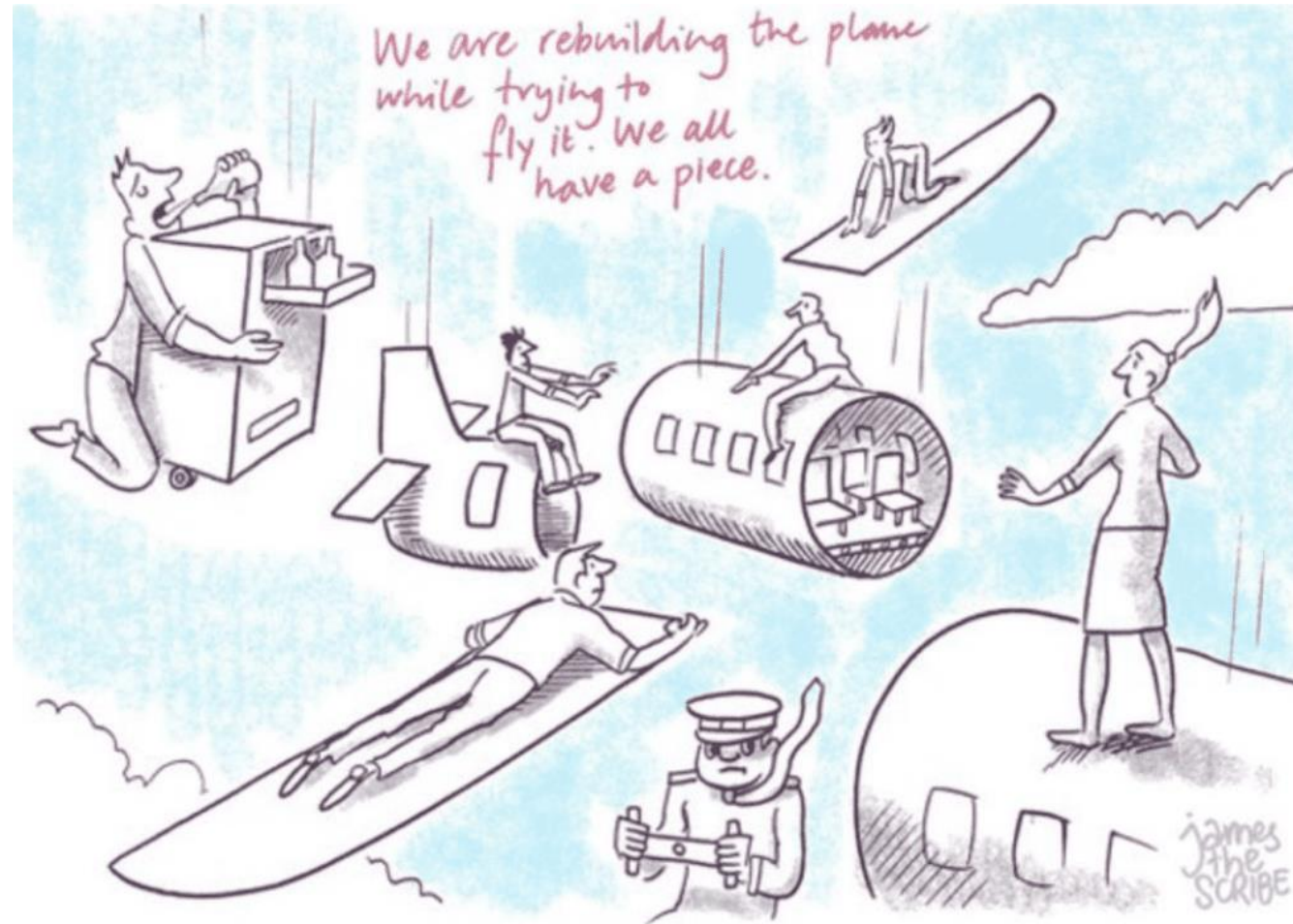


COVID19 Aşıları: Daha Kaç Kere?

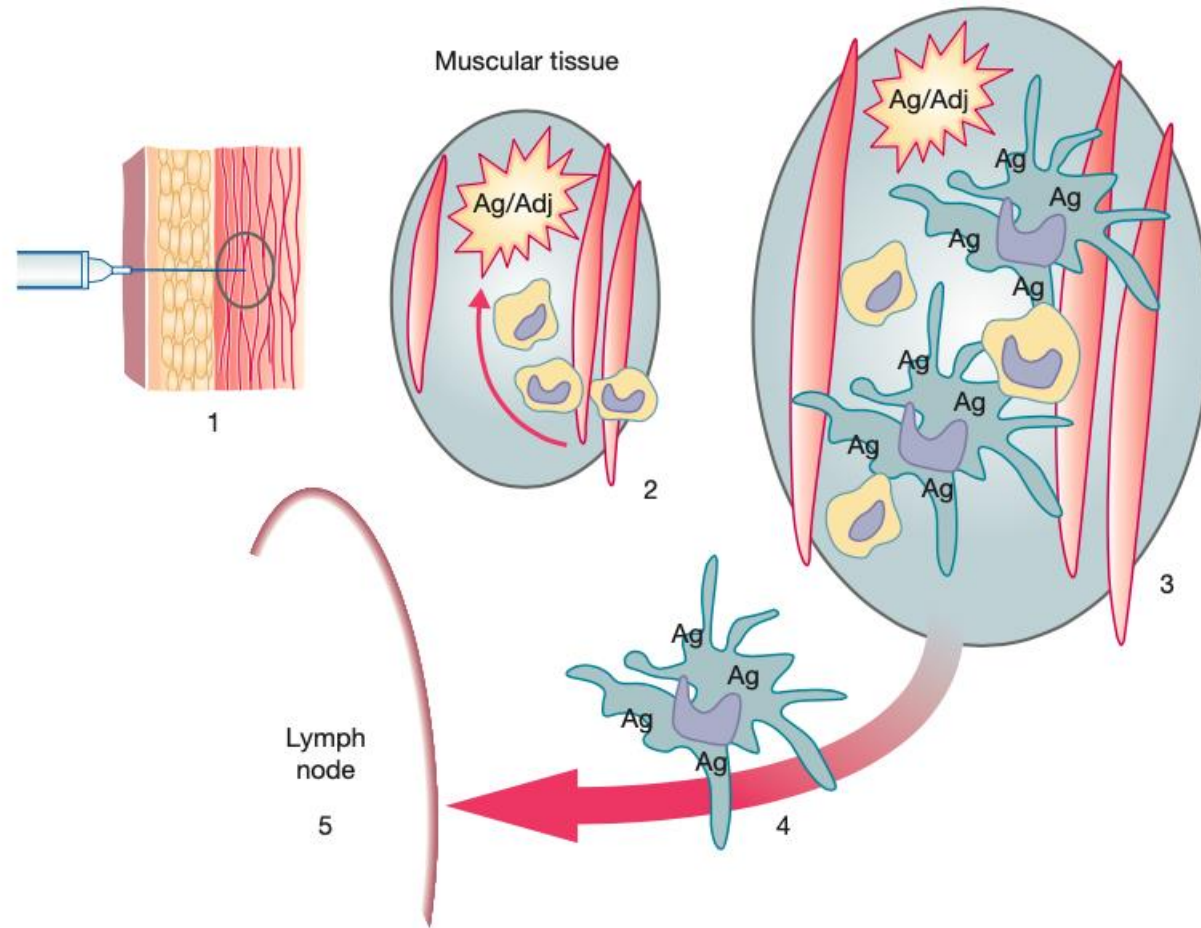
Ahmet Çağkan İnkaya
Hacettepe Üniversitesi Tıp Fakültesi
Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji Anabilim Dalı
inkaya@hacettepe.edu.tr



