



Review

Influenza virus-specific CD4⁺ and CD8⁺ T cell-mediated immunity induced by infection and vaccination

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ABSTRACT

Influenza A and B virus infections are a major cause of respiratory disease in humans and are responsible for substantial morbidity and mortality worldwide. Vaccination against influenza mainly aims at the induction of virus neutralizing serum antibodies, which are an important correlate of protection provided that the antibodies match the strains causing the outbreaks antigenically. In addition, virus-specific T cells are known to contribute to protective immunity to influenza virus infections by limiting duration and severity of the disease. As the majority of virus-specific T cells recognize epitopes located in relatively conserved proteins, like the Nucleoprotein and Matrix 1 protein, they display a high degree of cross-reactivity with a wide range of influenza viruses, including newly emerging viruses of alternative subtypes. Advancing our understanding of influenza virus-specific T cell responses and their role in protective immunity against influenza will aid the rational design of novel vaccines that could induce robust, broad and long-lasting immune responses.

Here, we discuss the contribution of influenza virus-specific CD4⁺ and CD8⁺ T cells to protective immunity against influenza infection and the requirements and strategies for their induction by natural infection or vaccination, especially in children.

1. Introduction

Influenza viruses (IV) are respiratory pathogens that cause significant morbidity and mortality and represent a major global health problem. Every year, seasonal influenza virus infections account for about 5 million severe cases and 500,000 deaths worldwide [1]. Annual vaccination is recommended for populations at high risk of severe disease including children under 5 years of age, older adults over 60 years of age, patients with underlying diseases like cardiovascular, renal and respiratory conditions, immunocompromised subjects, as well as pregnant women [2,3].

IV are single-stranded RNA viruses with a segmented genome, which belong to the family of *Orthomyxoviridae*. The various IV (sub) types differ in the number of gene segments as well as in their host range. Of the three IV types infecting humans, Influenza C viruses are known to cause rather mild symptoms in adults whereas Influenza A (IAV) and B (IBV) viruses can cause severe disease [4,5]. The viral genome of IAV and IBV encodes various non-structural and structural proteins, including the two surface membrane glycoproteins hemagglutinin (HA) and neuraminidase (NA), which play a pivotal role in the initiation of infection and release of newly produced viral particles. Consequently, they are an important target for antibodies that can

neutralize the virus or restrict virus replication. Because of selective pressure exerted by HA- and NA-specific antibodies, these proteins display a high degree of variation to evade recognition, also known as antigenic drift [6–9]. The more conserved internal proteins, such as the Matrix 1 (M1) protein, the Nucleoprotein (NP) and the polymerases (PB1, PB2, PA) are important targets recognized by virus specific CD4 and CD8 positive T cells, which contribute to protective immunity to (re)infection [10–12].

Vaccination is the most important measure to control influenza virus infections. The protection achieved by licensed vaccines (inactivated, live attenuated and recombinant HA) is primarily mediated by the induction of antibodies directed toward the HA and, to a lesser extent, the NA. The main target of the virus neutralizing (VN) antibodies is the head domain of the HA, especially the epitopes located in or in proximity of the receptor-binding site. By blocking binding of influenza virus to its sialic acid receptors on host respiratory epithelial cells, VN antibodies can provide sterilizing immunity if the vaccine strains match the epidemic strains antigenically. Antibodies toward a more conserved region of the HA (the stalk) or NA may also contribute to protective immunity [13–15]. NA-specific antibodies can limit viral spread by inhibiting the enzymatic activity of NA, whereas HA stalk specific antibodies contribute to clearance of virus-infected cells by

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mediating antibody-dependent cell cytotoxicity (ADCC) and possibly by inhibition of membrane fusion, HA0 cleavage and viral egress from infected cells [16,17,18, reviewed in 19]. Influenza vaccines mainly induce strain-specific VN antibodies providing limited protection against antigenically mismatching strains and therefore the composition of the seasonal influenza vaccine needs to be updated annually in order to cope with the antigenic drift of epidemic strains [20,21]. Moreover, the emergence of novel viruses of alternative subtypes originating by reassortment of gene segments from two or more IAVs (antigenic shift), may cause pandemic outbreaks of influenza due to the virtual absence of pre-existing VN antibodies to the new viruses (e.g. of avian or swine origin) in the human population [22].

