

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

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Nasal Innovation Forum 2025
Trenton, NJ



**NASAL
INNOVATION
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Respiratory Mucosal Vaccination

Generation of memory and plasma IgA⁺ B cells

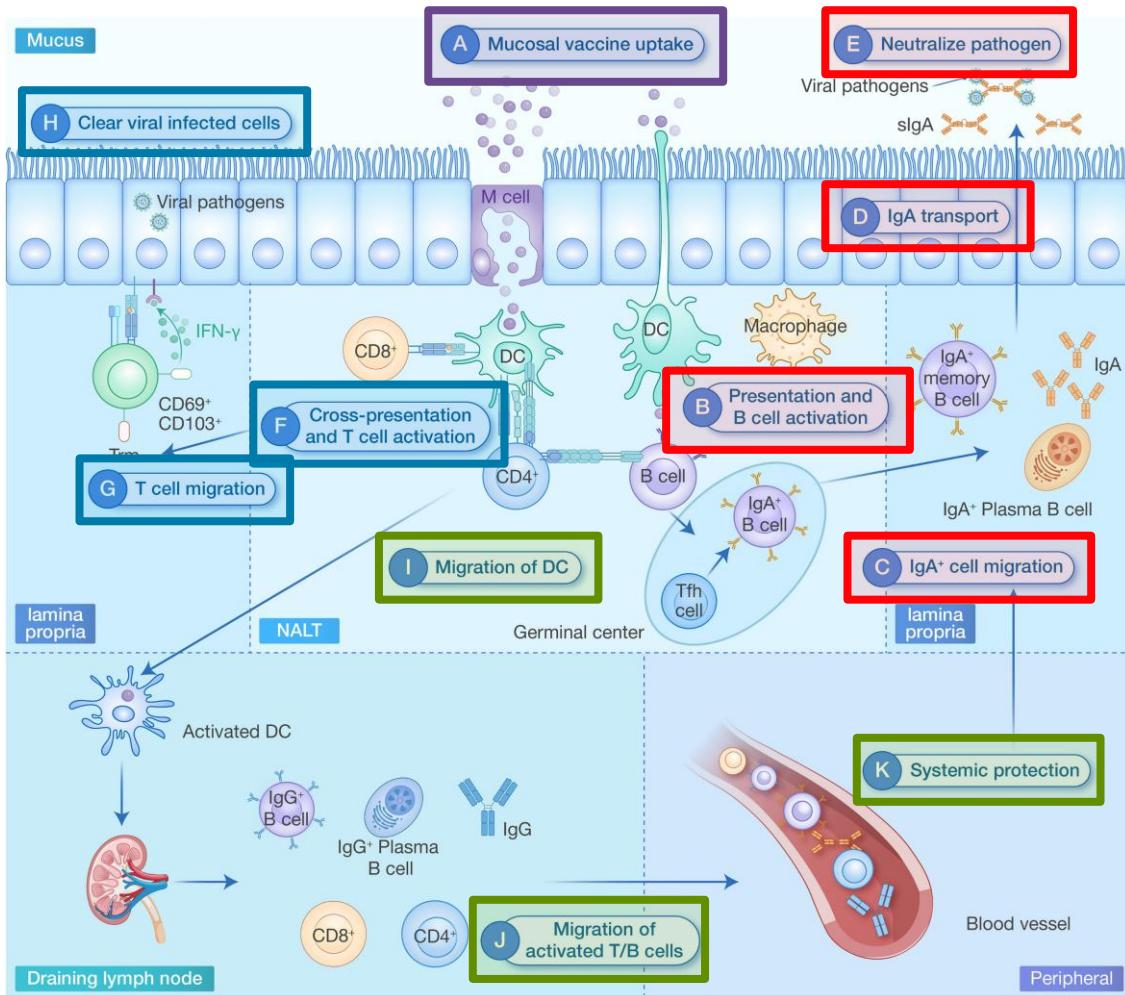
- Secreted IgA in the mucus rapidly neutralize pathogens

Generation of antigen-specific T cells

- Mucosal tissue-resident T cells clear infected host cells

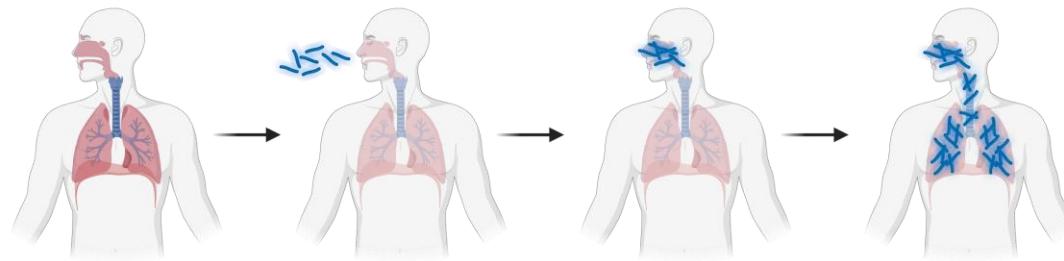
Stimulation of B and T cells in the draining lymph nodes

