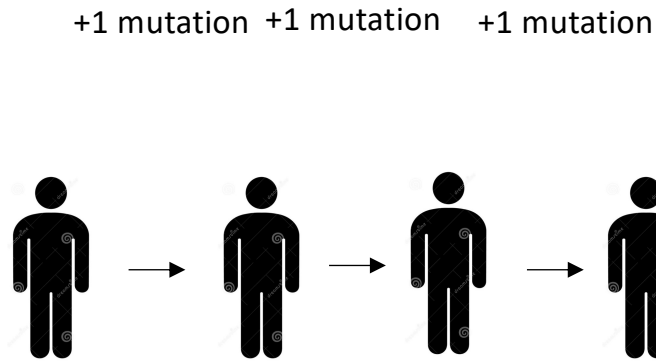
Omicron BA.1



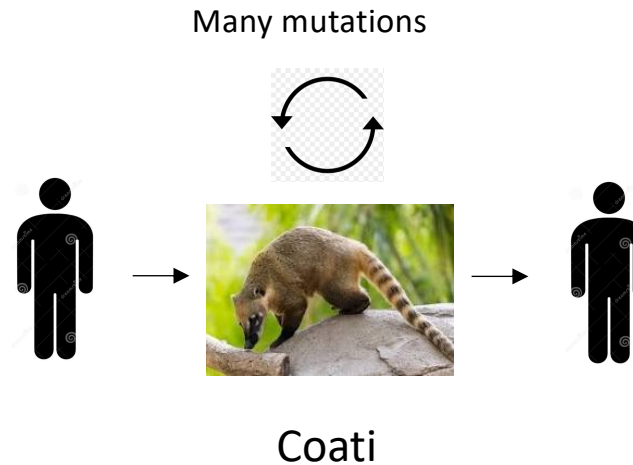
Cele...Sigal, *Nature* 2022;602:654-656

Several possibilities for how SARS-CoV-2 evolves

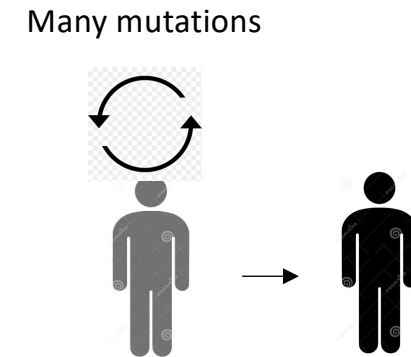
Stepwise



Reverse zoonosis



Immunosuppression



Should see intermediates

Giovanetti et al., *Emerg Infect Dis.* 2022 Aug;28(8):1725-1727; Zhou et al., *Cell Reports* 2022; 38, 110344; Kemp et al., *Nature* 2021; 592, 277-282

Outline

- Cohort to understand the immune response to infection and vaccination
- Evolution of SARS-CoV-2 immune escape in advance HIV disease immunosuppression
- Other evolved changes in the virus

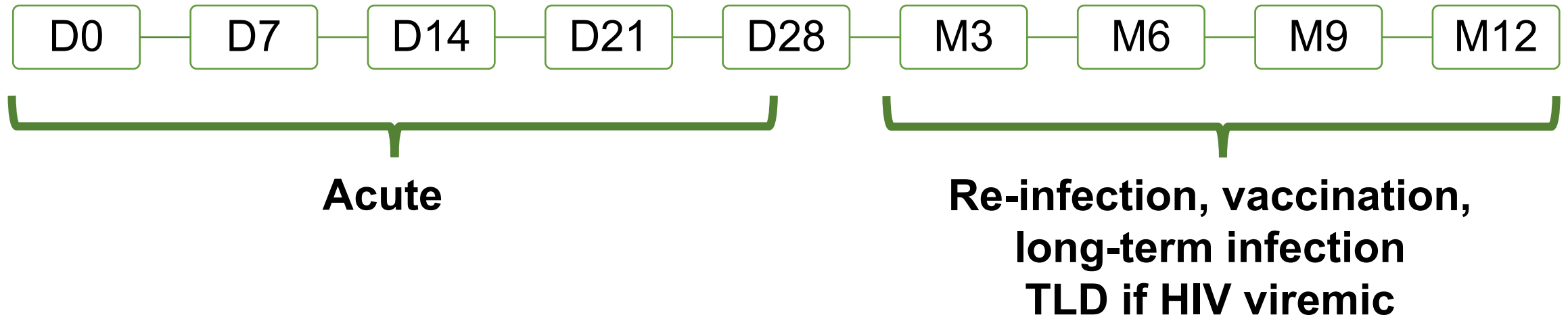
Outline

- Cohort to understand the immune response to infection and vaccination
- Evolution of SARS-CoV-2 immune escape in advance HIV disease immunosuppression
- Other evolved changes in the virus

Longitudinal cohort tracking participants from infection or vaccination

**Enrollment
Sites
(Durban)**

**1.Clairwood Hospital
2.King Edward Hospital
3.Inkosi Albert Luthuli Central Hospital**



Participants vary in both HIV status and immunity

HIV status →

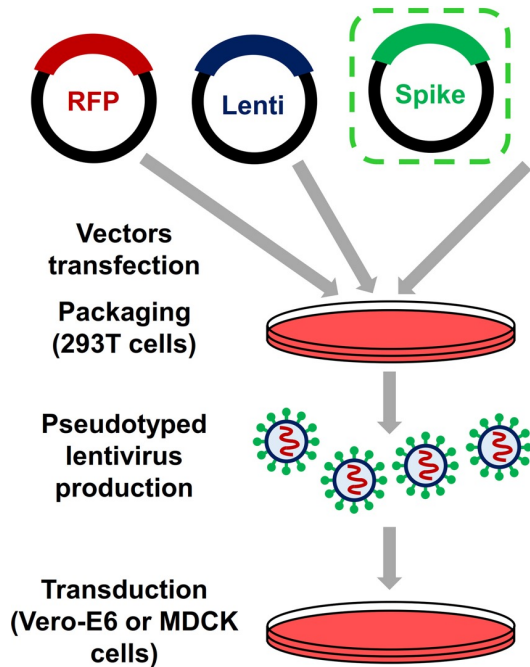
Immunity ↓

	All	HIV-	HIV+ Suppressed	HIV+ Unsuppressed	Advanced HIV Disease
	847	511 (60%)	217 (26%)	30 (3%)	89 (11%)
Age	42 (32-52)	43 (32-55)	43 (36-50.5)	32 (27-38)	41 (32-45)
Female	550 (65%)	316 (62%)	164 (76%)	19 (63%)	51 (57%)
SuppO2	134 (16%)	59 (12%)	34 (16%)	7 (23%)	34 (38%)
Median CD4 count	786 (496-1060)	922 (701-1149.5)	701 (488-897.5)	405.5 (248-540)	58 (20.5-143)
Vaccination:					
Not vaccinated	413 (49%)	221 (44%)	104 (48%)	20 (67%)	68 (76%)
1 dose BNT162b2*	29 (3%)	17 (3%)	8 (4%)	1 (3%)	3 (3%)
1 dose Ad26.COV2.S	255 (30%)	190 (37%)	55 (25%)	5 (17%)	5 (6%)
2 doses BNT162b2	150 (18%)	83 (16%)	50 (23%)	4 (13%)	13 (15%)
Variant:					
Ancestral	147 (17%)	86 (17%)	43 (20%)	9 (30%)	9 (10%)
Beta	135 (16%)	91 (18%)	25 (12%)	4 (13%)	15 (17%)
Delta	106 (13%)	51 (10%)	31 (14%)	5 (17%)	19 (21%)
Omicron BA1, BA2	97 (11%)	48 (9%)	26 (12%)	3 (10%)	20 (23%)
Omicron BA5+	108 (13%)	60 (12%)	26 (12%)	4 (13%)	18 (20%)
None**	254 (30%)	175 (34%)	66 (30%)	5 (17%)	8 (9%)

