mRNA-LNP Vaccines Encoding for Dengue Optimized prM/ENV Proteins Induce Protective

Immunity without ADE

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ABSTRACT

Dengue virus (DENV) is the most common mosquito-borne virus in the world, causing nearly 400 million infections annually. Despite this prevalence there are no approved vaccine for DENV naïve individuals or therapeutics. DENV consists of four distinct serotypes, DENV 1-4, that share 60-70% homology. Development of a safe and efficacious pan-Dengue vaccine has been complicated by the potential of antibody-dependent enhancement, in which cross-reactive non-neutralizing antibodies can enhance infection and pathology. We previously demonstrated that a mRNA-LNP that encodes for the DENV-1 prM and Envelope proteins generates homotypic neutralizing immune responses and protects against a lethal challenge. The DENV-1 vaccine avoided ADE by 3-point mutations, G106R, L107D, and F108A, to the fusion loop (FL), one of the dominant ADE epitopes. Using a similar design methodology, here we present mRNA-LNP chimeric prM-E vaccines for DENV 2, 3, and 4. These vaccines maintained the ΔFL modifications, but encode a chimeric E protein with Japanese Encephalitis Virus' (JEV) stem/transmembrane (st/tm) to improve VLP expression and stability. All three vaccines elicited neutralizing titers of serotype specific antibodies in immunocompetent C57/BL6 mice and are protected against a lethal homotypic DENV challenge in susceptible mice. Mutation of the FL epitope lowered ADE in the sera from vaccinated mice. We formulated monoclonal vaccines against all DENV serotypes into a single tetravalent vaccine and evaluated for immunogenicity and protection in mice. The tetravalent vaccine elicited a mixed response with antiviral CD4 and CD8 T cells against all four DENV serotypes and neutralizing humoral responses against DENV 3 and DENV 4. Tetravalent vaccine recipient mice were protected against a lethal DENV 3 or DENV 4 challenge. Cumulatively, we have produced monovalent DENV mRNA-LNP vaccines against all four DENV serotypes that generate protective immunity and lower the potential for ADE.

INTRODUCTION

Dengue virus (DENV) is the most common vector-borne virus to infect humans, infecting an
estimated 100-400 million people annually.[1] DENV's ~11kb positive sense ssRNA genome
encodes a single polypeptide that contains three structural proteins and seven nonstructural
proteins.[1–3] The structural proteins premembrane (prM) and envelope (E) comprise the virion and
are critical to the antigenic landscape, while the capsid (C) binds and stabilizes the viral genome.[4]
The primary DENV vector are *Aedes* genus mosquitos, predominately *Aedes aegypti*, and to a
lesser degree *Aedes albopictus.*[1] Approximately 3.9 billion people throughout Central/South
America, Asia, and various Pacific islands currently live in the range of DENV's vectors, posing
an enormous public health threat.[1,5] DENV is a member of the family *Flaviviridae*, where it is most
closely related to Zika virus (ZIKV) and more distantly related to West Nile virus (WNV), Yellow
Fever virus (YFV), and Japanese Encephalitis virus (JEV).[6] DENV consists of 4 distinct
serotypes, DENV 1, 2, 3, and 4, which can cause similar disease outcomes.[7] While these
serotypes share 60-70% sequence homology, they are mostly antigenically unique, with some
cross-reactive epitopes.[1]

The majority of DENV infections are asymptomatic, but the most common symptomatic disease
outcome is Dengue Fever (DF).[8] DF consists of severe widespread pain as well as high fevers
(>103°F/40°C), rashes, and nausea.[1,2] DF symptoms typically resolve 1-2 weeks after onset. In
rare cases, DF can progress into more severe Dengue Hemorrhagic Fever (DHF) and Dengue
Shock Syndrome (DSS)[2], with the additional symptoms of vascular leakage, resulting in bleeding
in mucosal membranes, urine, and stool.[1,8,9] Without medical intervention, untreated DHF/DSS
can be fatal via hypovolemic shock and organ failure. Currently there are no approved
therapeutics and no widely approved vaccines for DENV, with the current standard of care of
DHF/DSS patients to be hospitalization with IV fluids and pain management.[2,8]

Typically, primary infection of any DENV serotype results in long term protection against the
infecting serotype, but not the other three serotypes.[10–12] Despite this long-lived protection,
neutralizing antibodies comprise a minority of the total polyclonal response. The majority of the
antibodies in the polyclonal response target cross-reactive and poorly/non-neutralizing epitopes
on immature prM or the fusion loop (FL) within domain II of the E protein.[11,12] These antibodies
can drive antibody dependent enhancement (ADE) in heterotypic secondary infections, in which
case the infecting virus is bound by non-neutralizing antibodies from the primary infection, leading
to FcγR-mediated phagocytosis. Once the opsonized-DENV enters endosome of the FcγR+ cell,

DENV proteins undergo conformational changes that reduce efficacy of bound antibodies and
induce viral fusion in the acidified endosome, subsequently infecting the cell.[13–16] Because ADE
is significantly faster than normal receptor mediated endocytosis, ADE mediated infection
dramatically increases the infection rate and is known to be associated with more severe disease
outcomes such as DHF, DSS, and death.[1]

Because of the potential of ADE, the epitopes within a DENV vaccine must be selected carefully.
Antibodies specific to tertiary and quaternary epitopes, which are only found on intact viral
particles, are necessary for neutralizing antibody responses.[12,17] To prevent ADE, a Dengue
vaccine must elicit a balanced, neutralizing response to all serotypes targeting neutralizing
epitopes and not ADE-enhancing epitopes. The first widely approved DENV vaccine, Dengvaxia,
was a tetravalent live attenuated vaccine (LAV) based off the YFV-17D vaccine.[18] While
Dengvaxia was protective in seropositive individuals, it failed to drive a long lasting and protective
immune response to all DENV serotypes in DENV-naïve individuals.[19,20] Because of this,
seronegative children who received Dengvaxia were at a higher risk of severe disease or death
during a primary infection due to ADE.[18,21] Because of this increased risk of severe disease, all
future DENV vaccine candidates must be designed to mitigate ADE, while maintaining relevant
neutralizing epitopes.

