

Modena, 4 e 5 aprile 2017
Congresso Studentesco MoreMed - II Edizione

Reverse Vaccinology

A new way to develop vaccines

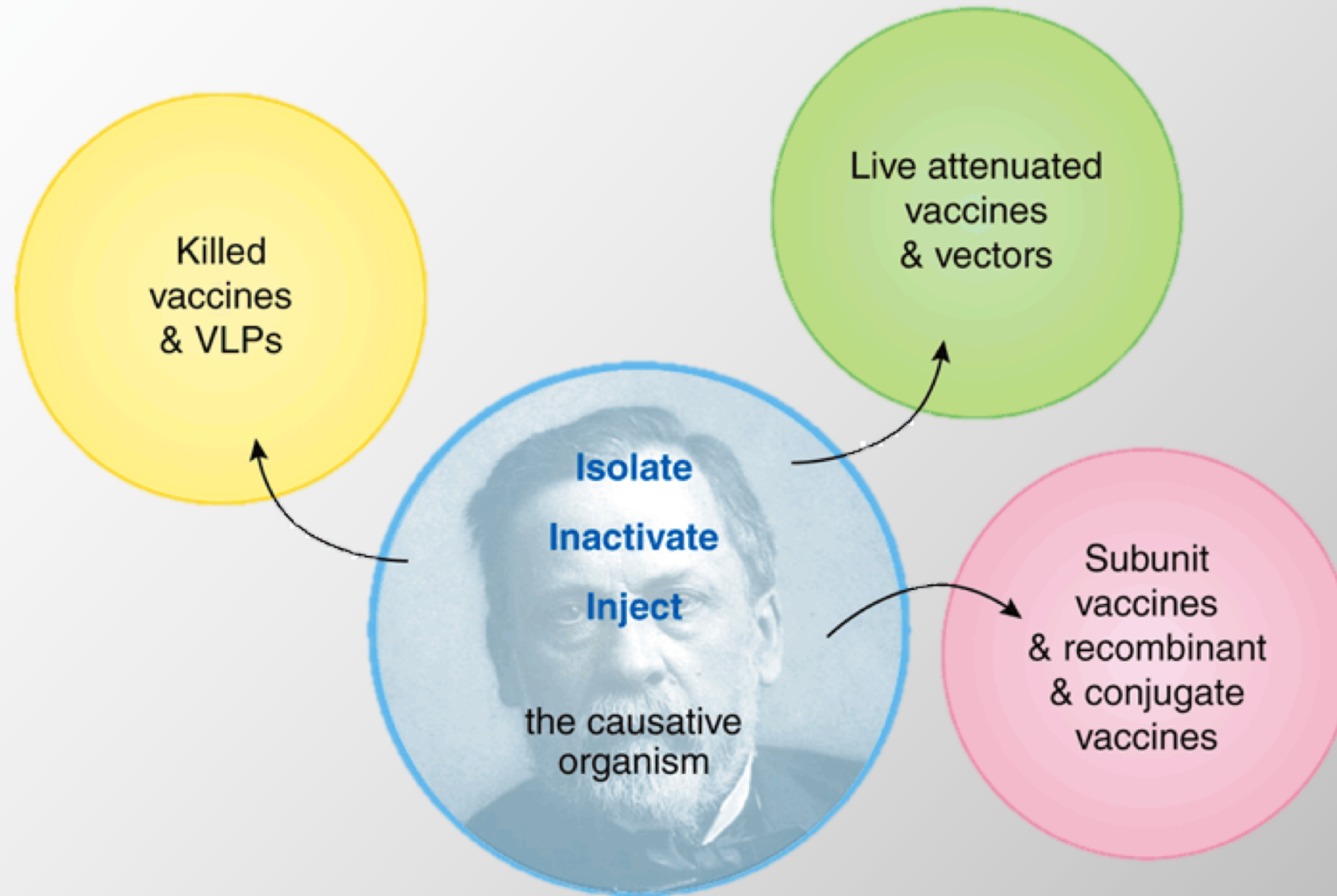
Chiara Faso et Francesco Rioli
Referente: Prof. Pinti



