

Prospects for improved and more readily available vaccines

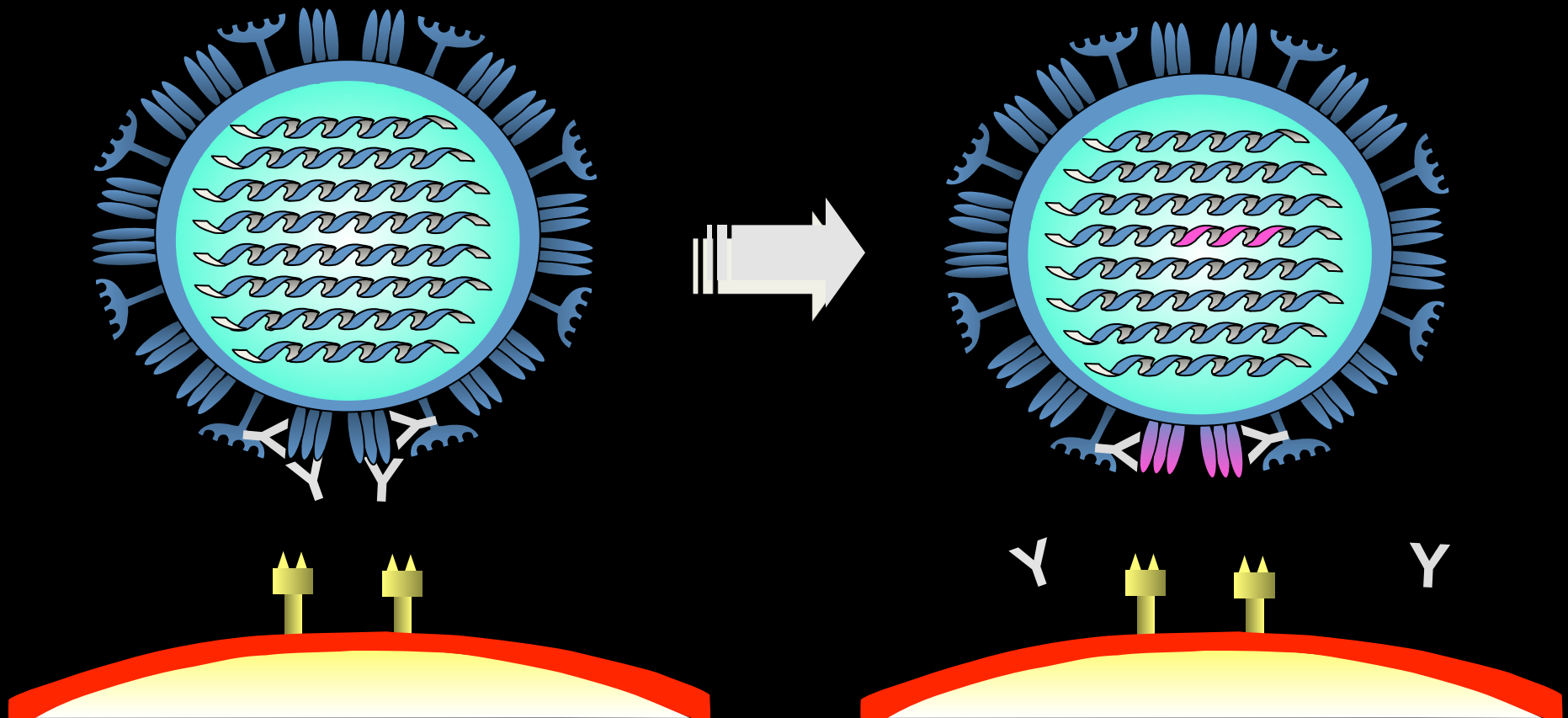
Richard Webby
ISG 2018



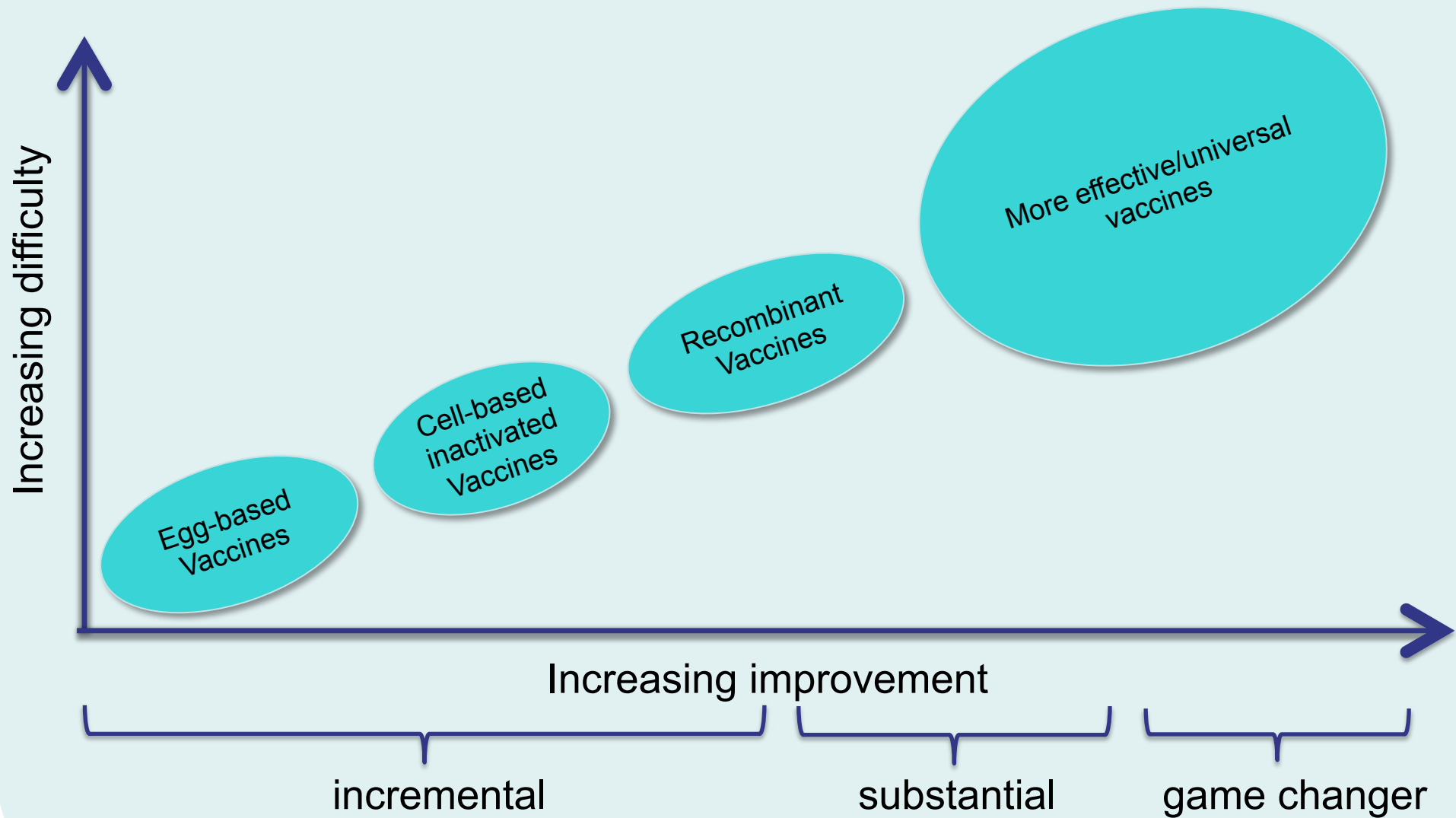


Webby takes stage #its going to be huge. Close to a million people turned up to listen; way bigger crowd than Doherty #little T cell man.

