

1 **Title:** Potential Effects Immunomodulators on Probiotics in COVID-19 Preventing Infection in the Future. A  
2 Narrative Review

3  
4 **Author names:** Muhammad Luthfi Adnan,<sup>1</sup> Miranti D. Dewi.<sup>2</sup>

5  
6 **Degrees:** 1. Medical Student. 2. Master of Science.

7 **Affiliations:** 1. The Islamic University of Indonesia, Sleman, Indonesia. 2. Department of Physiology, Islamic  
8 University of Indonesia

9  
10 **About the author:** Muhammad Luthfi Adnan is currently a 4th year medical student of Faculty of Medicine,  
11 The Islamic University of Indonesia of a 6-years medical program. His several research studies have been  
12 published at The 7th International Congress on Lipid Metabolism & Atherosclerosis (ICoLA 2018) in Seoul,  
13 South Korea, The Indonesia International (Bio)Medical Students' Congress (INAMSC) 2019 in Jakarta,  
14 Indonesia and The 30th European Student Conference (ESC) 2019 in Berlin, Germany.

15  
16 **Acknowledgment:** None

17  
18 **Financing:** There is no funding from any third party.

19  
20 **Conflict of interest statement by authors:** There is no conflict of interest

21  
22 **Authors Contribution Statement:** Conceptualization: MLA. Methodology: MLA. Software: MLA. Validation:  
23 MLA. Formal Analysis: MLA. Data Curation: MLA. Investigation: MLA. Resources: MLA. Writing – Original  
24 Draft: MLA. Writing – Review & Editing: MLA. Visualization: MLA. Supervision: MDP. Project  
25 Administration: MLA. Funding Acquisition: MLA

26  
27 **Manuscript word count:** 2209 word

28 **Abstract word count:** 156

29 **Number of Figures:** 0

30 **Number of Tables:** 0

31  
32 **Discussion Points.**

- 33 1. Role of the pathogenesis COVID-19
- 34 2. Potential effect from probiotics as immunomodulators
- 35 3. Effect of immunomodulators from probiotics for the prevention of COVID-19

36  
37 **Publisher's Disclosure:** *This is a PDF file of an unedited manuscript that has been accepted for publication.*  
38 *As a service to our readers and authors we are providing this early version of the manuscript. The manuscript*  
39 *will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable*  
40 *form. Please note that during the production process errors may be discovered which could affect the content,*  
41 *and all legal disclaimers that apply to the journal pertain.*

1 **ABSTRACT.**

2 After the outbreak in December 2019, Coronavirus Disease (COVID-19) has become a global health problem  
3 because of its rapid spread throughout the world. To date, there are no effective therapies to treat or prevent  
4 COVID-19 infection. Probiotic bacteria are widely used to prevent gastrointestinal infections by modulating  
5 intestinal microbiota. Therefore, this literature review focuses on the potential possessed by probiotic bacteria  
6 for the prevention of future COVID-19 infections. Information was extracted from PubMed and Google Scholar  
7 using the keywords: "COVID-19", "immunomodulator", "inflammation", and "probiotic" and synthesize in a  
8 narrative review. The results showed that probiotic bacteria have immunomodulatory activity that can increase  
9 immunity against pathogens by regulating the immune system through modulation of intestinal microbiota and  
10 interactions with the lymphatic system in the digestive tract. The ability of the immune system regulation by  
11 probiotic bacteria has the effect of increasing the body's defense mechanisms against pathogens that infect  
12 the respiratory tract. However, further evidence is still needed regarding the effect of probiotic  
13 immunomodulators in combating future COVID-19 infections.

14

15 **Key Words:** COVID-19 virus infection, Immune system, Inflammation, Probiotics, Review Literature as Topic.