In contrast to humoral immunity, that in general affords narrow strain-specific protection, cell mediated immunity (CMI) is more cross-reactive and can protect against infection with IV of various subtypes (so-called heterosubtypic immunity) and drift variants [10,23–29]. T cells recognize viral peptides bound to the major histocompatibility complex (MHC) expressed on the surface of the infected or antigen presenting cells (APCs). Upon engagement of the T cells receptor (TCR) by viral antigen and further signaling such as co-stimulation (e.g. via CD28) and cytokines, naïve T cells are activated and proliferate. After resolution of the infection, most of the differentiated T cells die by apoptosis and the remaining cells form a pool of virus-specific memory T cells that can readily respond to a subsequent infection. CD4+ and CD8+ memory T cells are characterized by distinct homing capacity, phenotype, and effector functions. They are traditionally divided into central memory (T_{CM}) or effector memory (T_{EM}) subsets, depending on the expression of several surface markers (e.g., CD62L, CCR7, CD45RA, CD45RO, CD27 and CD28) [30]. T_{CM} express high levels of CD62L and CCR7 and are usually found in the lymph nodes and tonsils. The T_{EM} are characterized by a low surface expression of CD62L and CCR7, are able to migrate to peripheral tissues, have a lower proliferative capacity but exert a more potent effector function when compared to the T_{CM} [31–33].

The contribution of influenza virus-specific CD4+ and CD8+ T cells to protective immunity has been reported in several human studies [27,34–36]. CD4+ T cells have various functions. They provide “help” to B cells and thus contribute to the generation and maintenance of the germinal center and production of high-affinity, class-switched antibodies. Furthermore, CD4+ T cells support CD8+ T cell priming, expansion and establishment of a pool of long-lived memory cells and, like CD8+ T cells, can lyse virus-infected cells to some extent [37–42]. In addition, both CD4+ and CD8+ T cells are an important source of pro- (e.g. IFN- γ) and anti-inflammatory (e.g. IL10) cytokines and their role is described in the next paragraph. Importantly, virus-specific CD8+ T cells contribute to heterosubtypic immunity by recognizing epitopes located in the relatively conserved internal antigens, such as M1, NP and polymerases [24,26,28,43–52]. Currently used inactivated vaccines induce CD4+ T cells and antibodies, but induce CD8+ T cell responses inefficiently [53–55]. In contrast, live-attenuated influenza vaccines (LAIV) induce both CD4 and CD8 positive T cells as well as a local immune response. In this regard, recent studies have emphasized the importance of tissue resident memory T cells (T_{RM}) in protective immunity towards influenza virus infection [56,57].

Considering the importance of T cells in inducing broadly protective immunity to influenza virus infections, novel vaccination strategies able to induce virus-specific T cell responses, especially CD8+ T cells, are of special interest [reviewed in 58]. In this review, we discuss the contribution of systemic and local influenza virus-specific CD4+ and CD8+ T cells to protection against influenza infection and vaccination strategies able to induce a long-lasting cellular immunity (Fig. 1).

2. Contribution of T cells to protective immunity to influenza virus infection

2.1. CD4+ T cells

Various animal and human studies have demonstrated that CD4+ T cells play an important role in protection against IV infections. In mice, it was shown that CD4+ T cells are able to protect from infection with a low virus dose, independent of B cells and CD8+ T cells [59]. In experimentally IV-infected humans, pre-existing CD4+ T cells, but not CD8+ T cells were associated with a lower virus shedding and less severe disease outcome [35].