The problem



Improving influenza vaccines



Defining a universal influenza vaccine

- A vaccine that provides **safe**, more **effective** and **long-lasting** immunity against a **broad** spectrum of divergent influenza viruses in all ages and people in high risk groups
- Prime for emergence of a pandemic influenza virus
- Improve vaccine effectiveness
- Reduce the need for annual vaccination

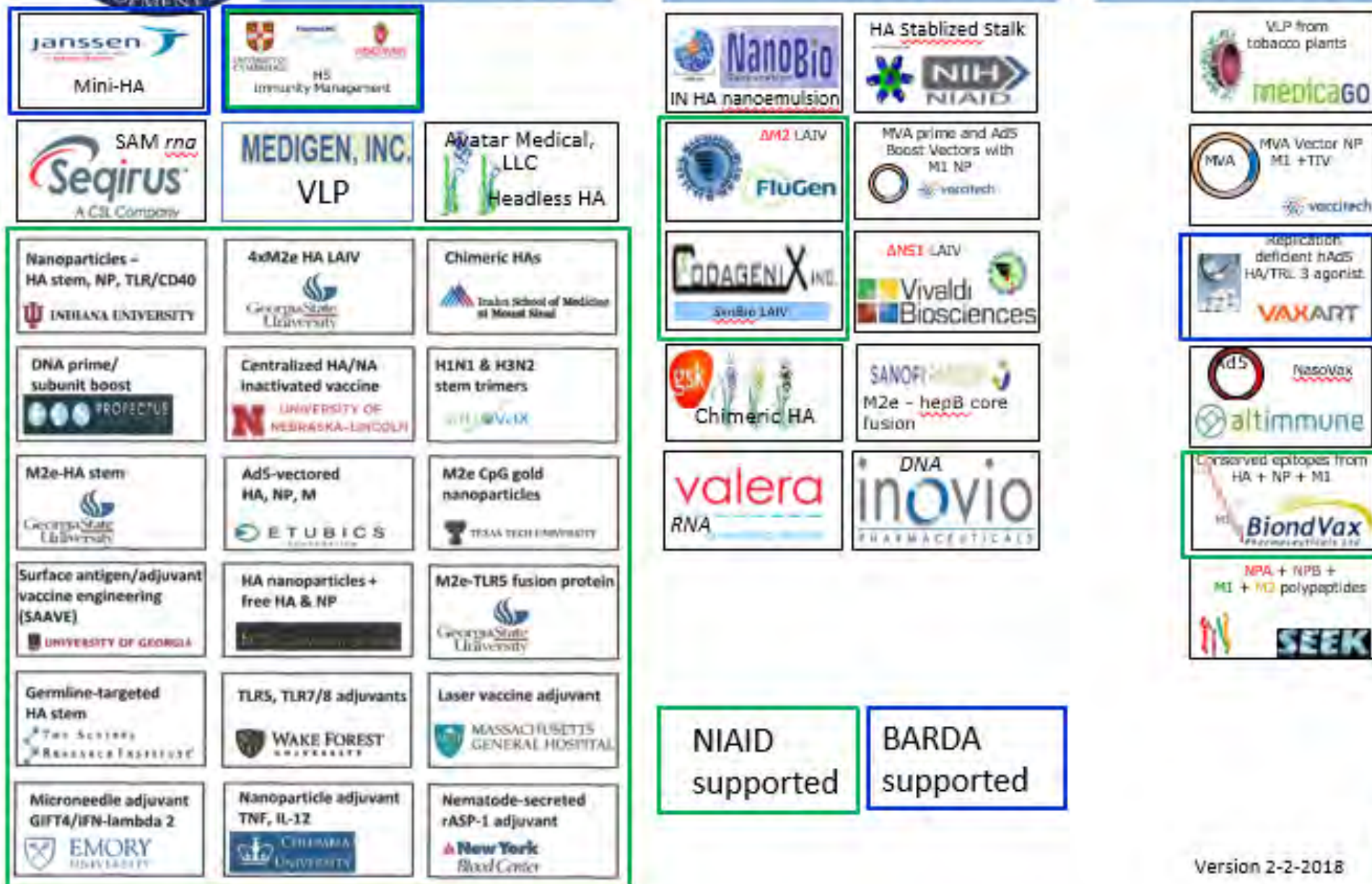


Landscape of Next Generation Influenza Vaccine (NGIV) Candidates

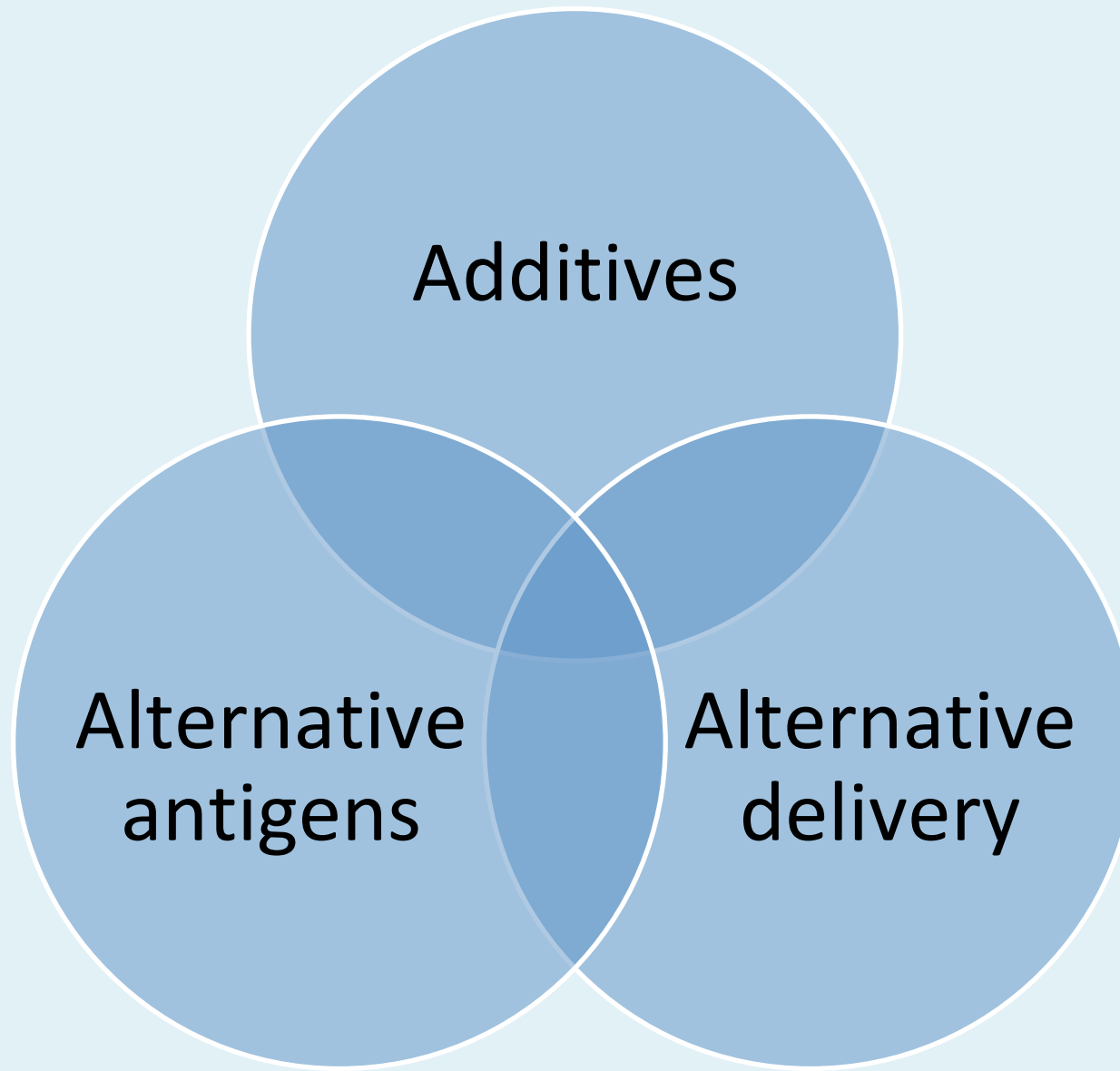
Pre Clinical

Phase 1

Phase 2



How?