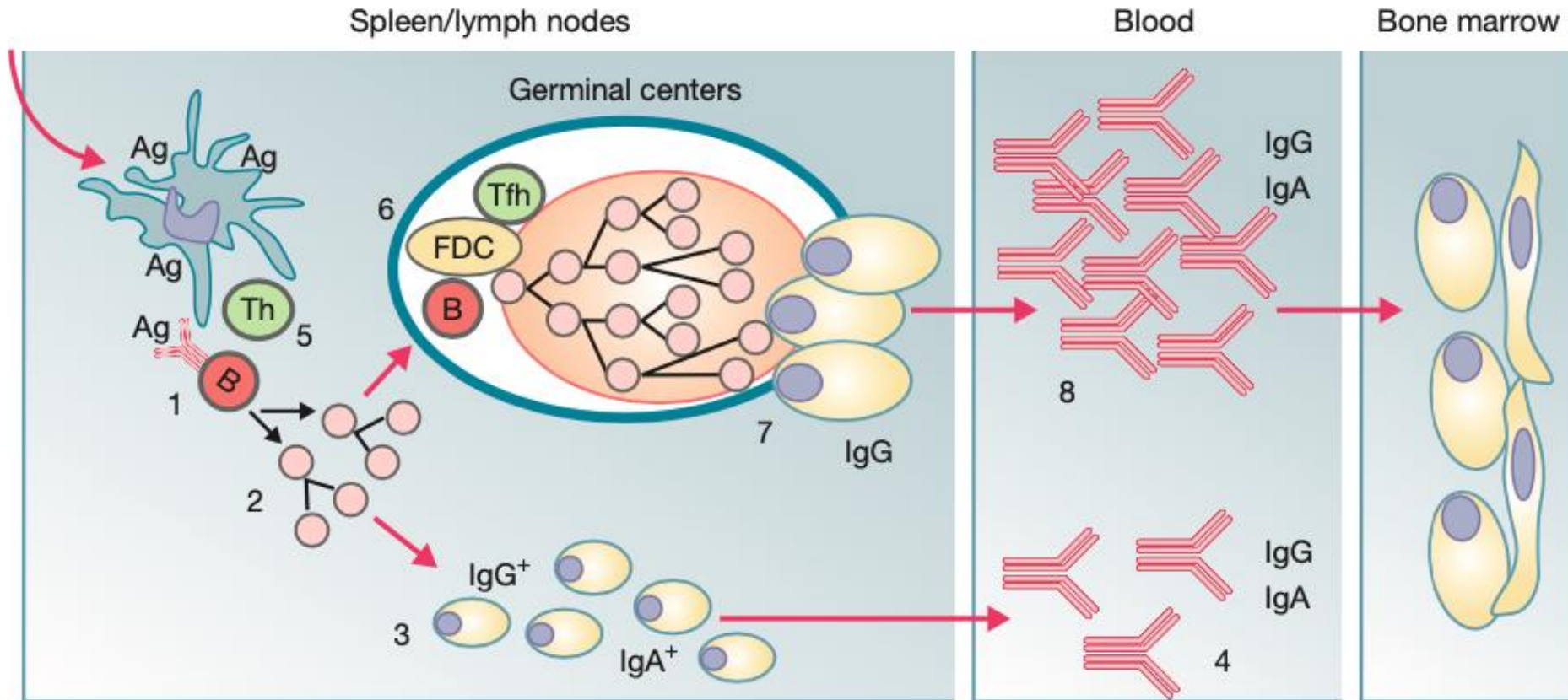
Building the airplane as we fly



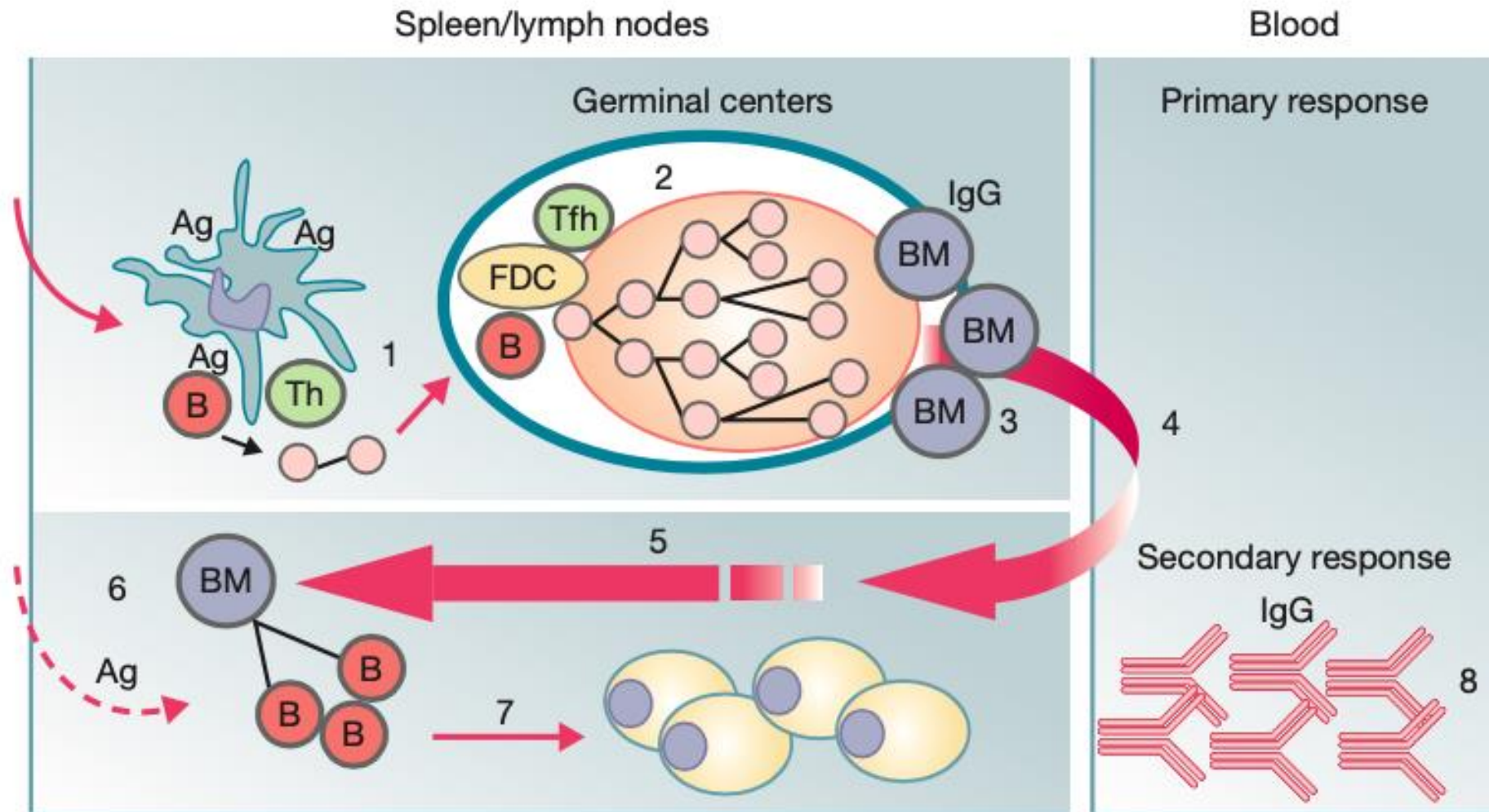
Aşı İmmünolojisi



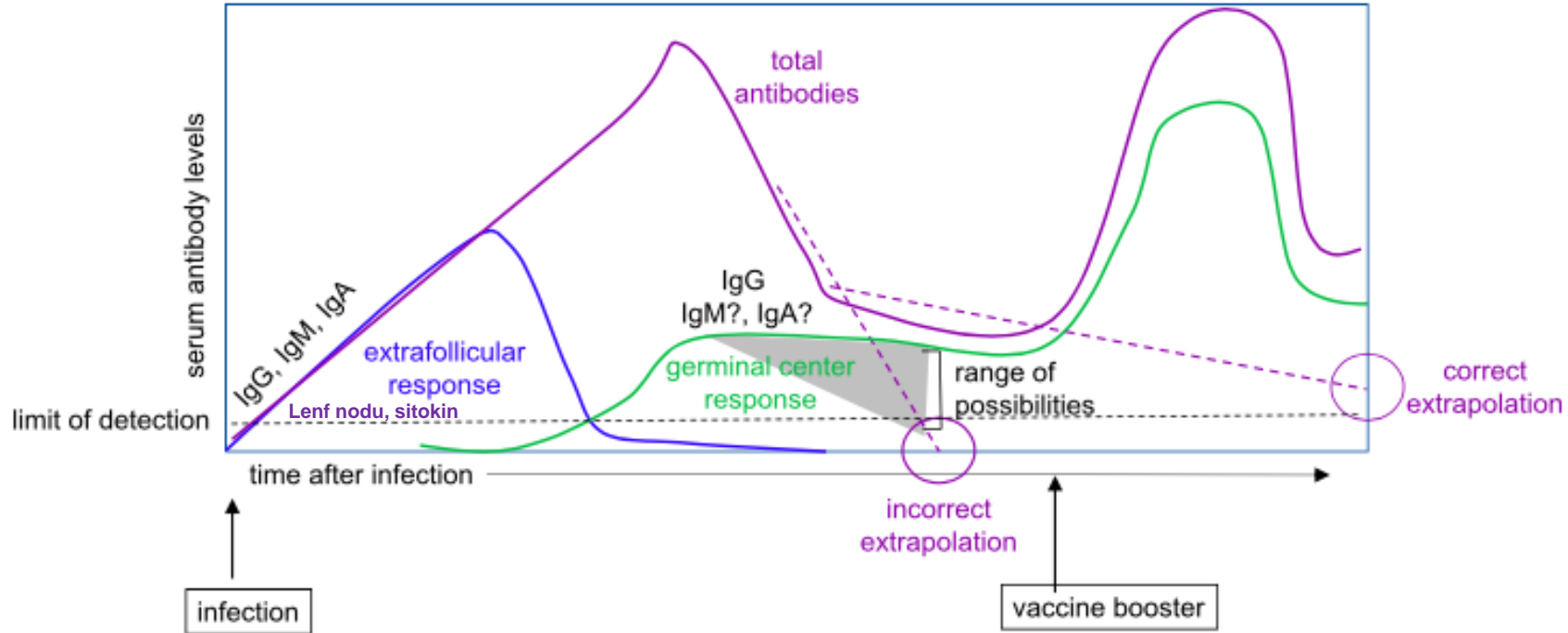
Aşı İmmünolojisi II



Aşı İmmünolojisi III



