

A microscopic view of several COVID-19 virus particles, showing their characteristic spherical shape and surface covered in spike proteins. The particles are rendered in a light blue, semi-transparent style against a darker blue background. The image is partially obscured by a blue and orange diagonal graphic element on the left side of the slide.

COVID-19

Immunopathogenesis and Immunotherapeutics

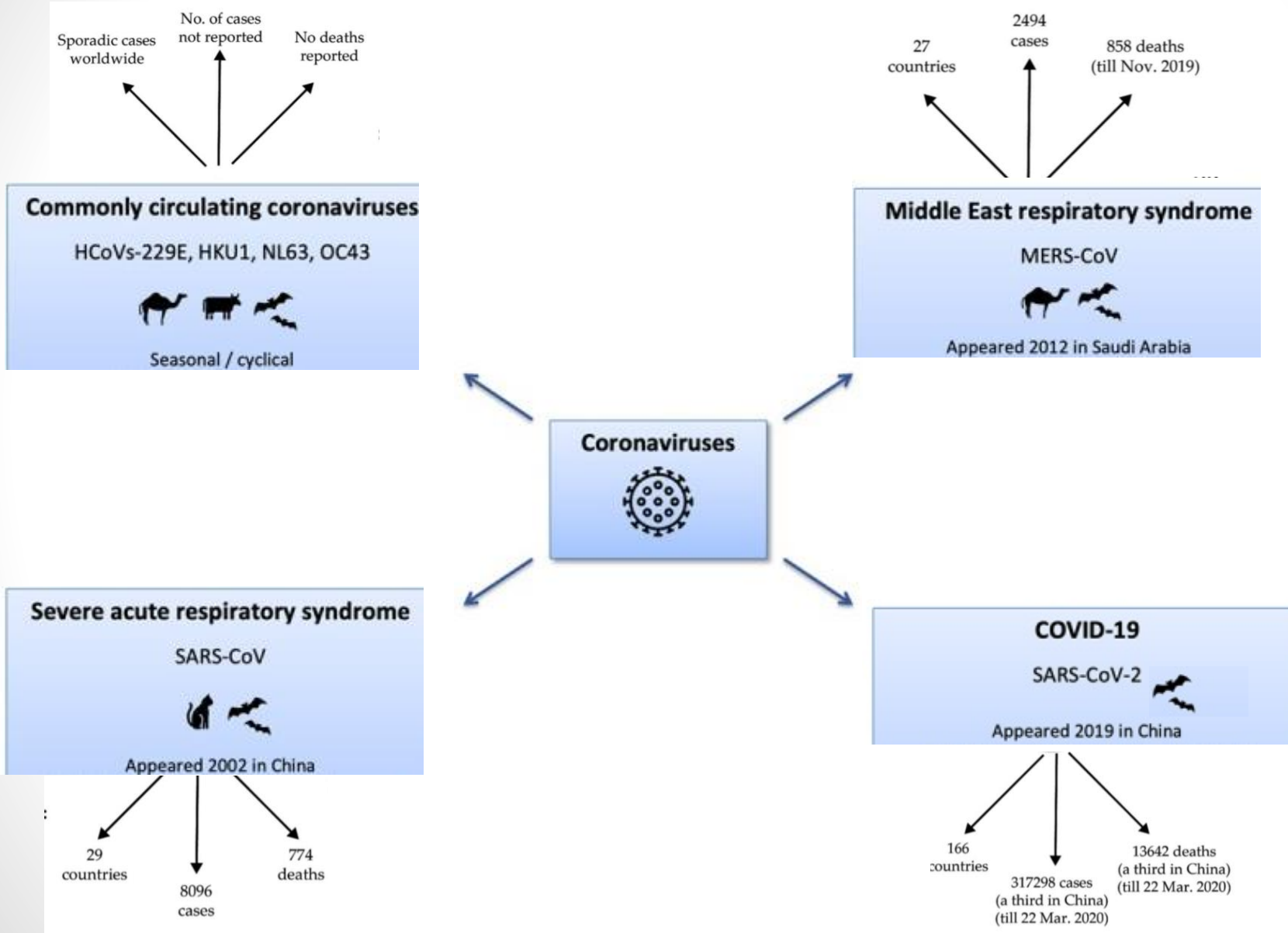
Presented by:

Marzieh Norouzian

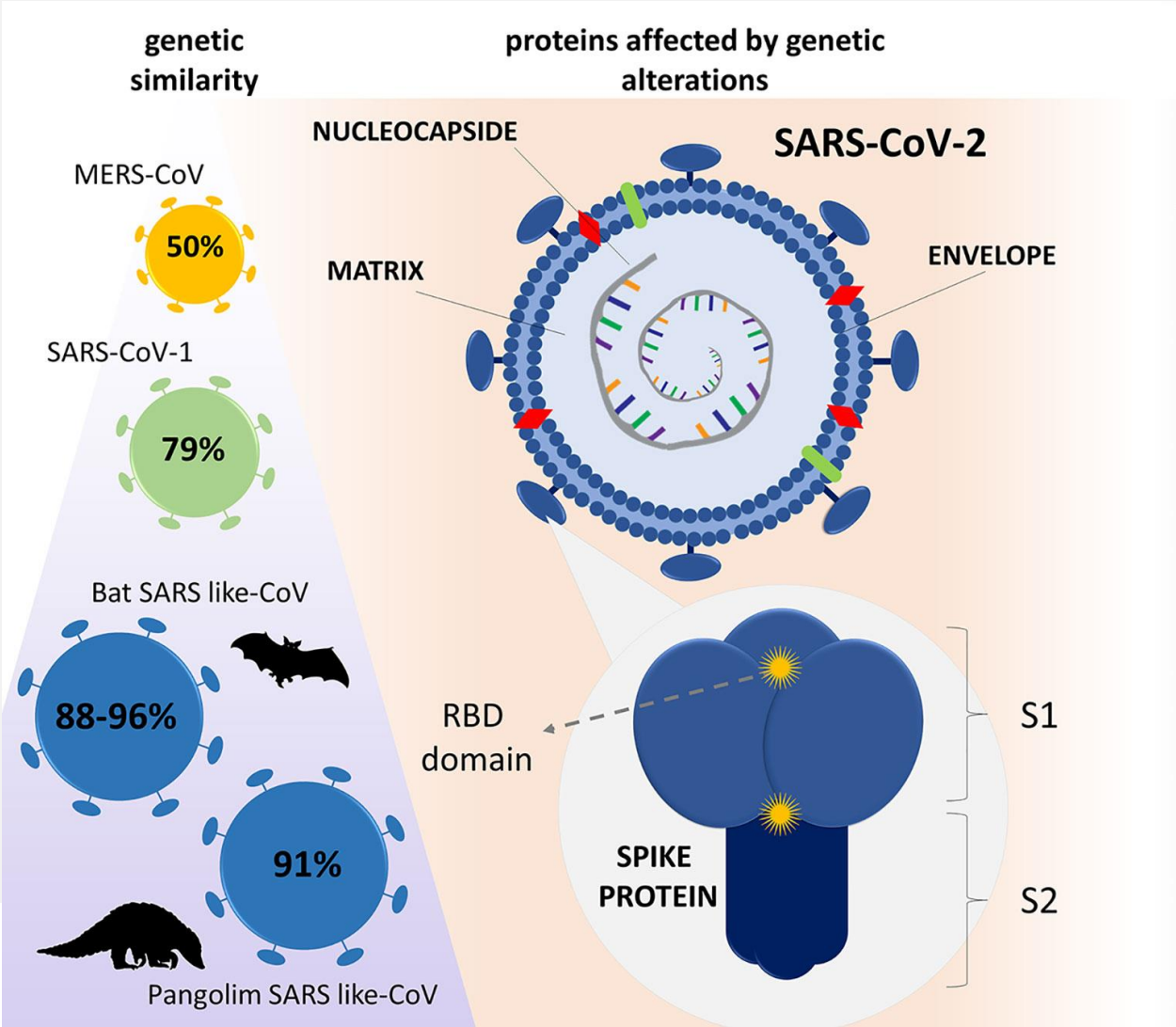
Assistant Professor of Medical Immunology Department of Laboratory
Sciences, School of Allied Medical Sciences, Hormozgan University of
Medical Sciences

Feb 2021

Summary of coronavirus diseases



Structure of COVID-19



COVID-19



Fever

due to alveolar vasodilation and permeability of cytokine (IL-6)



Cardiovascular complications

due to increased sympathetic stimulation, hypercoagulability and inflammation



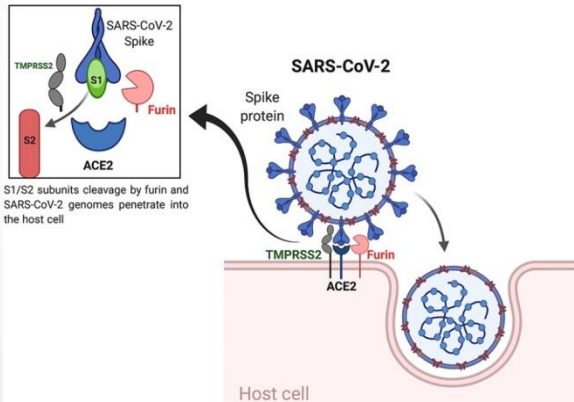
systemic pathogenesis

Disease transmission

direct contact
respiratory droplets or aerosols
ingestion of viral particles

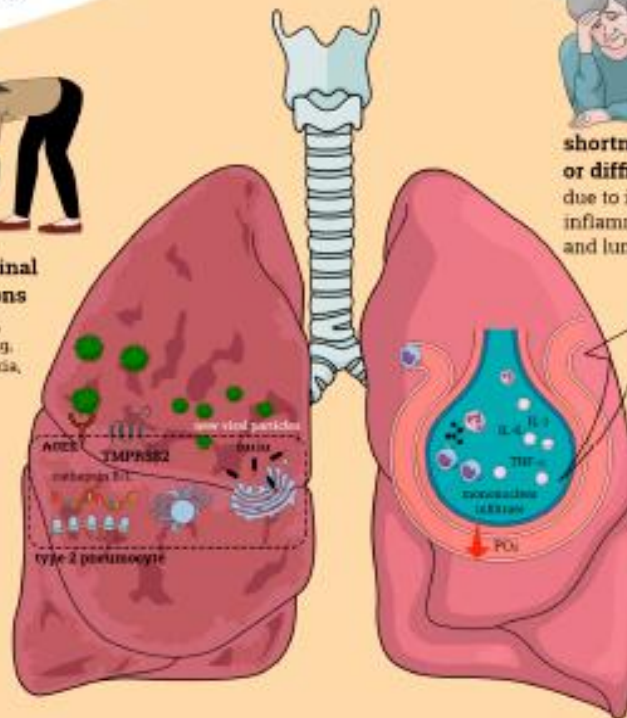


shortness of breath or difficulty breathing
due to intense inflammatory response and lung edema