Additives

- Adjuvants
- Reduce antigen requirements
- Stimulate different components of immune response
- Increase breadth of neutralizing response
- Many have poorly defined mechanisms

Alternative Delivery

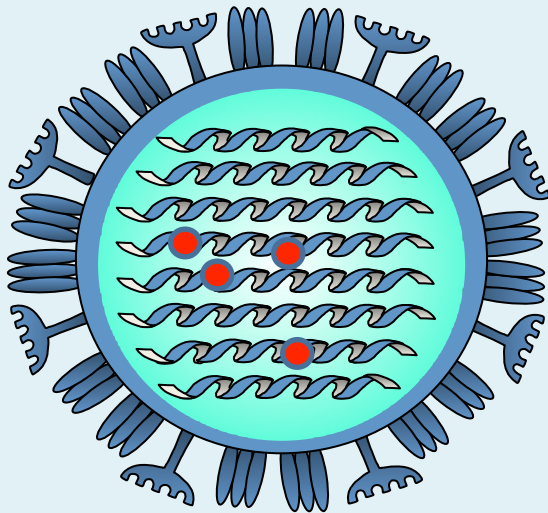
- Viral vectored- adeno, MVA
- Nucleic acid- DNA, RNA
- Peptides
- Nanocarriers
- VLP
- Prime boost strategies

Alternative Antigen

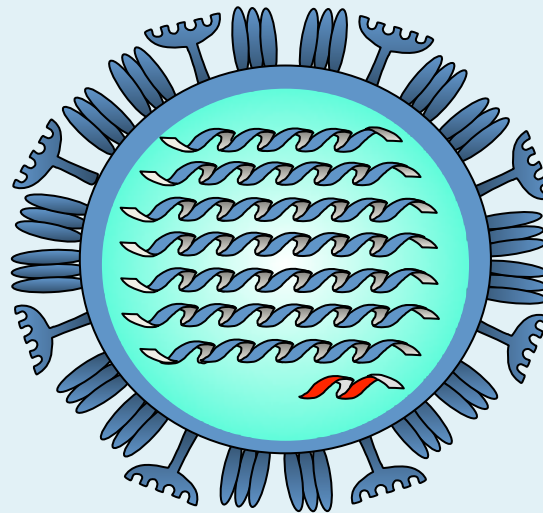
- LAIV
- M, NP T cell epitopes
- M2e
- HA stalk

Live attenuated vaccines

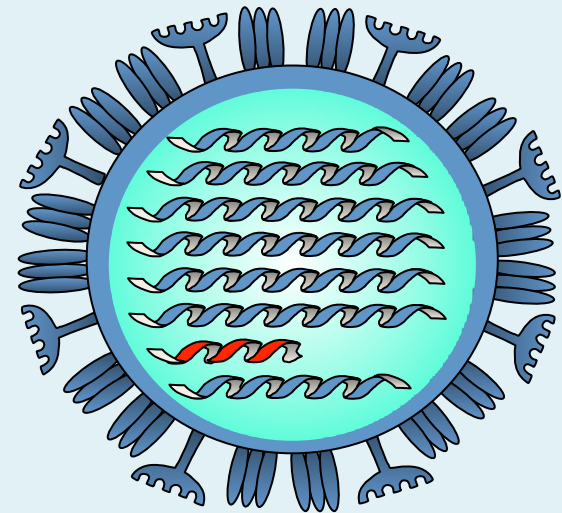
- Stimulate natural immunity
- Induce humoral and cellular immunity
- Correlates of immunity unclear
- Likely variably attenuated across ages



Temperature
dependent,
attenuated:
licensed

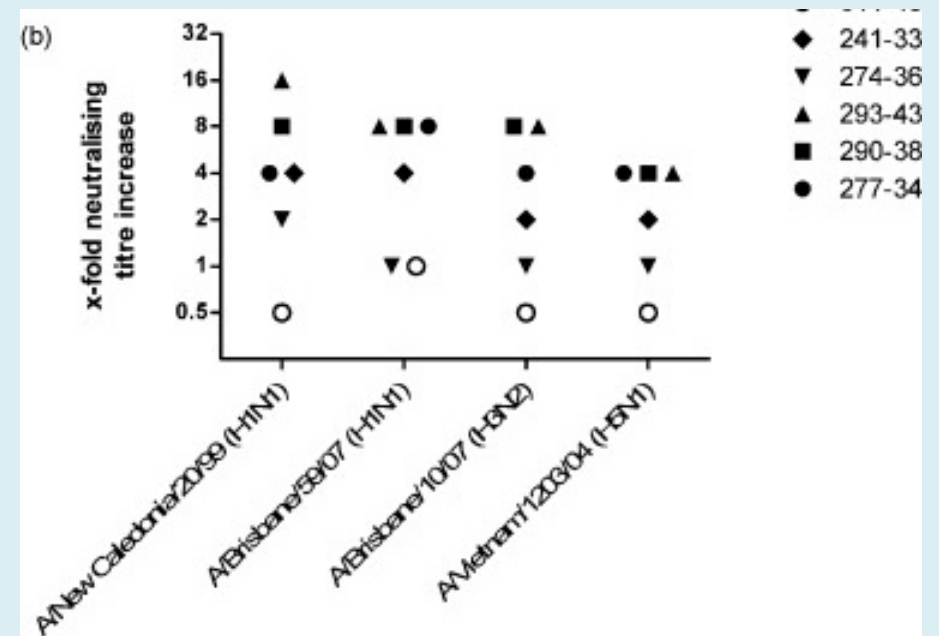
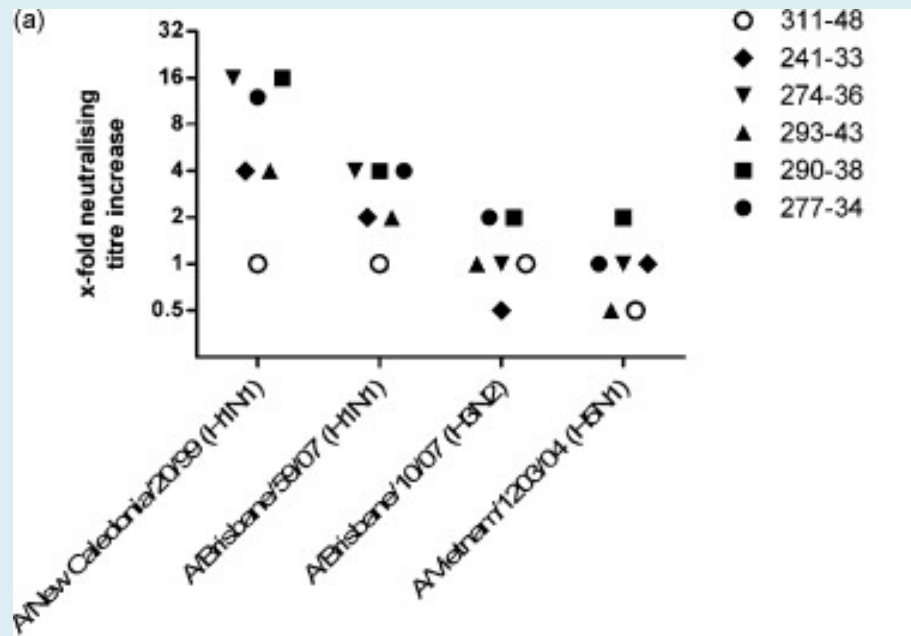
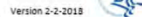