Accepted, in-progress

## 1 Introduction

2 Since its appearance in December 2019 in Wuhan, China, Coronavirus Disease (COVID-19) has become a  
3 worldwide pandemic by infecting more than 43,000 people in 28 countries as February 11, 2020 and  
4 becoming a health problem in many countries. The severe acute respiratory syndrome coronavirus 2 (SARS-  
5 CoV-2) causes COVID-19 and can be transmitted through patient droplets or direct contact with COVID-19  
6 patients.<sup>1</sup> The SARS-CoV-2 virus is a type of virus of the genus  $\beta$ -coronavirus that is enveloped in a non-  
7 segmented positive-sense RNA virus. The SARS-CoV-2 virus has the same genus as SARS-CoV and the  
8 middle east respiratory syndrome coronavirus (MERS-CoV) which can cause deadly respiratory infections.<sup>2</sup>

9  
10 Symptoms of COVID-19 patients include symptoms similar to influenza infections such as fever, coughing,  
11 muscle aches and dyspnea. Treatment for COVID-19 patients is still limited to giving symptomatic therapy to  
12 patients. Providing care to patients is done to prevent complications that arise. The most common  
13 complications arise are acute respiratory distress syndrome (ARDS), anemia, acute heart injury and  
14 secondary infection. Some of the treatments that are often used include the use of invasive mechanical  
15 ventilation, systemic corticosteroids and antiviral therapy. However, some of the uses of the treatment are still  
16 unclear as to their effectiveness and there are no effective drugs for treating COVID-19.<sup>3</sup>

17  
18 Treatment through immune system modulation attracts much attention because it initiates the body's  
19 response to fight viral infections. The use of many immunomodulating agents was developed to initiate the  
20 body's immune system against infection and reduce the risk of damage to the host due to the activity of the  
21 immune response from proinflammatory cytokines. With research on vaccines to prevent COVID-19 still in  
22 development stages, the use of immunomodulators in modulating the immune system is useful for pathology  
23 due to viral infections.<sup>4</sup>

24  
25 Recent studies have shown the immunomodulatory effects of probiotic bacteria. Probiotics are defined as  
26 being "living microorganisms which, when consumed in sufficient quantities, provide health benefits to the  
27 host." Probiotics are widely used in the fermented food processing industry such as cheese, yoghurt or as  
28 supplements. Probiotic activity in influencing the immune system by regulation of T cells, type 3 innate  
29 lymphoid cells and helper 17 T cells through metabolites produced by probiotics or through interactions with  
30 the intestinal mucosal immune system.<sup>5</sup>

31  
32 The purpose of this review literature is to discuss the immunomodulatory effects and the potential of probiotics  
33 to prevent COVID-19 infection.

## 35 METHODS

### 36 Literature Search Strategy

37 A comprehensive electronic literature search was carried out using search tools from Medline (PubMed) and  
38 Google Scholar to identify relevant publications regarding COVID-19, immunomodulators, and probiotics.  
39 Database parameters performed using keywords include "COVID-19", "immunomodulator", "inflammation",  
40 and "probiotic". The literature used is full-text written in English and published in the last 10 years. The

1 literature used consists of keywords that include "COVID-19", "immunomodulator", "inflammation", and  
2 "probiotic".

### 4 **Eligibility Criteria**

5 Excluded articles did not have a full-text publication or were not written in English. Inclusion criteria  
6 parameters include full-text in English, published less than 10 years ago, articles have the keywords "COVID-  
7 19", "immunomodulator", "inflammation", and "probiotic", articles studying COVID-19, probiotics, probiotic  
8 activity as an immunomodulator, and probiotic immunomodulatory activity in the respiratory tract.

