### **Advanced Vaccine Research**

Methods for the Decade of Vaccines

Edited by

Fabio Bagnoli and Rino Rappuoli

**Novartis Vaccines** Research Center Siena Italy

Copyright © 2015

Caister Academic Press Norfolk, UK

www.caister.com

British Library Cataloguing-in-Publication Data A catalogue record for this book is available from the British Library

ISBN: 978-1-910190-03-6 (hardback) ISBN: 978-1-910190-04-3 (ebook)

Description or mention of instrumentation, software, or other products in this book does not imply endorsement by the author or publisher. The author and publisher do not assume responsibility for the validity of any products or procedures mentioned or described in this book or for the consequences of their use.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the publisher. No claim to original U.S. Government works.

Cover design adapted from Figures 3.1 and 3.2

## Contents

	Contributors	٧
	Preface	xi
Part I	Innovative Technologies and Approaches in Vaccine Research	1
1	Deep Sequencing in Vaccine Research, Development and Surveillance Stefano Censini, Silvia Guidotti, Giulia Torricelli, Rino Rappuoli and Fabio Bagnoli	3
2	New Bioinformatics Algorithms Applied to Deep Sequencing Projects  Mina Rho	33
3	Comparative Genomics Approaches for Tracking the Emergence and Spread of Disease-associated Bacteria Tracy H. Hazen and David A. Rasko	65
4	Quantitative Proteomics in Vaccine Research  Massimiliano Biagini and Nathalie Norais	75
5	Structural Biology in Vaccine Research  Danilo Donnarumma, Matthew J. Bottomley, Enrico Malito, Ethan Settembre, llaria Ferlenghi and Roberta Cozzi	103
6	Cellular Screens to Interrogate the Human T- and B-cell Repertoires and Design Better Vaccines Jens Wrammert and Kaja Murali-Krishna	133
7	Novel Strategies of Vaccine Administration: The Science Behind Epidermal and Dermal Immunization  Béhazine Combadière and Hélène Perrin	157
8	Toll-like Receptors as Targets to Develop Novel Adjuvants Şefik Şanal Alkan	187
9	The Importance of Cell-mediated Immunity for Bacterial Vaccines  Alison G. Murphy and Rachel M. McLoughlin	219
10	T-cell-inducing Vaccines Sarah Gilbert	251

11	Exploiting the Mutanome for Personalized Cancer Immunotherapy Ugur Sahin, Sebastian Kreiter, John C. Castle, Martin Löwer, Cedrik M. Britten and Özlem Türeci	263
Part II	Challenges for the Decade of Vaccines	271
12	Malaria Vaccine Development: Progress to Date Philip Bejon, Ally Olotu and Kevin Marsh	273
13	Tuberculosis Else Marie Agger and Peter Andersen	305
14	HIV-1 Vaccine Development  Barton F. Haynes, Georgia D. Tomaras, Hua-Xin Liao and Andrew J. McMichael	335
15	Cancer Immunotherapy: The Road to Rejection Peter E. Fecci, Christina Chen, Susanne Baumeister and Glenn Dranoff	359
16	Global Health Vaccines Against the Invasive Salmonelloses: Enteric Fever and Invasive Non-typhoidal Salmonella Disease Calman A. MacLennan	387
17	The Path to a Respiratory Syncytial Virus Vaccine Christine A. Shaw, Max Ciarlet, Brian W. Cooper, Lamberto Dionigi, Paula Keith, Karen B. O'Brien, Maryam Rafie-Kolpin and Philip R. Dormitzer	411
18	Staphylococcus aureus Linhui Wang and Jean C. Lee	425
	Index	449
	Colour Plate	A1

### Preface

Only clean water has contributed to improving global health more than vaccines (Andre et al., 2008). Vaccines have completely, or nearly, eradicated some of the most deadly viral and bacterial infections (e.g. smallpox, poliomyelitis, diphtheria, tetanus, pertussis, measles, mumps and rubella) (Rappuoli et al., 2011). On top of direct effects, by preventing infections in vaccinated subjects, vaccines also have a number of indirect benefits for the individual and society (Andre et al., 2008). Indeed, vaccines can generate herd immunity, which plays a key role in protecting individuals at higher risk of infection including the immunocompromised, elderly and cancer patients, those in which the use of the vaccines is contraindicated, and those with limited or no access to resources to buy them. Vaccination has also been shown to reduce the incidence of certain cancers (Chang, 2003; Harper et al., 2006). Indeed, some infective agents are associated with cancer, such as HBV with liver cancer and HPV with cervical cancer. Furthermore, vaccines are a key component in the fight against antibiotic resistance both directly and indirectly. By targeting bacterial pathogens, vaccines directly reduce the need for the use of antibiotics. Antiviral vaccines, such as the ones against influenza, can also have an indirect effect on reducing the emergence of antibiotic resistant strains by decreasing complications associated with super-infections, which routinely require antibiotic use.

Most of the vaccines currently available for human use were developed on the basis of Louis Pasteur's principle of inactivating or killing the infectious agent and then using it to induce protective immunity into the host (Rappuoli *et*  al., 2011). However, scientists have recently realized that for several pathogens (e.g. serogroup B *Neisseria meningitidis* (MenB), HIV, malaria), conventional vaccinology methods are not sufficient or adequate.

