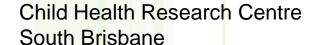


INTERACTIONS BETWEEN ENVIRONMENTAL EXPOSURES AND COVID-19: WHY DON'T CHILDREN GET AS SICK?

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Interactions between environmental exposures and Covid-19: why don't children get as sick?

Covid-19

Why don't children get as sick?

What are the research questions / opportunities?



COVID-19

SARS-Cov-2

- Virus emerged in Wuhan; reported to WHO [21/12/19]; public health emergency [30/01/20]; pandemic declared [11/03/20]
- Binds to ACE2 receptor, expressed in lungs, heart, kidney, intestine

Covid-19

- The diseased caused by SARS-Cov-2
- Symptoms appear 2-14 days after exposure
 - o Cough, shortness of breath, fever, chills, muscle pain, headache, sore throat
 - Loss of taste and smell
 - Diarrhoea
 - Severe disease associated with systemic "cytokine storm", respiratory failure, death (2.5% case fatality globally)









COVID-19 IN CHILDREN

- Fewer children infected [USA data]:
 - Median age 11 years
 - 32% 15-17 y, 27% 10-14 y, 15% 5-9 y, 11% 1-4 y, 15% < 1y
 - Most mild illnesses with few deaths in young children
 - Toxic shock, systemic vasculitis (Kawasaki-like) in some
- Children may have higher viral load but milder illness [Yonker J Peds 2020]
- Role in community transmission uncertain



EPIDEMIOLOGICAL EXPOSURES AND COVID-19

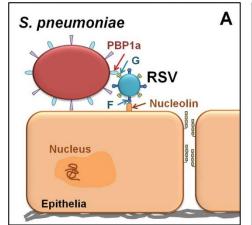
- Environmental exposures associated with increased Covid-19 include:
 - Ambient air pollution
 - o $1\mu g/m^3$ ↑ $PM_{2.5} \rightarrow 8\%$ ↑ death [Wu 2020]
 - Pesticides, chemical disinfectants, formaldehyde
 - Organic chemicals, heavy metals, EDC
 - ? Related to immune suppression, irritation, disturbing airway epithelium
- Children are more susceptible to environmental exposures
- Why do they get less Covid-19?

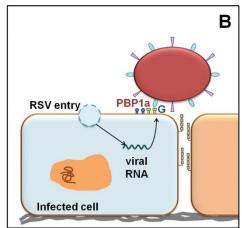


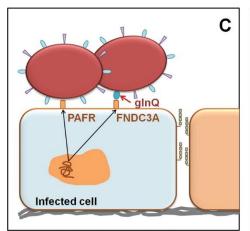
Potential mechanisms of viral:bacterial interactions in acute disease

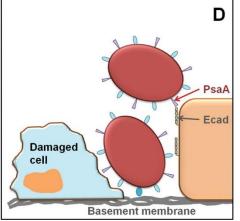
- A. Direct binding: "tug boat"
- B. Viral glycoproteins act as bacterial "receptor"
- C. Virus ↑ surface expression of bacterial binding proteins
- D. Viral epithelial damage exposing basement membrane

Could mechanisms A & D operate with air pollution?





