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Dietary saturated fatty acids reduce Interferon-Lambda response of airway epithelial cells to Influenza A Virus

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Obesity affects > 30% of Australian adults and is a rapidly growing health concern, on both national and global scales⁽¹⁾. Obesity is associated with an excess of nutrients in the circulation, particularly saturated fatty acids which are thought to contribute to chronic low grade systemic inflammation⁽²⁾. People with obesity are also known to have an increased risk of severe respiratory viral disease, highlighted by both the recent SARs-CoV-2 pandemic and the 2009 Influenza A H1N1 pandemic^(3,4). Previously, our group has shown that consuming a meal high in saturated fatty acids can increase activation of the NLRP3 inflammasome in the airways of adults with asthma⁽⁵⁾, while others have shown increased NLRP3 activation is implicated in the pathogenesis of severe inflammation observed during the peak of IAV-induced lung disease⁽⁶⁾. We sought to determine the impact of dietary saturated fatty acids on the immune response of airway epithelial cells to Influenza A Virus, and to examine if this is a factor for severe respiratory viral disease outcomes. We pre-treated BCI-NS1 cells, an airway epithelial cell line, with either media or physiologically relevant concentrations of the saturated fatty acids, palmitic acid (250 μ M), stearic acid (1000 μ M) or pentadecanoic acid (50 μ M) for 3 hours at 37°C (5% CO₂). Cells were then washed with phosphate buffered saline and infected with Influenza A (H1N1pdm09) (Multiplicity of Infection 0.5) and incubated for 48 hours at 37°C (5% CO₂). Cell culture supernatants were collected and assayed by Enzyme-Linked Immunosorbent assay for Interleukin (IL)-6 and Interferon (IFN)- λ . Pre-treatment with saturated fatty acids reduced IFN- λ production of virus infected cells (following palmitic acid pre-treatment IFN- λ was 7.9 pg/mL \pm 4.5 (SD); n = 6, p < 0.01, following stearic acid pre-treatment IFN- λ was 10.3 pg/mL \pm 7.7 (SD); n = 6, p < 0.01, and following pentadecanoic acid pre-treatment IFN- λ was 11.3 pg/mL \pm 8.1 (SD); n = 6, p < 0.01, compared to cells pre-treated with media alone (42.7 pg/mL \pm 14.0 (SD); n = 6). IL-6 production was unchanged by pre-treatment with saturated fatty acids prior to H1N1pdm9 infection. As previously mentioned, the excess saturated fatty acids are correlated with chronic low-grade systemic inflammation⁽²⁾. This is thought to be of contribution to the worsened infection-induced outcomes in response to Influenza A. We conclude that dietary saturated fatty acids circulating in people with obesity may impair the anti-viral response of airway epithelial cells and further contribute to severe outcomes in respiratory viral disease experienced by those with obesity.

References

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