## 10 **RESULTS AND DISCUSSION**

### 11 **Pathogenesis of COVID-19**

12 The SARS-CoV-2 virus, the cause of COVID-19, has the same genome as the SARS virus that targets  
13 angiotensin-converting enzyme 2 (ACE2) cells as receptor cells in host targeting. The virus has an incubation  
14 period of 2-14 days during which the virus is transmitted. Targeting of the virus is contained in the lung organs  
15 which causes symptoms that are similar to pneumonia with characteristic changes in lung opacity through CT  
16 imaging. Other symptoms of COVID-19 that are similar to pneumonia include fever, cough, shortness of  
17 breath and sore throat.<sup>6</sup> Some symptoms found in COVID-19 patients with gastrointestinal symptoms such as  
18 diarrhea, nausea and vomiting due to ACE2 receptors are also found in intestinal epithelial cells. The finding  
19 of SARS-CoV-2 nucleic acid in a patient's stool reveals a potential route for viral infection through feces.<sup>7</sup>

21 COVID-19 also impacts the body's immune system during the period of the disease. During the COVID-19  
22 infection stage, an increase in neutrophil-lymphocyte-ratio (NLR) and T lymphopenia is found especially in the  
23 decrease of CD4 + T cells in patients with COVID-19. NLR, which is a systemic infection biomarker, was also  
24 found as part of a proinflammatory cytokine storm (TNF- $\alpha$ , IL-1, IL-6) and chemokine (IL-8) which correlated  
25 with the severity of COVID-19 patients. The cytopathic effect of proinflammatory cytokine activity results in  
26 excessive inflammation which is at risk of causing death.<sup>8</sup>

28 The emergence of cytokine storms caused as a response to immunity to the virus results in the disruption of  
29 immune homeostasis and self-tolerance through interference with regulator T cells that play a role in the  
30 control of specific autoimmunity and tissue.<sup>8</sup> Uncontrolled cytokine storm activity in the immune system's  
31 reaction to a viral infection affects the process of remodeling the airway tissue which risks increasing the  
32 severity of the patient causing a risk of death.<sup>9,10</sup>

### 34 **Potential Health Effects of Probiotics**

35 Probiotics are a type of bacteria that can provide health benefits for the host. Some of the characteristics  
36 possessed by probiotic bacteria include the ability to survive in the gastrointestinal tract and multiply in the  
37 intestine, have benefits for the host through growth in the host body, are non-pathogenic or toxic, protect from  
38 pathogens (i.e., bacteria, virus or fungi), and less resistant to antibiotic transfer. Probiotic bacteria that have  
39 different strains, even though genus and species have similarities, can provide different benefits to the health  
40 of the host.<sup>11</sup>

1 Probiotic bacteria from the genus *Lactobacillus* and *Bifidobacterium* are widely used, they are known as  
2 probiotic lactic acid bacteria (LAB). Probiotics work by binding to the intestinal mucosa and producing  
3 antimicrobial compounds, increasing the defense function of the intestinal barrier, and modulating immunity  
4 against intestinal pathogen infections. Probiotics have an important role to play in fighting intestinal infections,  
5 diarrhea, antibiotic-related diarrhea, prevention of colorectal cancer, and treatment agents for gastroenteritis  
6 infections caused by various pathogens such as *Escherichia coli*, *Bacillus*, *Salmonella*, *Shigella*, *Vibrio*  
7 *cholera*, *Klebsiella* and *Pseudomonas*.<sup>12</sup>

8  
9 *Lactobacillus* and *Bifidobacterium* bacteria which are probiotic bacteria that are widely used have the structure  
10 of lipoteichoic acid (LTA), surface layer associated proteins (SLAPs) and mucin binding proteins (Mubs) that  
11 bind to glycocalyx in the intestinal epithelial layer. Glycocalyx contains glycolipids and glycoproteins that  
12 interact with the structure layers of LTA, SLAPs and Mubs from probiotic bacteria. The composition between  
13 the structure of probiotic bacteria and intestinal mucosa has hydrophobic and adhesion properties that can  
14 synthesize the extracellular matrix components of fibronectin, collagen, and laminin.<sup>13,14</sup>

