

Clinical Immunology of Vaccination

Dr. Susan Bueno

Full Professor

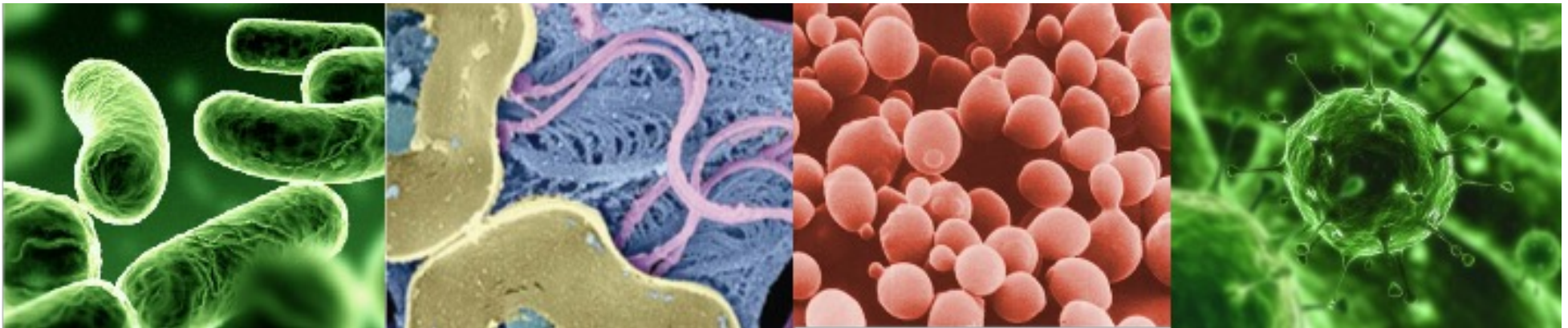
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Clinical Immunology Course (FOCIS 2026)

Vaccines are the most cost-effective interventions to prevent infectious diseases

<https://www.unicef.org/immunization/polio>



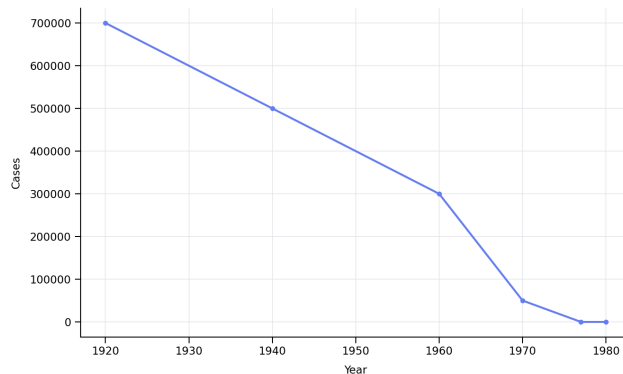
<https://www.cdc.gov/measles/hcp/vaccine-considerations/index.html>



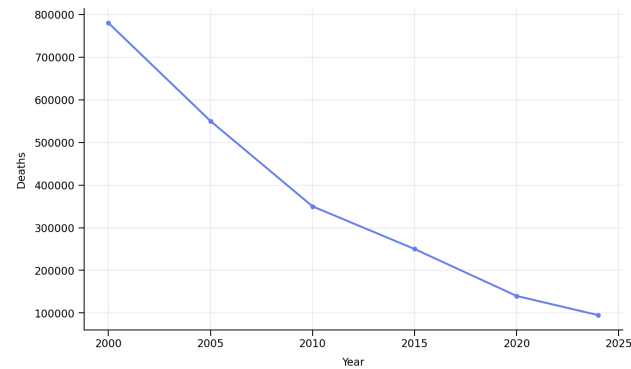
<https://www.nfcr.org/blog/hpv-vaccine-gets-expanded-approval-from-fda/>



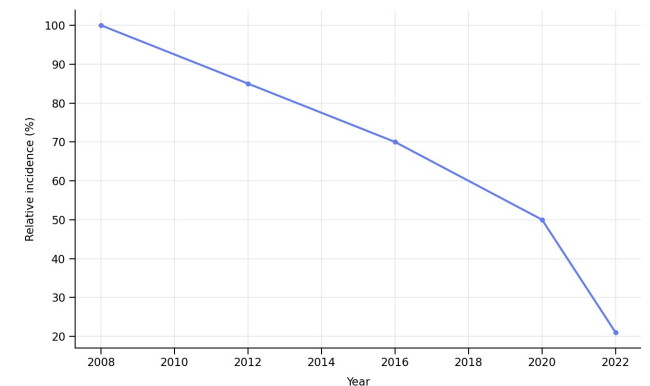
Smallpox eradication



Measles deaths (WHO)



HPV precancer decline

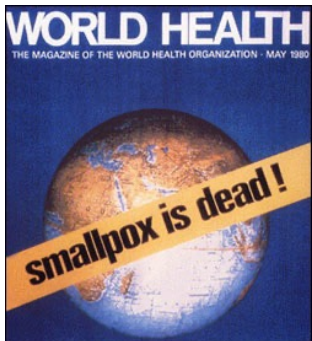


Rapid reduction of disease incidence after vaccine introduction

- Smallpox eradicated globally (1980)
- HPV vaccination reduces cervical cancer risk
- Strong economic return: \$16–44 per \$1 invested

Infectious diseases controlled by vaccines

Smallpox



<https://es.wikipedia.org/wiki/Viruela>



<https://www.cdc.gov/smallpox/index.html>

3 deaths /10
cases

Measles

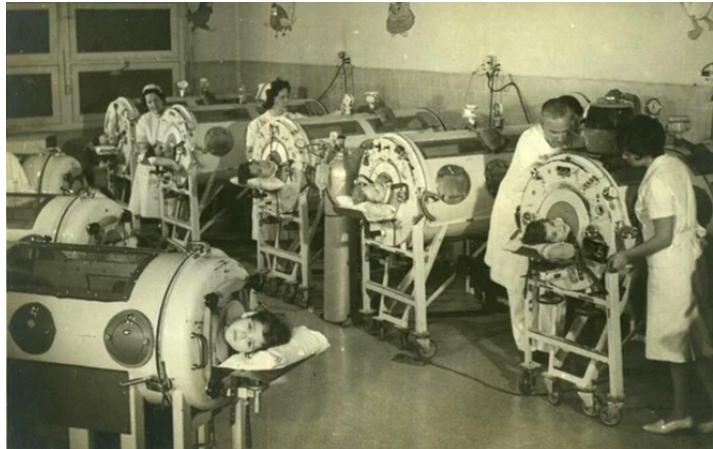


2 millones
deaths annually

Polio



<https://www.unl.edu.ar/>



1/200 cases results in paralysis
5 -10 deaths per 100 cases

Meningitis



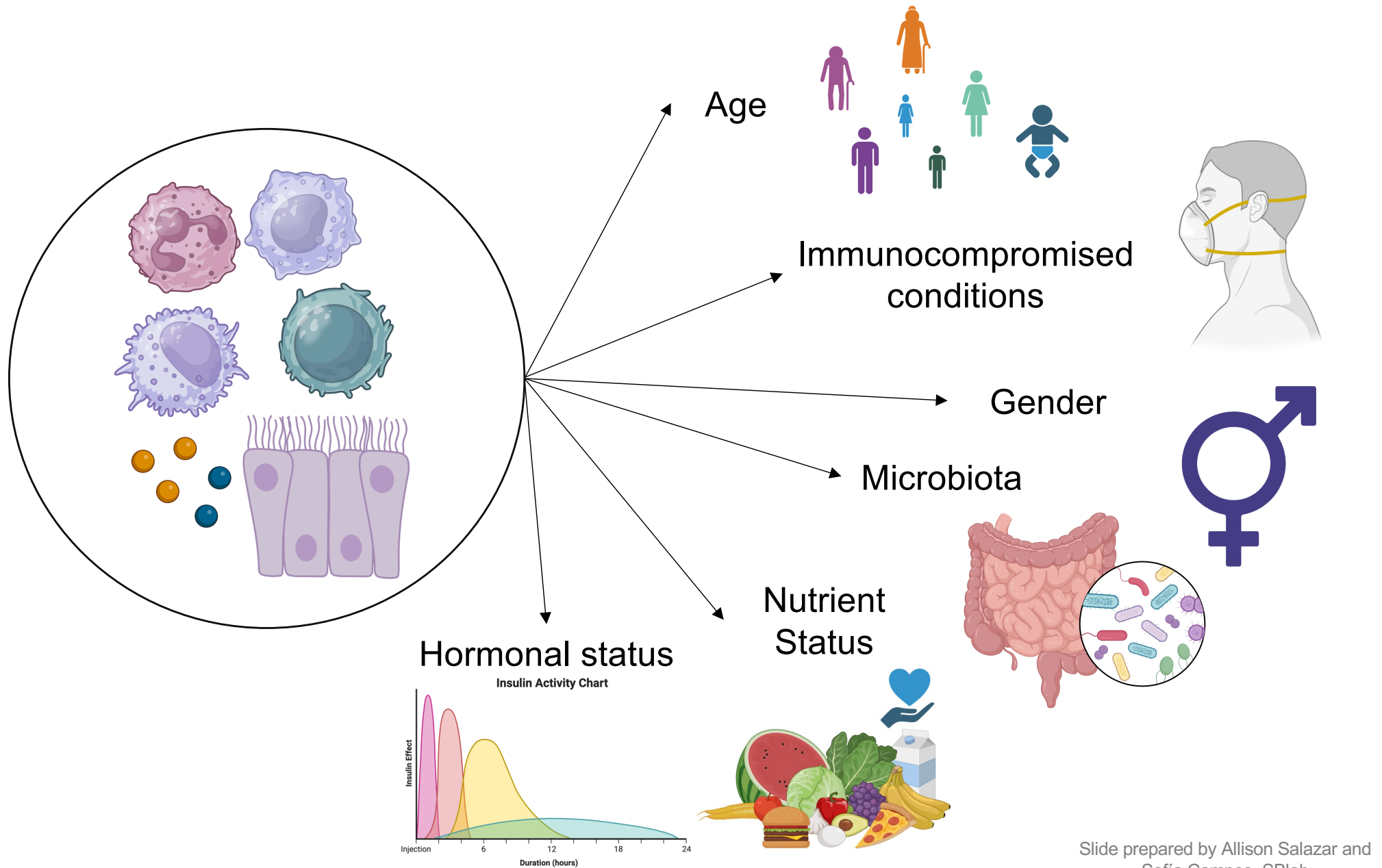
<https://medicine.medscape.com/article/232915-overview>



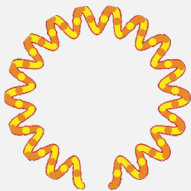
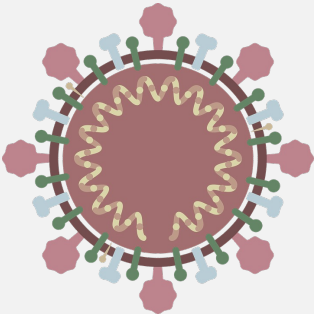
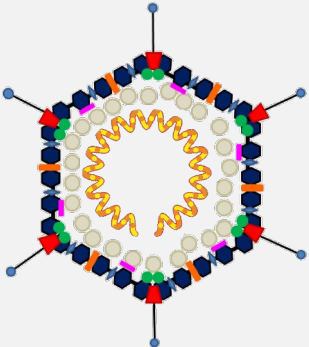
<https://milaap.org/>

over 70% lethality
in children

Conditions involved in the balance between pro- and anti-inflammatory mediators during infection



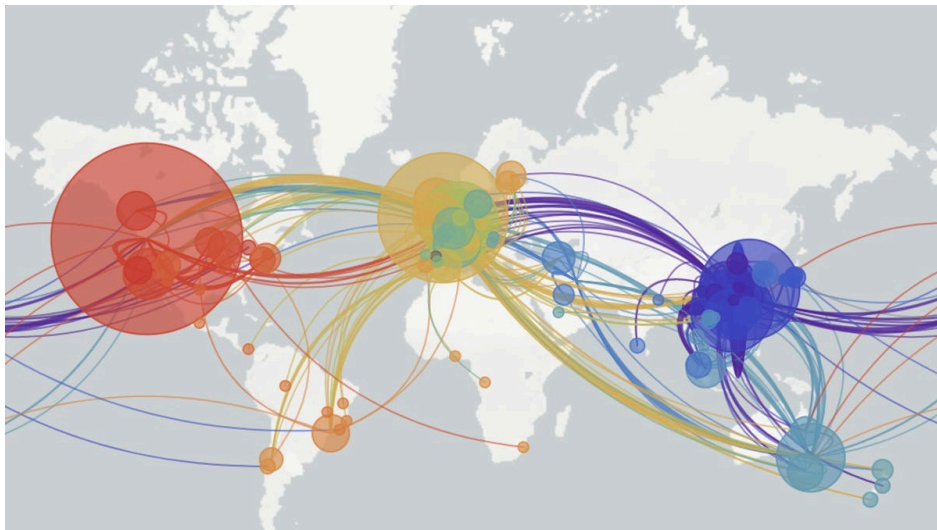
The kind of immune response induced by vaccines depends on multiple factors: vaccine

	DNA/RNA	Live attenuated	Inactivated	Subunit	Viral vector
					
How it works	This uses DNA or RNA to teach the immune system to target key viral proteins.	This is a weakened version of the actual virus.	An inactivated vaccine uses the whole virus after it has been killed with heat or chemicals.	This vaccine uses a piece of a virus' surface to focus your immune system on a single target.	This approach takes a harmless virus and uses it to deliver viral genes to build immunity.
Advantages	Easy and quick to design.	Stimulates a robust immune response without causing serious disease.	Safe because the virus is already dead and is easy to make.	Focuses the immune response on the most important part of the virus for protection and cannot cause infection.	Live viruses tend to elicit stronger immune responses than dead viruses or subunit vaccines.
Disadvantages	Never been done before. There are no licensed DNA or RNA vaccines in use.	May not be safe for those with compromised immune systems.	Effective as a live virus. Some previous inactivated vaccines have made the disease worse.	May not stimulate a strong response, other chemicals may need to be added to boost long-term immunity.	Important to pick a viral vector that is truly safe. An immune response to the viral vector could make the vaccine less effective.
Existing examples	COVID-19	Measles, Mumps and Rubella Chickenpox	Polio Influenza Rabies	Pertussis Hepatitis B Human papillomavirus	Ebola COVID-19 Veterinary medicine

