Consistent with the loss of CD47, mice infused with CpG-treated RBCs had higher levels of erythropagocytosis by splenic red pulp macrophages than mice infused with control RBCs. Mice infused with CpG-treated RBCs also had neutrophil infiltration of the spleen, increased splenic expression of interferon signalling pathway genes and increased plasma levels of IFNγ and IL-6, which are indicative of both local and systemic immune activation. In critically ill patients with sepsis, those who were anaemic had higher levels of RBC-associated mtDNA than those who were not anaemic, which also supports increased erythropagocytosis in response to DNA binding by RBCs. In erythrocyte-specific Tlr9 knockout mice compared with wild-type mice, IL-6 levels were attenuated after CpG binding or in a caecal slurry model of sepsis.

Together, the results suggest that when plasma CpG DNA levels increase beyond homeostatic norms, such as during sepsis or infection, TLR9-dependent binding to RBCs results in erythropagocytosis, with consequent anaemia and innate immune activation. Anaemia and high cytokine levels are common features of multiple inflammatory pathologies, so further investigation of this pathway could have important therapeutic implications. Indeed, this study also reported that in hospitalized patients with COVID-19 pneumonia, the amount of RBC-bound mtDNA correlated with both anaemia and disease severity.

Kirsty Minton

COVID-19

Foetal sex affects maternal and placental immune responses to SARS-CoV-2

Immune responses to SARS-CoV-2 show sex-specific differences, with males at higher risk of severe COVID-19. Now, Andrea G. Edlow and colleagues have examined whether foetal sex affects immune responses to SARS-CoV-2 in pregnant women. The authors examined maternal and placental immune responses in 38 women with mild or moderate COVID-19 during pregnancy, as well as a control cohort. They found reduced maternal SARS-CoV-2-specific antibody titres as well as reduced transplacental transfer of these antibodies in women carrying male foetuses. Moreover, they observed a sexually dimorphic expression of placental Fc receptors, differences in antibody fucosylation and an upregulation of interferon response genes in male placenta. These results demonstrate that foetal sex affects maternal humoral immune responses as well as placental innate and adaptive immune responses to SARS-CoV-2.

ORIGINAL ARTICLE Bortd, E. A. et al. Maternal SARS-CoV-2 infection elicits sexually dimorphic placental immune responses. Sci. Transl Med. https://doi.org/10.1126/scitlegend.abb435 (2021)

COVID-19

SARS-CoV-2 Delta variant excels at membrane fusion, but not immune evasion

The SARS-CoV-2 Delta variant has become the dominant strain worldwide. It is around twice as transmissible as its ancestral strain, with a shorter incubation period and higher viral load during infection. Now, Bing Chen and colleagues show that mutations in spike protein of Delta allow for faster membrane fusion than Alpha, Beta, Gamma and Kappa variants, and that Delta is more efficient at infecting cells with very low expression of the ACE2 receptor entry receptor. However, the mutations found in the Delta variant had less impact on its sensitivity to neutralizing antibodies compared to those of the Gamma and Kappa variants. Neutralizing antibodies primarily target the N-terminal domain (NTD) or the receptor binding domain (RBD) of the spike protein. The authors found different arrangements of the antigenic surface of the NTD in the different variants, but only local changes in the RBD, indicating that therapeutic antibodies or universal vaccines should be targeted at the latter.

ORIGINAL ARTICLE Zhang, J. et al. Membrane fusion and immune evasion by the spike protein of SARS-CoV-2 Delta variant. Science https://www.sciencemag.org/doi/10.1126/science.abo463 (2021)

COVID-19

Comparing neurological complications after COVID-19 vaccination and SARS-CoV-2 infection

A large, population-based study of over 30 million people in the UK examined rare adverse neurological events 28 days after vaccination with ChAdOx1nCoV-19, BNT162b2 or a positive test for SARS-CoV-2. Overall, the authors identified a small but increased risk of hospital admission for Guillain–Barré syndrome, Bell’s palsy and myasthenic disorders after ChAdOx1nCoV-19 vaccination, and for haemorrhagic stroke after BNT162b2 vaccination. However, they found that infection carries a much greater risk of neurological complications. For example, the authors estimated 38 excess cases of Guillain–Barré syndrome per 10 million doses of ChAdOx1nCoV-19 and 145 excess cases per 10 million positive SARS-CoV-2 tests.

ORIGINAL ARTICLE Patone, M. et al. Neurological complications after first dose of COVID-19 vaccines and SARS-CoV-2 infection. Nat. Med. https://doi.org/10.1038/s41591-021-01558-7 (2021)

IN BRIEF

Immune responses to SARS-CoV-2 show sex-specific differences, with males at higher risk of severe COVID-19. The authors examined maternal and placental immune responses in 38 women with mild or moderate COVID-19 during pregnancy, as well as a control cohort. They found reduced maternal SARS-CoV-2-specific antibody titres as well as reduced transplacental transfer of these antibodies in women carrying male foetuses. Moreover, they observed a sexually dimorphic expression of placental Fc receptors, differences in antibody fucosylation and an upregulation of interferon response genes in male placenta. These results demonstrate that foetal sex affects maternal humoral immune responses as well as placental innate and adaptive immune responses to SARS-CoV-2.