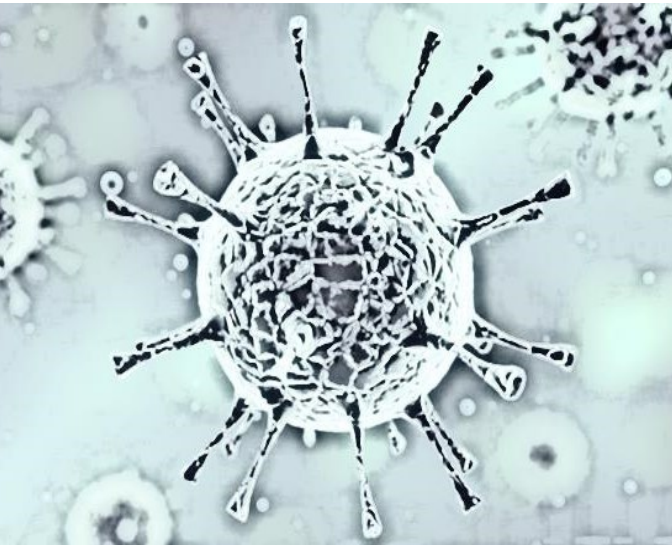




**THE JENNER
INSTITUTE**
DEVELOPING INNOVATIVE VACCINES



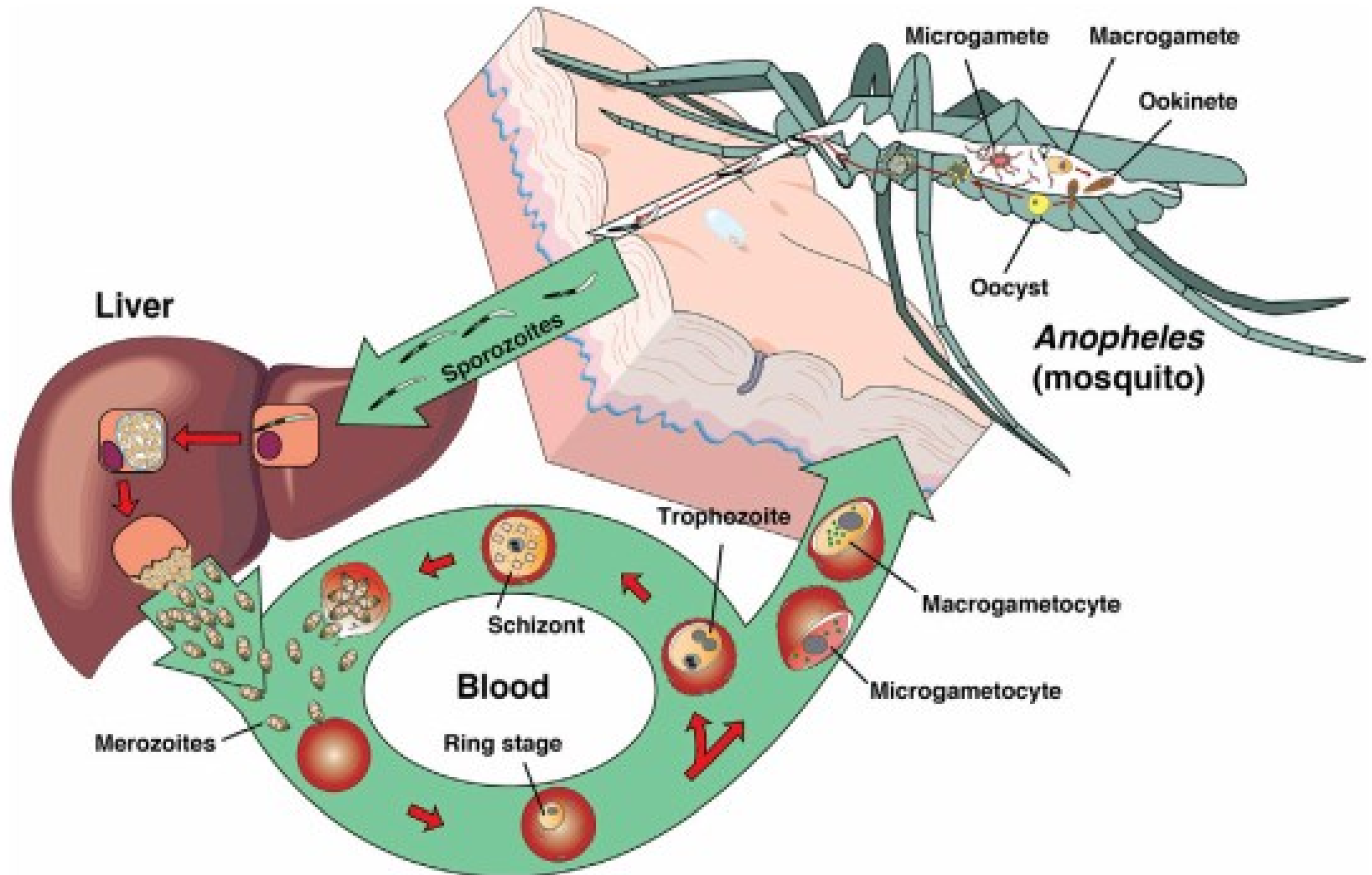
Vaccines for Malaria – Recent Progress and New Horizons

