Ex vivo recapitulation of intramuscular mRNA vaccination with naïve

and recall antigens using a human Lymphoid Follicle Chip platform

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Abstract

Predicting the efficacy and toxicity of intramuscular mRNA vaccines remains challenging.

Here, we describe an *ex vivo* human cell-based model that replicates immune responses

to lipid nanoparticle (LNP)-based mRNA vaccines that require intramuscular injection.

Vaccines are administered into a biomimetic muscle module containing human skeletal

myoblasts and antigen-presenting cells (APCs) to mimic intramuscular vaccination,

followed by transfer of the APCs and soluble factors to a microfluidic human lymphoid

follicle chip (LF Chip) to mimic lymphatic drainage. Non-replicating mRNA vaccines directly induce antigen expression in APCs, whereas self-amplifying mRNA vaccines require muscle cell-APC contact within the intramuscular vaccination module. Transfer of APCs and soluble factors to the LF Chip induces LF expansion, *de novo* antigen-specific IgG production against a naïve antigen (rabies virus glycoprotein), and cytokine release, with responses varying depending on LNP type. Vaccination of LF chips against SARS-COV-2 Spike recall antigen using the Moderna Spikevax vaccine generates neutralizing antibodies and induces somatic hypermutation. This biomimetic platform offers an all-human alternative for evaluating vaccine-induced immunity, potentially obviating the need for non-human primates and accelerating vaccine development.

Introduction

mRNA vaccines have been essential in controlling the COVID-19 pandemic[1,2]. The Moderna and BioNTech mRNA vaccines against COVID-19 comprise uridine-modified, non-replicating mRNAs that encode SARS-CoV-2 spike proteins. Recently, a self-amplifying mRNA (SAM) vaccine that provides equivalent protection to non-replicating mRNA vaccines but at 6-20-fold lower doses was also approved[3–7], further highlighting the potential of mRNA vaccine technology. However, the mechanisms underlying vaccine efficacy and toxicity have been primarily studied in inbred mice and non-human primates (NHPs), which often exhibit immune responses that differ from those seen in humans[8,9]. Furthermore, there has been an extreme shortage of NHPs for vaccine testing since the COVID-19 pandemic[10], and testing in animals, particularly in NHPs, also raises major ethical concerns.

Although animal models have historically dominated FDA approval processes, the FDA's new 2.0 approval pathway now expands the use of human *in vitro* data, including results generated using microfluidic human organ-on-a-chip (Organ Chip) technology, in investigational new drug (IND) applications for regulatory approval[11–13]. Despite this advance, the field of vaccine

development has been slow to adopt human cell-based models. Lymphoid organoids and Organ

Chip methods using human peripheral blood mononuclear cells (PBMCs) and tonsil cells have

been employed for vaccine testing in academic laboratories[14–18]; however, these systems

primarily focus on immune memory responses to influenza and COVID-19 vaccines and, most

importantly, they have not been able to replicate clinically relevant immune responses that are

generated at the injection site.

Antigen uptake, distribution, and innate immune responses are all critical factors that must

be assessed to define the efficacy of mRNA vaccines[19]. However, unlike protein subunit or

inactivated virus vaccines, mRNA vaccines require cellular uptake and intracellular translation of

the antigen from the injected mRNA. Lipid nanoparticles (LNPs) are commonly used to

encapsulate the mRNAs to promote mRNA uptake and antigen expression in human tissues, and

they also may serve as adjuvants to enhance immune responses[20–23]. Consequently, there is a

pressing need for human-relevant preclinical models that can more accurately study the

mechanism of action of LNP-based mRNA vaccines, as well as their efficacy, toxicities, and

associated biomarkers.

Most mRNA vaccines are administered through intramuscular injection. Antigen

production at the muscle injection site after mRNA vaccine injection quickly peaks after 4–24

hours and then gradually wanes, and the release of pro-inflammatory cytokines such as IL-1β and

IL-6 may also be important for the vaccine effects[19,24–26]. In this study, we expanded the

functionality of our previously published microfluidic organ-on-a-chip model of the human

lymphoid follicle (LF Chip)[16] by combining it with a two-dimensional (2D) human intramuscular

injection simulation module in which human skeletal myoblast cells (HSMCs) are cultured with

antigen-presenting cells (APCs) — either monocytes or dendritic cells (DCs) — and then exposed

to LNP-based mRNA vaccines *in vitro*. This module provides a method for detecting the

expression of antigens encoded by mRNA vaccines and innate immune responses at the

intramuscular vaccination site. By transferring cells and released factors from the intramuscular

injection module to the LF Chip, adaptive immune responses can then be captured by measuring

the formation of germinal center-like LFs, cytokine release, and antibody production.

Here, we used this method to compare immune responses and signaling pathways

triggered by non-amplifying and self-amplifying mRNA (SAM) vaccines, as well as different LNP

formulations. The method successfully modeled immune responses induced by SAM vaccines

against rabies virus glycoprotein, which is a naïve antigen for most United States-based donors.

Somatic hypermutation and production of cross-reactive antibodies against various SARS-CoV-

2 variants with neutralization activity were also detected when the Moderna bivalent COVID-19

mRNA vaccine was administered to this *ex vivo* intramuscular vaccine model.

Results

Contact between APCs and HSMCs is required for modeling intramuscular vaccination

Monocytes are known to infiltrate vaccine injection sites, take up SAM vaccines, express

the antigens, and transport them to the lymph nodes[19,21,27,28]. To explore modeling of

intramuscular vaccination with a naïve antigen, we introduced a SAM vaccine encoding Rabies

Virus Glycoprotein (RABV-G) and green fluorescent protein (GFP) encapsulated in an LNP (SAM-

LNP1) into cultures of primary human monocytes or monocyte-derived DCs either when grown

alone or co-cultured with HSMCs **(Fig. 1a)**. Non-toxic doses (1 to 100 ng/mL; **Supplementary**

Fig. 1a,b) of SAM-LNP1 did not drive reporter expression (GFP) in monocyte monocultures (as

assessed by flow cytometry), implying that the antigen was not expressed (**Fig. 1b).** However,

when the SAM-LNP1 was added to co-cultures of HSMCs and monocytes **(Fig. 1b, c** and

Supplementary Fig. 1c) or DCs **(Supplementary Fig. 2a)** to create an intramuscular simulation

environment, a dose-dependent increase in GFP expression was detected in both monocytes and

DCs suggesting successful antigen expression. While the GFP expression levels were variable

between donors **(Fig. 1c, Supplementary Fig. 1c),** the highest level of GFP reporter expression

was observed at the 100 ng/mL dose of SAM-LNP1; thus, this dose was used in all subsequent

studies.

