

Modulation of humoral immunity by $\gamma\delta$ T cells: a potential adjuvant strategy for vaccination

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Abstract

Vaccination is arguably the most effective intervention in reducing the impact of infectious diseases. However, many vaccines provide only partial or transient protection, prompting the need for more effective solutions based on our growing understanding of the pivotal role of CD4⁺ T follicular helper (Tfh) cells in humoral immunity and how they interact with B cells. Here we review how $\gamma\delta$ T cells can boost antibody responses via crosstalk with both Tfh and B cells, which could lead to new adjuvant strategies to improve vaccination efficacy, achieve long-lasting protective immunity and prevent major infectious diseases of global importance.

Keywords

- $\gamma\delta$ T cells
- T follicular helper cells
- B cells
- Broadly neutralising antibodies
- Humoral immunity
- Vaccines
- Adjuvant
- Tuberculosis
- Malaria
- HIV

Abbreviations

	ADCC	Antibody-dependent cellular cytotoxicity
	APC	Antigen presenting cell
75	Ascl2	Achaete-scute complex homolog 2
	BCG	Bacille Calmette-Guérin
	BCL6	B-cell lymphoma 6
	BCR	B cell receptor
	Blimp-1	B lymphocyte induced maturation protein 1
80	bnAbs	Broadly neutralising antibodies
	BTN	Butyrophilin
	CMV	Cytomegalovirus
	COVID-19	Coronavirus disease 2019
	cTfh	circulating follicular T helper
85	CXCL	CXC chemokine ligand
	CXCR	CXC chemokine receptor
	DC	Dendritic cell
	FOXP3	Forkhead box P3
	GC	Germinal centre
90	HIV	Human immunodeficiency virus
	HMB-PP	(E)-4-Hydroxy-3-methyl-but-2-enyl pyrophosphate
	ICOS	Inducible T cell costimulator (CD278)
	ICOSL	Inducible T cell costimulator ligand (CD275)
	MCMV	Murine cytomegalovirus
95	Mtb	<i>Mycobacterium tuberculosis</i>
	PD-1	Programmed cell death protein 1 (CD279)
	SAP	Signalling lymphocytic activation molecule-associated protein
	SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
	SHIV	Simian-human immunodeficiency virus
100	SIV	Simian immunodeficiency virus
	TCR	T cell receptor
	TB	Tuberculosis
	Tfh	T follicular helper
	Tfr	T follicular regulatory
105	Tox2	Thymocyte selection-associated high mobility group box protein 2
	Treg	T regulatory

1. Introduction

Vaccination remains one of the most impactful medical interventions in history, significantly contributing to the reduction in mortality, morbidity and prevalence of some of the most detrimental human diseases (Li et al., 2021). Effective and safe vaccines have played a crucial role in combatting severe childhood infections such as measles, meningitis and diphtheria, have helped controlling the coronavirus disease 2019 (COVID-19) pandemic, and offer partial protection against seasonal influenza to the most vulnerable members of society (Emery et al., 2025). The global eradication of smallpox and the near-eradication of polio illustrate the remarkable success of worldwide immunisation efforts. In some cases, where no targeted treatment exists, such as polio and measles, vaccination and social distancing are in fact the only public health measures to prevent the spread of infection. However, despite impressive scientific and medical progress over the past decades, not all vaccines can completely prevent disease transmission, and for some priority pathogens there are still no effective vaccines available. Some of the major global health threats that fall foul of this issue include tuberculosis (TB), malaria and influenza, where existing vaccines at best provide only partial protection, and those which have no licensed vaccine at all, such as human immunodeficiency virus (HIV) (Boomgarden & Upadhyay, 2025).

Whilst many vaccines preferentially elicit either cytotoxic or antibody-mediated immune responses, innovative attempts at exploiting the complementary action of T cells and B cells and their mutual crosstalk are needed to optimise vaccine efficacy. In this chapter, we review the status of vaccines against major diseases of global relevance and explore how humoral immunity could be leveraged to provide better protection, above all through an improved understanding of the pivotal role of CD4⁺ T

follicular helper (Tfh) cells. Although Tfh cells are now recognised as key players in supporting B cell responses and determining the production of effective antibodies in secondary lymphoid tissues, the molecular mechanisms driving the activation and differentiation of Tfh cells remain incompletely understood (Vinuesa et al., 2016; Crotty, 2019). This is especially true with regard to how Tfh cells are generated during acute infections *in vivo*, and how Tfh cells can be specifically targeted using new vaccination approaches. Of note, other types of T cells have also been found to possess Tfh-like qualities including CD8⁺ T cells (Yu & Ye, 2018) and $\gamma\delta$ T cells (Tyler et al., 2015), suggesting a potential synergy between *bona fide* Tfh cells and other follicular T cells in regulating antibody responses during infections.

$\gamma\delta$ T cells are unconventional T cells which have been implicated in multiple infectious and non-infectious contexts, often straddling innate and adaptive immunity (Vantourout & Hayday, 2013; Vermijlen et al., 2018). This is particularly true for human $\gamma\delta$ T cells carrying a V γ 9/V δ 2 T cell receptor (TCR) and harbouring a unique responsiveness towards the microbial metabolite (*E*)-4-hydroxy-3-methyl-but-2-enyl pyrophosphate (HMB-PP) (Eberl et al., 2003; Yuan et al., 2023). Being the most prominent $\gamma\delta$ T cell population in human blood, V γ 9/V δ 2 T cells display pro-inflammatory and cytolytic activities but also the ability to assume functions associated with Tfh cells and professional antigen presenting cells (APCs), and are thereby capable of influencing the differentiation of B cells and CD4⁺ T cells into antigen-specific effector cells (Tyler et al., 2015). The present review seeks to summarise our current understanding of the role of $\gamma\delta$ T cells in infection, with a focus on their involvement in humoral responses. After providing a comprehensive overview of cutting-edge investigations in cell culture, human patients and animal models, we explore how specific targeting of $\gamma\delta$ T cells and their downstream effect on Tfh cells

could be exploited for innovative adjuvant approaches aimed at improving vaccination outcomes across a number of infectious diseases.

2. The humoral immune response

2.1. B cells

160 B cells are lymphocytes which originate in the bone marrow and are key to the humoral arm of adaptive immunity, producing antibodies against pathogens, allergens and self-proteins. They are also part of a subset of cells known as professional APCs, such as dendritic cells (DCs) and macrophages, which specialise in presenting antigen to naïve T cells ([Rastogi et al., 2022](#)). B cells require the presence of their cognate
165 antigen to become activated, predominantly in secondary lymphoid tissues ([Batista & Harwood, 2009](#)), and migrate to the follicles towards the B cell attracting chemokine CXCL13 ([Legler et al., 1998](#)). If a B cell does not encounter its cognate antigen it will leave the follicle, re-enter the blood stream and migrate to other lymphoid tissues to continue surveillance ([Cyster & Allen, 2019](#)). Upon recognition of antigen by the B cell
170 receptor (BCR), B cells will internalise the BCR together with the bound antigen, leading to breakdown of the antigen and subsequent display of peptides on MHC II molecules on the surface of the B cell, ready for display to CD4⁺ T cells ([McShane & Malinova, 2022](#)). B cells subsequently follow either an extrafollicular or GC differentiation pathway. The extrafollicular response involves differentiation into short-
175 lived plasmablasts or short-lived memory B cells. GC B cells which receive ‘help’ from specialised CD4⁺ T cells, known as Tfh cells, proliferate and differentiate into long-

lived plasmablasts or long-lived memory B cells through the GC reaction ([Crotty, 2015](#)).

Each B cell clone produces a single immunoglobulin isotype, specific for a given
180 epitope, functions of which include direct neutralisation of pathogens, opsonisation of
targets for destruction via the complement system, activation of antibody-dependent
cellular cytotoxicity (ADCC), and antibody-dependent phagocytosis ([Forthal, 2014](#)).
Naïve B cells will produce IgM and IgD antibodies and require antigenic stimulation as
well as T cell help to undergo isotype switching to IgG, IgE and IgA isotypes, all of
185 which display specific functions ([Stavnezer et al., 2008](#)). B cells also undergo somatic
hypermutation leading to affinity maturation in response to T cell help, a process of
acquiring random mutations in the genomic DNA encoding the antibodies. This
process may either cause the loss of antigen recognition and eventually lead to
apoptosis of the B cell, or improved recognition, thereby increasing survival and
190 proliferation of the B cell and contributing to highly specific antibody production
([Nothelfer et al., 2015](#)).

In addition to the antibody-secreting function of B cells in response to an ongoing
infection, an important mechanism of protection against infection is that of long-lasting
B cell memory derived from differentiating GC B cells after additional antigen
195 stimulation and T cell help ([Akkaya et al., 2020](#)). It is these cells that recall the initial
infection (or vaccination), mounting an accelerated and antigen-specific immune
response to rapidly clear infections by pathogens carrying the exact same epitopes as
the original strain encountered. Memory B cells can persist for many years and, in
some cases, provide life-long protection.