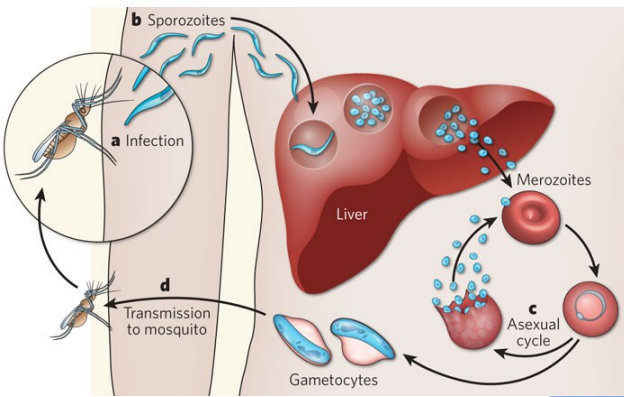
Simon Draper

Vaccinology 2018 – Panama City, Panama

18th October 2018

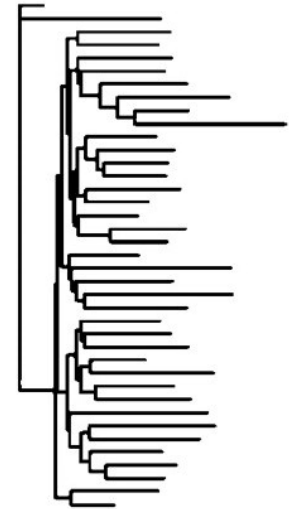
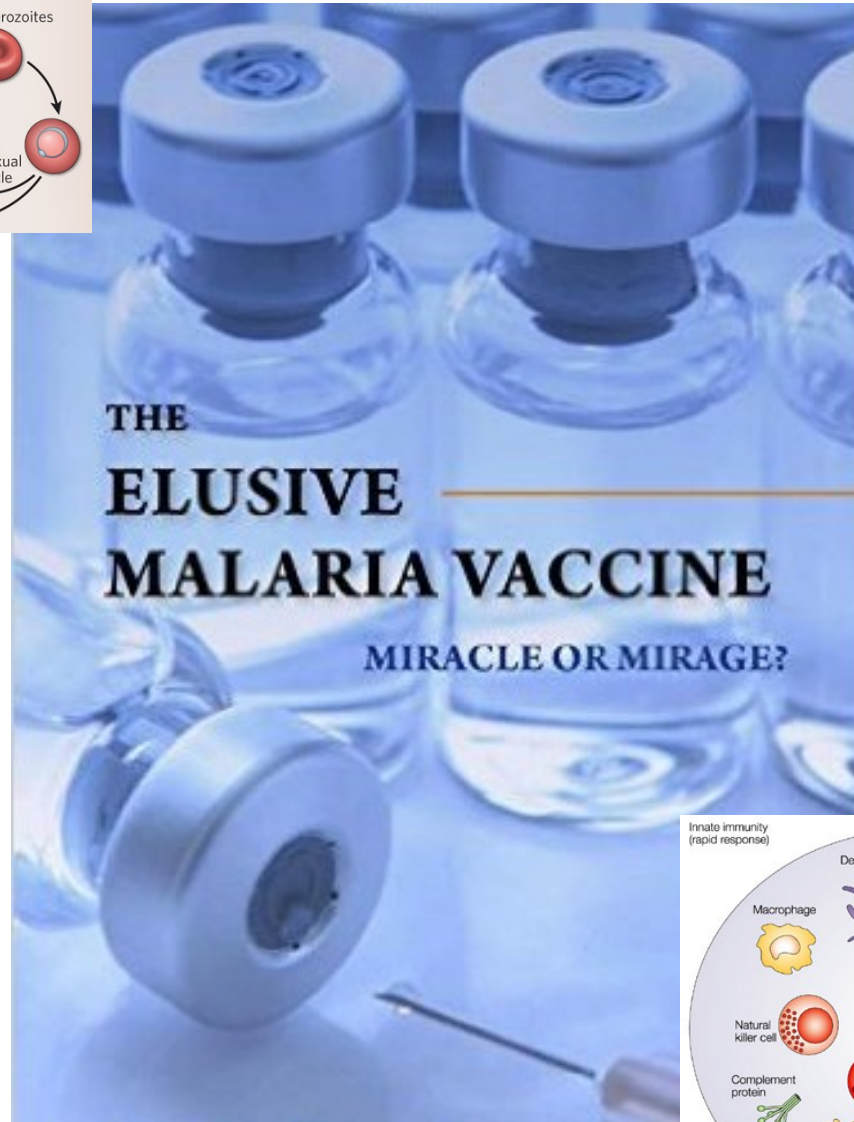
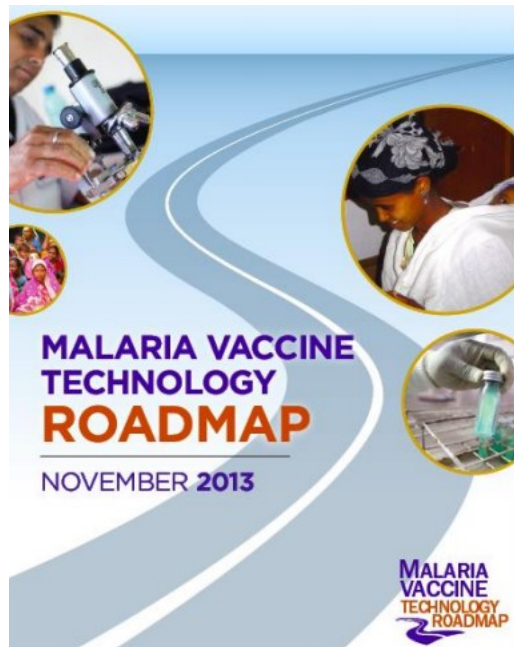
Malaria Parasites: A Complex Lifecycle





