

# Rationale for the administration of booster doses – an immunological perspective

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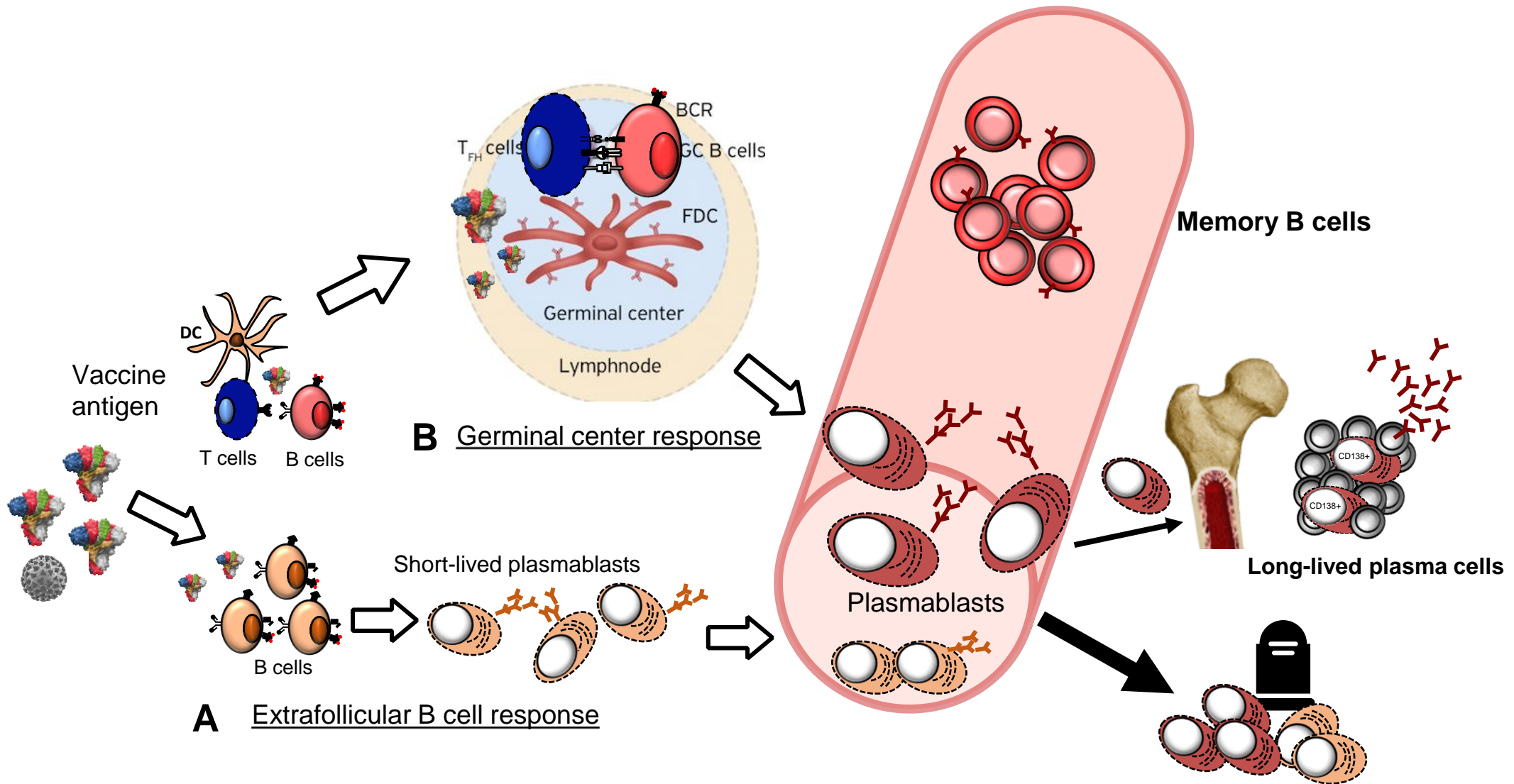
GNN Webinar, May 2<sup>nd</sup> 2022

# Key points

- Principles of booster vaccines
- Key factors determining memory responses: timing, dose, vaccine type..
- « Immune fatigue »- the plateau effect!
- Immunocompromised patients and need for boosters

# Key immune parameters controlling memory response to vaccines

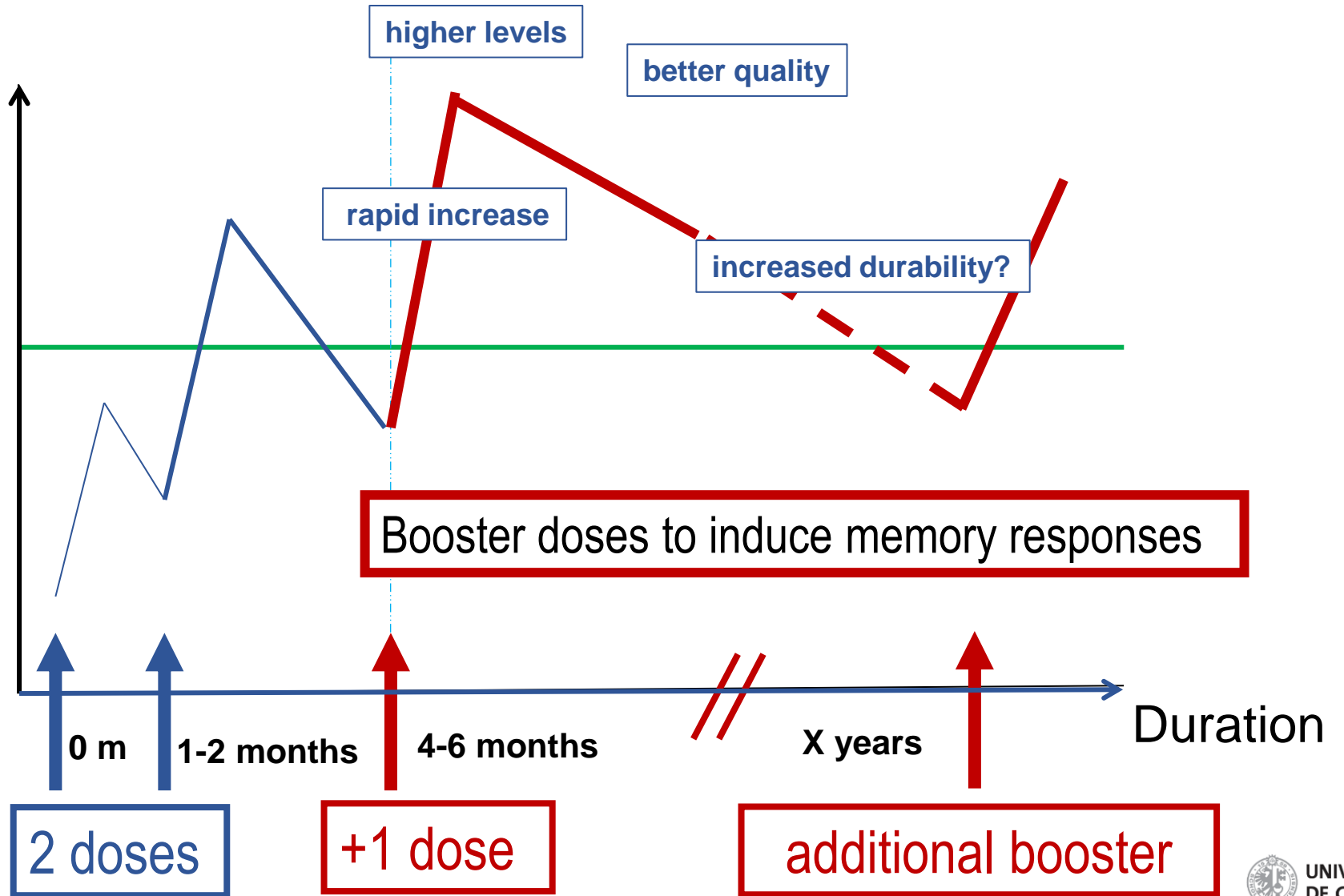
# Vaccine responses- Induction of B-cell memory



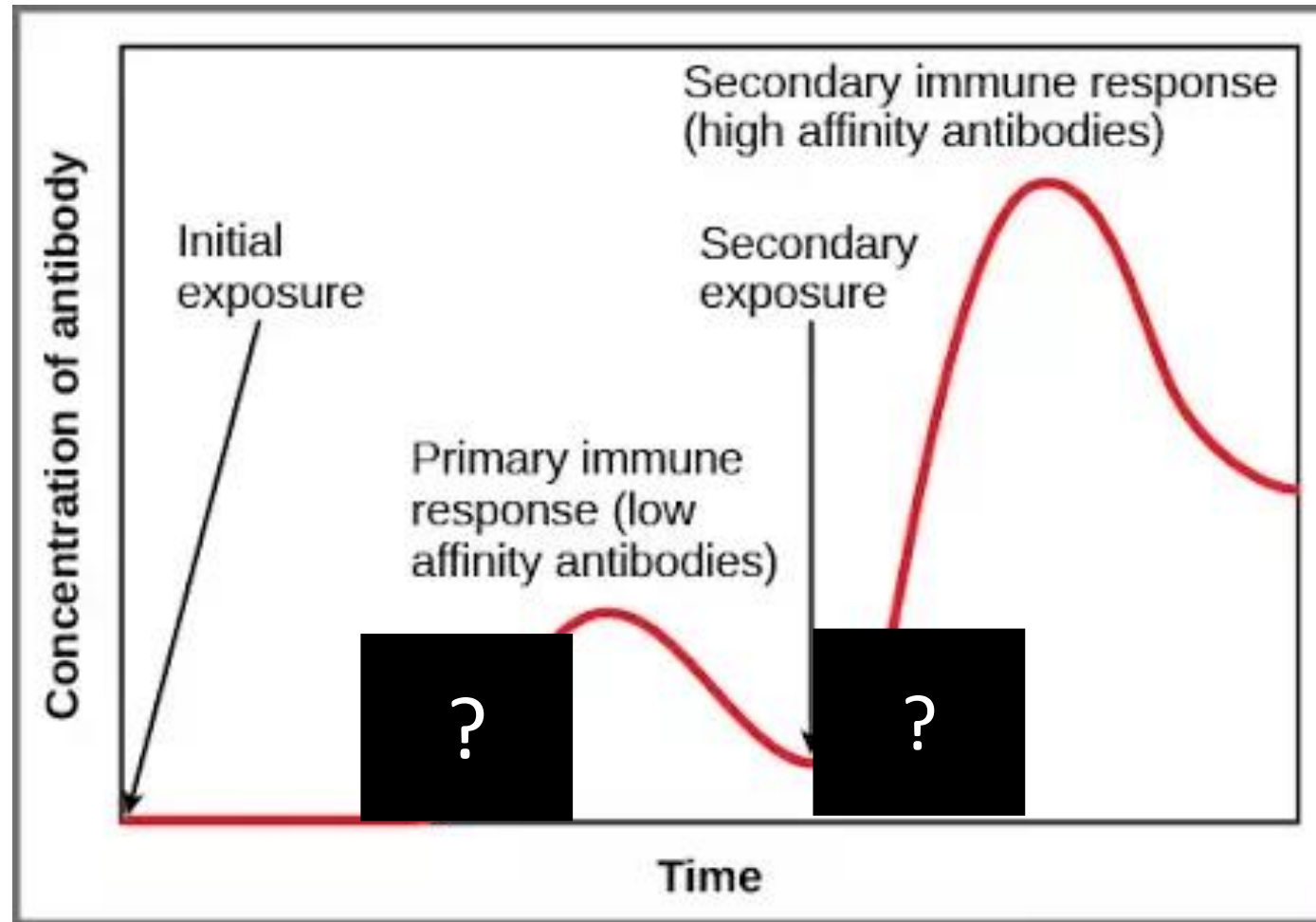
# What to expect from classical vaccine boosters

