At Least Three Doses of Leading Vaccines Essential for Neutralisation of SARS-CoV-2 Omicron Variant

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- 3 Goldie¹, Trevor W Drew¹, Kim R Blasdell¹, Mary Tachedjian¹, Shruthi Mangalaganesh^{1,5},
- 4 Simran Chahal¹, Leon Caly ⁶, Julian D Druce ⁶, Jennifer A Juno ⁷, Stephen J Kent ⁷, Adam K
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COVID-19 WHO meeting on COVID-19 Vaccines Research





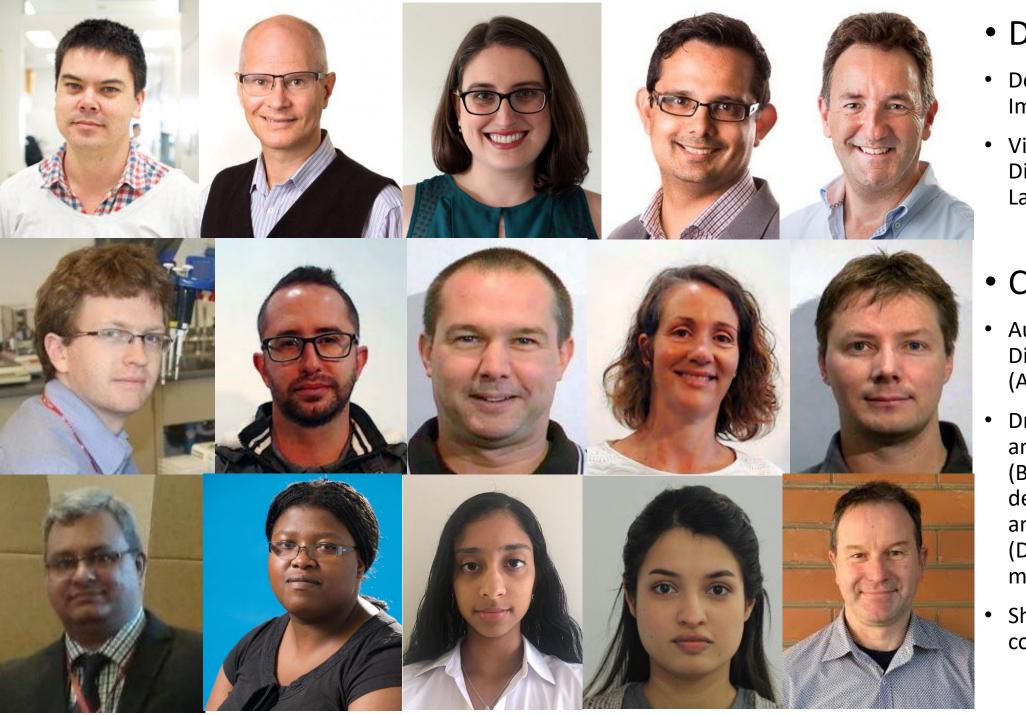
Professor S.S. Vasan, DPhil(Oxon)
COVID-19 Project Leader, CSIRO (Australia's science agency)
Honorary Professor, University of York

Acknowledging the Wathaurong Community, Traditional Owners of Greater Geelong And funding from:









Doherty Institute

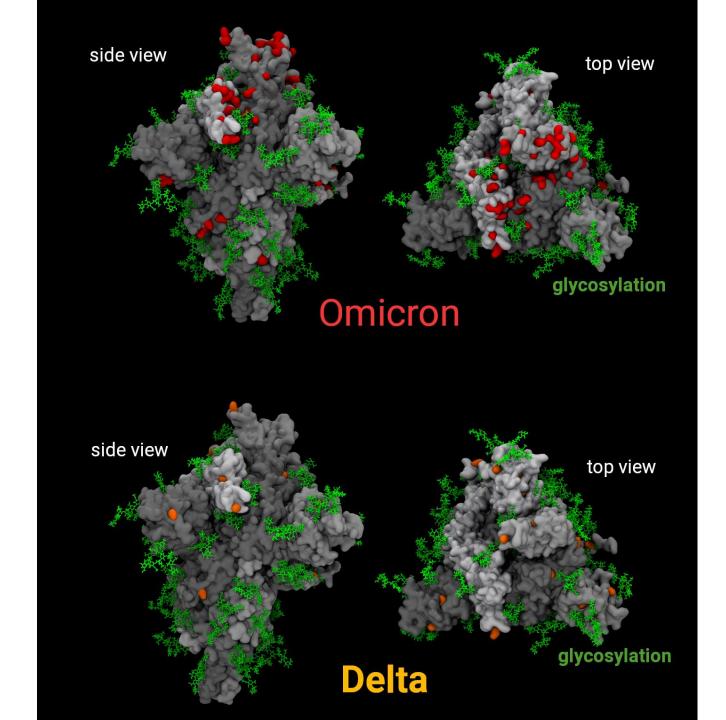
- Dept of Microbiology and Immunology
- Victorian Infectious Diseases Reference Laboratory (VIDRL)