Kept it simple during the pandemic: blood and nasopharyngeal swab sampled at study visits



We determined antibody response using live virus

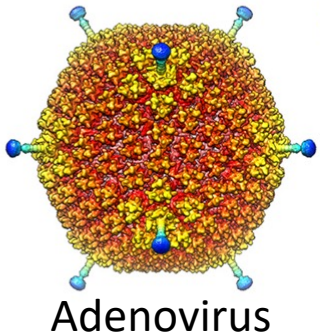


Huang et al. Biomedical Journal 2020

Problems:

Suppressed by HIV ART

Pseudovirus will not work for non enveloped viruses

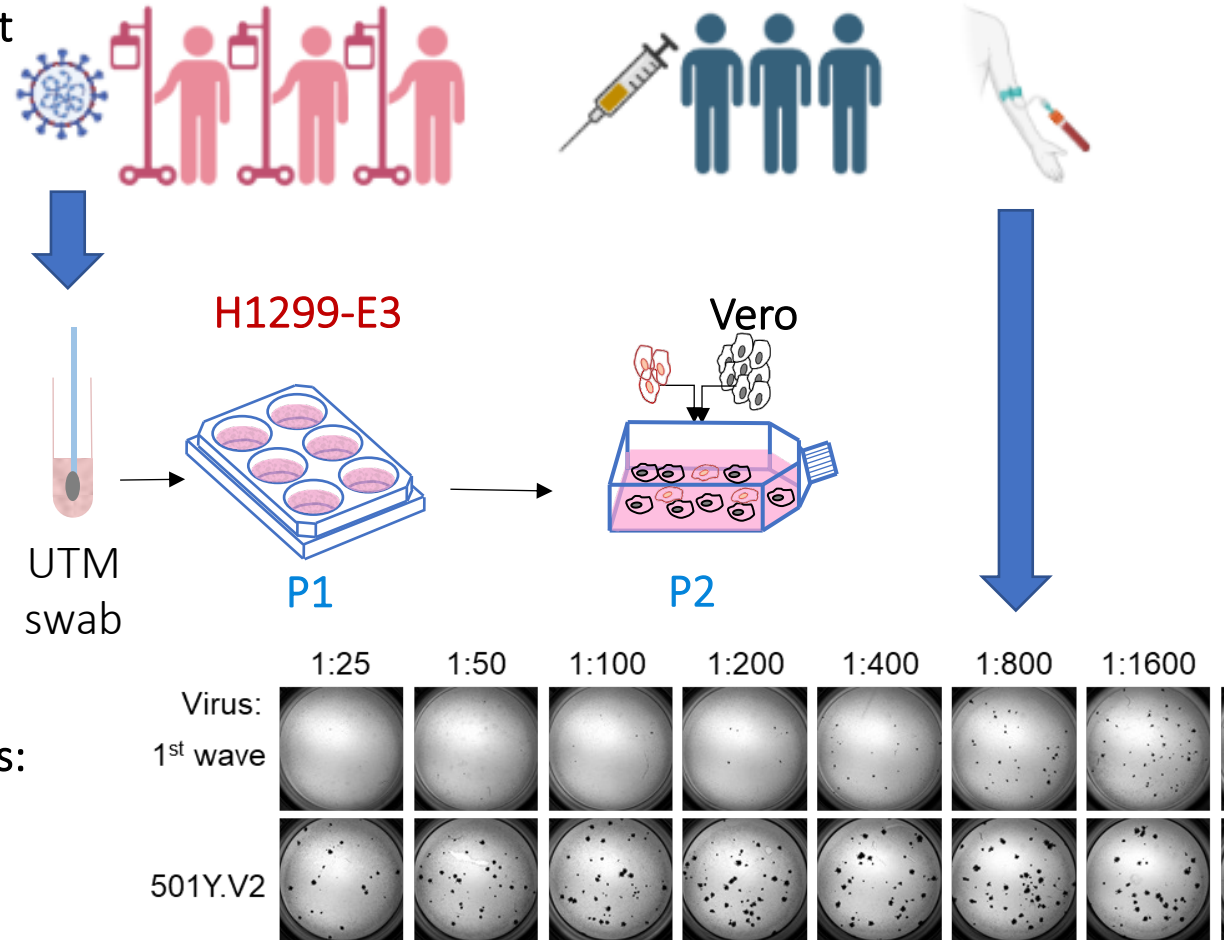


Adenovirus

1) Covid-19 cohort
n=847 including
40% PLWH

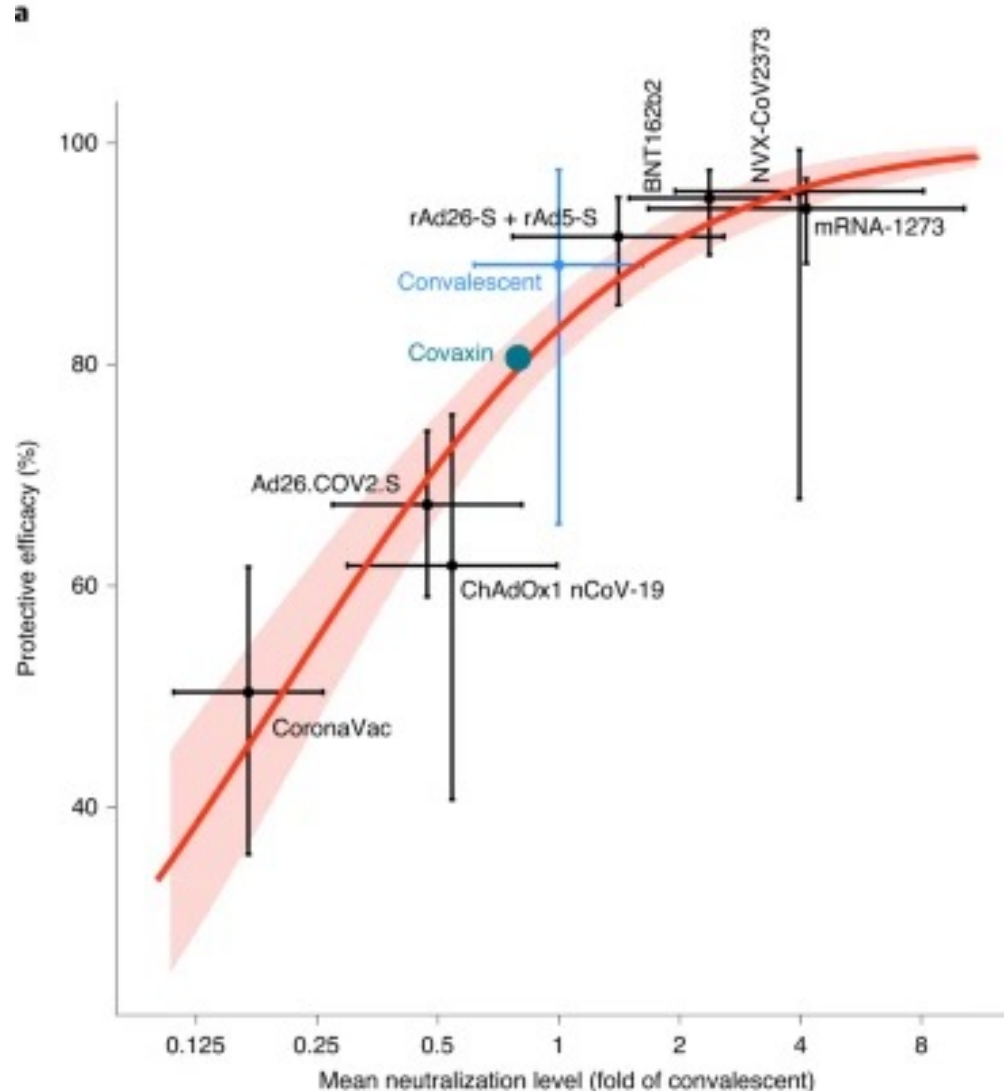
2) Pathogen
isolation in
BSL3 and
sequencing