Upon SAM-LNP1 vaccination, increases in levels of multiple inflammatory cytokines were

observed in both monocyte monocultures and the combined cultures; however, levels of CCL4,

IL-6, and IL-8 were notably higher in the co-culture model when HSMCs were present **(Fig. 1d)**.

These cytokines are known to support adaptive immune responses. SAM-LNP1 treatment also

increased the expression of CD86 and HLA-DR, which are markers of monocyte and DC

activation **(Fig. 1e** and **Supplementary Fig. 2b).** However, CD80 was not induced; CD80 is often

upregulated later or under specific conditions, such as prolonged inflammation[22,29]. These results

highlight the ability of HSMCs to promote antigen expression and activation of antigen presenting

cells and demonstrate the value of the co-culture model.

To further investigate the role of HSMCs in antigen expression by APCs, we conducted

co-cultures in Transwell™ (TW) inserts with varying pore sizes (0.4, 3, or 8 μm) placed above a

HSMC monolayer **(Supplementary Fig. 3a)**. As expected, both untreated and SAM-LNP1

vaccinated monocytes were able to migrate from the upper well into the lower chamber containing

the HSMCs when they were cultured on filters containing 3 or 8 μm pores, but not the 0.4 μm

pore, and vaccinated cells migrated to a greater degree **(Supplementary Fig. 3b)**. Importantly,

only vaccinated monocytes that were able to migrate through the larger pores and come in direct

contact with the HSMCs displayed expression of GFP-labeled antigen and no antigen reporter

expression was observed in monocytes that remained on top of the filter membrane in either the

untreated or vaccinated cultures **(Supplementary Fig. 3c)**. These findings indicate that direct

cell-cell contact between HSMCs and monocytes is necessary for antigen expression by

monocytes vaccinated with SAM-LNP1.

Mimicking vaccine drainage to lymph nodes from muscle using linked human LF Chips

To mimic the drainage of the vaccine and migration of monocytes from the vaccine site to

the lymph node, we removed the conditioned medium from the co-culture of monocytes and

HSMCs and flowed it through the top flow channel of a 2-channel, human LF Chip microfluidic

culture device, which has been previously shown to support self-assembly of germinal center-like

structures[16]. The parallel lower channel that is separated from the top channel by a porous

membrane contains autologous B and T cells as well as monocytes isolated from the vaccinated

intramuscular injection module embedded at a high lymph node-like density within an extracellular

matrix gel **(Fig. 2a)**. When we analyzed multiple LF Chips created with cells from a single donor,

we found that exposure to conditioned medium and monocytes from SAM-LNP1 vaccinated co-

cultures with HSMCs resulted in a significant increase in the number of germinal center-like LFs

within the chips (**Fig. 2b**). While IL-2 and IL-4 often must be added to improve T and B cell survival

in vitro, the addition of IL-2 and IL-4 did not further enhance LF formation or increase their size in

this model (**Fig. 2b,c**).

Next, we assessed whether the SAM-LNP1 vaccinated LF Chips were able to generate

antigen-specific, anti-RABV-G IgG by testing whether the chip outflows could bind to RABV-G-

expressing 293T cells (**Supplementary Fig. 4**). Addition of IL-2 and IL-4 increased production of

antigen-specific IgG when a single donor was analyzed (**Fig. 2d**). But when we analyzed multiple

chips created with cells from 4 different human donors and treated both vaccinated and

unvaccinated chips with IL-2 and IL-4, we confirmed again that addition of these cytokines

induced an increase in the number of LFs, but no change in size in vaccinated chips (**Fig. 2e**).

Furthermore, when we quantified anti-RABV-G IgG levels in chips created with cells from 3 donors,

we found that some chips from each donor secreted anti-RABV-G IgG above baseline levels,

while others did not **(Fig. 2f)**. Given the high diversity of the human immune repertoire, the

variation between chips from the same donor is likely influenced by the presence and persistence

of anti-RABV-G B cells. Indeed, when the B cell repertoire (BCR nucleotide sequences) from 2

different donors were compared, there was only ~5% overlap **(Supplementary Fig. 5)**. Finally,

when we compared the levels of 18 different cytokines in the LF Chip outflows during 28 days of

culture, we found that cytokines known to support the germinal center response and B cell

differentiation, such as IL-5, IL-6, CCL4, and IFN-γ[19,20,22,30], increased during the first 2 weeks,

followed by a subsequent plateau (**Fig. 2g**). Importantly, as these donors likely have never been

vaccinated for rabies or been exposed to this antigen previously, these response are *de novo*

vaccination responses.

SAM-LNP1 and Non-Amplifying mRNA-LNP Vaccines Elicit Distinct Immune Responses

Non-amplifying mRNA vaccines, such as the Moderna and Pfizer COVID vaccines, may

employ different immunological mechanisms than SAMs, and hence have different efficacies and

toxicities. When we treated HSMC cocultures with monocytes or DCs with a non-amplifying, LNP-

based mRNA vaccine against RABV-G antigen (NAM-LNP1), we found that, unlike the SAM

vaccine, it showed higher antigen expression in DCs compared to monocytes one day after

exposure in coculture with HSMC **(Fig. 3a).** Moreover, the overall expression induced by NAM-

LNP1 was significantly lower than with the SAM-LNP1 (not shown) even when using a 10 times

higher dose (1,000 ng/ml), likely due to its inability to amplify the response. LNPs can affect tissue

tropism and reactogenicity of the vaccine cargo. Thus, we also tested another LNP (LNP2) and

found that the same NAM vaccine formulated in LNP1 or LNP2 exhibited different levels of antigen

presentation in DCs **(Fig. 3b)**.