CSIRO

- Australian Centre for Disease Preparedness (ACDP) PC4/BSL4 Team
- Dr Nagendra Singanallur and Dr StellaMay Gwini (Barwon Health) for study design and biostatistics, and Dr Michael Kuiper (Data61) for biomolecular modelling
- Shruthi, Simran and all collaborators

CSIRO

Omicron vs Delta VOCs





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Study overview – participants

		AstraZeneca	Moderna	Pfizer
Donors		n=6	n=12	n=15
Sex	Male	n=3	n=6	n=5
	Female	n=3	n=6	n=10
Age Median (Range)	Male	58 (57-65)	41.5 (29-70)	31 (29-35)
	Female	57 (31-59)	38.5 (27-47)	33.5 (25-57)
Samples Used	Pre-bleed (Baseline)	n=6 (3M, 3F)	n=12 (6M, 6F)	n=15 (5M, 10F)
	2 weeks Post-2 nd Dose	n=6 (3M, 3F)	n=12 (6M, 6F)	n=15 (5M, 10F)
	6 months Post-2 nd Dose			n=15 (5M, 10F)
	2 weeks Post-3 rd Dose			n=6 (3M, 3F)



Study overview – fold changes

VIC31 Titre Comparison	AstraZeneca	Moderna	Pfizer
AstraZeneca		7.0-fold higher	7.2-fold higher
Moderna	7.0-fold lower		1.0-fold higher
Pfizer	7.2-fold lower	1.0-fold lower	

Pfizer Timepoint Comparison (VIC31)	6mo Post-2 nd Dose	2w Post-3 rd Dose
2 weeks Post-2 nd Dose	8.2-fold lower	3.2-fold higher
6 months Post-2 nd Dose		25.9-fold higher

Pfizer Timepoint Comparison (Delta)	6mo Post-2 nd Dose	2w Post-3 rd Dose
2 weeks Post-2 nd Dose	8.3-fold lower	4.5-fold higher
6 months Post-2 nd Dose		37.5-fold higher

Explore role of T cell immunity (in progress)

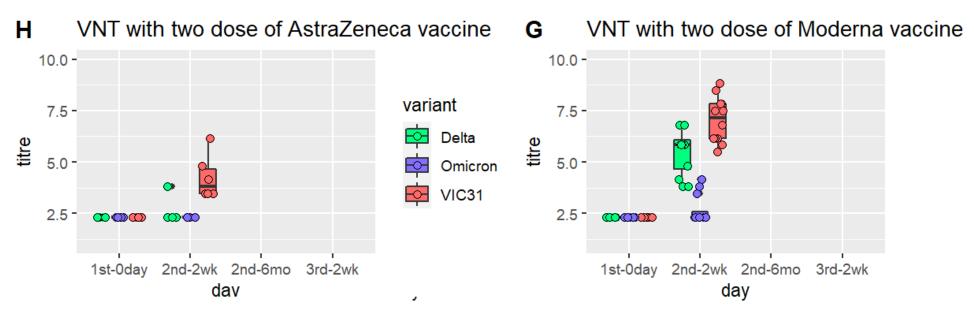


Study overview – statistics

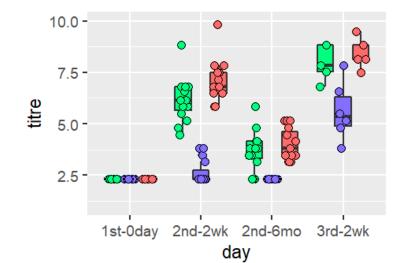
- All analysis performed using R (R Core Team, 2019)
- Variables were declared as follows:
 - Vaccines (Pfizer; Moderna; AstraZeneca)
 - Gender (Male; Female)
 - Age (<35 Young; 35-60 Middle; >60 Senior)
 - Day post-vaccination (Baseline 0 dpv; 2 weeks post 2nd dose; 6 months post 2nd dose; and with Pfizer alone 2 weeks post 3rd dose
 - Variant (VIC31; Delta; Omicron BA.1.1)
- One way ANOVA performed to compare different variables: vaccines, gender, age, and variants. Post hoc done using Bonferroni correction to obtain adjusted 'p-values' for significant groups.
- Two way ANOVA performed to compare interactions between variables. Post hoc done using Tukey's HSD to obtain adjusted 'p values' for significant groups.
- Linear mixed models with effects were constructed in R using 'lme' library with forward selection of modes using lowest AIC values. AIC=Akaike Information Criterion.
- Codes for statistical significance: <0.001 '***'; 0.01 '**'; 0.05 '*'; 0.1 '.'; 'NS ' >0.05



