

Intranasal Nanovaccines for Tuberculosis Prevention: Novel Strategies in Formulation and Delivery

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RTI International

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Respiratory Mucosal Vaccination

Generation of memory and plasma IgA⁺ B cells

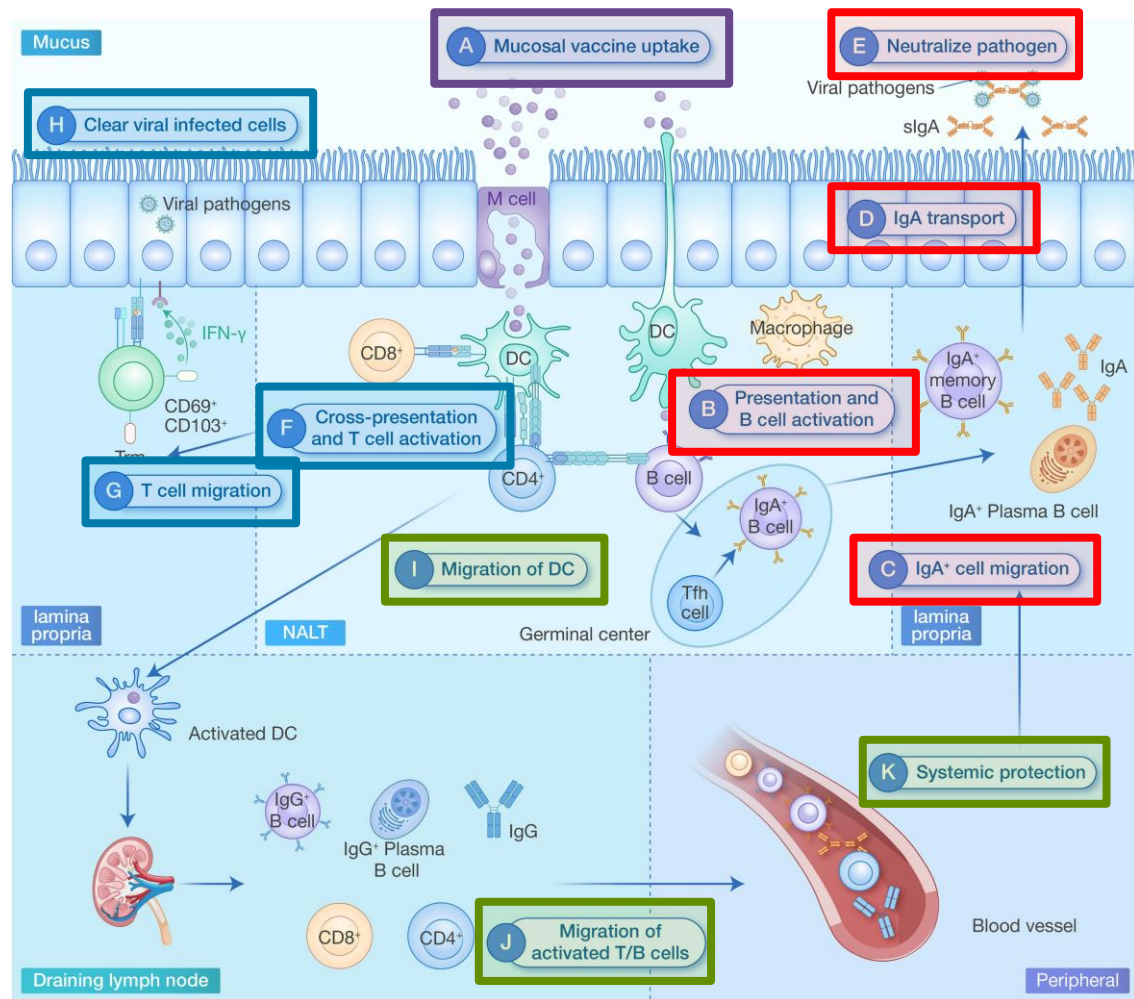
- Secreted IgA in the mucus rapidly neutralize pathogens

Generation of antigen-specific T cells

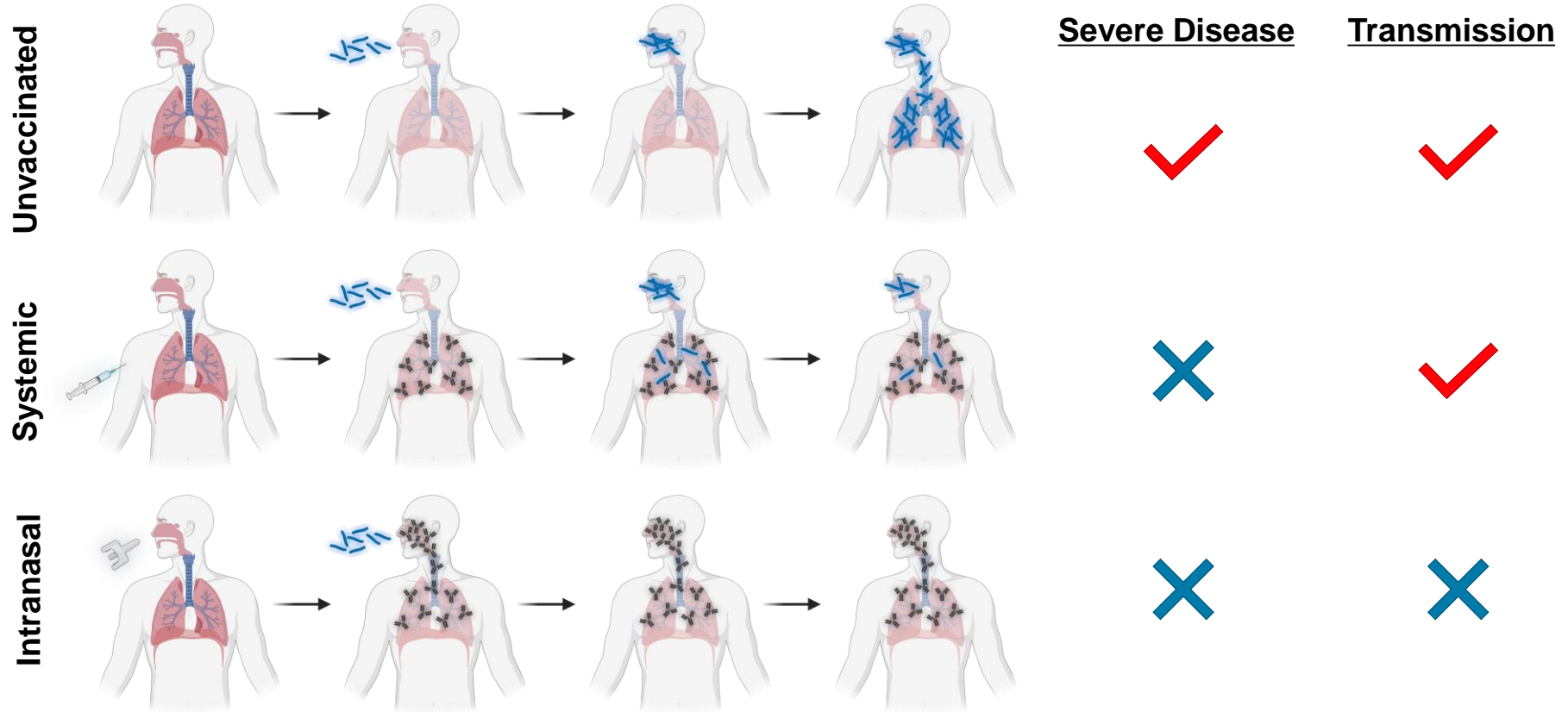
- Mucosal tissue-resident T cells clear infected host cells

