

## Experimental preparation of Killed-Rotavirus vaccine and evaluation of immune potential compared to a current available Rotavirus vaccine

#### **A Thesis**

Submitted in Partial Fulfillment of the Requirements for the

#### Master degree

In Pharmaceutical Sciences (Microbiology and Immunology)

By

#### **Ayaa Said Mahmoud Mohammed Hashim**

Bachelor of Pharmaceutical sciences, 2011 Master student, Microbiology and Immunology Department Faculty of Pharmacy, Ain Shams University

2016



# Experimental preparation of Killed-Rotavirus vaccine and evaluation of immune potential compared to a current available Rotavirus vaccine

#### **A Thesis**

Submitted in Partial Fulfillment of the Requirements for the

# Master degree In Pharmaceutical Sciences (Microbiology and Immunology)

By

#### **Ayaa Said Mahmoud Mohammed Hashim**

Master student, Microbiology and Immunology Department Faculty of Pharmacy, Ain Shams University

Under Supervision of

#### Dr. Khaled Mohamed Anwar Aboshanab, Ph.D

Assistant Professor of Microbiology and Immunology, Faculty of Pharmacy, Ain-Shams University

#### Dr. Aly Fahmy Mohamed El-Sayed, PhD

Head of R & D Sector at Egyptian Organization for production of Vaccines, Sera and Drugs (VACSERA Holding Company), Giza, Egypt

## Acknowledgments

I would like to express my deepest thanks to my supervisor **Dr. Khaled Mohammed Aboshanab**, Assistant Professor of microbiology and immunology, Faculty of Pharmacy, Ain Shams University, for his effort in supervising this work. Thanks, for his role in revising the thesis, as well as the publication manuscript.

Great thanks for **Dr. Aly Fahmy El-Sayed**, Head of Research and Development Sector at Egyptian Organization for production of Vaccines, Sera and Drugs (VACSERA Holding Company), for his valuable scientific advice and support in solving the practical problems in virus cultivation, vaccine production and evaluation.

The author thanks **Dr. Hanan El-Mohammady, Dr. Rania Abdel-Khalek** and **Dr. Mireille Kamel** at the Naval Medical Research Unit-3 (NAMRU-3) for solving the problems in Rotavirus-strains identification and genotyping. Besides, thanks for workers in Arbovirus unit, NAMRU-3 for providing the Vero-cell line.

Thanks for VACSERA department heads for opening their laboratories for the vaccine production/ evaluation and providing MA-104 and Caco-2 cells.

Finally, thanks and appreciation are for my family members for their continuous support and encouragement to continue and bypass any obstacles.

Ayaa S. M. Hashim

# **Table of Contents**

Acknowledgments	•••••
Table of Contents	I
List of Abbreviations	IV
List of Figures	VII
List of Tables	VIII
Abstract	1
Introduction	3
1. Literature Review	6
1.1. Rotavirus (RV) structure	6
1.2. RV classification.	10
1.3. RV Pathogenesis and diarrheal-illness	11
1.4. RV Diagnostic Techniques	20
1.5. Prevalence of RVGE	22
1.5.1. RVGE prevalence worldwide	22
1.5.2. RVGE prevalence in Egypt	25
1.6. Prevalence of RV strains	26
1.6.1 RV strains distribution Worldwide	26
1.6.2. Distribution of RV strains in Egypt	31
1.7. RVI treatment	34
1.8. RV Vaccination	35
1.8.1. Attenuated RV vaccines	35
1.8.2. Inactivated Rotavirus vaccination approach	43
2. Materials and Methods	45
1. Materials	45

1.1. Clinical specimen	45
1.2. Viral strains:	45
1.3. Cell lines and media	45
1.4. Chemical	46
1.5. Buffers and solutions	46
1.6. Primers	46
1.7. Kits	46
1.8. Supplements	46
2. Methods	47
2.1. RV molecular screening	47
2.1.1. Collection of stool samples	47
2.1.2. Preparation of stool samples	47
2.1.3. RNA Extraction	47
2.1.4. Identification and genotyping of RV strains	48
2.1.5. Agarose gel electrophoresis and bands visualization	52
2.2. Cell-lysate bulk production	52
2.2.1. The cell-line selection	52
2.2.2. The sub-culturing and maintenance of cell lines	53
2.2.3. RV strains selection for the designed vaccine trial	53
2.2.4. The cells preparation for virus isolation and propagation.	54
2.2.5. RV vaccine-stains isolation on MA-104 and Caco-2 cells	54
2.2.6. RV isolates propagation on Vero cells	55
2.2.7. Rotavirus antigens pool formation	56
2.3. Killed-RV vaccine formulation	56

MSc Thesis 2016 Page II

## **Table of Contents**

2.4. Vaccine evaluation	57
2.4.1. Pre-Inactivation vaccine confirmatory tests	57
2.4.2. Post-Inactivation confirmatory tests	57
2.5. Mice immunization	57
2.5.1. Mice groups	57
2.5.2. The regimen of mice immunization and bleeding	58
2.5.3. The serum preparation and evaluation	59
2.5.4. Antibodies detection	60
2.5.5. Immunogenicity evaluation	61
3. Results	62
4. Discussion	73
5. Summary	82
References	85
الملخص العربي	

## List of Abbreviations

**Ag-Ab:** Antigen - Antibody complex.

**Alum:** Aluminum hydroxide gel.

**bp:** base pair.

**BSA:** Bovine serum albumin.

Caco-2: Human colonic adenocarcinoma.