After the publication of the first bacterial genome in 1995 (Fleishmann et al., 1995), it became clear that availability of the genomic sequence of pathogens was an invaluable source of information for vaccine research. In fact, only five years later, a new antigen identification approach, named reverse vaccinology, was applied to MenB (Pizza et al., 2000). The approach was termed reverse vaccinology because antigens were selected prior to experimental testing (Rappuoli, 2000). Later, with the explosion of the omics era, vaccine discovery could benefit from techniques that generate data complementary to reverse vaccinology. With the advent of high-throughput sequencing technologies, the availability of multiple genomes of the same species allowed comparative genomics studies to be performed, critical to determine the level of conservation of vaccine candidates (He et al., 2010).

However, none of the genomic approaches can provide all the information required for vaccine design and characterization. Techniques based on immunomics, such as the so-called antigenomics, can identify candidates expected to be immunogenic in humans (Meinke et al., 2005; Rinaudo et al., 2009; Vytvytska et al., 2002). Approaches based on transcriptomics or proteomics are able to identify candidates expressed by pathogens under different growth conditions. Studies done to date using the different approaches have generally shown a significant degree of overlap and have

identified subsets of the surface and secreted antigens predicted by reverse vaccinology (Bagnoli *et al.*, 2011; Bensi *et al.*, 2012; Doro *et al.*, 2009; Etz *et al.*, 2002; Grifantini *et al.*, 2002; Rodriguez-Ortega *et al.*, 2006; Stranger-Jones *et al.*, 2006). However, each approach supplies different information that altogether can be used to select the best candidates.

Despite the recent progress made by omics science and high-throughput technologies we should not assume that vaccine research can be performed without the tight support of basic research. Indeed, it is still highly dependent on experimental studies and empirical observations. It is of critical importance to determine the role played by antigens in virulence, and interactions with the host, as well as their function and biochemical properties such as the structure. Structural biology represents a powerful means to identify protective epitopes, especially in highly variable antigens. Available vaccines are against pathogens whose antigens are relatively stable. Microbes that have rapid and extensive antigenic variability, remain a major challenge for vaccine researchers (Rappuoli and Aderem, 2011). Structural studies on the antigens can be performed to understand the degree of surface exposure of the epitopes and to design peptides optimized to generate neutralizing antibodies (Dormitzer et al., 2008).

Another important aspect that requires a basic research approach is the discovery of mechanisms of protection. Pathogens against which successful vaccines have been developed, have known protective mechanisms and in all cases humoral response appears to be the driving mechanism (Moriel *et al.*, 2010). On the contrary, when protective mechanisms and correlate of protection are not clear (e.g. Staphylococcus aureus, malaria, HIV, Candida albicans, tuberculosis), successful vaccines could not be developed (Bagnoli et al., 2012; Dubensky et al., 2012; He et al., 2010). Therefore, basic immunology studies to shed light on their mechanisms of protection are needed to support vaccine development against these pathogens. Accumulating literature indicate that innate and cell mediated immunity are important against several pathogens, such as Mycobacterium tuberculosis (Doherty and Andersen, 2005; Hoft, 2008), Candida albicans and S. aureus.

In this regard, adjuvant formulations stimulating T-cell-mediated immunity are certainly another important area of investigation for next generation vaccines. Traditionally, adjuvants have been used to increase antibodymediated responses. However, the important role of adjuvants in stimulating T-cell responses is also becoming clear. Recently, the role of Toll-like receptors as adjuvant targets is emerging as a promising area of investigation.

Usually, prior to clinical trials, most of the information available on protective efficacy of candidate vaccines is obtained in animal models and in *in vitro* studies. However, this approach has several limitations in predicting human immune response to vaccines. This is particularly true for those pathogens mentioned earlier for which correlate of protection in humans are unknown. Indeed, several failures in phase III clinical trials on HIV, malaria, and S. aureus have been recorded (Proctor, 2012; Shinefield et al., 2002; Spellberg and Daum, 2010, 2012). The possibility to use different high-throughput technologies (e.g. next generation sequencing) to monitor the host response to vaccination and disease as well as to interrogate T- and B-cell repertoires in a large collection of individuals will allow the discovery of signatures of protection in humans. By integrating as many biological measurements as possible, systems biology will provide a powerful tool to analyse and interpret host responses to vaccines in clinical trials.

The aim of this book is therefore to illustrate the impressive technological advance that is increasing the quality standards of vaccines and is paving the way to develop vaccines against diseases for which efficacious medical treatments are still lacking. The examples that we have used comprise very different diseases; we include not only infectious diseases, but also cancer. We believe that these will be the vaccines of the future, the 'vaccines for 2020'.

