Virology

Antibody-dependent enhancement of severe dengue disease in humans

Leah C. Katzelnick, Lionel Gresh, M. Elizabeth Halloran, Juan Carlos Mercado, Guillermína Kuan, Aubree Gordon, Angel Balmaseda, Eva Harris

For dengue viruses 1 to 4 (DENV1-4), a specific range of antibody titer has been shown to enhance viral replication in vitro and severe disease in animal models. Although suspected, such antibody-dependent enhancement of severe disease has not been shown to occur in humans. Using multiple statistical approaches to study a long-term pediatric cohort in Nicaragua, we show that risk of severe dengue disease is highest within a narrow range of preexisting anti-DENV antibody titers. By contrast, we observe protection from all symptomatic dengue disease at high antibody titers. Thus, immune correlates of severe dengue must be evaluated separately from correlates of protection against symptomatic disease. These results have implications for studies of dengue pathogenesis and for vaccine development, because enhancement, not just lack of protection, is of concern.

Dengue viruses 1 to 4 (DENV1-4) are mosquito-borne flaviviruses that cause 50 to 100 million cases of dengue fever (DF) and ~500,000 hospitalizations annually (1, 2). Dengue hemorrhagic fever/dengue shock syndrome (DHF/DSS) is the most severe form of dengue disease and is characterized by vascular leakage, hemorrhagic manifestations, thrombocytopenia, and hypotensive shock, which can lead to organ failure and death (3). Heterotypic secondary DENV infection (with a DENV type distinct from the primary infecting type) is the greatest risk factor for DHF/DSS (~4, ~5). Age, interval between infections, antibody characteristics, viral factors, and host-specific genetics are contributing factors (~4–6). The theory of antibody-dependent enhancement (ADE) posits that at a specific concentration, heterotypic antibodies bind but do not neutralize virions of the subsequent infecting DENV type. These virus-immune complexes are recognized by Fc receptors that facilitate virus entry and replication in target immune cells. This initiates an immune cascade that results in vascular leak and severe dengue disease (~5, ~7). In vitro and in animal models, a peak enhancement titer (i.e., a specific concentration of antibodies that most efficiently enhances DENV infection) has been observed. By contrast, higher antibody concentrations effectively neutralize virions, whereas lower concentrations poorly enhance infection (~8, ~9).

However, there is no conclusive evidence in humans of a peak enhancement titer associated with the greatest risk of severe dengue disease. In a recent phase 3 clinical trial, young dengue vaccine recipients had elevated risk of dengue hospitalization >1 year after vaccination compared with placebo controls (~10), raising concerns, but not confirming, that vaccination of DENV-naive individuals induced poorly neutralizing anti-DENV antibodies that increased the risk of severe dengue disease (~11). Further, the unexpected number of DHF/DSS cases in 6- to 12-month-old infants, when maternal derived–antibodies have decayed below neutralizing levels (~12–18), is consistent with the concept of a peak enhancement titer for DHF/DSS. However, attempts to relate in vitro peak enhancement titer to disease severity in infants or older children have been inconclusive (~13, ~15, ~17–19).

We directly studied the relationship between preexisting anti-DENV binding antibodies (DENV-Abs) and dengue disease severity in a large, well-characterized pediatric cohort study in Managua, Nicaragua (~20, ~21). From August 2004 to April 2016, 8002 children aged 2 to 14 years were enrolled; 6684 children had at least one DENV-Ab titer measurement and were included in our study (~21 samples in total) (~21). DENV-Ab titers were measured with the inhibition enzyme-linked immunosorbent assay (iELISA) and estimated as the geometric mean of replicate titrations (quality control and reproducibility data in figs. S2 and S3) (~22). The iELISA measures antibodies binding cross-reactive epitopes, such as the fusion loop in the envelope protein as well as the prM protein (table S2), that induce ADE in vitro and in vivo (~8, ~9, ~23). For comparison, iELISA titers are reliably (Pearson’s correlation r = 0.80) a twofold dilution higher than hemagglutination inhibition assay titers (~24) and are correlated (~Pearson’s r = 0.80 [95% confidence interval (CI): 0.77 to 0.83]) with the geometric mean of neutralizing antibody titers to DENV1-4 (~figs. S4 and S5 and table S3). As per the cohort protocol, children who became febrile visited the study health center, and those meeting the case definition for dengue or presenting with undifferentiated febrile illness were tested for dengue using molecular and serological diagnostic methods; those who developed warning signs for severe dengue disease were referred to the study hospital (~618 dengue cases studied in total) (~table S4) (~20). Disease severity was initially classified using 1997 World Health Organization (WHO) criteria for DF and DHF/DSS (table S5) (~3).

