

# mRNA Vaccine Development for HIV Vaccines

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National Institutes of Health  
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## Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years:

Dr Koup has no relevant financial relationships with ineligible companies to disclose. (Updated 09/23/22)

Slide 2

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## Learning Objectives

After attending this presentation, learners will be able to:

- Describe the current status of HIV vaccine development
- Articulate how the application of mRNA technology may speed the testing of new and existing HIV vaccine concepts

Slide 3

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## A Tale of Two Pandemic Vaccine Efforts

### HIV pandemic: >40 years

- 79.3 million have been infected
- 36.3 million have died of AIDS
- No successful vaccine

### SARS-CoV-2 pandemic: 2½ years

- 522 million have been infected
- 6.27 million have died of COVID-19
- Multiple successful vaccines

### Questions:

- Why the difference?
- Is it all related to mRNA technology?
- Will mRNA vaccines revolutionize the HIV vaccine field?

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## Answers

### • Why the difference between HIV and COVID vaccine development?

- HIV and SARS-CoV-2 are inherently different viruses with vastly different susceptibility to pre-existing or vaccine-induced immunity
- Vaccines against SARS-CoV-2 protect against symptomatic disease and severe infection, but don't provide sterilizing immunity
- Vaccines against HIV will almost certainly have to provide sterilizing immunity

### • Is the rapid development of COVID vaccines all related to mRNA technology?

- No, but mRNA helped because mRNA is inherently faster to develop, test, and deploy than protein vaccines

### • Will mRNA vaccines revolutionize the HIV vaccine field?

- Maybe not revolutionize, but they will certainly help speed the process

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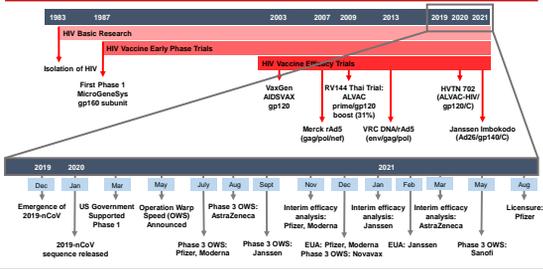
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## HIV and COVID-19 Vaccine Clinical Development




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## SARS-CoV-2 and HIV Vaccine Development

- Lessons learned in HIV vaccine development
- Current approaches in HIV vaccine development
- SARS-CoV-2 vaccine development and the role of mRNA technology
- How will mRNA technology be applied to HIV vaccines?

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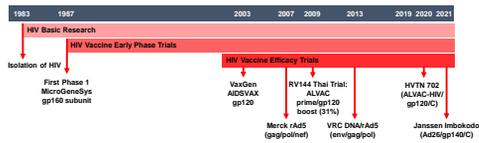
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## HIV Vaccine Clinical Development




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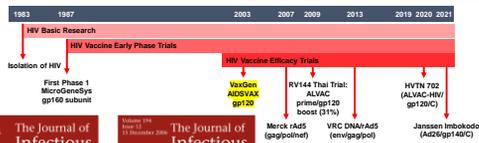
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## HIV Vaccine Clinical Development



Volume 111  
Issue 11  
November 2006  
**The Journal of Infectious Diseases**  
Placebo-Controlled Phase 3 Trial of a Recombinant Glycoprotein 120 Vaccine to Prevent HIV-1 Infection  
NW Flynn et al. for the gp120 HIV Vaccine Study Group

Volume 111  
Issue 11  
November 2006  
**The Journal of Infectious Diseases**  
Randomized, Double-Blind, Placebo-Controlled Efficacy Trial of a Bivalent Recombinant Glycoprotein 120 HIV-1 Vaccine Among Injection Drug Users in Bangkok, Thailand  
P. Phairathitum et al. for the Bangkok Vaccine Evaluation Group