Comparison of VNT titres in human subjects



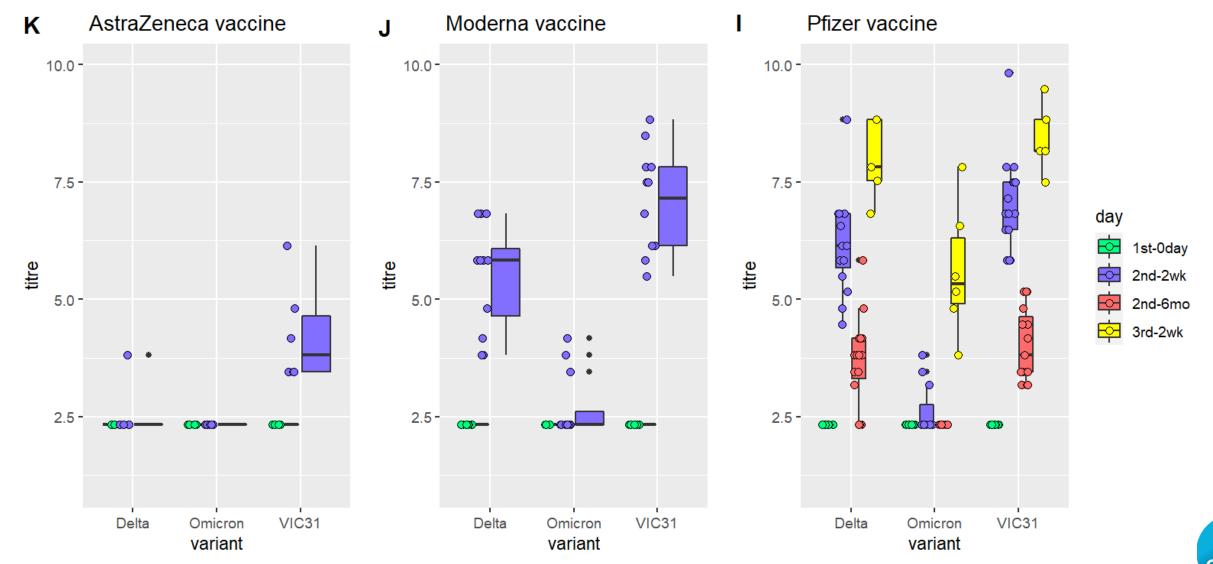
VNT titres with three doses of Pfizer vaccine





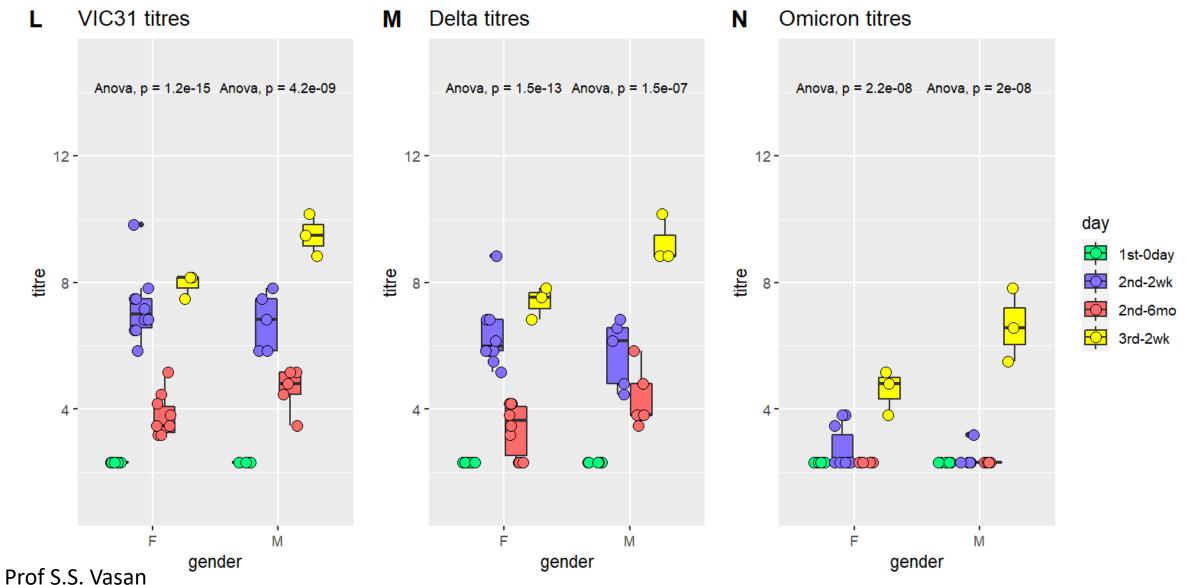
Vasan.Vasan@csiro.au Prof.Vasan@york.ac.uk