- Produced IgG can enter the bloodstream, conveying systemic immunity



Vaccination against Respiratory Infectious Disease

Unvaccinated



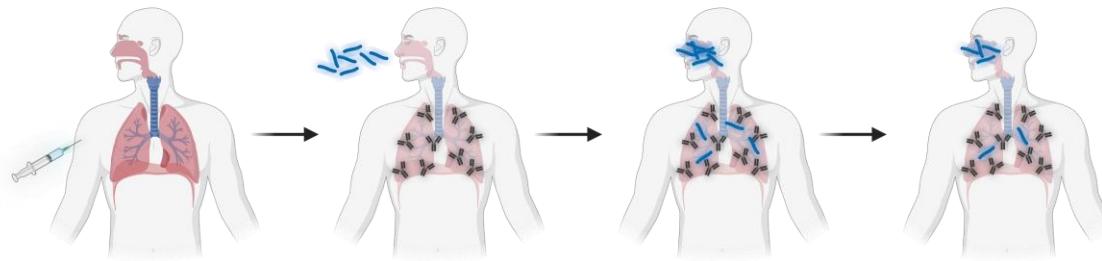
Severe Disease



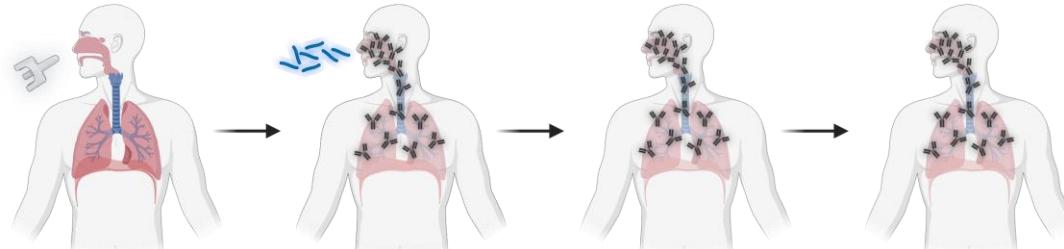
Transmission



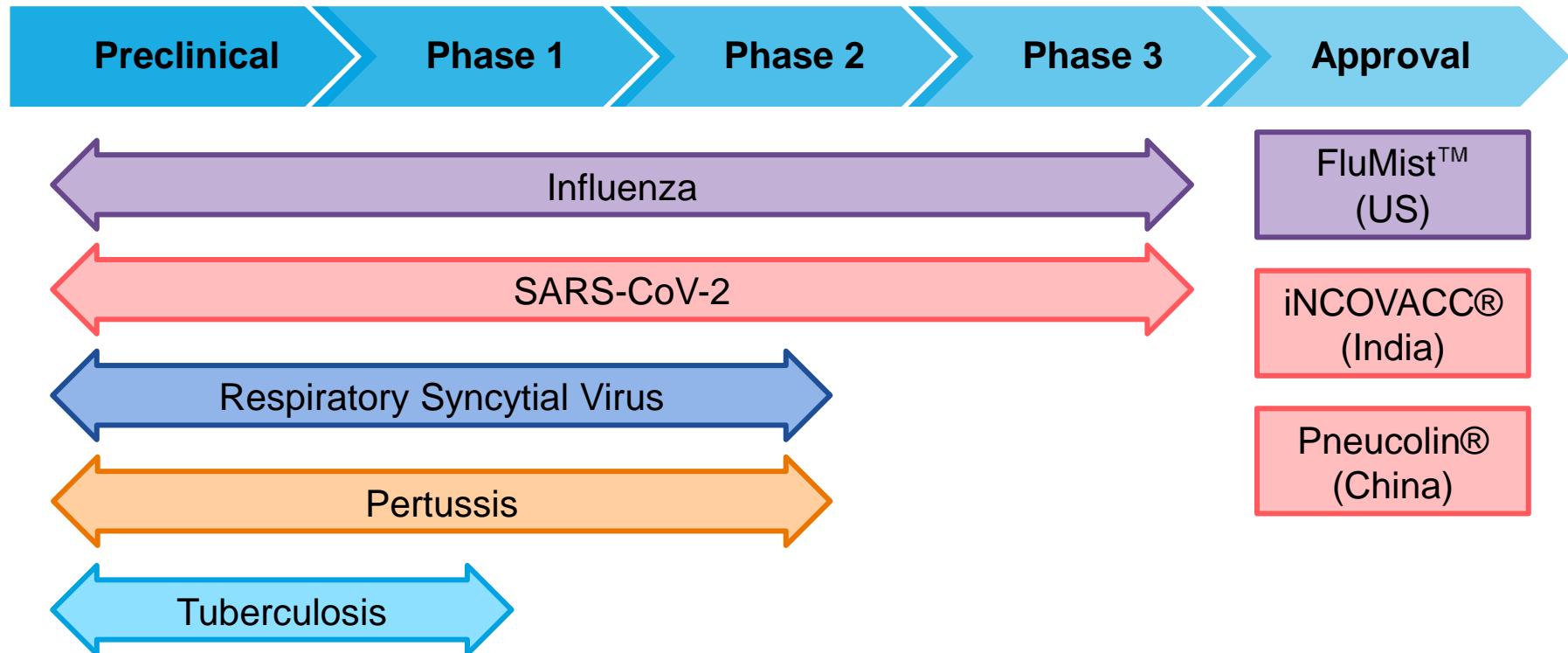
Systemic



Intranasal

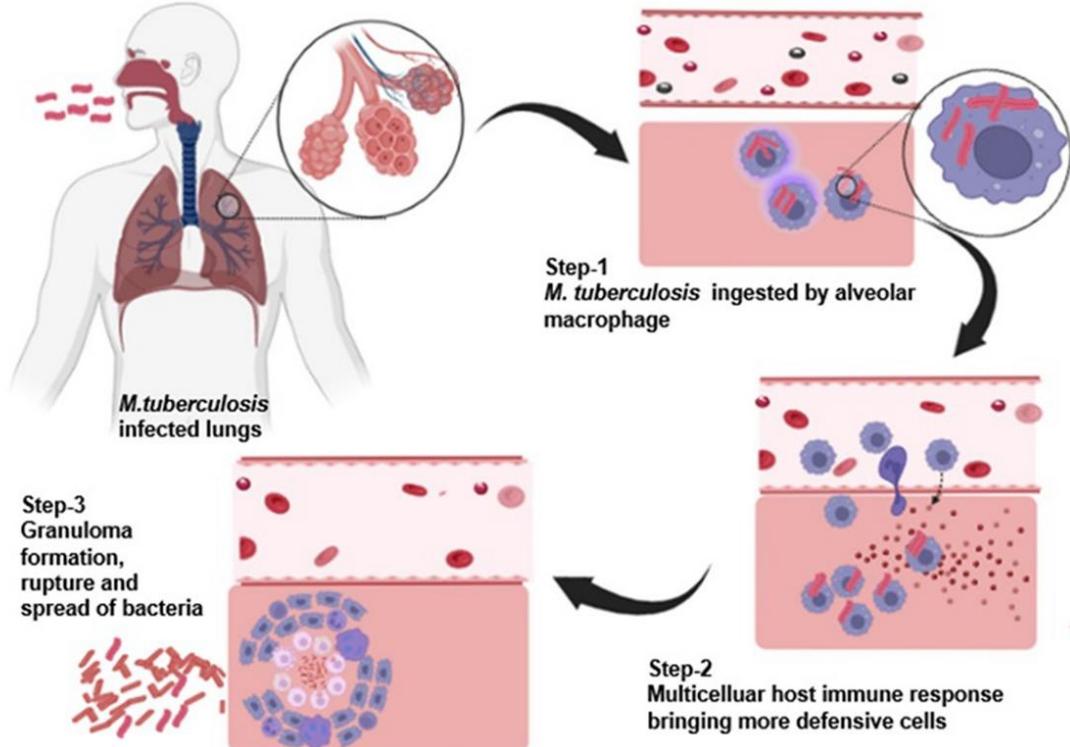


Intranasal Vaccine Landscape



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

Fusion antigen

Mtb Antigens

Heparin-binding
hemagglutinin adhesin
(HBHA)
*Extrapulmonary
dissemination*