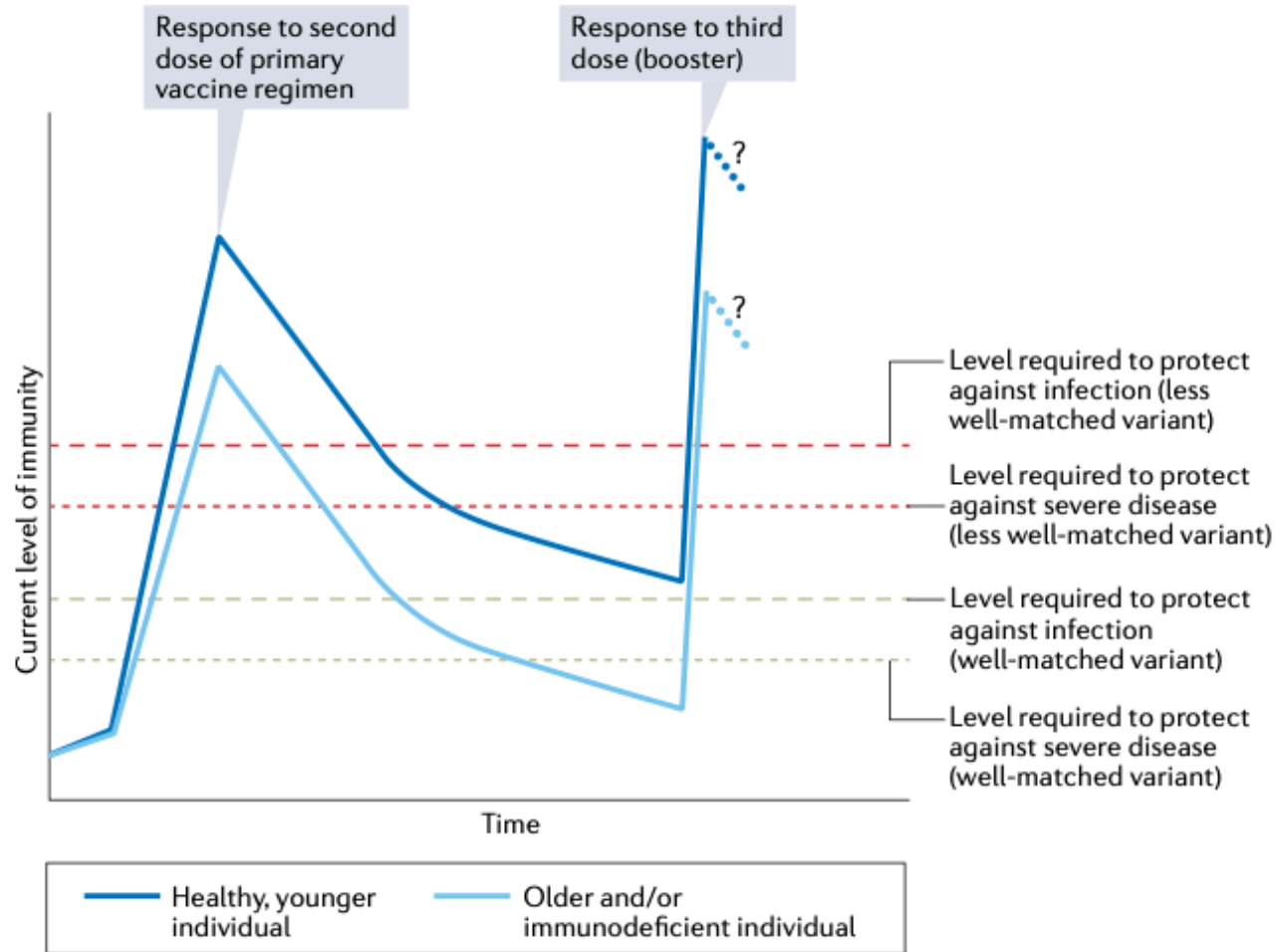
Viral Enfeksiyonlara Karşı Antikor Yanıtı



**SARS CoV2, güçlü
extrafoliküler yanıt uyandır**

**Hipermutasyon
Affinite artışı**

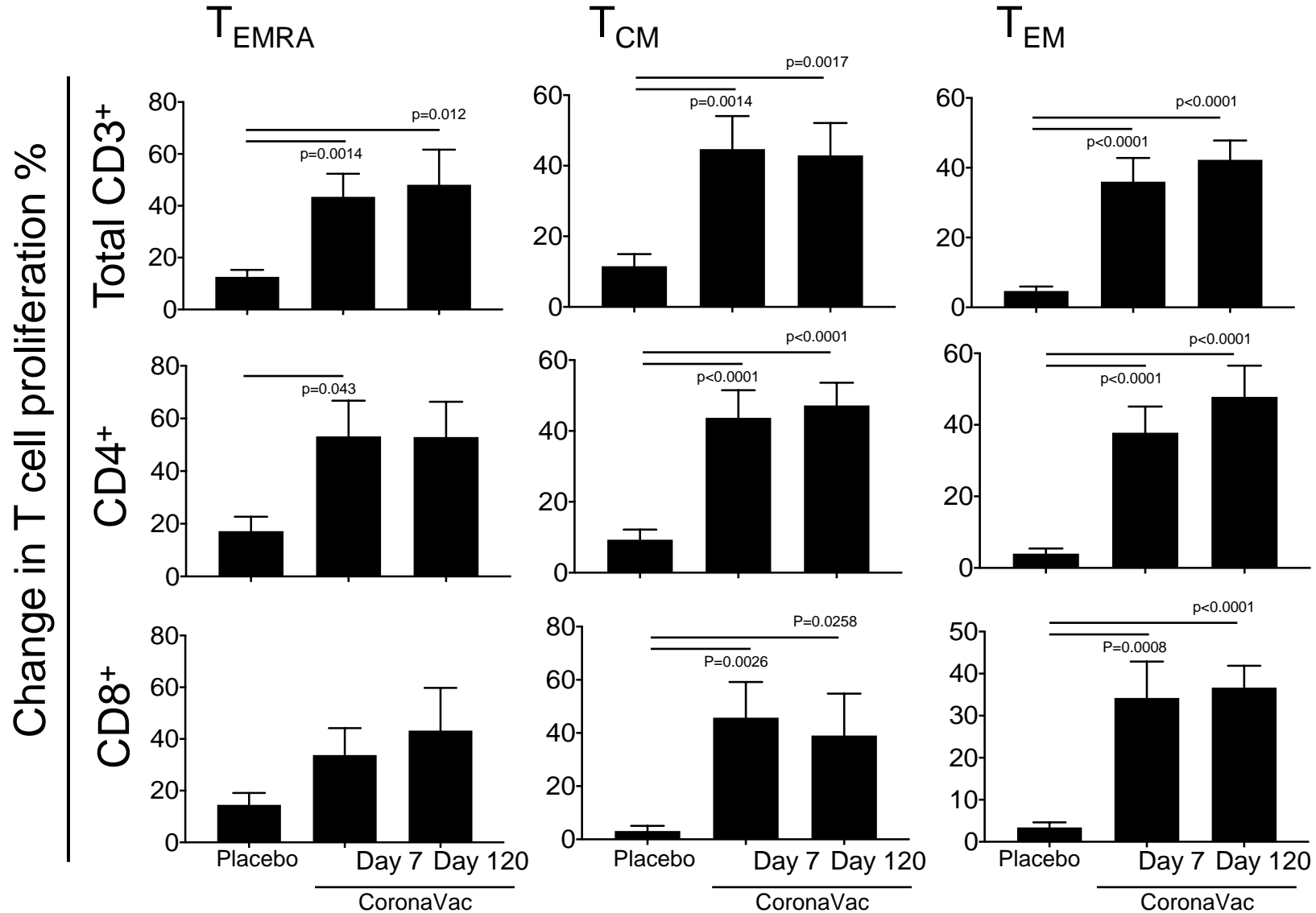
COVID19 Aşıları Sonrası Nötralizan Humoral Yanıt