The RNA vaccine platform has proven to be safe and efficacious with billions of doses delivered
worldwide during the COVID-19 pandemic. For flaviviruses, the RNA platform represents a major
advantage over the leading LAV platforms. All leading DENV LAV's include an unmodified FL to
support viral replication. With the mRNA-LNP platform we can engineer mutations into the coding
RNA at the FL in order to direct the host immune response away from ADE-driving epitopes.
Unlike other viruses, such as SARS-CoV-2 and the spike protein, where expression of a single
structural protein is adequate to elicit a neutralizing humoral response, recombinant DENV E (rE)
likely lacks the most important neutralizing epitopes. rE subunit vaccines drive inadequate
immunogenicity in preclinical settings likely due to structural issues and a lack of quaternary
epitopes.[22–24] Upon translation of the prM/ENV polyprotein from ribosomes in the host ER, host
proteases cleave the prM-E and these viral proteins are folded and anchored in the ER
membrane. Appropriate folding and trafficking of the viral proteins is aided by a signal peptide at
the N-terminus of the polyprotein. Expression of prM and ENV results in the de novo formation of
a non-replicative viral like particle (VLP). VLPs preserve the majority of highly neutralizing

quaternary epitopes, which direct the host immune response towards neutralizing B and T cell
epitopes.[25–27].

We first developed a novel mRNA-LNP DENV 1 vaccine that achieves high levels of *in vitro* VLP
expression. *In vivo*, the vaccine elicited high levels of protective and non-cross-reactive antibodies
in an immunocompetent C57BL/6 mouse model, and was 100% protective in
immunocompromised AG129 mice.[28] Here, we have developed three novel monovalent prM-E
mRNA-LNP vaccines for DENV 2, 3, and 4 based on our original DENV 1 vaccine. Each
monovalent vaccine encodes prM and modified E of a given serotype. These monovalent
vaccines showed strong neutralizing antibody responses in WT C57/BL6 mice, while eliminating
or reducing ADE. All monovalent vaccines protected mice from a lethal homotypic challenge. We
then combined the DENV 1, 2, 3, and 4 monovalent mRNA-LNPs into a tetravalent vaccine.
Tetravalent vaccines drove a mixed response against the four DENV serotypes with protective
immunity against DENV 3 and DENV 4. These data indicate a significant step towards an effective
and safe tetravalent DENV vaccine.

RESULTS

Design of DENV 1, 2, 3, and 4 prM/E constructs and *in vitro* expression

Similar to our previously published DENV 1 approach, we designed nucleotide sequences for

dengue serotypes 2, 3, and 4 containing prM and E chimeric proteins from DENV 2 (strain

Thailand 16684/84), DENV 3 (strain Sri Lanka D3/H/IMISSA/SRI/2000/1269), and DENV 4 (strain

Dominica/ 814669/1981).[29] Similar to previous observations, we found that robust expression and

VLP secretion of the prM/ENV antigens of DENV2, 3, and 4 required optimization of the

stem/transmembrane domain of ENV.[25,30,31] The native stem and transmembrane domains of

each E protein was replaced with the sequence from JEV.[32] Lastly, variants of the DENV 2, 3,

and 4 sequences were modified to include 3 mutations (G106R, L107D, and F108A) in the fusion

loop to ablate the epitope, which has been shown to reduce the generation of poorly neutralizing

but cross-reactive antibodies associated with ADE.[29,31] Directly upstream of the prM and E

sequence, we included the sequence for the tissue plasminogen activator (tPa) signal peptide

which we have shown previously to increase VLP secretion with our DENV 1 vaccine.[29] All

sequences contain a 5' UTR and 3' UTRs that have been used in various mRNA vaccines.[26,29,33–35]

The 3'UTR is from human hemoglobin subunit alpha 1 mRNA (HBA1).[29,36]

All nucleotide sequences were *in vitro* transcribed via a T7 RNA polymerase promoter site directly

upstream from the 5' UTR. To camouflage our vaccine RNA from host innate RNA sensors, we

include the modified ribonucleotide N1M-Ψ Uridine in lieu of standard Uridine.[37–39] *In vitro*

transcription produces double stranded RNA artifacts that can activate intracellular innate immune

sensors that are known to reduce translation of exogenous mRNA. Double-stranded RNA

contamination was removed from IVT-synthesized RNA thought a cellulose purification step.[40]

Finally, a 5' cap-1 structure and 3' poly(A) tails were added enzymatically to yield RNA that mimics

host mRNA (Fig 1A). These mRNAs were encapsulated into lipid nanoparticles using either

Genvoy (DENV 2) or SM102 (DENV 3/4) ionizable lipids. To confirm VLP expression *in vitro*,

HEK293T cells were transfected with vaccine RNA and supernatants were harvested 48 hours

post transfection. Purified VLP's were then imaged with a transmission electron microscope, and

particles of approximately 30nm were detected with all constructs (Fig. 1B). Thus, deletion of the

fusion loop did not inhibit VLP formation and secretion, similar to our previous results with DENV

1 ΔFL prM/E mRNA vaccines. To evaluate the *in vivo* humoral response, 20µg of the mRNA-LNP

vaccines encoding for either the WT or ΔFL constructs were evaluated in immunocompetent

C57BL/6 mice in a two-dose prime-boost manner (Fig 1C). Mice received the boost dose 28 days

post prime, and animals were sacrificed 28 days post boost.

