

# Understanding the Infectious Origin of ME/CFS *through the recent pandemic*

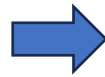
**Prof Dr. Bhupesh K Prusty**  
Institute for Virology and Immunobiology, JMU Würzburg

# Understanding early stages of disease development is key to treatment



Initiation of the disease  
*possibly due to an infection*

12-18 months



Chronic Illness



Biomarker search



Yeh....You have  
ME/CFS

# SARS-CoV-2: an opportunity to learn post-viral illness

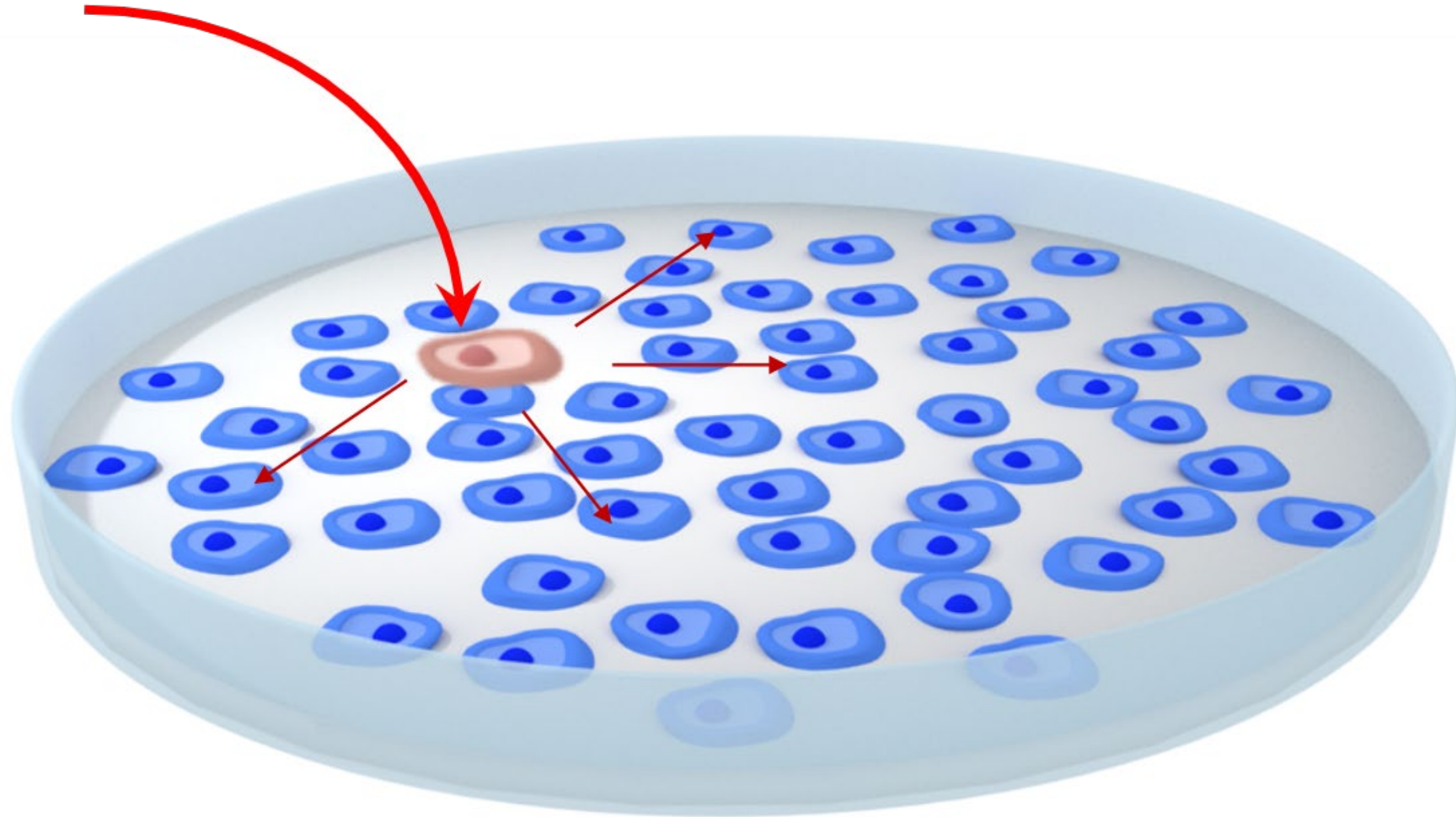


6-12 months after being SARS-CoV-2 positive



Healthy controls	ME/CFS	No LC	Mild LC	Severe LC
n = 83	n = 106	n = 149	n = 107	n = 23
male = 32 female = 51	male = 33 female = 73	male = 67 female = 82	male = 39 female = 68	male = 8 female = 15

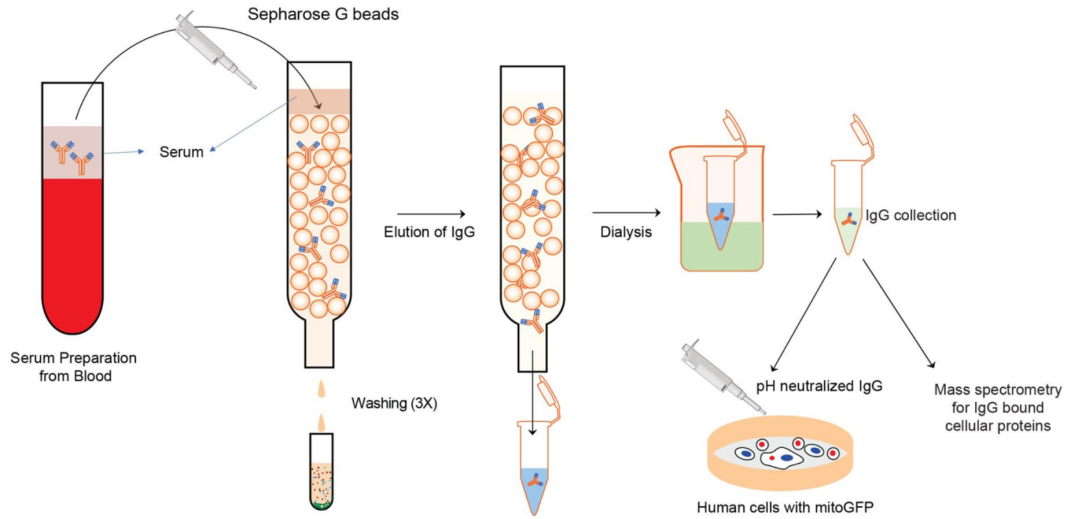
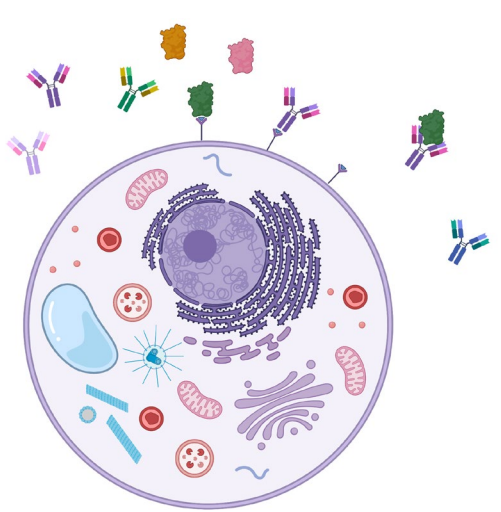
# Hyperactivated Cell Danger Response in ME/CFS



The Mosaic Disease  
(Searching for a needle in a haystack)



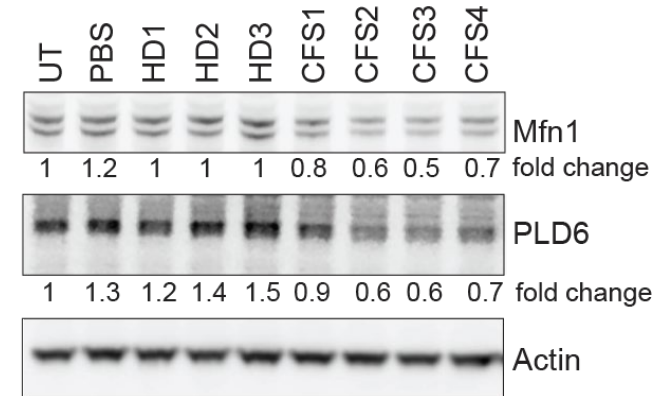
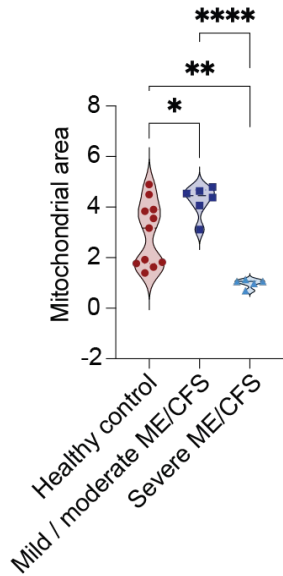
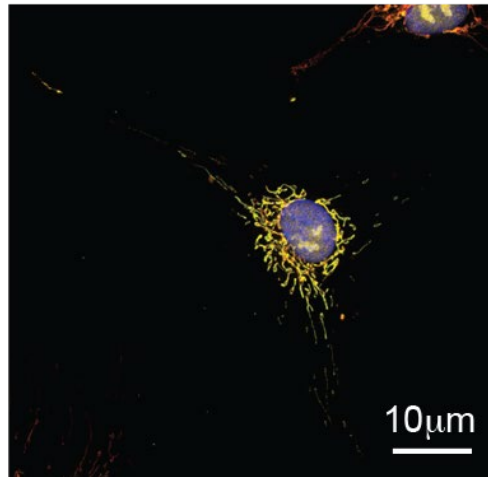
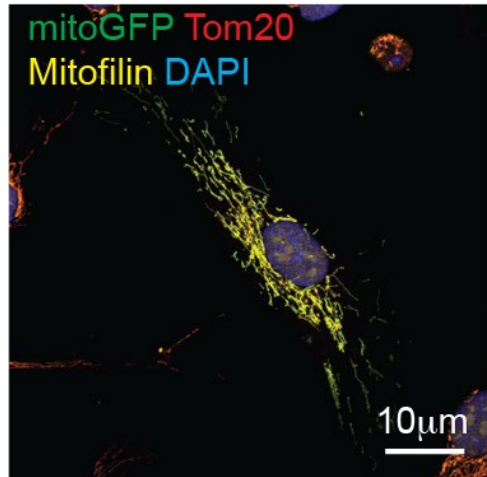
# Serum-transferrable phenotype via Immunoglobulins



## Immunoglobulin purification from patient serum

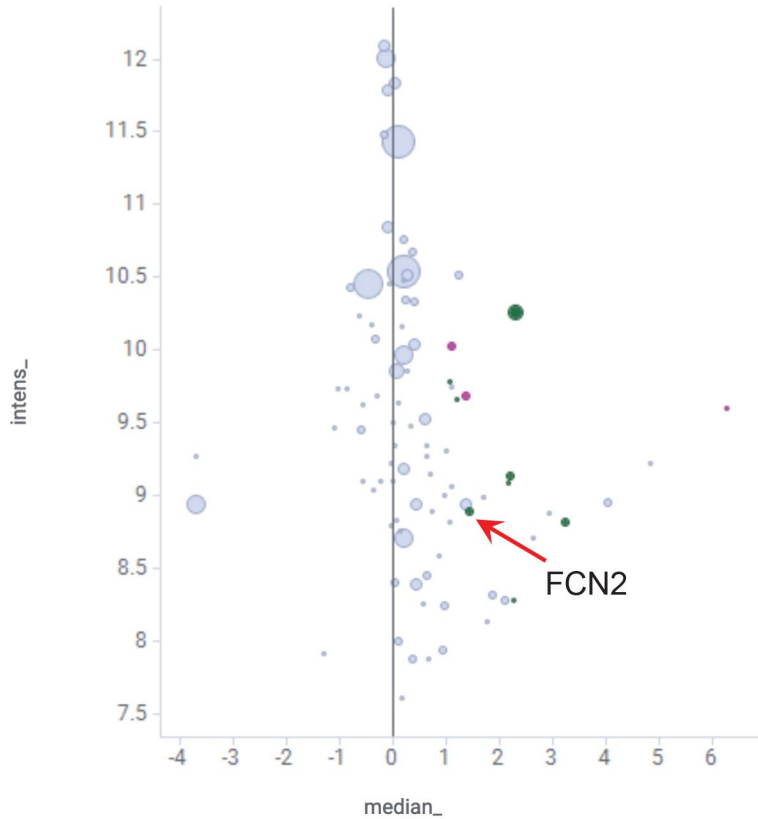
Healthy control

Severe ME/CFS

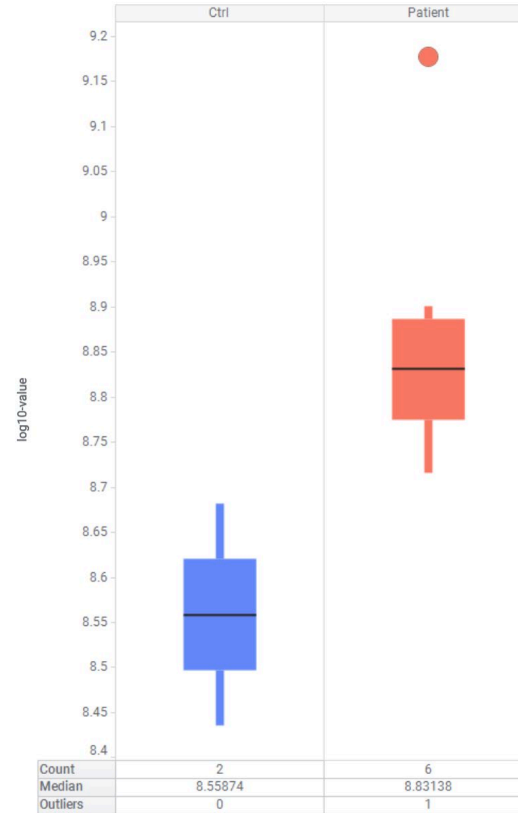


Immunoglobulins from severe ME/CFS patients can induce mitochondrial fragmentation in primary human endothelial cells