Rv3351c
Lipid raft formation

Early Secretory
Antigenic Target 6
(ESAT6)
Pore-forming activity

Nanoparticle Vehicle

Carnauba Wax
*Antigen on surface
Faster release*

Poly(lactic-co-
glycolic acid)
(PLGA)

*Antigen on surface
and embedded
Slower release*

Adjuvants

CpG
oligodeoxynucleotides
(CpG 2395)
TLR-9 stimulant

Glucopyranosyl
Lipid A
(GLA-LS)
TLR-4 agonist

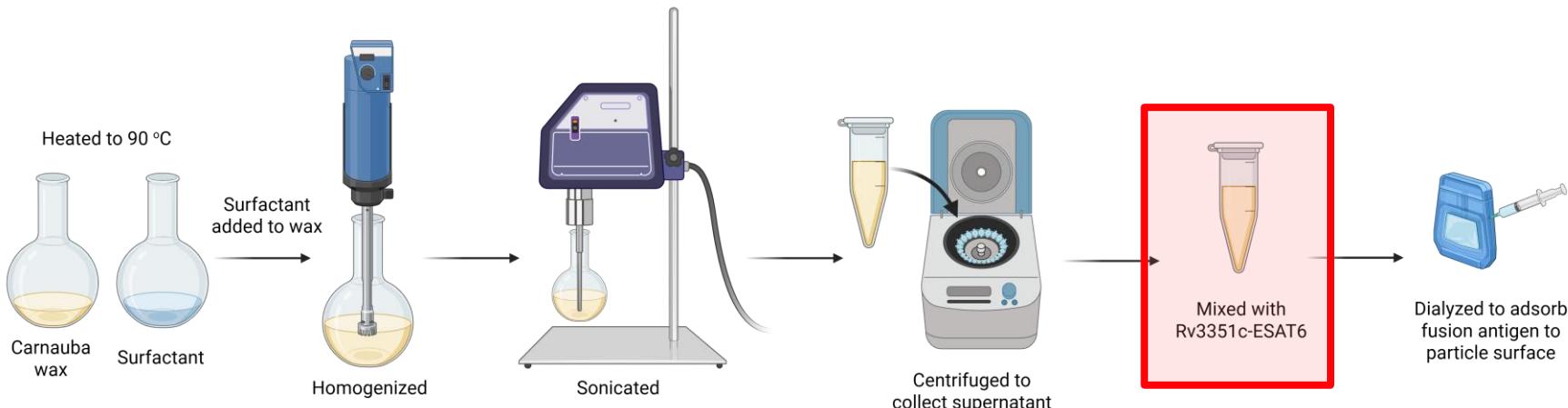
Vaccine Matrix

Dilute saline
Control matrix

Vaccine self-
assembling
immune matrix
(VacSIM®)
*Forms hydrogel
depot at site of
administration*