Stimulation of B and T cells in the draining lymph nodes

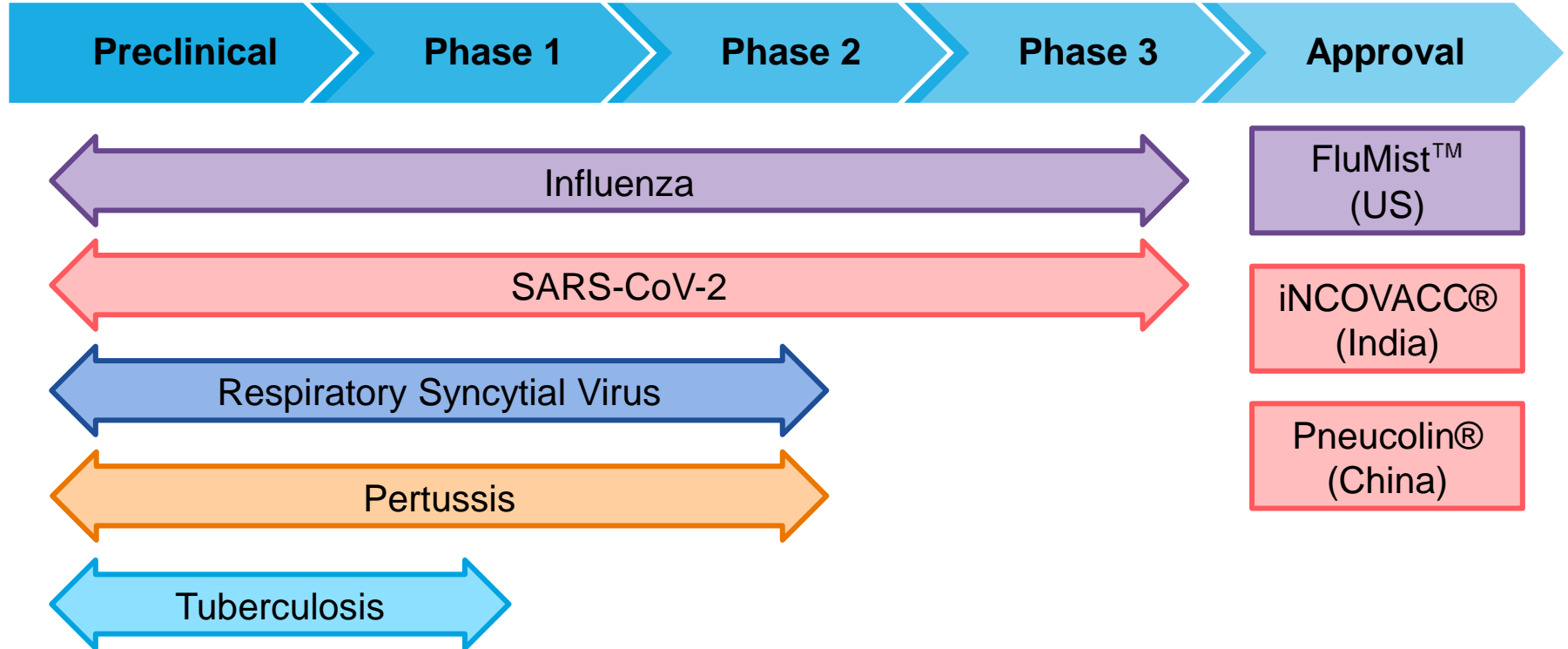
- Produced IgG can enter the bloodstream, conveying systemic immunity



