

AŐI İMMUNOLOJİSİ VE AŐILARDA SON GELİŐMELER

HÜSREV DİKTAŐ

İstanbul Medipol Üniversitesi Tıp fakóltesi

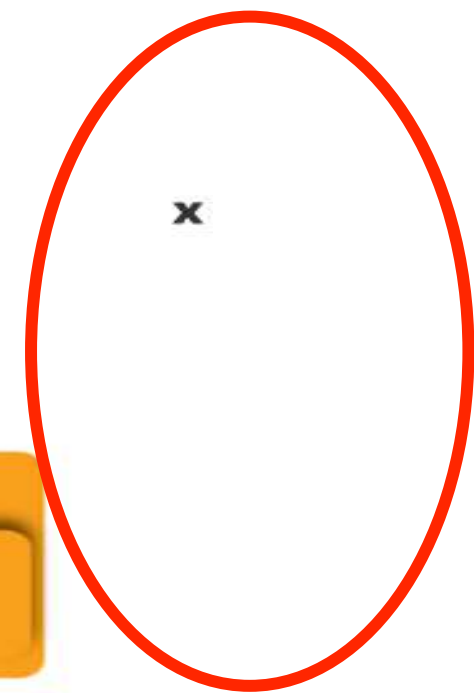
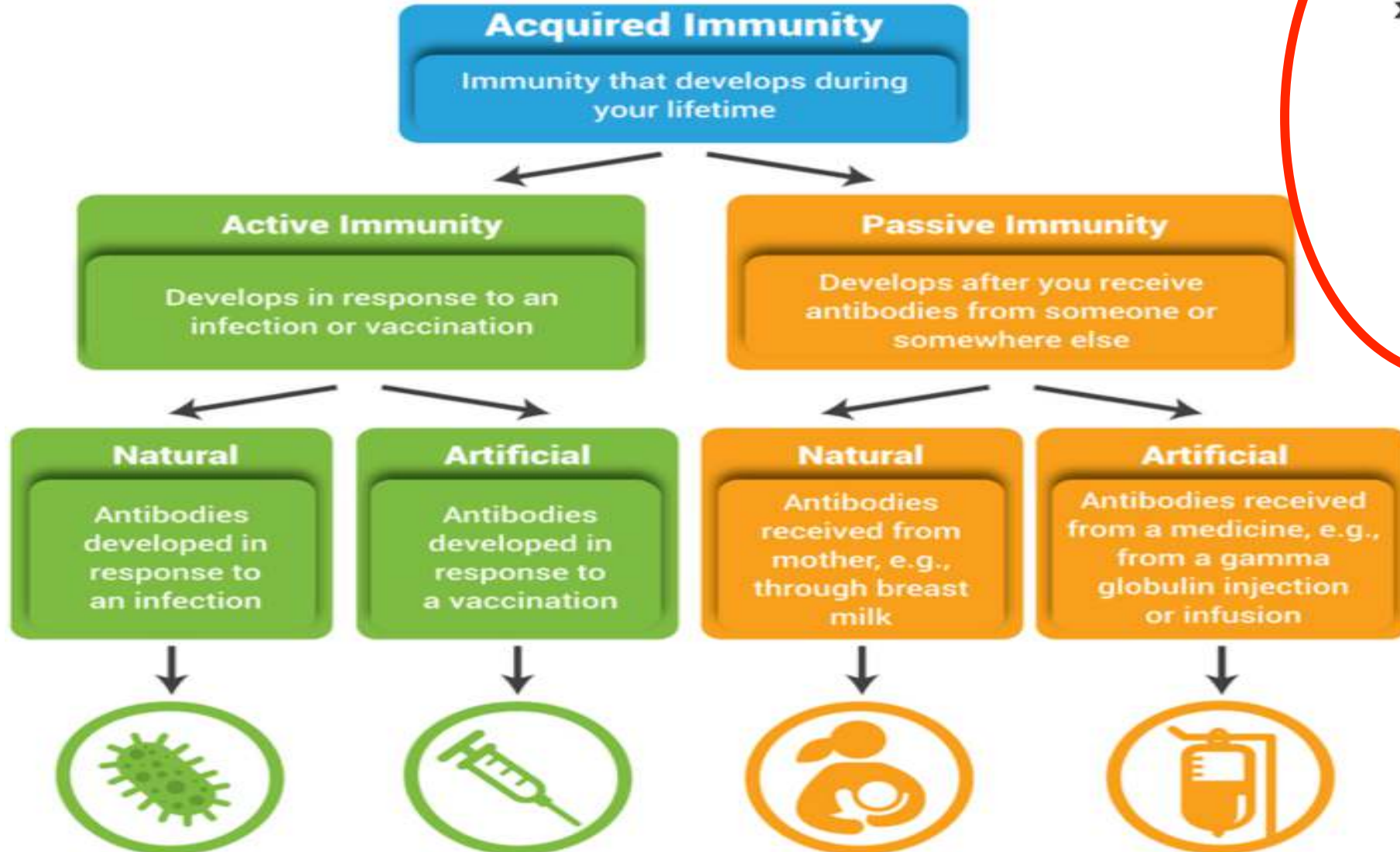


SUNU PLANI



- Aşı nedir?
- Aşıların tarihçesi
- Aşılar neden önemlidir?
- İmmunolojik yanıtın temelleri
- Aşılama sonrası ilk basamak: Doğal immunité ve Adjuvanlar
- Aşılama sonrası ikinci basamak: Humoral immunité
- Aşılama sonrası üçüncü basamak: Hücresel immunité
- mRNA aşıları ve getirdikleri/götürdükleri

Aşı nedir?