To test whether SAM-LNP1 vaccination (100 ng/ml) using DCs as APCs would be

sufficient to induce anti-RABV-G IgG, we transferred the DC of 2 donors and the outflows from

the HSMC cocultures to 3-4 LF Chips per donor and treated the chips with IL-2 and IL-4 as

described above. We detected anti-RABV-G IgG in the effluents of two-thirds of the chips when

SAM-LNP1 was tested using DCs as the APC. NAM-LNP1 and NAM-LNP2 (1,000 ng/ml) also

induced the production of anti-RABV-G IgG compared to empty LNPs, although the levels were

modest compared to those induced by SAM-LNP1 **(Fig. 3c)**. The induction of inflammatory

cytokines by NAM-LNP1 and NAM-LNP2 also was significantly lower compared to SAM-LNP1,

both during the first day of 2D culture and after 14 days in LF Chips **(Fig. 3d,e)**.

We then performed quantitative mass spectrometry to compare the proteomic responses

induced by NAM-LNP1 (1,000 ng/ml) versus SAM-LNP1 (100 ng/ml) in immune cells extracted

from vaccinated LF chips. Proteomic analysis revealed that SAM-LNP1 caused distinct and

broader perturbations in the host proteome compared to NAM-LNP1 **(Fig. 4a)**. Eight proteins were

downregulated by both SAM and NAM. Among these were H1.4 and H1.5 that are critical for

chromatin compaction and which have been reported to influence immune cell differentiation by

modulating multiple signaling pathways[31,32]. There were no common upregulated proteins

between SAM and NAM-treated LF chips, suggesting significant differences in the pathways

altered by SAM and NAM vaccines.

SAM-LNP1 predominantly affected proteins involved in antiviral defense and cytokine

production regulation **(Fig. 4b)**, strongly upregulating interferon response proteins, particularly

members of the antiviral oligoadenylate synthase (OAS) [33] and interferon-induced proteins with

tetratricopeptide repeats (IFIT)[34] families. This is consistent with cellular sensing of replicating

RNA. While OAS protein expression is variable, IFIT proteins are typically expressed at low levels

in healthy cells and are strongly induced upon interferon exposure or viral infection. Similarly,

myxovirus resistance (MX) proteins, which are antiviral proteins induced by viral infection[35], were

significantly upregulated by SAM-LNP1. Additionally, SAM vaccines induced the expression of C-

C motif chemokine receptor 2 (CCR2), which plays a key role in the maturation of antigen-

presenting cells[36] and their trafficking to draining lymph nodes[37] via the expression of C-C motif

ligand 2 (CCL2, also known as monocyte chemoattractant protein 1, MCP-1). IL-2, crucial for the

early priming and activation of T cells[38,39], was also significantly induced by SAM vaccines.

In contrast, NAM-LNP1 induced only modest proteomic changes compared to the empty

LNP group **(Fig. 4c, Supplementary Fig. 6)**, consistent with the significantly lower mRNA levels[40]

in the NAM versus SAM groups. Notably, the proteins upregulated by NAM-LNP1 are closely

associated with T cell responses. Among them, Kinase Suppressor of Ras 1 (KSR1), a scaffold

protein, plays a crucial role in regulating the activation threshold of Extracellular Signal-Regulated

Kinase (ERK) in T cells[41,42]; Unc-13 Homolog D (UNC13D) is essential for mediating the release

of cytolytic granules from T cells[43]; and Fatty Acid Binding Protein 4 (FABP4) is involved in

modulating T cell receptor signaling pathways[44].

Somatic hypermutation induced by mRNA-LNP vaccines.

To study the recall responses of mRNA vaccines in this LF Chip-based intramuscular

vaccination platform, we used the Moderna Spikevax bivalent Original and Omicron BA.4/BA.5

vaccine and conducted experiments using both DCs and monocytes from vaccinated HSMC

cocultures as well as conditioned medium along with IL-2 and IL-4, using the linking method

described above. This vaccine was chosen because its induction of neutralizing antibodies has

been well-documented in humans, and somatic hypermutations (SHMs) often require multiple

vaccine exposures [45]. In multiple LF chips created from the cells of 4 different donors, vaccination

using the Moderna mRNA vaccine (500 ng/ml) induced robust IgG responses against the SARS-

CoV-2 Wuhan strain, as well as the Omicron BA.4 and BA.5 variants. The IgG titer in unvaccinated

and vaccinated chips against the Wuhan spike was 3 to 10 times higher than the titer against the

BA.4 and BA.5 spikes **(Fig. 5a),** which may reflect the wide distribution of the monovalent vaccines

against the Wuhan strain within Massachusetts where our immune cell donor pool is located. We

also verified the neutralization efficiency of the antibodies produced by the LF Chips from 2 donors

(Fig. 5b) by testing the ability of the chip outflows to block infection of ACE2-expressing 293T

cells by a pseudovirus expressing the Wuhan strain spike protein.

To understand whether the variable neutralization efficiency of the induced antibodies in

the outflow from different chips and donors **(Fig. 5b)** reflects a lack of B cell activation and

maturation or the detection limits of our workflow, we sequenced the CDR3 loop of the IgH locus

from cells isolated from the LF Chips from 2 donors 14 days after vaccination. Due to the diversity

of the human immune repertoire and the limited overlap between chips from the same donor,

sequences from 3 chips for each donor were pooled for further analysis; over 100,000 unique

sequences were obtained per donor (**Fig. 5c**). Both donors showed an increase in the total

number of B cell sequences, unique sequences, B cells with SHMs, and total SHMs upon

vaccination. However, donor 2, which produced higher levels of neutralizing antibodies, had more

B cells with existing mutations, and yet a significant increase in SHM was still observed upon

vaccination; vaccination did not alter V, D, or J gene usage (data not shown).

The top 10 V-D-J combinations had >100 mutations in the LF Chip even without

vaccination, which indicates the baseline diversity of the donor BCR repertoire, but vaccination

resulted in 5-10% increase in SHMs in donor 2 (**Fig. 5d**), and a similar trend was observed in

donor 1. We found that vaccinated chips had a higher average level of SHMs as clone size

increased **(Fig. 5e)**, a pattern evident in both donors, and donor 2 had larger clones than donor

1. To look at these effects in greater detail, we compared sequences from specific, highly

expanded V-D-J combinations between vaccinated and unvaccinated chips. As shown for a

representative V-D-J combination from donor 2 (**Fig. 6**), vaccination increased the number of

mutated sequences and the number of mutations in expanded clones, confirming that the LF chip

displays SHM upon stimulation with vaccines.