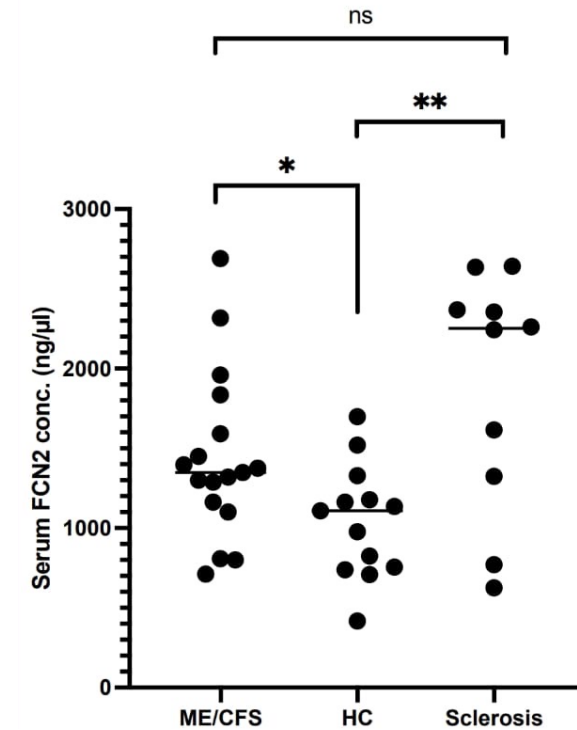
# FCN2 is increased within immune complexes of some of the ME/CFS patients



Normalized fold changes in protein levels in a ME/CFS patient vs a paired control



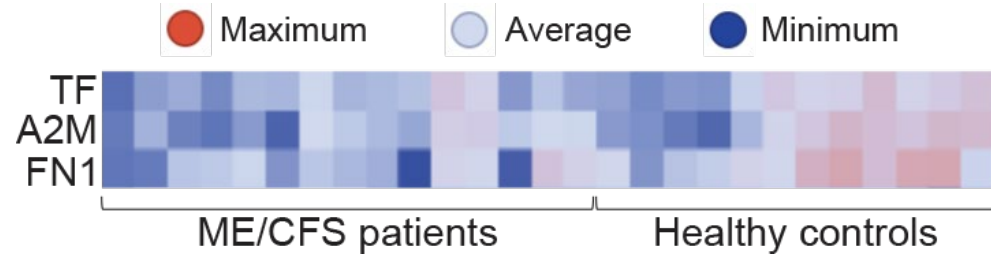
Normalized fold changes in protein levels in all ME/CFS patients vs all controls



ELISA-based quantification of total serum FCN2 levels

- FCN2 (Ficolin 2) is associated with Adenoiditis and Rheumatic Fever.
- Initial triggering of Complement cascade, involved in calcium ion binding.
- May function in innate immunity through activation of the lectin complement pathway.

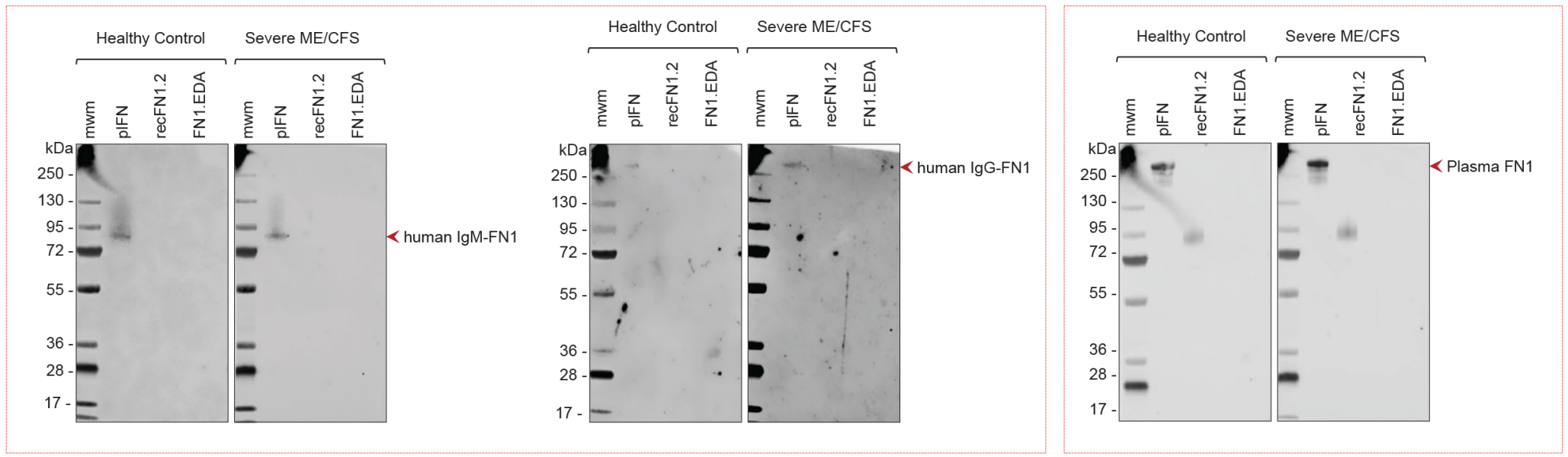
# Specific Functions of Fibronectin is altered in ME/CFS



Amounts of proteins within the circulating immune complex as determined by mass-spectrometry analysis of purified Immunoglobulins



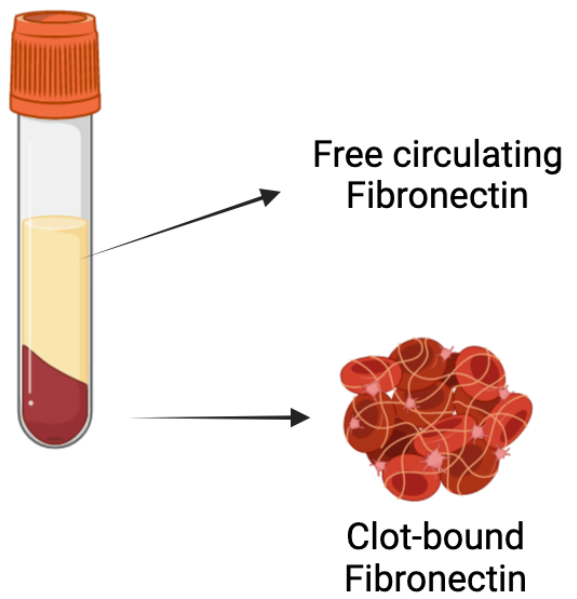
IgM and IgG against FN1 within purified immune complexes



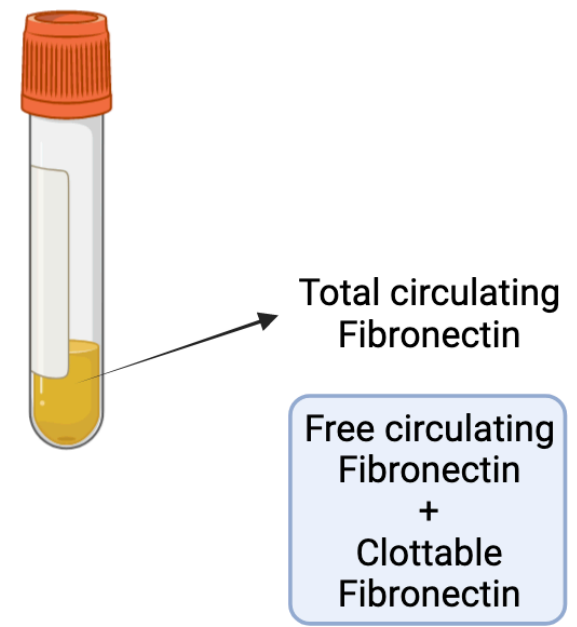
Antibody levels against Fibronectin are not altered. Only the antigenic Fibronectin is altered.  
**Possibility of protein modifications.**

# Serum vs Plasma Fibronectin levels

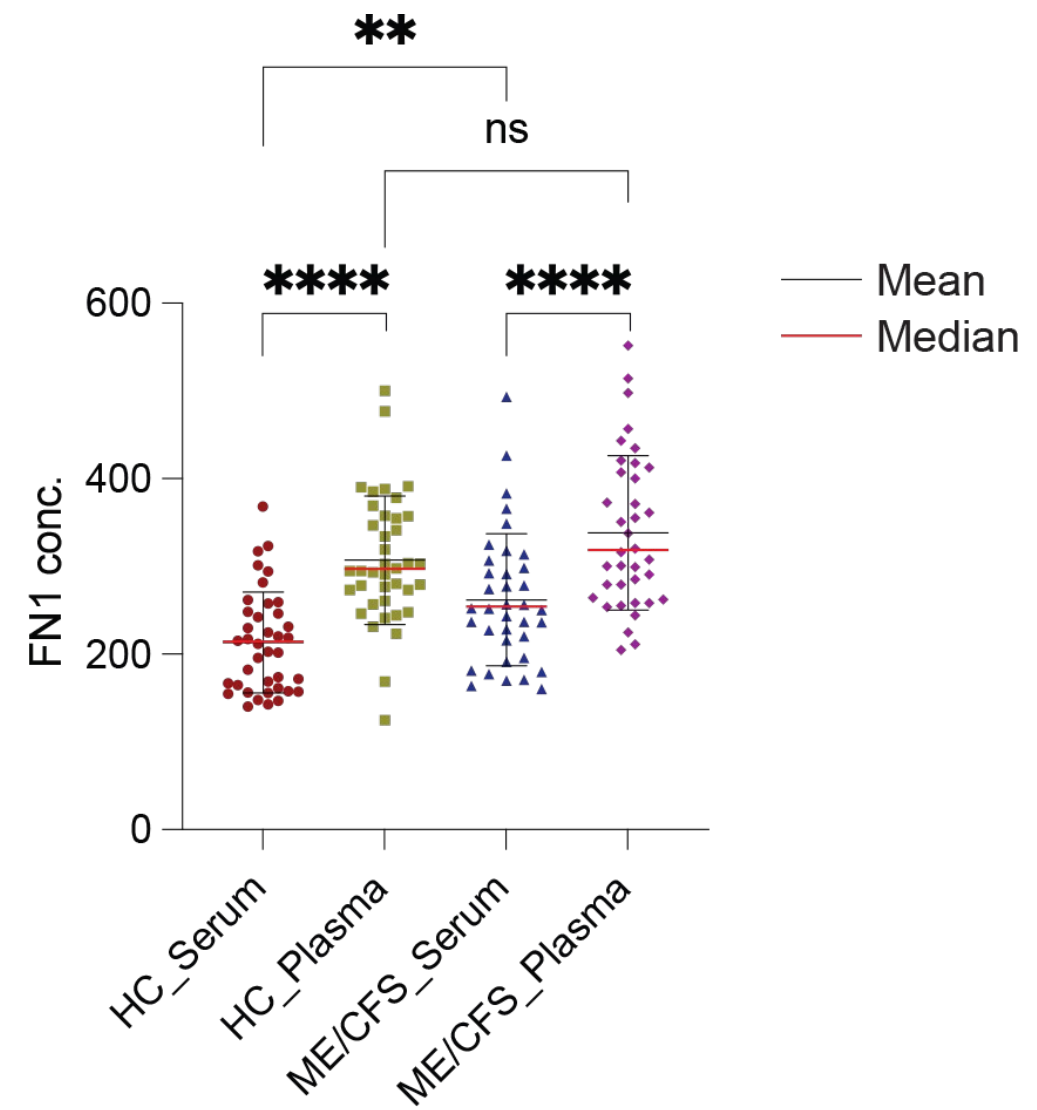
SERUM



Plasma



Bragee Clinic, Sweden

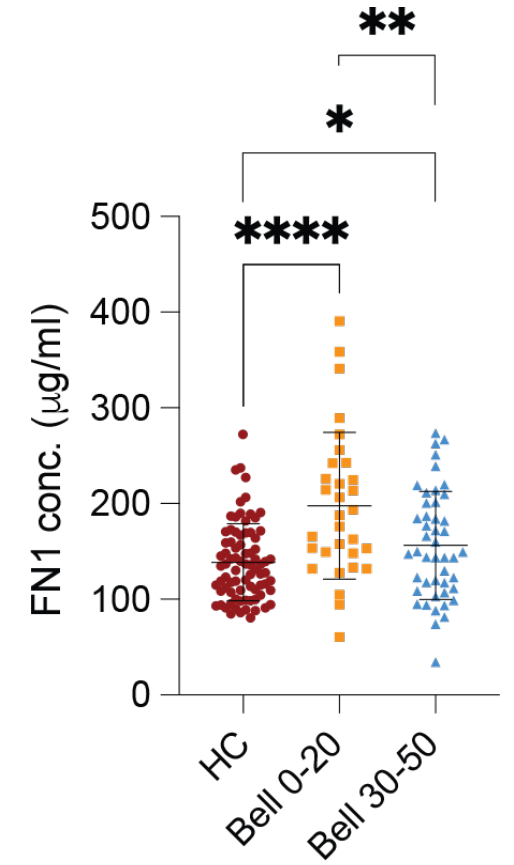
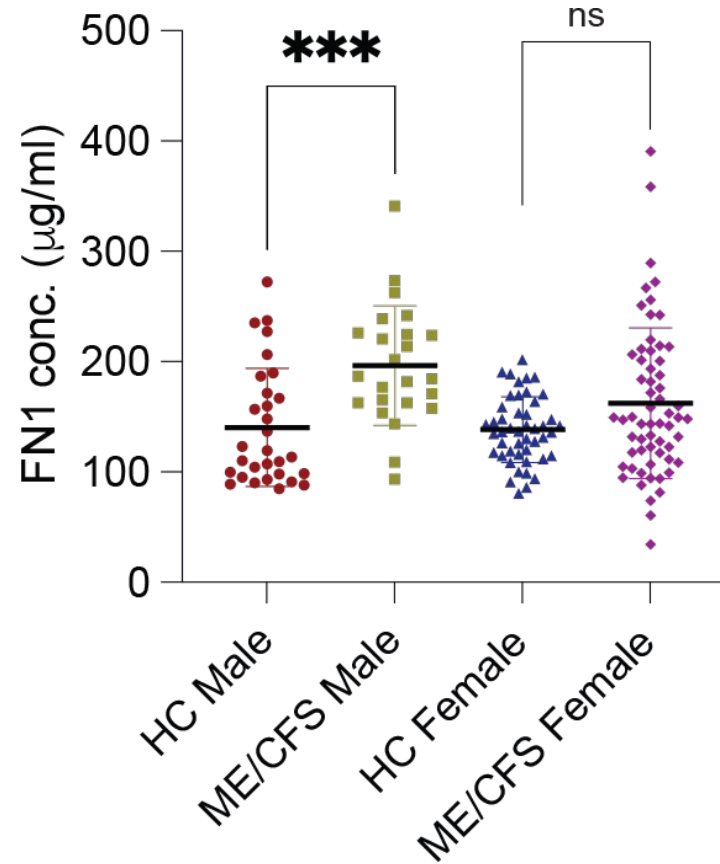
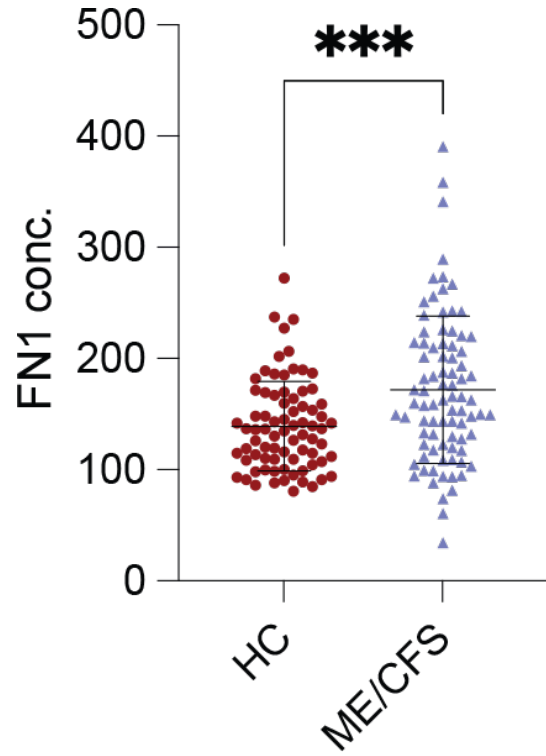