Antibody levels

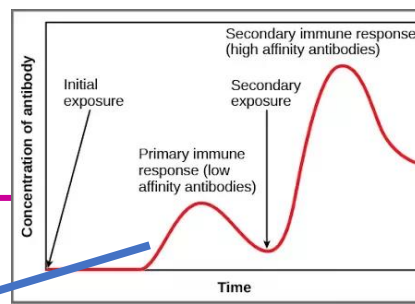
Protective antibody levels



# Prime/boost response- a complex interplay of T and B cell response

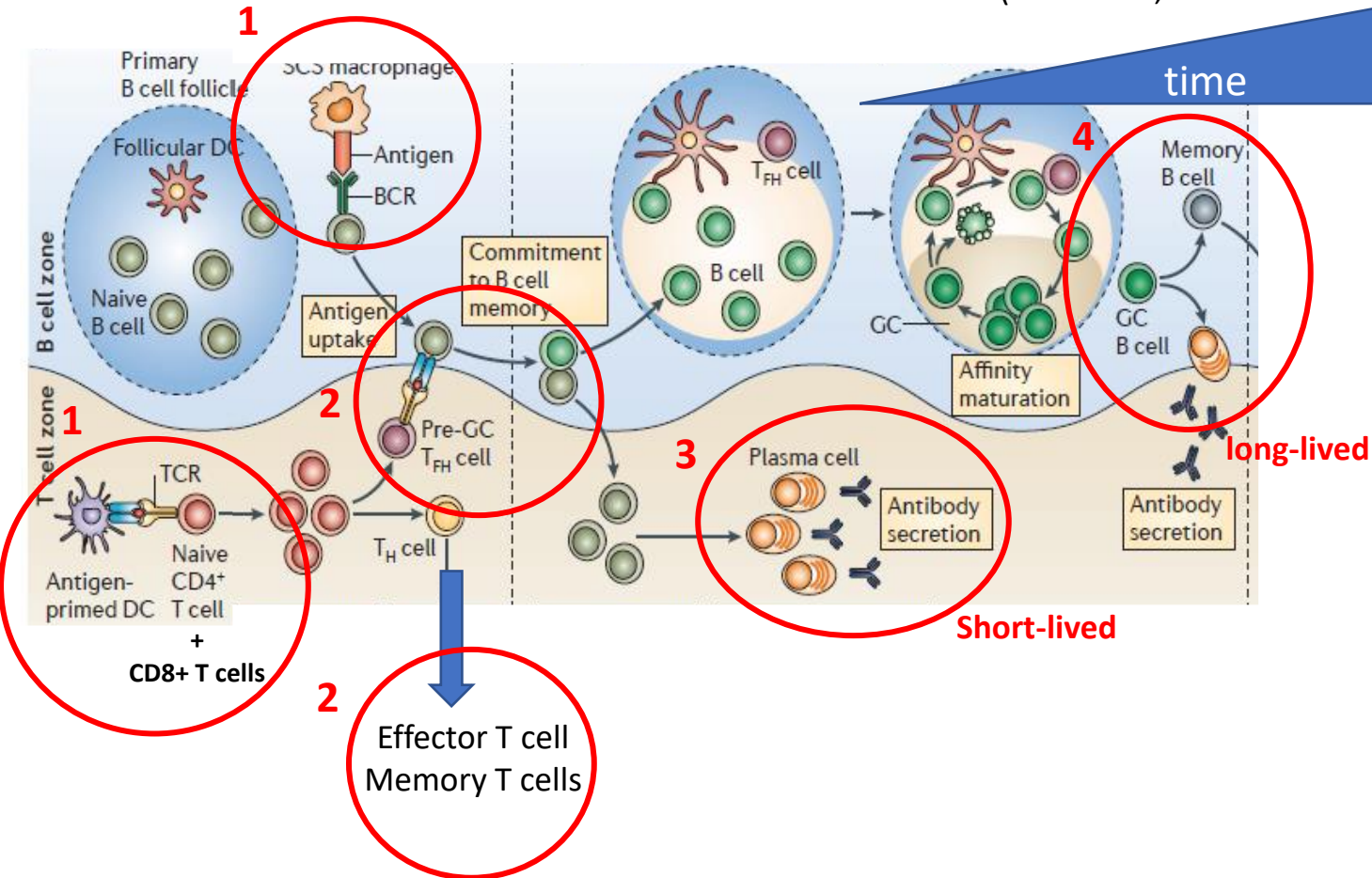


# Prime/boost response- a complex interplay of T and B cell response



priming

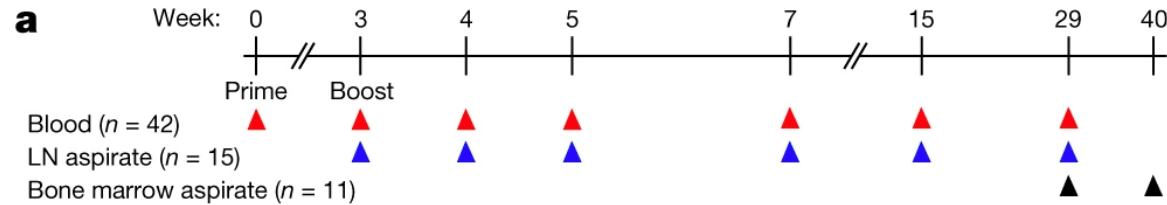
Affinity maturation  
(mutations, clonal diversity)



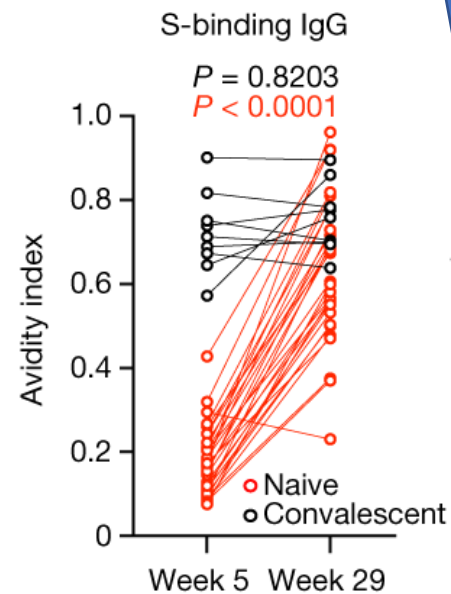
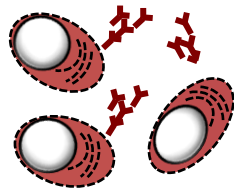
Memory B cells undergo affinity maturation during several months (survival of the fittest)

↑affinity for Ag of their surface IgG

# Persistence of affinity maturation 6 months following 2 doses of mRNA COVID-19 vaccination

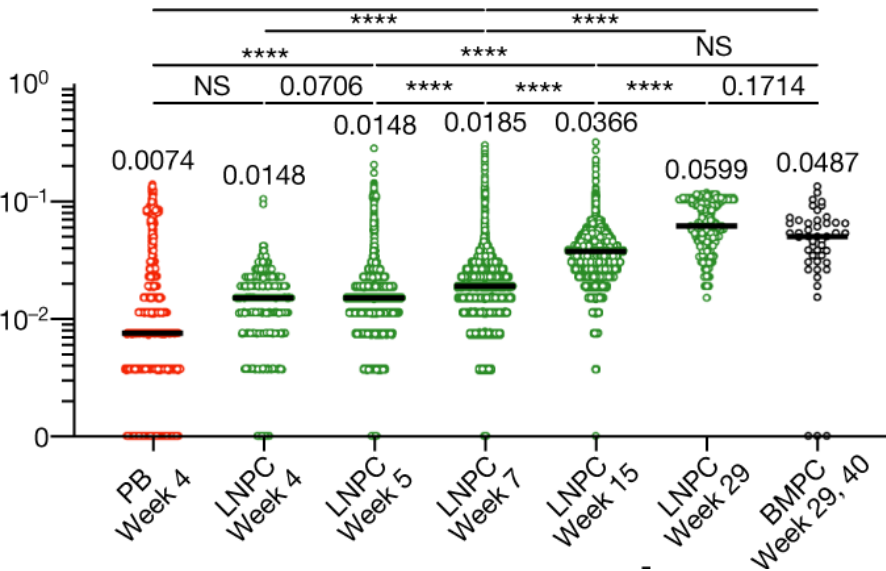


## Antibody avidity



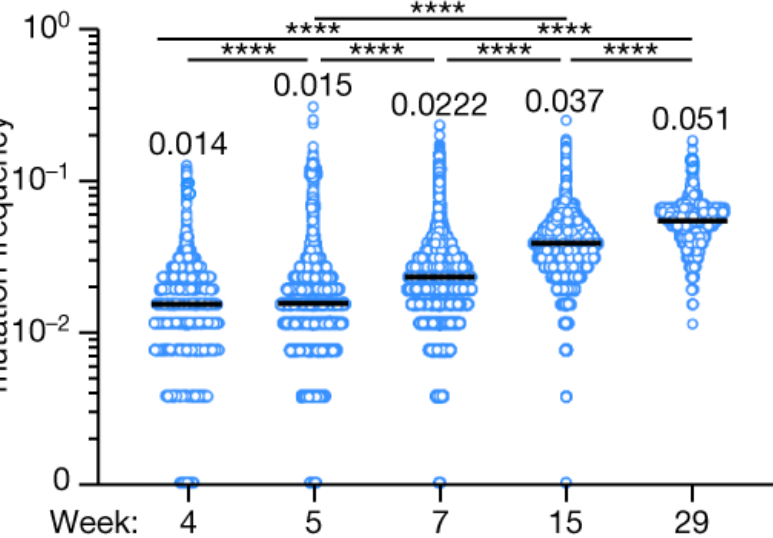
## Somatic hypermutations of S-specific plasmablasts and plasma cells

IGHV nucleotide mutation frequency



## Somatic hypermutations of S-specific GC B cells

IGHV nucleotide mutation frequency

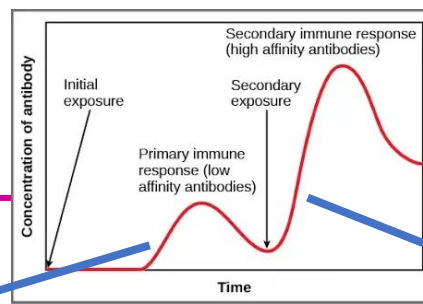


affinity

affinity



# Prime/boost response- a complex interplay of T and B cell response

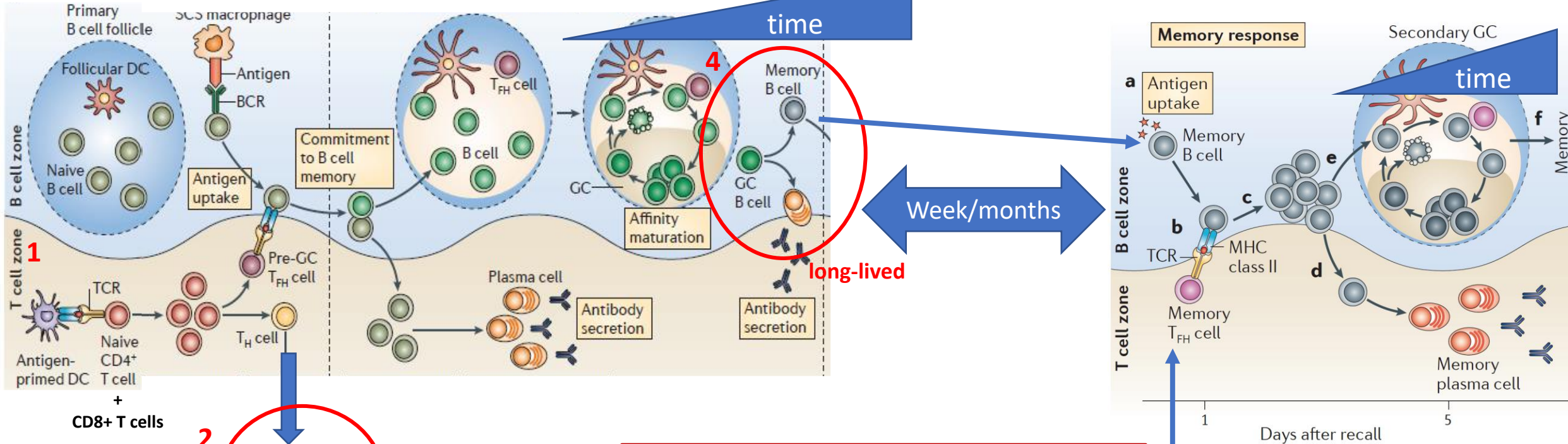


**priming**

**boosting**

**Affinity maturation**  
(mutations, clonal diversity)

**Further maturation**



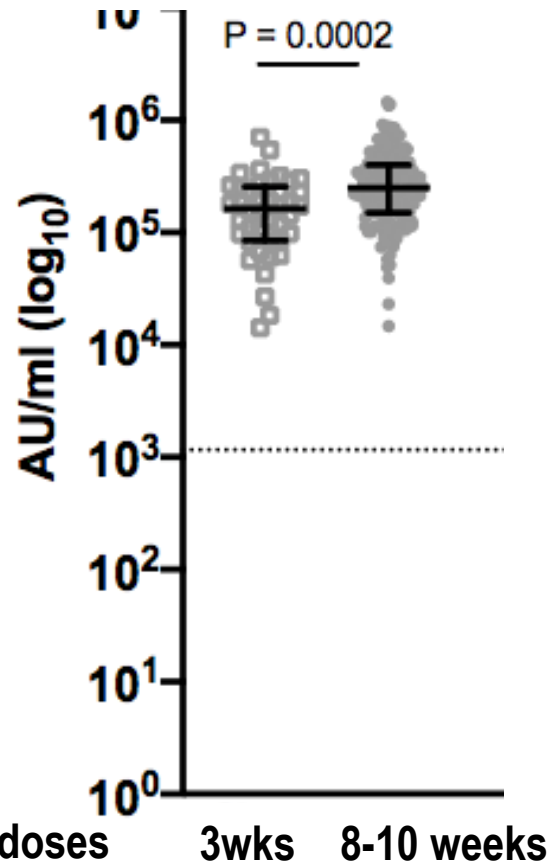
**2**  
Effector T cell  
Memory T cells

**Long interval ( $\geq 4$  months) btwn 2 doses:  
-> affinity maturation of memory B cells –  
enhanced capacity to respond to antigen**

