

Correlates of protection against enteric infections: what can be learned from poliovirus vaccines?

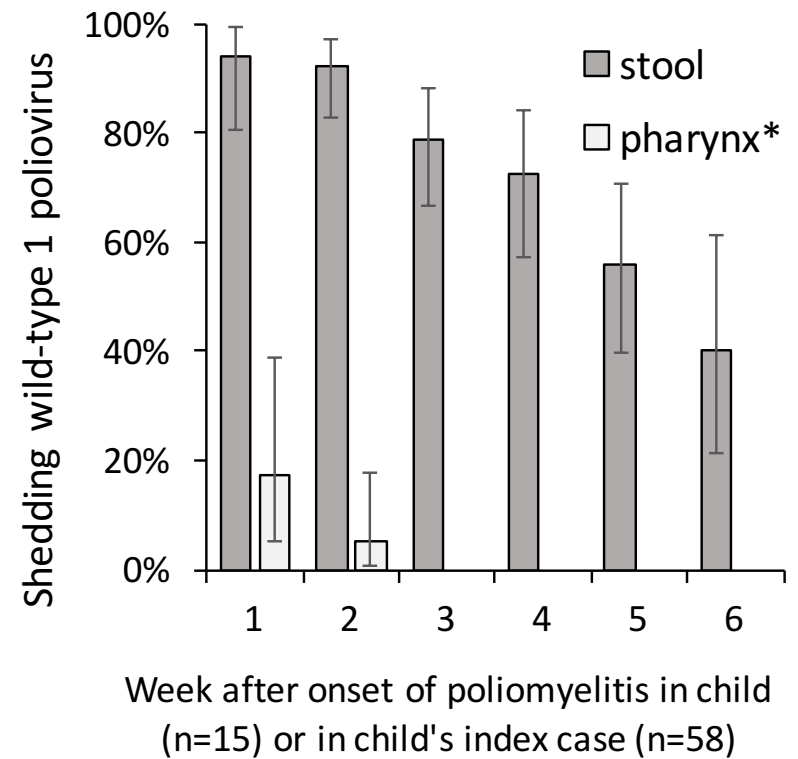
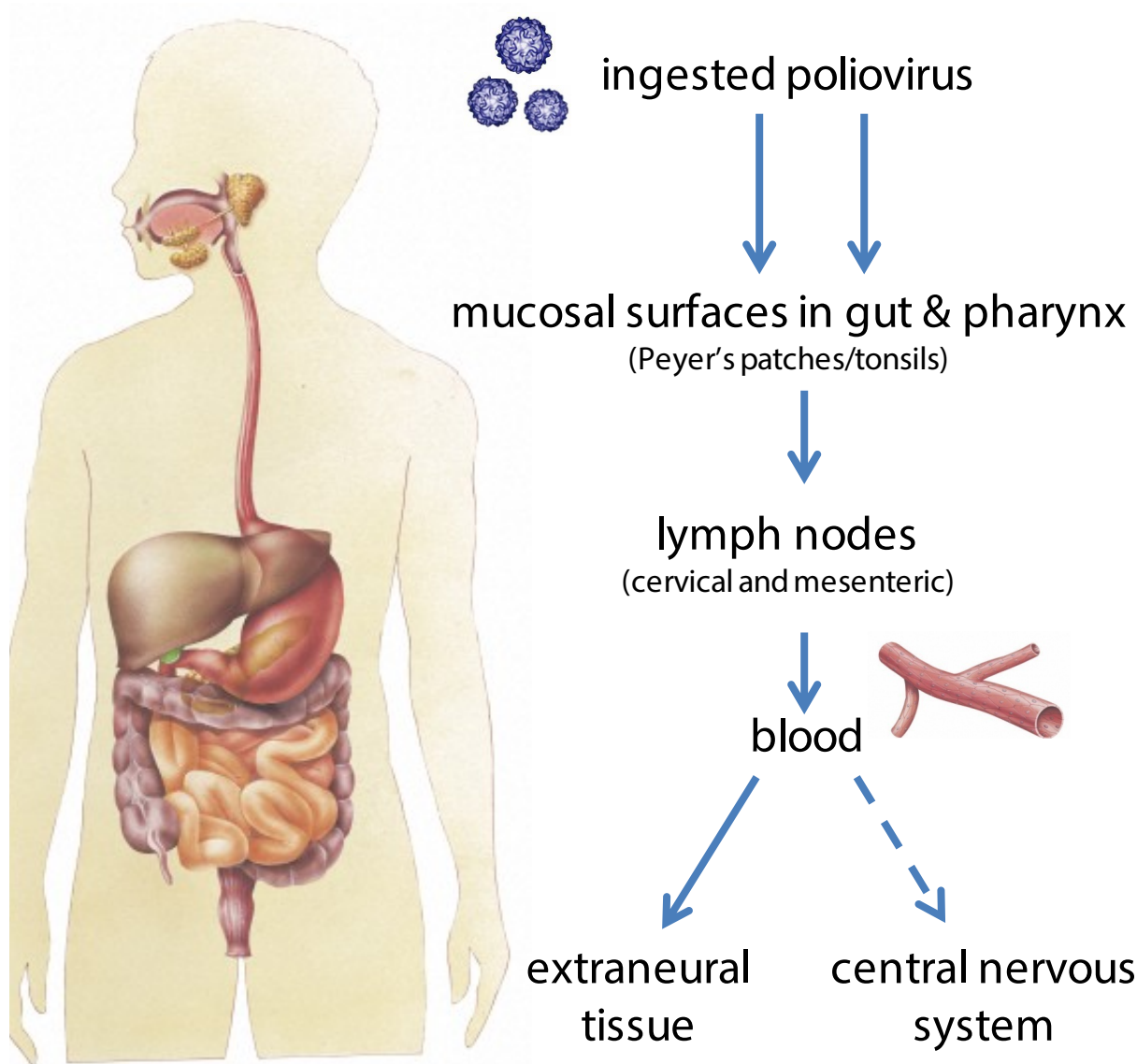
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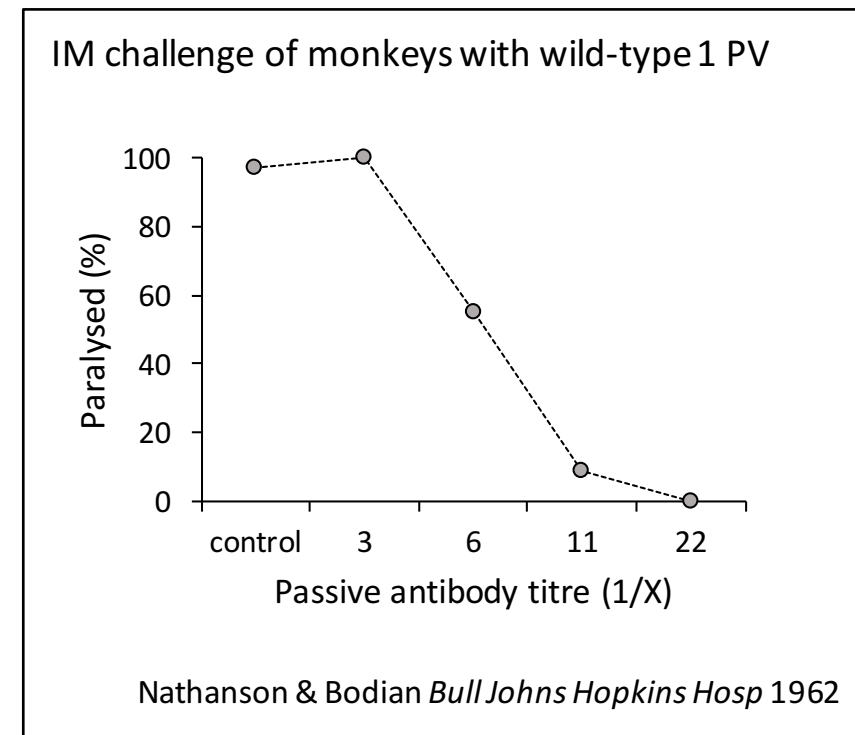
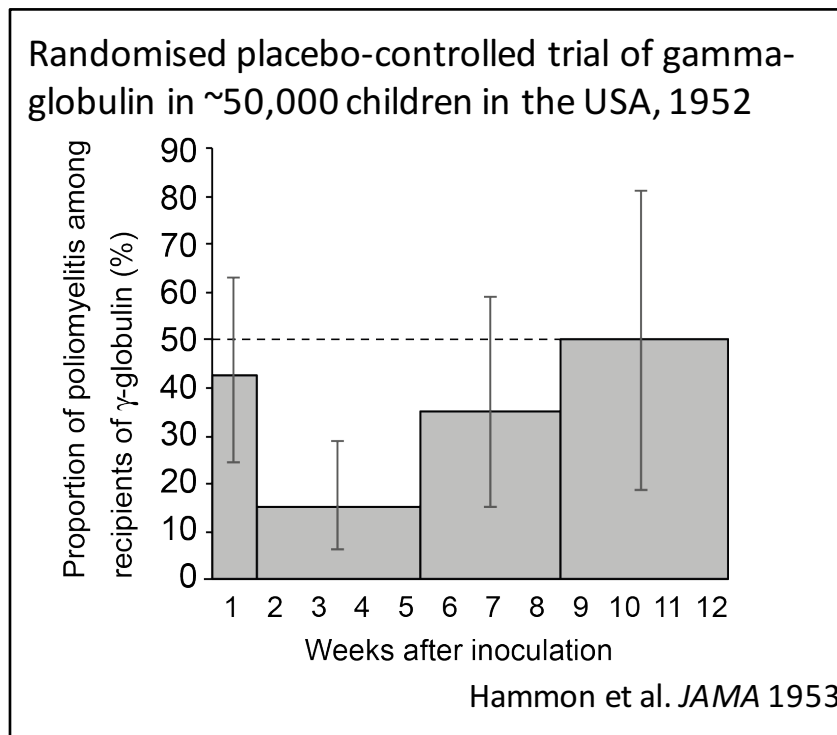
Poliovirus pathogenesis