15  
16 Through the mechanism of adhesion on the surface of the intestinal epithelium, probiotic bacteria exerts an  
17 increased effect on the integrity of the intestinal barrier and results in maintenance of immune tolerance,  
18 decreases the translocation of pathogenic bacteria across the intestinal mucosa, and prevents phenotypic  
19 changes due to diseases such as gastrointestinal infections, irritable bowel syndrome (IBS) and inflammatory  
20 bowel disease (IBD).<sup>15</sup> The immune tolerance response from the interaction between the intestinal mucosa  
21 and the probiotic bacteria induces a balance in the microflora in the intestinal environment.<sup>16</sup>

22  
23 In probiotic bacteria, there is the ability of antitoxin to produce a serine protease and phosphatase so that it  
24 degrades toxins from *E. coli* and *C. difficile* as well as the ability to intervene pathogens in the gastrointestinal  
25 tract by destroying tight junction between pathogenic bacteria with epithelium and viruses with enterocytes.  
26 Probiotic bacteria also can interact with other microbiota in the intestinal environment and can rehabilitate  
27 intestinal microbiota balance in diarrheal infection conditions.<sup>17</sup>

28  
29 Besides being widely used because the activity of probiotic bacteria prevents disturbances in the digestive  
30 tract, the ability of fermentation in probiotic bacteria has an effect on the body's metabolism by managing the  
31 diet of food consumed. Microbiota dysbiosis correlates with the onset of blood pressure and lipid intake from  
32 food that enters the body's circulation. Disorders caused by intestinal microbiota dysbiosis correlate with the  
33 onset of hypertension, obesity, and metabolic syndrome. With the interaction activity between intestinal  
34 microbiota, probiotic bacteria have potential as antihypertensive, cholesterol-lowering and anti-cholesterol  
35 levels in metabolic syndrome.<sup>18,19</sup>

### 36 37 **Probiotic Immunomodulatory Activity**

38 Probiotic bacteria have immunobiotic functions, namely probiotic bacteria which are prepared to balance the  
39 immune system through the synthesis of both anti-inflammatory cytokines such as interleukin-10 (IL-10) and  
40 proinflammatory cytokines such as interleukin-6 (IL-6), and balance the immune response of Th1 / Th2

1 through antigen presenting cell (APC) of patch peyers.<sup>20,21</sup> The ability to initiate immune system modulation  
2 from probiotics can minimize epithelial injury resulting from the inflammatory response.<sup>22</sup>

3  
4 The immunobiotic ability of Lactobacillus and Bifidobacterium bacteria through the production of lactic acid  
5 can modulate the immune response in the intestinal mucosa by interacting with Toll-like Receptor 2 (TLR2).<sup>21</sup>  
6 Probiotic interactions in the intestinal environment induce a Th1 immune response that results in the  
7 production of interferon cytokines (IFN) - $\beta$  and activate the bactericidal activity of macrophages.<sup>23</sup> The host of  
8 intestinal probiotic interactions will trigger lymphatic maturation, epithelial repair through endotoxin signaling  
9 and promote intestinal microbial mucosal tolerance.<sup>24</sup>

10  
11 The ability of probiotic bacteria that can modulate the body's immune system through activation of natural  
12 killer cells, dendritic cells, intraepithelial lymphocyte cells and macrophages that have an important role in the  
13 innate immune system. Probiotic bacteria work by binding to aryl hydrocarbon receptors and activating  
14 macrophages and dendritic cells so that there will be a stimulus to release TNF- $\alpha$  proinflammatory cytokines  
15 from epithelial cells and enhance the immune system in the fight against pathogenic invasion. Research  
16 conducted by Villena et al (2014) shows the defense mechanism of intestinal cells through the administration  
17 of probiotic bacteria through immunoregulators with the production of proinflammatory cytokines such as IL-6  
18 and TNF- $\alpha$  in response to pathogens and the production of anti-inflammatory cytokines IL-10.<sup>21</sup>

