



Post-sepsis Immunosuppression

State of the art and clinical challenges

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Déclaration d'intérêt de 2014 à 2025

- Intérêts financiers : none
- Liens durables ou permanents : none
- Interventions ponctuelles (consulting, symposium) : AOP pharma
- Intérêts indirects : none

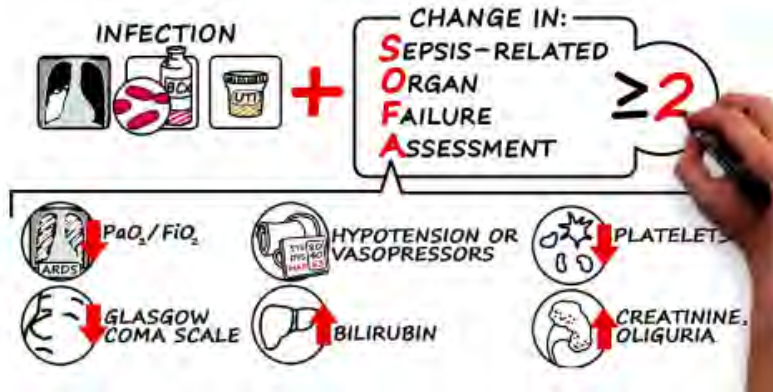
Aucun conflit d'intérêts réel ou potentiel en lien avec le contenu de cette présentation

Introduction

Special Communication | CARING FOR THE CRITICALLY ILL PATIENT

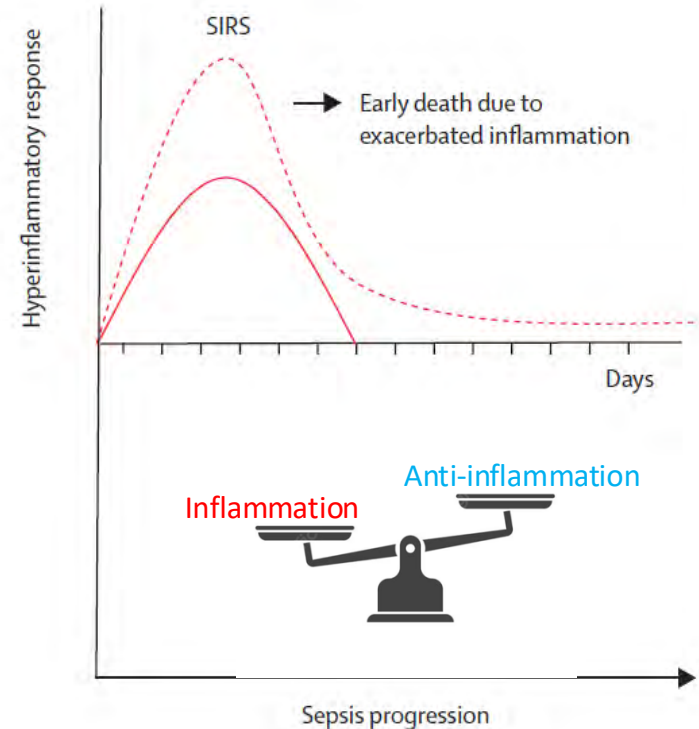
The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Life-threatening organ dysfunction due to a *dysregulated host response* to infection



Singer, JAMA. 2016

“Old school” concept



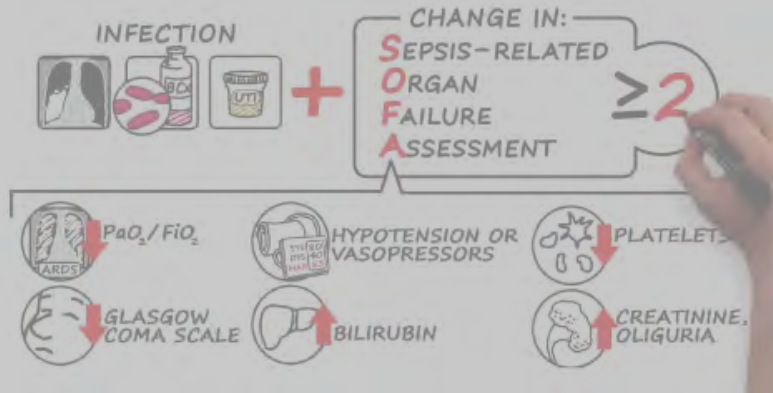
Rubio, Lancet Respir Med. 2019

Introduction

Special Communication | CARING FOR THE CRITICALLY ILL PATIENT

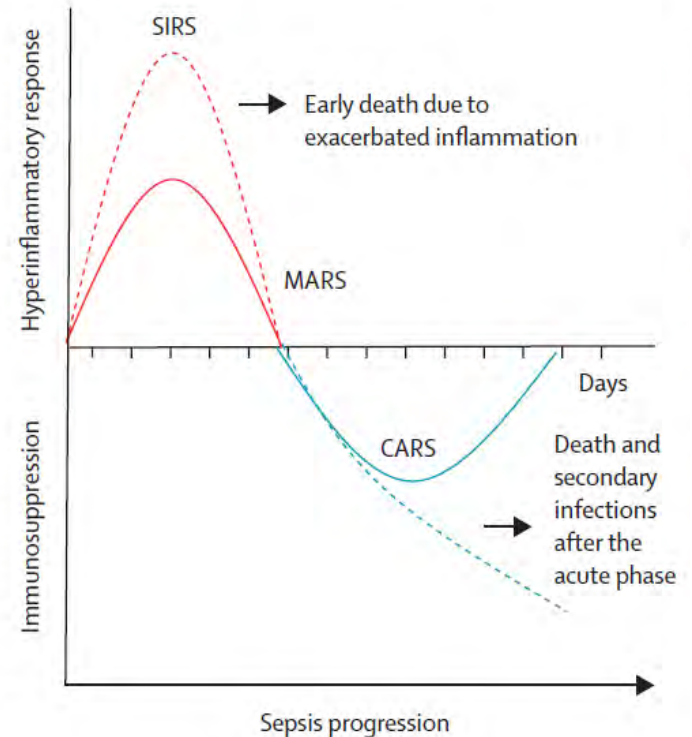
The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3)

Life-threatening organ dysfunction due to a *dysregulated host response* to infection