Fibronectin is possibly not efficiently incorporated into the clotting process in ME/CFS

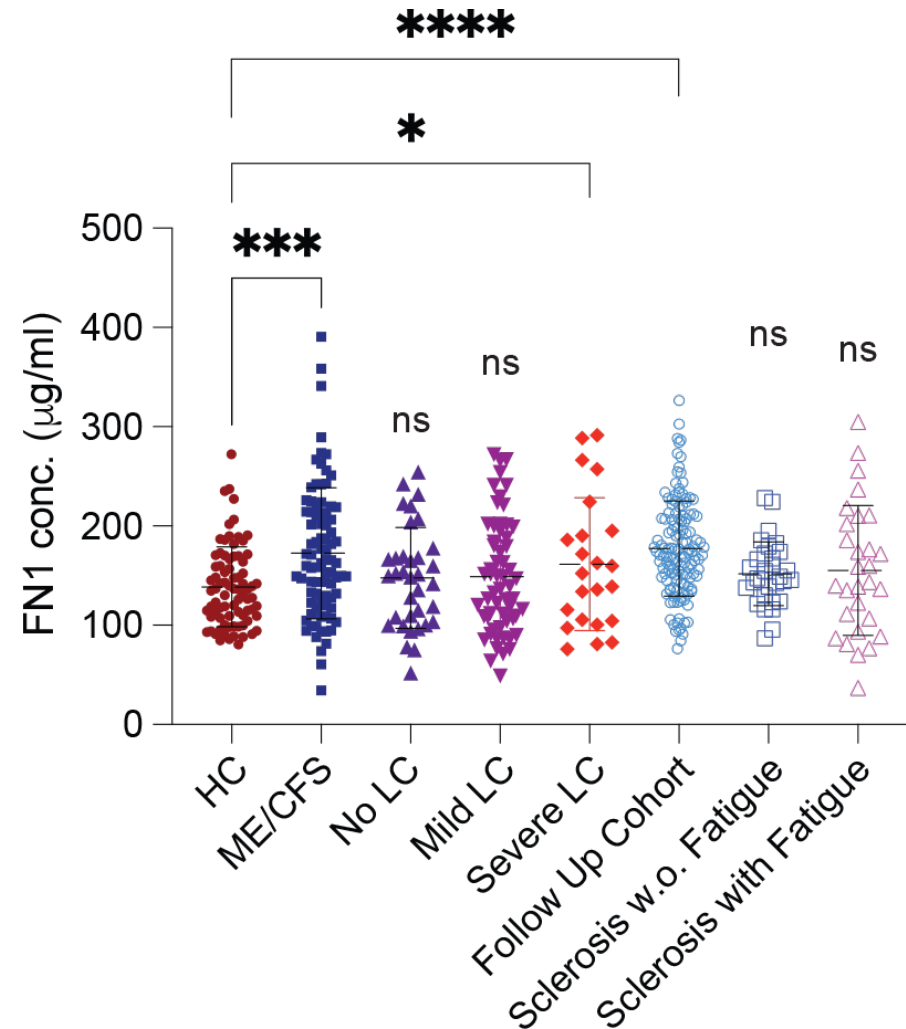


# Serum Fibronectin levels in ME/CFS

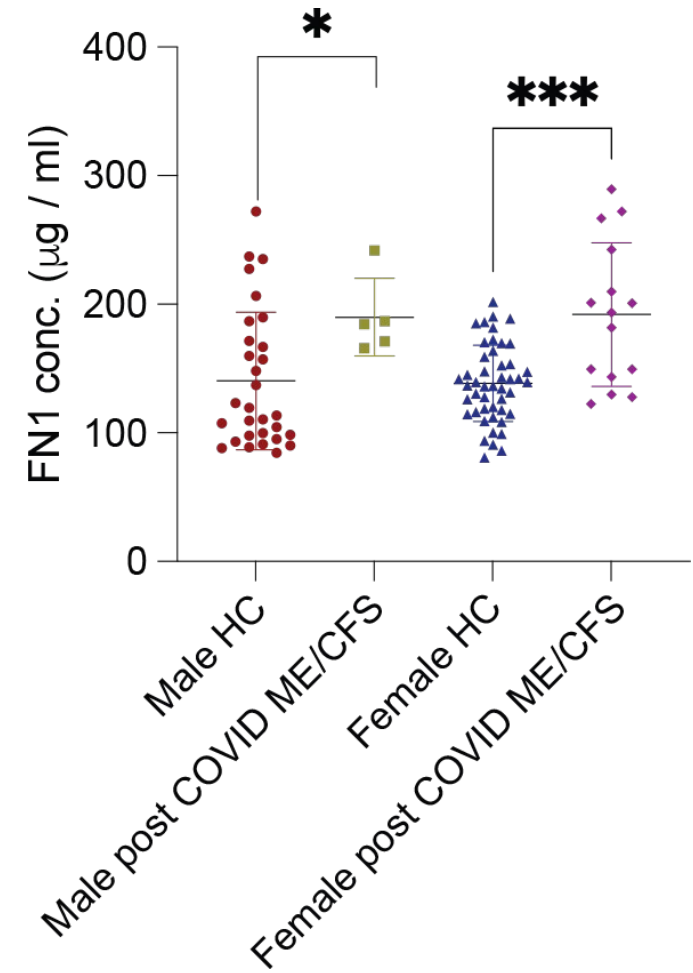
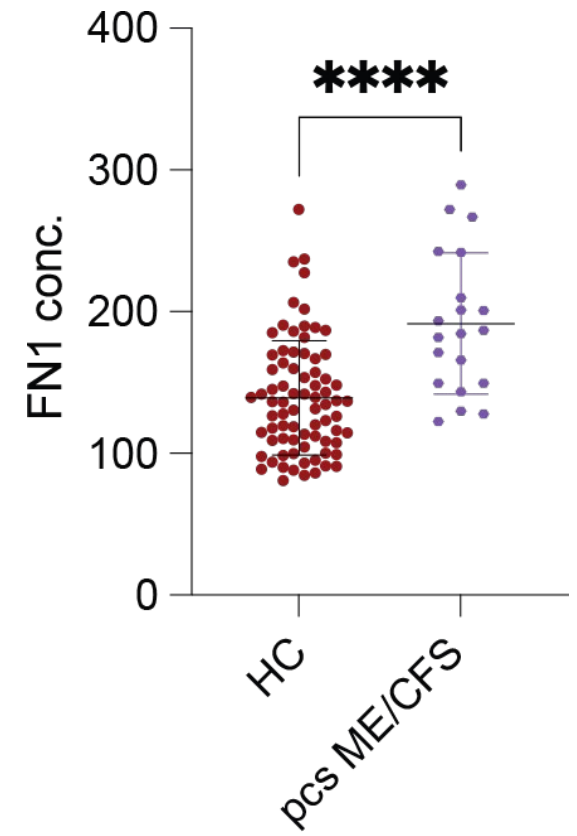
Total ME/CFS cohort (Germany)



# Circulating Fibronectin levels in serum after SARS-CoV-2 infection



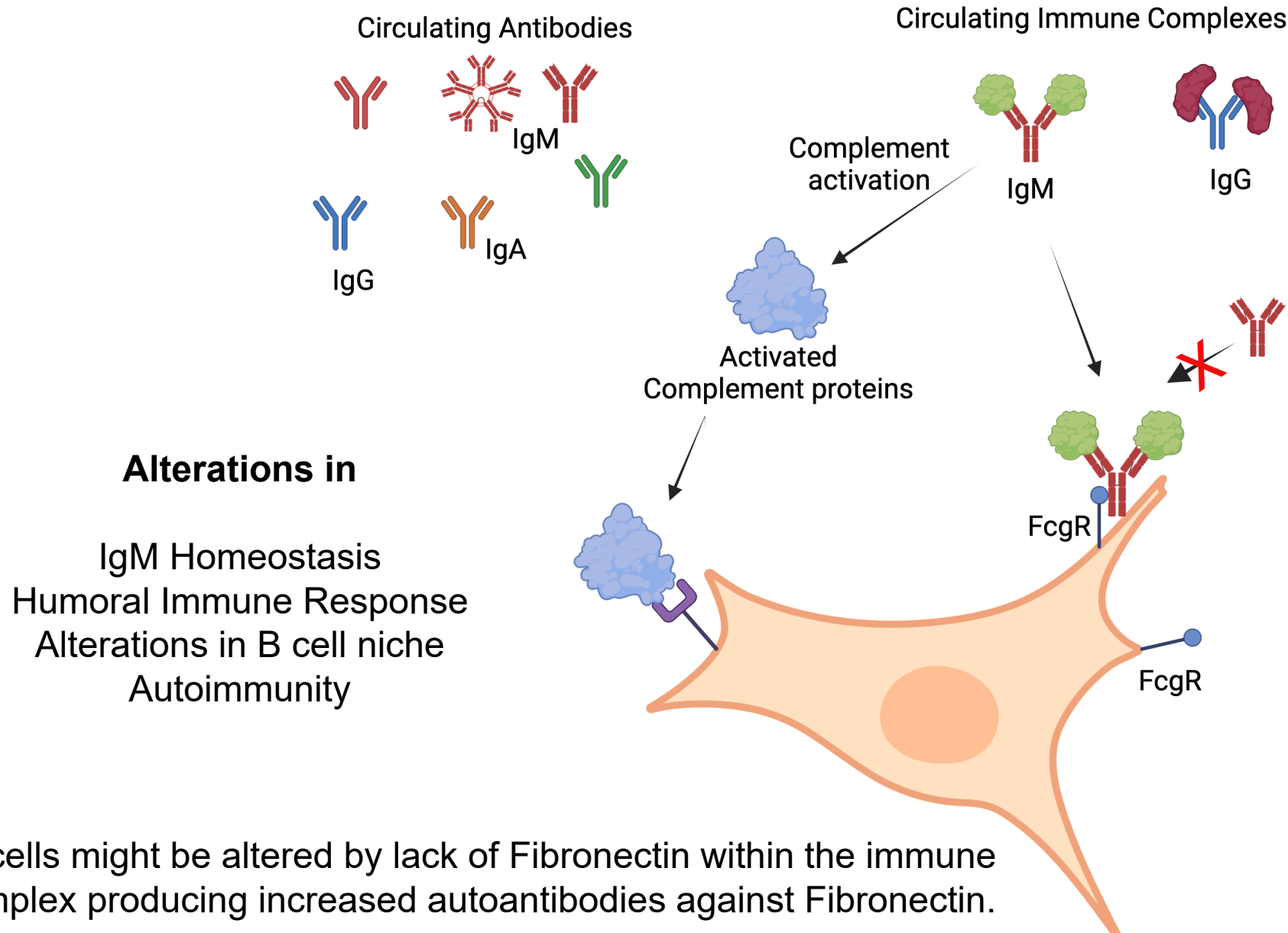
# Serum Fibronectin levels in Covid-induced ME/CFS



## COVID-induced ME/CFS (pcs)

*The best time to identify these differences is just after disease initiation*

# Possible hypothesis linking Immunoglobulin to Mitochondrial function and cell survival



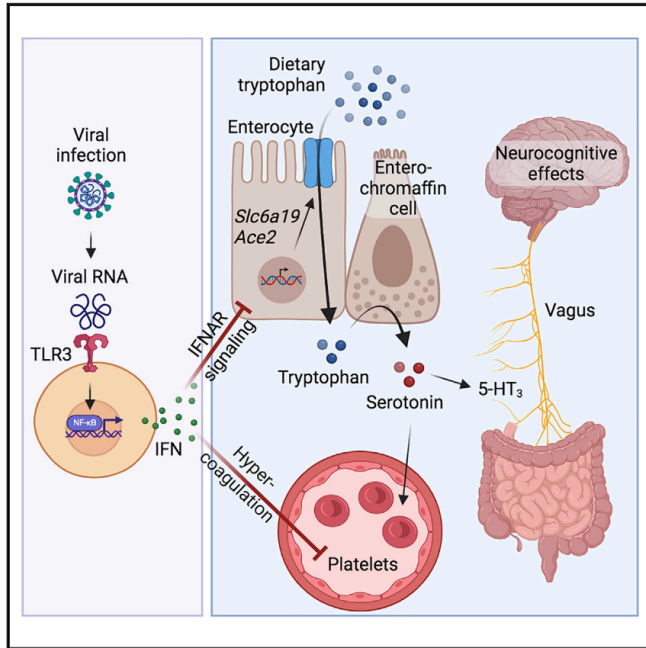
B- cells might be altered by lack of Fibronectin within the immune complex producing increased autoantibodies against Fibronectin.