Comparison of VNT titres in human subjects



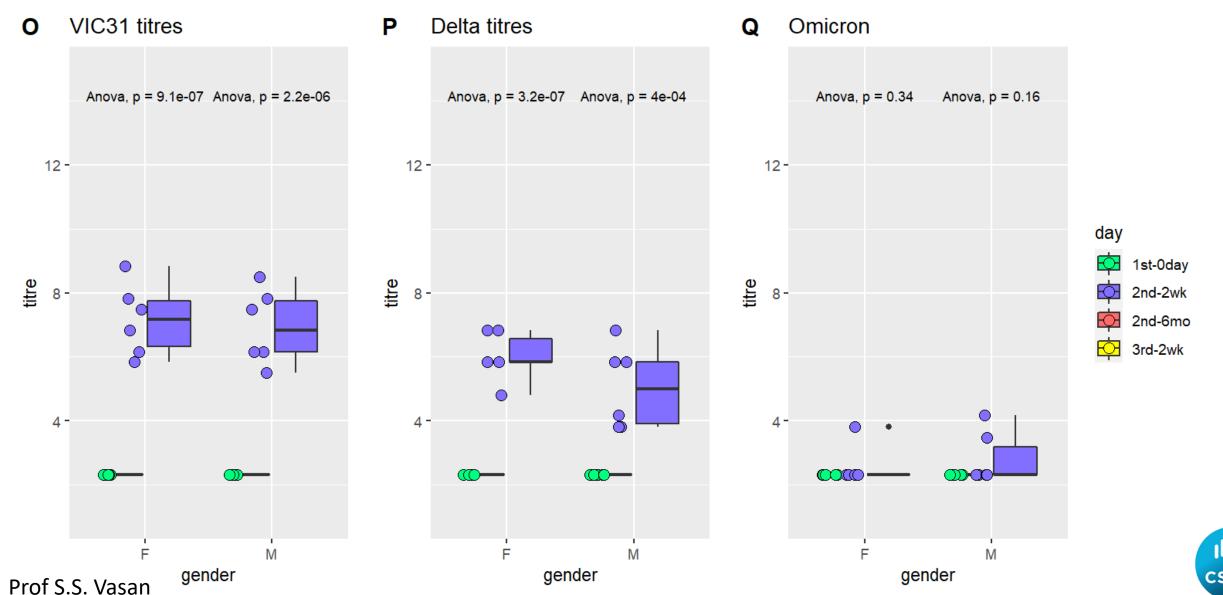


Comparison of VNT titres by gender - Pfizer