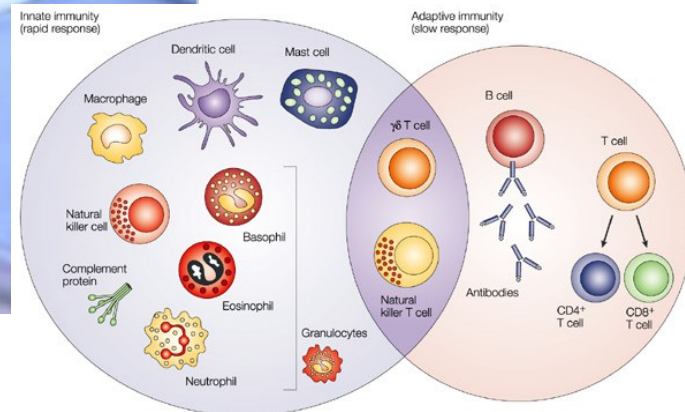
Complexity

Technological

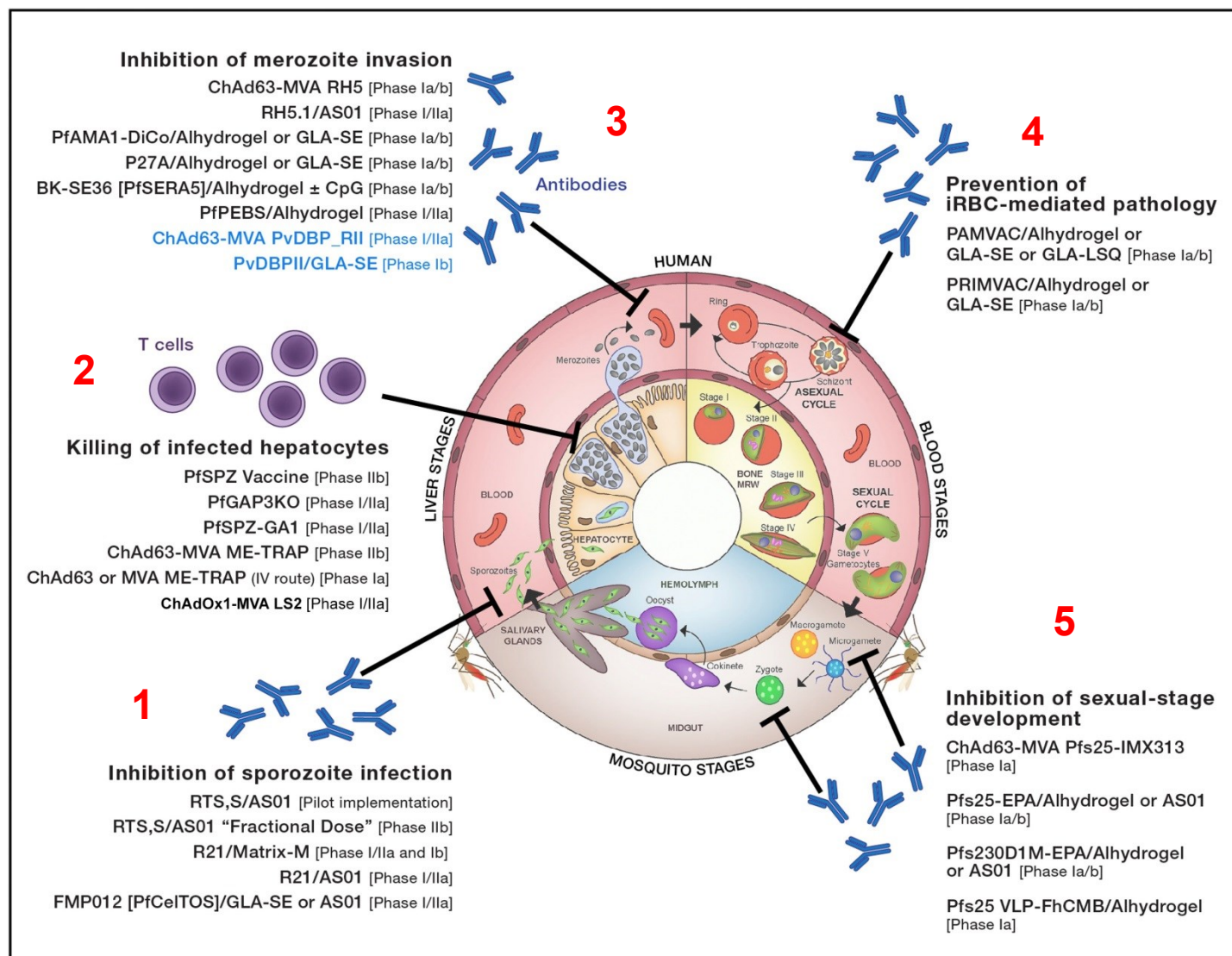


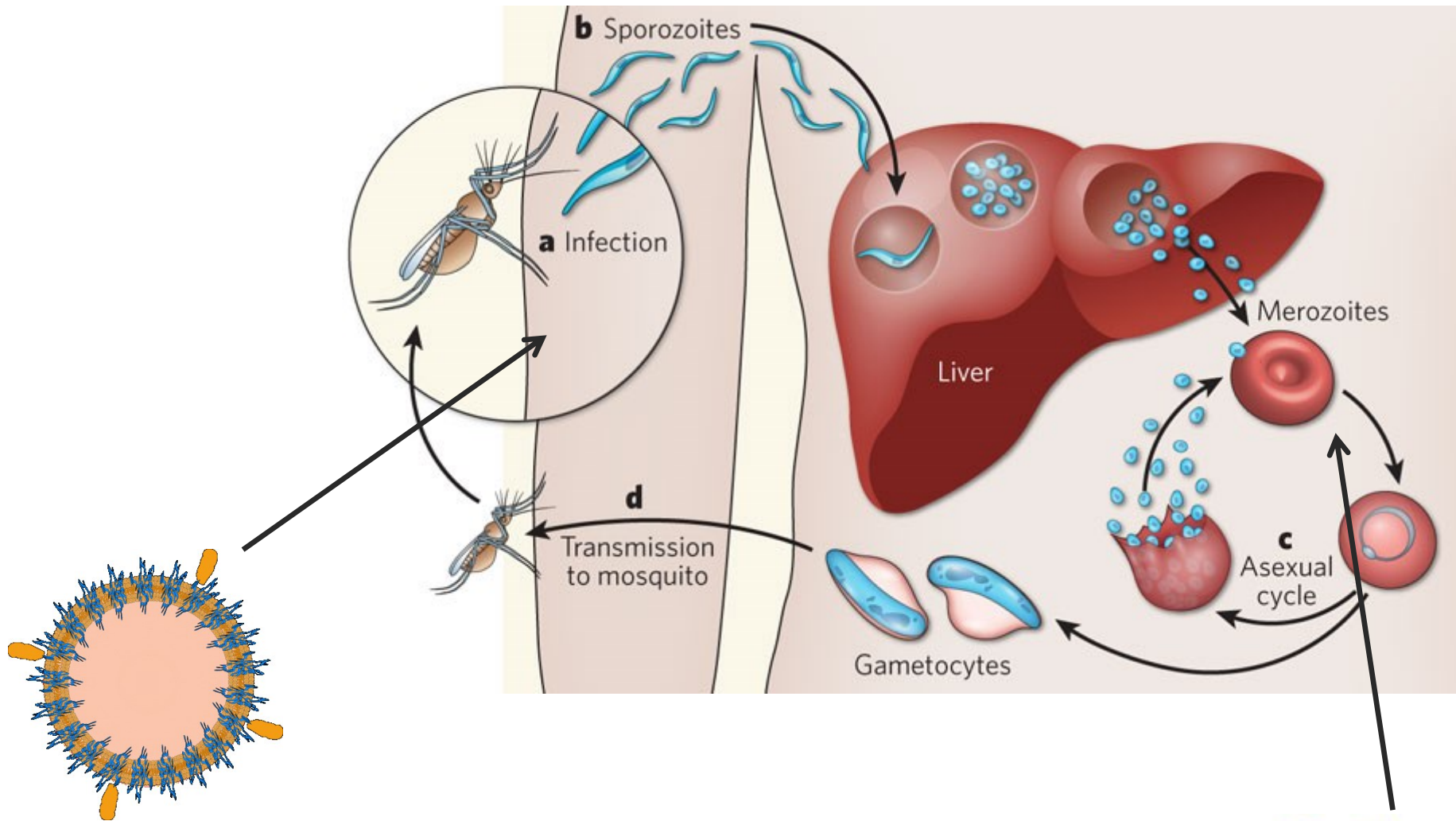
Antigenic Diversity

Mechanisms of *in vivo* Immunity



Malaria: Five Stages for Vaccines to Target

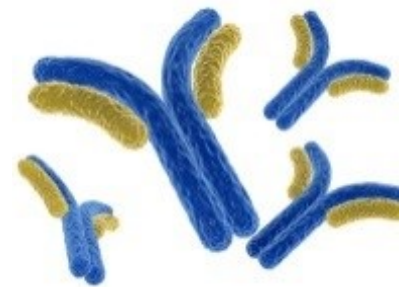




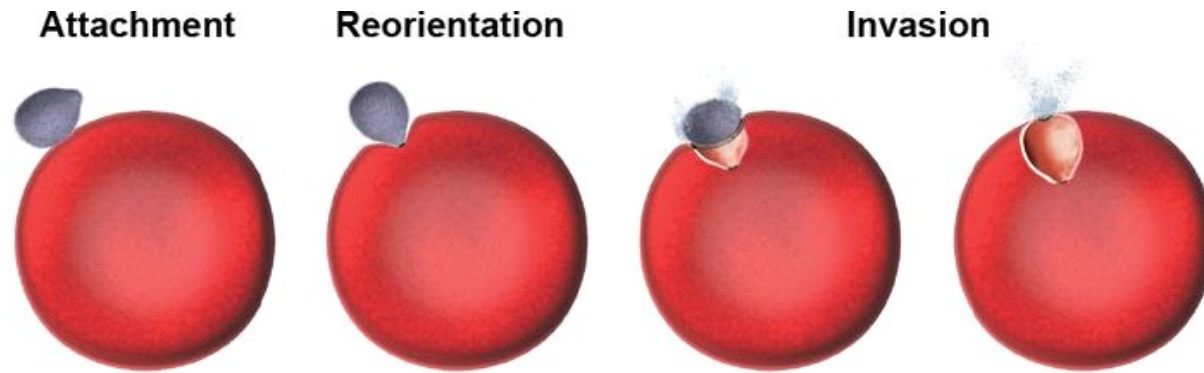
RTS,S / AS01



- Completed Phase III
- In pilot implementation trials
- Moderate-to-low short-term efficacy



