

Adaptive immune responses to SARS CoV2

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Acknowledgements

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**Life
Without
Disease.**



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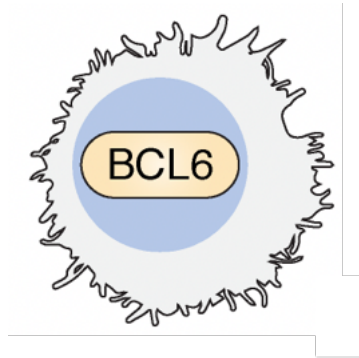
Do people develop immunity to COVID-19?

- What kind of immunity is important against COVID-19?



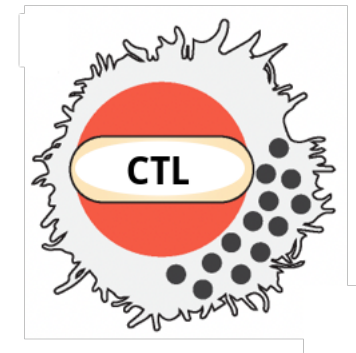
Antibodies
(from B cells)

- Important in almost all currently licensed human vaccines



Helper T cells

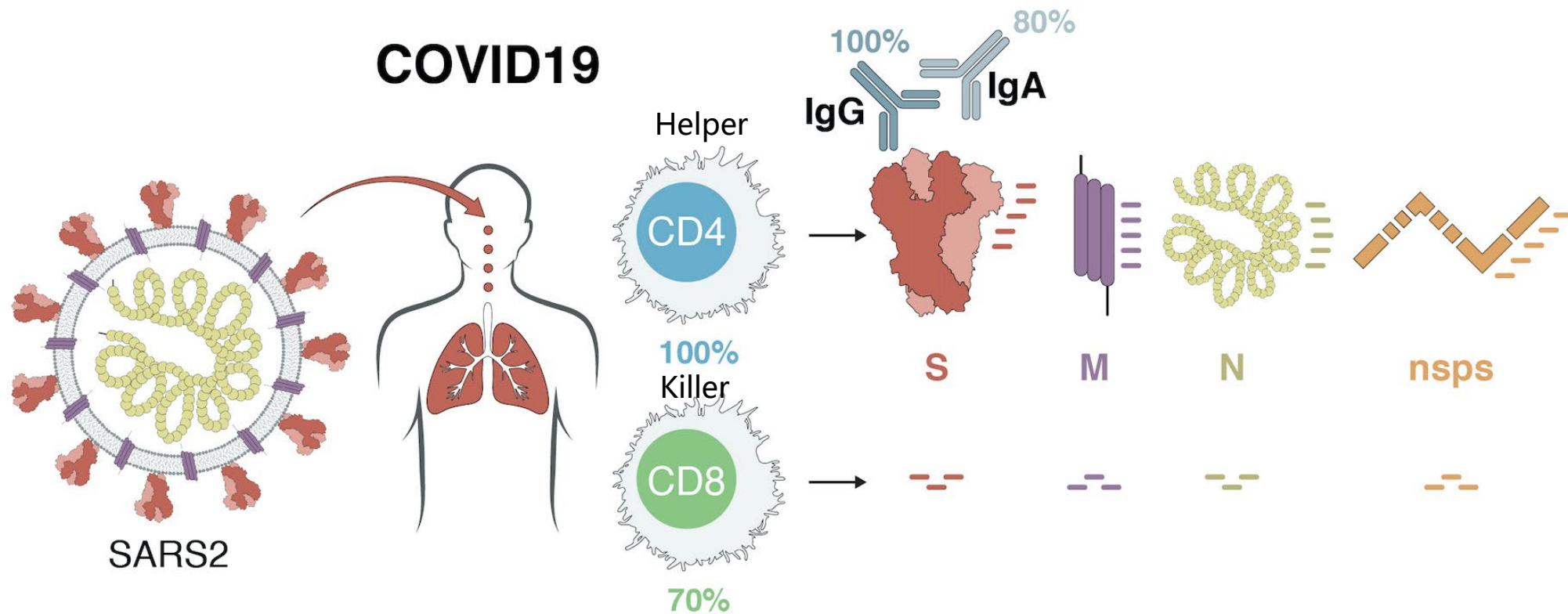
- Critical for antibody responses
- Protect independent of antibodies in SARS mouse model



Killer T cells

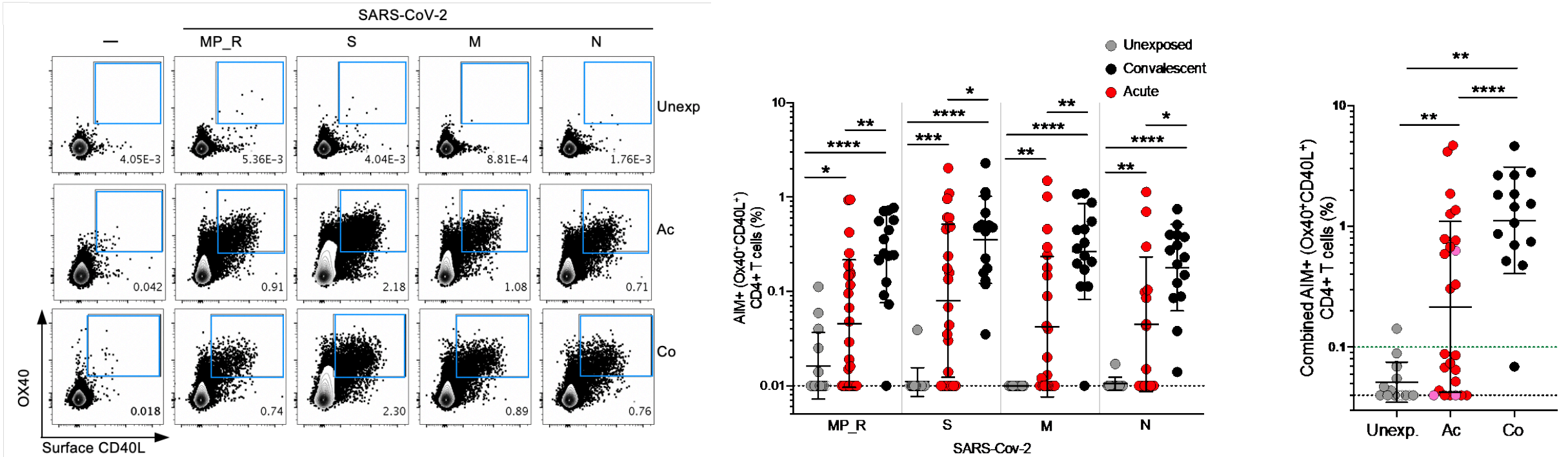
- Important in many viral infections
- Agammaglobulinemic individuals survive COVID19

Robust responses in uncomplicated recent convalescent donors

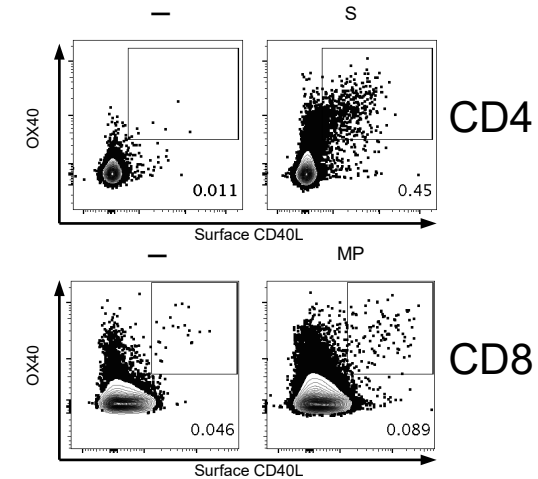
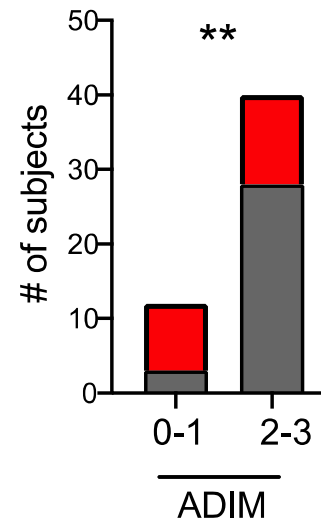
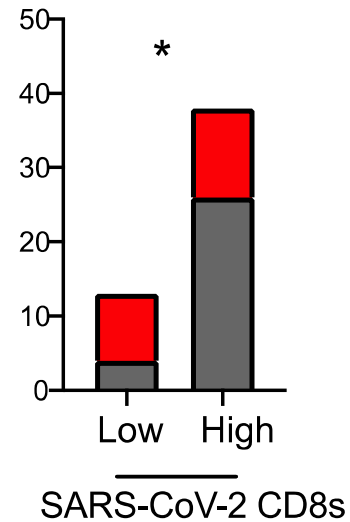
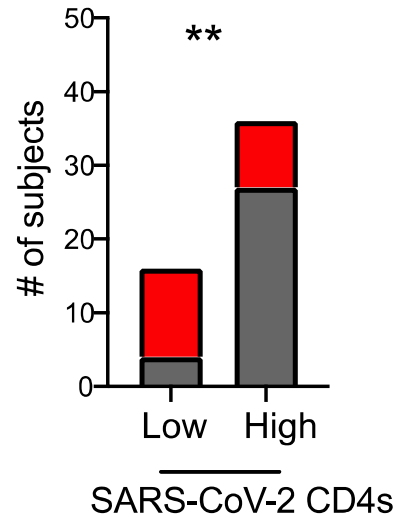
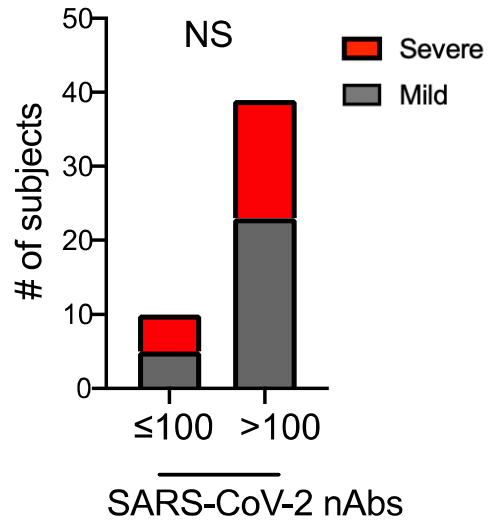


- Spike is a dominant antigen
- T cell responses recognize also on M, N, and other ORFs
- Including additional targets could improve vaccine designs