Cell

Article

## Serotonin reduction in post-acute sequelae of viral infection

Graphical abstract



Authors

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In brief

Post-viral syndromes are associated with serotonin reduction, which may contribute to the neurological and cognitive symptoms seen in individuals with Long COVID.



*Am J Physiol Lung Cell Mol Physiol.* 2012 Jun 15; 302(12): L1273–L1279.  
Published online 2012 Apr 20. doi: [10.1152/ajplung.00082.2012](https://doi.org/10.1152/ajplung.00082.2012)

PMCID: PMC3379044  
PMID: [22523280](https://pubmed.ncbi.nlm.nih.gov/22523280/)

Serotonylated fibronectin is elevated in pulmonary hypertension

Lin Wei,<sup>1</sup> Rod R. Warburton,<sup>1</sup> Ioana R. Preston,<sup>1</sup> Kari E. Roberts,<sup>1</sup> Suzy A. A. Comhair,<sup>2</sup> Serpil C. Erzurum,<sup>2</sup> Nicholas S. Hill,<sup>1</sup> and Barry L. Fanburg<sup>2#1</sup>

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Abstract

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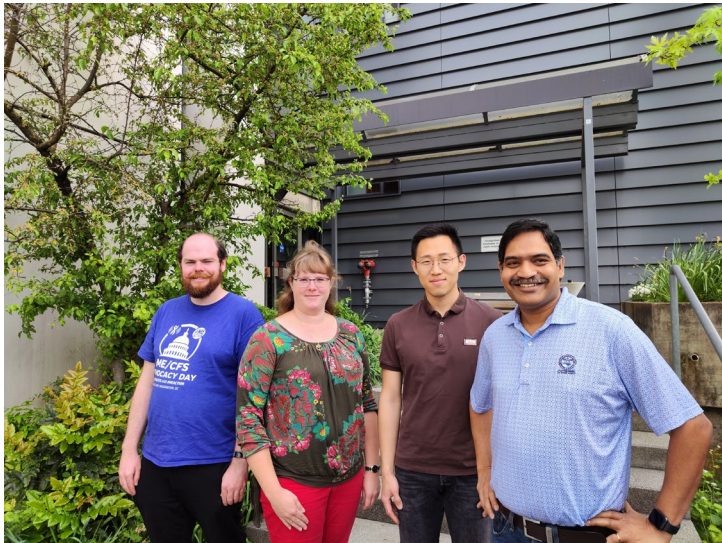
Serotonin (5-HT) and fibronectin (FN) have been associated with pulmonary hypertension (PH). We previously reported that FN is posttranslationally modified by tissue transglutaminase (TGase) to form serotonylated FN (s-FN) in pulmonary artery smooth muscle cells and that serotonylation stimulates their proliferation and migration, hallmarks of PH. We hypothesized that s-FN and its

Fibronectin is possibly not incorporated into the active immune complex in ME/CFS



# Collaborative Partners and Funders

Prof. Carmen Scheibenbogen, Charite, Berlin  
Prof. Uta Behrends, Helmholtz Zentrum, Munich  
Dr. Franziska Sotzny, Charite, Berlin  
Prof. Robert K Naviaux, UCSD, USA  
Prof. Marshall V. Williams, Ohio State University, USA  
Prof. Maria Ariza, Ohio State University, USA  
Bragee Clinic, Sweden



Sam, Claudia and Stefan



AMAR  
FOUNDATION  
California, USA



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Bundesministerium  
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The ME/CFS Patient Community



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™

SEC Call

# Endogenous retroviruses and ME/CFS

Dawei Li, Ph.D.

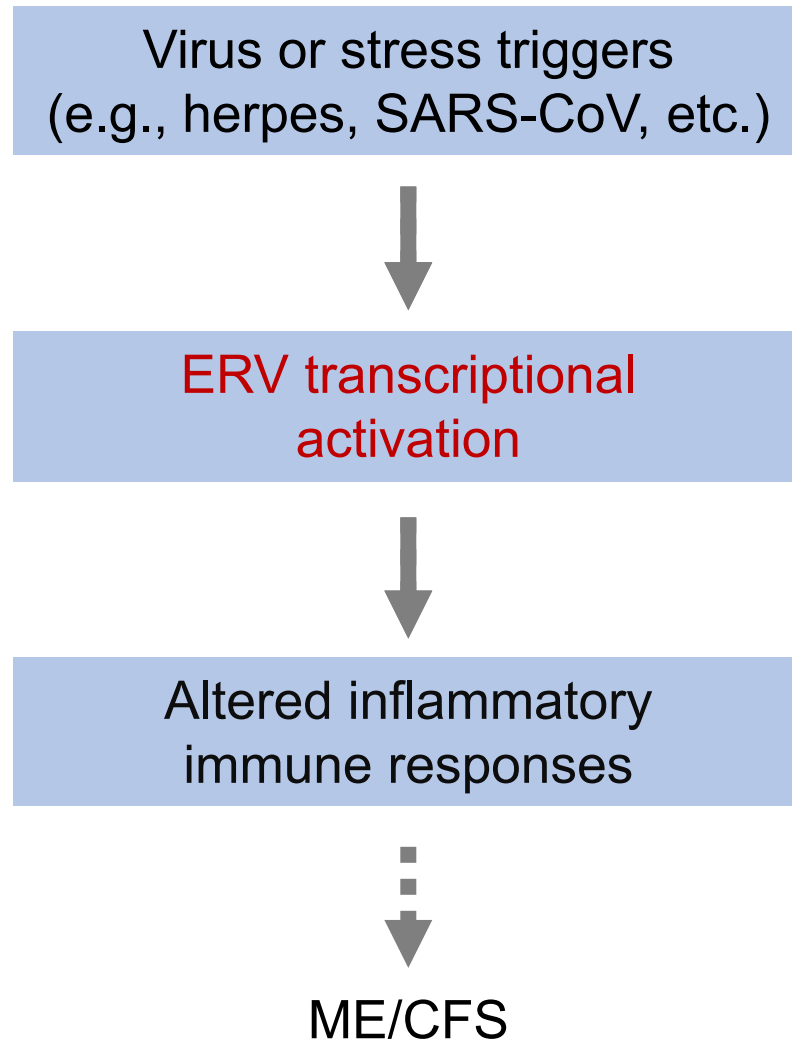
Associate Professor

Department of Immunology & Molecular Microbiology

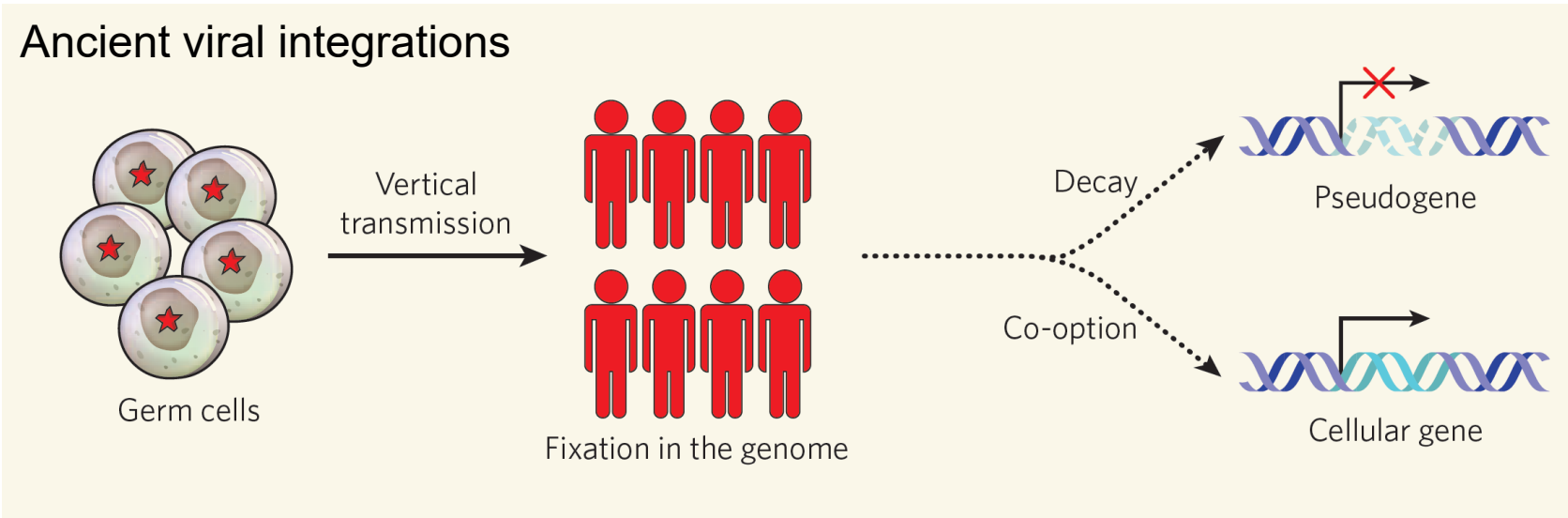
Texas Tech University Health Sciences Center

December 18, 2023

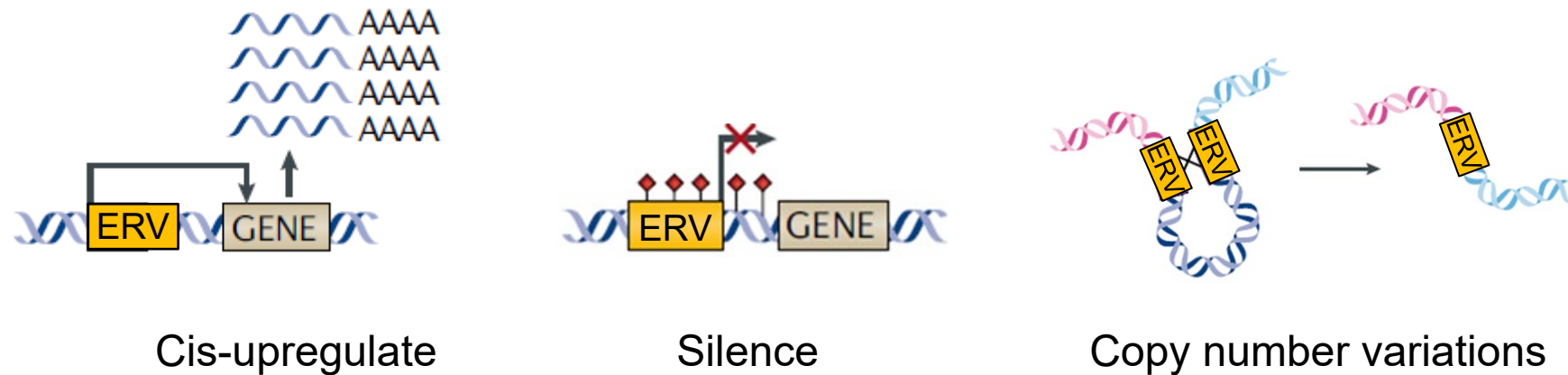
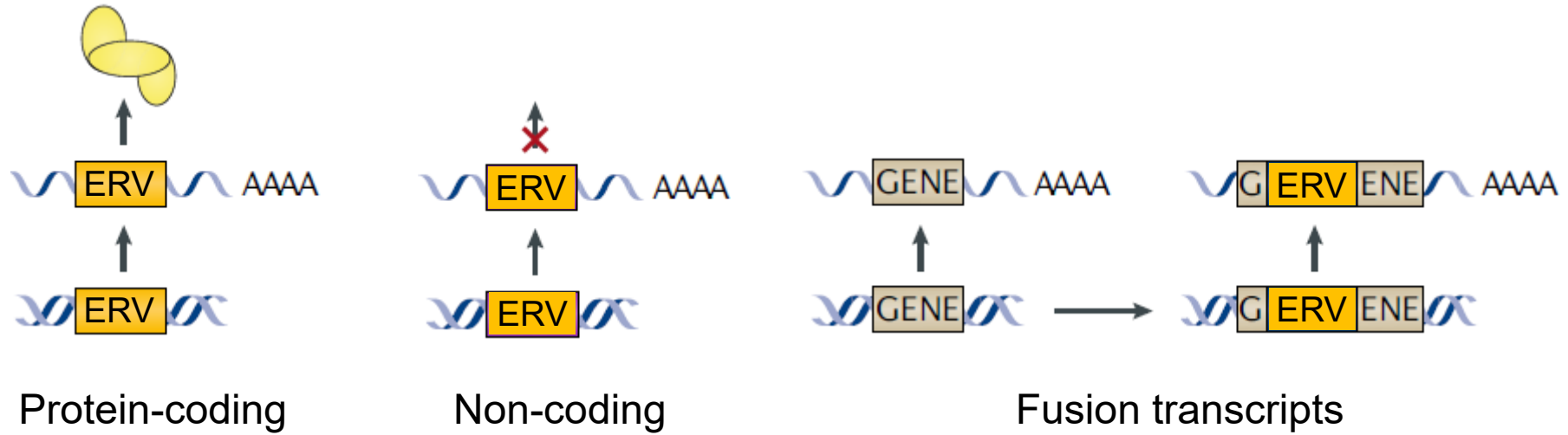
# Possible endogenous retrovirus–ME/CFS link