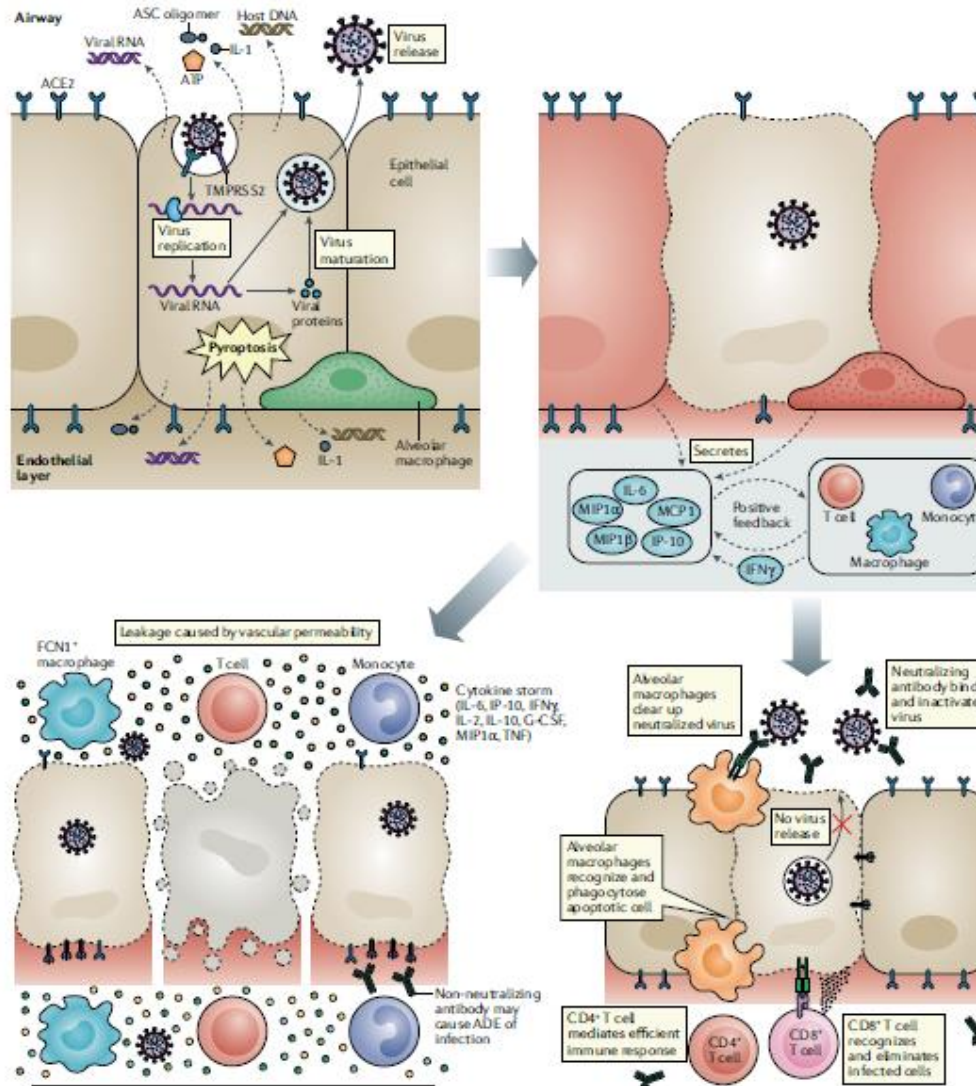


Gastrointestinal manifestations

abdominal pain, nausea, vomiting, diarrhea, anorexia, and impaired liver function



Immunopathogenesis of COVID-19



Dysfunctional immune response

- Excessive infiltration of monocytes, macrophages and T cells
- Systemic cytokine storm
- Pulmonary oedema and pneumonia
- Widespread inflammation and multi-organ damage

Healthy immune response

- Infected cells rapidly cleared
- Virus inactivated by neutralizing antibodies
- Minimal inflammation and lung damage

- ❑ In the majority of SARS-CoV2 infections symptoms remain mild to moderate. Approximately 15% of cases were severe to fatal.
- ❑ At this time there are no interventions proven to be effective for patients infected with SARS-CoV2.
- ❑ Understanding the immunological basis of how the severe cases differed from the asymptomatic cases may form the basis for effective treatment.

Immune response to Severe COVID-19 infection

□ Stage 1 – Immunosuppression:

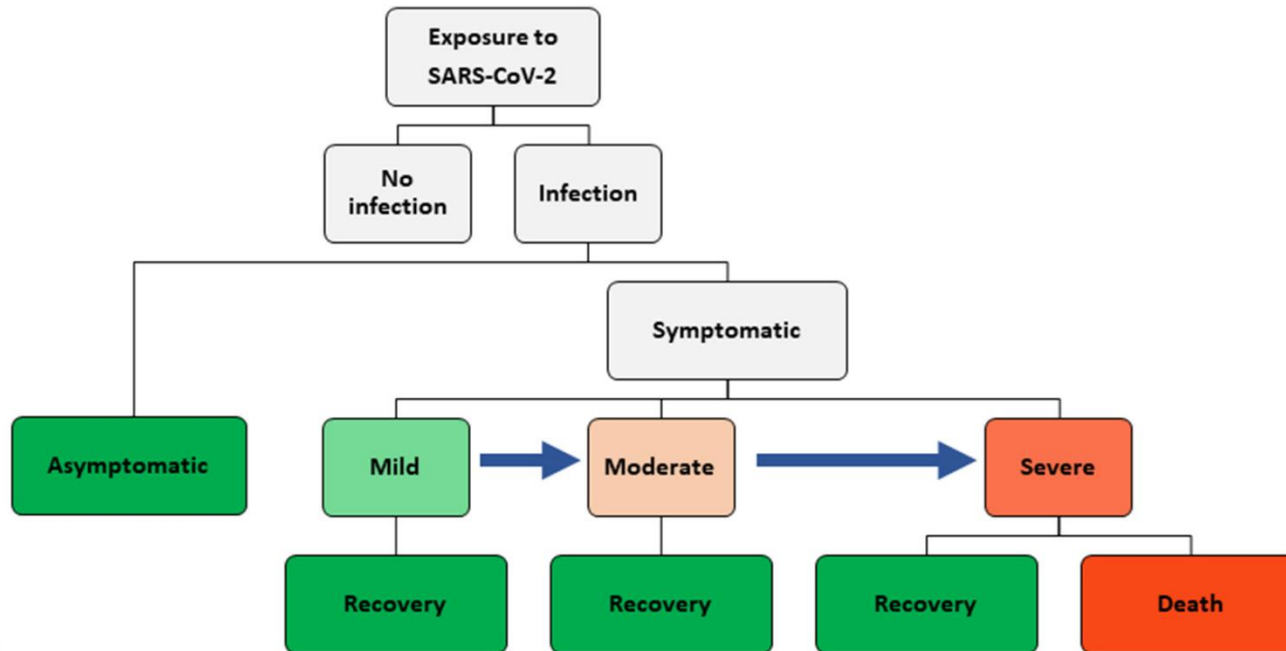
- ✓ This is characterized by lymphopenia combined with T cell exhaustion and inadequate adaptive immune response.
- ✓ The objective is to evade the immune system allowing for unchecked viremia.

