Heterologous Vaccination with SARS-CoV-2 Spike saRNA Prime followed

by DNA Dual-Antigen Boost Induces Robust Antibody and T-Cell Immunogenicity against

both Wild Type and Delta Spike as well as Nucleocapsid Antigens

Adrian Rice[1φ], Mohit Verma[1φ], Emily Voigt[2φ], Peter Battisti[2], Sam Beaver[2], Sierra Reed[2], Kyle

Dinkins[1], Shivani Mody[1], Lise Zakin[1], Peter Sieling[1], Shiho Tanaka[1], Brett Morimoto[1], Wendy

Higashide[1], C. Anders Olson[1], Elizabeth Gabitzsch[1], Jeffrey T. Safrit[1], Patricia Spilman[1], Corey

Casper[2,3], Patrick Soon-Shiong[1]*

[1]ImmunityBio, Inc., 9920 Jefferson Blvd., Culver City, CA, 90232 USA

[2]Infectious Disease Research Institute (IDRI), 1616 Eastlake Ave. East, Seattle, WA, 98102,

USA

[3]Departments of Medicine and Global Health, University of Washington, 1959 Pacific Street NE,

Seattle, WA, 98195, USA

*Corresponding author Patrick Soon-Shiong: Patrick@Nantworks.com

φThese authors contributed equally

ABSTRACT

We assessed if immune responses are enhanced in CD-1 mice by heterologous vaccination with two different nucleic acid-based COVID-19 vaccines: a next-generation human adenovirus serotype 5 (hAd5)-vectored dual-antigen spike (S) and nucleocapsid (N) vaccine (AdS+N) and a self-amplifying and -adjuvanted S RNA vaccine (SASA S) delivered by a nanostructured lipid carrier. The AdS+N vaccine encodes S modified with a fusion motif to increase cell-surface expression. The N antigen is modified with an Enhanced T-cell Stimulation Domain (N-ETSD) to direct N to the endosomal/lysosomal compartment to increase the potential for MHC class I and II stimulation. The S sequence in the SASA S vaccine comprises the D614G mutation, two prolines to stabilize S in the prefusion conformation, and 3 glutamines in the furin cleavage region to increase cross-reactivity across variants. CD-1 mice received vaccination by prime > boost homologous and heterologous combinations. Humoral responses to S were the highest with any regimen including the SASA S vaccine, and IgG against wild type S1 and Delta (B.1.617.2) variant S1 was generated at similar levels. An AdS+N boost of an SASA S prime enhanced both CD4+ and CD8+ T-cell responses to both S wild type and S Delta peptides relative to all other vaccine regimens. Sera from mice receiving SASA S homologous or heterologous vaccination were found to be highly neutralizing of all pseudovirus tested: Wuhan, Delta, and Beta strain pseudoviruses. The findings here support the clinical testing of heterologous vaccination by an SASA S > AdS+N regimen to provide increased protection against COVID-19 and SARS-CoV-2 variants.

INTRODUCTION

Impressive efforts of the scientific and pharmaceutical community have resulted in the design, testing and successful deployment of several COVID-19 vaccines that have shown high levels of efficacy.[1-5] Nonetheless, SARS-CoV-2 viral variants have continued to emerge and spread throughout the globe, particularly in areas where vaccination rates are low or vaccines are unavailable.

To address the need for a vaccine regimen that would be highly efficacious against predominating and emerging variants that may be made available in currently underserved areas and nations, and leverages the resilience of cell-mediated immunity against variants, we previously developed a next-generation human adenovirus serotype 5 (hAd5)-vectored dual-antigen spike (S) plus nucleocapsid (N) vaccine (AdS+N). [6,7] This vaccine encoding Wuhan strain or 'wild type' (wt) SARS-CoV-2 S modified with a fusion sequence (S-Fusion) to enhance cell-surface expression [6,7] as well as N modified with an Enhanced T-cell Stimulation Domain (N-ETSD) [8] to increase the potential for MHC class I and II stimulation [9-11] has been shown to elicit humoral and T-cell responses in mice, [7] non-human primates (NHP), [6] and participants in Phase 1b trials. [8] The Ad5S+N vaccine given as a subcutaneous (SC) prime with two oral boosts protected NHP from SARS-CoV-2 infection [6] and a single prime vaccination of clinical trial participants generated T-cell responses that were sustained against a series of variant S peptide sequences, including those for the B.1.351, B.1.1.7, P.1, and B.1.426 variants. [8]

Despite the promising findings with the AdS+N vaccine candidate, we wish to continue to investigate vaccine regimens with the potential to maximize immune responses – both humoral and cellular. One such approach is by heterologous vaccination utilizing two nucleic acid-based vaccines: ImmunityBio's hAd5 vectored DNA vaccine and the Infectious Disease Research

Institute's (IDRI's) RNA-based vaccine. [12] Heterologous vaccination using vaccine constructs

expressing the same or different antigens vectored by different platforms, specifically

combinations of RNA- and adenovirus-based vaccines has previously been reported to

significantly increase immune responses. [13,14]

To assess the potential for enhanced immune responses by heterologous vaccination, we tested

prime > boost combinations of the AdS+N vaccine with a self-amplifying and self-adjuvanted

S(wt) RNA-based vaccine (SASA S) delivered in a nanostructured lipid carrier (NLC). [15,16] The

NLC stabilizes the self-amplifying RNA [17-19] and delivers it to cells wherein it is amplified and the

S protein expressed. The S sequence in the SASA S vaccine comprises a codon-optimized

sequence with the D614G mutation [20] that increases SARS-CoV-2 susceptibility to neutralization,

[21] a diproline modification to stabilize S in the pre-fusion conformation that increases antigenicity,

[22] and a tri-glutamine (3Q) repeat in the furin cleavage region to broaden immune responses against

variants. [23] Preclinical studies of the SASA S vaccine have demonstrated the vaccine elicited

vigorous antigen-specific and virus-neutralizing IgG and polyfunctional CD4+ and CD8+ T-cell

responses after both a prime and boost in C57Bl/6 mice.