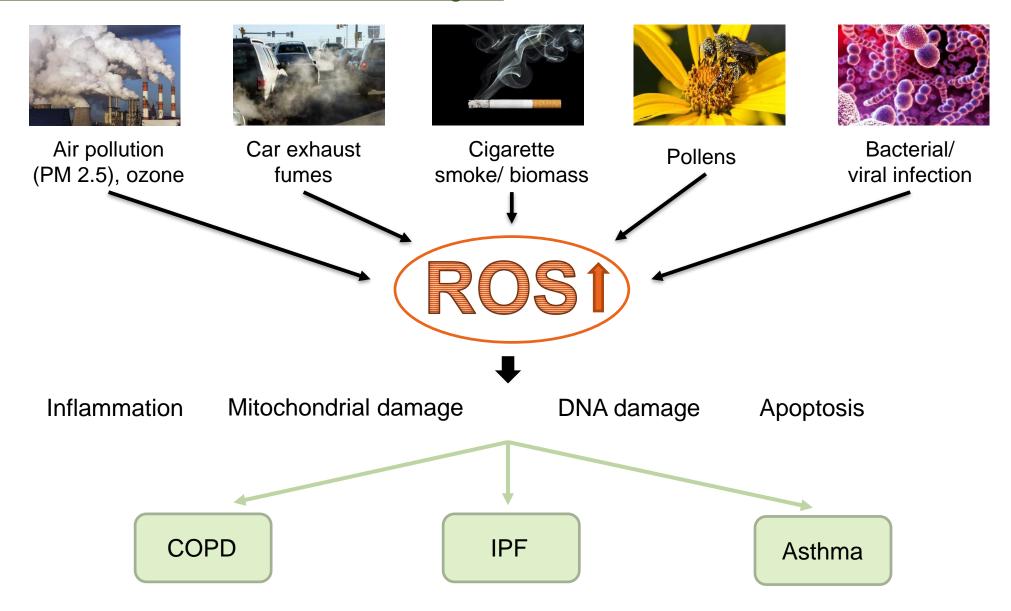








Air Pollution: combustion related and biological



COPD: chronic obstructive pulmonary disease; IPF: idiopathic pulmonary fibrosis; ROS: Reactive oxygen species

ENVIRONMENTALLY PERSISTENT FREE RADICALS (EPFRS)

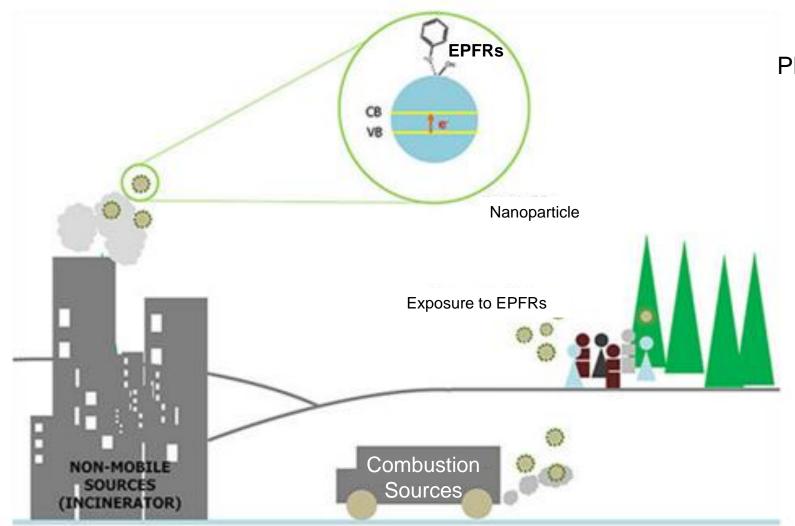
Physisorption followed by Chemisorption

Electron transfer

Stable EPFR



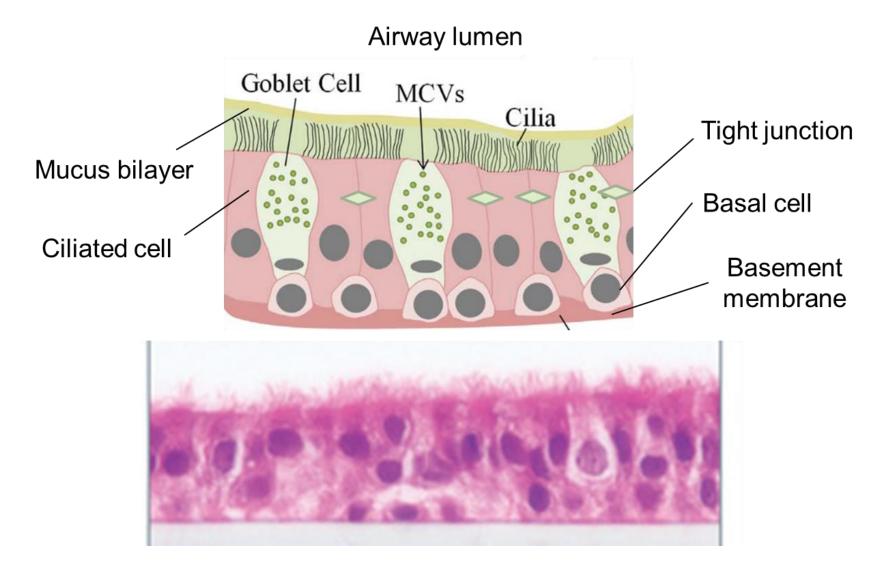
Environmentally persistent free radicals (EPFRs)