3) Live virus assays:
antibodies/
pathogenicity



Cele...Sigal, *Nature* 2021; 593(7857):142-146

Neutralizing antibody activity is a correlate of protection for SARS-CoV-2 infection



Khoury...Davenport,
Nature Med. 2021; 27:
1205–1211

ChAdOX vaccine elicited poor neutralizing antibody activity against Beta variant...and low vaccine efficacy



Efficacy of the ChAdOx1 nCoV-19 Covid-19 Vaccine against the B.1.351 Variant

S.A. Madhi, V. Baillie, C.L. Cutland, M. Voysey, A.L. Koen, L. Fairlie, S.D. Padayachee, K. Dheda, S.L. Barnabas, Q.E. Bhorat, C. Briner, G. Kwatra, K. Ahmed, P. Aley, S. Bhikha, J.N. Bhiman, A.'E. Bhorat, J. du Plessis, A. Esmail, M. Groenewald, E. Horne, S.-H. Hwa, A. Jose, T. Lambe, M. Laubscher, M. Malahleha, M. Masenya, M. Masilela, S. McKenzie, K. Molapo, A. Moultrie, S. Oelofse, F. Patel, S. Pillay, S. Rhead, H. Rodel, L. Rossouw, C. Taoushanis, H. Tegally, A. Thombrayil, S. van Eck, C.K. Wibmer, N.M. Durham, E.J. Kelly, T.L. Villafana, S. Gilbert, A.J. Pollard, T. de Oliveira, P.L. Moore, A. Sigal, and A. Izu, for the NGS-SA Group and the Wits-VIDA COVID Group*

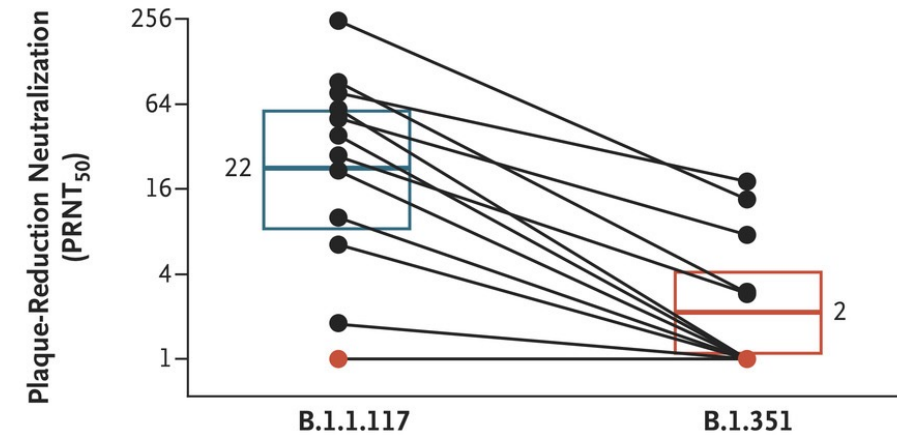
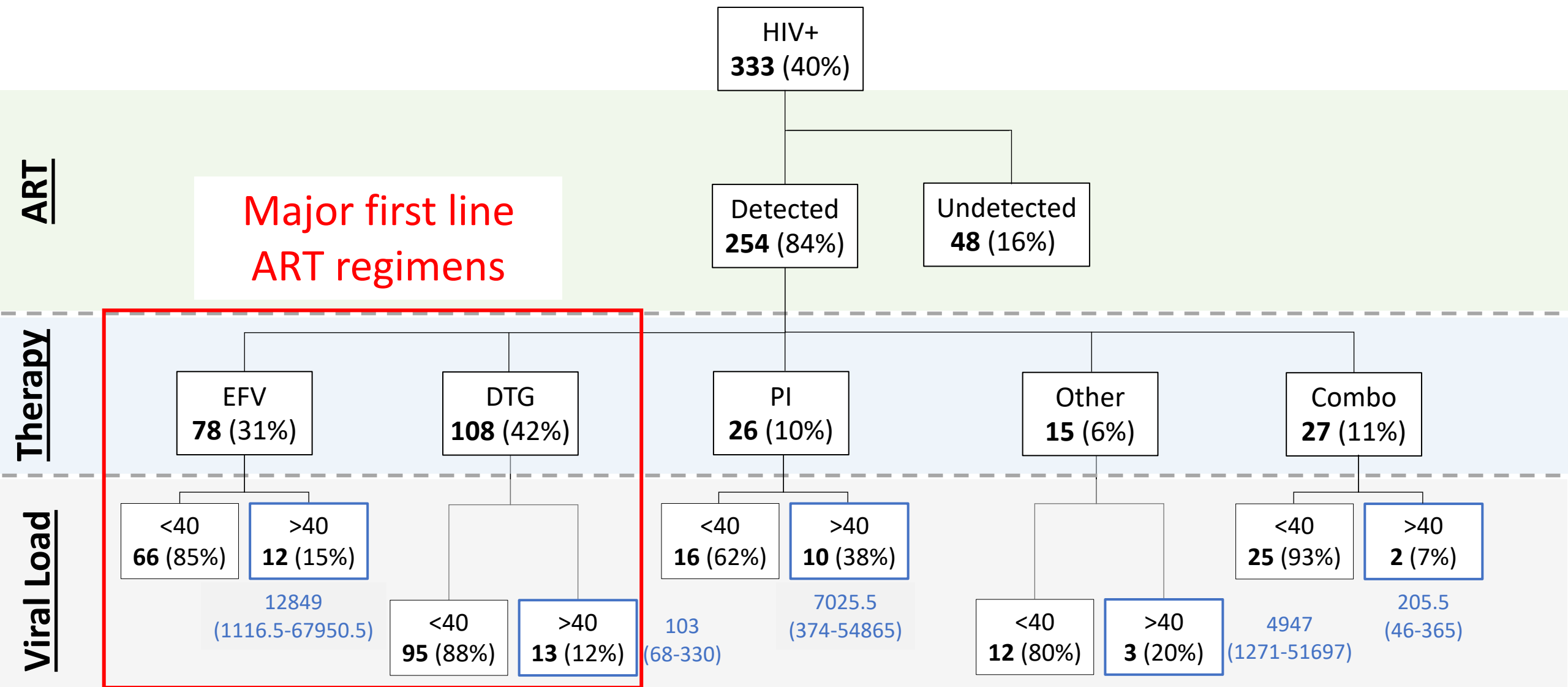


Table 2. Vaccine Efficacy against Mild-to-Moderate Symptomatic Covid-19 Confirmed by Nucleic Acid Amplification Test.*