Vaccination against Respiratory Infectious Disease

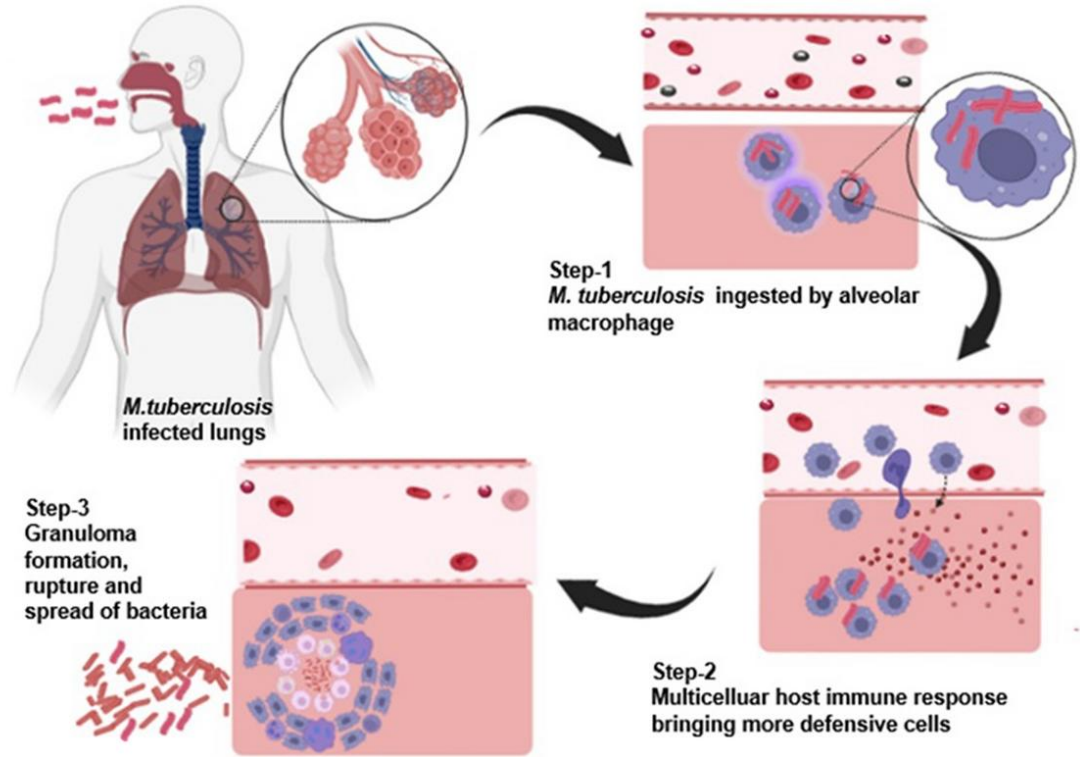


Intranasal Vaccine Landscape



Tuberculosis (TB)

- Results from infection with *Mycobacterium tuberculosis* (*Mtb*)
- World's leading cause of death from a single infectious disease
- 1.25 million deaths in 2023
- High prevalence in resource-limited countries



Tuberculosis Vaccination



Bacille Calmette-Guérin (BCG) vaccine

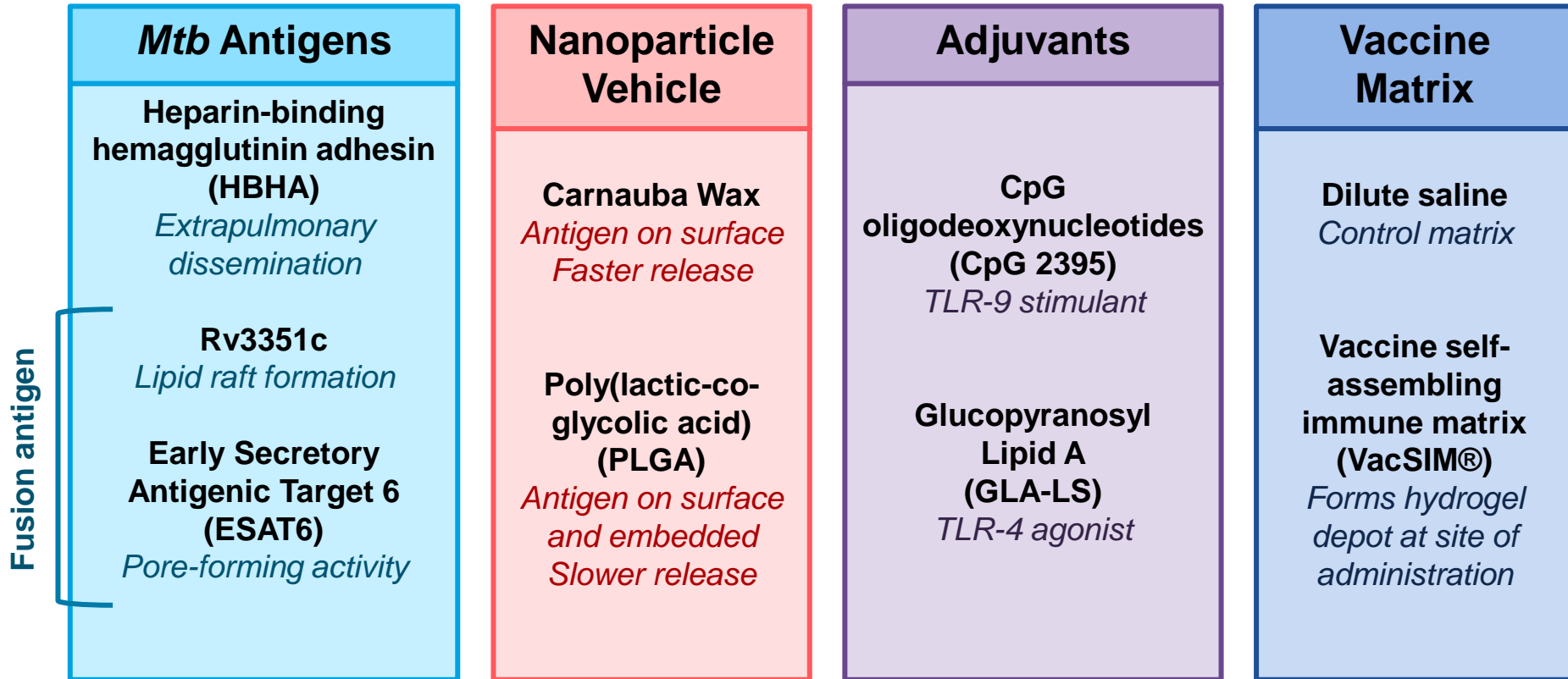
- Only licensed and widely used vaccine for TB
- Global use, with limited use in US
- Protects children from disseminated TB and TB meningitis