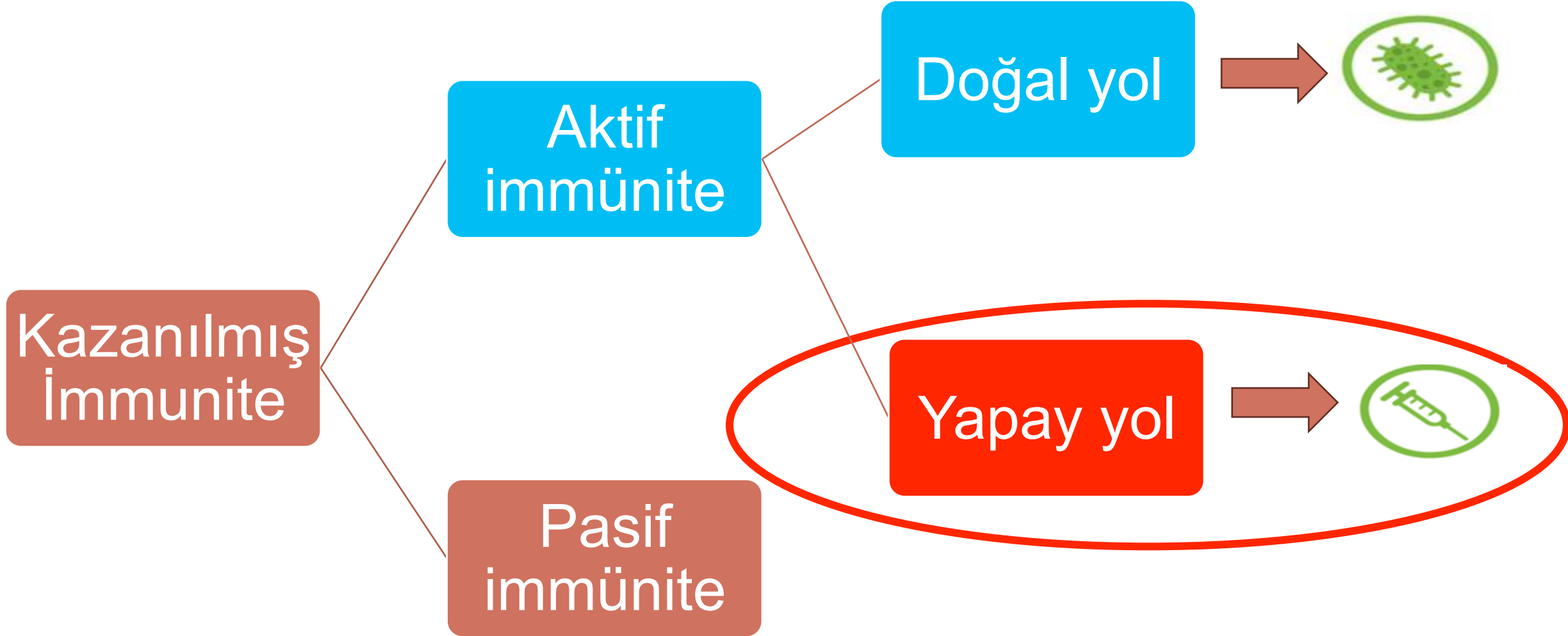
Aşıların tarihçesi



Edward Jenner-Smallpox



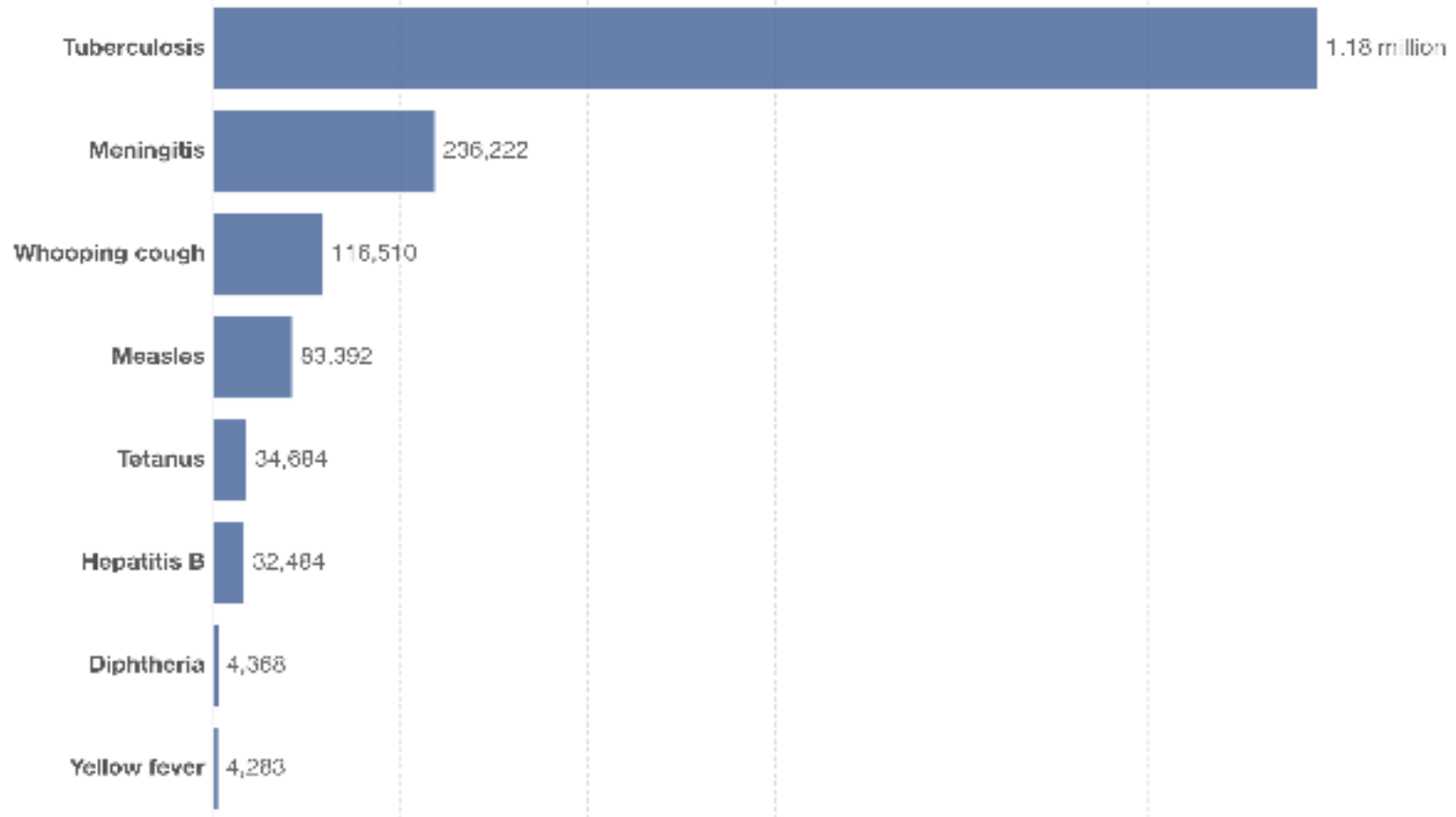
Aşı nedir?



Aşılar neden önemlidir?

Deaths caused by vaccine-preventable diseases, World, 2019

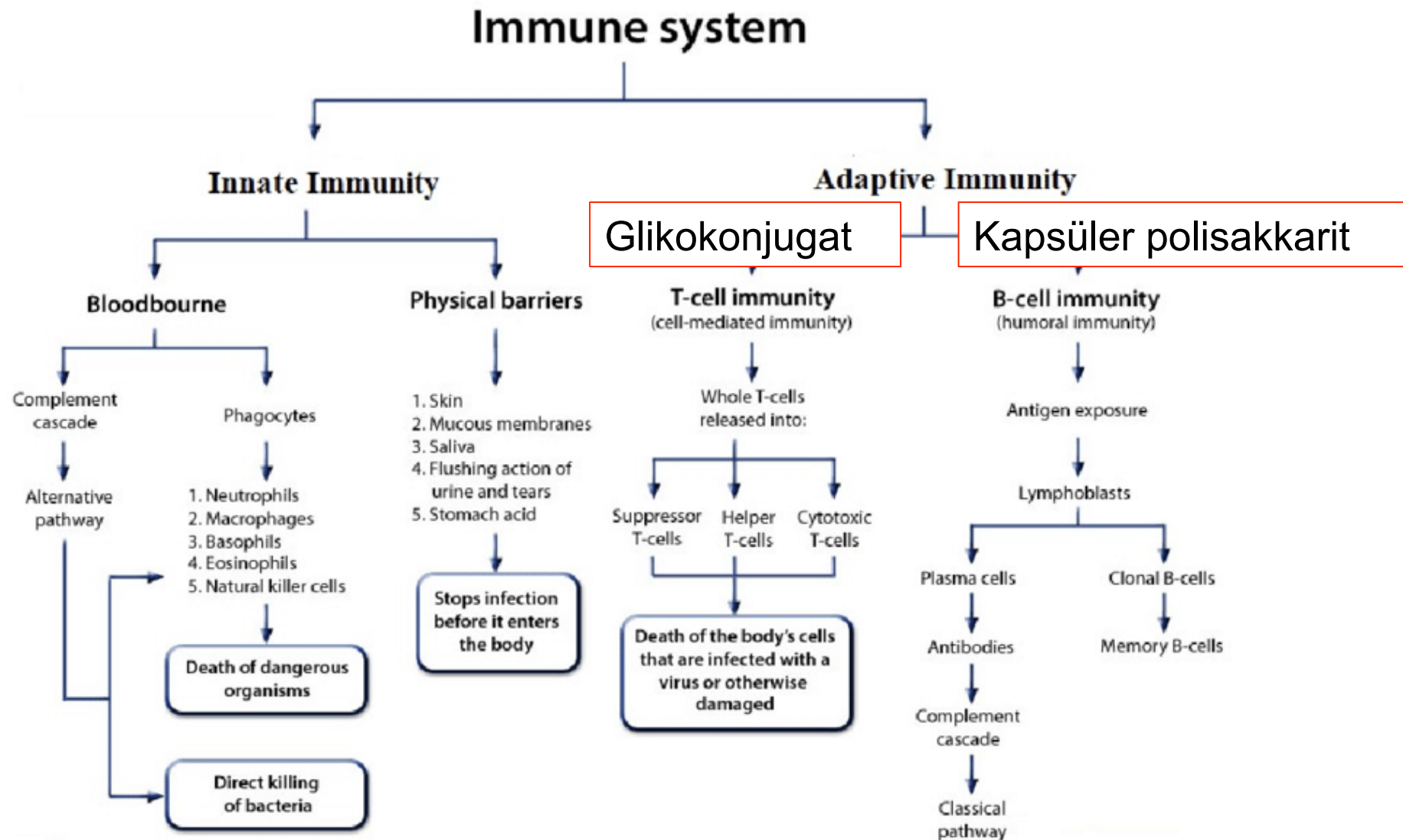
Our World
in Data



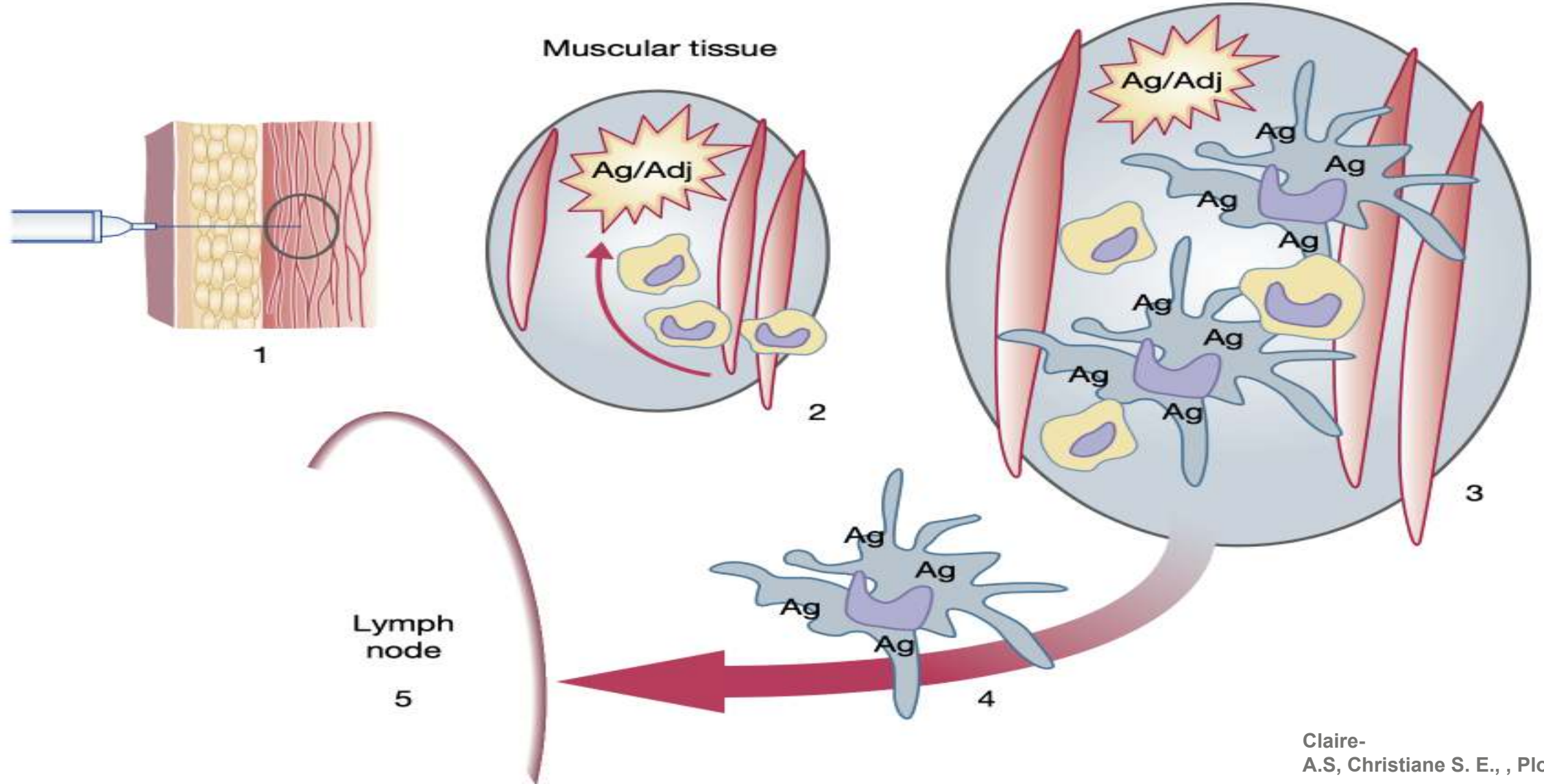
Data source: IHME, Global Burden of Disease (2019)