In this work, the two aforementioned vaccines were tested by homologous prime > boost

delivery of each as compared to heterologous delivery regimens with an alternating order: AdS+N

> SASA S and SASA S > AdS+N. The findings reported here support our hypothesis that

heterologous vaccination with the SASA S and AdS+N vaccines would enhance immune

responses, particularly T-cell responses.

Both CD4+ and CD8+ T-cell responses were enhanced by heterologous vaccination, with

CD4+ interferon-γ (IFN-γ) production in response to both S(wt) peptides being higher with the

SASA S prime > AdS+N boost combination as compared to all other groups. Notably, CD4+ and

CD8+ T cells were equally responsive to S(wt) and S(Delta) peptides and responses of T cells

from SASA S > AdS+N to S(Delta) were also the highest of the groups.

Findings were similar for unselected T cells in ELISpot analyses, which again revealed the

SASA S > AdS+N combination resulted in significantly higher IFN-γ secretion by T cells in

response to both S(wt) peptides than all other groups.

We further demonstrate that all combinations that included the SASA S vaccine elicited the

greatest anti-full length (FL) S wild type (wt), anti-S1(wt) and – importantly- anti-Delta variant

(B.1.617.2) S1 IgG responses. Regimens comprising the SASA S vaccine also generated sera that

showed high and similar capability to neutralize Wuhan, Delta, and Beta strain pseudovirus.

As expected, anti-N IgG antibodies and T-cell responses to N peptides were seen only for

vaccine combinations that delivered the N antigen and were very similar among groups receiving

the AdS+N vaccine in any order.

METHODS

The hAd5 [E1-, E2b-, E3-] platform and constructs

For studies here, the next generation hAd5 [E1-, E2b-, E3-] vector was used to create viral

vaccine candidate constructs. [6] This hAd5 [E1-, E2b-, E3-] vector is primarily distinguished from

other first-generation [E1-, E3-] recombinant Ad5 platforms [24,25] by having additional deletions in

the early gene 2b (E2b) region that remove the expression of the viral DNA polymerase (pol) and

in pre terminal protein (pTP) genes, and its propagation in the E.C7 human cell line. [26-29]

The AdS+N vaccine expresses a wild type spike (S) sequence [accession number

YP009724390] modified with a proprietary 'fusion' linker peptide sequence as well as a wild type

nucleocapsid (N) sequence [accession number YP009724397] with an Enhanced T-cell

Stimulation Domain (ETSD) signal sequence to direct translated N to the endosomal/lysosomal

pathway [8] as described in Gabitzsch *et al.*, 2021. [6]

The SASA S vaccine comprises an saRNA replicon composed of an 11.7 kb construct

expressing the SARS-CoV-2 Spike protein, along with the non-structural proteins 1-4 derived from

the Venezuelan equine encephalitis virus (VEEV) vaccine strain TC-83. The Spike RNA sequence

is codon-optimized and expresses a protein with the native sequence of the original Wuhan strain

plus the dominant D614G mutation, with the prefusion conformation-stabilizing diproline (pp)

mutation (consistent with other vaccine antigens) and replacement of the furin cleavage site RRAR

sequence with a QQAQ sequence, as shown in Figure 1.

124
125
126 **Fig. 1** *The saRNA(D614G)-2P-3Q-NLC (SASA S) vaccine*. The SASA S vaccine comprises an
127 saRNA replicon backbone consisting of the non-structural protein (nsPs) 1-4 derived from the
128 Venezuelan equine encephalitis virus (VEEV) vaccine strain TC-83 and an independent open
129 reading frame under the control of a subgenomic promoter sequence that contains Wuhan sequence
130 S with a diproline (pp) mutation and a QQAQ furin cleavage site sequence.

131
The RNA is generated by T7 promoter-mediated *in vitro* transcription using a linearized DNA

template. *In vitro* transcription is performed using an in house-optimized protocol [12,30,31] using T7

polymerase, RNase inhibitor, and pyrophosphatase enzymes. DNA plasmid is digested with

DNase I and the RNA is capped by vaccinia capping enzyme, guanosine triphosphate, and S-

adenosyl-methionine. RNA is then purified from the transcription and capping reaction

components by chromatography using a CaptoCore 700 resin (GE Healthcare) followed by

diafiltration and concentration using tangential flow filtration into 10 mM Tris buffer. The RNA

material is terminally filtered with a 0.22 μm polyethersulfone filter and stored at -80°C until use.

The RNA-stabilizing nanostructured lipid carrier (NLC) is comprised of particles with a

hybrid liquid and solid oil core, which provides colloidal stability [32] Non-ionic hydrophobic and

hydrophilic surfactants help maintain a stable nanoparticle droplet, while a cationic lipid provides

the positive charge for electrostatic binding of RNA. That binding on the surface of the

nanoparticles protects RNA from degradation by RNases and allowing delivery to cells that will

express the S antigen.

NLC is manufactured by mixing the lipids in an oil phase, dissolving the Tween 80 in citrate

buffer aqueous phase, and homogenizing the two phases by micro-fluidization. The resulting

emulsion is sterile-filtered and vialed, and reconstituted in an appropriate buffer before use.

Murine immunization and blood/tissue collection

The design of vaccination study performed using CD-1 mice is shown in Figure 2.