200 **2.2. T follicular helper cells**

The principle of T cell help to B cells is a crucial aspect of the development of immunological memory. Tfh cells were initially discovered in human tonsils, secondary lymphoid organs with an abundance of active germinal centres (GCs). The Tfh population was initially defined as CD4⁺ αβ T cells expressing the chemokine receptor CXCR5, which binds CXCL13 ([Breitfeld et al., 2000](#); [Schaerli et al., 2000](#)). B-cell lymphoma 6 (Bcl6) was later recognised to be the master transcription factor regulating the development of Tfh cells ([Chtanova et al., 2004](#)), which is counteracted by B lymphocyte induced maturation protein 1 (Blimp-1) ([Johnston et al., 2009](#)). More recently, a role for thymocyte selection-associated high mobility group box protein 2 (Tox2) in driving Bcl6 expression and in generating and maintaining Tfh cells was described ([Xu et al., 2019](#); [Horiuchi et al., 2019](#)). Differentiation of Tfh cells is a multi-stage process dependent on a series of sequential interactions ([Crotty, 2014](#)). Tfh differentiation is initiated upon naïve CD4⁺ T cell priming by APCs, most commonly dendritic cells (DCs) ([Ballesteros-Tato & Randall, 2014](#)). In mice, this interaction is regulated by APC expression of IL-6 ([Nurieva et al., 2009](#)), leading to the upregulation of the transcription factor achaete-scute complex homolog 2 (Ascl2), which in turn upregulates CXCR5 expression on CD4⁺ T cells, thus enabling them to migrate to the CXCL13-rich B cell follicle where they undergo further differentiation ([Liu et al., 2014](#)). In humans, upregulation of CXCR5 and migration to the follicles is predominantly driven by IL-12 and IL-23 in combination with TGF-β ([Schmitt et al., 2014](#)). ICOS:ICOSL binding has also been shown to be an important factor in the early co-localisation of CD4⁺ T cells and B cells ([Xu et al., 2013](#)), in most instances requiring the interaction with activated B cells displaying cognate antigen for Tfh differentiation ([Crotty, 2011](#)). The final stage of Tfh cell differentiation occurs within the B cell follicles,

225 where Tfh cells become GC Tfh cells, characterised as CXCR5^{hi} PD-1^{hi} BCL6^{hi} Maf^{hi} SAP^{hi}
 cells which secrete IL-4, IL-21 and CXCL13. Signalling lymphocytic activation
 molecule-associated protein (SAP) is used to adhere to B cells allowing for sustained
 GC reactions, representing an essential mechanism in the generation of memory B
 cells and memory plasma cells (Crotty, 2014). GC Tfh cells provide help to B cells through
 230 both secretion of cytokines and T:B cell interactions. Of note is the plasticity of Tfh cell
 differentiation, since Tfh cells may leave the GC to travel to other follicles, re-enter the
 same GC or become circulating memory Tfh cells (Crotty, 2014). Memory Tfh cells are
 long-lived and can rapidly become GC Tfh cells upon reactivation in response to B cell
 contact. This plasticity is also reflected in the production of cytokines, whereby Tfh
 235 cells can secrete IL-4 in the absence of other Th2-related markers, and may also
 secrete IFN- γ , thereby directing which antibody classes B cells switch to (Reinhardt et
 al., 2009). A specialised population of Tfh cells that expresses the FOXP3 master
 transcription factor for T regulatory (Treg) cells and can suppress Tfh cell-mediated
 antibody responses is referred to as T follicular regulatory (Tfr) cells (Sage & Sharpe,
 240 2015; Fonseca et al., 2019).

2.3. Germinal centres

A large population of naïve B cells resides within the spleen and secondary lymphoid
 organs in structures called follicles, which also harbour follicular DCs and are
 surrounded by a T cell zone, containing Tfh cells as well as naïve CD4⁺ and CD8⁺ T
 245 cells. GCs are distinct secondary structures within the follicles, consisting of a light
 zone and a dark zone, where processes such as somatic hypermutation, affinity
 maturation, class-switch recombination, B cell proliferation, and differentiation of

plasma and memory B cells occur ([Victora & Nussenzweig, 2012](#)). Upon infection or vaccination, B cells that have encountered their cognate antigen differentiate into memory B cells, extrafollicular plasmablasts and GC B cells. These GC B cells seed the GC, migrating to the T cell border where they are selected for Tfh help on the basis of antigen affinity. High affinity clones migrate back to the dark zone where they undergo intense proliferation and somatic hypermutation, before repeating multiple rounds of selection, proliferation and affinity maturation ([Young & Brink, 2021](#)). From the GC reaction, memory B cells and long-lived plasma cells are produced, the latter of which consistently secrete high levels of antibodies into the circulation, thus conferring protection ([Luo & Yin, 2021](#)). B cells with lower affinity BCRs may not receive Tfh cell help and consequently undergo apoptosis. Tfh cell help consists of stimuli in the form of both cell contact-mediated ligation of receptors found on B cells through molecules such as ICOSL and CD40L, and soluble factors such as IL-4 and IL-21 ([Crotty, 2015](#)). It is worth noting that class-switch recombination is not limited to GC B cells and has been demonstrated to occur both before GC differentiation and in *in vitro* culture systems ([Young & Brink, 2021](#)).

2.4. Exploitation of the GC reaction for improved vaccine efficacy

Most vaccines aim to induce long-lasting protection through antibodies as opposed to cell-mediated responses, classical examples for which include the hepatitis B, yellow fever, smallpox and measles vaccines. However, the quality, quantity and longevity of antibody responses are often less than satisfactory, necessitating novel ways to induce, boost and maintain humoral immunity. In this respect, the induction of optimal Tfh responses to enhance vaccine efficacy is an active area of research ([Linterman &](#)

Hill, 2016; Law et al., 2020; Ritzau-Jost & Hutloff, 2021; Yu et al., 2022; Juno & Hill, 2022). Tfh cells are believed to possess at least four key functions that are relevant in the context of protective immunity. Firstly, supporting the production of protective antibodies; secondly, inducing the generation of memory B cells that can rapidly respond to re-infection; thirdly, sustaining CD8⁺ T cell-mediated cytotoxicity; and lastly, regulating IgA quality and quantity in mucosal-associated lymphoid tissues (Yu et al., 2022). The generation of Tfh cells is associated with protective antibody responses across a wide variety of pathogens, including infections with Zika virus (Liang et al., 2019), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Charmetant et al., 2022) and chimeric simian-human immunodeficiency virus (SHIV) (Yamamoto et al., 2015), bacteria such as *Citrobacter rodentium* (Bai et al., 2020) and *Salmonella typhi* (Perez-Shibayama et al., 2014), and parasites such as *Plasmodium* spp. (Figueiredo et al., 2017; Chan et al., 2020). The presence of antigen-specific Tfh cell subsets circulating in the periphery is associated with protective antibody responses, for instance to influenza virus infection, and has been suggested as an early biomarker for predicting vaccine efficacy and potential for long-lasting antibody responses (Spensieri et al., 2016).

A range of adjuvants targeting Tfh cell differentiation have been shown to support the formation of GCs and increase the magnitude of antigen-specific B cell responses. For example, MF59 is an oil-in-water emulsion that induces high levels of functional antibodies and memory B cells by increasing APC recruitment to the draining lymph nodes. This in turn activates and promotes the differentiation of Tfh cells and amplifies the number of GC B cells, thereby affecting the magnitude of the GC response and the persistence of functional antibody production (Mastelic et al., 2015; Lofano et al., 2015). Incomplete Freund's adjuvant is another oil-in-water emulsion that similarly

drives Tfh cell differentiation and T cell-dependent antibody production ([Riteau et al., 2016](#)). Glucopyranosyl lipid adjuvant-stable emulsion (GLA-SE) promotes the expansion of circulating Tfh (cTfh) cells, leading to long-lasting IgG responses when used in experimental malaria vaccines in humans ([Hill et al., 2019](#)). Adjuvants for use
 300 with the Pfs25 vaccine against malaria are characterised by increased Tfh differentiation, a higher Tfh:Tfr ratio, and expansion of antigen-specific plasmablasts, corresponding with higher peak titres of antigen-specific IgG antibodies, both in the short and longer term ([Radtke et al., 2017](#)). Other strategies for vaccine development include the use of nanoparticles, which can drive Tfh differentiation and enhance B
 305 cell responses to malaria subunit vaccines ([Moon et al., 2012](#)), and elicit protective antibodies in mice in response to SARS-CoV-2 and influenza mRNA vaccines ([Alameh et al., 2021](#)). Whilst increased Tfh activity may also cause the expansion of autoreactive and low-affinity B cells ([Roeder et al., 2018](#)), this can actually be of potential benefit for vaccine efficacy, as both autoreactive and broadly neutralising
 310 antibodies (bnAbs) typically derive from low-affinity B cell clones ([Ronsard et al., 2023](#)).

3. $\gamma\delta$ T cells

3.1. $\gamma\delta$ T cells in infection

Having been recognised as a novel and distinct T cell population set apart from
 315 classical CD4⁺ and CD8⁺ T cells ([Brenner et al., 1986](#)), $\gamma\delta$ T cells were soon implicated in a wide range of infectious diseases including TB ([Kabelitz et al., 1990](#)). Patients with different bacterial infections were sometimes found to exhibit elevated levels of

V γ 9/V δ 2 T cells in their blood, suggesting their expansion in response to a common antigen shared by many microorganisms (Morita et al., 2007). This enigma was solved
 320 by the discovery of HMB-PP, a highly potent metabolite produced by most Gram-negative and many Gram-positive bacteria (Eberl et al., 2003). HMB-PP is also produced by apicomplexan protozoa such as malaria parasites and *Toxoplasma gondii*, consistent with their capacity to trigger V γ 9/V δ 2 T cell responses (Guenot et al., 2015; Junqueira et al., 2021; Ma et al., 2021). V γ 9/V δ 2 T cells actually do not
 325 recognise HMB-PP directly through their T cell receptors (TCRs) but instead sense this molecule via its binding to the intracellular domains of the butyrophilin (BTN) family members BTN2A1 and BTN3A1 (Yuan et al., 2023), leading to a conformational change of the BTN2A1/BTN3A1 complex on the cell surface (Fulford et al., 2024; Herrmann & Karunakaran, 2024). This mechanism contrasts starkly with the classical
 330 model of antigen presentation to CD4⁺ and CD8⁺ T cells in the context of MHC and MHC-related molecules.

The link between bacterial HMB-PP production and V γ 9/V δ 2 T cell responses *in vivo* was elegantly shown in individuals with acute peritonitis where infections caused by HMB-PP producing species lead to a local increase in V γ 9/V δ 2 T cell in the abdomen
 335 compared to pre-infection levels and to levels in blood (Liuzzi et al., 2024). Recruitment from blood to sites of infection may indeed explain why levels of circulating V γ 9/V δ 2 T cell often drop in severe conditions such as sepsis (Eberl, 2025). However, not all bacteria associated with elevated blood levels of V γ 9/V δ 2 T cells produce HMB-PP, such as *Legionella* spp. (Kroca et al., 2001). More recently, the
 340 HMB-PP deficient bacterium *Staphylococcus aureus* was associated with a potential to skew V γ 9/V δ 2 TCR repertoires in neonatal sepsis (Giannoni et al., 2024), indicating

that microbial factors other than HMB-PP may also be able to trigger V γ 9/V δ 2 T cells either directly or indirectly ([Kistowska et al., 2008](#); [Cooper et al., 2020](#)).