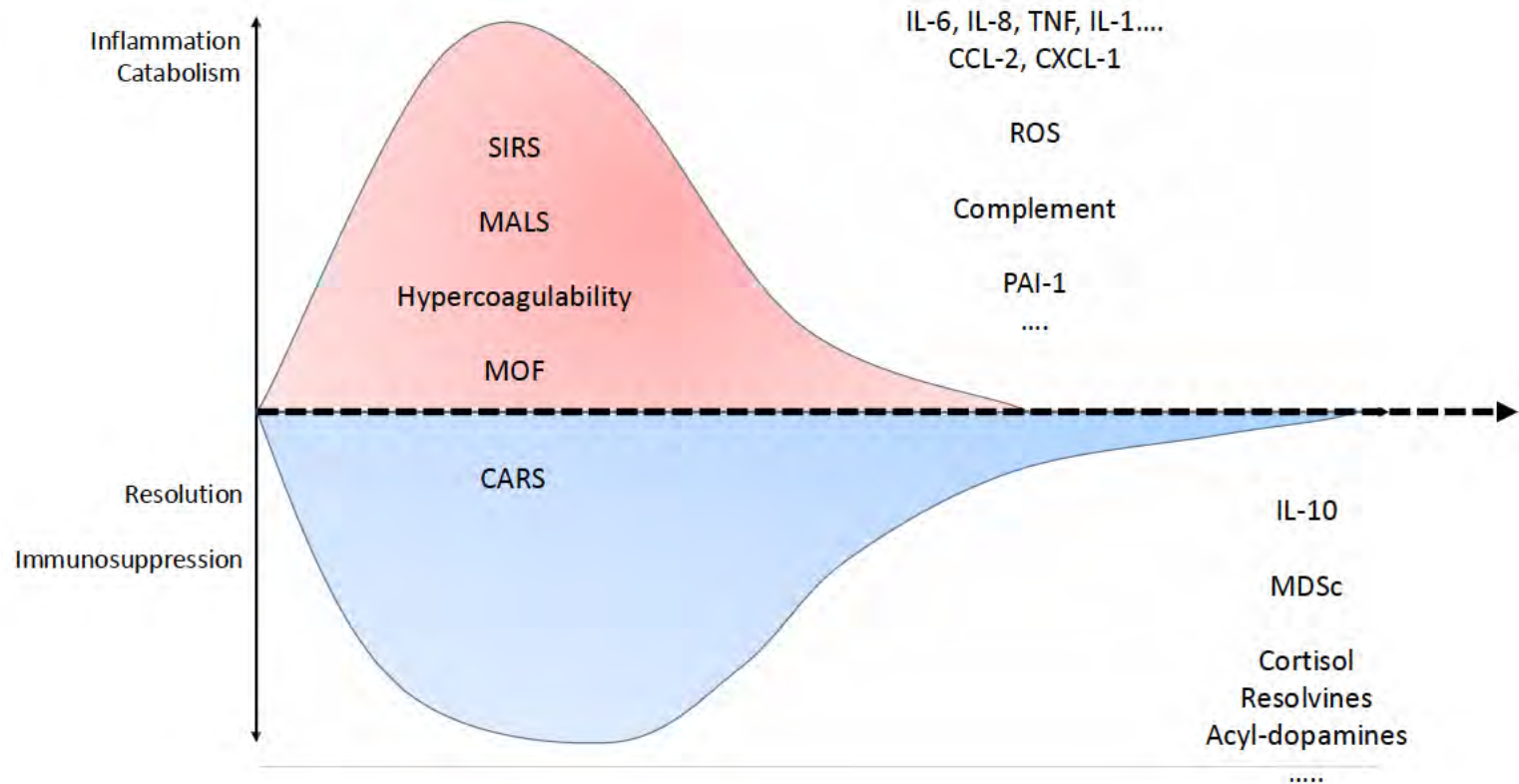
Singer, JAMA. 2016

2010 - 2015



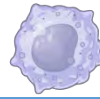
Rubio, Lancet Respir Med. 2019

« Modern » view of sepsis-associated dysregulated host response



Sepsis-induced immunosuppression: innate deficiency

Innate

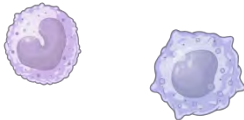


DCs	Monocytes / Macrophages	Neutrophils
↑ Apoptosis	Apoptosis → Mo-MDSCs	Apoptosis → Mo-MDSCs
↓ Ag presentation	↓ HLA-DR expression	↓ ROS / NOS
↓ Cytokines secretion	↓ Pro-infl. cytokines secretion	↓ Adhesion molecules
	↓ Pathogen killing	↑ Anti-infl. cytokines
	↑ Anti-infl. cytokines	

Adapted from Hotchkiss, Nat. Rev. Immunol. 2013

Innate immunosuppression: Mechanisms ?

Innate

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Cell death

PAMPs
DAMPs

Activation-induced cell
death (AICD)

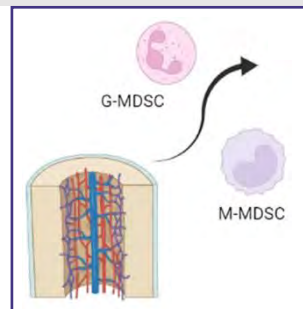
Oxidative stress

Deactivation

IL-10
Resolvins
Neurolipids
Neuropeptides
....

MDSCs

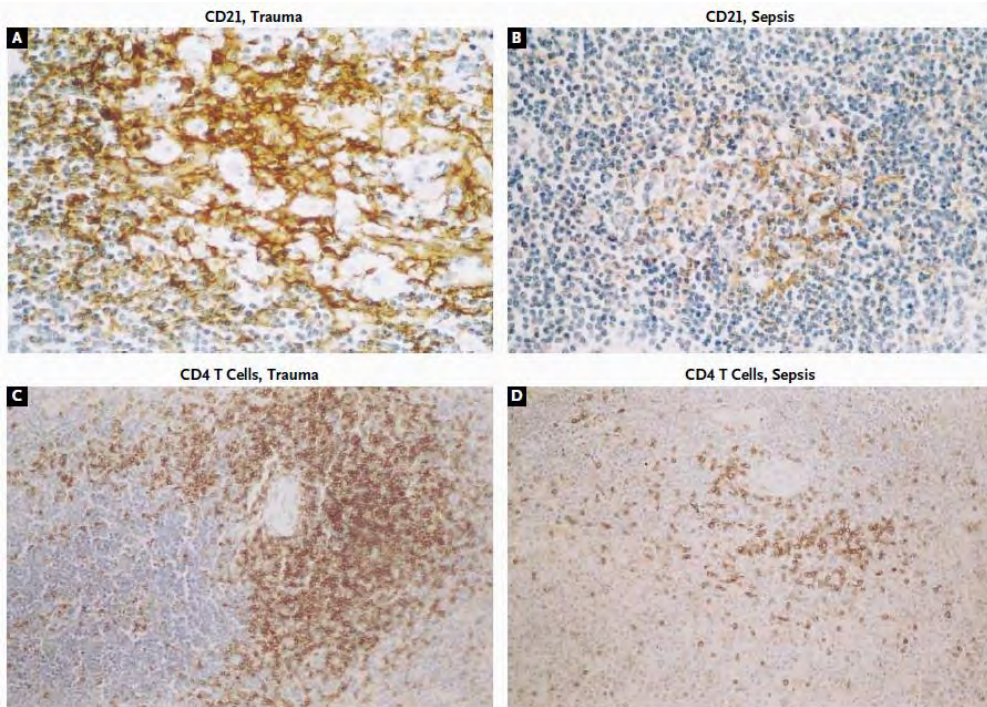
Emergency myelopoiesis



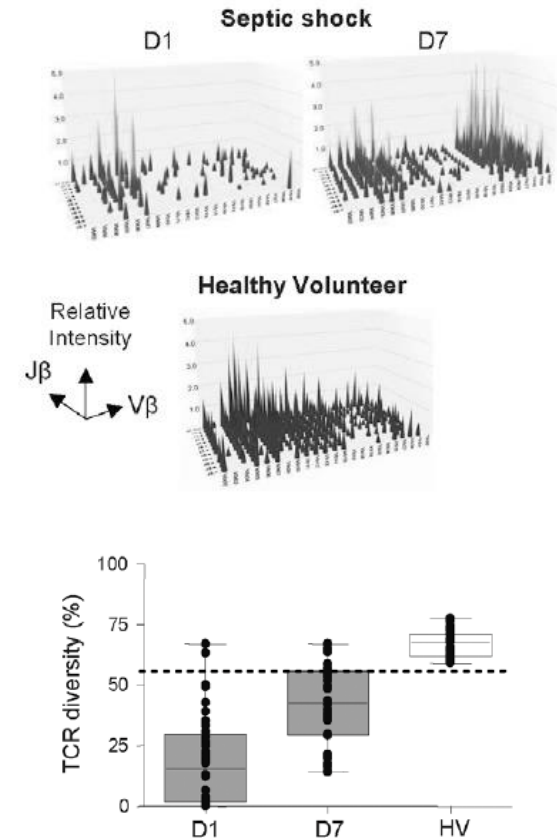
Extrinsic factors

Steroids?
Vasopressors?
...

Sepsis-induced immunosuppression: Lymphocyte deficiency



Hotchkiss, *NEJM*. 2003



Venet, *CCM*. 2003

Adaptive immunosuppression

Adaptive



CD4+ T cells	CD8+ T cells	T regs	B cells
↑ Apoptosis	↑ Apoptosis	↑ Resistance to apoptosis	↑ Apoptosis
↑ Th2 polarization	↓ Cytotoxic function	↑ Suppressive activities	↓ Ag specific Ab production
↓ Adhesion molecules	↓ Cytokines secretion		
↓ TCR diversity	↓ TCR diversity		
↓ CD28 expression			

Adapted from Hotchkiss, Nat. Rev. Immunol. 2013

Adaptive immunosuppression: Mechanisms?

Adaptive

				
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Cell death

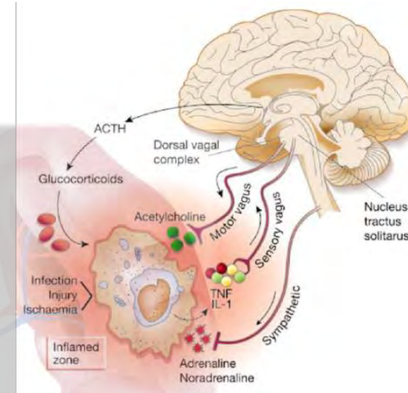
PAMPs
DAMPs

Activation-induced cell
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IL-10
Resolvins

....
Vago-splenic reflex



Adaptive immunosuppression: Mechanisms?

Adaptive



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Cell death

PAMPs
DAMPs

Activation-induced cell
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Deactivation

IL-10
Resolvins

....