**Ab with higher  
affinity and  
broader repertoire**

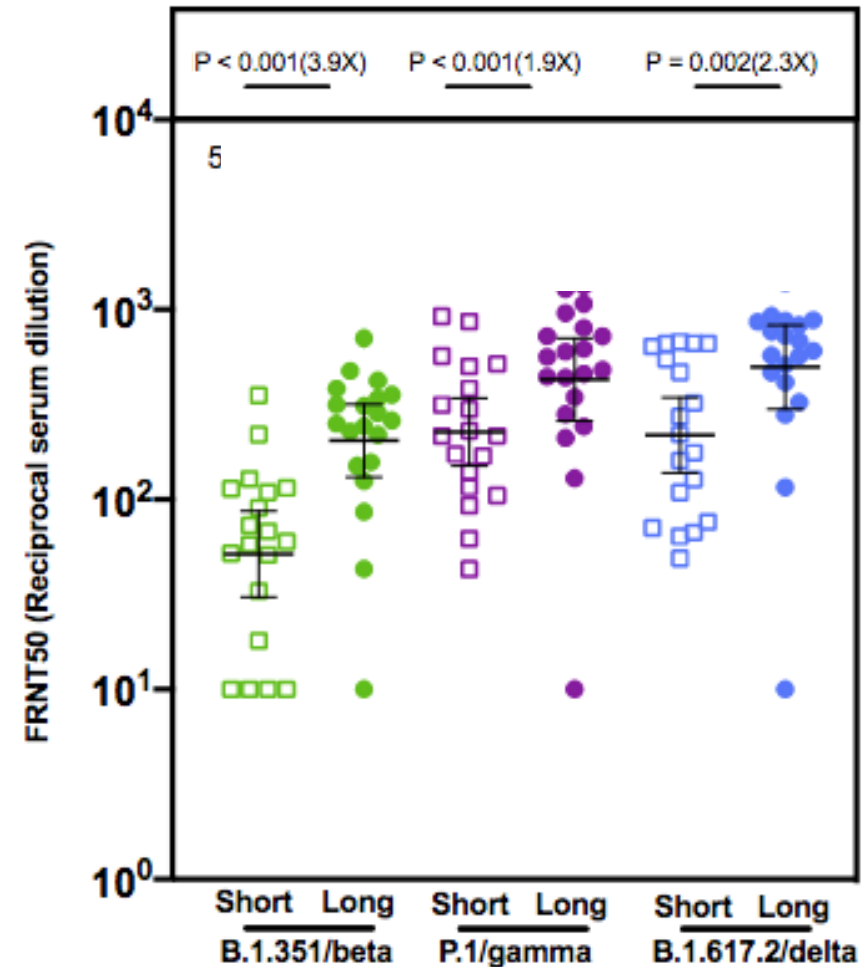
# Increasing the interval between mRNA COVID-19 vaccine dose 1 and 2 increases quantity and quality of antibody responses

### Anti-spike antibody titers 1 month after the 2<sup>nd</sup> dose



naive individuals,  
vaccination with BNT162b2  
n= 57 short interval  
n=277 long interval

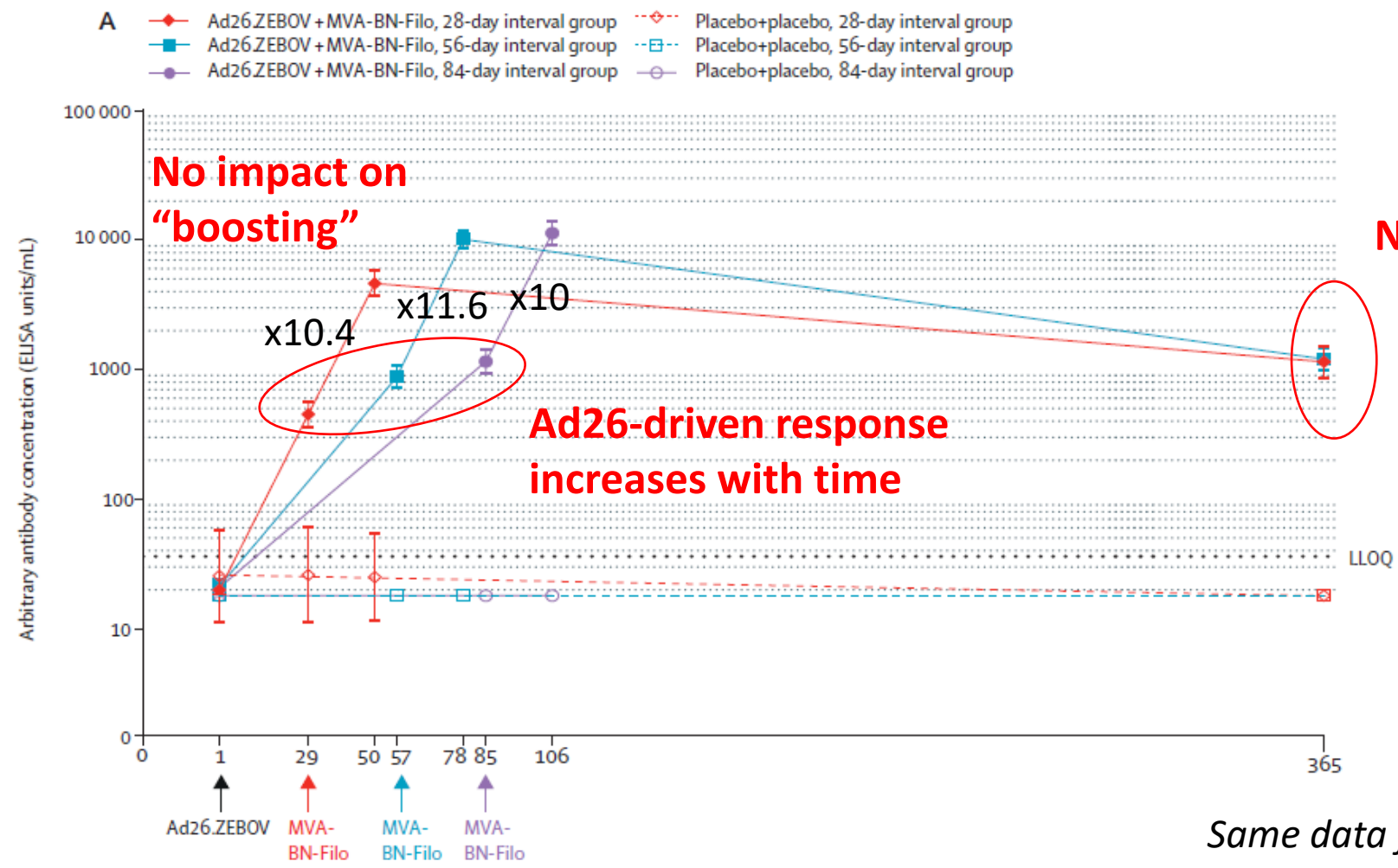
### Neutralizing antibody titers 1 month after the 2<sup>nd</sup> dose



# Does the interval between 1st and 2<sup>nd</sup> dose matter? Yes, but may only be short term

## Phase II – Ad26/MVA

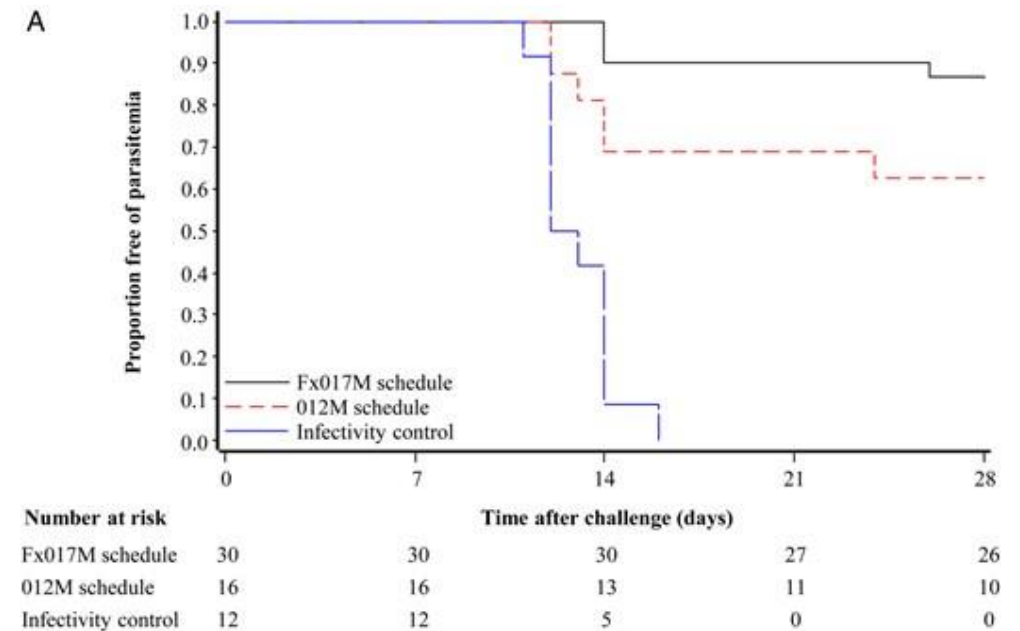
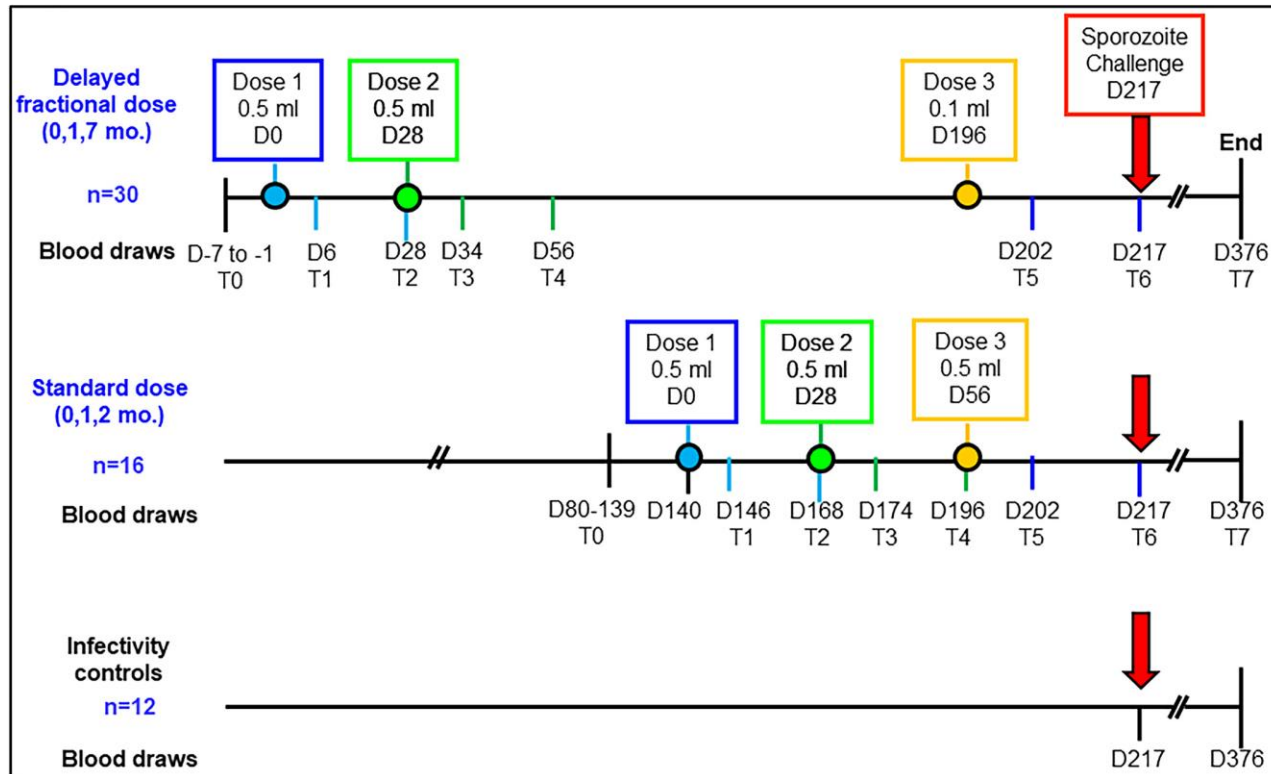
### Compare 28 days, 56 days and 84 days intervals