Emergence of SARS-CoV-2 and the COVID-19 pandemic



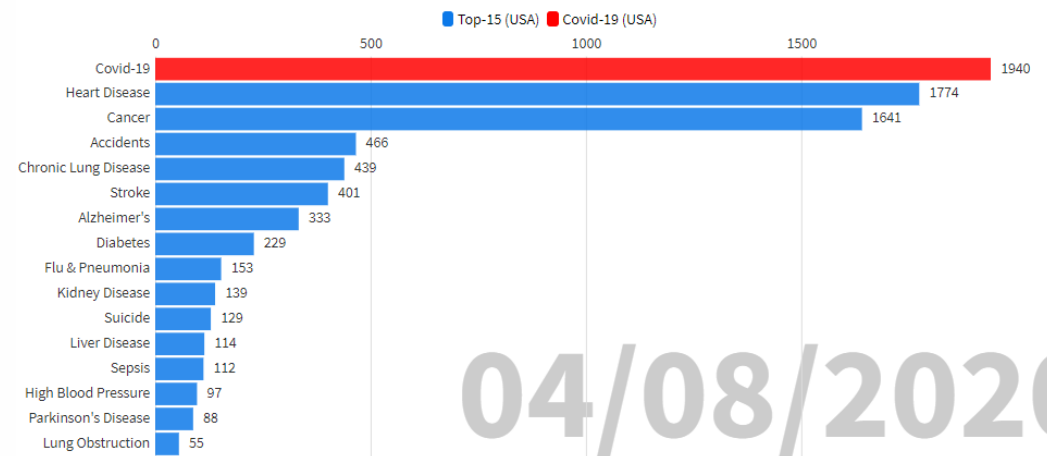
December
2019



US Today

COVID-19 Daily Deaths vs. Top 15 Causes of Death (Average/Day) in the US

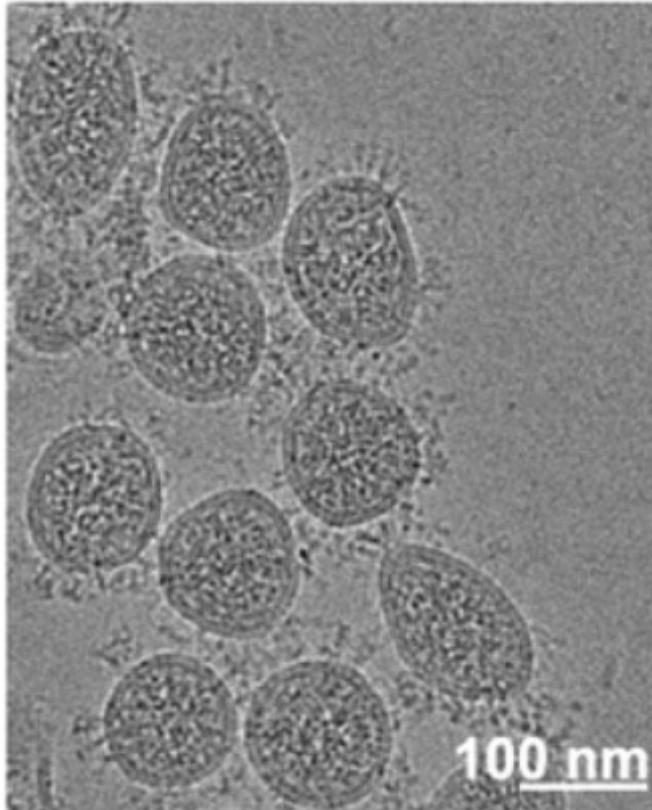
(Visual aid, not for statistical purposes)



04/08/2020

3/15/2020 3/17/2020 3/19/2020 3/21/2020 3/23/2020 3/25/2020 3/27/2020 3/29/2020 03/31/2020 04/02/2020 04/04/2020 04/06/2020
Bar chart race by Flourish team MD

Emergence of SARS-CoV-2 and the COVID-19 pandemic: vaccine design



Science

REPORTS

Cite as: Q. Gao *et al.*, *Science* 10.1126/science.abc1932 (2020).

Development of an inactivated vaccine candidate for SARS-CoV-2

Qiang Gao^{1*}, Linlin Bao^{2*}, Haiyan Mao^{3*}, Lin Wang^{1*}, Kangwei Xu^{4*}, Minnan Yang^{5*}, Yajing Li¹, Ling Zhu⁵, Nan Wang⁵, Zhe Lv⁵, Hong Gao², Xiaoqin Ge¹, Biao Kan⁶, Yaling Hu¹, Jiangning Liu², Fang Cai¹, Deyu Jiang¹, Yanhui Yin¹, Chengfeng Qin⁷, Jing Li¹, Xuejie Gong¹, Xiuyu Lou³, Wen Shi³, Dongdong Wu¹, Hengming Zhang¹, Lang Zhu¹, Wei Deng², Yurong Li¹, Jinxing Lu^{6†}, Changgui Li^{4†}, Xiangxi Wang^{5†}, Weidong Yin^{1†}, Yanjun Zhang^{3†}, Chuan Qin^{2†}

Q. Gao *et al.*, *Science* 10.1126/science.abc1932 (2020)

Safety, tolerability, and immunogenicity of an inactivated SARS-CoV-2 vaccine in healthy adults aged 18–59 years: a randomised, double-blind, placebo-controlled, phase 1/2 clinical trial



Yanjun Zhang^{*}, Gang Zeng^{*}, Hongxing Pan^{*}, Changgui Li^{*}, Yaling Hu, Kai Chu, Weixiao Han, Zhen Chen, Rong Tang, Weidong Yin, Xin Chen, Yuansheng Hu, Xiaoyong Liu, Congbing Jiang, Jingxin Li, Minnan Yang, Yan Song, Xiangxi Wang, Qiang Gao[†], Fengcai Zhu[†]

Launch of Phase 3 Trial (Nov 27th, 2020)



[Inicio](#) [Acerca de](#) [Estudio](#) [Patrocinador y Sitios](#) [Noticias](#) [Contacto Prensa](#)

CoronaVac03CL es un Estudio Clínico Fase 3 en ejecución en Chile para evaluar la eficacia de la vacuna inactivada contra COVID-19 llamada CoronaVac, elaborada por el Laboratorio SINOVAC.

Este es un estudio clínico multi-céntrico que se realiza en asociación con diversos centros hospitalarios y clínicos en la Región Metropolitana y V Región, patrocinado por la Pontificia Universidad Católica de Chile.

El estudio incluye personal de salud y población general, mayor de 18 años.

Esta página provee información respecto al estudio clínico CoronaVac03CL.

Actualmente, el proceso de enrolamiento se encuentra finalizado, y se ha alcanzado la cuota máxima de inscripciones disponibles para el estudio clínico.

¿Por qué hacer estudios de Fase 3?

Los estudios de fase 3 son la última etapa antes que cualquier producto farmacéutico, incluidas las vacunas

Overview of Coronovac03CL



Stage 1

Participants

Healthcare Workers
>18 years old

Intervention

Inoculation with CoronaVac or placebo (3:1)

Vaccination Schedule

0-14 days

Stage 2

Participants

General Population
>18 years old

Intervention

Inoculation with CoronaVac, two schedules (1:1)

Vaccination Schedules

0-14 days, 0-28 days

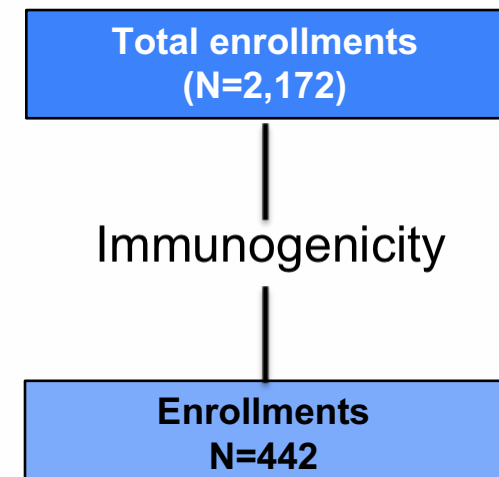
Brief description

The study evaluated the efficacy, safety, and immunogenicity of two vaccination schedules of an inactivated vaccine against SARS-CoV-2 infection in adults.

Two doses of the vaccine will be administered in a **0-14** and a **0-28-day schedule**.

Follow-up of safety and efficacy was assessed for 12 months after the first dose.

Immunogenicity was studied in a subgroup of participants.

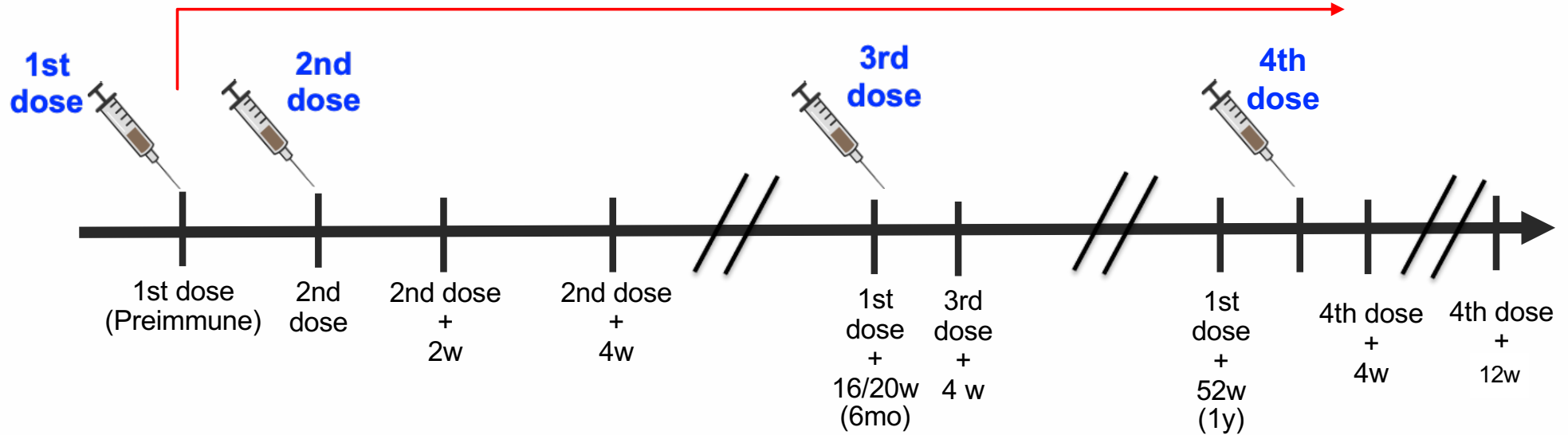


[clinicaltrials.gov #NCT04651790](https://clinicaltrials.gov/ct2/show/study/NCT04651790)

Immunogenicity Assays: Schedules 0-14 / 0-28



Evaluation of the Immune Response



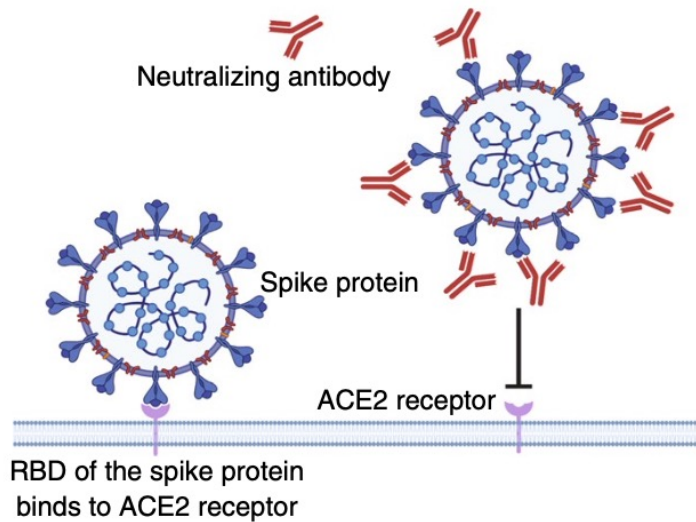
Serum
4-6 ml serum
Humoral Immune Response



PBMCs
15-90 MM cells
Cellular Immune Response



Evaluation of Neutralizing Antibodies



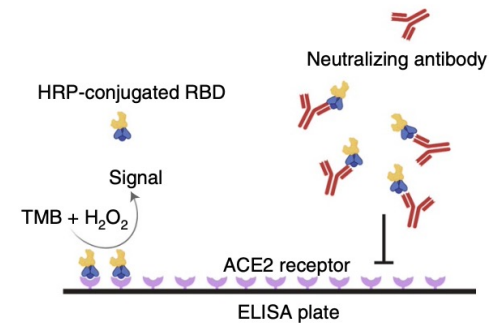
cVNT

*Dr. Eugenio Ramírez
Dra. Judith Mora
Dr. Rodrigo Fasce
Dr. Jorge Fernández*



*Neutralizing antibodies
S1-RBD*

***Ancestral Strain
Variants of Concern***



sVNT

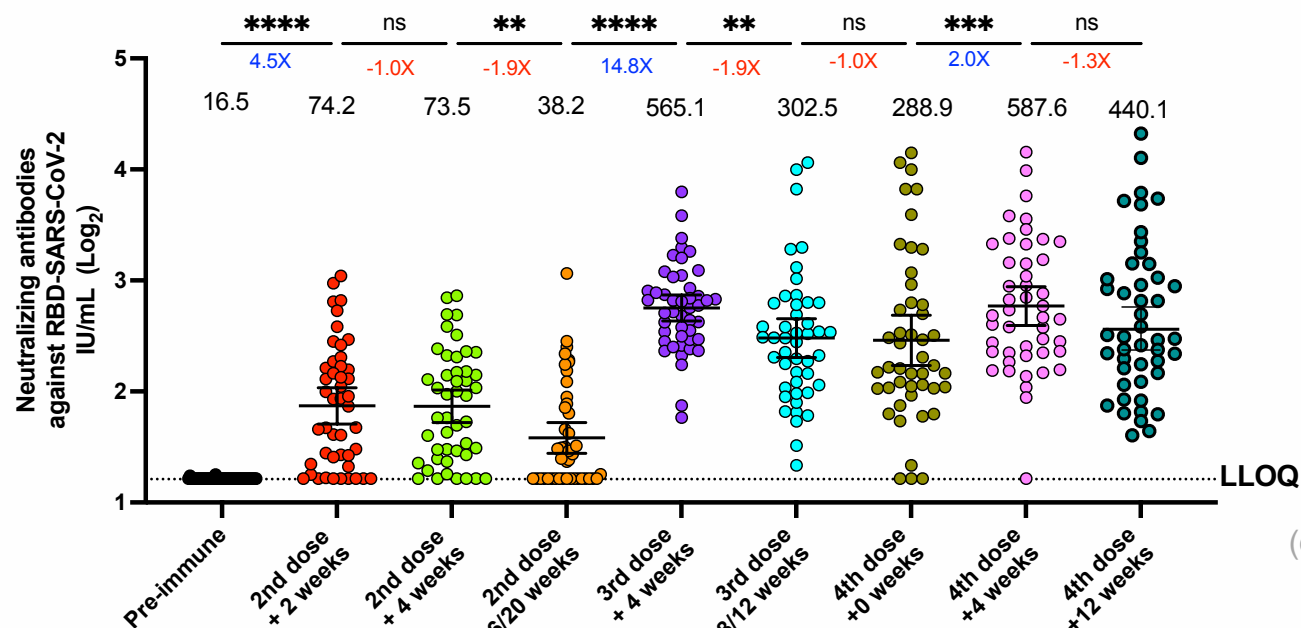
**Genscript
International Units**

Bueno et al, Clin Infect Dis 2021
Duarte et al. Front Immunol, 2021
Melo-González et al, Front Immunol 2021
Schultz et al, mBio, 2022
Galvez et al, eLife, 2022
Soto et al., mBio, 2022
Mendez et al., EBioMedicine 2023

Neutralizing antibodies increase after the administration of boosters doses of CoronaVac (sVNT)