DENV 2 prM/E Vaccine adaptive immune response

C57BL/6 mice were vaccinated as described above. We included a group of mice that received a mRNA-LNP encoding GFP as a negative control. We included a positive control cohort of mice that were infected with 1E5 FFUs of DENV2 (strain New Guinea C, NGC) to compare the humoral response of the vaccine to that of a natural infection. Total DENV specific IgG from heat inactivated vaccinated mouse sera was quantified via endpoint dilution ELISA against purified DENV 2. All ΔFL vaccinated mice and four out of five WT vaccinated mice seroconverted and had significantly higher DENV 2 specific IgG levels than GFP vaccinated mice (Fig. 2A). DENV 2 WT vaccinated animals had an average endpoint dilution of ~1/33,000 and DENV 2 ΔFL vaccinated animals had an average endpoint dilution of ~1/55,000 compared to the GFP control of ~1/3,400 (P values = .0065 and .0013 respectively). DENV specific IgG titers from both vaccine variants were not significantly different compared to DENV 2 infected animals (P values = .5887 and .9680 respectively). These data indicate the mRNA vaccines elicit a humoral response of similar magnitude to a natural infection.

The neutralizing antibody titer was determined by Focus Reduction Neutralization Test (FRNT) against DENV 2 NGC (Fig 2B). The serum concentration at which 50% viral neutralization occurs was reported as EC50 for individual mice (Fig 2C). Despite significant DENV 2 specific IgG the WT vaccine failed to drive a significant neutralizing response, with a mean EC50 of ~1/100 and a maximum EC50 of ~1/626. This, compared to the mean GFP EC50 of ~1/60 was insignificant (P value = .82). However, the ΔFL vaccine had a mean EC50 of ~1/780 with a maximum EC50 of ~1/7,700 compared to GFP vaccinated control (P value = .0068). Neutralization titers were equivalent between the ΔFL vaccinated mice and the naturally infected mice, again indicating a humoral response of similar magnitude.

In a natural DENV infection, cross-reactive heterotypic antibodies comprise the majority of the polyclonal response, which can cause ADE.[12] We characterized the ADE capacity of both variants of our DENV 2 vaccines. We quantified ADE by performing serial dilutions of our DENV 2 vaccine and opsonizing those dilutions with a constant MOI of DENV-1 virus. We then infected FcγR+ K562 cells with the sera opsonized DENV-1. The frequency of infected cells was determined via flow cytometry using intracellular staining with 4G2, a pan-DENV monoclonal antibody specific to the FL. Sera from WT DENV 2 vaccinated mice elicited a ~1.7 fold higher infection rate compared to virus only controls, indicating a modest enhancement. Peak infection with the ΔFL DENV 2 vaccine was ~4.2 fold lower than virus only infection, indicating a lack of enhancement (Fig. 2D). ADE of the individual mice are plotted as area under the curve. The sera from WT vaccinated

caused significantly more ADE compared to sera from the ΔFL vaccinated mice (Fig 2E, p-value
= 0.002)

To understand the protective capacity of the DENV 2 vaccines, a separate study was conducted
with susceptible mice which lack the which lack the type I IFN receptor (IFNAR$^{-/-}$). In the same
vaccine administration schedule, IFNAR$^{-/-}$ mice were given 10 µg's of the DENV2 ΔFL or the mock
GFP vaccine. Vaccinated IFNAR$^{-/-}$ mice were challenged with 1x10^4 FFU of DENV 2 strain
D2S20. All DENV 2 vaccinated mice survived the challenge, while all GFP vaccinated animals
died by day 7 (*P* value = .0003) (Fig. 2F). Minor weight loss was observed with DENV-2 vaccinated
animals, with a ~5% mean weight loss occurring at day 5 (Fig 2G). By day 7, the mean weights
returned to day 0 levels, and by day 9 all animals had fully returned to day 0 weight. These data
demonstrate that the DV2 prM/ENV mRNA-LNP vaccines elicit protective immune responses.

DENV 3 prM/E Vaccine adaptive immune response

In vivo immunogenicity assays of the DENV 3 mRNA-LNP vaccine were conducted as previously
described (Fig 1C). Both WT and ΔFL variants of the DENV 3 vaccine were used at 20µg doses
in a prime-boost schedule. Animals were sacrificed 56 days post prime, and sera was collected
for humoral analysis. To quantify the DENV 3-specific IgG response, heat inactivated sera from
vaccinated animals was quantified via endpoint dilution ELISA coated with purified DENV 3. All
vaccinated animals seroconverted and had statistically significant DENV 3 specific IgG's
compared to a naïve control. The mean endpoint dilution of both WT and ΔFL variants were
1/213,484 and 1/205,966 respectively which was significantly elevated compared to the endpoint
of naïve control sera at 1/1,268 (*P* values = <0.0001) (Fig. 3A). To quantify the neutralizing
antibody response, heat-inactivated sera was analyzed via homotypic FRNT. Compared to the
naïve cohort (EC50= 1/26), both WT and ΔFL cohorts had significantly elevated homotypic
neutralizing antibody titers, with the average EC50 of ~1/337 for the WT cohort and ~1/269 for
the ΔFL cohort (*P* value = <.0001 and .0002 respectively) (Fig. 3B/C).