□ Stage 2 – Hyperinflammation:

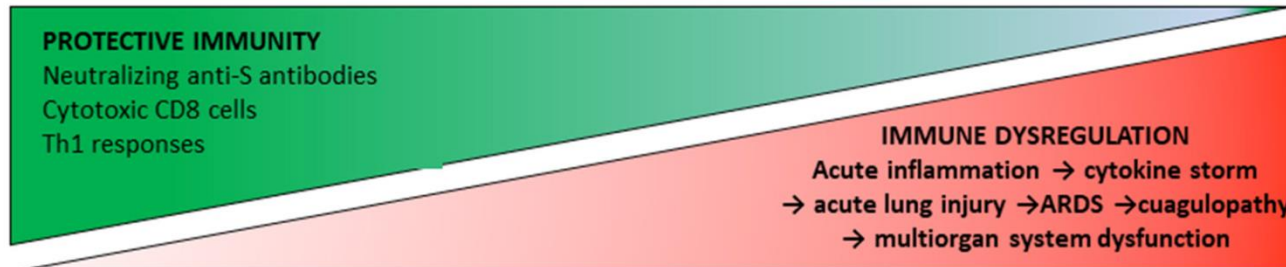
- ✓ This is characterized by a cytokine storm with neutrophil, monocyte/macrophage infiltration and activation.
- ✓ This is manifested clinically by ARDS, multi organ failure and coagulopathy

COVID-19 Clinical and immunological spectra

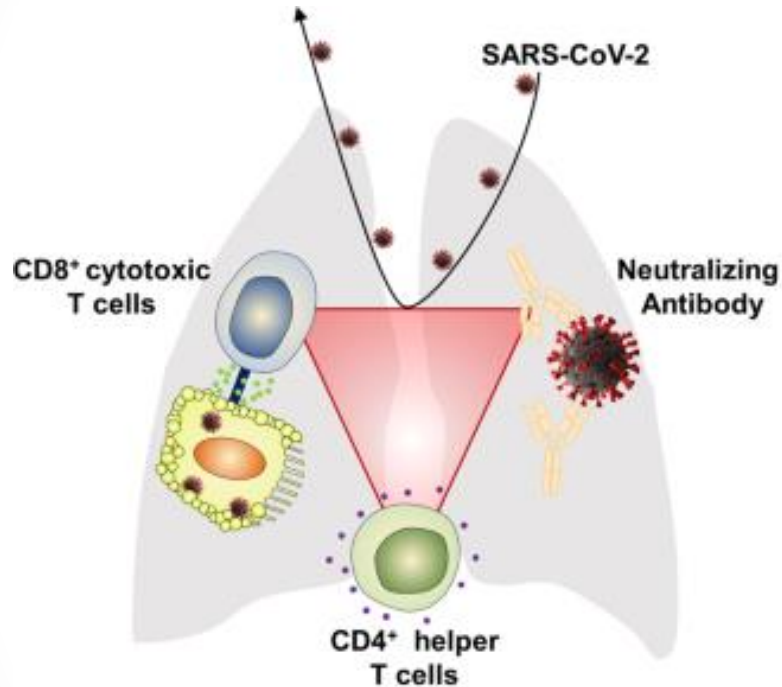
A



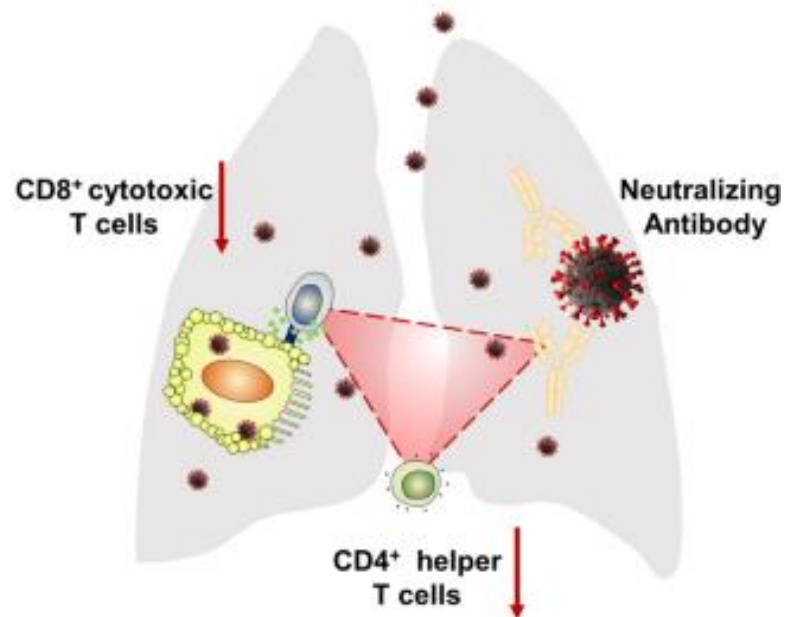
B



COVID-19 Clinical and immunological spectra



Coordinated immune response

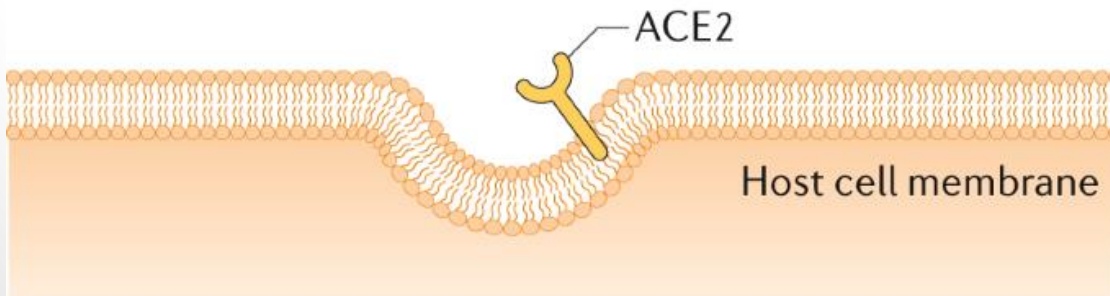
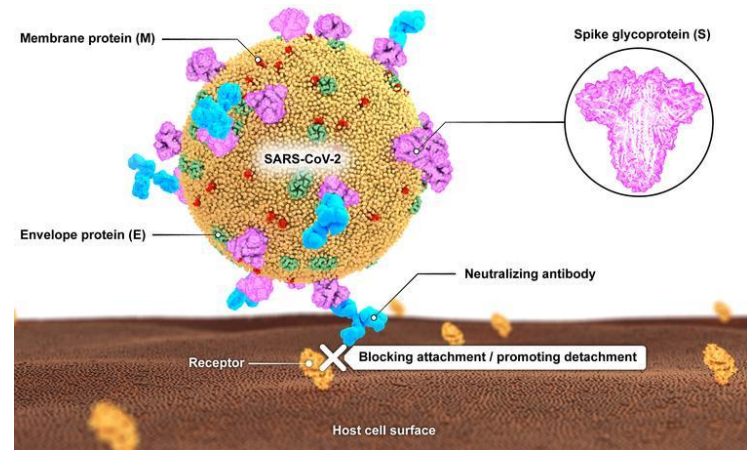
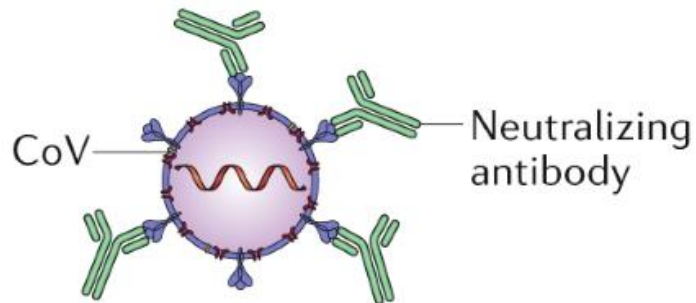


Asynchronous immune response

Neutralizing Antibodies

- Neutralizing antibodies play critical roles in blocking viral infections

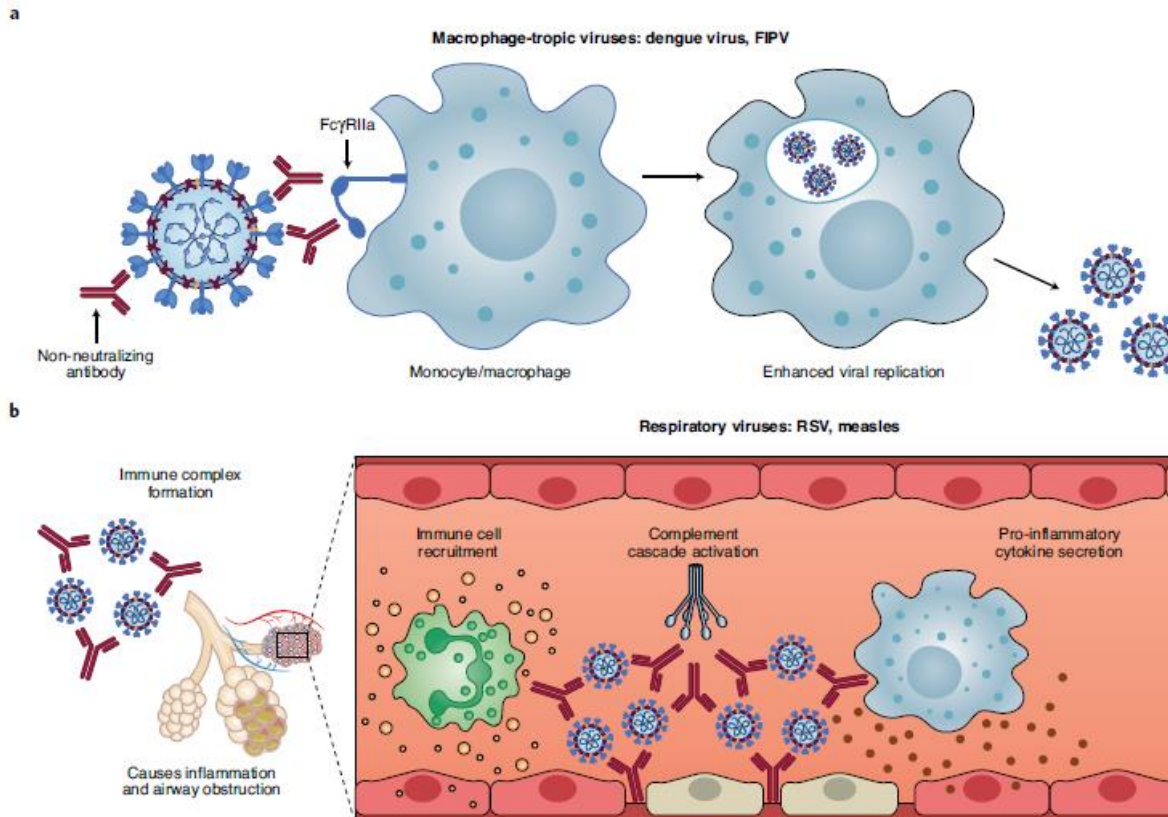
a



Antibody-Dependent Enhancement (ADE)