Vago-splenic reflex

Tregs expansion

Suppressive activity

Extrinsic factors

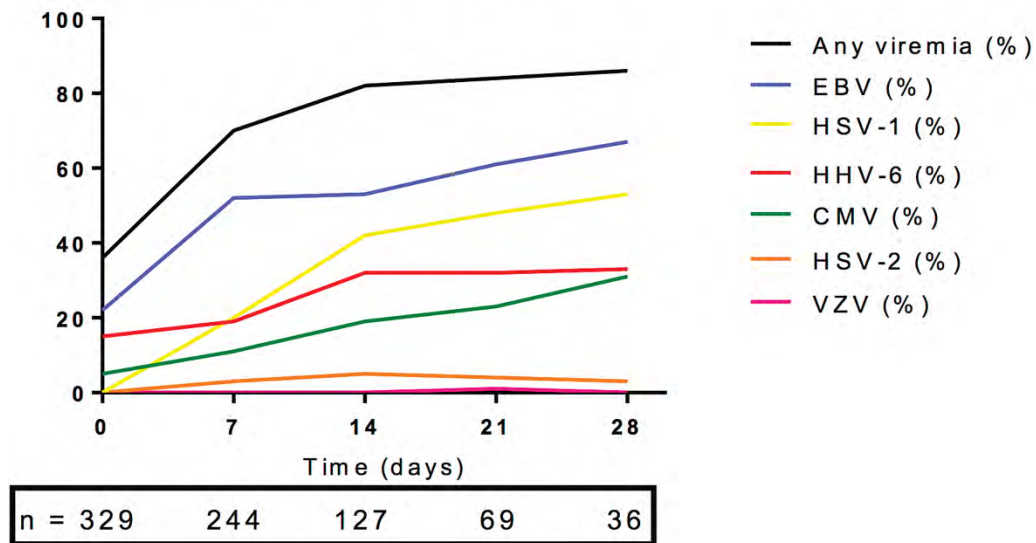
Steroids?
Anti-IL-6?

....

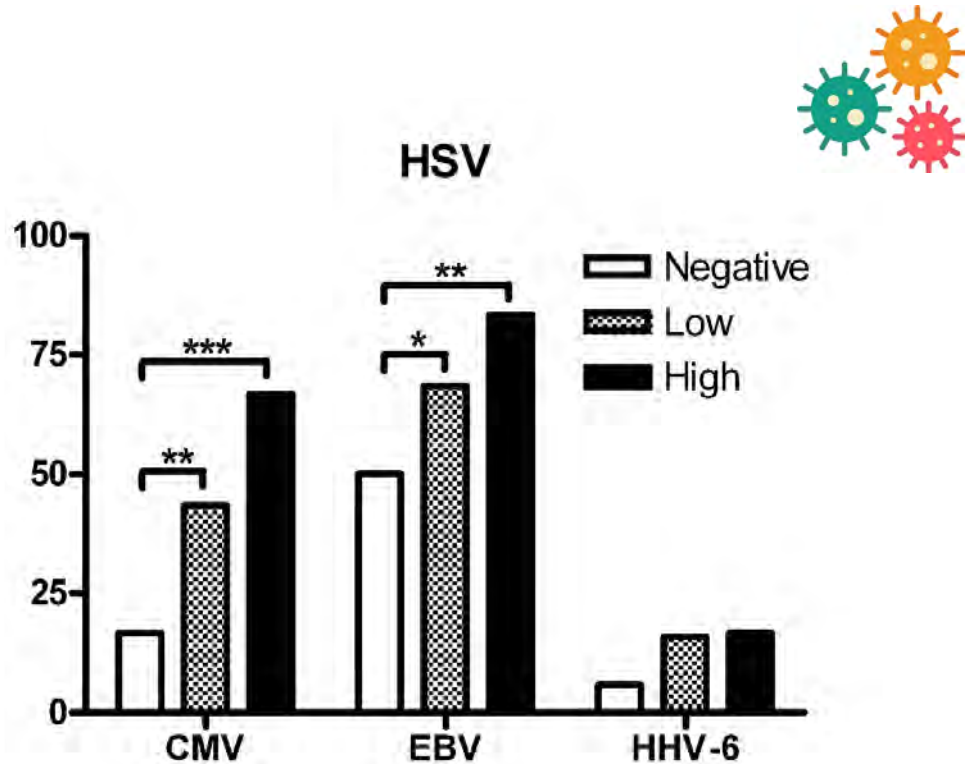
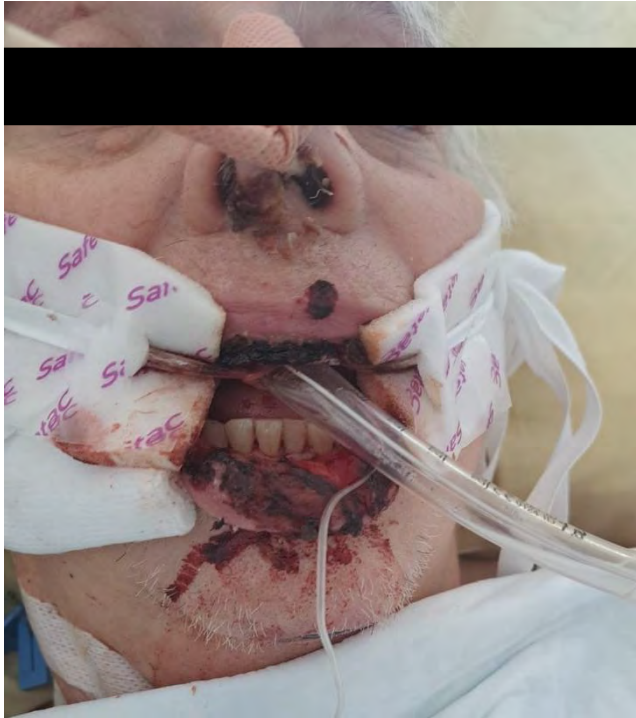
Adaptive immunosuppression => viral reactivation(s)



% of patients with viremia

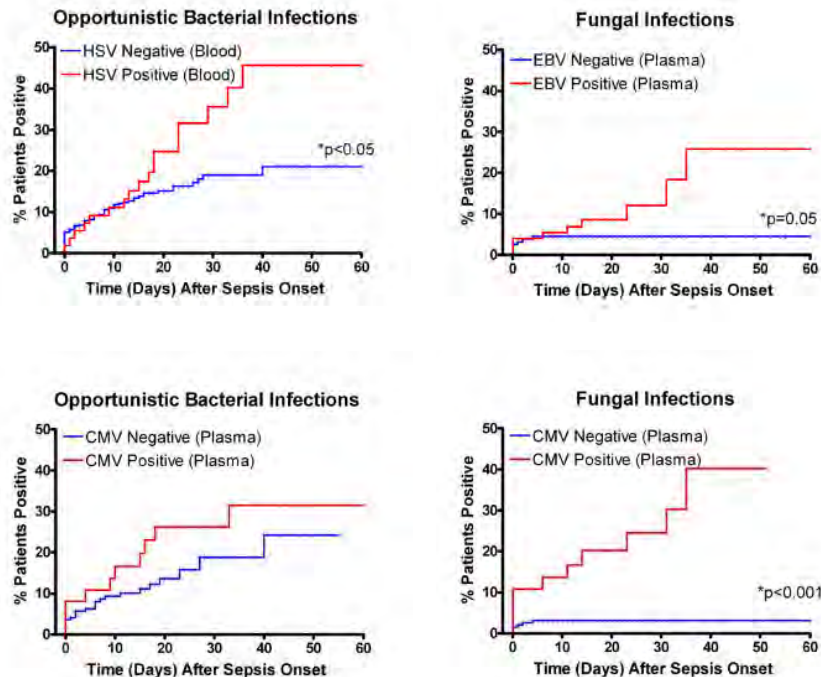


Adaptive immunosuppression => viral reactivation(s)



Viral reactivation as markers of secondary infection and death

Viral reactivation and secondary infections



Walton, *Plos One*. 2014

Viral reactivation and in-ICU mortality

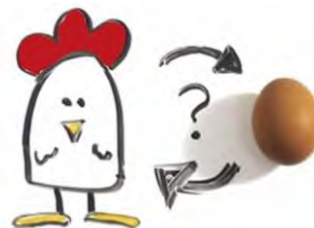
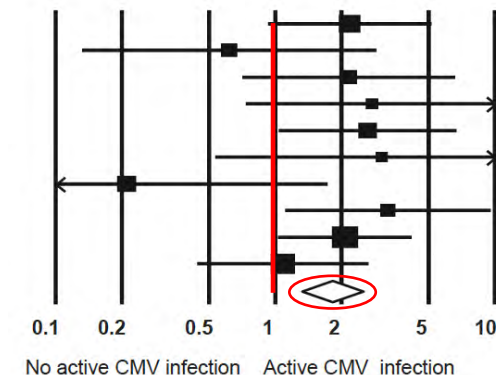
Study name