OurWorldInData.org/vaccination | CC BY

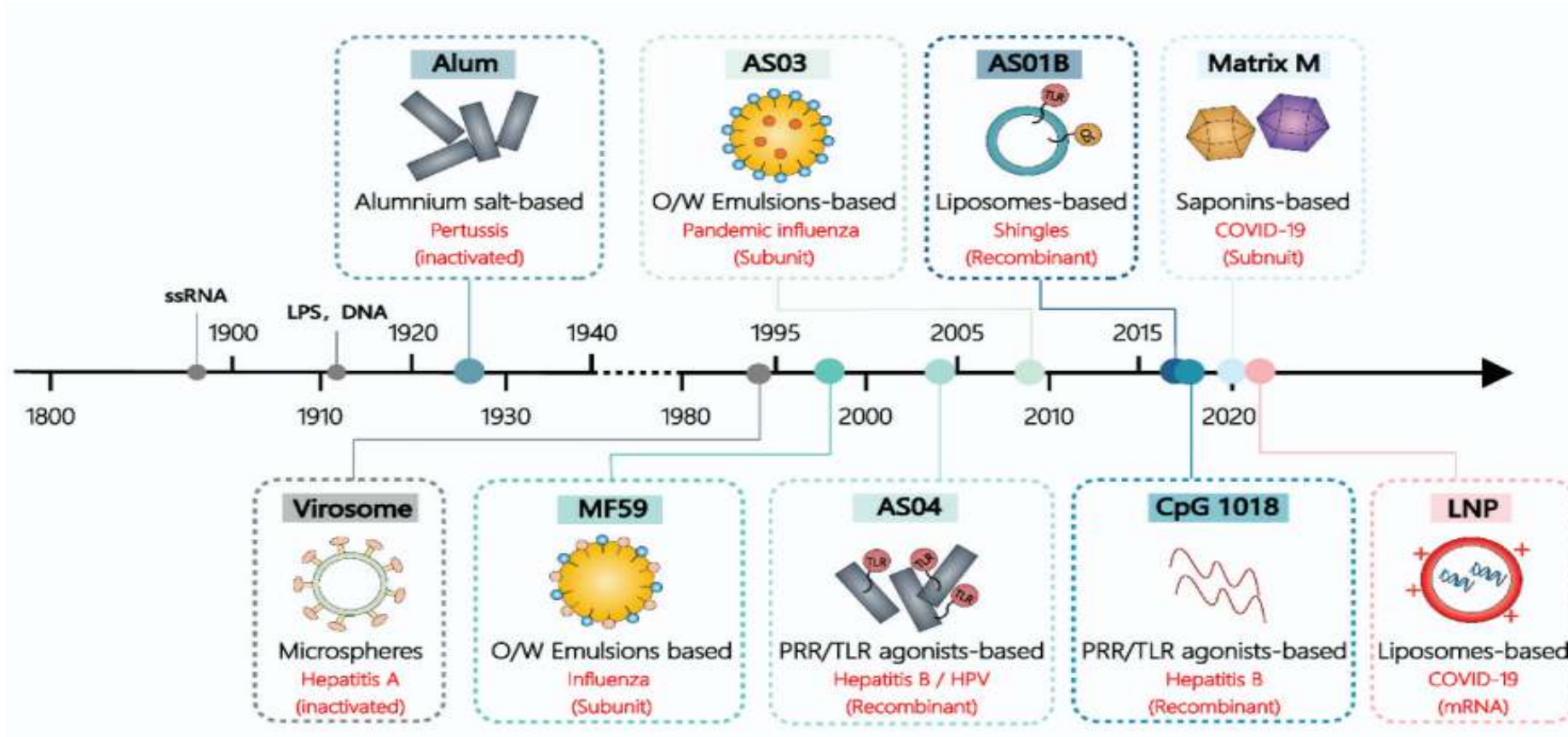
İmmunolojik yanıtın temelleri



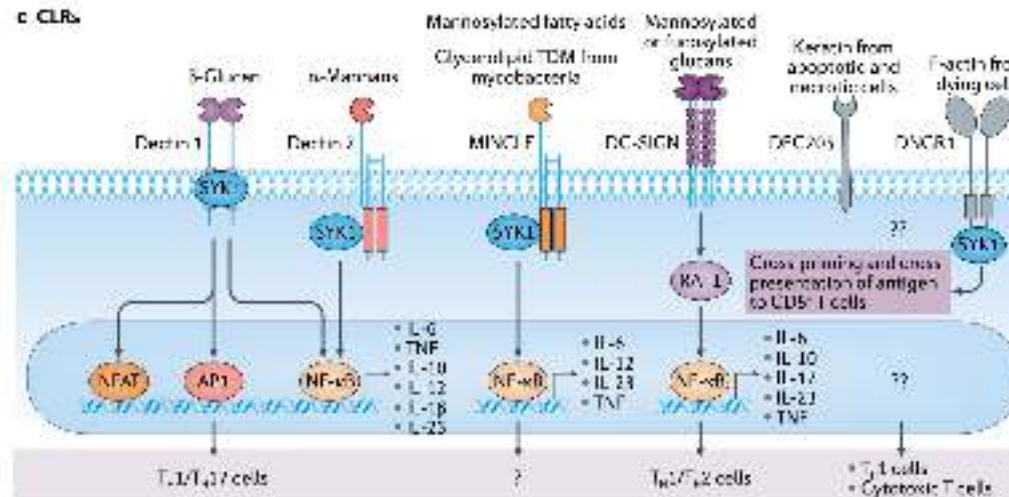
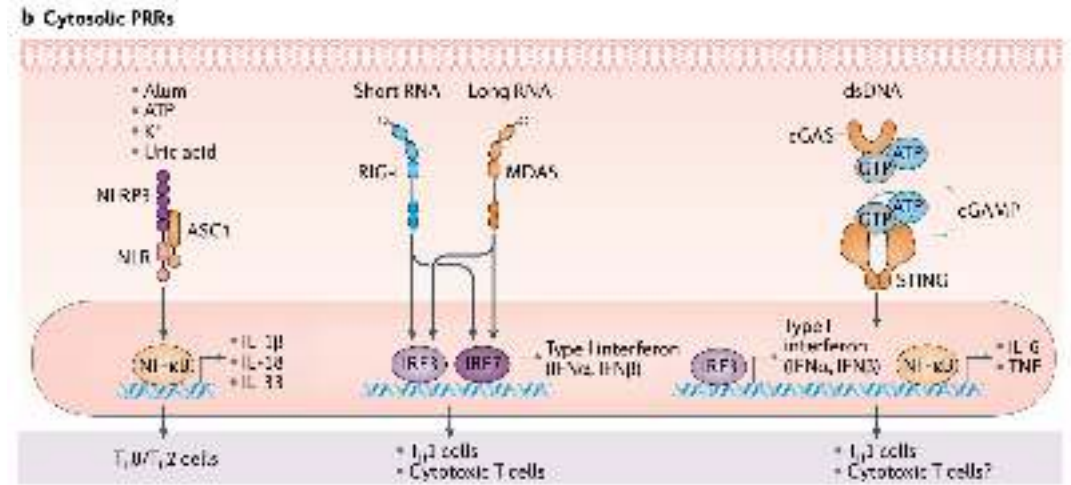
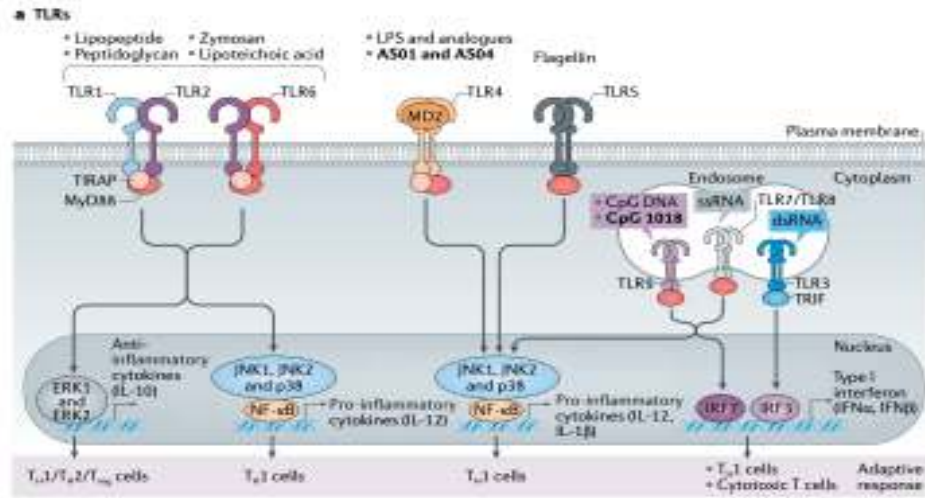
Aşılama sonrası ilk basamak: Doğal immunitite



Aşılama sonrası ilk basamak: Adjuvanlar

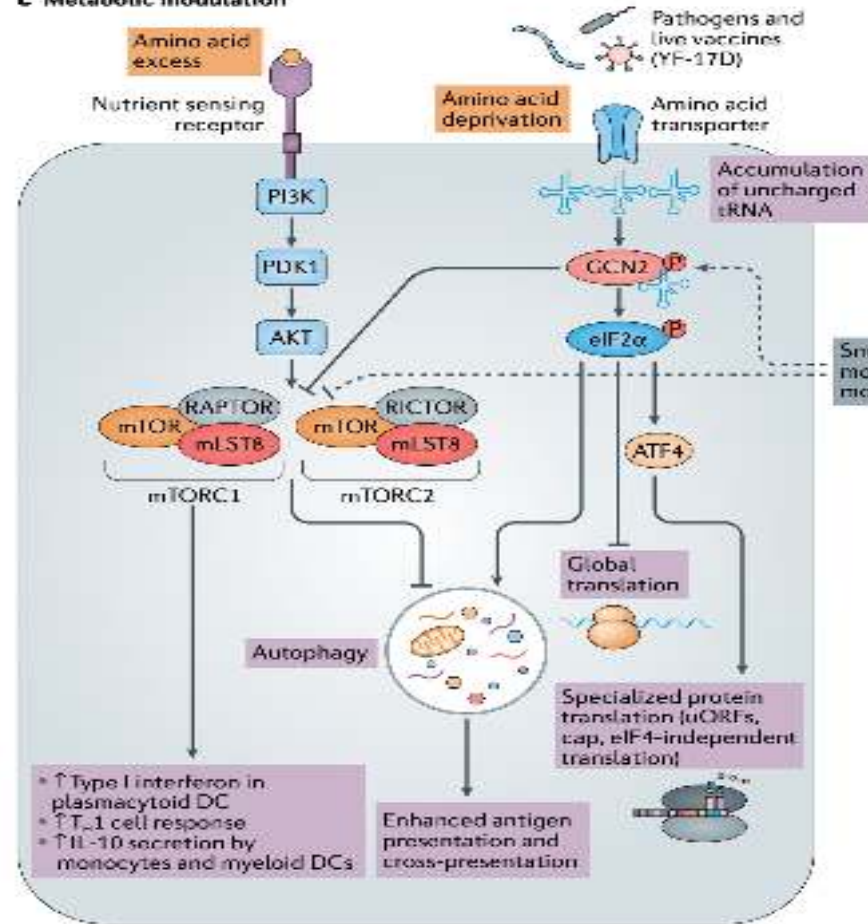


Aşılama sonrası ilk basamak-Adjuvanlar:

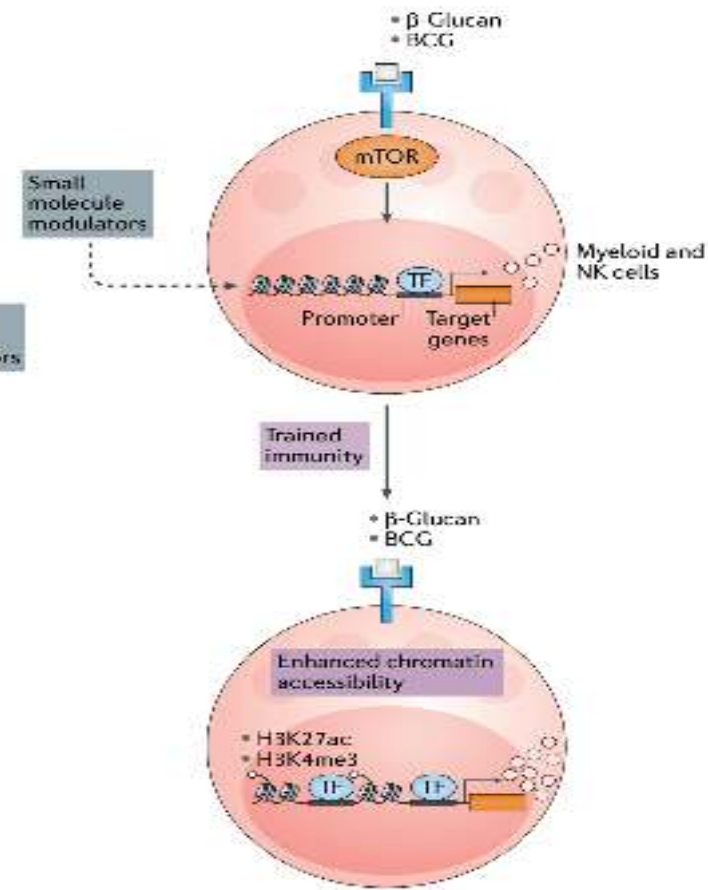


Aşılama sonrası ilk basamak-Adjuvanlar:

c Metabolic modulation



d Epigenetic modulation



Aşılama sonrası ilk basamak-Adjuvanlar:

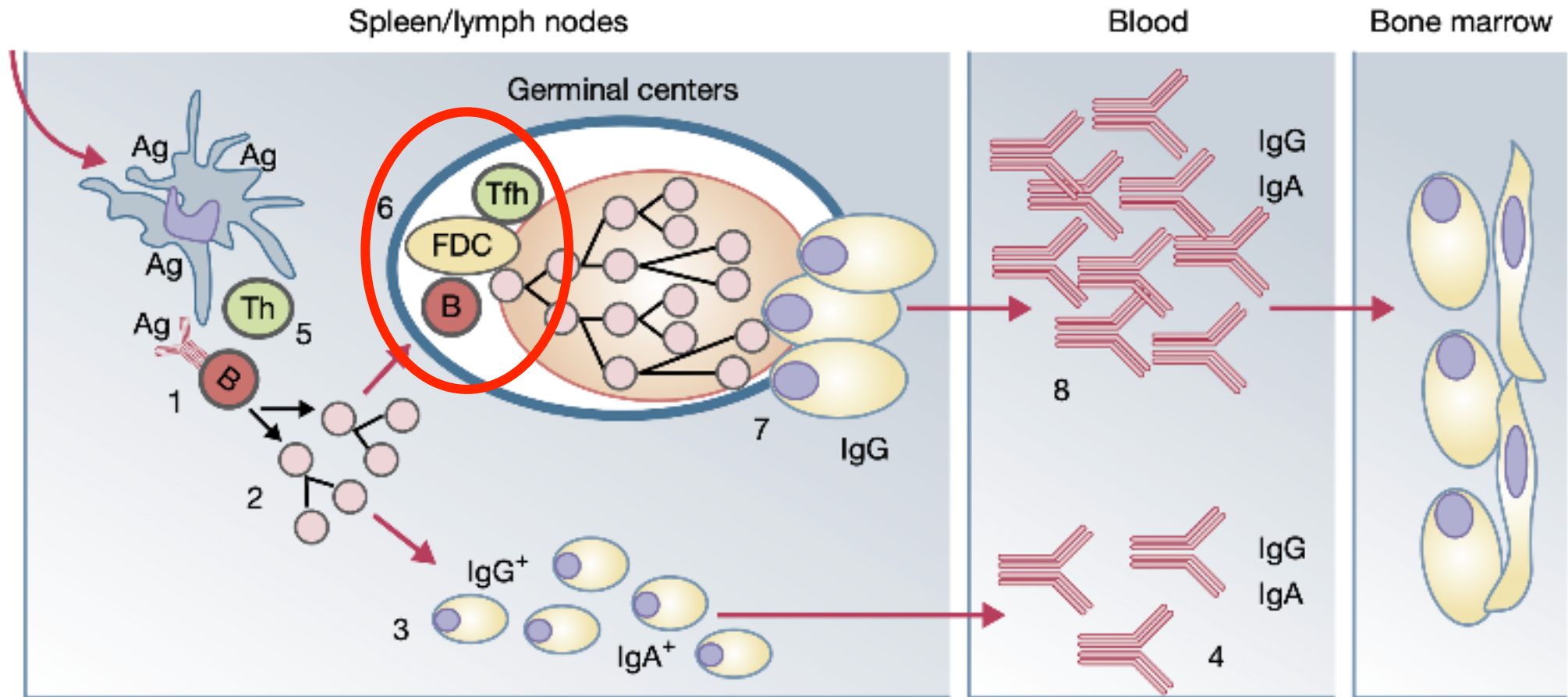
Adjuvant	Vaccine	Manufacturers	Status	Refs
Alum	Inactivated SARS-CoV-2 virus vaccines	Sinopharm Sinovac	Approved for limited or emergency use in certain countries	65,66
Matrix-M	Recombinant SARS-CoV-2 spike (S) protein	Novavax	Phase III	230
AS03	Recombinant SARS-CoV-2 spike (S) protein as a soluble protein or on virus-like particles	GSK (AS03) Sanofi (antigen) Medicago (antigen)	Phase I/II Phase III	85,86
CpG 1018	Recombinant SARS-CoV-2 spike (S) protein on virus-like particles	Dynavax (CpG 1018) Medicago (antigen)	Phase I/II	86
TLR7/TLR8 ligand adsorbed in alum	Inactivated SARS-CoV-2 vaccines	Bharath Biotech	Phase III/emergency use in India	233

Aşılama sonrası ilk basamak: Adjuvanlar

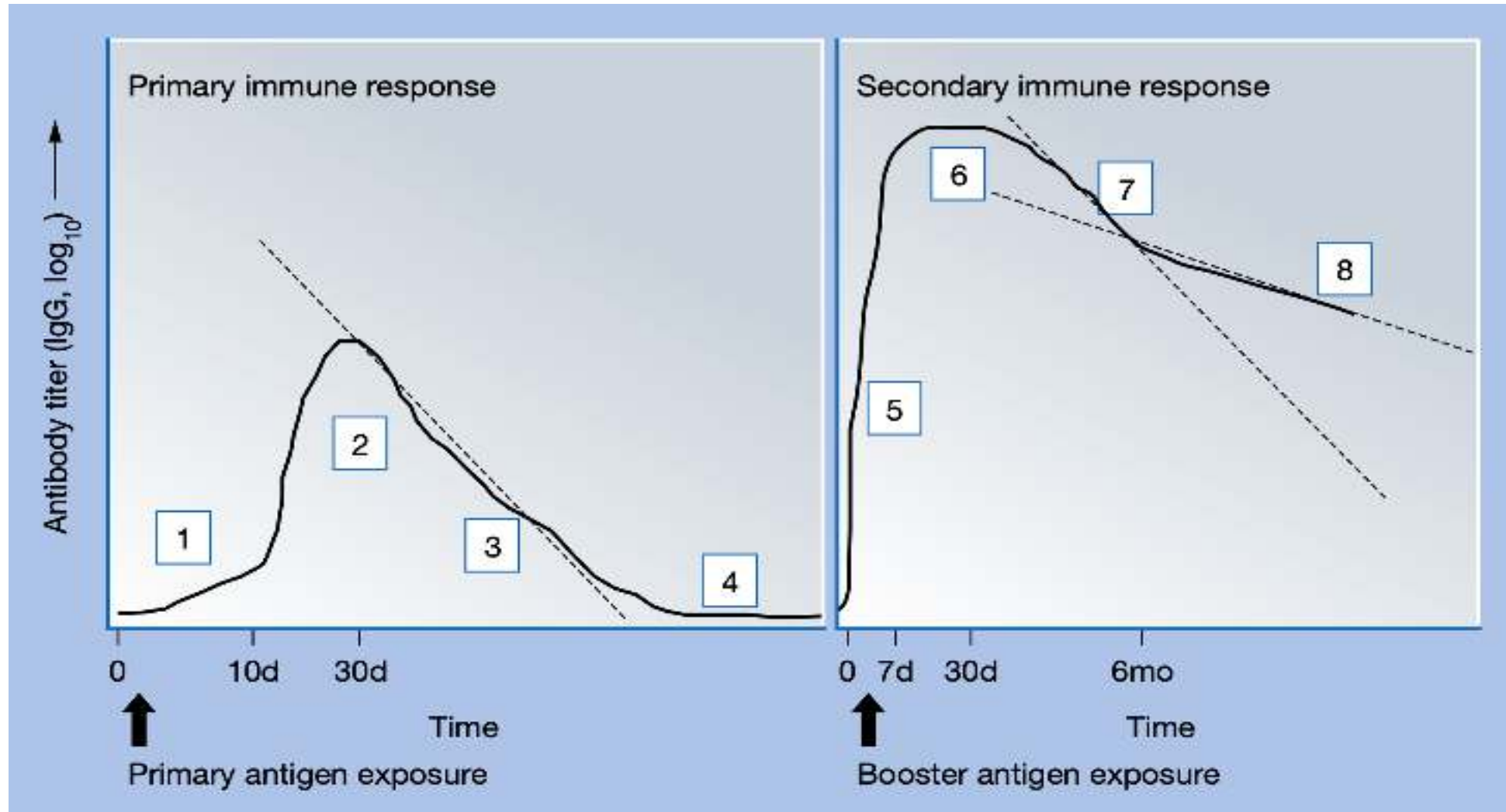
Table 1. Types of adjuvant carrier in clinical development.