CD4+ T cells or helper T cells, can be divided in several subsets based on their phenotype and cytokine expression profiles (T follicular helper cells, Th1, Th2, Th9, Th17 and Th22) [60,61]. CD4+ T cell differentiation initially relies on cognate interaction between the TCR and APCs that display viral peptide fragments in association with MHC class-II. Production of virus-neutralizing antibodies by B cells is acknowledged as the best correlate of protection to IV infection and T follicular helper cells (T_{FH}) play an important role in their production [62]. T_{FH} contribute to the generation and maintenance of the germinal center reaction and induction of long-lived memory B cells [63–65]. T_{FH} are characterized by chemokine receptor CXCR5 expression which is responsible for their localization in B cell follicles in secondary lymphoid organs [66]. Their differentiation is influenced by the cytokine milieu, strength of the TCR signal and subset of dendritic cells (DC) involved in the cognate interaction [67–69]. For instance, activation of specific DC subsets and T_{FH} by selected adjuvants like MF59 may favor the induction of specific and long-lasting protective antibody responses [70–74]. Recently, circulating precursors of the T_{FH} cells have been found in animals and humans and their presence correlated with magnitude and quality of IV-specific antibodies [74–79]. Moreover, the T_{FH} found in circulation upon vaccination are clonally related to the germinal center-derived cells, highlighting the link between these two T_{FH} subsets [80,81]. The antigen specificity of the CD4+ T cells assisting B cells appears to be critical to achieve an optimal boosting capacity and it has been suggested that the most effective help is obtained when B cell and CD4+ T cell specificity are matched [82–84].

CD4+ T cells are also important for the induction and maintenance of virus-specific CD8+ T cell-mediated immunity [85–88]. They regulate the recruitment of CD8+ T cells into the lymph nodes, their migration to the site of infection and the contact with viral antigen presented by resident DCs leading to activation of virus-specific CD8+ T cells [89–92]. It is also known that CD4+ Th1 cells secreting IFN- γ are essential for promoting the development of CD8+ T cell memory and their long-term maintenance [87, reviewed in 93–95]. It has been shown that CD4+ T cells generated at the time of priming activate molecular pathways that limit exhaustion of the IV-specific memory CD8+ T cells, which therefore can rapidly respond to a subsequent re-infection [96]. Moreover, CD4+ T cell help is crucial for CD8+ T cells acquiring killing capacity and being able to migrate by expressing specific homing receptors [97]. In addition to promoting anti-viral immune responses by secreting IFN- γ , CD4+ T cells can acquire cytotoxic functions and eliminate infected cells by using cytokine-mediated and perforin/granzyme-dependent mechanisms [35,41,98–101]. An inverse correlation between the frequency of CD4+ T cells expressing perforin, granzymes and IFN- γ and disease severity was observed in humans after experimental IV infection [35]. In addition to perforin and granzyme B, the expression of the class-I restricted T cell associated molecule (CRTAM) and the Natural Killer (NK) cell marker (NKG2C/E) might facilitate the identification and quantitation of CD4+ T cells with cytotoxic properties [102,103]. IV-specific cytotoxic CD4+ T cells are primarily induced at the site of infection or vaccination and it was shown that intranasal delivery of vaccine induces higher frequencies of these cells in the respiratory tract than parenteral delivery [35,41,101]. Although the cytotoxic CD4+ T cells resemble the CD8+ T cells in

