Saturation of influenza virus neutralization and antibody consumption can both lead to bistable growth kinetics

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ABSTRACT

The efficacy of antibody-dependent vaccines relies on both virus replication and

neutralisation, but their quantitative relationship is unknown. To bridge this gap, we

investigated the growth of avian and human influenza viruses, and the virus neutralisation

by antibodies *in vitro*. A one-dimensional deterministic model accurately predicted the

growth of avian and human influenza in cell culture, and neutralisation of seasonal influenza

viruses determined using focus reduction assay. According to this model, at a specific

interval of antibody concentration, viruses can either survive or die due to bistability, where

small viral inocula are eliminated but not large virus inocula; this is caused by saturated

virus neutralization or antibody consumption. Our finding highlights the importance of

inoculum size even when virus-antibody pair is well-matched and provides a possible

mechanism for high influenza re-infections and low vaccine efficacy, thereby facilitating the

formulation of strategies to enhance the efficacy of influenza vaccines and antiviral

treatments.

KEYWORDS:

Antibody neutralization, influenza virus, bistable growth kinetics, antibody saturation

Introduction

Eliciting a neutralizing antibody response is the primary goal of vaccination which

commonly correlates with protection from disease. Owing to its importance,

neutralization by antibodies has been studied extensively for several viruses (*1-6*).

Neutralization of acute viral infections, such as influenza, results from pre-existing

antibodies, elicited through prior infection or immunization, whereby the virion surface is

coated by pre-existing antibodies to interfere with viral attachment or release (*7*). As

viral surfaces are readily available for antibody binding, neutralization occurs through

antibody binding at "critical binding sites" (*7*). For viruses such as influenza binding to

the right location ("single-hit") is adequate for neutralization, and can be diminished by

affinity and avidity of antibodies (*8*); while the "multiple-hit" model requires several

antibody molecules for neutralization (*9*).

The survival or eradication of virus is dependent on the rate of neutralization,

since the effective rate of neutralization is affected both by viral replication and the

capacity of antibodies to neutralize the viruses, however the rate of virus growth through

replication and the rate of neutralization is often overlooked or entirely ignored in

models and *in vitro* studies.

Simple compartmental models have been used to provide a great deal of

understanding of the within-host kinetics of viral infection (*10-15*), and have played a

key role in quantifying pre-existing immunity (*16, 17*). In existing within-host models of

virus-antibody interaction, rate of virus neutralization is assumed to increase infinitely

with increase of viral titre or antibody concentration (*13, 14, 18*), thereby ignoring

saturation. Saturation commonly occurs in biological systems; whose effects are

innately nonlinear in proportion to reactant concentrations (*19-21*). Crucially, saturation

always leads to a bistable behaviour – biologically known as the inoculum effect, shown

in Fig.1, whereby at the same antibody concentration interval, viruses can either survive

or die (*22-25*). It is unclear whether the oversimplified model of unsaturated virus

neutralization can capture this behaviour.

Figure 1. Saturation leads to antibody-induced bistable viral kinetics at antibody concentration interval, A1 and A2. Virus survives if viral inoculum is above dashed red curve and is inhibited if viral inoculum is below dashed red curve. Purple arrows represent any viral inoculum size. Bistable viral kinetics are classified into two categories. A) The maximal capacity of viral titre decreases with increase of antibody concentration. B) The viral titre survives and converges to the same maximal capacity independent of antibody concentration (schematic diagram).

Protection against virus infection can be diminished by a diverse set of neutralization escape mechanisms, including antigenic variation, where escape mutants predominate infections, as well as by host exposure history, described invariably through antigenic sin (26), seniority (27), or imprinting (28). Some of these limitations, specifically for highly diverse pathogens such as influenza, can be potentially overcome by the recent focus on the development of broadly reacting universal vaccines (29, 30). However, our current understandings of virus-host interactions do not fully explain poor rates of protection and high rates of re-infection.

Re-infection is commonly observed among several endogenous viruses (e.g. herpes simplex complex) and exogenous viruses that cause transient infection, however re-infections due to the same genotype are particularly common and well-characterized in acute respiratory viral diseases (31). More than 25% re-infection is observed in Respiratory Syncytial Virus genotypes (32-34), whereas 9-25% re-infection has been described for various influenza virus types: 17% re-infection was observed among seasonal influenza A/H3N2 infected students during the same season in 1970; whereas 9.3% and 20% re-infection rates were observed for A/H1N1 in 1980 (35). A recent sequential challenge experiment with the 2009 pandemic virus A/H1N1pdm09 suggested that re-infection may not be rare (36). These studies collectively suggest that pre-existing immunity alone cannot guarantee exemption of future infection.