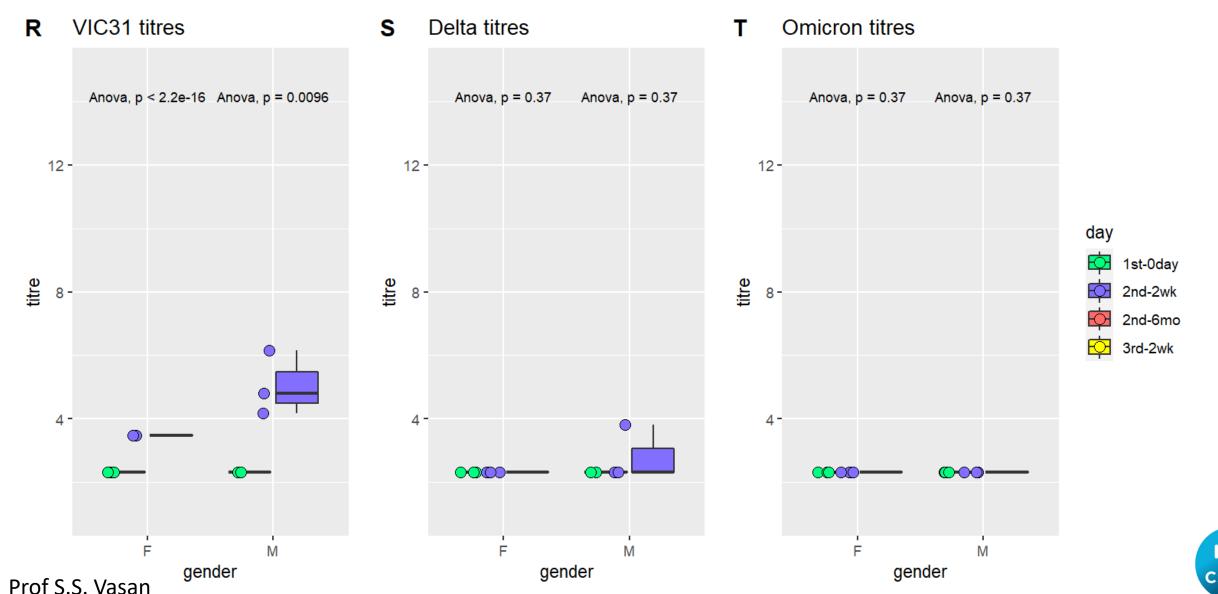




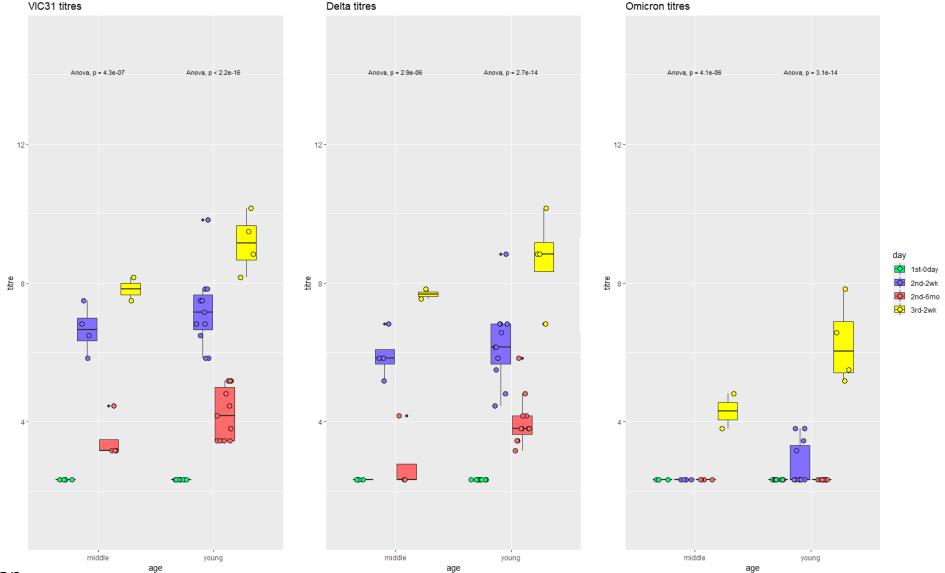
Comparison of VNT titres by gender - Moderna