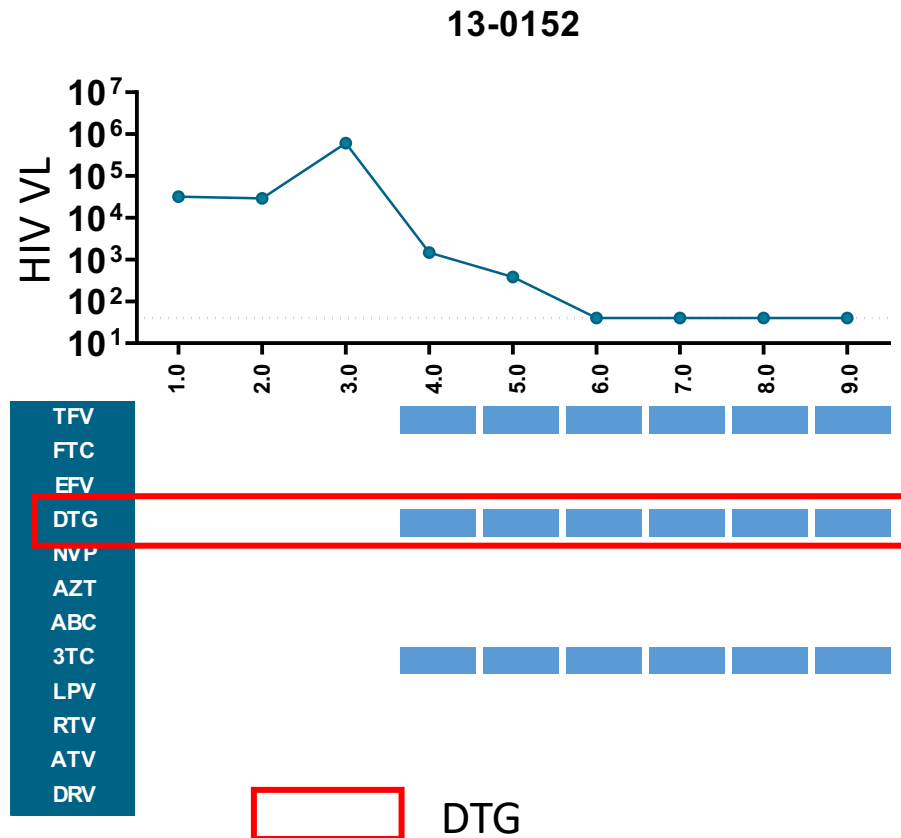
End Point	Baseline Serologic Status†	Total No. of Cases	Placebo no./total no. (%)	Incidence Risk per 1000 person-yr (person-days)	Vaccine no./total no. (%)	Incidence Risk per 1000 person-yr (person-days)	Vaccine Efficacy‡ % (95% CI)
Mild-to-moderate illness with onset >14 days after second injection	Seronegative	42	23/717 (3.2)	93.6 (89,714)	19/750 (2.5)	73.1 (94,881)	21.9 (–49.9 to 59.8)
Mild-to-moderate illness associated with B.1.351 variant with onset >14 days after second injection	Seronegative	39	20/714 (2.8)	81.6 (89,448)	19/750 (2.5)	73.1 (94,881)	10.4 (–76.8 to 54.8)

Most participants in the study adhere to ART and begin or continue to suppress HIV

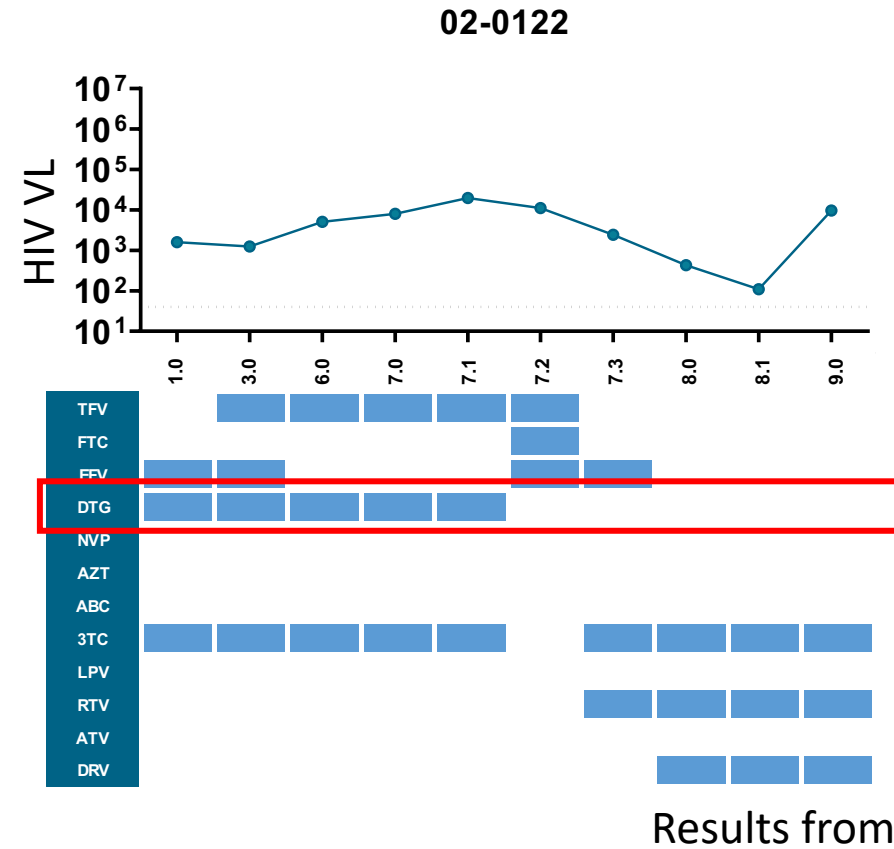


Some participants do not suppress HIV post-ART initiation for reasons which are difficult to control – some cases of persistent HIV viremia remain