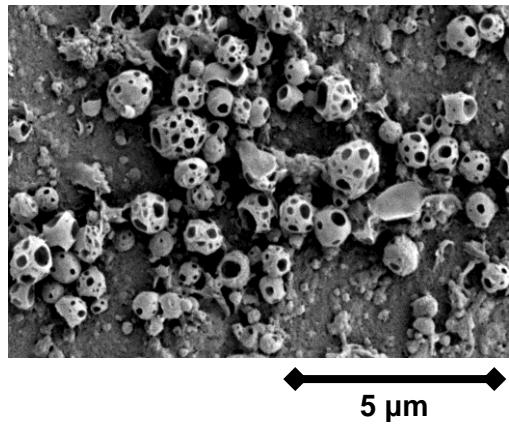
Wax Nanoparticles

Nanoparticles prepared via hot homogenization technique with surfactant

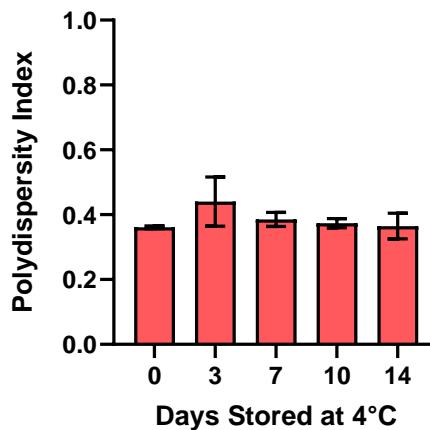
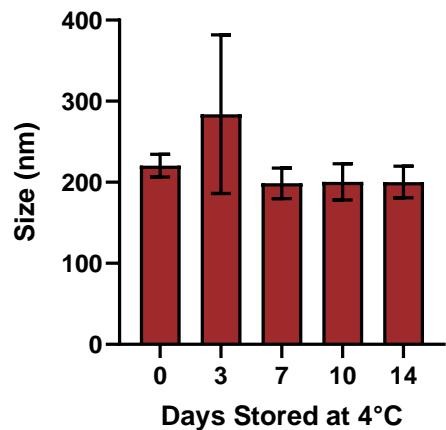


