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Long-Term Benefits of Early-Life Immunotherapies

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ABSTRACT

Early-life immunotherapies are increasingly being explored as a preventive and therapeutic strategy to modulate immune development and protect against both infectious and non-communicable diseases. Administered during critical windows of immune plasticity, these interventions—ranging from vaccines and monoclonal antibodies to microbial-derived adjuvants and immune-modulating agents—can exert long-lasting effects on immune competence, disease susceptibility, and overall health trajectories. This review synthesizes emerging and established evidence on the long-term benefits of early-life immunotherapies, highlighting their potential to reshape health outcomes well beyond childhood. By priming the immune system early, these interventions enhance resistance to infections, reduce the incidence and severity of allergic and autoimmune diseases, and improve the effectiveness and durability of future vaccinations. Mechanisms underlying these benefits include epigenetic reprogramming, development of robust immunological memory, trained innate immunity, and interactions with the microbiome. The review also explores the implications for public health strategies, especially in low-resource settings where early-life interventions may yield significant lifelong health gains. As research advances, early immunotherapeutic approaches may become cornerstone strategies in global efforts to promote immune resilience and reduce the burden of chronic disease.

Keywords: Early-life immunotherapy, immune programming, neonatal vaccines, trained immunity, allergy prevention, long-term immunity, pediatric immunology

INTRODUCTION

The neonatal and early childhood periods represent a critical phase in human development, particularly for the immune system, which undergoes rapid maturation and differentiation during this time [1]. The immune landscape in early life is characterized by a shift from innate-dominant responses towards the gradual establishment of adaptive immunity, which includes the generation of memory T and B cells, regulatory pathways, and tolerance mechanisms [2]. This phase also coincides with initial exposures to environmental antigens, commensal microbiota, and vaccines, all of which contribute to shaping lifelong immune competence [3]. Given this heightened plasticity and responsiveness, early life presents a unique window of opportunity to apply immunotherapeutic strategies aimed at optimizing immune development. Immunotherapies in this context include a broad range of interventions such as prophylactic vaccines, monoclonal antibodies targeting specific pathogens, microbial-derived adjuvants that modulate innate immunity, and other immunomodulatory agents designed to guide immune maturation [4]. These approaches are not only intended to provide immediate protection against infectious agents but also to induce long-lasting effects that persist into adolescence and adulthood. The rationale for focusing on early-life immunotherapy stems from both epidemiological and mechanistic evidence. Epidemiologically, early interventions like the Bacillus Calmette-Guérin (BCG) vaccine have been associated with reduced all-cause mortality and decreased incidence of non-targeted infections [5]. Mechanistically, early exposures can induce epigenetic modifications, promote the expansion of regulatory immune subsets, and train innate immune cells to respond more effectively to future challenges [6]. These enduring changes have the potential to reduce the incidence of allergies, autoimmune

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conditions, and chronic inflammatory diseases later in life. Understanding the long-term impacts of early-life immunotherapies is crucial for guiding public health policies, vaccination schedules, and future research [7]. A comprehensive analysis of these impacts can help identify the most effective windows for intervention, the types of therapies that confer the greatest benefit, and the potential risks associated with manipulating the immune system during a period of rapid development.

Mechanisms Underlying Long-Term Immune Modulation

Early-life immunotherapies shape the immune system through several interconnected mechanisms. Epigenetic reprogramming refers to the alteration of gene expression patterns without changing the DNA sequence [8]. Immunotherapies may induce such modifications in immune progenitor cells, resulting in long-lasting changes in immune cell function and responsiveness [9]. This can affect cytokine production, receptor expression, and the overall inflammatory profile of the host [10]. The induction of T-cell and B-cell memory is another critical mechanism [11]. Immunological priming during infancy can lead to the generation of long-lived memory lymphocytes that confer rapid and robust responses upon re-exposure to specific pathogens [12]. These memory cells are essential for sustained immunity and the prevention of reinfection.

Trained immunity is a recently recognized phenomenon whereby innate immune cells, traditionally viewed as nonspecific and short-lived, acquire memory-like characteristics following certain stimuli [13]. This reprogramming enhances their ability to respond more vigorously to subsequent infections, including those caused by unrelated pathogens [14]. Trained immunity provides a broad layer of protection and is particularly relevant in early life when adaptive immunity is still developing [15]. Interactions with the microbiome also play a pivotal role in immune modulation [16]. The colonization of the gut by diverse microbial species during infancy educates the immune system and promotes the development of tolerance and balanced immune responses [17]. Immunotherapies may influence this process by shaping microbial composition or by enhancing host-microbe interactions that support immune homeostasis. Together, these mechanisms contribute to the durable effects of early-life immunotherapies and form the foundation for their potential to enhance health outcomes across the lifespan.

