Neutralization of N501Y mutant SARS-CoV-2 by BNT162b2 vaccine-elicited sera

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Abstract

Rapidly spreading variants of SARS-CoV-2 that have arisen in the United Kingdom and South Africa share the spike N501Y substitution, which is of particular concern because it is located in the viral receptor binding site for cell entry and increases binding to the receptor (angiotensin converting enzyme 2). We generated isogenic N501 and Y501 SARS-CoV-2. Sera of 20 participants in a previously reported trial of the mRNA-based COVID-19 vaccine BNT162b2 had equivalent neutralizing titers to the N501 and Y501 viruses.

Main text

We previously reported that BNT162b2, a nucleoside modified RNA vaccine that encodes the SARS-CoV-2 full length, prefusion stabilized spike glycoprotein (S), elicited dose-dependent
SARS-CoV-2–neutralizing geometric mean titers (GMTs) that were similar to or higher than the GMT of a panel of SARS-CoV-2 convalescent human serum samples. We subsequently reported that, in a randomized, placebo-controlled trial in approximately 44,000 participants 16 years of age or older, a two-dose regimen of BNT162b2 conferred 95% protection against Covid-19.

Since the previously reported studies were conducted, rapidly spreading variants of SARS-CoV-2 have arisen in the United Kingdom and South Africa. These variants have multiple mutations in their S glycoproteins, which are key targets of virus neutralizing antibodies. These rapidly spreading variants share the spike N501Y substitution. This mutation is of particular concern because it is located in the viral receptor binding site for cell entry, increases binding to the receptor (angiotensin converting enzyme 2), and enables the virus to expand its host range to infect mice.

We generated an isogenic Y501 SARS-CoV-2 on the genetic background of the N501 clinical strain USA-WA1/2020, which also provided the genetic background of the BNT162b2-encoded spike antigen. Sera of 20 participants in the previously reported trial, drawn 2 or 4 weeks after immunization with two 30-µg doses of BNT162b2 spaced three weeks apart, were tested for neutralization of N501 and Y501 viruses by a 50% plaque reduction neutralization assay (PRNT50; Figure 1). The ratio of the 50% neutralization GMT of the sera against the Y501 virus to that against the N501 virus was 1.46, indicating no reduction in neutralization activity against the virus bearing the Y501 spike (Supplementary material).

A limitation of this finding is that the Y501 virus does not include the full set of spike mutations found on the rapidly spreading strains in the UK or South Africa. Nevertheless, preserved neutralization of Y501 virus by BNT162b2-elicited human sera is consistent with preserved neutralization of a panel of 15 pseudoviruses bearing spikes with other mutations found in circulating SARS-CoV-2 strains.
The ongoing evolution of SARS-CoV-2 necessitates continuous monitoring of the significance of changes for vaccine coverage. This surveillance is accompanied by preparations for the possibility that a future mutation in SARS-CoV-2 might necessitate a vaccine strain change. Such a vaccine update would be facilitated by the flexibility of mRNA-based vaccine technology.

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Data availability

The data that support the findings of this study are available from the corresponding authors upon reasonable request.

Author contributions

Y.S; Writing-Review & Editing, X.P., P.R.D., P.-Y.S.; Supervision, X.P., M.C., D.C., P.R.D., P.-Y.S.; Funding Acquisition P.-Y.S.

Competing financial interests

X.X., V.D.M., and P.-Y.S. have filed a patent on the reverse genetic system. K.A.S., M.C., D.C., and P.R.D. are employees of Pfizer and may hold stock options. X.P., J.Z., C.R.F.G., H.X., and P.-Y.S. received compensation from Pfizer to perform the neutralization assay.
References


Figure 1. 50% plaque reduction neutralization titers of 20 sera from BNT162b2 vaccine recipients against N501 and Y501 SARS-CoV-2. Seven sera (indicated by triangles) were drawn 2 weeks after the second dose of vaccine; 13 sera (indicated by circles) were drawn 4 weeks after the second dose.