Discussion

The efficacy of mRNA vaccines is closely tied to the mRNA format, delivery vehicle, and route

of administration[19,46,47]. In this study, we developed an *ex vivo* model mimicking the intramuscular

injection site and combined it with LF Chips to create an experimental platform that provides a

comprehensive view of mRNA vaccine uptake and immune responses in humans. We observed

that the expression of antigen encoded by SAM vaccine in the APCs depends on co-culture with

muscle cells and the formation of direct cell-cell contacts. This co-culture also enhanced the

activation of APCs in response to mRNA vaccination, as indicated by increased expression of

surface markers (e.g., CD86, HLA-DR), and the release of pro-inflammatory cytokines, including

IL-6 and IL-8. Interestingly, IL-6, a key regulator of T follicular helper cells[48–50], was specially

induced by SAM vaccines when APCs were co-cultured with muscle cells. These findings

emphasize the importance of studying vaccine distribution, innate immune responses, and the

contribution of stromal cells to responses, particularly to SAM vaccines, as previously noted by

others[51,19,52,45,53]. In contrast, NAM vaccines can be taken up directly by monocytes and DCs in

the absence of muscle cells; however, the LNP component affects cytokine release and antigen

expression[17,21,51,54].

To detect adaptive immune responses induced by mRNA vaccines, we mixed APCs from

the intramuscular vaccination simulation module with autologous T and B cells to create an LF

Chip model of a draining lymph node, leveraging our published method[16]. The conditioned

medium from the intramuscular vaccination module containing released soluble factors was also

transferred to the top channel of the LF Chip. Notably, we found that SAM vaccines induce LF

formation, and the addition of IL-2 and IL-4 enhances antigen-specific antibody production,

although it does not further alter the number or size of the LFs. These LF Chips can be maintained

for up to 28 days in culture, allowing for the long-term study of cytokine release induced by mRNA

vaccines. The secreted cytokines we detected, including IL-1α, IL-1β, IL-6, and CXCL10, are

consistent with findings from previous *in vivo* studies of SAM vaccines[20,22,23,30]. Our experiments

also confirm that the LF Chip supports immunoglobulin G generation when challenged with naïve

antigens, a capability lacking in other systems that utilize blood-derived cells[17,18]. Notably, only

approximately 0.0055% to 0.088% of B cells in peripheral blood bind RABV-G[55]. Given that

Rabies patients were excluded from our donor pool and that RABV-G shares only ~20% sequence

identity even with other rhabdoviruses[56], the responses observed in the chips likely originate from

naïve B cells.

Comparing multiple LNP delivery vehicles and RNA payload types opens opportunities for

in vitro comparative studies to identify optimal combinations of delivery vehicles and mRNA

formats. Our on-chip study confirmed previous reports that SAM vaccines can induce similar

immune responses at doses 10 times lower than those required for NAM vaccines[57]. Interestingly,

while the cytokine induction patterns of the three mRNA vaccines tested were similar, SAM

vaccines triggered significantly more robust cytokine responses and antigen-specific antibodies

than NAM vaccines. This may be related to our finding from our proteomic analysis, which

revealed that SAM and NAM vaccines activate distinct signaling pathways. Of the proteins altered

differently by SAM and NAM vaccines, only 8 overlapped between the 2 vaccine formats, with 83

unique proteins induced by the SAM and 60 by NAM vaccines. SAM vaccines appeared to

activate more robust viral defense and cytokine regulation pathways. To our knowledge, this is

the first reported proteomic comparison of human immune cell proteome changes induced by

different mRNA vaccine formats, and we anticipate that further studies of vaccine-induced

signaling pathways will provide valuable insights for future vaccine design.

We also tested the Moderna bivalent COVID-19 mRNA vaccine to investigate memory

responses and booster effects using our method for modeling intramuscular vaccination. Since

most of our immune cell donors had likely received a COVID-19 mRNA vaccine due to state

policies in Massachusetts, we anticipated observing memory immune responses against the

SARS-CoV-2 antigen contained with this vaccine in cells from these donors. Our results were

consistent with previous findings, showing that the bivalent COVID-19 mRNA vaccine induced 3-

10 times more antibodies against the Wuhan strain compared to the Omicron BA.4 and BA.5

variants[58,59]. Also, the neutralizing efficacy of the antibodies produced by the LF Chip platform

was confirmed, and SHM analysis revealed that B cells underwent SHM within the chip

environment. This is also the first report of inducing somatic hypermutation in blood-derived B

cells *in vitro* with a clinical mRNA vaccine.

In conclusion, this study establishes a robust method for interrogating human immune

responses to mRNA-LNP vaccination at both the vaccine injection site and within lymphoid tissues.

In contrast to previous methods that primarily focused on memory responses[15–18], this preclinical

model is capable of evaluating both *de novo* and memory human B cell responses to multiple

mRNA vaccine formats. We also characterized the dynamics of cytokine release and antibody

production associated with different mRNA vaccine modalities, which can be further leveraged to

profile *in vivo* immune responses during clinical trials. While this study primarily focused on

cytokine release and B cell responses, future work could expand on these findings by

investigating antigen-specific T cell responses. Additionally, this system could be used to study

the roles of other immune cells during vaccination, such as mast cells, plasmacytoid dendritic

cells, and natural killer cells. Further refinements could include adding stromal cells to the

intramuscular module to accurately represent the complexity of the injection site, as fibroblasts

and other stromal cell types play a crucial role in antigen uptake and innate immune

responses.[60,61] Most importantly, these data demonstrate that this experimental model of human

vaccination offers a new and exciting alternative to NHP studies in future vaccine development

programs.

METHODS

Expansion of HSMCs

HSMCs (Lonza, CC-2580) were rapidly thawed in a water bath and resuspended in Skeletal

Muscle Growth Medium-2 (SkGM-2, Lonza, CC-3245). Cells were seeded in a T-150 flask for

expansion. Confluency and morphology were monitored daily using brightfield microscopy, and

media were changed every three days. Cells were used for vaccination experiments upon

reaching 70-80% confluency.