SARS2-specific CD4 T cell responses in acute COVID-19



Adaptive immunity associations with COVID-19 severity



Subject negative for neutralizing antibodies

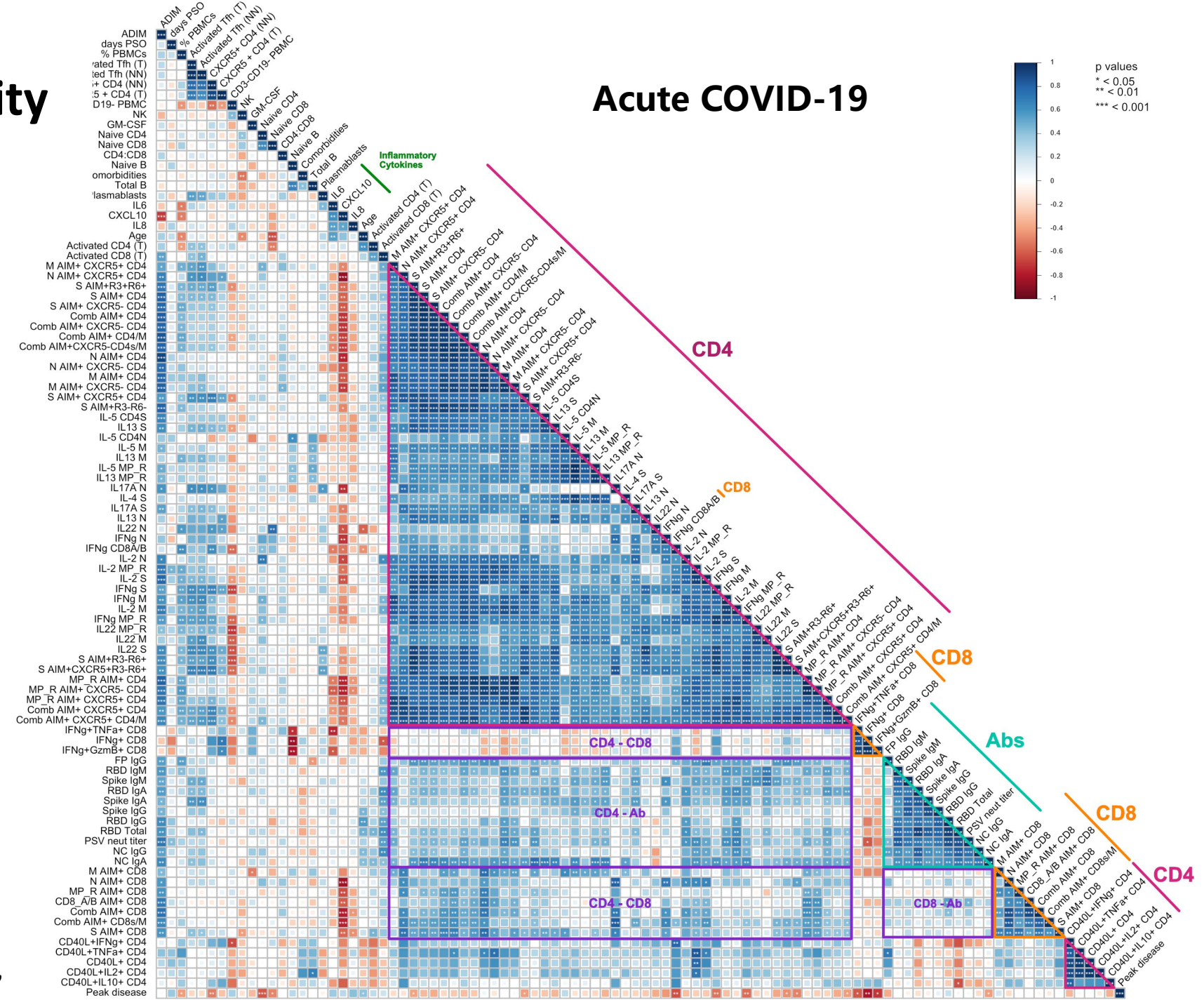
Adaptive Immunity (ADIM) score

SARS2-specific:

- Neutralizing antibodies
- CD4 T cells
- CD8 T cells

Coordinated adaptive immunity is protective immunity

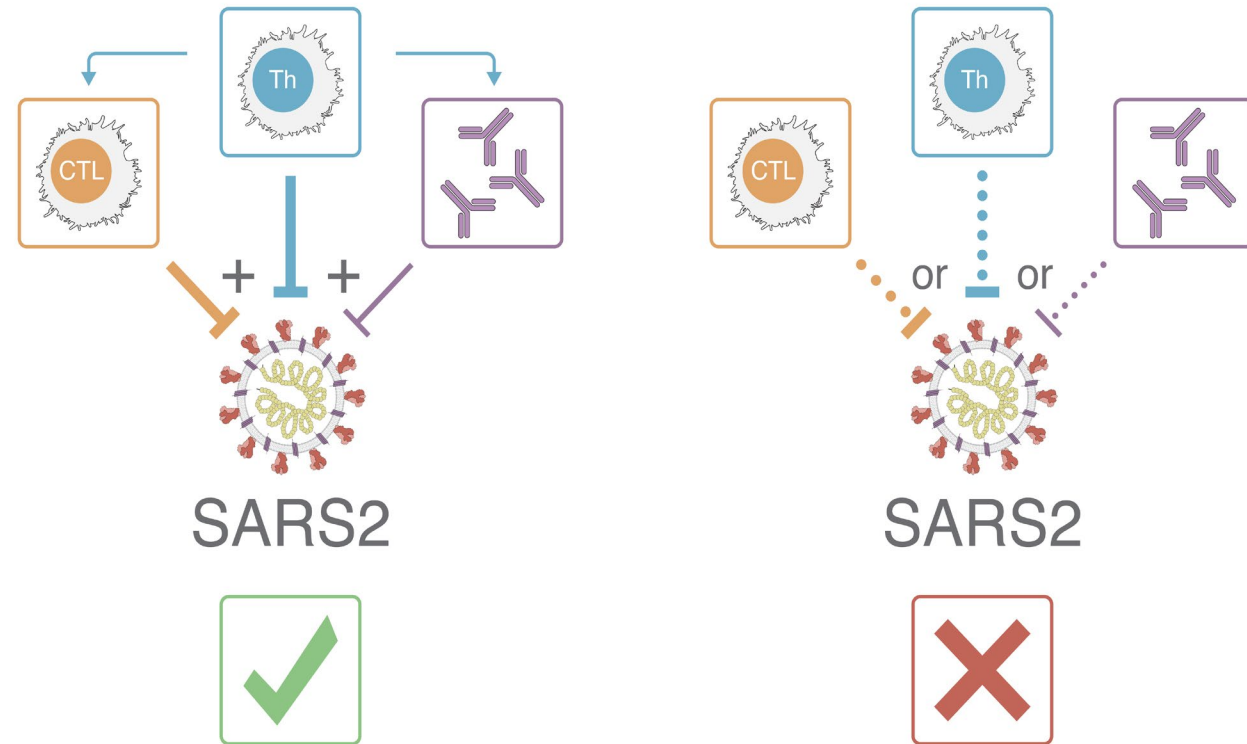
Acute COVID-19



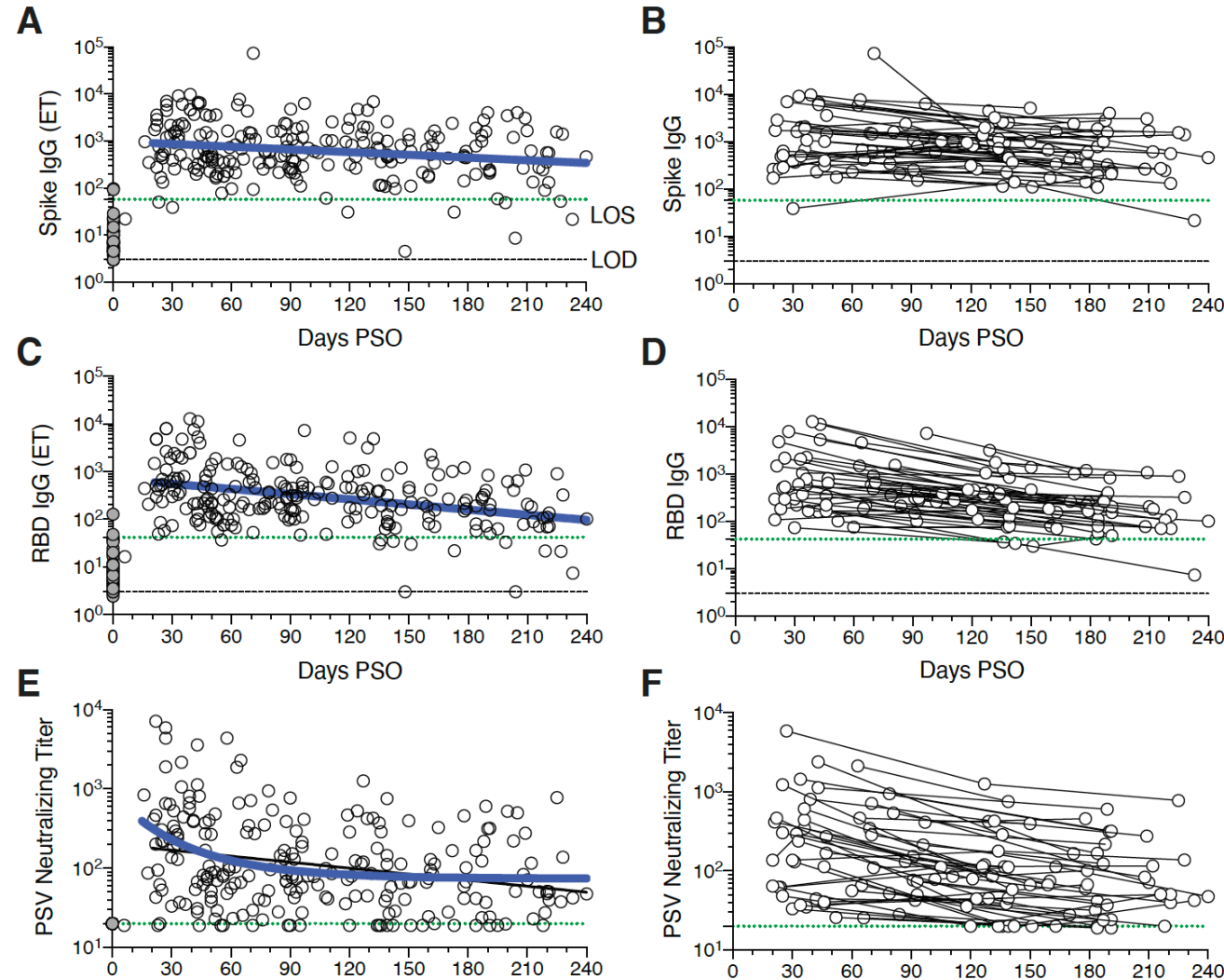
Spearman correlogram; Moderbacher et al., Cell, 2020