Same data for neutralizing Ab  
No difference for T cell response

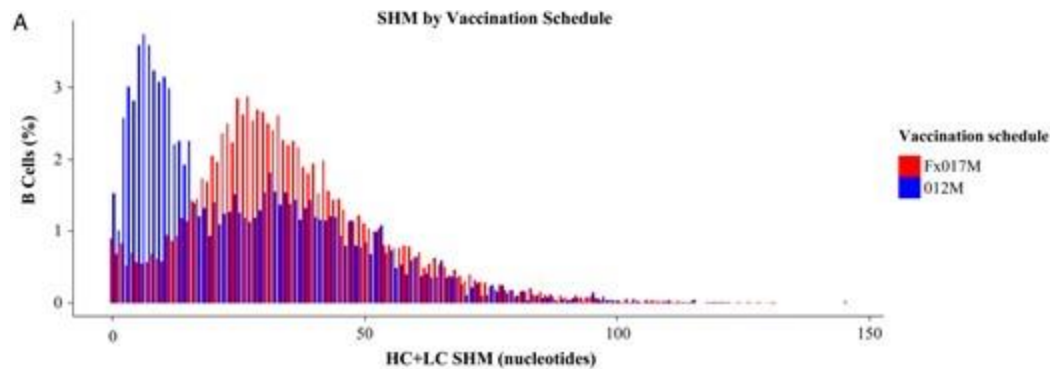
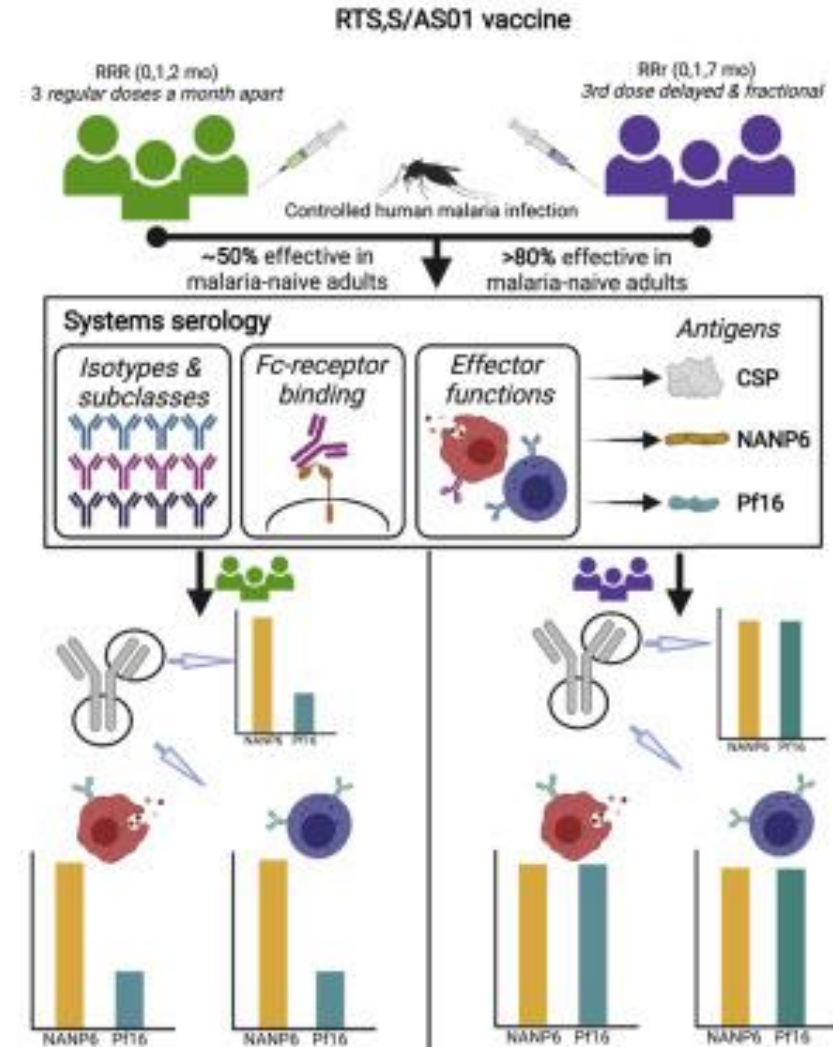
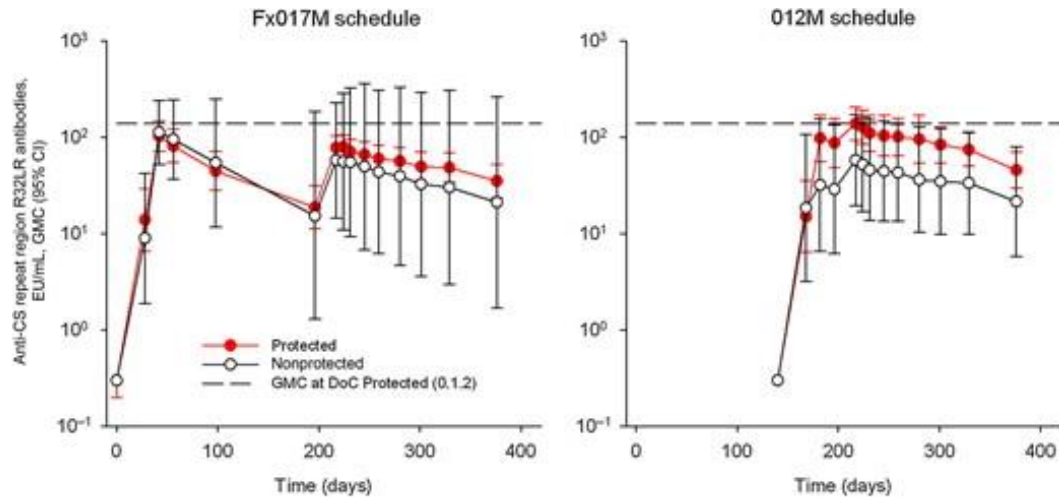
# Effect of dose and timing

RTS'S Malaria Vaccine  
Human challenge model  
Phase II



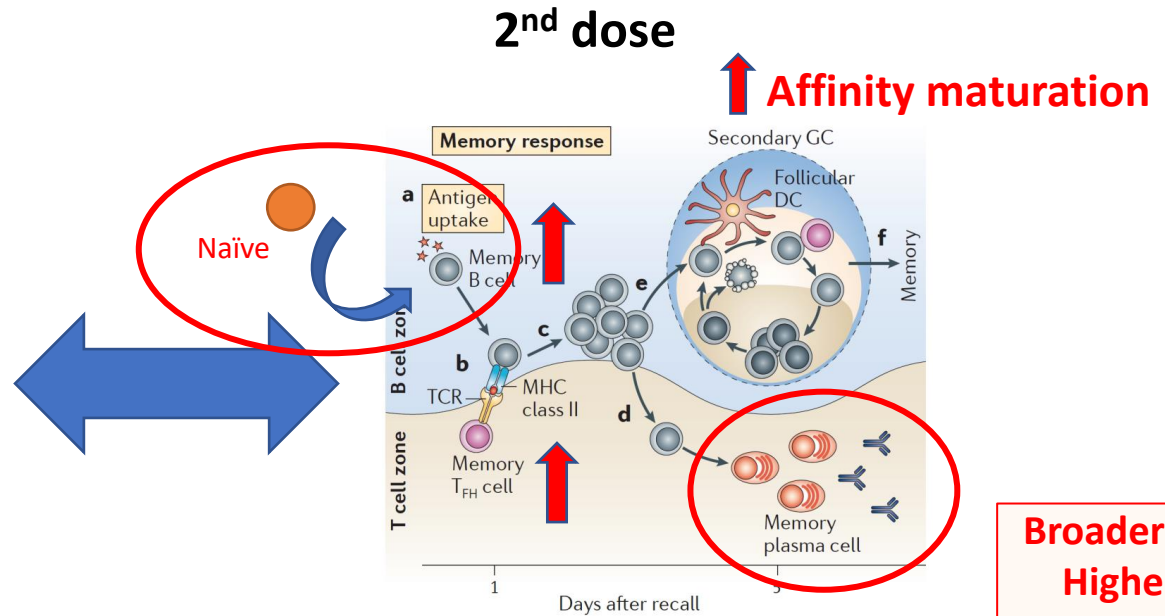
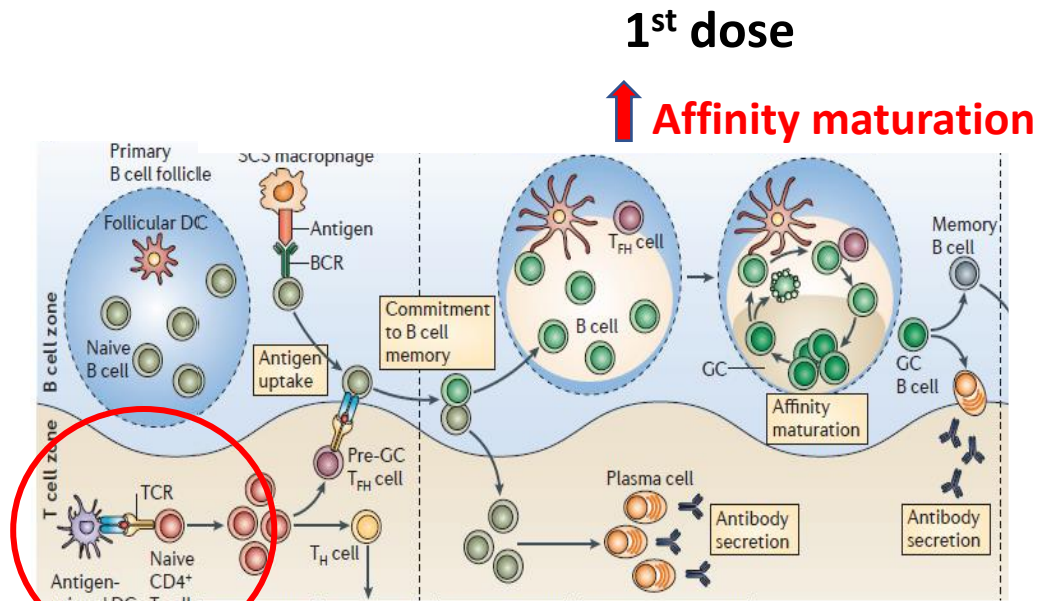
# Effect of dose and timing on boosting

## Impact on quality rather than quantity !



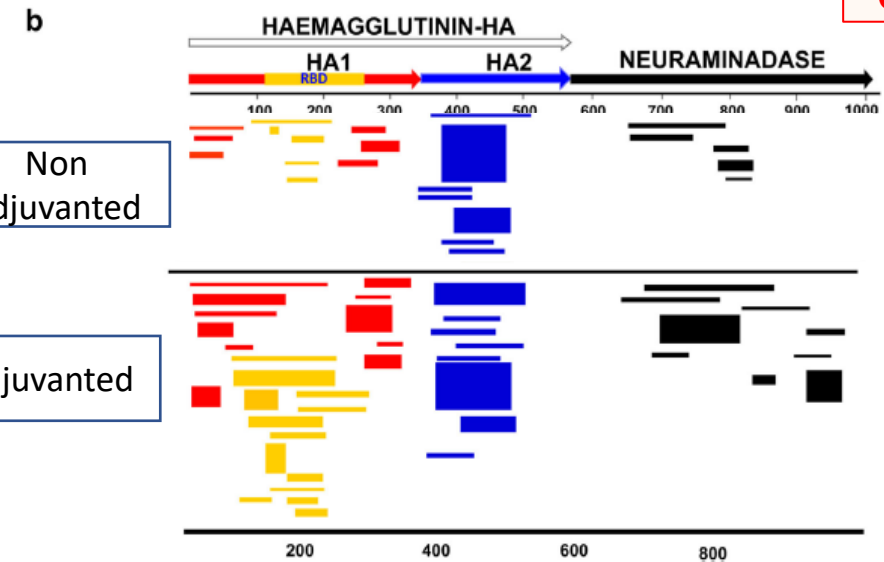
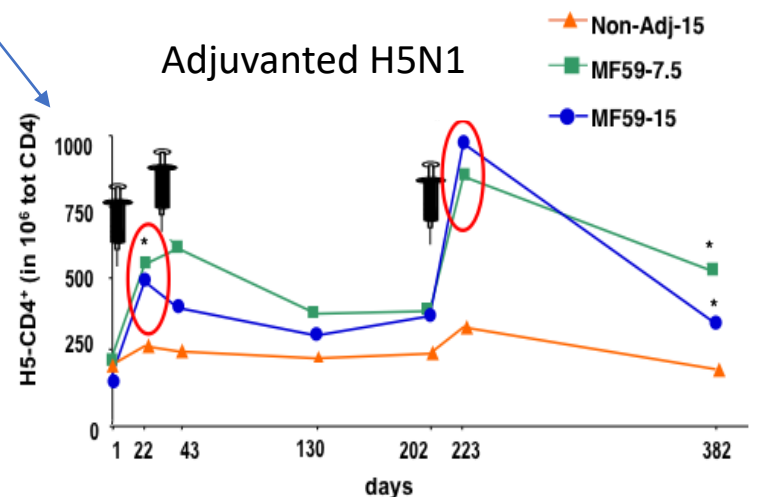
# Influence of the type of vaccine for priming

## Learnings from adjuvanted Flu vaccines



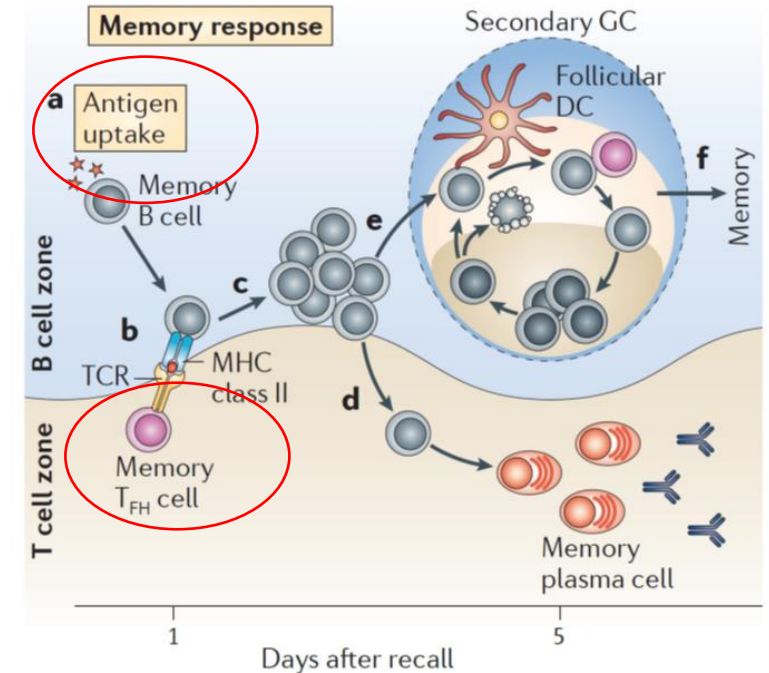
**Broader repertoire  
Higher affinity  
Cross-neutralizing**