Carrier types	Compositions	Representatives	Vaccines registered
Inorganic salt	Aluminum-based	Aluminum hydroxide (Al(OH) ₃)	Anthrax: Biothrax [®] (Emergent BioDefense, 1970)
		Aluminum phosphate (AlPO ₄)	DTaP: DAPTACEL [®] (Sanofi Pasteur, 2002)
		Aluminum hydroxide& Aluminum phosphate	DTaP, hepatitis B, and inactivated polio: Pediarix [®] (GSK, 2002)
		Amorphous aluminum hydroxyphosphate sulfate (AAHS) AS04 (MPL)	Hepatitis A: VAQTA [®] (Merck, 1996)
	Others	AS04 (MPL)	HPV: Cervaria [®] (GSK, 2009)
		Alum: CpG 1018	COVID-19: SCB-2019 ^a (Clover, 2022)
		Calcium phosphates	DTaP, poliomyelitis (France)
		Mesoporous silica	- ^b
		Zinc compounds	- ^b
		Gold, iron oxide	- ^b
Oil-Water Emulsion	Oil-in-water (O/W)	MF59 (Squalene)	Influenza: FLUAD [®] (Novartis, 1997)
		AS03 (Squalene, DL- α -tocopherol)	Influenza: Pandemrix [®] (GSK, 2013)
		AF03 (Squalene) AS02 (MPL, QS21)	COVID-19: COVIFENZ [®] (Medicago&GSK, 2022)
		GLA-SE (Lipid A analogue)	Influenza: Humenza [™] (Sanofi Pasteur, 2010)
	Water-in-oil (W/O)	Montanide ISA 51 (mineral oil)	Malaria/RSV [27]
		Montanide ISA 720 (nonmineral vegetable oil) [29]	Malaria/Influenza ^a [28]
		Virosomes	Malaria ^a
		AS01 (MPL)	Hepatitis A: Epaxal [®] (Cruceff, 1994)
		AS01B (MPL, QS21)	Malaria: Mosquirix [®] (GSK, 2015)
		CAF01 (DDA, T08) [30] GLA-AF (Lipid A analogue) [31] Matrix M (OS7, QS21)	Herpes zoster: SHINGRIX [®] (GSK, 2017)
Microparticle antigen delivery system	Lipid-based		Tuberculosis ^a
			Influenza/HIV ^a
	ISCOMs	COVID-19: NVX-CoV2373 (Novavax, 2020)	
Microspheres	PLGA Chitosan		- ^b
			- ^b

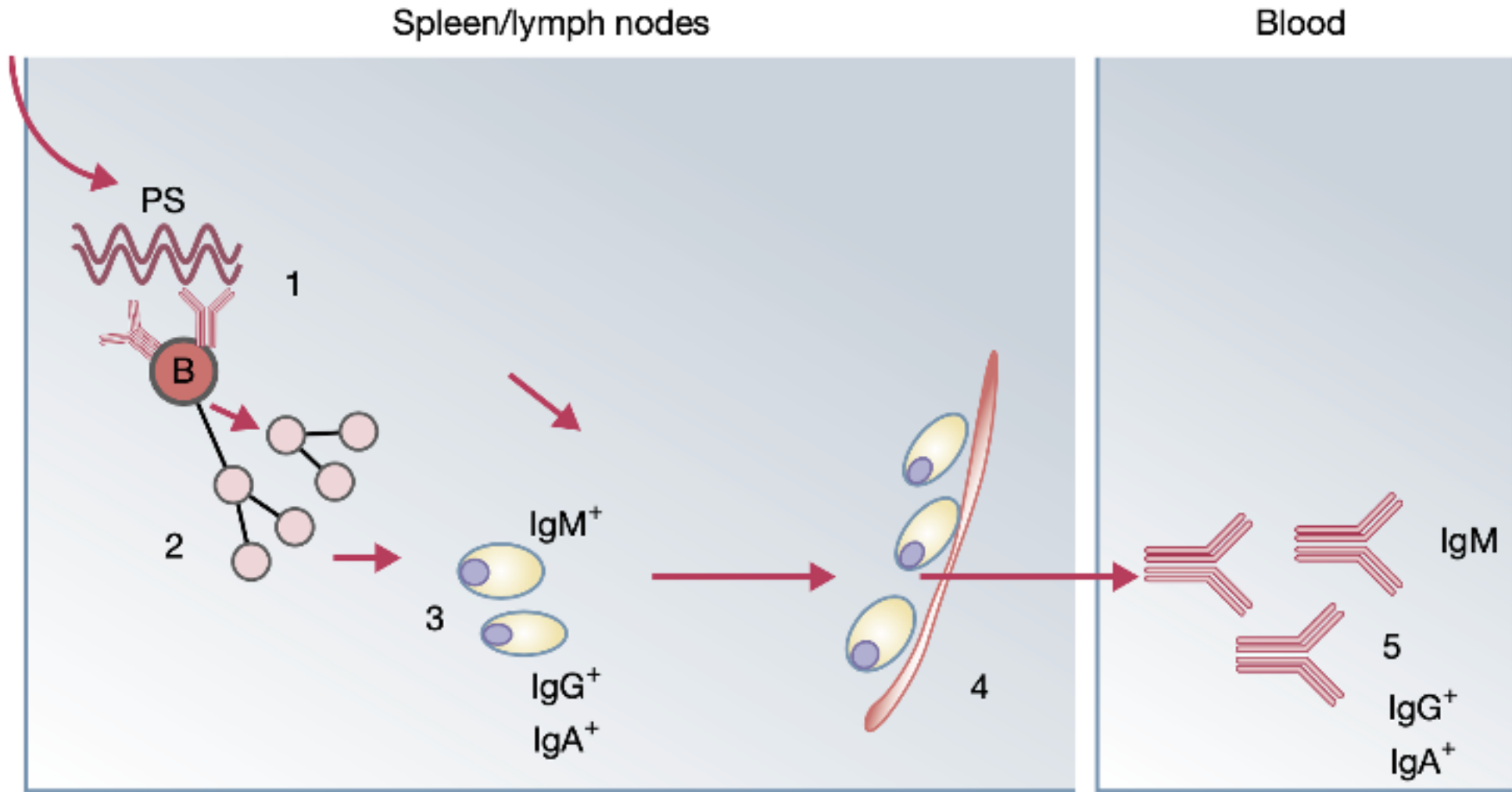
Aşılama sonrası 2. basamak: Humoral immunitite



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Aşılama sonrası 2. basamak: Humoral immunité

Review

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EXPERT
REVIEWS

Hyporesponsiveness and its clinical implications after vaccination with polysaccharide or glycoconjugate vaccines

Expert Rev. Vaccines 10(3), 307–322 (2011)

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Hyporesponsiveness (immune tolerance) follows vaccination with meningococcal polysaccharide and many pneumococcal polysaccharide serotypes. Hyporesponsiveness after *Haemophilus influenzae* type b polysaccharide vaccination has not been directly observed, but may follow exposure during disease in some individuals. Use of currently licensed conjugate vaccines has not been associated with hyporesponsiveness to date, with the possible exception of pneumococcal serotype 3. Introduction of polysaccharide vaccines anywhere into a conjugate vaccination schedule may result in reduced immune responses on subsequent exposure. This review of vaccine-induced hyporesponsiveness and its potential clinical implications considers recent evidence suggesting that hyporesponsiveness may occur for specific components of combined conjugate vaccines, such as pneumococcal serotype 3. These data have implications for the development of new multivalent vaccines.

Aşılama sonrası 2. basamak: Humoral immunitite

ANTİKOR YANITINI BELİRLEYEN FAKTÖRLER:

1. Antijenin yapısı
2. Antijenin dozu
3. İmmun yetersizlik durumu
4. Rapel arası süre

ANTİKOR YANITININ DEVAMLILIĞINI BELİRLEYEN FAKTÖRLER:

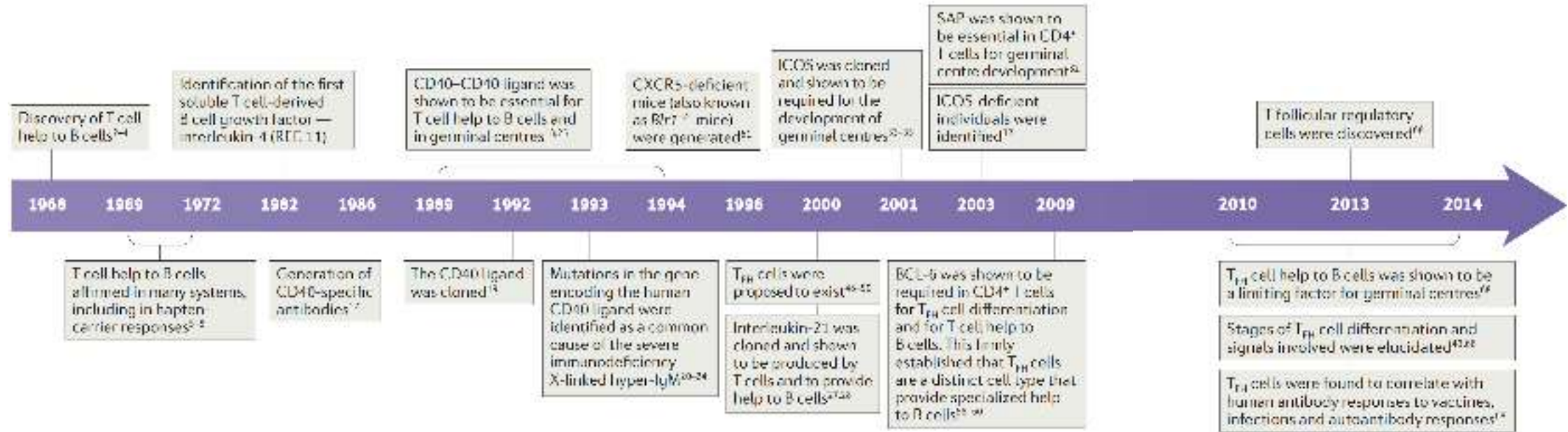
1. Aşı türü
2. Antijenin yapısı, Antijenin dozu
3. İmmun yetersizlik durumu
4. Rapel arası süre
5. Çevresel faktörler
6. Aşılama yaşı