**Antibodies that bind HIV envelope but do not neutralize do not protect**

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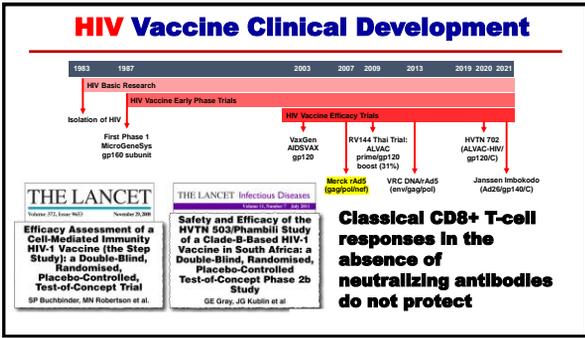
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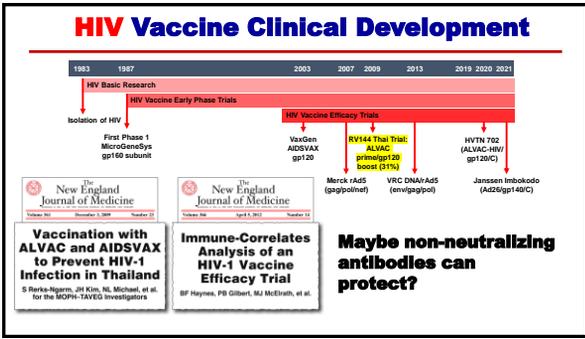
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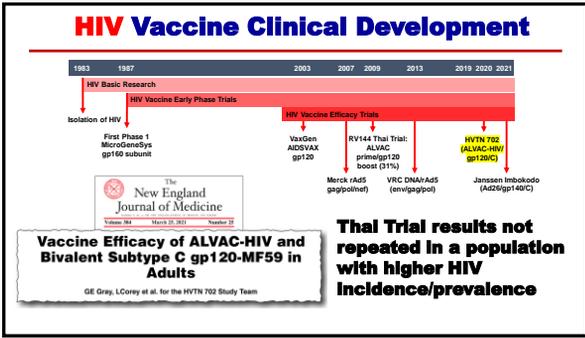
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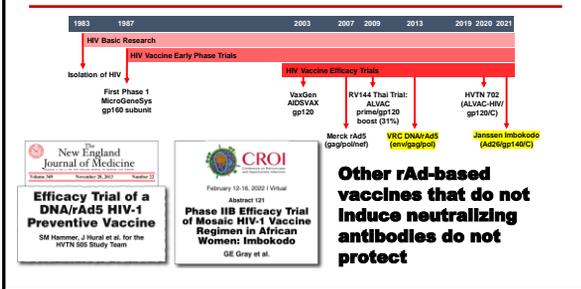
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## HIV Vaccine Clinical Development




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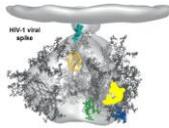
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## Lessons Learned

- HIV vaccines so far have failed to induce neutralizing antibodies – and failed to protect
- Efforts should be directed towards developing immunogens that stimulate neutralizing antibodies
- It has been difficult to induce neutralizing antibodies to HIV
  - Variable loops
  - Envelope is heavily glycosylated
  - Shielding of neutralization domains
  - Multiple clades of HIV with only limited cross-neutralization




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## SARS-CoV-2 and HIV Vaccine Development

- Lessons learned in HIV vaccine development
- Current approaches in HIV vaccine development
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- How will mRNA technology be applied to HIV vaccines?

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**Structure-Based Vaccine Design  
Leading to Stabilized Pre-Fusion  
Immunogen Structures are  
Critical to Eliciting the Correct  
Antibody Response**

**RSV, SARS-CoV-2, HIV**

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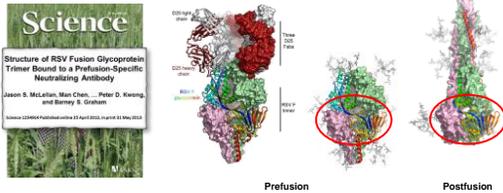
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**Structure of Prefusion RSV F Glycoprotein**



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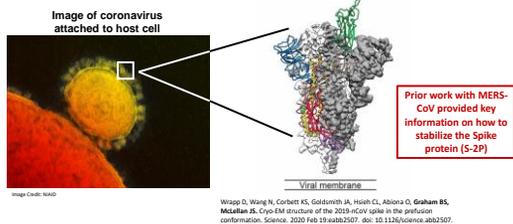
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**SARS-CoV-2 Spike Protein (vaccine target)**