PM: particulate matter

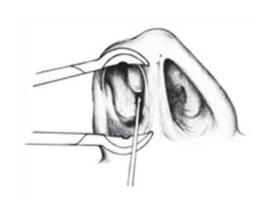


AIRWAY EPITHELIUM IS THE SITE OF FIRST CONTACT



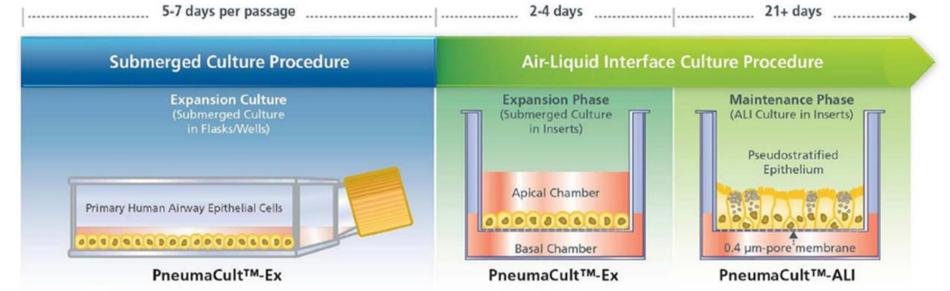


PRIMARY HUMAN NASAL EPITHELIAL CELLS (HNECS) CULTURED AT AIR-LIQUID INTERFACE (ALI)



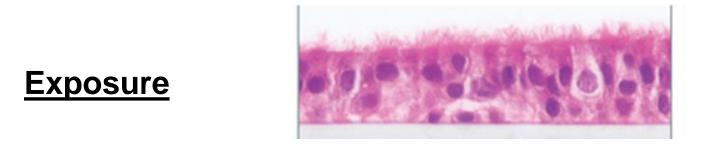


Nasal mucosal curette

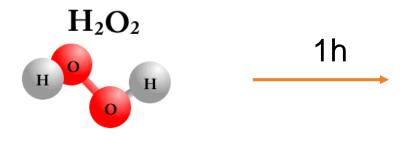




OXIDANT EXPOSURE



Outcome



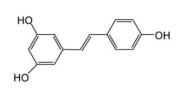




- Epithelial integrity: TEER
- Epithelial integrity: permeability
- Cell death: LDH
- Generation of mtROS: MitoSOX
- Gene expression
- Protein expression