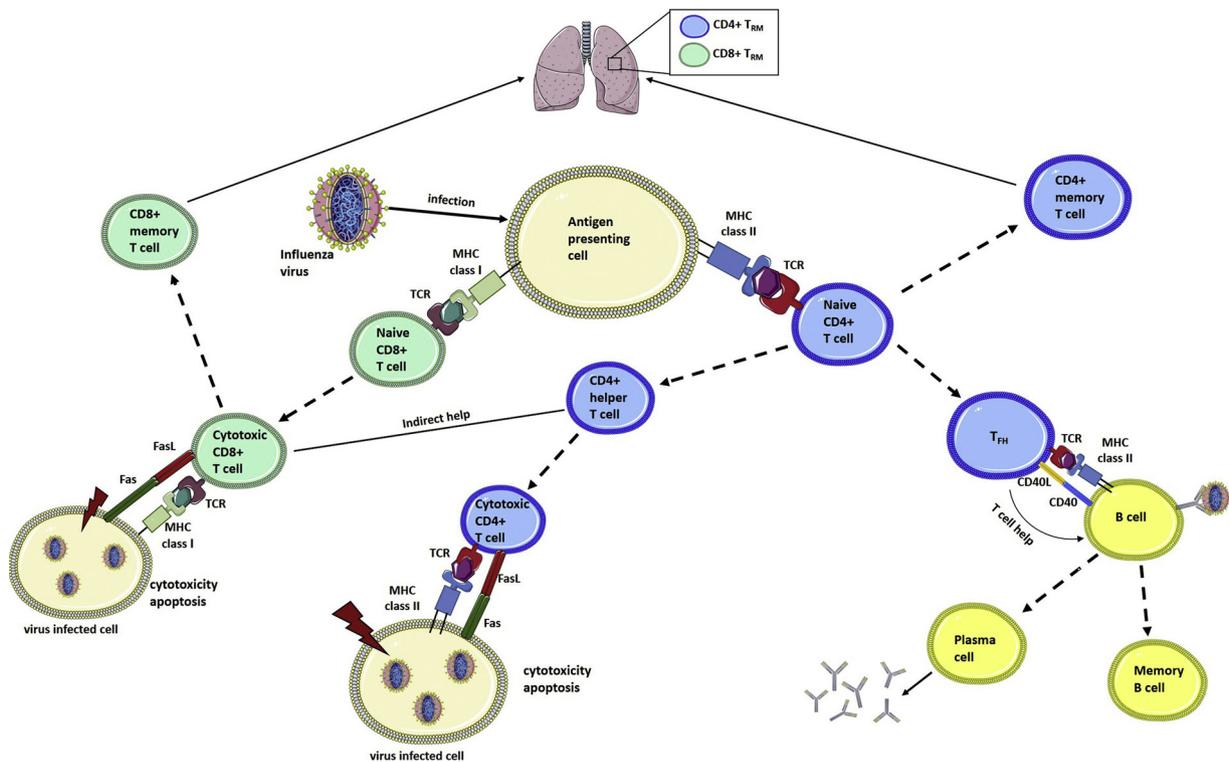


Fig. 1. Schematic representation of the cellular and humoral immune responses induced by influenza virus infection.

Influenza virus infection of antigen presenting cells leads to intracellular degradation of viral proteins producing peptide fragments, some of which are loaded onto MHC class I or class II molecules. The peptides presented by MHC class I or class II can be recognized by respectively CD8+ or CD4+ naïve T cells bearing TCRs of appropriate specificity. Upon engagement of the TCR by viral antigen and further signaling such as co-stimulation (e.g. via CD28; not shown) and cytokines (not shown), naïve T cells are activated. The activated T cells proliferate and differentiate into effector and memory T cells (dotted lines). The effector cells contribute to viral clearance, predominantly by recognizing and eliminating virus-infected cells and secreting pro-inflammatory and anti-viral cytokines. The memory T cells can be readily activated by a subsequent encounter with the cognate antigen and, upon further differentiation, exert their effector functions. The T_{FH} cells deliver help to B cells that differentiate into memory B cells and plasma cells that secrete high affinity antibodies against the target antigen. In the lung, locally produced mediators promote the development of lung CD4+ and CD8+ tissue resident memory T cells. The figure is an oversimplified schematic and was designed using Servier Medical Art templates, which are licensed under a Creative Commons Attribution 3.0 Unported License: <https://smart.servier.com/>. TCRs, T cell Receptors; TRM Tissue resident memory T cell; T_{FH} T follicular helper T cells, MHC major histocompatibility complex.

terms of function, it is not yet clear if these two cytotoxic subsets have distinct or overlapping roles in protective immunity to influenza.

In humans, IV-specific CD4+ T cells recognize a variety of viral antigens including the HA and internal proteins [10,35,104–108]. Like IV-specific CD8+ T cells (see below), CD4+ T cells display a high degree of cross-reactivity with various IVs [28,35]. For example, CD4+ T cells that recognize conserved epitopes and that cross-react with avian and H1N1pdm09 virus have been reported [27,105,106,109–111].