Comparison of VNT titres by gender - AstraZeneca

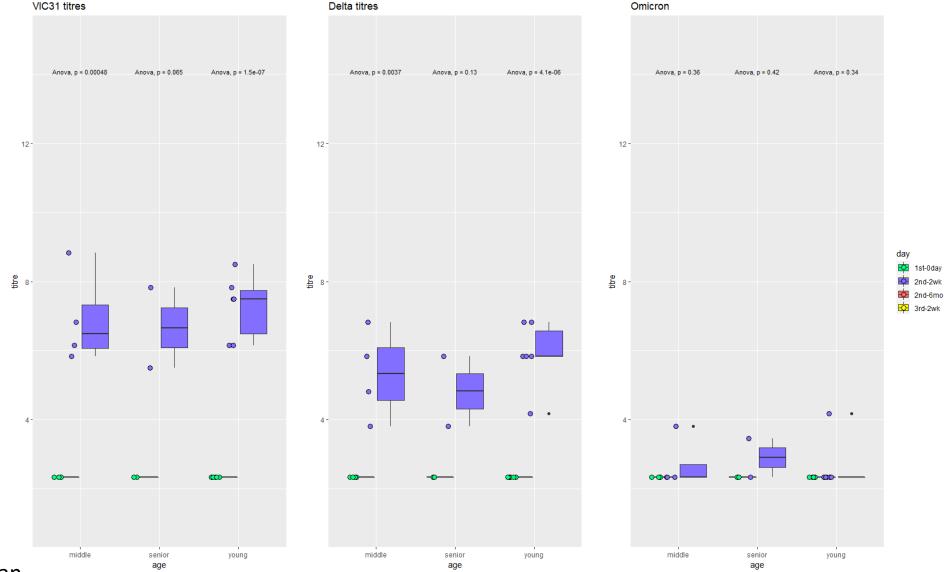


Comparison of VNT titres by age - Pfizer



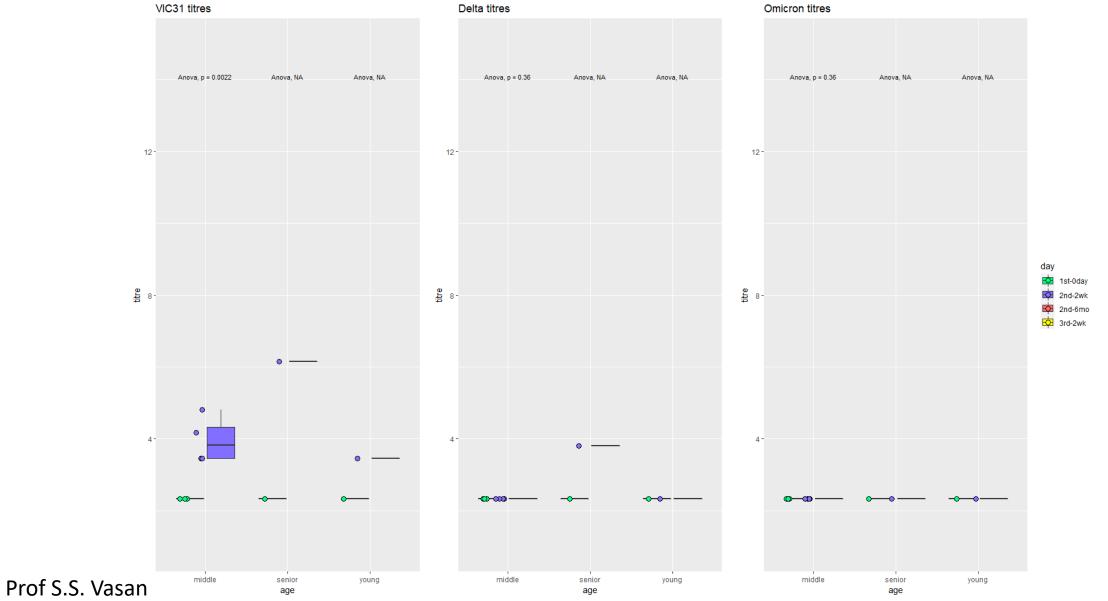


Comparison of VNT titres by age - Moderna





Comparison of VNT titres by age - AstraZeneca





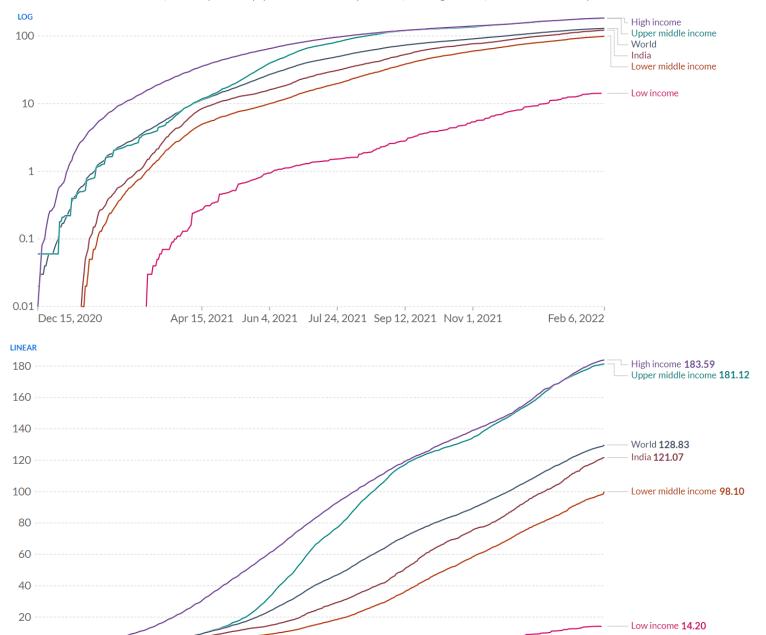
Implications for vaccine equity

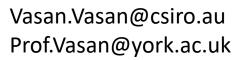




Total number of doses administered, divided by the total population of the country. All doses, including boosters, are counted individually.