#### References

Andre, F.E., Booy, R., Bock, H.L., Clemens, J., Datta, S.K., John, T.J., Lee, B.W., Lolekha, S., Peltola, H., Ruff, T.A., et al. (2008). Vaccination greatly reduces disease,

- disability, death and inequity worldwide. Bull. World Health Organ. 86, 140–146.
- Bagnoli, F., Baudner, B., Mishra, R.P., Bartolini, E., Fiaschi, L., Mariotti, P., Nardi-Dei, V., Boucher, P., and Rappuoli, R. (2011). Designing the next generation of vaccines for global public health. OMICS 15, 545–566.
- Bagnoli, F., Bertholet, S., and Grandi, G. (2012). Inferring reasons for the failure of *Staphylococcus aureus* vaccines in clinical trials. Front. Cell. Infect. Microbiol. 2, 16.
- Bensi, G., Mora, M., Tuscano, G., Biagini, M., Chiarot, E., Bombaci, M., Capo, S., Falugi, F., Manetti, A.G., Donato, P., et al. (2012). Multi high-throughput approach for highly selective identification of vaccine candidates: the group a streptococcus case. Mol. Cell. Proteomics 11, M111.015693.
- Chang, M.H. (2003). Decreasing incidence of hepatocellular carcinoma among children following universal hepatitis B immunization. Liver Int. 23, 309–314.
- Doherty, T.M., and Andersen, P. (2005). Vaccines for tuberculosis: novel concepts and recent progress. Clin. Microbiol. Rev. 18, 687–702.
- Dormitzer, P.R., Ulmer, J.B., and Rappuoli, R. (2008). Structure-based antigen design: a strategy for next generation vaccines. Trends Biotechnol. 26, 659–667.
- Doro, F., Liberatori, S., Rodriguez-Ortega, M.J., Rinaudo, C.D., Rosini, R., Mora, M., Scarselli, M., Altindis, E., D'Aurizio, R., Stella, M., et al. (2009). Surfome analysis as a fast track to vaccine discovery: identification of a novel protective antigen for Group B Streptococcus hypervirulent strain COH1. Mol. Cell. Proteomics 8, 1728–1737.
- Dubensky, T.W. Jr., Skoble, J., Lauer, P., and Brockstedt, D.G. (2012). Killed but metabolically active vaccines. Curr. Opin. Biotechnol. 23, 917–923.
- Etz, H., Minh, D.B., Henics, T., Dryla, A., Winkler, B., Triska, C., Boyd, A.P., Sollner, J., Schmidt, W., von Ahsen, U., et al. (2002). Identification of in vivo expressed vaccine candidate antigens from Staphylococcus aureus. Proc. Natl. Acad. Sci. U.S.A. 99, 6573–6578.
- Fleishmann, J.A., Mor, V., and Laliberte, L.L. (1995). Longitudinal patterns of medical service use and costs among people with AIDS. Health Serv. Res. 30, 403–424.
- Grifantini, R., Bartolini, E., Muzzi, A., Draghi, M., Frigimelica, E., Berger, J., Ratti, G., Petracca, R., Galli, G., Agnusdei, M., et al. (2002). Previously unrecognized vaccine candidates against group B meningococcus identified by DNA microarrays. Nat. Biotechnol. 20, 914–921.
- Harper, D.M., Franco, E.L., Wheeler, C.M., Moscicki, A.B., Romanowski, B., Roteli-Martins, C.M., Jenkins, D., Schuind, A., Costa Clemens, S.A., and Dubin, G. (2006). Sustained efficacy up to 4.5 years of a bivalent L1 virus-like particle vaccine against human papillomavirus types 16 and 18: follow-up from a randomised control trial. Lancet 367, 1247–1255.
- He, Y., Rappuoli, R., De Groot, A.S., and Chen, R.T. (2010). Emerging vaccine informatics. J. Biomed. Biotechnol. 2010, 218590.

- Hoft, D.F. (2008). Tuberculosis vaccine development: goals, immunological design, and evaluation. Lancet 372, 164–175.
- Meinke, A., Henics, T., Hanner, M., Minh, D.B., and Nagy, E. (2005). Antigenome technology: a novel approach for the selection of bacterial vaccine candidate antigens. Vaccine 23, 2035–2041.
- Moriel, D.G., Bertoldi, I., Spagnuolo, A., Marchi, S., Rosini, R., Nesta, B., Pastorello, I., Corea, V.A., Torricelli, G., Cartocci, E., et al. (2010). Identification of protective and broadly conserved vaccine antigens from the genome of extraintestinal pathogenic Escherichia coli. Proc. Natl. Acad. Sci. U.S.A. 107, 9072–9077.
- Pizza, M., Scarlato, V., Masignani, V., Giuliani, M.M., Arico, B., Comanducci, M., Jennings, G.T., Baldi, L., Bartolini, E., Capecchi, B., et al. (2000). Identification of vaccine candidates against serogroup B meningococcus by whole-genome sequencing. Science 287, 1816–1820.
- Proctor, R.A. (2012). Is there a future for a *Staphylococcus* aureus vaccine? Vaccine 30, 2921–2927.
- Rappuoli, R. (2000). Reverse vaccinology. Curr. Opin. Microbiol. 3, 445–450.
- Rappuoli, R., and Aderem, A. (2011). A 2020 vision for vaccines against HIV, tuberculosis and malaria. Nature 473, 463–469.
- Rappuoli, R., Mandl, C.W., Black, S., and De Gregorio, E. (2011). Vaccines for the twenty-first century society. Nat. Rev. Immunol. 11, 865–872.
- Rinaudo, C.D., Telford, J.L., Rappuoli, R., and Seib, K.L. (2009). Vaccinology in the genome era. J. Clin. Invest. 119, 2515–2525.
- Rodriguez-Ortega, M.J., Norais, N., Bensi, G., Liberatori, S., Capo, S., Mora, M., Scarselli, M., Doro, F., Ferrari, G., Garaguso, I., et al. (2006). Characterization and identification of vaccine candidate proteins through analysis of the group A Streptococcus surface proteome. Nat. Biotechnol. 24, 191–197.
- Shinefield, H., Black, S., Fattom, A., Horwith, G., Rasgon, S., Ordonez, J., Yeoh, H., Law, D., Robbins, J.B., Schneerson, R., et al. (2002). Use of a Staphylococcus aureus conjugate vaccine in patients receiving hemodialysis. New Engl. J. Med. 346, 491–496.
- Spellberg, B., and Daum, R. (2010). A new view on development of a *Staphylococcus aureus* vaccine: insights from mice and men. Human Vaccin. 6, 857–859.
- Spellberg, B., and Daum, R. (2012). Development of a vaccine against *Staphylococcus aureus*. Semin. Immunopathol. 34, 335–348.
- Stranger-Jones, Y.K., Bae, T., and Schneewind, O. (2006). Vaccine assembly from surface proteins of Staphylococcus aureus. Proc. Natl. Acad. Sci. U.S.A. 103, 16942–16947.
- Vytvytska, O., Nagy, E., Bluggel, M., Meyer, H.E., Kurzbauer, R., Huber, L.A., and Klade, C.S. (2002). Identification of vaccine candidate antigens of *Staphylococcus aureus* by serological proteome analysis. Proteomics 2, 580–590.

