Vaccines

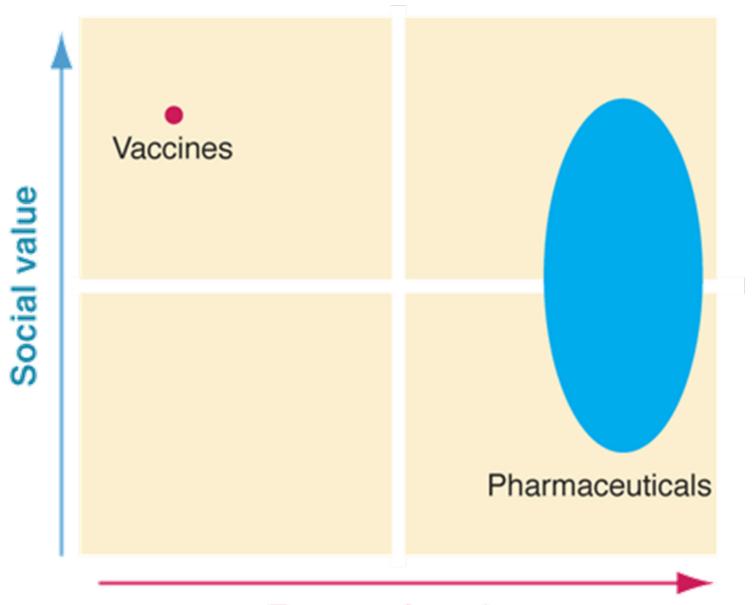


Learning outcomes

You should be able to:

(1) List and give examples of different types of vaccines

(2) List and give examples of new approaches being used in current vaccine development



Economic value

What is a vaccine?

 a preparation, consisting of killed, pretreated, or living microorganisms or molecules derived from them, that is used in vaccination

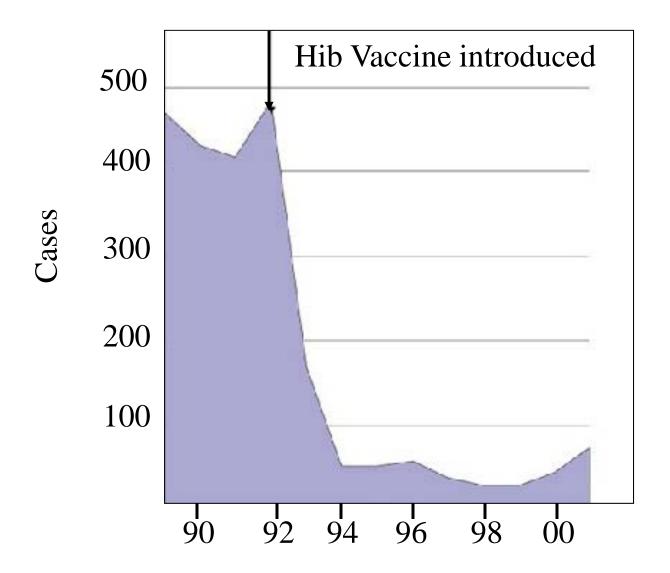
Latin *vaccinus* – 'of or from cows'.
 (Edward Jenner in 1796)