In this study, we demonstrate the potential importance of antibody-induced bistable virus kinetics using the influenza virus as an example, a major human health concern responsible for an estimated 290,000 – 650,000 deaths annually (37, 38). The evolutionary history and epidemiology of influenza is closely linked to its ability to evade

pre-existing immune responses that most humans acquire though vaccination and prior

infection (*39*). Despite advances in our understanding of pre-existing immunity, provided

by immune memory cells, particularly memory T and B cells, and strain specific

antibodies (*40*), antibody mediated influenza vaccine is generally less than 60%

effective in protecting individuals against influenza infection (*39*). To achieve the NIH

goal of 75% universal vaccine protection against influenza a better understanding of

correlates of protection against influenza is required (48, 49). The ability of host serum

to block hemagglutination of influenza virus, through the hemagglutination inhibition

assay (HAI), is accepted as a reasonably accurate correlate of protection by many

regulatory agencies (*39, 41*). However, unlike the virus neutralization assays, such as

the plaque reduction assay (also known as focus reduction assay or FRA), HAI does not

take viral replication kinetics into consideration and thereby providing no information on

neutralized viral titre, suggesting that virus neutralization kinetics is poorly understood.

To understand how saturation of virus neutralization affects viral kinetics, we

propose a class of two-dimensional deterministic models involving only virus replication

and virus neutralization that are relatively easy to directly measure. First, using a one-

dimensional deterministic model we show that virus replication converges to a

maximum capacity independent of viral inoculum sizes. Next, by fitting focus reduction

assays (FRA) performed for seasonal influenza A/H3N2 viruses circulating during

2014–2019 and using ferret antisera raised against a representative set of A/H3N2

viruses, we obtain parameters for virus neutralization by antibody binding, and found

that saturated virus neutralization is more accurate and robust than unsaturated virus

neutralization. Integrating replication and neutralization parameters into the proposed

deterministic models, we identified saturated virus neutralization or antibody

consumption leads to bistable viral kinetics in the presence of neutralizing antibodies. In

sum, our results show that even for well-matched antibody-virus pair, neutralization can

be diminished by not only the antibody concentration but also the virus inoculum size,

implying that variability of virus neutralization can be caused by saturated virus

neutralization and antibody consumption are biological features of the interaction

between virus and antibody.

Results

Influenza virus converges to maximal capacity on A549 cells obeying one-dimensional growth kinetics.

To understand the role of viral inoculum size (i.e. initial viral load) on viral replication kinetics we used previously published influenza virus growth assays performed in the absence of antibodies (*42*). Since, in the absence of antibodies influenza replication *in vitro* and *in vivo* is solely limited by the availability of susceptible cells (*12, 42, 43*), we describe the change of virus titre through natural virus replication and degradation in limited number of susceptible cells as $\frac{dV(t)}{dt} = \frac{\rho V(t)}{1+\beta V(t)} - \sigma V(t)$, (1). This system is illustrated by the green terms in Fig. 2. $V(t)$ represents viral titre with respect to time t. Parameters ρ represents replication rate of influenza virus; β controls natural saturation of viral replication at high viral titer; σ represents degradation rate of influenza virus. We believe that stochastic effects may not play a decisive role supporting the usage of ordinary differential equation (ODE) models, as viral titres are considerably large during both clinical and experimental infection (in the range of $10^6 \sim 10^8 \, TCID50/ml$) (*12, 42, 44, 45*), although stochasticity may affect the steady state reached from a given initial condition, such as if early extinction of the virus occurs.

We fit Eq. 1 to single-cycle (SC) and multiple-cycle (MC) infection assay of A/H1N1pdm09 and avian influenza A/H7N9 viruses, performed by Simon *et al*. (*42*), using the combined sum of squared error (combined SSE) (Fig. 3). The SC assay was performed with infection at high viral multiplicity of infection (MOI), 3 plaque forming unit (PFU)/cell, such that 95% of the cells were infected simultaneously, whereas the MC assay was performed with infection at low MOI (0.01 PFU/cell) such that only a small

123 population of cells were infected and new viral progeny are continuously generated.

124 Thus, SC and MC assays provide viral replication kinetics with different inoculum sizes.

Figure 2. Flowchart of influenza kinetics in the presence of neutralizing antibodies. Viral kinetics is determined by limited viral growth, saturated virus neutralization and saturated antibody consumption.

Regardless of inoculum size, the kinetics of both A/H1N1pdm09 and A/H7N9

converged to the same maximal capacity (Fig. 3). Virus replication parameters obtained

through combined SSE can fit SC and MC infection assay data of both viruses (Table1),

and is used subsequently to examine the role of virus neutralization in viral kinetics. As

a sensitivity analysis, we also fitted a model with an eclipse phase to the data (Fig. S1),

however, the additional parameter did not substantially improve the fit (Fig. S2, Table

S1); Hence, we used Eq. 1 for the remainder of the study.