Limitations to BCG vaccine

- Less effective in preventing pulmonary TB in adults

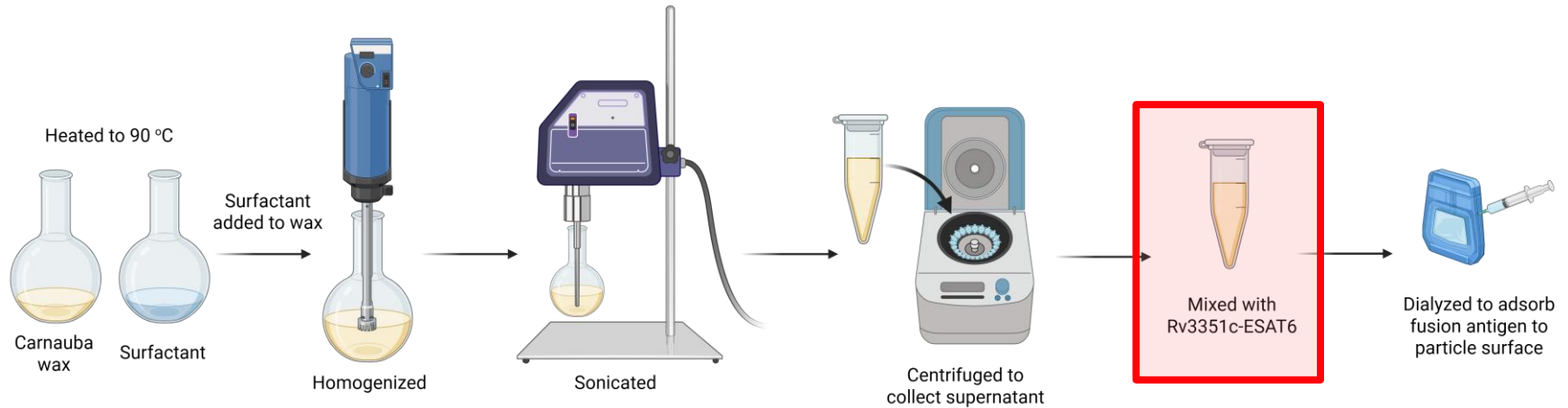
Program Goal: to combine the benefits of the BCG vaccine with a nanovaccine booster to enhance and extend immunity against *Mtb*

Nanovaccine Components

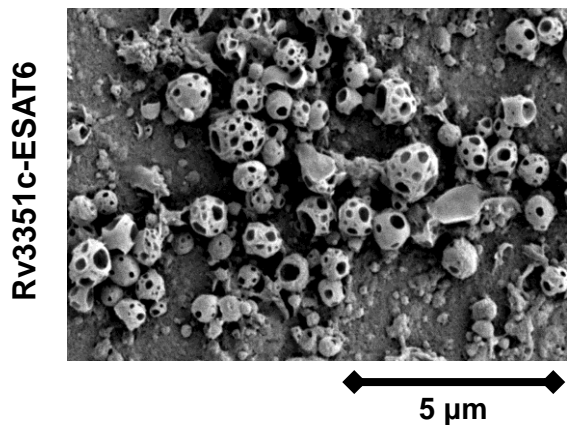


Wax Nanoparticles

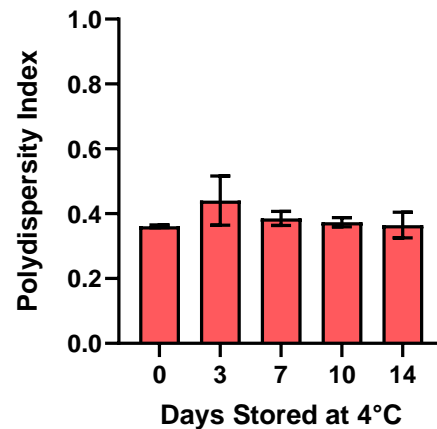
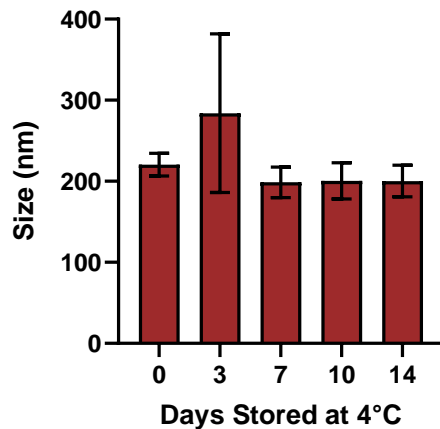
Nanoparticles prepared via hot homogenization technique with surfactant