**Increased T cell Response**

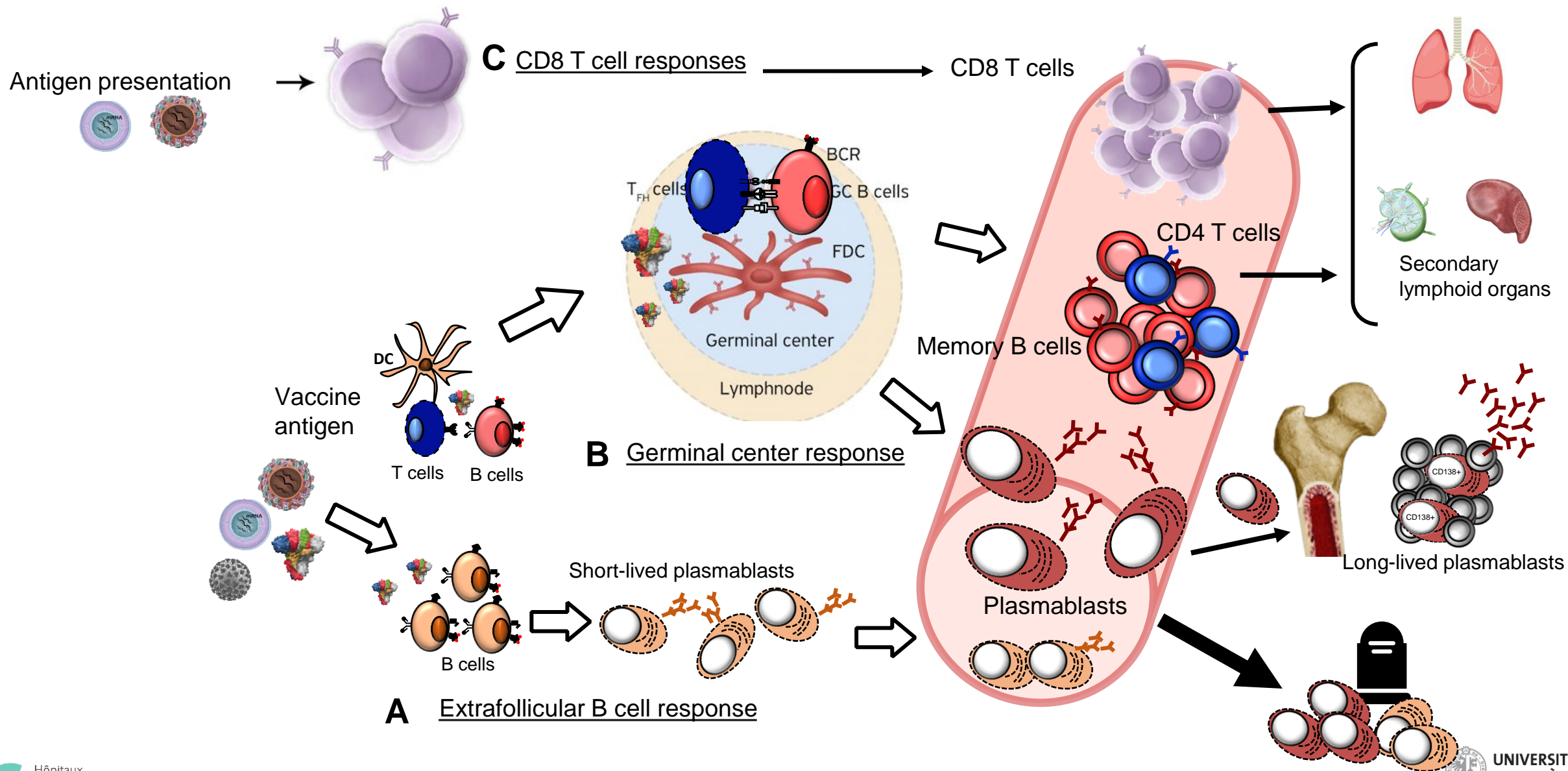


# Key points

- Priming is key! (needs good memory TFh and B cells, affinity maturation)
- Key factors:
  - Timing between doses- usually the longer the interval, the better!
  - Nature of the vaccine (ex: adjuvants) -> impact on quality of immune response (innate, Tfh, B cell activation)
  - Homology of sequence/conformation used for boosters -> heterologous prime/boost

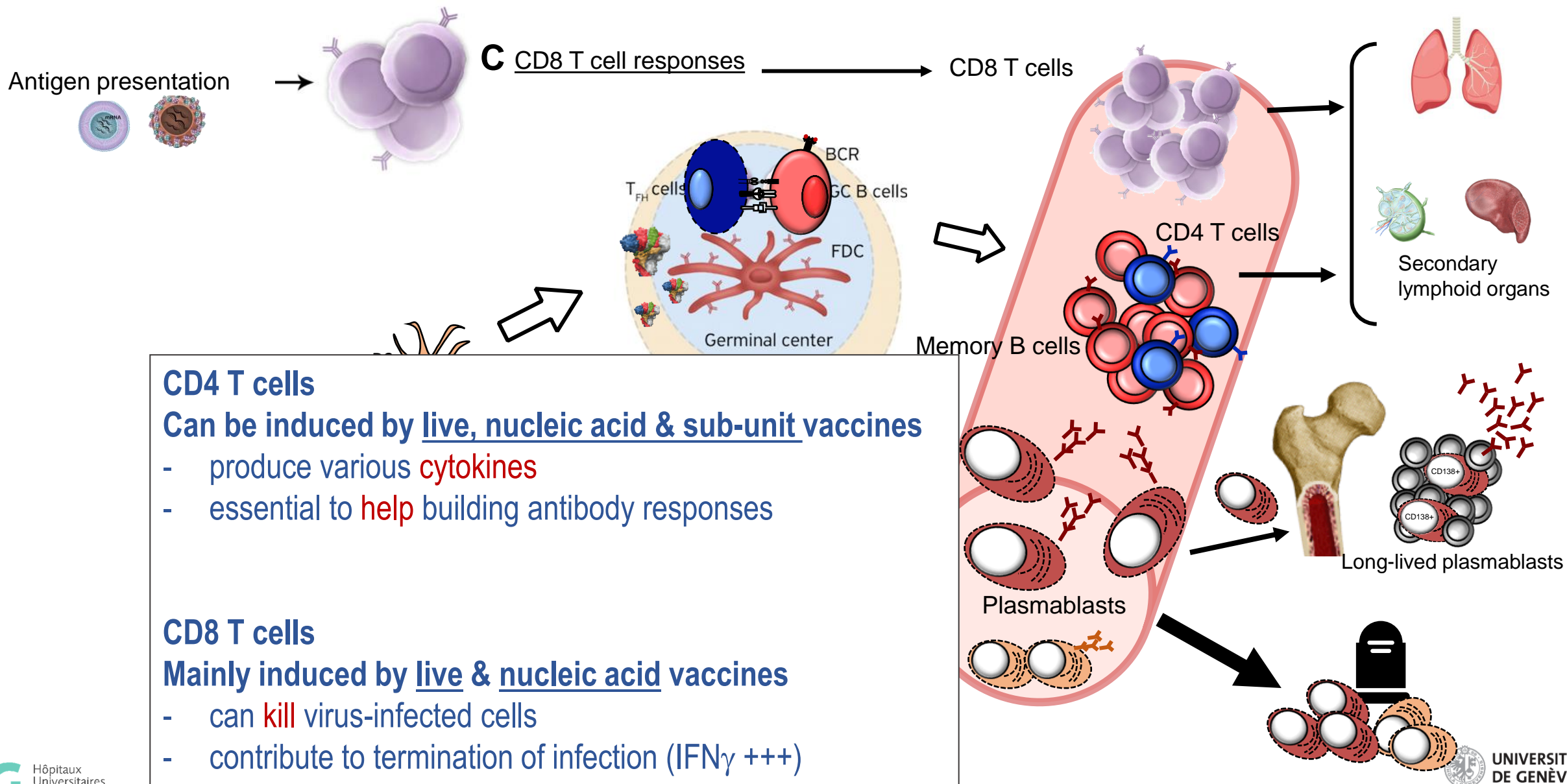


# Vaccine responses- Induction of T-cell memory





# Vaccine responses- Induction of T-cell memory



**CD4 T cells**  
 Can be induced by live, nucleic acid & sub-unit vaccines

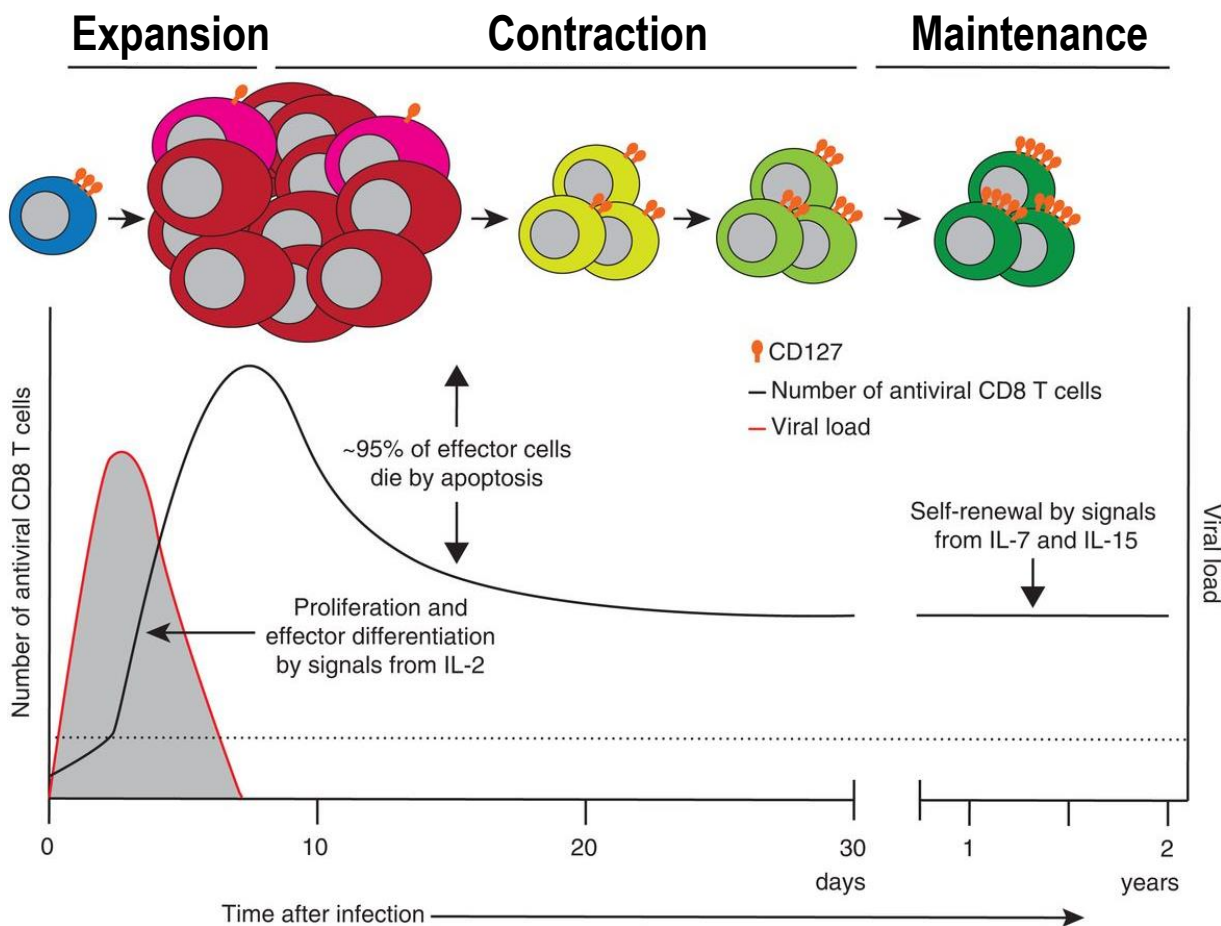
- produce various **cytokines**
- essential to **help** building antibody responses

**CD8 T cells**  
 Mainly induced by live & nucleic acid vaccines

- can **kill** virus-infected cells
- contribute to termination of infection (IFN $\gamma$  +++)

# T-cell differentiation into effector or memory T cells

95% of (terminal) effector cells die during contraction phase



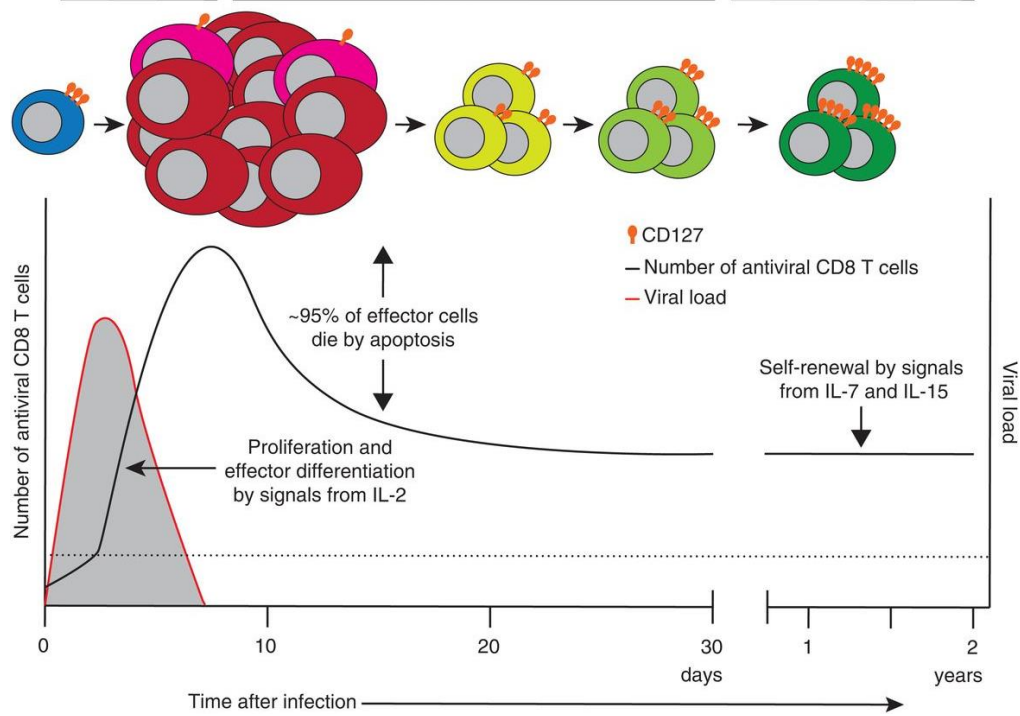
Number of antigen-specific T cells

## Memory T cells:

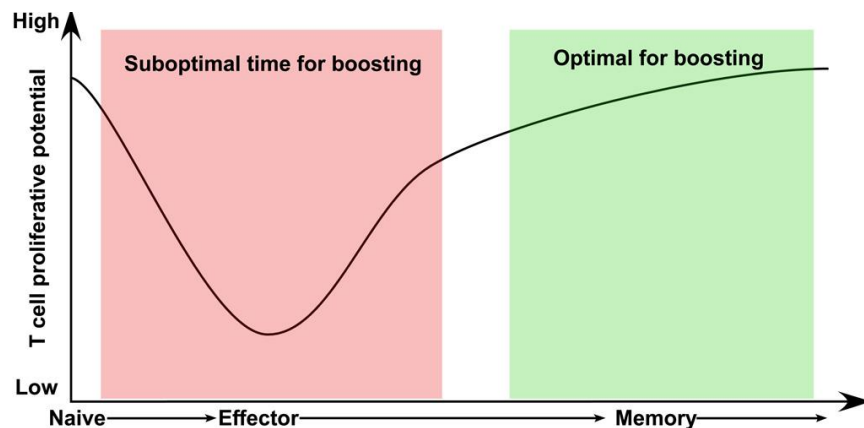
- **Effector memory T cells**
  - express effector molecules
  - rapid action in case of (re)infection
  - circulating and in tissues
- **Central memory T cells**
  - resting
  - reservoir in lymphoid tissues