ANTIOXIDANTS





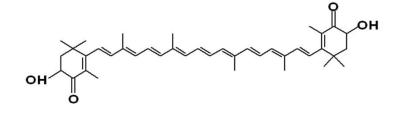
Resveratrol

















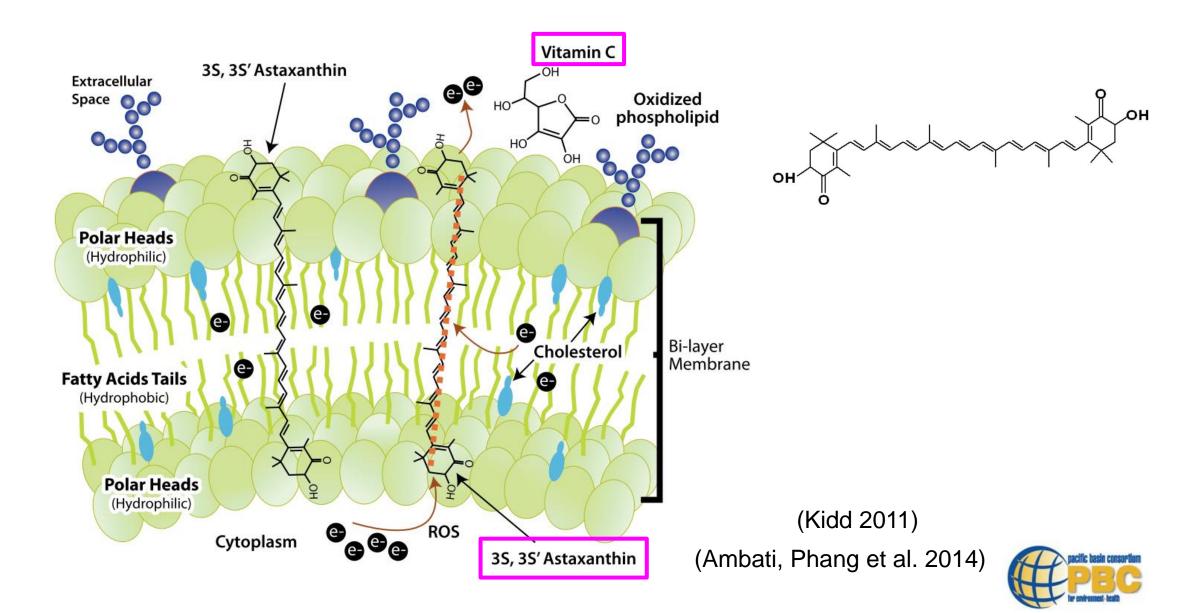




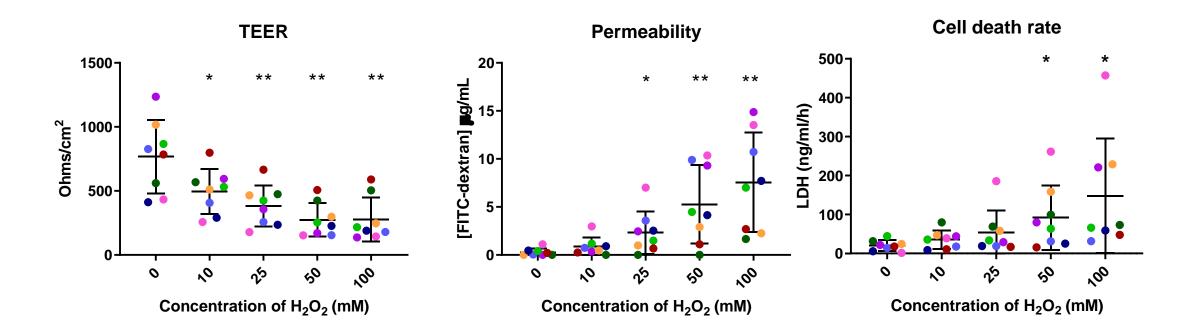




ASTAXANTHIN (3,3'-DIHYDROXY-B, B'-CAROTENE-4,4'-DIONE)



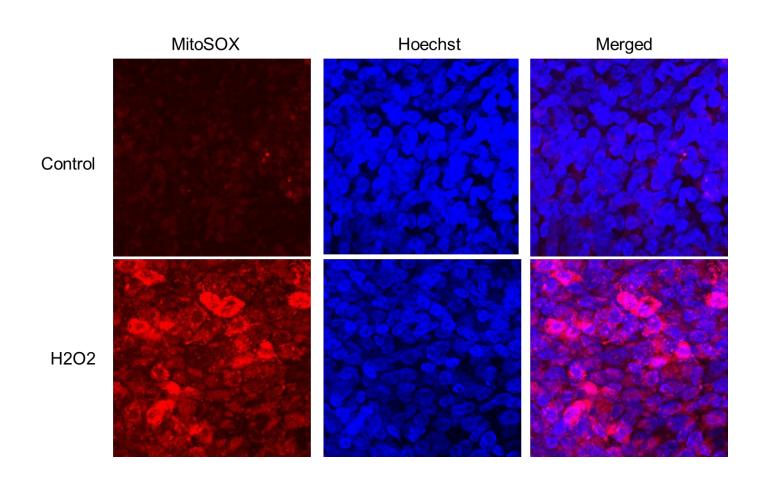
THE EFFECT OF OXIDATIVE STRESS ON CELL INTEGRITY

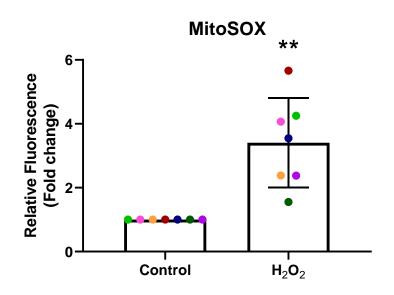


Mean ± SD (n=8; *p<0.05; ** p<0.01)



