

Abstract ID: 93530

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Area of Research: Immunology, microbiome research and respiratory diseases

PhD Programme: DS Bone Muscle and Joint (BMJ)

Semester: 6

Altered cellular immune response to vaccination against SARS-CoV-2 in patients with B-cell depleting therapy

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Background: B-cell depleting therapies result in diminished humoral immunity following vaccination against COVID-19, but our understanding on the impact on cellular immune responses is limited. Here, we performed a detailed analysis of cellular immunity following mRNA vaccination in patients receiving B-cell depleting therapy. **Methods:** We analyzed T-cell responses in autoimmune patients treated with B-cell depleting therapy and healthy controls after receiving two mRNA vaccinations against COVID-19. We isolated PBMCs and stimulated them with a peptide pool covering the spike protein in vitro. Reactive T-cells were determined by IFN γ ELISpot assay and staining for effector cytokines by flow cytometry. Anti-SARS-CoV-2 spike receptor-binding domain antibody assays were performed to elucidate B-cell responses. To complement our cellular analysis, we performed immunophenotyping for T- and B-cell subsets. **Results:** In this work, we show that SARS-CoV-2 vaccination using mRNA vaccines elicits cellular T-cell responses in patients under B-cell depleting therapy. Some facets of this immune response, including TNF α production of CD4 $^{+}$ T-cells and Granzyme B production of CD8 $^{+}$ T-cells, however, are distinctly diminished in these patients. Consequently, it appears that the finely coordinated process of T-cell activation with a uniform involvement of CD4 $^{+}$ and CD8 $^{+}$ T-cells as seen in HCs is disturbed in autoimmune patients. In addition, we observed that immune cell composition does impact cellular immune responses as well as sustainability of anti-spike antibody titers, a fact that also holds true for healthy individuals. **Conclusion:** Our data suggest disturbed cellular immunity following mRNA vaccination in patients treated with B-cell depleting therapy. Immune cell composition may be an important determinant for vaccination efficacy.