# When is the best timing to boost T cell responses?

Expansion      Contraction      Maintenance



Number of antigen-specific T cells

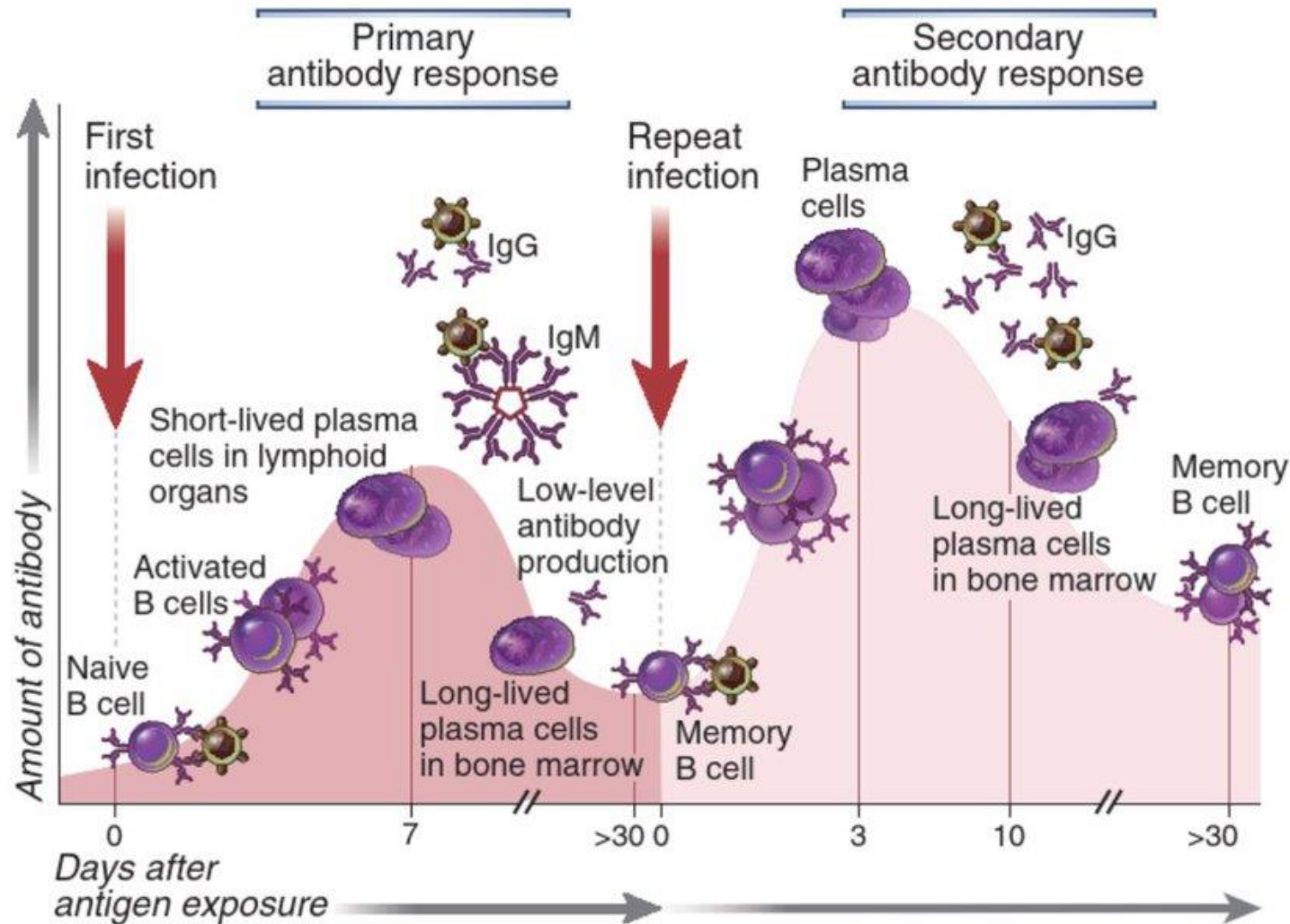


T cell proliferative potential

**T cell responses are lower when booster is given too early**

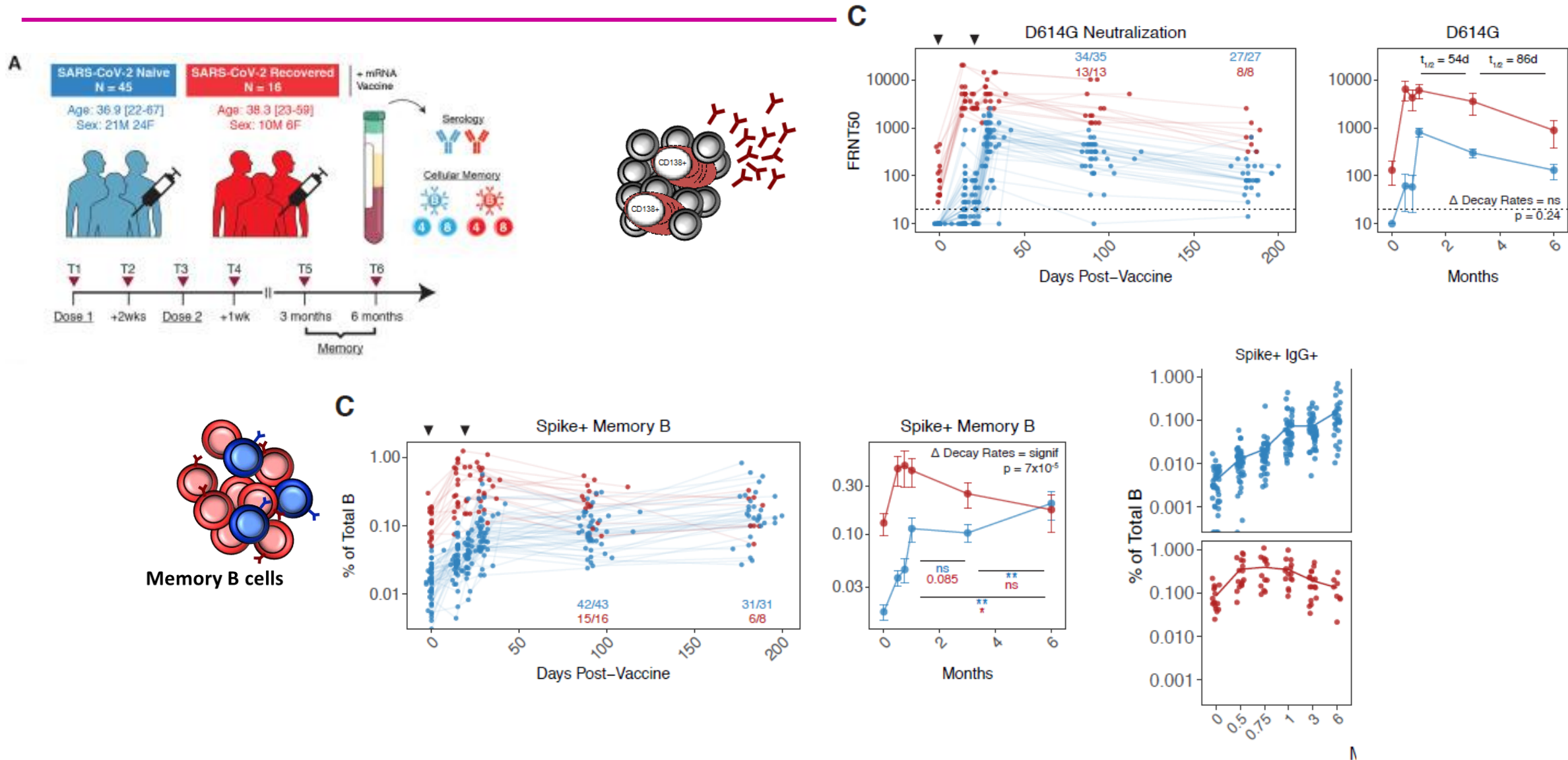
# What we measure and what we don't....

# Measure of antibody versus memory response...



1. Antibodies are produced by different B cells (short-lived vs long-lived) depending on timing post vaccination
2. Low antibody level does not mean absence of memory responses!!

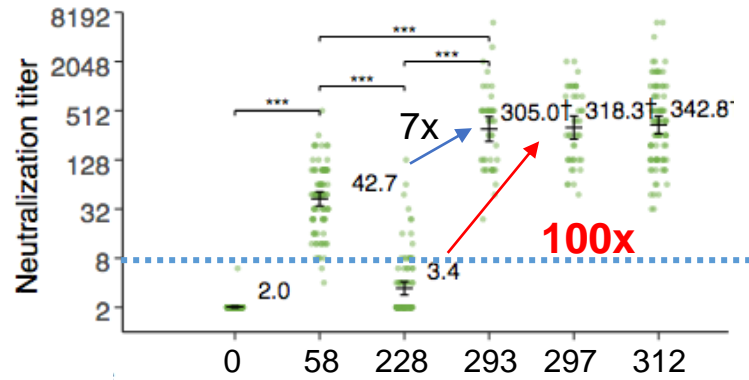
# Evidence of reduced antibody level but INCREASED memory



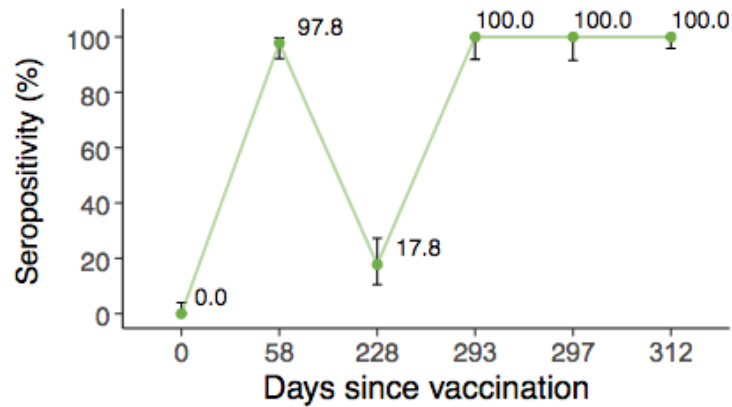
# Example of inactivated vaccine booster

phase I/II, vaccine: Sinovac; N=90, 3µg (dosage approuvée), booster 8 months post 2<sup>nd</sup> dose

Taux de neutralization

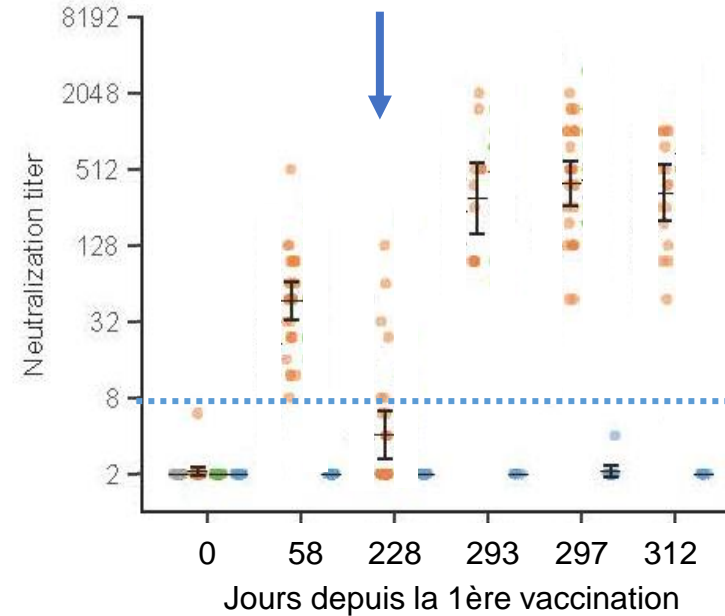


Seropositivity (%)