Figure 3. Viral replication kinetics of influenza virus on A549 human lung carcinoma cells. Regardless of viral inoculum sizes, used in single cycle (SC, green) and multi cycle (MC, red) infection assays, both viruses H7N9 (A) and H1N1pdm09 (B) converge to the same maximal capacity. Virus replication parameters were obtained through combined SSE, simulated for 18 hours for the SC assay and 144 hours for MC infection assay. Black curve represents simulated viral replication curve.

135   **Table 1.** Estimated parameters of viral replication kinetics (TCID50 scale)

Strain[*]	Natural birth rate, ρ, (TCID50/ ml/hour)	Saturation growth parameter, β, (hour/TCID50/ml)	Natural death rate, σ, (TCID50/ ml/hour)	Combined SSE
H1N1pdm09*	1.5555	0.0093	1.4565	3.0821
H7N9*	4.4725	0.0056	4.2857	5.552

136   [*]$\rho_0 = 1, \beta_0 = 0.1, \sigma_0 = 1$

Rate of virus neutralization increases but is saturated with increase of both viral titre and antibody concentration.

To establish the quantitative relationship between neutralized virus titre and antibody concentration, we propose a two-dimensional ODE system to fit influenza virus neutralization data estimated from focus reduction assays (FRA) against A/H3N2 virus strains against representative ferret antisera (see methods and Table S2-S18). FRA is routinely used to evaluate neutralizing antibody responses to seasonal influenza viruses, where influenza virus was diluted to a pre-determined concentration, and incubated for one hour with serially diluted ferret antisera generated against representative influenza viruses of the same type. This virus-sera mixture was then added to confluent MDCK-SIAT1 cell lines, allowing the measurement of antibodies required to neutralise virus through reduction of plaques during one-hour incubation.

Since neutralising epitopes are limited on the virus surface, the rate of antibody-virus binding saturates at a concentration higher than or equal to that required for neutralization. Hence, for a fixed viral titre, the rate of virus neutralisation is saturated with increases of antibody (*46*). Similarly, for a fixed antibody concentration saturation also holds for high viral titre. Hence, we describe the rate of change of viral titre and antibody concentration as $\begin{cases} \frac{dV(t)}{dt} = \frac{-\alpha A(t)V(t)}{1+\eta A(t)+\gamma V(t)} \\ \frac{dA(t)}{dt} = \frac{-\varphi A(t)V(t)}{1+\eta A(t)+\gamma V(t)} \end{cases}$, (2). $A(t)$ represents antibody concentration with respect to time t. α represents the rate of virus neutralization by antibody binding; φ represents antibody consumption rate by binding to virus; η controls the saturation in neutralization rate as antibody concentration increases; γ controls the saturation in neutralization rate as viral titre increases. Moreover, by fitting simulated

data with noise following Gaussian distribution $N(0,1)$ of different magnitudes, we found

that saturated virus neutralization is more accurate and robust than unsaturated virus

neutralization (Section 2.2, *Supplementary material*).

We observed that the virus with antisera grow better than those without antisera

for the majority of virus-antisera combination in our FRA assay (Table S2). We

hypothesize that this may be due to the presence of virus growth factors in the ferret

antiserum, hence, to estimate virus neutralization parameter from FRA we used two

approaches: cell control as total viral titre (Section 2.2.1-2.2.3, *Supplementary material*)

and viral titre with the most diluted antibody as total viral titre (Table 2 and Section

2.2.4, *Supplementary material*). However, regardless of selection of total titre, the

magnitude and category of virus neutralization parameters remain consistent (Section

2.2.1-2.2.3, *Supplementary material*). In the main text, we use viral titre with the most

diluted antibody as total titre as example.

Table 2. Estimated virus neutralization parameters (FFU scale)

Dataset	α (ml/FFU/hour)	η (ml/ug)	γ (ml/FFU)	φ (ml/ug/hour)	SSE^*	Category
1	96.8327	0.7788	14.2576	7.167	0.0111	Large
2	24.6437	0.9199	5.2143	0.5620	0.2854	Large
3	3.8399	1.5×10^{-6}	0.6529	2.16×10^{-7}	0.077	Small
4	6.3978	2.44×10^{-7}	0.9358	3.63×10^{-7}	0.0579	Small
5	80.3289	4.5356	1.9437	5.1908	0.2968	Large
6	5.6274	1.45×10^{-6}	1.2741	2.01×10^{-7}	0.3516	Small

*Definition of SSE is given in Materials and Methods.