0-14
N=46

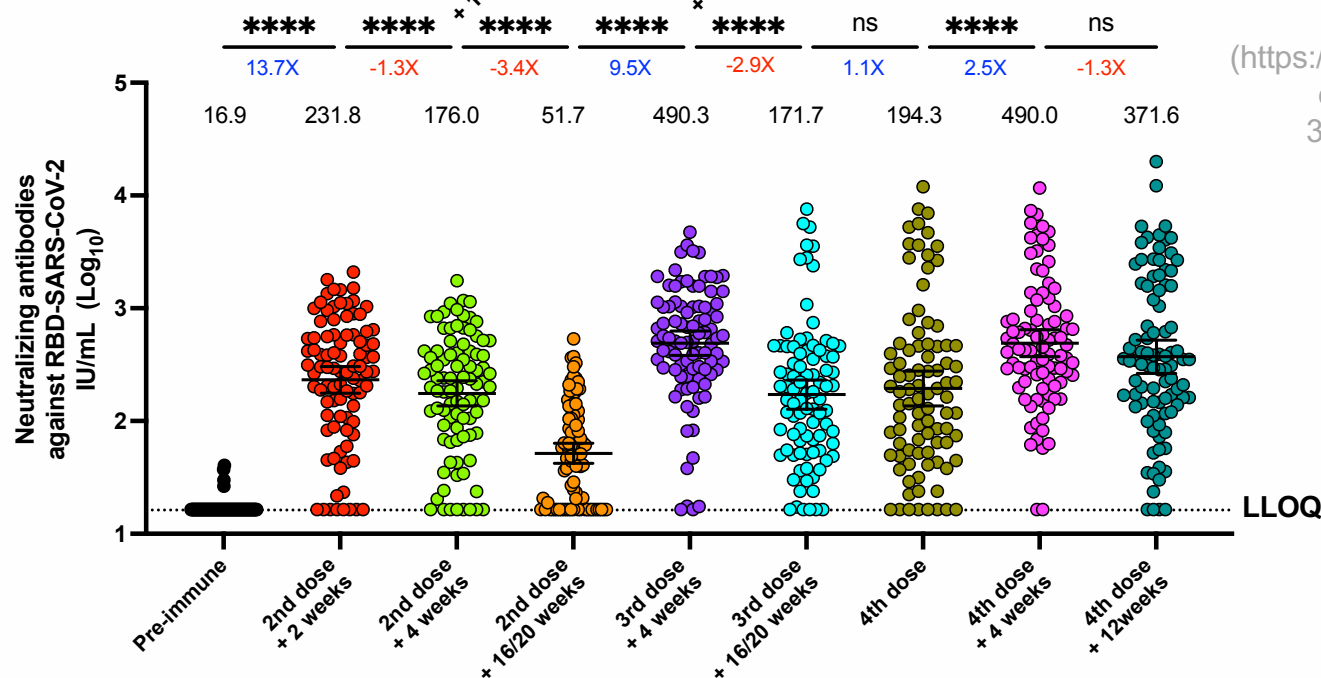


Bueno S et al
Clin Infect Dis 2021
(doi:10.1093/cid/ciab823)

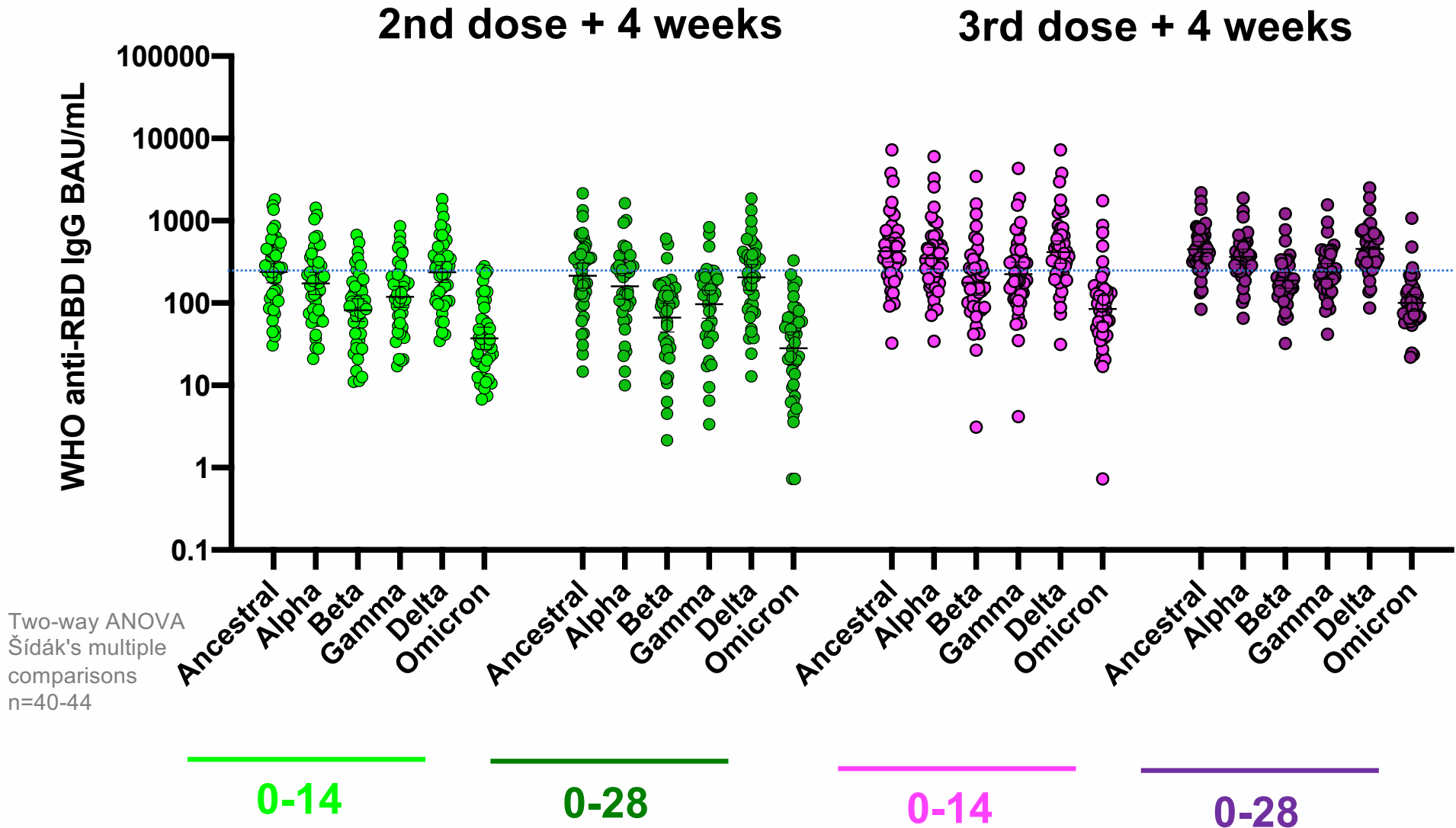
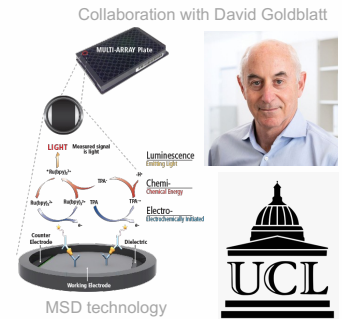
Schultz et al
mBio, 2022
(doi: 10.1128/mbio.01423-22)

Méndez, Peñaloza et al
EBioMedicine 2023
([https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964\(23\)00128-7/fulltext](https://www.thelancet.com/journals/ebiom/article/PIIS2352-3964(23)00128-7/fulltext))

0-28
N=91



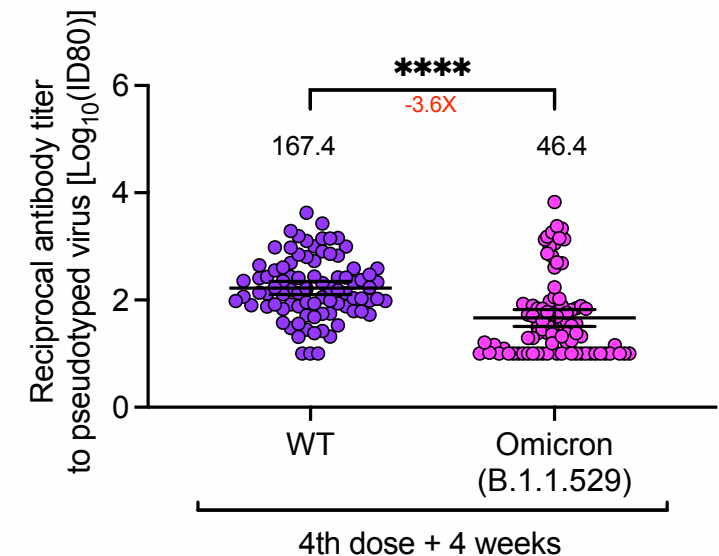
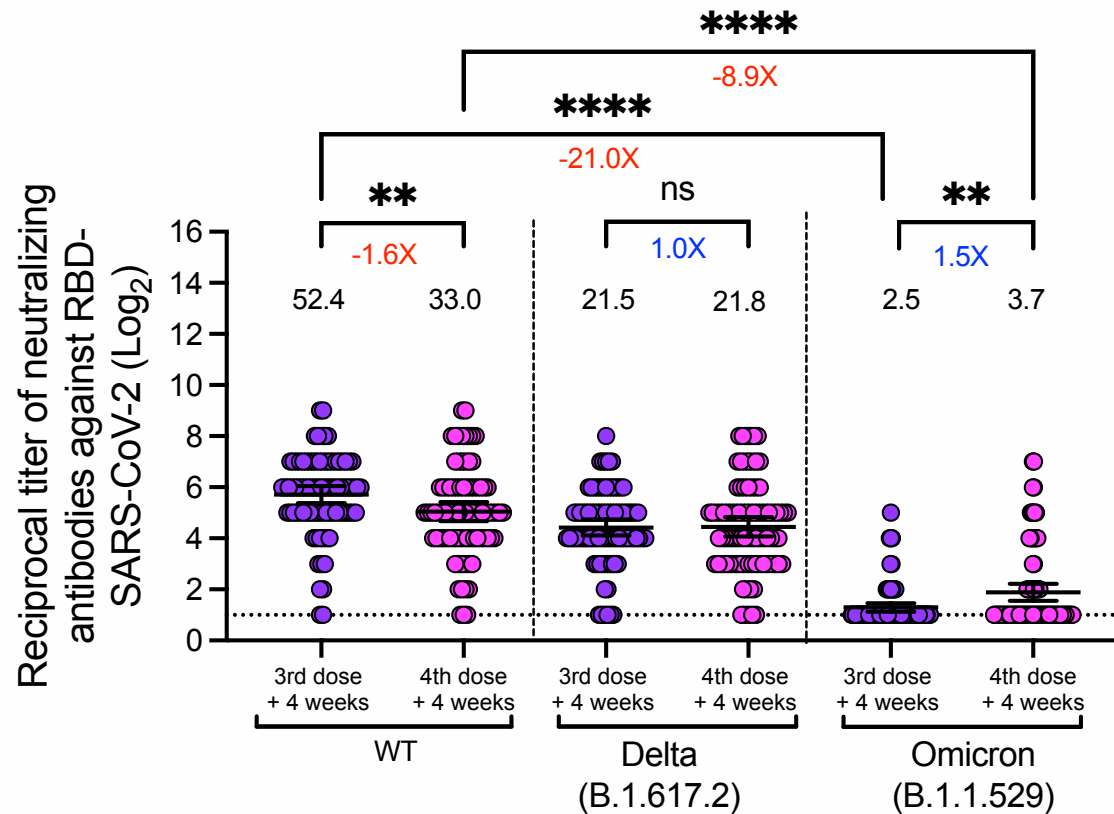
Neutralizing antibodies that bind S1-RBD from VOC are increased after a CoronaVac booster



Neutralizing antibodies induced by a first or a second booster of CoronaVac show reduced neutralization against Omicron variant (sVNT and pVNT)



FACULTAD DE
MEDICINA
UNIVERSIDAD DE CHILE



0-28 Schedule

n= 87 Two-way ANOVA + Tukey's
multiple comparisons test

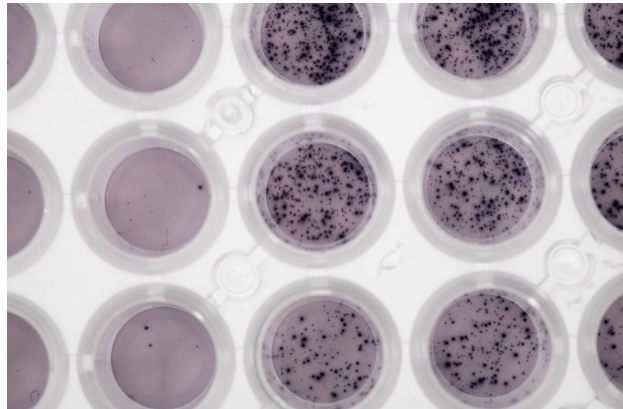
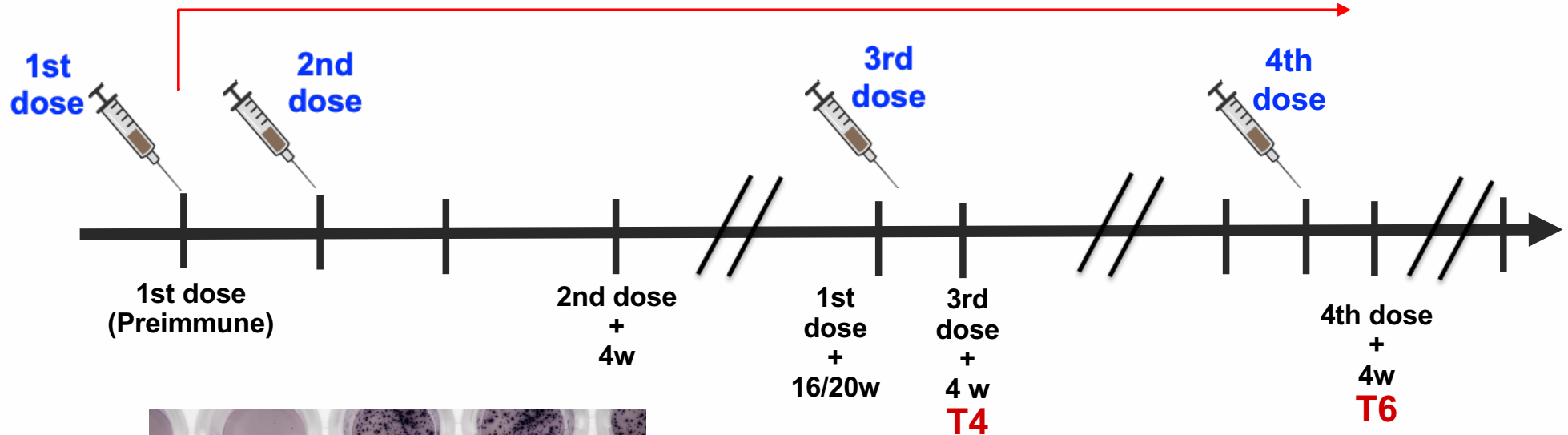
n= 87 Paired t-test