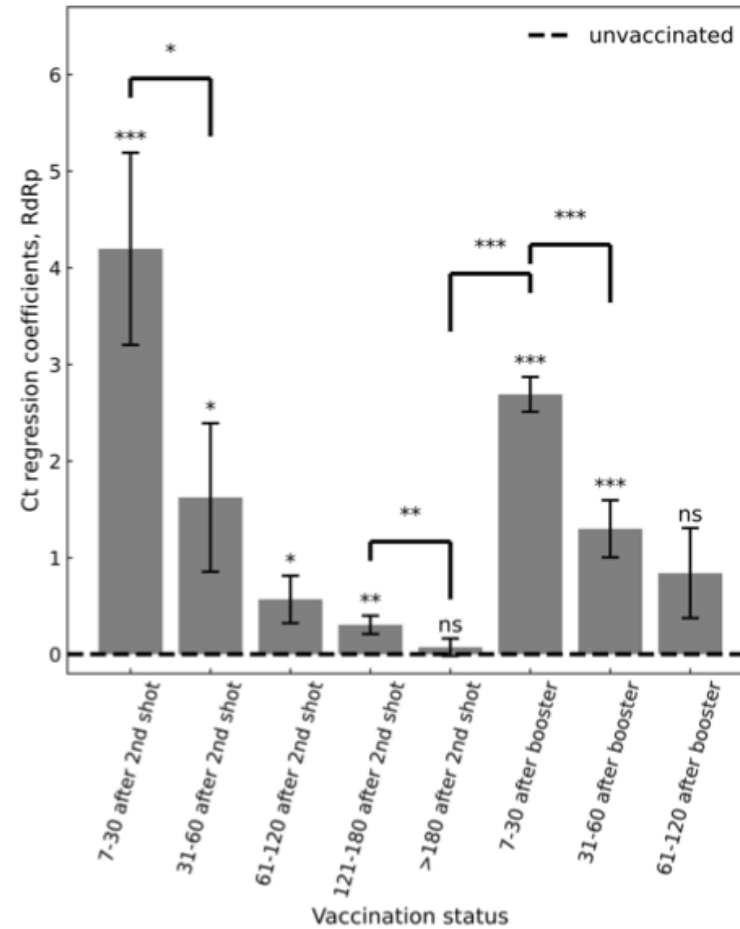
Lipstich M et al 2021 *SARS-CoV-2 breakthrough infections in vaccinated individuals: measurement, causes and impact* Nat Rev Immunol

Altmann D et al 2022 *COVID-19 Vaccination: The Road Ahead* Science

Coronavac Türkiye: T hücre Verisi



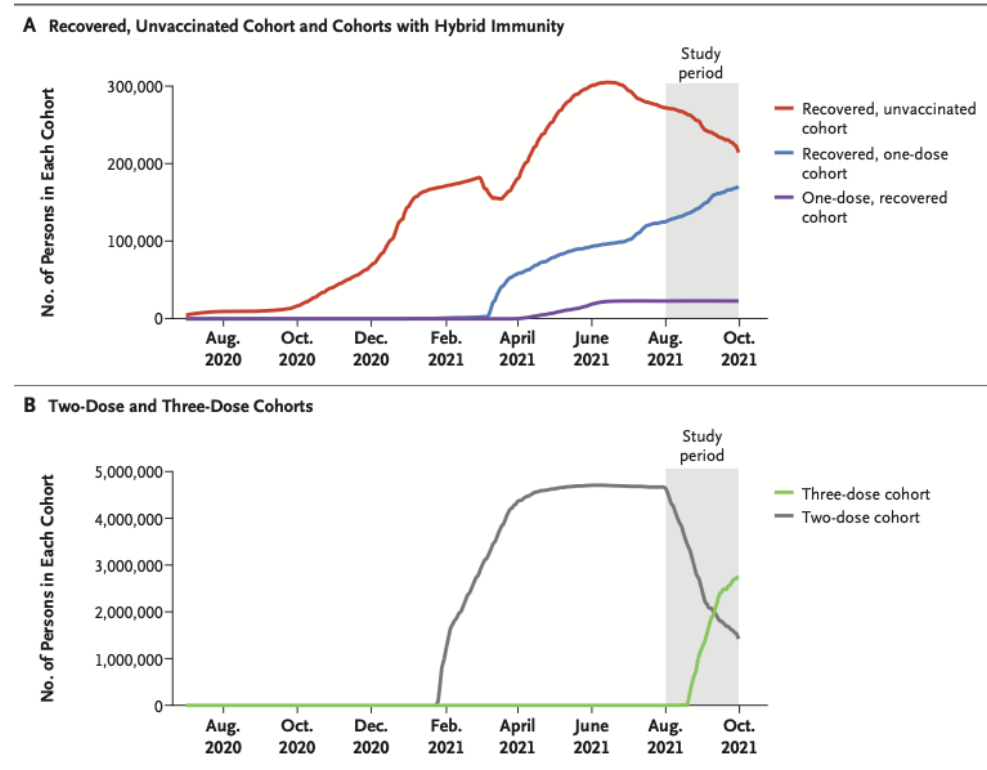
COVID19 Aşıları Sonrası Breakthrough Enfeksiyonlar: Cyclethreshold



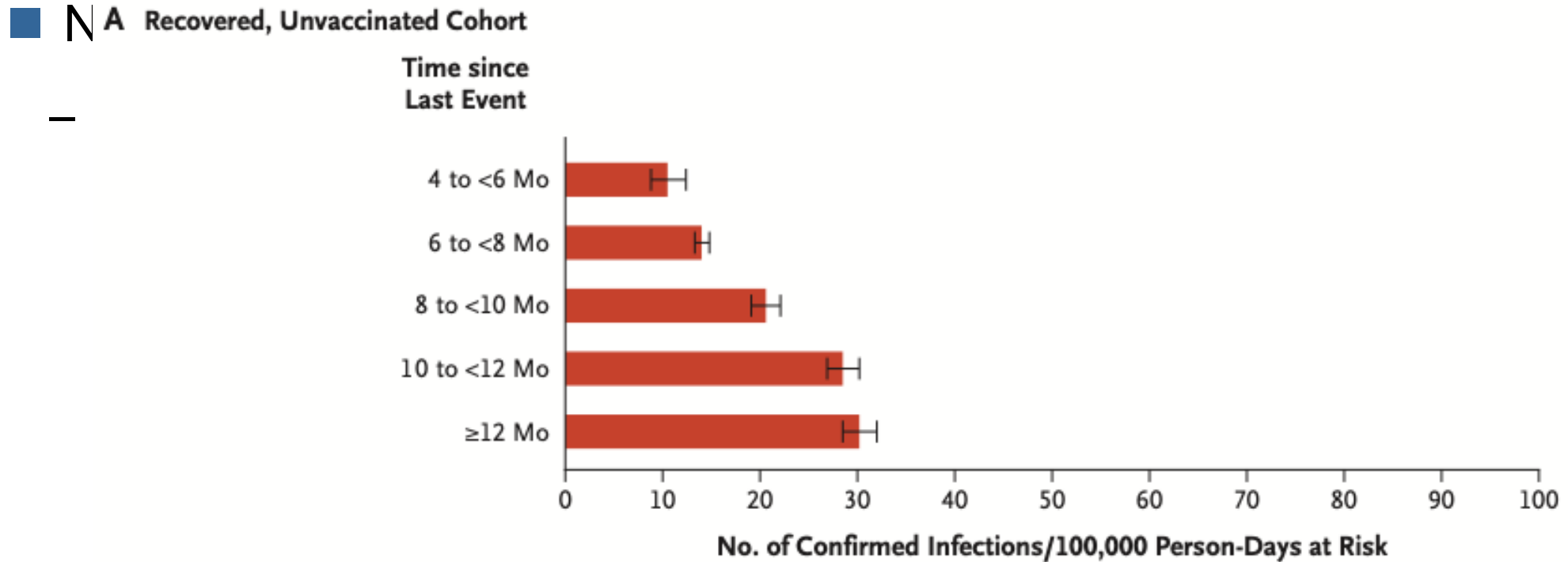
Levine-Tiefenbrun M et al 2022 *Waning of SARS-CoV-2 booster viral-load reduction effectiveness* Nat Comm