Statistics for each study

MH odds ratio and 95% CI

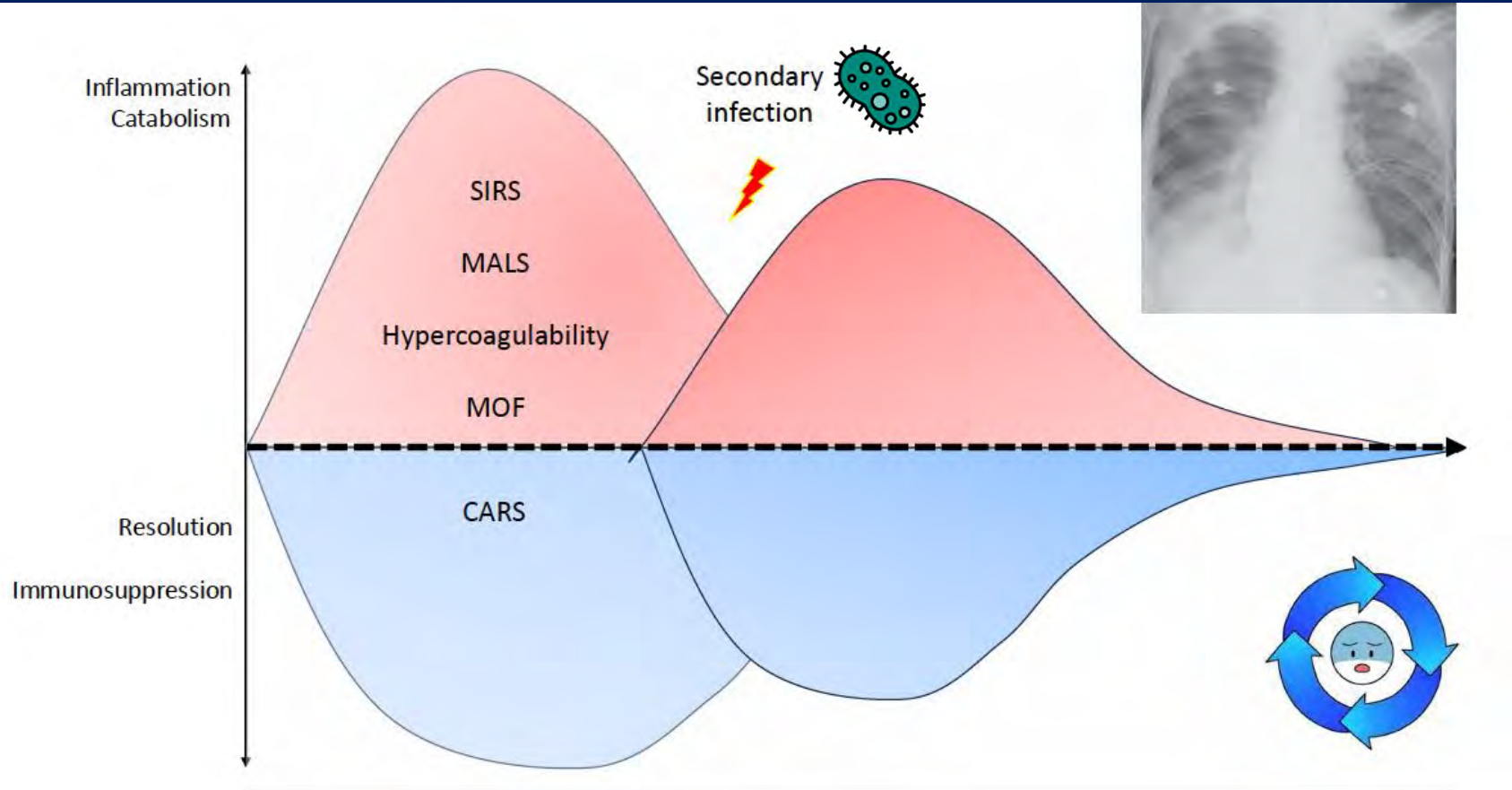
	MHodds	Lower	Upper
	ratio	limit	limit
Domart Y 1990	2.18	0.93	5.13
Kutza A 1998	0.62	0.13	2.88
Heininger A 2001	2.16	0.71	6.58
Cook C 2003	2.76	0.74	10.35
Jaber S 2005	2.64	1.04	6.69
von Mueller L 2006	3.06	0.53	17.46
Limaye A 2008	0.21	0.03	1.72
Ziemann M 2008	3.26	1.11	9.54
Chiche L 2009	2.08	1.04	4.17
Heininger A 2011	1.08	0.44	2.65
	1.81	1.31	2.50

Active cytomegalovirus infection: all-cause mortality.

