The Potential of Oxytocin in Modulating Female Genital Tract Epithelium to Prevent HIV Transmission

Andrew Plesniarski^{1,2}, T. Blake Ball^{1,2}, and Ruey-Chyi Su^{1,2}

¹JC Wilt Infectious Diseases Research Centre, National Microbiology Laboratories, Public Health Agency of Canada, Winnipeg, Manitoba, Canada

²Department of Medical Microbiology and Infectious Diseases, Faculty of Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada



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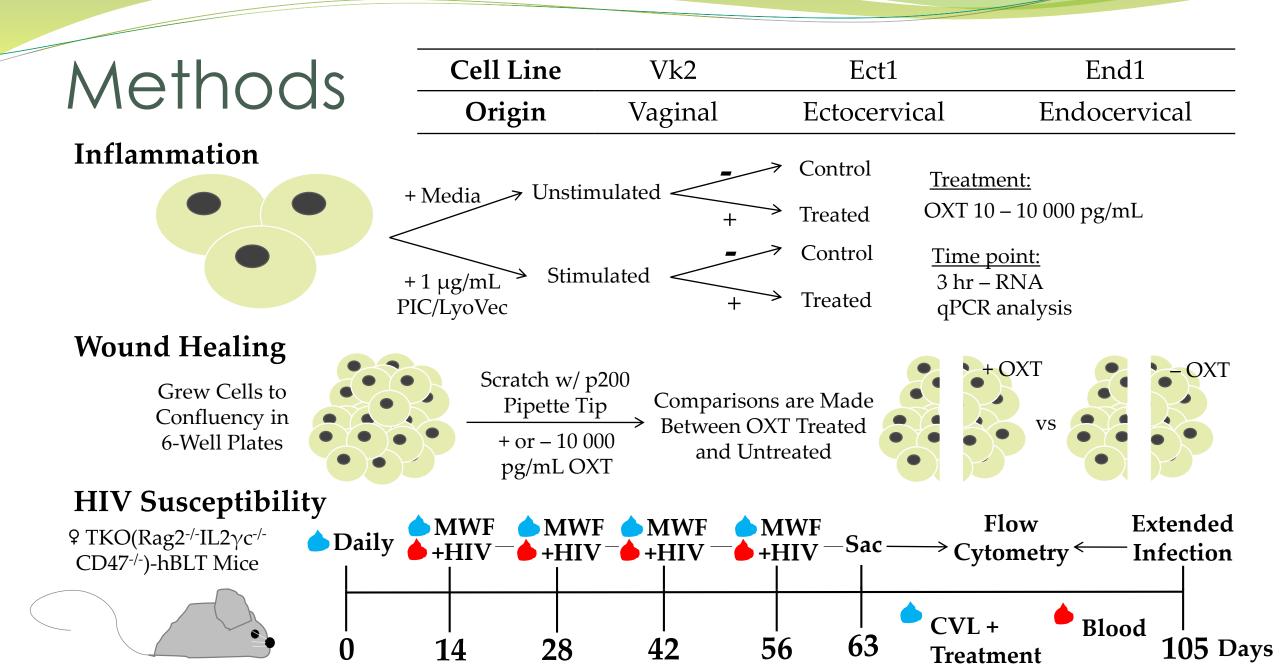


HIV and Oxytocin (OXT)

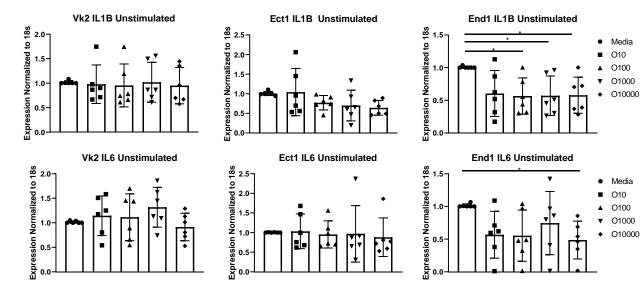
- 1.7 million new HIV infections in 2019, with 730 000 in East and Southern Africa primarily by vaginal sex.
- Group of commercial sex workers from Kenya displayed epidemiologically-defined resistance to HIV infection.² Primarily characterized by lower resting levels of pro-inflammatory cytokines and reduced immune activation in the blood and at the female genital tract (FGT).
- Disruption of the FGT barrier has been associated with states of increased HIV susceptibility (e.g. luteal menstrual phase).
- Previous literature has shown a role for the 'love hormone' oxytocin in reducing inflammation in gut and skin epithelium, as well as in improving wound healing in a mouse model.

Hypothesis

• Oxytocin reduces inflammation and improves wound healing ability in female genital tract epithelium, and reduces susceptibility of CD4⁺ T cells to HIV infection *in vivo*.

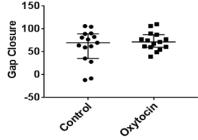


Oxytocin Reduces End1 Basal Inflammation

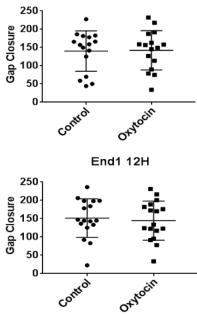


Oxytocin Does Not Improve Gap Closure

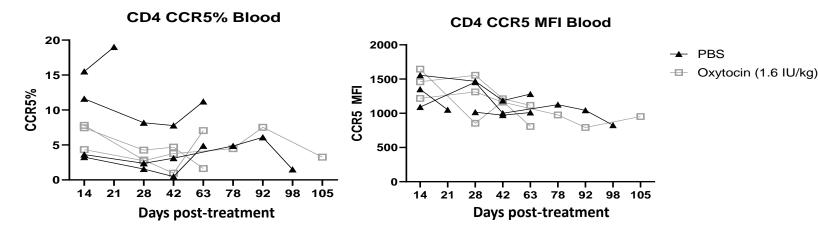








Oxytocin Does Not Effect CD4⁺ T Cell CCR5 Expression



Conclusions

- Oxytocin treatment reduces IL-1β and IL-6 gene expression in End1 cells, but this effect is reversed upon stimulation with Poly(I:C)/LyoVec.
- Oxytocin does not show an effect on FGT epithelium wound healing in scratch assays.
- Oxytocin does not show an effect on the expression of activation markers in CD4⁺ T cells in TKO-hBLT when given as an intravaginal gel.

Acknowledgements



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