Protection Against Infectious Diseases

Early-life immunotherapies, particularly vaccination, play a crucial role in safeguarding infants and young children against a wide array of infectious diseases [18]. These interventions not only provide immediate defense but also induce long-lasting immunological memory that extends protection well into later life [19]. One prominent example is the *Bacillus Calmette-Guérin* (BCG) vaccine, administered shortly after birth in many countries [20]. While its primary purpose is to protect against severe forms of tuberculosis (TB), emerging evidence indicates that the BCG vaccine exerts beneficial off-target effects, including non-specific reductions in neonatal mortality [20,21]. This broader protection is believed to arise from its ability to enhance innate immune responses, a phenomenon known as “trained immunity.”

Vaccines against rotavirus and *Streptococcus pneumoniae* have also demonstrated profound impacts on infant health [22]. Rotavirus vaccination dramatically reduces the incidence of severe gastroenteritis, a leading cause of infant morbidity and mortality in many low-resource settings [23]. Similarly, pneumococcal conjugate vaccines (PCVs) have significantly decreased the burden of invasive pneumococcal diseases, such as meningitis and pneumonia, and contribute to herd immunity by reducing nasopharyngeal carriage [24]. In addition to vaccines, monoclonal antibodies (mAbs) have emerged as a promising immunotherapeutic approach. For instance, palivizumab, a monoclonal antibody targeting the respiratory syncytial virus (RSV), is administered to high-risk infants and has been shown to reduce RSV-related hospitalizations [25]. Importantly, by preventing severe RSV infection early in life, such interventions may also mitigate long-term respiratory complications, including recurrent wheezing and asthma [26].

Allergy and Autoimmune Disease Prevention

Beyond infectious disease control, early immunotherapies have shown potential in modulating immune system development and reducing the risk of allergic and autoimmune diseases [27]. Oral immunotherapy (OIT), particularly when initiated in infancy, is being investigated as a method to induce tolerance to common food allergens such as peanuts and eggs [28]. Early introduction and controlled exposure can reprogram immune responses away from hypersensitivity [29]. The use of probiotics and microbial-derived adjuvants is also gaining attention [30,31]. These agents may foster immune tolerance by influencing gut microbiota composition and enhancing regulatory T-cell responses, thereby reducing the risk of allergic conditions like eczema and asthma [31]. Furthermore, emerging research suggests that the timing, sequence, and spacing of early vaccinations may influence the developing immune system's trajectory [32]. Some studies propose that certain vaccination schedules could alter susceptibility to autoimmune diseases such as type 1 diabetes and multiple sclerosis [33], although further research is needed to establish causality and optimal strategies.

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Enhancement of Vaccine Responsiveness

Early-life administration of immunomodulators and novel adjuvant systems has the potential to significantly enhance the efficacy of routine and future vaccinations. Neonates and young infants often exhibit suboptimal responses to conventional vaccines due to the immaturity of their immune systems [34]. However, carefully designed strategies can overcome these limitations and prime the immune system for more robust responses [35]. Prime-boost strategies are a well-established method in which an initial (priming) immunization is followed by one or more booster doses. Priming during early infancy can shape the immune repertoire, increasing both the magnitude and durability of subsequent responses [36]. For example, early administration of hepatitis B and *Haemophilus influenzae* type b (Hib) vaccines primes the infant immune system, enabling strong anamnestic responses upon boosting [37,38].

Adjunctive agents, such as toll-like receptor (TLR) agonists, cytokines, and other immunomodulators, are being increasingly explored to enhance vaccine-induced immunity in neonates [39,40]. These agents can stimulate innate immune pathways that are underactive in early life, thereby enhancing antigen presentation and adaptive immune activation. TLR agonists, in particular, show promise in eliciting a more balanced Th1/Th2 response profile, which is critical for effective defense against viral and intracellular bacterial infections [39].

Long-Term Immunological Memory

One of the most important goals of early-life immunotherapy is to establish durable immunological memory that can protect individuals across the lifespan [41]. Immunizations and immunotherapeutic interventions administered in infancy can initiate immune responses that persist for years, or even decades. Vaccines that are effective in infancy can lead to sustained antibody titers, which remain above protective thresholds well into adolescence [42]. For instance, measles, mumps, rubella (MMR), and diphtheria-tetanus-pertussis (DTP) vaccines are associated with long-lasting humoral immunity when administered in early childhood [43]. Furthermore, successful early immunotherapy contributes to the development of memory T and B cell pools, which are essential for rapid and efficient responses upon re-exposure to pathogens [44]. These memory cells also form the basis for cross-protection against antigenically similar organisms and facilitate the immune system's ability to adapt to evolving threats [45]. The longevity of protection afforded by some early-life vaccines—such as the hepatitis B vaccine—demonstrates the potential of these interventions to reduce disease burden not just in childhood but across multiple life stages [46].