□ Two main ADE mechanisms in viral disease:

- *ADE via enhanced infection*
- *ADE via enhanced immune activation*



Coronavirus Treatment

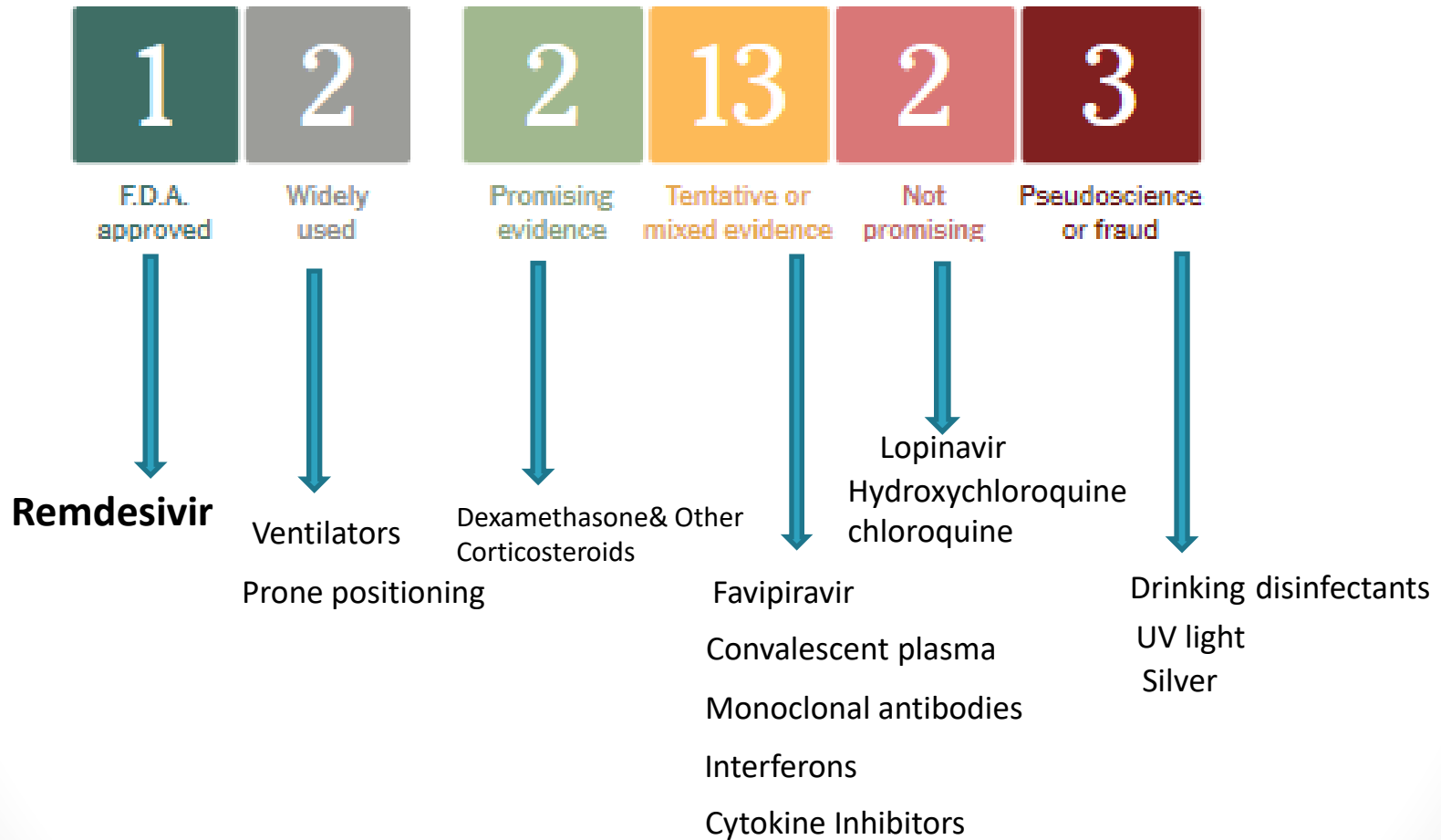
#StrongerTogether
#UnitedAgainstCoronavirus



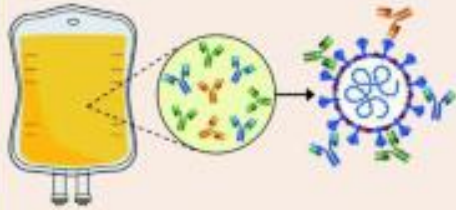
Coronavirus Drug and Treatment Tracker

By Katherine J. Wu, Carl Zimmer and Jonathan Corum Updated Jan. 8, 2021

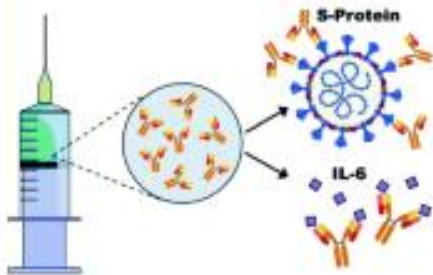
We are following 22 coronavirus treatments for effectiveness and safety:



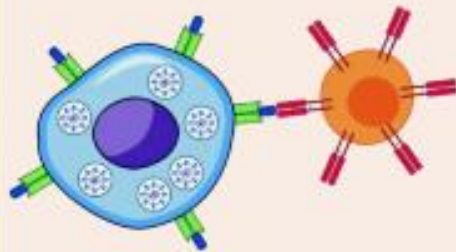
a. Serum Therapy



b. mAb Therapy



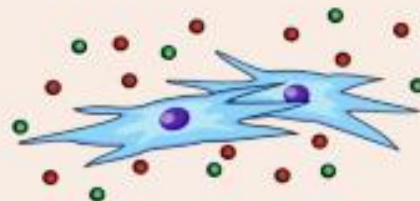
c. Adoptive Immunotherapy



COVID-19 (SARS-CoV2)