Aşılama sonrası 2. basamak: Humoral immunitite

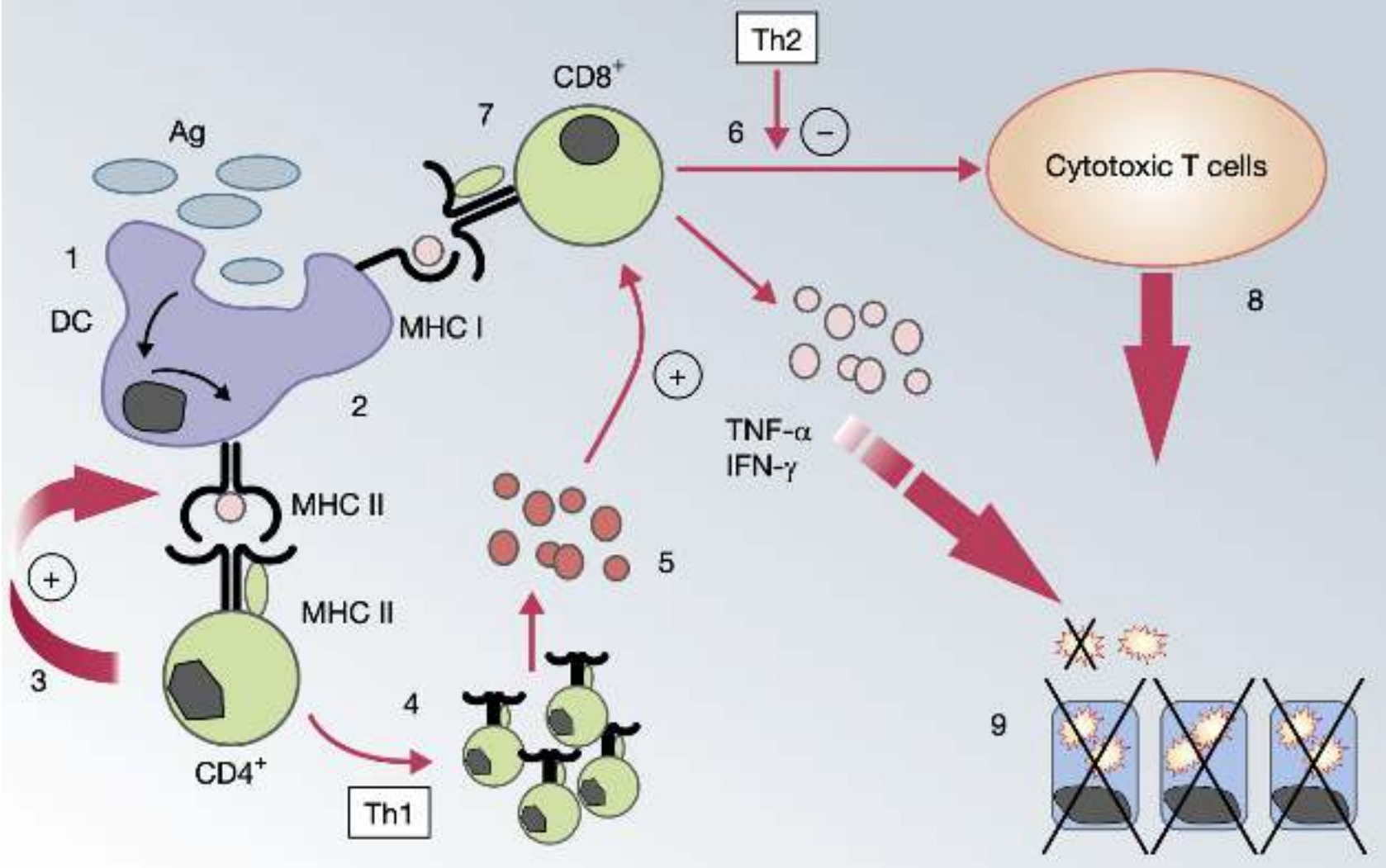
HAFIZA B HÜCRE OLUŞUMUNU ETKİLEYEN FAKTÖRLER

1. Tfh hücreleri ile germinal merkez yanıtı sonucu,
2. Dinlenme durumunda antikor üretmeyebilir,
3. 4-6 ay içerisinde affinite maturasyonuna giderler,
4. Antijen ile karşılaşma sonrası hızlıca antikor üretimi,

Aşılama sonrası 2. basamak: Hücresel immünite



Aşılama sonrası 2. basamak: Hücresel immünite



Claire-
A.S, Christiane S. E., ,
Plotkin vaccine.

Aşılama sonrası 2. basamak: Hücresel immünite

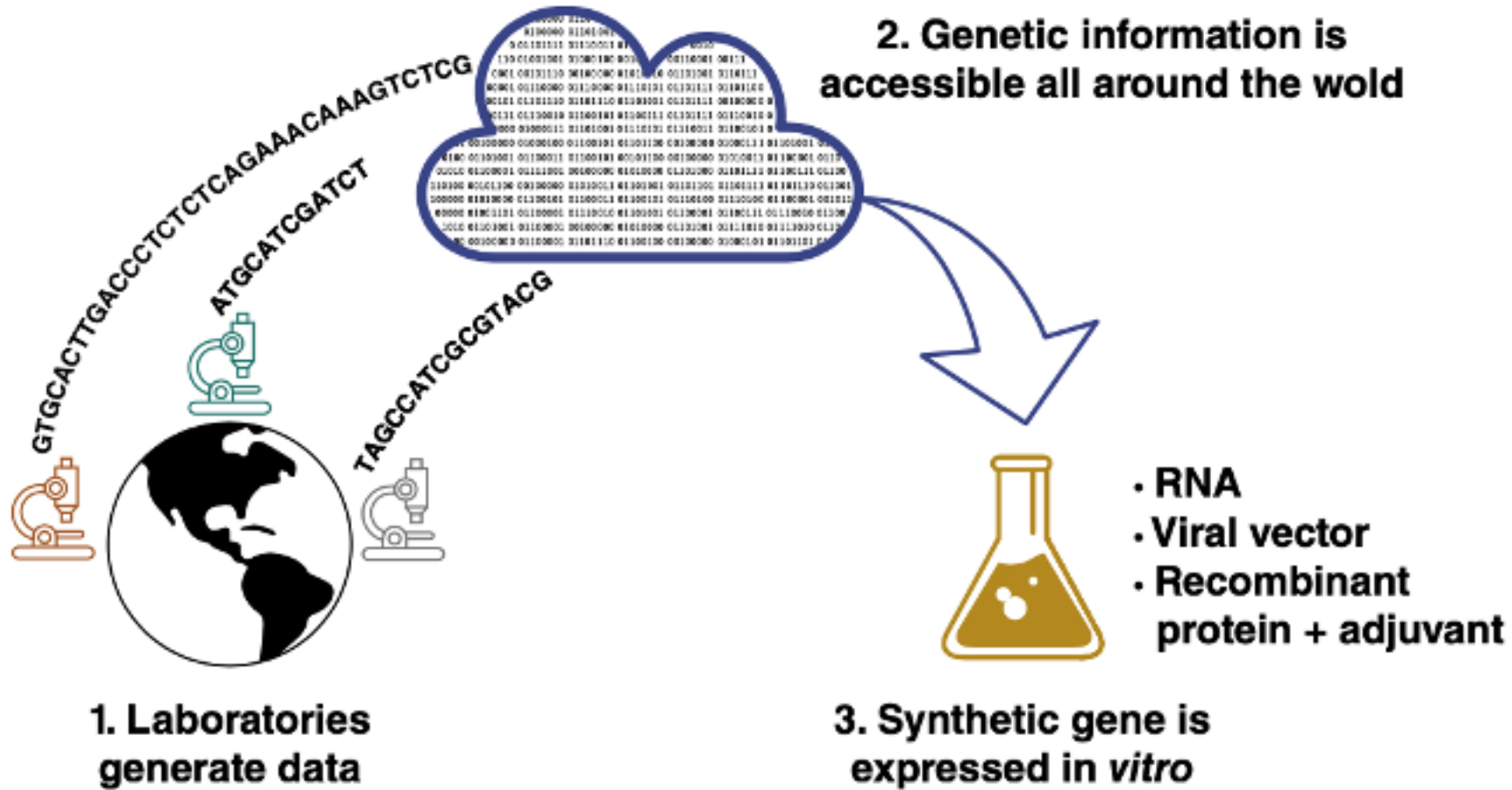
Hafıza T hücre sayısını arttıran faktörler:

- Başlangıçtaki antijen miktarı
- Antijen devamlılık yüzdesi

Aşıların immunolojik etkilerinin karşılaştırılması

Vaccines	Vaccine Type	Serum IgG	Mucosal IgG	Mucosal IgA	T Cells
Pneumococcal PS	PS	++	(+)		
Pneumococcal conjugates	PS-protein	+++	++		
Polio Sabin	Live attenuated	++	++	++	
Polio Salk	Killed	++	+		
Rabies	Killed	++			
Rotavirus	VLPs	(+)	(+)	++	
Rubella	Live attenuated	+++			
SARS-CoV-2	Inactivated	++			
SARS-CoV-2	mRNA	+++			++ (CD4/CD8)
SARS-CoV-2	Viral vectors	++			+ (CD4/CD8)

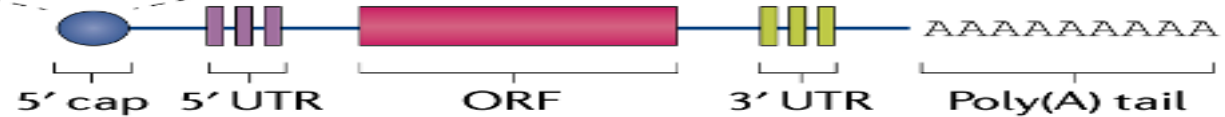
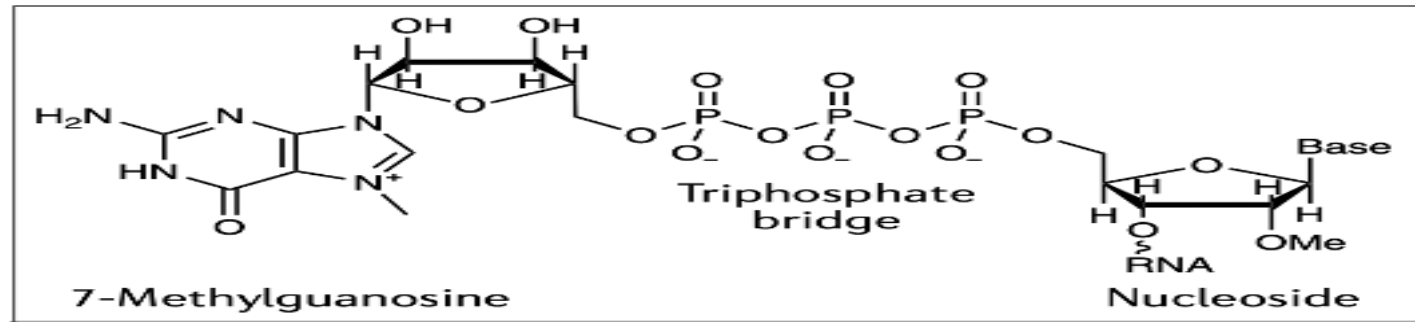
Nükleik asit temelli aşılar