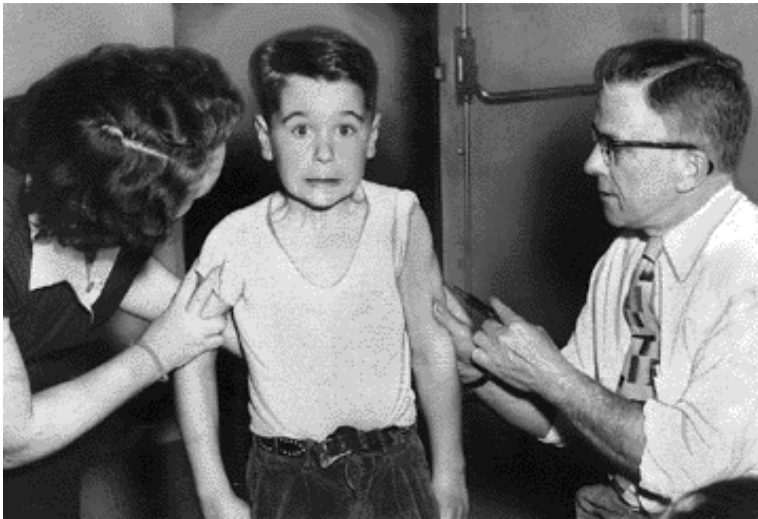
Serum neutralising antibodies (NAb) are a mechanistic CoP against poliomyelitis

Passive transfer of neutralising antibody is protective against poliomyelitis

Protection is dependent on titre of passive antibody in monkey model



Detection of serum NAb at $\geq 1/8$ dilution after active immunisation considered protective



