Immunological alterations in tuberculosis associated immune reconstitution inflammatory syndrome in HIV infected patients

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Supplementary data

Suppl. Fig. 1—(A) Shown recovery of absolute CD4 counts and (B) reduction of plasma viral load after initiation of HAART among both TB-IRIS and non-IRIS patients. The horizontal line in the box represents the median of the patients in each studied groups. (A) paradoxical TB-IRIS group; and (B) unmasking TB-IRIS group.
Suppl. Fig. 2—CD4/CD8 ratio shown among both TB-IRIS groups and p values were observed between the groups by using Wilcoxon’s sign-rank test. The bars in grey with lines = before HAART initiation and black = after HAART initiation

Suppl. Fig. 3—Expression of CD161 cells were measured in tuberculosis associated immune reconstitution inflammatory syndrome (TB-IRIS) and non-IRIS peripheral blood. (A) Representative fluorescence-activated cell sorter (FACS) plots showing frequency of CD3+CD161+ T cells, CD3+CD161+CD69+ T-cells and CD3+CD161+Ki67+ T cells among gated T cell lymphocytes; and (B) The bar diagram show the expression in percentage of cytotoxic T cells and their activation and proliferation status. [P values were observed between the groups by using Wilcoxon’s sign-rank test. The bars in grey with lines = before HAART initiation and black = after HAART initiation]
Suppl. Fig. 4—Frequency of CD161+ cytotoxic and helper T-cells status in tuberculosis associated immune reconstitution inflammatory syndrome (TB-IRIS) and non-IRIS peripheral blood. (A) Representative fluorescence-activated cell sorter (FACS) plots showing frequency of CD3+CD161+CD8+ T cells and CD3+CD161+CD4+ T cells among gated T cell lymphocytes isolated from peripheral blood mononuclear cells (PBMCs). (B) The bar diagram shows the percentage of cytotoxic CD161+ and helper CD161+ T-cells. [P values were observed between the groups by using Wilcoxon’s sign-rank test. The bars in grey with lines = before HAART initiation and black = after HAART initiation]
Suppl. Fig. 5—CCR4 and CCR6 expressing T cells in tuberculosis associated immune reconstitution inflammatory syndrome (TB-IRIS) and non-IRIS peripheral blood. (A) Representative fluorescence-activated cell sorter (FACS) plots showing frequency of CD3+CD4+CCR4+ T cells and CD3+CD4+CCR6+ T cells among gated T cell lymphocytes; and (B) The bar diagram show the expression in percentage of CCR4 and CCR6 expressing T cells status. [P values were observed between the groups by using Wilcoxon’s sign-rank test. The bars in grey with lines = before HAART initiation and black = after HAART initiation]
Suppl. Fig. 6—Cytokines from Th1 (IL-2 and IFN-γ) in upper panel, Th2 (IL-4 and IL-10) in middle panel and Th1/Th2 ratio in lower panel were measured in culture supernatant of PBMCs isolated from patients’ blood among tuberculosis associated immune reconstitution inflammatory syndrome (TB-IRIS) and non-IRIS peripheral blood. [P values were observed between the groups by using Wilcoxon’s sign-rank test. The bars in grey with lines = before HAART initiation and black = after HAART initiation]
Suppl. Fig. 7 — Other cytokines and chemokines such as IP-10 and MIG in upper panel, MCP-1 and RAANTES in middle panel and TGF-β in lower panel were measured in culture supernatant of PBMCs isolated from patients’ blood among tuberculosis associated immune reconstitution inflammatory syndrome (TB-IRIS) and non-IRIS peripheral blood. [P values were observed between the groups by using Wilcoxon’s sign-rank test. The bars in grey with lines \(\square\) = before HAART initiation and black \(\square\) = after HAART initiation]