By fitting System 2 to FRA data collected independently for 51seasonal influenza

A/H3N2 viruses collected from individual patients infected during 2014–2019, we found

that the estimated virus neutralization parameters of individual viruses can be classified

into two categories, with either large ($>10^{-2}$) or small ($<10^{-4}$) antibody consumption rates

(Figs. 4, S3 and S4, and Tables 2, S11-S14 and S18), however, for most virus-antisera

pairs we found that the consumption rate was small (Fig. 4A-D), and these were not

based on the specific virus or antisera used in the assay. A comparison of genetic

distances between test viruses and viruses used to raise antisera, also showed no

apparent relationship with small or large antibody consumption rate (Fig. 4E). For

example, a low antibody consumption rate was observed for A/Brisbane/32/2017

against antisera raised against cell-grown A/Kansas/14/2017, while a large antibody

consumption rate was observed against egg-grown Kansas/14/2017 (Table 2).

However, we found a positive correlation between antibody saturation ($log10(\eta)$) and

antibody consumption ($log10(\varphi)$) (Pearson correlation coefficient, 0.7601) and between

virus neutralization ($log10(\alpha)$) and antibody consumption ($log10(\varphi)$) (correlation

coefficient, 0.7770), showing that the more efficient the antibody is, the more antibody is

consumed. These results suggest that, during natural infection antibodies with low

antibody consumption rate (i.e. single-hit) will likely lead to better viral clearance due to

rapid increases in production of antibodies.

Figure 4. Antibody saturation and antibody consumption are strongly positively correlated. Virus neutralization parameter can be classified into two categories, large and small antibody consumption rate, A) and C). A) $log_{10}(\alpha)$ is plotted against $log_{10}(\varphi)$; B) $log_{10}(\alpha)$ is plotted against $log_{10}(\eta)$; C) $log_{10}(\gamma)$ is plotted against $log_{10}(\varphi)$; D) $log_{10}(\gamma)$ is plotted against $log_{10}(\eta)$; E) Distribution of FRA data of 36 tested influenza virus by HA amino acid distance. Mean and standard deviation of rate of virus neutralization $log_{10}(\alpha)$ are 0.8956 and 0.4378; mean and standard deviation of antibody concentration saturation parameter $log_{10}(\eta)$ are -5.0566 and 1.9286; mean and standard deviation of viral titre saturation parameter $log_{10}(\gamma)$ are 0.2304 and 0.6062; mean and standard deviation of antibody consumption rate $log_{10}(\varphi)$ are -4.6571 and 2.2400.

Antibody-induced bistable viral kinetics exists. To investigate the effects of

saturated virus neutralization on viral kinetics in the presence of both susceptible cells

and antibodies, we combined Systems 1 and 2:

199
$$\begin{cases} \frac{dV(t)}{dt} = \frac{\rho V(t)}{1+\beta V(t)} - \sigma V(t) - \frac{\alpha A(t)V(t)}{1+\eta A(t)+\gamma V(t)} \\ \frac{dA(t)}{dt} = \frac{-\varphi A(t)V(t)}{1+\eta A(t)+\gamma V(t)} \end{cases}$$ (3), and to demonstrate the existence of bistable

virus growth kinetics in the presence of neutralizing antibody we simulate System 3

using the parameters estimated in the previous two sections (see above).

In simulations of System 3 with neutralization parameter with small antibody

consumption rate (Table S18) and A/H7N9 virus replication parameter, we found the

existence of two thresholds A_1 and A_2 that divide the antibody concentration interval

into three regimes, shown as bifurcation diagram (Fig. 5E). In different antibody

concentration intervals, viral kinetics exhibits different dynamical behaviours. Virus

kinetics exhibit bistability at the antibody concentration interval between A_1 and A_2,

where small viral inocula are inhibited, and large viral inocula survive under the same

antibody concentration. The viral inoculum threshold (above which the virus survives)

increases with increase of antibody concentration, shown by the red dashed curve in

Fig. 5E. For example, at low antibody concentration $A = 0.075\,ug/ml$, virus with

inoculum $10^{1.2}TCID\,50/ml$, $10^{1.6}TCID\,50/ml$ and $10^{2.0}TCID\,50/ml$ survive (Fig. 5B and

5E), whereas at high antibody concentration $A = 0.085\,ug/ml$, virus with high inoculum

$10^{1.6}TCID\,50/ml$ and $10^{2.0}TCID\,50/ml$ survives (Fig. 5C and 5E). At antibody

concentration less than the threshold A_1, the virus survives independent of inoculum

(Fig. 5A and 5E), and at antibody concentration higher than the threshold A_2, the virus is

inhibited independent of inoculum size (Fig. 5D and 5E).