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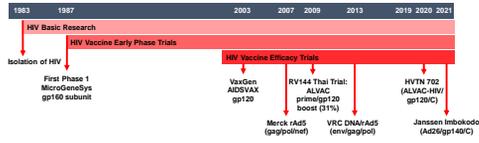
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## HIV Vaccine Clinical Development



**None of the HIV vaccine efficacy trials used HIV envelope in a stabilized trimeric (pre-fusion) form.**

**However, these types of immunogens are now far along in clinical development.**

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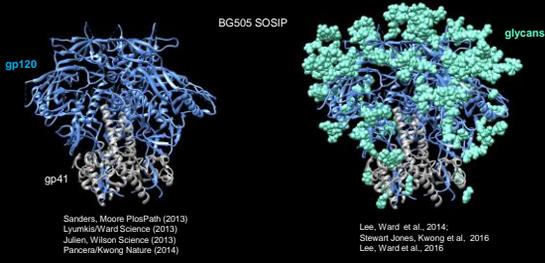
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## Atomic Level Structure of HIV Env (2013 – present) X-ray crystallography and Cryo-EM




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## Native trimer structure is important

Only stabilized native trimers structures will stimulate neutralizing antibodies

But these neutralizing antibodies do not neutralize heterologous strains and do not protect broadly

**Conclusion: Stabilized Envelope Trimer is necessary but insufficient to stimulate broadly-protective neutralizing antibodies**



Sanders et al., Science 10 Jul 2015; Vol. 349, Issue 6244, pp. DOI: 10.1126/science.12223

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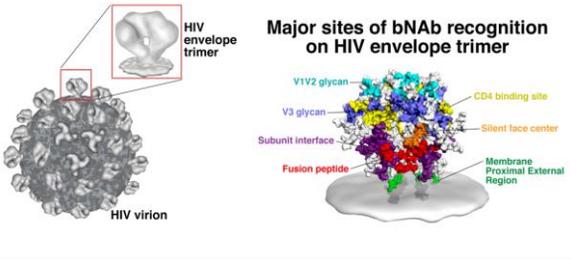
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### Trimer Structure has Allowed Identification of Broadly Neutralizing Antibody Targets




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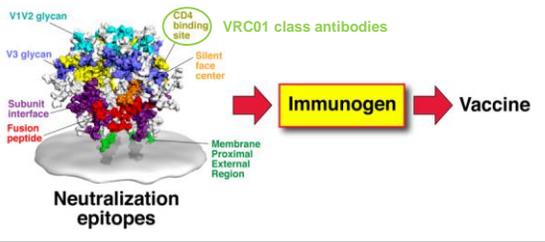
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### Challenge: Designing Immunogens to Induce Antibodies to Neutralization Epitopes




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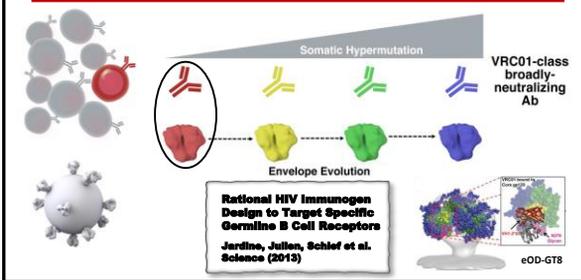
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### Co-Evolution of HIV and VRC01-class NAb




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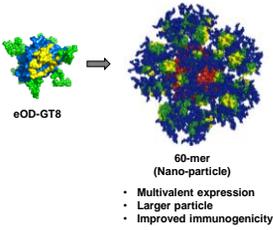
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## eOD-GT8 Immunogen Is In Human Clinical Trials



Phase I human clinical trial completed

Can the eOD-GT8 immunogen stimulate the expansion and initial maturation of naïve B cell precursors of VRC01-like CD4bs antibodies?

Quantify, sort and sequence the Ig genes of B cells that bind eOD-GT8 before and after immunization

- Are the IgGs of the VRC01 class?
- Have they expanded after vaccination?