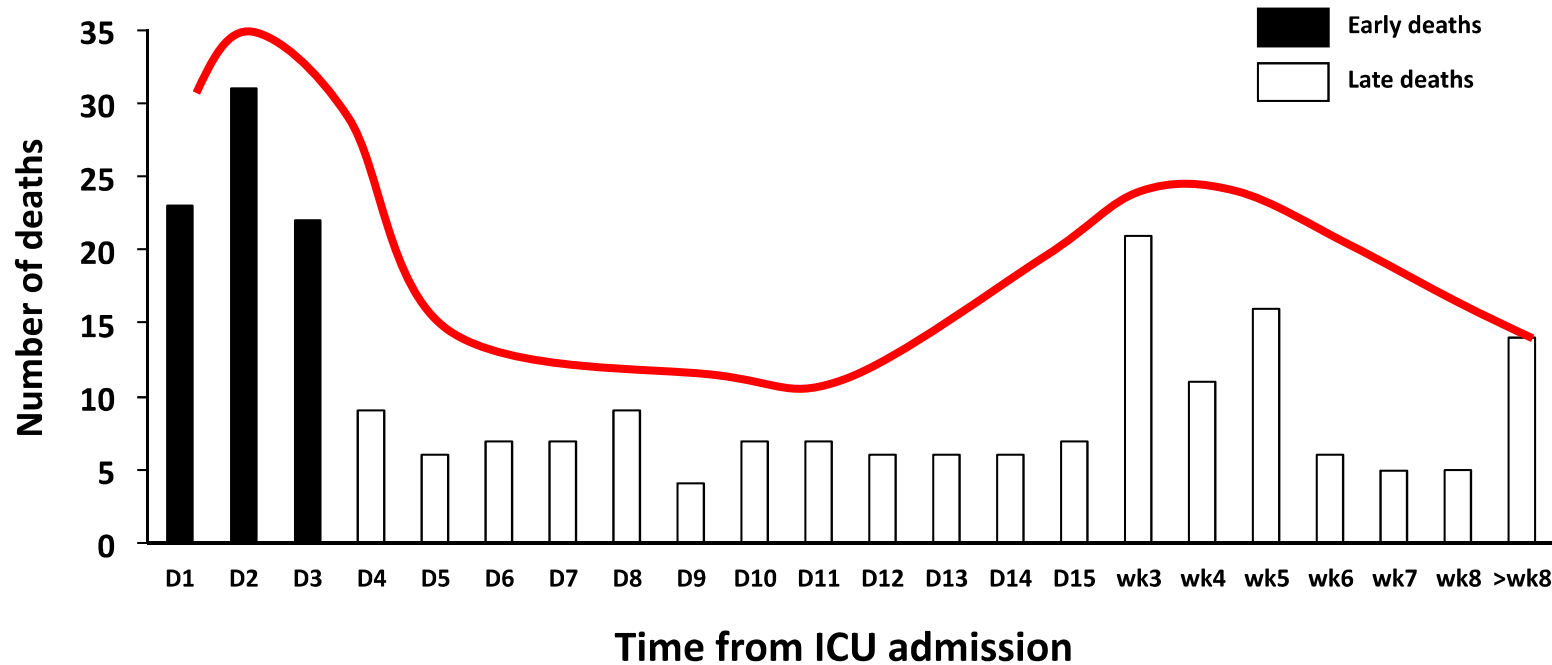


Kalil, *Crit. Care*. 2011

Sepsis-induced immunosuppression => secondary infection

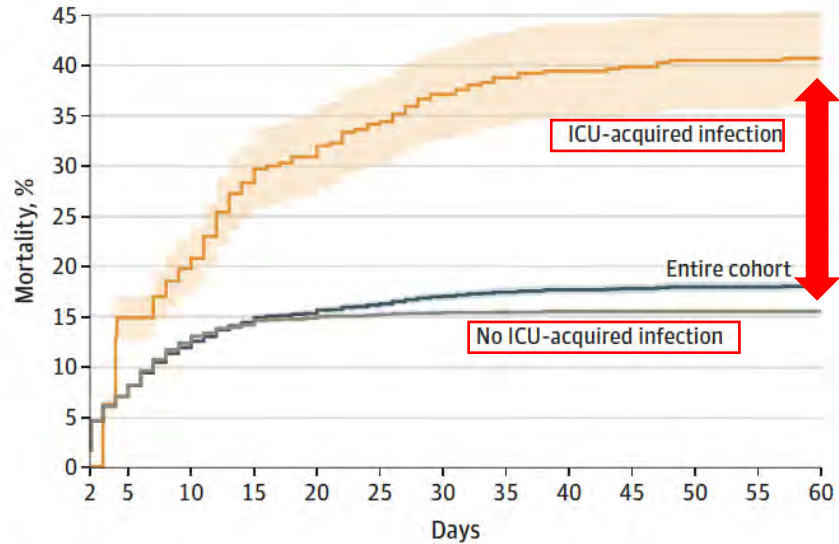


Secondary infection, chronic critical illness and « late » death



Secondary infection, chronic critical illness and « late » death

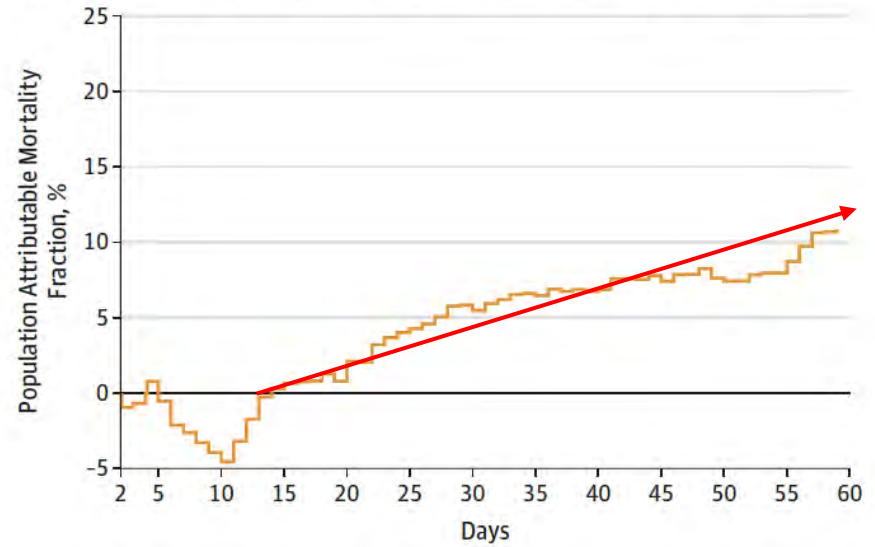
ICU mortality



Admissions at risk

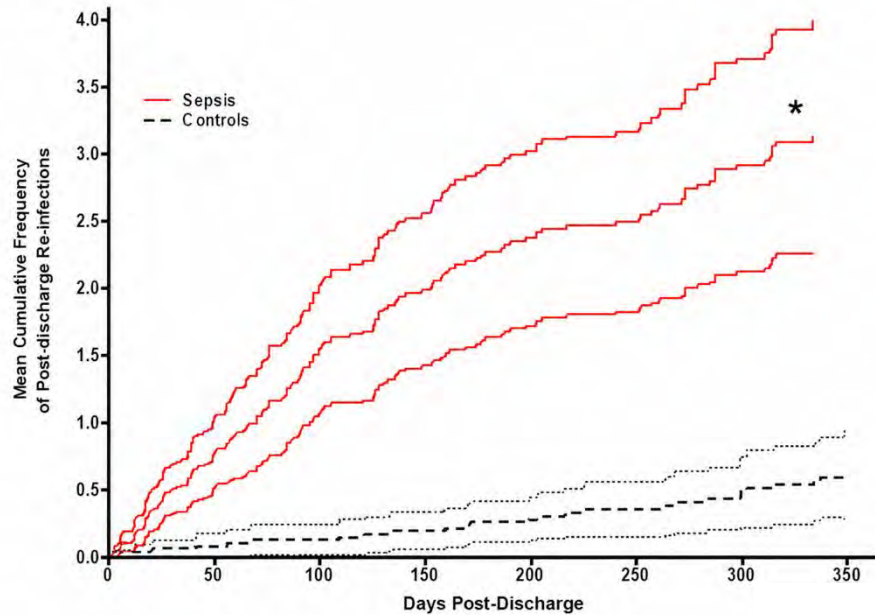
Days	Admissions at risk
2	1719
5	1719
10	551
15	328
20	227
25	155
30	107
35	74
40	54
45	43
50	29
55	23
60	18

ICU-acquired infection attributable mortality



Long-term sepsis-induced immunosuppression ?

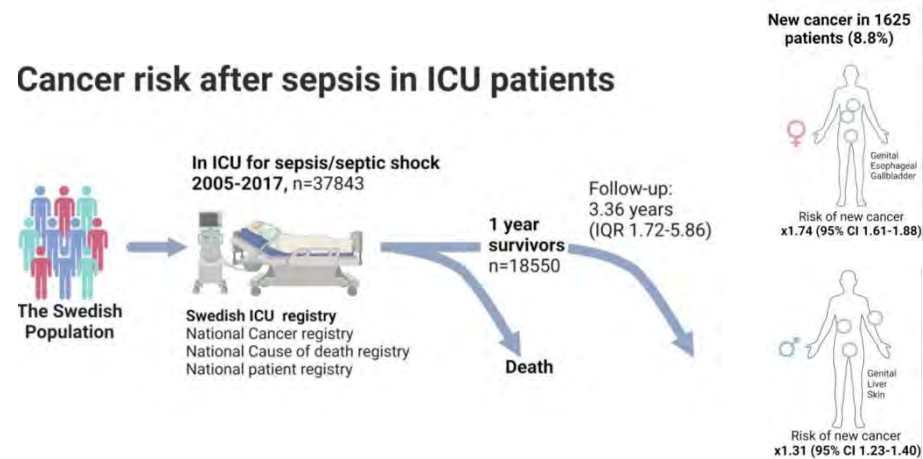
One year readmission for sepsis



Wang, *J. Crit. Care.* 2014

One year cancer diagnosis risk

Cancer risk after sepsis in ICU patients



Hästbacka, *Crit. Care.* 2023

Sepsis-associated immunosuppression: clinical challenges

- Prevent ?



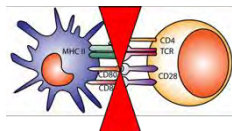
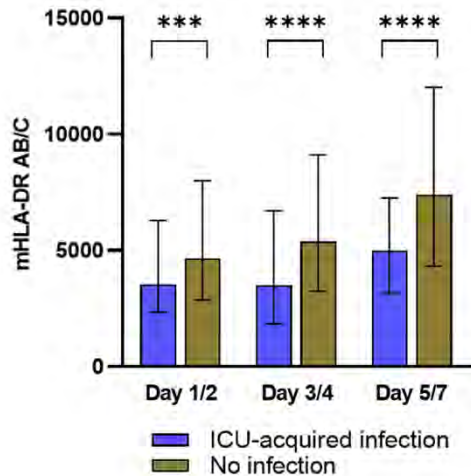
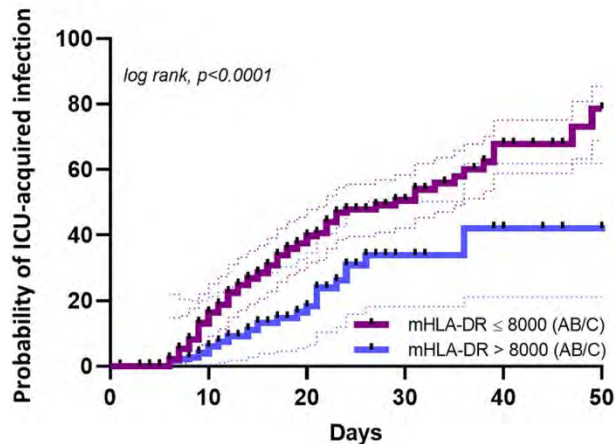
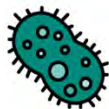
- Early identification of patients at risk ?