# Endogenous retroviruses (ERVs): 8% of the human genome

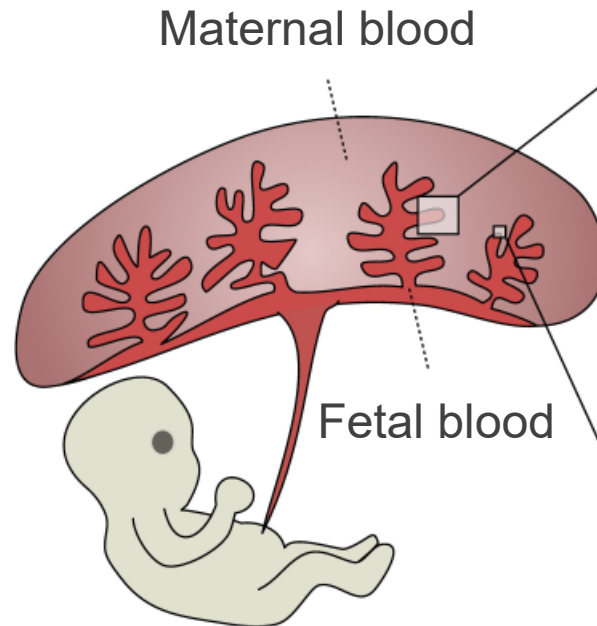
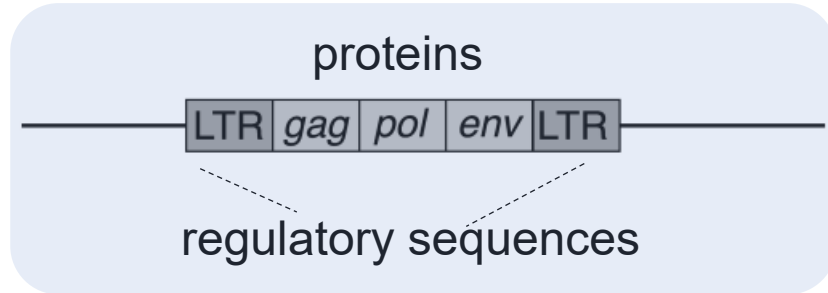


# ERV functions

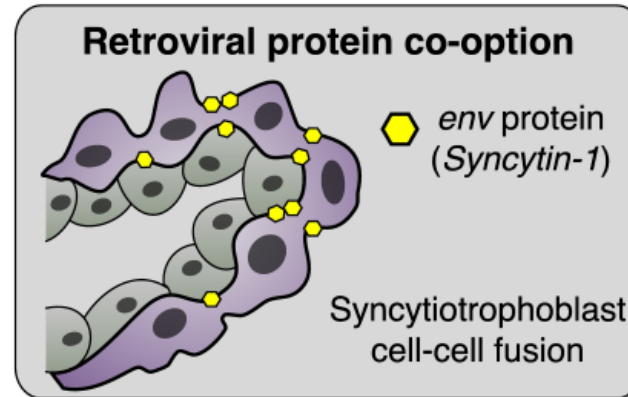




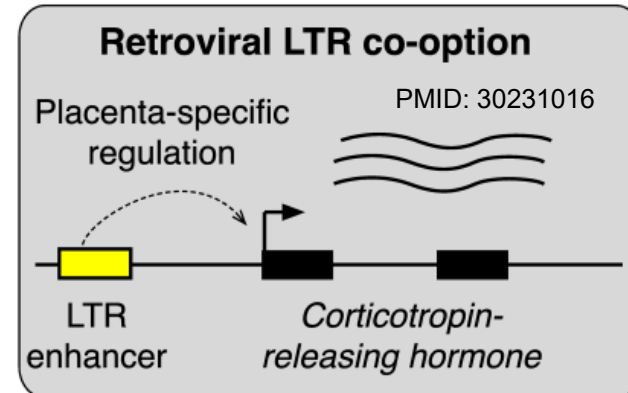
# ERV proteins and regulatory sequences co-option in the placenta



Cell-cell fusion and immune modulation of the placenta

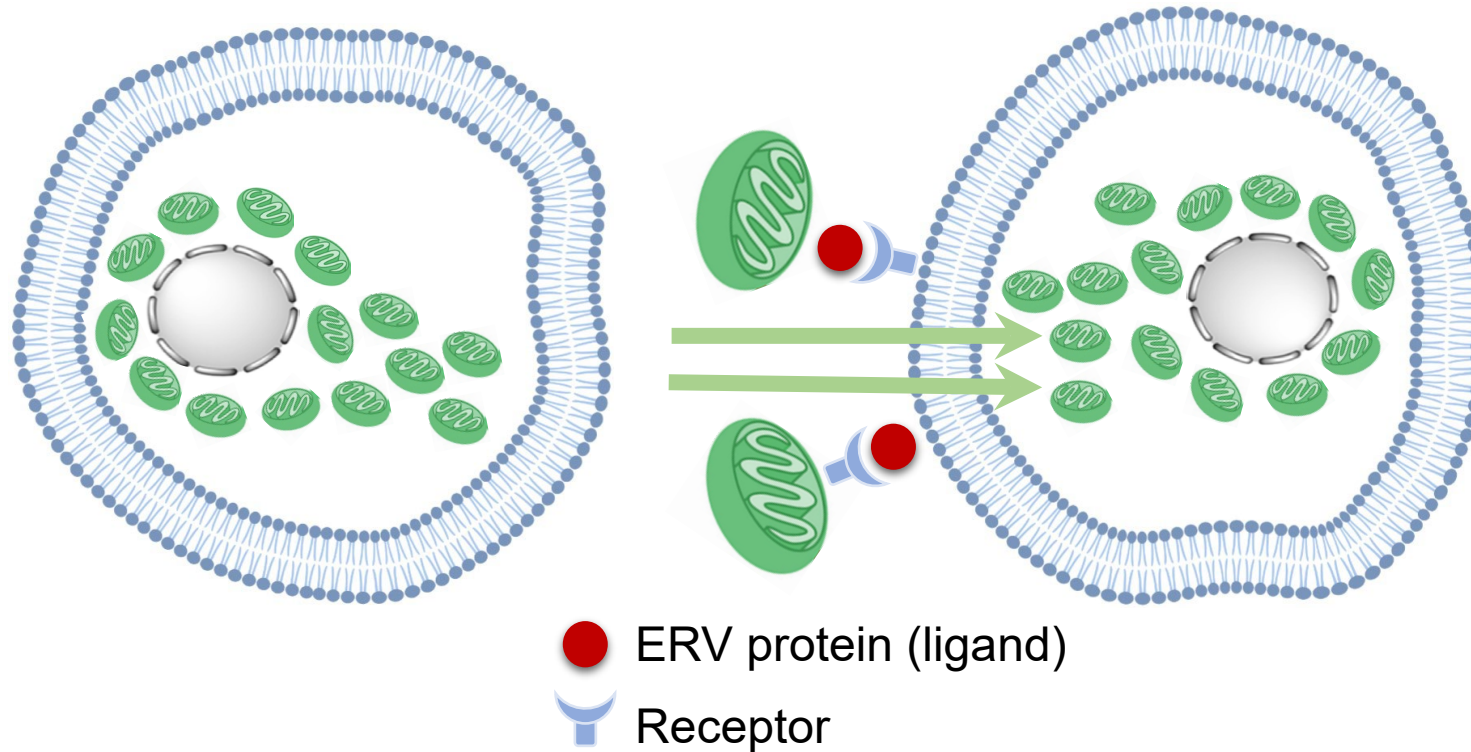


Regulation of gene (*CRH*) important for pregnancy



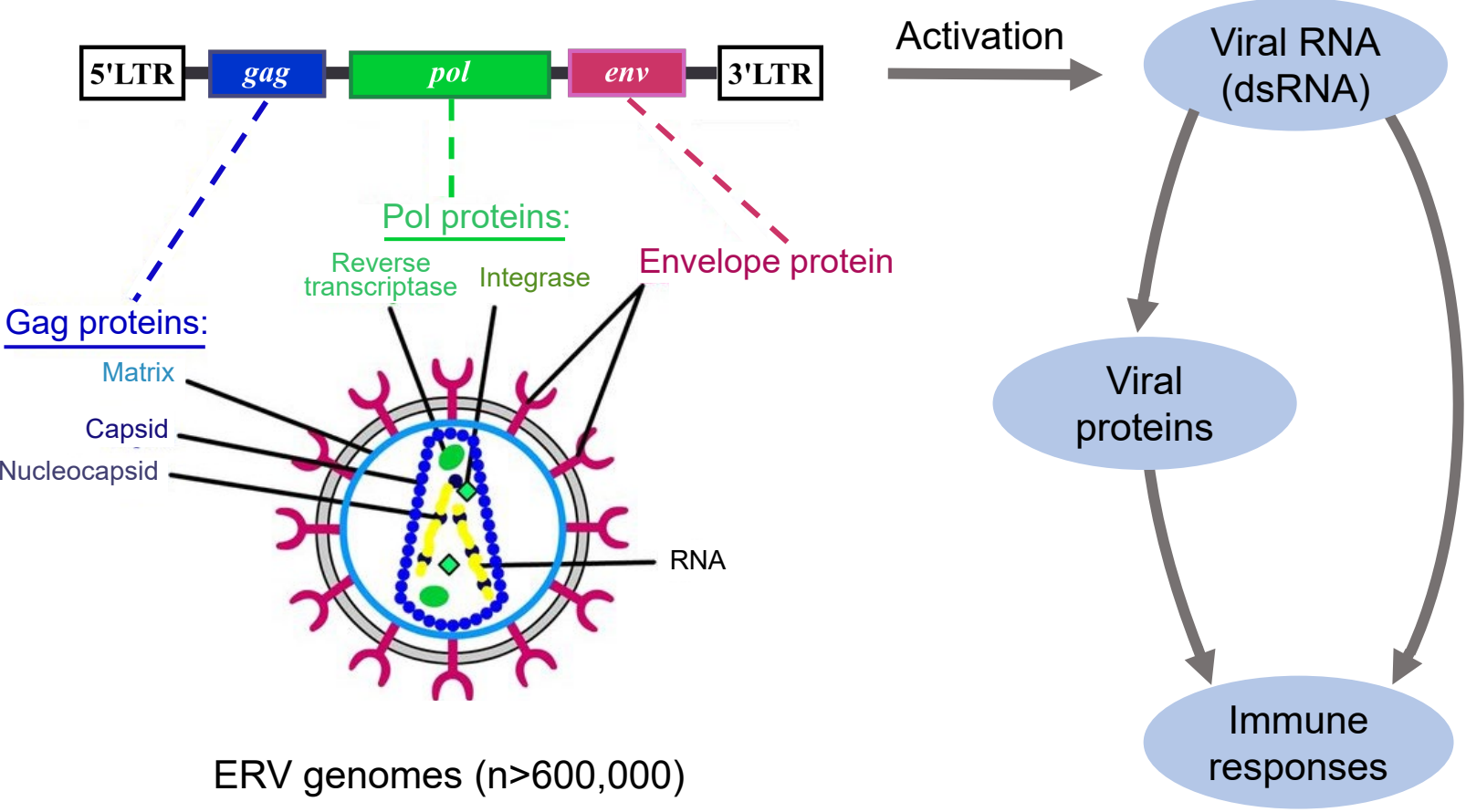
# ERV proteins can control energy production

ERV proteins mediate cell-to-cell transfer of mitochondria



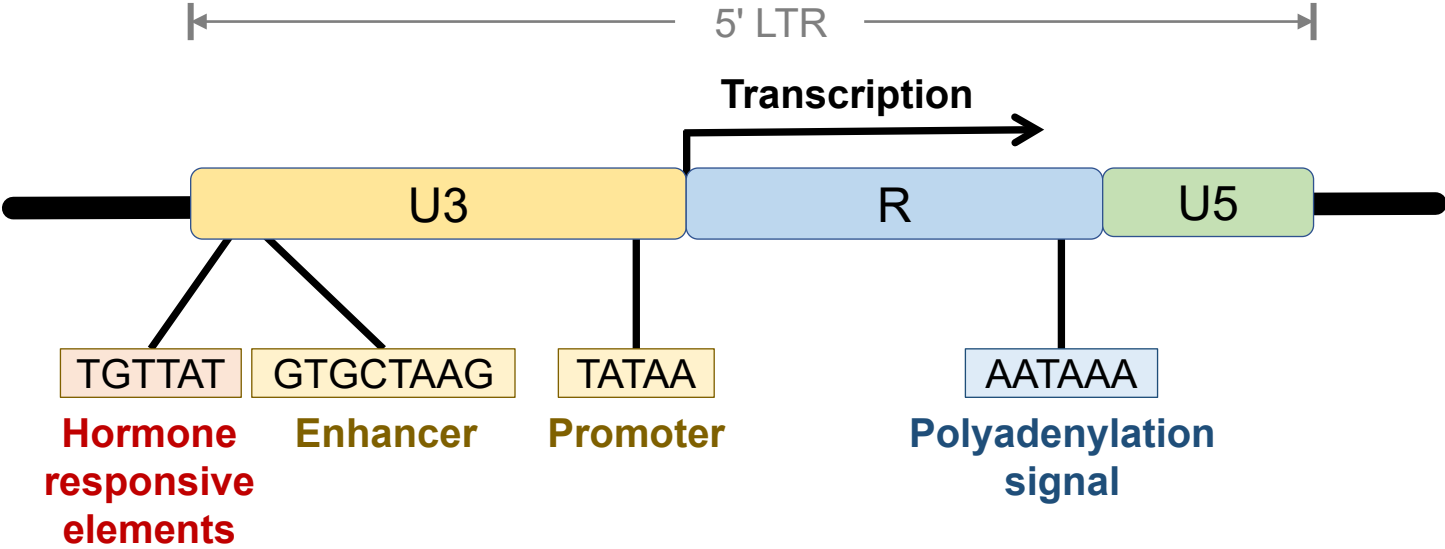
Energy (ATP) production wrong in ME/CFS

# ERV genomes and activation



# ERV activation additionally enhanced by female sex hormones

ERV has hormone responsive elements



3 in 4 ME/CFS patients are women

# ERV detection challenges

ERV variants are:

- NOT captured by SNP genotyping arrays
- NOT in GWAS imputation databases
- NOT in standard NGS pipelines (e.g., GATK)
- NOT in dbSNP or dbVar