In addition to their responsiveness to bacterial infections, human $\gamma\delta$ T cells also
 345 possess a remarkable potential to respond in viral diseases, most prominently in
 infections caused by cytomegalovirus (CMV). Patients developing CMV infections in
 the context of therapeutic immunosuppression after receiving transplants of kidney
 ([Dechanet et al., 1999](#)), lung ([Stankovic et al., 2020](#)) or stem cells ([Knight et al., 2010](#))
 present with elevated levels of $\gamma\delta$ T cells in their blood. This long-lasting expansion is
 350 restricted to $\gamma\delta$ T cells expressing V δ 1, V δ 3 or V δ 5 TCR chains (often referred to
 collectively as V δ 2^{neg} $\gamma\delta$ T cells), and directly correlated with the successful clearance
 of infection ([Kaminski et al., 2020](#)). A difference in the V δ 2^{neg} $\gamma\delta$ T cell compartment
 is also apparent when comparing CMV seropositive and seronegative
 immunocompetent donors ([Pitard et al., 2008](#)). Unexpectedly, these CMV-driven $\gamma\delta$ T
 355 cell responses do not appear to involve recognition of viral epitopes themselves
 ([Vermijlen et al., 2018](#)). In fact, all ligands for V δ 2^{neg} $\gamma\delta$ T cell clones isolated from
 CMV patients so far have turned out to represent stress-related self-proteins such as
 endothelial cell protein C receptor ([Willcox et al., 2012](#)) and ephrin type-A receptor 2
 ([Harly et al., 2021](#)), suggesting a role for V δ 2^{neg} $\gamma\delta$ T cell in stress surveillance rather
 360 than a direct response to viral antigens ([Prinz & Koenecke, 2023](#)). Despite this bias
 towards conserved self-proteins, analysis of virus-reactive $\gamma\delta$ TCR repertoires in stem
 cell transplant recipients with CMV reactivation ([Ravens et al., 2017](#)) and in CMV
 seropositive donors ([Davey et al., 2017](#)) provided clonotypic evidence for adaptive $\gamma\delta$
 T cell responses. It is interesting to note that controlled malaria infection in human
 365 volunteers induced not only expansion of V δ 2⁺ T cells but also activation of V δ 1⁺ and
 other V δ 2^{neg} $\gamma\delta$ T cells, resembling the CMV infection response. This may point toward

a recognition of both HMB-PP and stress-related self-molecules in malaria (Rutishauser et al., 2020), a finding that was subsequently corroborated in children and adults with naturally occurring disease (von Borstel et al., 2021).

370 Besides HMB-PP producing microorganisms and CMV, human $\gamma\delta$ T cells have also been implicated in the immune response to other infectious agents including HCV (Agrati et al., 2001), influenza (Sant et al., 2019), SARS-CoV-2 (Lei et al., 2020; Fears et al., 2022; von Borstel et al., 2023) and emerging viruses (Cimini & Agrati, 2022), as well as the measles, mumps, and rubella attenuated virus vaccine (Röring et al., 375 2024). The role of $\gamma\delta$ T cells in mouse models of bacterial, viral, fungal and parasitic infection has been reviewed expertly by others (Andrew & Carding, 2005; Lalor & McLoughlin, 2016; Comeau et al., 2020; Fischer et al., 2020). However, the unclear antigen specificity of the vast majority of murine $\gamma\delta$ TCRs combined with differences in pathogen tropism and the fact that mouse $\gamma\delta$ T cells comprise anatomically distinct 380 and clonotypically restricted populations, often without immediate human homologues, makes it difficult to reconcile data on $\gamma\delta$ T cells during infections in mice with the function of their human counterparts in patients (Eberl, 2025).

3.2. Functional plasticity of $\gamma\delta$ T cells

Human $\gamma\delta$ T cells are typically regarded as pro-inflammatory and cytotoxic effector 385 cells, combining functions of CD8⁺ T cells and NK cells, in particular the expression of IFN- γ , TNF- α , perforin and granzymes, rendering them potent effectors against intracellular bacteria and parasites (Huang et al., 2008; Costa et al., 2011). However, investigations of how the prevailing cytokine milieu influences these cells during stimulation *in vitro* revealed that not all activated and proliferating V γ 9/V δ 2 T cells

possess a pro-inflammatory phenotype. As such, human V γ 9/V δ 2 T cells can be skewed into either IFN- γ producing or IL-4 producing effector cells, akin to the classical dichotomy of Th1 and Th2 cells in the CD4⁺ T cell compartment (Wesch et al., 2001; Dagna et al., 2002), as confirmed in comprehensive microarray studies (Vermijlen et al., 2007). In the presence of IL-21, a cytokine closely related to IL-2 and IL-15, V γ 9/V δ 2 T cells do not produce pro-inflammatory cytokines (Eberl et al., 2002) and instead express molecules related to B cell help, most notably CXCL13 (Vermijlen et al., 2007; Bansal et al., 2012). Of note, V γ 9/V δ 2 T cells expanded in the presence of IL-2 appear to respond differently to cytokines like IL-21 compared to freshly isolated V γ 9/V δ 2 T cells, with reports showing that stimulation with IL-21 can increase the cytotoxicity of V γ 9/V δ 2 T cell lines (Joalland et al., 2018) but also give rise to a regulatory population expressing the ectonucleotidase CD73 as well as IL-10 and CXCL8 (Barjon et al., 2017). Culture in the presence of TGF- β and IL-15 gives rise to a population of Treg-like FOXP3⁺ V γ 9/V δ 2 T cells (Casetti et al., 2009) that also produce IL-9 (Peters et al., 2016). Finally, and in contrast to the ease of inducing the above effector states in V γ 9/V δ 2 T cells, the *in vitro* generation of IL-17 and IL-22 producing V γ 9/V δ 2 T cells is possible but conspicuously inefficient and requires extended culture periods (Ness-Schwickerath et al., 2010). In this respect neonatal V γ 9/V δ 2 T cells appear to be more prone to producing IL-17 than those from adults (Moens et al., 2011).

Analysis of human tissue samples demonstrated that such phenotypes can also be found under physiological conditions, namely IL-4 producing V γ 9/V δ 2 T cells in the blood of healthy controls and HIV patients (Dobmeyer et al., 2002), GATA3 expressing V γ 9/V δ 2 T cells in the blood of patients with IgG4-related disease (Li et al., 2025) and low but detectable levels of IL-4 production by V γ 9/V δ 2 T cells in human spleen (Wang

et al., 2024). Coulter et al. (2017) found a very low proportion of IL-17 producing V γ 9/V δ 2 T cells in TB patients, whereas marginally elevated levels of IL-17⁺ V γ 9/V δ 2 T cells are present in autoimmune regulator gene (AIRE) deficient patients with autoimmune polyendocrinopathy-candidiasis-ectodermal dystrophy (Fujikado et al., 2016). Together, these findings suggest that V γ 9/V δ 2 T cells are in fact highly pleiotropic cells that may assume a range of different regulatory and effector functions depending on the anatomical location and microenvironmental conditions, similarly to the well-established plasticity of CD4⁺ T cells (Figure 1). The lack of suitable antigens to specifically stimulate non-V γ 9/V δ 2 T cells *in vitro* and *in vivo* has largely prevented similar studies on the potential plasticity of other $\gamma\delta$ T cell subsets in humans and animal models.

3.3. $\gamma\delta$ T cell crosstalk with B cells

Shortly after their first detection in tonsils, lymph nodes and spleen (Groh et al., 1989), a direct role for $\gamma\delta$ T cells in modulating antibody production and humoral immunity was demonstrated. Rajagopalan et al. (1990) described the isolation of anti-DNA autoantibody-inducing $\gamma\delta$ T cells from the blood of lupus patients; four selected $\gamma\delta$ T cell clones were later sequenced and found to possess unusual V δ 2^{neg} TCRs (Rajagopalan et al., 1992). In similar experiments, $\gamma\delta$ T cells isolated from patients with Sjögren's syndrome (Gerli et al., 1993), IgA nephropathy (Toyabe et al., 2001) and IgG4-related disease (Li et al., 2025) were able to provide B cell help *in vitro*, and supernatants from *Paracoccidioides brasiliensis*-stimulated human $\gamma\delta$ T cells supported proliferation and antibody production by B cells (Munk et al., 1995).

These findings were corroborated in mouse models where $\gamma\delta$ T cells restricted by the MHC class Ib molecule Qa-1 help B cells to produce antigen-specific antibodies (Vidovic & Dembic, 1991). In fact, $\text{TCR}\alpha^{-/-}$ mice deficient in $\alpha\beta$ T cells are still able to produce class-switched IgG and IgE antibodies (Wen et al., 1994), and $\gamma\delta$ T cells on their own are capable of GC formation in $\text{TCR}\alpha^{-/-}$ (Dianda et al., 1996) and $\text{TCR}\beta^{-/-}$ mice (Pao et al., 1996) and upon transfer of $\gamma\delta$ T cells into SCID mice (Wen et al., 1996). However, many $\gamma\delta$ T cell-driven antibodies appear to be autoreactive (Wen et al., 1994), suggesting a qualitative difference between the help provided by $\alpha\beta$ T cells and $\gamma\delta$ T cells. In support, infection of $\text{TCR}\beta^{-/-}$ mice with the parasite *Eimeria vermiformis* gave rise to antibodies that were frequently directed against self rather than against the parasite (Pao et al., 1996), contributing to a failure of $\text{TCR}\beta^{-/-}$ mice to mount protective immunity upon infectious challenge (Roberts et al., 1996). Similarly, $\gamma\delta$ T cells in the murine skin that are involved in stress surveillance drive class switching in B cells and accumulation of autoreactive IgE after topical challenge with carcinogen (Crawford et al., 2018). With regard to the underlying molecular mechanisms, expression of CD40L by activated $\gamma\delta$ T cells was shown to be key to inducing isotype switching to IgE in mice (Horner et al., 1995). Other investigations identified a prominent role for cytokines, in particular IL-4, in providing B cell help (Felices et al., 2009; Qi et al., 2009; Huang et al., 2015). IL-4 producing $\gamma\delta$ T cells sustain GC reactions in murine secondary lymphoid tissues and drive class-switching towards IgA (Ullrich et al., 2021), with evidence for a direct interaction between $\gamma\delta$ T cells and B cells in the spleen (Huang et al., 2016; Rampoldi et al., 2022). In other physiological contexts and models, $\gamma\delta$ T cells can also modulate antibody production via secretion of IFN- γ (McMenamin et al., 1995; Maloy et al., 1998).

