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A polyvalent inactivated rhinovirus vaccine is broadly immunogenic in rhesus macaques

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As the predominant aetiological agent of the common cold, human rhinovirus (HRV) is the leading cause of human infectious disease. Early studies showed that a monovalent formalin-inactivated HRV vaccine can be protective, and virus-neutralizing antibodies (nAb) correlated with protection. However, co-circulation of many HRV types discouraged further vaccine efforts. Here, we test the hypothesis that increasing virus input titres in polyvalent inactivated HRV vaccine may result in broad nAb responses. We show that serum nAb against many rhinovirus types can be induced by polyvalent, inactivated HRVs plus alhydrogel (alum) adjuvant. Using formulations up to 25-valent in mice and 50-valent in rhesus macaques, HRV vaccine immunogenicity was related to sufficient quantity of input antigens, and valency was not a major factor for potency or breadth of the response. Thus, we have generated a vaccine capable of inducing nAb responses to numerous and diverse HRV types.

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HRV causes respiratory illness in billions of people annually, a socio-economic burden. HRV also causes pneumonia hospitalizations in children and adults, and exacerbations of asthma and chronic obstructive pulmonary disease (COPD). HRV was found to be the second leading cause of community-acquired pneumonia requiring hospitalization in US children, second only to respiratory syncytial virus, and the most common pathogen associated with pneumonia hospitalization in US adults. A vaccine for HRV could alleviate serious disease in asthma and COPD, reduce pneumonia hospitalizations and have widespread benefits for society on the whole. Decades ago, researchers identified inactivated HRV as a protective vaccine, defined virus-neutralizing antibodies (nAb) as a correlate of protection, and estimated duration of immunity. Trials with monovalent HRV vaccine demonstrated that protection from homologous challenge and disease can be achieved with formalin-inactivated virus given intramuscularly (i.m.) or intranasally. Humoral immunity to heterologous virus types was not observed, though cross-reactive CD8 T cells can promote clearance. Limited cross-neutralizing antibodies can be induced by hyper-immunization in animals. The possibility of a vaccine composed of 50, 100 or more distinct HRV antigens has been viewed as formidable or impossible. There are two main challenges, generating a broad immune response and the feasibility of composing such a vaccine. The Ab repertoire is theoretically immense, and most vaccines in clinical use are thought to work via a polyclonal Ab response. Deep-sequencing of human Ab genes following vaccination against influenza virus found thousands of Ab lineages. Whole pathogen and polyclonal vaccines carrying natural immunogens take advantage of this capacity. Valency has increased for pneumococcal and polyvalent vaccines carrying natural immunogens take advantage of this capacity. Multiple-vaccine strategies may facilitate practical HRV vaccine development.

### Results

**Immunogenicity of 10-valent HRV vaccine in mice.** We first used BALB/c mice to test immunogenicity. We propagated HRVs in H1-HeLa cells and inactivated infectivity using formalin. Sera from naive mice had no detectable nAb against HRV-16 (Fig. 1). Alum adjuvant enhanced the nAb response induced by i.m. inactivated HRV-16 (Fig. 1). There was no effect of valency (comparing 1-, 3-, 5-, 7- and 10-valent) on the nAb response induced by inactivated HRV-16 or to the 3 types in the 3-valent vaccine (HRV-16, HRV-36 and HRV-78; Fig. 1). The 50% tissue culture infectious dose (TCID₅₀) titres of the input viruses before inactivation (inactivated-TCID₅₀) are provided in Supplementary Table 1. Original antigenic sin can occur when sequential exposure to related virus variants results in biased immunity to the type encountered first. In bivalent HRV-immune mice, we observed modest original antigenic sin following prime vaccination with 10-valent inactivated HRV, and boost vaccination partially alleviated the effect (Supplementary Fig. 1), similar to influenza virus. Collectively, these results prompted us to explore more fully the nAb response to polyvalent HRV vaccines.

**Sufficient input HRV titre determines immunogenicity.** In 1975, it was reported that two different 10-valent inactivated HRV preparations induced nAb titres to only 30–40% of the input virus types in recipient subjects. However, the input titres of viruses before inactivation ranged from 10¹⁵ to 10⁵ TCID₅₀ per ml, and these were then diluted 10-fold to generate 10-valent 1.0 ml doses given i.m. as prime and boost with no adjuvant. We hypothesized that low input antigen doses are responsible for the observed variation in immune response.