NS1 deletion;
Phase II,
veterinary
licensed



M2 deletion;
Phase II

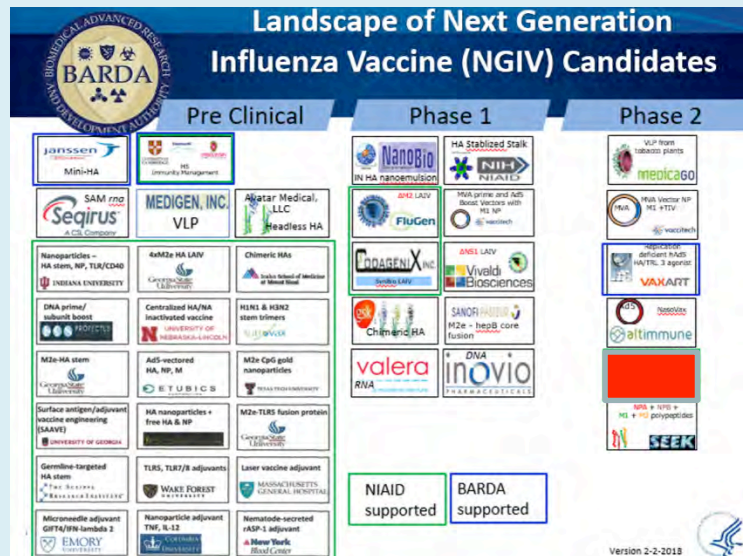
Morokutti et al 2014



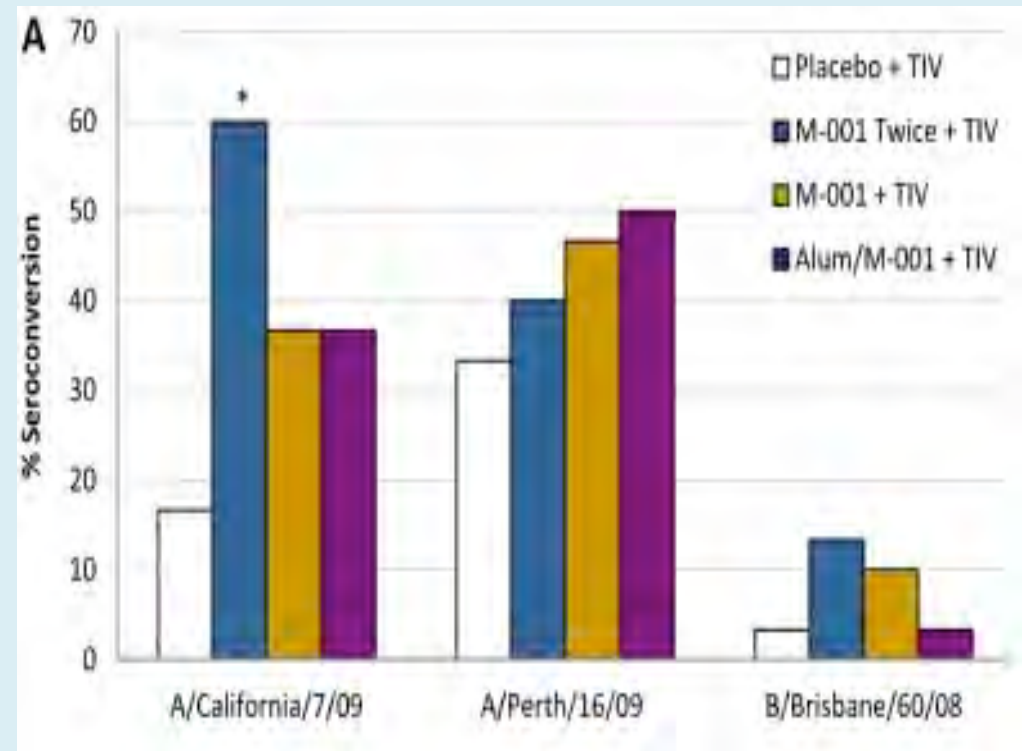
Epitope-based vaccine

- Target more conserved regions of viral genome, typically M and NP for T cells and M2e
- “add-on” to HA-based approaches- stand alone potency uncertain
- T cell epitope containing peptides poorly immunogenic on their own
- Use variety of presentation approaches

Synthetic polypeptide



Peptide	Amino Acids Sequence
Hemagglutinin (HA) epitope 1	PKYVKQNTLKLAT
Hemagglutinin (HA) epitope 2	SKAYSNCYPYDVPDYASL
Hemagglutinin (HA) epitope 3	WLTGKNGLYP
Hemagglutinin (HA) epitope 4	WTGVTQN
Hemagglutinin (HA) epitope 5	PAKLLKERGFFGAIGFLE
Nucleoprotein (NP) epitope 6	FWRGENGRKTR\$AYERMCNILKGK
Nucleoprotein (NP) epitope 7	SAAFEDLRVLSFIRGY
Nucleoprotein (NP) epitope 8	ELRSRYWAIRTRSG
Matrix (M) epitope 9	SLLTEVETYVP