DENV 3 vaccinated sera was also analyzed via ADE assays against heterotypic DENV2 (Fig
3D/E). Sera from WT vaccinated animals showed a modestly enhanced peak infection of (~1.6%
compared to the ~1.45% DENV-2 only infection) while the ΔFL vaccinated sera had a peak
infection of .7%. These data indicate that antibodies from the DENV 3 ΔFL vaccine do not drive
heterotypic enhancement with DENV 2.

To investigate the protective capacity of the DENV-3 vaccines, IFNAR$^{-/-}$ animals were vaccinated
in a prime-boost manner with 10µg of the WT or ΔFL variants, or mock vaccinated controls. Mice

were challenged with 1x10^7 FFU DENV 3 C0360/94. Both vaccine variants were significantly
protective from a lethal DENV-3 challenge compared to a mock vaccinated control. While both
variants were not 100% protective, the WT vaccine yielded a 90% survival rate (*P* value = .0029)
and the ΔFL vaccine yielding a 77% survival rate (*P* value = .0204) (Fig. 3F). The vaccinated
animals also had significantly lower weight loss compared to mock vaccinated animals (Fig 3G).
Both DENV-3 vaccines elicit neutralizing, serotype specific, and protective humoral immunity.

DENV 4 prM/E Vaccine adaptive immune response

In vivo evaluation of the DENV-4 vaccines followed an identical vaccination scheme used with
the DENV 2 and DENV 3 vaccines. C57BL/6 mice were vaccinated with 20μg of the WT or ΔFL
variant of the mRNA-LNP vaccine in a prime-boost manner. 56 days post prime animals were
sacrificed, and sera was collected for analysis. To quantify the total DENV 4 specific IgG response
to vaccination, heat inactivated sera was analyzed via endpoint dilution ELISA against purified
DENV 4. All ΔFL DENV 4 vaccinated animals and 3/5 WT DENV4 vaccinated animals
seroconverted (Fig. 4A). Mean endpoint dilutions for the WT and ΔFL variants were significant
compared to naïve control at ~1/47,785 and ~1/101,728 respectively (Fig 4B, *P* value = .0042 and
0005 respectively).

Sera neutralization was also analyzed via FRNT with a homotypic DENV-4 strain. Despite the
ΔFL vaccine yielding ~2X higher DENV specific IgG, the ΔFL had a slightly lower average EC50
compared to the WT variant (Fig. 4B/C). The WT variant yielded a mean EC50 of ~307, while the
ΔFL variant had a mean of ~1/240. Despite the marginally lower mean, the peak EC50 for the
ΔFL variant was ~1/780, while the peak EC50 for the WT variant was ~1/477. The EC50 for both
variants' EC50's was significantly elevated compared to naïve control, indicating both vaccine
variants induced neutralizing humoral responses (*P* value = .001 and .006 respectively).

Antibody cross-enhancement was evaluated via ADE assay, using DENV 3 virus. Both WT and
ΔFL showed increased enhancement compared to naïve sera. Notably, the WT vaccine elicited
higher, but statistically insignificant, mean enhancement compared to the ΔFL variant, indicating
the ΔFL mutations had a modest effect at reducing cross reactive antibodies (Fig 4D). When
looking at the area under the curve of individual mice (Fig 4E), both vaccine groups had
considerable heterogeneity in their cross-reactive enhancement response.

To investigate the protective capacity of the DENV 4 vaccines, IFNAR$^{-/-}$ animals were vaccinated
in a prime-boost manner with 10μg of the WT or ΔFL variants, or mock vaccinated controls. Mice
were challenged with 5x10^6 FFU DENV 4 TVP376. Both vaccine variants completely protected

against a DENV-4 challenge. Mock vaccinated control mice had 75% lethality, P value < 0.001
(Fig. 4F). The vaccinated animals also had significantly lower weight loss compared to mock
vaccinated animals (Fig 4G). Both DENV-3 vaccines elicit neutralizing, serotype specific, and
protective humoral immunity.

Tetravalent Vaccination Adaptive Immune Response

As we have developed effective monovalent vaccines for all DENV serotypes, we now
characterized the vaccines in a tetravalent setting. Five C57BL/6 mice were injected with an anti-
IFNAR1 mAb 24 hours prior to vaccination. Previously we and others have found immune
responses to mRNA vaccines are elevated in the absence of IFN signaling.[29,41,42] Using the ΔFL
variants of all vaccines, animals were vaccinated intramuscularly with 3µg of DENV 1 and 13µg
of DENV 2, 3, and 4. We previously published that 3µg of our DENV 1 vaccine was sufficient to
elicit a neutralizing humoral response, and 13µg was chosen for DENV 2-4 to balance dosage
with a minimum effective dose. Animals were vaccinated on an identical prime-boost timeline as
previously described. Four weeks post boost, animals were sacrificed, and sera was collected for
humoral analysis.

