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SARS-CoV spike protein-expressing recombinant vaccinia virus efficiently induces neutralizing antibodies in rabbits pre-immunized with vaccinia virus

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Abstract

A vaccine for severe acute respiratory syndrome (SARS) is being intensively pursued against its re-emergence. We generated a SARS coronavirus (SARS-CoV) spike protein-expressing recombinant vaccinia virus (RVV-S) using highly attenuated strain LC16m8. Intradermal administration of RVV-S into rabbits induced neutralizing (NT) antibodies against SARS-CoV 1 week after administration and the NT titer reached 1:1000 after boost immunization with RVV-S. Significantly, NT antibodies against SARS-CoV were induced by administration of RVV-S to rabbits that had been pre-immunized with LC16m8. RVV-S can induce NT antibodies against SARS-CoV despite the presence of NT antibodies against VV. These results suggest that RVV-S may be a powerful SARS vaccine, including in patients previously immunized with the smallpox vaccine.

Keywords: SARS coronavirus; Recombinant vaccinia virus; LC16m8

1. Introduction

In November 2002, an influenza-like acute pneumonia designated as severe acute respiratory syndrome (SARS) by the World Health Organization, first emerged in China and spread to 29 countries within a few months. By July 2003, 8098 probable cases with 774 deaths were reported (www.cdc.gov/mmwr/mguide_sars.html). The etiologic agent of SARS was identified as a novel type of coronavirus (CoV) that was genetically distinct from previously characterized members of the Coronaviridae family [1–3]. Like other coronaviruses, SARS-CoV is a positive stranded RNA virus with an approximately 30 kb genome encoding non-structural proteins as well as structural proteins, including spike, envelope, membrane and nucleocapsid. Spike protein is a type I transmembrane glycoprotein that mediates binding to the host cell receptor using an amino-terminal S1

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domain and membrane fusion using a carboxyl-terminal S2 domain [4]. Angiotensin-converting enzyme 2 (ACE2) binds to the S1 domain of SARS-CoV spike protein and functions as a receptor for SARS-CoV [5]. CoV spike protein is a major target of protective immunity [6], and neutralizing (NT) antibodies and cytotoxic T lymphocytes against SARS-CoV spike protein have been detected in SARS patients [7,8]. These findings indicate that SARS-CoV spike protein is an appropriate target for vaccines and therapy.

The SARS epidemic broke in May 2003. However, several cases of SARS were reported in China in 2004. Although the civet cat and bats are suspected to be the natural hosts of SARS-CoV, the reservoir of SARS-CoV has yet to be identified [9–11]. In addition, the precise mechanism underlying the development of SARS is not clear and the therapeutic guidelines for SARS have not been established. It has been reported that prophylactic and therapeutic treatment with pegylated IFN-α reduces viral replication and excretion in SARS-CoV infected macaques [12]. Although pegylated IFN-α may eventually become a good therapeutic agent for SARS after infection, it cannot provide long-term protection when used as a prophylactic agent. Therefore, the development of a SARS vaccine is imperative. Several groups have reported a number of SARS vaccine candidates, including inactivated SARS-CoV vaccines [13,14], DNA vaccines [15,16] and recombinant viral vaccines [17–19] expressing one or more SARS-CoV structural proteins. Recombinant live viral vaccines can generally induce strong and long-term immunity, similar to an attenuated live vaccine, and can be abundantly manufactured in a short period of time. More importantly, a safe vaccine can be developed using an attenuated strain that has already been proven safe.

Vaccinia virus (VV) is a double stranded DNA virus with an approximately180 kb genome, and attenuated strains have been used as the smallpox vaccine. A long DNA fragment is able to be inserted into the VV genome by homologous recombination without damaging viral integrity, as the VV genome is large and contains genes non-essential for viral replication. In fact, recombinant VV can express various proteins encoded by the transduced gene, including the glycosylated proteins of pathogens, some of which have been evaluated as candidates for prophylactic and therapeutic vaccines [20]. Lister is the attenuated VV strain that was used in the worldwide smallpox eradication program. However, additional attenuated strains were generated from Lister due to its side effects, which included erythema, fever and encephalitis. LC16m8 was isolated from Lister via the intermediate strains, LC16 and LC16mO, by multiple plaque purification in primary rabbit kidney cells. LC16m8 is characterized by temperature sensitivity and the formation of small pocks [21]. No serious side effects were observed among the over 100,000 people who were immunized with LC16m8, while the immunogenicity of LC16m8 is similar to that of Lister [22]. Therefore, LC16m8 was authorized as the vaccine against smallpox by the Japanese Ministry of Health and Welfare in 1975.

Recombinant VV expresses proteins encoded by transduced genes under the control of its own promoters. Highly efficient hybrid promoters have been developed and are composed of poxvirus A-type inclusion body (ATI) late promoter and tandem repeats of mutated 7.5 kDa protein (p7.5) early promoter [23]. The protein expressed under the control of the ATI/p7.5 hybrid promoter strongly induces both humoral and cellular immunity [24]. In the present study, we generated a recombinant VV expressing SARS-CoV spike protein (RVV-S) under the control of the ATI/p7.5 hybrid promoter, using LC16m8, and examined whether RVV-S could be used as a SARS vaccine.

2. Materials and methods

2.1. Viruses and cells

SARS-CoV (Vietnam/NB-04/2003 strain), which was isolated from nasal and throat swabs from 1 patient in Hanoi, has been previously described [25]. LC16m8 and LC16mO were kindly provided by the Chemo-Sero-Therapeutic Research Institute (Kumamoto, Japan). The RK13 cell line (ATCC: CCL-37) and VERO E6 cell line (ATCC: CRL-1586) were cultured in MEM (Nissui Pharmaceutical Co. Ltd., Tokyo, Japan) containing 5% fetal bovine serum.

2.2. Generation of recombinant vaccinia virus

The pSFJ1-10 vector contains the ATI/p7.5 hybrid promoter within the hemagglutinin (HA) gene region of VV [23]. Full length cDNA encoding the SARS-CoV spike protein gene was cloned from SARS-CoV viral RNA by RT-PCR, and then inserted downstream of the ATI/p7.5 hybrid promoter of pSFJ1-10; final designation: pSFJ1-10-SARS-S. pSFJ1-10-SARS-S was then transfected into RK13 cells that had been infected with LC16m8 at a multiplicity of infection (moi) of 10 plaque forming units (PFU)/cell. At 24 h after transfection, the virus was harvested. HA negative plaques were cloned as described previously [26]. Briefly, the harvested virus was re-infected into RK13 cells. At 96 h after infection, cells were washed with PBS (+) twice, and then incubated with chicken erythrocytes for 30 min at 30 °C. Following washing again with PBS (+), white plaques were isolated. Isolated viruses were cloned by three serial rounds of plaque purification using erythrocyte agglutination and then propagated in RK13 cells. Insertion of the SARS-CoV spike protein gene into LC16m8 genome was confirmed by direct PCR and expression was detected by Western blotting. The viral titer of RVV-S was determined using the standard plaque assay.

2.3. Western blotting

RK13 cells were infected with RVV-S or LC16m8 at moi 10. After 24 h infection, cells were lysed with RIPA