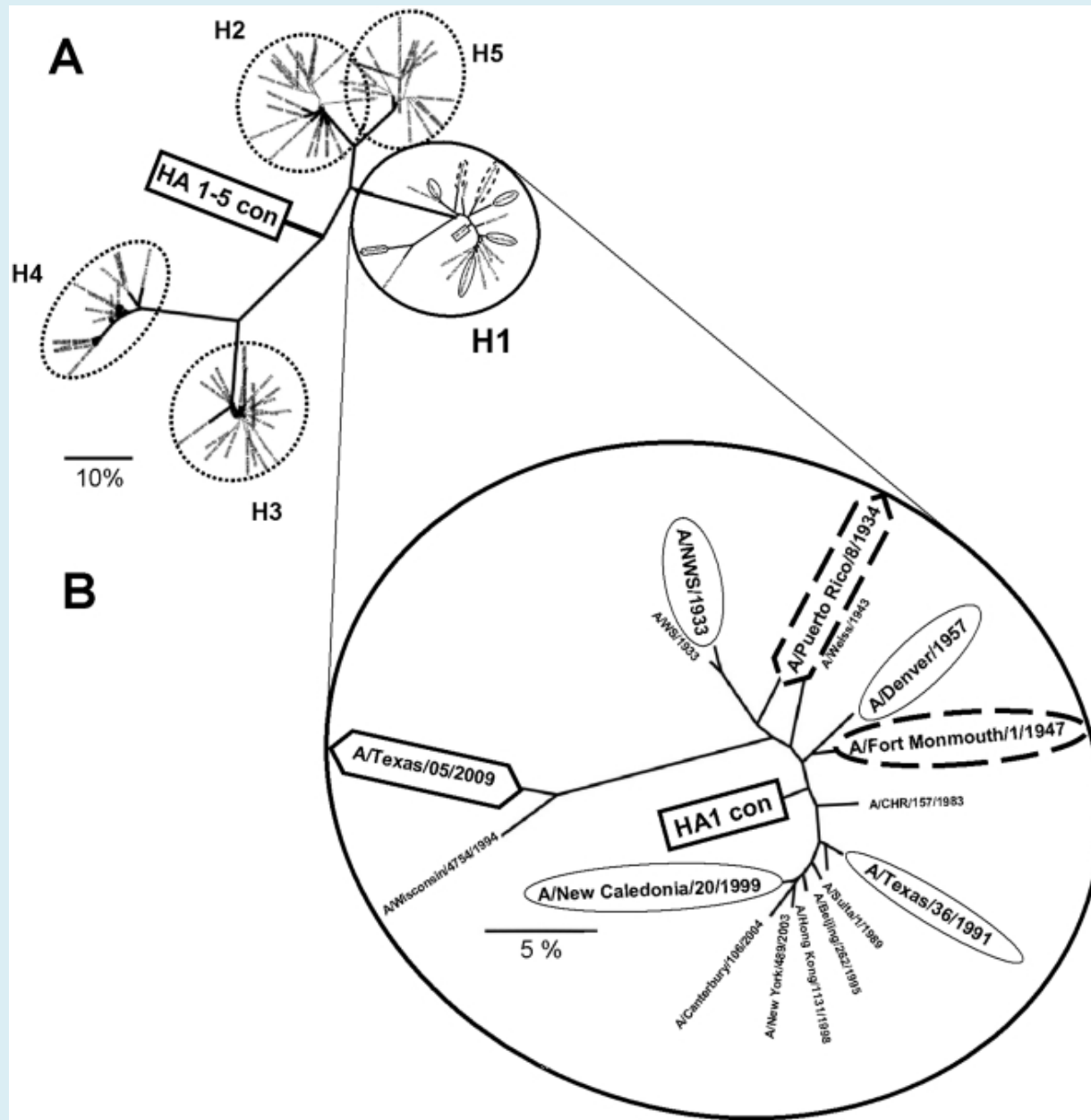


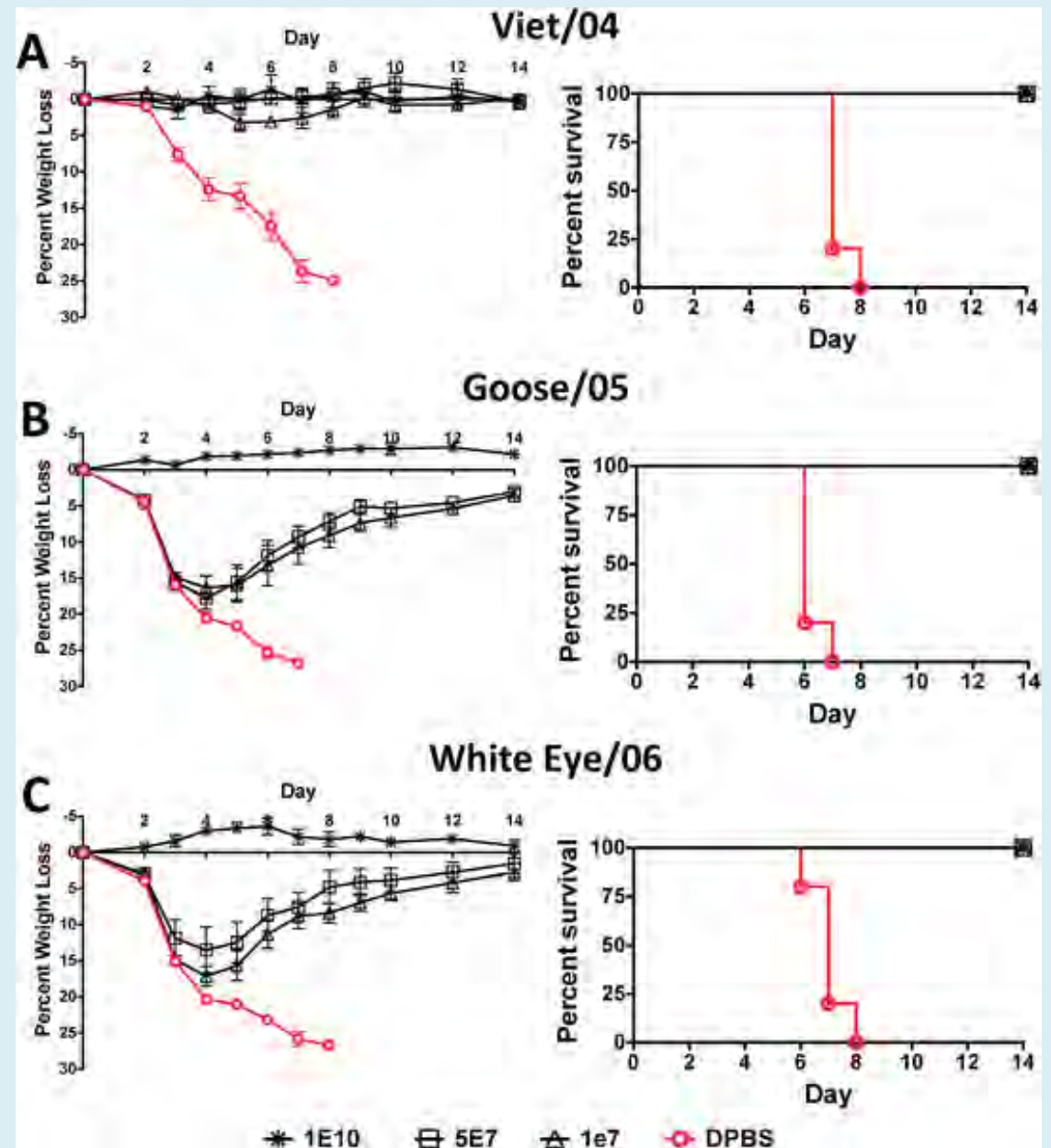
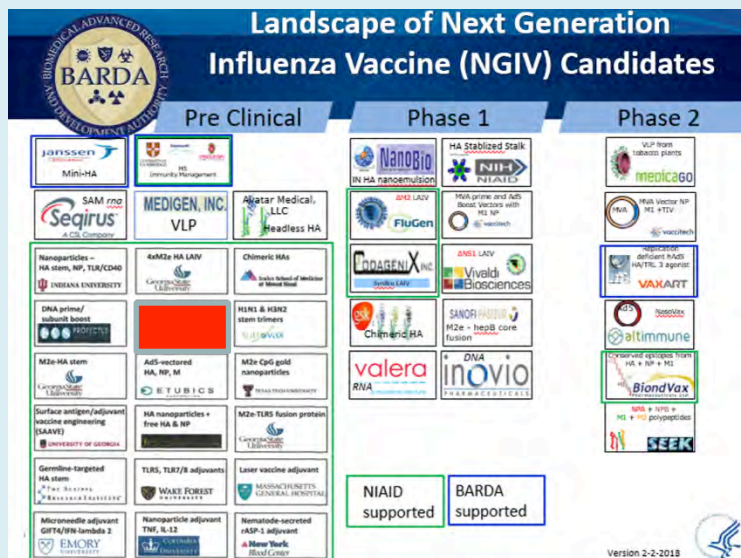
Atsmon J. Clin. Immunol 2012

Refocused HA-based vaccines

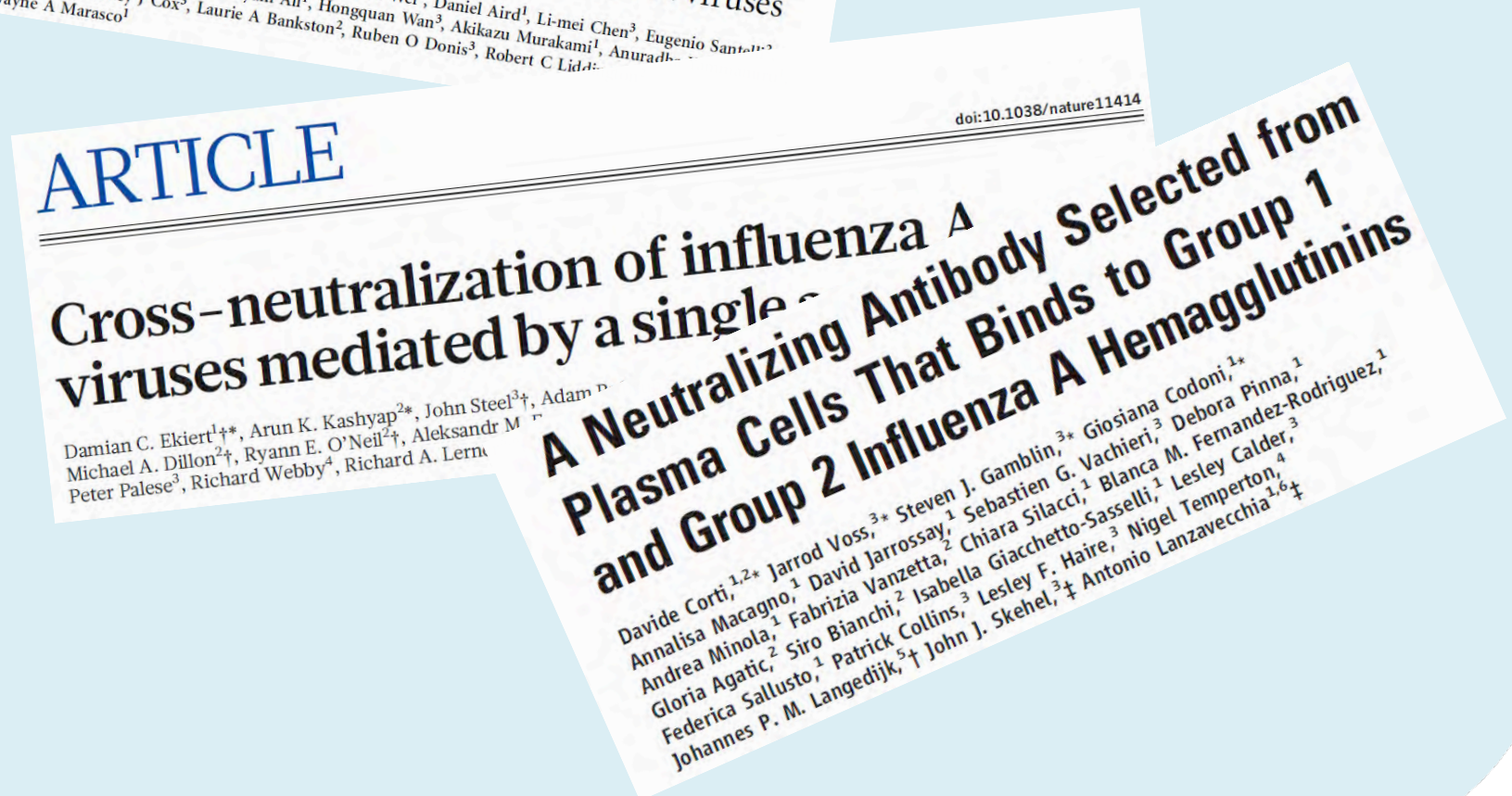