N #	Prime	Route (Dose)	Boost Dose	Route (Dose)	Code
4	Untreated		untreated		UnTx
7	hAd5 S-Fusion+N-ETSD	1×10^{10} VP (SC)	hAd5 S-Fusion+N-ETSD	1×10^{10} VP (SC)	AdS+N > AdS+N
6	saRNA(D614G-2P-3Q)-NLC	10 μg (IM)	saRNA(D614G-2P-3Q)-NLC	10 μg (IM)	SASA S > SASA S
7	hAd5 S-Fusion+N-ETSD	1×10^{10} VP (SC)	saRNA(D614G-2P-3Q)-NLC	10 μg (IM)	AdS+N > SASA S
7	saRNA(D614G-2P-3Q)-NLC	10 μg (IM)	hAd5 S-Fusion+N-ETSD	1×10^{10} VP (SC)	SASA S > AdS+N

151
Fig. 2 *Study design and vaccine description.* (A) CD-1 mice received prime vaccination on Day 0
after blood collection and the boost on Day 21; mice were euthanized and tissues/blood collected
on Day 35. (B) The various combinations of prime > boost are shown, including: AdS+N
homologous; saRNA(D614G-2P-3Q)-NLC (SASA S) homologous; Ad5S+N prime, SASA S
boost; and SASA S prime, AdS+N boost. Untreated mice were used as controls. All were n = 7
with the exception of untreated n = 4 and SASA S homologous n = 6. The color code for each
group is shown.
159

All *in vivo* experiments described were carried out in strict accordance with good animal

practice according to NIH recommendations. All procedures for animal use were approved by the

IACUC Committee at Omeros, Inc. (Seattle, WA, USA) and under an approved protocol.

CD-1 female mice (Charles River Laboratories) 6-8 weeks of age were used for

immunological studies performed at the vivarium facilities of Omeros Inc. (Seattle, WA). The

adenovirus-vectored vaccines were administered by subcutaneous (SC) injections at the indicated

doses in 50 μL ARM buffer (20 mM Tris pH 8.0, 25 mM NaCl, with 2.5% glycerol). The SASA

S vaccine was administered intramuscularly (IM) in 10% sucrose 5 mM sodium citrate solution at

a dose of 10 μg.

On the final day of each study, blood was collected via the submandibular vein from

isoflurane-anesthetized mice for isolation of sera using a microtainer tube and then mice were

euthanized for collection of spleens. Spleens were removed from each mouse and placed in 5 mL

of sterile media (RPMI/HEPES/Pen/Strep/10% FBS). Splenocytes were isolated [33] within 2 hours

of collection and used fresh or frozen for later analysis.

Intracellular cytokine stimulation (ICS)

ICS assays were performed using 10^6 live splenocytes per well in 96-well U-bottom plates.

Splenocytes in RPMI media supplemented with 10% FBS were stimulated by the addition of pools

of overlapping peptides spanning the SARS-CoV-2 S protein (both wild type, wt, or Delta

sequence) or N antigens at 2 μg/mL/peptide for 6 h at 37°C in 5% CO_2, with protein transport

inhibitor, GolgiStop (BD) added two hours after initiation of incubation. The S peptide pool (wild

type, JPT Cat #PM-WCPV-S-1; Delta, JPT cat# PM-SARS2-SMUT06-1) is a total of 315 spike

peptides split into two pools, S1 and S2, comprised of 158 and 157 peptides each. The N peptide

pool (JPT; Cat # PM-WCPV-NCAP-1) was also used to stimulate cells. A SIV-Nef peptide pool

(BEI Resources) was used as an off-target negative control. Stimulated splenocytes were then

stained with a fixable cell viability stain (eBioscience™ Fixable Viability Dye eFluor™ 506 Cat#

65-0866-14) followed by the lymphocyte surface markers CD8β and CD4, fixed with CytoFix

(BD), permeabilized, and stained for intracellular accumulation of IFN-γ, TNF-α and IL-2.

Fluorescent-conjugated anti-mouse antibodies used for labeling included CD8β antibody (clone

H35-17.2, ThermoFisher), CD4 (clone RM4-5, BD), IFN-γ (clone XMG1.2, BD), TNF-α (clone

MP6-XT22, BD) and IL-2 (clone JES6-5H4; BD), and staining was performed in the presence of

unlabeled anti-CD16/CD32 antibody (clone 2.4G2; BD). Flow cytometry was performed using a

Beckman-Coulter Cytoflex S flow cytometer and analyzed using Flowjo Software.

ELISpot assay

ELISpot assays were used to detect cytokines secreted by splenocytes from inoculated mice.

Fresh splenocytes were used on the same day as harvest, and cryopreserved splenocytes containing

lymphocytes were used the day of thawing. The cells (2-4 x 10^5 cells per well of a 96-well plate)

were added to the ELISpot plate containing an immobilized primary antibody to either IFN-γ or

IL-4 (BD Cat# 551881 and BD Cat# 551878, respectively), and were exposed to various stimuli

(e.g. control peptides SIV and ConA, S-WT and N peptides pools – see catalog numbers above) at

a concentration of 1-2 μg/mL peptide pools for 36-40 hours. After aspiration and washing to

remove cells and media, extracellular cytokine was detected by a biotin-conjugated secondary

antibody to cytokine conjugated to biotin (BD), followed by a streptavidin/horseradish peroxidase

conjugate was used detect the biotin-conjugated secondary antibody. The number of spots per well,

or per 2-4 x 10^5 cells, was counted using an ELISpot plate reader. Quantification of Th1/Th2 bias

was calculated by dividing the IFN-γ spot forming cells (SFC) per million splenocytes with the

IL-4 SFC per million splenocytes for each animal.