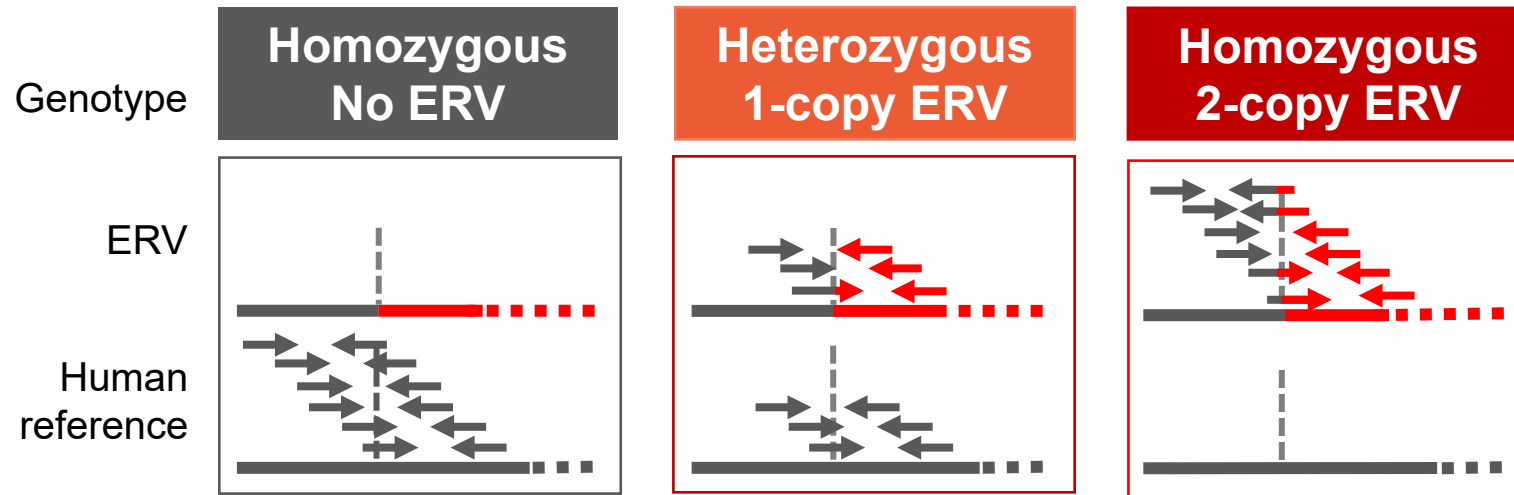
ERV expression is:

- NOT in standard RNA-Seq pipelines
- NOT in RefSeq

Existing ERV detection methods very limited



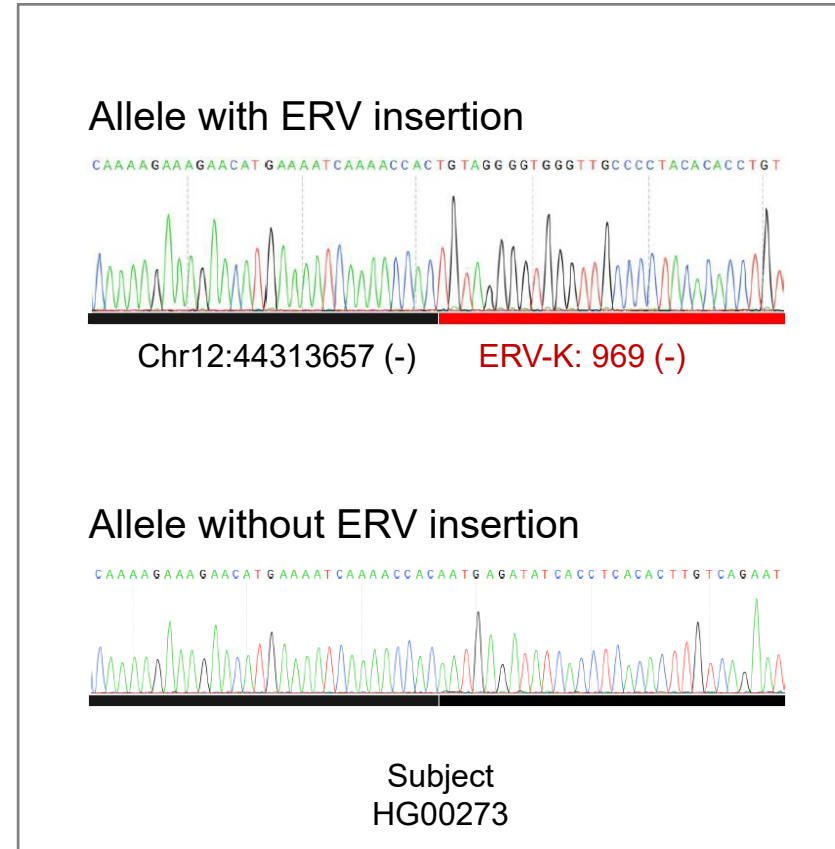
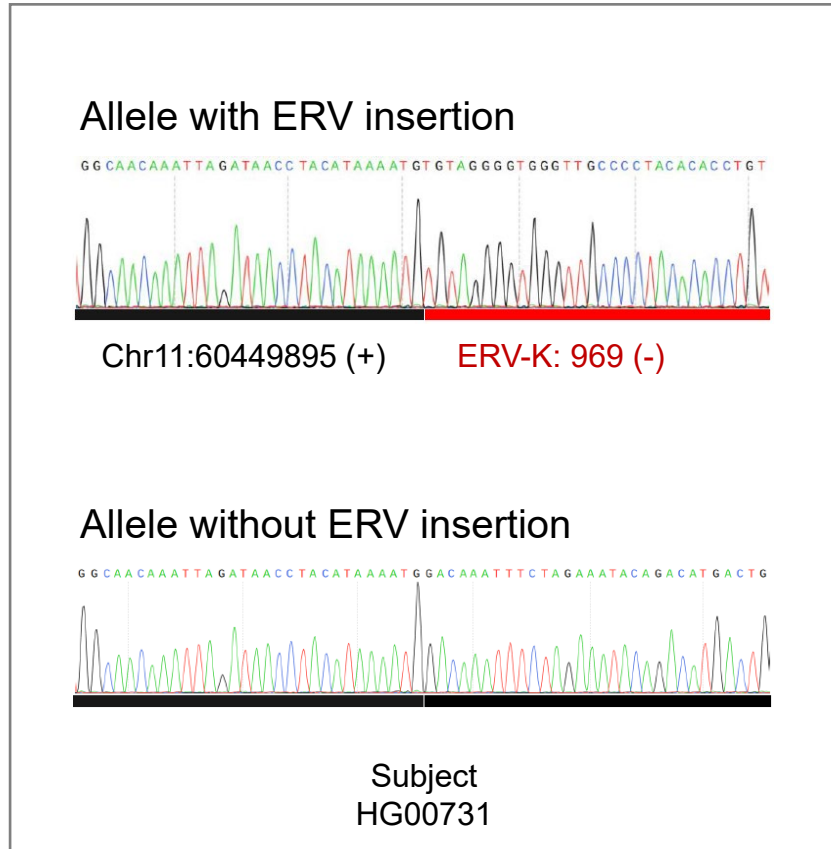
# ERVcaller: accurately genotype each distinct individual ERV



→ ← Sequencing reads mapped to ERV

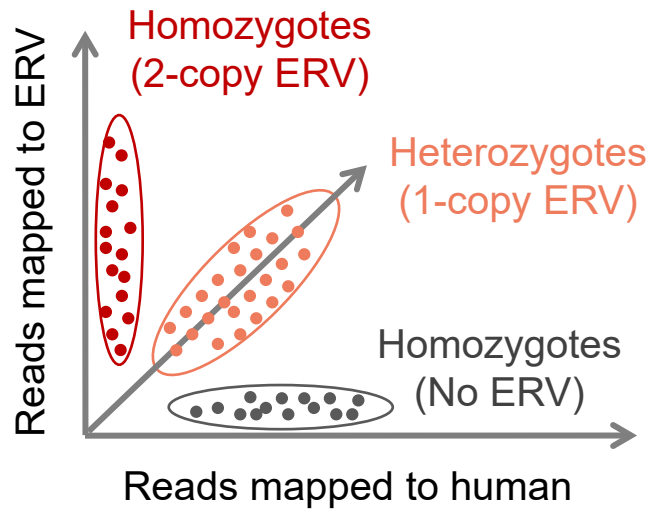
→ ← Sequencing reads mapped to human reference

# PCR/Sanger sequencing verification of ERVs



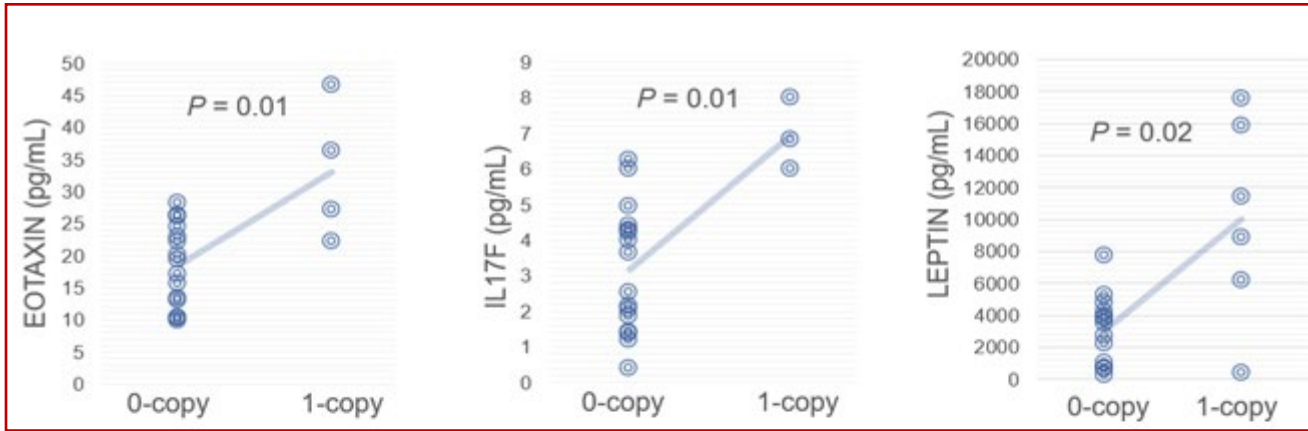
■ Human reference genome  
■ ERV insertion

# ERV-Wide Association Study (EWAS)

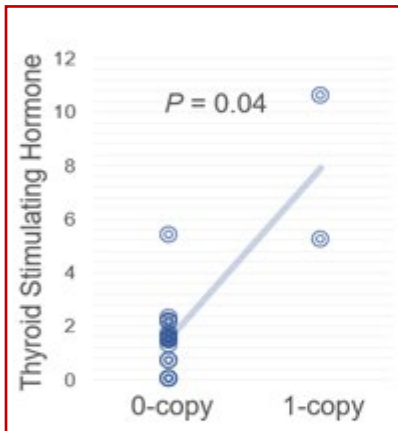


ERVcaller generates standard VCF and PLINK format of ERV genotypes ready for genome-wide association study

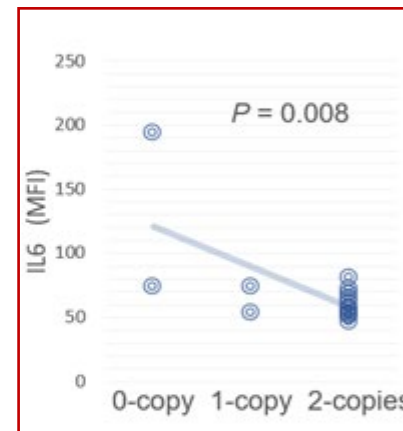
# ERV genotypes associated with cytokines/blood measures in ME/CFS



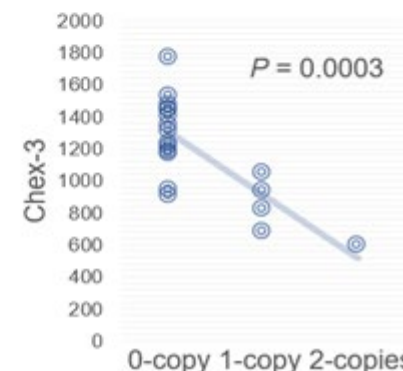
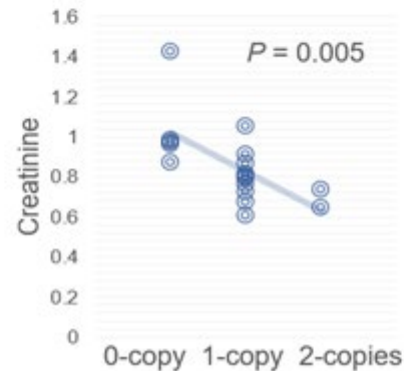
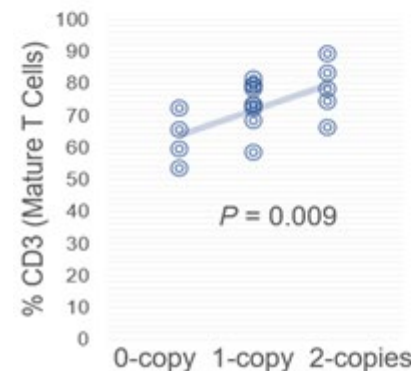
Positively correlated with ME/CFS severity (PMID: 28760971)



Predictor of poststroke fatigue (PMID: 30366976)



Regulator of mitochondria function in T cells (PMID: 27407249)