Studies of acute phase COVID samples

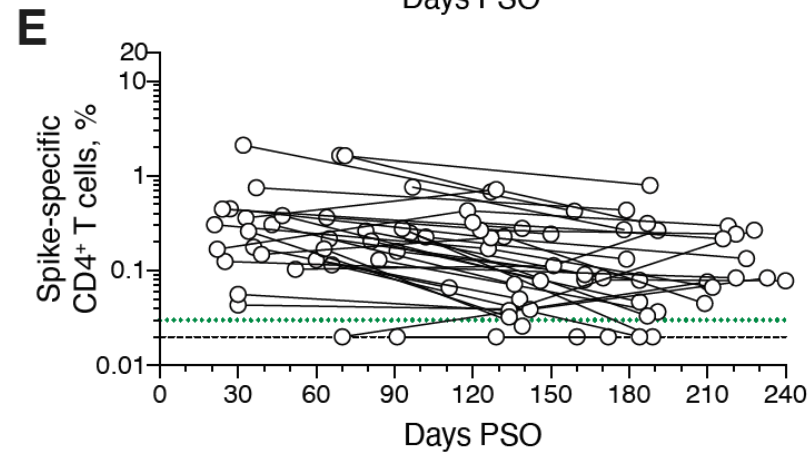
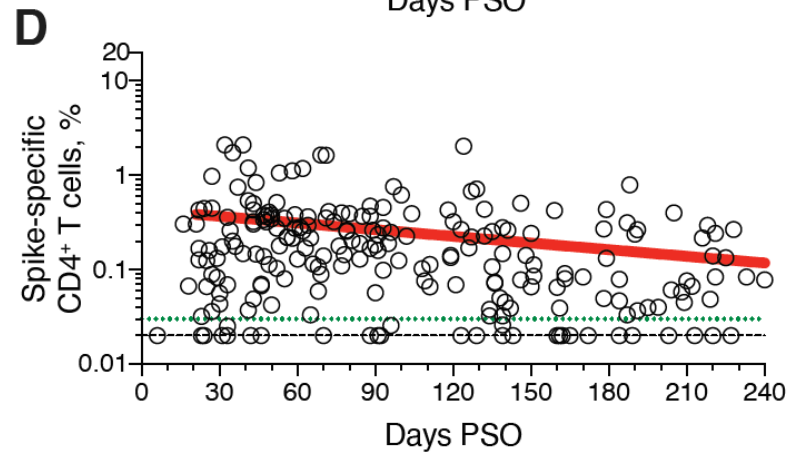
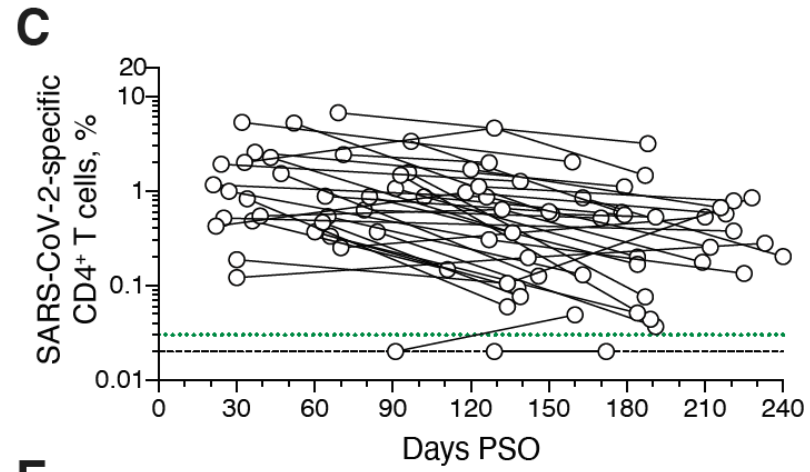
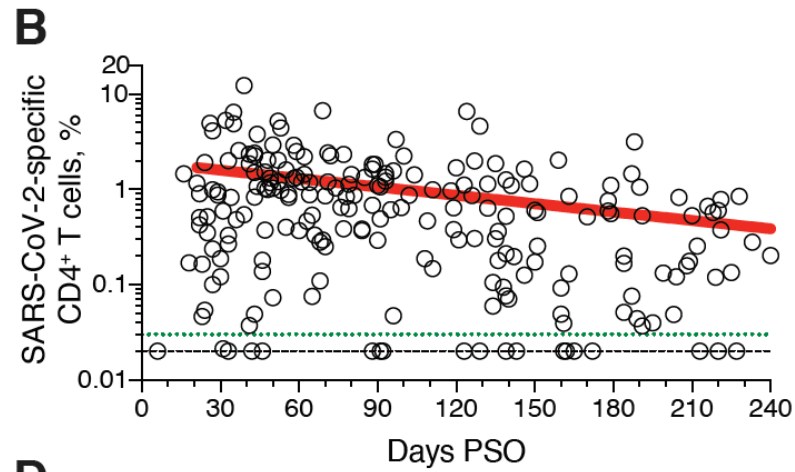
- Weiskopf et al. Phenotypes and kinetics of SARS Cov2 specific T cells in COVID-19 patients with ARD syndrome, **Science Immunol, June 2020**
- Moderbacher et al. Antigen-specific adaptive immunity to SARS-CoV-2 in acute COVID-19 and associations with age and disease severity, **September Cell 2020**
- Coordinated immunity is protective (antibodies, CTL and Th) :
 - We have three branches for good reasons
 - Need to measure all different branches
- Next logical question; how long does immunity last?



Antibody responses are durable up to 6–8 months PSO

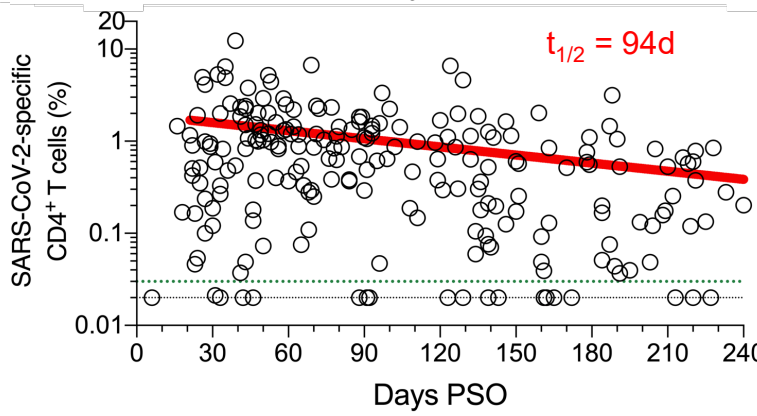
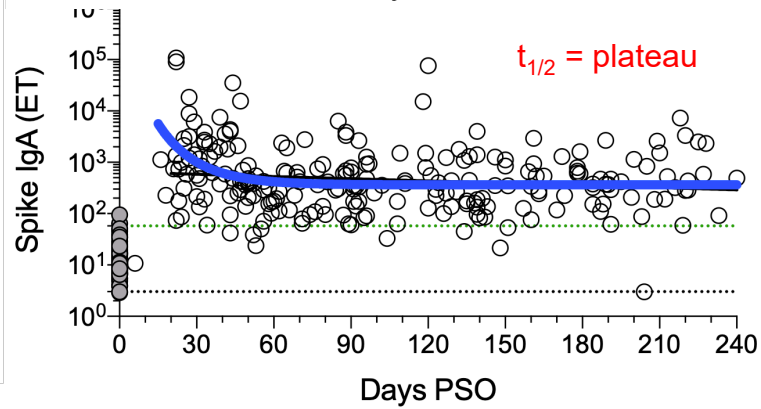
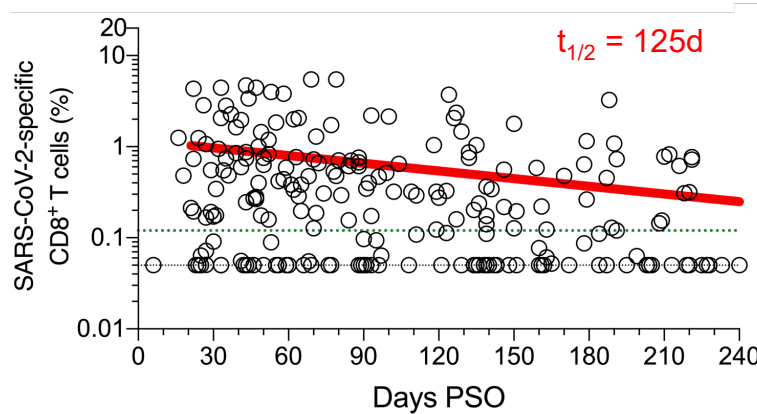
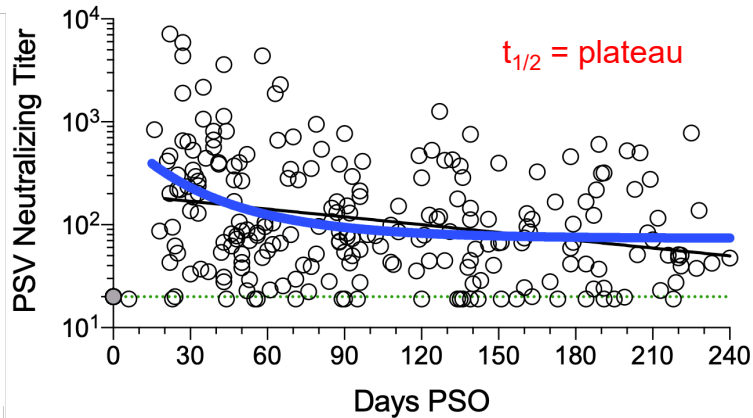
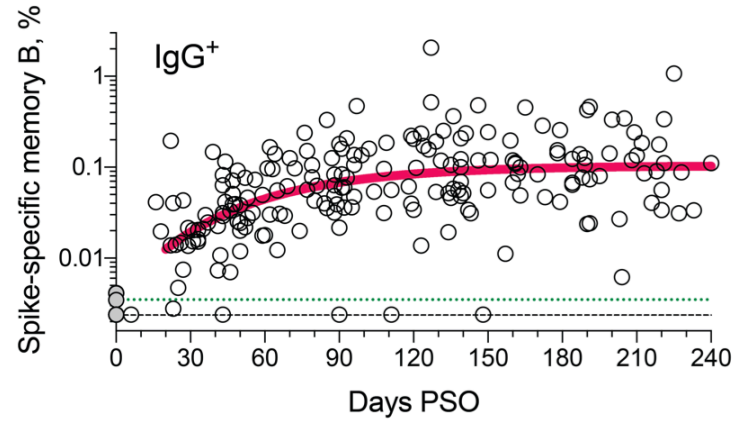
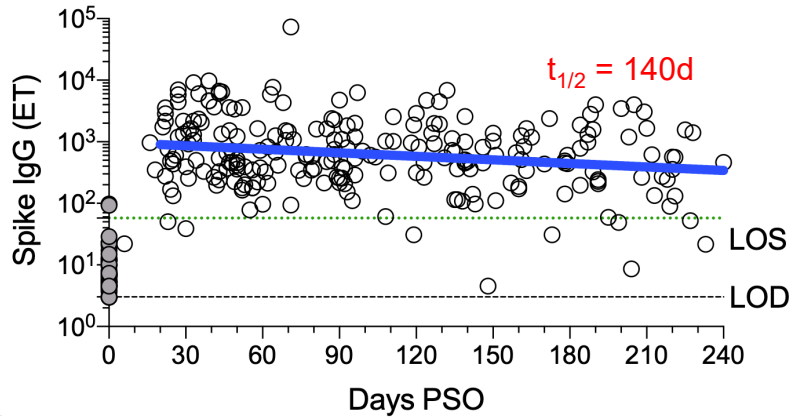


SARS-CoV-2 memory CD4+ T cells



How long does immunological memory of SARS-CoV-2 last?