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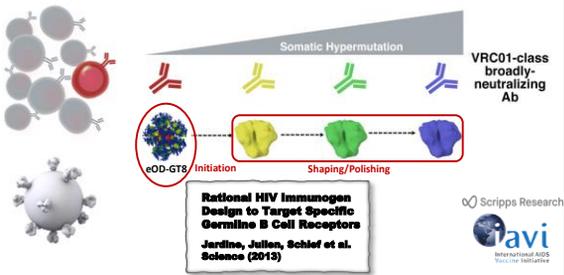
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## Next Steps




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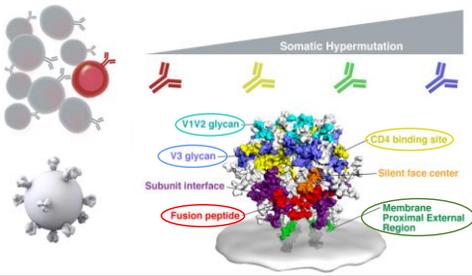
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## Similar Efforts Against Other Targets




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## Next Steps



Germ line stimulation



SOSIP Trimer



SOSIP Trimer



SOSIP Trimer

Each protein requires 1-2 years of manufacturing process development before phase 1 testing

This development pathway will be extremely long (years – decades)

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## Lessons Learned (2)

- Knowing the structural details of the HIV envelope has been crucial for designing the next generation of immunogens that can stimulate neutralizing antibodies to HIV
- Native envelope trimers as immunogens are unlikely to stimulate more than very limited autologous neutralizing antibodies
- A complex series of immunogens will be needed to direct the immune system to make broadly neutralizing antibodies
- Unless we can quicken the process of developing new immunogen platforms, the development of an effective HIV vaccine is still years (decades) away

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## SARS-CoV-2 and HIV Vaccine Development

- Lessons learned in HIV vaccine development
- Current approaches in HIV vaccine development
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- How will mRNA technology be applied to HIV vaccines?

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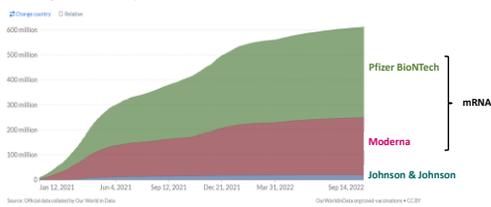
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## COVID Vaccines Administered in the US Through September 2022

COVID-19 vaccine doses administered by manufacturer, United States




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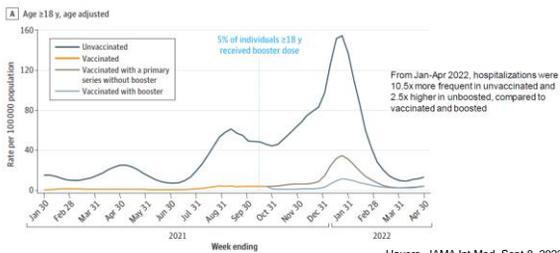
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## COVID Vaccines Primarily Prevent Disease, Not Infection




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## USG Immunogenicity and Correlates Analysis

SCIENCE • 23 Nov 2021 • Vol 375, Issue 6576 • pp. 43-50 • DOI:10.1126/science.abm3425

