Coronavirus Overview as it Relates to Vaccine Development

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Vaccines, from concept to implementation (GLHL 7209) – February 2, 2021



Conflicts of interest: none



Outline

- Coronavirus Virology & Biology
- Transmission
- Pathophysiology
- Clinical features
- Diagnostics
- Immunology



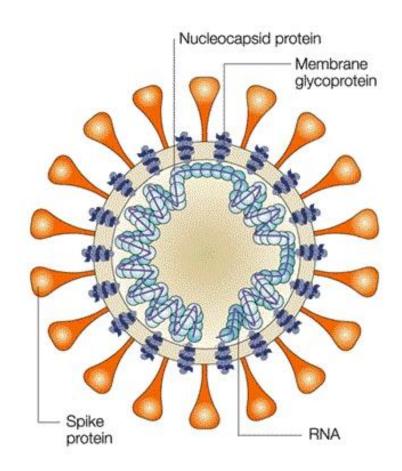
Coronavirus Virology

- >30 known animal CoVs in four genera A, β, Δ, Γ
- Virus spillover occurs with bats and rodents likely sources of human CoVs
- Seven CoVs known infect humans
 - HCoV-229E, and HCoV-NL63 (alphaCoVs)
 - HCoV-OC43, and HCoV-HKU1 (betaCoVs)
 - SARS-CoV, SARS-CoV-2, and MERS-CoV (betaCoVs)



Coronavirus Virology

- Positive-stranded RNA viruses –prone to mutation
- Genetic drift occurs with SARS-CoV-2 S, N and M proteins potentially complicating vaccine development



Nature Reviews | Microbiology

https://www.nature.com/articles/nrmicro930/figures/2



Endemic Coronavirus Biology

- Worldwide distribution
- Major cause of common cold-like illness in all ages
- Infection marked seasonal and cyclical patterns
- ~50% of endemic CoV infections are asymptomatic
- Endemic CoVs have a high rate of reinfection; in volunteers it can occur within a year of prior infection



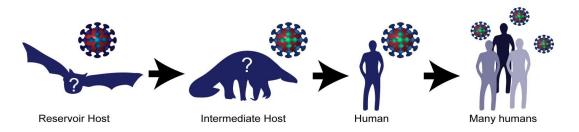
Endemic Coronavirus Biology

- One study, 81.5 % of newly infected individuals had pre-existing virus specific neutralizing antibody
- Uncertain whether pre-existing neutralizing antibody modifies the severity of subsequent re-infections
- Endemic CoV infections involve mainly the surface of the respiratory tract, it is possible that secretory IgA antibody plays a more direct role in protection, as is the case with swine CoV infections



SARS-CoV-2 Transmission

- Primarily human to human
- Respiratory aerosol/droplets/contact portal of entry: eyes/nose
 - Medical students touch their eyes, nose and or mouth an average of 10 times an hour
- Oral-fecal?
- No recognized mother to fetus transmission





COVID-19 Transmission Dynamics

- Research suggests that seasonality is likely to play only a minor role in the epidemiology of COVID-19
- Infections can be symptomatic or asymptomatic
- Public health interventions strongly associated with reduced epidemic growth:
 - Masks
 - restrictions of mass gatherings
 - measures of social distancing





COVID-19 Pathophysiology(?)

- Virus binds to ACE2 receptors on oral, nasal and ocular mucosal epithelial cells initiating infection
- Infection extends to lungs leading to pneumonia
- Viremia may develop in some patients with dissemination and injury of visceral organs, i.e., heart, renal, gastrointestinal tract (with fecal shedding)
- In some, infection triggers immune dysregulation and immunopathological (autoimmune) responses



COVID-19 Clinical Features Important in Vaccine Development?

- Hypoxia
- Pneumonia
- Organ failure (heart, kidney, multi-organ)
- Hepatitis
- Shock
- Stroke
- Venous thromboembolism
- Pediatric Multi-System Inflammatory Syndrome



CDC COVID-19 Case Definition

Symptomatic COVID-19 Infection

<u>Two</u> or more: fever, chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s)

OR

At least <u>one:</u> cough, shortness of breath, or difficulty breathing **OR**

Severe respiratory illness with at least one:

- Clinical or radiographic evidence of pneumonia
- Acute respiratory distress syndrome (ARDS)

AND

Positive SARS-CoV-2 Nucleic Acid Amplification Test (NAAT)



Pfizer *Primary* Efficacy Endpoint Case Definition of *Symptomatic* COVID-19 Infection

Positive SARS-CoV-2 Nucleic Acid Amplification Test (NAAT). AND at least one of the following:

Fever	Chills	
Vomiting	Diarrhea	
Sore throat	New loss of taste or smell	
New or increased cough	New or increased muscle pain	
New or increased shortness of breath		



Pfizer *Secondary* Efficacy Endpoint Case Definition of *Symptomatic* COVID-19 Infection

Positive SARS-CoV-2 Nucleic Acid Amplification Test (NAAT). AND at least one of the following:

Fatigue	Headache
Nasal congestion or runny nose	Nausea

Included the following additional symptoms defined by CDC (listed at https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)

Pfizer Secondary Efficacy Endpoint Case Definition of Severe Symptomatic COVID-19 Infection

Positive SARS-CoV-2 Nucleic Acid Amplification Test (NAAT)
AND

- Clinical signs at rest indicative of severe systemic illness (RR ≥30 breaths per minute, HR ≥125 beats per minute, SpO2 ≤93% on room air at sea level, or PaO2/FiO2 <300 mm Hg); or
- Respiratory failure (defined as needing high-flow oxygen, noninvasive ventilation, mechanical ventilation, or ECMO); or
- Evidence of shock (SBP <90 mm Hg, DBP <60 mm Hg, or requiring vasopressors); or
- Significant acute renal, hepatic, or neurologic dysfunction; or
- Admission to an ICU; or
- Death



SARS-CoV-2 Diagnostics

- Acute infection
 - Virus culture
 - Viral nucleic acid (RNA) detection
 - Antigen detection
- Serologic assays
 - ELISA
 - Lateral-flow
 - Virus neutralization
 - Pseudovirus neutralization



SARS-CoV-2 Immunology

- Antibody seroconversion— IgM appears day 8-12 and is gone by week 13. IgG appears around day 14
 - Serum contains neutralizing antibody; convalescent plasma appears to have some therapeutic benefit
- Both CD4+ and CD8+ T cells are detected about 7 days after onset of symptoms
 - SARS- CoV-1 mouse studies showed that induction or passive transfer of virus- specific CD4+ and CD8+ T cells increased survival. Other studies found that some vaccines could induce detrimental T cell responses

SARS-CoV-2 Unknowns

- What proportion of the population need to become infected and/or immunized to afford to community immunity (herd immunity)?
 - Depends on the efficacy of the vaccine.
 - https://www.sciencedirect.com/science/article/pii/S0140673620323187?via%3Dihub
- Will COVID-19 infection provide broad, long-term protection against SARS-CoV-2 reinfection?
 - https://www.cancer.gov/news-events/cancer-currents-blog/2020/coronavirus-antibodiesprotect-against-future-infection
- Will annual COVID-19 booster vaccines be needed?
- Will SARS-CoV-2 mutations impact vaccine effectiveness?



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THANK YOU