**CPE:** Cytopathogenic effect.

**DMEM:** Dulbecco's Modified Eagle's medium with 4.5 g/l glucose and

glutamate.

**DLP:** Double-layered particle.

**ds-RNA:** Double-stranded RNA molecule.

**EDTA:** Ethylene-diamine tetra-acetic acid.

**ELISA:** Enzyme-linked immunosorbent assay.

**EM:** Electron Microscopy.

**G protein:** Signify VP7 referring for being a glycoprotein.

**HCl:** Hydrochloric acid.

**hr:** hour.

**HRP:** Horseradish peroxidase enzyme.

**IEM:** Immune Electron Microscopy.

**IgG:** Immunoglobulin G (Gamma Globulin).

MSc Thesis 2016 Page IV

**IRVV:** Inactivated Rotavirus Vaccine.

L3: Monooleate/Lauric acid.

**MA104 cells:** Monkey kidney epithelial cells.

**EMEM:** Eagle minimum essential medium.

**MPL:** Monophosphoryl lipid A from *Salmonella minnesota*.

**NAMRU-3:** Naval Medical Research Unit-3, Egypt.

**nm:** Nanometer.

**NSP:** Non-Structural Protein.

**OD:** Optical density.

**P protein:** Signify VP4 protein referring to the protease-sensitivity.

**PAGE:** Polyacrylamide gel electrophoresis.

**PPAT:** Passive particle agglutination test.

**PBS:** Phosphate buffered saline solution.

**PCR:** Polymerase chain reaction

**PFU:** Plaque forming unit.

**RPMI:** Roswell Park Memorial Institute medium.

**RRV-TV:** Rhesus reassortant Rotavirus- tetravalent vaccine.

**RT-PCR:** Reverse transcription – PCR.

**RV:** Rotavirus.

**RVGE:** Rotavirus Gastroenteritis.

**RVI:** Rotavirus infection.

MSc Thesis 2016 Page V

#### **List of Abbreviations**

**TLP:** Triple-layered particle.

**TMB:** 3,3′,5,5′-Tetramethylbenzidine liquid Substrate.

VACSERA: The Egyptian Holding Company for production of vaccines, sera

and drugs.

**Vero:** African green monkey kidney.

**VLPs:** Virus-like particles.

**VP:** Viral protein.

**VRBPAC:** Vaccines and Related Biological Products Advisory

Committee.

**WHO:** World Health Organization.

MSc Thesis 2016 Page VI

# **List of Figures**

<b>Figure 1:</b> Schematic diagram showing Rotavirus structure and position of	
viral proteins in the virus skeleton.	7
Figure 2: RV Pathogenesis	1
Figure 3: RV Negative staining	1
Figure 4: RV identification in collected stool samples	2
Figure 5: VP7 genotyping of the identified RV strains64	4
Figure 6: VP4 genotyping of the identified RV strains65	5
Figure 7: RV strains cultivation using Caco-2 cells	8
Figure 8: Propagation of RV on Vero cells for bulk cell-lysate production68	8
Figure 9: IgG antibodies in mice group vaccinated with IRVV71	1
Figure 10: Immunization in mice vaccinated with IRVV-Alum formula7	1
Figure 11: Immunogenicity pattern post-vaccination with IRVV/IRVV-Alum	1
trial vaccines	2
Figure 12: OD curves for the IRVV-Alum system over time	2

MSc Thesis 2016 Page VII

# **List of Tables**

Table 1: Rotavirus genome segments and corresponding viral proteins
Table 2: Suggested mechanisms of RV pathogenesis.    13
Table 3: A summary of RVGE prevalence worldwide
Table 4: Summary of a selected RV stains surveillance studies worldwide29
Table 5: Summary of a selected RV-strains surveillance studies in Egypt32
Table 6: Factors related to the variation of attenuated vaccines efficacy38
<b>Table 7:</b> Primers for RV identification and genotyping in NAMRU-3 protocol
49
Table 8: Mice vaccination and bleeding schedule with trial IRVV/ IRVV-
Alum59
Table 9: Identified RV strains in the collected stool samples as determined by
VP6 gene amplification results
Table 10: VP7 and VP4 epitopes estimated within variant RV-positive stool
specimens
Table 11: Summary of identified and genotyped RV strains estimated in stool
samples66
Table 12: Stool samples of the selected RV epitopes    67
Table 13: OD values for negative control groups
Table 14: The highest-positive OD values and serum-dilutions reciprocal in
the mice group vaccinated with the IRVV only69
Table 15: The highest-positive OD values and corresponding serum dilution
reciprocal in mice group vaccinated with Alum-IRVV doses70

MSc Thesis 2016 Page VIII

### **Abstract**

Rotavirus (RV) causes a severe diarrheal illness, mostly in children under five-years of age. RV infection (RVI) is a common illness, affects both developed and developing countries in equal rates, approximately. However, more death resulted in poor/ low-income countries due to the absence of constricted and effective health care.