Example of suppression



Example of failure

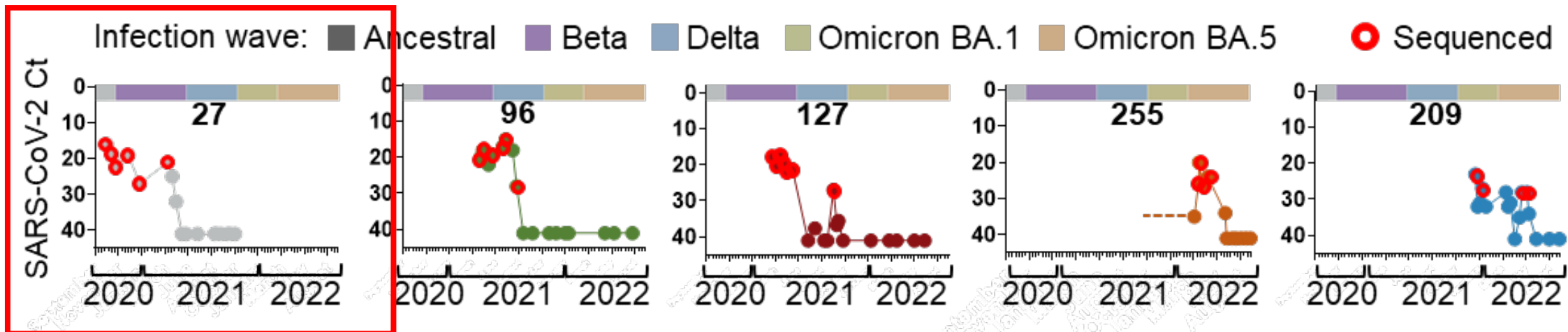


Outline

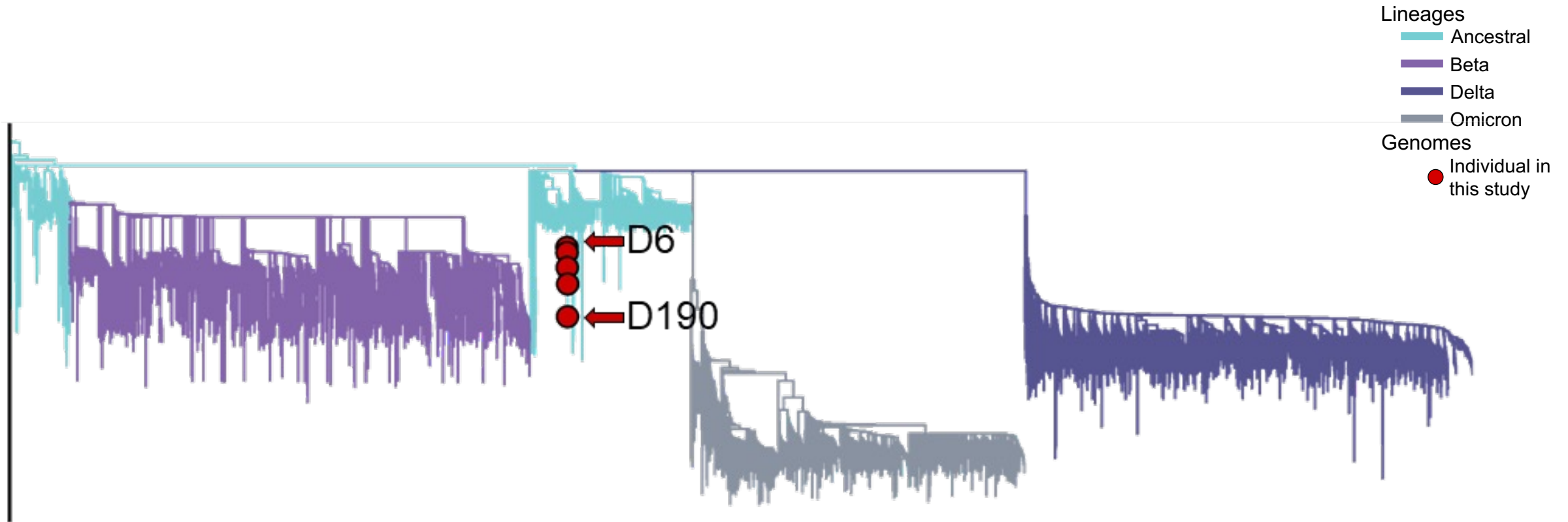
- Cohort to understand the immune response to infection and vaccination
- Evolution of SARS-CoV-2 immune escape in advance HIV disease immunosuppression
- Other evolved changes in the virus

Advanced HIV disease participants had long-term SARS-CoV-2 infections with different variants

Participant	Sex	Age	Diagnosis	Infection wave	Enrol. CD4	Enrol. HIV VL
27	F	36	Sep 2020	D614G	6	34151
96	M	42	Apr 2021	Beta	4	111883
127	M	34	Mar 2021	Beta	12	8581
209	F	35	Dec 2021	Omicron	24	423817
255	M	20	Sep 2021	Delta	2	12041

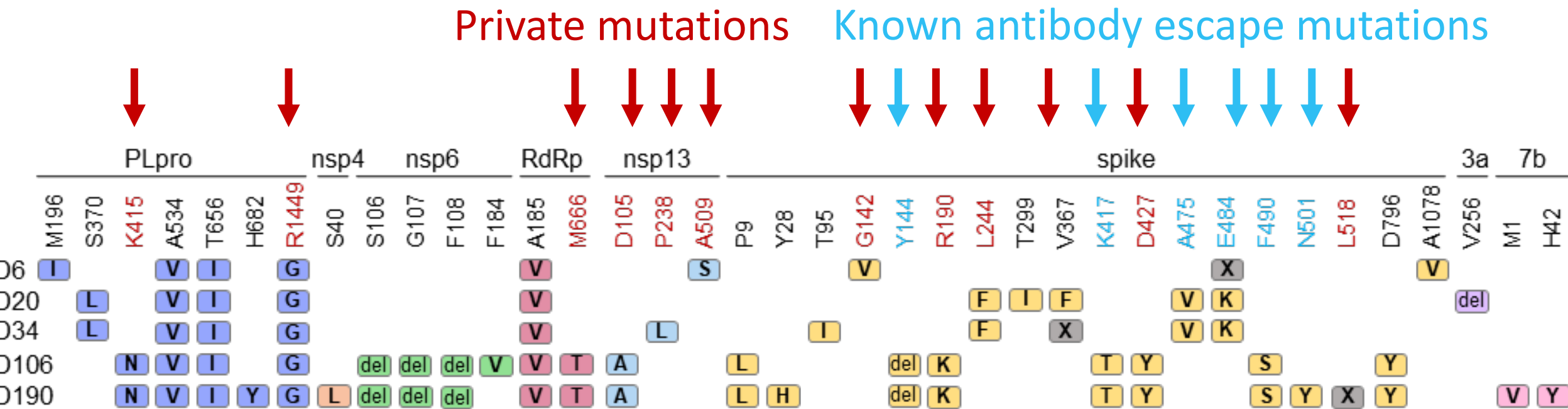


Advanced HIV disease participant infected with ancestral virus had continuous 6-month infection

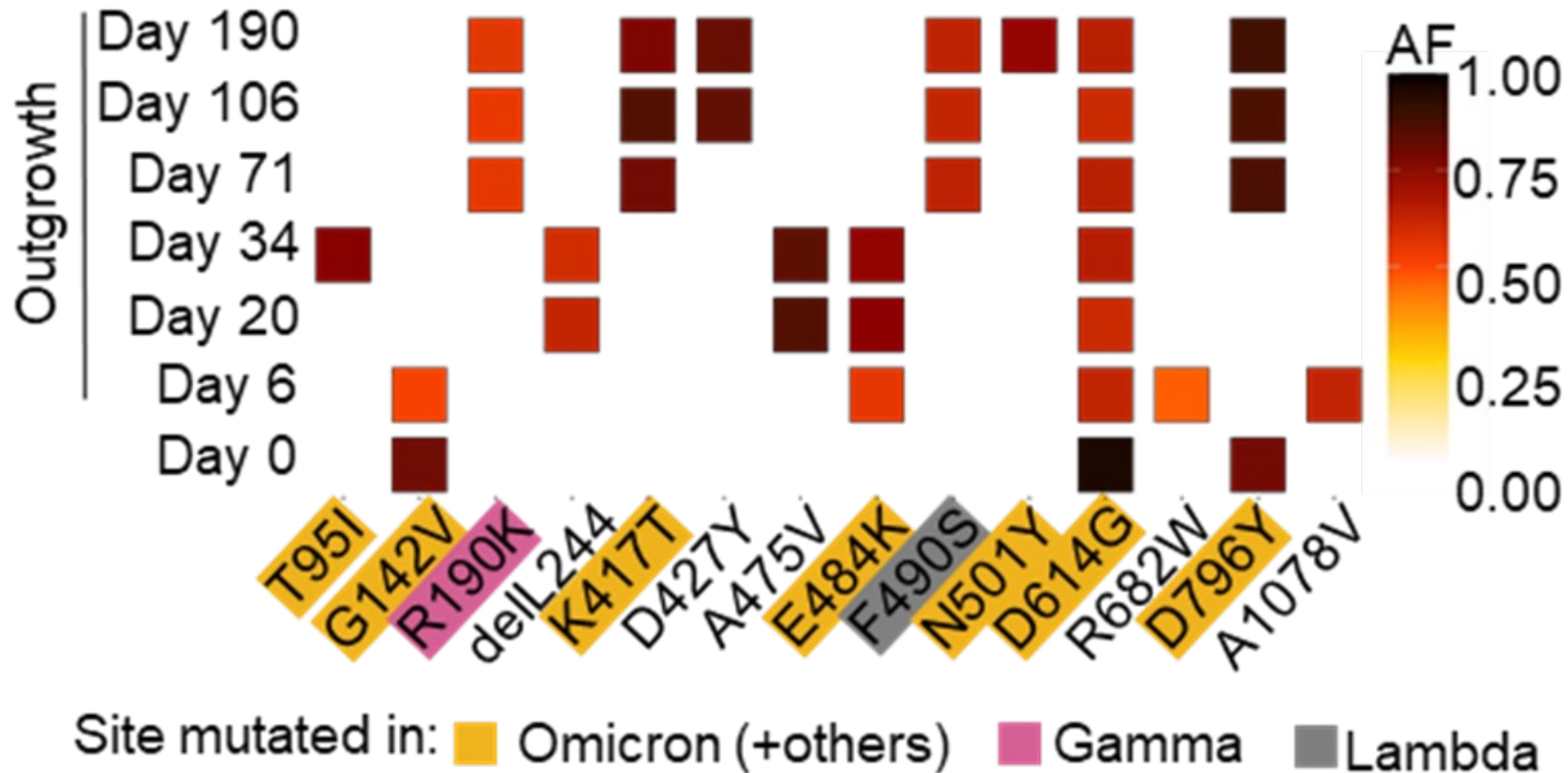


Long-term infection led to extensive substitutions and deletions in spike and other viral genes