Geo Mean with 95% CI

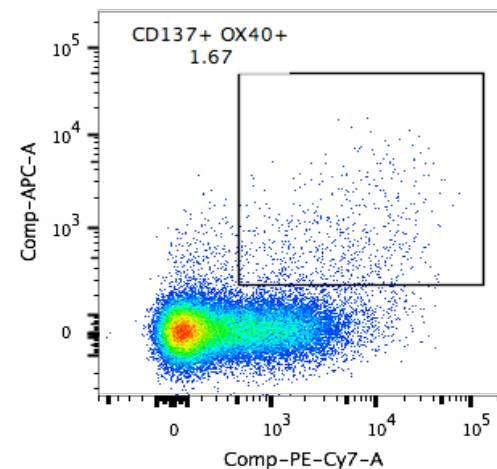
Evaluation of T cell Responses using MP peptides



0-28



ELISPOT (IFN-g/IL-4)

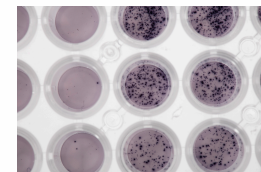


Flow Cytometry

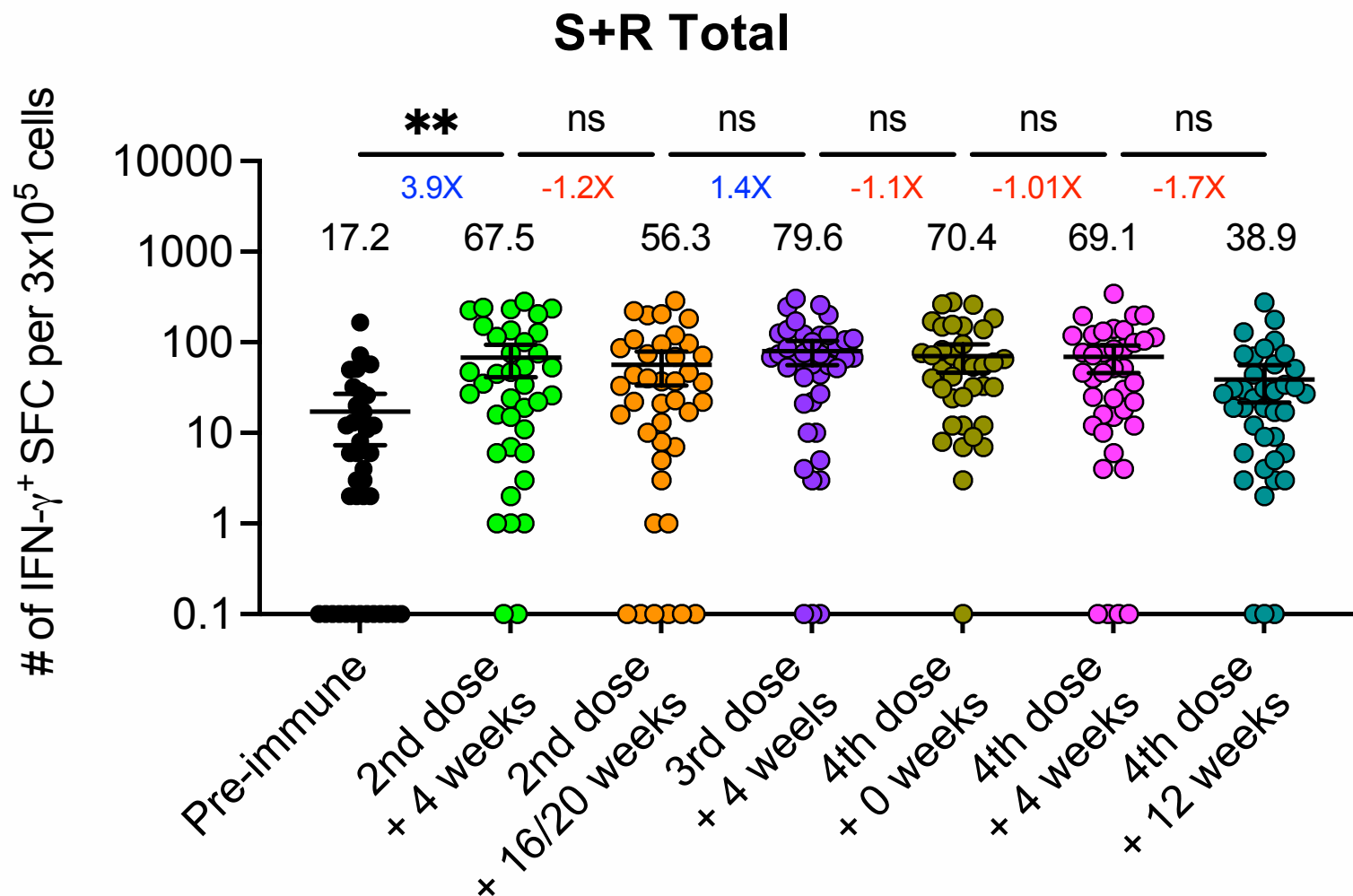
CD4+, CD137+, OX40+

CD8+, CD137+, CD69+

IFN- γ -producing T cells remain elevated after CoronaVac vaccination



ELISPOT (IFN-g/IL-4)



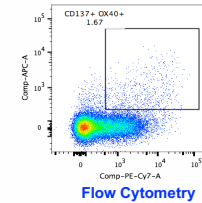
n=40 subjects
0-28 schedule
Friedman test

Bueno S et al., 2021. *Clin Infect Dis* 2021(doi:10.1093/cid/ciab823)

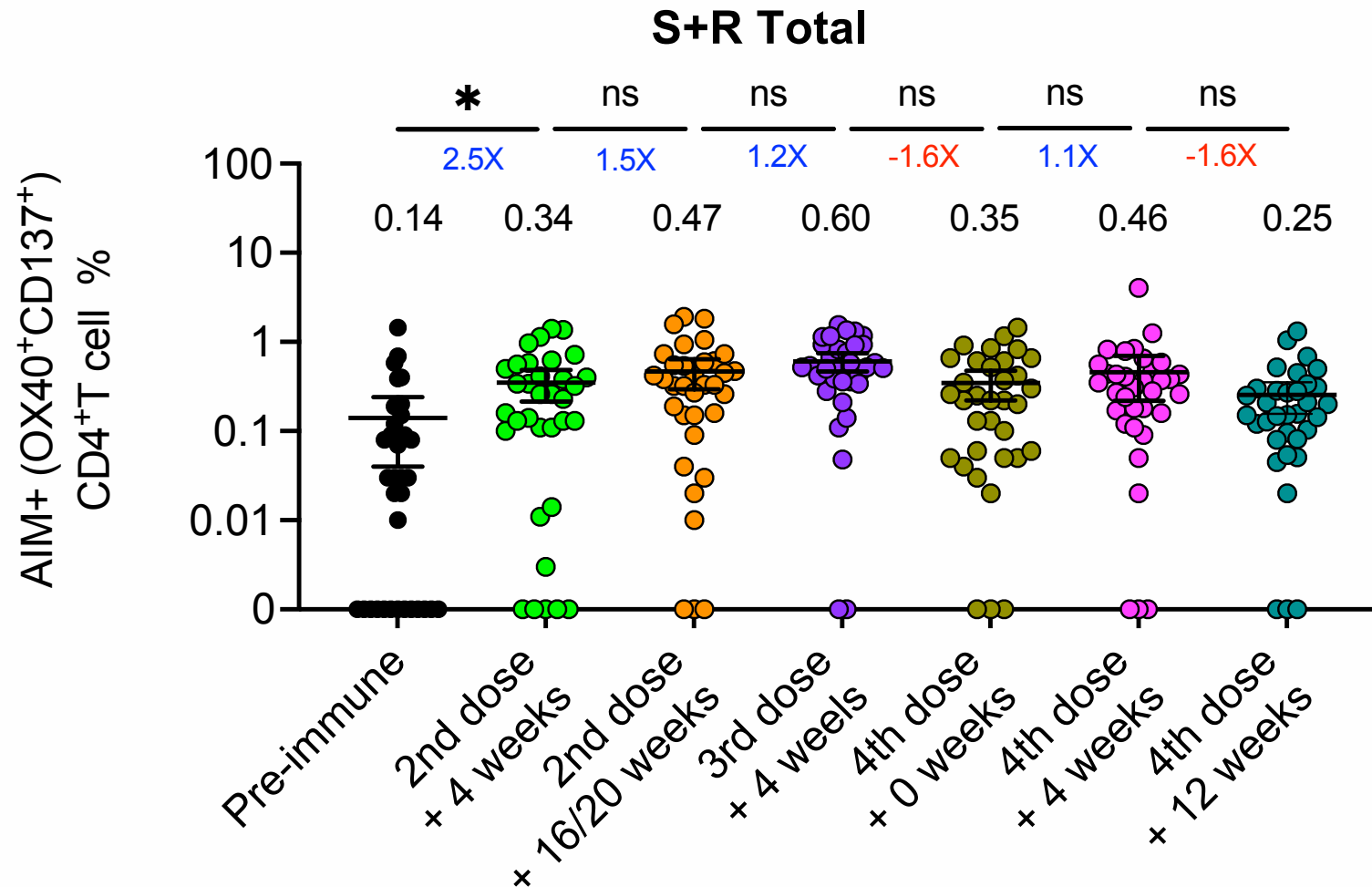
Schultz et al, *mBio* 2022 (doi: 10.1128/mbio.01423-22)

Méndez, Peñaloza et al. *EBioMedicine* 2023 (doi: 10.1016/j.ebiom.2023.104563)

AIM CD4⁺ T cells remain elevated after CoronaVac vaccination



CD4⁺, CD137⁺, OX40⁺
CD8⁺, CD137⁺, CD69⁺



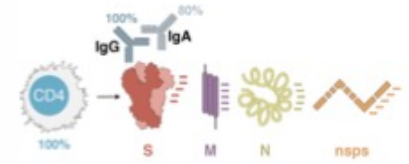
n=34 subjects
0-28 schedule
Friedman test

Bueno S et al., 2021. *Clin Infect Dis* 2021(doi:10.1093/cid/ciab823)

Schultz et al, *mBio* 2022 (doi: 10.1128/mbio.01423-22)

Méndez, Peñaloza et al. *EBioMedicine* 2023 (doi: 10.1016/j.ebiom.2023.104563)

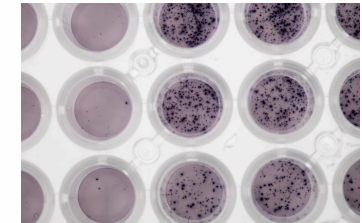
CoronaVac induces IFN- γ producing T cells that recognize the SARS-CoV-2 Omicron variant



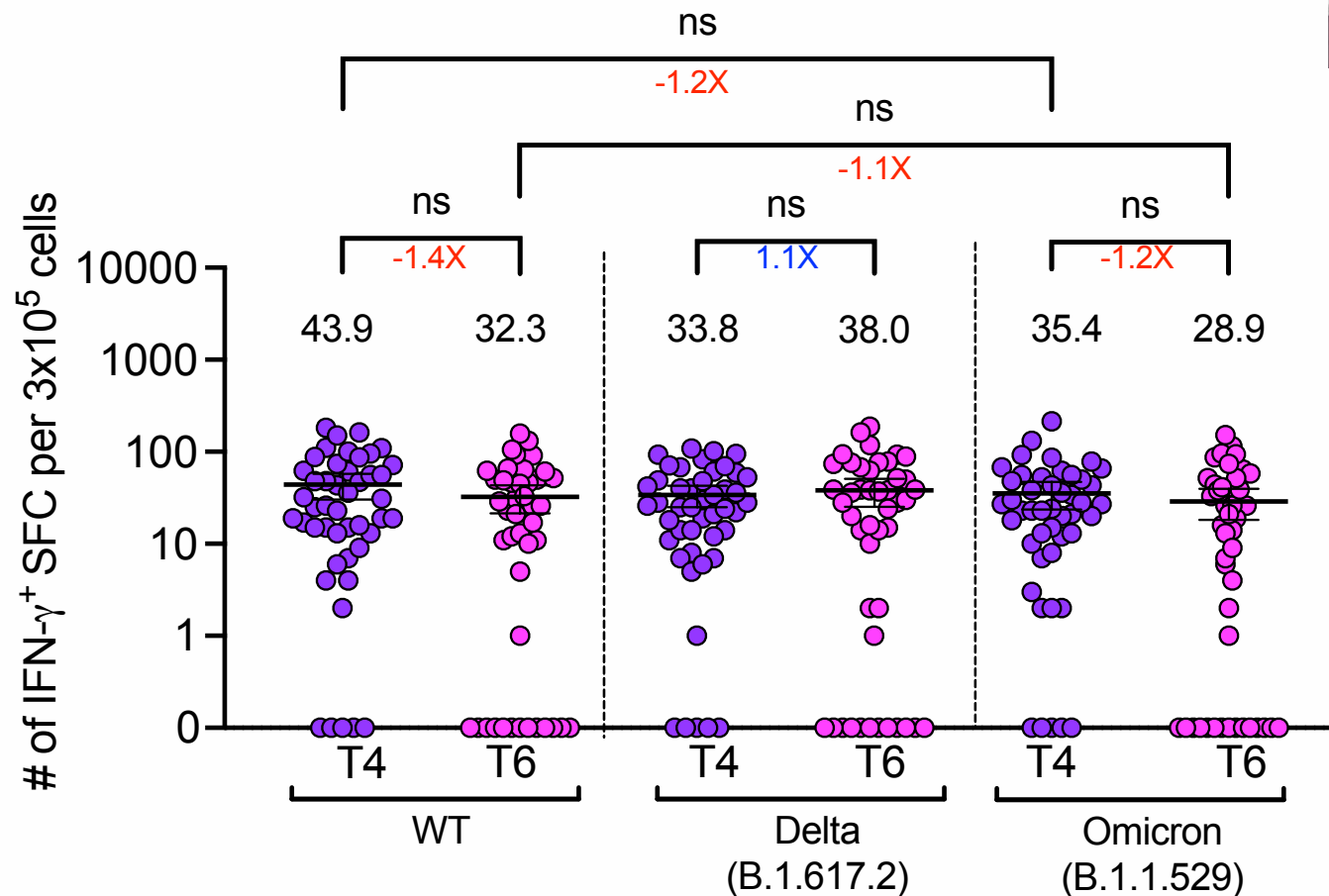
Cell 181, 1489–1501, June 25, 2020

T4: 3rd dose + 4 weeks

T6: 4th dose + 4 weeks



ELISPOT (IFN-g/IL-4)