Public Health and Policy Implications

The strategic implementation of early-life immunotherapy carries significant implications for public health and global healthcare systems. By reducing the incidence and severity of infectious, allergic, and autoimmune diseases, early immunotherapies contribute to improved long-term health outcomes, reducing morbidity and mortality across populations [33]. This, in turn, leads to economic benefits, including lower healthcare expenditures, fewer workdays lost due to illness, and increased lifetime productivity. Importantly, targeted deployment in low-resource settings can address existing disparities in health outcomes. Innovations such as thermostable vaccines, simplified dosing schedules, and passive immunization approaches have the potential to bridge global health inequities, ensuring that vulnerable populations receive effective protection during critical developmental windows [47]. In summary, early-life immunotherapeutic strategies are not only clinically beneficial but also align with broader public health priorities aimed at building healthier, more resilient societies.

Future Directions and Research Gaps

While early-life immunotherapies have shown substantial promise, several important research gaps and opportunities remain. One critical need is for longitudinal cohort studies that follow individuals from infancy into adulthood to evaluate the long-term safety, durability, and broader health impacts of early immunotherapeutic interventions. Such studies would provide valuable insights into how early immune modulation influences disease susceptibility, immune memory, and overall health trajectories over time. Another emerging area is personalized immunotherapy, which tailors interventions based on individual genetic, epigenetic, and microbiome profiles. The neonatal immune system is highly dynamic, and its development is influenced by both intrinsic and environmental factors. Understanding how these factors interact could lead to more effective, customized approaches to immunization and immune modulation, reducing the risk of adverse events and enhancing efficacy. In addition, there is growing interest in the development of novel agents that specifically target neonatal immune pathways, which differ significantly from those in older children and adults. This includes the design of age-appropriate adjuvants, delivery systems, and biologics that can safely and effectively stimulate immature immune systems. Innovations in nanotechnology, systems immunology, and synthetic biology offer promising avenues for advancing this field.

CONCLUSION

Early-life immunotherapies represent a transformative approach to preventive healthcare. By enhancing immune competence during critical developmental windows, these interventions can offer durable protection against

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infectious, allergic, and autoimmune diseases. Continued research and strategic implementation have the potential to reshape population health and usher in a new era of personalized, preventive immunology.