### RESEARCH ARTICLE

#### CORONAVIRUS

### Immune correlates analysis of the mRNA-1273 COVID-19 vaccine efficacy clinical trial

Peter B. Gilbert<sup>2,3,11</sup>, David C. Montefiori<sup>4,11</sup>, Adrian B. McDermott<sup>5,11</sup>, Youyi Feng<sup>2,11</sup>, David Benkeser<sup>6</sup>, Weiping Deng<sup>7</sup>, Honghong Zhou<sup>7</sup>, Christopher R. Houchens<sup>8</sup>, Karen Martins<sup>8</sup>, Lakshmi Jayashankar<sup>8</sup>, Flora Castellano<sup>8</sup>, Britta Pusch<sup>8</sup>, Bob C. Lau<sup>8</sup>, Sarah O'Connell<sup>8</sup>, Charlene McKeown<sup>8</sup>, Amanda Eaton<sup>8</sup>, Marcella Sarzotti-Kalooe<sup>9</sup>, Yimin Lu<sup>9</sup>, Chenchen Wu<sup>9</sup>, Bhavesh Borzta<sup>9</sup>, Lars W. P. van der Laan<sup>9</sup>, Nina S. Hejab<sup>10</sup>, Ching Huyen<sup>10</sup>, Jacqueline Miller<sup>10</sup>, Hans M. El Sahly<sup>10</sup>, Lindsey B. Baden<sup>10</sup>, Mira Eason<sup>10</sup>, Luis De La Cruz<sup>10</sup>, Cynthia Gay<sup>10</sup>, Spyros Kalantzi<sup>10</sup>, Colleen F. Kelley<sup>10</sup>, Michele P. Anderson<sup>10</sup>, James G. Kubler<sup>10</sup>, Lawrence Corey<sup>10</sup>, Kathleen M. Neuzil<sup>10</sup>, Lindsay N. Cripps<sup>10</sup>, Silvana Pagan<sup>10</sup>, Dean Follmann<sup>10</sup>, Robert D. Doms<sup>10</sup>, Richard A. Koup<sup>10</sup>, on behalf of the Immune Assays Team<sup>10</sup>, Moderna, Inc. Team<sup>10</sup>, Coronavirus Vaccine Prevention Network (CoVPN)/ Coronavirus Efficacy (COVE) Team<sup>10</sup>, and United States Government (USG)/ CoVPE Biostatistics Team<sup>10</sup>

Acknowledgements: Matt Hepburn, Robert Johnson, John Mascola, Mary Marovich, Merlin Robb

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## Summary of Correlates of Protection

Vaccine efficacy against COVID-19 increases with vaccine-induced neutralizing antibody titer

VE Against COVID-19 Through 4 Months Post Dose 2	
Day 57 cID50 Titer	Point Estimate (95% CI)
Undetectable (< 2.4)	51% (-51, 83%)
5	71% (30, 87%)
10	78% (54, 89%)
100	91% (87, 94%)
1000	96% (94, 98%)

} ~5-fold increase in VE from titer 5 to 1000

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## Lessons Learned (3)

- Aspects of SARS-CoV-2 that led to rapid vaccine development include:
  - Prior work (knowledge) on SARS coronavirus Spike structure
    - Ease of Spike protein stabilization
  - Use of mRNA and viral vectors to express the Spike immunogen
  - Rapid mobilization of USG support of pharma/biotech
- High efficacy against symptomatic COVID was achieved by multiple different vaccine platforms
- Induction of neutralizing antibodies by the vaccines correlate with protection against COVID
- But vaccine protection was incomplete and waned in the face of the emergence of new variants of concern

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## SARS-CoV-2 and HIV Vaccine Development

- Lessons learned in HIV vaccine development
- Current approaches in HIV vaccine development
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- How will mRNA technology be applied to HIV vaccines?

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## Moderna (and others) are getting involved in HIV Vaccine Development

The same week that J&J announced that its Ad26-based HIV vaccine was stopped for lack of efficacy:




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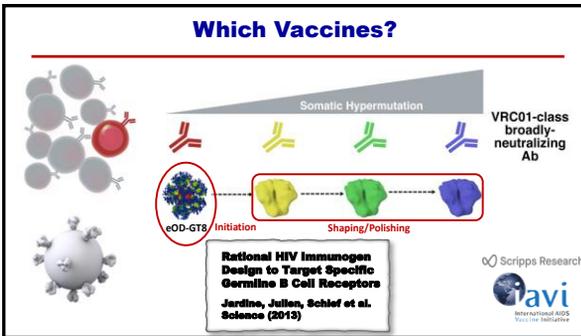
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## Which Vaccines?




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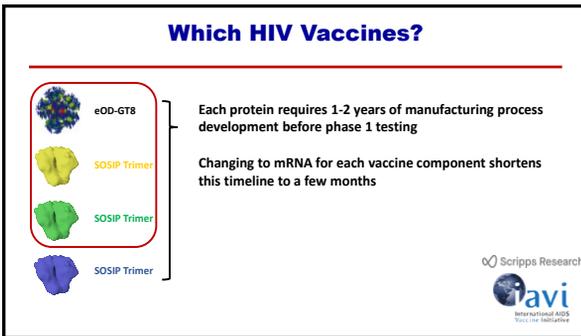
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## Which HIV Vaccines?