Outline of the talk

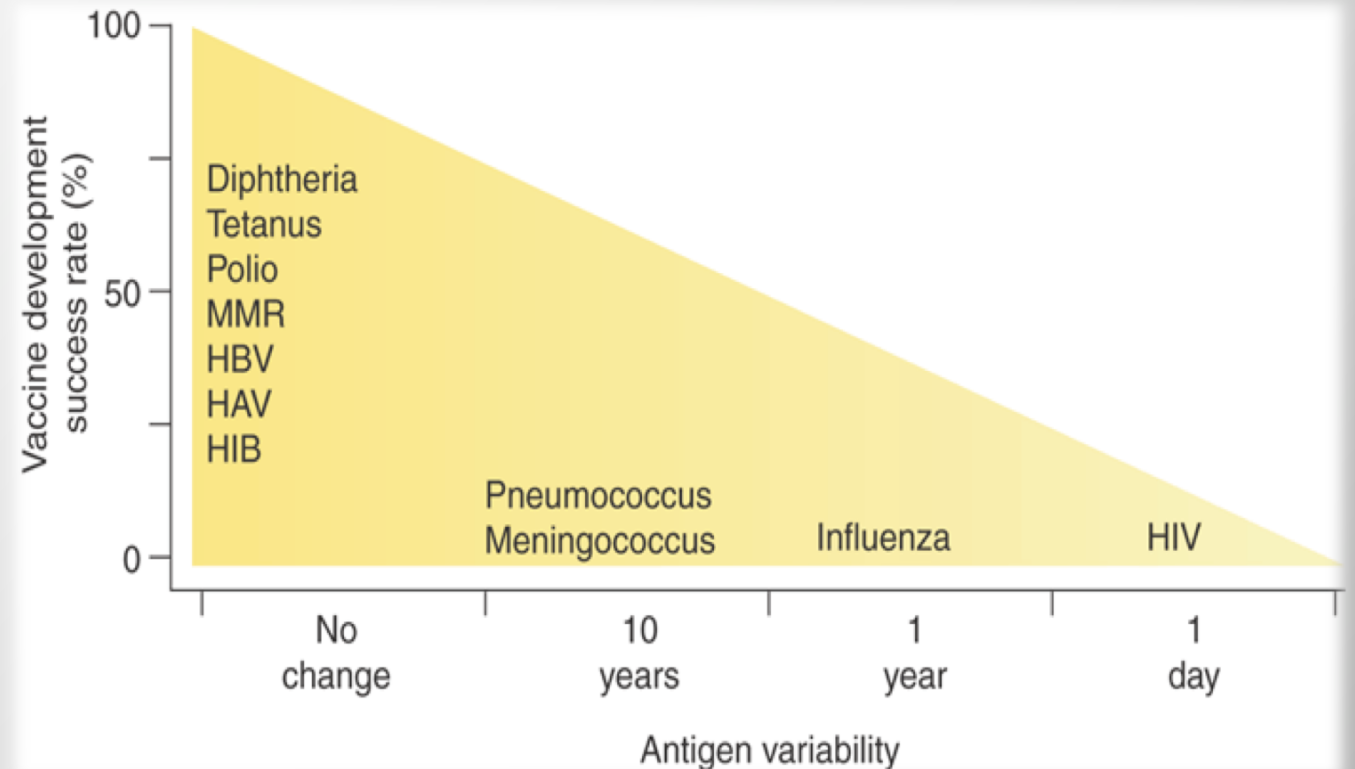
- Characteristics and limits of conventional vaccinology
- Creation of a new approach which starts from the microorganism genome
- Application of the method to *N. meningitidis*

Conventional vaccinology



LIMITS of conventional approach

- Timing (10 y)
- Cultivable
- Few Ags
- Ags only expressed *in vitro*
- Antigenic variability



REVERSING THE PARADIGM

Reverse vaccinology

Rino Rappuoli

Biochemical, serological and microbiological methods have been used to dissect pathogens and identify the components useful for vaccine development. Although successful in many cases, this approach is time-consuming and fails when the pathogens cannot be cultivated *in vitro*, or when the most abundant antigens are variable in sequence. Now genomic approaches allow prediction of all antigens, independent of their abundance and immunogenicity during infection, without the need to grow the pathogen *in vitro*. This allows vaccine development using non-conventional antigens and exploiting non-conventional arms of the immune system. Many vaccines impossible to develop so far will become a reality. Since the process of vaccine discovery starts *in silico* using the genetic information rather than the pathogen itself, this novel process can be named reverse vaccinology.

Addresses

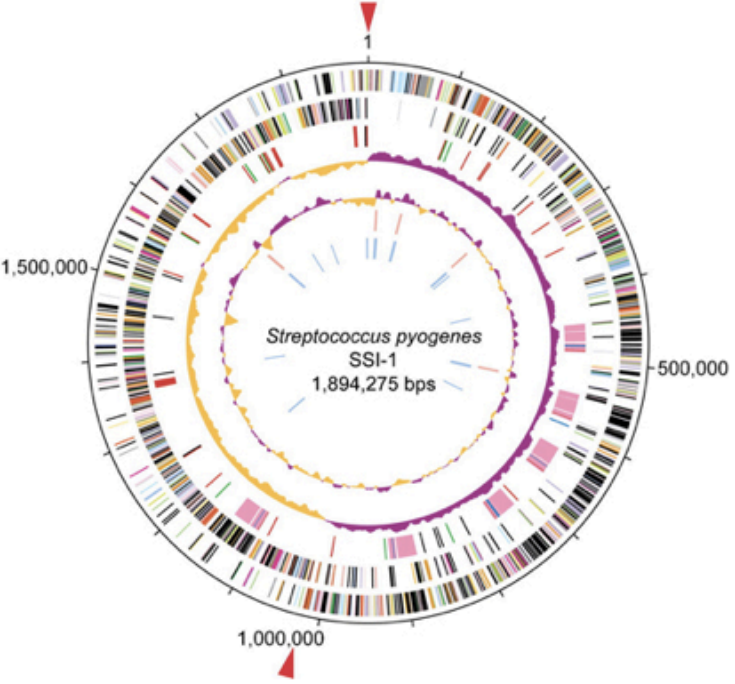
IRIS, Chiron S.p.A., Via Fiorentina 1, 53100 Siena, Italy;
e-mail: Rino_Rappuoli@biocine.it