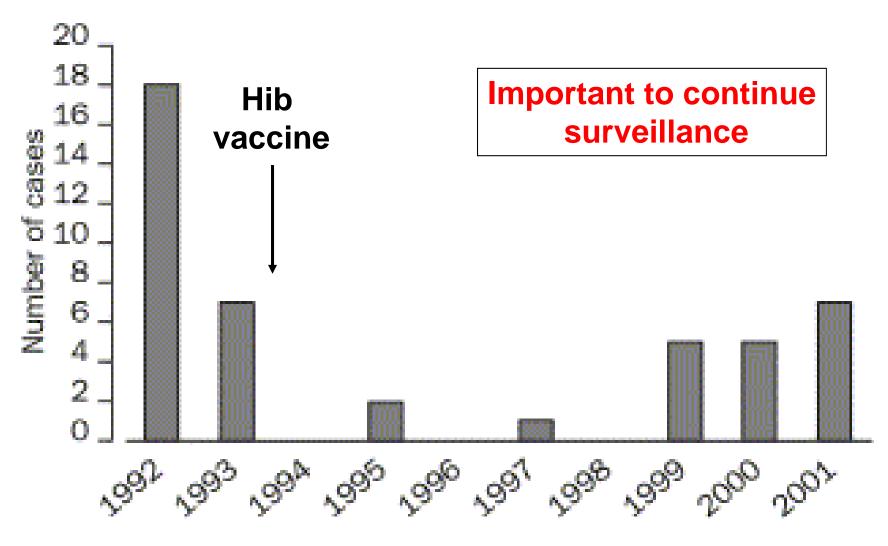
Ideal characteristics

- One dose
- Life long immunity
- Protective against all variants of a target MO
- Prevents disease transmission
- Induces rapid immunity
- Effective in all (kids vs elderly)
- Transmits maternal protection to foetus
- Not administered by injection
- Cheap, stable and safe

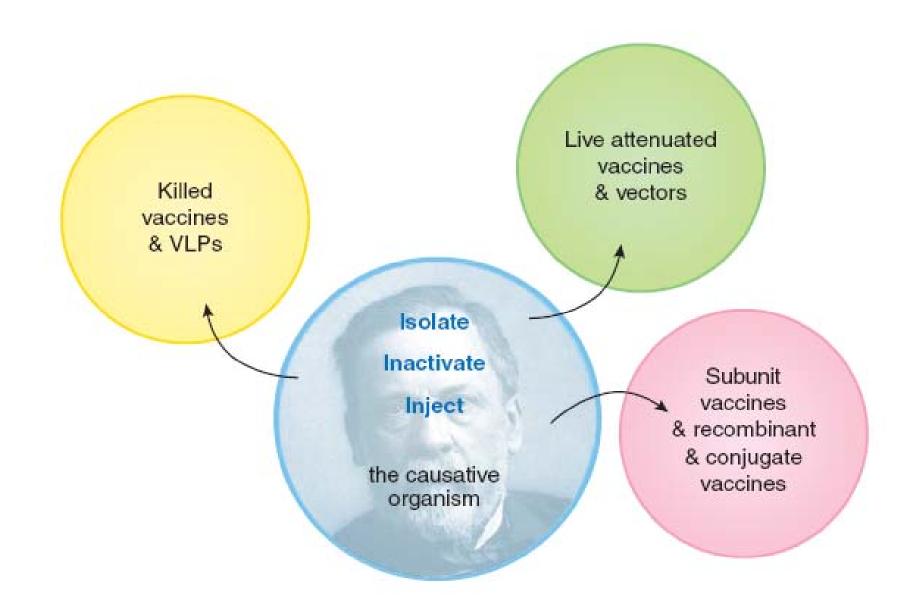
Reported cases of *Haemophilus influenzae* meningitis (England and Wales 1989-2001)



Hib cases in Nottingham



Year



Rappuoli R (2007) Nat Biotechnol 25:1361-6

Passive vs active

immunisation

Passive immunotherapy

Horse Human Use

- Tetanus + + Prophylaxis
- Varicella + Immunodeficiency
- Kawasaki + Treatment

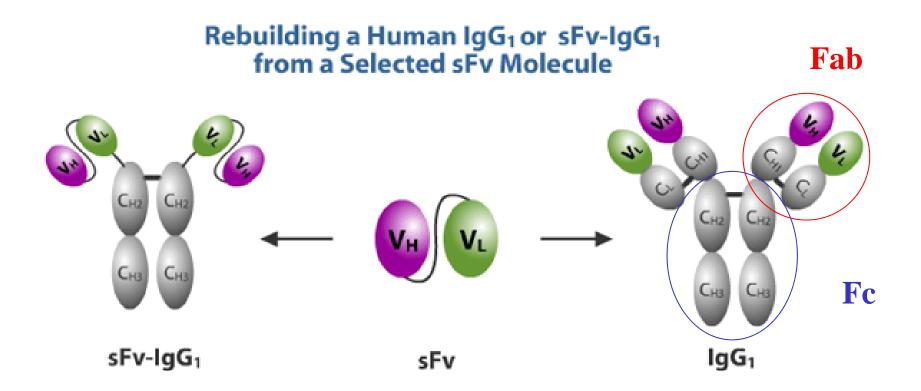
Sheep better than horse

The "Future"