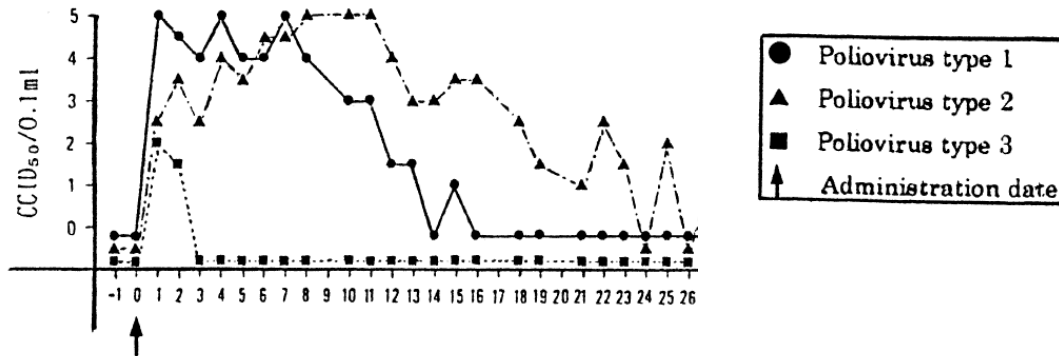
Inactivated Poliovirus Vaccine (IPV)



Oral Poliovirus Vaccine (OPV)

Immunogenicity of OPV

Virus shedding in stool



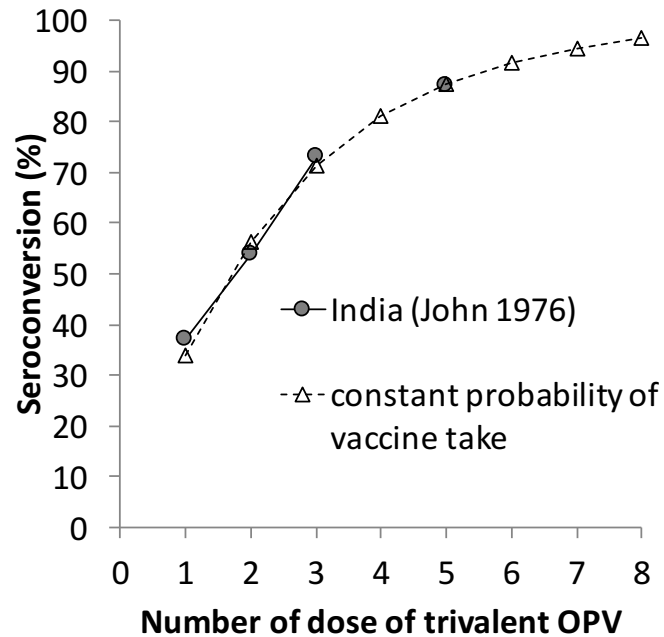
slgA in stool (titre)



Seroconversion (NAb)		
Shed poliovirus (P3) (day 7)	No	Yes
No	121 (89.6%)	14 (10.4%)
Yes	24 (15.3%)	133 (84.7%)