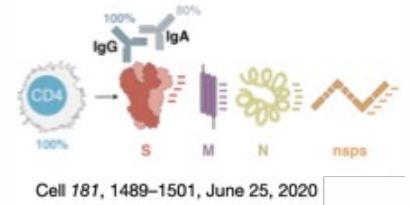
0-28 Schedule

N= 46

Mean with 95% CI

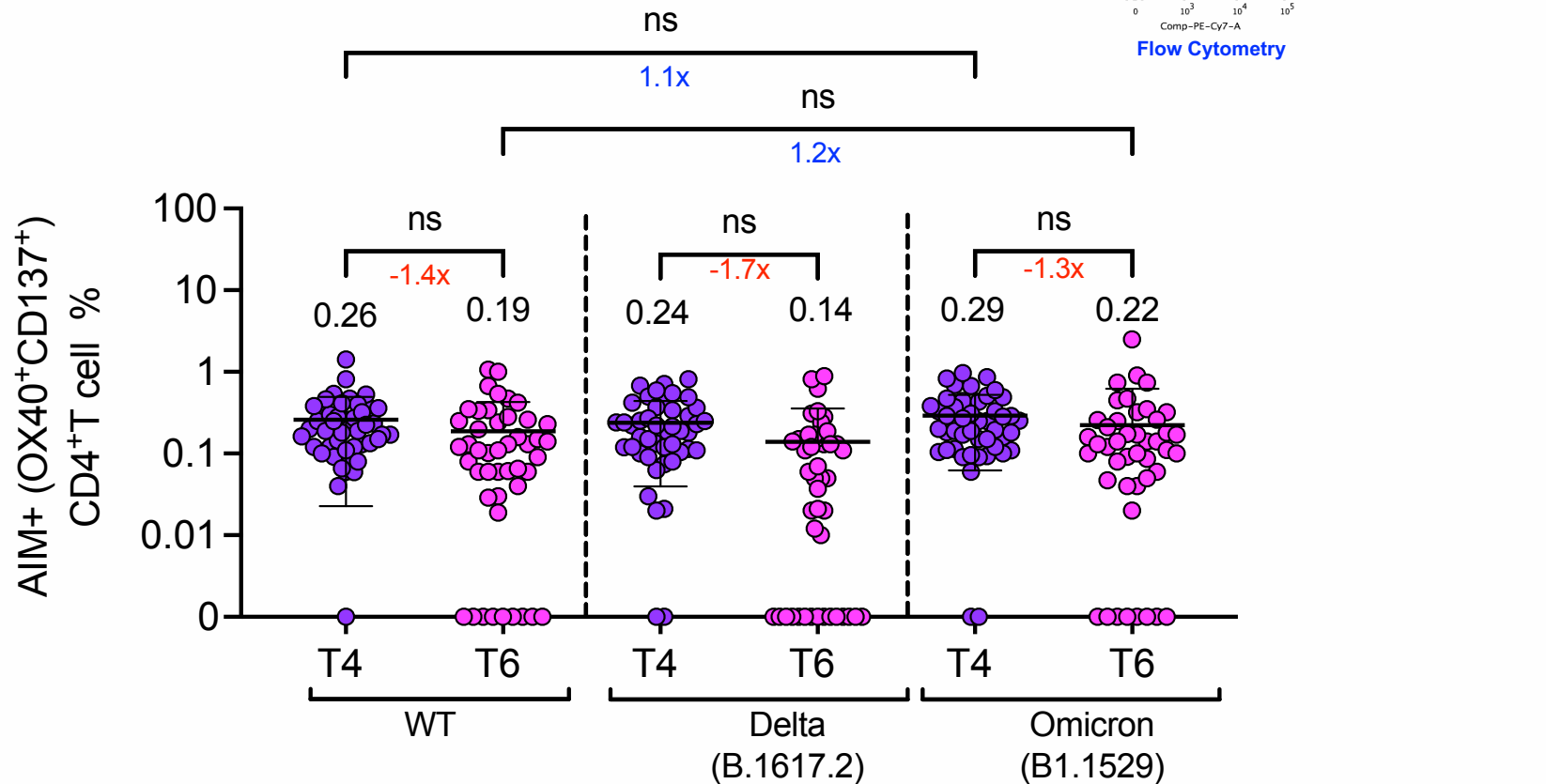
Two-way ANOVA + Dunn's test

CoronaVac induces activated T cells that recognize the SARS-CoV-2 Omicron variant (Flow cytometry)



T4: 3rd dose + 4 weeks

T6: 4th dose + 4 weeks



0-28 Schedule

N= 46

Mean with 95% CI

Two-way ANOVA + Dunn's test

Conclusions



Immunization with an inactivated vaccine increases the levels of neutralizing antibodies after two and three doses.

Immunization schedule influences the magnitude of the antibody response after two doses.

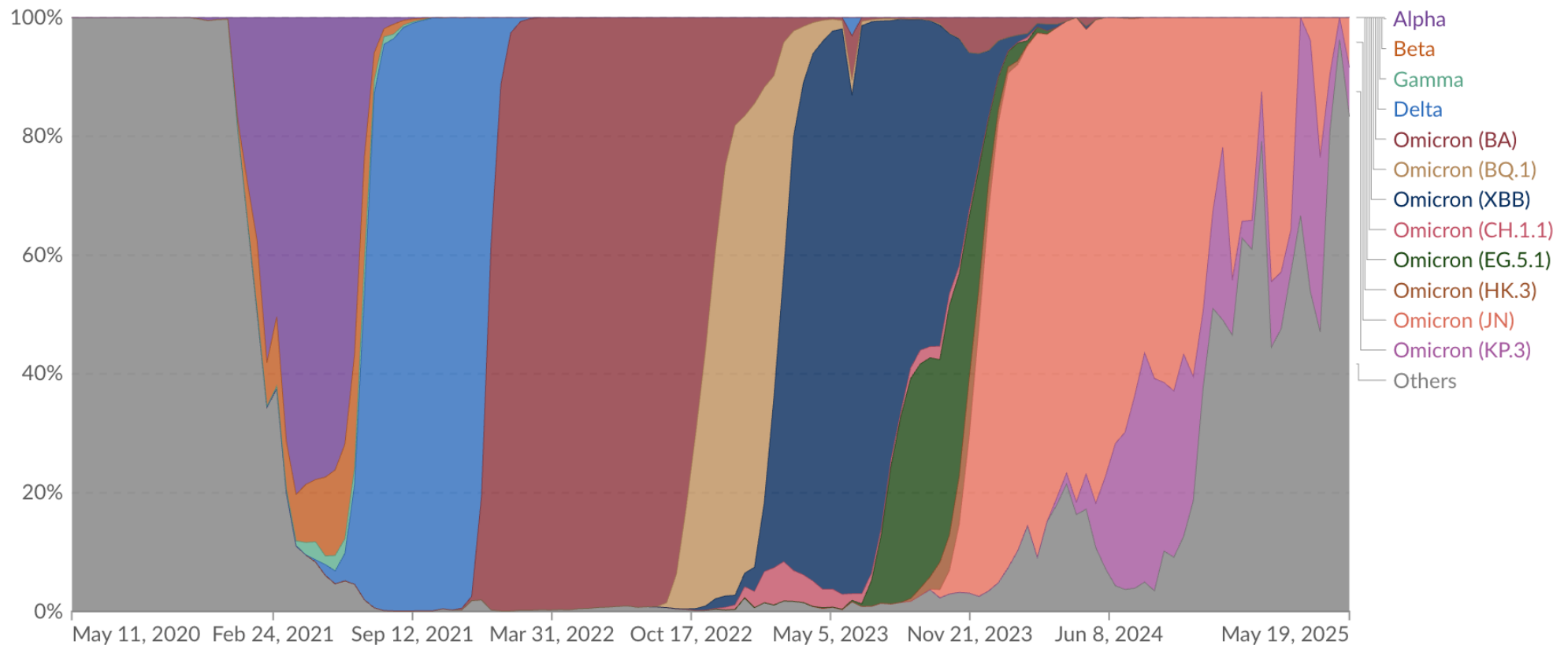
Antibodies induced by ancestral inactivated vaccine show reduce binding to variant SARS-CoV-2 strains.

Immunization with variant vaccines change the level of IFN-g-producing and AIM⁺ CD4⁺ or CD8⁺ T cells after immunization.

CD4⁺ and CD8⁺ T cells recognizes the SARS-CoV-2 variants of concern .

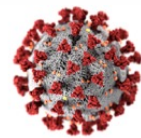
Inactivated vaccines induces neutralizing antibodies and specific T cells after three doses, and are increased after further boosters

Appearance of Variants of Concern (VOC) imposed new challenges to the SARS-CoV-2 vaccine development

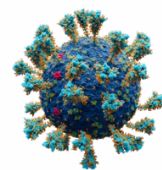


SARS-CoV-2 variants in analyzed sequences, France (The word in data)

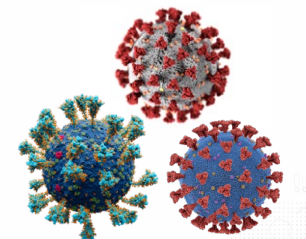
Data source: GISAID, via CoVariants.org (2025)



**CoronaVac
Strain CZ02
(ancestral)
600SU/dose**



**Omicron Vaccine
Omicron strain
1200SU/dose**



**Trivalent Vaccine
Ancestral strain
Omicron and Delta variants
1200SU of each strain/dose**

Next step: A Phase 2 clinical trial to evaluate the immunogenicity of a 5th boost of inactivated variant COVI-19 vaccine

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Vacunas](#)[En qué
consiste](#)[Participa](#)[Inscríbete](#)[Contacto](#)

CoronaVarCL es un Estudio Clínico Fase 2 que se está realizando en Chile para evaluar la inmunogenicidad de una dosis de refuerzo con vacuna compuesta por la variante Ómicron, o con vacuna Trivalente (cepa ancestral, variantes Delta y Ómicron). El estudio evaluará los efectos de dos dosis de refuerzo en contra SARS-CoV-2

[Inscríbete aquí](#)

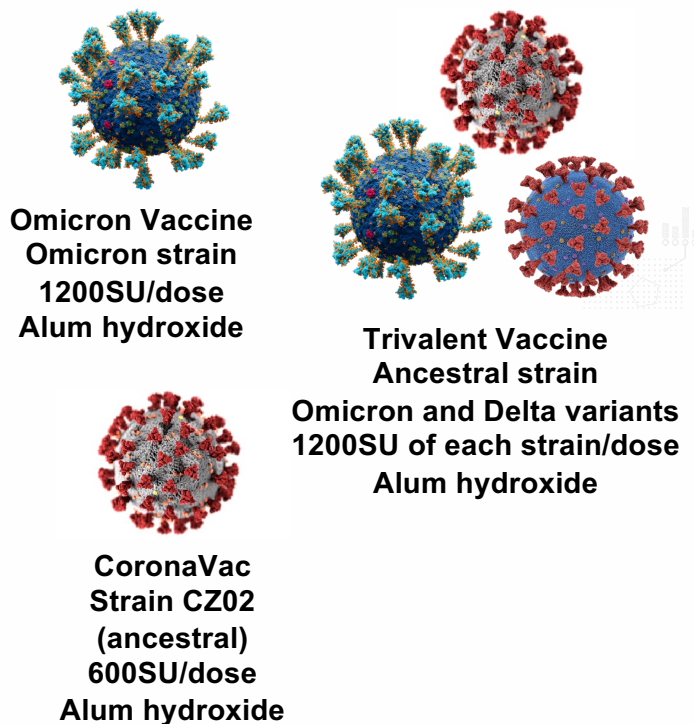
Inscríbete

We tested the effect of booster doses of vaccines based on inactivated SARS-CoV-2 variants