Current Opinion in Microbiology 2000, **3**:445–450

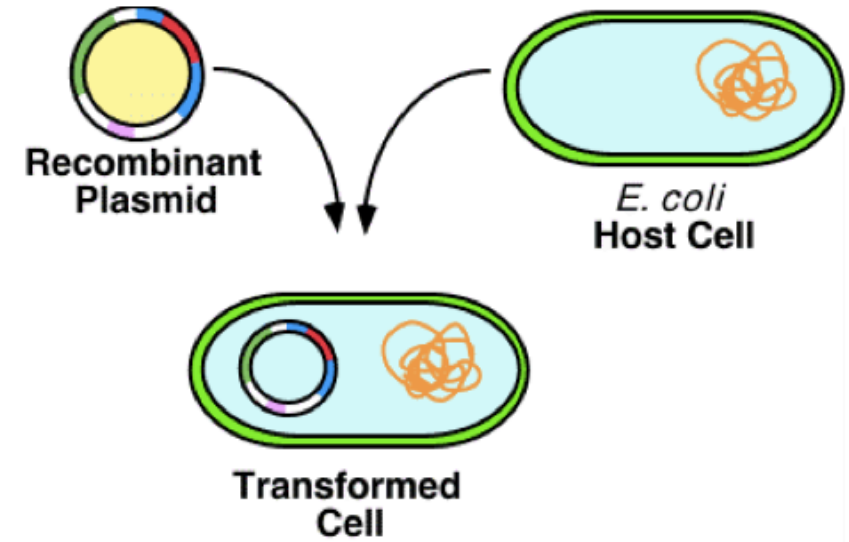
1369-5274/00/\$ – see front matter

© 2000 Elsevier Science Ltd. All rights reserved.





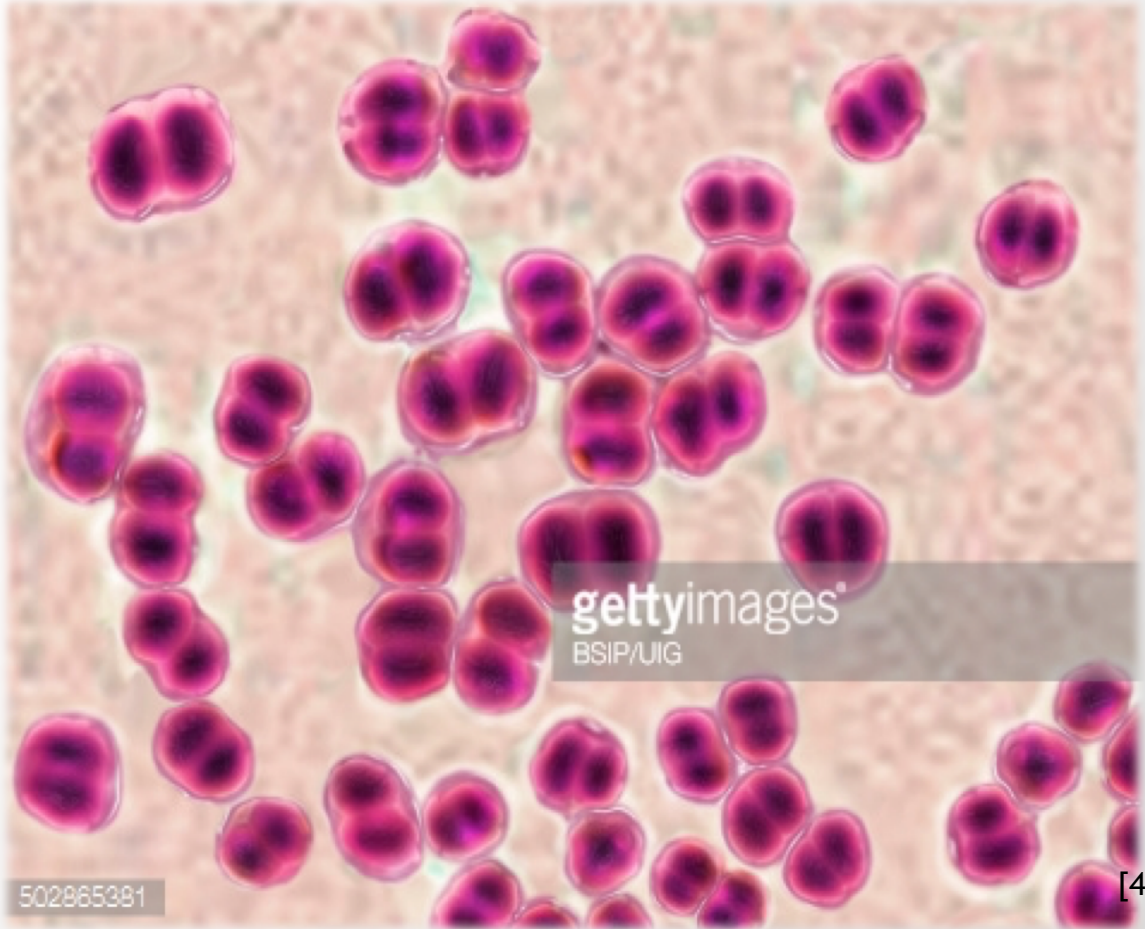
Identify potential ORFs by
bioinformatics:
GENE-PROTEIN correlation