Figure 5. Simulated kinetics of H7N9 virus with different combinations of inoculum sizes and antibody concentrations with low antibody consumption (dataset 3). Bifurcation diagram (E) showing viral titre as a function of antibody concentration. Viral inoculum threshold increases with increase of antibody concentration (red dashed curve). The maximal capacity of viral titre decreases with increases of antibody concentration (black solid curve). Purple arrows represent any viral inoculum size. A) When antibody concentration is between 0 and A_1 virus with any viral inoculum survive. B) Virus with any inoculum size is inhibited when antibody concentration is greater than A_2. C) and D) when antibody concentration is between A_1 and A_2 virus survives if viral inoculum is above dashed red curve and is inhibited if viral inoculum is below dashed red curve. Purple, green, red and blue lines and circles represent viral kinetics with viral inoculum $10^{0.8}$, $10^{1.2}$, $10^{1.6}$ and $10^{2.0}$ TCID50/ml in A–D, also shown as virus inoculum in E.

A similar bistable behaviour was also observed for the replication and

neutralization parameters of H7N9 virus estimated with large antibody consumption rate

(Table S18) (Fig. 6). With initial antibody concentration $A_0 = 0.04\,ug/ml$, virus with

inoculum $10^{1.6}TCID\,50/ml$ and $10^{2.0}TCID\,50/ml$ survives, while antibody is depleted

(Figs. 6B, E and S6). With initial antibody concentration $A_0 = 0.05\,ug/ml,$ only virus

with inoculum $10^{2.0}TCID\,50/ml$ survives (Figs. 6C, E and S6). The presence of

bistability was consistent regardless of estimation method of virus neutralization

parameter (control cell or viral titre with the most diluted antibody as total viral titre).

Figure 6. Simulated kinetics of H7N9 virus with different combinations of inoculum sizes and antibody concentrations with high antibody consumption (dataset 2). Viral survival corresponds to antibody depletion and viral eradication coincides with antibody existence. Bifurcation diagram (E) showing viral titre as a function of initial antibody concentration (schematic diagram). Viral inoculum threshold increases with increase of antibody concentration (dashed red line). Maximum capacity of viral titre remains constant if virus survives (black solid line). Purple arrows represent any viral inoculum size. A) When antibody concentration is between 0 and A_1, virus with any viral inoculum survive. B) and C) When antibody concentration is between A_1 and A_2, viral kinetics survives if viral inoculum is above dashed red curve and is inhibited if viral inoculum is below dashed red curve. D) Virus with any inoculum size is inhibited when antibody concentration is greater than A_2. Purple, green, red and blue lines and circles represent viral kinetics with viral inoculum $10^{0.8}$, $10^{1.2}$, $10^{1.6}$ and $10^{2.0}$ TCID50/ml in A–D, also shown as virus inoculum in E.

Although both parameter sets with small and large antibody consumption rates

exhibit bistability of H7N9, their behaviour and mechanism are subtly different. For a

small antibody consumption rate, exhibited by a majority of FRA data, the antibody

concentration during the 144-hour incubation period can be approximated as initial

antibody concentration (Fig. S5). In this case, virus and antibody can co-exist at the end

of the experiment. Next, the maximum capacity of viral titre decreases with increase of

antibody concentration (Fig. 5E). On the other hand, for the few reactions that showed a

large antibody consumption, viral survival corresponds to depletion of antibody, while

viral eradication coincides with antibody remaining (Figs. 6 and S6). Moreover, both

virus titres converged to the same maximum capacity if virus survives in presence of

antibody (Fig. 6 and S6). These results were consistent for A/H1N1pdm09 (data not

shown).

To establish whether bistability depends on model structure, we conducted

sensitivity analysis by reintroducing the eclipse phase into the model for A/H7N9, and

found that it does not affect existence of bistability and its mechanism (Section 3,

Supplementary material). We also found the presence of antibody-induced bistable viral

kinetics with an eclipse phase introduced in the deterministic model (Section 3.3-3.6,

Supplementary material). Also, by using the model with unsaturated virus neutralization,

we find that the viral kinetics is determined by two categories of virus neutralization

parameter, including small and large antibody consumption rate (Table S17, Section

2.2.2, *Supplementary material*). For small antibody consumption rate, viral kinetics only

exhibits monostability; only antibody concentration determines viral survival and

eradication (Fig. S27 and S28, *Supplementary material*). For large antibody

consumption rate, viral kinetics exhibits bistability, but antibody concentration interval

corresponding to bistability is relatively small (Fig. S29 and S30).

We conclude that independent of selection of total viral titre, the magnitude and

category of virus neutralization parameter remain consistent. Moreover, regardless of

two categories of virus neutralization parameters, antibody-induced bistable viral

kinetics always exists; saturated virus neutralization leads to bistability at small antibody

consumption rate, while antibody consumption leads to bistability at large antibody

consumption rate.