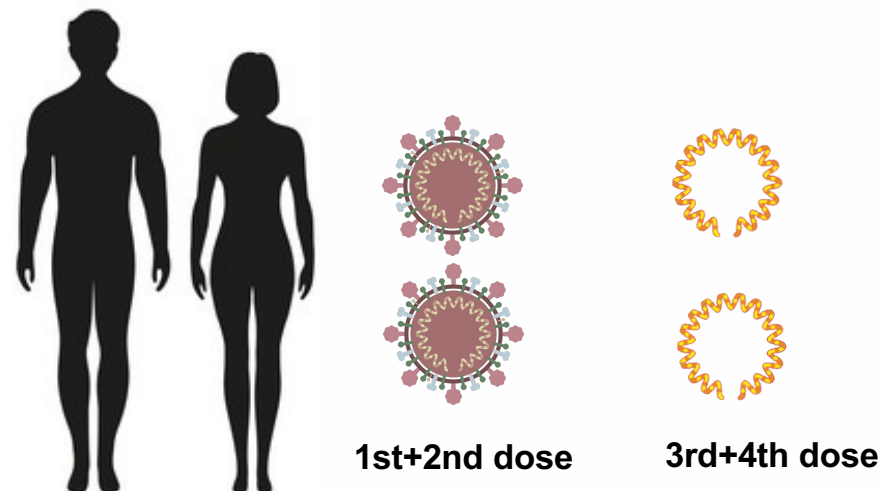
<https://www.vacunavariantescovid.cl>



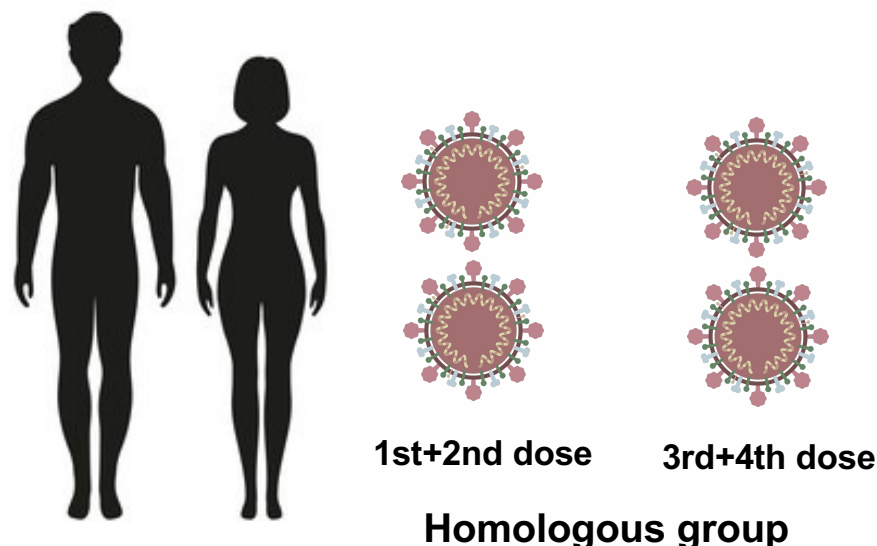
Vaccines to be tested



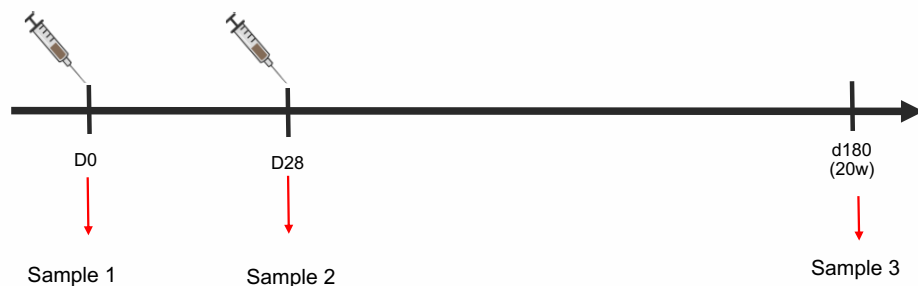
Population included



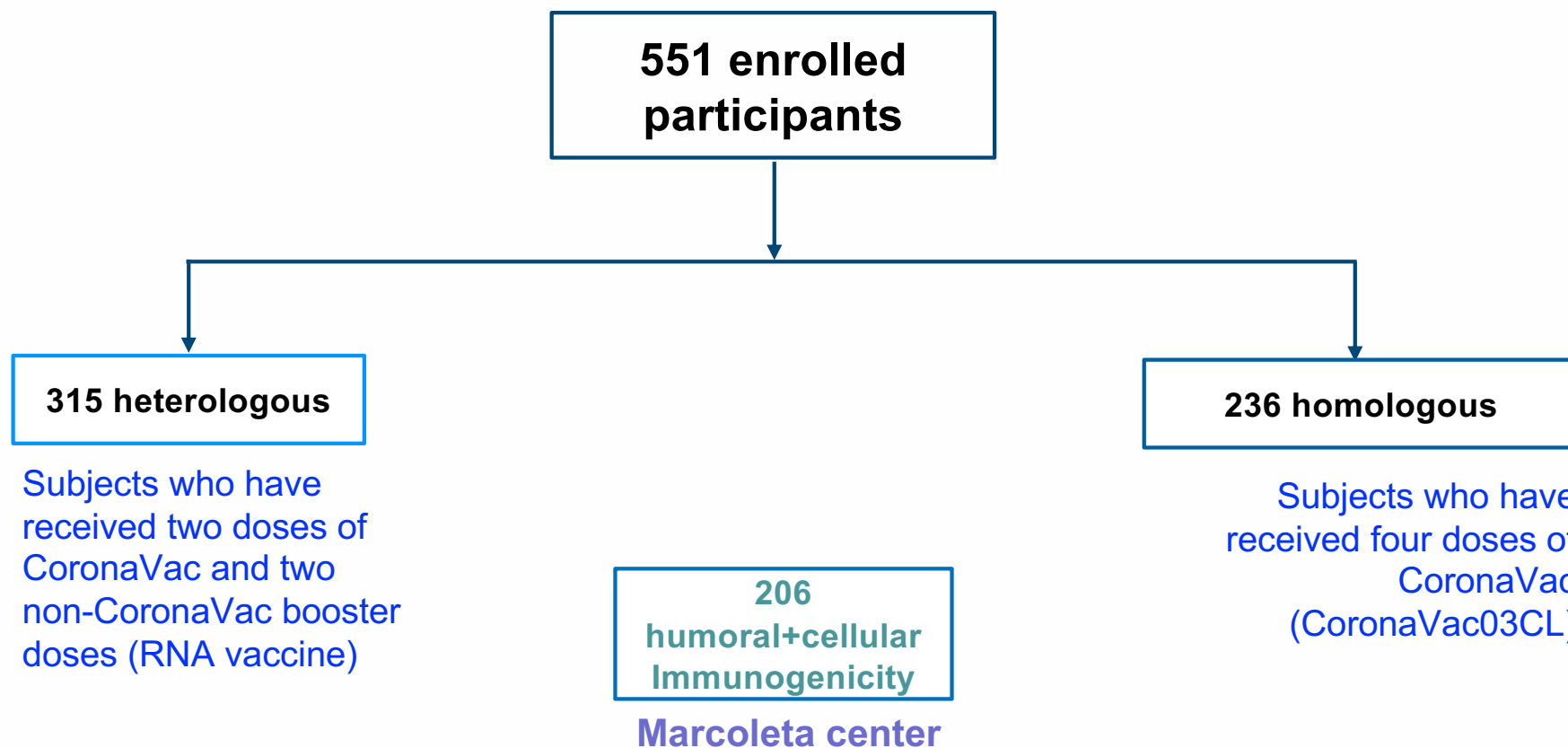
Heterologous group



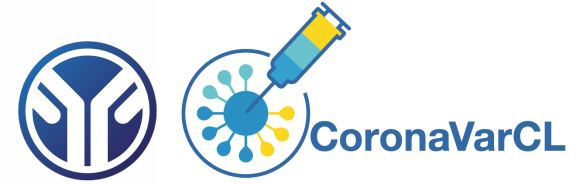
Immunization schedule



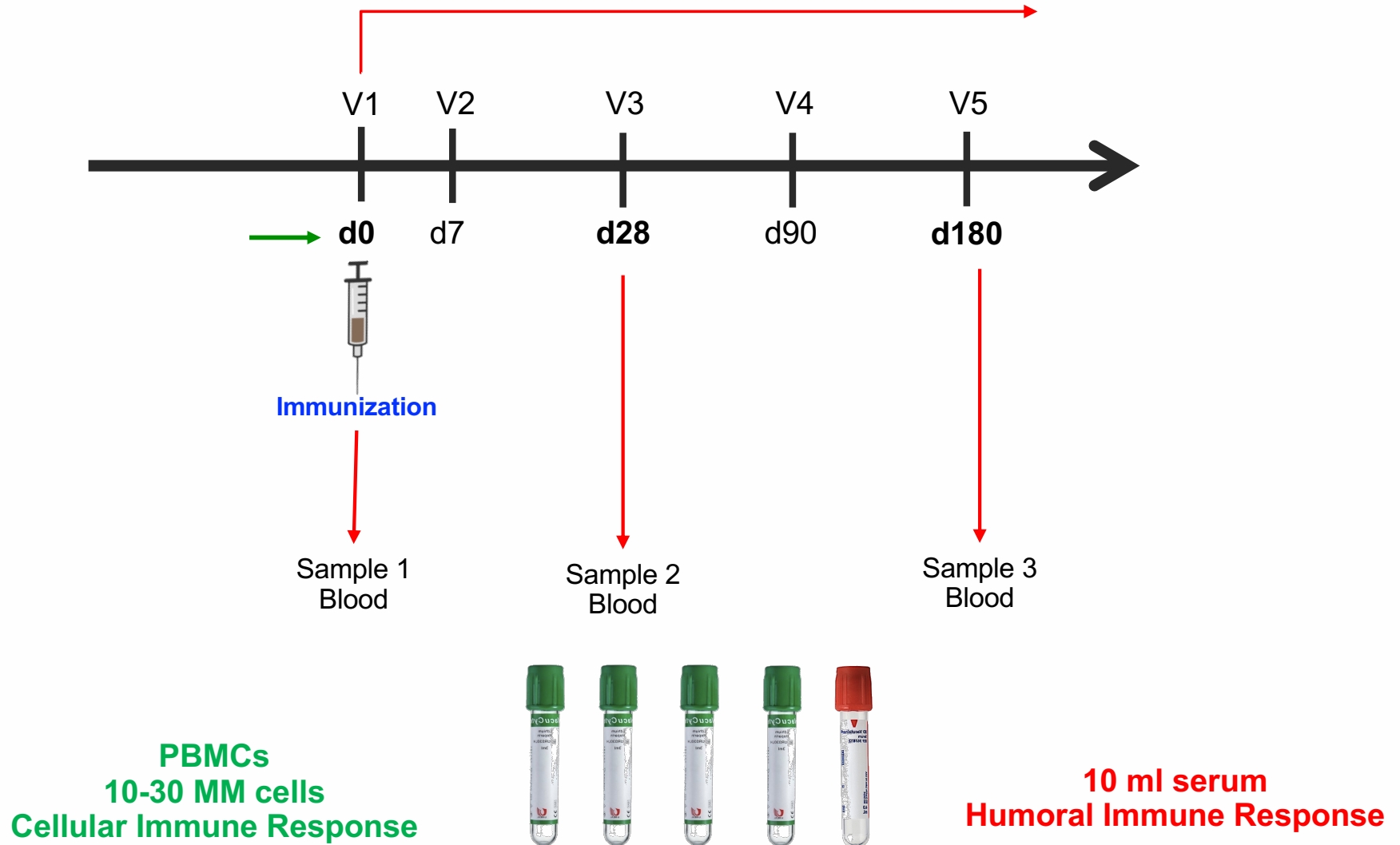
Actual enrolled participants



Immunogenicity Blood Sampling for CoronaVarCL

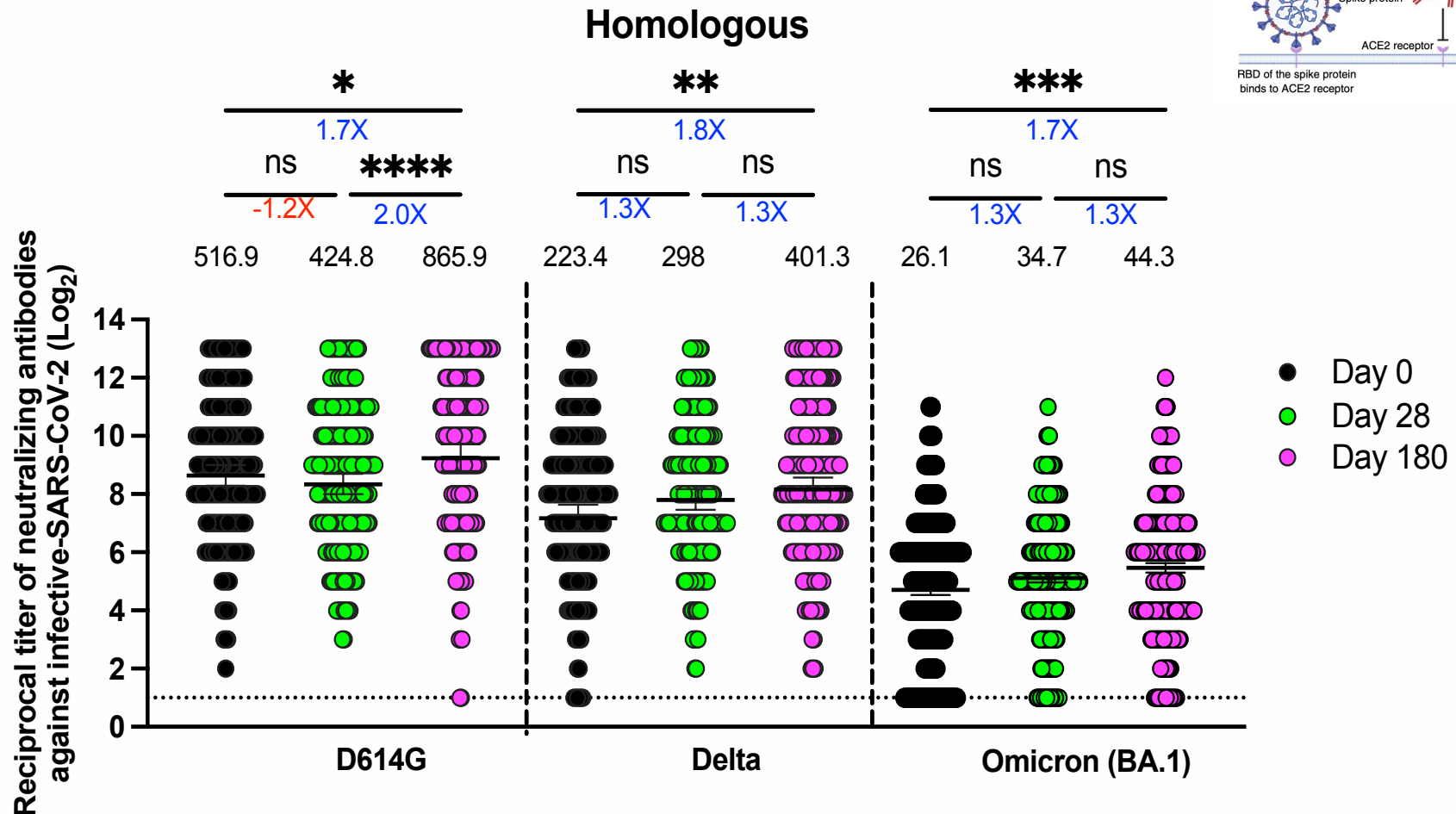
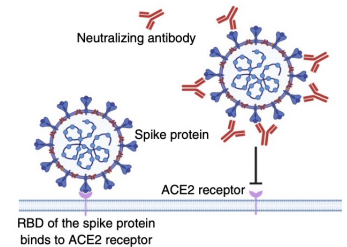


Evaluation of the Immune Response



RESULTS

cVNT assay: a booster dose of variant vaccine induce increased of neutralizing antibodies at 4 and 12 weeks after immunization in the homologous group.



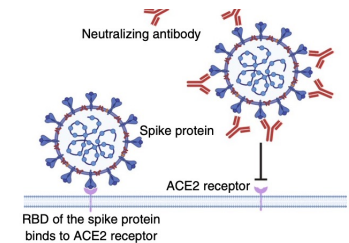
N: 219 subjects (homologous group)

Méndez et al., BMC Medicine, 2025

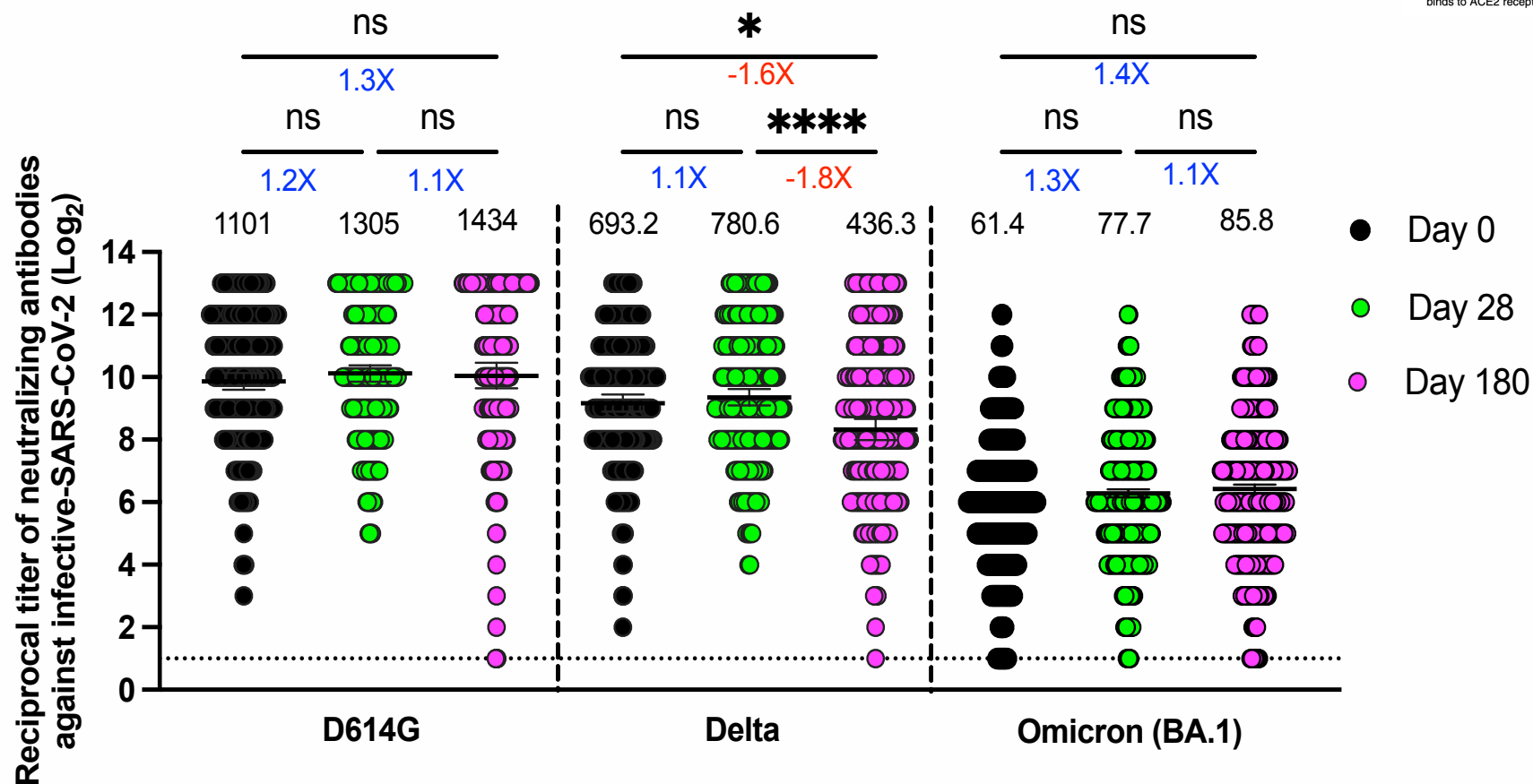
*Data was analyzed with ANOVA with the Geisser-Greenhouse correction test followed by a post-hoc Sidak multiple test. *P<0.05; **P<0.01; ***P<0.001; ****P<0.0001.