Reenfeksiyon İhtimali

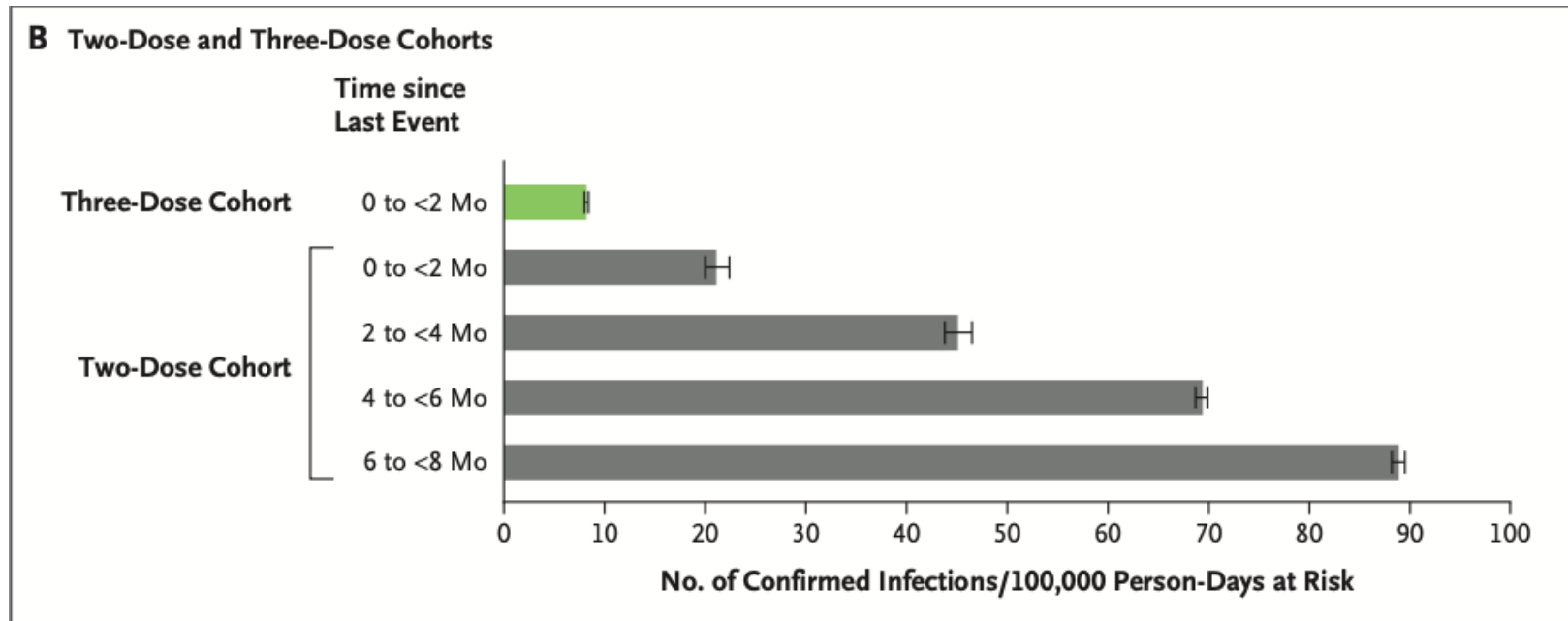
- İsrail Sağlık Bakanlığı Veri Tabanı
- Delta salgını sırası
 - Ağustos – Eylül 2021



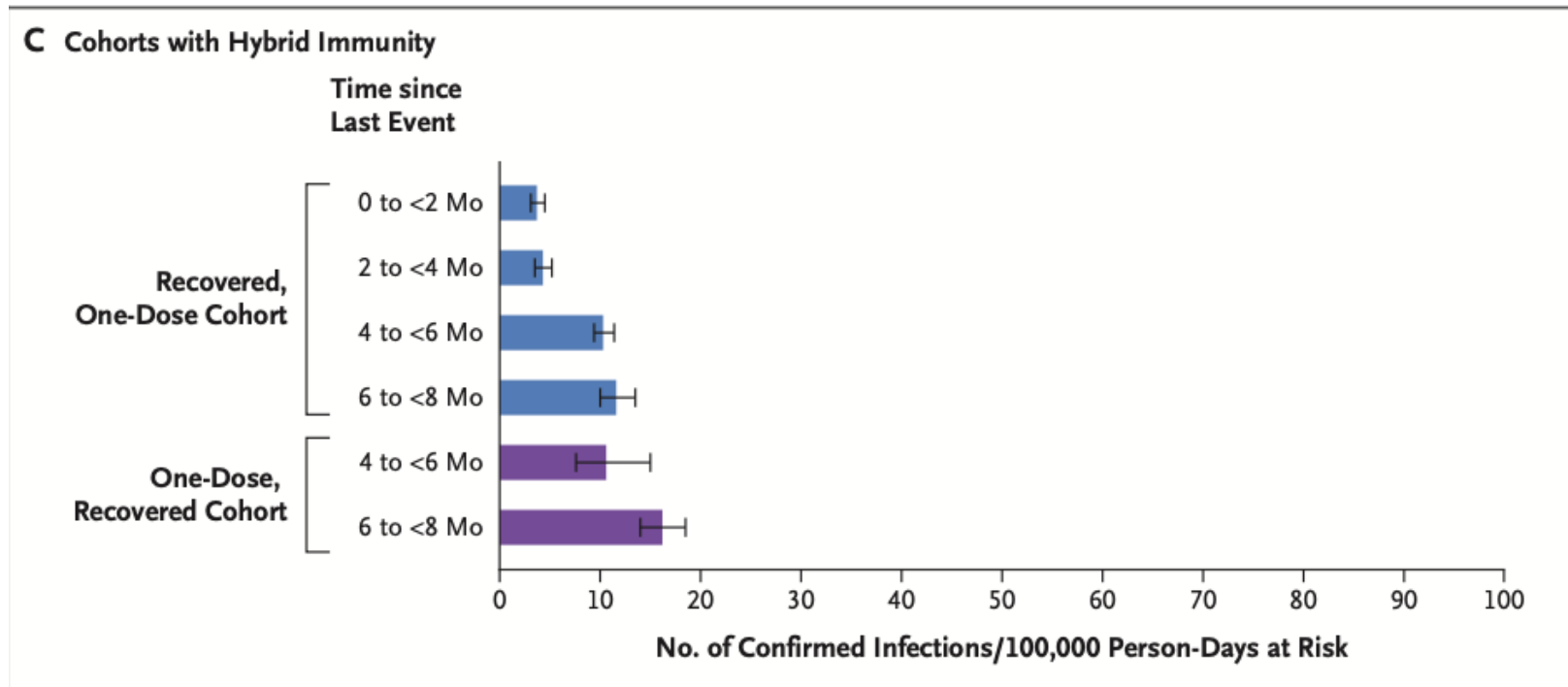
Reenfeksiyon İhtimali



Reenfeksiyon İhtimali: Aşı Sonrası



Reenfeksiyon İhtimali: Hibrit İmmünite



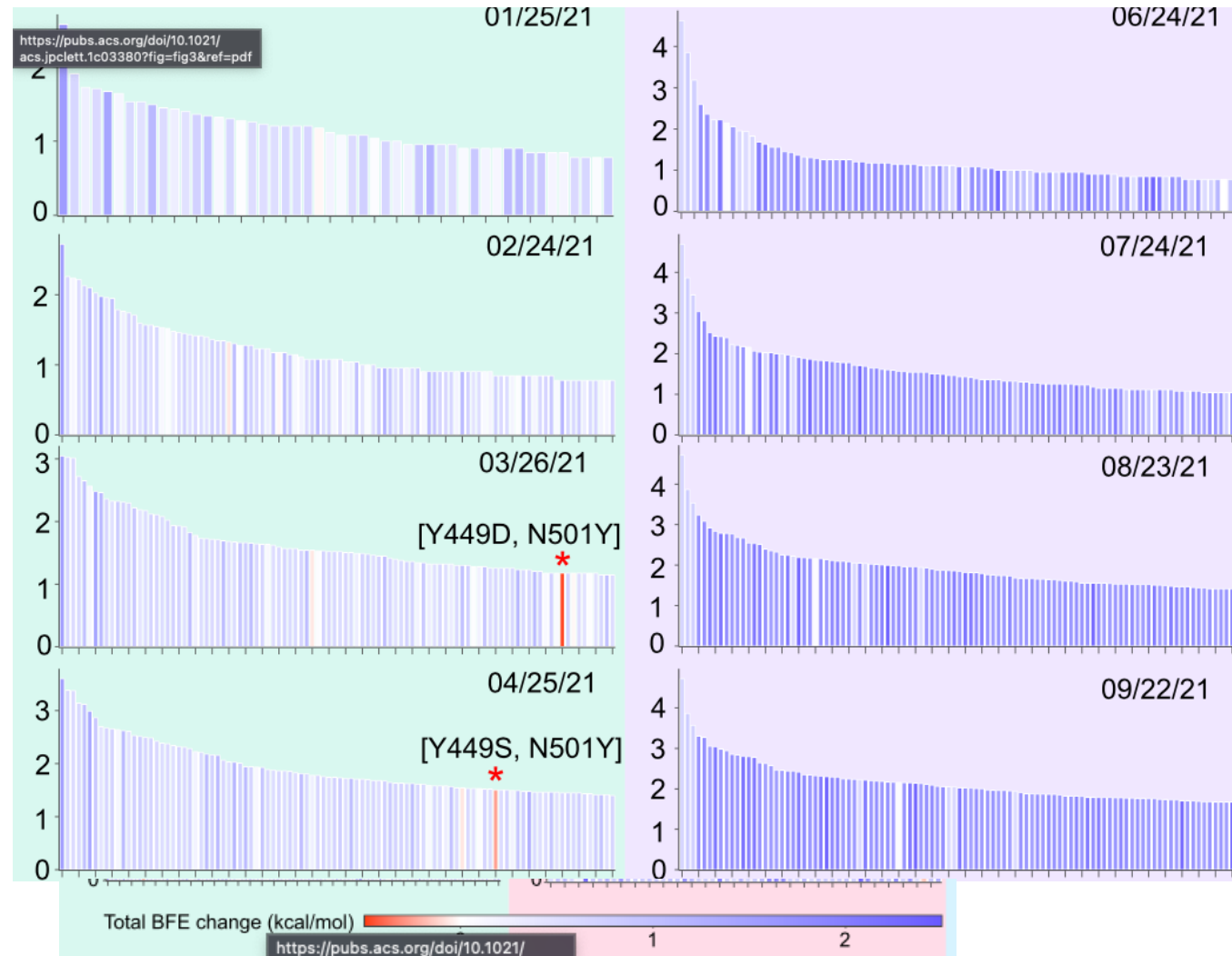
COVID19 Aşısı Ne zaman Maliyet Etkin?