It is known that single mutations within T cell epitopes can alter the MHC-II avidity and TCR binding, which are possible ways for the virus to evade recognition by CD4+ T cells [112–115]. Indeed, a single amino acid substitution identified in the HA of IV was associated with escape from recognition by IV-specific CD4+ T cells and not from recognition by antibodies [116]. Because CD4+ T cells are critical for inducing and regulating effective T and B cell responses to IVs, full understanding of the respective CD4+ T cell population regarding their specificity, functions and frequency would aid rationale design of vaccines that induce protective CD4+ T cell responses.

2.2. CD8+ T cells

Animal studies have provided insight into the role of the CD8+ T cells in protective immunity against IV infections [25,117–119], reviewed in [120] and data are consistent with those reported later in human studies. Back in 1983, McMichael *et al.* had already demonstrated an inverse correlation between the IV-specific lytic activity of

PBMCs and the extent of viral shedding after experimental infection of human volunteers that did not have antibodies to the challenge strain [121]. During the pandemic of 2009, it was shown that the frequency of pre-existing IV-specific CD8+ T cells inversely correlated with disease severity caused by infection with the H1N1pdm09 virus [34]. Furthermore, subjects infected with a H7N9 virus who showed a more rapid recovery from severe disease had early and prominent H7N9-specific CD8+ T cell responses compared to subjects with a prolonged recovery time [36].

Virus-specific CD8+ T cells are activated upon engagement of their TCR with peptide-MHC class-I complex. The main function of CD8+ cytotoxic T Lymphocytes (CTL) is to recognize and kill virus-infected cells by releasing perforin and granzyme B and inducing apoptosis via Fas/Fas ligand interaction [38,40] thus prevent more progeny virus being produced. Furthermore, activated CD8+ T cells produce pro-inflammatory cytokines like IFN- γ that inhibit viral replication [reviewed in 122].

IV-specific CD8+ T cells are mainly directed against the internal viral proteins [reviewed in [123]], which explains the high cross-reactivity of CTLs with IVs of different subtypes. Therefore, the induction of IV-specific CTL responses is considered a promising vaccination strategy for the induction of broadly protective immunity [25,124–127]. Due to the polymorphic nature of the HLA molecules, the set of peptides presented to T cells varies considerably between individuals. Consequently, there is heterogeneity in the specificity and magnitude of virus-specific T cell responses [128]. During infection, only a restricted number of the generated epitopes are immunogenic

and the response to these epitopes is usually observed in subjects expressing the same HLA alleles [reviewed in 12,129,130]. Despite the fact that the NP and M1 protein are relatively conserved, some CTL epitopes display variation [131]. It has been shown that amino acid substitutions at an anchor residue may result in a complete loss of epitope presentation whereas mutations within the TCR contact residues of the epitope may affect the recognition by specific CD8+ T cells [43,52,131–134]. Some epitopes remain conserved because mutations are not tolerated without loss of viral fitness [132,135,136] despite selective pressure against them exerted by T cells. One example of such an epitope is the M1₅₈₋₆₆ located in the M1 protein. Despite being immunodominant and presented by HLA-A*0201, an HLA-allele with high prevalence, this epitope is highly conserved, even across different subtypes of IAV. Most likely, the functional constraints are explained by the presence of an overlapping nuclear export domain [137].

In addition to mutations within epitopes, extra-epitopic amino acid residues that influence CD8+ T cell recognition have been identified [50]. Of interest, it was found that amino acid residues located outside the M1₅₈₋₆₆ epitope had an impact on the activation and lytic activity of M1₅₈₋₆₆ specific T cells. When the extra-epitopic residues were derived from M1 protein of a human IV then T cell activation was reduced compared to those derived from an avian IV. It was hypothesized that the reduced recognition of the epitope might reflect immune adaptation of human IV's, which was exemplified by better replicative capacity of human IV in the presence of M1₅₈₋₆₆ specific T cells [50].