- Cultured antibodies made to order
 - Fab and ScFv (V_H-V_L) ----- Fc portion?
 - expression in plants e.g Strep mutans

(Anthrax, botulinum, Q fever, plague, smallpox, tularaemia)

e.g. Symphogen smallpox vaccine) 26 Abs vs 12 antigens (all humanised)



Types of vaccines

Killed (bacterins)

- Polio (Salk) virus
- low immunogenicity
 & need several doses

formalin (Salk)
 b-propiolactone (rabies)
 cholera (heat)



Live attenuated

modified organism which does not cause disease → immune response

Advantages

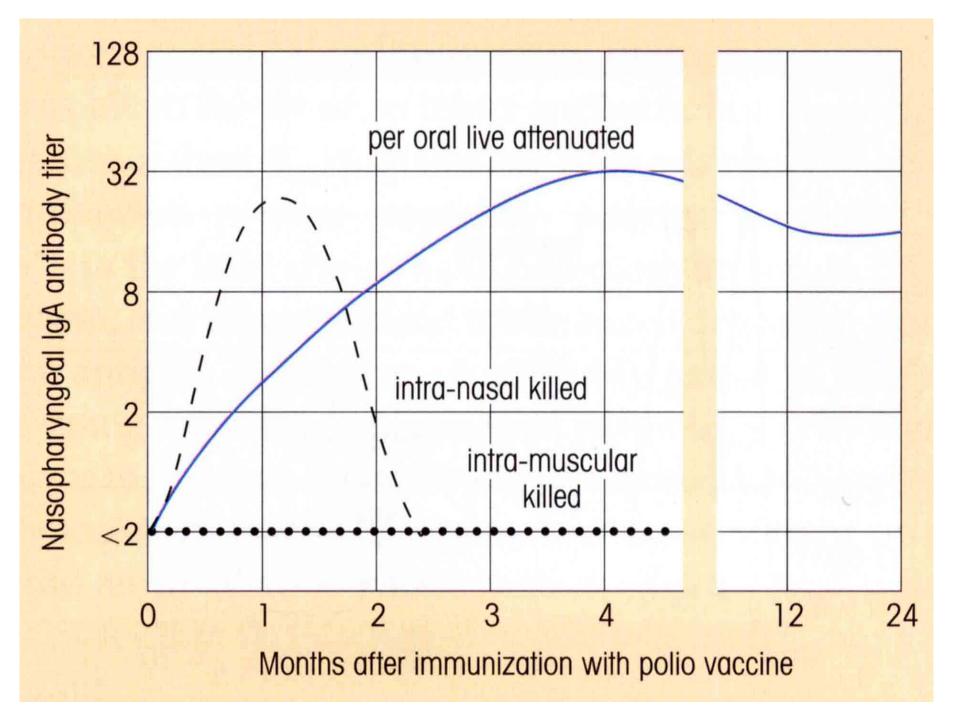
- replication \rightarrow more sustained Ag dose
- response at natural site of infection
- potential to protect against many diseases (heterologous expression)

Sabin live attenuated Polio vaccine

 culture in cell line at sub-physiological temperature







Other methods of attenuation

- BCG Albert Calmette and Camille Guerin
 - M. bovis (first human experiments 1921)
 - glycerine potato medium containing ox bile
 - 231 subcultures over 13 years
- Salmonella Ty21a (typhoid fever)
 - chemical mutagenesis
- Targeted genetic approaches