### Figure 1

**Immunogenicity of inactivated HRV is not affected by increasing valency from one to ten.** Mice were vaccinated i.m. with 1-valent inactivated HRV-16 with or without alum adjuvant (5 mice per group) or with 3-valent, 5-valent, 7-valent or 10-valent inactivated HRV with alum (20 mice per group). HRV types and inactivated-TCID₅₀ doses are specified in Supplementary Table 1. Sera were collected 18 days after vaccination and pooled for each group. Serum nAb titres were measured against HRV-16, HRV-36 and HRV-78. The dashed line represents limit of detection (LOD). Error bars show 95% confidence interval. Data depict three independent experiments combined.
for poor nAb responses to 10-valent inactivated HRV. We reconstituted the 1975 10-valent vaccine, as closely as possible with available HRV types, over a $10^1$ to $10^5$ inactivated-TCID$_{50}$ per vaccine dose, and we compared it with a 10-valent vaccine of the same types with input titres ranging from $>10^5$ to $>10^7$ inactivated-TCID$_{50}$ per dose. The reconstituted 1975 vaccine resulted in no detectable nAb after prime vaccination and, following boost vaccination, nAb to the five types that had the highest input titres (Fig. 2). The high titre vaccine resulted in nAb to 5 of 10 types after prime vaccination and all 10 types after the boost (Fig. 2). Following the boost vaccinations, there appeared to be a $10^4$ inactivated-TCID$_{50}$ per vaccine dose threshold for the induction of nAb in this model (Fig. 2b). Above this titre, there was no correlation between input load and nAb induction.

**Immunogenicity of 25-valent HRV vaccine in mice.** Injectable vaccines used in people are commonly given in a 0.5 ml dose. In our facility, the highest allowable i.m. vaccine volume in mice was 0.1 ml. We tested a 25-valent per 0.1 ml HRV vaccine in mice as a scalable prototype. The 25-valent inactivated HRV vaccine had a 7.4-fold lower average inactivated-TCID$_{50}$ per type per dose than the 10-valent composition (Supplementary Table 2) to accommodate the volume adjustment. The 10-valent inactivated HRV vaccine induced nAb to 100% of input types following the prime and the boost (Fig. 3a). The nAb induced by 10-valent inactivated HRV were persisting at 203 days post-boost (Supplementary Fig. 2). We used two different sets of virus stocks for the prime and boost 25-valent vaccinations in these experiments (Supplementary Table 2). The reason is that in the interim between the prime and boost vaccinations, we obtained higher titre virus stocks of eleven of the input types (HRV-32, -49, -58, -55, -41, -33, -39, -50, -1B, -21 and -60). The higher titre stocks of these eleven were used in the boost vaccination. The 25-valent inactivated HRV prime vaccination induced nAb to 18 of 25 (72%) virus types, and the 25-valent boost resulted in nAb against 24 of the 25 types (96%; Fig. 3b). The average nAb titre resulting from prime and boost was 2$^+$ for 10-valent and 2$^{6.8}$ for 25-valent. These data demonstrate broad neutralization of diverse HRV types with a straightforward vaccine approach.
Immunogenicity of 25- and 50-valent HRV in RMs. To increase vaccine valency, we chose RMs and a 1.0 ml i.m. vaccine volume. Two RMs were vaccinated with 25-valent inactivated HRV, and two RMs were vaccinated with 50-valent inactivated HRV. Pre-immune sera in RM A and RM B had no detectable nAb against the 25 HRV types included in the 25-valent vaccine. The inactivated-TCD50 titres per dose were higher in RMs than in mice (Supplementary Table 3). The 25-valent vaccine induced nAb to 96% (RM A) and 100% (RM B) of input viruses following the prime vaccination (Fig. 4a). The 50-valent vaccine induced nAb to 90% (RM C) and 82% (RM D) of input viruses following the prime vaccination (Fig. 4c). The breadth of nAb following prime vaccination in RM was superior to what we observed in mice, which may have been due to animal species differences and/or higher inactivated-TCD50 input titres in the RM vaccines. Following boost vaccination, there were serum nAb titres against 100% of the types in 25-valent HRV-vaccinated RMs (Fig. 4b) and 98% (49 out of 50) of the virus types in 50-valent HRV-vaccinated RMs (Fig. 4d). The average nAb titre resulting from prime and boost in RMs was 29.3 for 25-valent and 2.6 for 50-valent. The nAb responses were type-specific, not cross-neutralizing, because there were minimal nAbs induced by the 25-valent vaccine against 10 non-vaccine types (Supplementary Fig. 3). The nAb response to 50-valent inactivated HRV vaccine was broad and potent in RMs.