Blood-Stage Merozoite Vaccine Difficulties



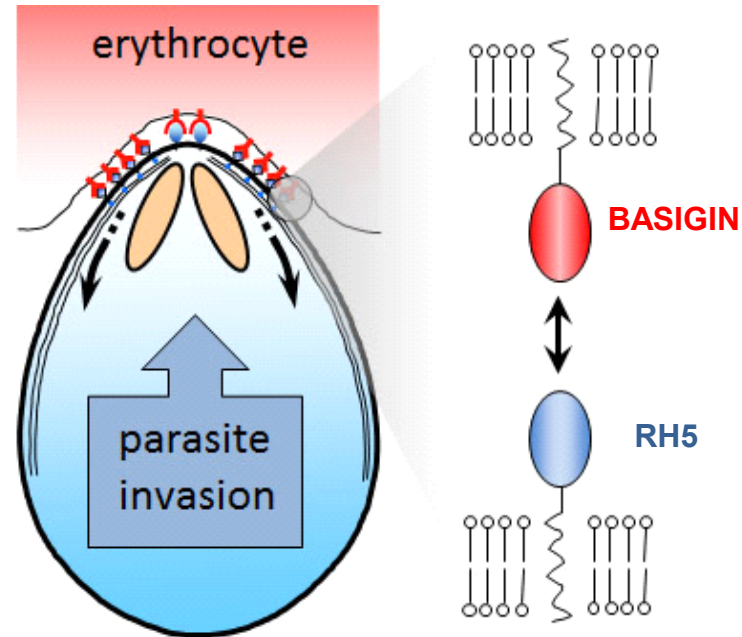
1. Antigenic **polymorphism** and **redundancy** of invasion pathways
2. Antibody **mechanism of immunity**?
Lack of *in vitro* assays that associate with *in vivo* protection in humans
3. Need for very **high antibody concentration** for *in vivo* neutralisation

New
conserved and
essential targets

Functional assay
correlates with
protection in NHP

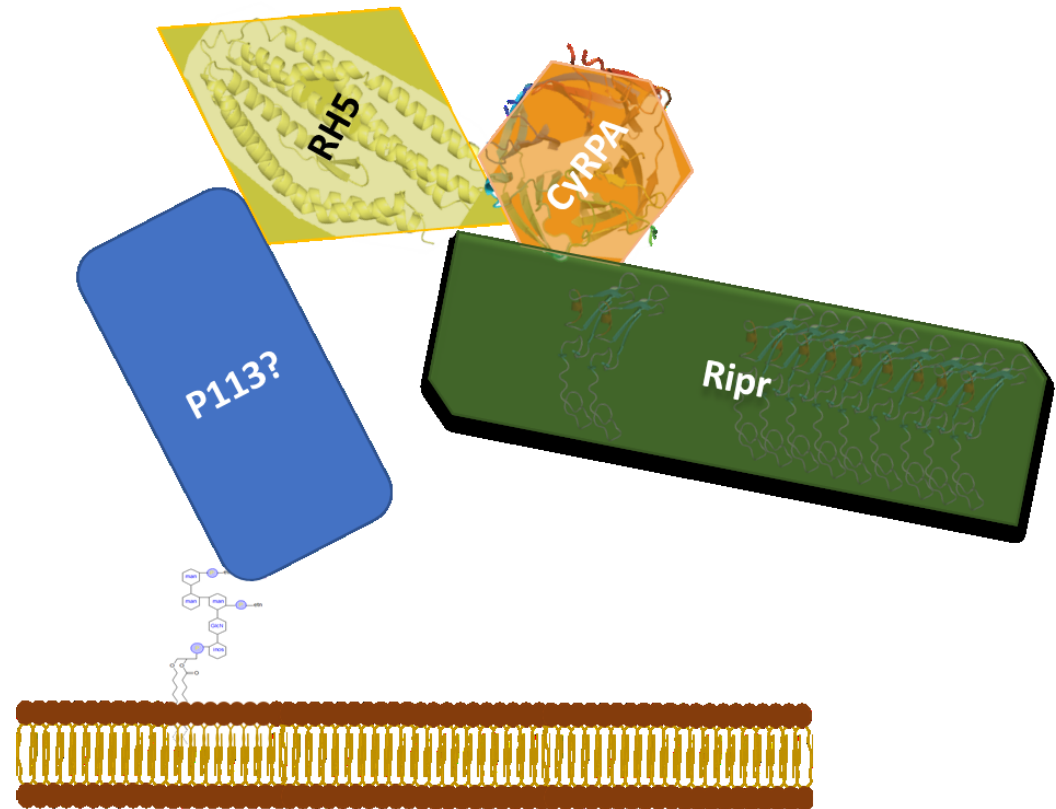
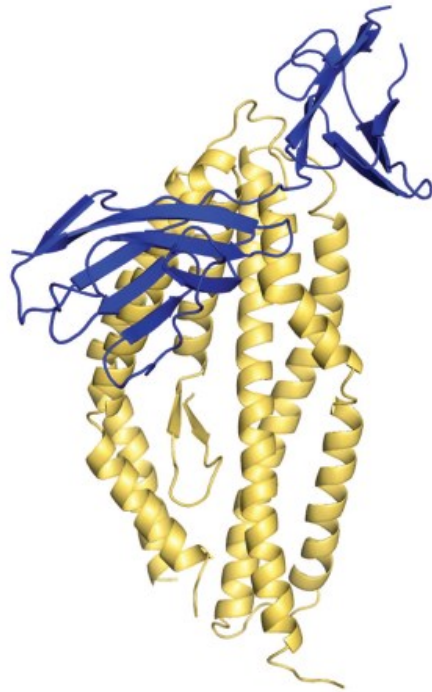
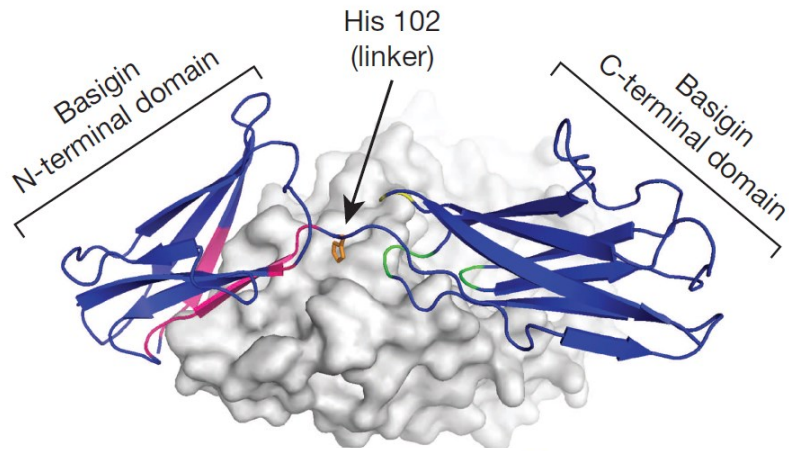
Quantitative
assessment of
antibody responses

Introducing *P. falciparum* RH5



- The first highly conserved target within the *P. falciparum* blood-stage merozoite to be susceptible to vaccine-induced broadly neutralising polyclonal antibody (Douglas *et al.* 2011, Nat Commun)
- Forms an essential interaction with basigin (CD147) on the erythrocyte surface (Crosnier *et al.* 2011, Nature)

RH5 Invasion Complex and Basigin



An assay to predict *in vivo* protection?



