

Disease	CD14 ⁺⁺ CD16 ⁻ (classical, phagocytic)	CD14 ⁺⁺ CD16 ⁺ (Intermediate, inflammatory)	CD14 ⁺ CD16 ⁺⁺ (Non-classical, patrolling)	Functional change associated with CD14 ⁺⁺ CD16 ⁻ MC expansion	PMID #
Congestive HF		6.4%↑		CD143 (ACE) ↑, Creatine↑, GFR↓, albumin↓	20364047
CKD		42 →70 cells/μl	55 →130 cells/μl		20943670
RA		5 %↑		Th17 cells expansion	22006178
AAA		2.24 %↑	1.9 %↑		23348634
Stroke		3 %↑	3 %↓		19293821
HIV-2		7 %↑		Myeloid dendritic cell depletion	23460749
Sepsis	No change	11.5 %↑	6 %↑	Phagocytosis↓, CD86↑, HLA-DR↓, IL1β↓, IL-10↑	12028567
Sepsis	9.5 %↓	12 %↑	3.4 %↓	HLA-DR↓, TNFα & IL1β ↓,IL-10↑	19604380
Hepatitis B	6.2 %↓	3.3 %↑	2.5 %↑	HLA-DR↑,TNFα↑, IL-6↑, IL1β ↑, Th17 cells expansion	21390263
HIV	2.5 %↓	3 %↑	3 %↑	CD163(scavenger receptor)↑	21625498
Denque fever	12~18 %↓	3~7 %↑		HLA-DR↓, ICAM ↑, serum TNFα↑, IL-18↑, IFNγ ↑,	20113369
Tuberculosis	10 %↓	9 %↑	13 %↑	TNFα↑, apoptosis↑, IL-10↓	21621464

Table 3. Frequency of three monocyte subsets in different diseases. Circulating classical (CD14⁺⁺CD16⁻; also described as CD14⁺CD16⁻; phagocytic), intermediate (CD14⁺⁺CD16⁺, also described as CD14⁺CD16⁺; inflammatory) and non-classical (CD14⁺CD16⁺⁺, also described as CD14^{dim}CD16⁺; patrolling) MC counts were examined in human disease as indicated. The percentage change of monocyte subsets and some functional measurements are recorded. We used PMID # to cite individual manuscripts reporting these studies. ACE, angiotensin converting factor; GFR, glomerular filtration rate; CD86, co-stimulatory molecule, HLA-DR, human leukocyte antigen DR (MHC-II, major histocompatibility complex class II); RA, rheumatoid arthritis; AAA, abdominal aortic aneurysms; HF, heart failure; CKD, chronic kidney disease; GFR, glomerular filtration rate; HIV, human immunodeficiency virus.