ELISA for detection of antibodies

For IgG antibody detection in inoculated mouse sera and lung homogenates, ELISAs for

spike-binding (including S1 Delta) and nucleocapsid-binding antibodies and IgG subclasses

(IgG1, IgG2a, IgG2b, and IgG3) were used. A microtiter plate was coated overnight with 100 ng

of either purified recombinant SARS-CoV-2 S-FTD (FL S with fibritin trimerization domain,

constructed and purified in-house by ImmunityBio), purified recombinant Spike S1 domain

(S1(wt)) (Sino; Cat # 40591-V08B1), purified recombinant Delta variant Spike S1 domain

(S1(Delta)) (Sino; Cat # 40591-V08H23), or purified recombinant SARS-CoV-2 nucleocapsid (N)

protein (Sino; Cat # 40588-V08B) in 100 µL of coating buffer (0.05 M Carbonate Buffer, pH 9.6).

The wells were washed three times with 250 µL PBS containing 1% Tween 20 (PBST) to remove

unbound protein and the plate was blocked for 60 minutes at room temperature with 250 µL PBST.

After blocking, the wells were washed with PBST, 100 µL of either diluted serum or diluted lung

homogenate samples was added to each well, and samples incubated for 60 minutes at room

temperature. After incubation, the wells were washed with PBST and 100 µL of a 1/5000 dilution

of anti-mouse IgG HRP (GE Health Care; Cat # NA9310V), anti-mouse IgG_1 HRP (Sigma; Cat #

SAB3701171), anti-mouse IgG_{2a} HRP (Sigma; Cat # SAB3701178), anti-mouse IgG_{2b} HRP

(Sigma; catalog# SAB3701185), anti-mouse IgG_3 HRP conjugated antibody (Sigma; Cat #

SAB3701192), or anti-mouse IgA HRP conjugated antibody (Sigma; Cat # A4789) was added to

wells. For positive controls, 100 µL of a 1/5000 dilution of rabbit anti-N IgG Ab or 100 µL of a

1/25 dilution of mouse anti-S serum (from mice immunized with purified S antigen in adjuvant)

were added to appropriate wells. After incubation at room temperature for 1 hour, the wells were

washed with PBS-T and incubated with 200 µL o-phenylenediamine-dihydrochloride (OPD

substrate (Thermo Scientific Cat # A34006) until appropriate color development. The color

reaction was stopped with addition of 50 μL 10% phosphoric acid solution (Fisher Cat # A260-

500) in water and the absorbance at 490 nm was determined using a microplate reader (SoftMax

Pro, Molecular Devices).

Calculation of relative ng amounts of antibodies and the Th1/Th2 IgG subclass bias

A standard curve of IgG for OD vs. ng mouse IgG was generated using purified mouse IgG

(Sigma Cat #15381; absorbance values were converted into mass equivalents for both anti-S and

anti-N antibodies. Using these values, we calculated the geometric mean value for S- and N-

specific IgG per milliliter of serum induced by vaccination. These values were also used to quantify

the Th1/Th2 bias for the humoral responses by dividing the sum total of Th1 biased antigen-

specific IgG subclasses (IgG2a, IgG2b and IgG3) with the total Th2 skewed IgG3, for each mouse.

For mice that lack anti-S and/or anti-N specific IgG responses, Th1/Th2 ratio was not calculated.

Conversely, some responses, particularly for anti-N responses in IgG2a and IgG2b (both Th1

biased subclasses), were above the limit of quantification with OD values higher than those

observed in the standard curve. These data points were reduced to values within the standard curve,

and thus will reflect a lower Th1/Th2 bias than would otherwise be reported.

Endpoint titers

Serial dilutions were prepared from each serum sample, with dilution factors ranging from

400 to 6,553,600 in 4-fold steps. These dilution series were characterized by whole IgG ELISA

assays against both recombinant S1(wt) and recombinant S1(Delta), as described above. Half

maximal response values (Ab_{50}) were calculated by non-linear least squares fit analysis on the

values for each dilution series against each recombinant S1 in GraphPad Prism. Serum samples

from mice without anti-S responses were removed Ab_{50}, μg IgG/mL sera, and endpoint titer

analyses and reported as N/D on the graphs. Endpoint titers were defined as the last dilution with

an absorbance value at least 3 standard deviations higher than the standard deviation of all readings

from serum of untreated animals (n = 32 total negative samples). Quantitative titration values (μg

IgG/mL sera) were calculated against a standard curve as described above.

Pseudovirus neutralization assay

SARS-CoV-2 pseudovirus neutralization assays were conducted on immunized mouse serum

samples using procedures adapted from Crawford *et al.,* 2020. [34] In brief, lentiviral pseudoviruses

expressing SARS-CoV-2 spike protein variants were prepared by co-transfecting HEK293 cells

(ATCC CRL-3216) with a plasmid containing a lentiviral backbone expressing luciferase and

ZsGreen (BEI Resources NR-52516), plasmids containing lentiviral helper genes (BEI Resources

NR-52517, NR-52518, NR-52519), and a delta19 cytoplasmic tail-truncated SARS-CoV-2 spike

protein expression plasmid (Wuhan strain, B.1.1.7, and B.1.351 spike variant plasmids were a gift

from Jesse Bloom of Fred Hutchinson Cancer Research Center; B.1.617.2 "delta" variant plasmid

a gift from Thomas Peacock of Imperial College London). Pseudovirus stocks were harvested from

the cell culture media after 72 hours of incubation at 37°C, 5% CO_2, filtered through a 0.2 μm

filter, and frozen until use.

Mouse serum samples were diluted 1:10 in media (Gibco DMEM + GlutaMAX + 10% FBS)

and then serially diluted 1:2 for 11 total dilutions, and incubated with polybrene (Sigma) and

pseudovirus for 1 hour at room temperature. Serum-virus mix was then added in duplicate to

seeded hACE2 expressing HEK293 cells (BEI Resources) and incubated at 37°C, 5% CO_2 for 72

hours. To determine 50% inhibitory concentration (IC50) values, plates were scanned on a high

content fluorescent imager (Molecular Devices ImageXpress Pico) for ZsGreen expression. Total

integrated intensity per well was used to calculate % pseudovirus inhibition noted in each well.