Growth Inhibition Activity (GIA)

1. Poor association with naturally-acquired malaria immunity

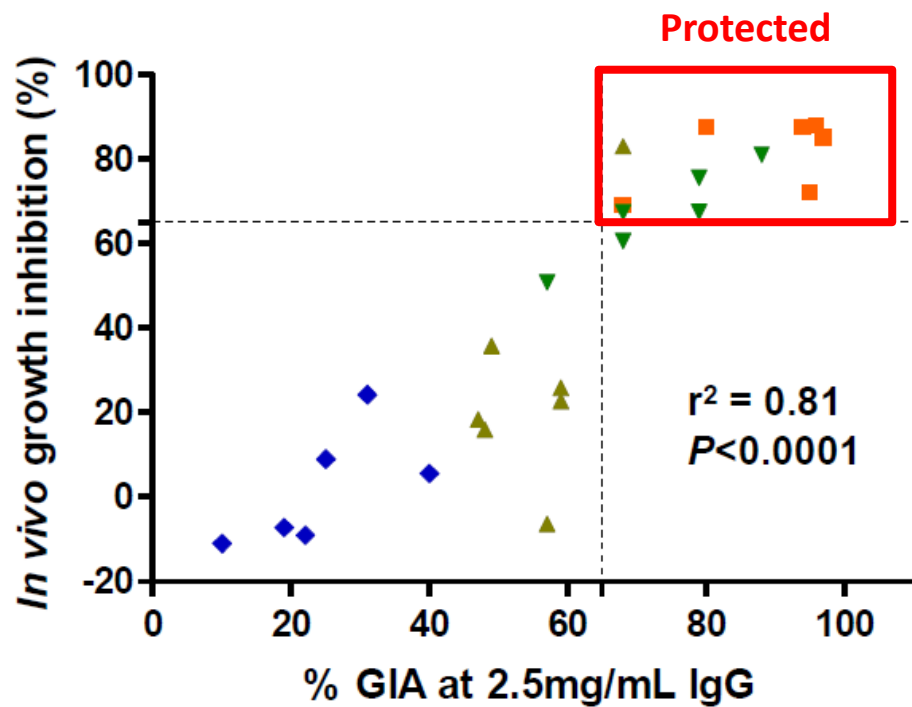
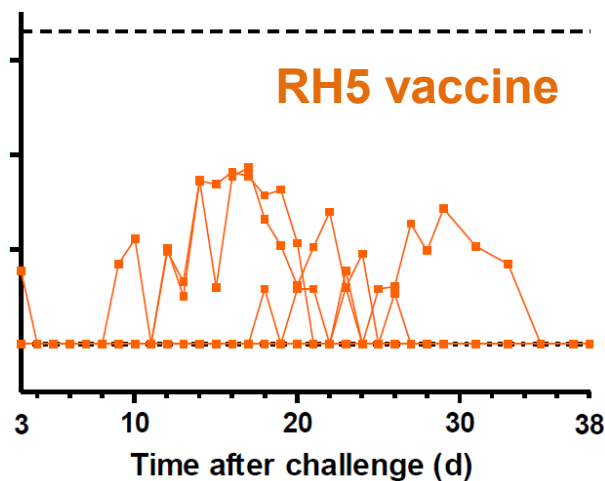
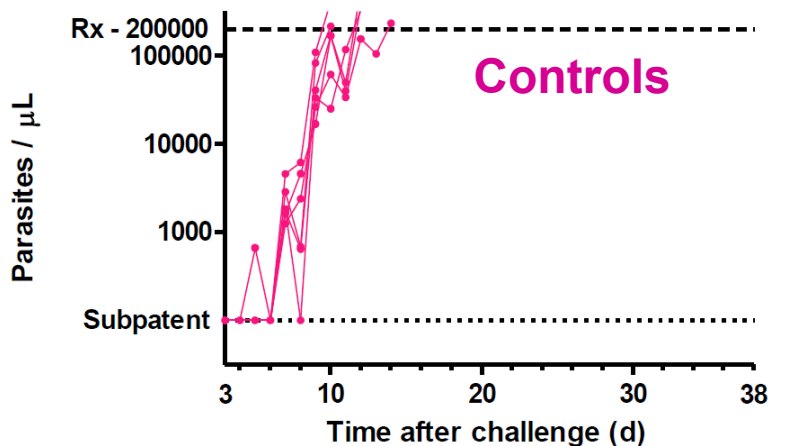
Duncan *et al.* (2012) *Hum Vaccin Immunother* 8:706

2. Three NHP studies associated *in vitro* GIA with *in vivo* protection:

- Singh *et al* (2006) *Infect Immun* : MSP1 – *Aotus* – *falciparum*
- Douglas *et al* (2015) *Cell Host Microbe* : RH5 – *Aotus* – *falciparum*
- Hamid *et al* (2011) *PLoS One* : AMA1 – Rhesus – *knowlesi*

Vaccine-induced GIA reflects “non-natural” immunity

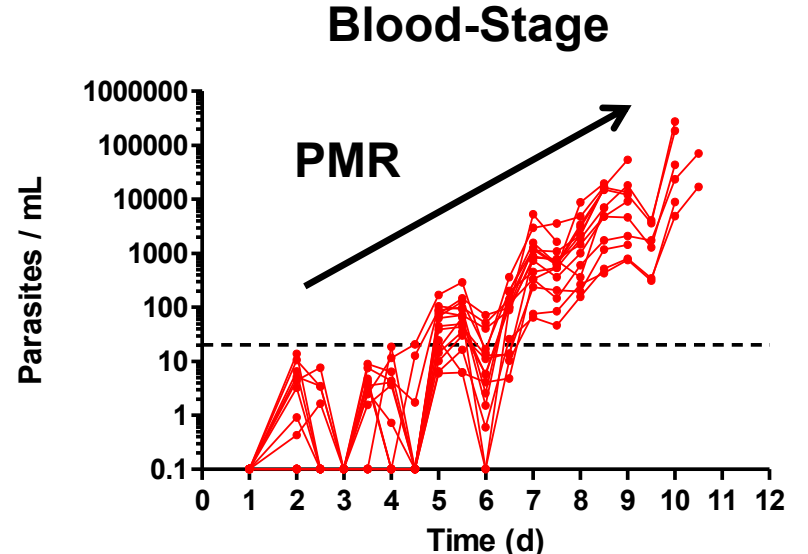
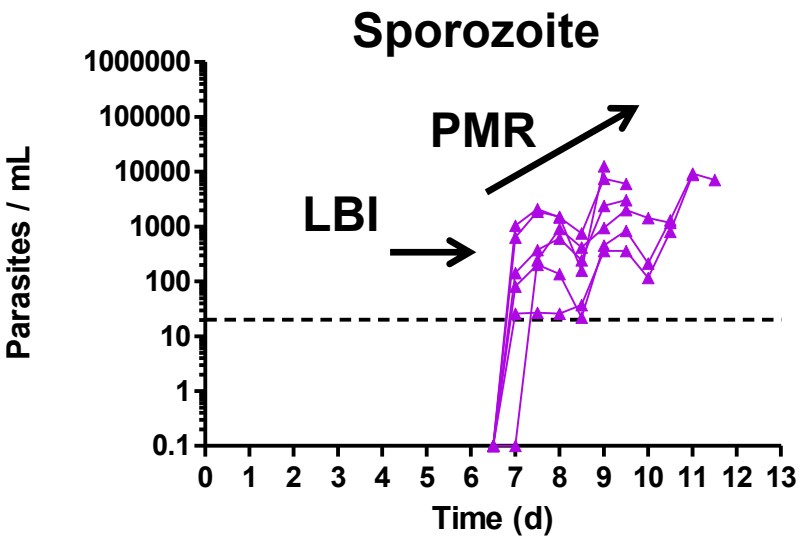
PfRH5 vaccine testing in *Aotus* monkeys