Constraints of live attenuated vaccines

- Reversion to virulent form
- Inadequate inactivation (Polio)
- Cold chain requirements but freeze dry
- Complications esp:
 - pregnancy
 - immunocompromised

Subunit vaccines

Subcellular fractions (carbohydrate or protein)

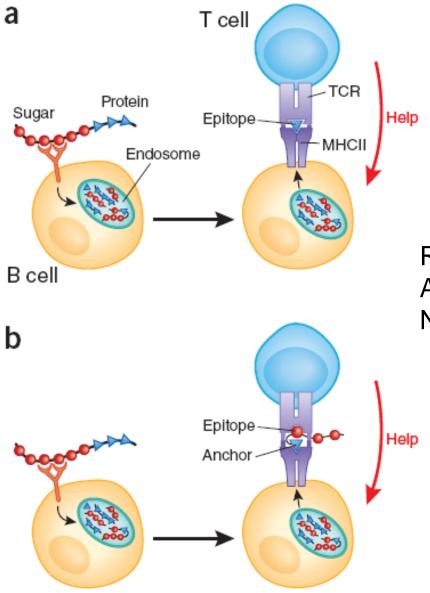
- Hib, MenC, Strep pneumoniae (carbohydrate)
- Hepatitis B surface antigen (protein)
- Many experimental in progress
 e.g. pili, fimbriae, OMPs etc (usually recombinant)
- Peptide vaccines



Conjugate vaccines

- Hib, meningococcal C, pneumococcal
- capsule-protein
- CRM197, a non-toxic mutant of DT
- Induce memory (cf capsule alone)





Rappuoli R and De Gregorio E (2011) A sweet T cell response. Nat Med 17:1551-2

Living vs non-living vaccines

Living Dead Administration Natural route Single dose Adjuvant Yes No Safety May revert Cold chain Heat labile OK High Cost Low Immunity Long IgA, IgG, CMI lgG Response

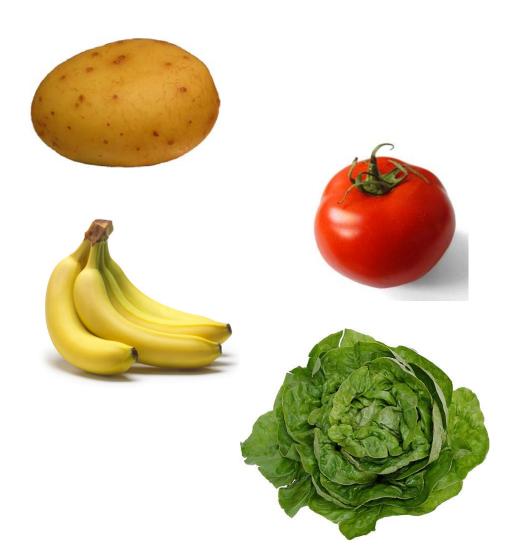
Injection Multiple dose Local reactions Long/short

New approaches

- Edible vaccines
- DNA vaccines and prime boost
- Adjuvants
- Delivery
 - devices
 - intranasal

Edible vaccines

- Tobacco
- Potato
- Tomato
- Banana
- Lettuce



Advantages

Cheap

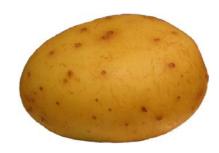
- Stable e.g hot countries
- Mucosal immunity

Protect against many diseases

Human trials

- (1) Hepatitis B surface antigen in lettuce (1mg)
- (2) Norwalk virus capsid protein in potato
 - 150g raw potato
 - = 250-750 mg





Problems

- Variability in dose between plants
- Induction of tolerance
- Th1 vs Th2
- Regulatory aspects (environmental)
 - contamination of food supplies

Current thinking

Freeze drying products for oral dosing

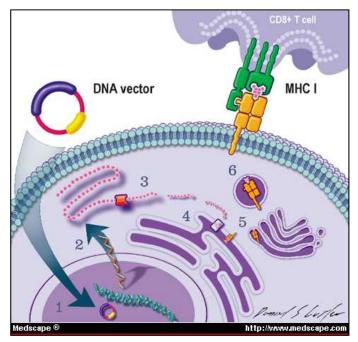
Lactic acid bacteria

- Lactobacillus lactis (commensal)
- Colonise mucosal surfaces \rightarrow immune response
- Generally regarded as safe (GRAS)
- Persist/replicate (typically weeks)
- Whole cells expressing Ag (typically cytoplasm)
- Good results in mice (nasal, oral, <u>+</u> cytokines)
- Even express capsule Ags!