Novel Therapeutic approaches

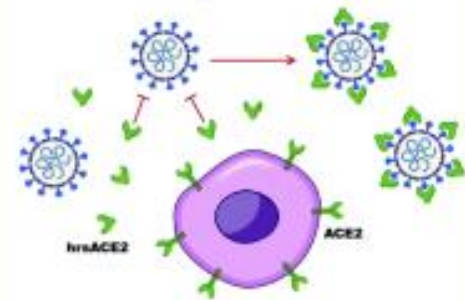
d. Mesenchymal Stromal Cells



g. Anti-viral Drugs



f. Decoy Biomolecules



e. Nano-medicine



Convalescent Plasma - COVID-19 Treatment

Donors Recovered from COVID-19

Patients with COVID-19

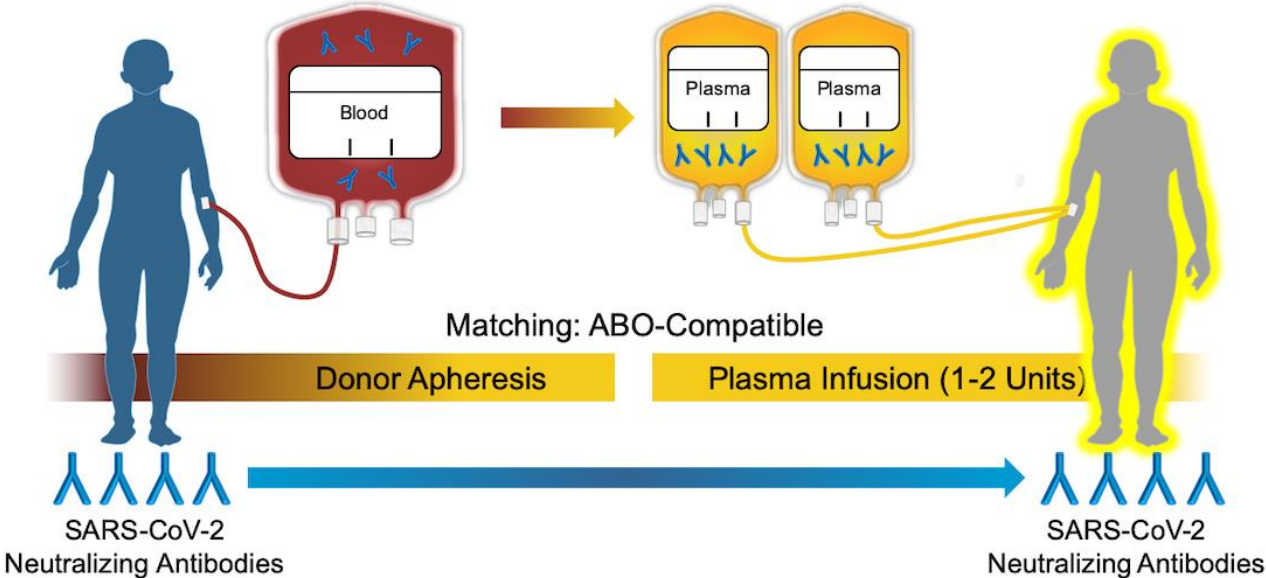
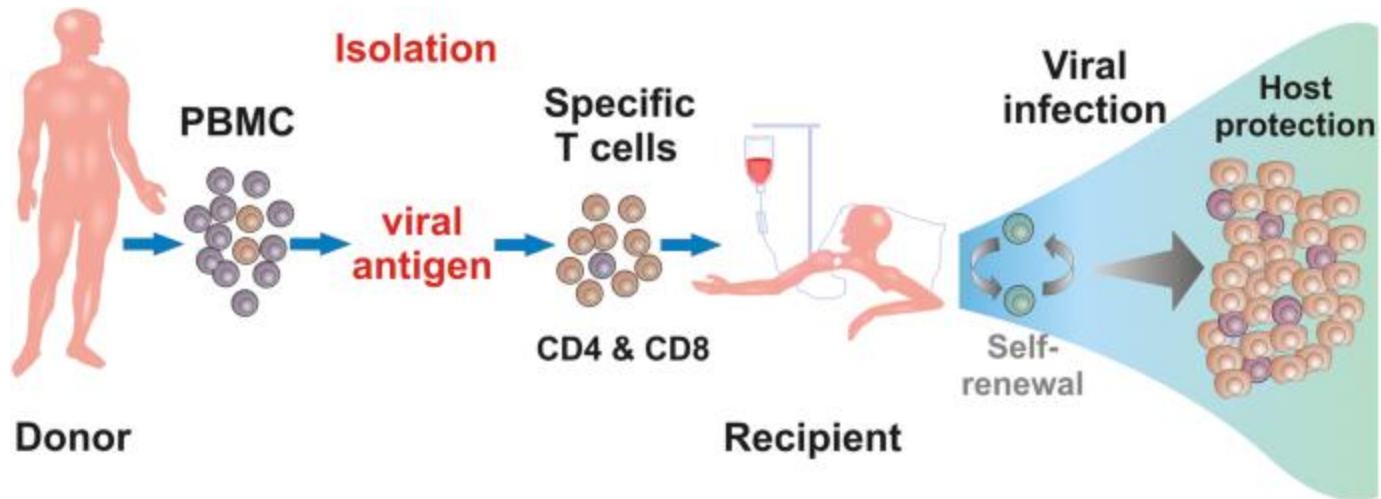
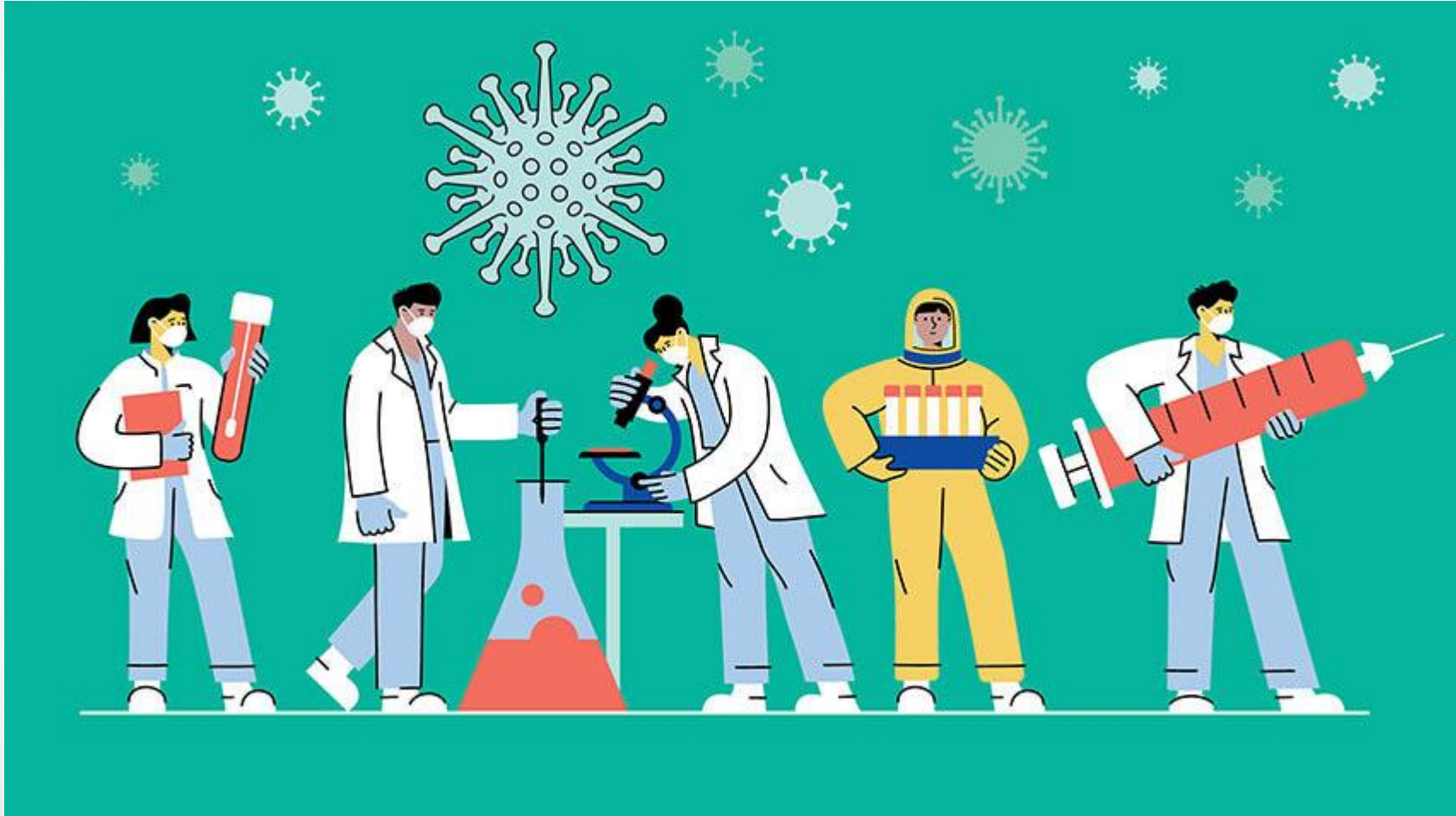


Illustration: David H. Spach, MD

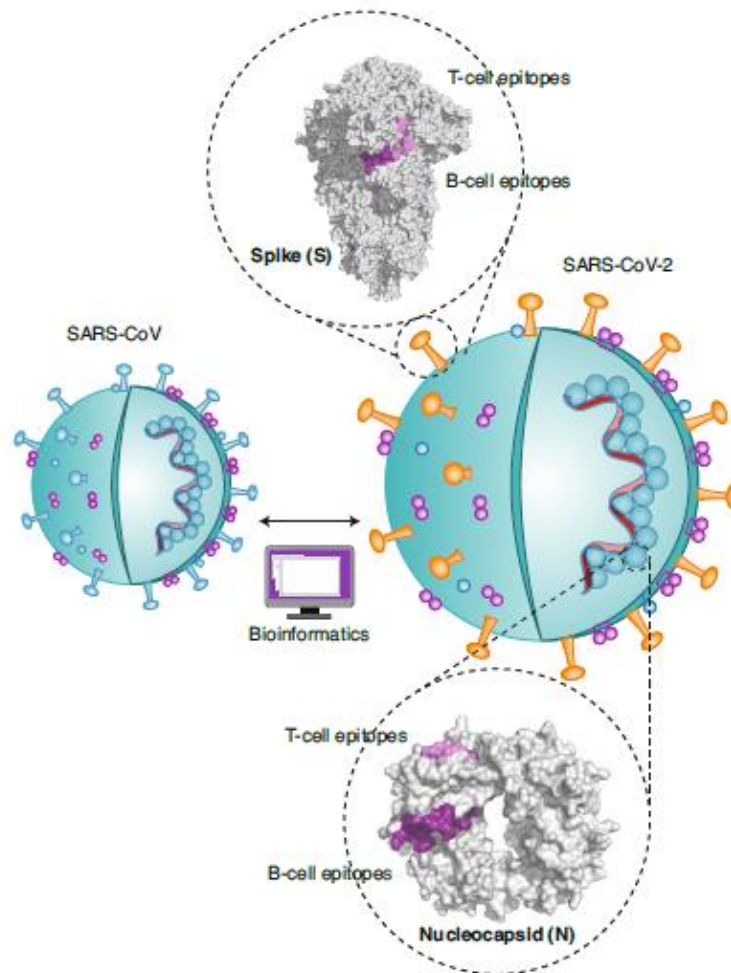
Adoptive immunotherapy



COVID-19 Vaccine



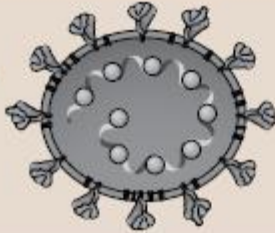
Potential targets for vaccine development to COVID-19



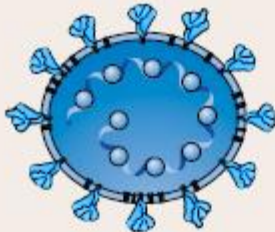
An overview of the different vaccine platforms in development against COVID-19

Classical platforms

Whole-inactivated virus
Example: Polio vaccine
COVID-19:
PiCoVacc in phase 1 clinical trials



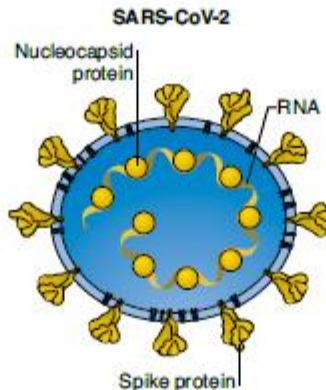
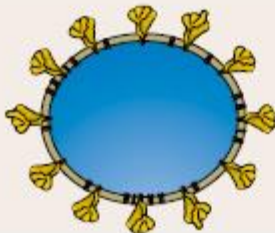
Live-attenuated virus
Example: MMR vaccine
COVID-19:
in preclinical stage



Protein subunit
Example: Seasonal influenza vaccine
COVID-19:
NVX-CoV2373 in phase 1/2 clinical trials