In humans, the observation that V γ 9/V δ 2 T cells upregulate CCR7 upon activation suggested a potential to migrate to draining lymph nodes and modulate adaptive immune responses, supported by the detection of $\gamma\delta$ T cells in GCs and direct evidence for B cell help *in vitro* (Brandes et al., 2003). More recent studies detected

465 $\gamma\delta$ T cells both within the T cell zone of human tonsils and spleen but also adjacent to it and within the B cell zone (Hagel et al., 2021; Charmetant et al., 2025). While circulating V γ 9/V δ 2 T cells do not express CXCR5 or BCL6 (Bansal et al., 2012; Barber-Axthelm et al., 2023), tonsillar V γ 9/V δ 2 T cells readily upregulate CXCR5 in response to HMB-PP (Bansal et al., 2012). Microarray analyses identified a particular

470 role for the Tfh signature cytokine IL-21 in inducing CXCL13 in human V γ 9/V δ 2 T cells (Vermijlen et al., 2007). IL-21 also enhances the potential of V γ 9/V δ 2 T cells to provide B cell help, as shown by induction of APC marker expression by B cells and their secretion of IgG and IgA (Bansal et al., 2012). Of note, the positive effect on B cell maturation and antibody production is not an intrinsic feature of human V γ 9/V δ 2 T

475 cells (Petrasca & Doherty, 2014) but is also seen in other $\gamma\delta$ T cells (Petrasca et al., 2018), and even extends to other unconventional T cell populations including natural killer T cells (Galli et al., 2003) and mucosal-associated invariant T cells (Bennet et al., 2017; Jensen et al., 2022).

These experimental insights evoke a role for $\gamma\delta$ T cells in supporting and modulating

480 humoral immune responses in different physiological scenarios, be it in an infectious or autoimmune context (Figure 1). The fact that most $\gamma\delta$ T cell ligands identified so far are stress-related proteins or BTN family members (Vermijlen et al., 2018) may explain in part why $\gamma\delta$ T cell-induced antibody responses on their own often appear to be directed against self, with the actual antigen specificity of the immune response

485 against microbial or viral epitopes rather provided by individual Tfh cells with fitting

clonotypes. However, $\gamma\delta$ T cells have another trick up their sleeves that may compensate for their missing selectiveness for foreign antigens during an ongoing immune response – their potential to act as APCs themselves.

3.4. Antigen presentation by $\gamma\delta$ T cells

490 Activated V γ 9/V δ 2 T cells express CCR7 and thus are likely to gain access to draining lymph nodes ([Brandes et al., 2003](#)) but unexpectedly also acquire markers typically associated with antigen presenting cells such as HLA-DR, CD80 and CD86, as well as elevated levels of HLA-ABC ([Brandes et al., 2005](#)). While HLA-DR is expressed by many activated T cells and may allow antigen presentation to neighbouring CD4⁺ T

495 cells, only V γ 9/V δ 2 T cells appear to be able to act as truly professional APCs by priming naïve CD4⁺ and CD8⁺ T cells ([Brandes et al., 2005](#)). In fact, this striking capacity is comparable to the potency of other professional APCs such as monocyte-derived DCs. Activated V γ 9/V δ 2 T cells are particularly effective in taking up exogenous proteins and larger aggregates including virions, and cross-presenting

500 these to naïve CD8⁺ T cells ([Brandes et al., 2009](#); [Meuter et al., 2010](#)), thus inducing antigen-specific cytotoxic CD8⁺ T cell responses with promise for novel immunotherapies ([Landmeier et al., 2009](#); [Himoudi et al., 2012](#); [Holmen Olofsson et al., 2021](#); [Wu et al., 2025](#)). One report even suggested that V γ 9/V δ 2 T cells are capable of taking up whole bacteria ([Barisa et al., 2017](#)). Anatomical evidence shows

505 that human $\gamma\delta$ T cells co-localise with other T cells in lymphoid tissues such as tonsils ([Hagel et al., 2021](#)) but also in the gut ([Oliver et al., 2024](#)), suggesting their functional interaction during ongoing immune responses. During mixed lymphocyte reactions in co-culture with naïve CD4⁺ T cells from allogeneic donors, activated V γ 9/V δ 2 T cells

readily induce proliferation and differentiation of naïve CD4⁺ T cells towards distinct effector populations, including Th1 and Th22 but not Th17 cells, depending on the prevalent cytokine milieu during such experiments (Tyler et al., 2017); more recently, induction of IL-10 expression in naïve CD4⁺ T cells by IL-21 activated Vγ9/Vδ2 T cells was described (Tyler et al., 2024). It at present is unclear whether antigen presenting Vγ9/Vδ2 T cells can also polarise naïve human CD4⁺ T cells towards other effector functions under the right conditions, perhaps including a Tfh cell profile.

In mice, activated γδ T cells can express MHC II molecules and present peptides to antigen-experienced αβ T cells (Cheng et al., 2008) and regulate IgE antibody production (Huang et al., 2013). A peculiar population of regulatory γδ T cells that express latency-associated peptide (LAP) was identified in murine Peyer's patches and lamina propria of the small intestine. These cells co-express MHC II, CD40 and CD86, and are able to induce CD4⁺ Foxp3⁺ Treg cells (Rezende et al., 2015). In addition to mice and humans, activated γδ T cells in cattle (Collins et al., 1998), pigs (Takamatsu et al., 2002) and even zebrafish (Wan et al., 2017) can also express MHC II and induce recall responses by antigen-specific T cells, demonstrating an evolutionarily conserved role of APC-like γδ T cells in driving adaptive immune responses. Depletion and adoptive transfer studies confirmed that zebrafish γδ T cells actively boost the proliferation of antigen-primed CD4⁺ T cells and B cells, as well as supporting antigen-specific antibody production *in vivo* (Wan et al., 2017). However, a professional APC function for γδ T cells in non-human species has thus far only been demonstrated in a limited number of studies, using naïve CD4⁺ T cells as responder cells (Rezende et al., 2015). The wider physiological relevance of antigen presenting γδ T cells in animal models therefore requires closer attention.

In humans, V γ 9/V δ 2 T cells with APC characteristics have been described in patients with malaria ([Howard et al., 2017](#); [Dooley et al., 2023](#)), HIV ([Griffith et al., 2025](#)), sepsis
 535 ([Yang et al., 2022](#); [León-Lara et al., 2024](#)), rheumatoid arthritis ([Hu et al., 2011](#)) and cervical cancer ([Wu et al., 2025](#)), and may well play a key part in driving protective but also autoreactive immune responses and in affecting the development of immunological memory. As such, it is conceivable that $\gamma\delta$ T cells may be able to modulate humoral immune responses not only by directly interacting with B cells but
 540 also indirectly by giving rise to antigen-specific Tfh cells, thereby affording an important role to all three cell types in the generation of high affinity, class-switched antibodies ([Figure 1](#)). As reviewed in the next section, this may well be the case.

3.5. $\gamma\delta$ T cell modulation of Tfh cells

In addition to the well-documented interaction between $\gamma\delta$ T cells and B cells, there is
 545 growing evidence for direct modulation of Tfh responses by $\gamma\delta$ T cells. For instance, [Mou et al. \(2017\)](#) identified CXCR5⁺ Tfh-like $\gamma\delta$ cells in neuroblastoma patients and showed that their levels positively correlate with total serum IgG and CD19⁺ CD27^{hi} plasma cells, potentially via an enhanced production of IL-4 and IL-10 by $\gamma\delta$ T cells. [Chen et al. \(2018\)](#) activated human CD4⁺ T cells with influenza-pulsed DCs, before
 550 co-culturing them with autologous B cells and human V δ 2⁺ T cells. This experimental system led to the adoption of a Tfh-like phenotype by V δ 2⁺ T cells, characterised by expression of CXCR5, PD-1, CD40 and ICOS, as well as expression of the APC markers HLA-DR, CD80 and CD86. In turn, these $\gamma\delta$ T cells generated CXCR5⁺ BCL6⁺ Tfh cells through cell-cell contact with CD4⁺ T cells ([Chen et al., 2018](#)). By helping
 555 virus-specific antibody responses in a CD4⁺ T cell dependent manner, this co-culture

system confirmed that the premise of Tfh differentiation by antigen presenting $\gamma\delta$ T cells is not only possible but functional ([Chen et al., 2018](#)). In a similar set-up using co-culture of BCR-primed B cells, allogeneic CD4⁺ T cells and syngeneic $\gamma\delta$ T cells, [Charmetant et al. \(2025\)](#) failed to demonstrate a Tfh or APC-like function for human $\gamma\delta$ T cells, most likely due to the absence of an appropriate stimulus to activate $\gamma\delta$ T cells.

In a mouse model of *Plasmodium berghei* infection, TCR $\delta^{-/-}$ mice displayed reduced levels of antigen-specific antibodies and fewer Tfh and GC B cells during late-phase infection compared to wild-type mice, suggesting a role for $\gamma\delta$ T cell-derived IL-21 and IFN- γ in the development and maintenance of Tfh and GC B cells ([Inoue et al., 2018](#)). When immunising mice with Mtb-containing complete Freund's adjuvant, increased expression of CXCR5 was seen on V γ 1⁺ T cells (but not other $\gamma\delta$ T cells) in the draining lymph nodes, in a TCR-dependent manner ([Rezende et al., 2018](#)). These CXCR5⁺ $\gamma\delta$ T cells did not express CD40L or IL-21 and were not able to provide direct B cell help themselves. However, they co-expressed MHC II, CD40, CD86 and Wnt8b, a member of the Wnt agonist family, which was previously shown to initiate the Tfh differentiation pathway in mice through upregulation of Ascl2 ([Liu et al., 2014](#)). Since Ascl2 in turn induces CXCR5 expression and proliferation of naïve CD4⁺ T cells ([Liu et al., 2014](#)), these findings are the first demonstration in any species of $\gamma\delta$ T cells polarising CD4⁺ T cells towards a Tfh phenotype ([Rezende et al., 2018](#)). CXCR5⁺ $\gamma\delta$ T cells were also seen in mice with lupus induced by injection of pristane, a natural saturated terpenoid alkane from shark liver oil, where they are likely to contribute to autoantibody production and the development of glomerulonephritis ([Rezende et al., 2018](#); [Kaminski et al., 2021](#)).