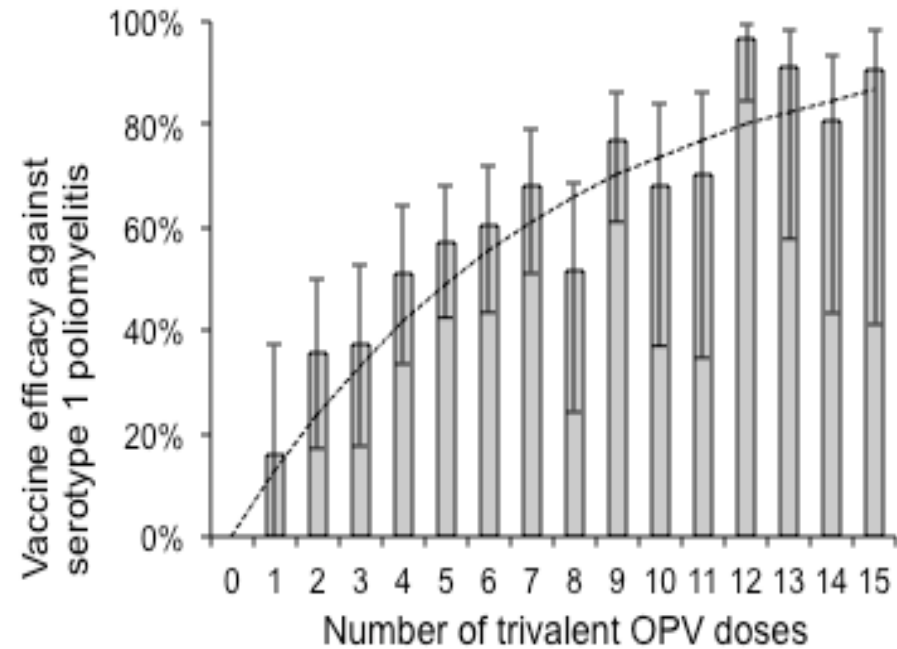
Immunogenicity vs efficacy of OPV

Immunogenicity



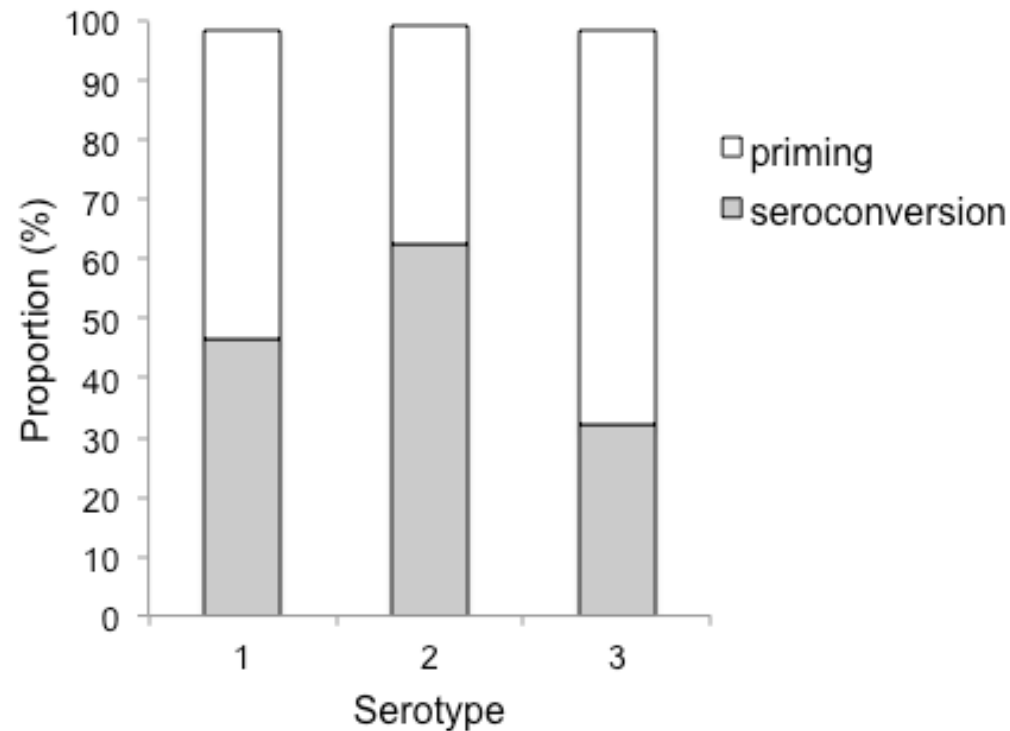
John et al. *Br Med J* 1976

Efficacy



Grassly et al. *Science* 2006

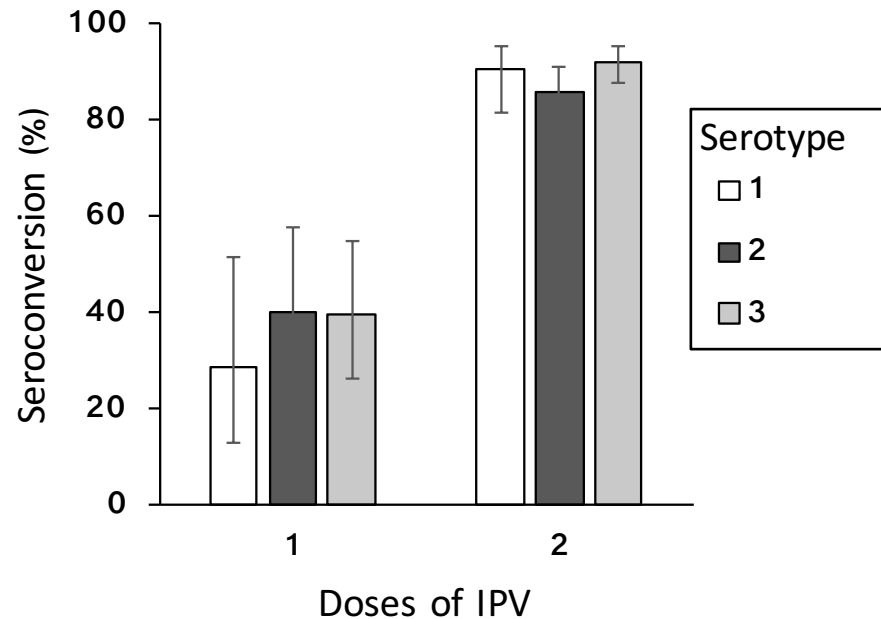
Immunogenicity of 1 dose of IPV given at 4 months of age, Cuba



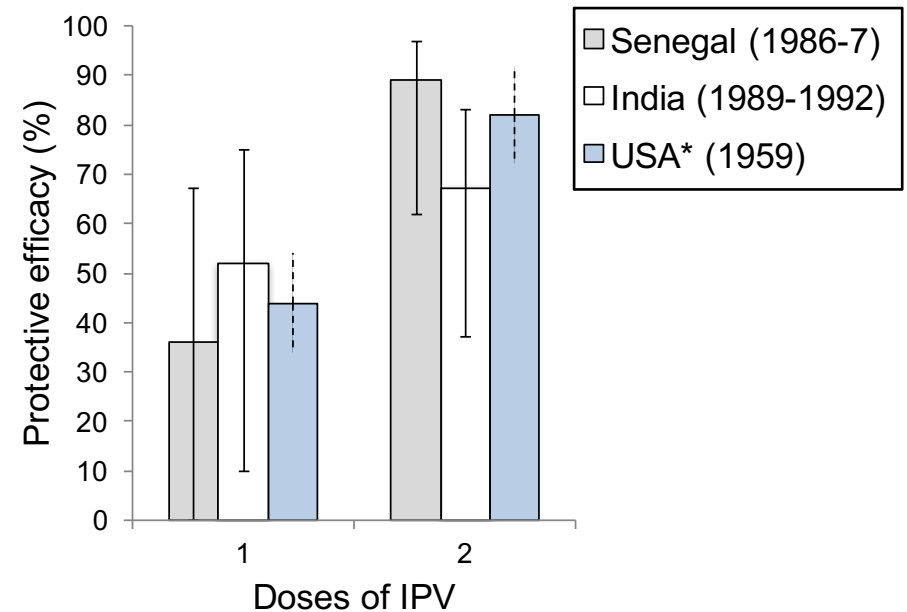
*'priming' based on detection of serum NAb 7 days after 2nd IPV dose at 8 months; Resik et al. *N Engl J Med* 2013

Immunogenicity vs efficacy of 1 or 2 doses of inactivated poliovirus vaccine (IPV)