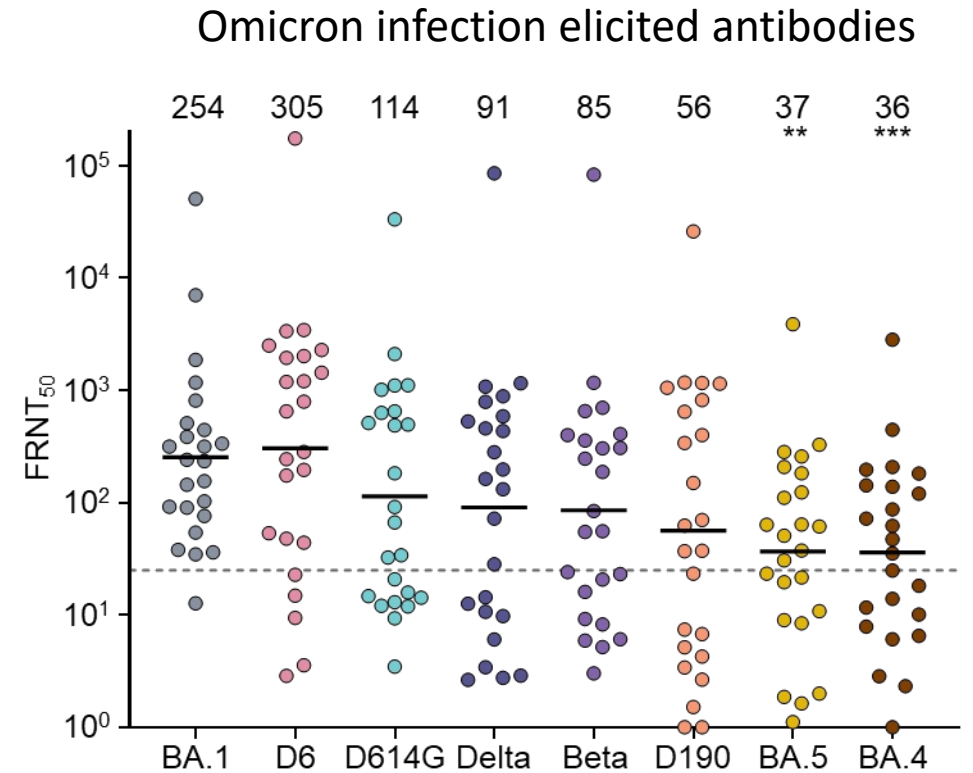
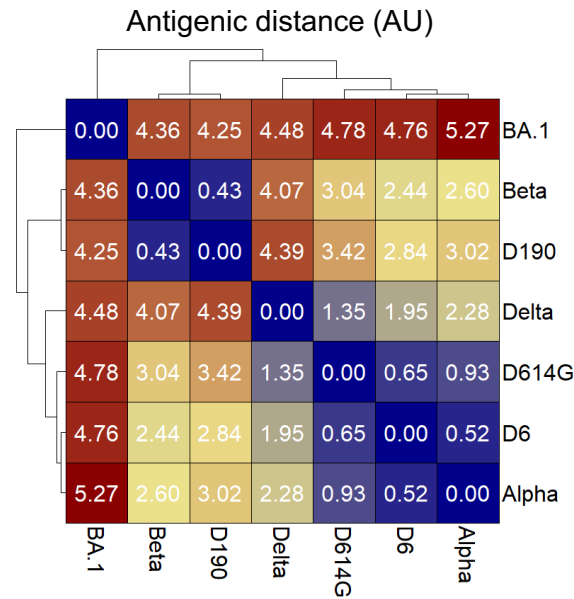
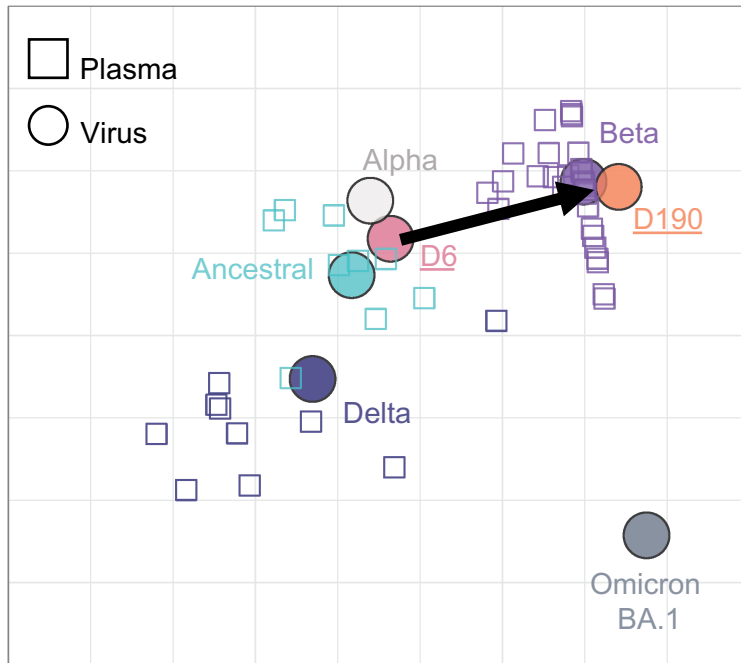
Participant 27 viral isolates relative to B.1.1.273 ancestral virus



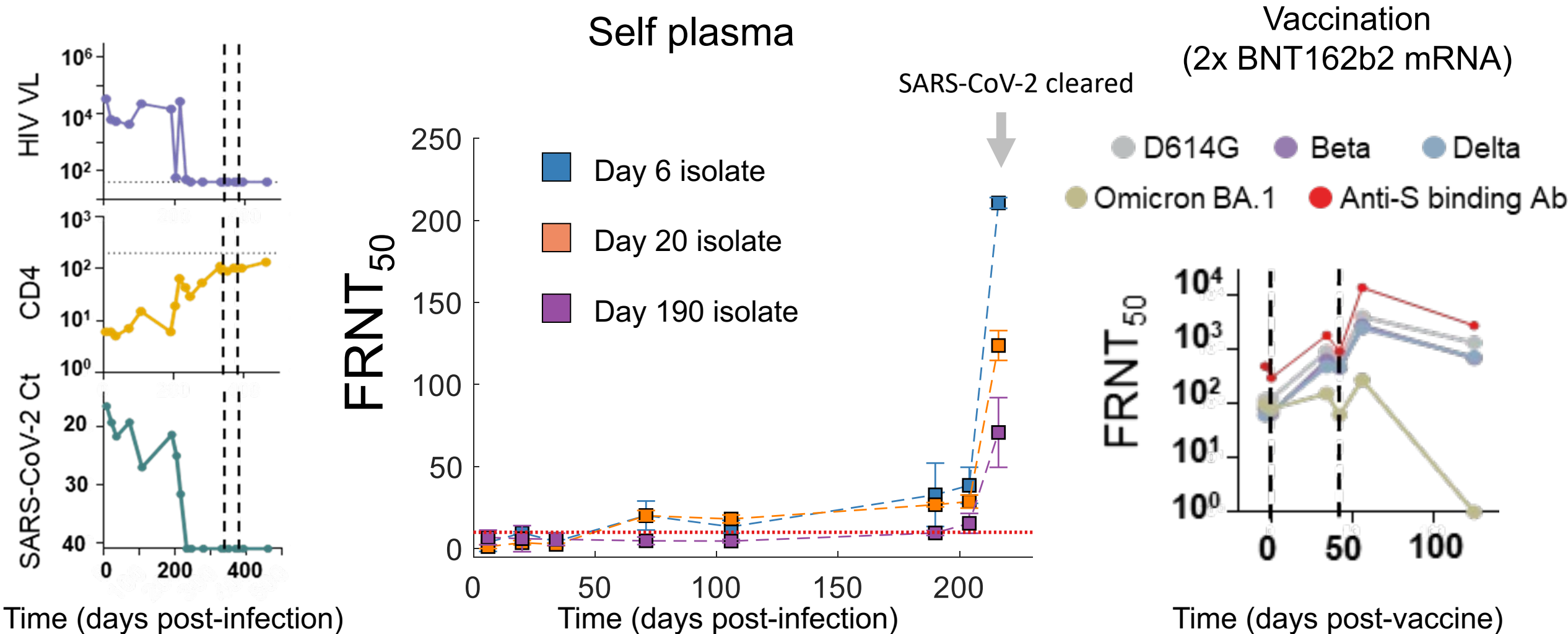
Many of the spike mutations appearing in variants also appear in immunosuppression