Main Scenario	Health Outcomes		Direct Costs		Indirect Costs	
	Deaths	QALYs Lost	Health Care	Vaccination	Sickness Leave	Premature Death
Baseline without vaccination or imposed measures	211,415	1,538,105	407,011,036	-	6,417,051,139	433,671,346
Equal effectiveness on disease and transmission (90% effectiveness)	3994	31,604	9,302,328	1,168,014,610	183,562,183	8,806,634
Limited effectiveness on transmission (90% disease and 45% transmission effectiveness)	88,865	645,570	171,275,569	1,168,014,610	2,676,371,116	182,019,930

COVID19 Aşısı Ne zaman Maliyet Etkin?

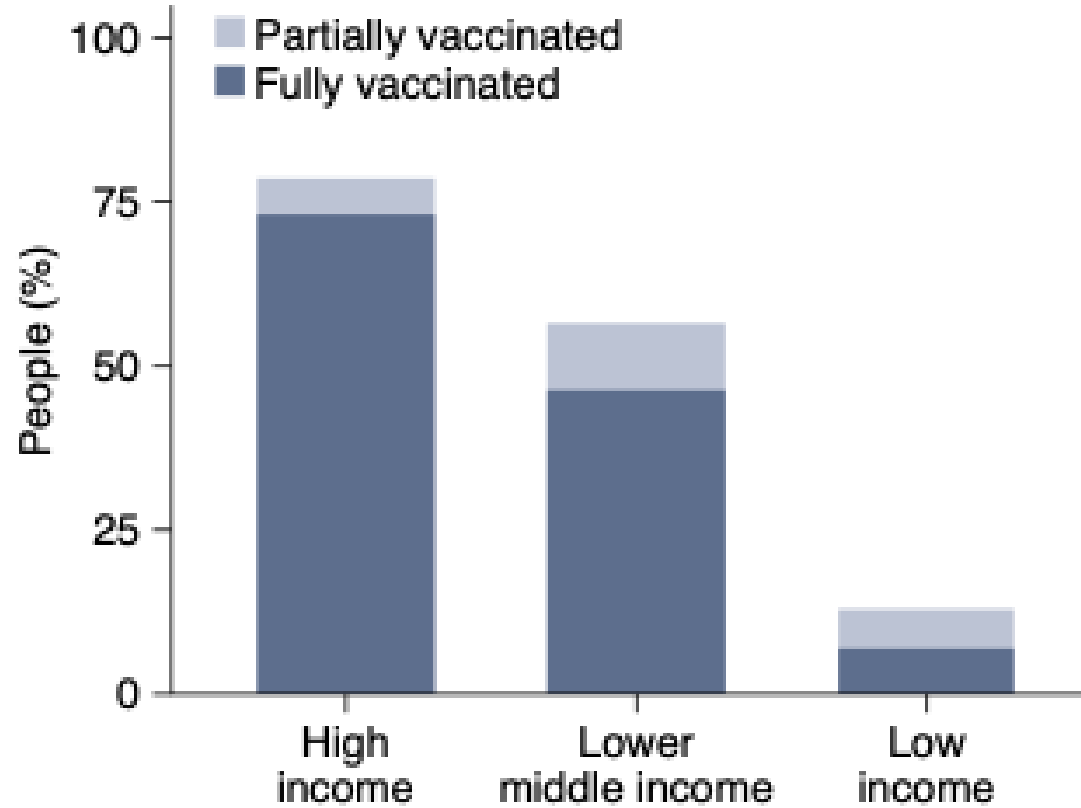
Scenario	Incremental Health Outcomes		Incremental Direct Costs	Incremental Indirect Cost Savings	Total Incremental Cost Savings	ICERs	
	Lives Saved	QALYs Gained				Health Perspective	Societal Perspective
Equal effectiveness on transmission and disease (90%)	207,421	1,506,501	770,305,902	6,658,353,668	5,888,047,767	511	Cost saving
Limited effectiveness on transmission (90% on disease and 45% on transmission)	122,550	892,536	932,279,143	3,992,331,439	3,060,052,296	1045	Cost saving

Aşı Sonrası Sorunlar: SARSCoV2 ve Mutasyonları

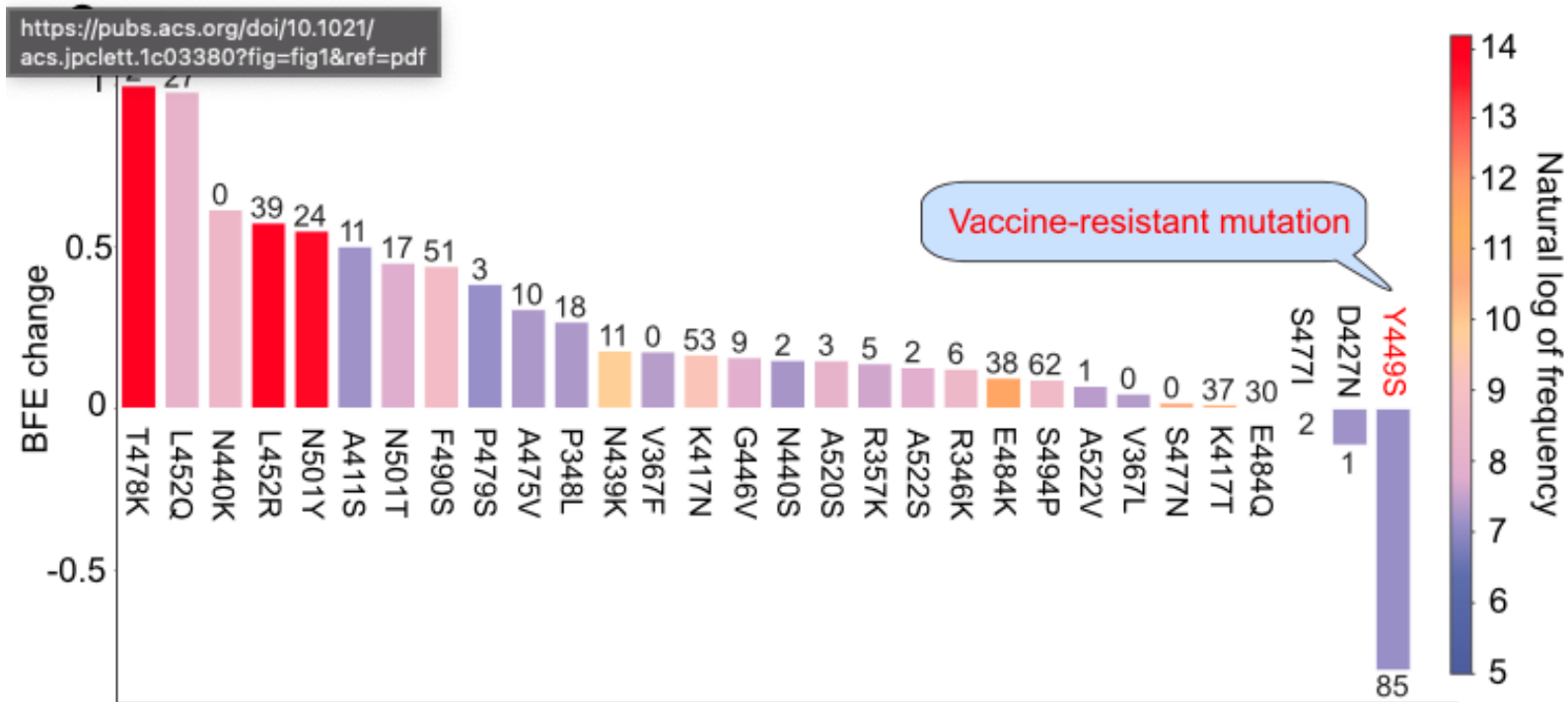


Wang R et al 2021 *Mechanisms of SARS-CoV-2 Evolution Revealing Vaccine-Resistant Mutations in Europe and America* J Phys Chem Lett