We first compared individuals with different levels of preexisting DENV-Ab titers (binned by fourfold serum dilution) to DENV-naive individuals using a Cox proportional hazards model (~25) adjusted for sex, epidemic season, age, and number of previous infections. Hazard ratio estimates of DHF/DSS across the range of DENV-Ab titers resembled the canonical ADE curve obtained in vitro (~figs. 1 and 2 and table S6). The hazard of DHF/DSS was similar in children with no (DENV-naive) or high (>1:1280) DENV-Ab titers. However, in children with preexisting DENV-Ab levels of 1:21 to 1:80, the hazard of DHF/DSS was 7.64-fold higher (~95% CI: 3.19 to 18.28) (~fig. 1A). These effects remained significant when adjusted for age or number of previous infections (~fig. S6) and when analyzed with alternative DENV-Ab titrimetering methods or sampling of individual iELISA titer measurements (~figs. S7 to S9). During the 12 years of the cohort studied, a child with preexisting DENV-Ab titers of 1:21 to 1:80 had a cumulative hazard of 11.4% for DHF/DSS. This is nearly twice as high as for a child with a prior DENV infection but low DENV-Ab titers (<1:21) who had a cumulative hazard of 6.6% of developing DHF/DSS (~fig. 1B). For DENV-naive children and children with high DENV-Ab titers (>1:1280), the cumulative hazard was 1.6 and 1.5%, respectively, indicating that high antibody levels did not provide any greater protection against DHF/DSS than having no preexisting DENV-Abs. On average, age in the Pediatric Dengue Cohort Study, the DENV-Ab half-life was 4.00 years (~95% CI: 3.81 to 4.20) and by 3 years postinfection, an estimated 22% of children had DENV-Ab titers of 1:21 to 1:80 (table S7). Children with subsequent severe dengue cases had lower but not more rapidly decaying DENV-Ab titers (table S8).

In 2009, WHO revised the classification guidelines for severe dengue to improve clinical management of dengue patients and to capture other complications. The 2009 guidelines replace the category of DHF/DSS with “Dengue with Warning Signs” (Dengue+Warning Signs) and...
“Severe Dengue” (table S5) (2). We evaluated whether there is also a peak enhancement titer for Dengue+Warning Signs/Severe Dengue. Again, we observed that the highest hazard ratio, 1.75 [95% CI: 1.11 to 2.74], occurred among children with DENV-Ab titers of 1:21 to 1:80 (Fig. 1, E and F, table S10; previous infections–only model, P < 0.05, fig. S6).

Hence, the magnitude of the observed enhancement effect related to how specific the definition of severe dengue disease was to the classical pathophysiological classification of DHF/DSS (26, 27). When we relaxed the case definition criteria further and modeled the hazard of having any dengue case, we did not observe a peak enhancement titer: Children with a prior DENV infection and DENV-Ab titers <1:21 or 1:21 to 1:80 had comparable hazard ratios of dengue to DENV-naïve children (Fig. 1, G and H, and table S11). However, a protective effect was evident at DENV-Ab titers above 1:320.