Peripheral Blood Mononuclear Cells (PBMC) Isolation and DC Differentiation

De-identified human patient-derived apheresis collars were obtained from the Crimson

Biomaterials Collection Core Facility, under Institutional Review Board approval from Harvard

University (protocol 22470). PBMCs were isolated by density centrifugation using Lymphoprep

(StemCell Technologies, 07801), followed by magnetic bead-based negative selection for B cells

(StemCell Technologies, 19054), T cells (17951), and monocytes (19058). For cryopreservation,

cells were frozen in Recovery Cell Culture Freezing Medium (Gibco, 12648-010) at 20 million

cells/mL. Monocytes were differentiated into DCs by culturing in complete RPMI with 400 ng/mL

GM-CSF (Mitenyi Biotec, 130-095372) and 250 ng/mL IL-4 for 5-6 days, with 50% medium

replacement every 2 days.

Rabies Virus Glycoprotein and Enhanced Green Fluorescent protein (eGFP) mRNA
Preparation

The antigen sequence of the full-length Rabies Virus Glycoprotein is based on the Pasteur strain

(GenBank accession number: AAA47218.1). The Open Reading Frame (ORF) was optimized for

expression in mammalian cells and cloned into SAM or mRNA backbones using standard

molecular biology techniques. In the SAM construct, the Rabies G gene was cloned in the first

position and the eGFP (GenBank AAB02572) second, separated by the IRES from Enterovirus

71 (EV71). In vitro RNA transcription, purification, and LNP formulation were performed as

described previously[62–64]. Tri-link prepared conventional mRNA with the same Rabies Virus

Glycoprotein sequence, incorporating n-1-methyl-pseudouridine in place of uridine.

LNP Formulation Preparation

352 Lipid and RNA components were prepared in ethanol and citrate buffer, respectively. LNPs

353 encapsulating RNA were formulated by lipid nanoprecipitation using a modified ethanol dilution

354 process. After the formation of the LNP, the LNP was buffer exchanged using a desalting column

355 into a holding buffer. A sucrose excipient was added to the LNPs for final storage.

Co-culture of Muscle Cells and Antigen-Presenting Cells (APCs) with Vaccination

Skeletal muscle cells were trypsinized using 0.05% trypsin-EDTA (Gibco, 25300054),

resuspended in SkGM-2 medium, and seeded at a density of 120,000 cells per well in a 24-well

plate. Cells were incubated overnight to allow for adherence. Monocytes were thawed, or cultured

dendritic cells (DCs) were collected and resuspended at a concentration of 0.5 million cells/mL,

and 0.5 million monocytes or DCs were added to the muscle cell wells along with the indicated

mRNA vaccine.

Human LF Chip

Two-channel microfluidic Organ Chip devices and ZOE-ORB instruments were obtained from

Emulate Inc. The Organ Chips were plasma-activated and seeded as previously described[16].

Briefly, chips were perfused with 1% 3-Aminopropyltrimethoxysilane (Sigma, 281778) in ethanol

for 1 hour, followed by washing the channels with ethanol. Chips were incubated in an 80°C oven

overnight. For muscle-APC co-culture experiments, media were collected and pooled, and cell

counts were performed. For RABV-G mRNA vaccine experiments, APCs were mixed with T and

B cells at a 5 : 47.5 : 47.5 ratio to achieve a final concentration of 1.5×10^8 cells/mL in complete

RPMI supplemented with Matrigel (60%; Corning, 356234) and type I collagen (15%; Corning,

354249). For COVID-19 mRNA vaccine experiments, DCs and monocytes from muscle co-

cultures were mixed with T and B cells in a 1:1:49:49 ratio. A 15 μL aliquot of the cellularized ECM

mixture was introduced into the bottom channel of the 2-channel Organ Chip. After allowing the

matrix to gel for 30 minutes at 37°C, the top channel was filled with conditioned medium, prepared

as a 1:2 ratio of co-culture to fresh media for RABV-G mRNA vaccines, and a 1:1:8 ratio of DC

co-culture medium, monocyte co-culture medium, and fresh media for COVID-19 mRNA vaccines.

The chips were perfused with indicated media at 40 μL/h using ZOE instruments in a 37°C

incubator.

Immunostaining and Imaging

Chips were fixed by adding 200 μL of 4% paraformaldehyde to one side and allowing 30-50 μL to

flow out. Both ports were then plugged, and an additional 200 μL was added. After 1 hour of

rocking at room temperature to facilitate back and forth flow of paraformaldehyde solution in the

channel, chips were washed twice with PBS for 15 minutes. Nuclear staining was performed using

Hoechst (1:1000 dilution, Invitrogen, H3570) for 1 hour, followed by three 15-minute PBS washes.

Imaging was performed on a Leica SP5 confocal microscope, and follicle size and number were

quantified using Imaris software (Bitplane, version 9.3).

For imaging vaccinated HSMC in Supplementary Figure 1c, HSMC vaccinated for 24 hours in a

96-well plate were imaged with a Sapphire Biomolecular Imager (Azure Biosystems) and

analyzed using Sapphire software (V1.12.0921.0). In Figures 4a, co-cultured vaccinated APCs

were immunostained with anti-Rabies-G (Millipore Corp, MAB8727, 1:1000) and goat anti-mouse

IgG (H&L) Cross-Adsorbed Secondary Antibody (Invitrogen, A-21235, 1:2000). Images were

taken with an ImageXpress Micro4 (Molecular Devices) and analyzed using MetaXpress

(6.5.3.427) and ImageJ software (v 2.14.0)

Extraction of Live Cells from Organ Chips

The gel from the bottom channel of the LF chip was collected in Cell Recovery Solution (Corning,

354253). The collection tube was centrifuged at 300g for 5 minutes, and the supernatant was

aspirated. The pellet was resuspended in 1 mL of fresh Cell Recovery Solution and incubated on

ice for 1 hour. Following incubation, the sample was centrifuged again at 300g for 5 minutes, the

supernatant was aspirated, and the cells were prepared for downstream applications.

Flow cytometry

Cell viability was assessed using ViaKrome 808 Fixable Viability Dye (Beckman Coulter, C36628,

1:100 dilution). Cells were stained with antibodies for CD14 (BD 563561), CD1c (BioLegend

331526), HLA-DR (BioLegend 361610), CD80 (BioLegend 305231), CD86 (BioLegend 305430),

anti-Rabies-G (Millipore Corp, MAB8727) and goat anti-mouse IgG (H&L) Cross-Adsorbed

Secondary Antibody (Invitrogen, A-21235). Data were collected on a CytoFlex LX (Beckman

Coulter) and analyzed using FlowJo V10 software (FlowJo LLC).