mRNA aşıları

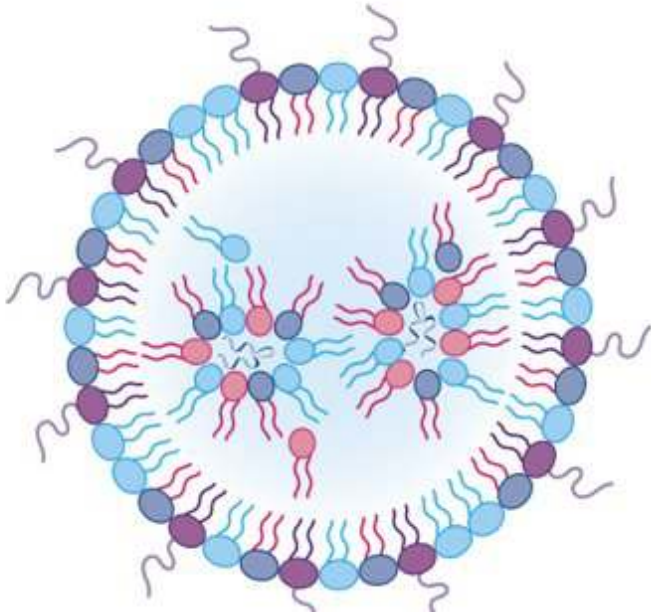
mRNA vaccines for infectious diseases: principles, delivery and clinical translation

Namit Chaudhary¹, Drew Weissman² and Kathryn A. Whitehead^{1,3}

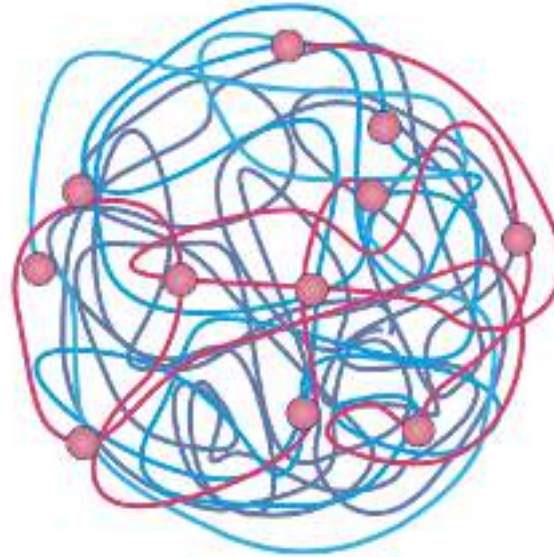


mRNA aşıları

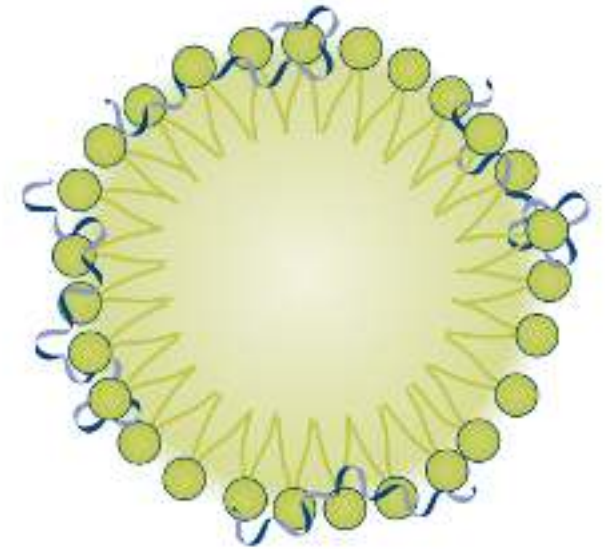
a Lipid nanoparticle



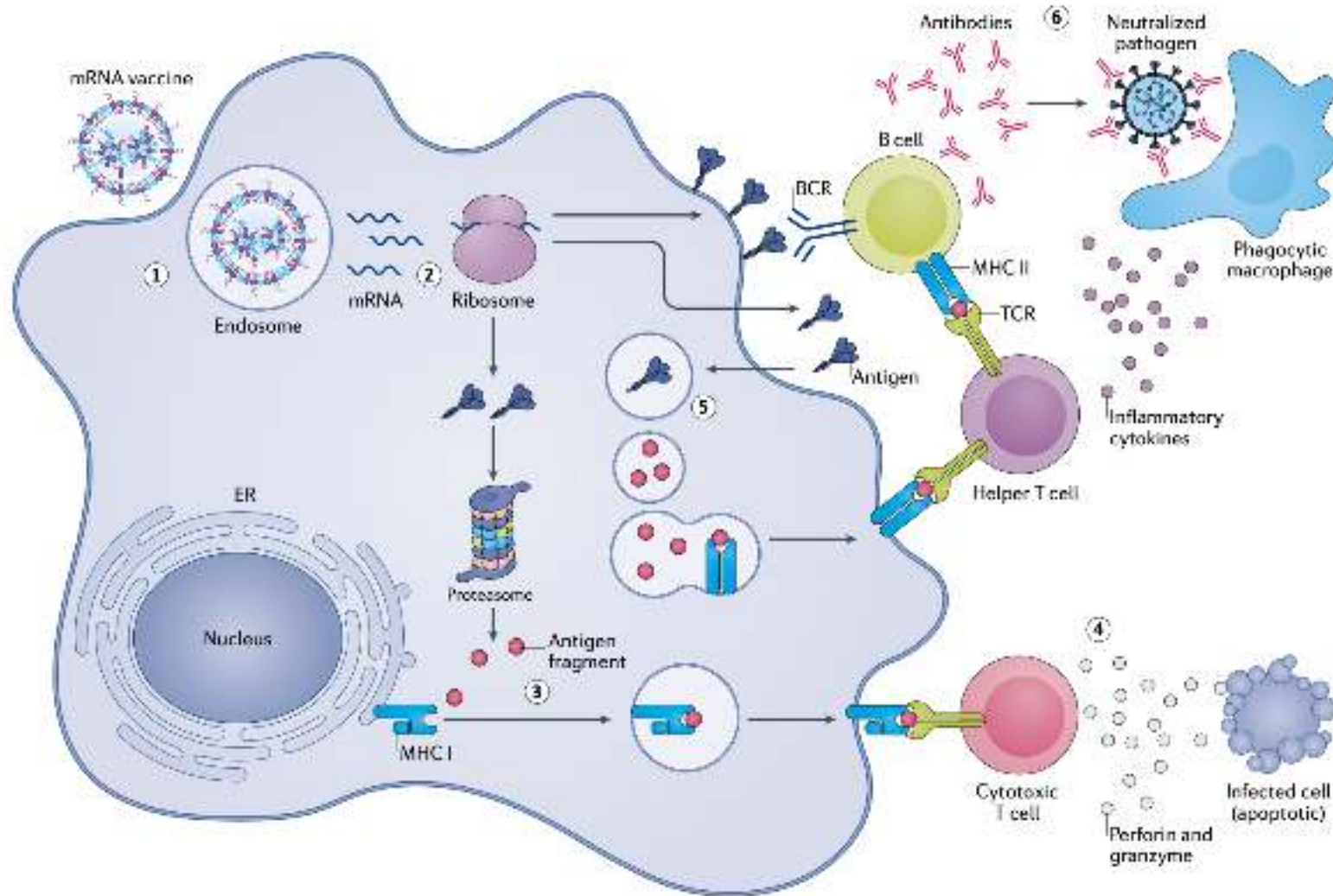
b Polymeric nanoparticle



c Cationic nanoemulsion



mRNA aşıları

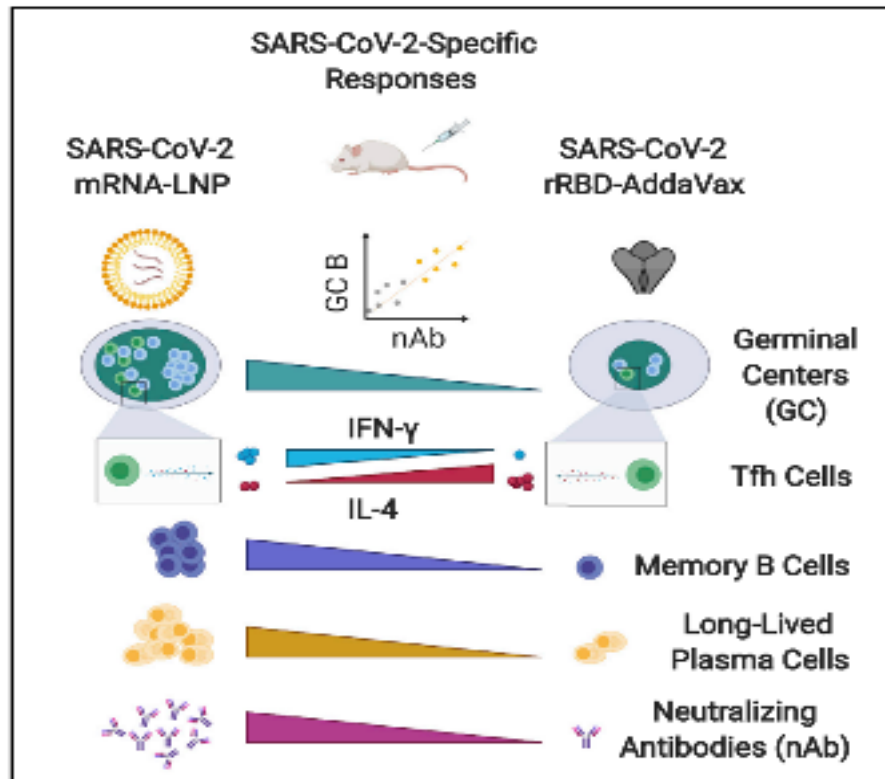


mRNA aşılı-İmmun yanıt

Immunity

SARS-CoV-2 mRNA Vaccines Foster Potent Antigen-Specific Germinal Center Responses Associated with Neutralizing Antibody Generation

Graphical Abstract



Authors

Katlyn Lederer, Diana Castaño, Daniela Gómez Atria, ..., Gregory D. Sempowski, Norbert Pardi, Michela Locci

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michela.locci@penntmedicine.upenn.edu