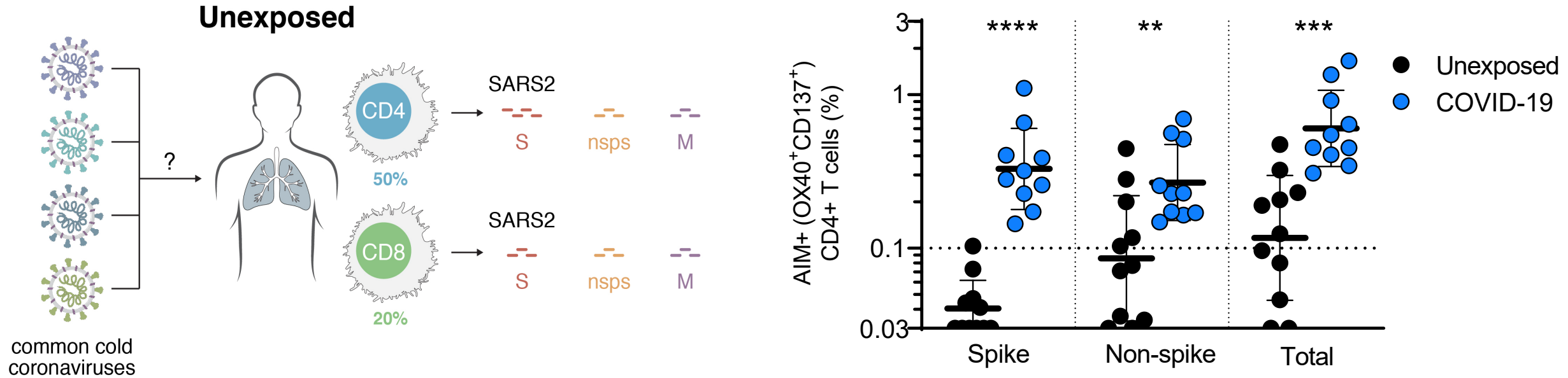
❖ 188 subjects. 41 subjects @ 6 to 8 months post-infection



- The largest study of its kind, for any acute viral infection
- T cells, B cells, and antibodies have distinct memory kinetics
- Immune memory is complex and heterogeneous
- Wide confidence intervals because of COVID-19 heterogeneity, for undefined reasons (i.e., not clinical severity)
- 8+ months PSO ~90% individuals positive for at least 3/5 immune responses
- ~10% of individuals have low level immune memory at 8+ months

Dan et al. Science Jan 2021

Reactivity is also detected in non-exposed individuals



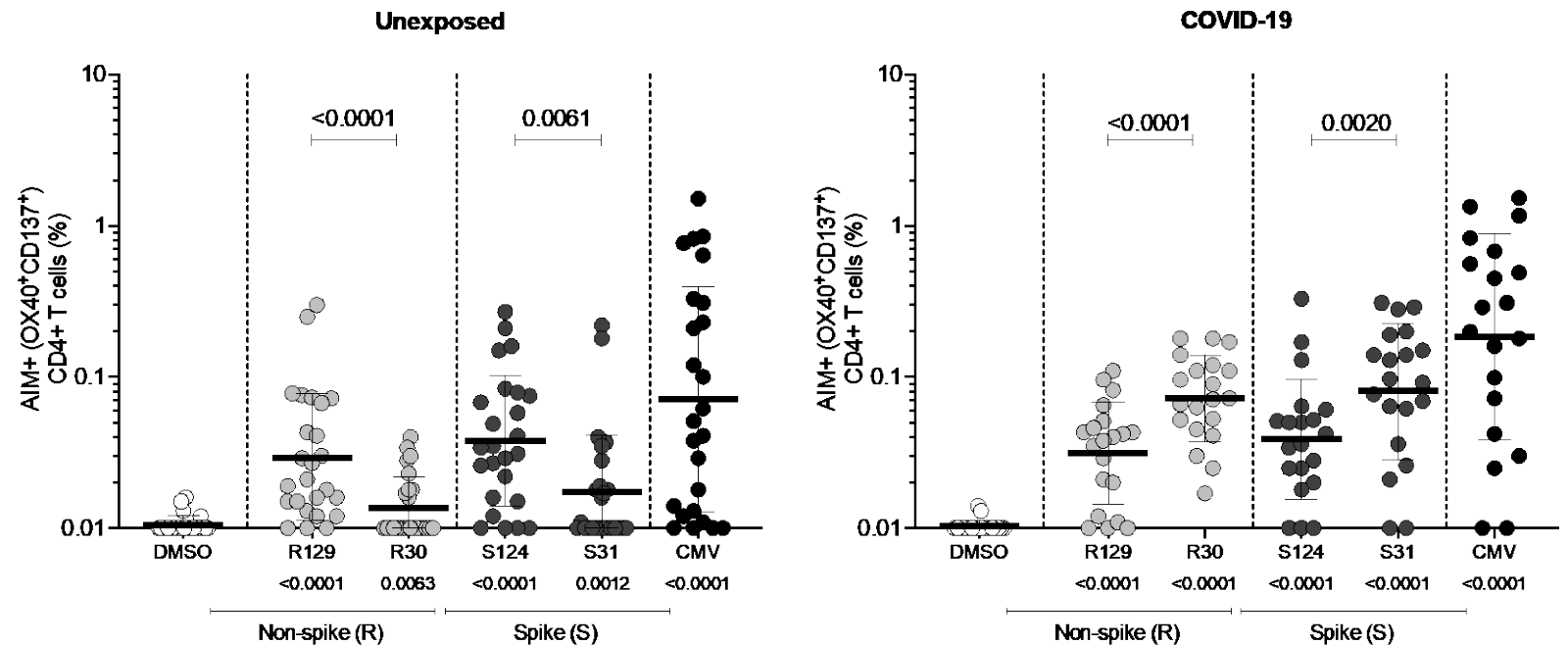
Pre-existing immunity could

- influence the disease severity of subsequent SARS-CoV-2 infection
- influence the outcome of SARS-CoV-2 vaccination

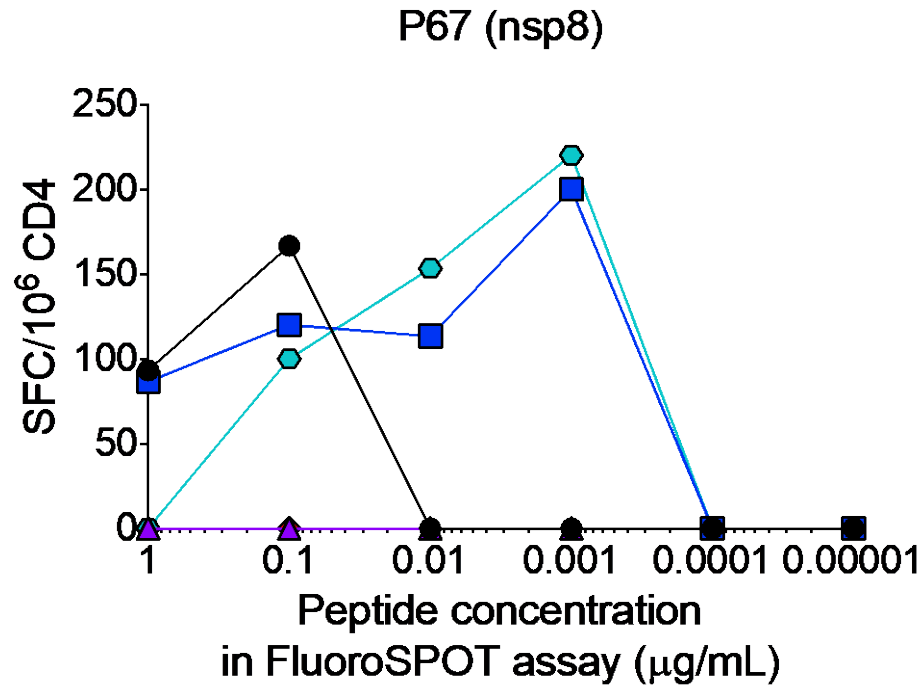
142 SARS CoV2 epitopes identified in non exposed donors.

Direct *ex vivo* CD4+ responses to HCoV homologs

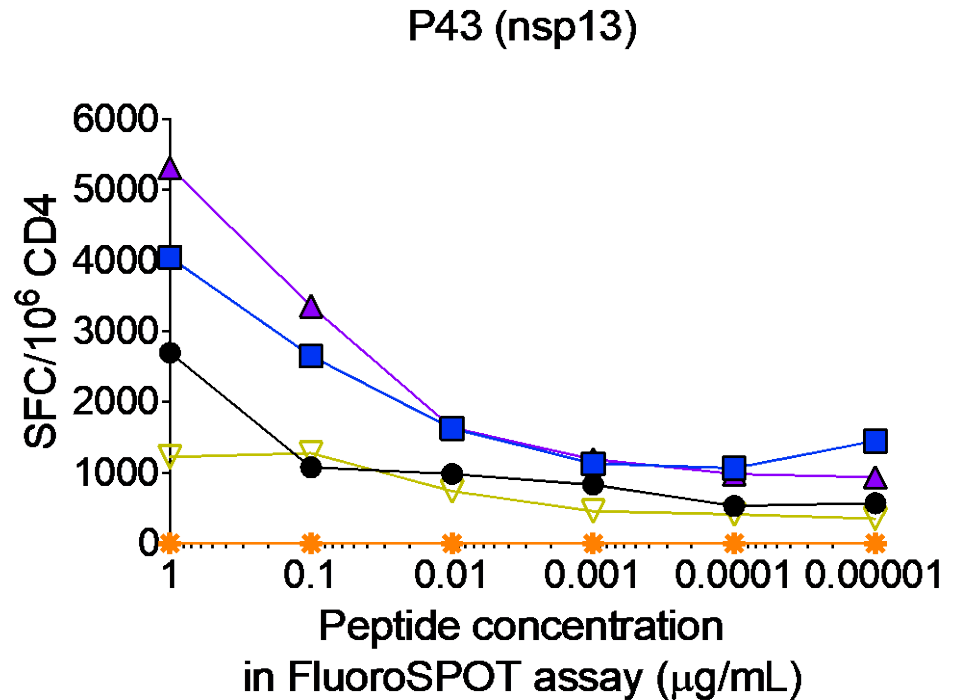
- The epitopes identified are associated with significant homology with HCoV peptides
- Synthesized homologs of SARS CoV2 epitopes for all four common cold coronaviruses
- Made two pools
 - 124 spike HCoV homologs (S124)
 - 129 non spike HCoV homologs (R129)
- CD4+ T cells responding to HCoV epitopes are memory cells



Higher responses to homologous HCoV peptides compared to the SARS-CoV-2 epitope



● SARS-CoV-2	VLKCLKKSLNVAKSE	100
■ 229E	IIKQLKKAMNVAKAE	60
▲ HKU1	QIKQLEKACNIAKSV	47
● NL63	LIKQLKRAMNIAKSE	53
◆ OC43	QLKQLEKACNIAKSA	53



● SARS-CoV-2	NVNRFNVAITRAKVG	100
■ 229E	NANRFNVAITRAKKG	87
▲ HKU1	NVNRFNVAITRAKKG	93
▽ MM3-1	NVNRFNLAITRAKKG	87
* MM3-3	NVNRFNVAITRARKG	87

Conclusions. SARS CoV2 reactivity in non-exposed individuals

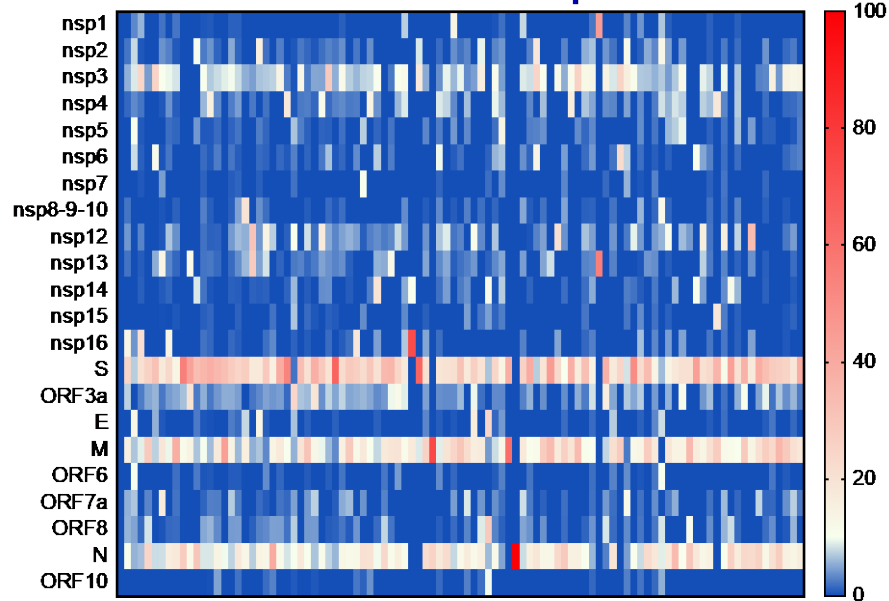
- Reactivity is also detected in non exposed subjects, reproducibly and in different continents
- Reactivity of non-exposed maps (at least in some cases) to cross-reaction with common cold viruses
- Pre-existing reactivity may influences immunity, disease severity and vaccine responsiveness (?)