19  
20 Besides their immunomodulator role in the innate immune system, probiotics also have anti-inflammatory  
21 potential through bioactive peptide compounds. The compounds produced from these probiotic bacteria can  
22 restore intestinal permeabilities. Also, the probiotic activity suppresses the activity of Th2 cells to produce IgE,  
23 interleukin-4 (IL-4) and IL-13 preventing asthma and allergic reactions.<sup>25,26</sup> Also, anti-inflammatory activity in  
24 the lungs plays a role in decreasing lung inflammation such as decreasing levels of proinflammatory cytokines  
25 and C-reactive protein (CRP).<sup>27</sup>

26  
27 Probiotic bacteria produce metabolites in the form of short-chain fatty acids (SCFA) consisting of acetate,  
28 propionate, and butyrate which are widely present in the colon epithelium; parts of the butyrate are used as  
29 energy by the colonocytes while the rest of the other SCFA is absorbed into the portal circulation through the  
30 intestine.<sup>28</sup> The SCFA metabolite binds specifically to the G-protein-coupled receptor 43 / free fatty acid  
31 receptor 2 (GPR43 / FFAR2), GPR41 / FFAR3 and GPR109A, interactions on these receptors result in the  
32 development of macrophages and increase the differentiation of dendritic cell precursors that can migrate to  
33 the lungs lung and change the regulator T cells with Th2 cells.<sup>29</sup>

34  
35 Interaction between the intestinal relationship with the lungs is mediated by the lymphatic system through the  
36 TLR4 dependency mechanism and produces IgA associated with gut-associated lymphoid tissue (GALT).  
37 These probiotic bacteria will induce regulatory T cells and initiate cell T helper 17 (Th17) production and Th1  
38 immune memory response. Circulation of the lymphatic system from the intestinal axis - the lungs move Th17  
39 cells from the intestinal mucosa to the bronchial epithelial mucosa in the lymph nodes in the airways. The  
40 effect, besides suppressing the activity of pathogens that attack the respiratory system, the activity of probiotic

1 interactions in the intestine with the airways prevents damage to the airway tissue by controlling the defense  
2 of the host immune system in the lungs.<sup>30</sup>

### 4 **Immunomodulatory Effect from Probiotic Against Covid-19**

5 COVID-19 infection that attacks the lung tissue activates inflammation in the airways. The results from the  
6 serum sampling of COVID-19 patients has showed an increase in the number of proinflammatory cytokines  
7 such as IL-1B, IL-6, IL-15, IL-15, IL-17 IFN- $\gamma$  and TNF- $\alpha$  which led to the emergence of cytokine storms and  
8 correlated with the severity of the disease.<sup>31</sup> The emergence of cytokine storms results in pulmonary fibrosis  
9 and damage to respiratory organs.<sup>32</sup> The inflammatory stimulus-response is due to the activation of the Th1  
10 cell response.<sup>33</sup>

11  
12 The potential effect of probiotics in influencing the activity of cytokine storms due to COVID-19 infection can  
13 be through interactions in the gut microbiota with the immune system. Disruption to the intestinal microbiota  
14 environment results in an imbalance of Th1 / Th2 cells, which results in the production of proinflammatory  
15 cytokine storms in the lungs. Through modulation of intestinal microbiota, there is a shift in the balance  
16 between Th1 / Th2 cells which reduces the inflammatory response in the respiratory tract and reduces the  
17 severity of the disease.<sup>34</sup>

18  
19 The activity of modulating intestinal microbiota through the administration of probiotic bacteria has an impact  
20 on controlling the lung's immune system response to viral infections. Probiotic bacteria can reduce the  
21 excessive inflammatory response in the face of viral infections by influencing T cells to produce IFN- $\gamma$ .<sup>35</sup> The  
22 activity of probiotic bacteria in regulating the immune system is carried out through interactions with regulatory  
23 T cells in Peyer's patches on the intestinal surface thereby preventing excessive cytokine storm activity in  
24 fighting viral infections.<sup>36</sup>