# Index

1000 Genomes Project 34 16S rRNA 53, 65	Antigen-presenting cells (APC) 157, 161, 163–164, 166–168, 171–173, 220, 223, 229
<b>A</b>	Antigens (Salmonella) 387, 388, 392–396, 398–403 flagellin 388, 392, 394, 399, 400, 402
Acetic acid hydrolysis 399	O:2 393, 399
Acinetobacter baumannii 72	O:4,5 393, 399
Activation-induced cytidine deaminase (AID) 338	O:9 393, 399, 400
Acute lower respiratory infection 411	O-antigen 388, 392, 394, 395, 399, 401, 402
Adaptive immunity 219, 220	OmpC 393, 394, 401
ADCC 348	OmpD 393, 394, 401
Adenovirus 251, 256	OmpF 393, 394, 401
AdH5 291	SseB 394
Adjuvants 134, 191, 317, 321, 324, 402, 420	Vi 387, 388, 390, 392, 393, 396, 399, 400
Adoptive T-cell therapy 374–377	Animal model 413
chimeric antigen receptor (CAR) 374–377	Anti-retroviral therapy (ART) 335
Adults 388–390, 392, 399	Apical merozoite antigen 1 293
Africa 387–392, 394, 398–399, 400	see also AMA-1
Kenya 388	AS01 291
Malawi 394	AS02 290
AIDS vaccine 335	AS04 290
Alignment 36	Asia 388–389, 398
αβT-cells 223, 224, 239	China 388, 396, 399
Alpha toxin 432–434	India 396, 399
AltaStaph 430, 439	Pakistan 399
Aluminum salts 191	Philippines 399
ALVAC-HIV/AIDSVAX gp120 B/E vaccine 348	Vietnam 399
Alveolitis 414	ASO3 191
AMA-1 293, 279	Assembly 37, 47
Animal models 280	Asthma 411
Antibiotic resistance 69, 70	D
Antibiotics 388, 391	В
Antibodies 220, 222, 239, 391–394, 396, 398–401	B16F10 265
affinity maturation 398	Bacillus Calmette-Guerín see BCG
class switching 395, 398	Bacteraemia 388, 389, 393, 398
IgA 393, 394	BAM format 41
IgG 392–394, 396	Basophil 223
IgG2a 394	B-cells 220, 222, 223, 226, 336, 393–395, 398, 401
IgM 393	B-cell germinal centres 337
monoclonal antibodies 392, 394	B-cell memory 133
mucosal antibodies 393, 398	B-cell receptor (BCR) 17, 335
Antigen–antibody complex 103–119, 122, 124–126	BCG 251, 256, 258, 306–312
Antigen baiting 142	BEAST analysis 70
Antigen binding region 43	β-chemokines 337
Antigen design 103, 105, 113–114, 116, 120, 122,	Bexsero 4
125–126	Bill and Melinda Gates Foundation 397