Virus-like particle
Example: Human papillomavirus vaccine
COVID-19:
in preclinical stage



Next-generation platforms

Viral vector
Example:
VSV-Ebola vaccine
COVID-19:
AZD 1222, Ad5-nCoV
in phase 1/2/3 clinical trials



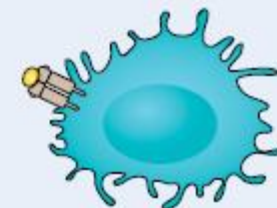
DNA
Example:
Not currently licensed
COVID-19:
INO-4800 in phase 1 clinical trials



RNA
Example:
Not currently licensed
COVID-19:
mRNA-1273, BNT162
in phase 1/2 clinical trials



Antigen-presenting cells
Example:
Not currently licensed
COVID-19:
LV-SMEN P-DC,
COVID-19/aAPC
in phase 1/2 clinical trials

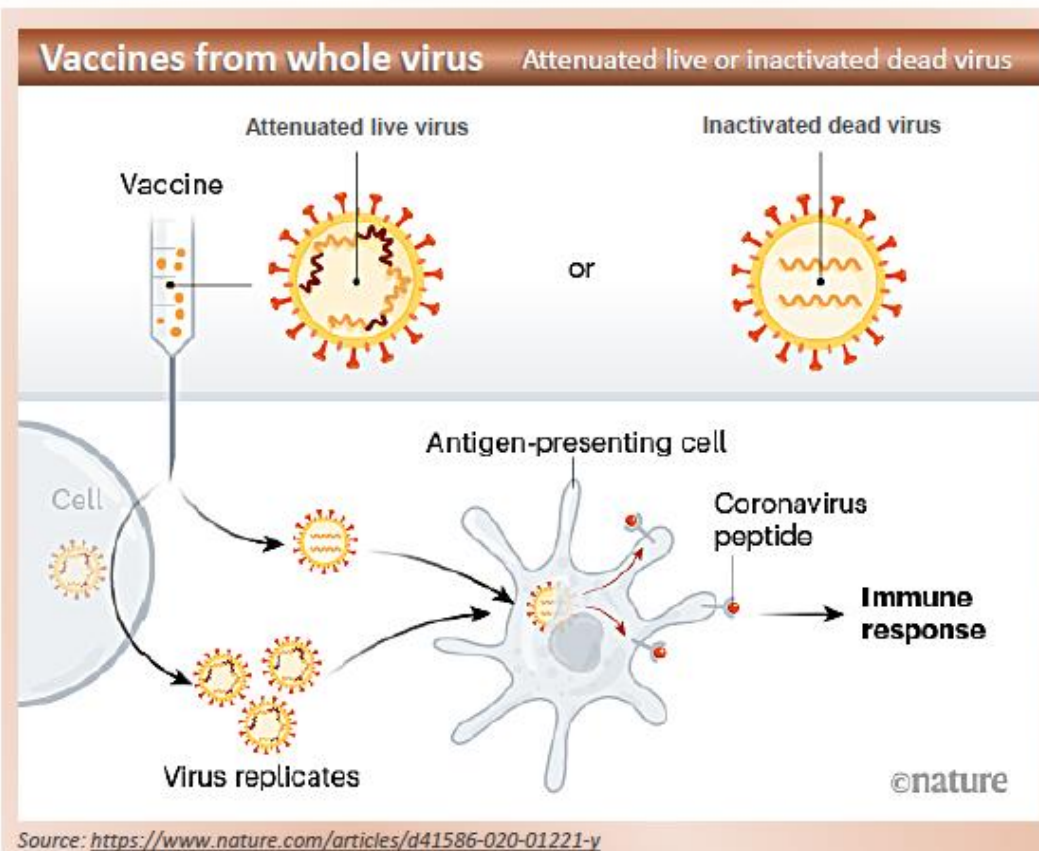


Virus vaccines

- Virus is selected, modified (weakened) or completely inactivated so that it will not cause disease

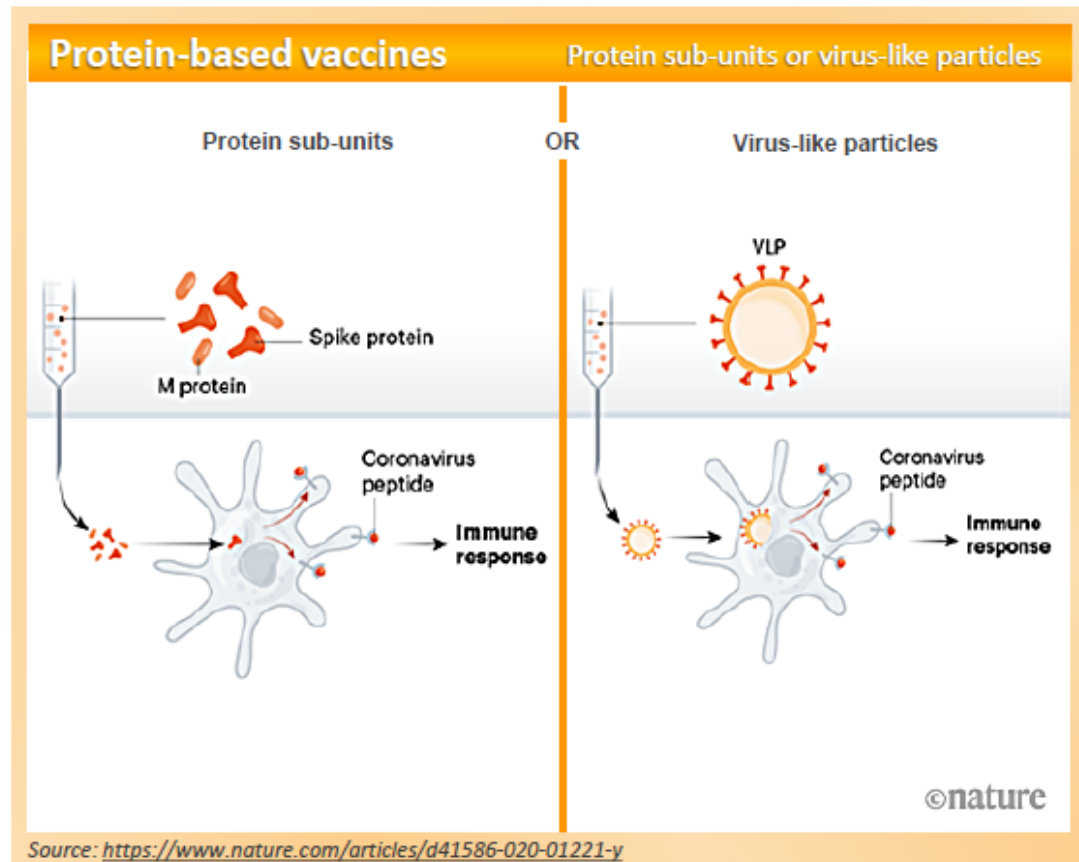
Note:

This illustration shows injectable vaccines. Some vaccines in this category are administered orally



Protein-based vaccines

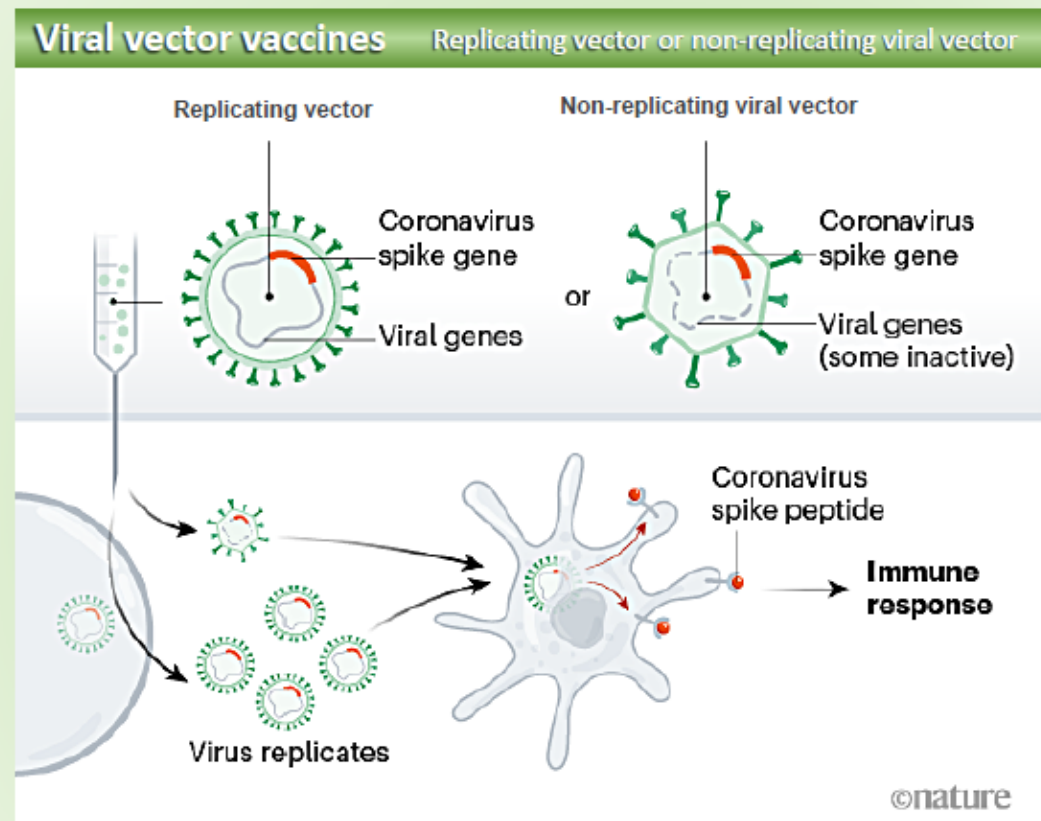
- A protein is extracted from the virus (alive or inactivated), purified, and injected as a vaccine
- For coronavirus, this is most commonly the spike protein
- Virus-like particles work in the same way



