

Incloss Laboratories bv

# Promiscuous Coxiella burnetii CD4 epitope clusters associated with responses are candidates for a novel T-cell targeted multi-epitope Q Guilhem Richard<sup>1</sup>, Anja Scholzen<sup>2</sup>, Leonard Moise<sup>1</sup>, Pooja Hindocha<sup>1</sup>, Patrick M. Reeves<sup>3</sup>, Susan R. Paul<sup>3</sup>, Timothy A. Brauns<sup>3</sup> Bowen<sup>4</sup>, Richard Bucala<sup>5</sup>, Christine M. Boyle<sup>1</sup>, William D. Martin<sup>1</sup>, Ann E. Sluder<sup>3</sup>, Anja Garritsen<sup>2</sup>, Anne S. De Groot<sup>1</sup>,

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# Background

- Coxiella burnetii (Cb), the causative agent of Q fever, is a Gram-negative intracellular bacterium transmitted via aerosol.
- >50% of Q fever patients are asymptomatic. >20% of symptomatic patients develop Q fever fatigue syndrome (flu-like symptoms).
- An outbreak of Q fever in the Netherlands from 2007 to 2011 affected ~ 40,000 individuals.



atients by municipality in 2007, 2008, 2009 and 2010 iikstra et al, FEMS Immunol Med Microbiol. 2012 Feb:64(1):3-12

- The U.S. Centers for Disease Control & Prevention (CDC) considers Q fever a category B (the second-highest priority) bioterrorism agent.
- The whole-cell Q fever vaccine (Q-VAX<sup>®</sup>) is highly reactogenic in pre-exposed individuals.
- Current antibiotic treatments against Q fever are effective, but treated patients may still suffer debilitating side effects that can last for up to several years.



- 77 volunteers from the village Herpen (NL) were screened for antigenicity against the selected Class II epitopes. This region was at the epicenter of the recent Dutch Q fever outbreak.
- Cellular reactivity was determined using the Q-detect<sup>™</sup> assay (Cb-induced <u>IFN</u>-<u>gamma</u> <u>release</u> <u>a</u>ssay in whole blood, IGRA) and Cb serology was assessed based on IFA and Western Blot.

Group	Description	N	Q-detect™ (IGRA)	Anti-Cb Antibodies	Clinical Disease
A	No evidence of previous infection	21	_	_	
B	Asymptomatic Infection	33	+	+	
С	Symptomatic Infection	23	+	+	+

• Cultured ELISpot was performed in 2016-17 on fresh PBMCs (~10 years after the latest Q fever outbreak).

# Conclusions

- Immunoinformatic methods efficiently identify HLA binding, immunogenic and human antigenic class II epitopes among T4SS effector and sero-reactive Cb antigens.
- Natural exposure to Cb induces long-lived responses to promiscuous and conserved HLA class II T cell epitopes.
- Cb T cell epitope peptides are not reactogenic in a guinea pig model of exposure-primed delayed-type hypersensitivity (not shown)
- Class II epitopes are candidates for a T cell epitope-based Q fever vaccine.



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# 3. Immunogenicity Analysis of Predicted Coxiella burnetii Class II Epitopes

# **Epitope-Specific Human IFNy Responses**

- 44/50 (88%) Class II peptides elicited a response in at least one donor.
- Responses detected to 27/29 source antigens (93%).
- 21 HLA class II epitopes recalled T cell IFNγ responses in 10-28% of IGRA+ subjects.

A 🔤 Group A Group B+C frequent in IGRA+ subjects. IGRA+ IGRAp50— p49— B p47 p46 p45 p45 p42 p42 p43 p43 p43 p38 p36 p35 p35 p35 p29 p28 p27 p26 p25 p25 p223 p221 p220 p210 one or two peptides. D

Number of volunteers recognizing this peptide

For questions regarding in silico antigen screening and vaccine design, please contact: Katie Porter at 401-272-2123, ext. 115; or at info@epivax.com

1. In silico Identification of Coxiella burnetii Epitopes

- Selected source Cb antigens for epitope prediction were derived from published T4SS effector and sero-reactive Cb antigens.
- Antigen sequences were analyzed with the iVAX platform to identify candidate T cell epitopes.

# **Candidate Epitope Triage**

A Class	Cla	Class II			
tigen source	T4SS Effector	Sero-rea antig	ctive Cb gens		
tigen count	53	40	40		
itopes	8,643	5,100	282		
onserved across Cb	3,971	4,578	188		
ghly immunogenic	1,710	1,945	153		
ferent from human	1,511	1,558	98		
o synthesis issues	1,108	1,163	81		
lected	30	35	50		

### **HLA Class I**

- 65 peptides, 65 peptide-allele pairs
- 86% overall agreement with iVAX
- predictions

Allele	N=	TP	FP	TN	FN	Accuracy	Allele	N=	TP	FP	TN	FN	Accuracy
A*0101	11	8	3	_	_	73%	DRB1*0101	50	43	3	1	3	88%
A *0004	44		0			4000/	DRB1*0301	50	21	16	9	4	60%
A*0201		11	0	-	-	100%	DRB1*0401	50	33	13	1	3	68%
A*0301	10	10	0	-	-	100%	DRB1*0701	50	40	3	1	6	82%
A*2402	11	11	0	-	-	100%	DRB1*0801	50	25	15	7	3	64%
B*0702	11	8	3	_	-	73%	DRB1*1101	50	39	6	1	4	80%
		0				700/	DRB1*1301	50	34	6	3	7	74%
B*4403		8	3	-	-	13%	DRB1*1501	50	43	4	0	3	86%
Total	65	<b>56</b>	9		-	86%	Total	400	278	66	23	33	75%

Blue: Predictions agree with in vitro findings; Red: Predictions disagree with in vitro findings



- **A.** Overall, peptide response per individual are more







### References

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# 2. HLA Binding of Predicted Coxiella burnetii Epitopes

#### HLA Class II

 50 promiscuous peptides, 400 peptide-allele pairs

### • 75% overall agreement with iVAX predictions

#### Accuracy of Class I and Class II predictions

# Comparison of responses in Asymptomatic vs. Symptomatic Donors

**A.** Antigenic peptides were more frequently recognized among symptomatic donors.