BLAST 36	ChID soc 15 25 51 52
	ChMi 294 295 297
Blood culture 388, 389	CHMI 284, 286, 287
Blood stage challenge 285	Chronic corrigge 389 393
Blood stage vaccines 293	Chronic carriage 389, 393
BnAbs 344–350 Boosting 397	Circumsporozoite protein 281
	see also CS Circumanaragaita protain, 200
Bordetella pertussis 227, 228, 236, 237	Circumsporozoite protein 290
Bovine RSV 414	Class II III A 227
Broadly poutralizing antibodies 335	Class II HLA 337
Broadly neutralizing antibodies 335 Bronchiolitis 411–412	Clinical presentation 387 388
BRSV 414–415	Clinical presentation 387, 388 Clinical trials 395, 399, 400
BW transform 36	Clostridium difficile 65, 66, 70
DV (talision) 50	Clumping factor A (ClfA) 428–429
C	Clustering 53
C57/B6 265	CMV vaccine 341
C type lectin receptors CLR 188–189	Coalition against Typhoid (CaT) 397, 403
Cancer immunotherapy 359–377	Cold chain 396
Cancer Immunotherapy Consortium (CIMT) 267	Colonization 437–438
Cancer mutations 263-264	Comparative genomics 12, 65–74
discovery 263	Complement 392, 393
non-synonymous 266	Controlled human malaria infection 284
selection 266	see also CHMI
Cancer vaccines 360–370	Correlate of protection 415
antigenic 362–363, 366–367	Cost of goods 397
see also peptide under Cancer vaccines	Cotton rats 413–414, 418
anti-idiotype 362–363, 369	CP5-CRM197 428-429
dendritic cell 361–365	CP5-Epa 426-427
DNA 362-363, 367-368	CP8-CRM197 428-429
exosomes 365	CP8-EPA 426-427
heat shock proteins 366	CpG ODN 198
peptide 362–363, 366–367	Cre-Lox recombination 18
tumor cell 360–363	Cross-protection 395, 396
viral 362-363, 368-369	Cross-reactivity 401
Candida albicans 229	Cryo-EM 111–113, 117
Carrier proteins 398, 399, 400	Cryopreserved sporozoites 285
CRM <sub>197</sub> 398, 399	CS 281, 286
Pseudomonas aeruginosa recombinant exoprotein A	Csa1A 430
(rEPA) 399	CSP 290
tetanus toxoid 398, 399	see also CS
Case fatality 388, 396	CXCR5 338
CD107a 340	Cytokines 392
CD14 402	IFNγ 391, 393, 398
CD4 T-cell 222, 224, 226, 236, 311, 313–314, 325,	IL-12 393
335–339, 348	IL-18 393
T <sub>CM</sub> 311, 325	TNFa 393
T <sub>EM</sub> 311, 325	Cytotoxic lymphocyte 229
Th1 313	D
Th17 313-314 CD9 T cell 222 224 226 220 221 229 214	_
CD8 T-cell 222–224, 226, 230, 231, 238, 314	De Bruijn graph 38
CD8 T cytolytic 337, 338 cDNA 13	Deep sequencing 7
Cellular immunity 219, 220, 235, 420	Dendritic cells 157, 220, 223, 226, 230, 235 see also Dermal dendritic cells
Cellular phenotype and function 144	Dermal dendritic cells (dDC) 157–176
Cellular screens 139	Dermis 158, 159, 161, 162, 165–167, 169–172
Clonal expansion 134	Diabetes 305
CH63 342	Diagnosis 388
Challenge (with Salmonella) 392, 399–401	Diarrheagenic E. coli 67, 68, 70
Challenges for next decade 208	Dideoxy chain termination method 6
Chemokines 160, 161, 163, 165	DNA 3, 337, 349
Children 395, 396, 399	DNA methylation 14

DNA sequencing 3	Global burden 388
DNA vaccine 251, 254, 257, 258	Global health 387, 402
Driver mutation 264	Gene prediction 39
Drug-resistant TB 306, 326	Genes 390, 391, 400–403
MDR-TB 306	aroC 400
XDR-TB 306	aroD 400
	clpP 400
E	gna33 401
EAEC 71, 72, 73	guaBA 400
EBA-175 293	htrA 400
EBV transformation 141	htrB 402
ECGC 263	msbB 402
Effectiveness 394, 398, 400, 403	PhoP/PhoQ 400
Effector functions 137	ssaV 400
Efficacy 387, 392, 395–397, 399	tolR 401
Efficacy endpoint 285	Genetic diversity 388
EHEC 71,72	Genetically attenuated parasites 292
	see also GAPs
Electron microscopy 103–104, 111–112	Genome 387, 398, 400, 401, 403
ELISPOT assay 140, 252 EM 54	Genome-wide association studies (GWAS) 12
Emulsions 191	Genomic viewer 40–41
Enhanced respiratory disease 412	Genomics 10, 12, 133
Enteric fever 387–390, 393, 396–399, 402	Gd T-cell 222, 223, 231–233, 238, 239
Environmental mycobacteria 308–310	GLURP 279, 293
Eosinophil 223	Glutamate-rich protein 293
EPI 287	gp120 349
Epidemiological 387, 391, 392, 398, 403	gp120 CD4 binding site 345
Epidemiology 70	Granuloma 312
Epidermal immunization 169, 175	Н
Epidermis 157–176	
Epigenomics 10, 14	Haemophilus influenzae B 398
Epitope mapping 103–111, 113–126	Hair follicle 160, 169–172, 176
Epitopes 44–46, 419	Haitian cholera outbreak 69
ERD 412–416, 418, 420	HapMap 34
Erythrocyte-binding antigen-175 293	Hash table 36
Erythrocytic-stage antibody mediated immunity 282	HCV 35
Erythrocytic-stage T-cell immunity 283	H/DX-MS 108–109, 117
Escherichia coli 65–68, 221, 233	Helicobacter 229
ETEC 66,71,72	Heterogeneity in malaria exposure 289
Expanded Programme on Immunizations	Hidden Markov model see HMM
(EPI) 397–399	High-income countries 387, 397, 399
Expectation Maximization see EM	High-throughput sequencing 142
Extracellular 388, 391, 393	HIV 149, 305–306, 389, 390, 392, 398, 400
F	HIV-1 335–352
	HIV vaccine 334, 349
FhuD2 429-430	HLA 34, 278
Field evaluation of malaria vaccine 288	HMM 39
First-generation sequencing (FGS) 8	HMP 34
FI-RSV 412–413, 418	Human adenovirus 291
FM index 36	see also AdH5
Formalin-inactivated 412	Human Genome Project (HGP) 6
Food and Drug Administration (FDA) 267	Humanized mice 283
Fragment-display 106–107, 110, 117	Humoral immunity 219, 220, 227
Fusion protein 411, 418	Hybridoma technology 141
C	Hyporesponsiveness 396
G	1
Gall bladder 388, 390	1
GAPs 292	ICOS 337
Gastroenteritis 387, 391	ICTV 41
GAVI Alliance 397	IEDB Immune Epitope database 267
GBS 116-119	Ig 42

