CHALLENGES IN ASSESSING IMMUNE RESPONSES AFTER SARS-CoV-2 VACCINATION

Dr PR Vermaak^a, Dr S Mayaphi^a

Department of Medical Virology, University of Pretoria / Tshwane Academic Division of NHLS, South Africa

Introduction

- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has resulted in an ongoing global pandemic
- Over 207 million cases and more than 4.3 million deaths
- Over 4.6 billion vaccine doses administered
- 3 958 231 people vaccinated in South Africa as of 16 August 2021
- This report describes a case of apparent primary coronavirus disease (COVID-19) vaccine failure as part of the Sisonke study phase 3B Janssen COVID-19 vaccine rollout in South Africa

Case Description

- 72 year old male
- No known co-morbidities
- Received Johnson & Johnson COVID-19 vaccine 22/02/2021
 - Antibody test done at private laboratory in JHB
 - EUROIMMUN Anti-SARS-CoV-2 (S protein IgG)
- No demonstrable antibody response
 Retested day 32 post-vaccination

Vaccine

- The Janssen vaccine candidate is a recombinant, replication-incompetent adenovirus serotype 26 vector
- Mechanism of action
 - Vector: Adenovirus 26 with E1 gene deletionrenders virus replication incompetent
 Transgene added that encodes for SARS-CoV-2 spike protein (not entire virus)
 Administered via IM injection
 Enters the cells and instructs the cell machinery to produce spike protein found on the surface of SARS-CoV-2 (not virus)
 Cells display spike protein on their surfacetriggers immune response

- Same assay
- No demonstrable antibody response
- T-cell responses then measured (same day)
 - In-house T-cell lymphocyte proliferation test utilising flow cytometry
 - Positive result attained



Immune responses

- Immune responses (NEJM: interim results of phase 1-2a trial)
 - Neutralizing-antibody titers against wild-type virus detected in >90% of all participants on day 29
 96% by day 57
 - CD4+ T-cell responses were detected in 76-83% of the participants 18-55 years, 60-67% >65 years
 - Robust CD8 T-cell responses

Antibody Testing

- IgG and/ or IgM may be measured to spike and/or nucleocapsid protein of SARS-CoV-2
 - Measures humoral response
- Various laboratory assays have varying sensitivities and specificities
- A negative antibody test may mean:
 - No infection with SARS-CoV-2 (or vaccination)
 - No antibodies developed

- Ad26-based vaccines well tolerated
- No significant safety issues identified
- Strong, durable humoral and cellular responses demonstrated
- Effect of pre-existing immunity to Ad26 not yet shown to have an impact on vaccine immunogenicity
- Efficacy (28 days after inoculation)
- 85.4% against severe disease and hospitalization
- 66.9% against symptomatic moderate and severe infection

Conclusion

In the public sector, available assays that only detect SARS-CoV-2 spike protein or nucleocapsid protein antibodies may not be adequate for assessing post-vaccination immune response
Cell mediated responses also represent part of the vaccination response
False impression of vaccine failure in vaccinated individuals with negative antibody tests post-vaccination
Antibody testing not currently recommended for assessing immune responses to vaccination for SARS-CoV-2
Currently no recommendations regarding re-vaccination
More data and research needed

- Immunodeficiency
- Extremes of age
- Other co-morbidities
- Genetic factors
- False negative result
- Testing too early
- Fluctuation in antibody levels
- Assay limitations
- Most commercially available antibody assays measure antibodies to nucleocapsid protein
 - Not seen in vaccinated patients as the vaccine is based on the spike protein
 - Do not measure cellular immune responses



1. The J&J covid-19 vaccine: What you need to know. World Health Organisation; 2021.

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