In Brief

Herein, Lederer et al. show a nucleic-acid-based vaccine platform for SARS-CoV-2 that potently induces germinal center (GC) responses. GCs are microanatomical sites harboring the formation of high-quality, protective antibody responses. Such vaccine platforms can be promising candidates to mitigate the COVID-19 pandemic.

mRNA aşılı ve pangenotipik kullanımı

Article

Neutralizing antibody vaccine for pandemic and pre-emergent coronaviruses

<https://doi.org/10.1038/s41586-021-03594-0>

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Check for updates

Kevin O. Saunders^{1,2,3,4}✉, Esther Lee^{1,5}, Robert Parks^{1,5}, David R. Martinez⁶, Dapeng Li^{1,5}, Haiyan Chen^{1,5}, Robert J. Edwards^{1,5}, Sophie Gobeil^{1,5}, Maggie Barr^{1,5}, Katayoun Mansouri^{1,5}, S. Munir Alam^{1,5}, Laura L. Sutherland^{1,5}, Fangping Cai^{1,5}, Aja M. Sanzone^{1,5}, Madison Berry^{1,5}, Kartik Manne^{1,5}, Kevin W. Bock⁷, Mahnaz Minai⁷, Bianca M. Nagata⁷, Anyway B. Kapingidza^{1,5}, Mihai Azoitei^{1,5}, Longping V. Tse⁶, Trevor D. Scobey⁶, Rachel L. Spreng^{1,5}, R. Wes Rountree^{1,5}, C. Todd DeMarco^{1,5}, Thomas N. Denny^{1,5}, Christopher W. Woods^{1,5,8}, Elizabeth W. Petzold⁸, Juanjie Tang⁹, Thomas H. Oguin III^{1,5}, Gregory D. Sempowski^{1,5}, Matthew Gagne¹⁰, Daniel C. Douek¹⁰, Mark A. Tomai¹¹, Christopher B. Fox¹², Robert Seder¹⁰, Kevin Wiehe^{1,5}, Drew Weissman¹³, Norbert Pardi¹³, Hana Golding⁹, Surender Khurana⁹, Priyamvada Acharya^{1,2}, Hanne Andersen¹⁴, Mark G. Lewis¹⁴, Ian N. Moore⁷, David C. Montefiori^{1,2}, Ralph S. Baric⁶ & Barton F. Haynes^{1,3,5}✉

Saunders, K. O. Nature |
Vol 594 | 24 June 2021

mRNA aşıları

The NEW ENGLAND JOURNAL of MEDICINE

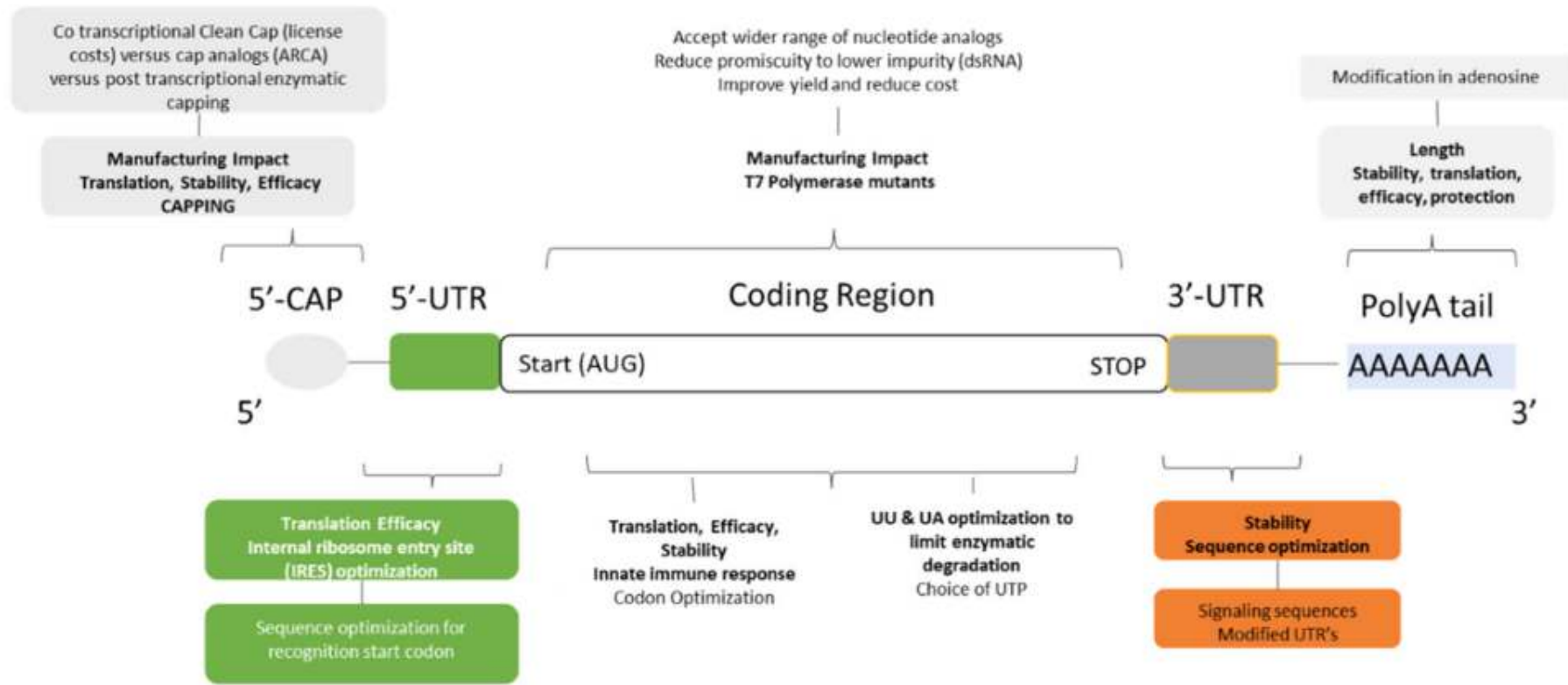
CONCLUSIONS

In this study in a nationwide mass vaccination setting, the BNT162b2 vaccine was not associated with an elevated risk of most of the adverse events examined. The vaccine was associated with an excess risk of myocarditis (1 to 5 events per 100,000 persons). The risk of this potentially serious adverse event and of many other serious adverse events was substantially increased after SARS-CoV-2 infection. (Funded by the Ivan and Francesca Berkowitz Family Living Laboratory Collaboration at Harvard Medical School and Clalit Research Institute.)

SONUÇ

İmmünobiyoloji, bir aşının etkili olabilmesi için uyarılması gereken bağışıklık sisteminin tanımlanmasını mümkün kılmalıdır.

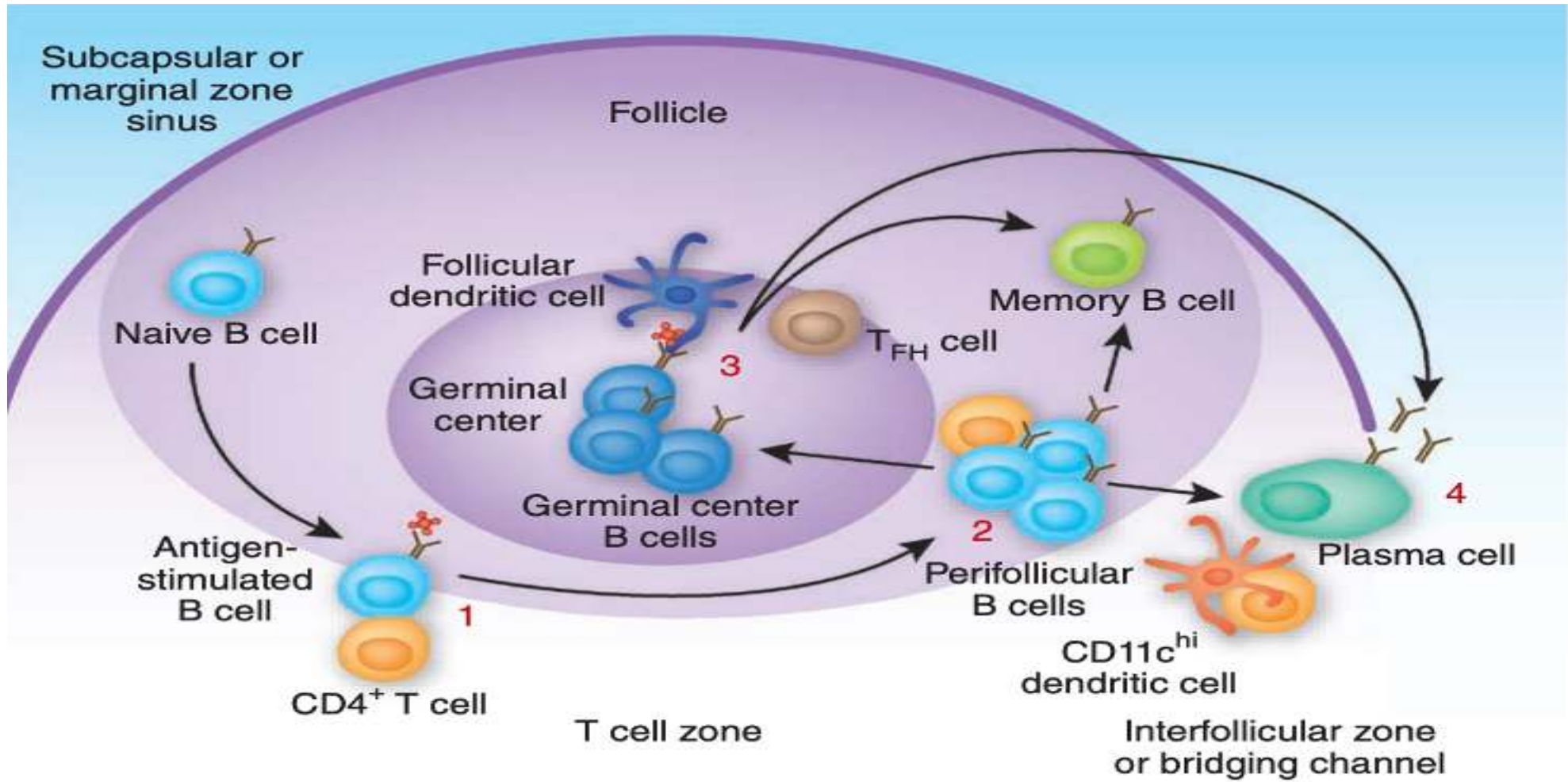




How Specific Are Vaccine Immune Responses?



Aşılama sonrası 2. basamak: Humoral immunitite



İmmunolojik yanıtın temelleri