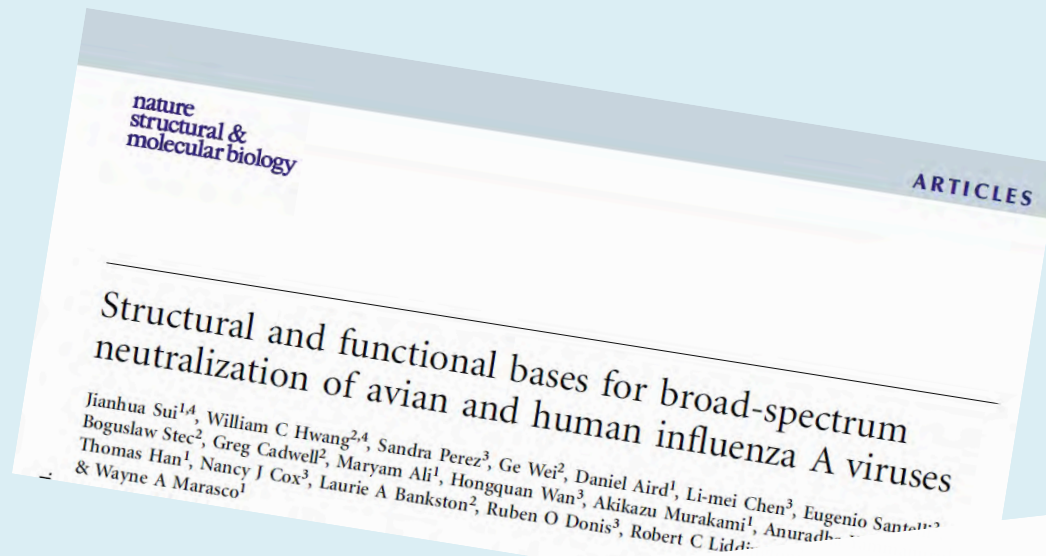
- Target more conserved regions of HA
- Some induce improved neutralising response, some function via fusion inhibition, ADCC mechanisms
- Potency in humans uncertain
- Consensus/ancestral approaches
- HA stalk