25  
26 In addition to stimulating the regulation of Th1 / Th2 cell balance, the activity of probiotic bacteria can initiate a  
27 defense system in the airway mucosa.<sup>37</sup> As a result of the response of proinflammatory cytokines in the  
28 airway mucosal epithelium, airway remodeling activity arises which is initiated by matrix metalloprotease-9  
29 (MMP-9) causing narrowing of the airways. Airway remodeling arising from pro-inflammatory cytokines  
30 increases persistent breathing difficulties and worsens the patient's condition.<sup>38</sup> Prevention of airway  
31 remodeling due to viral infection makes therapeutic targets for probiotic bacteria to prevent worsening the  
32 condition of patients in COVID-19.<sup>39,40</sup>

### 34 **Conclusion**

35 With the development of therapies and vaccines for the prevention of COVID-19 infection which are still long  
36 to be given to humans, the immunomodulatory effects of probiotic bacteria have the potential for the  
37 prevention of COVID-19 infections. The ability of probiotic bacteria to regulate the immune system through  
38 modulation of the gut microbiota can increase immunity in fighting COVID-19 infection and reduce the risk of  
39 secondary bacterial infection due to prolonged antibiotic exposure in several experimental COVID-19  
40 treatment. The findings from previous studies still need further research on a broader subject to ensure the

1 safety of therapy, so that the immunomodulatory potential of the probiotic bacteria can be maximized in the  
2 fight against COVID-19 infection in the future.

3

Accepted, in-press



1 **REFERENCES.**

- 2 1. Lai CC, Shih TP, Ko WC, Tang HJ, Hsueh PR. Severe acute respiratory syndrome coronavirus 2  
3 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. *Int J*  
4 *Antimicrob Agents*. 2020 Mar;55(3):105924.
- 5 2. Guo Y-R, Cao Q-D, Hong Z-S, et al. The origin, transmission and clinical therapies on coronavirus  
6 disease 2019 (COVID-19) outbreak – an update on the status. *Mil Med Res*. 2020 Mar;7(1):1-10.
- 7 3. Sun P, Lu X, Xu C, Sun W, Pan B. Understanding of COVID-19 based on current evidence. *J Med*  
8 *Viro*. 2020 Feb:0-1.
- 9 4. Malemud CJ. Immunomodulators in Autoimmunity and Viral Infections. *J Clin Cell Immunol*. 2018  
10 Jan;09(01).
- 11 5. Kanauchi O, Andoh A, AbuBakar S, Yamamoto N. Probiotics and Paraprobiotics in Viral Infection:  
12 Clinical Application and Effects on the Innate and Acquired Immune Systems. *Curr Pharm Des*.  
13 2018;24:710-717.
- 14 6. Prompetchara E, Ketloy C, Palaga T. Immune responses in COVID-19 and potential vaccines:  
15 Lessons learned from SARS and MERS epidemic. *Asian Pacific J allergy Immunol*. 2020 Mar;38(1):1-  
16 9.
- 17 7. Jin X, Lian JS, Hu JH, et al. Epidemiological, clinical and virological characteristics of 74 cases of  
18 coronavirus-infected disease 2019 (COVID-19) with gastrointestinal symptoms. *Gut*. 2020:1-8.
- 19 8. Qin C, Zhou L, Hu Z, et al. Dysregulation of immune response in patients with COVID-19 in Wuhan,  
20 China. *Clin Infect Dis*. 2020 Mar.
- 21 9. Mahallawi WH, Khabour OF, Zhang Q, Makhdoum HM, Suliman BA. MERS-CoV infection in humans  
22 is associated with a pro-inflammatory Th1 and Th17 cytokine profile. *Cytokine*. 2018 Jan;104:8-13.
- 23 10. Raoult D, Zumla A, Locatelli F, Ippolito G, Kroemer G. Coronavirus infections: Epidemiological, clinical  
24 and immunological features and hypotheses. *Cell Stress*. 2020 Mar;4(4):66-75.
- 25 11. Lehtoranta L, Pitkäranta A, Korpela R. Probiotics in respiratory virus infections. *Eur J Clin Microbiol*  
26 *Infect Dis*. 2014 Aug;33(8):1289-1302.
- 27 12. Mohanty D, Ray P. Evaluation of probiotic and antimicrobial properties of lactobacillus strains isolated  
28 from dairy products. *Int J Pharm Sci*. 2016 Oct;8(11):230-234.
- 29 13. Monteagudo-Mera A, Rastall RA, Gibson GR, Charalampopoulos D, Chatzifragkou A. Adhesion  
30 mechanisms mediated by probiotics and prebiotics and their potential impact on human health. *Appl*  
31 *Microbiol Biotechnol*. 2019 Aug;103(16):6463-6472.
- 32 14. Garcia-Gonzalez N, Prete R, Battista N, Corsetti A. Adhesion properties of food-associated  
33 lactobacillus plantarum strains on human intestinal. *Front Microbiol*. 2018 Oct;9:1-11.
- 34 15. Hemarajata P, Versalovic J. Effects of probiotics on gut microbiota: Mechanisms of intestinal  
35 immunomodulation and neuromodulation. *Therap Adv Gastroenterol*. 2013 Jan;6(1):39-51.
- 36 16. Zhang C xing, Wang H yu, Chen T xin. Interactions between Intestinal Microflora/Probiotics and the  
37 Immune System. *Biomed Res Int*. 2019 Nov;2019.
- 38 17. McFarland L V. Systematic review and meta-analysis of saccharomyces boulardii in adult patients.  
39 *World J Gastroenterol*. 2010 May;16(18):2202-2222.
- 40 18. Arora T, Singh S, Sharma RK. Probiotics: Interaction with gut microbiome and antiobesity potential.  
41 *Nutrition*. 2013 Apr;29(4):591-596.