Immunogenicity

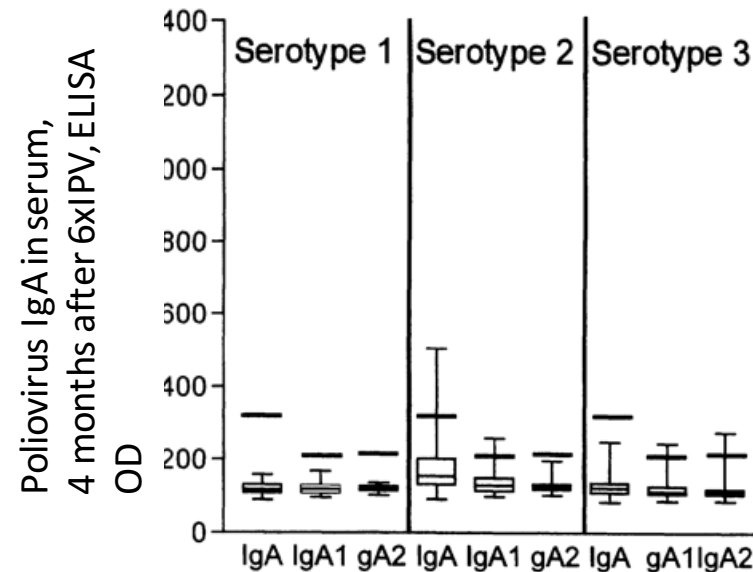
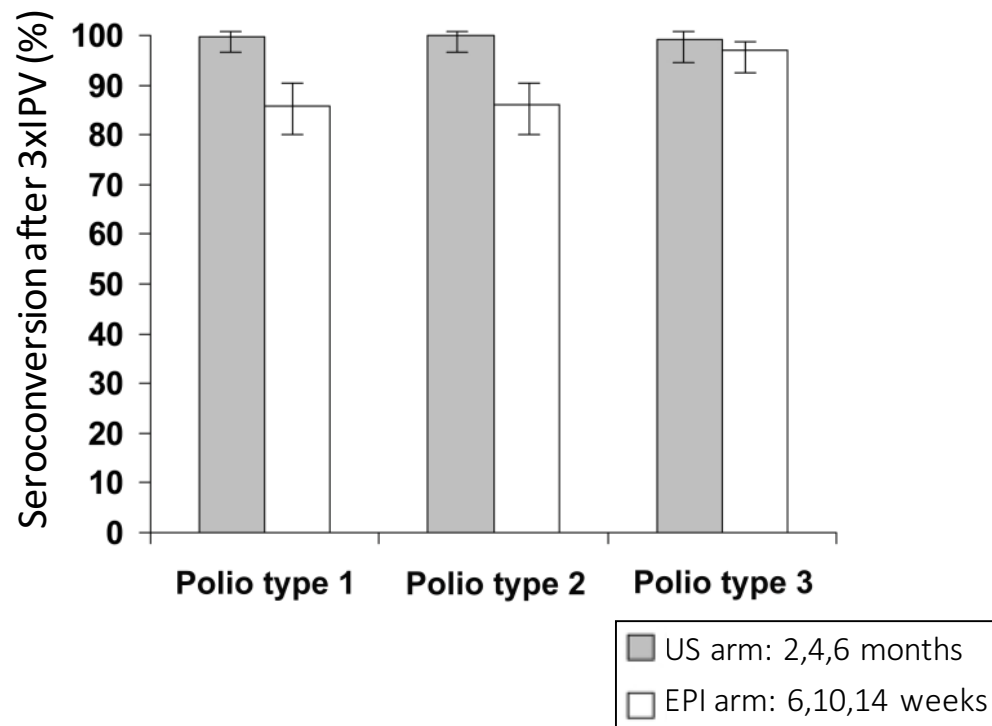


Efficacy



*earlier generation IPV
- - - 95% CI not available

Immunogenicity of full course of IPV



horizontal lines, cutoff levels of the ELISA; boxes show IQR, whiskers show ranges

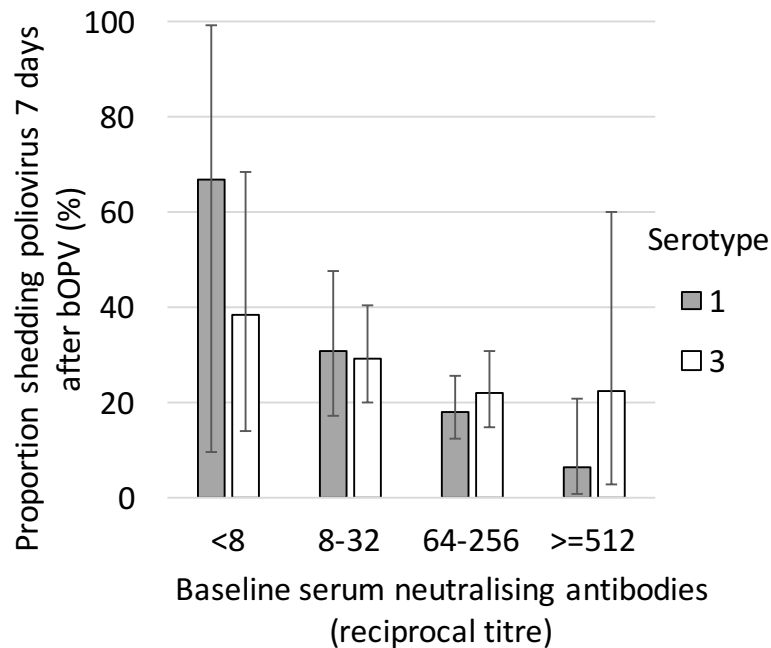
Utility of mechanistic CoP against poliomyelitis

- Permitted licensure of new vaccines (e.g. Sabin IPV in Japan 2012, China 2015)
- Seroprevalence studies used as supplement to poliomyelitis surveillance by Global Polio Eradication Initiative
- Studies to understand poor oral vaccine effectiveness in low-income countries can use seroconversion as outcome ('correlates of immunogenicity')

Poliovirus infection, OPV challenge model: serum NAb are non-mechanistic CoP after OPV, not IPV