Evaluation of serum Ab
titre & correlates of
protection assay



Application of the method: *N. meningitidis*



Gram- capsulated bacteria

One of the causative organism
of septic MENINGITIS

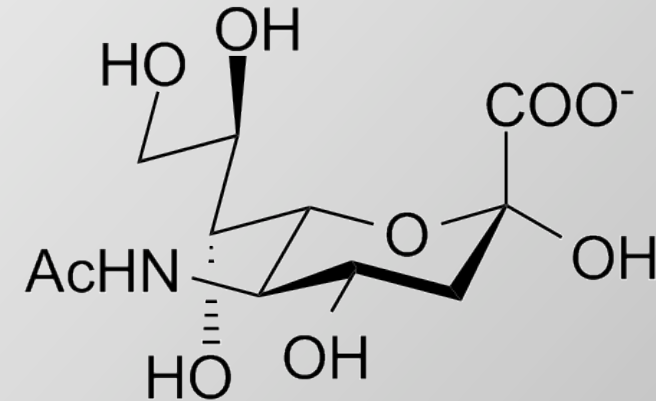
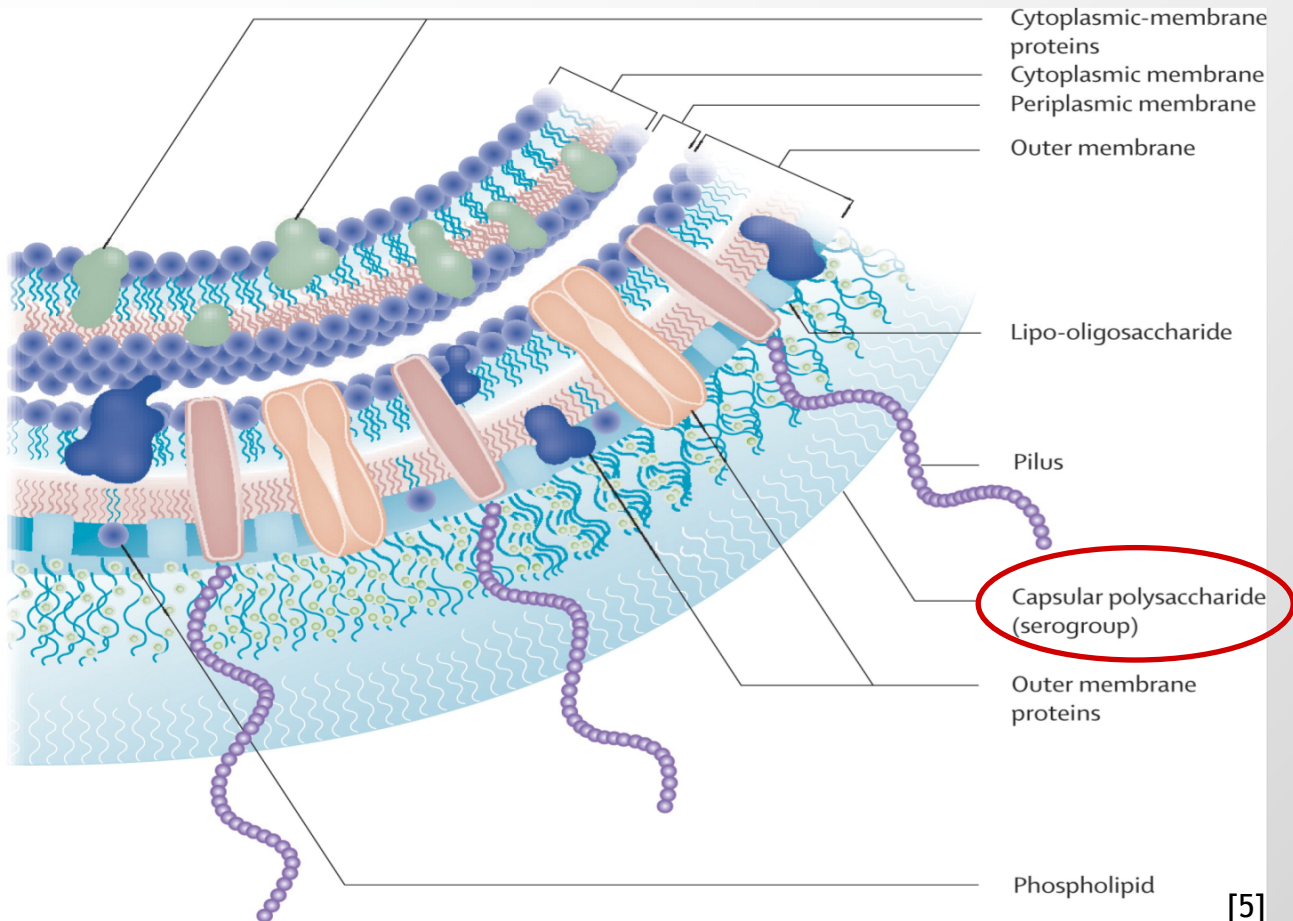
13 CAPSULAR SEROTYPES, 5 of
them are mostly responsible
for the disease:

A, B , C, Y, W135 (X)

1 - MenB capsular antigen-based vaccine

Poorly immunogenic

Potential cause of autoimmunity



Alfa(2→8) N-acetyl neuraminic acid (polysialic acid)