Discussion

We demonstrated that influenza viruses A/H1N1pdm09 and A/H7N9 growing on human

cell lines obey our one-dimensional deterministic model and converges to the maximum

capacity regardless of viral inoculum sizes. Next, by fitting rates of neutralisation of

seasonal influenza A/H3N2 viruses estimated using a focus reduction assay, we have

shown that the rate of virus neutralization increases but is saturated with increase of

both viral titre and antibody concentration. By integrating estimated viral replication and

virus neutralization parameters, we illustrated that antibody-induced bistable viral

kinetics universally exists independent of influenza virus strain, absence or presence of

eclipse phase, or differences in antibody consumption. Namely, an antibody

concentration interval exists where the same antibody concentration can only eliminate

small viral inocula but not large viral inocula. Moreover, at this antibody concentration

interval, the threshold of viral inoculum above which the virus survives increases with

increase of antibody concentration.

Our results imply that even for the same virus-antibody pair, the elimination of

virus depends not only on the antibody concentration but also initial virus load (i.e. viral

inoculum). Therefore, although the antigenic distance between virus and antibody

affects virus neutralization, we suggest that saturated virus neutralization and antibody

consumption are biological properties of virus-antibody interactions which lead to

variability of virus neutralization independent of antigenic changes. While, viral inoculum

size (initial viral load) is the major determinant of survival or death *in vitro*, *in vivo*

survival of influenza is determined by factors beyond virus inoculum size, including the

time of antibody production and other innate immunity functions. Thus, although

antibody concentration and inoculum size are two seemingly important factors, they are

not sole contributors for *in vivo* virus eradication. Using influenza antibodies raised in

ferrets against seasonal A/H3N2 viruses, we found that the antibody consumption rate

could be classified into two categories, viruses with small and large antibody

consumption. The variation in antibody consumption may be due to interacting factors,

such as binding avidity and affinity, which are well described for influenza. However,

importantly, for both antibody consumption categories, our model shows that antibody-

induced bistable viral kinetics universally exists independent of influenza virus strain,

absence or presence of eclipse phase, or variation in antibody consumption rates.

Taken together, these results highlight the important role of virus inoculum size and

antibody concentration in the establishment of a successful infection.

A second implication of our results is that hemagglutination inhibition (HAI) titres,

widely considered as a surrogate marker of protection against influenza infection and

hence vaccine efficacy, may not be the only factor influencing protection. Our results

imply that for a given HAI titre, whether infection occurred or not, also depends on the

virus inoculum size. These results indicate that the quantification of virus inocula which

survive or are inhibited for a given antibody for various virus-antisera combinations, to

understand the breadth and strength of immune responses, as well as improving

vaccine escape and re-infection. These results potentially explain the role of inoculum

size in re-infections and low vaccine efficacy in influenza and other viruses, and

underlies their complex evolutionary and epidemiological observations.

A variety of proposed target cell-infected infected cell-virus (TIV) models of

hepatitis B virus (HBV) and simian immunodeficiency virus (SIV) exhibit bistable

behaviour, however bistability has been attributed to reversible binding of free antibody

(13, 14), which may be biologically unreasonable. Further, these models model virus

neutralization as unsaturated, using the mass action term $-\alpha AV$, which is unrealistic as

discussed in the Introduction. To our best knowledge, the proposed two-dimensional

model is the simplest model with realism leading to bistable switch between viral

survival and eradication. By Occam's razor principle, because saturated virus

neutralization and antibody concentration is the simplest adequate model, it provides a

main underlying mechanism to explain variability of virus neutralization. Besides, without

neutralizing antibody, our proposed one-dimensional model can capture viral replication

with different viral inoculum sizes. Similarly, by Occam's razor principle, this model is

adequate for describing influenza virus replication kinetics on susceptible cells.

A limitation of our viral replication kinetics model is that it cannot reproduce

observed viral titres when the inoculum is close to the maximum viral load. While

A/H1N1pdm09 and A/H7N9 viruses fit our model, the seasonal A/H1N1 (sH1N1) and

A/H5N1 data from the same study (42) did not achieve a good fit (data not shown),

possibly because the inoculum level is closer to the peak viral load for these data.