Cell-Based Assay for Anti-Rabies Antibody Detection

293T cells (1 x 10^6) were seeded in 6-well plates in DMEM with 10% FBS and 1% P/S, 48 hours

prior to transfection. Cells were transfected with 50 ng/mL of SAM-RABV-G-GFP-LNPs or empty

LNPs (control) and incubated in 2 mL of serum-free DMEM. We used the SAM vaccine to make

RABV-G expressing 293T. Cells were incubated with outflows to be tested for anti-RABV-G

antibodies and then cells stained with ViaKrome 808 dye and anti-human IgG APC (Biolegend

410712). Differential staining with anti-human IgG of control vs. RABV-G expressing 293T

indicated the presence of anti-RABV-G antibodies. Specific binding was calculated as shown in

Supplementary Fig. 4.

Proteome Analysis by Mass Spectrometry

The mass spectrometry-based multiplexed proteomic analysis was performed as previously

described[65]. Briefly, human immune cells were cultured for two weeks at LF chips with different

mRNA vaccines. The cells were then lysed in 8 M urea and 200 mM EPPS pH 8.5 with Pierce

Protease and Phosphatase Inhibitor (Thermo Fisher, A32961). Protein concentration was

measured by BCA assay. ~20 µg proteome in 20 µL was treated sequentially with 20 mM TCEP

and 200 mM IAA for 15 minutes and 30 minutes, respectively. 3 µL SP3 beads (1:1 mixture of

hydrophobic and hydrophilic type, 50 mg/mL, (Cat. #45152105050250 and Cat.

#65152105050250) and 30 µL ethanol supplemented with 20 mM DTT were added to the lysate.

SP3-bind proteome was washed twice with 80% Ethanol followed by sequential digestion with 0.2

µg Lys-C and 0.2 µg trypsin for 2 hours and overnight at 37 °C, respectively. The digested

peptides were added 10 µL acetonitrile and labeled with 4 µL TMTpro reagent for 1 hour before

combining all samples into one single multiplexed sample and desalting through Sep-Pak C18

column. The eluent was dried and then fractionated by basic-pH HPLC for total 24 fractions.

Both fractionated proteome samples were analyzed by liquid chromatography-tandem mass

spectrometry (LC-MS/MS) on an Orbitrap Eclipse mass spectrometer coupled to a Proxeon

NanoLC-1200 UHPLC50 and FAIMS Pro device. Data were collected alternating between a set

of three FAIMS compensation voltages (CVs) at -40, -60, and -80 V was used. MS1 scans were

collected in the Orbitrap with a resolution setting of 60 K for proteome, a mass range of 400-1600

m/z, an AGC at 100%, and a maximum injection time of 50 ms. MS2 scans were acquired in Top

Speed mode with a cycle time of 1 s. Peptide precursors were selected and fragmented using

HCD with a collision energy of 36. MS2 scans were collected in the Orbitrap with a resolution of

50K, a fixed scan range of 110-2000 m/z, and a 500% AGC with a maximum injection time of 86

ms. Dynamic exclusion was set to 90 s with a mass tolerance of ± 10 p.p.m.

The mass spectra were processed using a Comet-based pipeline and searches were performed

using a 50-ppm precursor ion tolerance for the analysis of the total protein levels[66]. The product

ion tolerance was set to 0.9 Da. Tandem mass tags on lysine residues and peptide amino termini

(+304.2071 Da) and carbamidomethylation of cysteine residues (+57.021 Da), were set as static

modifications, whereas oxidation of methionine residues (+15.995 Da) was set as a variable

modification. Peptide-spectrum matches were adjusted to a 1% false-discovery rate[67]. Proteins

were quantified by summing the reporter-ion counts across all matching peptide-spectrum

matches, as described previously. Gene Ontology analysis and graphs was generated using R

packages ClusterProfiler[68], Complexed Heatmap and Ehanced Volcano.

Proteomic Data Availability

The mass spectrometry data have been deposited at the ProteomeXchange Consortium and are

publicly available as of the date of publication. The accession number is PXD056699. (The

reviewer access can be provided if required during submission.)

Immunoglobulin and Cytokine Quantification

To measure immunoglobulins targeting multiple SARS-CoV-2 spike protein variants in the day 9

outflow from both unvaccinated and vaccinated LF chips, the Meso Scale Discovery (MSD) V-

PLEX SARS-CoV-2 Spike Panel 27 (IgG) Kit (K15437U) was used, with data acquired on an MSD

Meso Sector S 600 microplate reader and analyzed with Discovery Workbench 4.0 software. The

MSD V-PLEX SARS-CoV-2 Spike Panel 27 (IgG) Kit included 96-well plates immobilized with

Wuhan, BA.4, and BA.5 spike antigens (data reported in Fig. 6a), along with a beta variant

(B.1.351), delta variant (B.1.617.2; AY.4 Alt Seq 2) and additional omicron sub-lineage spike

proteins (BA.2, BA.2.12.1, BA.2+L452M, BA.2+L452R, and BA.3; data not shown), in addition to

a reference standard and three controls with known levels of antibodies against antigens in the

kit. Assays were performed following the MSD-provided, kit-specific protocol, testing LF chip

outflows in duplicate and including CH65 IgG monoclonal antibody (mAb) (influenza receptor

binding site-specific mAb) as a negative control. Data from LF chip outflow dilutions (1:10, 1:70,

1:490) falling nearest to the midpoint of the accurate range of the standard curve were selected

for reporting. Values chosen were back calculated against the standard curve and reported as

arbitrary units per milliliter (AU/mL), accounting for dilution factor.

The cytokine levels in the media were assessed using a custom MSD kit (as presented in **Figures**

1d and **3d,e**) and read using an MSD microplate reader model 1300 alongside the Discovery

Workbench 4.0 software. Customized Luminex® Multiplex Assay kits from Thermo Fisher

Scientific were employed for the cytokine concentrations in the effluents depicted in **Figure 2g**.

