

WHAT IS CLAIMED IS:

1. Use of an Interleukin-2 (IL2) fusion protein in the manufacture of a medicament for the treatment of an infectious disease or an immune-mediated disease in a subject in need thereof, wherein the fusion protein comprises:
 - (a) a first polypeptide comprising an IL2 polypeptide; and
 - (b) a second polypeptide comprising an extracellular domain of an Interleukin-2 Receptor alpha (IL2R α) polypeptide,wherein (i) the extracellular domain of the IL2R α polypeptide has at least one fewer glycosylation compared to the extracellular domain of native IL2R α (SEQ ID NO: 1); and/or (ii) the IL2 polypeptide has at least one fewer glycosylation compared to native IL2 (SEQ ID NO: 2);
wherein the dose is from 0.1 mg to 9 mg.
2. The use of claim 1, wherein the fusion protein is to be administered to the subject via a topical, epidermal, mucosal, intranasal, oral, vaginal, rectal, sublingual, intravenous, intraperitoneal, intramuscular, intraarterial, intrathecal, intralymphatic, intralesional, intracapsular, intraorbital, intracardiac, intradermal, transtracheal, subcutaneous, subcuticular, intraarticular, subcapsular, subarachnoid, intraspinal, epidural or intrasternal route.
3. The use of claim 1, wherein the fusion protein is to be administered to the subject via an intravenous route.
4. The use of claim 3, wherein the dose is
 - (a) between 0.3 mg to 9 mg;
 - (b) between 3 mg and 9 mg;
 - (c) between 6 mg and 9 mg;
 - (d) between 0.1 mg and 3 mg;

- (e) between 0.1 mg and 1 mg;
 - (f) between 0.1 mg and 0.3 mg;
 - (g) between 0.3 mg and 6 mg; or
 - (h) between 1 mg and 3 mg.
5. Use of an Interleukin-2 (IL2) fusion protein in the manufacture of a medicament for the treatment of an infectious disease or an immune-mediated disease in a subject in need thereof, wherein the fusion protein comprises:
- (a) a first polypeptide comprising an IL2 polypeptide; and
 - (b) a second polypeptide comprising an extracellular domain of an Interleukin-2 Receptor alpha (IL2R α) polypeptide,
- wherein (i) the extracellular domain of the IL2R α polypeptide has at least one fewer glycosylation compared to the extracellular domain of native IL2R α (SEQ ID NO: 1); and/or (ii) the IL2 polypeptide has at least one fewer glycosylation compared to native IL2 (SEQ ID NO: 2),
- wherein the fusion protein is to be administered to the subject via an intravenous route, and
- wherein the dose is greater than 9 mg.
6. The use of claim 1, wherein the fusion protein is to be administered to the subject via a subcutaneous route.
7. The use of claim 6, wherein the dose is
- (a) between 1 mg and 8 mg;
 - (b) between 3 mg and 8 mg;
 - (c) between 6 mg and 8 mg;
 - (d) between 1 mg to 6 mg;

- (e) between 1 mg to 3 mg;
 - (f) between 3 mg to 6 mg;
 - (g) about 1 mg, about 3 mg, about 6 mg, or about 8 mg; or
 - (h) greater than 8 mg.
8. The use of any one of claims 1-7, wherein two or more of the doses are to be administered at a dosing interval between two doses.
 9. The use of claim 8, wherein the dosing interval is
 - (a) at least one day, at least two days, at least three days, at least four days, at least five days, at least six days, at least one week, at least two weeks, at least three weeks, at least four weeks, at least a month, at least five weeks, at least six weeks, at least seven weeks, at least eight weeks, at least two months, at least nine weeks, at least ten weeks, at least eleven weeks, at least twelve weeks, or at least three months;
 - (b) at least three weeks; or
 - (c) about three weeks.
 10. The use of claim 8 or 9, wherein the dosing interval is the same throughout the doses.
 11. The use of claim 8 or 9, wherein the dosing interval is different throughout the doses.
 12. The use of claim 8 or 9, wherein at least one of the two or more doses is to be administered intravenously and at least one of the two or more doses is to be administered subcutaneously.
 13. The use of claim 12, wherein the dose is to be administered intravenously before the dose is to be administered subcutaneously.
 14. The use of claims 8-13, wherein the first dose is to be administered intravenously and the final dose is to be administered subcutaneously.

15. The use of any one of claims 1-14, wherein the immune-mediated disease is an inflammatory disease or an autoimmune disease.
16. The use of any one of claims 1-14, wherein the immune-mediated disease is selected from the group consisting of: type 1 diabetes; multiple sclerosis; rheumatoid arthritis; celiac disease; systemic lupus erythematosus; lupus nephritis; cutaneous lupus; juvenile idiopathic arthritis; Crohn's disease; ulcerative colitis; systemic sclerosis; graft versus host disease (GvHD); psoriasis; alopecia areata; HCV-induced vasculitis; Sjogren's syndrome; Pemphigus; Ankylosing Spondylitis; Behcet's Disease; Wegener's Granulomatosis; Takayasu's Disease; Autoimmune Hepatitis; Sclerosing Cholangitis; Gougerot-sjögren; inflammatory bowel disease; Immune Dysregulation, Polyendocrinopathy, Enteropathy, X-linked (IPEX) syndrome; and Macrophage Activation Syndrome.
17. The use of claim 16, wherein the immune-mediated disease is systemic lupus erythematosus, lupus nephritis, or cutaneous lupus.
18. The use of claim 17, wherein the immune-mediated disease is systemic lupus erythematosus.
19. The use of any one of claims 15-18, wherein a corticosteroid is to be further administered to the subject.
20. The use of claim 19, wherein the corticosteroid is prednisolone.
21. The use of claim 19 or 20, wherein the corticosteroid is to be administered to the subject via a topical, oral, intravenous, or intramuscular route.
22. The use of any one of claims 19-21, wherein the corticosteroid is to be administered before, concurrently with, or after each dose of the of the fusion protein.
23. The use of any one of claims 28-31, wherein two or more doses of the corticosteroid are to be administered to the subject at a dosing interval between each dose.
24. The use of any one of claims 1-23, wherein the extracellular domain of the IL2R α polypeptide has at least one fewer glycosylation, at least two fewer glycosylations, at

least three fewer glycosylations, at least four fewer glycosylations, at least five fewer glycosylations, at least six fewer glycosylations, at least seven fewer glycosylations, at least eight fewer glycosylations, or at least nine fewer glycosylations compared to the extracellular domain of native IL2R α (SEQ ID NO: 1).

25. The use of any one of claims 1-24, wherein the IL2 polypeptide has at least one fewer glycosylation compared to native IL2 (SEQ ID NO: 2).
26. The use of any one of claims 1-25, wherein the first polypeptide comprises an amino acid sequence at least 60%, at least 70%, at least 80%, at least 85%, at least 90%, at least 95%, at least 96%, at least 97%, at least 98%, at least 99% or about 100% identical to SEQ ID NO: 2.
27. The use of any one of claims 1-26, wherein the second polypeptide
- (a) comprises an amino acid sequence at least 60%, at least 70%, at least 80%, at least 85%, at least 90%, at least 95%, at least 96%, at least 97%, at least 98%, at least 99%, or about 100% identical to SEQ ID NO: 3;
 - (b) is SEQ ID NO: 4; or
 - (c) is SEQ ID NO: 3.