However, since the viral inoculum in natural infection is considerably low (*12, 15*), our

proposed one-dimensional model should be adequate to capture viral kinetics of natural

infection. For low inocula, we are confident in our model because for each virus, we

fitted the model to data from two inocula simultaneously (0.01 PFU/cell and 3 PFU/cell),

and produced good fits for both inocula. Moreover, by using qualitative analysis of

ordinary differential equation and delayed differential equation, the long-term behaviours

are that virus survives and antibody is depleted. However, we demonstrated that

antibody-induced bistable viral kinetics exists within 144 hours because A549 cells used

in FRA assays can only survive without fetal calf serum for 144 hours. Additionally, for

the case of large antibody consumption rate, the second antibody threshold A_2

increases with increase of viral inoculum size. However, because viral inoculum size is

limited *in vitro* and *in vivo*, the second antibody threshold A_2 is also limited. Moreover,

for large antibody consumption rate, the first antibody threshold A_1 first increases and

then decreases with increase of viral inoculum. Thus, schematic diagram of bifurcation

diagrams (Fig.6E) provides major information of the whole picture.

Using viral replication parameters from one experiment and virus neutralization

parameters from another experiment, we have predicted the existence of antibody-

induced bistable viral kinetics. To identify the bistable antibody interval for a specific

antibody-antigen pair, further work is required to experimentally validate this prediction

in a single experimental system. Natural infection can occur with a mixture of virus

genotypes (within-host genetic diversity), and the antibody response produced in

response to natural infection is polyclonal, hence future modelling with a mixture of

genotypes, and protection by polyclonal antibodies is required. Next, in cell-culture

experimental system, influenza virus and antibody are co-cultured and then initial

inoculum is considered as the initial viral load. However, for *in vivo* experimental

system, by the time sufficient antibodies are present to clear infection, the viral load has

already been controlled by the innate immune response. Also, our experimental system

does not consider variations in growth kinetics in different sites (e.g. nasal vs lung).

Further, in our study we used naïve ferret raised antisera where the primary response is

known to be narrow, in contrast to humans who exhibit a complex immune history.

Materials and Methods:

Mathematical models

To investigate the role of antibody concentration and viral inoculum on viral kinetics we developed four models of viral kinetics (a) with antibody consumption (System 3); (b) with antibody consumption and with eclipse phase (System 5, Section 3.2., *Supplementary Material*); (c) unsaturated virus neutralization (Eq. 6, Section 4, *Supplementary Material*); and (d) unsaturated virus neutralization with eclipse phase (Eq.7, Section 4, *Supplementary Material*). To understand the antigenic relationships among tested H3N2 viruses, we compared the amino acid distance between their hemagglutinin genes (HA) using MEGA X (Molecular Evolutionary Genetics Analysis, https://www.megasoftware.net/). The HA genes of newly generated and reference strains are available in the Global Initiative on Sharing All Influenza Data (GISAID) database (https://www.gisaid.org/). Sequence accession numbers and laboratories generating the sequence data are provided in the Supplementary Materials.

Infection assay.

Virus replication parameters were obtained from single cycle (SC) and multiple cycle (MC) infection assays performed by Simon *et al* (42). A549 human lung carcinoma cells were infected with influenza A/H1N1pdm09 (A/Mexico/INDRE4487/2009) and A/H7N9 (A/Anhui/1/2013). Both a high viral multiplicity of infection (MOI) (3 PFU/cell) and a low MOI (0.01 PFU/cell) were used. 0.5 mL of the cell supernatant was harvested and frozen at 13 intervals for SC assay that lasted 18 hours (0, 1, 2, 3.5, 4.6, 5.6, 7.1, 8.6, 10, 11, 12, 15.5 and 18 hours) whereas 11 intervals (0, 3.1, 18.6, 28.5, 42.9, 53.3, 66.5,

77.8, 91.6, 99 and 147) were sampled for MC infection assays that lasted ~150 hours.

The frozen samples were thawed and titrated by median tissue culture infectious dose

(TCID50) by Simon *et al* (42).

Focus Reduction assay.

To determine parameters of virus neutralization we utilized a focus reduction assay

(FRA) performed against 13 H3N2 viruses (see below) using post-infection ferret

antisera raised against a panel of representative H3N2 viruses. Serial dilutions (80 to

10240) of ferret antisera were incubated for one hour with virus and diluted to 1000