Ig-seq 17	Limited values of animal work 208
IMG 41	Lipopeptides 251
Imiquimod 194	Lipopolysaccharide (LPS) 388, 392, 394, 399, 401, 402
Immune checkpoint blockade 370–374	Live attenuated 412, 416
CTLA-4 370–372	Long lived plasma cell 136
PD-1 371–374	Low-income countries 387, 388, 397, 399
Immune recognition 265	Lujo virus 34
Immune system 219, 220	Lymphoid tissue inducer cells (iLT) 222
Immunity 387, 388, 390–403	B.6
acquired immunity 387, 391	М
cellular immunity 391–393, 396, 398–400	Macrophage 223, 225, 226, 239
humoral immunity 391–393	Major histocompatibility complex 223, 224, 226, 230,
herd immunity 397, 398	231
innate immunity 391, 394, 402	Malaria 273, 389, 391
mucosal immunity 400, 402	Malaria control approaches 274
pan-specific immunity 395	Malaria life cycle 276
systemic immunity 400	Malaria parasites 274
Immunity to erythrocytic stages 278	Malaria vaccine development 289
Immunity to sexual stages 279	Manufacturers 397, 403
Immunodeficiency 391	Mapping 35–36
chronic granulomatous disease 391	Markov model 39
common variable immunodeficiency (CVID) 391	Mass spectrometry 103, 107–109
Immunogenicity 395, 399, 400, 402	Massive parallel sequencing 7
Immunogenicity testing 265	Maternal immunization 415–417
Immunoglobulin see Ig	Maximum likelihood 41
Immunological memory 133	Mechanism 391, 392, 394
Immunome 16	Membrane proximal external region (MPER) 345
Immunomodulatory 394	Memory 395, 396, 398
Immunotherapy, cancer 359–377	MenB 119-121
Incidence 389, 390, 392, 398	Meningitis 388
Infants 395, 396, 398	Meningococcus 398, 399, 401
Infection under treatment vaccination 292	Merozoite surface protein 1 293
see also ITV	see also MSP-1
Influenza virus 147	Merozoite surface protein 2 293
Innate immunity 187, 219, 220	see also MSP-2
Innate like-lymphocyte 222, 231, 238	Merozoite surface protein 3 293
Innovation 387, 394, 399, 401, 403	see also MSP-3
Interferon-γ 222, 225, 226, 231–233	Merozoites 276–278
Interleukin-10 (IL-10) 229	Meta-analysis 395
Interleukin-17 (IL-17) 222, 227, 232, 234, 239	Metagenomic analysis 19
Interleukin-22 (IL-22) 222, 229, 239	Metagenomics 10, 52
International Conference on Harmonization (ICH) 267	MetaHIT 34
Intracellular 388, 390, 391, 393, 394, 398, 403	Methicillin-resistant Staphylococcus aureus (MRSA) 237
Intradermal 166–167, 169, 172, 174–176	ME-TRAP 277, 291
iNTS disease 387–394, 396–402	MF59 191
Invasive non-typhoidal Salmonella 70	MHC 44-45
In vitro transcribed (IVT) RNA 267	MHC tetramers 146
Irradiated sporozoites 280	Microbiome 12
IsdB 427, 428	Middle-income countries 396
ITV 292	MIP-1β 340
K	miRNA 13, 48–49
	MLEE 65
Killer inhibitory receptor (KIR) 344	MLST 65
Klebsiella pneumoniae 65, 66, 69, 227, 229	MLVA 65
KPC 69	MntC 429
Kynureninase (KYNU) 346	Modified Vaccinia virus Ankara see MVA
L	Molecular 72
	Monoclonal antibodies 140
Langerhans cells (LC) 157–175	Monocyte 223
Lessons learned from TLR agonists 203	Mouse 391, 392, 394, 399–401
Licensed 387, 394–396	MRSA 65, 66, 69

