

1           **Antibody responses to Omicron BA.4/BA.5 bivalent mRNA vaccine booster shot**

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15 **Abstract**

16

17 The SARS-CoV-2 Omicron variant and its numerous sub-lineages have exhibited a striking  
18 ability to evade humoral immune responses induced by prior vaccination or infection. The Food  
19 and Drug Administration (FDA) has recently granted Emergency Use Authorizations (EUAs) to  
20 new bivalent formulations of the original Moderna and Pfizer mRNA SARS-CoV-2 vaccines that  
21 target both the ancestral strain as well as the Omicron BA.4/BA.5 variant. Despite their  
22 widespread use as a vaccine boost, little is known about the antibody responses induced in  
23 humans. Here, we collected sera from several clinical cohorts: individuals after three or four  
24 doses of the original monovalent mRNA vaccines, individuals receiving the new bivalent  
25 vaccines as a fourth dose, and individuals with BA.4/BA.5 breakthrough infection following  
26 mRNA vaccination. Using pseudovirus neutralization assays, these sera were tested for  
27 neutralization against an ancestral SARS-CoV-2 strain, several Omicron sub-lineages, and  
28 several related sarbecoviruses. At ~3-5 weeks post booster shot, individuals who received a  
29 fourth vaccine dose with a bivalent mRNA vaccine targeting BA.4/BA.5 had similar neutralizing  
30 antibody titers as those receiving a fourth monovalent mRNA vaccine against all SARS-CoV-2  
31 variants tested, including BA.4/BA.5. Those who received a fourth monovalent vaccine dose had  
32 a slightly higher neutralizing antibody titers than those who received the bivalent vaccine against  
33 three related sarbecoviruses: SARS-CoV, GD-Pangolin, and WIV1. When given as a fourth  
34 dose, a bivalent mRNA vaccine targeting Omicron BA.4/BA.5 and an ancestral SARS-CoV-2  
35 strain did not induce superior neutralizing antibody responses in humans, at the time period  
36 tested, compared to the original monovalent vaccine formulation.

37 **Main text**

38  
39 Continued evolution of Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2), which causes  
40 Coronavirus Disease 2019 (COVID-19), has led to the emergence of the Omicron variant and  
41 numerous sub-lineages that evade neutralizing antibody responses induced by infection or  
42 vaccination<sup>1</sup>. In response to this concerning trend, the Food and Drug Administration granted  
43 Emergency Use Authorizations (EUAs) to bivalent formulations of mRNA vaccines produced by  
44 Pfizer and Moderna that target both the Omicron BA.4/BA.5 spike and an ancestral wild-type  
45 (WT) SARS-CoV-2 spike<sup>2</sup>. Published data on antibody responses to bivalent vaccines have been  
46 limited to animal studies and human studies utilizing a different bivalent mRNA vaccine  
47 targeting the Omicron BA.1 spike in addition to the WT spike<sup>3,4</sup>. Despite their widespread use,  
48 the impact of a booster shot with a new bivalent vaccine on SARS-CoV-2-neutralizing antibody  
49 responses in humans remains unknown.

50  
51 Therefore, we collected a panel of sera from individuals who had received three doses of the  
52 original monovalent mRNA vaccines followed by one dose of a bivalent vaccine targeting  
53 BA.4/BA.5 (details in Supplementary Appendix). We compared virus neutralization by these  
54 sera to panels of sera from individuals who received either three or four monovalent mRNA  
55 vaccines as well as to sera from individuals with BA.4/BA.5 breakthrough infection following  
56 mRNA vaccination. Using pseudovirus neutralization assays, all sera were tested against an  
57 ancestral SARS-CoV-2 strain (D614G) and Omicron sub-lineages BA.1, BA.2, BA.4/BA.5,  
58 BA.4.6, BA.2.75, and BA.2.75.2. To further assess the breadth of antibody responses, we also  
59 tested sera for neutralization against several related sarbecoviruses: SARS-CoV, GD-pangolin,  
60 GX-pangolin, and WIV1.

61  
62 Clinical details are summarized for all groups in **Table S1** and listed for each case in **Table S2**.  
63 Individuals who received four monovalent mRNA doses were older (mean age 55.3) than those  
64 who received a bivalent booster (mean age 36.4). Serum was collected from both cohorts at a  
65 similar time following the vaccine boost (mean 24.0 days in the monovalent group; mean 26.4  
66 days in the bivalent group). All cohorts exhibited the highest serum virus-neutralization titers  
67 (ID<sub>50</sub>) against the ancestral D614G strain (**Figure 1A**). Geometric mean ID<sub>50</sub> titers against  
68 SARS-CoV-2 variants were lowest for boosted sera and highest for BA.4/BA.5 breakthrough  
69 sera. There was no significant difference in neutralization of any SARS-CoV-2 variant tested  
70 between individuals who received a fourth monovalent vaccine and those who received a fourth  
71 dose of a bivalent vaccine (**Figure 1B**). ID<sub>50</sub> titers against three related sarbecoviruses (SARS-  
72 CoV, GD-Pangolin, and WIV1) were slightly but significantly higher in those who received a  
73 fourth monovalent vaccine dose compared to those who received a bivalent vaccine.

74  
75 Boosting with a new bivalent mRNA vaccine targeting both BA.4/BA.5 and an ancestral SARS-  
76 CoV-2 strain did not elicit a discernibly superior virus-neutralizing antibody responses compared

77 boosting with an original monovalent vaccine. These findings may be indicative of  
78 immunological imprinting<sup>5</sup>, although follow-up studies are needed to determine if the antibody  
79 responses will deviate in time, including the impact of a second bivalent booster.

80 **Figure 1. Neutralization profiles of serum samples against SARS-CoV-2 variants and other**  
81 **sarbecoviruses.**

82 (A) Neutralization ID<sub>50</sub> titers of serum samples from “3 shots WT”, “BA.4/BA.5 breakthrough”,  
83 “4 shots WT”, and “3 shots WT + bivalent” cohorts. Values above the symbols denote the  
84 geometric mean ID<sub>50</sub> titers, and values on the lower left indicate the sample size (n). The limit of  
85 detection is 100 (dotted line). Wild-type (WT) shots refer to monovalent mRNA vaccine doses.  
86 “3 shots WT,” sera from individuals vaccinated with three doses of the WT mRNA vaccine;  
87 “BA.4/BA.5 breakthrough,” sera from individuals with BA.4 or BA.5 infection following WT  
88 mRNA vaccination; “4 shots WT,” sera from individuals vaccinated with four doses of the WT  
89 mRNA vaccine; “3 shots WT + bivalent,” sera from individuals vaccinated with three doses of  
90 the WT mRNA vaccine and subsequently one dose of a BA.4/BA.5 bivalent mRNA vaccine. (B)  
91 Comparison of antibody responses induced by a fourth dose of the original WT mRNA vaccine  
92 versus a fourth dose of a BA.4/BA.5 bivalent mRNA vaccine. Comparisons were made by  
93 Mann-Whitney tests. \* $p < 0.05$ ; \*\* $p < 0.01$ ; \*\*\* $p < 0.001$ . Values above the symbols denote the  
94 geometric mean ID<sub>50</sub> titers.

95 **References**

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