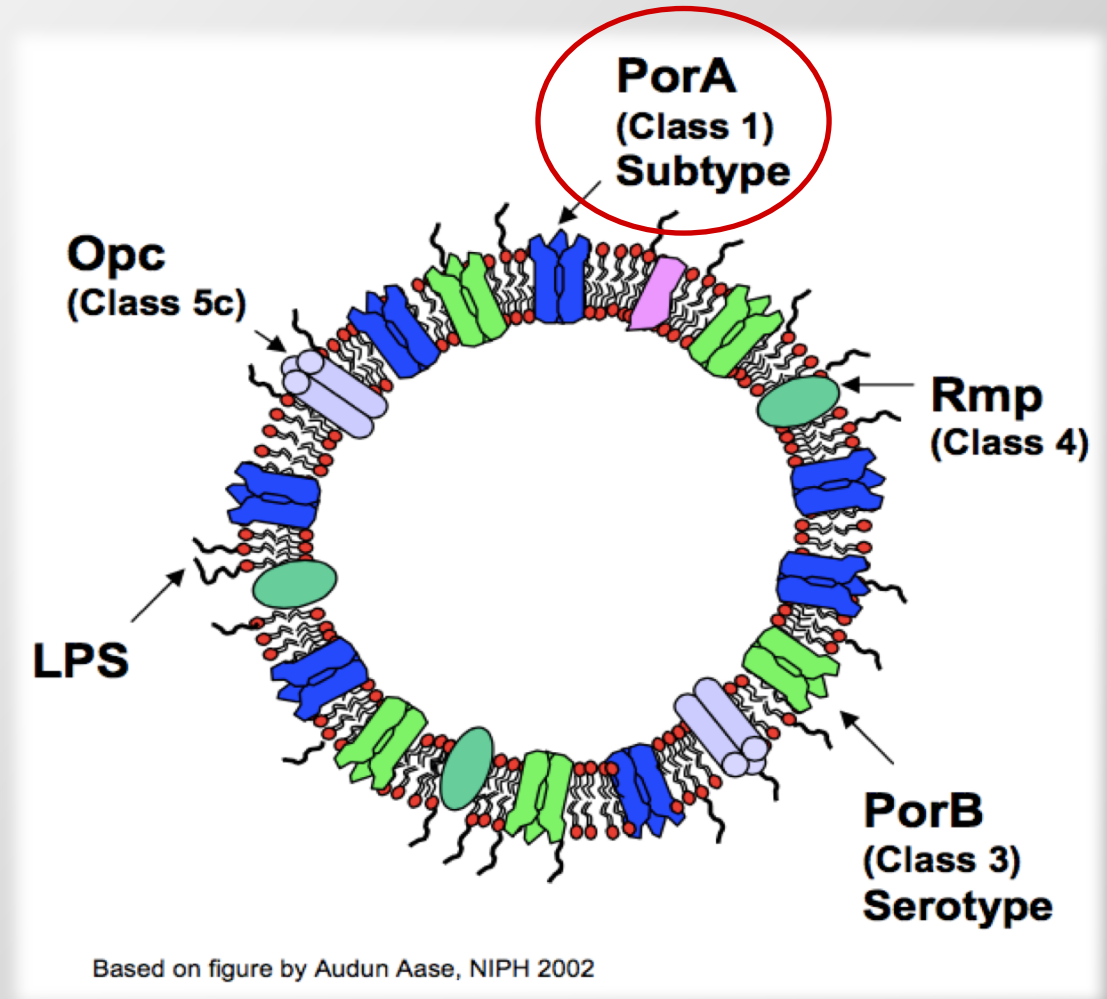
2 - Outer Membrane Protein Vesicles-based vaccine

Neisseria cells normally release vesicles, composed by OMPs, lipids and periplasmic components.

OMVs contain more than 70 proteins: the most abundant and immunogenic are porines (PorA).

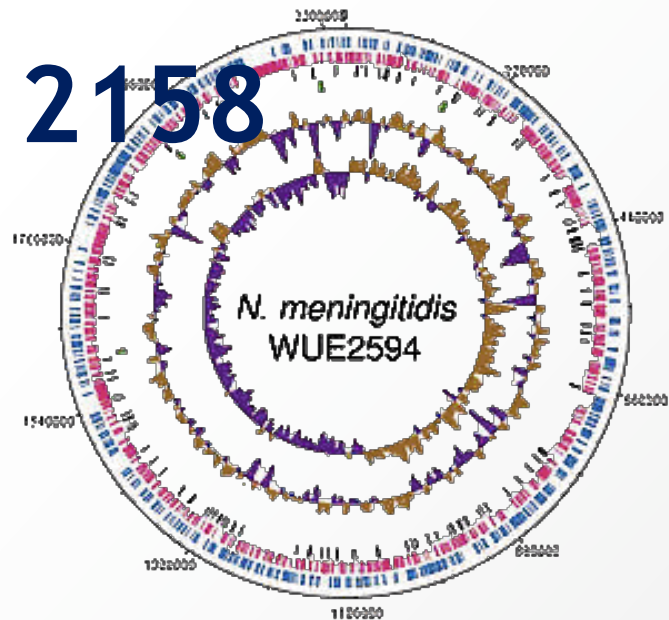
Porines may be good vaccine candidates but have a high variability.

These are ideal vaccines just in case of clonal epidemics, only against the homologous strain.



“TAILOR-MADE” MenB vaccines

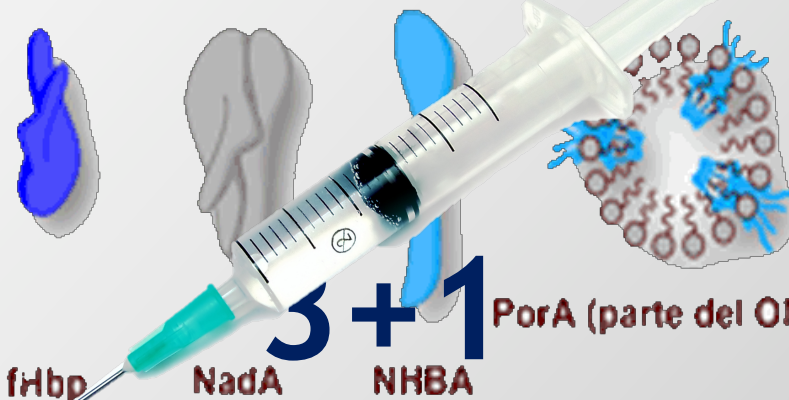
2158



570



350



3+1

PorA (parte del OMV)