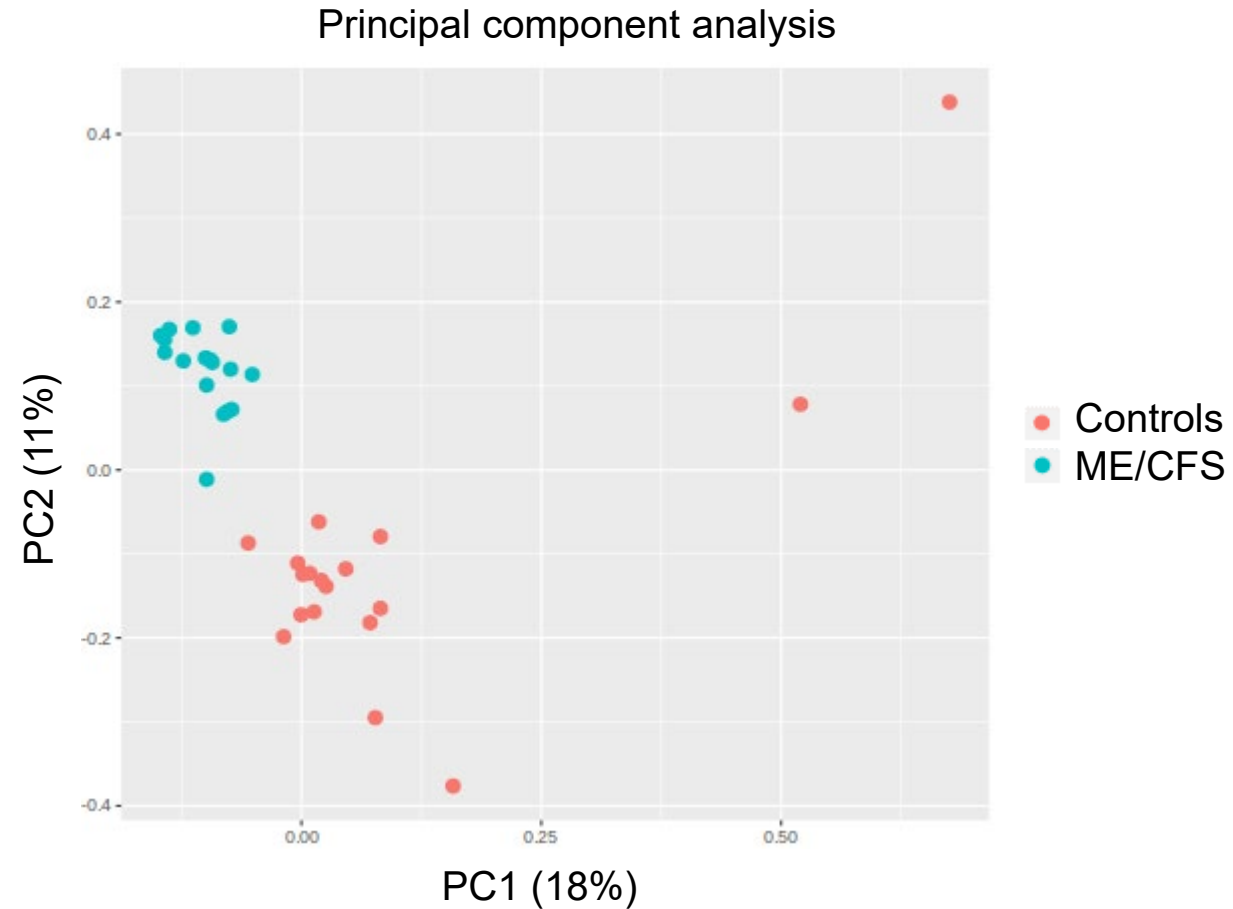


WGS from 20 bed-bound patients

8 individual ERVs (Mann-Whitney test)

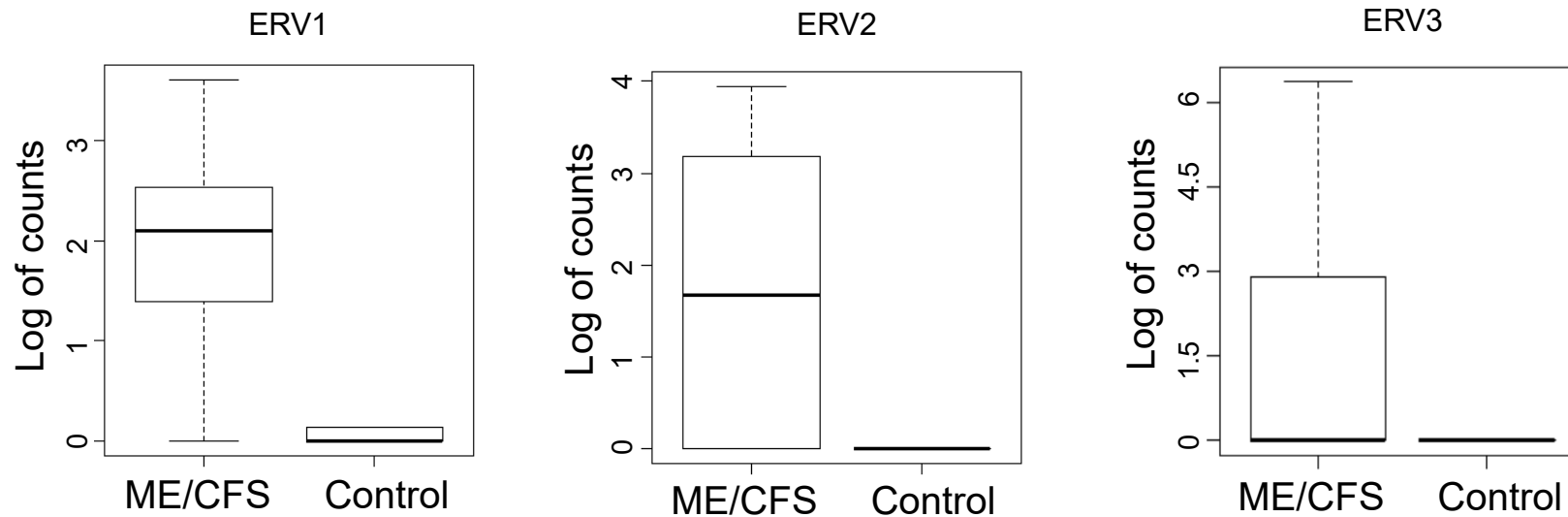
Unpublished

# ERV transcripts separate ME/CFS



ERVs from RNA-Seq of ME/CFS-controls

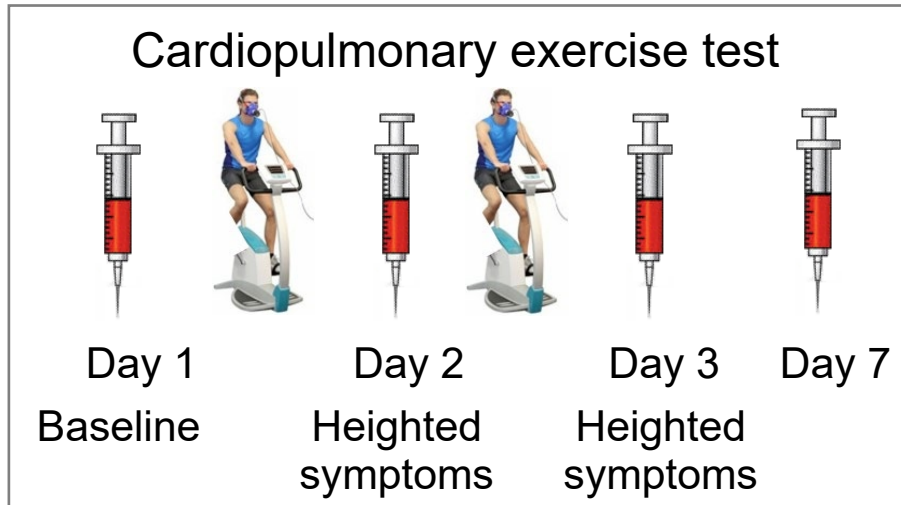
# ERV transcripts unique to ME/CFS



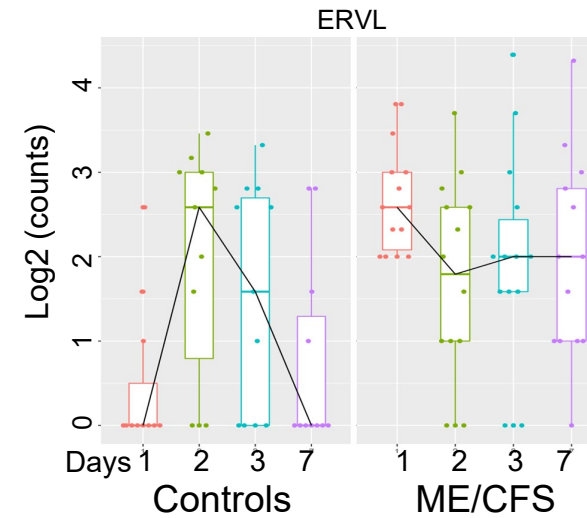
- e.g., this ERV is located in *PLD5*
- Inflammatory immune response;
  - Expresses in brain/ovary;
  - *PLD5* protein in mitochondria

ME/CFS-specific ERVs distinguish diagnosis.

# Exercise/stress to stimulate ME/CFS hallmark: post-exertional malaise (PEM)

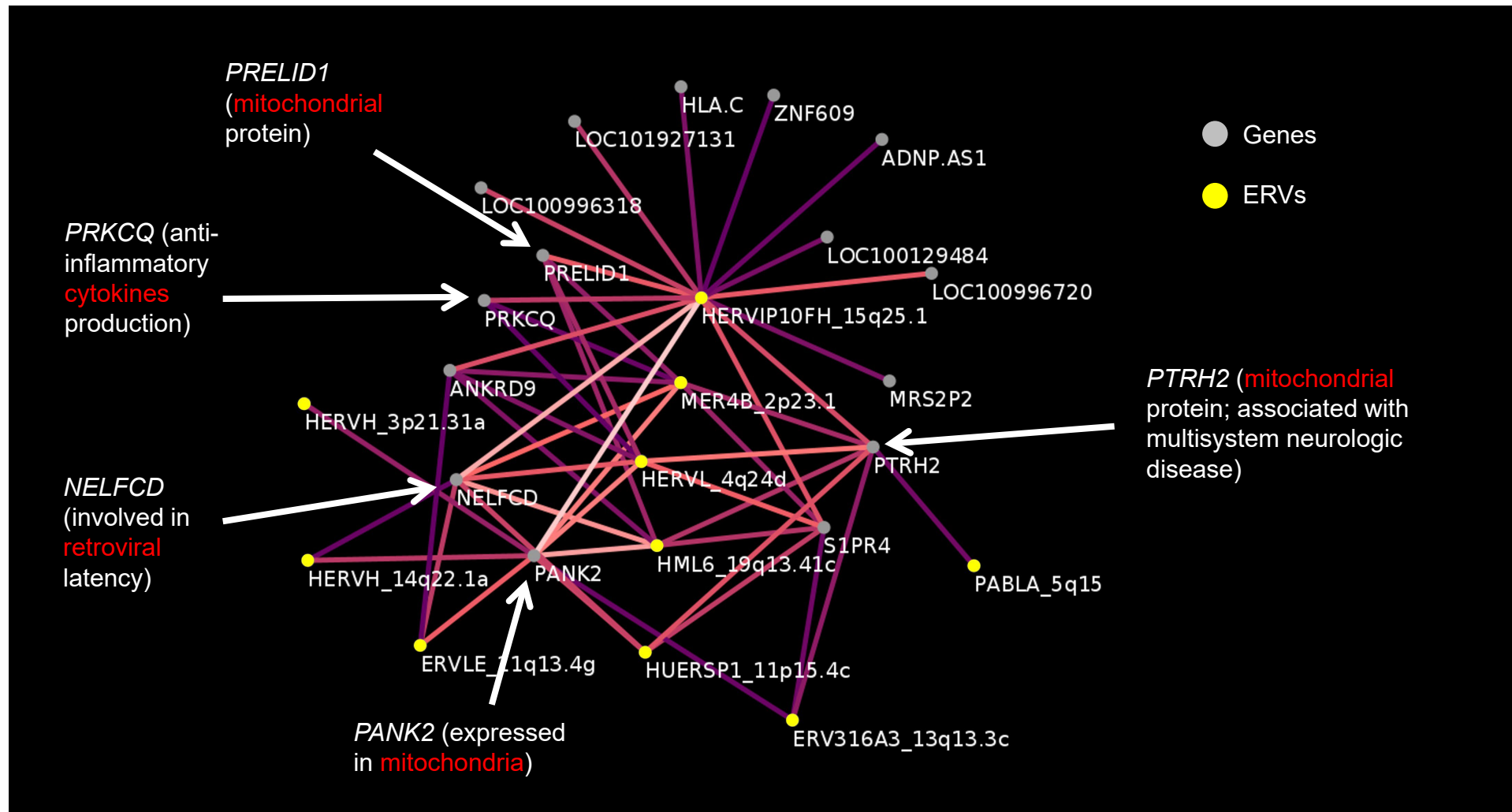


RNA-Seq from 14 ME/CFS vs. 11 sedentary healthy controls before and after exercise



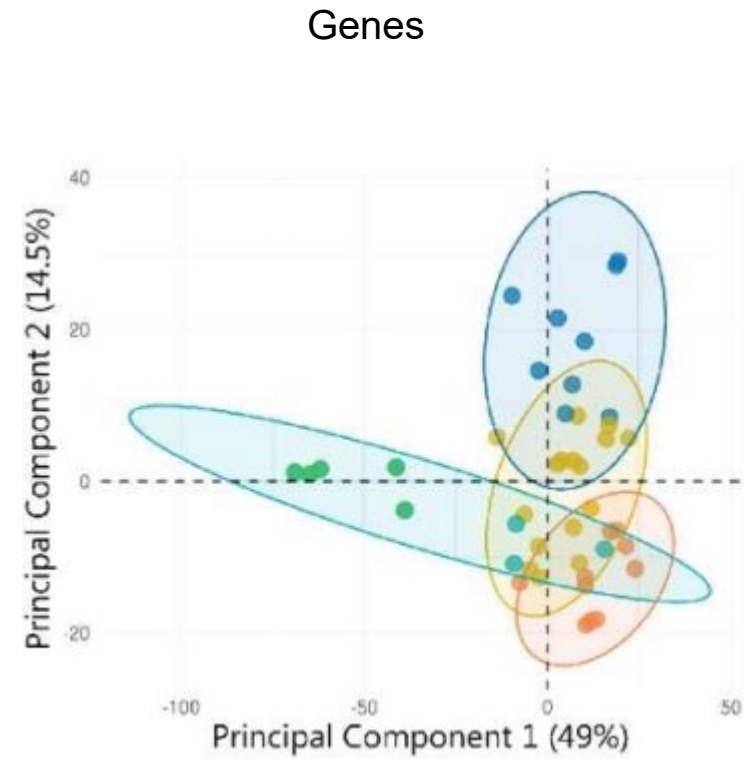
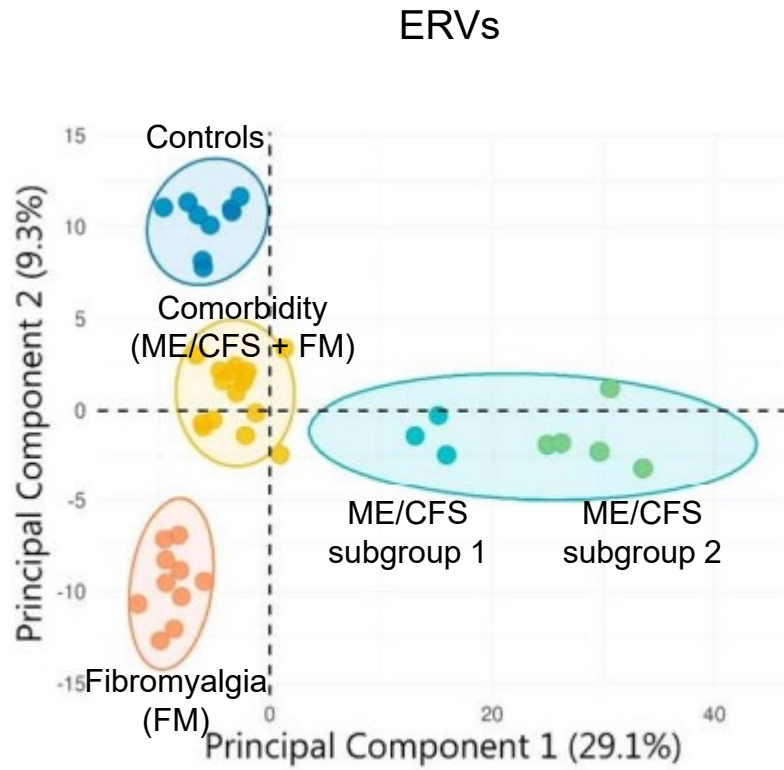