H₂O₂ EXPOSURE INDUCED MITOCHONDRIAL REACTIVE OXYGEN SPECIES GENERATION



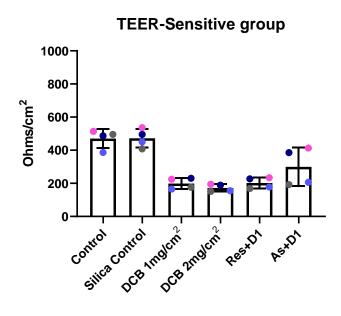


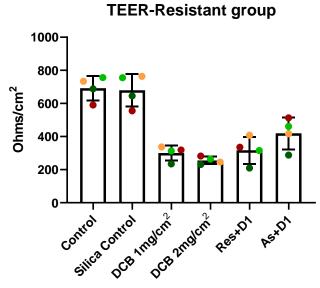
Mean \pm SD (n=7; **p<0.01)

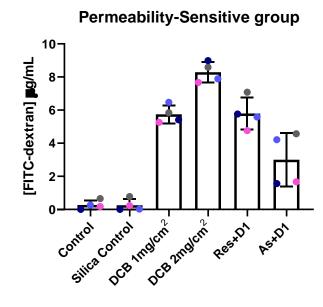
Red: mtROS; Blue: nuclei

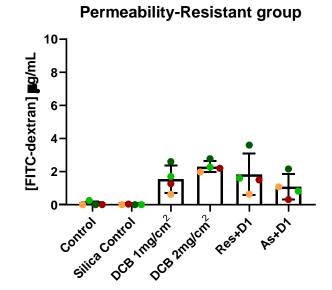


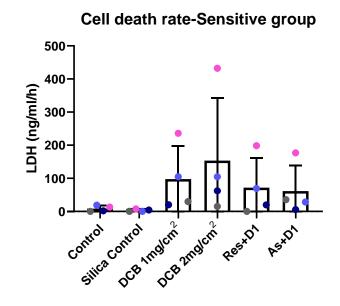
EPFR IMPACT ON EPITHELIAL INTEGRITY

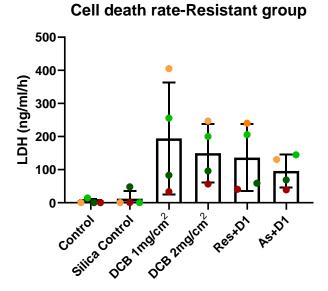




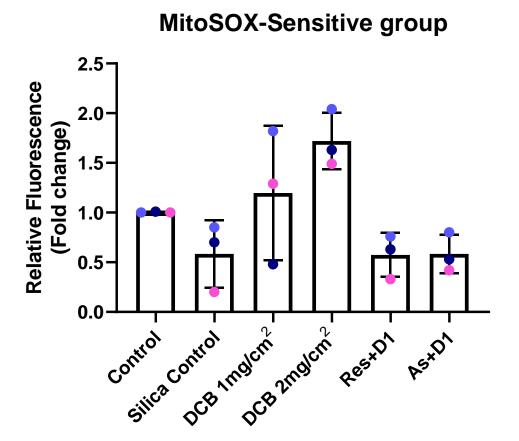


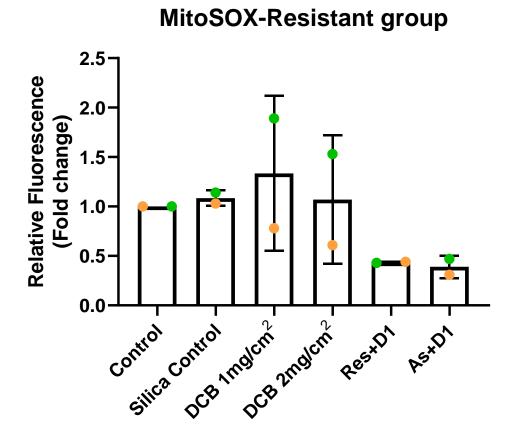






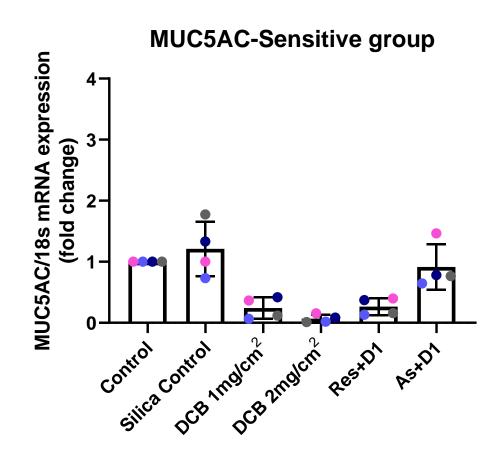
EPFRS EXPOSURE INDUCED MTROS GENERATION

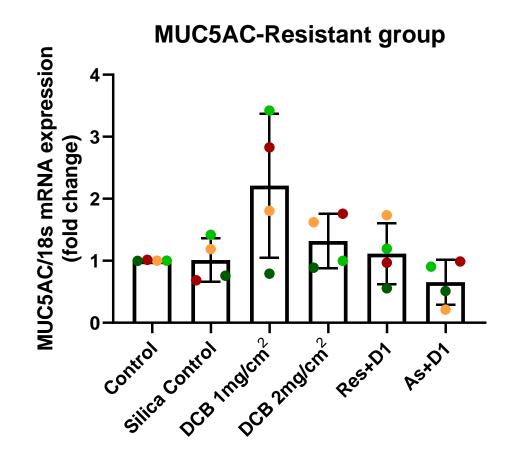






GENE EXPRESSION-MUC5AC







AIR POLLUTION AND COVID-19

- OS in nasal epithelium
 - Decreased epithelial integrity
 - Sensitive individuals can't mount a protective mucous response
 - Pre-treatment with anti-oxidants, especially astazanthin, mitigates the effects
- Air pollution and Covid-19
 - Could PM act as a viral carrier?
 - EPFR-induced OS would increase risk of Covid-19, especially in sensitive individuals.



COVID AND CHILDREN

- SARS-Cov-2 infection during fetal development
 - Vertical transmission appears uncommon unlike other viruses
 - Infants born to infected mothers do not appear to be affected
- Why?
 - Does the Th-1 biased IU environment provide protection, if so how?
- Research needs
 - Large scale epidemiological studies to determine the true rate of vertical transmission and effects on offspring of infected mothers