Analyte concentrations were determined on a Bio-Plex 3D suspension array system, and the

standard curve fitting and concentration calculations were conducted using Bio-Plex Manager

software (Bio-Rad, version 6.0).

BCR Nucleotide Sequences Analysis

Human immune cells were cultured on LF chips for two weeks with 500 ng/ml of the Moderna

bivalent COVID-19 mRNA vaccine. Following this, cells were extracted from the chips and sent

to Adaptive Biotechnologies for sequencing of the CDR3 loop of IgH. The data was then analyzed

and visualized using the immunoSEQ Analyzer, Clustal W[69], iTOL[70] and pivot charts in Prism 10.

Statistics

All experiments (excluding proteomics) were performed at least twice, with at least three technical

replicates for each group in each experiment. Data are presented as mean values ± standard

deviation (SD). Graphing and statistical comparisons were carried out using GraphPad Prism

software (v10.1.0). Statistical significance for comparisons between two groups was determined

using an unpaired t-test. A P-value of <0.05 was considered statistically significant, with exact P-

values labeled in all figures.

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antibodies and somatic hypermutation.

Author contributions

Y.Z., J.M., D.E.I, and G.G. conceived the study. J.M., D.E.I, and G.G. oversaw the study. Y.Z.,

M.W.K., K.Y., L.H., S.F., A.S.P., G.M., S.B., K.L., C.A.H., L.D.W., G.D.T., P.Y., S.G., J.M., D.E.I.,

and G.G. participated in experiment design and/or discussions. Y.Z., M.W.K., K.Y., A.P., P.P.,

L.H., Y.M., S.S., S.G., A.R.I., J.F., K.M., E.M., C.A.H., and L.D.W. performed the experiments and

data collection. Y.Z., M.W.K., K.Y., D.E.I., and G.G. analyzed the data, prepared the figures and

tables, and wrote the manuscript with input from all authors. D.E.I. and G.G. reviewed and edited

the manuscript. All authors approved the final version.

Competing interests

D.E.I. is a founder, board member, scientific advisory board chair, and equity holder in Emulate,

Inc.; D.E.I. and G.G. are co-inventors on relevant patent applications. S.F., A.S.P., G.M., S.B.,

J.F., K.M., E.M., K.L., and J.M. are employees of the GSK group of companies and may own GSK

shares and/or restricted GSK shares. The other authors declare no other competing interests.

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FIGURES

Fig. 1. *In vitro* model of intramuscular vaccination using SAM-LNP. a, Schematic of the intramuscular vaccination model. **b,** Quantification of live CD14^{+} GFP cells by flow cytometry in monocyte (Mono) monoculture and in co-culture with HSMC (Mono+HSMC) without treatment ("no treatment", NT) or various doses of SAM-LNP1. **c,** Density dot plots illustrating GFP expression in NT and 100ng/ml SAM-LNP1treated groups. **d,** Cytokine levels detected using a Meso Scale Discovery assay, comparing NT and 100 ng/ml SAM-LNP1in Mono and Mono+HSMC conditions. Fold change (log2) in SAM-LNP1 treated cultures relative to NT cultures is displayed. **e,** Detection of myeloid activation markers CD80, CD86, and HLA-DR by flow cytometry, comparing NT and 100 ng/ml SAM-LNP1in both Mono and Mono+HSMC settings. Representative results from one donor are shown, with similar outcomes observed in at least three donors. In **b**

 and **e**, mean values from 3 wells are shown. Error bars indicate standard deviation (SD). An

685 unpaired t-test was performed in panel **b**, and two-way ANOVA in panel **e**.

Fig. 2. Induction of LFs and anti-RABV-G IgG production by SAM-LNP1 in human LF Chips.

a, Schematic of the LF chip created with monocytes and conditioned medium from intramuscular

vaccination mimicking module. Quantification of the number (**b**) and size (**c**) of LFs in LF chips of

one donor based on immunostaining followed by confocal imaging. Each data point represents

one field of view (**b**) or an individual follicle (**c**). **d,** Anti-RABV-G IgG levels in effluents of no

treatment LF chips or chips vaccinated with or without IL2 and IL4 and cultured for 14 days were

detected using a cell-based assay. **e,** Quantification of the number (left) and size (right) of LFs in

LF chips from four different donors, with each color representing a different donor. Each data

point corresponds to one field of view (left) or an individual follicle (right). **f,** Anti-RABV-G IgG

levels in effluents of LF chips. Each data point represents one chip, with different symbols

indicating chips from three independent donors. **g,** Heatmap showing Log2 fold changes in

cytokine levels in LF chip effluents, measured using a Luminex® Multiplex Assay at various time

points (4, 7, 15, 22, and 28 days post-vaccination) compared to day 1. Data shown are mean ±

SD; **b, c, d** and **e**, One way ANOVA test, **f**, unpaired t-test.

Fig. 3. Induction of anti-RABV-G IgG and cytokine release by non-replicating mRNA. a,

Quantification of monocytes and DCs after a one-day co-culture with HSMC and 1000 ng/mL of

NAM-LNP1, assessed using immunofluorescence staining and detected by high-throughput

imaging. Each data point represents the median fluorescence intensity (MFI) from a single field

of view. **b,** Quantification of RABV-G⁺ DCs, by flow cytometry, one day after exposure to either

1000 ng/mL of NAM-LNP1 or NAM-LNP2. **c,** Anti-RABV-G IgG levels were detected in the

effluents of LF chips cultured for 14 days using a cell-based assay. Each vaccine was tested in 2

donors, and similar results were obtained. **d,** Heatmap showing Log2 fold changes in cytokine

levels measured via a Meso Scale Discovery assay in supernatants from HSMC-DC coculture,

one day after treatment with SAM-LNP1, NAM-LNP1, and NAM-LNP2 as compared to the empty

LNP control. **e,** Fold change in IL-6, IL-8, and IP-10 levels measured via a Meso Scale Discovery

assay in supernatants from LF chips, 1, 7, and 14 days after treatment with SAM-LNP1, NAM-

LNP1, and NAM-LNP2 as compared to the empty LNP control. Data points represent individual

chips. Data shown are mean ± SD; **a,** unpaired t-test; **b** and **c,** one-way ANOVA test; **e,** two-way

ANOVA test.