To quantify the gross anti-DENV IgG, we performed endpoint dilution ELISA's with heat
inactivated sera against all DENV serotypes (Fig. 5A-D). The only significant IgG response was
against DENV 4 (P value = .0165), with a near significant response against DENV 3 (P value =
.0628). There were no detectable anti-DENV 1 or DENV 2 IgG above background levels. We also
quantified the neutralizing titer against all four serotypes. We found significant neutralization
against DENV 3 and 4. Against DENV 3, the tetravalent vaccine elicited a mean EC50 of ~1/165,
with a peak EC50 of ~1/402 (Fig. 5G) (P value = .01, compared to naïve controls). Against DENV
4, we found a mean EC50 of ~1/207 and peak EC50 of ~1/302 (Fig. 5H) (P value = .026). We
found no neutralization against DENV 1 or 2 (Fig. 5E/F), in agreement with the lack of antiviral
IgG titers. Interestingly, despite reducing the dose of the DENV 3 and 4 vaccines by 35% (13µg
vs 20µg), we saw nearly identical mean EC50 values to the monovalent study (Fig. 5I).

The previous tetravalent study revealed our vaccines were able to drive neutralizing immune
responses to DENV serotypes 3 and 4 at similar magnitudes found in a monovalent setting. To
characterize the protective capacity of the tetravalent vaccines, we vaccinated IFNAR$^{-/-}$ mice with
all four ΔFL vaccines and then split mice into four groups. Each group was challenged with a lethal
dose of an individual serotype. We vaccinated 18 animals with 10µg of the DENV 1 vaccine and

20µg of the DENV 2, 3, and 4 vaccines in a 4-week prime boost manner (Fig. 6A). 4 weeks post

boost, animals were divided into 3 groups of 6 and challenged with lethal doses of DENV 1, 2, or

4 serotype.

We found the tetravalent vaccine to be 100% protective against lethal DENV 1, 2, and 4

challenges (Fig. 6B-G). All mock vaccinated animals died, with 100% mortality occurring at day

18 with DENV 1, day 5 with DENV 2, and day 17 with DENV 4 (Fig. 6 B, D, E). Modest weight

loss was observed in the vaccinated, DENV 4 challenged group, with a peak mean weight losses

of ~9% occurring 4 days post infection, with nearly full recovery by day 9 (Fig. 6G). Mean weight

loss was <2% in vaccinated, DENV 1 and DENV 2 challenged groups (Fig. 6C, E).

DISCUSSION

While there has been significant innovation and development, there is still no widely approved Dengue vaccine that is safe and broadly efficacious against all four Dengue serotypes. DENV vaccine design requires a balance between preserving neutralizing epitopes while minimizing epitopes that drive ADE. The majority of long-lasting humoral immunity is granted by the presence of circulating tertiary and quaternary epitope specific antibodies that are only naturally found on DENV virions.[13,15,43] This epitope preservation is a major strength of DENV LAV's, especially considering the generally poor immunogenicity from DENV subunit vaccines.[22–24] However, because LAV's are replicative they must also maintain the FL epitope and thus must include epitopes that are known to drive ADE. With DENV, the immunodominant humoral response is weighted heavily towards epitopes on the FL and immature prM.[12,14–16] If LAV-derived humoral immunity wains to sub-neutralizing levels, vaccine mediated ADE will be possible. With our vaccine design, we are able to preserve the neutralizing epitopes found on LAV's while also reducing the risk of ADE. Here, along with our previous publication, we have developed nucleotide modified mRNA-LNP vaccine designs for each DENV serotype that drives a protective immune response. In a monovalent setting, these vaccines drive a neutralizing humoral response that is protective against lethal challenges.

While the neutralizing humoral response is critical from an efficacy standpoint, it cannot be the only benchmark in which future DENV vaccines are evaluated. The cornerstone of any future DENV vaccine must rest on a deliberate effort to eliminate ADE to make the safest possible vaccine. Emphasizing the safety of any future DENV vaccine is critical in order to regain public confidence given the mistrust generated from Dengvaxia's initial rollout.[18,21,44] Crucially, by ablating the FL epitope, we are able to eliminate or reduce ADE *in vitro*. When administered as a tetravalent vaccine, we achieve significant humoral responses against 2/4 DENV serotypes. With DENV 2 and DENV 3 vaccinated animals, no ADE was identified with ∆FL variants, and a reduction in ADE was observed with DENV 4. When comparing the AUC's of the groups, only the WT vs. Naïve areas were significantly different (Fig. 4D). 3/6 ∆FL vaccinated animals had little to no observable ADE, in comparison to 4/6 WT vaccinated animals having a >5% enhancement compared to naïve. While the FL is a significant driver of ADE, other epitopes are known to drive ADE such as immature prM. Elimination of the immature prM epitopes could be achieved by further modification of the coding sequence, including replacement of the native furin cleavage site with a more efficient sequence to drive VLP maturation and hide the pr epitope.[45]

Any Dengue vaccine must elicit a balanced, neutralizing response against all four serotypes.
When our monovalent vaccine was administered into a tetravalent formulation, we achieved
neutralizing, protective immune responses against DENV 3 and 4, but failed to drive protective
immunity against DENV 1 and DENV 2. Notably the monovalent dose required for effective DENV
2, 3, and 4 vaccine-driven immunity was significantly higher than the DV1 vaccine. The prM/ENV
Dengue vaccine against DENV 1 yielded robust immunity at low doses of 3µg RNA in a
prime/boost immunization strategy. To achieve similar vaccine-driven immunity, we had to
increase the dose to 20µg for DENV 2, 3, and 4 monovalent vaccines. While effective, 20ug
remains a large dose, thus challenging to incorporate into a tetravalent vaccine formulation that
achieves balanced immunity. Because these vaccines were delivered in the same injection, it
is likely that DENV 3 and 4 dominated the initial priming of the humoral immune response and/or
cellular translation. However, when used in tetravalent setting with 10µg's of DENV 1 ΔFL
and 20µg's each of DENV 2, 3, and 4 ΔFL vaccinees in an IFNAR$^{-/-}$ mouse model, we
achieved 100% protection against lethal DENV 1, 2, and 4 challenges. These findings
demonstrate that further optimization is required to reduce the required dosage of monovalent
vaccines prior to tetravalent formulation.