OPV

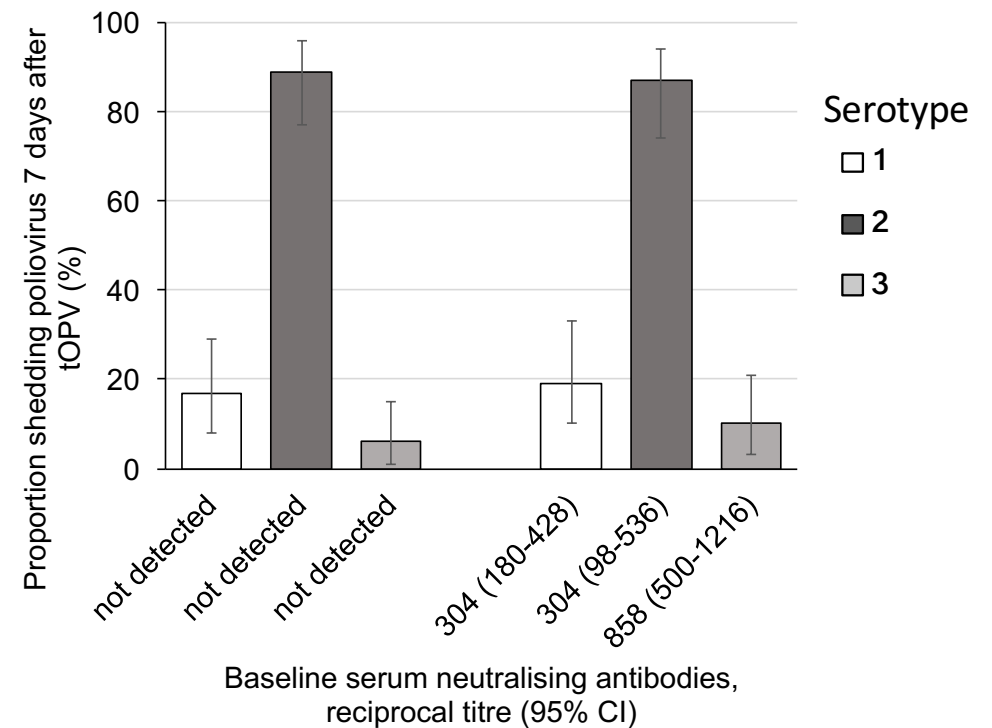
Children 1-4 years old who had received multiple doses of tOPV



unpubl. data

IPV

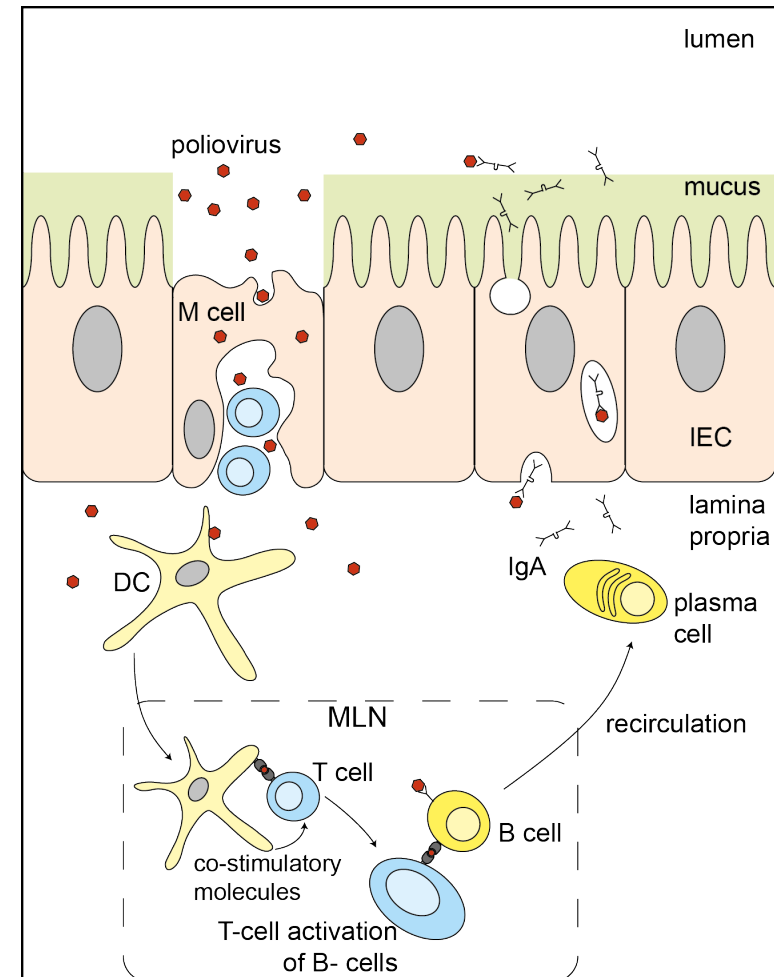
Infants <1 yr old routinely immunised with IPV or control