REFERENCES

1. Simon AK, Hollander GA, McMichael A. Evolution of the immune system in humans from infancy to old age. *Proceedings of the Royal Society B Biological Sciences*. 2015;282(1821):20143085. doi:10.1098/rspb.2014.3085
2. Pieren DKJ, Boer MC, De Wit J. The adaptive immune system in early life: The shift makes it count. *Frontiers in Immunology*. 2022;13. doi:10.3389/fimmu.2022.1031924
3. Nunez N, Réot L, Menu E. Neonatal immune system ontogeny: the role of maternal microbiota and associated factors. How might the Non-Human Primate model enlighten the path? *Vaccines*. 2021;9(6):584. doi:10.3390/vaccines9060584
4. Qadri H, Shah AH, Alkhanani M, Almilaibary A, Mir MA. Immunotherapies against human bacterial and fungal infectious diseases: A review. *Frontiers in Medicine*. 2023;10. doi:10.3389/fmed.2023.1135541
5. Moorlag SJCFM, Arts RJW, Van Crevel R, Netea MG. Non-specific effects of BCG vaccine on viral infections. *Clinical Microbiology and Infection*. 2019;25(12):1473–8. doi:10.1016/j.cmi.2019.04.020
6. Caldwell BA, Li L. Epigenetic regulation of innate immune dynamics during inflammation. *Journal of Leukocyte Biology*. 2024;115(4):589–606. doi:10.1093/jleuko/qiae026
7. Nandi A, Shet A. Why vaccines matter: understanding the broader health, economic, and child development benefits of routine vaccination. *Human Vaccines & Immunotherapeutics*. 2020;16(8):1900–4. doi:10.1080/21645515.2019.1708669
8. Handy DE, Castro R, Loscalzo J. Epigenetic modifications. *Circulation*. 2011;123(19):2145–56. doi:10.1161/circulationaha.110.956839
9. Kciuk M, Yahya EB, Mohamed MMI, Rashid S, Iqbal MO, Kontek R, et al. Recent advances in molecular mechanisms of cancer immunotherapy. *Cancers*. 2023;15(10):2721. doi:10.3390/cancers15102721
10. Kany S, Vollrath JT, Relja B. Cytokines in inflammatory disease. *International Journal of Molecular Sciences*. 2019;20(23):6008. doi:10.3390/ijms20236008
11. Sallusto F, Lanzavecchia A, Araki K, Ahmed R. From vaccines to memory and back. *Immunity*. 2010;33(4):451–63. doi:10.1016/j.immuni.2010.10.008
12. Lau CM, Sun JC. The widening spectrum of immunological memory. *Current Opinion in Immunology*. 2018;54:42–9. doi:10.1016/j.coi.2018.05.013
13. Dagenais A, Villalba-Guerrero C, Olivier M. Trained immunity: A “new” weapon in the fight against infectious diseases. *Frontiers in Immunology*. 2023;14. doi:10.3389/fimmu.2023.1147476
14. Netea MG, Joosten LA B, Latz E, Mills KHG, Natoli G, Stunnenberg HG, et al. Trained immunity: A program of innate immune memory in health and disease. *Science*. 2016;352(6284). doi:10.1126/science.aaf1098
15. Pieren DKJ, Boer MC, De Wit J. The adaptive immune system in early life: The shift makes it count. *Frontiers in Immunology*. 2022;13. doi:10.3389/fimmu.2022.1031924
16. Ciabattini A, Olivieri R, Lazzeri E, Medagliani D. Role of the microbiota in the modulation of vaccine immune responses. *Frontiers in Microbiology*. 2019;10. doi:10.3389/fmicb.2019.01305
17. Tanaka M, Nakayama J. Development of the gut microbiota in infancy and its impact on health in later life. *Allergology International*. 2017;66(4):515–22. doi:10.1016/j.alit.2017.07.010
18. Montero DA, Vidal RM, Velasco J, Carreño LJ, Torres JP, O M a. B, et al. Two centuries of vaccination: historical and conceptual approach and future perspectives. *Frontiers in Public Health*. 2024;11. doi:10.3389/fpubh.2023.1326154
19. Raymond SL, Rincon JC, Wynn JL, Moldawer LL, Larson SD. Impact of Early-Life exposures to infections, antibiotics, and vaccines on perinatal and long-term health and disease. *Frontiers in Immunology*. 2017;8. doi:10.3389/fimmu.2017.00729
20. Okafor CN, Rewane A, Momodu II. *Bacillus calmette Guerin*. StatPearls - NCBI Bookshelf. 2023. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538185/>
21. Wu Y, Zhang X, Zhou L, Lu J, Zhu F, Li J. Research progress in the off-target effects of Bacille Calmette–Guérin vaccine. *Chinese Medical Journal*. 2023;137(17):2065–74. doi:10.1097/cm9.0000000000002890
22. Dennehy PH. Rotavirus Vaccines: an Overview. *Clinical Microbiology Reviews*. 2008;21(1):198–208. doi:10.1128/cmr.00029-07
23. Henschke N, Bergman H, Hungerford D, Cunliffe NA, Grais RF, Kang G, et al. The efficacy and safety of rotavirus vaccines in countries in Africa and Asia with high child mortality. *Vaccine*. 2022;40(12):1707–11. doi:10.1016/j.vaccine.2022.02.003
24. Rodgers GL, Whitney CG, Klugman KP. Triumph of pneumococcal conjugate vaccines: Overcoming a common foe. *The Journal of Infectious Diseases*. 2020;224(Supplement_4):S352–9. doi:10.1093/infdis/jiaa535