# ERV-gene co-expression networks



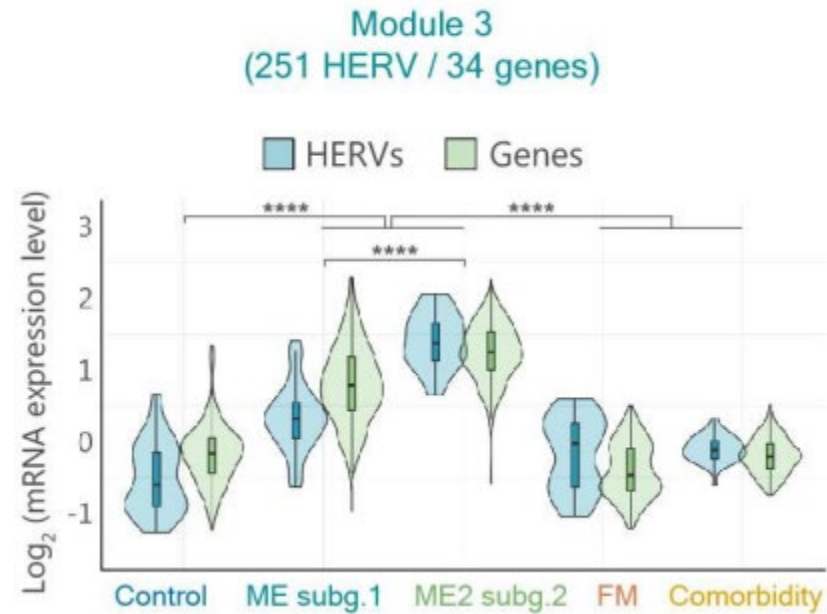
Light purple: stronger correlation. Only one module shown.

# ERVs separate ME/CFS



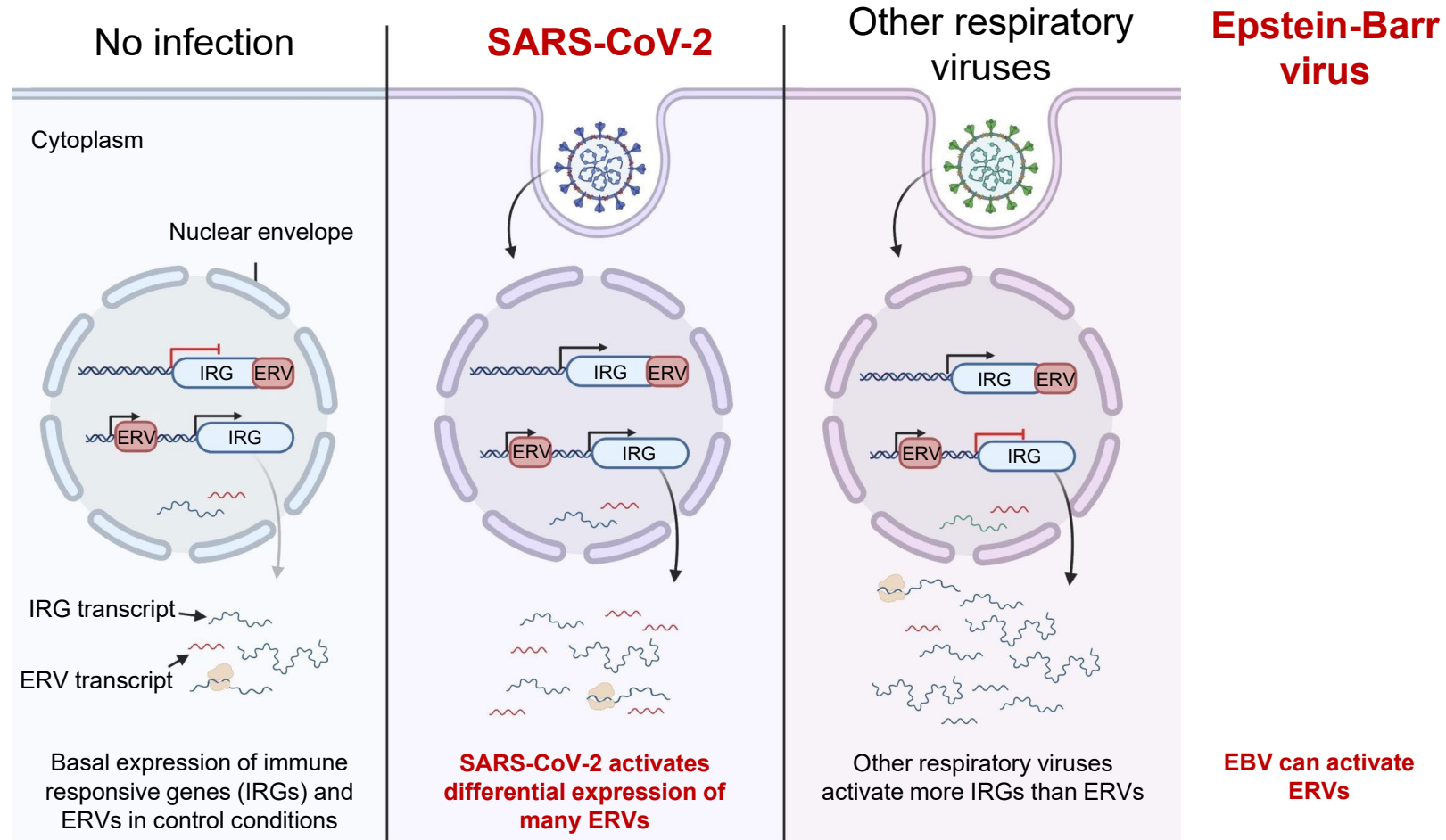
Affy HERV-V3 microarray

# ERV expression correlates with immune response genes



ERVs-correlated genes involved in: Alpha-beta T cell activation, and Thelper 17 cell commitment

# SARS-CoV-2 can activate ERVs



PMID: 34731091

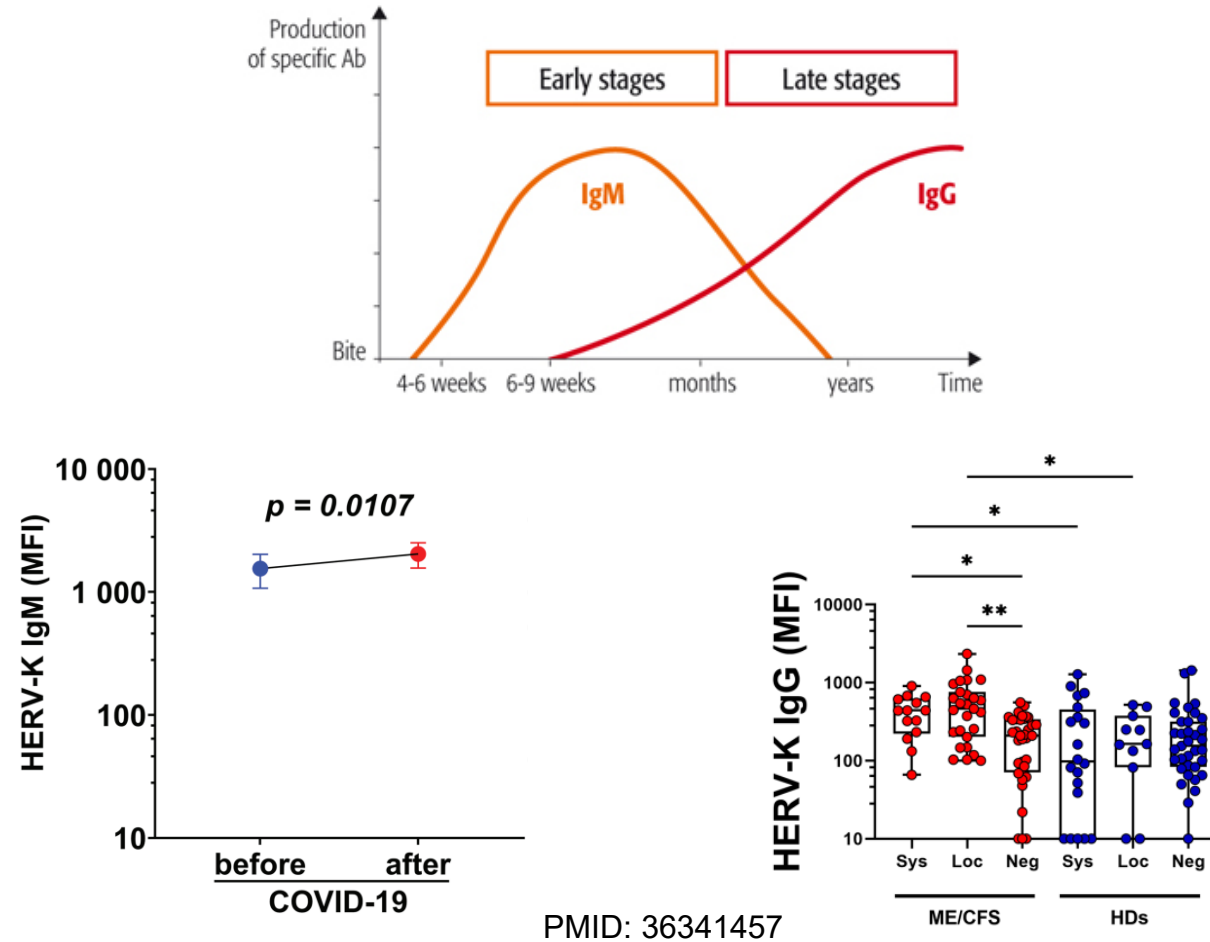
COVID

Long COVID

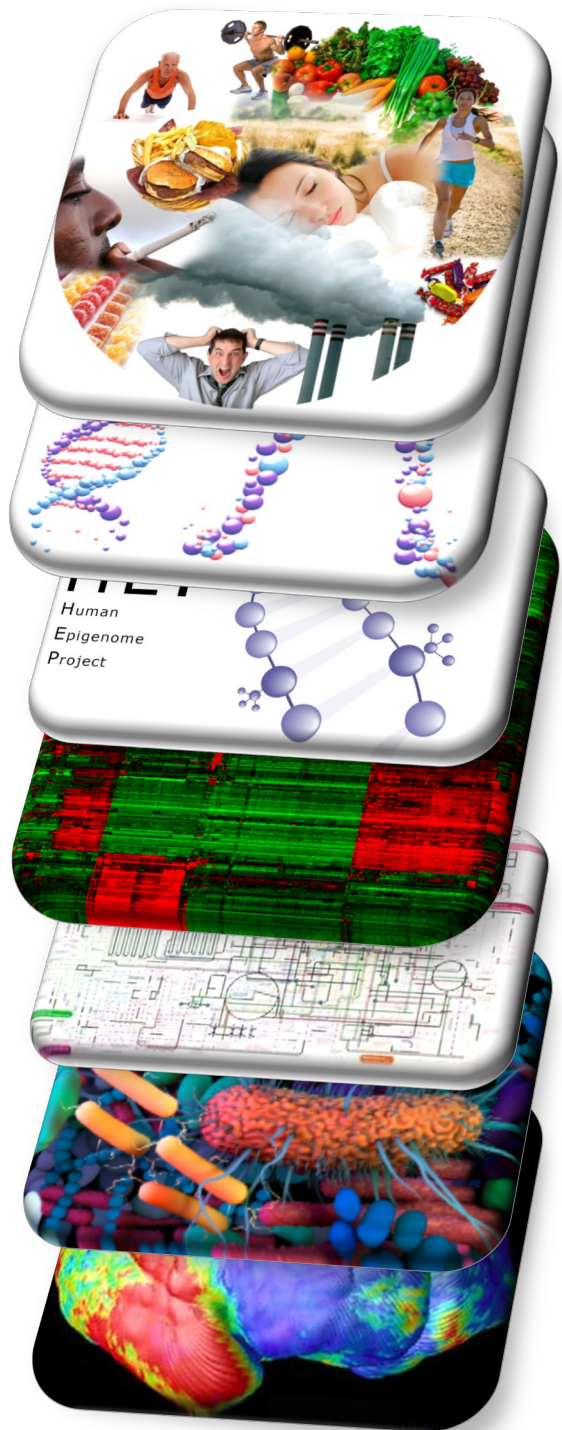
Flu

~~Long Flu~~

# SARS-CoV-2: trigger of ERV reactivation



SARS-CoV-2, even in its mild or asymptomatic form, is a potent trigger for ERV reactivation.



**Exposome  
(virome, etc.)**

**Genome**

**Epigenome**

**Transcriptome**

**Metabolome/Proteome**

**Microbiome**

**Imaging**

Innovative methods



**Causes**

Diagnostic  
biomarkers

Treatment

Approaches  
to prevent

# Acknowledgements

Thanks to patients and care givers

Collaborators

Ronald Davis / Wenzhong Xiao  
(Stanford / Harvard)

Maureen Hanson (Cornell)

Alain Moreau (Université de  
Montréal)

Contact: [dawei.li@ttuhsc.edu](mailto:dawei.li@ttuhsc.edu)

Funding Support



Solve ME/CFS Initiative