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## In Addition to Moderna and Pfizer/BioNTech:

- **Other companies and non-profits are developing mRNA technology and/or lipid delivery for mRNA vaccines**
  - Greenlight Biosciences
  - Akagera
  - Afrigens
- **Government and Academic Centers are developing the technology for their own vaccine efforts**
  - Duke Vaccine Institute
  - Vaccine Research Center/NIAID

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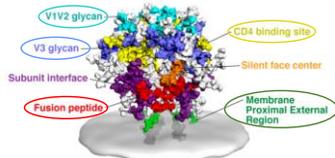
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## Government, Academia, and Industry are Collaborating to Use mRNA Technology on the Other Vaccine Targets



**But funding is still expected to come from government and other sources – not direct investment by Pharma**

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## What can mRNA Technology do for HIV Vaccine Development?

- Shorten timelines from production to clinical testing of vaccine concepts
- Eliminate time consuming and costly steps associated with protein vaccine manufacturing
- Decrease cost of production

**This will shorten the overall “design cycle time” which is the time from a vaccine concept to clinical testing of an actual product**

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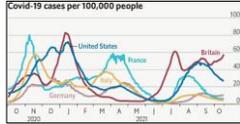
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## What can't mRNA Technology do for HIV Vaccine Development?

- Induce some sort of magical sterilizing immunity
  - SARS-CoV-2 mRNA vaccines protect against symptomatic and severe infections
  - They do not provide sterilizing immunity
- Progressive waves of infections within vaccinated populations clearly demonstrate that the current mRNA vaccines do not provide robust protection against infection – something that will be needed for an HIV vaccine




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## Answers

- **Why the difference between HIV and COVID vaccine development?**
  - HIV and SARS-CoV-2 are inherently different viruses with vastly different susceptibility to pre-existing or vaccine-induced immunity
  - Vaccines against SARS-CoV-2 protect against symptomatic disease and severe infection, but don't provide sterilizing immunity
  - Vaccines against HIV will almost certainly have to provide sterilizing immunity
- **Is the rapid development of COVID vaccines all related to mRNA technology?**
  - No, but mRNA helped because mRNA is inherently faster to develop, test, and deploy than protein vaccines
- **Will mRNA vaccines revolutionize the HIV vaccine field?**
  - Maybe not revolutionize, but they will certainly help speed the process

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## Acknowledgements

<p><b>VVC Clinical Trials Program</b></p> <p>Charla Andrews Pavell Agre Allison Beck Nina Borikowicz Eugenia Burch Maria Borges-Florez Cristina Carter Grace Chen Emily Coates Pam Costner Josephine Cox Jennifer Cunningham Alan Ellish Martin Gaudinski Ingrid Gordon Carmencia Graves Merry Guich Cynthia Starr Hendel Sonia Hickman Reuneda Hicks LaSoni Holman Kate Houser</p>	<p><b>VVC</b></p> <p>John Masciola Barney Graham Julie Ledgerwood Peter Kwong Amanda Paga Mangai Asokan Nicole Dorio-Rosa Rebecca Rudicell Young Do Keon Gwe-Yu Chang Eun Sung Yang Sandeep Narula Mark Louder Sly O'Neil Rebecca Lynch Krista McKee Adrian McDermott Abe Msimmen Marybeth Daucher Lucia Gama Karin Bok</p>	<p><b>VVC Regulatory Science</b></p> <p>Sandra Vazquez Michelle Costin-Cibotti Flo Kalkovich Judy Stein</p> <p><b>VVC Product Development</b></p> <p>Jason Galt David Lindsay Kevin Carlone</p> <p><b>CAPRISA</b></p> <p>Salim Abdool Karim Quartrana Abdool Karim Lynn Morris</p> <p><b>Scripps Research</b></p> <p>Dennis Burton Bill Schief Joe Jardine Devin Soti</p>	<p><b>HVTN, H2TN</b></p> <p>HVTN 104 and AMP study teams Mike Cohen Larry Corey Shelly Karuna Ken Mayer</p> <p><b>NIAD</b></p> <p>Carl Diethenbach Mary Marovich Sarah Read Sheryl Zweraski Diana Finzi Randy Treaster Mary Allen Mara Gomez Stephen Miguéles Mark Connors</p>
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