Ultimately, the "ideal" DENV vaccine strategy has yet to be fully identified by any group. Many
studies have shown the need to maintain strongly neutralizing epitopes to drive a durable and
protective humoral response. Other studies have shown the risk ADE poses, as well as potential
strategies to mitigate it. However, as the interaction between DENV and the adaptive immune
system is continued to be mapped, the engineering gap to actually create an effective and safe
DENV vaccine is not necessarily clear. Here, we have taken an important design leap towards
establishing a pan-DENV vaccine by synthesizing the first mRNA-LNP vaccines that drives
potently neutralizing antibody responses against all DENV serotypes. We have successfully
generated monovalent mRNA vaccines that induce protective immunity against all four DENV
serotypes. Further we have demonstrated that deletion of the fusion loop epitope can dampen
antibody dependent enhancement, thereby increasing vaccine safety. These preliminary data
establish the feasibility of the mRNA vaccine encoding for prM/ENV as a viable vaccination
strategy that supports the further development and optimization of this platform.

MATERIALS AND METHODS

Ethics Statement

All mice were stored in accordance with the Animal Welfare Act and all efforts were made to minimize suffering. C57BL/6J mice were purchased from Jackson Laboratory and housed in the pathogen-free Biomedical Resources Laboratory at the University of Illinois College of Medicine. IFNAR$^{-/-}$ mice were bred in the animal facilities at St. Louis University or the University of Kentucky. The vaccination and viral challenge protocols were approved by the Institutional Animal Care and Use Committee (IACUC) at the University of Illinois Chicago, St. Louis University, or the University of Kentucky.

Viruses and Cells

DENV serotype 1 16007 and DENV 2 serotype New Guinea C (NGC) were provided by Michael Diamond at Washinton University in St. Louis, MO. DENV 3 serotype H87 and DENV 4 serotype UIS 497 were obtained through BEI resources (VR-80 and NR-49724 respectively) NIAID, NIH, as part of the WRCEVA program. All DENV serotypes were cultured in C6/36 cells at 28C and titer determined by focus forming assay (FFA). Several detection monoclonal antibodies used in FFA's, including 9.F.10 (Santa Cruz Biotech, cat: SC-70959) and 4G2 (BEI resources, NR-50327). All DENV experiments were conducted under BSL-2 (BSL-2) conditions at either the University of Illinois Chicago (UIC) College of Medicine, St. Louis University, or the University of Kentucky. Vero E6 (CRL 1586) and K562 (CCL-243) cells were obtained from American Type Culture Collection (ATCC) and maintained per provided guidelines. HEK 293T cells were provided by Donna MacDuff at UIC.

mRNA synthesis and LNP encapsulation

Constructs were generated encoding for the tPA signal sequence upstream of the native DV2, DV3, or DV4 prM/ENV coding regions. Strains selected were: DENV2 (strain Thailand 16684/84), DENV 3 (strain Sri Lanka D3/H/IMISSA/SRI/2000/1269), and DENV 4 (strain Dominica/ 814669/1981). The stem/transmembrane domains of envelope proteins were replaced with the JEV stem/transmembrane domain, and the fusion loop epitope was mutated with the three amino acid mutations (G106R, L107D, and F108A). The sequence of constructs is provided in Supplemental Document. Source DNA plasmids encoding the vaccine mRNA were linearized, and the T7 promoter 5' of the vaccine sequence was used with T7 *in vitro* transcription (IVT) kits

from ThermoFisher/Invitrogen (AM1334 or A57622). All vaccine RNA's were synthesized with N1
Methylpseudouridine (cat: N-1081) from Trilink Biotech. The 5' cap-1 structures (cat: SCCS2250)
and 3' polyA tails (cat: C-PAP5104H) were enzymatically added to all vaccine RNA's from
Cellscript. DENV-2 mRNA's used in monovalent humoral analyses were diluted in Formulation
Buffer (Precision Nanosystems, cat: 1002775) were encapsulated into LNP's using PNI
nanosystems NanoAssemblr using the Genvoy-ILM LNP (Precision Nanosystems, cat: 1002763)
formulations. All other vaccines were encapsulated into LNP's using the PNI Ignite using SM102
ionizable lipids (Cayman chemical cat: 35425). All mRNA's were encapsulated with a 3:1
aqueous:ethanolic ratio at a 12mL/min flow rate. mRNA-LNP's were concentrated using Amicon
Ultra Centrifugal Filter 10kDa MWCO (Milipore Sigma, cat: UFC9019). Encapsulation efficiency
of these mRNA-LNP's were quantified by RiboGreen assay (Invitrogen cat: R11490).

Mouse experiments

12 week old C57BL/6 mice were purchased from Jackson Laboratory and housed in the
pathogen-free Biomedical Resources Laboratory (BRL) at UIC College of Medicine. 8-16-week
old IFNAR$^{-/-}$ mice were vaccinated intramuscularly with 50μL of mRNA-LNP diluted in PBS. All
mouse sera was heat inactivated at 56C for 30 minutes before any analysis. WT mice often
present little to no symptoms from a DENV challenge so it is common to conduct lethal challenge
studies with the AG129 mouse.