Consensus/ancestral HA approaches

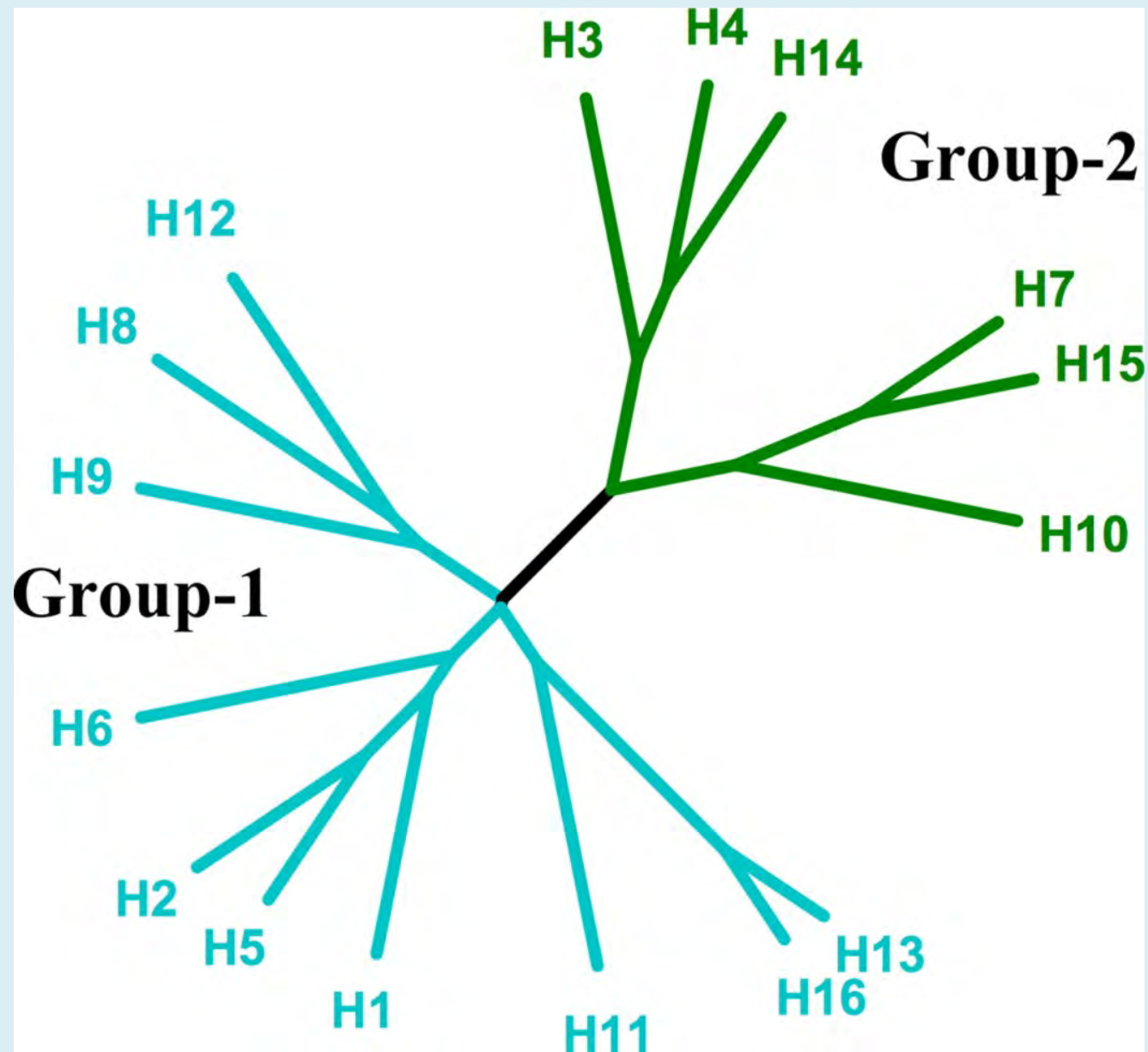




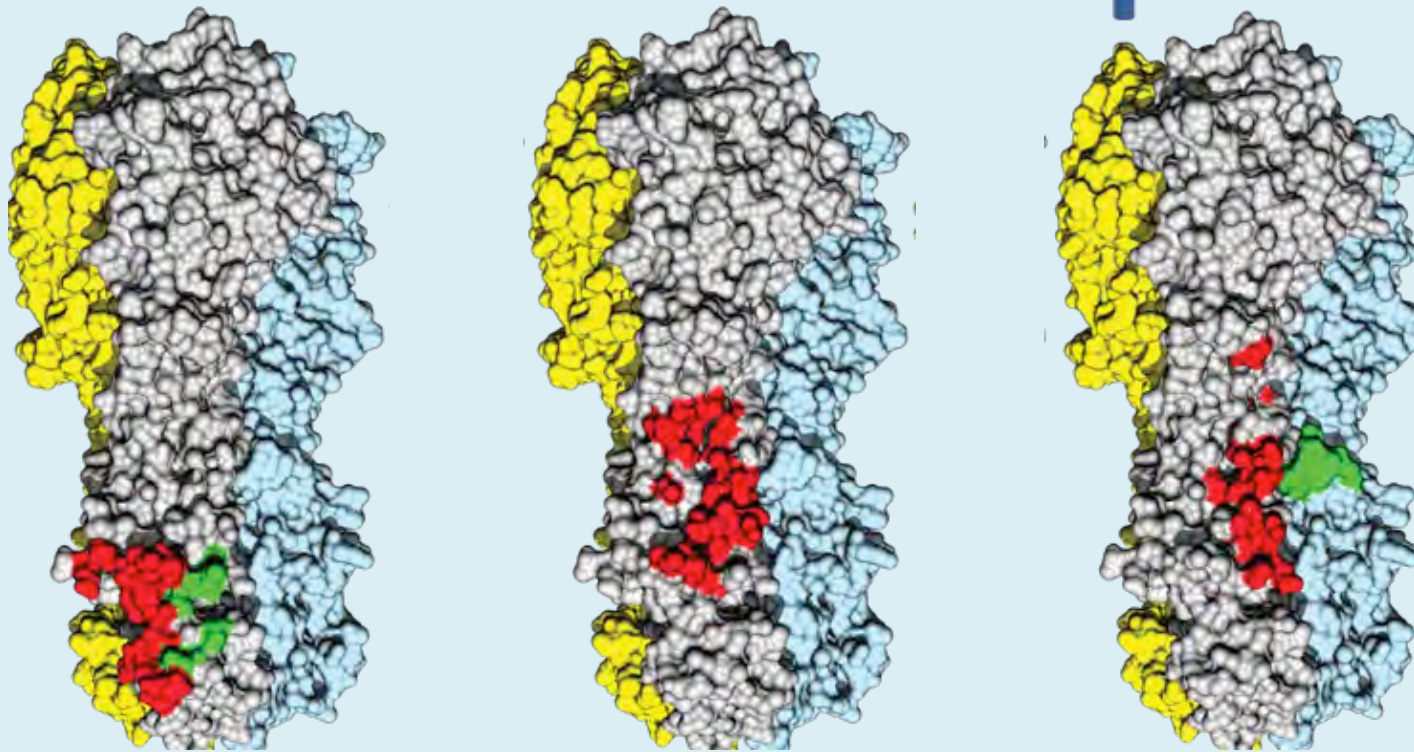
HA stalk approaches



Broadly reactive

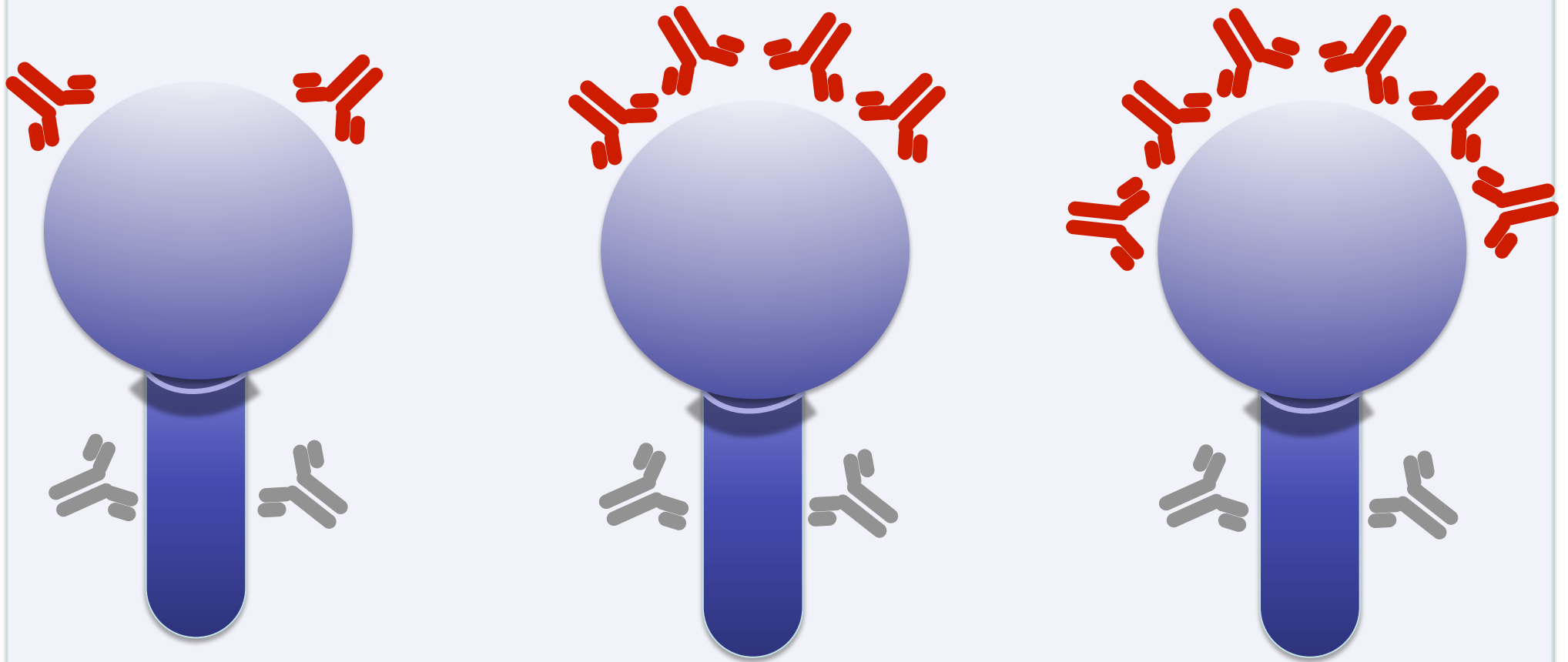


Monoclonals in clinical development

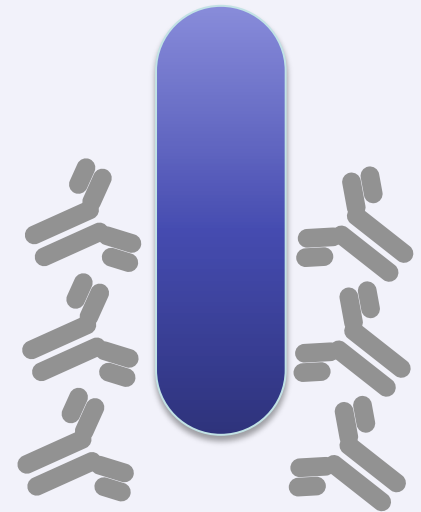
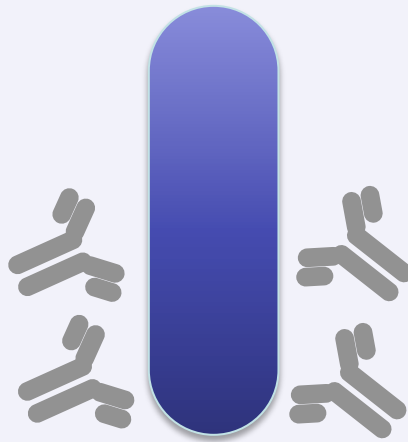
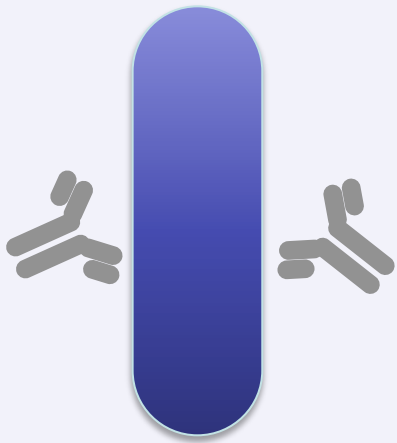


HA head is immunodominant

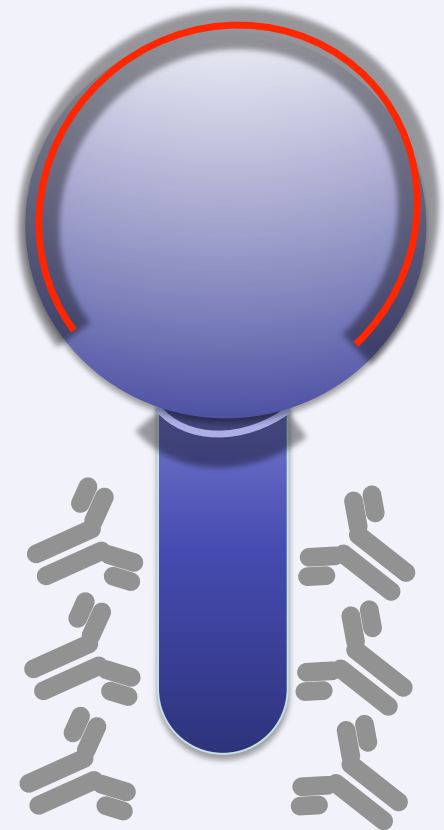
- These antibodies produced during natural infection, but not to protective levels
- Challenge is to devise immunization strategy