Cuba IPV study collaborative group *N Engl J Med* 2007

Poliovirus infection: mucosal antibodies are presumed mechanistic CoP

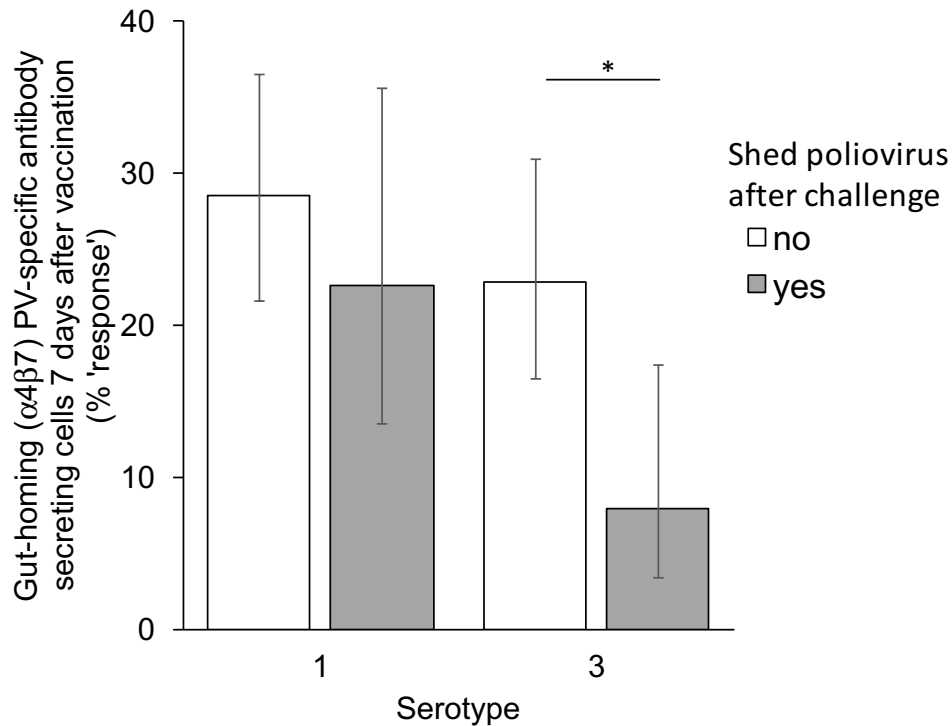
- Neutralising antibodies at mucosal sites: secretory IgA, transudated IgG
- Faecal IgA correlates poorly with shedding after OPV1 challenge (Onorato et al. *J Infect Dis* 1991)
- Few studies of NAb or salivary Ig, esp. in relation to poliovirus infection
- Challenges:
 - Technically difficult
 - ELISA methods non-specific
 - rapid IgA dynamics after vaccination (mucosal immune memory?)



Poliovirus infection: non-mechanistic CoPs in blood after OPV and IPV

Antibody Secreting Cells (ELISPOT)

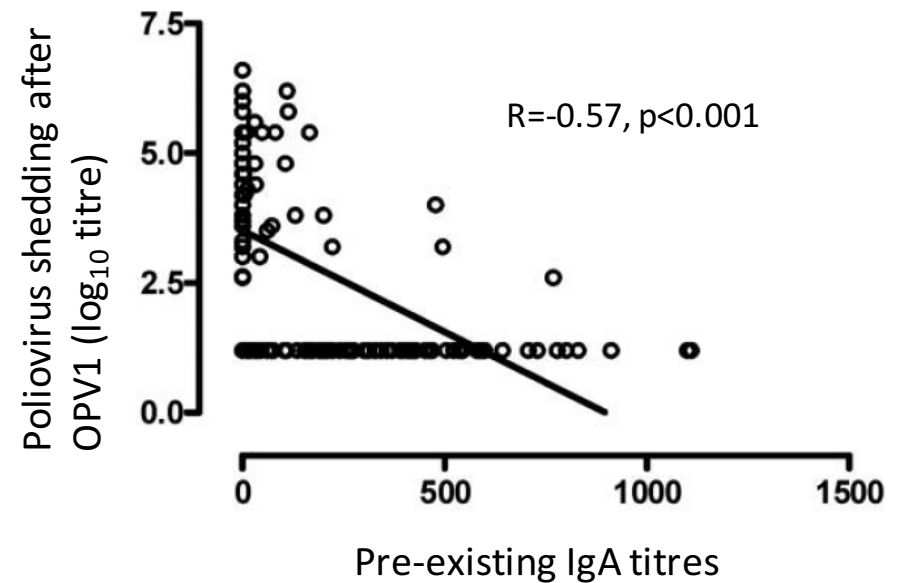
OPV & IPV immunised children



Dey et al. *PLoS ONE* 2016

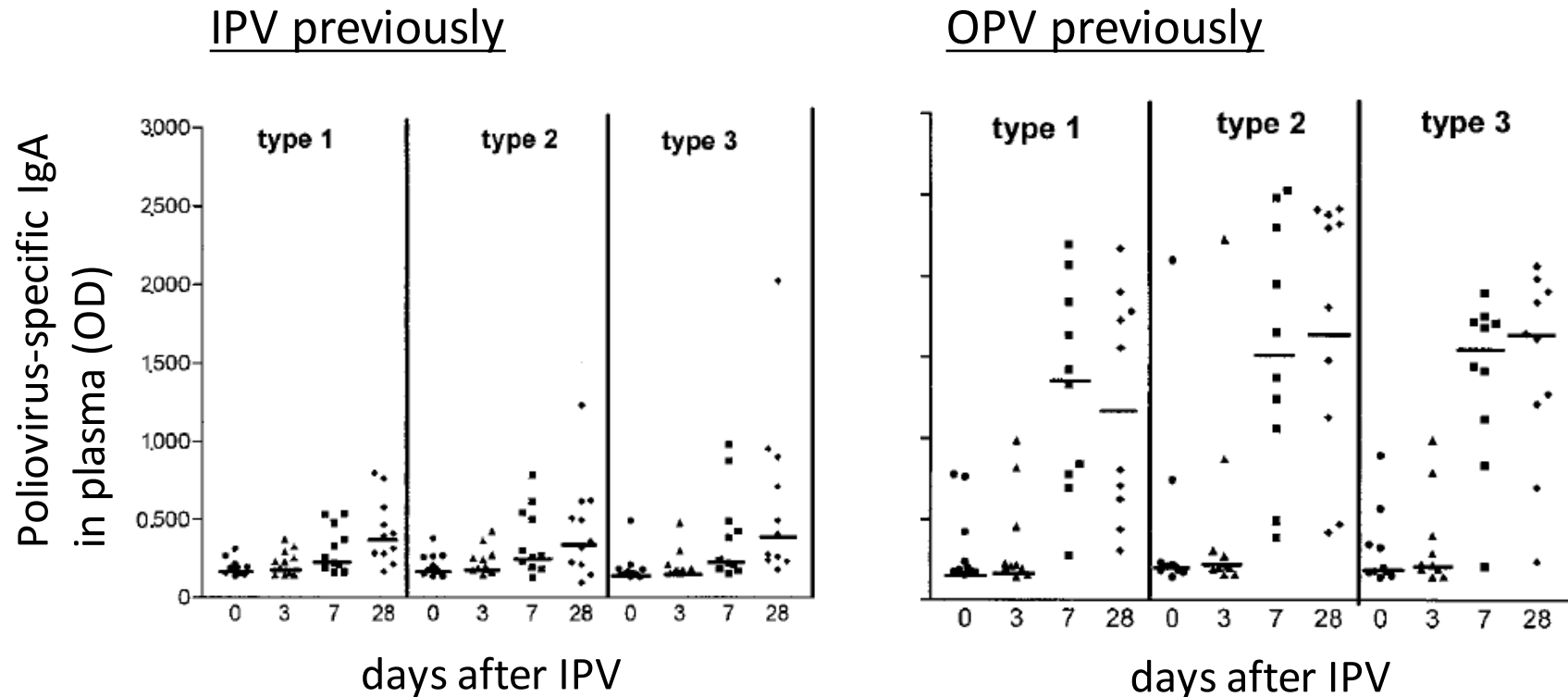
Serum IgA (ELISA)