Neutralization curves were fit with a four-parameter sigmoidal curve which was used to calculate

IC50 values.

Statistical analyses and graph generation

All statistical analyses were performed and graphs generated used in figures were generated

using GraphPad Prism software. Statistical tests for each graph are described in the figure legends.

Statistical analyses of Endpoint Titer for anti-S1 IgG (Figure 4) was performed by assignment of

a value of 200 – one half the Level of Detection (LOD) of 400 – to the 4 animals with serum values

below the LOD.

RESULTS

The SASA S vaccine enhanced generation of anti-S(wt) IgG

Mice receiving the SASA S vaccine in any homologous or heterologous vaccination regimen

had the highest levels of anti-full length S(wt) (FL S) IgG2a and 2b as determined by OD at 490

nm in ELISA (Fig. 3A). As expected, only mice receiving the N antigen generated anti-N IgG

(also determined by OD at 490 nm in ELISA), which was similar for all groups receiving an N-

containing antigen (Fig. 3B) by AdS+ N homologous, prime, or boost vaccination. Determination

of the IgG1/IgG2a + IgG2b + IgG3 ratio using ng amounts calculated from the OD reading (see

Methods) revealed responses were highly T helper cell 1 (Th1)-biased, with all calculated values

being greater than one (Fig. 3C).

292
Fig. 3 *Anti-full length (FL) spike wild type (Swt) and -nucleocapsid (N) IgG antibody levels in sera*
show T helper cell 1 (Th1) bias. (A) Levels of anti-FL Swt and (B) anti-N IgG1, IgG2a, IgG2b and
IgG3 subtypes represented by OD at 490 nm from ELISA of sera are shown. Statistical analyses
performed using one-way ANOVA and Tukey's post-hoc comparison of all groups to all other
groups with the exception of comparison to the SASA S > group t SASA S hat did not receive an
N antigen for anti-N IgG; where *$p \leq 0.05$, **$p < 0.01$, ***$p < 0.001$, and ****$p < 0.0001$. (C) The
IgG1/IgG2a+IgG2b+IgG3 ratio calculated using the ng equivalents for each is shown with a
dashed line at 1. Values > 1 reflect Th1 bias. The number (n) of animals in which the ratio was not
determined due to very low antibody levels is shown below the x-axis for each group. The
homologous SASA S group did not receive an N antigen. Data graphed as the mean and SEM.
The legend in C applies to all figure panels.
304
Humoral responses against wildtype and Delta S1 were similar in all SASA S groups

To assess serum antibody production specific for delta B.1.617.2 variant as compared to

wild type S, an ELISAs were performed using either the wt or B.1.617.2 sequence S1 domain of

S, which contains the RBD.

Vaccine regimens including the SASA S vaccine elicited the highest anti-S1(wt) and

S1(Delta) responses as represented by the Ab_{50}, μg IgG/mL, and endpoint titers (Fig. 4A, B, and

C, respectively). Four of seven AdS+N homologous vaccinated mice had serum IgG levels against

these antigens that were below the level of detection. Overall, the mean antibody titers for SASA

S homologous and SASA S > AdS+N groups were highest. For Ab_{50} and μg IgG/mL (Fig. A and

B) statistical comparison of the AdS+N group to other groups was not performed because of the

presence of values below the LOD in the AdS+N group. For endpoint titer (Fig. 4C**),** the only

significant difference was observed between AdS+N homologous versus SASA S homologous

vaccination for anti-S1(delta) IgG, with the caveat that for this statistical analysis, serum values of

200 for those animals with IgG below the LOD of 400 were used.

319
Fig. 4 *Wildtype and B.1.617.2 'Delta' S1-specific IgG endpoint titers*. Levels of anti-S1(wt) and -
Delta S1 IgG are shown by (A) Ab_{50} reciprocal dilution, (B) μg/mL sera, and (C) endpoint titer
reciprocal dilution. Values were below the level of detection in 4 of 7 AdS+N homologous group
mice. Statistical analyses performed using one-way ANOVA and Tukey's post-hoc comparison of
all groups for anti-S1 (WT) or -S1 (Delta) for (C) only where * p = 0.0333; sera without detectable
levels of anti-S1 IgG were assigned a value of 200, one-half the Limit of Detection (LOD) of 400.
Data graphed as the mean and SEM. The legend in C applies to all figure panels.

An AdS+N boost after SASA S prime vaccination enhances CD4+ and CD8+ T cell responses

Significantly higher percentages of CD4+ T-cells from SASA S > AdS+N group mice secreted IFN-γ alone, IFN-γ and tumor necrosis factor-α (TNF-α), or IFN-γ, TNF-α, and interleukin-2 (IL-2) as detected by intracellular cytokine staining (ICS) in response to S(wt) peptides as compared to both the AdS+N or SASA S homologous groups (Fig. 5A, C, and D). Additionally, the mean percentages were signficantly higher than that of the AdS+ N > SASA S group.

The enhancement of cytokine production by AdS+N boost of an SASA S prime was even more pronounced for CD8+ T cells (Fig. 5B, D, and F). Cytokine production was significantly higher in the SASA S > AdS+N group compared to both the homologous vaccination groups as well as the AdS+N > SASA S group.

As expected, only T cells from mice receiving vaccination regimens that included delivery of the N antigen by the AdS+N vaccine produced cytokines in response to N peptide stimulation. Mean responses of both CD4+ and CD8+ T cells to N peptides were similar for groups receiving AdS+N as a boost, either as part of homologous or heterologous vaccination (Figure 5A-F).