FFU/well. 100ul of the virus-sera mixture was then applied to confluent MDCK-SIAT

cells and incubated for 18-20 hours at 35°C in 5%CO_2. A/H3N2 viruses used in this

study include cell-grown A/Hong Kong/4801/2014, cell-grown and egg-grown

A/Newcastle/82/2018, cell-grown A/Sydney/22/2018, cell-grown and egg-grown

A/Victoria/653/2017, cell-grown and egg-grown A/Switzerland/8060/2017, cell-grown

and egg-grown A/Kansas/14/2017, cell-grown A/Tasmania/511/2019, cell-grown

A/Tasmania/512/2019, cell-grown A/Tasmania/519/2019, cell-grown

A/Canberra/40/2019, cell-grown A/Canberra/61/2019, cell-grown A/Victoria/943/2019,

cell-grown A/Darwin/147/2019, cell-grown A/Darwin/148/2019, cell-grown

A/Darwin/157/2019, cell-grown A/Darwin/158/2019, cell-grown

A/Christchurch/514/2019, cell-grown A/Christchurch/516/2019, cell-grown

A/Christchurch/518/2019, cell-grown A/Sydney/1010/2019, cell-grown

A/Victoria/23/2019, cell-grown A/Brunei/16/2019, cell-grown A/Canberra/107/2019 , cell-

grown A/Canberra/108/2019, cell-grown A/Canberra/109/2019, cell-grown

A/Canberra/110/2019, cell-grown A/Fiji/15/2019, cell-grown A/Fiji/25/2019, cell-grown

A/Fiji/30/2019, cell-grown A/Fiji/31/2019, cell-grown A/Fiji/36/2019 and

A/Brisbane/32/2017. Ferret reference antisera were generated to cell-grown A/Hong

Kong/4801/2014, cell-grown and egg-grown A/Newcastle/82/2018, cell-grown

A/Sydney/22/2018, cell-grown and egg-grown A/Victoria/653/2017, cell-grown and egg-

grown A/Switzerland/8060/2017 and cell-grown and egg-grown A/Kansas/14/2017. FRA

was performed for each virus individually with each ferret antisera raised against a

representative set of H3N2 viruses. In the main-text, we describe the dynamics using

A/Brisbane/32/2017. Following overnight incubation, focus forming units (FFU) were

quantified by immunostaining using an anti-nucleoprotein monoclonal antibody and

subsequent detection using an HRP-conjugated secondary antibody (BioRad, USA) and

TrueBlue substrate (KPL Biosciences). The number of FFU per well was quantified from

plate images using an Immunospot analyser and Biospot software (CTL Immunospot,

USA). Neutralized virus were estimated by removing FFU count (survived virus) from

total virus - we use the average focus number in control wells with virus alone as total

virus.

Parameter estimation.

Variation in viral replication parameters was estimated using the combined sum of

squared error (combined SSE) across the single-cycle and multi-cycle experiments.

Combined SSE is $SSE_2 = \sum_{i=1}^{n} \left(log_{10}\left(V_i^{MC}\right) - log_{10}F\left(V_i^{MC}\right) \right)^2 + \sum_{i=1}^{m} \left(log_{10}\left(V_j^{SC}\right) - \right.$

$log_{10}F\left(V_j^{SC}\right) \right)^2$, where V_i^{MC} and V_j^{SC} represents experimental viral titer at time i and j. $F(V_i)$

and $F(V_j)$ represent estimated viral titer at time i and j for SC or MC infection assay

data. Initial guesses used for parameter estimation are $\rho_0 = 1$, $\beta_0 = 0.1$, $\sigma_0 = 1$ and $\tau =$

0.1. #

For the estimation of virus neutralization parameters, we obtained neutralized

influenza virus in one-hour of incubation by using the formula neutralized virus = total

virus - survived virus, and selected column with all positive values. Then we calculated

neutralized viral titer by the formula, $Viral\ titer = FN \times DR \times SV\ FFU/ml$ where FN

represents focus number in each well, DR represents dilution rate, SV represents sample

volume and FFU represents focus formation assay. We used the 8 virus serial dilution

data points $(80 - 12,480)$ $\{(A_1, V_1), \cdots, (A_8, V_8)\}$ of the FRA, where A_i represents diluted

antibody concentration and V_i represents neutralized virus titer. We defined the sum-of-

squares error (SSE) as $SSE = \sum_{i=1}^{8}(log10(V_i) - log10(F(A_i)))^2$, where V_i and $F(A_i)$

represents experimental and theoretical viral titers with respect to the ith diluted antibody

concentration. $F(A_i)$ is the integral of $\frac{dV(t)}{dt} = \frac{-\alpha A(t)V(t)}{1+\eta A(t)+\gamma V(t)}$ from 0 to 1.

Qualitative analysis of Mathematical models

By Bendixon-Poincare theorem (19-21), we show non-existence of closed orbits in

model systems of viral kinetics with antibody consumption, with and without eclipse

phase (System 3 and 5, respectively). The existence of equilibria and its stability for

systems with no antibody consumption (Eq. 6 and Eq. 7) is provided by reference (25).

The introduction of eclipse phase in System 5 and Eq. 7 does not change the stability of

equilibria provided by System 3 and Eq. 6, respectively, as shown by Rouche's

Theorem and the continuity of eclipse phase τ (47).

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Competing Interests:

The authors declare no conflict of interest.

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