Adults, naturally immune & IPV immunised

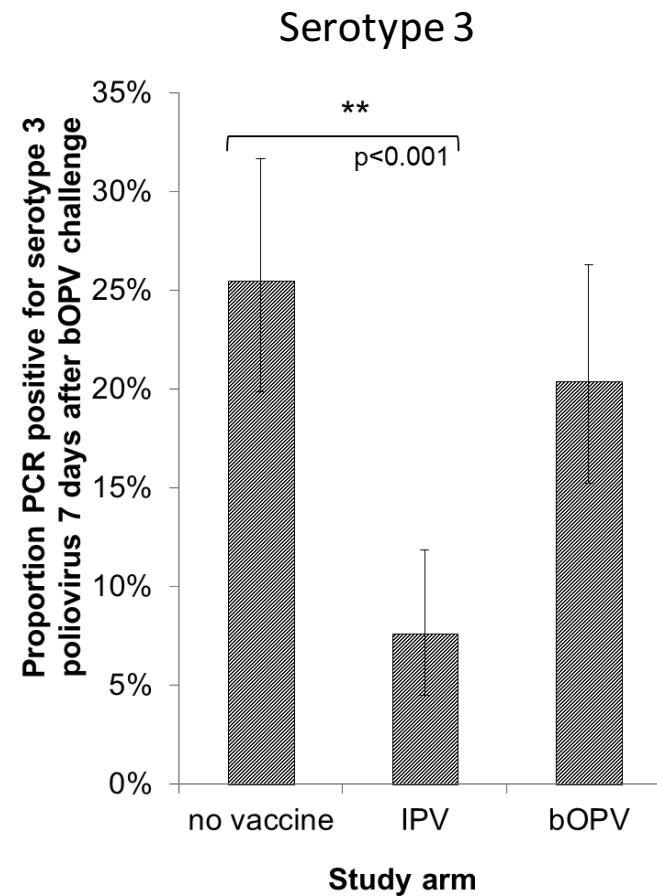
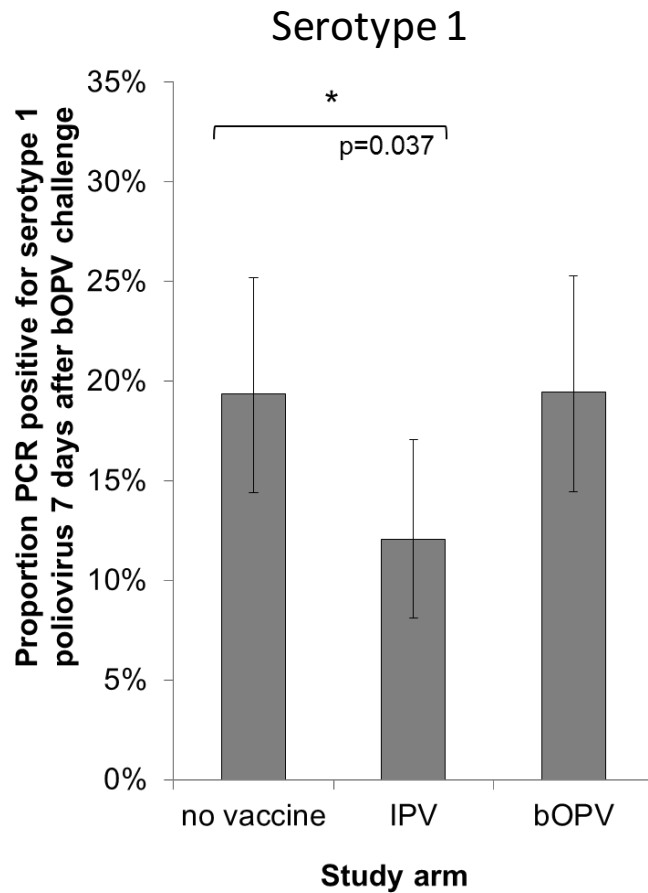


Buisman et al. *J Infect Dis* 2008

IPV boosts serum and plasma IgA in individuals previously vaccinated with OPV



IPV boost protects against bOPV challenge



Summary

- Detection of serum NAb is mechanistic CoP against poliomyelitis
- CoP for mucosal protection against poliovirus infection harder to define and measure – human challenge model has been critical
- Outstanding questions:
 - Role of cellular & innate immunity in mucosal protection
 - Significance & duration of priming for protection against disease
 - Mucosal immune memory

Acknowledgements

Christian Medical College, India

esp. Gagandeep (Cherry) Kang, Jacob John

WHO, Geneva, regional and country offices

esp. Bruce Aylward, Roland Sutter

Imperial College London (Vaccine Epidemiology Research Group)

Kath O'Reilly, Isobel Blake, Ed Parker, Lucy Li, Marga Pons-Salort, George Shirreff, Natalie Molodecky

Funding