Fig. 5 *CD4+ and CD8+ T cell Intracellular cytokine staining (ICS) in response to S(wt) and N peptides.* (A, B) ICS for interferon-γ (IFN-γ), (C, D) IFN-γ and tumor necrosis factor-α (TNF-α), and (E, F) IFN-γ, TNF-α and interleukin-2 (IL-2) are shown for CD4+ and CD8+ T cells, respectively. Statistical analyses performed using one-way ANOVA and Tukey's post-hoc comparison of all groups to all other groups with the exception of comparison to the SASA S > SASA S group that did not receive an N antigen (comparisons to UnTx > UnTx are shown); where *p ≤ 0.05, **p < 0.01, and ***p < 0.001. Data graphed as the mean and SEM. The legend in A applies to all figure panels.

CD4+ and CD8+ T-cell production of IFN-γ was similar in response to either S(wt) or

S(Delta) peptides

CD4+ and CD8+ T cells show similar levels of IFN-γ production in ICS in response to either

S(wt) or S(Delta) sequence peptides (Fig. 6A and B, respectively). Patterns of CD4+ and CD8+

T-cell stimulation by S protein peptides between the vaccination regimens were also similar

between the S(wt) and S(Delta) peptides. Compared to the untreated control, the significance of

the increase in IFN-γ production was again the highest for the SASA S > AdS+N group for both

CD4+ and CD8+ T cells, and in response to either S(wt) or S(Delta) peptides.

Fig. 6 *CD4+ and CD8+ T-cell responses to S(wt) and S(Delta) peptides are similar*. Both CD4+
(A) and CD8+ (B) T cells show similar levels of interferon-γ (IFN-γ) production in ICS in response
to either S(wt) or S(Delta) sequence peptides. For both T-cell types, the greatest responses were
seen with SASA S > AdS+N vaccination. Statistical analyses performed using one-way ANOVA
and Tukey's post-hoc comparison of all groups to all other groups; where *p ≤ 0.05 and **p <
0.01. Data graphed as the mean and SEM. The legend in A applies to all figure panels.

Numbers of IFN-γ-secreting splenocytes were the highest from mice receiving SASA S >

AdS+N heterologous vaccination

As shown in Figure 7A, ELISpot detection of cytokine secretion in response to the S peptide

pool revealed that animals receiving heterologous SASA S > AdS+ N vaccination developed

significantly higher levels of S peptide-reactive IFN-γ-secreting T cells than all other groups

except the SASA S homologous group (which had a lower mean). Numbers of IFN-γ-secreting T

cells in response to the N peptide pool were similar for AdS+N homologous and SASA S > AdS+N

groups. T cells from SASA S > SASA S group animals did not secrete IFN-γ in response to the N

peptide pool, as expected, because the SASA S vaccine does not deliver the N antigen. While the

difference was not significant due to individual variation, the mean number of N-reactive

stimulated cells secreting IFN-γ due to AdS+N > SASA S vaccination was lower than the other

groups receiving a vaccine with N.

Induction of interleukin-4 (IL-4) secreting T cells was low for all animals in all groups (Fig.

7B), therefore the IFN-γ/IL-4 ratio was above 1 for all animals for which the ratio could be

calculated (Fig. 7C), reflecting the Th1-bias of all T-cell responses.

384
Fig. 7 *Heterologous vaccination increases T-cell cytokine secretion in ELISpot.* (A) Numbers of
interferon-γ (IFN-γ) and (B) interleukin-4 (IL-4) secreting T cells in response to S WT and N
peptides pools. (C) The IFN-γ/IL-4 ratio; value of 1 indicated by dashed line. The ratio was not
determined (ND) for animals with very low IL-4 secretion. Statistical analyses performed using
one-way ANOVA and Tukey's post-hoc comparison of all groups to all other groups where *p ≤
0.05 and **p < 0.01. Data graphed as the mean and SEM. The legend in C applies to all figure
panels.
392
Sera from mice receiving the SASA S vaccine neutralize Wuhan, Delta, and Beta

pseudoviruses

Sera from the homologous SASA S group and both heterologously vaccinated groups

neutralized Wuhan (D614G), Delta (B.1.617.2), and Beta (B.1.351) pseudoviruses, as shown in

Figure 8. Sera from AdS+N homologous mice showed lower neutralization capability for all

strains. Neutralization of Wuhan strain pseudovirus by sera from SASA S homologous and SASA

S > AdS+N heterologous group mice was significantly greater than that from AdS+N > SASA S

mice, but there were no statistical differences among these 3 groups for the Delta or Beta strains.

401
Fig. 8 *Sera from SASA S > AdS+N heterologously vaccinated mice neutralizes Wuhan, Delta, and*
Beta strain SARS-CoV-2 pseudovirus. Neutralization of Wuhan strain pseudovirus by sera from
SASA S homologous and SASA S > AdS+N mice was significantly greater than that for AdS+N
> SASA S mice (as well as untreated and AdS+N homologous). There were no significant
differences between the SASA S homologous and the two heterologous groups for the Delta or
Beta strain pseudoviruses. Statistical comparison of IC50 values for untreated and AdS+N
homologous group mice with all/many values < the LOD was not performed. Statistical analyses
performed using one-way ANOVA and Tukey's post-hoc comparison of SASA S homologous,
AdS+N > SASA S, and SASA S > AdS+N groups to each other for each strain where *$p \leq 0.05$
and **$p < 0.01$; and for the same group for each different strain. Data graphed as the mean and
SEM.
413
DISCUSSION

The immune responses observed in the present study support our hypothesis that heterologous

vaccination provides an opportunity for increased humoral and cell-mediated responses. These

results and hypothesis are consistent with recently-published data supporting enhanced antibody

responses in patients who received heterologous vaccination with the currently-FDA authorized

COVID-19 vaccines. [35] Delivery of the SASA S vaccine elicited higher anti-S IgG than the AdS+N

vaccine, but the AdS+N vaccine provided the N antigen that broadened humoral responses and

thus the potential to enhance protection against future SARS-CoV-2 variants of concern that could

emerge. We note that mean anti-N IgG responses, while not statistically different among groups

that received the N antigen (not SASA S homologous) were, as predicted, highest with

homologous AdS+N vaccination.