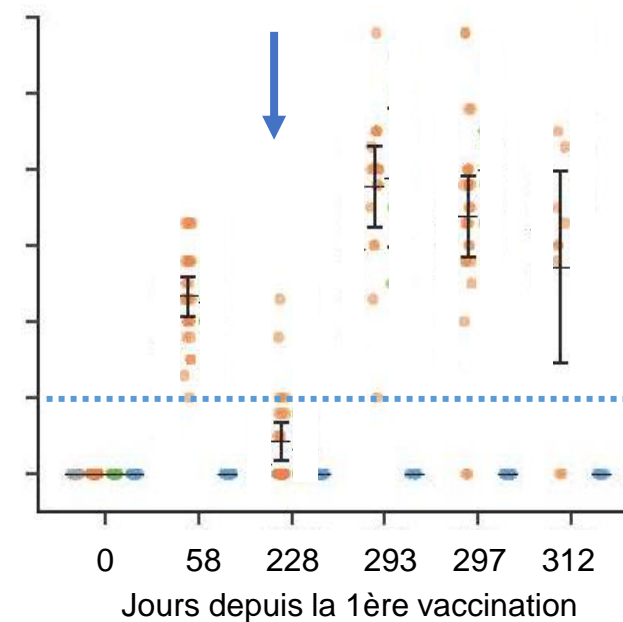


• 3 µg

65-69 ans (n=29)



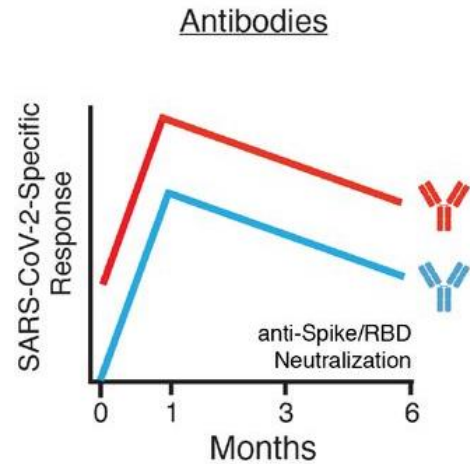
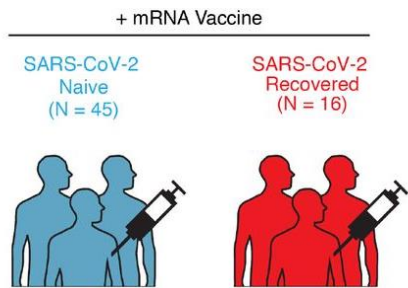
≥ 70 ans (n=26)



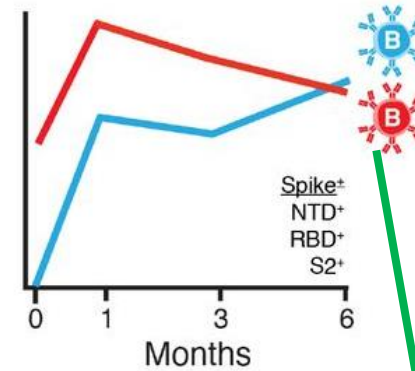
• 3 µg

• Placebo

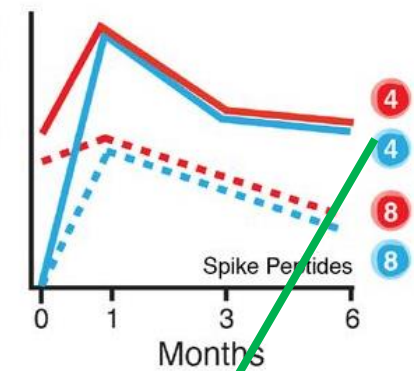
# Parallels between a decrease in immunogenicity and effectiveness (pre-omicron)



### Memory B Cells



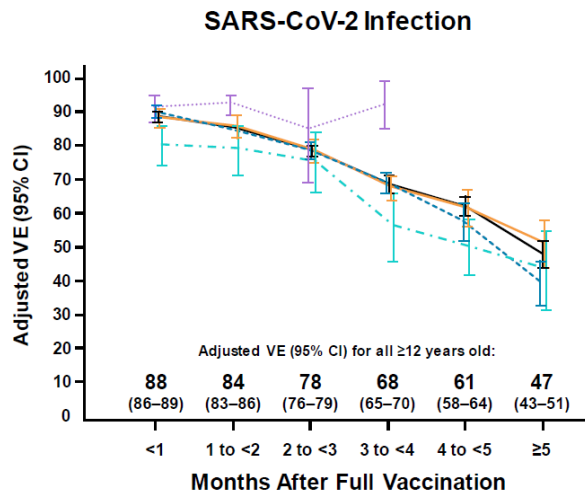
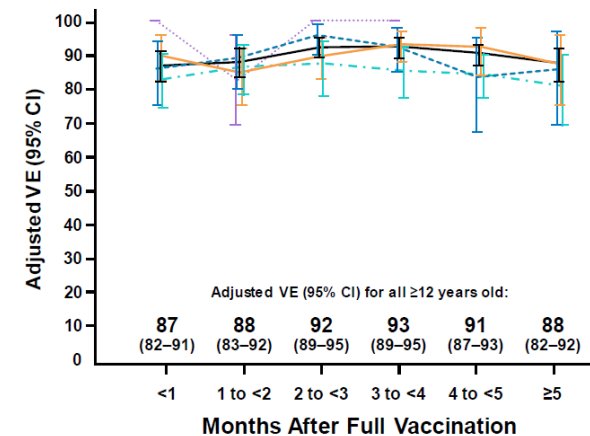
### Memory T Cells



?

correlate of protection

### COVID-19-Related Hospitalization

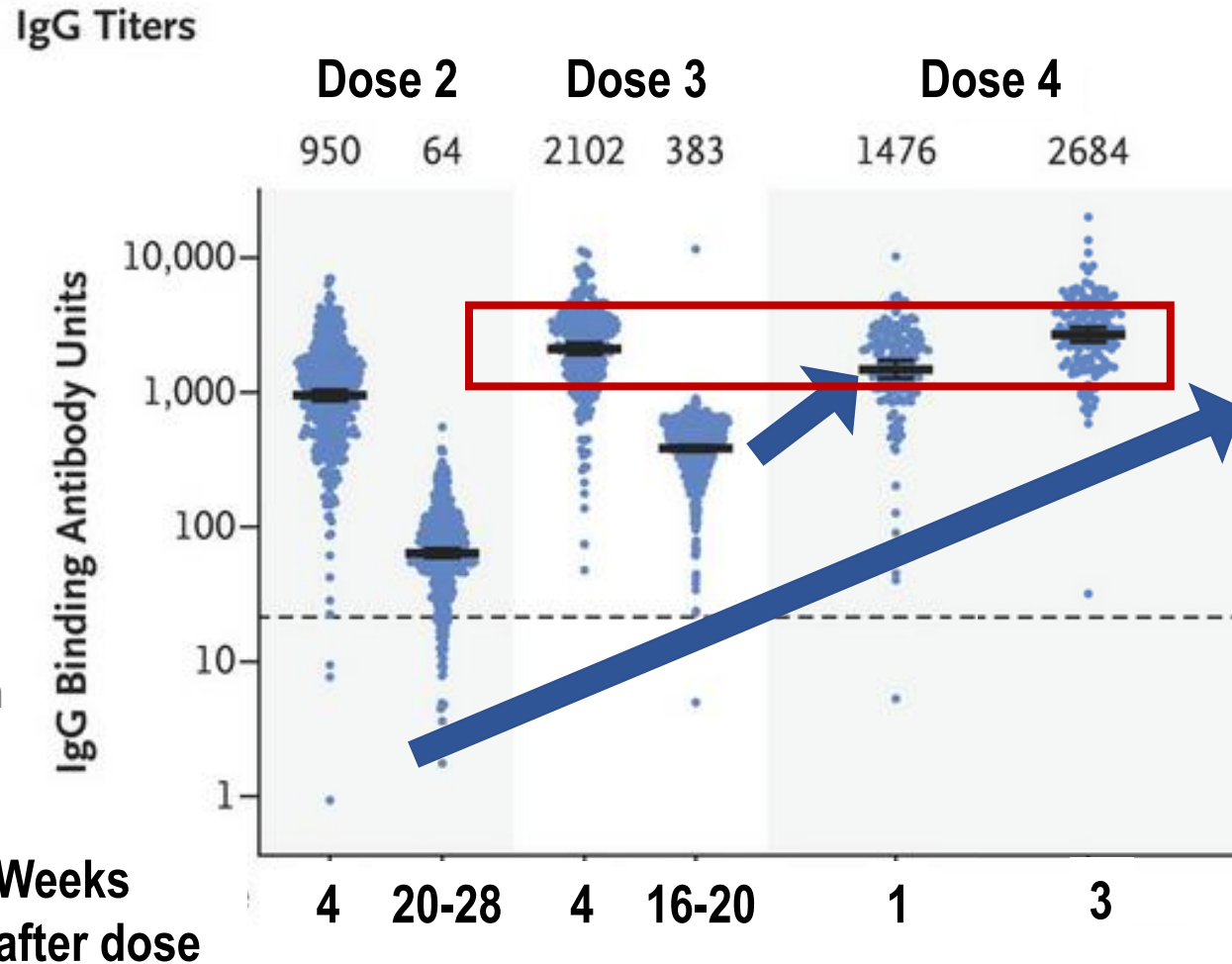


Six-month effectiveness of BNT162b2 mRNA COVID-19 vaccine in a large US integrated health system: a retrospective cohort study. Tartof SY 2021



**Does the response reach a plateau after subsequent boosting  
What is the mechanism?**

# Do antibody levels reach higher levels with each subsequent boost?



?

wk 20

Rapid increase in antibody titers  
1wk after dose 4

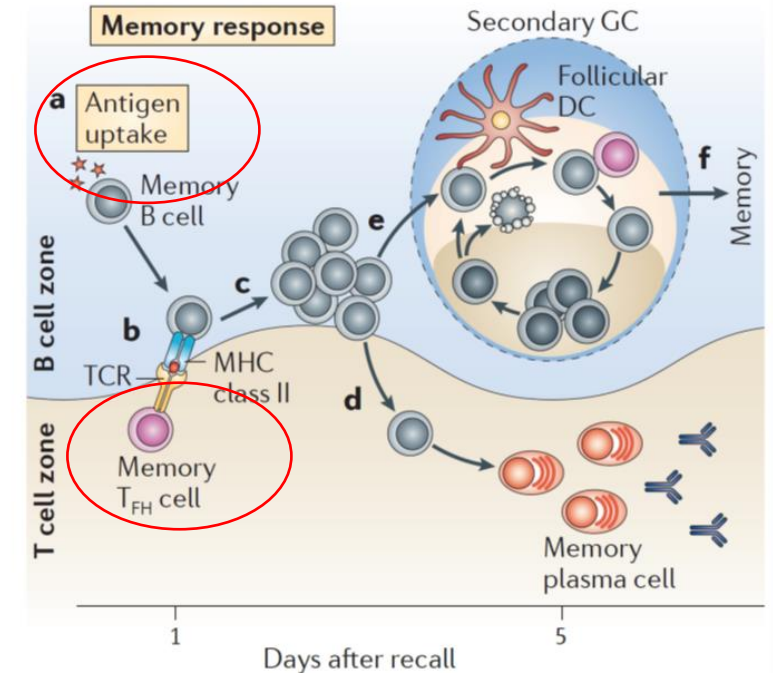
No difference in the peak response  
between dose 3 and 4 -> **plateau**  
*Same for neutra*

Kinetics of antibody decay after  
dose 4 ? similar to after dose 3?

n=154 individuals from  
SHEBA HCW cohort  
BNT162b2

# “immune fatigue” upon repeated boosting?

- T (or B) cell exhaustion is usually seen in chronic infection/ antigen exposure
- It mainly leads to the anergy of memory T cells
- Plateau effect is likely due to a “space constraints” in the long-lived plasma cells in bone marrow and T cell memory pool