fHbp

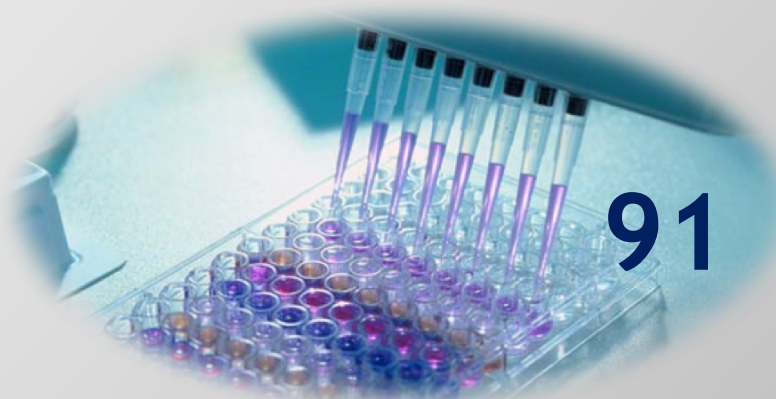
NadA

NHBA

28



91



4CMenB composition



NadA

Neisseria
adhesin A



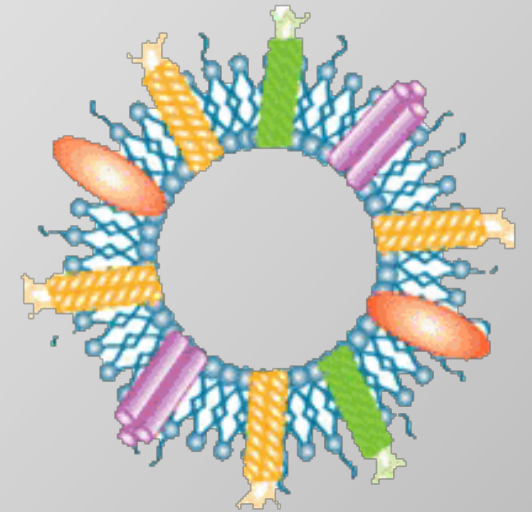
fHbp

Factor H
binding protein



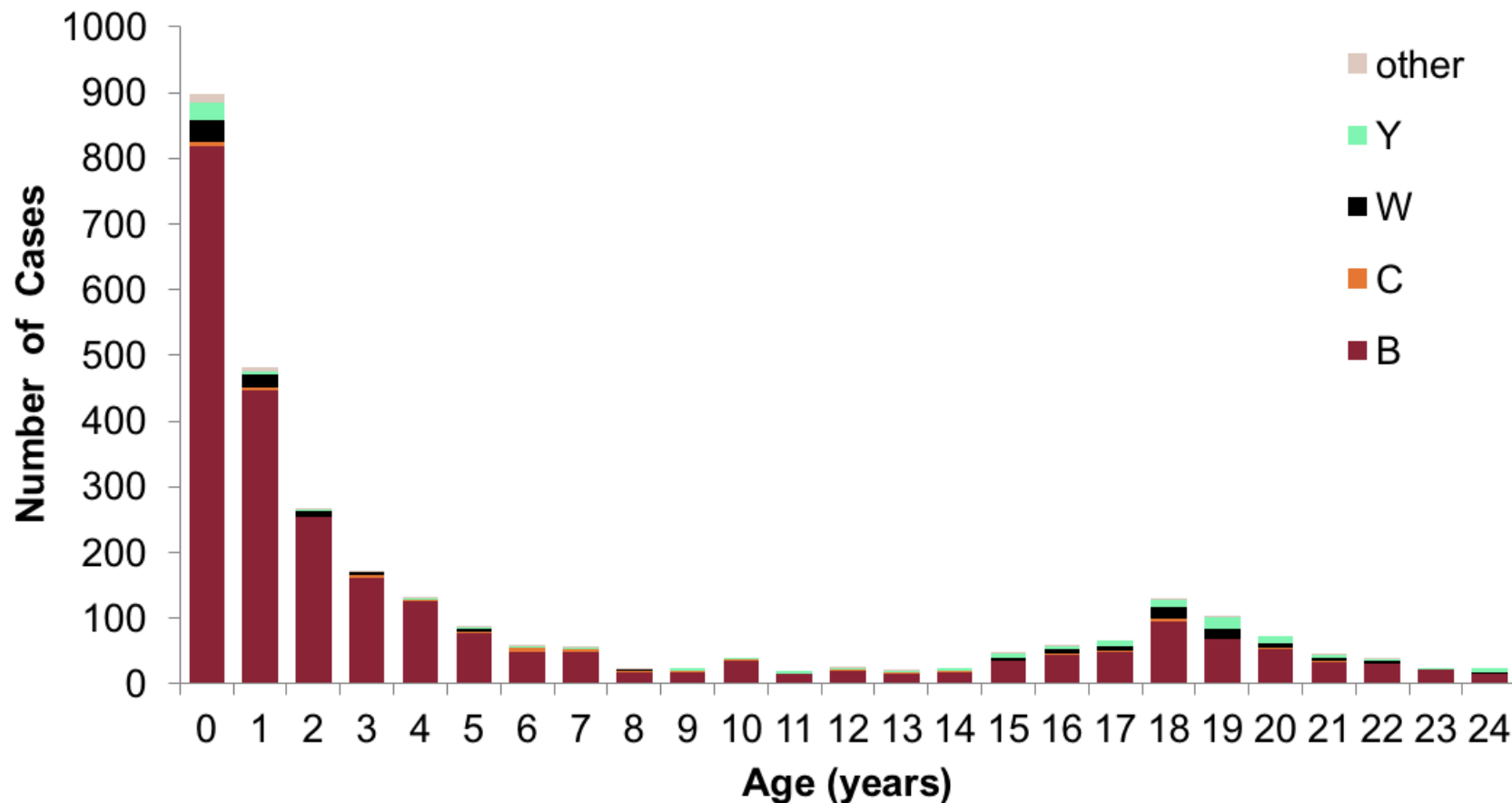
NHBA

Neisserial heparin
binding antigen



Porine A

Epidemiological overview



Laboratory confirmed cases IMD
England and Wales

Epidemiological overview

4CMenB licensed since 2012

Estimated coverage (88% of MenB strains)