Wax Nanoparticles



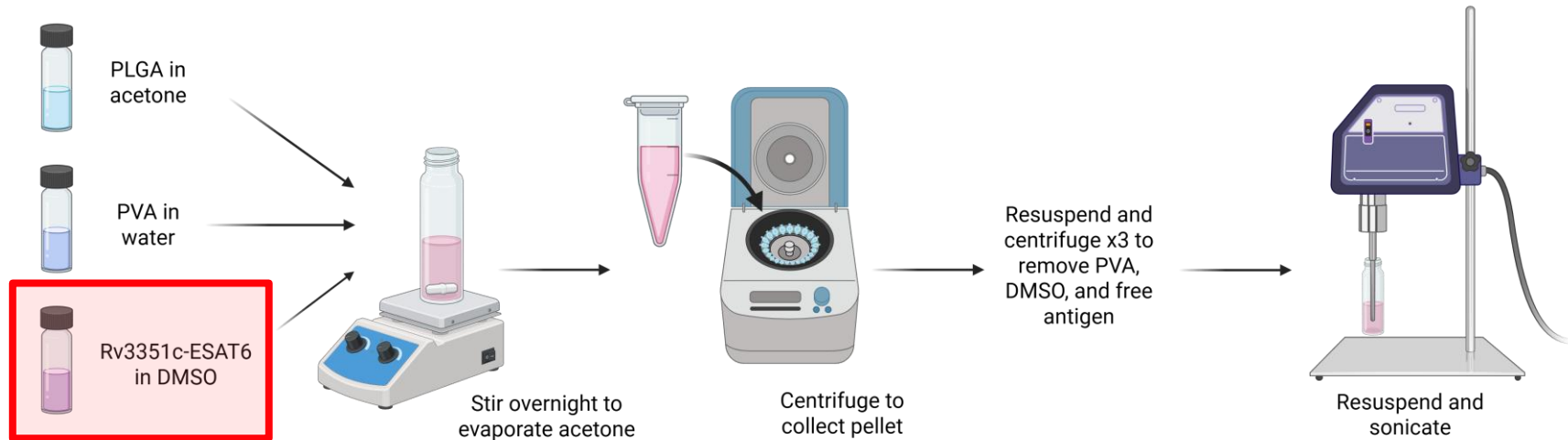
200-400 nm



Particles maintained size and polydispersity after 14 days of storage at 4 °C

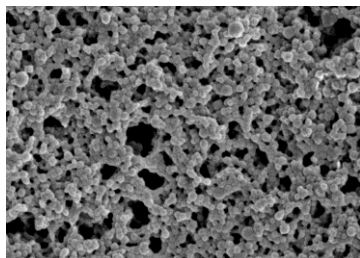
PLGA Nanoparticles

Nanoparticles prepared via solvent displacement technique

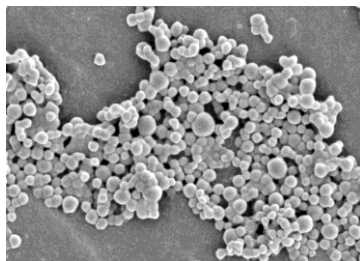


PLGA Nanoparticles

Conalbumin

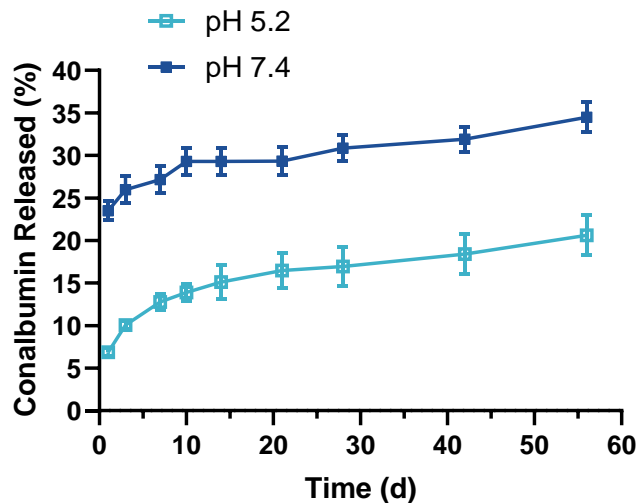


Rv3351c-ESAT6

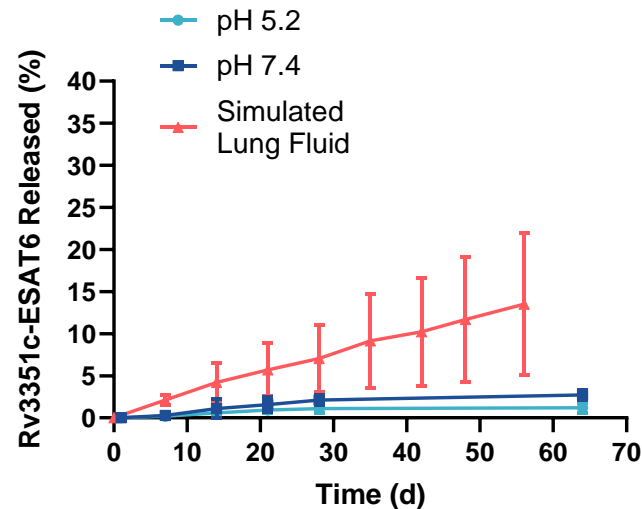


2 μ m

200-400 nm



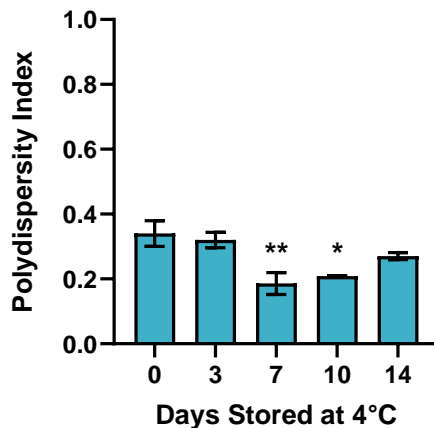
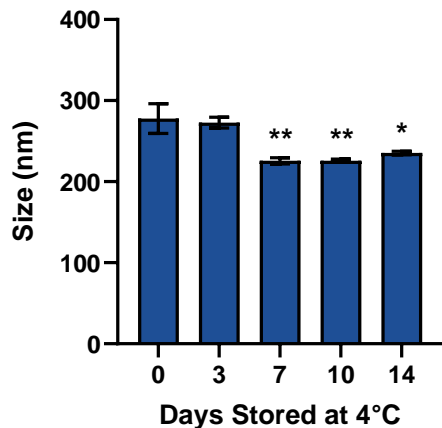
EE = $89.7 \pm 0.6\%$
Release ≥ 8 weeks



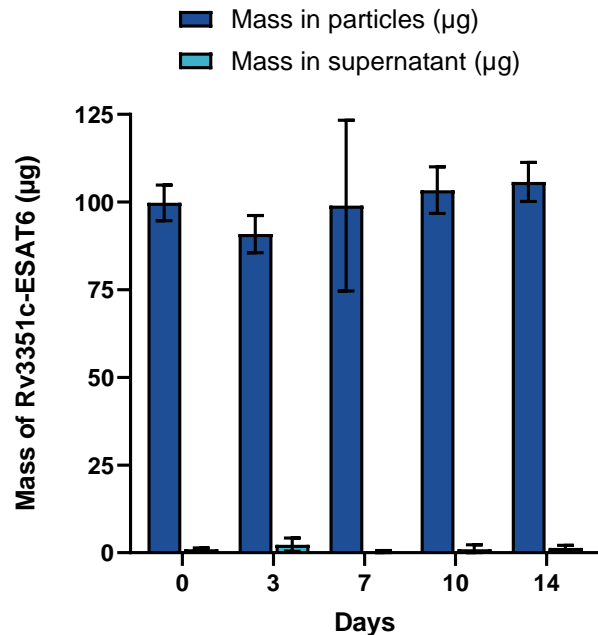
EE = $82.2 \pm 3.5\%$
Slow release in vitro likely
due to hydrophobicity

