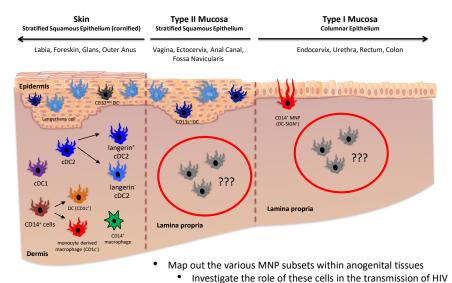
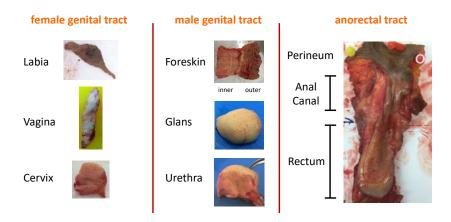


Determining the Mononuclear Phagocyte Subsets Present in Human Anogenital Tissues

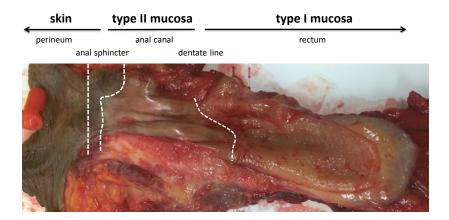


Access to Human Anogenital Tissue

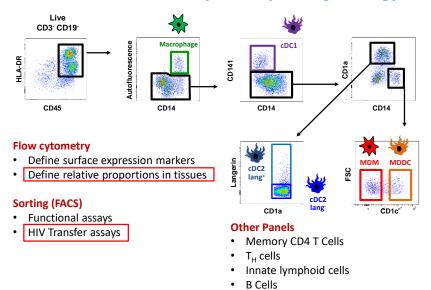
extensive collaborations with surgeons for access to all human anogenital tissue types



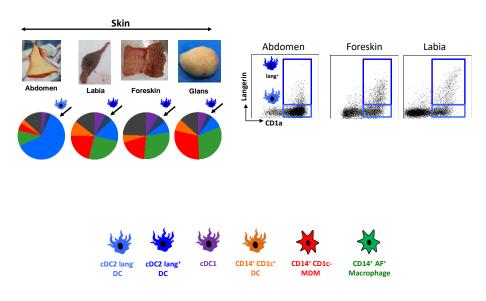
Anorectal Tissue



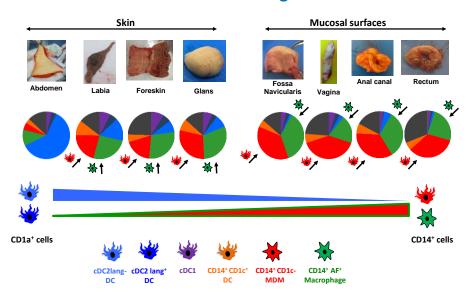
Dermal MNP Flow Cytometry Gating Strategy



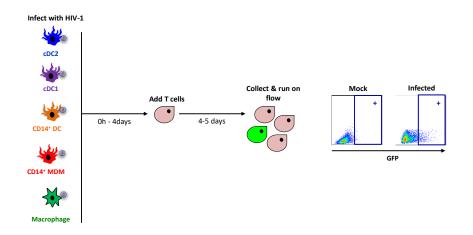
DC Subsets in Human Anogenital Tissues



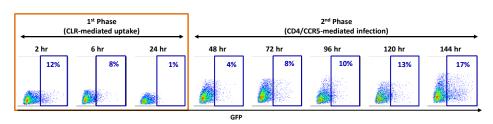
DC Subsets in Human Anogenital Tissues

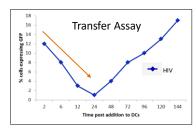


DC -T Cell HIV Transfer Assay

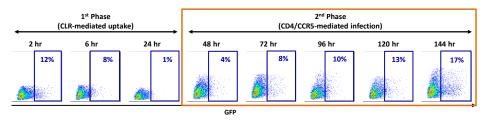


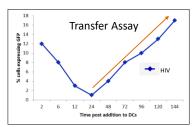
First Phase Transfer



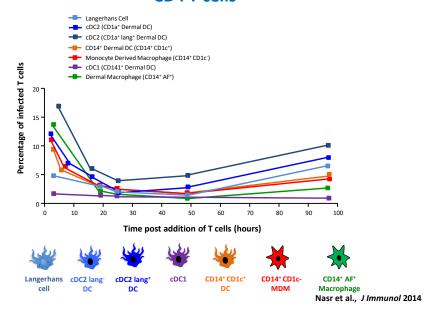


Second Phase Transfer





DC Subsets Differ in their Ability to Transfer HIV to CD4 T cells



Summary

- There is considerable variation in the relative proportions of Mononuclear phagocytes found within the different tissues of the anogenital tracts
 - Lang cDC2s dominate abdominal skin
 - Lang* cDC2s increase in genital skin and mucosal tissues
 - Macrophages and MDMs dominate anogenital tissues
- 2. Majority of the subsets of MNPs are able to transfer the virus to HIV target cells in 2 phases with the Lang* cDC2s transferring most efficiently

Significance

- 1. Soluble langerin has been shown to block transfer from Langerhans Cells to T cells (Nasr et al., *J Immunol* 2014)
- 2. Determining the receptors required for transfer provides a potential therapeutic target to inhibit viral transfer
- 3. Establishing which MNP populations are efficient in delivering HIV to T cells is important in the development of HIV vaccines and adjuvants

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