- 1 19. Bellikci-Koyu E, Sarer-Yurekli BP, Akyon Y, et al. Effects of regular kefir consumption on gut  
2 microbiota in patients with metabolic syndrome: A parallel-group, randomized, controlled study.  
3 *Nutrients*. 2019 Sep;11(9):1-23.
- 4 20. Lazarenko LM, Babenko LP, Bubnov R V, Demchenko OM, Zotsenko VM, Boyko N V. Immunobiotics  
5 are the novel biotech drugs with antibacterial and immunomodulatory properties. *Mikrobiol Zh*.  
6 2017;7(1):66-75.
- 7 21. Villena J, Chiba E, Vizoso-Pinto MG, et al. Immunobiotic *Lactobacillus rhamnosus* strains differentially  
8 modulate antiviral immune response in porcine intestinal epithelial and antigen presenting cells. *BMC*  
9 *Microbiol*. 2014 May;14(1):1-14.
- 10 22. Tada A, Zelaya H, Clua P, et al. Immunobiotic *Lactobacillus* strains reduce small intestinal injury  
11 induced by intraepithelial lymphocytes after Toll-like receptor 3 activation. *Inflamm Res*. 2016  
12 Oct;65(10):771-783.
- 13 23. Zhang H, Yeh C, Jin Z, et al. Prospective study of probiotic supplementation results in immune  
14 stimulation and improvement of upper respiratory infection rate. *Synth Syst Biotechnol*. 2018  
15 Jun;3(2):113-120.
- 16 24. Dickson RP, Erb-Downward JR, Huffnagle GB. The role of the bacterial microbiome in lung disease.  
17 *Expert Rev Respir Med*. 2013 Jun;7(3):245-257.
- 18 25. Rosa DD, Dias MMS, Grześkowiak ŁM, Reis SA, Conceição LL, Peluzio MDCG. Milk kefir: Nutritional,  
19 microbiological and health benefits. *Nutr Res Rev*. 2017 Jun;30(1):82-96.
- 20 26. Oeser K, Maxeiner J, Symowski C, Stassen M, Voehringer D. T cells are the critical source of IL-4/IL-  
21 13 in a mouse model of allergic asthma. *Allergy Eur J Allergy Clin Immunol*. 2015 Nov;70(11):1440-  
22 1449.
- 23 27. Li B, Zheng J, Zhang X, Hong S. Probiotic *Lactobacillus casei* Shirota improves efficacy of amoxicillin-  
24 sulbactam against childhood fast breathing pneumonia in a randomized placebo-controlled double  
25 blind clinical study. *J Clin Biochem Nutr*. 2018 Nov;63(3):233-237.
- 26 28. Natarajan N, Pluznick JL. From microbe to man: The role of microbial short chain fatty acid metabolites  
27 in host cell biology. *Am J Physiol - Cell Physiol*. 2014 Dec;307(11):C979-C985.
- 28 29. Shukla SD, Budden KF, Neal R, Hansbro PM. Microbiome effects on immunity, health and disease in  
29 the lung. *Clin Transl Immunol*. 2017 Mar;6(3):e133-12.
- 30 30. He Y, Wen Q, Yao F, Xu D, Huang Y, Wang J. Gut–lung axis: The microbial contributions and clinical  
31 implications. *Crit Rev Microbiol*. 2017 Feb;43(1):81-95.
- 32 31. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in  
33 Wuhan, China. *Lancet*. 2020 Jan;395(10223):497-506.
- 34 32. Tisoncik JR, Korth MJ, Simmons CP, Farrar J, Martin TR, Katze MG. Into the Eye of the Cytokine  
35 Storm. *Microbiol Mol Biol Rev*. 2012 Mar;76(1):16-32.
- 36 33. Raphael I, Nalawade S, Eagar TN, Forsthuber TG. T cell subsets and their signature cytokines in  
37 autoimmune and inflammatory diseases. *Cytokine*. 2015 Jul;74(1):5-17.
- 38 34. Qian LJ, Kang SM, Xie JL, et al. Early-life gut microbial colonization shapes Th1/Th2 balance in  
39 asthma model in BALB/c mice. *BMC Microbiol*. 2017 Jun;17(1):1-8.
- 40 35. Grayson MH, Camarda LE, Hussain SRA, et al. Intestinal microbiota disruption reduces regulatory T  
41 cells and increases respiratory viral infection mortality through increased IFN $\gamma$  production. *Front*