Plasmid DNA

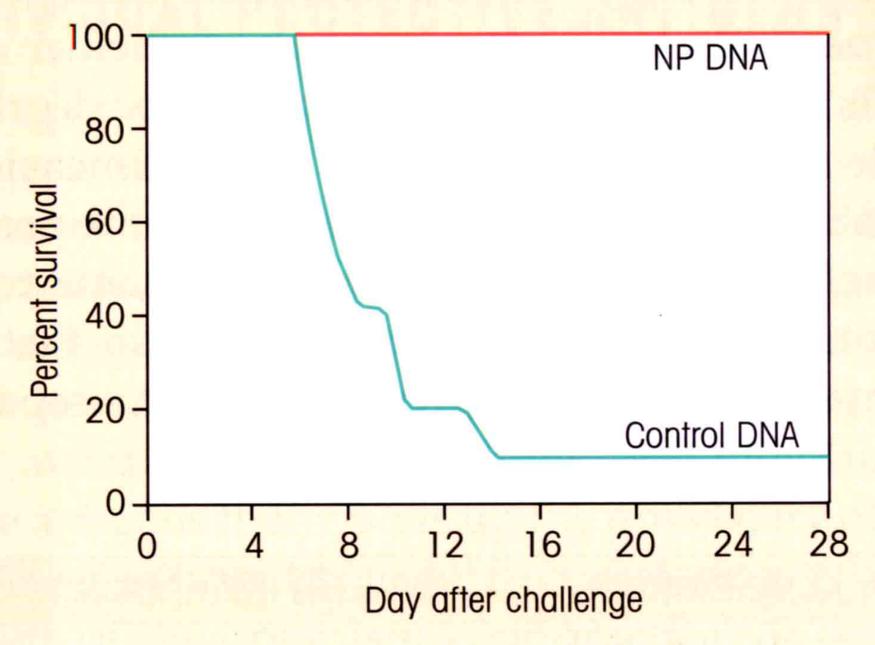
Bacterial vector + insert

Intramuscular injection →
 Ag → immune response



- Bacterial DNA GTcgTT (unmethylated CpG)
 - Th1 and Th2 responses possible

Protection against influenzae (nucleoprotein)



Advantages

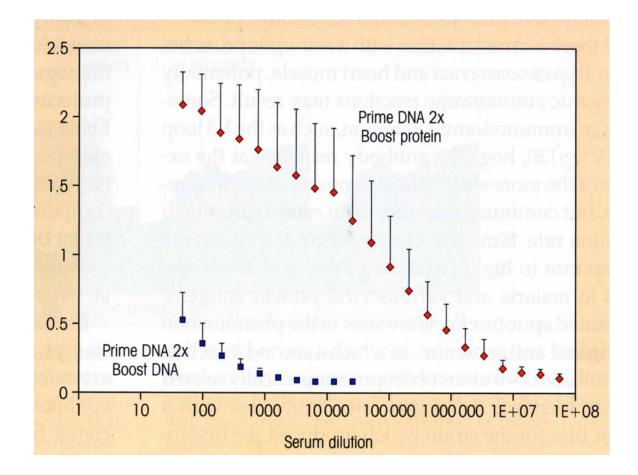
- cheap
- stable
- absence of infectivity