Source: <https://www.nature.com/articles/d41586-020-01221-y>

Viral vector vaccines

- The gene for a pathogen protein is inserted into a **different virus** that can infect someone without causing disease
- The safe virus serves as a 'platform' or 'vector' to deliver the protein that triggers an immune response
- The safe virus is then injected as a vaccine
- Some replicate (reproduce) in the body and some do not

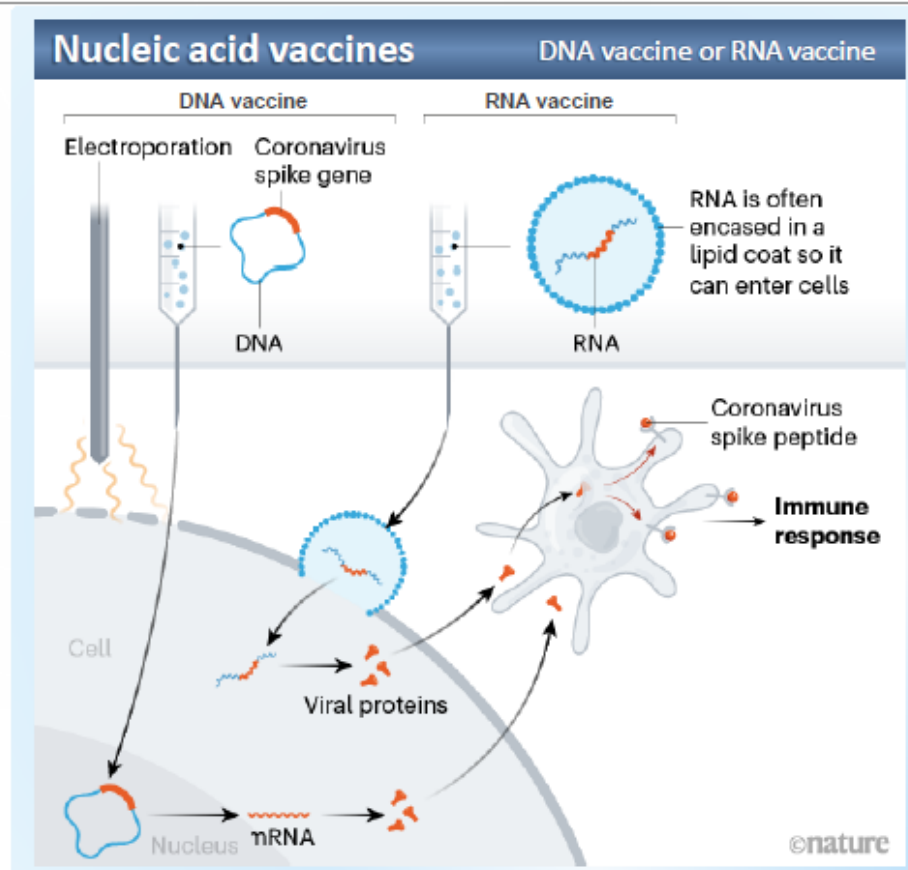


Source: <https://www.nature.com/articles/d41586-020-01221-y>

Nucleic acid vaccines

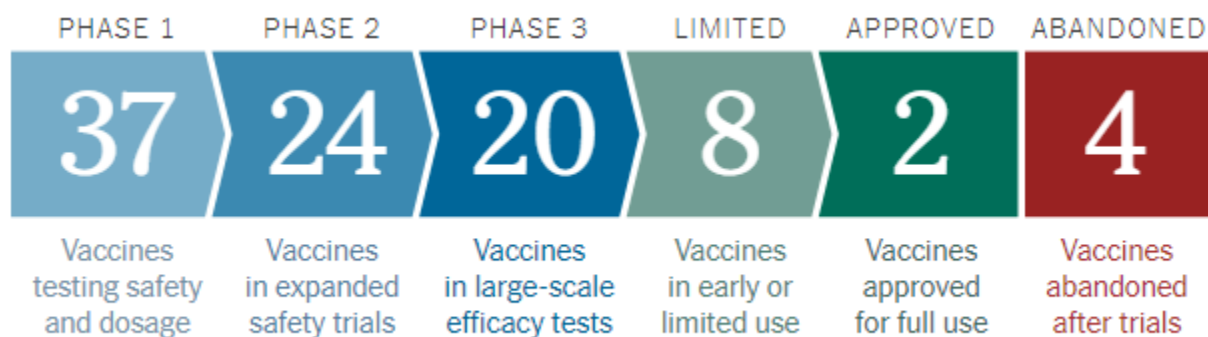
- Instead of a virus, a protein antigen, or a virus expressing the protein, **nucleic acid coding for the antigen is injected**
- DNA plasmid: enters nucleus, translated to mRNA for expression of protein
- Or mRNA can be injected. More direct (no translation required) but less stable than DNA
- This is new technology – no other vaccines for human use have used this

Source: <https://www.nature.com/articles/d41586-020-01221-y>



Coronavirus Vaccine Tracker

By Carl Zimmer, Jonathan Corum and Sui-Lee Wee Updated Jan. 31, 2021



PHASE 2

PHASE 3

COMBINED PHASES

APPROVED IN SEVERAL COUNTRIES

EMERGENCY USE IN U.S., ELSEWHERE



VACCINE NAME: Comirnaty (also known as tozinameran or BNT162b2)

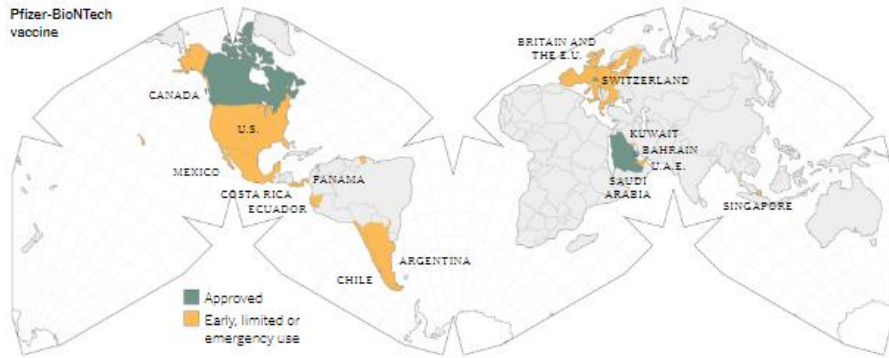
EFFICACY: 95%

DOSE: 2 doses, 3 weeks apart

TYPE: Muscle injection

STORAGE: Freezer storage only at -94°F (-70°C)

Pfizer-BioNTech vaccine



PHASE 3

APPROVED IN CANADA

EMERGENCY USE IN U.S., E.U., ISRAEL



National Institutes of Health
Turning Discovery Into Health

VACCINE NAME: mRNA-1273

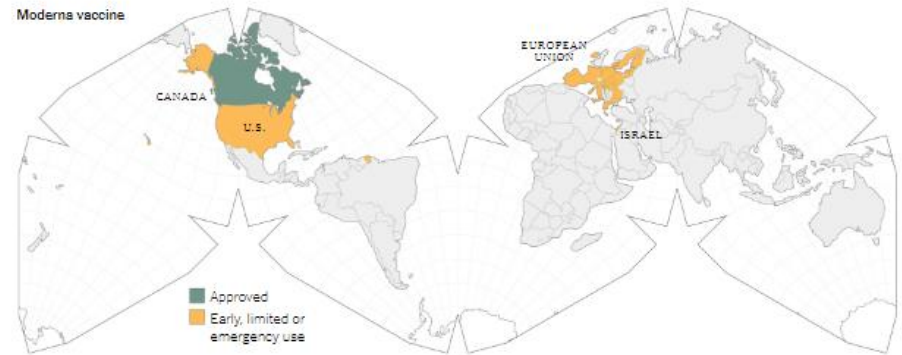
EFFICACY: 94.5%

DOSE: 2 doses, 4 weeks apart

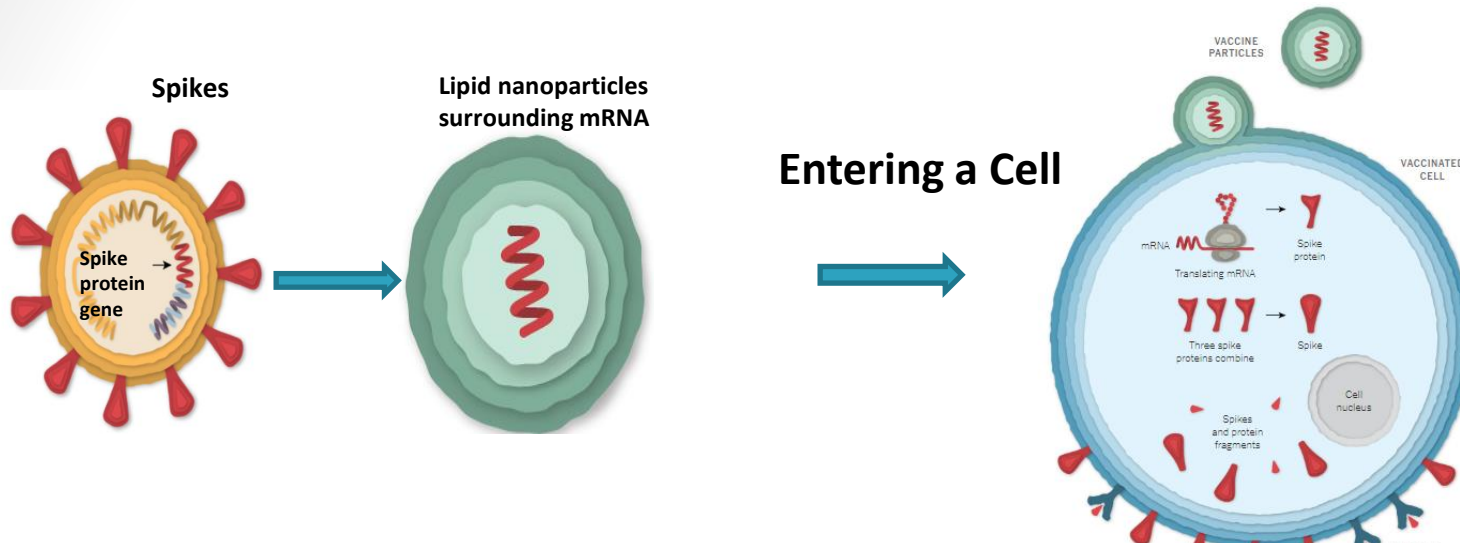
TYPE: Muscle injection

STORAGE: 30 days with refrigeration, 6 months at -4°F (-20°C)