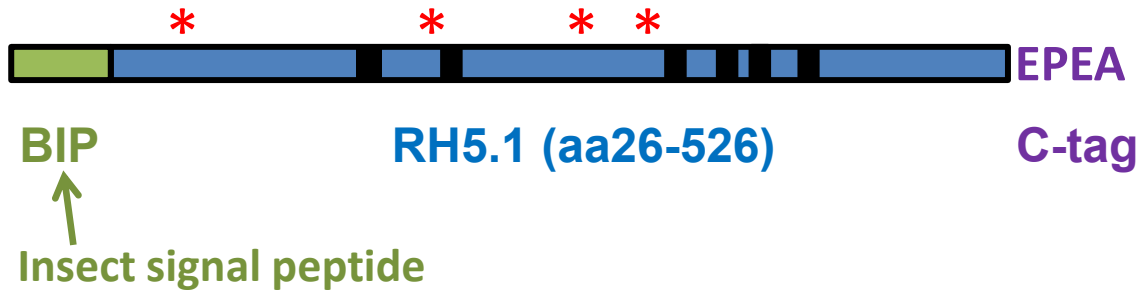


Assessing Immunity by Controlled Human Malaria Infection (CHMI)



SANARIA

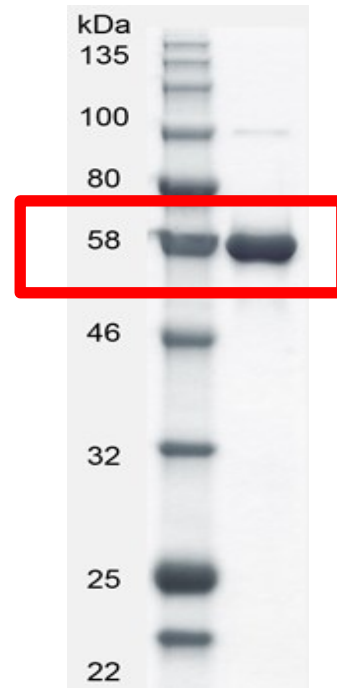
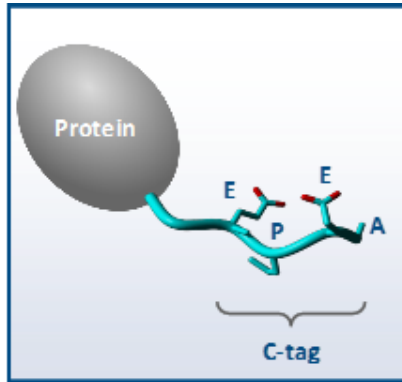
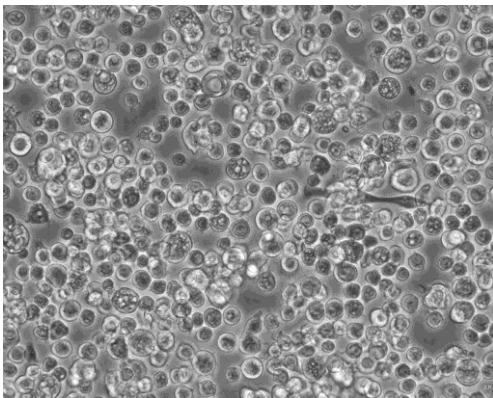




* = Mutated N-linked glycosylation sites (Thr to Ala)

■ = Cysteine

EXPRES²ION
BIOTECHNOLOGIES

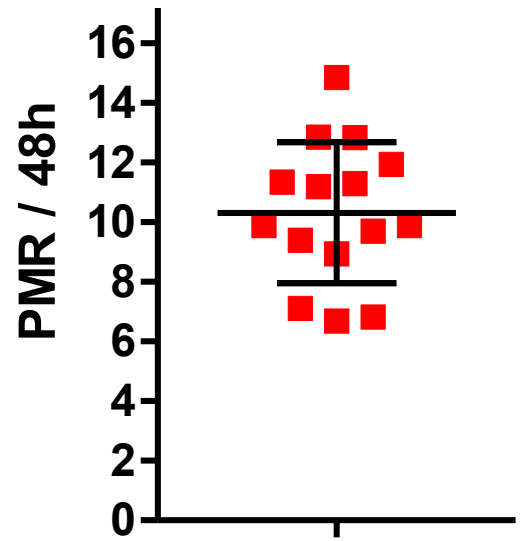


Hjerrild KA *et al.* 2016 Sci Rep

Jin J *et al.* 2017 Int J Parasitol

Jin J *et al.* 2018 NPJ Vaccines

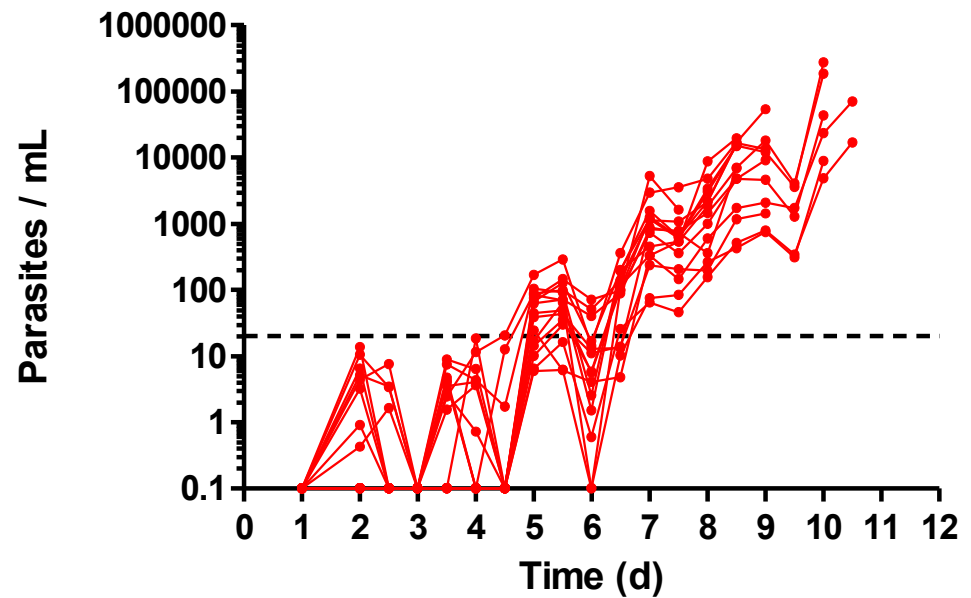
Assessing Immunity by Controlled Human Malaria Infection (CHMI)