Methods
Cell lines and viruses. H1-HeLa (CRL-1958) and WI-38 (CCL-75) cells were obtained from the American Type Culture Collection (ATCC) and cultured in minimal essential media with Richter’s modification and no phenol red (MEM) (Thermo Fisher) supplemented with 10% fetal bovine serum. The cell lines were not authenticated but are not commonly misidentified (International Cell Line Authentication Committee). We tested HeLa-H1 cells using the LookOut® Human Alphavirus kit (Sigma-Aldrich) against HRV-7 (VR-1601), HRV-9 (VR-1745), HRV-11 (VR-1567), HRV-13 (VR-286), HRV-14 (VR-284), HRV-16 (VR-283), HRV-19 (V4-1129), HRV-24 (VR-1134), HRV-29 (VR-1809), HRV-30 (VR-1140), HRV-31 (VR-1795), HRV-32 (VR-342), HRV-36 (VR-509), HRV-38 (VR-511), HRV-40 (VR-341), HRV-41 (VR-3151), HRV-49 (VR-563), HRV-53 (VR-1166), HRV-55 (VR-1109), HRV-60 (VR-1475), HRV-64 (VR-1174), HRV-66 (VR-1176), HRV-78 (VR-1178), HRV-75 (VR-1185), HRV-76 (VR-1186), HRV-77 (VR-1187), HRV-78 (VR-1188), HRV-80 (VR-1190), HRV-81 (VR-1191), HRV-85 (VR-1195), HRV-88 (VR-1198), HRV-89 (VR-1199), HRV-96 (VR-1296), and HRV-97 (VR-1299) HRV stocks were produced from ATCC. HRV-1B, HRV-10, HRV-21, HRV-28, HRV-33, HRV-34, HRV-39, HRV-45, HRV-50, HRV-51, HRV-54, HRV-55 and HRV-94 strains were obtained from the Centers for Disease Control and Prevention. The HRVs in the study are species A, with the exception of HRV-14 (B), and represent A species broadly.

HRV propagation and titration. HRV stocks were generated in H1-HeLa cells. Approximately 0.5 ml of HRV was inoculated onto subconfluent H1-HeLa cells in a T-180 flask, or 1 ml of subconfluent WI-38 cells (Supplementary Fig. 4). Injectable vaccines require defined purity. As proof of principle, we semi-purified three HRV types in H1-HeLa and WI-38, which can be qualified for propagation of HRV C strains to high titre in cell lines especially for paediatric populations. Ongoing efforts are aimed at propagation of HRV C strains to high titre in cell lines and development of serology assays. Ultimately, our approach may lead to vaccines for rhinovirus-mediated diseases including asthma and COPD exacerbations and the common cold. Advancing valency may be applicable to vaccines for other antigenically variable pathogens.
Figure 4 | Broad nAb responses against 25-valent and 50-valent inactivated HRV in RMs. The inactivated-TCID₅₀ input titres per dose are specified in Supplementary Table 3. Two RMs (RM A and RM B) were vaccinated i.m. with 25-valent HRV and alum (a,b), and two RMs (RM C and RM D) were vaccinated i.m. with 50-valent HRV and alum (c,d). nAb titres against input virus types were measured in individual serum samples collected at day 18 (a,c). The RM received an identical boost vaccination at day 28, and sera were collected at day 46 for determining nAb titres post-boost vaccination (b,d). Error bars depict 95% confidence interval. The dashed line represents LOD. Undetectable nAb were assigned LOD/2.
blinded to outcome assessment. No statistical methods were used in predetermining sample sizes.

Young adult (3.5–kg, 2–4 years of age, 2 females and 2 males) Indian RMs (Macaca mulatta; RM) were maintained according to NIH guidelines at the Yerkes National Primate Research Center. Handling and movement of RMs was performed by qualified personnel who have received specific training in safe and humane methods of animal handling at the Yerkes National Primate Research Center. The initial exclusion criterion was pre-existing nAb against HRV. The RMs were allocated in an un-blinded manner to two regulations and the recommendations in the Guide for Care and Use of Laboratory Animals of the NIH. The RMs were allocated in an un-blinded manner to two vaccine groups (25-valent and 50-valent), one male and one female per group. No statistical methods were used in predetermining sample sizes.