Perhaps the most striking finding in the present study are the enhanced responses of S-specific

CD4+ and CD8+ T-cells in SASA S > AdS+N group mice, an effect that was most pronounced

for CD8+ T cells. The similarity of responses of CD4+ and CD8+ T cells to either S(wt) or S(Delta)

suggest this vaccine regimen has a high probability of conferring T-cell mediated protection

against the highly transmissible Delta variant in addition to humoral protection.

Immune responses elicited by SASA S > AdS+N vaccination were consistently the highest of

the groups tested (although not always significantly so) and we hypothesize that because the SASA

S vaccines elicits the greatest humoral response to S when given in any order – possibly reaching

the upper detection limit for our ELISA - it enhances CD4+ T-cell activation as these are closely

related to humoral/B cell responses. Therefore, CD4+ T-cell activation might be expected to be

higher after a boost if there are stronger pre-existing, prime-induced B cell responses, that is, when

SASA S is the prime. Adenovirus vectors such as that used for the AdS+N vaccine are good at

eliciting CD8+ T-cell responses, which we posit explains why CD8+ T-cell responses are only

slightly lower for homologous AdS+N vaccination (despite antibody and CD4+ T-cell responses

being lower), as compared to heterologous vaccination. CD8+ T-cell responses likely also benefit

from more robust pre-existing CD4+ T-cell and B cell responses, a condition that exists most

prominently when the SASA S vaccine is given as the prime. Effectively, enhanced CD4+-specific

T-helper responses seen with SASA S prime dosing might have provided conditions for the

enhanced CD8+ specific response upon AdS+N boost. The confirmation of this hypothesis awaits

further investigation.

Importantly, all of the vaccination regimens that included the SASA S vaccine neutralized

pseudovirus effectively, reflecting the strength of humoral responses to the SASA S vaccine. This

does not however indicate that the predominantly T-cell inducing AdS+N vaccine would not be

effective in an *in vivo* model of SARS-CoV-2 challenge; in fact, we have previously reported that

homologous AdS+N prime-boost vaccination of non-human primates confers protection against

viral challenge [6]. In the *in vivo* viral challenge testing paradigm, cell-mediated immunity (not

accessed in the pseudovirus assay) conferred by AdS+N vaccination likely plays a key role in

protection, as has been reported for natural infection of patients. [36-39]

The findings here, including cross-reactive humoral and T-cell responses to S Delta and - for

regimens including SASA S – neutralization of Wuhan, Delta, and Beta pseudovirus, support

ongoing studies of heterologous vaccination with the SASA S and AdS+N vaccines. Further

testing in pre-clinical models of SARS-CoV-2 challenge and clinical trials should be conducted to

assess the capability of this vaccine regimen to provide increased protection against COVID-19

and SARS-CoV-2 variants by combining the ability of SASA S to elicit vigorous humoral

responses with AdS+N's second, highly antigenic N antigen and T-cell response enhancement.

REFERENCES

1.   Polack FP, Thomas SJ, Kitchin N, et al: Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. N Engl J Med 383:2603-2615, 2020

2.   Ewer KJ, Barrett JR, Belij-Rammerstorfer S, et al: T cell and antibody responses induced by a single dose of ChAdOx1 nCoV-19 (AZD1222) vaccine in a phase 1/2 clinical trial. Nat Med 27:270-278, 2021

3.   Shinde V, Bhikha S, Hoosain Z, et al: Efficacy of NVX-CoV2373 Covid-19 Vaccine against the B.1.351 Variant. N Engl J Med 384:1899-1909, 2021

4.   Sadoff J, Gray G, Vandebosch A, et al: Safety and Efficacy of Single-Dose Ad26.COV2.S Vaccine against Covid-19. N Engl J Med 384:2187-2201, 2021

5.   Voysey M, Clemens SAC, Madhi SA, et al: Safety and efficacy of the ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomised controlled trials in Brazil, South Africa, and the UK. The Lancet 397:99-111, 2021

6.   Gabitzsch E, Safrit JT, Verma M, et al: Dual-Antigen COVID-19 Vaccine Subcutaneous Prime Delivery With Oral Boosts Protects NHP Against SARS-CoV-2 Challenge. Front Immunol 12:10.3389/fimmu.2021.729837, 2021

7.   Rice A, Verma M, Shin A, et al: Intranasal plus subcutaneous prime vaccination with a dual antigen COVID-19 vaccine elicits T-cell and antibody responses in mice. Sci Rep 11:14917, 2021

8.   Sieling P, King T, Wong R, et al: Prime hAd5 Spike plus Nucleocapsid Vaccination Induces Ten-Fold Increases in Mean T-Cell Responses in Phase 1 Subjects that are Sustained Against Spike Variants. medRxiv 2021.04.05.21254940, 2021

9.   Niazi KR, Ochoa M-T, Sieling PA, et al: Activation of human CD4+ T cells by targeting MHC class II epitopes to endosomal compartments using human CD1 tail sequences. Immunology 122:522-531, 2007

10.   Lin KY, Guarnieri FG, Staveley-O'Carroll KF, et al: Treatment of established tumors with a novel vaccine that enhances major histocompatibility class II presentation of tumor antigen. Cancer Res 56:21-6, 1996

11.   Wu TC, Guarnieri FG, Staveley-O'Carroll KF, et al: Engineering an intracellular pathway for major histocompatibility complex class II presentation of antigens. Proc Natl Acad Sci USA 92:11671-5, 1995

12.   Voigt EA, Gerhardt A, Hanson D, et al: A long-term thermostable self-amplifying RNA vaccine against COVID-19. Manuscript in preparation, 2021