580 In humans, the molecular signals by which $\gamma\delta$ T cells might trigger generation of Tfh cells remain to be identified. Earlier work on the regulation of CD4⁺ T cell differentiation by antigen presenting V γ 9/V δ 2 T cells already identified a role for IFN- γ and CD70 in Th1 polarisation, and for TNF- α and ICOSL in generating Th22 cells (Tyler et al., 2017). V γ 9/V δ 2 T cells can also give rise to IL-10 producing, Tr1-like CD4⁺ T cells via
 585 an unknown mechanism potentially involving CD30 (Tyler et al., 2024), which is preferentially expressed on Th2-like V γ 9/V δ 2 T cells (Spinozzi et al., 1995; Dagna et al., 2002). It is noteworthy that V γ 9/V δ 2 T cells not only act as professional APCs themselves but also readily induce the maturation of DCs and the differentiation of monocytes and neutrophils into APCs, which likely boosts antigen presentation to
 590 CD4⁺ T cells and activation and polarisation of CD4⁺ T cells both at local sites of inflammation and in secondary lymphoid tissues (Ismaili et al., 2002; Tyler et al., 2015).

4. $\gamma\delta$ T cells and vaccines against infections of global priority

While the mechanisms underlying initiation and modulation of humoral immune
 595 responses by Tfh cells are slowly being understood better, this knowledge has yet to be translated into the clinic for improved vaccine efficacy. Here we focus on some of the most pressing global health threats, including TB, HIV, CMV and malaria, which together claim millions of lives each year, and where $\gamma\delta$ T cells may not only mediate direct cytotoxicity against infected cells but also modulate and boost pathogen-specific
 600 humoral immune responses to promote generation of protective antibodies.

4.1. Tuberculosis

With 1.25 million deaths in 2023, TB remains the leading cause of death from a singular infectious agent and was only briefly knocked off top spot during the recent COVID-19 pandemic ([WHO, 2024a](#)). To date, the single preventative measure against
605 TB is the Bacille Calmette-Guérin (BCG) vaccine, a live attenuated strain of *Mycobacterium bovis* that was introduced a century ago and has not been modified since ([Chen et al., 2023](#)). Although it provides protection against primary childhood disease when given early in life, this approach has proven ineffective at an older age, and sparked controversy surrounding whether BCG can indeed prevent pulmonary
610 disease ([Hatherill & Cobelens, 2022](#); [Martinez et al., 2022](#)). These inadequacies underly the dire need for an improved and effective vaccine that works in all demographics.

The mechanism of protection afforded by the BCG vaccine is widely believed to constitute a cell-mediated process, and the involvement of humoral immunity to an
615 intracellular pathogen that is not exposed to antibodies is largely neglected. Yet, there is growing evidence to support the involvement of B cells in protection against TB ([Achkar & Casadevall, 2013](#); [Kozakiewicz et al., 2013](#); [Tanner et al., 2019](#)). Mechanisms of antibody-mediated protection include neutralisation of bacteria, enhanced phagocytosis and phagolysosome formation, and formation of antibody-
620 bacteria complexes, which increase T cell activation and cytotoxicity through improved antigen presentation ([Tanner et al., 2019](#)). Consideration of humoral immunity in TB thus offers a new facet of protection in the race to develop a vaccine that is both efficacious in all ages and effective against pulmonary disease.

Swanson et al. (2023) found a protective role for Tfh-like cells in mediating immunity against TB, through localisation of Tfh-like cells in granuloma-associated lymphoid tissues both in mice and macaques. In rhesus macaques, CXCR5⁺ CD4⁺ T cell localisation within granulomas is associated with better outcomes, and secretion of multiple pro-inflammatory cytokines is a correlate of protection (Slight et al., 2013). Activated CXCR5⁺ CXCR3⁺ Tfh cells can be found in the draining lymph nodes in TB (Prota et al., 2015), and accumulation of CXCR5⁺ CD4⁺ T cells appears to be needed for optimal macrophage activation (Gopal et al., 2013). Tfh cells produce large amounts of IL-21, which is necessary for maintaining pulmonary CD8⁺ T cell responses in mouse models of TB, and promoting NK cell activation in humans, further cementing the role of Tfh cells in TB (Burkert & Schumann, 2020).

While antibodies may not have a direct protective function in TB, they may instead prevent Mtb dissemination (Swanson et al., 2023). Antibody signatures differ between active and latent TB, and correlate with increased FcγRIII binding. This in turn can upregulate NK cell activation and ADCC, as well as macrophage killing of Mtb, and contribute to infection outcomes (Lu et al., 2016). The importance of B cells and antibodies as key contributors to protective immune response in TB has been addressed in several vaccine trials, which identified a correlation between the induction of antigen-specific antibodies and vaccine efficacy (Rijnink et al., 2021). Tfh-like cells and antibodies thus have significance when considering vaccine design, as they are clearly implicated in the response to TB. Whilst the humoral response alone may not mediate total protection against the disease, engagement of this axis of defence may provide the tipping point for effective vaccines, especially in pulmonary TB.

It has long been understood that $\gamma\delta$ T cells play a role in adaptive immunity to BCG and Mtb infections (Shen et al., 2002). Human V γ 9/V δ 2 T cells have a directly protective non-redundant role in volunteers with either latent TB or after BCG vaccination (Abate et al., 2015). Elevated $\gamma\delta$ T cell frequencies are associated with host protection after intravenous administration of BCG in macaques (Darrah et al., 2020; Morrison et al., 2023). In humans, $\gamma\delta$ T cells do not appear to change in frequency after BCG primary or booster vaccination in adults (Gela et al., 2022; James et al., 2022) but change their transcriptional programme towards a more pro-inflammatory phenotype likely to confer both protection against TB and cross-protection against heterologous infections (Suen et al., 2024). $\gamma\delta$ T cells were found to be expanded in BCG vaccinated newborns (Gela et al., 2022), and specific TCR-V δ 2 clonotypes are enriched after BCG re-vaccination (James et al., 2022). This is in line with findings that potentially protective and antigen-specific clonotypes of $\gamma\delta$ T cells are shared across individuals in diverse populations (Xia et al., 2023). However, such a BCG driven expansion of $\gamma\delta$ T cells was not seen in another study and may be confounded by environmental phosphoantigen exposure early after birth (Papadopoulou et al., 2020). The protective role of $\gamma\delta$ T cells is mediated through direct killing of intracellular Mtb as well as contact-dependent boosting of APC functions through CD40-CD40L interactions, thus enhancing the expansion of Mtb-reactive CD4⁺ and CD8⁺ T cells (Abate et al., 2015). In response to BCG, a tripartite immune cell co-operation mechanism occurs, wherein cytokines produced by DCs and CD4⁺ T cells contribute to the activation of V γ 9/V δ 2 T cells (Fowler et al., 2013). However, with most investigations on $\gamma\delta$ T cells in response to BCG and TB vaccination focussing on their cytotoxic potential, there is a missed opportunity to address and exploit the humoral role of $\gamma\delta$ T cells in TB.

4.2. Malaria

In 2023, there were over 250 million malaria cases and almost 600 000 malaria deaths
 675 worldwide ([WHO, 2024b](#)). Malaria is caused by the parasite *Plasmodium falciparum*
 and four other closely related species with complex life cycle, which makes vaccine
 design challenging and has led to the development of separate strategies to protect
 against liver-stage and blood-stage infections. Recent breakthroughs include the
 successful licensing of vaccines RTS,S and R21, which both target the
 680 circumsporozoite protein and prevent liver infection via antibody-mediated protection.
 Whilst these vaccines will undoubtedly save countless lives, they only provide
 protection for a limited duration and require annual boosters. Moreover, they are only
 indicated for children and in the case of RTS,S require specialist components of which
 there is a finite amount ([Duffy et al., 2024](#)). Other vaccines are only in preclinical
 685 development to exploit other mechanisms of protection, including CD4⁺ T cell, CD8⁺ T
 cell, $\gamma\delta$ T cell and antibody-mediated approaches ([Cockburn & Seder, 2018](#); [Kurup et al., 2019](#); [Duffy et al., 2024](#)).

A fully functioning Tfh response is deemed necessary for elimination of blood stage
 infection in mouse models of malaria ([Pérez-Mazliah et al., 2017](#)). In humans,
 690 *Plasmodium* infection is typically characterised by IFN- γ and TNF- α production, with a
 tendency to induce the differentiation of CXCR5⁺ CXCR3⁻ Th1-type cTfh cells. These
 cells are associated with impaired B cell function and a reduction in antibody quality
 and quantity, as well as poor differentiation of pre-Tfh cells into GC Tfh (Obeng-Adjei
 et al., 2015; Hansen et al., 2017; Bowyer et al., 2018). Other cTfh subsets including a
 695 CXCR3⁻ cTfh subset (Obeng-Adjei et al., 2015) and a Th2-type cTfh subset (Chan et al., 2020) have been associated with functional antibody responses to malaria

infection, prompting suggestions to target the differentiation of these populations during vaccination. Whilst Th1-type cTfh cells have been implicated in the induction of atypical memory B cell responses, which have been suggested to act as nutrient sinks affecting GC formation, evidence has emerged that such memory responses have fast recall abilities and the best capacity to give rise to complement-fixing protective IgG3 antibodies ([Soon et al., 2021](#)). Breadth of specificity and antibody response magnitude have been associated with protection in natural malaria infection, especially with specific antigen combinations ([Osier et al., 2008](#)). Tfh cells have an exhausted phenotype in malaria infections, with studies in mice demonstrating that blockade of IFN- γ and TNF- α can restore functionality to Tfh cells ([Ryg-Cornejo et al., 2016](#)). In addition, therapeutic ligation of OX40 can enhance T cell dependent humoral immunity to malaria in mice ([Zander et al., 2016](#)), and blockade of PD-L1 and Lag3 can enhance pathogen clearance by rescuing CD4⁺ T cell exhaustion ([Butler et al., 2011](#)).