Evolution of extensive escape from ancestral and Delta variants but less from Omicron



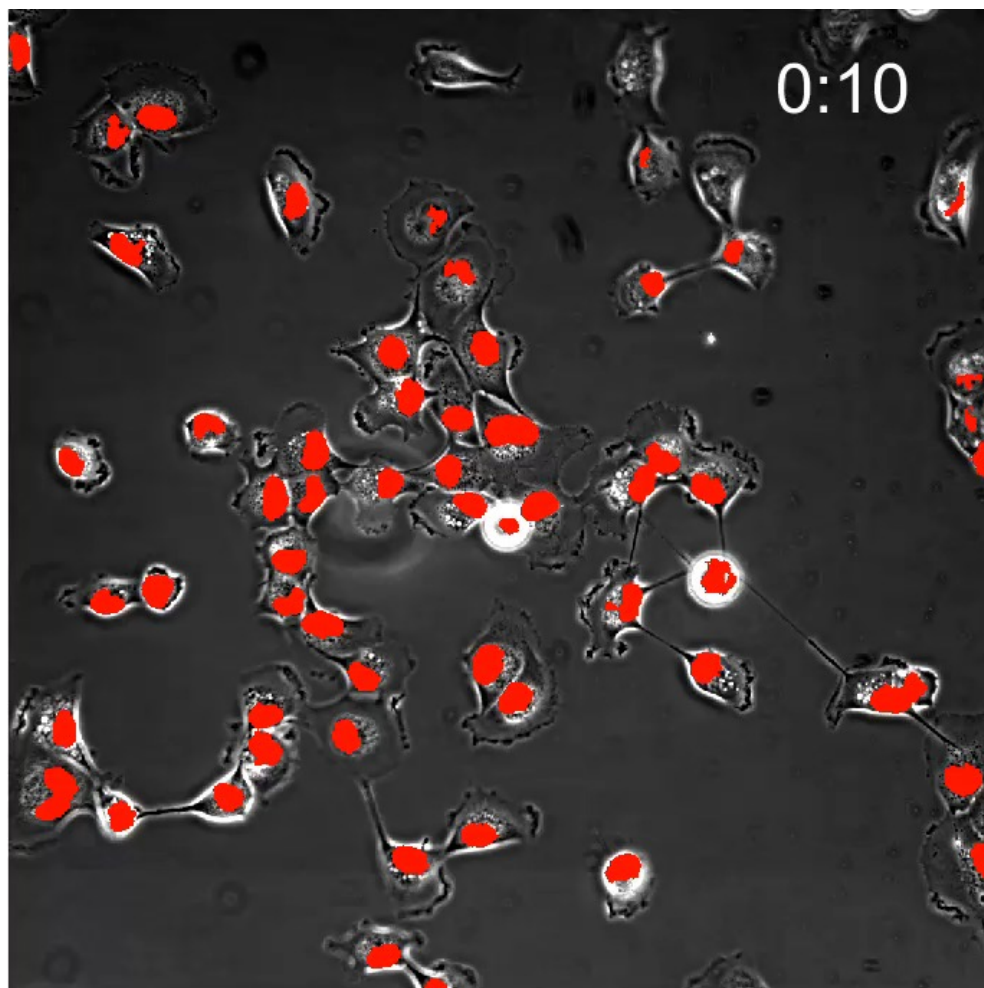
SARS-CoV-2 clearance closely associated with HIV suppression and gain of neutralizing antibodies



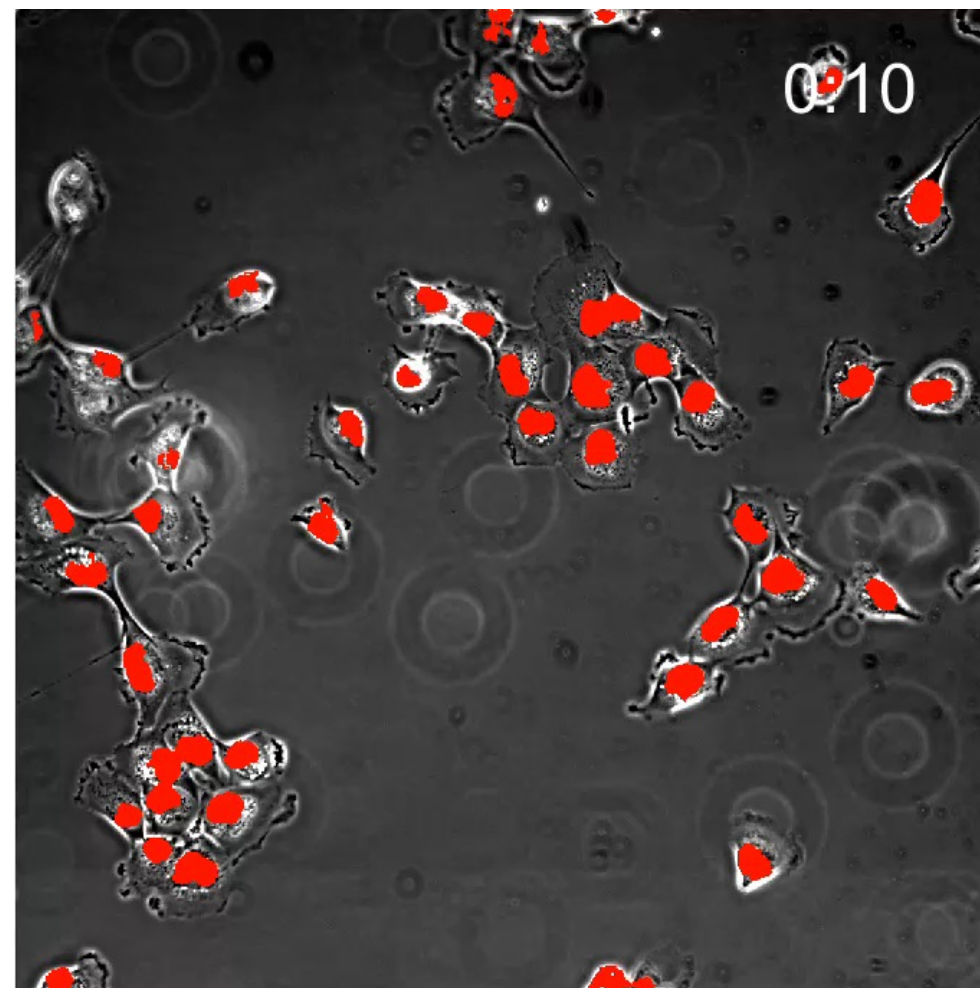
Outline

- Cohort to understand the immune response to infection and vaccination
- Evolution of SARS-CoV-2 immune escape in advance HIV disease immunosuppression
- Other evolved changes in the virus