Wax Nanoparticles

Rv3351c-ESAT6



200-400 nm

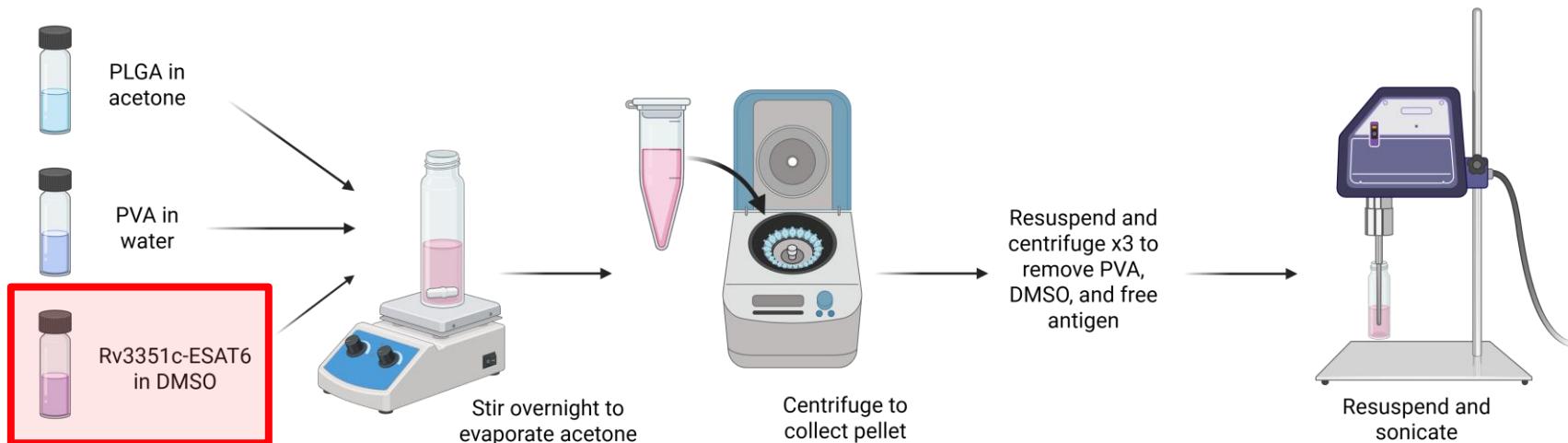


Particles maintained size and polydispersity after 14 days of storage at 4 °C

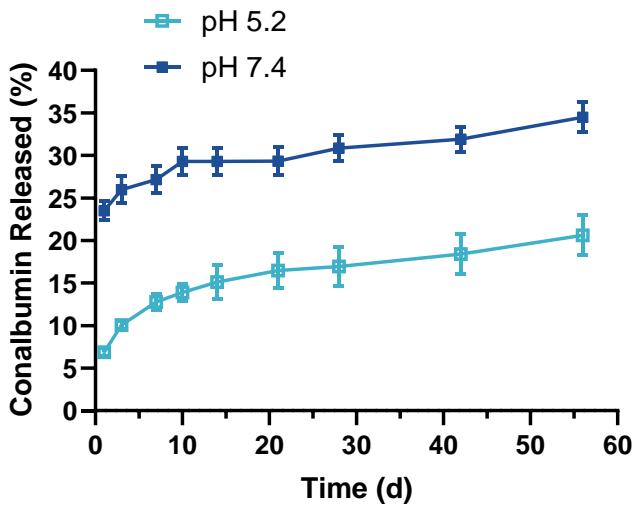
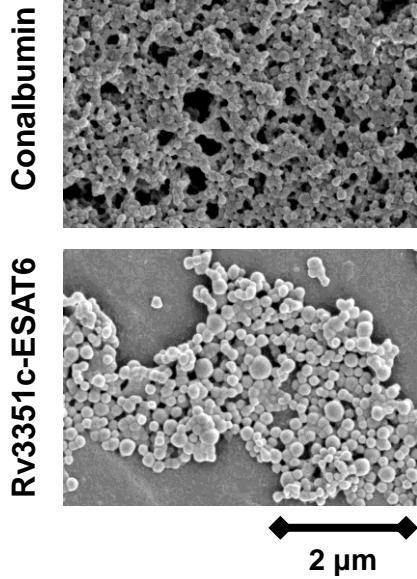
$n \geq 3$

PLGA Nanoparticles

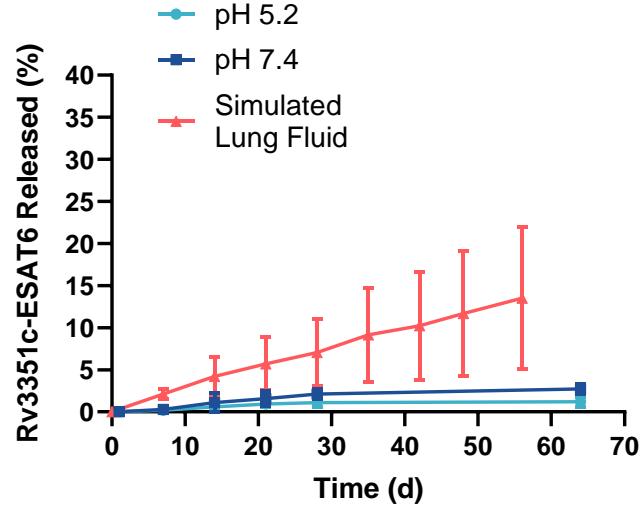
Nanoparticles prepared via solvent displacement technique



PLGA Nanoparticles



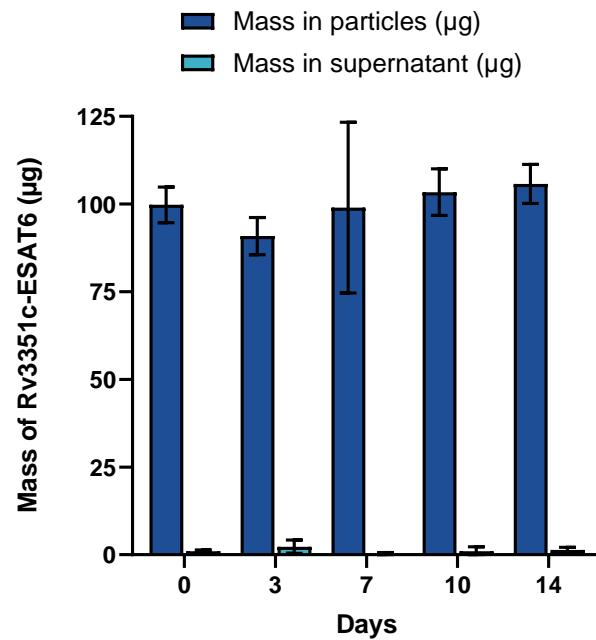
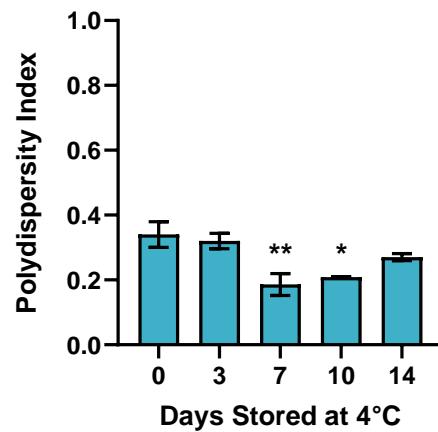
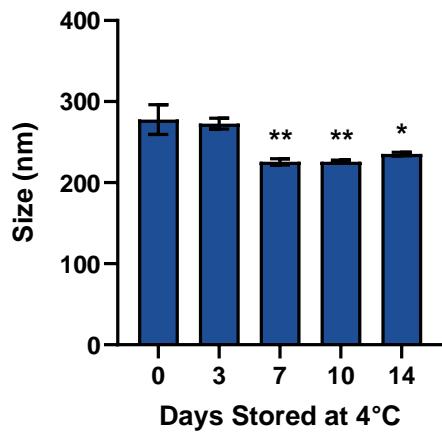
EE = $89.7 \pm 0.6\%$
Release ≥ 8 weeks