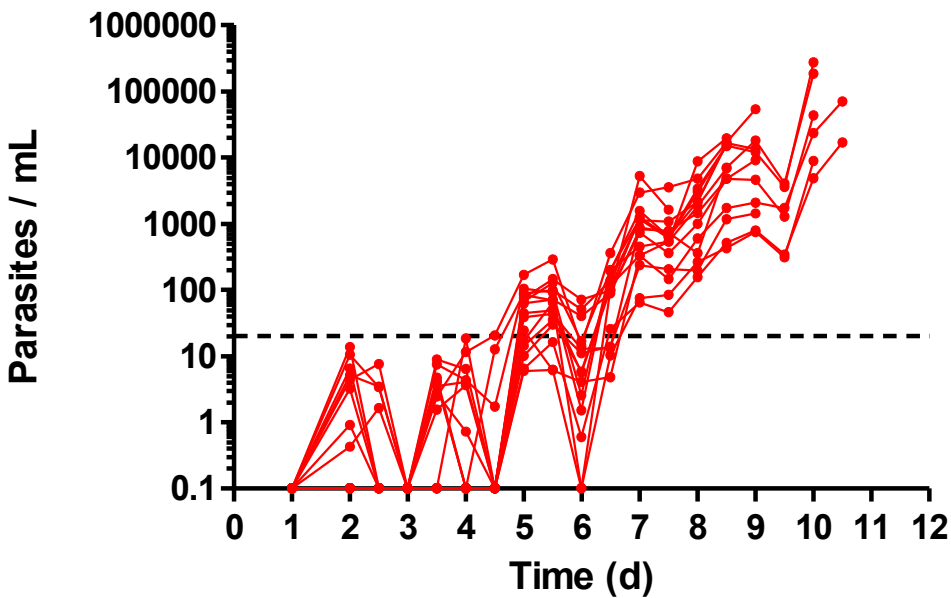
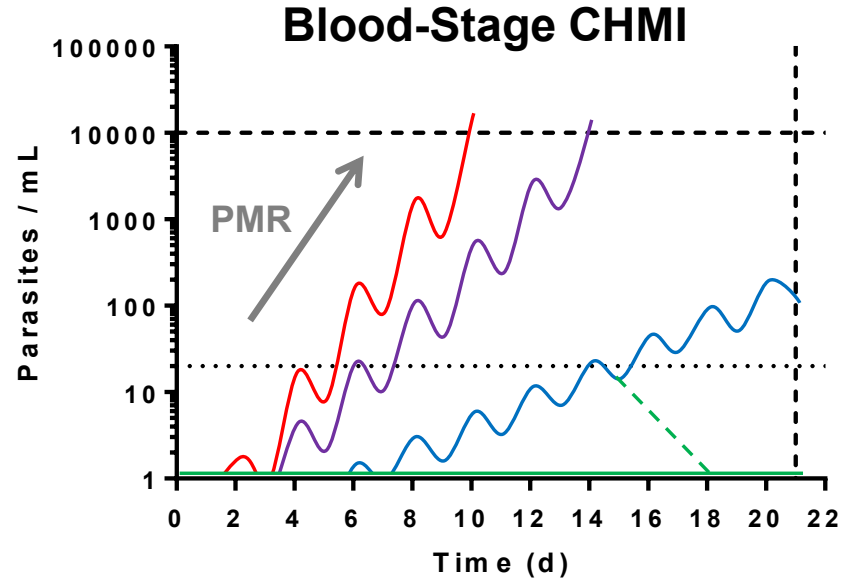
Mean **PMR** =
10.3 per 48 h

SD = 2.36

n=15



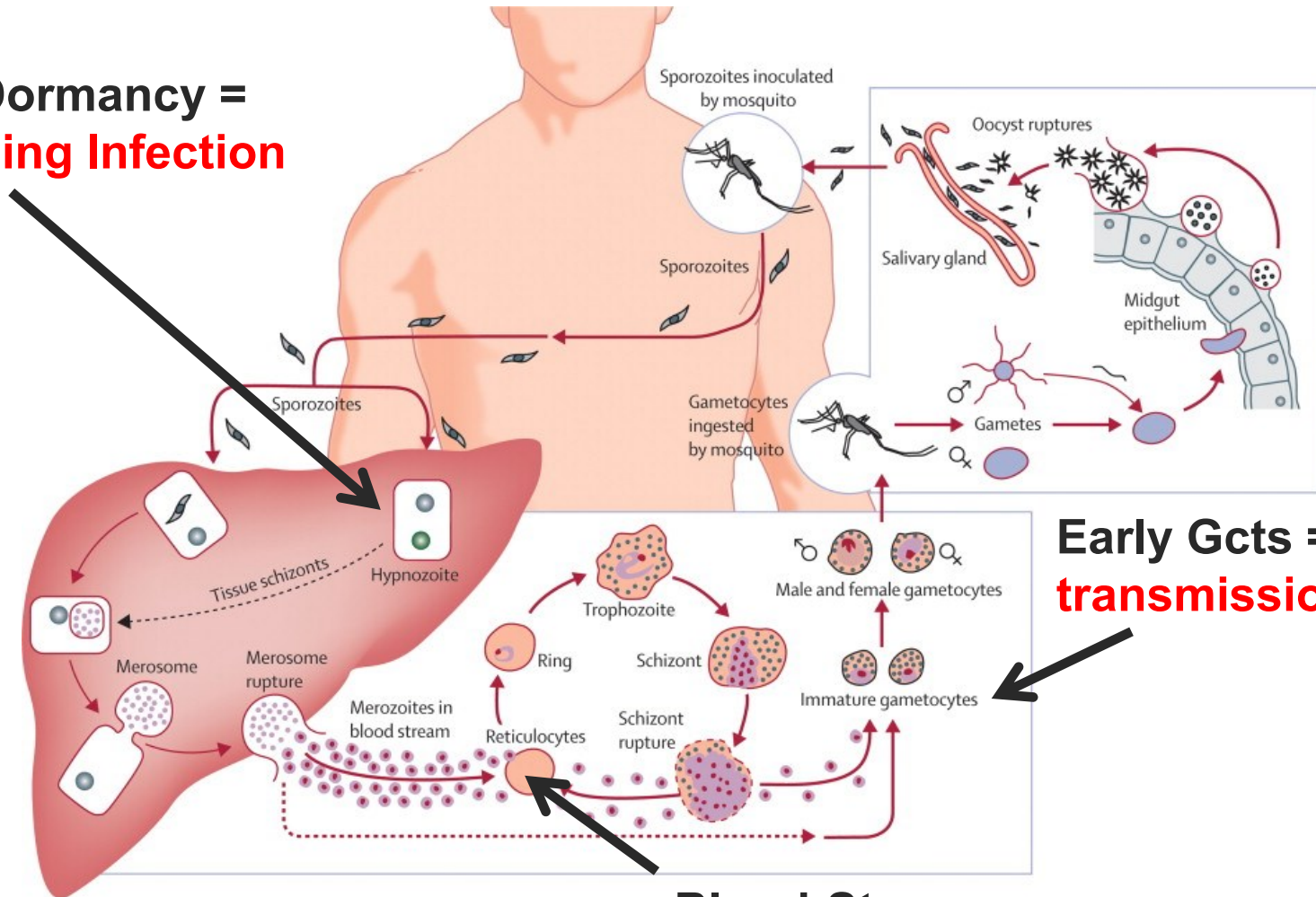
Assessing Immunity by Controlled Human Malaria Infection (CHMI)



- 0% Efficacy & Controls (PMR = 10)
- 50% Efficacy (PMR = 5)
- 80% Efficacy (PMR = 2)
- Sterile Protection
- - - Clearance