Infants and toddlers

WAITING FOR **MoRe** DATA

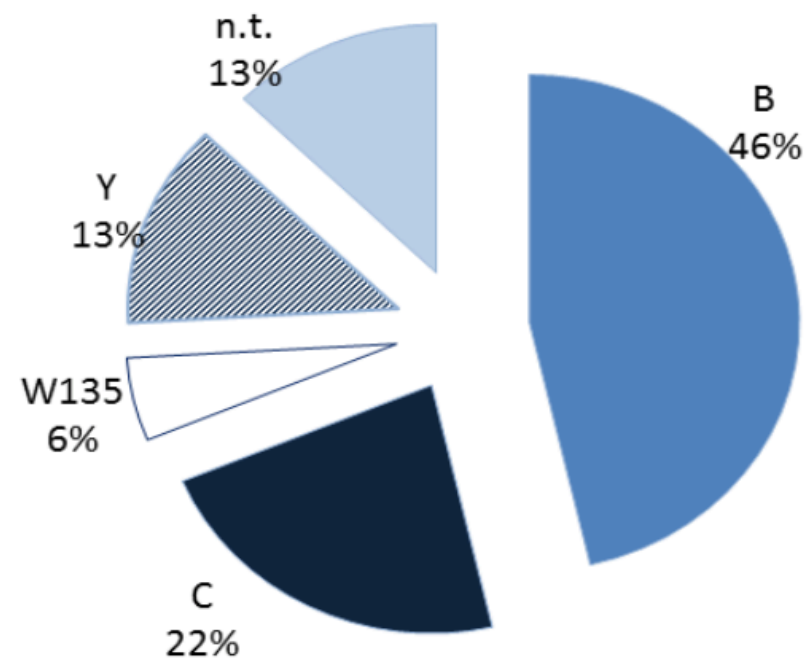
GRAZIE PER L'ATTENZIONE

Si ringraziano i Proff. Marcello Pinti,
Samuele Peppoloni ed Elisabetta Blasi per
la supervisione del lavoro.