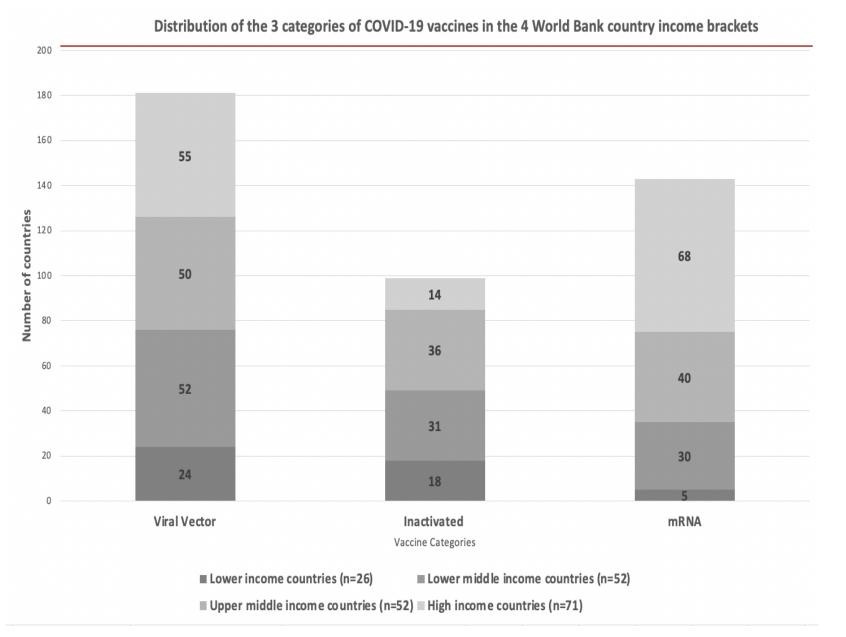






Implications for vaccine equity

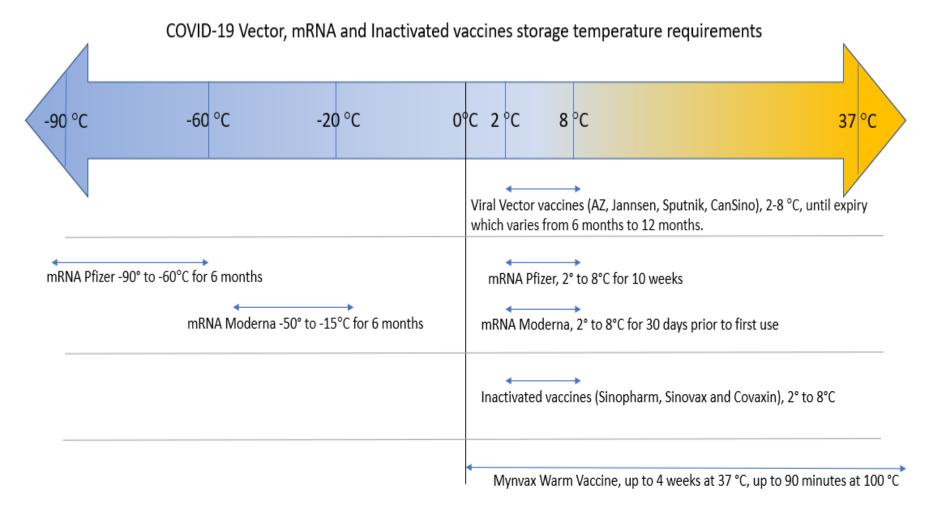






Warm vaccines

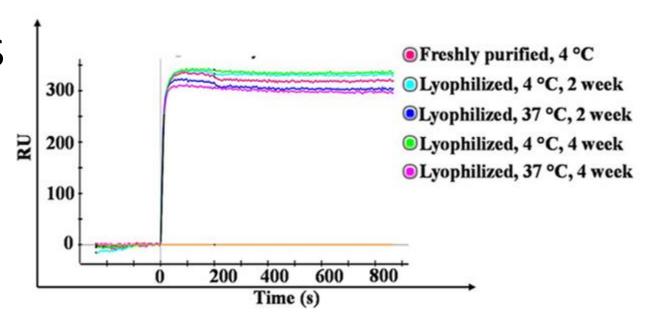


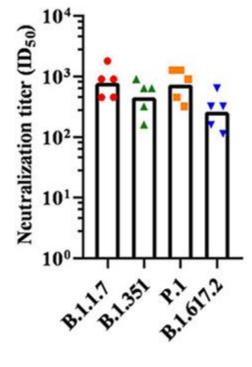




Warm vaccines







hCMP-mRBD (CHO)

Extended thermal stability

Immunogenicity and Protective Efficacy of a Highly Thermotolerant, Trimeric SARS-CoV-2 Receptor Binding Domain Derivative

Sameer Kumar Malladi, Unnatiben Rajeshbhai Patel, Raju S. Rajmani, Randhir Singh, Suman Pandey, Sahil Kumar, Sara Khaleeq, Petrus Jansen van Vuren, Shane Riddell, Sarah Goldie, Savitha Gayathri, Debajyoti Chakraborty, Parismita Kalita, Ishika Pramanick, Nupur Agarwal, Poorvi Reddy, Nidhi Girish, Aditya Upadhyaya, Mohammad Suhail Khan, Kawkab Kanjo, Madhuraj Bhat, Shailendra Mani, Sankar Bhattacharyya, Samreen Siddiqui, Akansha Tyagi, Sujeet Jha, Rajesh Pandey, Shashank Tripathi, Somnath Dutta, Alexander J. McAuley, Nagendrakumar Balasubramanian Singanallur, Seshadri S. Vasan, Rajesh P. Ringe*, and Raghavan Varadarajan*