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

Nanovaccine Candidates

Rv3351c-ESAT6
Nanocarrier



Adjuvant/
Matrix



Route of
Administration

= 20

Wax

VacSIM

Subcutaneous (SQ)

PLGA

CpG

Intranasal (IN)

All vaccine
formulations
contained
HBHA

GLA-LS

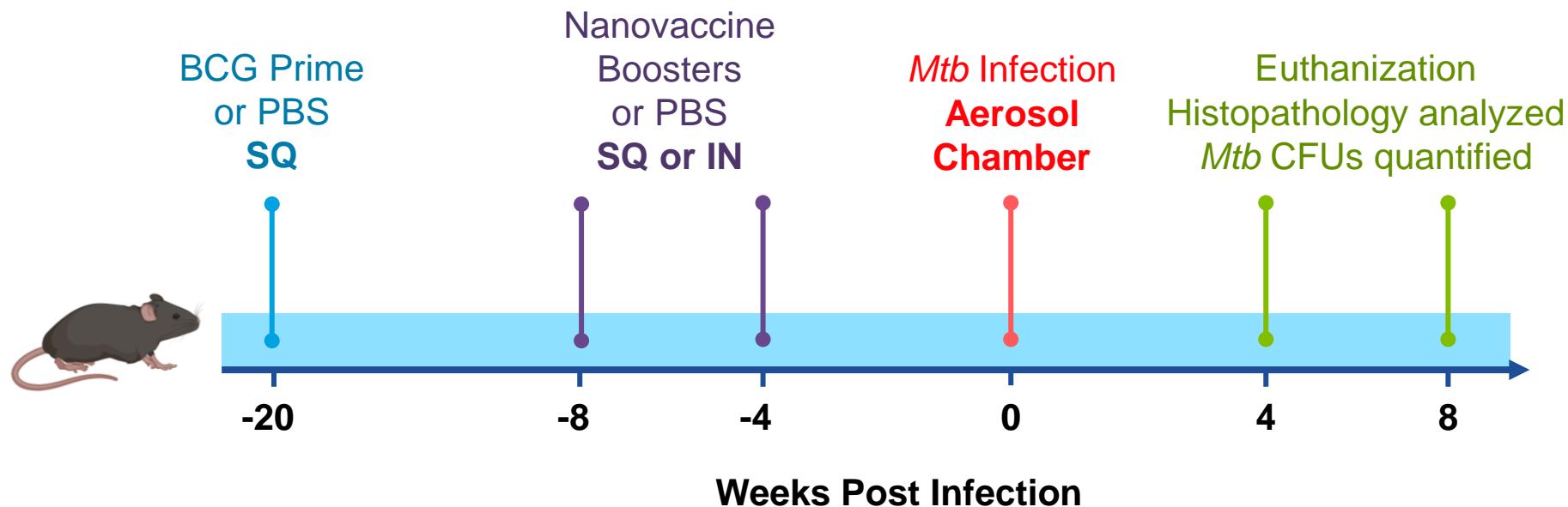
VacSIM + CpG

VacSIM + GLA-LS

Controls:

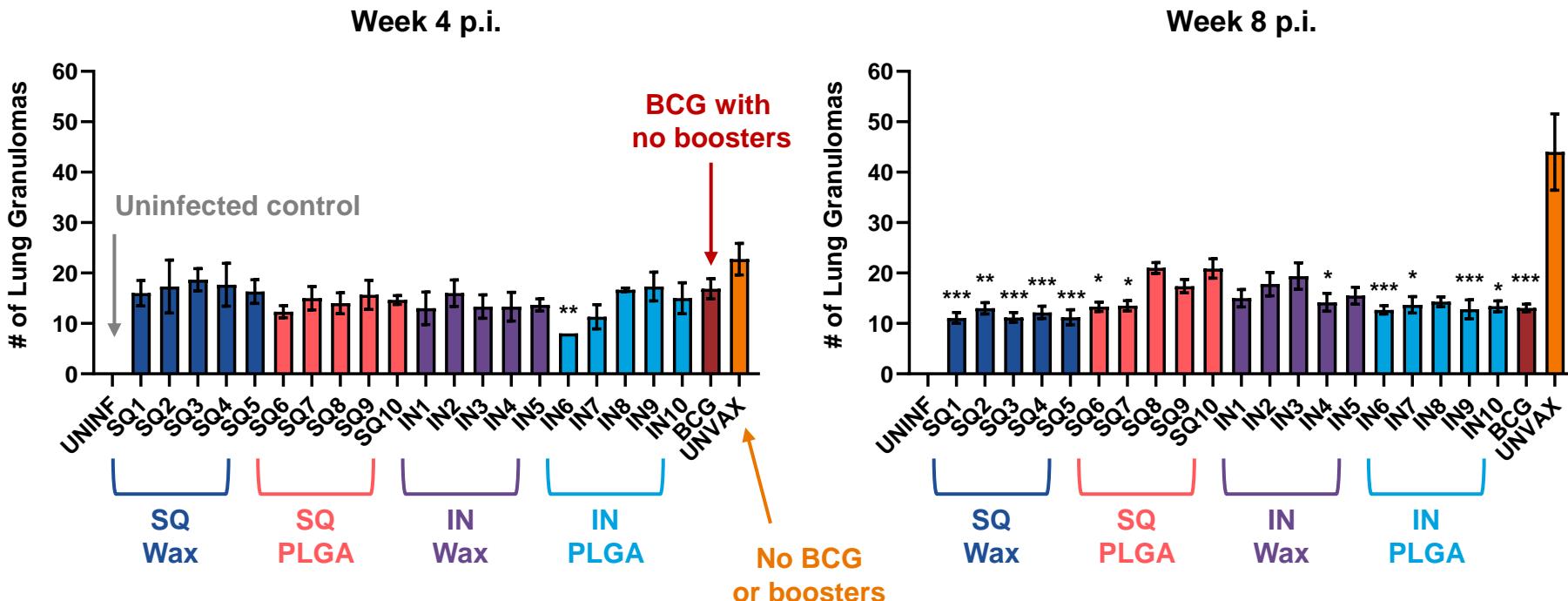
1. Uninfected
2. BCG only
3. Unvaccinated

Preclinical Murine TB Challenge – Experiment Outline



Histopathology – Number of Granulomas

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



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

$n \geq 3$

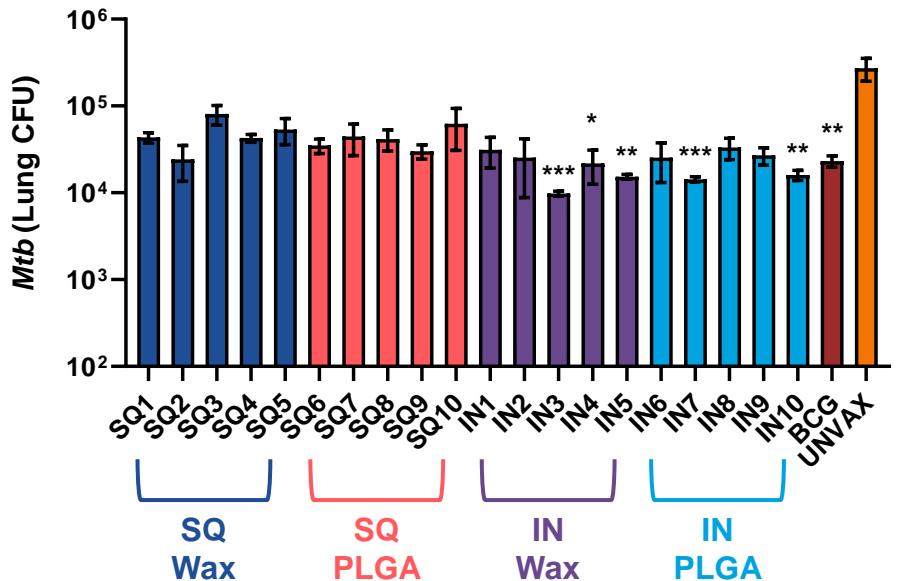
Bacterial Burden – Lungs

Kruskal-Wallis statistical test

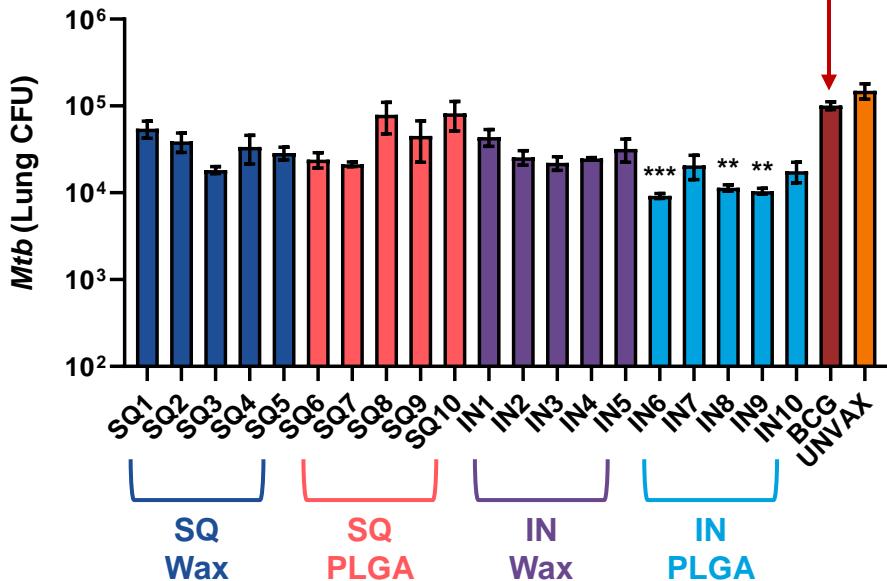
All comparisons are to UNVAX

*p<0.05 **p<0.01 ***p<0.005

Week 4 p.i.