Because IAV-specific CD8+ T cells preferentially recognize epitopes located in conserved proteins, they also contribute to heterosubtypic immunity. CD8+ T cells induced after infection with seasonal IVs cross-react with avian and swine IVs [24,26–28,138]. Recently, it was found that memory CD8+ T cells specific for epitopes located in PB1 cross-react with IAV, IBV and ICV, suggesting that they offer a degree of heterotypic immunity [139]. Thus, the identification of conserved epitopes could aid the development of a vaccine that affords broad and long-lasting protection against various IVs based on the induction of cross-reactive T cell responses. Studies in mice showed that CTLs induced by IAV infection are relatively long lived and persist in the lung after infection [47,140–144]. In humans, IAV-specific CD8+ T cells can be found in peripheral blood over a time-period of > 13 years [48] and have been found in the lung as well (see below) [145].

2.3. T_{RM} cells

During IV infection, some of the virus-specific T cells differentiate into Tissue resident memory T cells (T_{RM}) cells, which is regulated by the activity of certain transcription factors like Blimp-1 [146]. Active T_{RM} cells contribute to local protective immunity against reinfection with the same or heterologous viruses by remaining at the site of the primary infection [57,147,148]. T_{RM} cells, characterized by the expression of CD69 and CD103, can effectively eliminate virus-infected cells in the lung, thus limiting the progression of the disease [149].

Both CD4+ and CD8+ T cells are known to form T_{RM} cells, although the CD8+ T_{RM} subset has been better characterized in recent years because of their prominent role in heterosubtypic immunity. Upon recognizing virus-infected cells, the T_{RM} readily respond by killing the infected cells by producing anti-viral cytokines and promoting the recruitment of immune cells from the peripheral blood [150–155]. It has been reported that T_{RM} cells are derived from T Effector Memory (T_{EM}) cells rather than T Central Memory (T_{CM}) cells and some studies suggested that the conversion towards T_{RM} cells requires the presence of the antigen in lung tissues [147,156–158]. The local environment plays an important role in converting T_{EM} cells into T_{RM} cells. It has been found that IL-15, TGF-β and the activity of the transcription factors Blimp-1 and Homolog of Blimp-1 (Hobit) are important for the induction and maintenance of T_{RM} cells. On the other hand, downregulation of Eomes has been tied to T_{RM} conversion

[146,147,159–161].

Studies in mice showed that T_{RM} in the upper respiratory tract (UTR) persist for a long time and were able to prevent spread of IV to the lung [162]. Additionally, vaccination with LAIV induced long-lasting T_{RM} cells in the lung and provided heterosubtypic protection [163]. The longevity of T_{RM} in mice was only found to last up to 7 months only. This might be a result of an imbalance between apoptosis of T_{RM} cells and conversion into new T_{RM} cells, since it was found that the ability of circulating CD8+ T cells to convert into T_{RM} cells declines over time. Of interest, this loss of T_{RM} cells correlated with a loss of protection [57,158]. The longevity of T_{RM} cells and heterosubtypic immunity was extended when mice were repeatedly exposed to the antigen [164]. Human studies showed that influenza-specific T_{RM} cells in the lung are highly proliferative, polyfunctional and display various TCR specificities, suggesting that these cells are important for an effective T cell response and protective immunity acting locally [165–167]. However, the lifespan of the human T_{RM} has not been reported yet.

3. Influenza vaccination strategies and management of immunity to influenza viruses

As mentioned above, seasonal influenza viruses display extensive antigenic drift, which necessitates annual updates of the vaccine composition and the selection of vaccine strains that match the epidemic strains antigenically. The selection of vaccine strains is based on antigenic characterization of newly emerging epidemic strains and epidemiological data. “Antigenic cartography” was developed as a tool to aid interpretation of the antigenic characterization data [8]. Using pre- and post-vaccination serum samples from human vaccinees, antibody landscapes were constructed which revealed that the use of antigenically advanced vaccine strains would not result in mismatching antibody response against virus from previous antigenic clusters, because these antibody responses were “back-boosted”. It was therefore argued that the choice of novel antigenically distinct vaccine strains should have preference, even when these strains did not predominate the season in which the strain selection was made [168].