Plasmodium vivax : Unique Challenges

**Liver Dormancy =
Relapsing Infection**

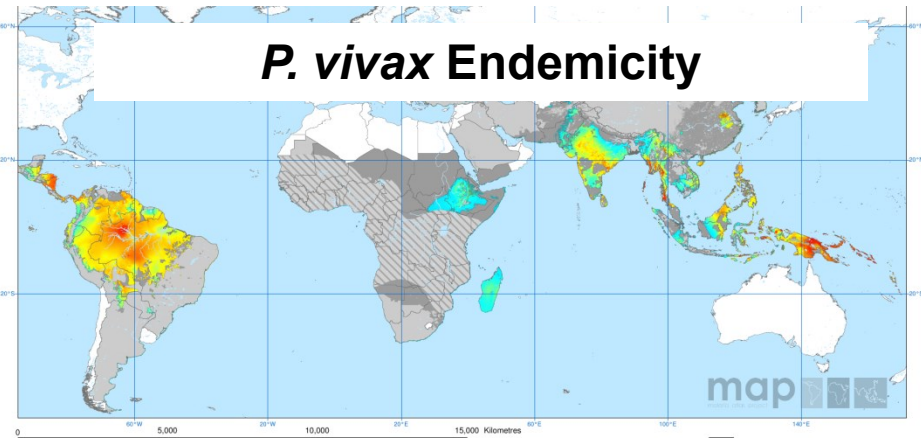


**Early Gcts = Faster
transmission**

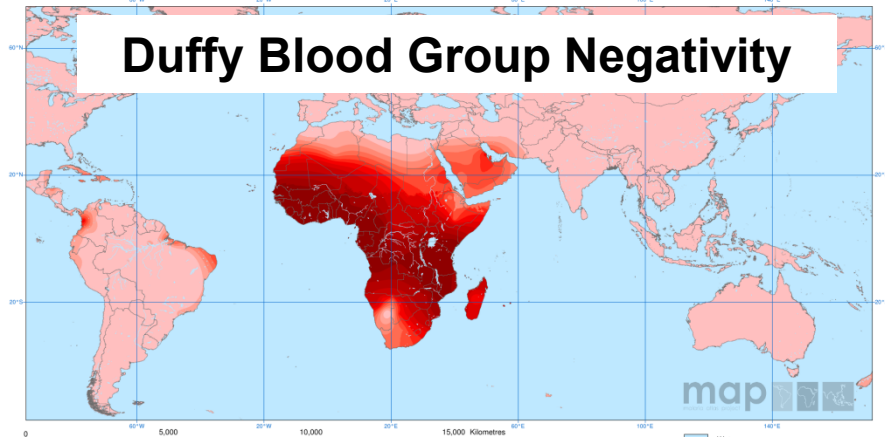
**Blood-Stage =
Reticulocyte Tropic & Duffy-Positive**

P. vivax Red Blood Cell Invasion

P. vivax Endemicity

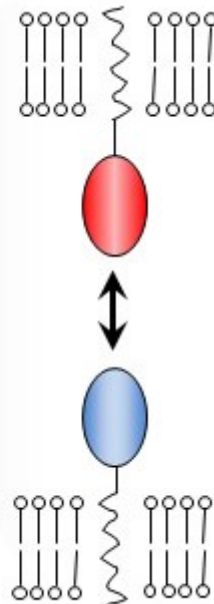
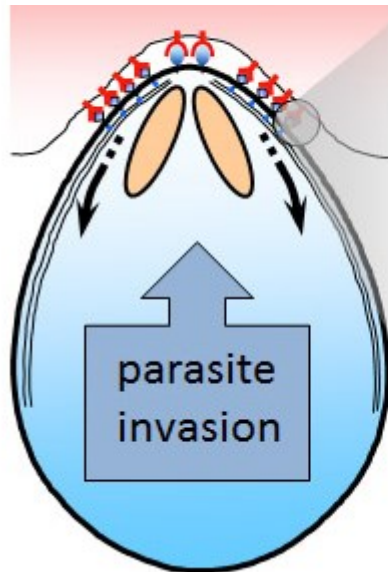


Duffy Blood Group Negativity



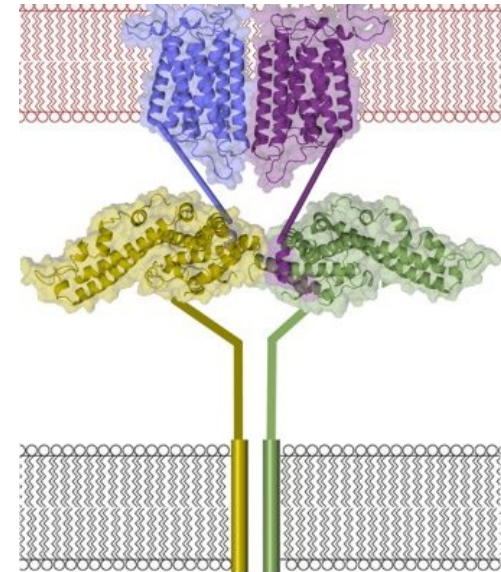
Miller LH (1976) *N Engl J Med* 295:302

reticulocyte



Duffy Ag / Fy

PvDBP



P. vivax DBP vaccine: Phase I trial complete

Human vaccination against *Plasmodium vivax* Duffy-binding protein induces strain-transcending antibodies

Ruth O. Payne,¹ Sarah E. Silk,¹ Sean C. Elias,¹ Kathryn H. Milne,¹ Thomas A. Rawlinson,¹ David Llewellyn,¹ A. Rushdi Shakri,² Jing Jin,¹ Geneviève M. Labbé,¹ Nick J. Edwards,¹ Ian D. Poulton,¹ Rachel Roberts,¹ Ryan Farid,³ Thomas Jørgensen,⁴ Daniel G.W. Alanine,¹ Simone C. de Cassan,¹ Matthew K. Higgins,⁵ Thomas D. Otto,⁶ James S. McCarthy,³ Willem A. de Jongh,⁴ Alfredo Nicosia,^{7,8,9} Sarah Moyle,¹⁰ Adrian V.S. Hill,¹ Eleanor Berrie,¹⁰ Chetan E. Chitnis,^{2,11} Alison M. Lawrie,¹ and Simon J. Draper¹

¹The Jenner Institute, University of Oxford, Oxford, United Kingdom. ²International Center for Genetic Engineering and Biotechnology, Aruna Asaf Ali Marg, New Delhi, India. ³QIMR Berghofer Medical Research Institute, Herston, Queensland, Australia. ⁴Expres²ion Biotechnologies, SCION-DTU Science Park, Hørsholm, Denmark. ⁵Department of Biochemistry, University of Oxford, Oxford, United Kingdom. ⁶Wellcome Trust Sanger Institute, Cambridge, United Kingdom. ⁷ReiThera SRL (formerly Okairòs SRL), Viale Città d'Europa, Rome, Italy. ⁸CEINGE, Naples, Italy. ⁹Department of Molecular Medicine and Medical Biotechnology, University of Naples Federico II, Naples, Italy. ¹⁰Clinical Biomanufacturing Facility, University of Oxford, Oxford, United Kingdom. ¹¹Institut Pasteur, Department of Parasites and Insect Vectors, Paris, France.

Summary

- Exciting developments in the *P. falciparum* blood-stage field and the biology of the RH5 complex.
- RH5 vaccine can elicit strain-transcending antibodies.
- First-generation vaccines are in Phase I/II clinical trials.
- Structural vaccinology is leading to improved second-generation VLP-based vaccines.
- *P. vivax* vaccine now entering Phase II efficacy testing in Oxford.