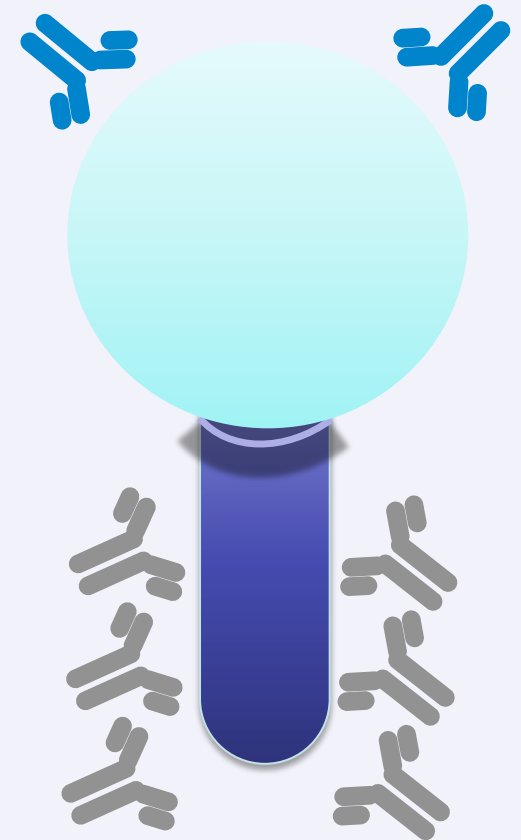
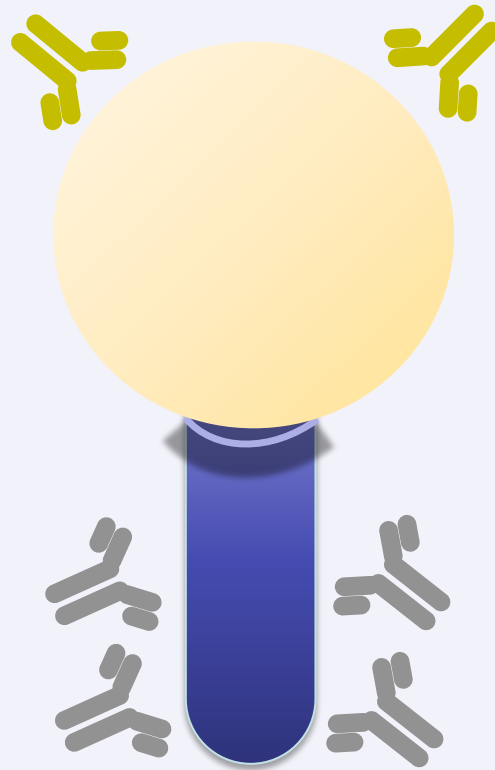
Stalk only approach

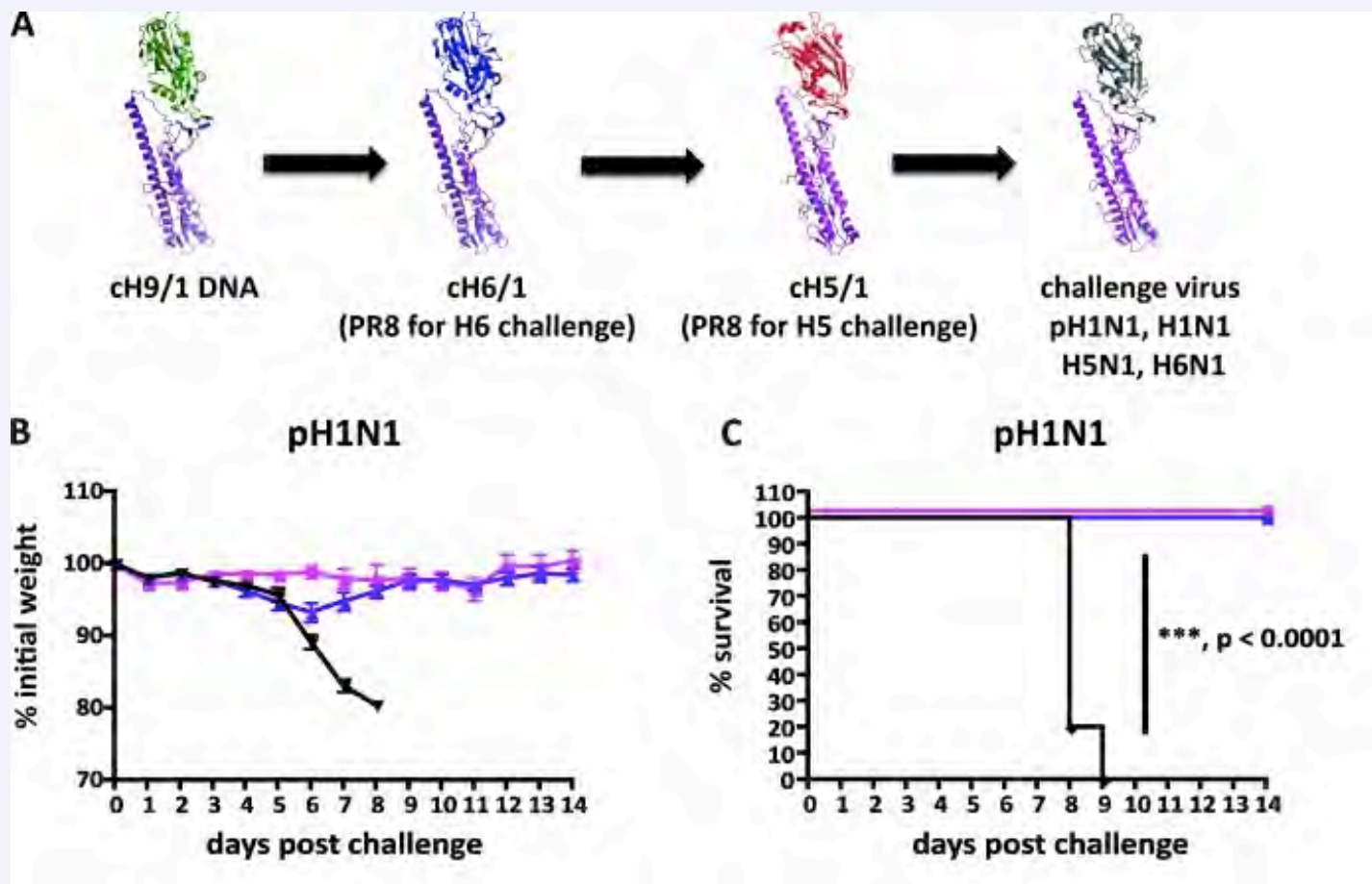
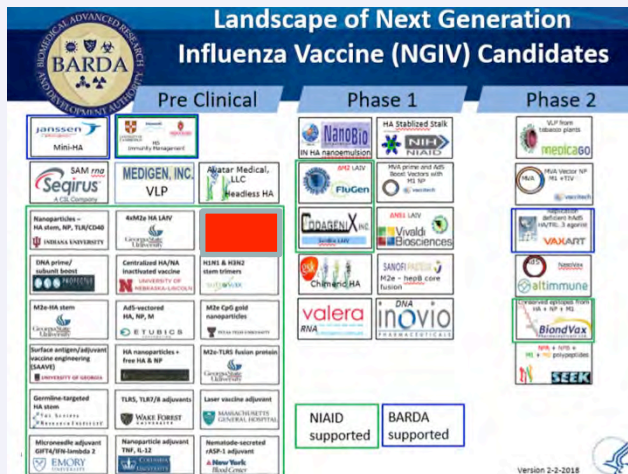


Shielding approach



Chimeric head approach





Krammer et al J. Virol 2013

- Renewed interest in overhauling current influenza vaccine
- A number of approaches being trialed.
- Potency in humans remains a big question mark, esp for seasonal purposes- animal models are primarily powered for severe disease.
- We need to be realistic!