Week 8 p.i.

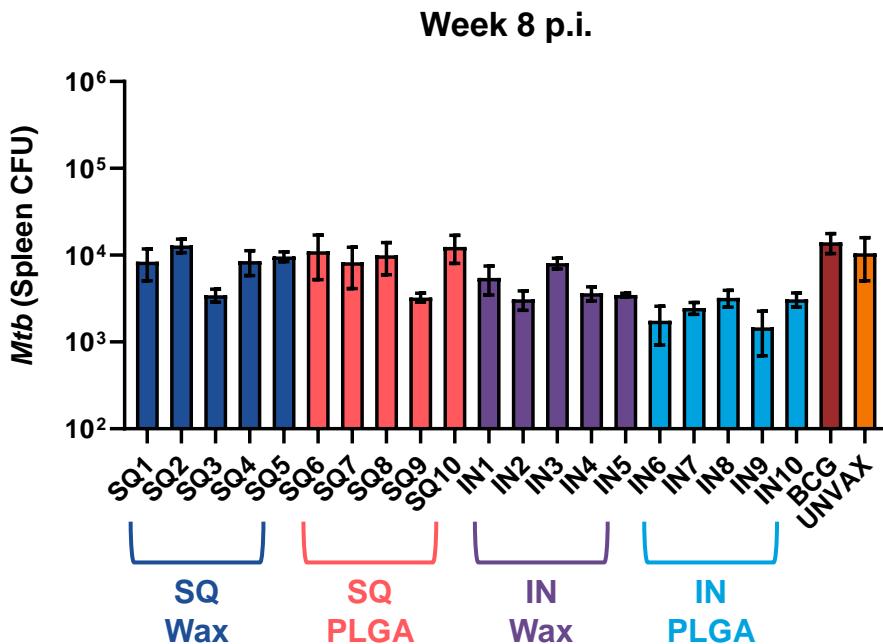
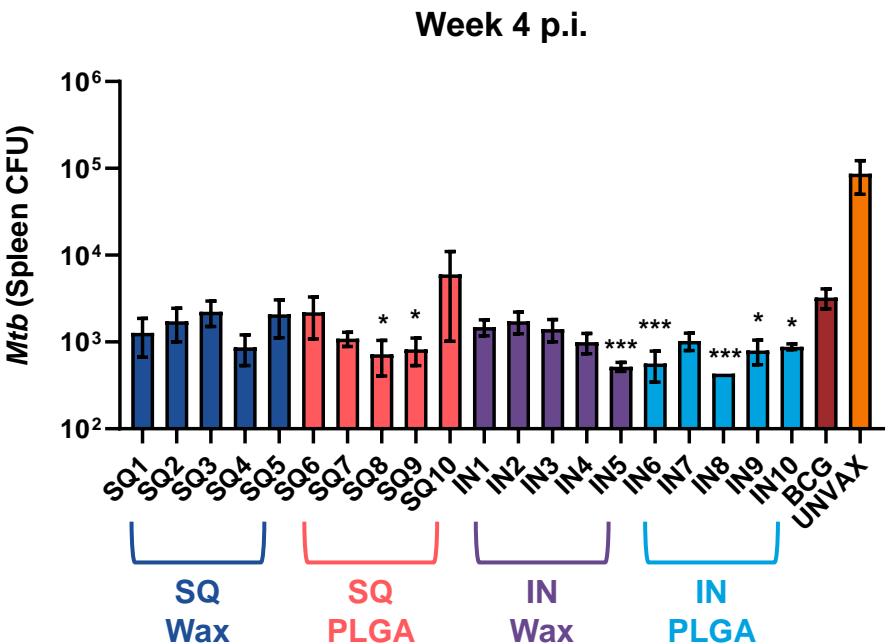


Intranasal PLGA formulations maintain reduced lung bacterial burden at 8 weeks

n ≥ 3

Bacterial Burden – Spleen

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



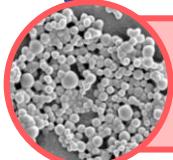
Intranasal PLGA formulations reduced spleen bacterial burden at 4 weeks

$n \geq 3$

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.

Acknowledgements



RTI International

Leah Johnson, Ph.D.
Anthony Hickey, Ph.D., D.Sc.
Leanna Levin, M.S.



UNIVERSITY OF
GEORGIA

University of Georgia
Frederick Quinn, Ph.D.
Russell Karls, Ph.D.
Mary Beth Lewis, B.S.
Christopher Darby, B.S.
Tuhina Gupta, Ph.D.
Donald Harn, Ph.D.



UNC Chapel Hill CHANL Laboratories

Amar Kumbhar, Ph.D.

Funding



R61AI169204 (FQ)

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