Disadvantages

- integration of DNA into genome
- anti-DNA antibodies

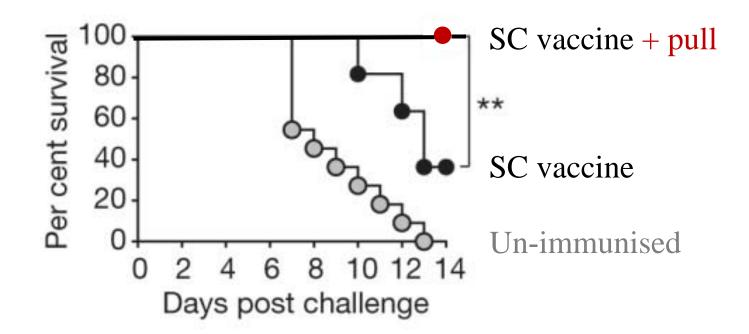
Prime boost strategy

- Malaria, TB, Leishmania



Prime and pull protects mice from lethal genital HSV-2 challenge

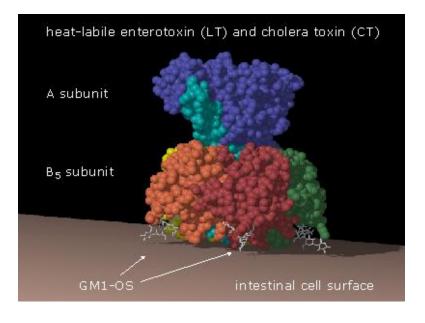
Prime = live attenuated HSV-2 vaccine Pull = topical chemokine (CXCL9 and CXCL10) application



Shin & Iwasaki (2012) Nature 491:463-7

Adjuvants evaluated in man

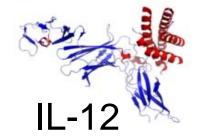
- Inorganic salts
 - aluminium hydroxide (alhydrogel)
- Bacterial products
 - BCG
- Holotoxins (subunits or inactivated)
 - Cholera toxin (CT)



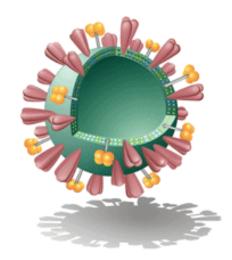
CpG oligonucleotides



Immunoadjuvants



Particulate formulations
 e.g. liposomes/influenzae A (virosome)



``	Hemagglutinin
မီ မီ မီ	Neuraminidase
ft ft ft	Phosphadidylcholine
899	Phosphadidylethanolamine

Delivery devices

- Needle free or modified needles
- Increased safety
- Self administration
- Smaller doses of antigen/adjuvant
- High throughput

Devices being tested in humans

Patches (Transcutaneous immunisation)

- in combination with adjuvant (CT, LT)
- Shigella, Salmonella
- e.g. Macroflux microneedle (various Ags)
- a thin titanium screen with precision microprojections

Macroflux⊚ microprojection array ⊦····

Adhesive backing I------

Drug matrix |-----

Needle-free injection

Spring powered (Advantajet, Injex, Medi-jector, Vitajet 3)

Gas powered (J-tip, PowderMed)





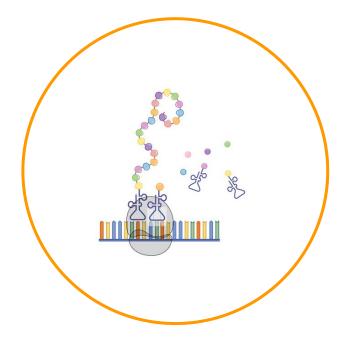
Aerosol

- for delivery of powder vaccines
- live attenuated measles virus (1-5 mm)