RESULTS

cVNT assay: a booster dose of variant vaccine induce increased of neutralizing antibodies against Delta at 12 weeks after immunization in the heterologous group.



Heterologous



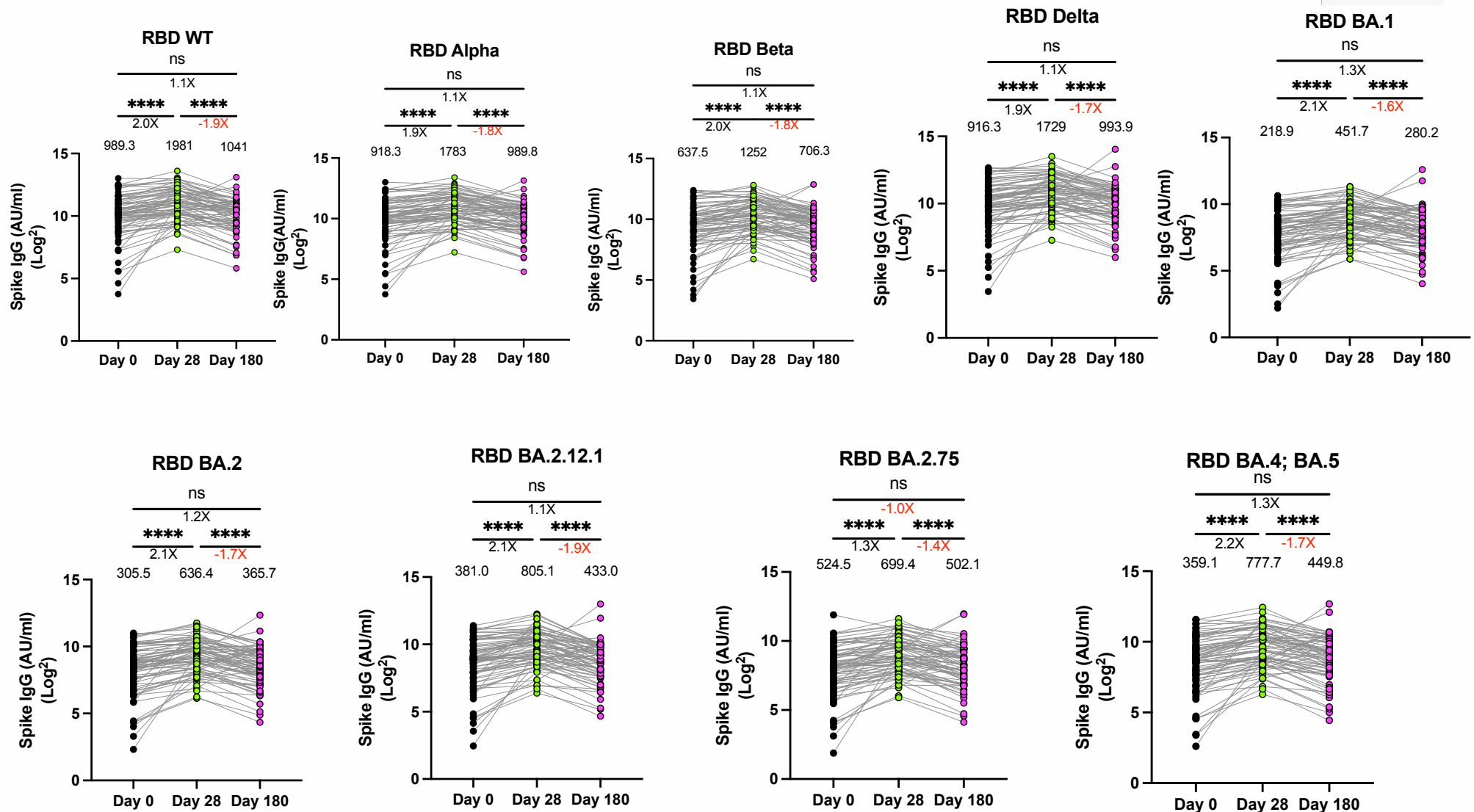
N: 286 subjects (homologous group)

Méndez et al., BMC Medicine, 2025

*Data was analyzed with ANOVA with the Geisser-Greenhouse correction test followed by a post-hoc Sidak multiple test. *P<0.05; **P<0.01; ***P<0.001; ****P<0.0001.

RESULTS

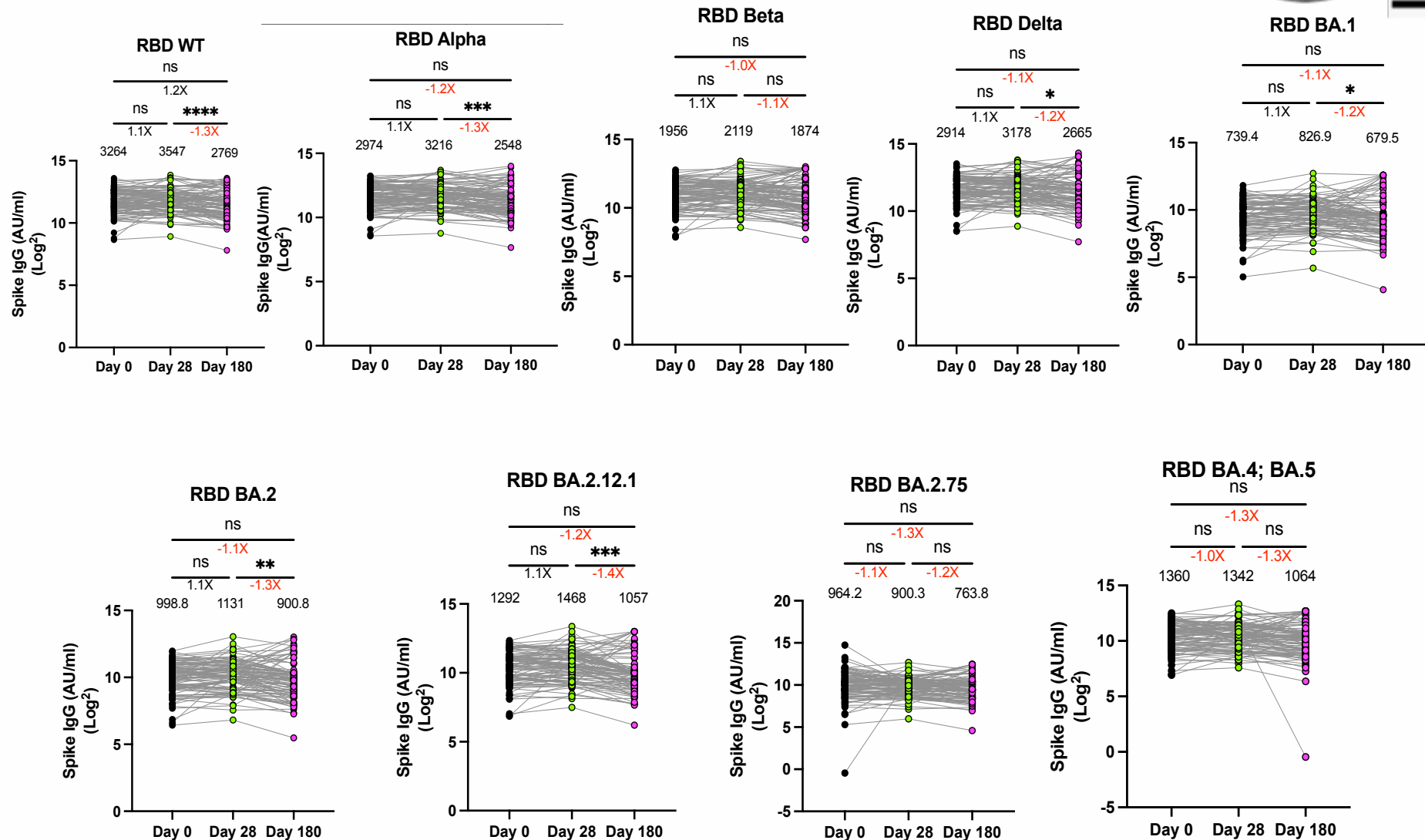
MSD assay: a booster dose of variants vaccine induce increased of neutralizing antibodies at 4 weeks and decrease at 12 weeks after immunization in the homologous group. $n=76$ subjects, T test



RESULTS

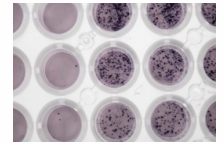
MSD assay: a booster dose of variants vaccine do not change the levels of total antibodies at 4 weeks after immunization in the heterologous group. A decrease is observed at 12 weeks.

n=99 subjects, T test



RESULTS

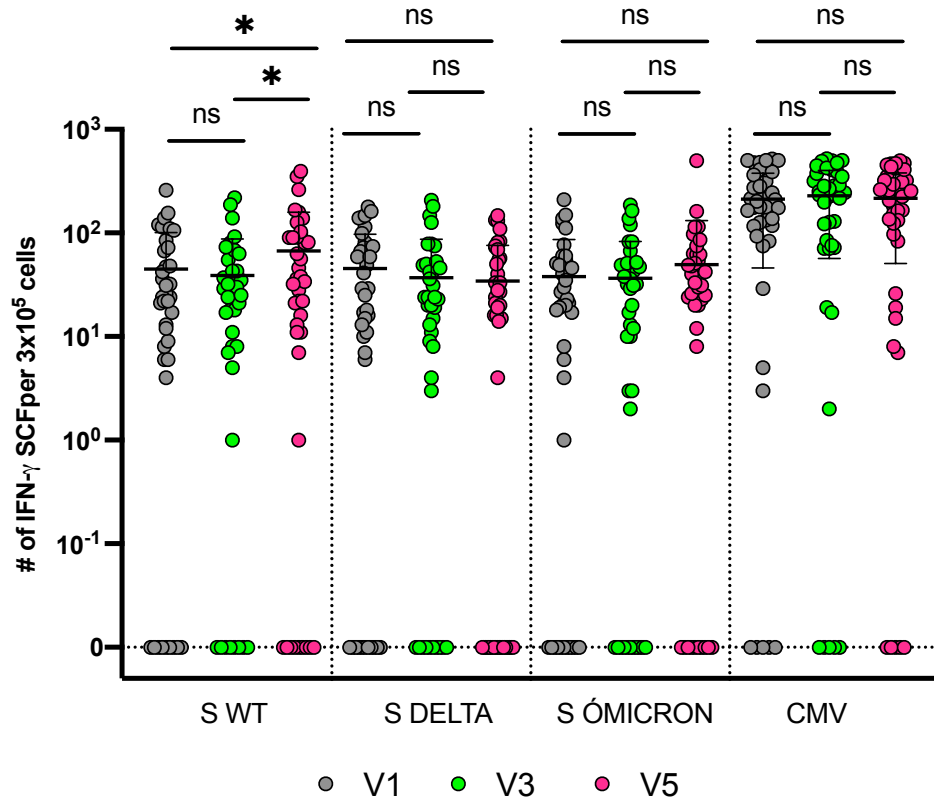
ELISPOT: IFN- γ response increases in PBMCs from subjects that received an inactivated vaccine against the SARS-CoV-2 variant at 12 weeks in the homologous group.



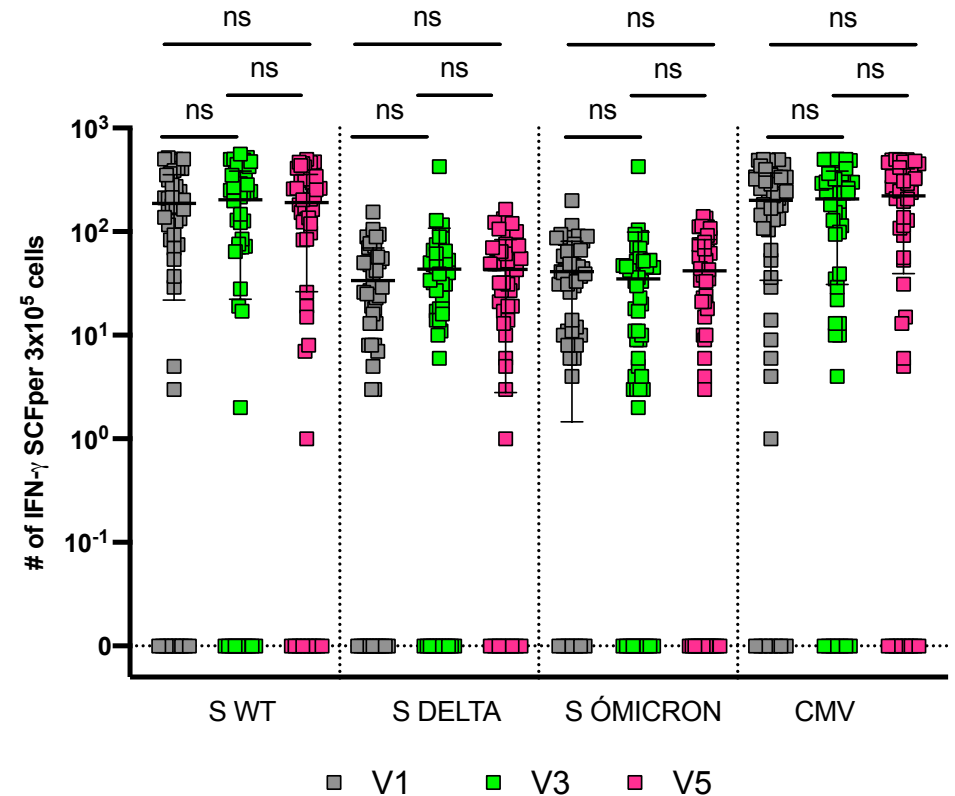
ELISPOT (IFN- γ)