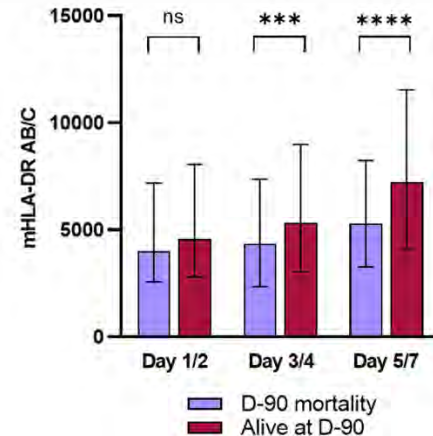
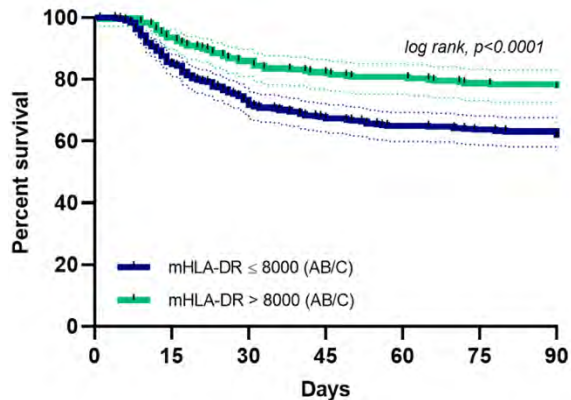
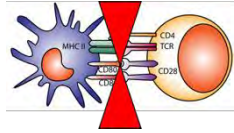
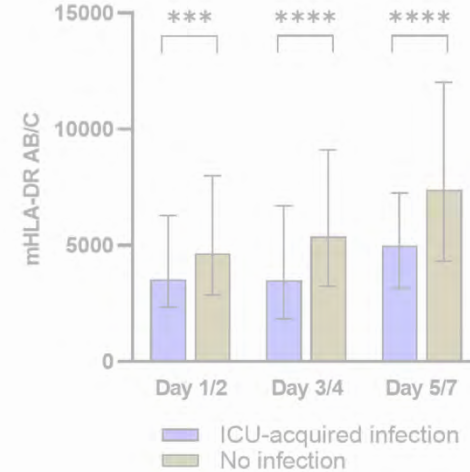
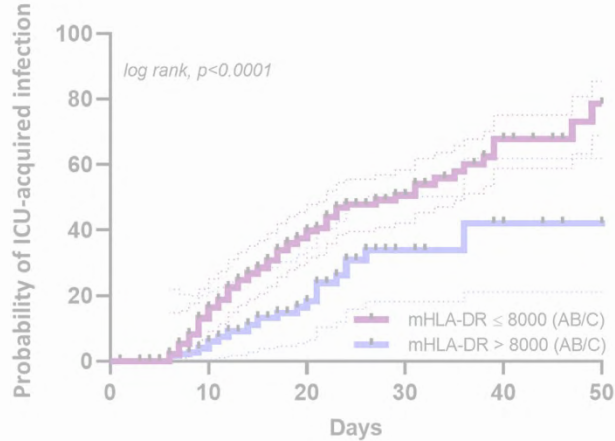
- Reverse ?



Low Mo HLA-DR is associated with secondary infection and death



Low Mo HLA-DR is associated with secondary infection AND DEATH



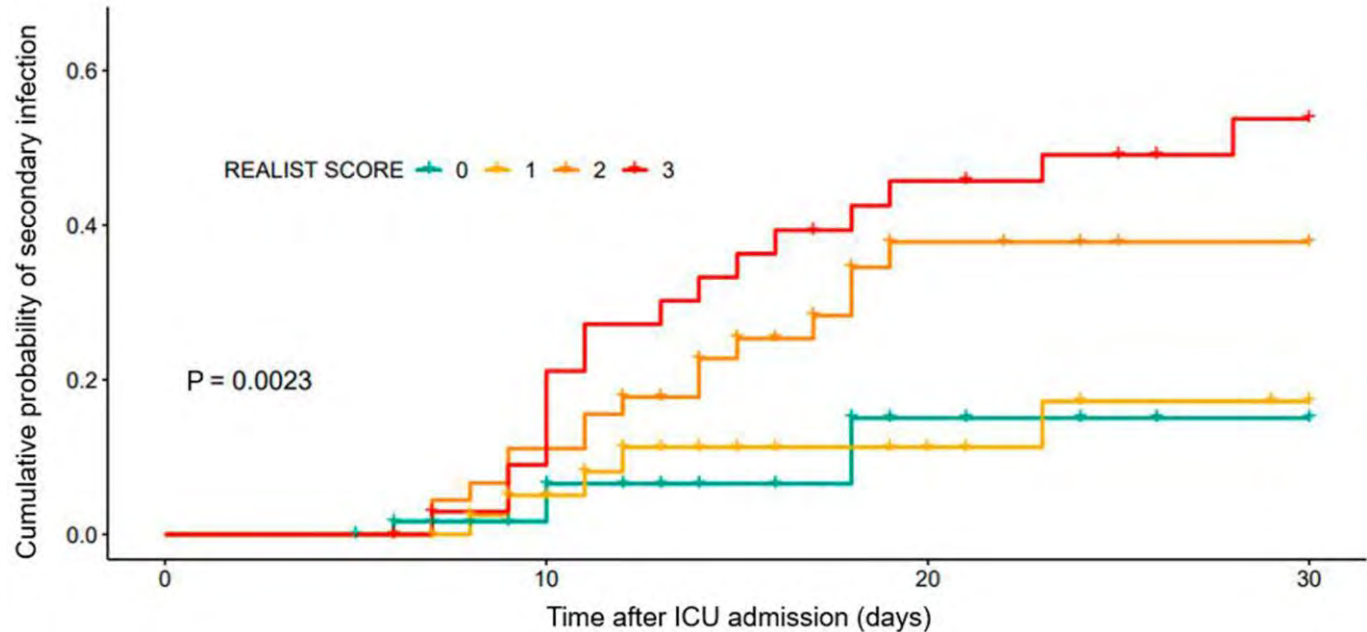
Immune markers associated with secondary infection

Three immune parameters
measured at day 5-7

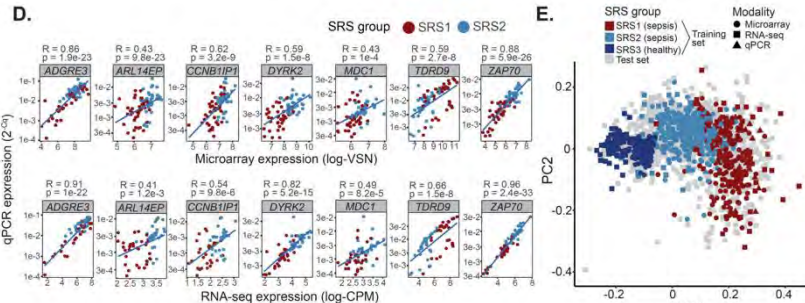
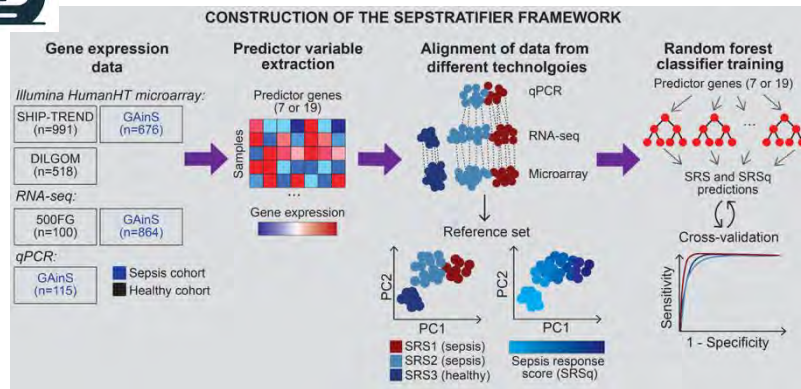
mHLA-DR ≤ 7627 Ab/cell