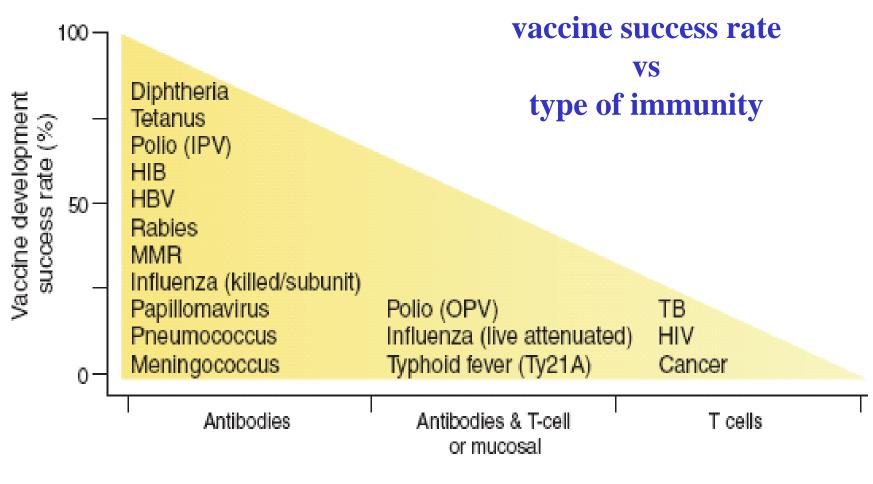
Influenzae vaccines

Synthetic biology approaches?

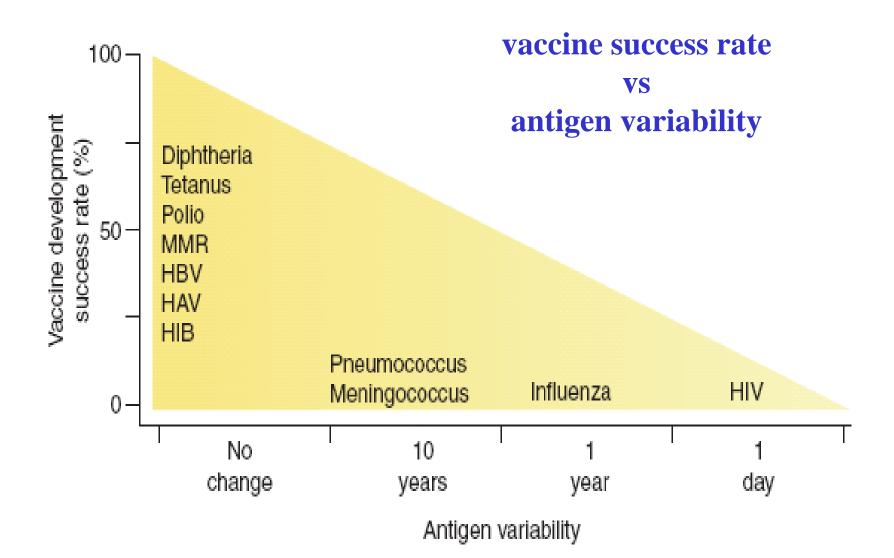


- Combination of Ags
- Ag + adjuvant
- Target to DCs
- Synthetic circuits

Ribosome complex + DNA template encoding vaccine antigen



Type of immunity



Next-generation technologies

New adjuvants, structural vaccinology, synthetic biology, DNA and RNA

Reverse vaccinology

C. difficile, E. coli, group A streptococcus, group B streptococcus, meningococcus serogroup B, S. aureus

Glycoconjugation

Group B streptococcus, H. influenzae type B, meningococcus serogroups A, C, Y and W135, pneumococcus, S. aureus

Recombinant DNA

Acellular pertussis, hepatitis B, human papilloma virus, Lyme disease

Empirical approach

BCG, diptheria, influenza, MMRV, pertussis, polio, rabies, smallpox, tetanus

Rappuoli R et al. (2011) Vaccines for the twenty-first century society. Nat Rev Immunol 11:865-72.

Paediatric labs?

- Antigen discovery (but compete with Pharma) esp. immune responses (*human* convalescent sera + matched controls)
- Suitability of Ag for a vaccine (bactericidal assays, epitope variability in isolates etc)
- ID of live vaccine candidates
- Novel adjuvants, delivery methods, edibles
- Phase II, III and IV trials
- Continuing surveillance
- (Serendipity)