n ≥ 3

PLGA Nanoparticles



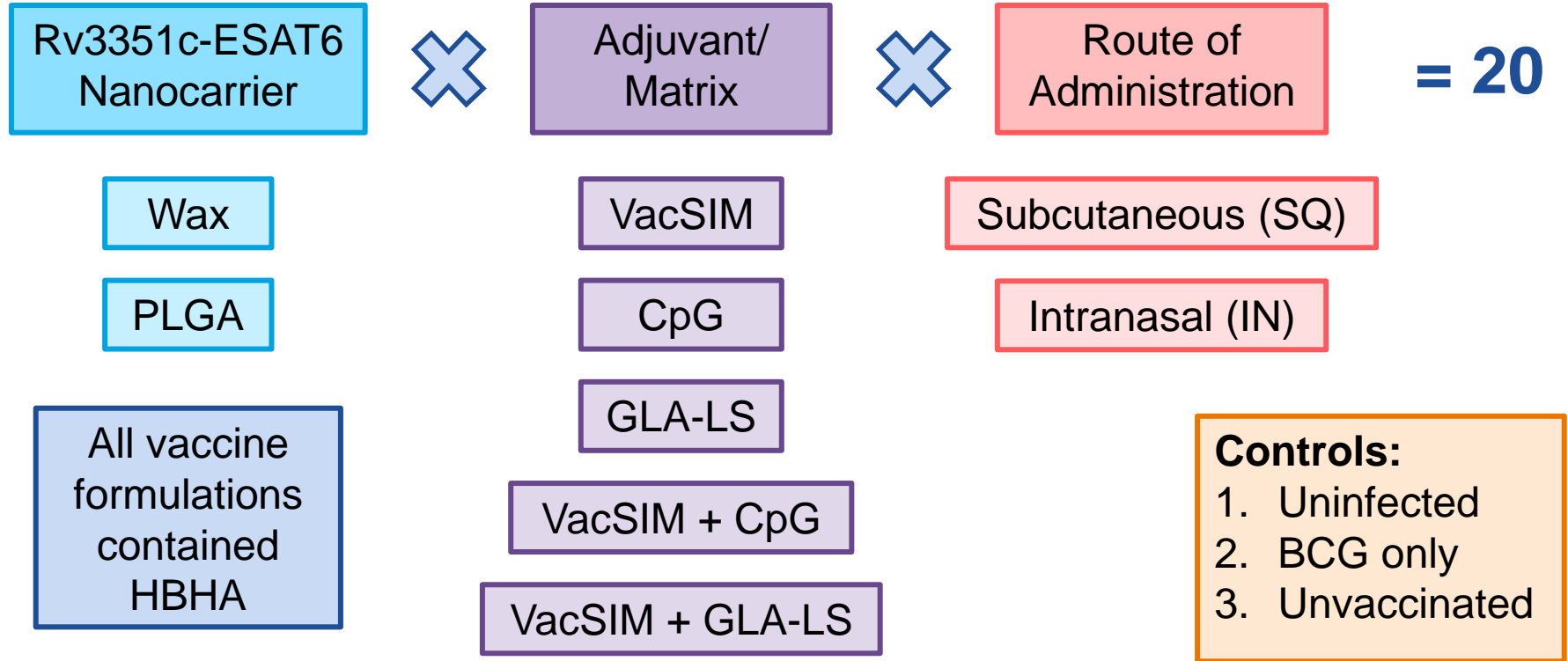
Particles slightly decreased in size and polydispersity over 14 d storage at 4 °C



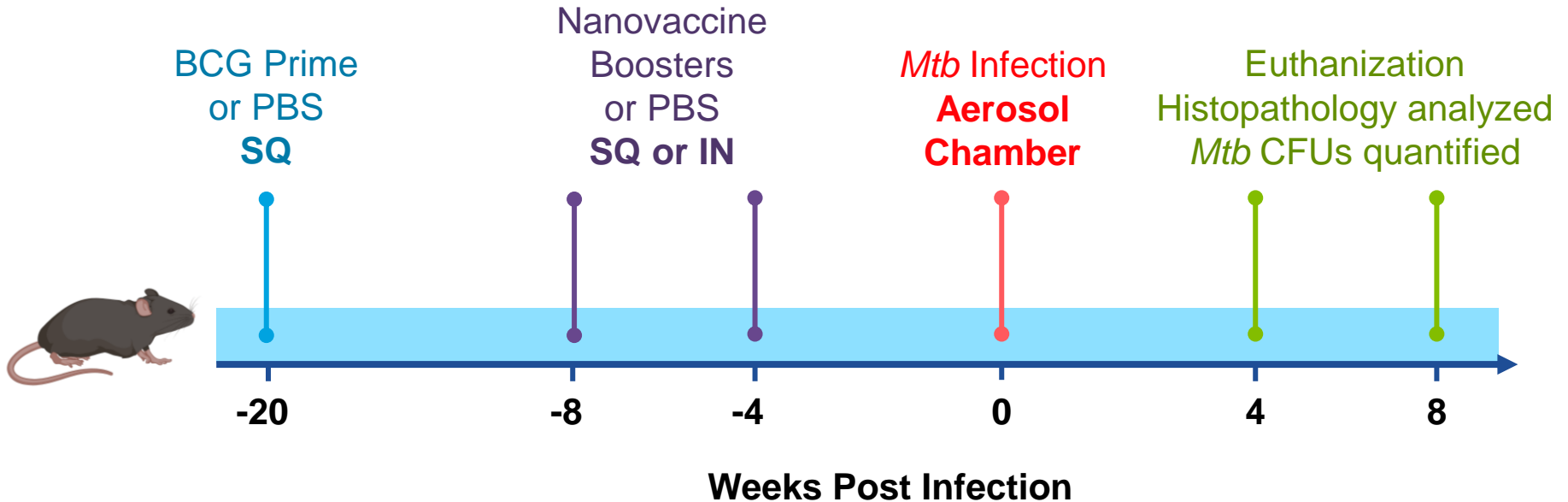
>97% antigen retained in particles after 14 d storage at 4 °C