Defining the epitope specificities recognized in COVID -19

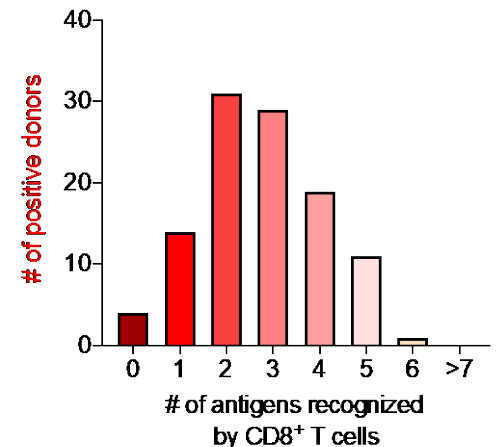
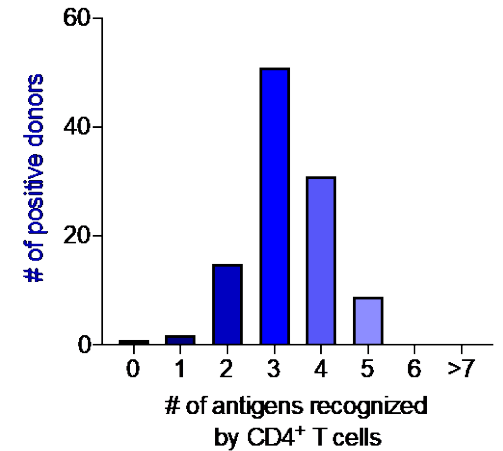
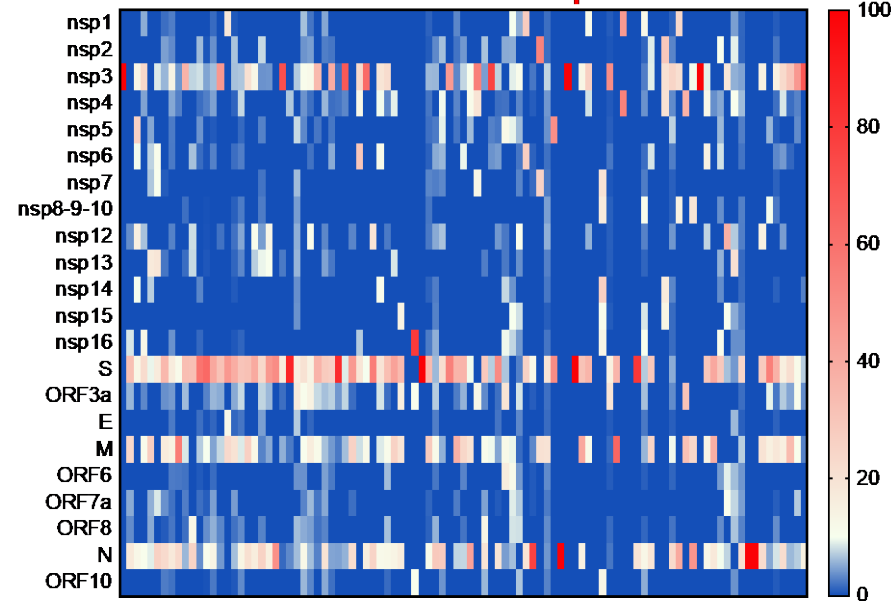
- A cohort of 99 different COVID-19 convalescent subjects was studied
- Representative of disease severities and ethnicities in the local population
- Developed a screening strategy based on overlapping peptides spanning the entire genome, followed by deconvolution and epitope identification
- HLAs expressed in the cohort also representative of the worldwide population
- Screen of overlapping 15-mers allows coverage of all HLA class II responses irrespective of HLA
- Selected 28 HLA class I alleles for study, which cover at least 3 out of 4 A and B alleles in 75% of the donors

Immunodominance and breath of T cell responses

CD4⁺ T cell responses



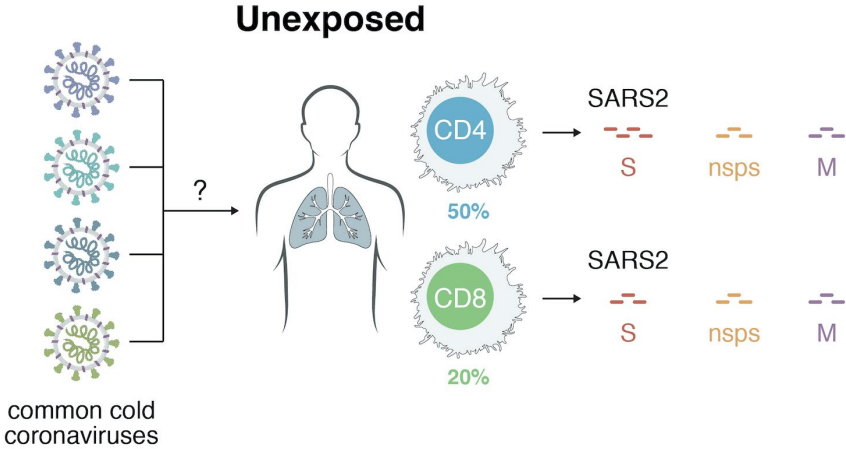
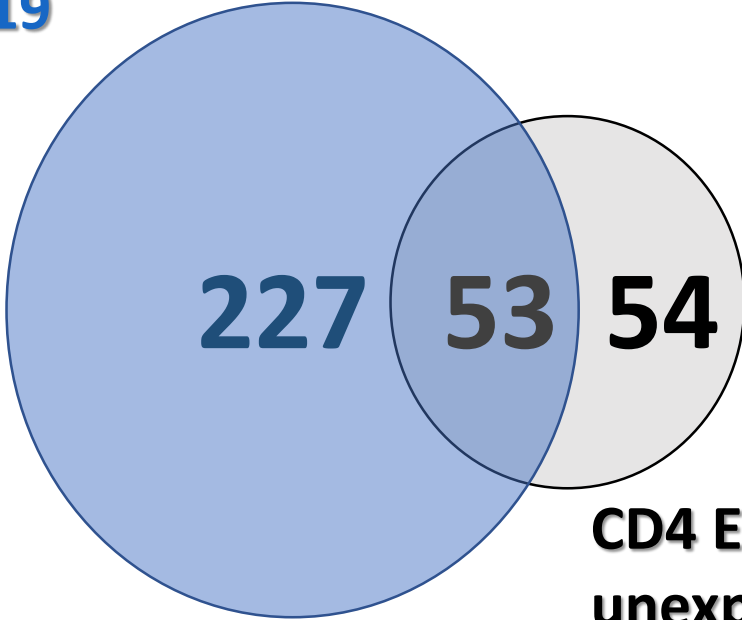
CD8⁺ T cell responses



- Identified 280 different CD4 restricted epitopes (dominant epitopes are highly promiscuous, with implications for population coverage)
- Identified 523 different CD8 epitopes
- Each individual recognizes multiple epitopes and antigens, leading to a conservative estimate of 15-20 epitopes recognized per donor (Implications for viral immune escape)

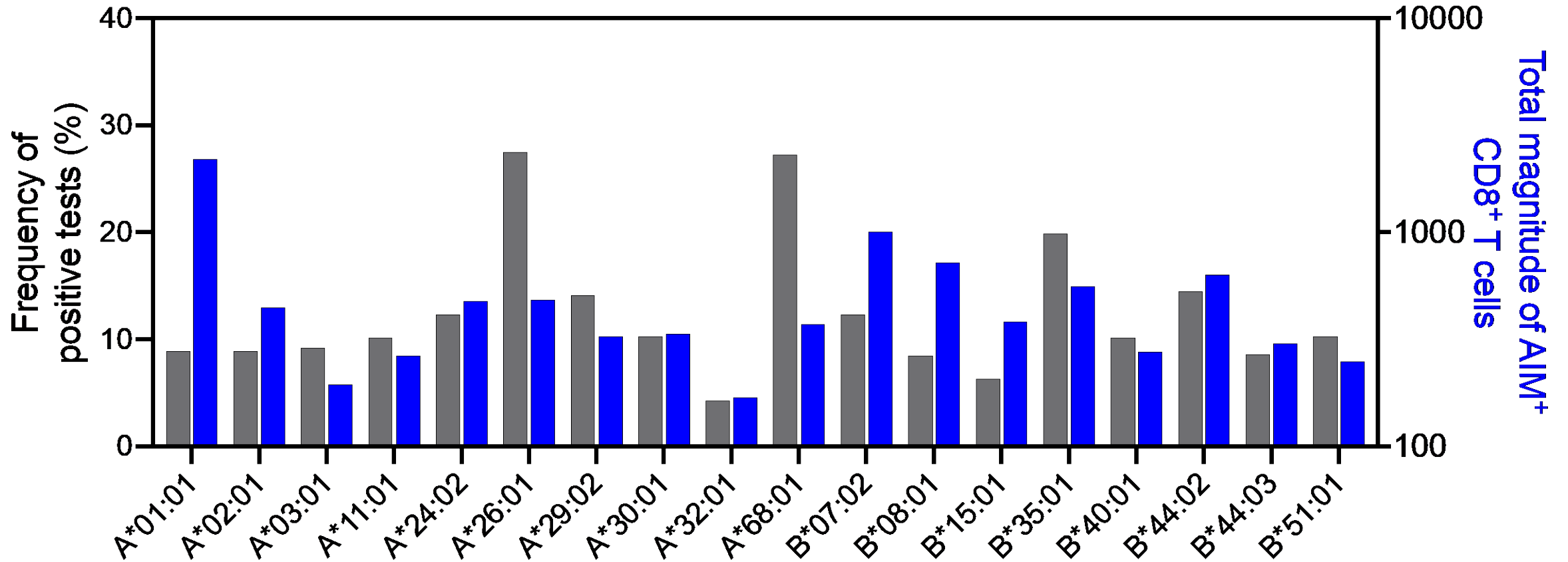
CD4+ T cell repertoire is different in COVID-19 and unexposed

CD4 Epitopes in COVID-19

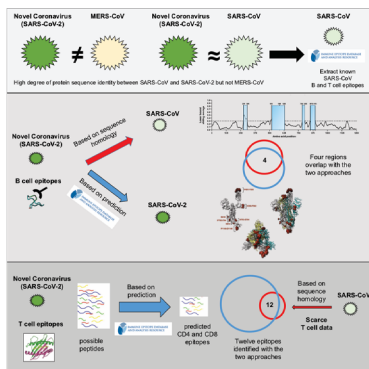
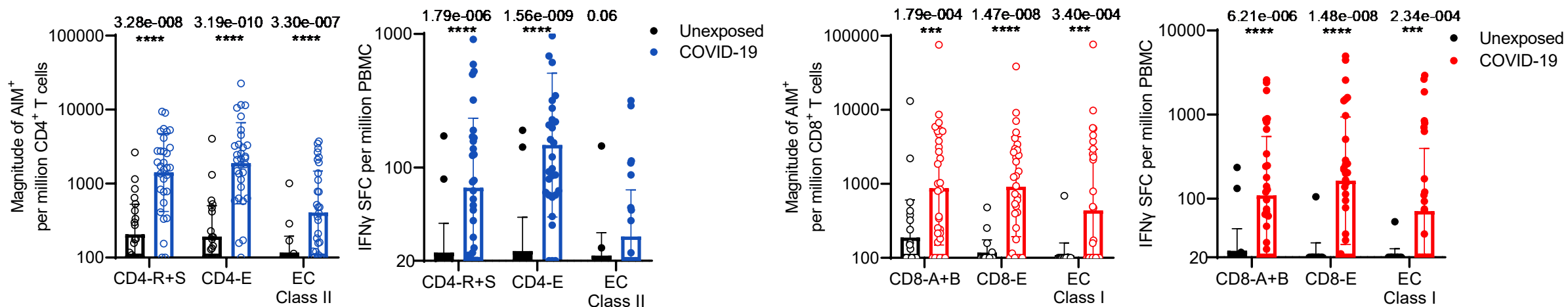