Aşı Paylaşım Problemi



SARSCoV2 Evrimi



Wang R et al 2021 *Mechanisms of SARS-CoV-2 Evolution Revealing Vaccine-Resistant Mutations in Europe and America* J Phys Chem Lett

İletişim Hatamız

- COVID19 aşılması 3 dozdur
- 3. doz rapel/booster doz değildir

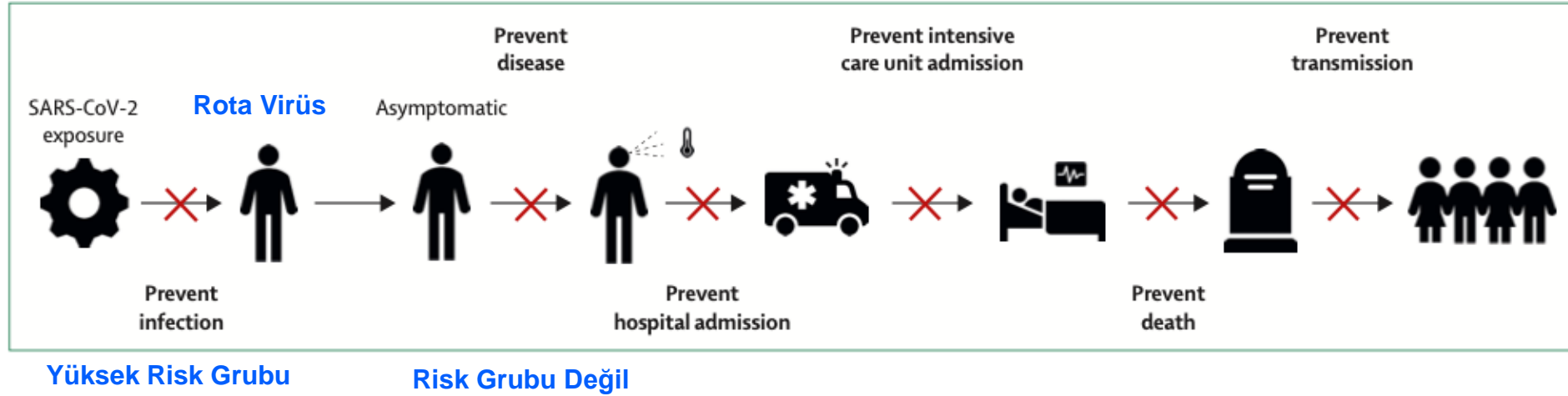
Primer aşılama serisinin tamamlanmasıdır

Daha Kaç Kere?

Risk Algınız Hangi Düzeyde?

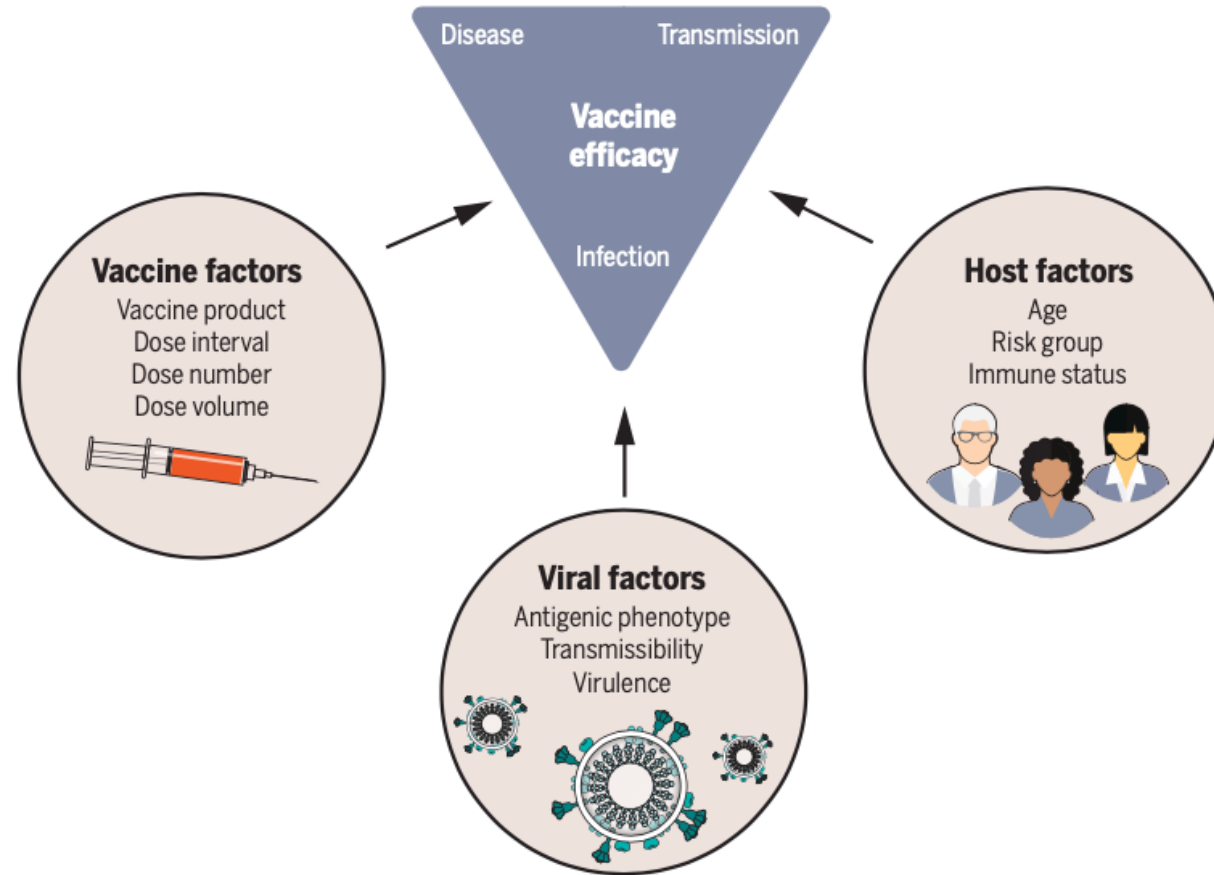


Aşıdan Ne Bekliyoruz?



Hodgson S etal 2021 *What defines an efficacious COVID-19 vaccine? A review of the challenges assessing the clinical efficacy of vaccines against SARS-CoV-2* Lancet Inf Dis

Aşı Etkinlik



Daha Kaç Kere? Güvenlik

- Aşı tereddütü önemli bir sorun
- Tüm Dünyada 11.8 Milyar doz;
 - 4.7 Milyar tam aşı
- Genel olarak güvenli
 - 260 VITT / 31 Milyon
 - Myokardit 1-6 / 1 Milyon
- Nötralizan antikör yanıtları
 - Zamanla azalır

Daha Kaç Kere? Nötralizan Antikorlar

- Nötralizan antikor yanıtları
 - Zamanla azalır
- Özellikle duyarlı konakların korunması elzem
 - Yaşlılar
 - İmmün düşkünler
 - Sağlık Çalışanları

Gelişmiş Ülkeler Yaygın İmmünizasyon ile Pandemiye Bitiriyor mu?