n ≥ 3

Nanovaccine Candidates



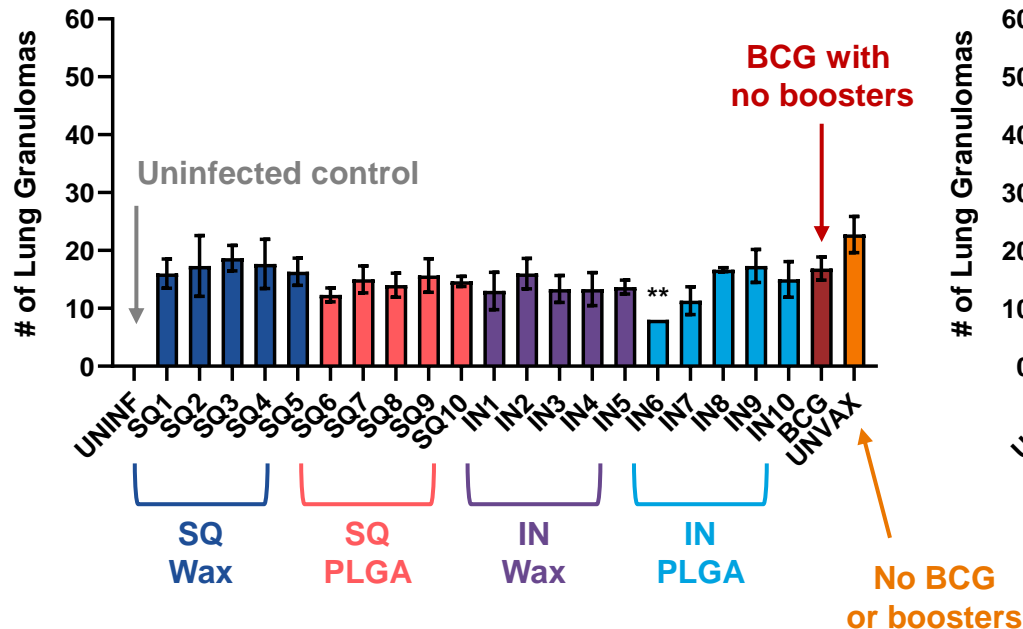
Preclinical Murine TB Challenge – Experiment Outline



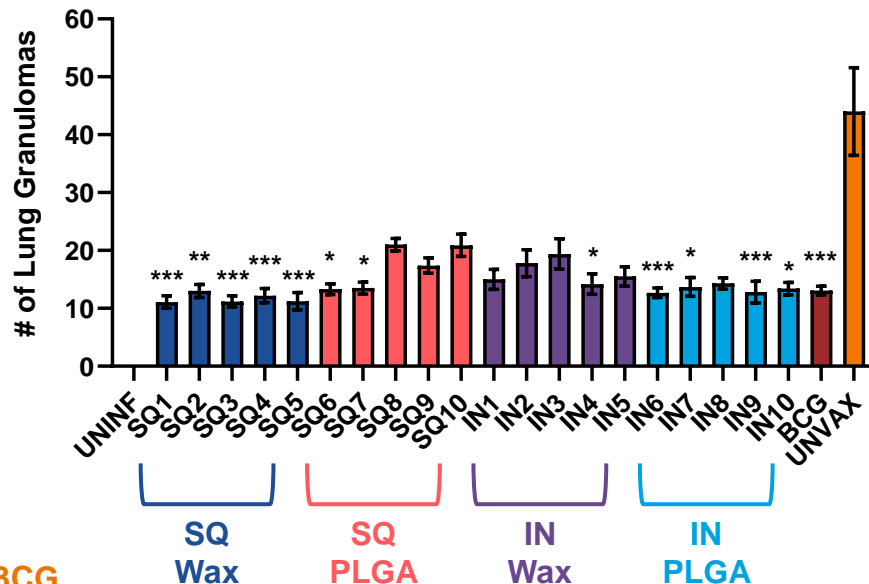
Histopathology – Number of Granulomas

Kruskal-Wallis statistical test
All comparisons are to UNVAX
*p<0.05 **p<0.01 ***p<0.005

Week 4 p.i.



Week 8 p.i.

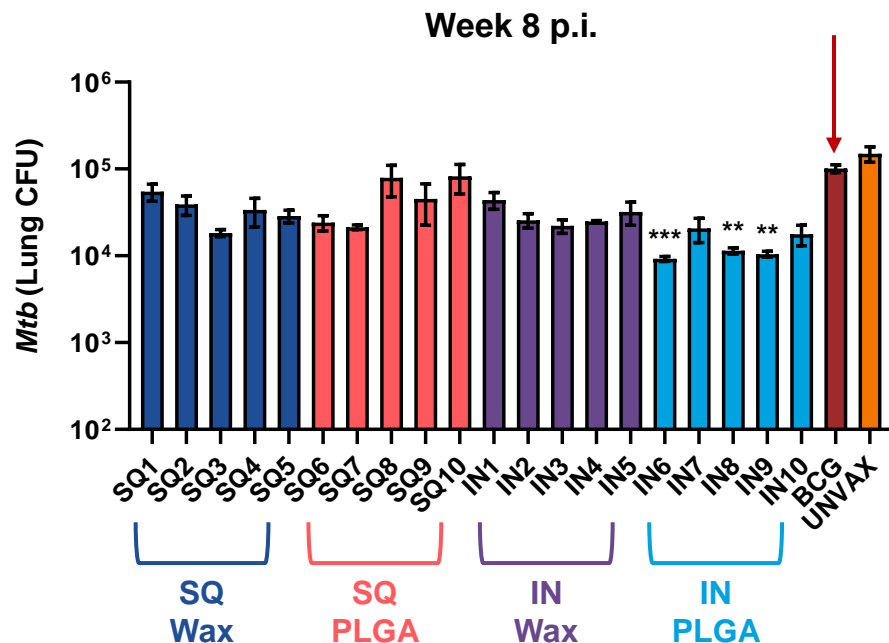
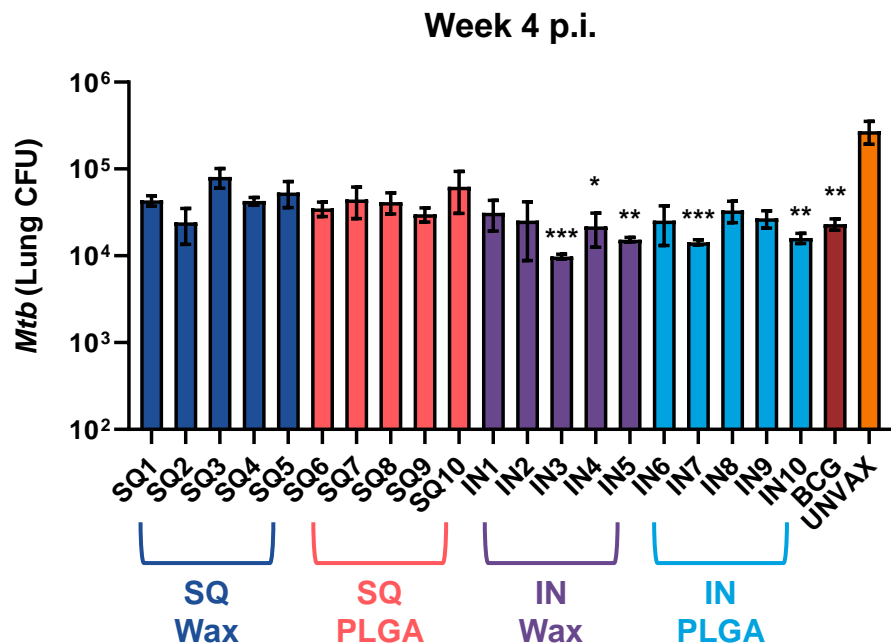