Difficulties in predicting the circulating IBV strains have prompted the development of quadrivalent influenza vaccines containing two IBV strains belonging to two antigenically distinct lineages, in addition to the two IAV strains of the current H1N1 and H3N2 subtypes [reviewed in [169–171]]. Of note, also Influenza B virus-specific CD8+ T cells display a high degree of cross-reactivity and the majority recognize viruses of both lineages [172].

Currently used seasonal influenza vaccines are inactivated (split or subunit) vaccines produced in embryonated chicken eggs or MDCK cells, recombinant HA protein produced in insect cells or cold-adapted (or temperature sensitive) live-attenuated vaccines (LAIV), which are administered intranasally.

In contrast to IIV, the LAIVs induce a multifaceted responses that include humoral mucosal antibodies (secretory IgA), as well as cellular immunity, especially CD8+ T cells [173]. The induction of T cell immunity by LAIV resides in the capacity of this vaccine to mimic a natural infection by replicating in the upper respiratory tract.

Replication in antigen presenting cells leads to de novo synthesis of viral proteins in the cytosol, consequently resulting in endogenous antigen processing and MHC class I restricted presentation of viral peptides to virus-specific CD8+ T cells. The LAIV also promotes T_{EH} proliferation in nasal-associated lymphoid tissue (NALT), which is crucial for an efficient antibody production [174]. In this regard, LAIV induces higher number of cross-reactive plasmablasts compared to IIV [175].

Interestingly, LAIV were more efficacious than IIV in young children and the virus-specific immunity was maintained up to one year in most pediatric study subjects [176–179]. The superior efficacy of LAIV in children seems to correlate with the induction of local and systemic T

cell responses [53,180–183].

Another consideration to use LAIV in children preferably is that the annual use of IIV from an early age (> 6 months) onward may prevent productive infection and consequently the induction of virus-specific CD8+ T cell responses. This was demonstrated in a mouse model, ferrets and in two groups of children that received annual vaccination with IIV or not [55,184–186]. In the animal models, the lack of infection-induced (cross-reactive) virus-specific CD8+ T cells caused by prior vaccination against a seasonal IV strain left mice and ferrets more susceptible to infection with highly pathogenic IV of the H5N1 subtype. Therefore, it was hypothesized that the use of LAIV in children should be preferred since this vaccine not only protects against seasonal influenza, but most likely also induces heterosubtypic immunity [187]. Accordingly, it was shown that children vaccinated with LAIV were protected against a drifted H3N2 strain that was not contained in the vaccine, highlighting the potential of LAIV to induce cross-reactive immunity [188].

Furthermore, the CD4+ T cell response to IIV in immunologically naïve children that had not been previously exposed to influenza virus, was reduced regarding IFN- γ production and breadth of viral antigen reactivity compared to that of young adults [189]. These data suggest that early immunological imprinting by IIV may skew the repertoire of virus-specific CD4+ T cells.

Although virus-specific T cells are appreciated for their role in protective immunity against influenza virus, it requires robust and standardized assays to quantitate their numbers, specificity and functionality to establish the correlates of protection and to define minimum thresholds of protection. Considering the high polymorphism of the human leucocyte antigens and consequently the T cell repertoires in individual subjects, this remains a challenge. Potentially, repertoire and RNAseq analysis at the single cell level may improve our understanding or the protective capacity of virus-specific T cell responses [190,191].

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CRedit authorship contribution statement

Janina Jansen: Writing - original draft. **Thomas Gerlach:** Writing - review & editing. **Husni Elbahesh:** Writing - review & editing. **Guus F. Rimmelzwaan:** Conceptualization, Writing - review & editing, Supervision. **Giulietta Saletti:** Conceptualization, Writing - original draft, Supervision.

Declaration of Competing Interest

None of the authors declares a conflict of interest.

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