**Vaccination.** Before immunization, all HRV types were inactivated by addition of 100 µg of Alhydrogel adjuvant 2% (aluminium hydroxide wet gel suspension, alum; Sigma catalog A8222 or Invivogen catalog vac-alu) according to instructions of the manufacturers. The total volume per mouse was 100 µl, administered in 50 µl intramuscularly (i.m.). Two mice were second identical nAb experiment (booster) at the time indicated in figure legends. RMs were vaccinated in two nAb groups with 500 µg of Alhydrogel adjuvant 2%. The total volume per RM was 1 ml, administered in one leg. RMs were boosted with an identical vaccination at four weeks.

**Serum collection.** In mice, peripheral blood was collected into microcentrifuge tubes from the submandibular vein. Samples were incubated at room temperature for 20 min to clot. The tubes were centrifuged 7,500 g for 10 min to separate serum. The serum samples were pooled from mice of each group and stored at –80 °C until used. Phlebotomy involving RMs was performed under either ketamine (10 mg kg⁻¹) or Telazol (4 mg kg⁻¹) anaesthesia on fasting animals. Following anaesthesia with ketamine or Telazol, the animals were bled from the femoral vein. Yerkes blood collection guidelines were followed and no more than 10 ml kg⁻¹ per 28 days of blood was collected. After collecting blood in serum separating tube, samples were incubated at room temperature for 30 min. The serum samples were centrifuged at 2,500 g for 15 min to separate serum. The serum samples from individual RM were stored at –80 °C until used.

**Serum neutralization assay.** H1-HeLa cells were seeded in 96-well plates to attain 80–90% confluence in 24 h. Due to the limited volume of mouse serum per bleed and the number of nAb assays required, we pooled mouse sera. After separating serum from whole blood, equal volumes of sera per mouse were pooled from each group, before heat inactivation. Levels of nAb against the indicated HRV types in the vaccines used in mice were measured in pooled sera. Heat-inactivated (56 °C, 30 min) serum samples were twofold serially diluted in MEM and added to 500 TCID₅₀, ml⁻¹ HRV of each type to be tested, in an equal volume. The virus and serum mixtures were incubated at 37 °C for 1 h. Then, 50 μl of the serum–virus mixture was transferred onto H1-HeLa cell monolayers in 96-well plates in triplicate, and plates were spinoculated at 2,095 g for 30 min at 4 °C. For each type, a no-serum control was added to test the input 500 TCID₅₀. We tested pooled HRV-16 anti-sera against HRV-16 in each assay as a standard. After spinoculation, 150 µl of HRV infection medium were added to each well. The 96-well plates were incubated for 6 days at 32 °C and 5% CO₂ and then stained with crystal violet as described above. Wells were scored for the presence or absence of CPE. Neutralizing antibody end point titers and 95% confidence intervals were determined by the method of Reed and Muench38, as previously described for HRV14,38. The 95% confidence interval indicates variability of three technical replicates within a single nAb experiment. An example of the nAb assay and titre calculation is provided in Supplementary Fig. 7.

**Data availability.** Primary data that support the findings of this study are available from the corresponding author upon request.

**References**


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**Author contributions**

S.L., M.T.N., M.G.C., J.B.J., E.A.S., A.E.K. and R.M.-L. performed experiments. K.R., Y.A.B., J.E.G. and P.S. provided reagents and advice. X.L. and D.D.E. provided rhinovirus types. S.L., M.T.N. and M.L.M. designed the experiments, analysed data and wrote the paper. The findings and conclusions in this report are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

**Additional information**

**Supplementary Information** accompanies this paper at http://www.nature.com/naturecommunications

**Competing financial interests:** M.L.M. co-founded and serves as Chief Scientific Officer for Meissa Vaccines, Inc. S.L., M.T.N. and M.L.M are co-inventors in a patent application (PCT/US2016/037658) describing the rhinovirus vaccine reported in this paper.

The vaccine technology has been optioned to Meissa Vaccines, Inc. by Emory University. The remaining authors declare no competing financial interests.

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