13.   Spencer AJ, McKay PF, Belij-Rammerstorfer S, et al: Heterologous vaccination regimens with self-amplifying RNA and adenoviral COVID vaccines induce robust immune responses in mice. Nat Commun 12:2893, 2021

14.   Wu L, Kong WP, Nabel GJ: Enhanced breadth of CD4 T-cell immunity by DNA prime and adenovirus boost immunization to human immunodeficiency virus Env and Gag immunogens. J Virol 79:8024-31, 2005

15.   Casper C: New Technologies for Accessible, Durable and Broadly Protective Coronavirus Vaccines IDRI http://www.idri.org/wp-content/uploads/2021/04/IDRI-Technologies_Coronavirus.pdf:1-15, 2021

16.   Erasmus JH, Khandhar AP, Guderian J, et al: A Nanostructured Lipid Carrier for
Delivery of a Replicating Viral RNA Provides Single, Low-Dose Protection against Zika. Mol Ther
26:2507-2522, 2018
17.   Bloom K, van den Berg F, Arbuthnot P: Self-amplifying RNA vaccines for
infectious diseases. Gene therapy 28:117-129, 2021
18.   Sandbrink JB, Shattock RJ: RNA Vaccines: A Suitable Platform for Tackling
Emerging Pandemics? Front Immunol 11:10.3389/fimmu.2020.608460, 2020
19.   Zhang C, Maruggi G, Shan H, et al: Advances in mRNA Vaccines for Infectious
Diseases. Front Immunol 10:594, 2019
20.   Zhang L, Jackson CB, Mou H, et al: SARS-CoV-2 spike-protein D614G mutation
increases virion spike density and infectivity. Nat Commun 11:6013, 2020
21.   Weissman D, Alameh M-G, de Silva T, et al: D614G Spike Mutation Increases
SARS CoV-2 Susceptibility to Neutralization. Cell host & microbe 29:23-31.e4, 2021
22.   Kirchdoerfer RN, Wang N, Pallesen J, et al: Stabilized coronavirus spikes are
resistant to conformational changes induced by receptor recognition or proteolysis. Sci Rep
8:15701-15701, 2018
23.   Bangaru S, Ozorowski G, Turner HL, et al: Structural analysis of full-length SARS-
CoV-2 spike protein from an advanced vaccine candidate. Science 370:1089-1094, 2020
24.   van Doremalen N, Lambe T, Spencer A, et al: ChAdOx1 nCoV-19 vaccine prevents
SARS-CoV-2 pneumonia in rhesus macaques. Nature 586:578-582, 2020
25.   Zhu F-C, Li Y-H, Guan X-H, et al: Safety, tolerability, and immunogenicity of a
recombinant adenovirus type-5 vectored COVID-19 vaccine: a dose-escalation, open-label, non-
randomised, first-in-human trial. The Lancet 395:1845-1854
26.   Amalfitano A, Begy CR, Chamberlain JS: Improved adenovirus packaging cell lines
to support the growth of replication-defective gene-delivery vectors. Proc Natl Acad Sci USA
93:3352-3356, 1996
27.   Amalfitano A, Chamberlain JS: Isolation and characterization of packaging cell
lines that coexpress the adenovirus E1, DNA polymerase, and preterminal proteins: implications
for gene therapy. Gene Ther 4:258-63, 1997
28.   Amalfitano A, Hauser MA, Hu H, et al: Production and Characterization of
Improved Adenovirus Vectors with the E1, E2b, and E3 Genes Deleted. J Virol 72:926, 1998
29.   Seregin SS, Amalfitano A: Overcoming pre-existing adenovirus immunity by
genetic engineering of adenovirus-based vectors. Expert Opin Biol Ther 9:1521-31, 2009
30.   Voigt EA, Fuerte-Stone J, Granger B, et al: Live-attenuated RNA hybrid vaccine
technology provides single-dose protection against Chikungunya virus. Mol Ther 29:2782-2793,
2021
31.   Erasmus JH, Archer J, Fuerte-Stone J, et al: Intramuscular Delivery of Replicon
RNA Encoding ZIKV-117 Human Monoclonal Antibody Protects against Zika Virus Infection. Mol
Ther Methods Clin Dev 18:402-414, 2020
32.   Gerhardt A, Voigt E, Archer M, et al: A Thermostable, Flexible RNA Vaccine
Delivery Platform for Pandemic Response. bioRxiv:2021.02.01.429283, 2021
33.   Skordos I, Demeyer A, Beyaert R: Analysis of T cells in mouse lymphoid tissue and
blood with flow cytometry. STAR protocols 2:100351-100351, 2021

34.   Crawford KHD, Eguia R, Dingens AS, et al: Protocol and Reagents for
Pseudotyping Lentiviral Particles with SARS-CoV-2 Spike Protein for Neutralization Assays.
Viruses 12:513, 2020

35.   Atmar RL, Lyke KE, Deming ME, et al: Heterologous SARS-CoV-2 Booster
Vaccinations – Preliminary Report. medRxiv:2021.10.10.21264827, 2021

36.   Grifoni A, Sidney J, Vita R, et al: SARS-CoV-2 human T cell epitopes: Adaptive
immune response against COVID-19. Cell Host Microbe 29:1076-1092, 2021

37.   Tarke A, Sidney J, Kidd CK, et al: Comprehensive analysis of T cell
immunodominance and immunoprevalence of SARS-CoV-2 epitopes in COVID-19 cases. Cell Rep
Med 2:100204, 2021

38.   Sekine T, Perez-Potti A, Rivera-Ballesteros O, et al: Robust T cell immunity in
convalescent individuals with asymptomatic or mild COVID-19. Cell 183:158, 2020

39.   Tan AT, Linster M, Tan CW, et al: Early induction of functional SARS-CoV-2-
specific T cells associates with rapid viral clearance and mild disease in COVID-19 patients. Cell
Rep 34:108728, 2021