In vitro **transfection and electron microscopy**

HEK 293T cells were transfected at ~70% confluence with vaccine mRNA using the Mirus TransIT
RNA transfection kit (cat: 2225). Supernatant was collected 24 hours post-transfection and
dialyzed overnight at 4C in circulating PBS with a 20,000 molecular-weight-cutoff dialysis
cartridge (ThermoFisher cat: 6603). Dialyzed sample was provided to UIC electron microscopy
core for imaging using the following parameters. 10-15μl of sample was loaded drop-wise onto a
300-mesh, Formvar/Carbon-coated copper EM grid with excess removed by filter paper via
capillary action. One drop 2% Uranyl acetate solution was deposited onto EM grid with excess
removed by filter paper via capillary action. Once grid was allowed to dry further, sample was
examined via transmission electron microscopy using JEOL JEM-1400F transmission electron
microscope, operating at 80 kV. Digital micrographs were acquired using an AMT BioSprint 12M-
B CCD Camera and AMT software (Version 701).

Endpoint Dilution ELISA

Viral stocks of all DENV serotypes were grown at 28C in C6/36 cells for 5-7 days. Supernatant

from infected cells was centrifuged at 3,200XG for 10 minutes at 4C to remove cellular debris,

then further centrifuged at 141,000XG for 2 hours at 4C with a 20% sucrose cushion. Remaining

viral pellets were resuspended in PBS then used to coat ELISA plates. Plates were coated with

~1E3 FFU's of purified virus diluted in coating buffer (0.1 M sodium carbonate, 0.1 sodium

bicarbonate, 0.02% sodium azide, at pH 9.6) overnight at 4C. Plates were blocked with 2% BSA,

.025% Sodium Azide in PBS/T for 1 hour at 37C. Serial dilutions of vaccinated or control mouse

sera were added to coated plates and incubated overnight at 4C. Plates were stained with goat

anti-mouse IgG-HRP (Invitrogen cat: A16072) for 1 hour at room temperature. ELISA plates were

developed briefly using 3,3′,5,5′-tetramethylbenzidine (TMB) (ThermoFisher cat: 34029) and the

reaction was stopped using 2N H2SO4. Absorbance was measured using a BioTek ELISA

microplate reader at 450nm. Endpoint dilution was calculated by the concentration of sera with

signal 2X background level.

Serum neutralization assay

Focus Reduction Neutralization Tests (FRNT) were performed as described previously.[29,36] Serial

dilutions of vaccinated mouse sera was opsonized with ~70 FFU's of a single DENV serotype for

1 hour at 37C. Opsonized virus was added to ~70% confluent monolayer of VeroE6 cells in a 96

well plate in 2% FBS DMEM. After 1 hour of infection, plates were overlaid with 1% w/v

methylcellulose in 2%FBS MEM. Plates were incubated at 37C for 48 (DENV 1, 2, and 3) or 65

hours (DENV 4), then fixed with 4% paraformaldehyde (PFA). Plates were stained with a

combination of 9.F.10 (500ng/mL), 4G2, and 1-A1D2 in PermWash Buffer (.1% saponin and BSA

in PBS). Plates were washed and stained with goat anti-mouse IgG-HRP secondary antibody in

PermWash buffer, then resolved with TrueBlue peroxidase (KPL). Resolved plates were imaged

on an ImmunoSpot ELISpot plate scanner (Cellular Technology Limited) and foci were counted

with Viridot running on RStudio 3.4.1.[46]

ADE Assay

Serial dilutions of vaccinated or control mouse sera were opsonized with 1 MOI of a single

heterotypic DENV serotype (DENV 1 16007, DENV 2 New Guinea C, or DENV 3 H87) for 1 hour

at 37C. Opsonized virus was mixed with FcγR+ K562 cells in a 96 well V-bottomed plate. 16 hours

post infection, cells were fixed with 4% PFA and stained with a 4G2 chimeric rabbit mAb

(Invitrogen cat: MA5-47848) overnight at 4C. Plates were washed and stained with an anti-rabbit

fluorescent secondary antibody (Invitrogen cat: A-11008) and analyzed via flow-cytometry.

Data analysis

Figures and statistical analysis were predominately conducted on GraphPad Prism. Statistical significance was was determined by unpaired one-way ANOVA's for multiple comparisons in sera analysis. Students T-Test's were used in ADE assays, and log-rank tests were used for survival curve comparisons. DENV foci were counted with Viridot: An automated virus plaque (immunofocus) counter for the measurement of serological neutralizing responses with application to dengue virus running on RStudio 3.4.1. Flow data was analyzed with BD Biosciences FlowJo. Infographic's in figures were designed using BioRender.

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<u>FIGURE CAPTIONS</u>

Figure 1: DENV prM/E vaccine design, viral protein expression, and *in vivo* vaccination
scheme. (A) DENV genome and schematic showing previously published and current vaccine
design. Four separate mRNA's were engineered to encode prM and E proteins from a single
DENV serotype. (B) TEM images of extracellular VLP's. HEK 293T cells were transfected with
each vaccine mRNA and supernatant was harvested. Dialyzed supernatants were imaged via
TEM. (C) Vaccine schedule used for all *in vivo* analysis. C57BL/6 were vaccinated on a two-dose
prime-boost schedule intramuscularly.