- 1            *Immunol.* 2018 Jul;9(JUL):7-9.
- 2    36.    Mortaz E, Adcock IM, Folkerts G, Barnes PJ, Paul Vos A, Garssen J. Probiotics in the management of  
3            lung diseases. *Mediators Inflamm.* 2013 May;2013.
- 4    37.    Varelle-Delarbre M, Miquel S, Garcin S, et al. Immunomodulatory effects of lactobacillus plantarum on  
5            inflammatory response induced by klebsiella pneumoniae. *Infect Immun.* 2019 Oct;87(11).
- 6    38.    Wu CT, Chen PJ, Lee YT, Ko JL, Lue KH. Effects of immunomodulatory supplementation with  
7            Lactobacillus rhamnosus on airway inflammation in a mouse asthma model. *J Microbiol Immunol*  
8            *Infect.* 2016 Oct;49(5):625-635.
- 9    39.    Kuo C, Lim S, King NJC, et al. Rhinovirus infection induces expression of airway remodelling factors in  
10            vitro and in vivo. *Respirology.* 2011 Feb;16(2):367-377.
- 11    40.    Azad MAK, Sarker M, Wan D. Immunomodulatory Effects of Probiotics on Cytokine Profiles. *Biomed*  
12            *Res Int.* 2018 Oct;2018.

Accepted, in-press