Mateus et al., 2020 Science

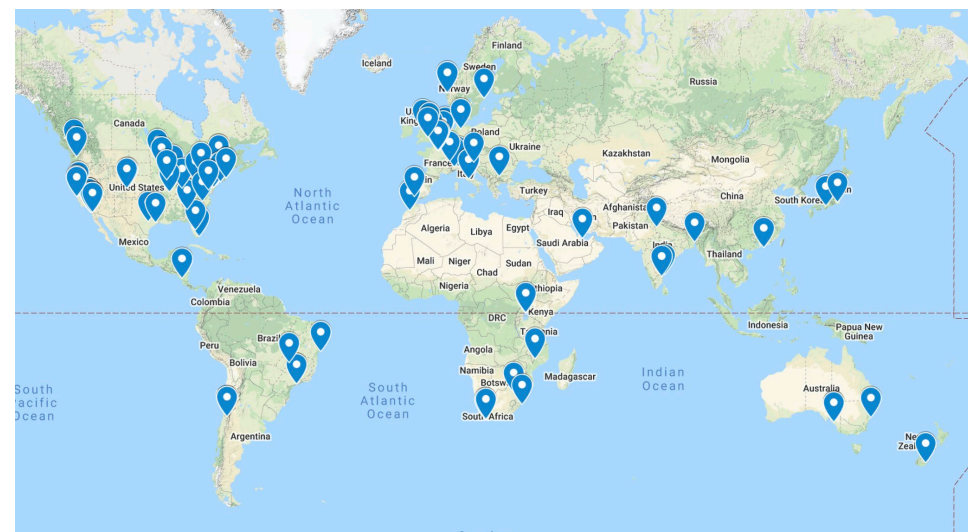
Dominance of CD8⁺ responses by allele



High sensitivity and specificity of Epitope Megapools



- Epitope megapools were have been shared with 108 different laboratories so far



Grifoni et al., Cell Host & Microbe March 2020

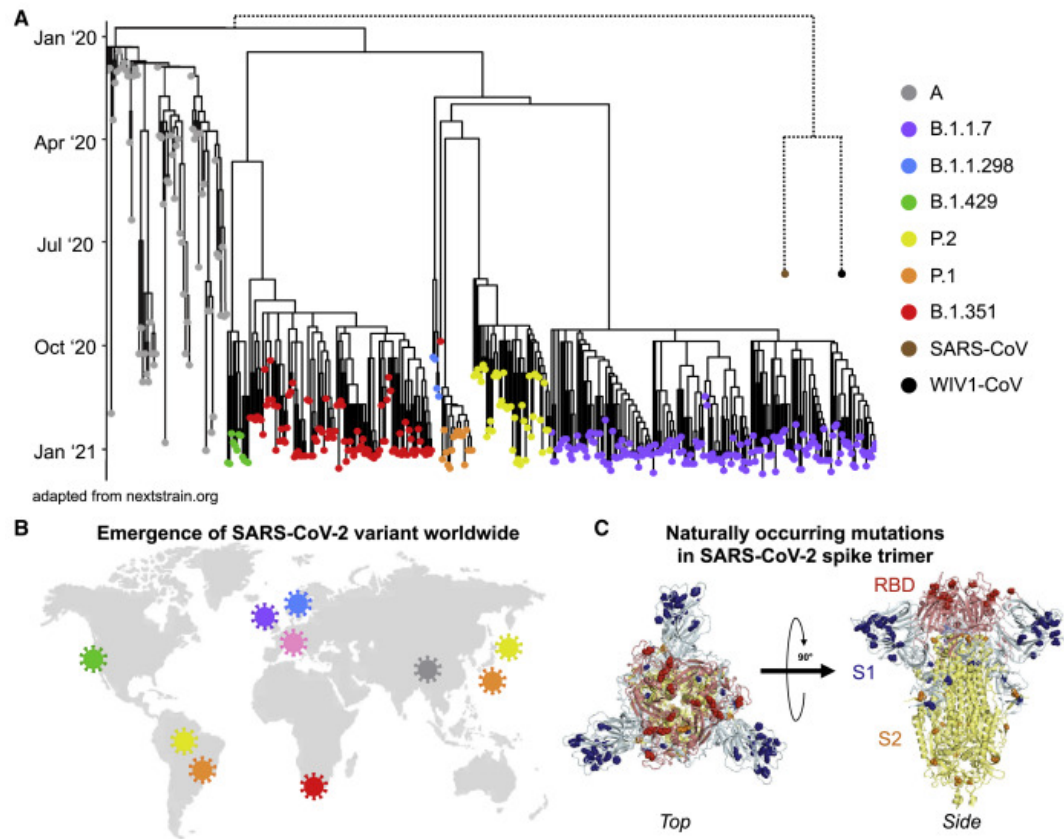
Tarke et al. Cell Med Rep Feb 2021

Conclusions. Antigen and epitope recognition in COVID-19

- 280 CD4 restricted epitopes; dominant epitopes are promiscuous,
- 523 CD8 epitopes; different HLA alleles have different repertoire size and strength
- Each individual recognizes multiple epitopes and antigens (conservative estimate of 15-20 epitopes recognized per donor)
- No correlation with CCC conservation; infection creates a new repertoire
- HLA binding is the main correlate of immunogenicity
- Epitope pools facilitate measurement of T cell responses

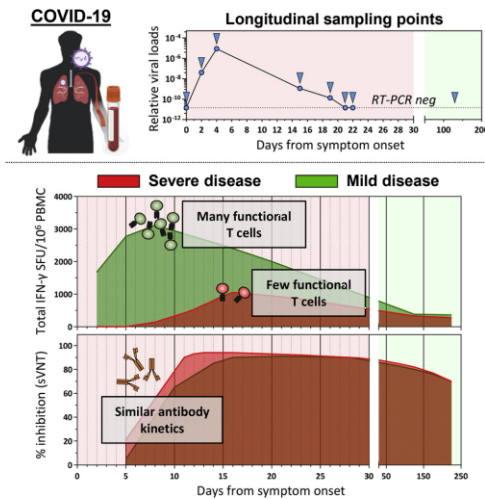
SARS-CoV-2 variants of concern (VOC)

- UK lineage B.1.1.7, SA B.1.351 BR P.1 and CA lineage B.1.429, all associated with increased transmissibility
- Mutations throughout the genome; S mutations may impact infectivity, viral load, or transmissibility
- Mutations in regions bound by monoclonal or polyclonal antibody responses
 - Moderate impact of B.1.1.7 mutations
 - B.1.351 and P.1. associated with more pronounced loss of neutralizing capacity
- Incomplete data relating to impact on vaccine efficacy
 - Efficacy does not appear to be markedly impacted for B.1.1.7
 - Decreased efficacy for B.1.351
 - Efficacy likely retained against severe disease and death

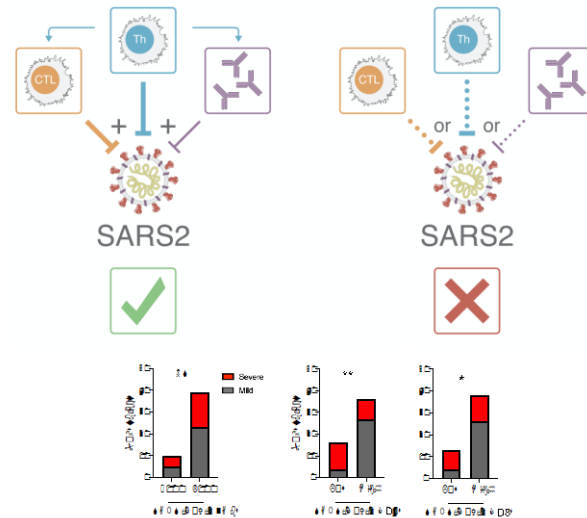


CD4+ and CD8+ T cell responses potential role in resolution of SARS-CoV-2 infection and COVID-19

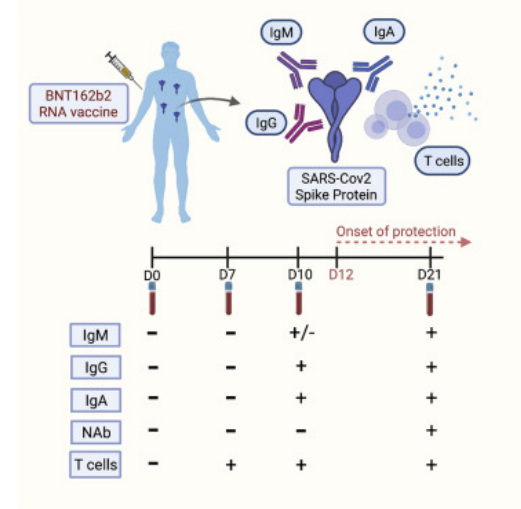
- Early CD4 and CD8 T cells responses are associated with milder disease
- Persons with agammaglobulinemia or pharmaceutical B cell depletion experience uncomplicated COVID-19
- CD4+ and CD8+ T cell memory is induced after COVID-19 and multiple COVID-19 vaccines
- Early T cell and binding antibody responses are associated with Covid-19 RNA vaccine efficacy onset
- It is important to understand the impact of variant mutations on T cell responses



Tan et al, Cell Rep, 2021



Moderbacher et al., Cell, 2020



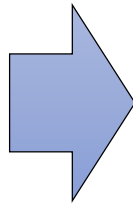
Kalimuddin Cell Med, 2021

Assessing T cell reactivity against VOCs

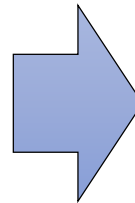
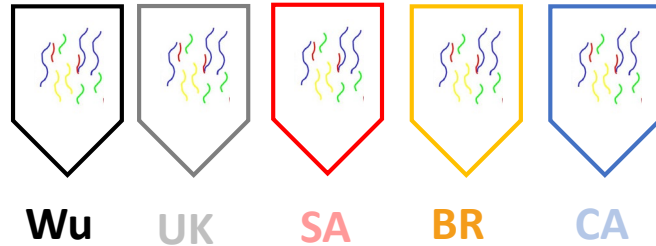
QDLFLPFFSNVTWFHAIHVS^TNGTKRFDNPVLPFND<
QDLFLPFFSNVTWFHAIHVS^TNGTKRFANPVL^PPFND<
QDLFLPFFSNVTWFHAIHVS^TNGTKRFANPVL^PPFND<
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QDLFLPFFSNVTWFHAIHVS^TNGTKRFANPVL^PPFND<
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QDLFLPFFSNVTWFHAIHVS^TNGTKRFANPVL^PPFND<
QDLFLPFFSNVTWFHAIHVS^TNGTKRFANPVL^PPFND<