Figure 2: DENV 2 prM/E ΔFL vaccine induces neutralizing, non-enhancing antibody
responses. (A-F) C57BL/6 mice were vaccinated with the WT or ΔFL DENV 2 vaccine or a GFP
control (N=5/group). Another group of mice (N=3) were infected with 1E5 FFU's of DENV 2 NGC.
(A) Serial dilutions of sera was analyzed for binding of purified DV2 via ELISA assay. The endpoint
dilution was determined for each animal. (B) Focus reduction neutralization tests (FRNT) were
conducted with serial dilutions of sera against DENV 2. Each point represents the mean of the
experimental group +/- the standard error of the mean (SEM) (C) EC50's from neutralization
curves of individual vaccinated mice are reported. (D) Serial dilutions of vaccinated animal sera
were analyzed for enhancement of heterologous DENV 1 16007. (E) The area under the
enhancement curves for each individual mouse is also reported. F-G) IFNAR$^{-/-}$ were vaccinated
with 10µg of the ΔFL DENV 2 vaccine or a GFP encoding mRNA-LNP. Animals were challenged
with1x10^4 FFU of DENV 2. Survival curve (F) and weight loss (G) was reported. *, P < 0.05; **,
P < 0.01; ***, P < 0.001.

Figure 3: DENV 3 prM/E vaccines induces neutralizing, non-enhancing antibody
responses. Immunocompetent C56BL/6 mice (N=6) were vaccinated prime-boost with either
20µg of the WT or ΔFL DENV 3 vaccine. (A) Serial dilutions of heat inactivated vaccinated mouse
sera was applied to an ELISA plate coated with purified DENV 3 to quantify total antiviral IgG.
The endpoint dilution of each mouse is plotted. (B) Focus reduction neutralization tests (FRNT)
were conducted with serial dilutions of vaccinated heat inactivated animal sera against DENV 3
H87. (C) EC50's from neutralization curves of individual vaccinated mice is reported. (D) Serial
dilutions of vaccinated animal sera were analyzed for heterotypic enhancing antibodies with
DENV 2. (E) The area under the enhancement curves for each individual mouse is plotted. (F-G)
IFNAR1$^{-/-}$ mice (N=9-11) were vaccinated with 10µg of either the WT or ΔFL DENV 3 vaccine, or
a PBS control. Animals were challenged with 1x10^7 FFU of DENV 3. Survival curve (F) and
weight loss (G) was reported. *, P < 0.05; **, P < 0.01; ***, P < 0.001; ****, P < 0.0001.

Figure 4: DENV 4 prM/E vaccines induces neutralizing, non-enhancing antibody
responses. C57BL/6 mice (N=6/group) were vaccinated with either 20µg of the WT or ΔFL DENV
4 vaccine. (A) Serial dilutions were analyzed for total anti-DENV 4 IgG via ELISA assay and
endpoint dilution of individual mice determined. (B) FRNT were conducted with serial dilutions of
vaccinated sera against DENV 4. (C) EC50's from neutralization curves of individual vaccinated
mice is reported. (D) Sera were analyzed for heterotypic enhancing antibodies with DENV 3. (E)
Area under the curve of individual mice are reported. (F-G) IFNAR1$^{-/-}$ mice (N=8-10/group) were
vaccinated with 10µg of either the WT or ΔFL DENV 4 vaccine, or a PBS control. Animals were
challenged with 5x10^6 FFU of DENV 4. Survival curve (F) and weight loss (G) was reported. *,
$P < 0.05$; **, $P < 0.01$; ***, $P < 0.001$.

Figure 5: Tetravalent vaccine elicits neutralizing antibody responses against DENV 3 and
4. Five C57BL/6 mice were treated with 1mg of an anti-IFNAR1 antibody 24 hours pre-
vaccination. Mice were injected intramuscularly with combination of the four monovalent ΔFL
vaccines; 3µg of DENV 1 and 13µg of DENV 2, 3, and 4 in a 4-week prime boost manner. 4
weeks post boost, animals were sacrificed and sera was collected. (A-D) Heat inactivated sera
was analyzed via ELISA plates coated with a sucrose purified DENV serotype and endpoint
dilution is reported. (E-H) Sera was serially diluted and analyzed via FRNT with one of four DENV
serotypes. EC50's from neutralization curves are reported. (I) Mean EC50 from experimental
groups from monovalent (Fig.'s 2-4) and tetravalent vaccinated mice plotted on a radar graph. *,
$P < 0.05$; **, $P < 0.01$.

Figure 6: Tetravalent vaccine protects against lethal challenge

IFNAR-/- mice were injected intramuscularly with ΔFL mRNA-LNP vaccines of each variant in a
prime-boost vaccination schedule separated by 4 weeks between the doses. For each dose mice
received 10ug DENV1ΔFL and 20ug each of DENV2 ΔFL, DENV3 ΔFL, DENV4 ΔFL mRNA-LNP
vaccines. B-C) Six vaccinated mice and 8 naïve IFNAR$^{-/-}$ mice were challenged with 5x10^6 FFU
of DENV 1 West Pac. D-E) Six vaccinated mice and three naïve IFNAR$^{-/-}$ mice were challenged
with 1x10^4 FFU of DENV2 D2S20. F-G) Six vaccinated mice and five naïve IFNAR$^{-/-}$ were
challenged with 5x10^6 FFU DENV TVP376. All mice were tracked for survival (B, D, F) and
weight loss (C, E, G).

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Figure 1

Figure 2

Figure 3

A Anti-DV4 IgG

B DENV4 Homotypic Neutralization

C Neutralization Titer

D DV 3 *ADE Assay*

E ADE - AUC

F DV4 Homotypic Challenge

G Percent Weight loss

Figure 4

Figure 5

Figure 6