$\gamma\delta$ T cells become activated early in malaria patients, with greater V γ 9/V δ 2 T cell numbers associated with protection ([Mwakingwe-Omari et al., 2021](#)), potentially as a result of enhanced CD8⁺ T cell responses in the liver. V γ 9/V δ 2 T cell levels were also elevated in individuals protected from *P. falciparum* infection after receiving the irradiated sporozoite vaccine that confers sterile immunity ([Zaidi et al., 2017](#)). However, V δ 1⁺ and V δ 1⁻ V δ 2⁻ $\gamma\delta$ T cells have also been demonstrated to respond in malaria infection ([Rutishauser et al., 2020](#)). Repeated malarial exposure results in a loss of V δ 2⁺ T cells, correlating with improved clinical tolerance, a state that may contribute to ineffective pathogen clearance and enhanced transmissibility ([Jagannathan et al., 2014](#); [Jagannathan et al., 2017](#)). As age increases so does control of blood stage infection, which could be attributed to development of humoral immunity but may also be due to the gain of effector functions by V δ 2⁺ T cells, such

as phagocytosis or increased CD16 expression and ADCC activity ([Jagannathan et al., 2017](#)). [de Jong et al. \(2017\)](#) found that V δ 2⁺ T cell levels increased in asymptomatic infected children and decreased after parasite clearance, a finding also

725 corroborated in adults.

In mice immunised with circumsporozoite protein, $\gamma\delta$ T cells provide help to B cells in the early response, leading to isotype switching from IgM to IgG ([McNamara et al., 2022](#)). $\gamma\delta$ T cell deficiency in mice is associated with decreased Tfh and GC B cell numbers, and reduced antigen-specific antibody levels, presumably due to a lack of

730 $\gamma\delta$ T cell-derived IL-21 and IFN- γ ([Inoue et al., 2018](#)), suggesting a key role for $\gamma\delta$ T cells in the humoral response to malaria infection ([Bayarsaikhan et al., 2023](#)). However, it is unclear how this would translate into clinical settings, since Tfh cell differentiation in humans is controlled by different mechanisms ([Crotty, 2014](#)). There is also evidence that murine $\gamma\delta$ T cells accumulate in the splenic white pulp during

735 infection and provide support for maturation and activation of DCs, leading to optimal Th1 priming by the DCs ([Ibraheem et al., 2024](#)).

Supporting the capacity of $\gamma\delta$ T cells to modulate humoral responses, human V δ 2⁺ T cells can be distantly activated by schizont rupture of *P. falciparum*-infected red blood cells, demonstrating that blood stage culture supernatants are potent activators of

740 V δ 2⁺ T cells ([Guenot et al., 2015](#)), in agreement with the potential of malaria parasites to produce HMB-PP ([Wiesner et al., 2003](#)). These malaria parasite-activated V δ 2⁺ T cells upregulate APC markers and can induce proliferation of CD4⁺ and CD8⁺ T cells ([Howard et al., 2017](#)). However, more work is needed to understand the targeting of $\gamma\delta$ T cells in vaccination to optimise malaria-specific antibody production and T cell

745 responses ([Dantzler & Jagannathan, 2018](#)).

4.3. Human immunodeficiency virus

HIV remains a major global health challenge for which there is no vaccine available despite four decades of research. The HIV pandemic has claimed more than 40 million lives to date, with a further 40 million people estimated to be living with HIV currently, and over 600,000 people succumbing to HIV-related causes in 2023 alone ([WHO, 2024c](#)). Antiretroviral therapy reduces viral load and shedding to ameliorate symptoms, prevent disease progression and reduce transmission of HIV, but it cannot protect against acquiring the disease, and patients remain on daily medication for life. The ultimate goal of a HIV vaccine is sterilising immunity. However, this has proven elusive, and efforts have moved towards taking control of viral load and transmission through vaccination. While T cell-mediated immunity is critical for resistance to HIV, the enormous genetic diversity of the virus, high rate of viral recombination and lack of effective antibody responses to the virus make the achievement of viral clearance through vaccination a Herculean task ([Boomgarden & Upadhyay, 2025](#)). The current focus of most HIV vaccine research surrounds the attempt to induce broadly neutralising antibodies (bnAbs), which have been shown in multiple clinical trials to be safe and efficacious in their antiretroviral activity ([Boomgarden & Upadhyay, 2025](#)). bnAbs are a result of extensive somatic hypermutation driving affinity maturation, a process controlled by the crosstalk between Tfh cells and B cells, indicating that Tfh cell responses to vaccination are crucial in the development of bnAbs against HIV ([Moysi et al., 2018](#); [Niessl & Kaufmann, 2018](#)). Strategies to improve the quality and quantity of the Tfh cell response include the enhancement of APC recruitment and function, as well as the induction of Tfh cell promoting signals ([Niessl & Kaufmann, 2018](#)).

770 Of particular note for the design of HIV vaccines was the discovery of a circulating
 memory population of PD-1⁺ CXCR5⁺ CXCR3⁻ CD4⁺ T cells, which resemble the GC
 Tfh population and are highly functional in providing B cell help (Locci et al., 2013).
 These cells are over-represented in HIV-infected individuals who produce bnAbs
 against HIV. This is supported by the observation that an abundance of circulating
 775 memory Tfh cells correlates with the potential to develop bnAbs to HIV, along with a
 rise in autoantibodies, which may be due to increased Tfh cell frequencies (Moody et
 al., 2016). Higher PD-1 expression was also observed on Treg cells and Tfr cells,
 which may indicate a higher degree of immune activation leading to inhibition of
 regulatory processes (Moody et al., 2016). An expansion of blood CXCR5⁺ CXCR3⁺
 780 PD-1^{lo} Tfh cells may indicate proliferation of precursors to the PD-1^{hi} Tfh-like
 population that supports development of bnAbs, and has been associated with the
 ability of individuals to control HIV infection (Martin-Gayo et al., 2017). Of note,
 children with HIV have a significantly higher number of Tfh cells than adults, both in
 blood and lymphoid tissues, and a larger proportion of HIV-specific Tfh cells capable
 785 of secreting IL-21 (Roeder et al., 2018). Children with HIV are also characterised by a
 higher abundance of Tfr cells and HIV-specific CXCR5⁺ CD8⁺ T cells, all possibly
 contributing to a greater propensity to develop bnAbs compared to adults (Roeder et
 al., 2018). Mathematical modelling by De Boer & Perelson (2017) indicated that
 increasing the breadth and magnitude of the Tfh cell response might facilitate the
 790 evolution of bnAbs, by allowing broadly reactive B cells to interact with a larger
 proportion of the Tfh cell population. Barouch et al. (2010) demonstrated the use of
 mosaic antigens in rhesus monkeys to widen the breadth and depth of the T cell
 response to HIV infection, which may overcome issues with virus diversity and viral
 escape mechanisms.

795 The role of $\gamma\delta$ T cells in HIV has been studied extensively, yet predominantly with a view for use in the cure of HIV, not the prevention (Pauza et al., 2015; Biradar et al., 2020; Juno & Kent, 2020; Mann et al., 2020). $V\delta 2^+$ T cells are generally found to be depleted in chronic HIV infection but increased in those who are natural viral suppressors (Riedel et al., 2009). Li et al. (2008) identified a positive correlation
800 between $\gamma\delta$ T cell numbers and the ability to control HIV, indicating the importance of this cell subset in the context of infection. It is thought that they contribute to protection through their cytotoxic potential, including ADCC *ex vivo* (Poonia & Pauza, 2012) and in HIV patients (He et al., 2013). A protective ability to inhibit replication and clear autologous $CD4^+$ HIV reservoirs *ex vivo* has been demonstrated for both $V\delta 1^+$ T cells
805 (Yonekawa et al., 2019) and $V\delta 2^+$ T cells (Garrido et al., 2018). In support, higher levels of CD16 and CD57 expression on $V\delta 2^+$ T cells are associated with the development of neutralisation breadth, that is, the ability of antibodies to bind epitopes that differ minorly from their target immunogen (Griffith et al., 2025). This benefit may be mediated by the ability of $V\delta 2^+$ T cells to become APCs when in contact with
810 opsonised target cells via CD16 (Himoudi et al., 2012). However, there has been some concern regarding evidence that $V\delta 2^+$ T cells can be productively infected by HIV and represent a latent reservoir for the virus (Juno & Kent, 2020). Activation of $\gamma\delta$ T cells as an adjuvant in a preventative vaccine should mitigate this risk.

4.4. Cytomegalovirus

815 CMV is a widespread virus carried by two in three adults in industrialised countries, with even higher prevalence in low and middle income countries (Fulkerson et al., 2021). Although usually only causing mild or no symptoms at all, CMV can lead to

severe disease in immunocompromised individuals, including neurodevelopmental disorders in congenital infections and complications in transplant recipients ([Fulkerson et al., 2021](#)). The immune system mounts both innate and adaptive responses to control CMV infection through the action of CD8⁺ T cells, NK cells, $\gamma\delta$ T cells and neutralising antibodies. However, the sophisticated ability of CMV to establish latency by evading immune detection and subverting antiviral mechanisms remains a challenge for the establishment of long-lasting protection, and no licenced vaccine against CMV is available ([Plotkin & Boppana, 2019](#); [Chiavarini et al., 2025](#)).

A strong Tfh response to CMV and the generation of neutralising antibodies are believed to be key for effective viral control in immunocompetent individuals, which is weakened upon immunosuppressive treatment in transplant patients ([Bruno et al., 2016](#)). In support, [Suàrez-Fernández et al. \(2021\)](#) identified a correlation between pre-transplant cTfh levels and a lower incidence of CMV infection in kidney transplant recipients, presumably achieved by driving the production of CMV-specific neutralising antibodies and through IL-21-mediated enhancement of antiviral CD8⁺ T cells. This is mirrored by findings in mice where deficiency in the NK receptor NCR1 (NKp46) led to a limited Tfh cell maturation and diminished generation of protective antibodies after infection with murine CMV (MCMV), a virus closely related to human CMV ([Miletic et al., 2017](#)). It is thus conceivable that a vaccine-mediated boost of cTfh levels and activities may contribute to increasing the resistance to CMV recurrence. Given the importance of humoral responses in protection against CMV, current efforts with regard to CMV vaccine research focus on the identification of neutralising antibodies ([Gardner et al., 2016](#)) and on exploiting ADCC as an effector mechanism ([Vlahava et al., 2021](#); [Semmes et al., 2023](#)). As a case in point, a CMV mRNA-1647 vaccine that contains the coding sequences for components of the viral pentamer complex and the

full-length glycoprotein B (gB) elicits both broad neutralisation and potent ADCC responses (Hu et al., 2024).