MSP-1 293, 279, 283	Pathogen recognition receptors (PRR) 220, 229
MSP-2 293	Pattern recognition receptors (PRR) 188
MSP-3 279, 293	PCR 285
Mucosa 392	PD1 338
Multiparametric flow cytometry 146	Peptide stimulation 145
Multiple TLR activation 205	Personalized cancer immunotherapy 263
Murine model 280, 283	Personalized medicine 263
Mutagenesis 396, 400, 402	Personalized vaccines 267
Mutanome 263	PfEMP-1 278
Mutanome vaccines 264	PFGE 69
Mutation 391, 400, 401, 403	Pfs230 294
MVA 251, 255, 257, 258, 291, 337, 342	Pfs25 294
Mycobacterium tuberculosis 231, 234	Pfs28 294
,	Pfs45/48 294
N	Phagocytes 388, 391, 392
NANP 290	macrophages 388, 390, 391, 393, 394, 400
National Institutes of Health (NIH), US 399	neutrophils 391, 393
Native outer membrane vesicles (NOMV) 401	Phylogeny 41,66
Natural killer T-cells (NKT-cells) 222, 223, 234, 235,	piRNAs 13
238, 239	Plasma cell 133
NDV-3 426	Plasmablasts 18, 136
see also rAls3p-N	Plasmacytoid dendritic cells (PDC) 343
Needle-free 169	Plasmodium falciparum 274
	Plasmodium knowlesi 274
Neisseria meningitidis 4	Plasmodium malariae 274
Neo-antigen 264	
Neutrophil 223, 225, 227, 239	Plasmodium ovale 274
Next-generation sequencing see NGS	Plasmodium vivax 274
NGS 7,41,263	Preumococcus 398, 399
clinical grade 266	Pneumovirus 411
exome analyses 266	Poisson model 50
non-synonymous 266	Polymorphism 391
NK cells 391	Poly-N-acetylglucosamine (PNAG) 434, 436–437
NMR 103–104, 110–112, 117, 120	Polysaccharide 387, 388, 390, 392, 393, 396–399
NOD like receptors NLR 188–189	Population 387–389, 397
Non TLR adjuvants 191	Post-fusion 419
Non-coding regulatory elements (ncRNAs) 13	Post-licensure surveillance 19
Non-human primate malaria models 283	Pre-erythrocytic immunity 277
NYVAC 349	Pre-erythrocytic malaria vaccine 289
0	Pre-erythrocytic vaccines 277, 286
	Pre-tusion 418–419
O104:H4 65, 66, 71	Primary malaria endpoints 287
O157:H7 65, 66, 71, 72	Primer-/ bead barcoding 18
O55:H7 72	Prophage 54
Opsonization 220, 392	Protection 390–392, 394, 396, 398, 400, 401, 403
OUT 53	Protective immunity 133
Outbreak 66, 67	Protein A 435–436
Out-bred mice 283	Proteins 388, 392–402
Outer membrane vesicles (OMV) 5	outer membrane proteins 392, 394, 400–402
Overlap extension PCR 18	porins 394, 401, 402
Overlap-layout consensus 37	purified proteins 395, 397, 400, 402
Oxidative burst 391, 393	recombinant proteins 395, 397, 400, 401
В	Pseudomonas aeruginosa 221
P	Public health 387
P52 292	0
Pagibaximab 431, 438	Q
Palivizumab 412, 420	Quasispecies 54
Panton-Valentine leukocidin 434-436	D
Paratyphoid 399	R
Passive transfer 391, 392	Radiation attenuated sporozoites 292
Pathogen-associated molecular patterns (PAMPs) 188,	see also RAS
22.0	RAS 292