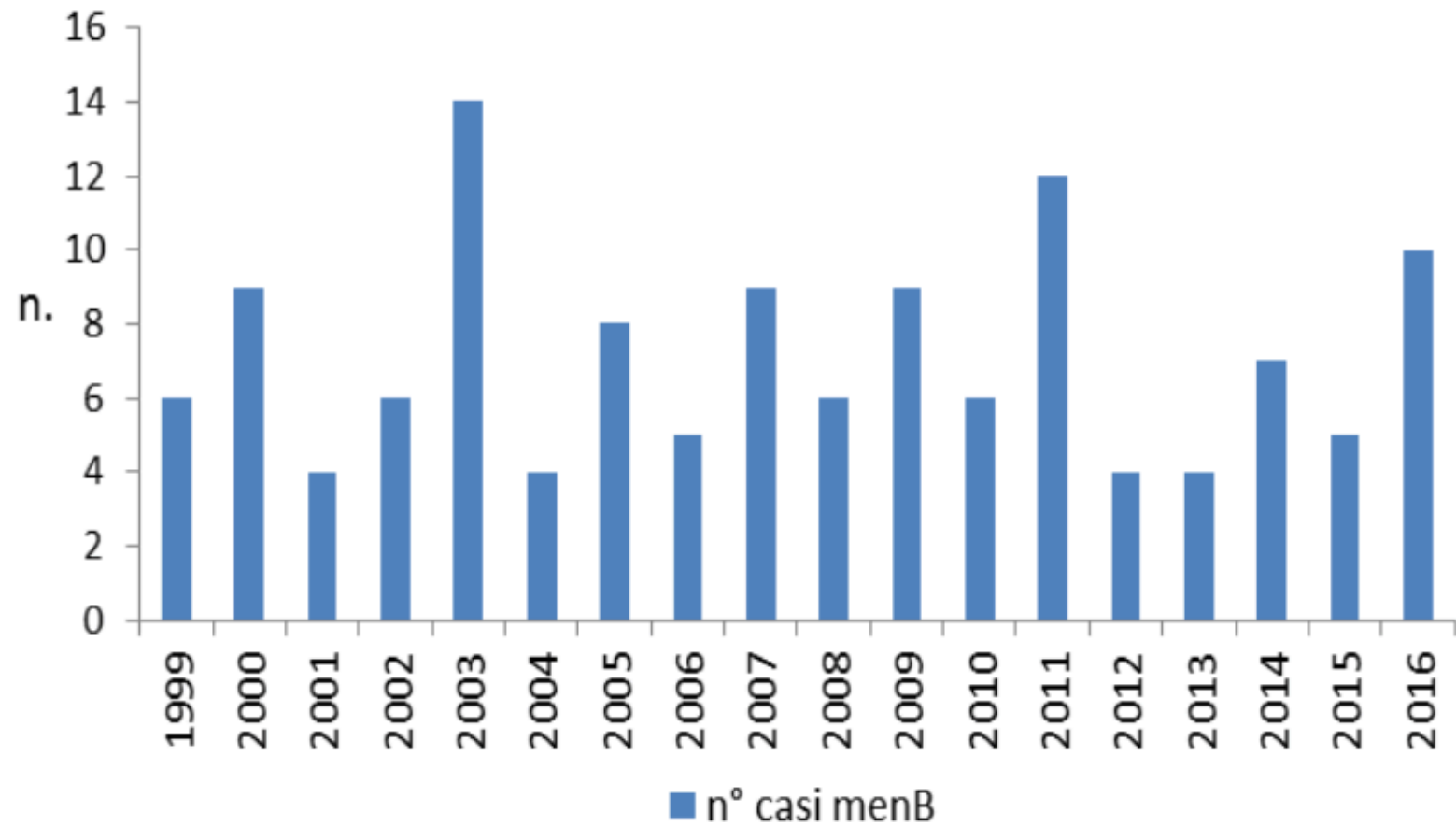
Bibliography

- Rappuoli, R. Reverse vaccinology. *Current Opinion in Microbiology* (2000) [3]
- Rappuoli, R. Reverse vaccinology, a genome-based approach to vaccine development. *Vaccine* (2001)
- Rappuoli et al. The intangible value of vaccination. *Science's compass* (2002)
- Rappuoli et al. Reverse vaccinology. *Drug discovery today* (2003)
- Rappuoli et al. The value of vaccines. *Vaccine* (2003)
- Pizza et al. A universal vaccine for serogroup B meningococcus. *Proceedings of the national academy of sciences of the USA* (2006)
- Stephens DS et al. Epidemic meningitis, meningococcaemia, and *Neisseria meningitidis*. *The Lancet* (2007) [4] [5]
- Rappuoli, R. Bridging the knowledge gaps in vaccine design. *Nature Biotechnology* (2007) [1] [2]
- Rappuoli, Sette. Reverse vaccinology: developing vaccines in the era of genomics. *Immunity* (2010)
- Sadarangani, Pollard. Serogroup B meningococcal vaccines-an unfinished story. *Lancet Infect Dis* (2010)
- Zanotti et al. Structure of the uncomplexed *Neisseria meningitidis* factor H-binding protein fHbp (rLO2086). *Acta Crystallogr Sect F Struct Biol Cryst Commun* (2011)
- Rappuoli et al. The new multicomponent vaccine against meningococcal serogroup B, 4CMenB: immunological, functional and structural characterization of antigens. *Vaccine* (2012)
- Developing vaccines in the era of genomics: a decade of reverse vaccinology. *Clinical Microbiology and Infection* (2012)
- Delany, Rappuoli, Seib. Vaccines, reverse vaccinology, and bacterial pathogenesis. *Cold Spring Harbor Perspectives in Medicine* (2013)
- Andrews, Pollard. A vaccine against serogroup B *Neisseria meningitidis*: dealing with uncertainty. *The Lancet* (2014)
- O’Ryan M et al. A Multi-Component Meningococcal Serogroup B Vaccine (4CMenB): The Clinical Development Program. *Drugs* (2014) [6]
- Medini et al. MATS: global coverage estimates for 4CMenB, a novel multicomponent meningococcal B vaccine. *Vaccine* (2015)
- Domnich A et al. Meningococcal antigen typing system development and application to the evaluation of effectiveness of meningococcal B vaccine and possible use for other purposes. *Journal of Immunology Research* (2015) [7]
- Donald et al. Meningococcal serogroup B vaccines: estimating breadth of coverage. *Human vaccines & immunotherapeutics* (2016)
- Ladhani et al. Effectiveness and impact of a reduced infant schedule of 4CMenB vaccine against group B meningococcal disease in England: a national observational cohort study *The Lancet* (2016)
- Immunisation against meningococcal B disease for infants aged from two months - Information for healthcare professionals. *Public Health England* (2016)

**Distribuzione % dei casi di meningococco per sierogruppo.
Emilia-Romagna, 2006-2016**



**Andamento dei casi di meningococco B (n° assoluto di casi).
Emilia-Romagna 1999-2016**



One dose (0.5 ml) contains:

- 1) Recombinant *Neisseria meningitidis* group B **NHBA** fusion protein (50 µg)
- 2) Recombinant *Neisseria meningitidis* group B **NadA** protein (50 µg)
- 3) Recombinant *Neisseria meningitidis* group B **fHbp** fusion protein (50 µg)
- 4) OMV from *Neisseria meningitidis* group B strain NZ98/254
measured as amount of total protein containing the **PorA** P1.4 (25 µg)

Other ingredients in the vaccine include: aluminium hydroxide, histidine, sodium chloride, sucrose, water for injections.

The vaccine is given by deep intramuscular injection, preferably in the anterolateral aspect of the thigh in infants or in the deltoid muscle region of the upper arm in older subjects.

MATS (Meningococcal Antigen Typing System)

- 1) Are any of the selected proteins in the test strain expressed to a sufficient degree?
- 2) Are they similar enough to the antigens in the vaccine such that the antibodies generated will kill the bacteria?

MATS ELISA determines the minimum amount (termed relative potency) of recognisable antigen needed to result in bacterial killing for each of fHbp, NadA and NHBA (PorA characterised by sero/genotyping).

For a strain to be “covered”, at least one antigen MATS must be greater than the positive bactericidal threshold (PBT) or possess homologous PorA (P1.4).