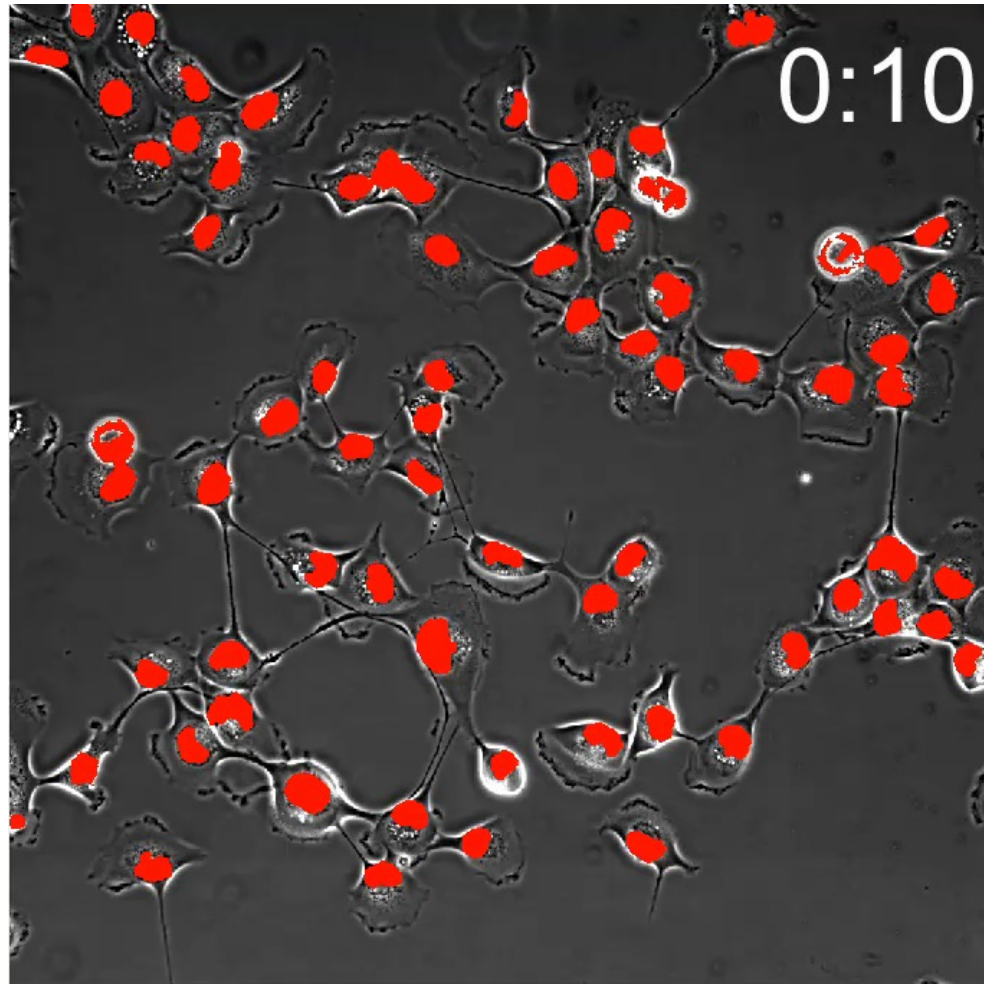
Uninfected H1299-ACE2 cells



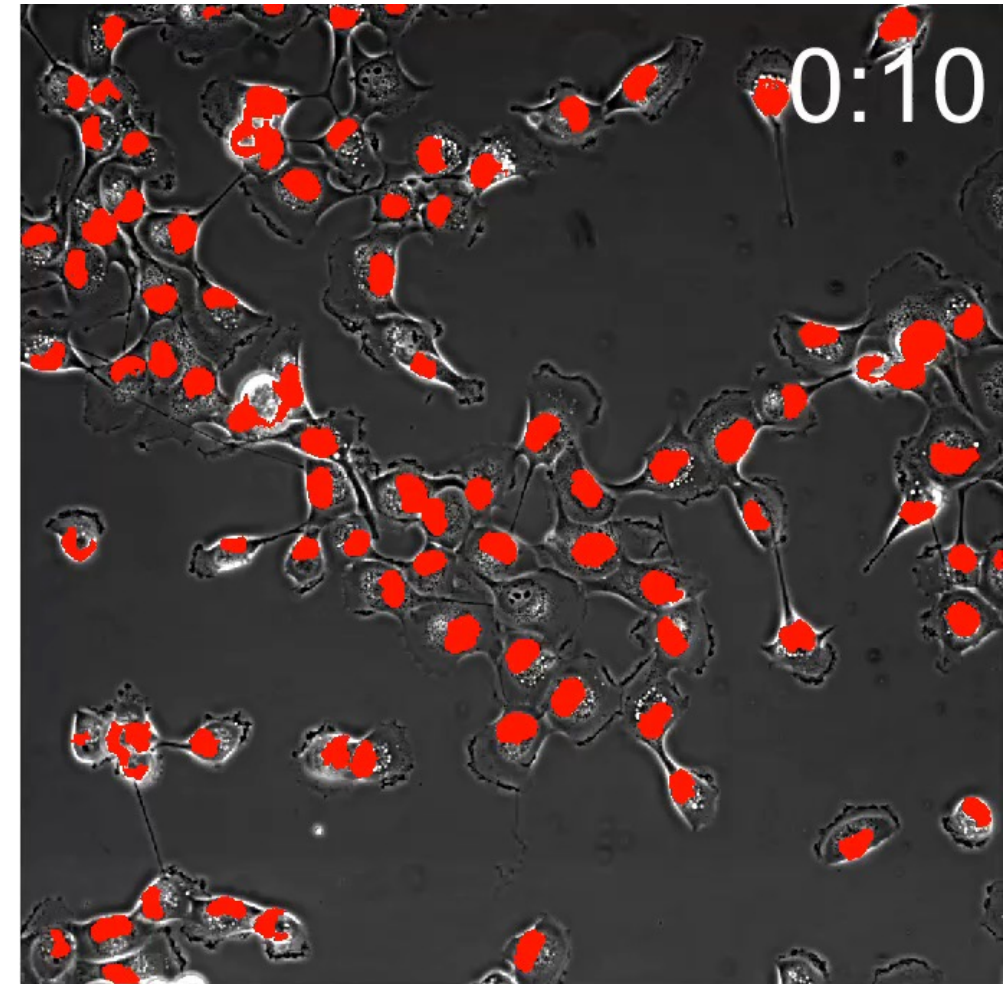
**D614G infected
H1299-ACE2 cells**



Day 6 isolate



Day 190 isolate



Conclusions

- SARS-CoV-2 long-term infection and evolution is common in people with advanced HIV disease with unsuppressed HIV viremia
- Like variants, evolved SARS-CoV-2 in advanced HIV disease may escape neutralizing immunity
- SARS-CoV-2 may evolve increased pathogenicity through fusion
- This process may be the mechanism SARS-CoV-2 variants are formed. It could potentially play a similar role in other infections

Acknowledgments (Partial)



Farina Karim
Khadija Khan
Sandile Cele
Gil Lustig
Yashica Ganga
Zesuliwe Jule
Kajal Reedoy
Mallory Bernstein
Janine Upton
Matilda Mazibuko

Penny Moore
Tulio de Oliveira
Richard Lessells
Anne Von Gottberg
Yunus Moosa
Bernadett Gosnell

COMMIT-KZN Team



BILL & MELINDA
GATES *foundation*