rAls3p-N 426	siRNAs 13
see also NDV-3	Skin 157–176
RD1 316	Skin resident T cells (TRM) 165, 169
Reactogenicity 395, 402	SLC11A 391
Receptor repertoire 133	snoRNAs 13
REP-PCR 65	SNP phylogeny 66, 67
Resiquimod 196	SNP typing 68
Respiratory syncytial virus 411	snRNAs 13
Reverse vaccinology 4, 401	Somatic hypermutation (SHIM) 42–43, 337
Ribo-seq 14	Somatic mutation 42
RIG-I like receptors RLR 188–189	spa typing 69
RNA 13,417	SPf66 289
RNA-seq 13, 35, 46	Splice junction 47
RPKM 51	Sporozoites 276
rRNAs 13	ST239 69
RSV 411-421	Staphylococcus aureus 18, 221, 222, 228, 237, 238,
RSV F 412-420	425-440
RSV G 420	StaphVAX 426–427
RTS,S 277, 290	Statistical confidence 265
RTS,S development 290	STEBVax 426, 428
AS01 291	Streptococcus pneumoniae 232, 234–236
AS02 290	Structural 418–419
AS04 290	Structural genomics 15
RV144 335–336, 348	Structural vaccinology 103–106, 116, 118–119, 123 125, 128
S	Structure-based detoxification 121–123
Safety 399, 400	Subunit vaccine approach 293
Safety considerations of TLR agonists 208	Suffix tree 36
Salmonella vaccines 387–403	Synthetic biology 18
Generalized modules for membrane antigens	Synthetic libraries 105–106, 117
(GMMA) 393, 395, 397, 401–403	Synthetic seed 19
glycoconjugate 392, 394–403	Synthetic virus 19
inactivated whole cell 394, 395, 397, 400	Systems biology 16
live-attenuated 387, 393–397, 400, 403	Systems vaccinology 17
subunit 396, 398–401	Systems vaccinology 17
Ty21a 387, 390, 395–397, 400	T
Vi capsular polysaccharide vaccine (Vi CPS) 387,	T helper 1 cell (Th1) 225, 226, 228, 236–238
390, 395–398, 400	T helper 17 cell (Th17) 225, 227, 228, 236–238
SAM vaccine 417	T helper 2 cell (Th2) 225–227
SAP1 292	T helper 22 cell (Th22) 225, 229
Scaffolded antigen 420	T regulatory cell (Treg) 225, 229, 230, 337
Second-generation systems (SGS) 7	TBV 293
SERA-5 293	T-cell memory 133
Serine repeat antigen 5 293	T-cell receptor see TCR
see also SERA-5	T-cells 220, 221, 222, 224, 238, 223, 232, 336, 388,
Serovars (of Salmonella enterica) 387, 388, 392–394, 396,	391–396, 398–402
398–401	CD4+ T-cells 392–394
Dublin 388	CD4+ T-cells 393
Enteritidis 397, 389, 390, 393, 398, 399, 400	γδT cells 391
Paratyphi A 387–389, 393, 394, 396, 398, 399	NKT cells 391
Paratyphi B 395, 396	Th17 cells 393
Paratyphi C 388	TCGA (The Cancer Genome Atlas) 263
Typhi 387–390, 392–401	TCR 17,42
Typhimurium 387, 389, 390, 392–394, 398–401	T-dependent 395, 398, 399
Shigella 67, 68	Tefibazumab 431, 439
Shigella sonnei 68	
Simian immunodeficiency virus (SIV) 392	Teleporting life 18 T followler helper (Tth) 337
· · · · · · · · · · · · · · · · · · ·	T-follicular helper (Tfh) 337
Single cell expression cloning 140 Single nucleotide polymorphisms (SNPs) 12, 65, 66,	Th1 337
	Th17 337 Th2 337 413
69, 70 Single purchastide variations (SNW) 27, 264	Th2 337, 413 Third congration systems (TCS) 7
Single nucleotide variations (SNV) 37, 264	Third-generation systems (TGS) 7

Up-regulated infectious sporozoite gene-3 292	Third heavy chain complementarity-determining region
see also UIS3	(HCDR3s) 345
Up-regulated infectious sporozoite gene-4 292 see also UIS4	Third variable (V3) loop 345
see also 0134	Ihrombospondin-related adhesion protein 281
V	see also TRAP
Vaccination see Vaccines	Γ-independent 396, 398
	FLR agonists against tuberculosis 202
Vaccine companies 396	FLR agonists against tuberculosis 202
Bharat Biotech 396, 399	ΓLR agonists direct and indirect 205
BioMed 396, 399	ΓLR agonists in HIV 199
Emergent Biosolutions 400	FLR agonists in malaria 201
Lanzhou Institute 396, 399	ΓLR based adjuvants 192
Shantha Biotech 396	ΓLR cross talk 206
Vaccine coverage 393, 395, 398–400	ΓLR2 192
Vaccine design 390, 394, 396, 397, 399	ΓLR3-4 193
Vaccine institutes 396, 403	ΓLR4 402
Center for Vaccine Development (CVD) 396, 400	ΓLR5 394, 402
International Vaccines Institute (IVI) 396, 399	ΓLR5,7 194
Novartis Vaccines Institute for Global Health	ΓLR7/8 196
(NVGH) 396, 399, 401	ΓLR8 197
Sabin Vaccine Institute 397	ΓLR9 198
Vaccines 133, 220, 221, 235, 237, 238, 412–421	ΓLRs in non-immune cells 206
anti-tumor see Cancer vaccines	ΓMM 51
Vaccinomics 17	Гn21-like element 70
Variants calling 37	Γn6192 70
VDJ recombination 42, 134	Tolerability 399, 400
Vectored 417	Toll-like receptor (TLR) 162, 163, 173, 175, 189–206
Veronate 430–431, 439	Toll-like receptor agonists 420
Vibro cholerae 66, 69	Гol-Pal system 401, 402
Viral pathogen 105–106, 116, 123, 125	Transcriptome 46
Viral vectors 317, 321, 322–323	Transcriptomics 10, 13
adenovirus 321, 323	Transgenic parasites 283
fowl pox (FP) 317–318	Transmission 387, 388, 391, 397, 398, 400
modified vaccinia ankara (MVA) 317	Transmission blocking vaccines 293
Virulence 388, 391	see also TBV
Virus-like particle (VLP) 173, 172, 175, 192	Transmitted/founder $(T/F)$ viron 336
VLPs with peptides 251, 254	ΓRAP 281, 282, 286
I I was a series of the series	Treatment 412
W	RNAs 13
WHO 392, 396, 397	Tumour immunotherapy 359–377
Whole genome alignment 68–71	Typhoid 388–390, 392, 394, 396, 398, 399, 401
Whole-genome sequencing (WGS) 12	Гу VLPs 251, 254, 257
	19 113 231, 231, 237
whole shotgan sequencing o	IJ
X	
22 m, 0.70mmography 100 101, 107 111, 117, 120	
Whole-shotgun sequencing 6	UIS3 292 UIS4 292