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Homologous



Heterologous

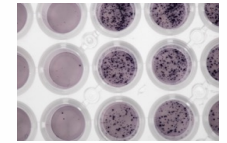


N=40 homologous, 49 heterologous

ANOVA with Fisher's Least Significant Difference (LSD) post-hoc test

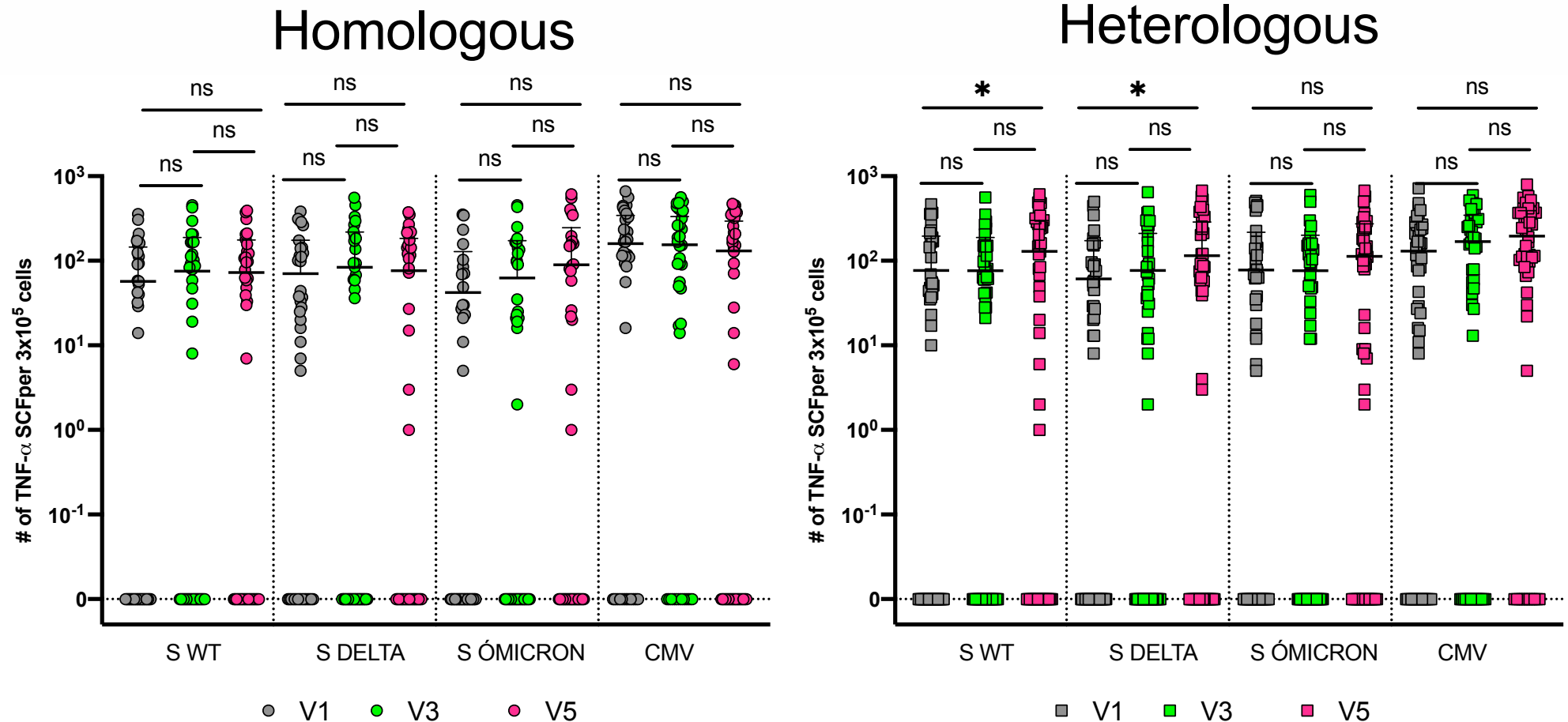
RESULTS

ELISPOT: TNF- α response increases in PBMCs from subjects that received an inactivated vaccine against the SARS-CoV-2 variant at 12 weeks in the **heterologous group**.



ELISPOT (TNF- α)

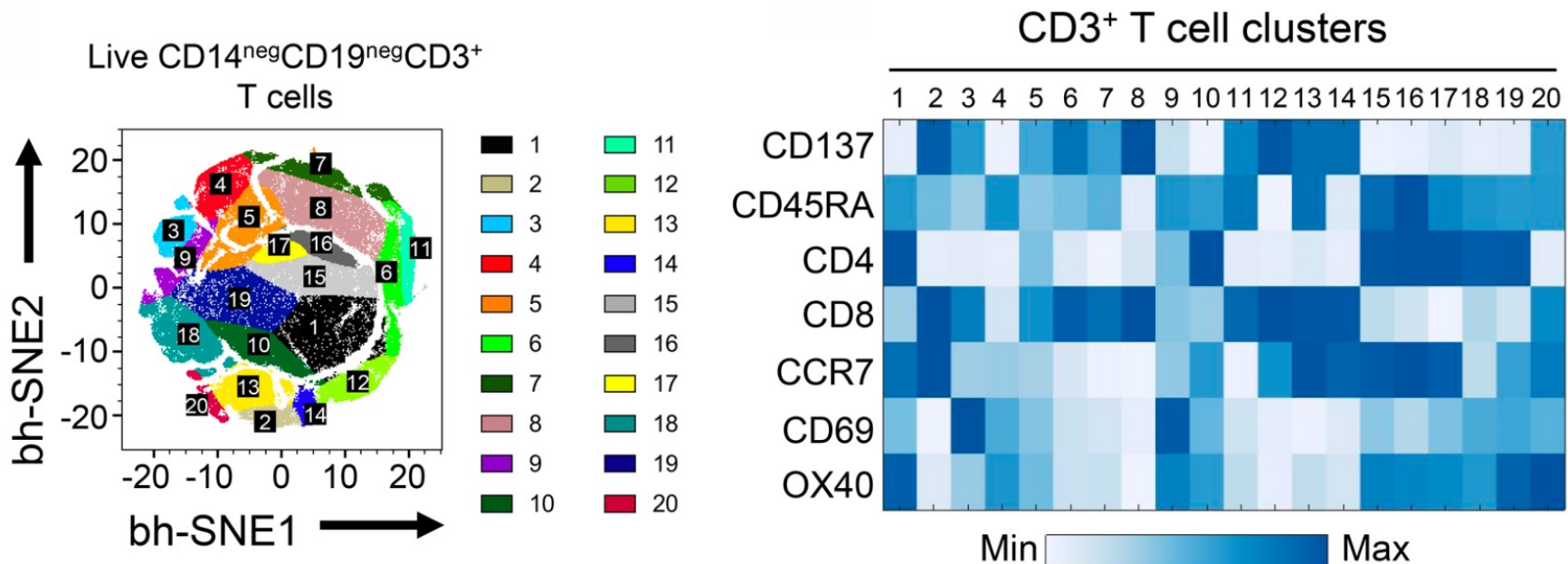
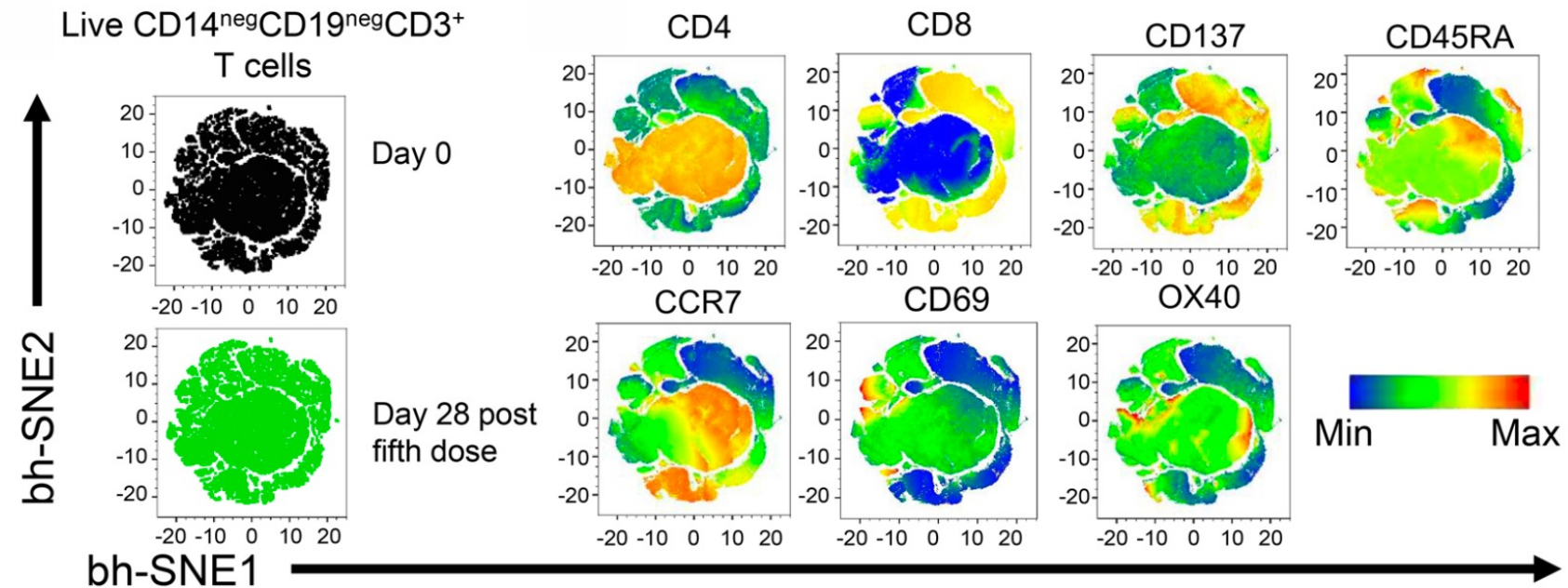
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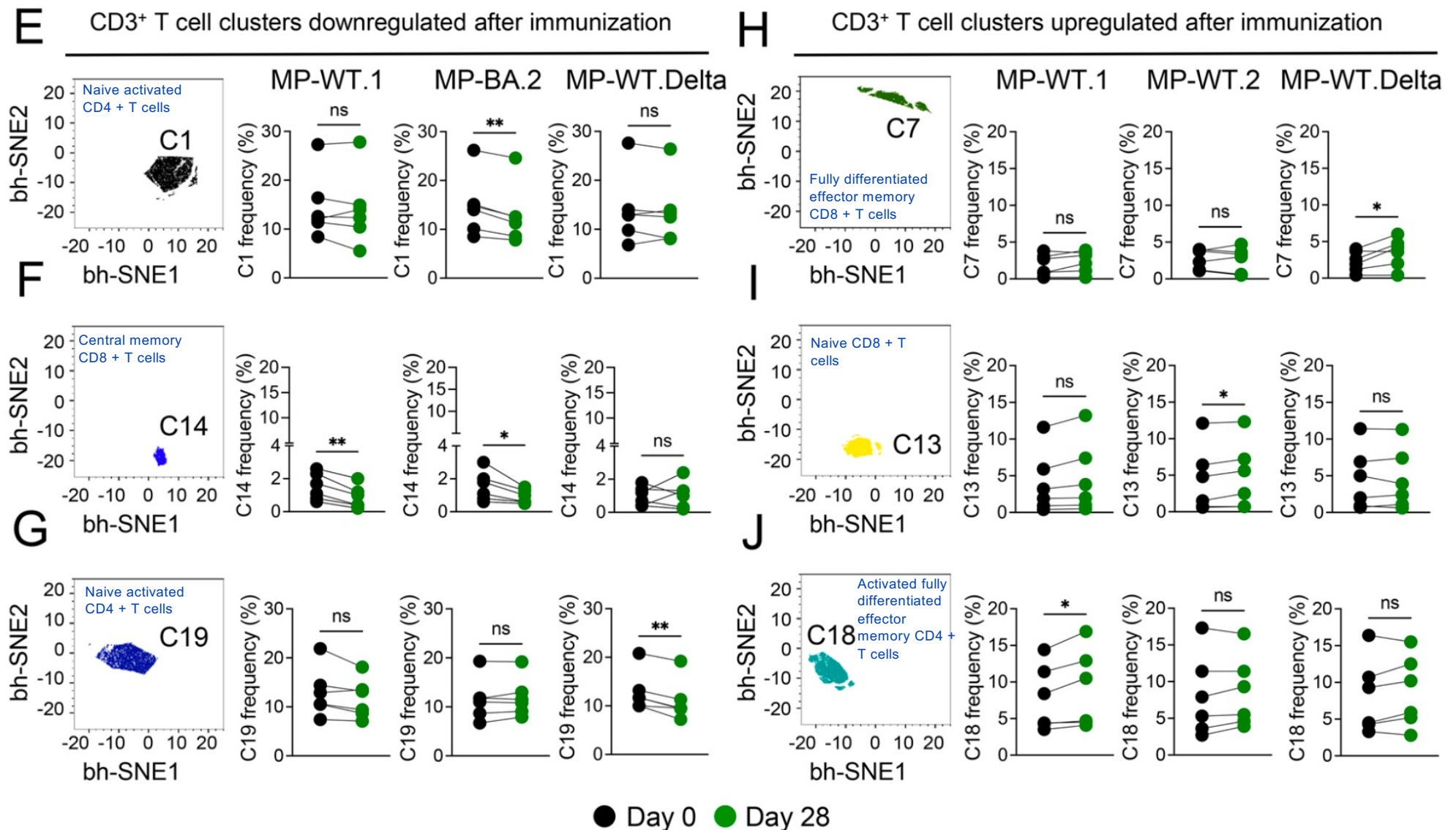
N=40 homologous, 49 heterologous

ANOVA with Fisher's Least Significant Difference (LSD) post-hoc test

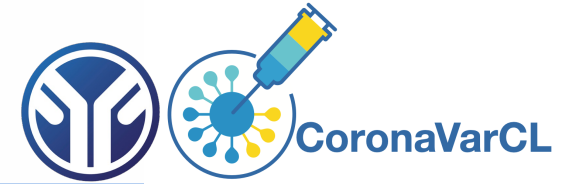
Unsupervised Multiparametric Flow Cytometry Analyses



Multiparametric Flow cytometry: Specific changes in the frequency of CD3⁺ T cells clusters are observed in subjects in the **homologous group** that received an inactivated vaccine against SARS-CoV-2 (Wuhan).



Conclusions



Immunization with variant vaccines increases the levels of neutralizing and total antibodies for three variants at 12 weeks in the homologous group.

Immunization with variants vaccines increases the levels of neutralizing antibodies for Delta and Omicron at 12 weeks in the heterologous group.

Increase IFN- γ (homologous) and TNF- α (heterologous) producing cells are observed upon stimulation with pool of peptides derived from Spike proteins from variants of concern at 12 weeks of immunization.

Immunization with variant vaccines do not change the level of AIM⁺ CD4⁺ or CD8⁺ T cells at 4 or 12 weeks after immunization.

Multiparametric flow cytometry analyses revealed changes in specific subpopulations of CD3⁺ T cells after a fifth dose of SASR-CoV-2 vaccine.

A booster with inactivated variants vaccines against SARS-CoV-2 induces changes in the immune response in adults that received either homologous or heterologous vaccination schedules

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Immunogenicity Team



Clinical Team



Immunogenicity Team + Sinovac



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