 - Mechanistic studies
 - o animal models
 - Viral studies in placenta, amniotic fluid



COVID AND CHILDREN

- Age-based susceptibility / genetic susceptibility
 - Telomere length in neutrophils shorten with age
 - Short telomeres associated with increase systemic inflammation and more sever Covid-19
 - Shorter telomere indicates increased risk of Covid-19 death regardless of age
 - ACE2 receptor numbers
 - Some studies suggest children have more ACE2 in the lungs, can this be protective?
 - Anti-viral immunity
 - AEC from children produce more INF- λ than adults following SARS-Cov-2 infection.



COVID AND CHILDREN

- Previous Corona virus infection
 - Corona virus infections are common in children
 - o Brisbane birth cohort, weekly nasal swabs for respiratory virus (4 endemic corona viruses) and bacteria
 - o 11.5% infected in first 6 months, 33.4% by 12 months, 52.9% by 18 months, 72.2% by 2 y
 - o Most 1st infections associated with resp symptoms, 20% asymptomatic
- Do infections with "harmless" corona viruses protect against Covid-19?
- Cross-reactive antibodies?



Interactions between environmental exposures and Covid-19: why don't children get as sick?

- Lots of unanswered questions and research opportunities
 - Large scale epidemiological studies
 - Mechanistic studies
 - Cell culture systems reflecting in vivo physiology
 - Animal models