Immature neutrophils $\geq 23.5\%$

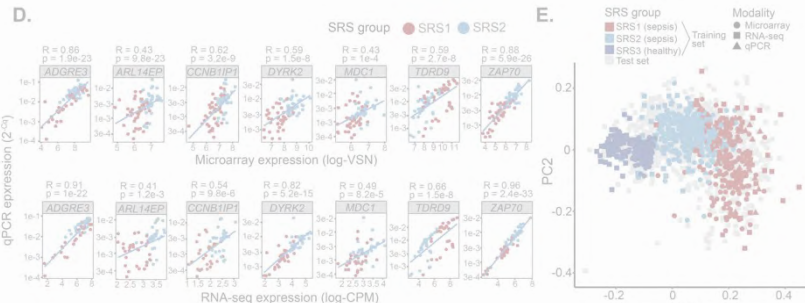
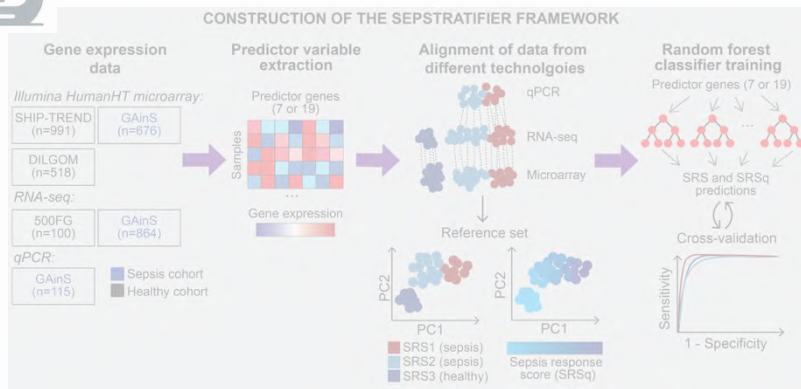
IL-10 ≥ 8.5 pg/mL



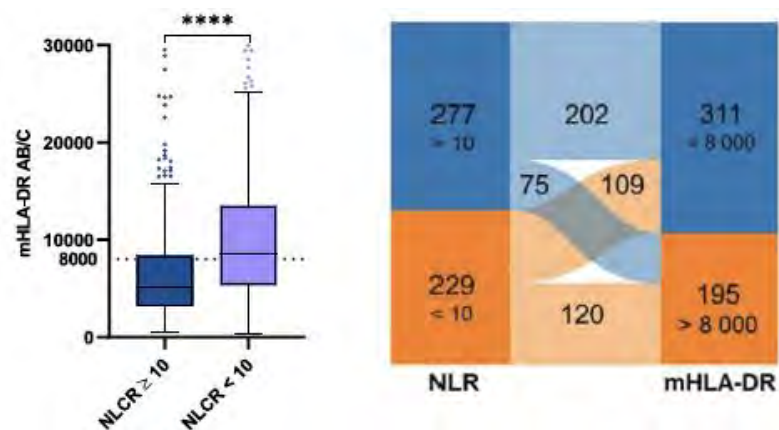
Immune markers associated with secondary infection: Sophistication vs. simplification ?



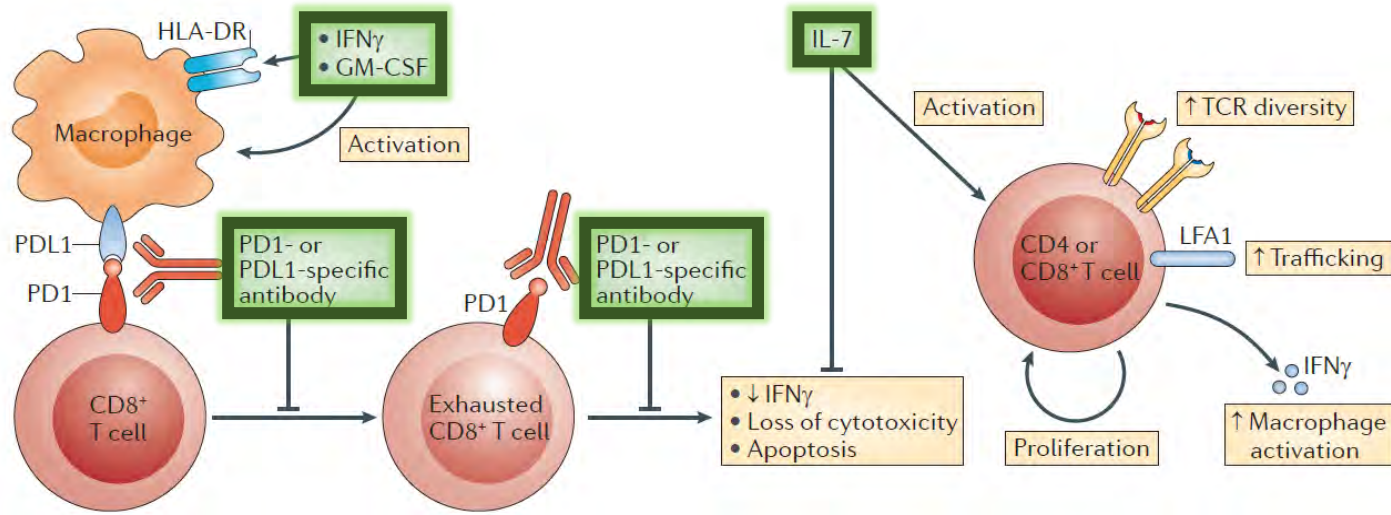
Immune markers associated with secondary infection: Sophistication vs. simplification ?



Neutrophil-to-lymphocyte ratio as a practical alternative to mHLA-DR measurement in delayed sepsis-induced immunosuppression



Reversing sepsis-induced immunosuppression: potential pathways ?



Reversing sepsis-induced immunosuppression: IFN γ

Monocyte deactivation in septic patients:
Restoration by IFN- γ treatment

Docke, *Nat. med.* 1997

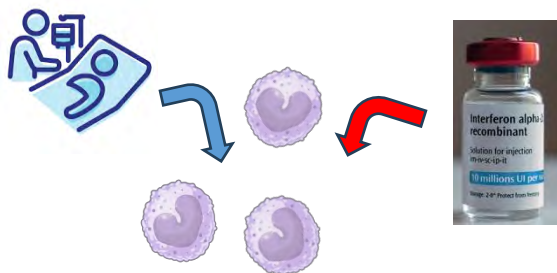
Multicentric experience with interferon
gamma therapy in sepsis induced
immunosuppression. A case series

Payen, *BMC inf. dis.* 2019

JAMA | Original Investigation | CARING FOR THE CRITICALLY ILL PATIENT

Precision Immunotherapy to Improve Sepsis Outcomes
The ImmunoSep Randomized Clinical Trial

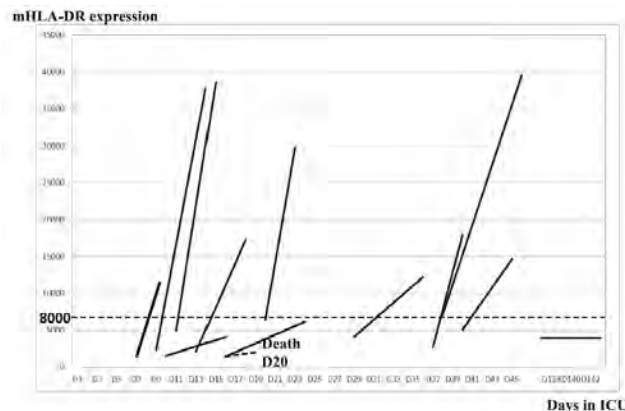
Giamarellos-Bourboulis, *JAMA*. 2025



HLA-DR expression



LPS-induced IL-6 and TNF- α



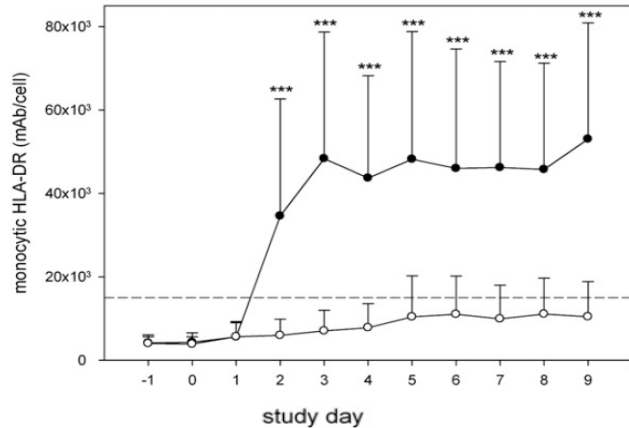
%  SOFA score > 1.4 by day 9

	Precision Immunotherapy	Placebo	p
MALS	48.0%	17.4%	0.04
Immuno paralysis	32.1%	18.0%	0.02

Reversing sepsis-induced immunosuppression: GM-CSF

Granulocyte-Macrophage Colony-stimulating Factor to Reverse Sepsis-associated Immunosuppression