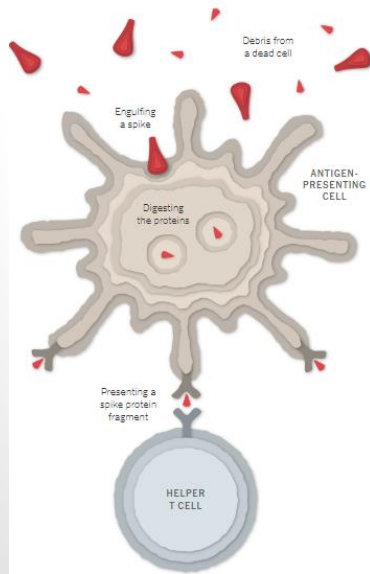
Moderna vaccine



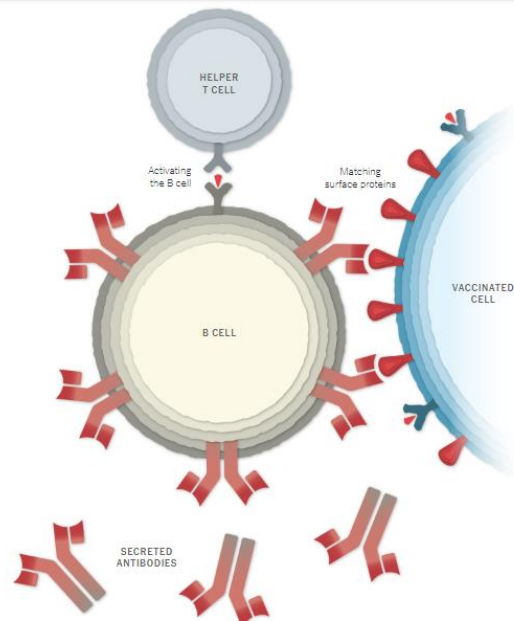
How the Pfizer-BioNTech Vaccine Works



Activating T cells



Making Antibodies



How some of COVID-19 vaccines compare

	Pfizer/BioNTech	Moderna	AstraZeneca/Oxford
Technology	mRNA	mRNA	Adenoviral vector
Efficacy	95%	95%	62% to 90%
Storage temperature	-94° F	-4° F	36° to 46° F
Shelf-life	5 days	1 month	6 months
Price per dose	\$19.50	\$32 to \$37	\$3 to \$4
For profit?	Yes	Yes	After pandemic ends
Doses by end of 2020	50 million	20 million	200 million

Sources: American Council on Science and Health (ACSH.org), multiple news outlets

Challenges Associated With Vaccine Production for COVID-19

- ✓ Accelerating vaccine development by combining phases involves trials being done on smaller groups.
- ✓ In the past, platforms based on nucleic acids such as DNA and RNA have not resulted in a successful vaccine for human diseases.
- ✓ Pre-existing immunity to adenoviruses is a concern, particularly for those vaccine candidates utilizing human adenoviruses.
- ✓ Rapid large-scale manufacturing of vaccines still remains a challenge.
- ✓ Vaccine hesitance, identified as a major threat to global health by the WHO.
- ✓ There is a concern that some countries will want to secure the vaccine supply for their citizens.
- ✓ Mutations of the virus can result in vaccines having limited effectiveness against it.

Thanks For Your Attention



پروژه‌های فعال واکسن کرونای ایرانی

ردیف	مؤسسه یا شرکت	نوع واکسن مبتنی بر	فاز	مشابه واکسن کرونای خارجی	
۱	ستاد اجرایی فرمان امام خمینی (ره)؛ مؤسسه برکت	ویروس کشته شده یا غیرفعال «Inactivated»	مرحله اول کارآزمایی بالینی	واکسن آکسفورد / استرونیکا سینوواک اسپوتنیک	
			در حال اخذ مجوز بالینی	-	
			-	-	
			-	-	
			mRNA	اتمام فاز حیوانی	واکسن فایزر / مدرنا
			سلول بنیادی	اتمام فاز حیوانی	-
۲	موسسه واکسن سازی رازی	پروتئین نوترکیب	در حال اخذ مجوز بالینی	واکسن نواوکس	
۳	شرکت دانش بنیان	mRNA	در حال اخذ مجوز بالینی	فایزر / مدرنا	
۴	انستیتو پاستور ایران	پروتئین نوترکیب	فاز ۳ کارآزمایی بالینی مشترک با کوبا از بهمن ماه	واکسن نواوکس	
۵	شرکت دانش بنیان	«آدنو ویروس» ناقل ویروسی غیر تکثیر شونده	فاز حیوانی	از نظر نوع ویروس چین و روسیه؛ از لحاظ تکنولوژی شبیه این دو و آسترانکا و جانسون	
۶	شرکت دانش بنیان- وزارت دفاع	ویروس غیرفعال	بررسی برای اخذ مجوز بالینی	واکسن آکسفورد / استرونیکا سینوواک اسپوتنیک	
۷	شرکت دانش بنیان	ویروس غیرفعال	فاز حیوانی	واکسن آکسفورد / استرونیکا سینوواک اسپوتنیک	
۸	دانشگاه علوم پزشکی بقیه الله (عج)	پروتئین نوترکیب	فاز حیوانی	واکسن نواوکس	

Leading vaccines

Developer	How It Works	Phase	Status
 Pfizer-BioNTech	mRNA	2 3	Approved in Saudi Arabia, Bahrain, Switzerland. Emergency use in U.S., E.U., other countries.
 Moderna	mRNA	3	Emergency use in U.S., U.K., E.U., other countries.
 Gamaleya	Ad26, Ad5	3	Early use in Russia. Emergency use in other countries.
 Oxford-AstraZeneca	ChAdOx1	2 3	Emergency use in Britain, India, other countries.
 CanSino	Ad5	3	Limited use in China.
 Johnson & Johnson	Ad26	3	
 Vector Institute	Protein	3	Early use in Russia.
 Novavax	Protein	3	
 Sinopharm	Inactivated	3	Approved in China, U.A.E., Bahrain. Emergency use in Egypt, Jordan.
 Sinovac	Inactivated	3	Emergency use in China, Brazil, other countries.
 Sinopharm-Wuhan	Inactivated	3	Limited use in China, U.A.E.
 Bharat Biotech	Inactivated	3	Emergency use in India.

Coronavirus Vaccine Tracker

New additions and recent updates	
Dec. 31	The W.H.O. gives emergency validation to the Pfizer-BioNTech vaccine.
Dec. 30	China approves the Sinopharm vaccine.
Dec. 30	Britain authorizes the Oxford-AstraZeneca vaccine for emergency use.
Dec. 30	Sinopharm announces an efficacy rate of 79 percent.
Dec. 28	Novavax begins a Phase 3 trial in the United States.
Dec. 27	Kazakhstan moves to Phase 3.
Dec. 24	Iran enters Phase 1.
Dec. 23	Canada approves the Moderna vaccine.
Dec. 22	Maryland-based Altimune enters Phase 1.
Dec. 21	The European Union authorizes the Pfizer-BioNTech vaccine.
Dec. 19	Kazakhstan moves to Phase 2.
Dec. 18	The F.D.A. authorizes Moderna 's vaccine for emergency use.
Dec. 18	Cuba's Soberana 2 vaccine moves to Phase 2.
Dec. 17	Japan's Shionogi launches a Phase 1/2 trial.
Dec. 17	South Korea's GeneOne enters Phase 1/2.

New additions and recent updates

Jan. 6	Brazil estimates the efficacy of Sinovac 's vaccine.
Jan. 6	The European Union authorizes Moderna 's vaccine.
Jan. 4	Israel authorizes Moderna 's vaccine.
Jan. 4	Taiwan's Medigen moves to Phase 2.
Jan. 3	India authorizes a vaccine from Bharat Biotech .
Jan. 4	Mexico authorizes the Oxford-AstraZeneca vaccine.
Jan. 3	India and Argentina authorize the Oxford-AstraZeneca vaccine.
Jan. 3	India's Zydus Cadila moves to Phase 3.
Dec. 31	The W.H.O. gives emergency validation to the Pfizer-BioNTech vaccine.
Dec. 30	China approves the Sinopharm vaccine.
Dec. 30	Britain authorizes the Oxford-AstraZeneca vaccine for emergency use.
Dec. 30	Sinopharm announces an efficacy rate of 79 percent.
Dec. 28	Novavax begins a Phase 3 trial in the United States.

Detection Antibodies and Serological Tests for SARS-CoV-2