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25. Lee PI, Huang YC, Chen CJ, Chiu CH, Chen PY, Lu CY, et al. Recommendation for immune prophylaxis of respiratory syncytial virus infection in children. *Journal of Microbiology Immunology and Infection*. 2025. doi:10.1016/j.jmii.2025.02.007
26. Zar HJ, Cacho F, Kootbodien T, Mejias A, Ortiz JR, Stein RT, et al. Early-life respiratory syncytial virus disease and long-term respiratory health. *The Lancet Respiratory Medicine*. 2024. doi:10.1016/s2213-2600(24)00246-7
27. National Academies Press (US). Promising approaches to the development of immunomodulation for the treatment of infectious diseases. *Treating Infectious Diseases in a Microbial World - NCBI Bookshelf*. 2006. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK19846/>
28. Mori F, Giovannini M, Barni S, Jiménez-Saiz R, Munblit D, Biagioni B, et al. Oral Immunotherapy for Food-Allergic Children: A Pro-Con debate. *Frontiers in Immunology*. 2021;12. doi:10.3389/fimmu.2021.636612
29. Kulis MD, Patil SU, Wambre E, Vickery BP. Immune mechanisms of oral immunotherapy. *Journal of Allergy and Clinical Immunology*. 2017;141(2):491–8. doi:10.1016/j.jaci.2017.12.979
30. Petrillo F, Buonanno A, Fedi L, Galdiero M, Reibaldi M, Tamburini B, et al. Atopic dermatitis and Atopic keratoconjunctivitis: New insights in the analyses of Microbiota and Probiotic Effect. *International Journal of Molecular Sciences*. 2025;26(4):1463. doi:10.3390/ijms26041463
31. Fang Z, Li L, Zhang H, Zhao J, Lu W, Chen W. Gut microbiota, Probiotics, and their interactions in prevention and Treatment of atopic dermatitis: a review. *Frontiers in Immunology*. 2021;12. doi:10.3389/fimmu.2021.720393
32. Laupèze B, Del Giudice G, Doherty MT, Van Der Most R. Vaccination as a preventative measure contributing to immune fitness. *Npj Vaccines*. 2021;6(1). doi:10.1038/s41541-021-00354-z
33. Olivieri B, Betterle C, Zanoni G. Vaccinations and autoimmune diseases. *Vaccines*. 2021;9(8):815. doi:10.3390/vaccines9080815
34. Gervassi AL, Horton H. Is infant immunity actively suppressed or immature? *Virology Research and Treatment*. 2014;5:VRT.S12248. doi:10.4137/vrt.s12248
35. Crofts KF, Alexander-Miller MA. Challenges for the newborn immune response to respiratory virus infection and vaccination. *Vaccines*. 2020;8(4):558. doi:10.3390/vaccines8040558
36. Clemens EA, Alexander-Miller MA. Understanding Antibody Responses in Early Life: Baby Steps towards Developing an Effective Influenza Vaccine. *Viruses*. 2021;13(7):1392. doi:10.3390/v13071392
37. Romano L, Zanetti AR. Hepatitis B Vaccination: A Historical Overview with a Focus on the Italian Achievements. *Viruses*. 2022;14(7):1515. doi:10.3390/v14071515
38. Gilsdorf JR. Hib Vaccines: Their Impact on Haemophilus influenzae Type b Disease. *The Journal of Infectious Diseases*. 2020;224(Supplement_4):S321–30. doi:10.1093/infdis/jiaa537
39. Kayesh MEH, Kohara M, Tsukiyama-Kohara K. TLR agonists as vaccine adjuvants in the prevention of viral infections: an overview. *Frontiers in Microbiology*. 2023;14. doi:10.3389/fmicb.2023.1249718
40. Bragazzi NL, Hejly A, Watad A, Adawi M, Amital H, Shoenfeld Y. ASIA syndrome and endocrine autoimmune disorders. *Best Practice & Research Clinical Endocrinology & Metabolism*. 2020;34(1):101412. doi:10.1016/j.beem.2020.101412
41. Janeway CA Jr, Travers P, Walport M, Shlomchik MJ. Immunological memory. *Immunobiology - NCBI Bookshelf*. 2001. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK27158/>
42. Amanna IJ, Slifka MK. Successful vaccines. *Current Topics in Microbiology and Immunology*. 2018;1–30. doi:10.1007/82_2018_102
43. Stratton KR, Howe CJ, Johnston RB Jr. Measles and mumps vaccines. *Adverse Events Associated With Childhood Vaccines - NCBI Bookshelf*. 1994. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK236288/>
44. Giri S, Batra L. Memory cells in Infection and Autoimmunity: Mechanisms, functions, and therapeutic implications. *Vaccines*. 2025;13(2):205. doi:10.3390/vaccines13020205
45. Cano RLE, Lopera HDE. Introduction to T and B lymphocytes. *Autoimmunity - NCBI Bookshelf*. 2013. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459471/>
46. Al-Busafi SA, Alwassief A. Global perspectives on the Hepatitis B vaccination: challenges, achievements, and the road to elimination by 2030. *Vaccines*. 2024;12(3):288. doi:10.3390/vaccines12030288
47. Ghattas M, Dwivedi G, Lavertu M, Alameh MG. Vaccine technologies and platforms for infectious diseases: current progress, challenges, and opportunities. *Vaccines*. 2021;9(12):1490. doi:10.3390/vaccines9121490

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