845 $\gamma\delta$ T cells play a key role in controlling CMV, to a large extent via direct cytotoxicity towards infected cells. This anti-CMV response by $\gamma\delta$ T cells is driven by both $V\delta 2^{\text{neg}}$ $\gamma\delta$ T cells and a recently identified subset of $V\gamma 9^- V\delta 2^+$ T cells (Kaminski et al., 2020). In experimental models using MCMV, $\gamma\delta$ T cells participate in early antiviral responses (Ninomiya et al., 2000) and provide long-term protection in the absence of other T
850 cells, B cells and NK cells (Sell et al., 2015; Khairallah et al., 2015; Yared et al., 2024). In addition to their recognition of stress-related proteins expressed by CMV-infected cells (Vermijlen et al., 2018), human $\gamma\delta$ T cells can also become activated via antibodies triggering the low-affinity IgG receptor CD16 (Fc γ RIIIa). This allows $\gamma\delta$ T cells not only to mount antiviral responses to antibody-opsonised virions (Couzi et al.,
855 2012) and protect the foetus against congenital transmission by binding maternal antibodies (Vermijlen et al., 2010; Semmes et al., 2024) but may also contribute to the development of donor-specific antibody-mediated allograft lesions in transplant recipients (Bachelet et al., 2014; Kaminski et al., 2021). Therefore, the combination of TCR and CD16-mediated cytotoxicity as well as the ability to boost antiviral Tfh and B
860 cell responses make $\gamma\delta$ T cells a promising target for novel CMV vaccines, especially against congenital infections. However, the potential risk of enhancing allograft rejection and autoantibody generation needs to be considered.

4.5. Other priority areas for global health

An adjuvant strategy targeting $\gamma\delta$ T cells could potentially help with the development
865 of vaccines in countless other disease models, given the widespread benefit of

antibodies across many infections. For instance, seasonal influenza vaccines do not provide optimal protection against circulating influenza strains and only provide little protection against the threat of zoonotic or pandemic potential strains, necessitating the need for broadly effective, long-lasting protective vaccines (Fox et al., 2018). cTfh cells that express ICOS, CXCR3 and CXCR5 correlate with protective responses against influenza through interaction with memory B cells, inducing the production of high-titre specific antibodies, a key mediator of antigen specific immunity (Bentebibel et al., 2013; Hill et al., 2021). Thus, the above rationale applied to strategies using $\gamma\delta$ T cells for vaccine design against HIV may also hold for influenza and other diseases for which bnAbs are required and where $\gamma\delta$ T cells have been implicated in post-vaccination responses, such as COVID-19 (Terzoli et al., 2024; Andreu-Ballester et al., 2024). It is noteworthy that aging appears to result in alterations of the $\gamma\delta$ T cell response that might have negative implications for conventional influenza vaccination efficacy (Stervbo et al., 2017).

Visceral leishmaniasis is an example of a neglected tropical disease for which there is no effective vaccine. It is a potentially lethal chronic infection associated with the development of hypergammaglobulinaemia of hyper-mutated, class-switched, low-affinity antibodies that contribute to disease progression in mice (Silva-Barrios & Stäger, 2019). These defective immune responses are thought to be caused by the loss of both fDCs and Tfh cells during chronic infection in mice and rhesus macaques (Stanley & Engwerda, 2006; Rodrigues et al., 2014), leading to alterations in the architecture of lymphoid structures and causing loss of GCs and the ability to produce parasite-specific antibodies (Rodrigues et al., 2016). In addition, suppression of cell-mediated immunity via IL-10 production is a major component of the immunopathology observed in visceral leishmaniasis (Rodrigues et al., 2016). $\gamma\delta$ T cells respond to

Leishmania donovani amastigotes *in vitro* (Saha et al., 1999) and are elevated in the blood of patients with visceral leishmaniasis (Raziuddin et al., 1992; Russo et al., 1993), with a high proportion expressing HLA-DR (Raziuddin et al., 1992). Besides expressing IFN- γ , patient-derived $\gamma\delta$ T cells have also been found to produce a B cell growth factor (most likely IL-4) (Raziuddin et al., 1992) and IL-10 (Lagler et al., 2003), and may thus affect humoral immune responses. It is currently unknown whether priming of antigen-specific $\gamma\delta$ T cells during vaccination could provide long-term antigen reservoirs to sustain the Tfh response and production of parasite-specific antibodies, thereby replacing the fDCs lost in chronic infection, and whether abrogation of this deleterious effect on Tfh cells could lead to protection from disease.

5. Targeting $\gamma\delta$ T cells for novel vaccine strategies

The potent contribution of $\gamma\delta$ T cells to humoral immune responses as outlined in this review may be important for the design of novel vaccine regimes, by exploiting a potential adjuvant effect on B cells and Tfh cells and enhancing antibody titres, improving antibody affinities and breadth, and/or ensuring the generation of appropriate isotypes (Figure 1). However, while there is considerable clinical interest in utilising the cytotoxic potential of $\gamma\delta$ T cells for immunotherapeutic purposes, especially with regard to the treatment of solid and haematological malignancies (Saura-Esteller et al., 2022; Hayday et al., 2024; Arias-Badia et al., 2024), the application of our expanding knowledge of $\gamma\delta$ T cell influence on B cells and Tfh cells into the clinic for the design of novel vaccines is still in its infancy (Box 1).

In the most direct way, targeting human $\gamma\delta$ T cells could be achieved by administration of HMB-PP or related compounds to boost the B cell helper capacity of $\gamma\delta$ T cells. In fact, treatment with HMB-PP or synthetic derivatives readily leads to a systemic
 915 activation of V γ 9/V δ 2 T cells in cynomolgus macaques (Ali et al., 2007), pigtail macaques (Barber-Axthelm et al., 2023) and marmosets (Rowland et al., 2012). Similarly, the humanised antibody ICT01 that targets BTN3A specifically activates V γ 9/V δ 2 T cells in cynomolgus macaques (de Gassart et al., 2021). These studies successfully established non-human primates as suitable model to study V γ 9/V δ 2 T
 920 cell responses *in vivo* and demonstrated the safety of V γ 9/V δ 2 T cell activating compounds. The efficacy of V γ 9/V δ 2 T cells against microbial infections has been investigated in a number of contexts, with mixed outcomes. While treatment of marmosets with an HMB-PP analogue had no effect against respiratory *Burkholderia pseudomallei* infection (Laws et al., 2013), treatment of cynomolgus macaques
 925 conferred protection against pneumonic plague lesions after *Yersinia pestis* inhalation (Huang et al., 2009) and reduced bacterial burdens in a TB model (Chen et al., 2013).

There are no clinically approved HMB-PP derivatives available as yet that could be used directly in humans. However, the aminobisphosphonate drug zoledronate, which is used to treat bone resorption disorders associated with osteoporosis, multiple
 930 myeloma and bone metastasis, readily activates V γ 9/V δ 2 T cells via causing intracellular accumulation of the low affinity BTN2A1/BTN3A1 ligand isopentenyl pyrophosphate in target cells (Roelofs et al., 2009; Welton et al., 2013; Yuan et al., 2023). In cynomolgus macaques infected with multidrug-resistant Mtb, adjunctive administration of zoledronate and IL-2 alongside antimicrobial therapy led to the
 935 expansion of V γ 9/V δ 2 T cells and a sustained increase of Th1-like CD4⁺ and CD8⁺ T cells, resulting in a decreased bacterial burden and milder pathology compared to drug

treatment alone ([Shen et al., 2022](#)). In contrast to these promising findings, treatment of experimental TB in SIV co-infected macaques with zoledronate and IL-2 had no beneficial effect on host resistance ([Larson et al., 2024](#)), perhaps in part due to the suppression of Mtb-reactive V γ 9/V δ 2 T cells upon co-infection with SIV ([Zhou et al., 2003](#)).

Together, these studies demonstrate that V γ 9/V δ 2 T cells can be targeted *in vivo* with encouraging results with respect to protection and infection control in some settings ([Table 1](#)). While the mechanisms involved are typically associated with cytotoxic responses by V γ 9/V δ 2 T cells themselves and other T cell subsets, little attention has been paid to boosting antigen-specific adaptive immune responses in those models, and only a few studies have looked at the effect of V γ 9/V δ 2 T cell stimulation on B cells *in vivo*. When administering the anti-BTN3A antibody ICT01, [de Gassart et al. \(2021\)](#) observed no significant activation of immune cells other than V γ 9/V δ 2 T cells, both in macaques and in patients with advanced stage solid cancers. However, in support of an adjuvant effect of $\gamma\delta$ T cells, administration of HMB-PP and IL-2 to rhesus macaques infected with SHIV led to V γ 9/V δ 2 T cell expansion and transient increases in circulating CD4⁺ and CD8⁺ $\alpha\beta$ T cells when given during early infection, and boosted HIV envelope glycoprotein-specific antibody titres when given during the chronic infection ([Ali et al., 2009](#)). To directly examine the adjuvant properties of V γ 9/V δ 2 T cells as a novel TB vaccine, [Cendron et al. \(2007\)](#) tested a combination of a mycobacterial ESAT-6-Ag85B fusion protein with a synthetic HMB-PP analogue, which induced distinct waves of $\alpha\beta$ and $\gamma\delta$ T cell responses in cynomolgus macaques, yet with no apparent boost in antigen-specific immunity ([Cendron et al., 2007](#)). Unfortunately, no data on antibody responses are available from that study. [Gertner-Dardenne et al. \(2009\)](#) tested a synthetic analogue of HMB-PP in conjunction with the

anti-CD20 monoclonal antibody rituximab in cynomolgus macaques and showed enhanced B cell depletion from blood and lymph nodes via ADCC, demonstrating a positive effect of V γ 9/V δ 2 T cells with potential for novel immunotherapies.