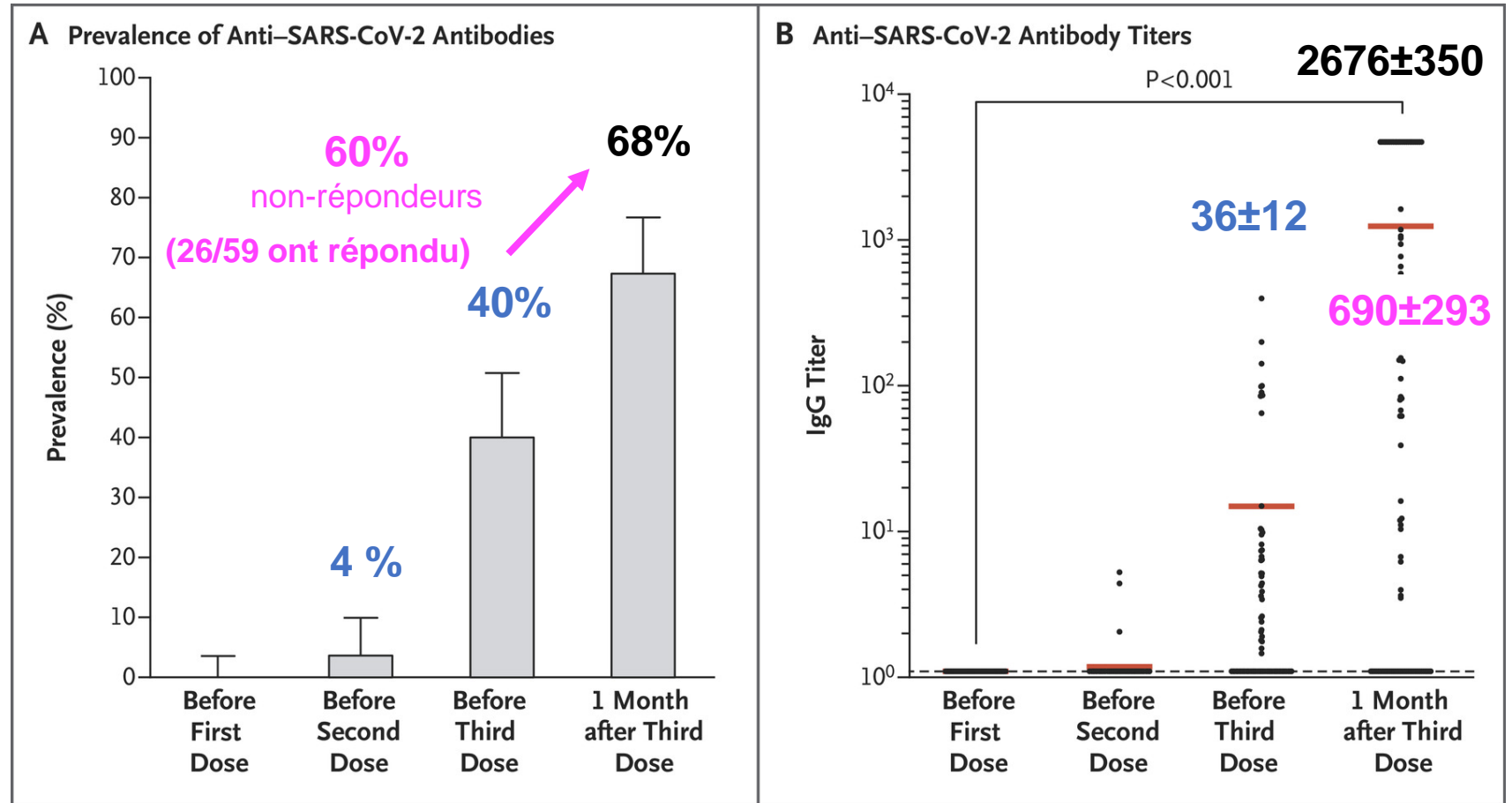
# Beneficial impact of booster for IC patients

# The humoral response is boosted following a 3rd vaccine dose in transplant patients

Retrospective study (France)  
(BioNTech/Pfizer)  
n= 101 transplanted

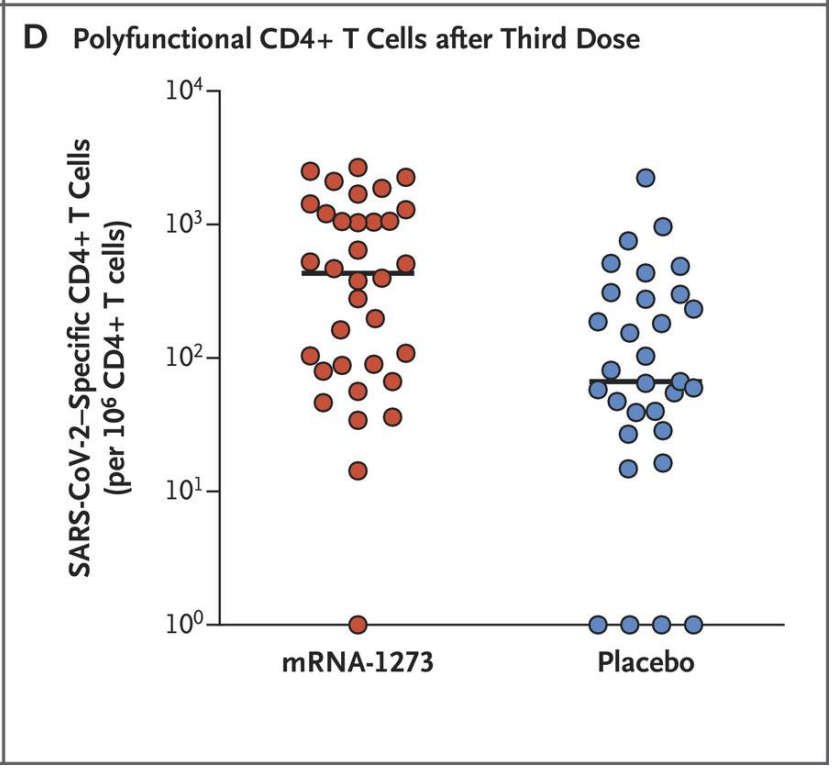
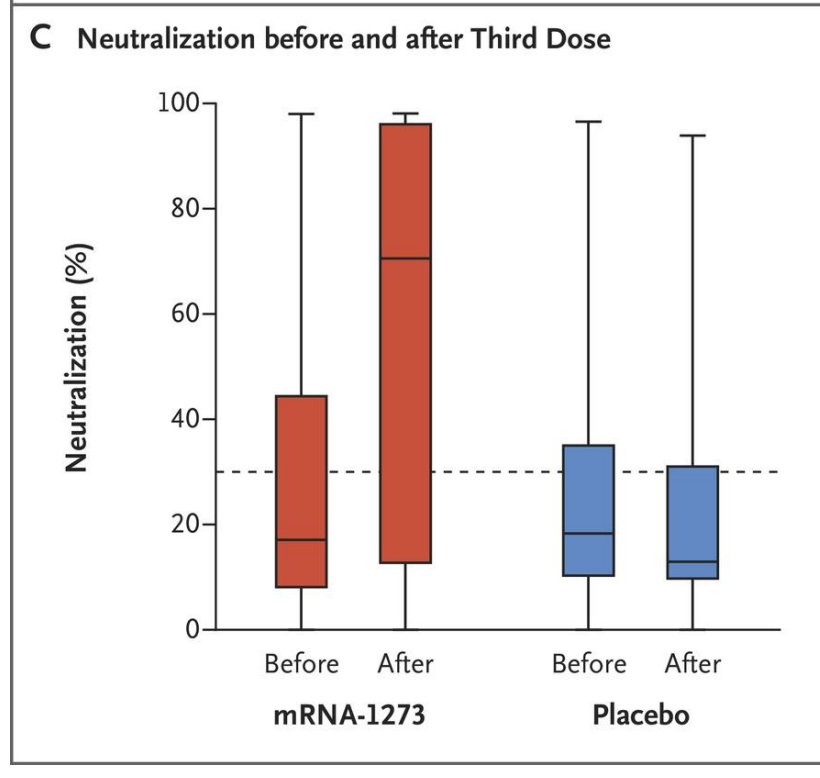
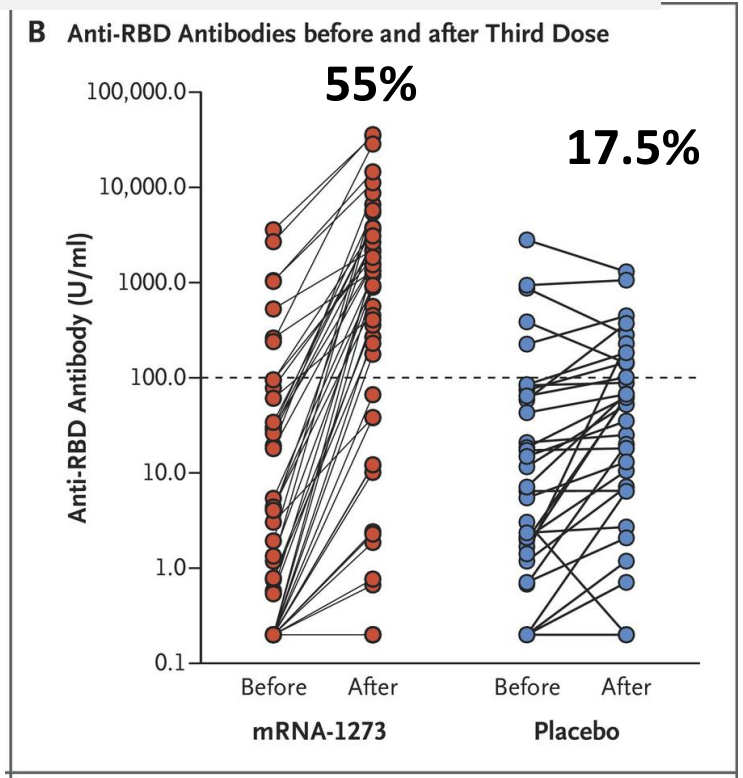
- 78 renal
- 12 hepatic
- 8 pulmonary
- 3 pancreas

2 doses at 4 weeks  
then 3rd dose after 61+/- 1 day

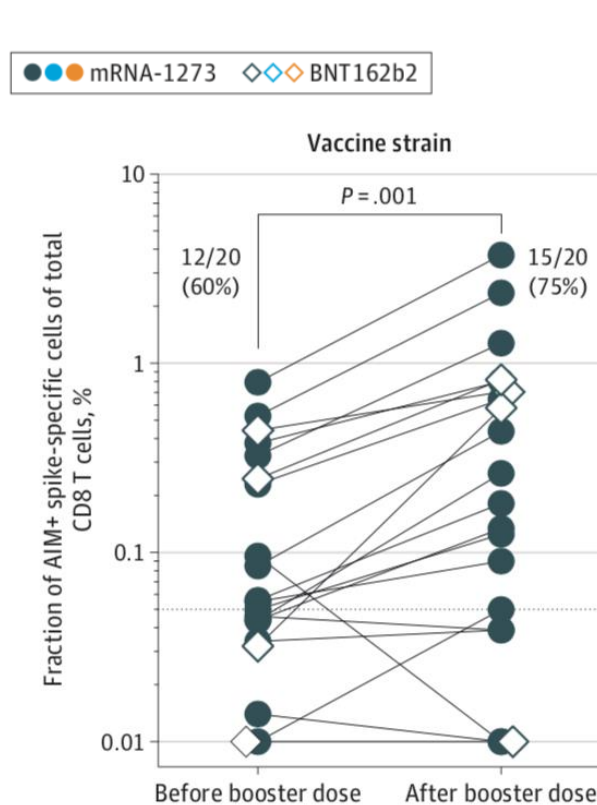
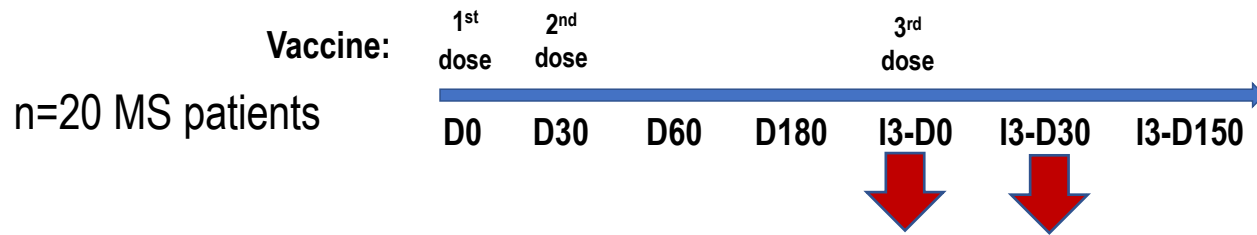


# A 3rd vaccine dose induces a humoral and cellular T CD4+ response in the transplanted population

Randomized study  
n= 60 Moderna, n=57 placebo

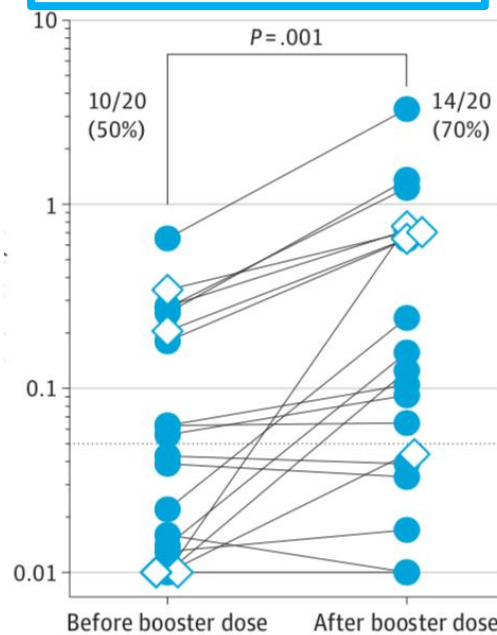


# A third dose boosts CD8 T cells cross-recognizing the variants Delta and Omicron



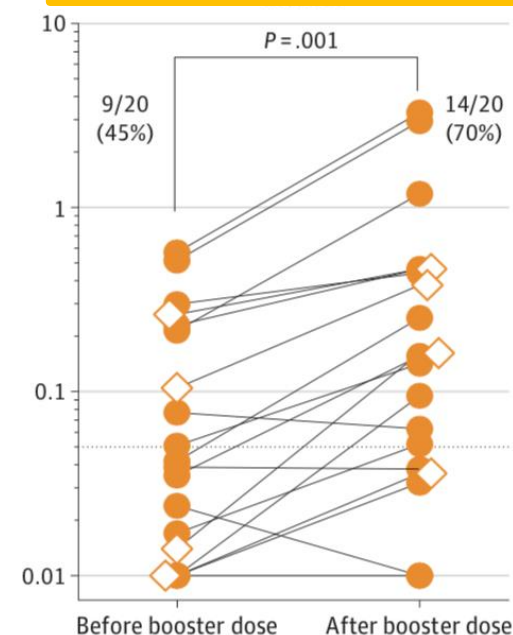
Delta

89.3% of vaccine-strain



Omicron

71.1% of vaccine-strain



Wilcoxon signed rank test, including all individuals

Madelon N, Heikillä N et al, JAMA Neurol 2022

## (Some) open questions

- When is the best timing to re-boost vulnerable patients?
- Will the next emerging variant escape vaccine-induced memory response?
- Impact of heterologous vaccination and infections on long term memory response and protection against severe diseases...



Thank you