Lists of variant mutations:

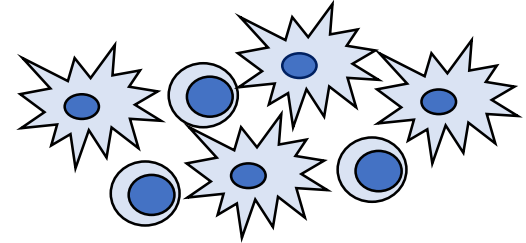
- B.1.1.7 UK
- B.1.153 SA
- P.1. BR
- CAL.20C CA



Generate peptide pools per each protein for Wuhan and the corresponding variants



Test pools on frozen PBMCs



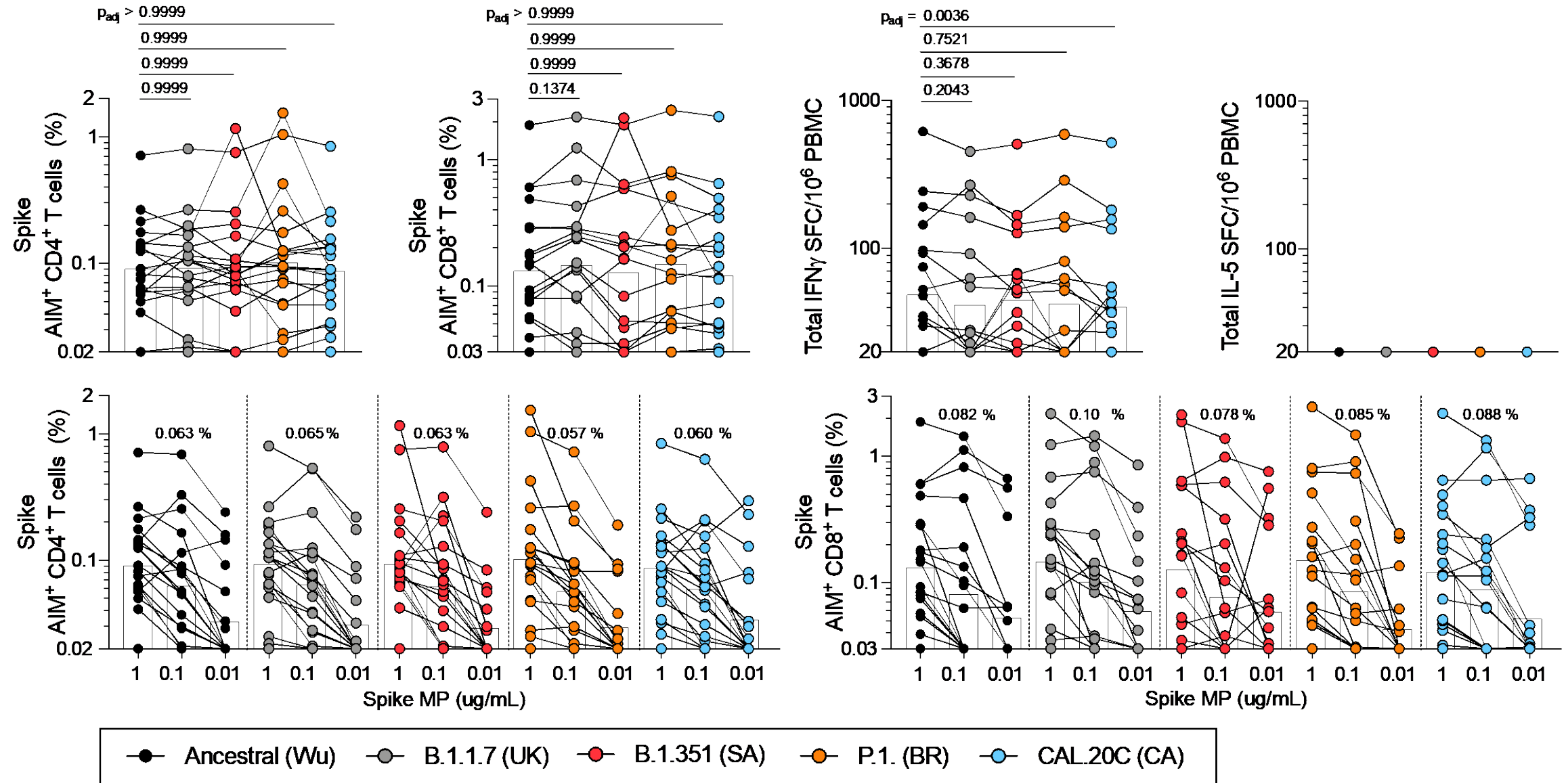
AIM assay
Flow Cytometry



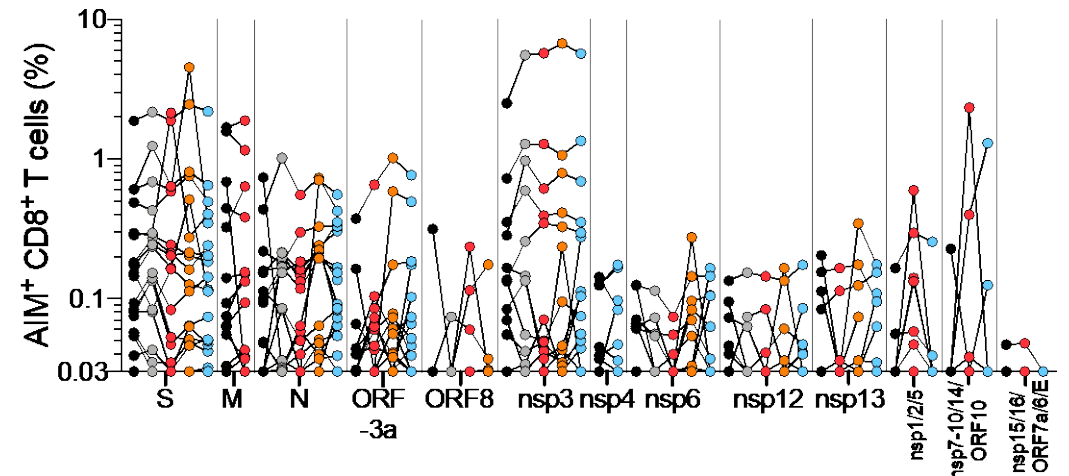
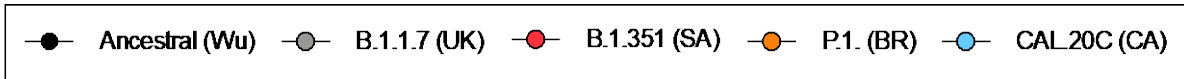
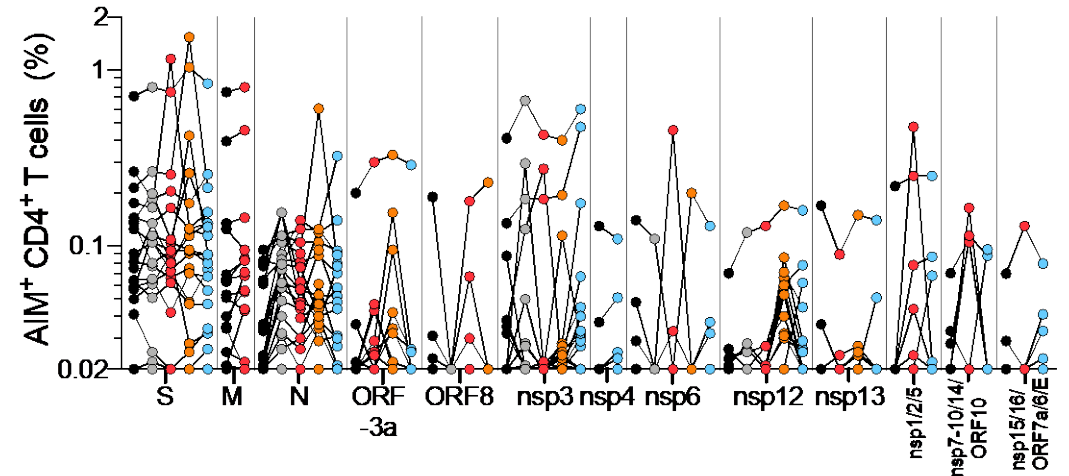
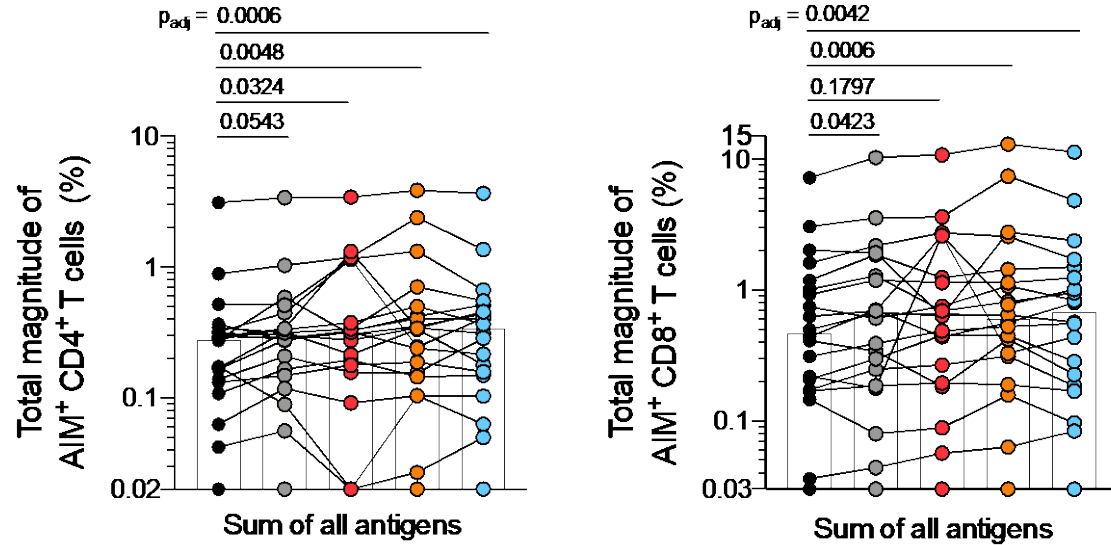
FluoroSPOT assay
IFN γ /IL-5