Continuous hazard ratio curves for DHF/DSS rise and fall symmetrically around a peak hazard ratio of 5.95 [95% CI: 1.86 to 19.06], which occurred at a DENV-Ab titer of 1:34 (Fig. 2A) (28). When we controlled for prior DENV infection, children with DENV-Ab titers below
Odds ratio (reference = naïve)

Dengue Hemorrhagic Fever/
Dengue Shock Syndrome and
Dengue Fever

Dengue with Warning Signs/
Severe Dengue and
Dengue without Warning Signs

Hospitalized vs.
Non–hospitalized

Conditional logistic regression
Severe secondary dengue
vs. matched controls
Non–severe secondary dengue
vs. matched controls

Wilcoxon
signed rank test
Severe secondary dengue
Matched controls
Non–severe secondary dengue
Matched controls

< 0.05 *
< 0.01 **
< 0.001 ***
< 0.0001 ****

Fig. 3. Preexisting DENV-Ab titers in severe or nonsevere secondary
dengue cases compared with matched controls drawn randomly from
the pediatric dengue cohort. (A to C) Five controls were matched to
each case and were of the same sex and age, had evidence of prior DENV
infection, provided a blood sample within 1 to 2 months of the case’s
preinfection sample, but did not have a dengue case that year. Conditional
logistic regression was used to compare preexisting DENV-Ab titers of
severe cases and nonsevere cases each to matched controls, with titers
>1:320 as reference. Odds ratios with 95% CIs are shown. (D to
F) Distributions of preexisting DENV-Ab titers for severe and nonsevere
secondary dengue cases and matched controls (one control for each
case). Error bars show one SD, triangles show distribution medians, and
brackets indicate significant differences in medians (severe and nonsevere
cases compared with Wilcoxon rank sum test, black bracket).

Fig. 4. Odds ratios for severe as compared with nonsevere
dengue by preinfection DENV-Ab titer. (A to C) Logistic
regression models were adjusted for sex, epidemic season, infecting
DENV type, age, and number of previous DENV infections.
DENV-naïve children were used as the reference group. Odds
ratios with 95% CIs are shown.
We show that the iELISA, a simpler assay than neutralization tests (29, 30), is a tool for detection of elevated risk of severe disease as well as protection against symptomatic disease, making it a promising alternative method for measuring biologically predictive serological responses. Further, the iELISA measures antibodies targeting cross-reactive epitopes implicated in ADE in vitro and in vivo (8, 9, 23). The iELISA may directly measure the mechanistic correlate of enhancement and protection or may measure antibodies indirectly associated with the causal underlying immune determinants (31). Critical next steps toward identifying mechanistic correlates of protection and enhancement, as well as of safe, protective dengue vaccines, include development of serological assays that distinguish protective from enhancing antibodies; determination of how the sequence of infecting DENV types modifies disease; and integrated evaluation of cellular, innate, and humoral immunity to DENV infection and disease (32, 33).

In sum, we verify enhancement of dengue disease in humans and show that the level of preexisting anti-DENV antibodies is directly associated with the severity of secondary dengue disease in humans. We also show that the immune correlate for enhanced severe dengue disease is distinct from that for protection. These observations are important for future dengue and Zika vaccine trial design and evaluation, as well as for further studies on the mechanisms of ADE in relation to severe dengue and Zika disease.

REFERENCES AND NOTES

21. See supplementary materials.

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SUPPLEMENTARY MATERIALS

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Too much or too little—better than some

Dengue fever is caused by a mosquito-transmitted flavivirus resembling Zika virus. Both viruses can cause severe diseases in humans with catastrophic sequelae. It has been suspected in humans, and shown in animal models, that the host’s immune responses can make disease worse. Katzelnick et al. examined data from a long-term study of Nicaraguan children exposed to dengue virus (see the Perspective by Feinberg and Ahmed). They confirmed that antibody-dependent enhancement of disease occurs at a specific range of antibody concentrations. Low levels of antibody did not enhance disease, intermediate levels exacerbated disease, and high antibody titers protected against severe disease. These findings have major implications for vaccines against flaviviruses. Indeed, recent vaccine trials have shown evidence of severe disease in some recipients who were previously exposed to virus.

Science, this issue p. 929; see also p. 865

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