■ Etik tartışma

– Duyarlı konak için hala risk var

■ Mevcut omicron varlığında veriler analiz edilirse

– İngiltere yıllık 15 milyon enfeksiyon, 50,000 fazla ölüm

– ABD ~26 milyon enfeksiyon, 400,000 fazla ölüm

Yarını Planlama Zamanı

Future protective immunity approach	Pros	Cons
Stop boosting and rely on existing memory	Cheap, simple; all rely on existing primed immunity	Immunity likely to wane; high probability of long-duration COVID-19 waves
Homologous first-generation spike vaccine boosters frequently (as needed)	Simple, safe, established, with supportive evidence of short-term protection against VOC	May be expensive (depending on which platforms); may be increasingly suboptimal against immune-selected variants; suboptimal immune boosting relative to heterologous boosters
Heterologous first-generation spike vaccine boosters frequently (as needed)	Simple, safe, established, with supportive evidence of short-term protection against VOC; strong supportive evidence for enhanced immunity, including the ability to rescue responses in those who may initially have received weaker vaccines	May be expensive (depending on which platforms); may be increasingly suboptimal against oncoming immune-selected variants
As above, but using spike boosters based on wider rollout of second-generation production platforms, e.g., DNA vaccines, self-amplifying RNA, recombinant protein with adjuvant	Likely to be effective, globally scalable, cheap, and therefore advantageous for global coverage	Little data thus far in large-scale heterologous boosting protocols
First-generation platforms modified for specific VOC spike inserts	Likely to be highly effective, against a given VOC; simple, safe, established	VOC waves tend to arise considerably faster than new vaccines can be modified and tested; unpredictability of protective phenotype due to prior imprinting; wave specific and lacks future-proofing
First-generation platforms modified for polyvalent VOC spike inserts	Likely to be highly effective, against multiple VOCs; potential for global relevance; simple, safe, established	Unpredictability of protective phenotype due to prior imprinting; lacks future-proofing

Yarını Planlama Zamanı

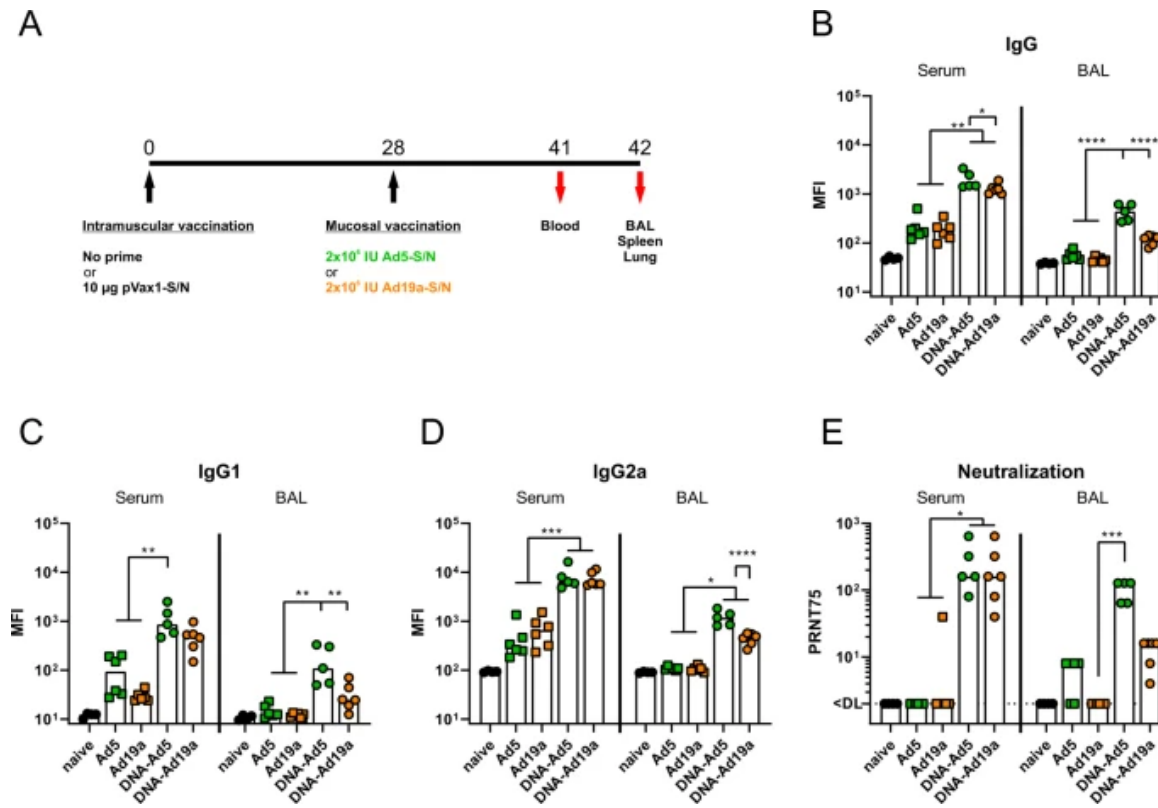
Boost with a wider viral immunome: Polyvalent adjuvanted proteins	Accessible technologies: Enhanced potential to avoid immune evasion mutants	Lack of strong evidence to date for additional protection through non-spike immunogens; lack of data in heterologous protocols to date
Boost with a wider viral immunome: Whole inactive virus	Accessible with much prior data and production line infrastructure and safety; immunogen-agnostic potential to prime with much of the viral immunome; adaptability to modification for oncoming VOCs	In some cases, whole inactivated virus has been less immunogenic; would not give faithful expression of the full proteome as seen in infection
Boost with live attenuated virus carrying polyvalent spike for lifelong durability, e.g., YF17 platform	Good prior track record of YF17D platform	Relatively untried; greater safety concerns
Sequential immunization with spike from SARS-CoV clades for pan-coronavirus coverage	Potential for completely future-proofed pan-coronavirus protection	Would need further development; potential for unpredicted effects of immune imprinting
Immunization with adjuvanted RBD nanoparticles for pan-coronavirus coverage	Potential for completely future-proofed pan-coronavirus protection	Would need further development; potential for unpredicted effects of immune imprinting

Çözüm I

- Pancoronavirüs aşısı
- Ferritin konjuge 24aa SARS-CoV-2 RBD nanopartükül
- Yarasa virüslerine dahi nötralizan yanıt

Çözüm II

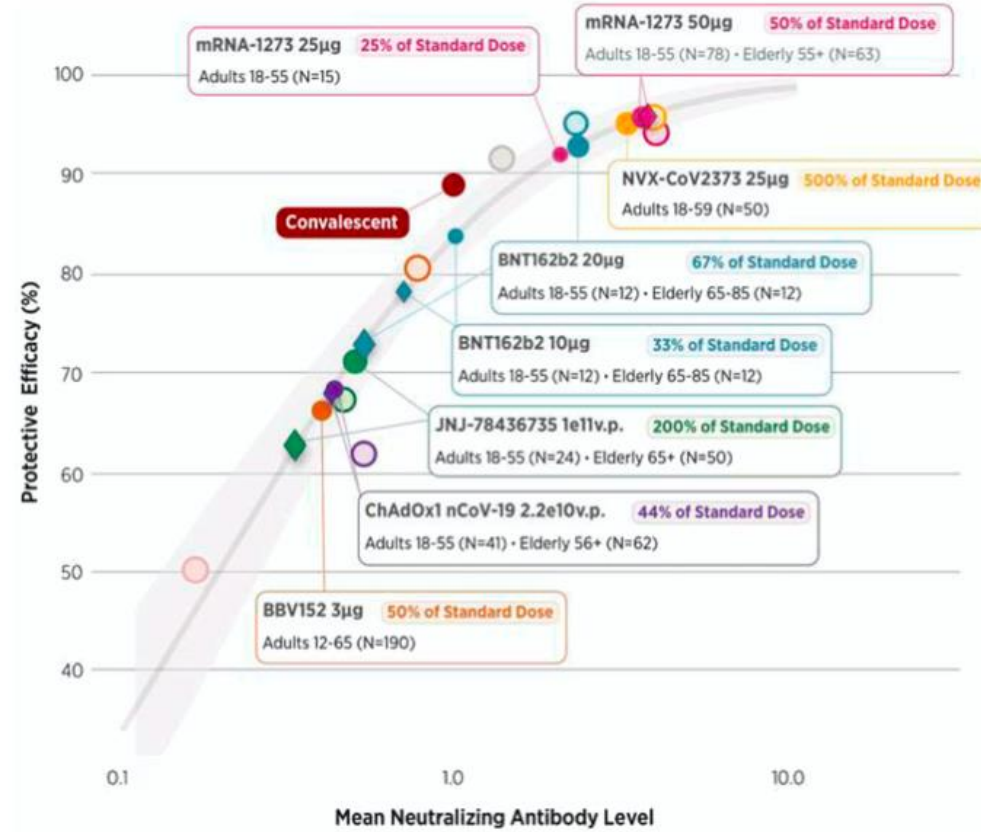
■ Sistemik priming + Mukozal rapel



Lapiente D et al 2021 *Protective mucosal immunity against SARS-CoV-2 after heterologous systemic prime-mucosal boost immunization* Nat Comm

Çözüm III

- Düşük Doz Aşı
- %95 etkili aşı
 - Ölüm %22 - 47
- %70 etkili aşı
 - %20 - 35



Tüm Gayretlere Rağmen Umulmadık Anda



Samuel Johnson 26.03.2020