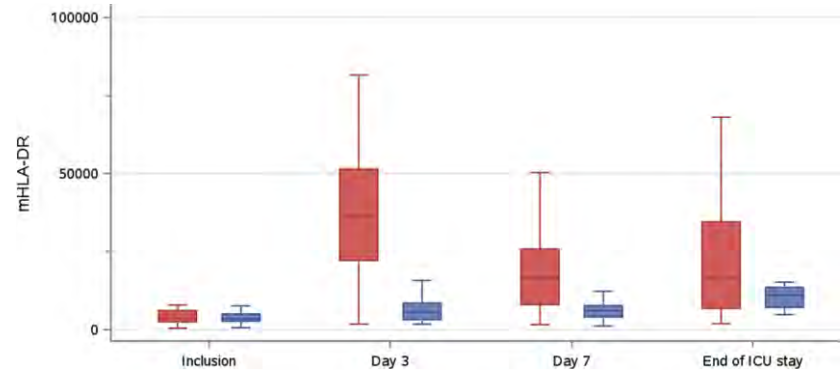
A Double-Blind, Randomized, Placebo-controlled Multicenter Trial



Characteristics	GM-CSF Group (n = 19)	Placebo Group (n = 19)	P Value
Mortality rate at study Day 28 (%)	3/19 (16)	4/19 (21)	NS [†]
Time on ventilator, Days 1–9, hours	147.9 ± 102.8	207.2 ± 57.5	0.037*

Meisel, *AJRCCM*. 2009

Granulocyte-macrophage colony-stimulating factor (GM-CSF) in patients presenting sepsis-induced immunosuppression: The GRID randomized controlled trial

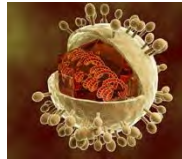


	Placebo (n = 44)	Intervention (n = 54)	P value
Number of ICU-acquired infections			1.000
0	39 (89)	48 (89)	
1	4 (9)	5 (9)	
2	1 (2)	1 (2)	
Mortality, n (%)	11 (25)	12 (22)	0.814
Length of hospital stay, days	29 [22–41]	32 [21–66]	0.294
Mortality, n (%)	6 (18)	5 (12)	0.525
28th day mortality	12 (27)	13 (24)	0.900
365th day mortality	18 (41)	18 (35)	0.672

Vacheron, *J. Crit. Care*. 2023

Treating viral reactivation to alleviate post-sepsis

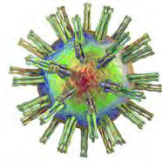
Preemptive ganciclovir for mechanically ventilated patients with cytomegalovirus reactivation



Parameters	Placebo group (N = 37)	Ganciclovir group (N = 39)	P Value
Primary outcome			
Ventilator-free days on day 60	0 (0-43)	10 (0-51)	0.459
Secondary outcomes (post-randomization)			
Day-60 mortality, no. (%)	16 (43.2)	16 (41.0)	0.845
Duration of MV	20 (7-40)	12 (6-29)	0.246
ICU length of stay (from admission)	44.0 (21.0-66.5)	36.0 (24.0-51.0)	0.377
ICU length of stay (from randomization)	26.0 (11.0-50.0)	17.0 (8.0-34.0)	0.318
Hospitalization length (from admission)	60.0 (33.0-75.5)	65.0 (28.0-78.0)	0.988
Hospitalization length (from randomization)	42.0 (18.5-60.0)	38.0 (13.0-60.0)	0.945
HSV bronchopneumonitis, no. (%)	1 (2.7)	0 (0)	0.487
Cytomegalovirus infection, no. (%)	5 (13.5)	1 (2.6)	0.102
Ventilator-associated pneumonia, no. (%)	15 (40.5)	13 (33.3)	0.515
Secondary bacteremia or fungemia, no. (%)	8 (21.6)	7 (17.9)	0.688

Papazian, AOIC. 2021

Acyclovir for Mechanically Ventilated Patients With Herpes Simplex Virus Oropharyngeal Reactivation A Randomized Clinical Trial



Parameter	Study Group		P Value
	Acyclovir (n = 119)	Placebo (n = 119)	
Primary outcome			
Ventilator-free days at day 60, median (IQR)	35 (0-53)	36 (0-50)	.17
Secondary outcomes post randomization			
Day 60 mortality, No. (%)	26 (22)	39 (33)	.06
Duration of MV, median (IQR)	17 (7-30)	13 (7-23)	.41
Probability of more favorable outcome, % ^a	50.78	40.48	.16
ICU length of stay, median (IQR)	20 (12-41)	17 (11-31)	.10
HSV bronchopneumonitis, No. (%)	1 (1)	4 (3)	.37
Cytomegalovirus infection, No. (%)	1 (1)	5 (4)	.71
Hospital-acquired bacterial pneumonia, No. (%)	58 (49)	53 (45)	.52
Secondary bacteremia or fungemia, No. (%)	29 (24)	27 (23)	.75

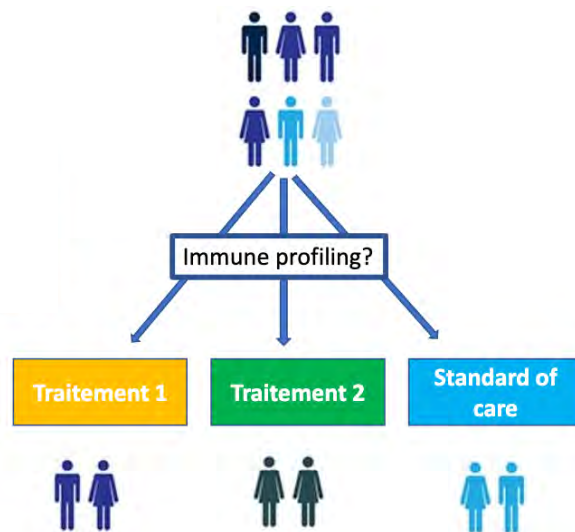
Luyt, JAMA Int. Med. 2020

Post-sepsis immunosuppression: where do we stand, where do we go?

- **Clinical and biological rationale + meaningful short- and late-term impact !**
- **Stratification on relevant immune biomarkers: treatable traits or markers of severity?**

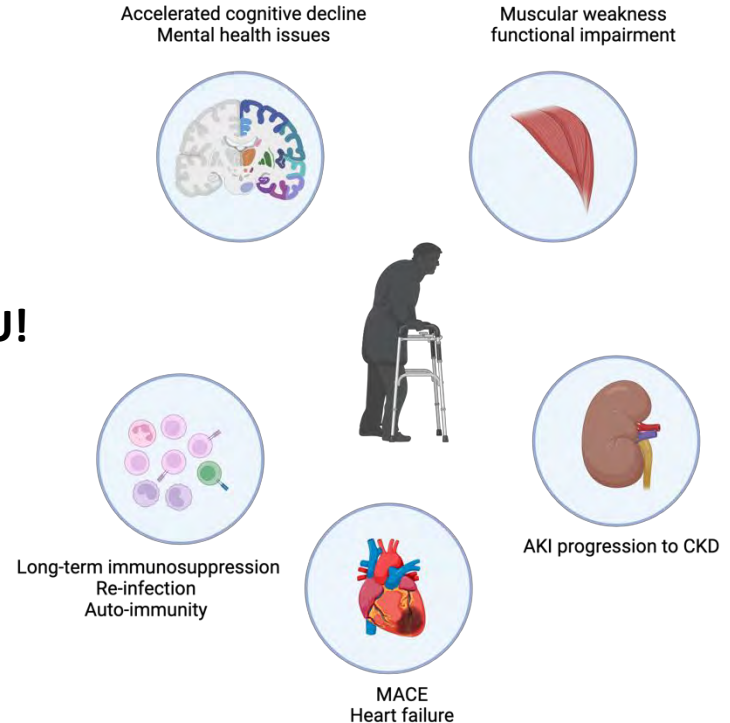
Post-sepsis immunosuppression: where do we stand, where do we go?

- Clinical and biological rationale + meaningful short- and late-term impact !
- Stratification on relevant immune biomarkers: treatable traits or markers of severity?
- A case for personalized medicine !
 - > *Patient selection: complexity versus do-able screening?*
 - > *Multiple potential target: single vs combined therapy?*
 - > *Strategy: Prophylaxy versus adjuvant therapy?*



Post-sepsis immunosuppression: where do we stand, where do we go?

- Clinical and biological rationale + meaningful short- and late-term impact !
- Stratification on relevant immune biomarkers
- A case for personalized medicine !
- Immunity beyond leukocytes and frailty beyond ICU!



Thanks for your attention

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Q & A ?

Jeremie.joffre@aphp.fr