BCG + Booster protects similarly to BCG only in reducing granuloma formation

n ≥ 3

Bacterial Burden – Lungs

Kruskal-Wallis statistical test
All comparisons are to UNVAX
*p<0.05 **p<0.01 ***p<0.005

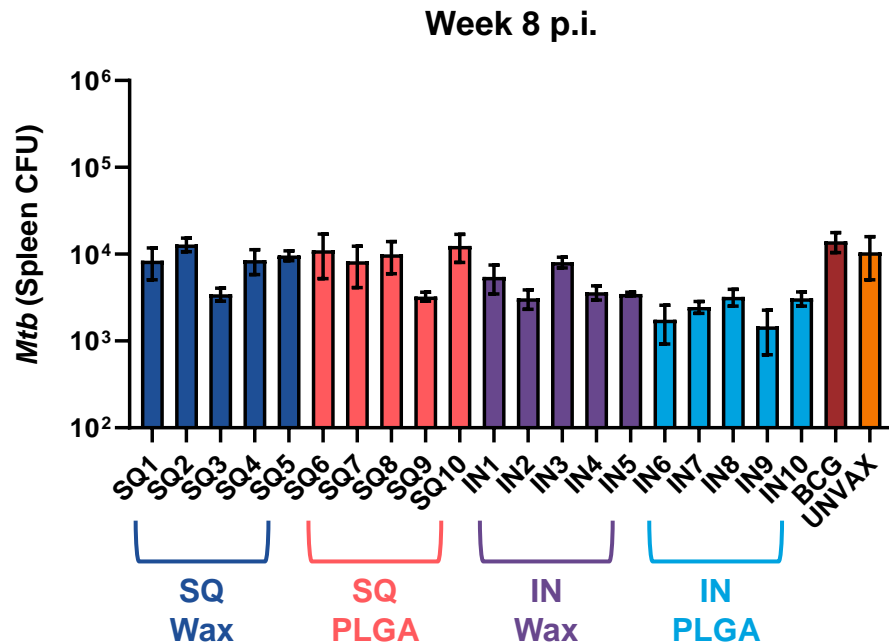
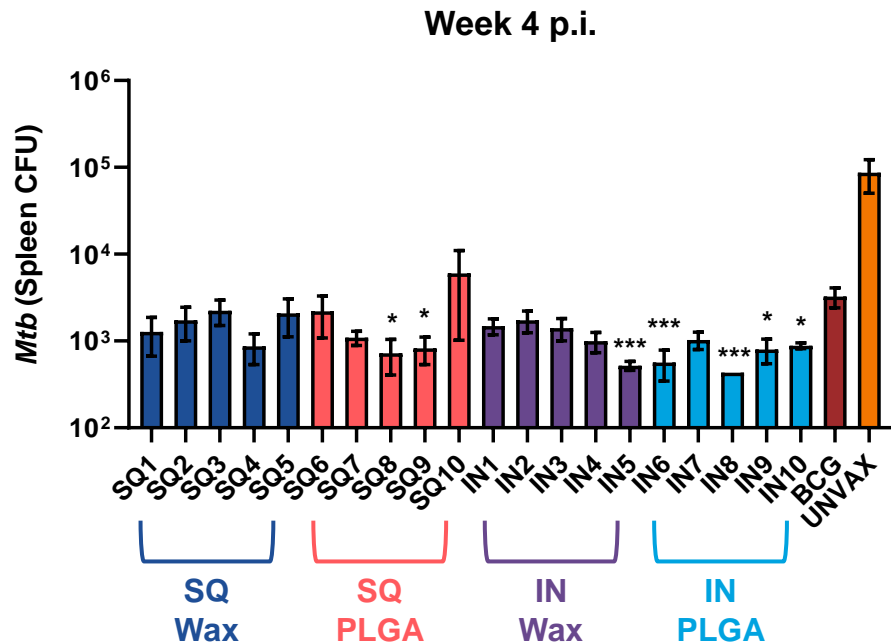


Intranasal PLGA formulations maintain reduced lung bacterial burden at 8 weeks

n ≥ 3

Bacterial Burden – Spleen

Kruskal-Wallis statistical test
All comparisons are to UNVAX
*p<0.05 **p<0.01 ***p<0.005



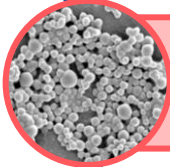
Intranasal PLGA formulations reduced spleen bacterial burden at 4 weeks

n ≥ 3

Conclusions and Next Steps



Intranasal vaccination generates mucosal immunity, reducing both the severity of infection and the likelihood of transmission.



An intranasal TB nanovaccine was successfully formulated to control the release of a novel fusion antigen.



Intranasal vaccines with extended antigen release outperformed those delivered subcutaneously or with rapid antigen release in mice.



The top intranasal PLGA formulations will be evaluated for stability and safety in mice as well as safety and efficacy in guinea pigs.

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