Nowadays, many attenuated RV vaccines have been approved for immunization against RVI. However, the attenuated vaccination drawbacks of elevated cost; low-efficacy in poor countries; strains reassortment risk; and intussusception events, stimulate a real need for developing of new RV vaccination approaches. That's including the inactivated RV vaccination to avoid the active-virus related concerns.

The current study aimed to prepare a pentavalent, inactivated Rotavirus vaccine (IRVV) using the most prevalent strains, circulating in the Egyptian environment. The vaccine immunogenicity was evaluated, after that, in mice as a representing animal model. The selected immunity marker to be detected was the RV-specific IgG antibodies; owing to their high impact in RV immunization. The trial-inactivated pentavalent vaccine immunogenicity was compared with the Rotarix® attenuated vaccine. That's to evaluate the immunogenicity of the inactivated approach against the attenuated commercially available one.

MSc Thesis 2016 Page 1

As result of the variation in the antigenic content and dosing schedule between the trial-IRVV and Rotarix® vaccine, the comparative assessment was dependent on achieving IgG-antibodies level exceeding 1: 6400. That limit implies a less susceptibility of RVI.

The trial-IRVV was developed with Egyptian isolated strains of G1, G2, G3 and G9/P[8], formulated with 5% sucrose and 2% polysorbate-80 and thermally inactivated at 60°C for 2 hrs. A part of the prepared vaccine was modified with Alum-adjuvant. IRVV and Alum-IRVV trials were injected, subcutaneously, into mice groups at 0, 21, 35 days intervals. In parallel, the reference mice group was vaccinated with Rotarix® vaccine twice on 0 and 28th days, as recommended by the Rotarix® manufacturer.

IgG antibodies elevation was achieved with the pentavalent IRVV/IRVV-Alum formulas, as well as the Rotarix® reference vaccine. In all vaccine formulas, IgG antibodies were exceeding the limit of 1:6400, indicating a less susceptibility for RVI and a reasonable immunization.

Further intensive research is needed to reveal the heterotopic and intestinal immunization that could be achieved with the inactivated vaccination approach, besides, application of variant adjuvants to best modify the IRVV immunization pattern.

MSc Thesis 2016 Page 2

## Introduction

Rotavirus (RV) is a 75 nm icosahedral, non-enveloped and double-stranded RNA virus, which is constructed from six structural and five non-structural proteins. It was estimated to be the leading cause of sever gastroenteritis in infants and young children, leading to approximately half millions of deaths each year. In Egypt, RV gastroenteritis (RVGE) was considered as one of the most common causes of severe diarrhea and hospitalization among Egyptian children, as well. Moreover, RV diarrheal-illness was estimated to occur at least once in 40 % of the 2-year Egyptian children, where the susceptibility and severity of infection was estimated to be decreased after the first exposure. By increasing the number of previous infections, RV infection (RVI) severity and related complications was found to be markedly decreased.

There is no specific treatment for RVI. For children with healthy immune system, RVI and associated bowel destruction were illustrated to be a self-limited illness that lasting for few days only. As the natural RVI was found to be partially protective against subsequent reinfections. So, the vaccination is the ideal choice for preventing any mortality and morbidity events associated with RV diarrheal-illness. The attenuated vaccines immunization was found to be equivalent to that developed by natural infections, where the attenuated virus proliferates in the wild virus manner; so producing the desired immunity.

Master Thesis 2016 Page 3

The complete protection against moderate-to-severe diarrhea could be resulted after two infections, regardless of the infection type (symptomatic or asymptomatic). Dependently, a multiple-dosing regimen of the designed attenuated vaccines was described for a reasonable immunization.

Despite of the availability of the attenuated Rotavirus vaccines in the market, global immunization is limited especially in the poor countries as result of variant obstacles. In African countries including Egypt, the most considerable RV attenuated-vaccination obstacles are: (i)- The variation of efficacy as result of the limited virus replication under certain circumstances; (ii)- The high vaccination-dose cost which does not match the individual income in these poor countries; (iii)- The fear from the impact of the attenuated vaccination on the African children, who were suffering mostly from immunodeficiency and nutrition problems; and (iv)- Intussusception and living-virus reassortment concerns. Accordingly, the inactivated-Rotavirus vaccination approach is strongly suggested for current research as an alternative strategy for RV immunization. The inactivated RV vaccine (IRVV) could bypass most of the attenuated vaccines weak points, which mostly related to the active virus presence.

Numerous strains were estimated to circulate in Egyptian environment, where G1, G2, G3, G9 and P[8] epitopes were commonly found in these strains. Accordingly, a special concern should be directed to these pentavalent epitopes.

Master Thesis 2016 Page 4