

A novel SARS-CoV-2 modified live vaccine with an optimized safety profile induces sterile immunity in Syrian hamsters

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Introduction

Rationale: mRNA vaccines vs. live attenuated vaccines (LAV)

mRNA		LAV
✓✓✓	protection against severe disease	✓✓✓
✓✓✓	reduced transmission	✓✓✓
✓✓✓	viral protein spectrum	✓✓✓
✓✓✓	humoral, systemic, IgG based immune response	✓✓✓
✗	local, mucosal immune response, mucosa-bound IgA	✓✓✓
✓✓✓	cellular immune response	✓✓✓
i.m.	administration	i.n.
✗	simulate a natural infection	✓✓✓

Fig. 1: Comparison of characteristics of systemic mRNA-based SARS-CoV-2 vaccines and mucosal LAV [1]. LAV are expected to be more effective in reducing viral shedding and inducing much stronger and longer-lasting immunity.

- We evaluated a LAV based on the OTS genome recoding attenuation method [2] in Syrian hamsters.
- We asked for the level of attenuation, protective potential, including the ability of inducing sterile immunity.

Strategy: one-to-stop (=OTS) concept

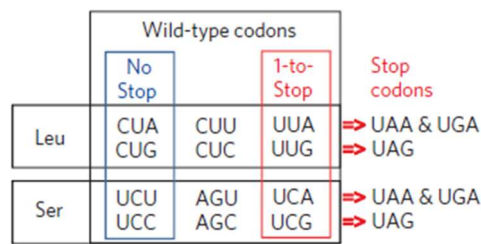


Fig. 2: OTS strategy: Introduction of synonymous codon changes using serine and leucine. Only one mutation more is needed to turn into a stop codon with expected impact on viral fitness [2].

Final OTS candidate

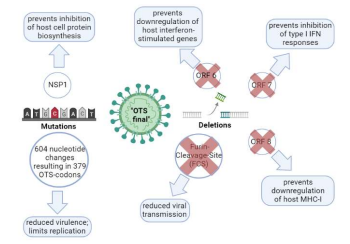


Fig. 3: OTS228 was attenuated by 379 OTS-codons (Orf1ab), 4 deletions (Orf6-7, polybasic cleavage site), and 2 point mutations (NSP1).

Materials and Methods

21-day safety study design

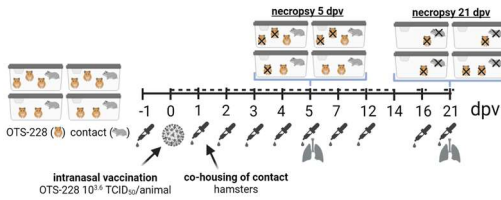


Fig. 4: Safety study in Syrian hamsters intranasally inoculated with $10^{3.6}$ TCID₅₀ of OTS228. Naive contact animals served as transmission controls.

14-day efficacy study design

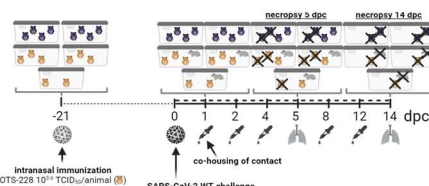


Fig. 5: Efficacy study in Syrian hamsters: 21 days after single OTS228 vaccination, we challenged with homologous (=WT $10^{2.7}$ TCID₅₀) SARS-CoV-2, or Omicron BA.2 ($10^{3.7}$ TCID₅₀) or BA.5 ($10^{3.9}$ TCID₅₀).

Evaluation

- survival data
- body weight measurement
- tissue virus RNA load (RT-qPCR)
- virus shedding (nasal wash, RT-qPCR)
- 5 dpi: pulmonary atelectasis (H&E) using a $500 \times 500 \mu\text{m}$ grid, yielding percentage of affected lung fields
- 5 dpi: virus antigen detection (IHC, Rockland #200-401-A50)

Results

Safety study

- i.n. OTS228 vaccination led to
- 100 % survival
- no body weight loss
- OTS228 genome detectable up to 7 days in nasal washes
- lack of pneumonia-associated atelectasis BUT
- vaccine virus antigen detection within slightly expanded pulmonary interstitium by mainly macrophages (in 2/5 hamsters) and focal perivascular infiltrates (1/5)
- no transmission to contact hamsters, confirmed by tissue-PCR and serology

Efficacy study: WT, BA.2, or BA.5 challenge

- Virus challenge, 21 days after single OTS228 inoculation led to
- 100 % survival
- no / minimal transient body weight loss
- significantly reduced challenge virus loads in nasal washes & tissues by 5 dpi
- no challenge virus genome in lungs at 14 dpi
- no transmission after WT challenge confirmed by RT-qPCR, serology
- transmission to 1/3 (BA.2), 2/3 (BA.5) contact hamsters

Histopathology & virus antigen detection of OTS-228 vaccinated and mock vaccinated (control) hamsters, and after WT, BA.2, or BA.5 challenge, 5dpi

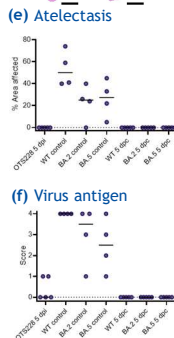
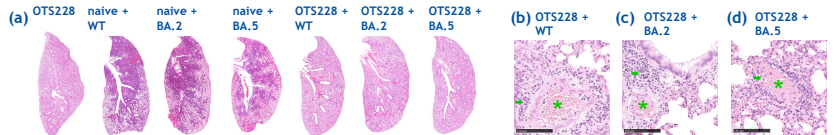


Fig. 6: Pathology data (a) H&E-stained lung sections showing SARS-CoV-2 induced pulmonary atelectasis only in non-OTS228 vaccinated control animals after WT, BA.2, or BA.5 challenge, bar 2.5 mm. (b-d) Details of (a) showing oligofocal SARS-CoV-2 typical lesions after OTS228 vaccination and challenge infection. (b) Perivascular infiltration (→) & rolling of immune cells (☆), WT infection. (c) Peribronchial immune cell infiltration (→), unaffected blood vessel (☆), BA.2 infection. (d) Vasculitis (☆), BA.5 infection. All bars 100 μm . (e) Pneumonia-induced pulmonary atelectasis given in % affected area, evaluated on H&E-stained lung sections using $500 \times 500 \mu\text{m}$ grids (f) Virus antigen score, 0 = no antigen, 1 = focal, 2 = multifocal, 3 = coalescing, 4 = diffuse.

Conclusions

- ✓ Full attenuation and block of transmission of OTS228 in Syrian hamster super spreader model
- ✓ Full protection and a sterile immunity after single dosage intranasal vaccination against homologous SARS-CoV-2 challenge
- ✓ Clinical protection and significantly reduced shedding after single dosage intranasal vaccination against Omicron BA.2 and BA.5 challenge