Fig. 4. Different proteomic responses induced by self-amplifying mRNA and non-

amplifying mRNA vaccines. a, Venn diagram showing the number of overlapping vs. distinct

protein perturbations induced by SAM-LNP1 and NAM-LNP1. **b,** Gene ontology analysis

highlights biological processes predominantly regulated by SAM-LNP1 compared to the empty

LNP1. **c,** Heatmap illustrating the top differentially expressed proteins, labeled by gene locus

name, showcasing the extent of regulation by the treatments.

Fig. 5. Induction of spike-specific neutralizing antibodies and somatic hypermutation in LF chips following vaccination with Moderna bivalent COVID-19 vaccine. a, Moderna bivalent COVID-19 vaccine was administered at 500 ng/ml (M500). Day 9 LF chip outflows post-vaccination (M500) and no treatment (NT) were tested to determine COVID-19 spike-specific IgG concentrations using the Meso Scale Discovery (MSD) V-PLEX SARS-CoV-2 Panel 27 (IgG) Kit. **b,** Neutralization by outflows from each no treatment or vaccinated chip created from the cells of one individual donor is depicted. 0% neutralization is defined by the luciferase signal in cells infected with SARS-CoV-2 pseudovirus using fresh medium controls, and 100% neutralization corresponds to the signal in uninfected cells. Similar results were obtained from a 2nd donor's cells. **c,** BCR repertoire analysis on LF chips from two donors. Total templates, unique sequences, mutated templates, and total mutations of DNA templates from cells recovered from both vaccinated (M500) and no treatment chips from two donors are shown. **d,** Comparison of SHM counts of top 10 V-D-J combinations from both vaccinated (M500) and no treatment chips from both donors. **e,** Changes in average SHM in vaccinated samples compared to unvaccinated samples across both donors. Data shown are mean ± SD, **a,** two-way ANOVA test, **d,** Wilcoxon matched pairs signed rank test.

Fig. 6. Clonal Expansion and Somatic Hypermutation in LF Chips.

Clonal sequences of BCR containing the V-D-J genes IGHV01-69, IGHD04-23*01, and IGHJ06-01*02 were analyzed using ClustalW for alignment. Phylogenetic analysis was subsequently visualized with iTol, generating the depicted dendrograms. **a,** Dendrogram of sequences from no

treatment chips. **b,** Dendrogram of sequences from chips vaccinated with 500ng/ml Moderna

bivalent COVID-19 vaccine. Colors on the outer ring indicate the number of mutations per

sequence. Branch labels represent the size of each clone, and the numbers within the ring serve

as arbitrary sequence identifiers.

SUPPLEMENTARY FIGURES

Supplementary Fig. 1. Dose-dependent effects of SAM-LNP1 on antigen-presenting cells

(APCs) and human skeletal muscle cells (HSMCs). Quantification of **a,** live CD14+ monocytes.

b, live CD1c+ DCs in monoculture and co-culture under no treatment (NT) or various doses of

SAM-LNP, measured by flow cytometry. **c,** Monocyte uptake of SAM-LNP1 in co-culture with

HSMCs, showing a dose-dependent pattern represented through percentage changes in flow

cytometry data. Representative results from one donor, with similar results obtained in at least

three donors. Data shown are mean values from 3 wells ± SD; an unpaired t-test was performed

for **a** and **b.**

Supplementary Fig. 2. Dose-dependent effects of SAM-LNP1 on DCs and HSMCs.

a, Quantification of live CD1c⁺ GFP⁺ DCs recovered from monocultures (DC) or co-cultures with

human skeletal muscle cells (DC+HSMC) under no treatment (NT) or various doses of SAM-

LNP1, using flow cytometry. **b,** Detection of DC activation markers CD80, CD86, and HLA-DR by

flow cytometry, comparing NT to 100 ng/ml SAM-LNP1 in DC alone (DC) and DC-muscle cell co-

culture (DC+HSMC) conditions. Representative results from one donor, with similar results

obtained in at least three donors. Data shown are mean values from 3 wells ± SD; an unpaired t-

test was performed for **a.**

Supplementary Fig. 3. Requirement of direct cell-cell contact for antigen expression induced by SAM-LNP1. a, Schematic of the TW experiment designed to test antigen uptake by monocytes and HSMC. **b,** Total monocytes recovered from both the insert and the bottom of TWs with 0.4 μm, 3 μm, and 8 μm pore sizes with no treatment (NT) or 100 ng/ml SAM-LNP1, collected separately and quantified via flow cytometry. **c,** Percentage of GFP+ monocytes in the insert or those that migrated to the HSMC monolayer in the bottom wells relative to the total number of monocytes collected from each location. Results from one donor are shown; similar outcomes were achieved in two additional experiments using monocytes from two different donors. Data shown are mean ± SD; n = 2 replicates in each group in **b** and **c**, unpaired t-test.

$$\text{\% of cells with specific binding: } 100 \times \frac{(\text{\% binding in +RABV-G cells} - \text{\% binding in } -\text{RABV-G cells})}{(100 - \text{\% binding in } -\text{RABV-G cells})}$$

Supplementary Fig. 4. Detection and quantification of anti-RABV-G IgG using a cell-based assay. Gating strategy used for quantifying anti-RABV-G IgG, including the formula employed to determine IgG levels.

Supplementary Fig. 5. Overlap of BCR nucleotide sequences in vaccinated LF chips across

two donors. Analysis of BCR sequence commonality in LF chips from individual donors following

Moderna bivalent COVID-19 vaccine administration. **a,** BCR nucleotide sequence overlap in three

LF chips from donor 1. **b,** BCR nucleotide sequence overlap in three LF chips from donor 2.

Supplementary Fig. 6. Comparative analysis of proteasome changes in vaccinated chips.

Differential protein expression was assessed in LF chips following vaccination and visualized

through volcano plots. **a,** Volcano plot illustrating protein changes in cells from chips vaccinated

with SAM-LNP1 versus those treated with control empty LNP. **b,** Volcano plot showing protein

expression in cells from chips vaccinated with NAM-LNP1 compared to control empty LNP treated

chips. **c,** Volcano plot comparing protein expression in cells from SAM-LNP1 vaccinated chips to

those vaccinated with NAM-LNP1. P-values were adjusted for multiple comparisons using the

Bonferroni correction.

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