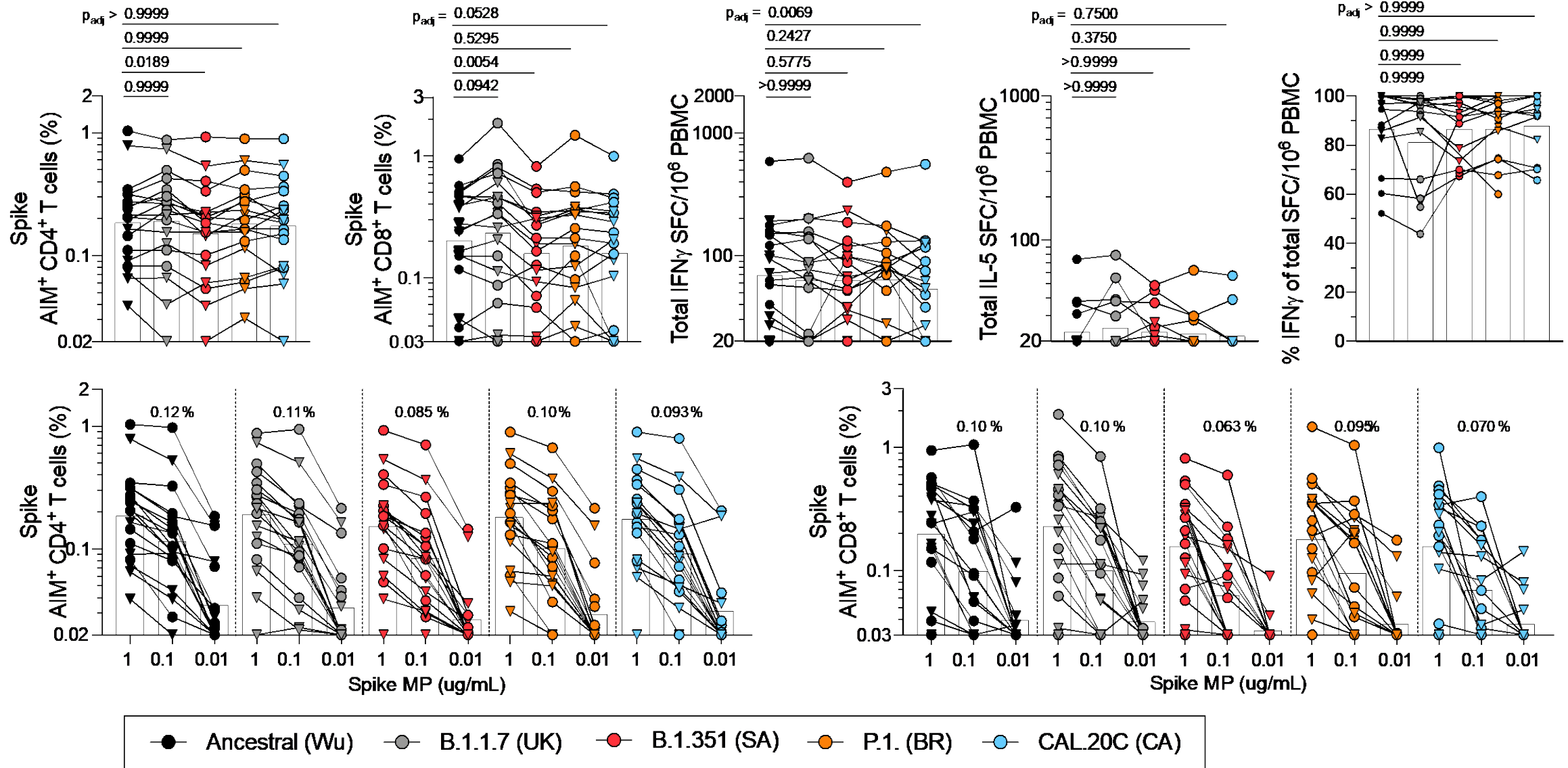
Convalescent COVID-19 donor responses to Spike variants



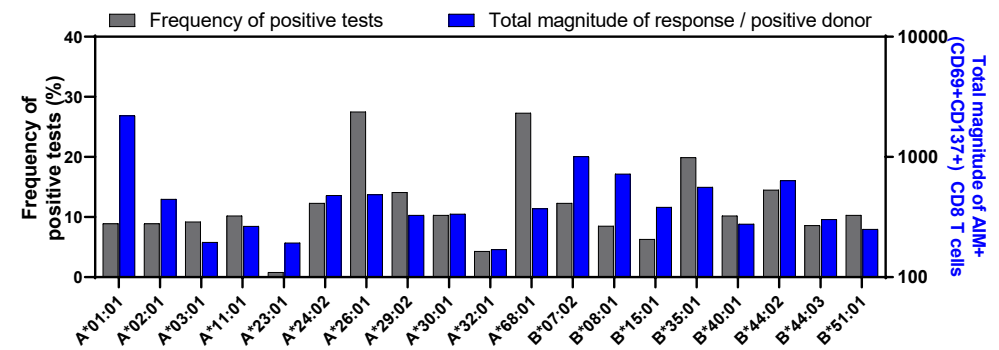
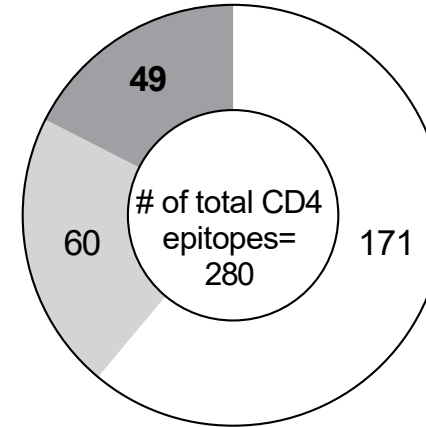
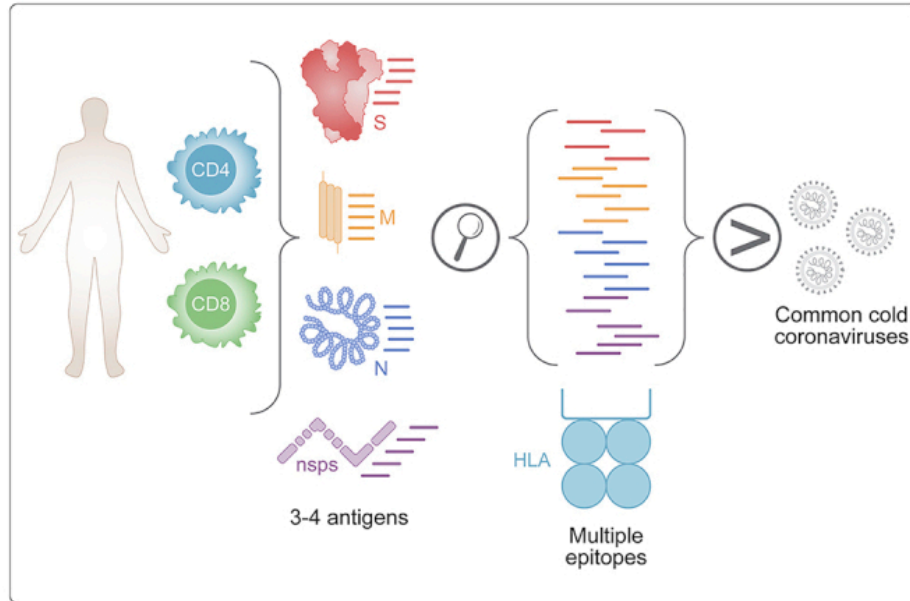
Convalescent COVID-19 donor responses to all antigens



Recent vaccinees responses to Spike variants



T cell epitopes recognized by COVID-19 convalescent donors



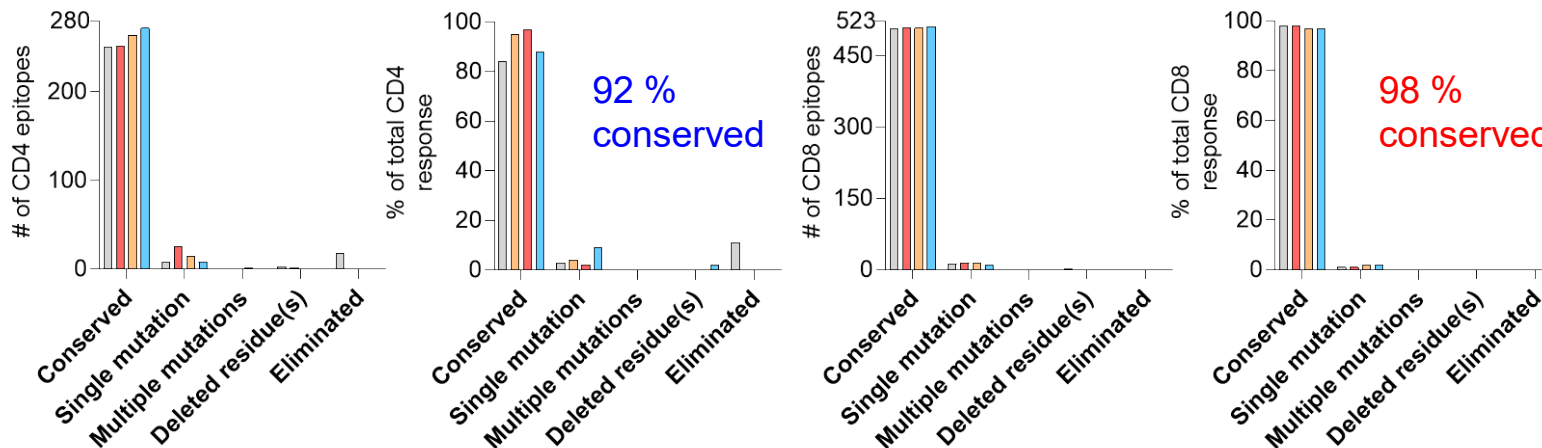
of total CD8 epitopes = 523

Distribution of variant mutations in previously defined T cell epitopes

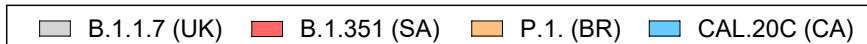
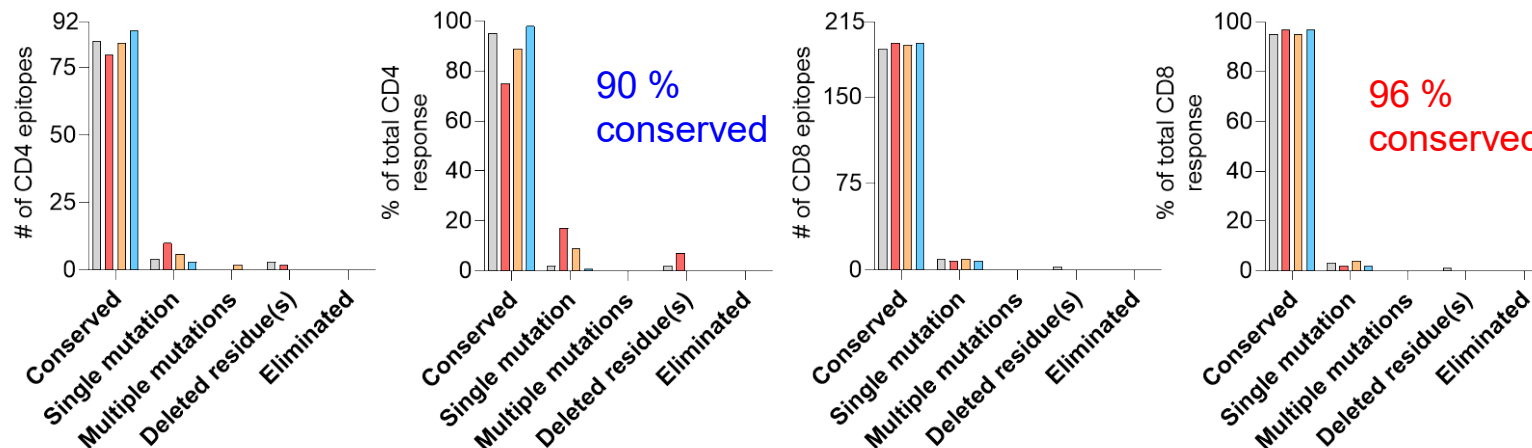
CD4+ T cells response

CD8+ T cells response

All proteins



Spike only



Overall Conclusions

- Robust CD4 and CD8 T cell responses detected in SARS-CoV specific convalescent uncomplicated cases
- Reactivity is reproducibly detected in non exposed subjects
 - Reactivity of non-exposed was shown to cross-react with common cold viruses
- Defined CD4 and CD8 T cell targets in COVID-19 patients
- Studies in acute and severe cases
 - Speed of the adaptive response is likely key
 - Coordinated adaptive immunity is protective immunity
- T cell responses are durable over at least 8 months
- Negligible impact of variants on T cell responses