Cite this: ACS Infect. Dis. 2021, 7, 8, 2546−2564
Publication Date: July 14, 2021 ~
https://doi.org/10.1021/acsinfecdis.1c00276
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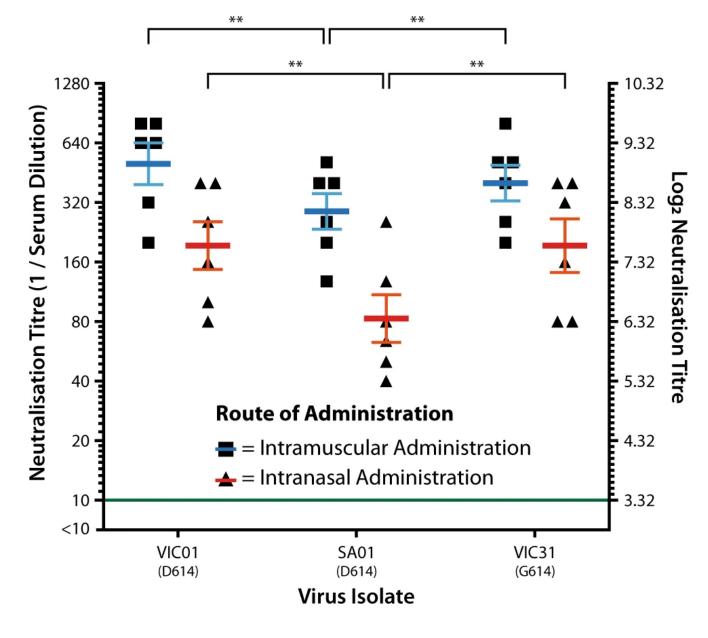
nature

EWS · 09 MARCH 2020 Ewen Callawa

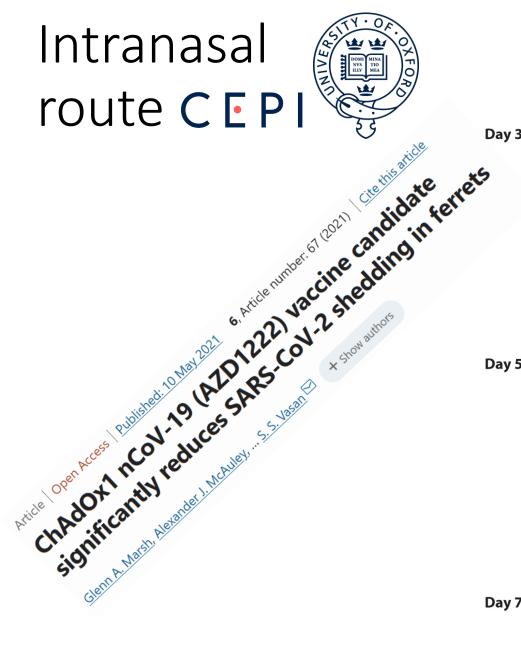
Labs rush to study coronavirus in transgenic animals — some are in short supply

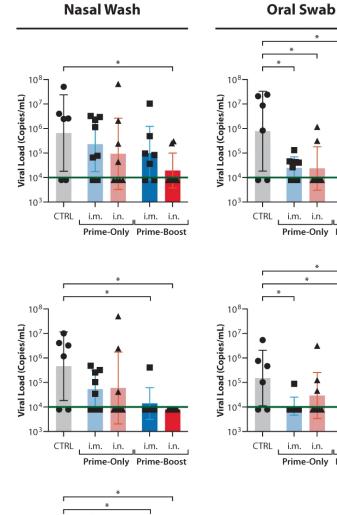
The first results are emerging: teams in China have reported initial findings from infecting monkeys¹ and mice² that have the human *ACE2* gene. Labs working on ferrets say they should also have initial results soon: a team led by virologist S. S. Vasan at the Australian Animal Health Laboratory in Geelong

has found that the animals are susceptible to SARS-CoV-2. The researchers are now studying the course of infection, before testing potential vaccines. Ferrets are a popular model for influenza and other respiratory infections because their lung physiology is similar to that of humans, and researchers hope they will mimic aspects of COVID-19 in people, such as its spread.





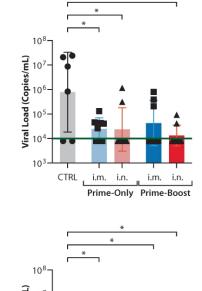


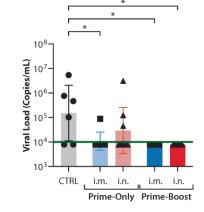


Day 3

Day 5

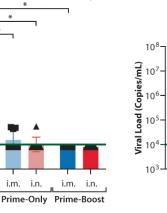
Day 7

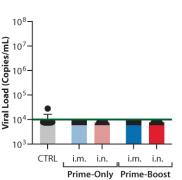




Treatment Groups

- = Control (n=6)
- = Prime-Only Intramuscular (n=8)
- = Prime-Only Intranasal (n=8)
 - = Prime-Boost Intramuscular (n=7)
- = Prime-Boost Intranasal (n=8)







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