965 It is striking that the vast majority of clinical and preclinical studies so far have included co-administration of IL-2, based on the early observation that IL-2 supports V γ 9/V δ 2 T cell proliferation *in vitro* and *in vivo* (Casetti et al., 2005). However, IL-2 also drives expression of cytokines like IFN- γ and TNF- α and polarises V γ 9/V δ 2 T cells towards a pro-inflammatory and cytotoxic phenotype (Vermijlen et al., 2007). The fact that
970 V γ 9/V δ 2 T cells display a striking functional plasticity and readily assume different roles *in vitro* in the presence of cytokines other than IL-2 (Tyler et al., 2017; Tyler et al., 2024) has yet to be exploited *in vivo*, for instance by replacing the standard IL-2 regime with cytokines such as IL-4 or IL-21. Indeed, there is considerable interest in testing IL-21 in clinical trials, albeit predominantly in the context of cancer
975 immunotherapy (Li et al., 2024). In support of its potential as an adjuvant in boosting humoral immune responses, co-delivery of IL-21 enhanced flu vaccine-induced antibody responses and modulated GC activity in aged SIV-positive rhesus macaques (Kvistad et al., 2021). Targeting $\gamma\delta$ T cells *in vivo* in the context of IL-21 may thus deserve closer attention (Box 1).

980 6. Conclusion and future perspectives

As summarised in this review, $\gamma\delta$ T cells are important effector populations in many infections and in vaccine-mediated protection against bacterial, viral and parasitic diseases. While this was classically believed to be achieved predominantly via the

capacity of $\gamma\delta$ T cells to trigger inflammatory responses and/or directly kill infected
985 cells, the contribution of $\gamma\delta$ T cells to humoral immunity upon natural infection and
vaccination has been a sorely under-researched area and is only now beginning to be
understood better ([Born et al., 2017](#); [Rampoldi et al., 2020](#); [Qiu et al., 2023](#)). In this
respect, it is conceivable that the activation of antigen presenting $\gamma\delta$ T cells may
contribute to the priming of Tfh cells *in vivo*, and provide an additional facet to enhance
990 the breadth and depth of Tfh responses, with the potential to boost the development
of protective antibodies including bnAbs ([Wan et al., 2017](#); [Chen et al., 2018](#); [Inoue et
al., 2018](#); [Rezende et al., 2018](#)). This mechanism could be of potential adjuvant use
in many infections that pose a global threat. By targeting $\gamma\delta$ T cells during vaccination
to boost Tfh cells, it may be possible to harness the synergistic effects of both
995 antibody-mediated and cell-mediated protection against pathogens. Future studies
should thus seek to characterise the influence of $\gamma\delta$ T cells on humoral responses,
representing an exciting new avenue of research into how $\gamma\delta$ T cells can contribute to
the development of efficacious vaccines ([Box 1](#)). As a flip side, given the
interdependence of Tfh cells, $\gamma\delta$ T cells and B cells in modulating antibody responses,
1000 dampening overactive $\gamma\delta$ T cell functions may offer new opportunities for therapeutic
intervention in conditions marked by excessive production of autoantibodies. $\gamma\delta$ T cells
have clearly come of age as all-rounders not only through their capacity to bridge
innate and adaptive immunity but also by linking cellular and humoral immunity, with
more discoveries and their ultimate translation into the clinic awaiting.

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Box 1: Open questions and potential avenues of research.

✓ How do $\gamma\delta$ T cells affect the level, specificity, affinity and/or class of antibodies in infection and autoimmunity?

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✓ How, when and where do $\gamma\delta$ T cells modulate the differentiation and activity of Tfh cells and B cells?

✓ Are the molecular mechanisms involved in the $\gamma\delta$ T cell crosstalk with Tfh cells and B cells conserved across species?

✓ Do non-V γ 9/V δ 2 T cells present antigens to naïve CD4⁺ T cells and trigger differentiation into distinct effector subsets, including Tfh cells?

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✓ Does targeted manipulation of $\gamma\delta$ T cells *in vivo* affect the level, specificity, affinity and/or class of antibodies?

✓ Does co-administration of cytokines such as IL-4 or IL-21 improve $\gamma\delta$ T cell-driven humoral immune responses?

✓ Will novel vaccines benefit from $\gamma\delta$ T cell-stimulating adjuvants?

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✓ Will novel $\gamma\delta$ T cell targeting therapies dampen autoantibody production in patients with autoimmune disorders?

Table

Table 1. Strategies to target Vγ9/Vδ2 T cells in the clinic. Approaches include both the activation of Vγ9/Vδ2 T cells as novel adjuvants in order to boost humoral immunity and the potential inhibition of Vγ9/Vδ2 T cells to suppress overshooting immune responses.

Approach	Example	Key references
<i>γδ T cell activation</i>		
Phosphoantigens	HMB-PP and derivatives	Ali et al., 2007 ; Cendron et al., 2007
	Prodrugs	Singh et al., 2023 ; Xu et al., 2024
Aminobisphosphonates	Zoledronate	Welton et al., 2013 ; Shen et al., 2022
Agonist antibodies	ICT01 (anti-BTN3A1)	de Gassart et al., 2021
	107G3B5 (anti-BTN2A1)	Le Floch et al., 2024
Attenuated bacteria	BCG vaccine	Shen et al., 2002
	<i>Listeria monocytogenes</i>	Shen et al., 2019
Enhanced microbial HMB-PP production	<i>ΔlytB Salmonella enterica</i>	Workalemahu et al., 2014
Cytokines	IL-21	Li et al., 2024 ; Kvistad et al., 2021
<i>γδ T cell inhibition</i>		
Blocking antibodies	103.2 (anti-BTN3A1)	Harly et al., 2012
	anti-Vγ9	Davey et al., 2011
Inhibition of microbial HMB-PP production	Fosmidomycin	Davey et al., 2011
	<i>ΔgcpE Listeria monocytogenes</i>	Frencher et al., 2014

Figure

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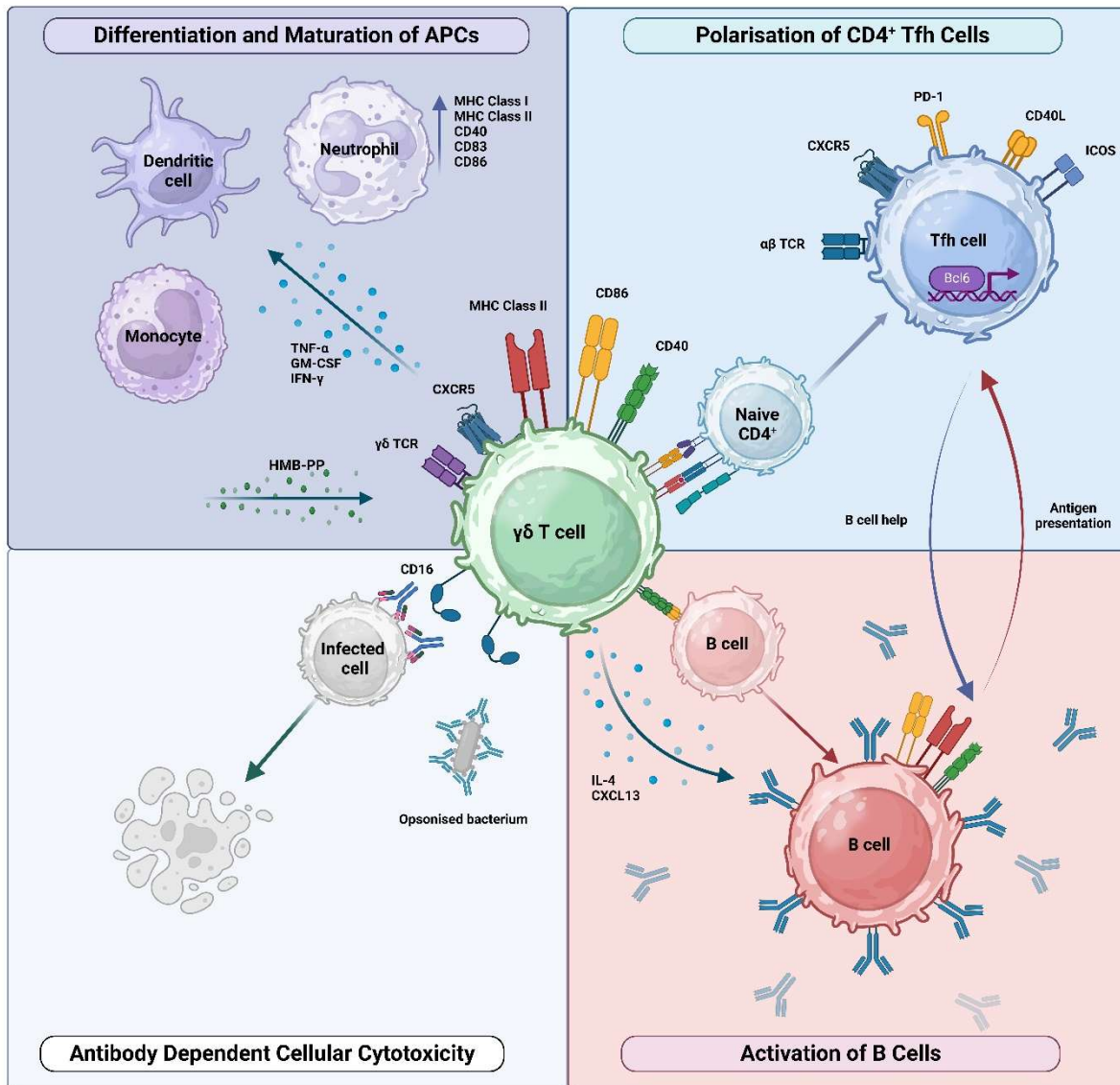


Figure 1. Modulation of humoral immunity by human Vγ9/Vδ2 T cells. γδ T cells can modulate humoral immunity both by presenting antigens to naïve CD4⁺ T cells and inducing their differentiation into Tfh cells, and by providing direct help to B cells. At the same time they can trigger differentiation and maturation of different types of APCs, thereby further amplifying adaptive immune responses. Antibodies produced upon infection or as a result of vaccination can trigger protective immunity against

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2140 infected targets via ADCC. Created in BioRender. Eberl, M. (2025)
<https://BioRender.com/j0lk18q>.