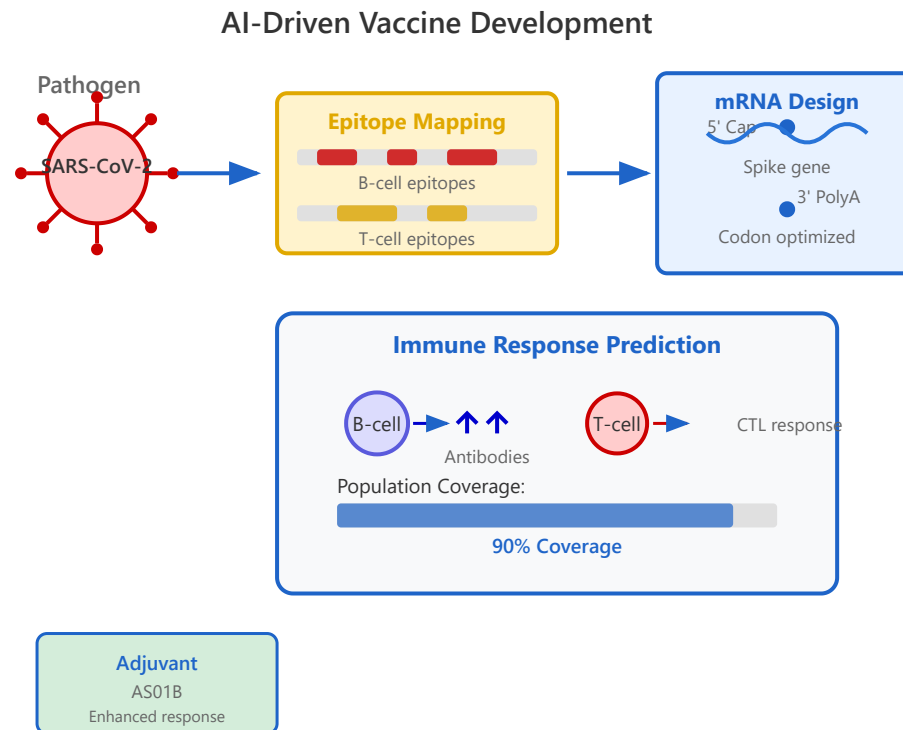


# Vaccine Design



## Epitope prediction

B-cell & T-cell epitopes

## Immunogenicity

Immune response modeling

## Coverage optimization

Population HLA diversity

## Adjuvant selection

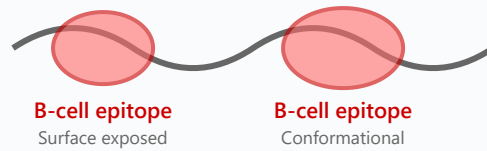
Enhance immune response

## mRNA design

Codon optimization & stability

## 1. Epitope Prediction

## Pathogen Antigen



## Processed Peptides



## AI-Based Prediction Tools



## Overview

Epitope prediction identifies specific regions on pathogen proteins that are recognized by the immune system. These epitopes serve as the primary targets for vaccine-induced immunity.

## B-Cell Epitopes

B-cell epitopes are recognized by antibodies and can be:

- **Linear epitopes:** Continuous amino acid sequences (5-15 residues)
- **Conformational epitopes:** Discontinuous sequences brought together by protein folding
- **Surface accessibility:** Must be exposed on the pathogen surface

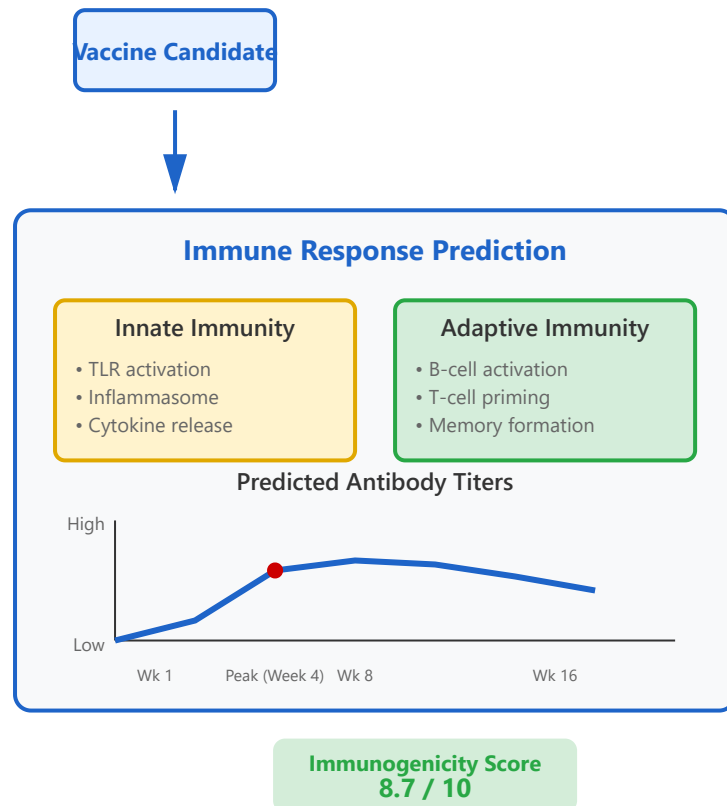
## T-Cell Epitopes

T-cell epitopes are short peptide sequences presented by MHC molecules:

- **MHC Class I (8-11 amino acids):** Activates CD8+ cytotoxic T-cells
- **MHC Class II (13-25 amino acids):** Activates CD4+ helper T-cells
- **Processing requirements:** Must be cleaved and loaded properly

**Key Tools:** Modern epitope prediction uses machine learning algorithms like BepiPred 3.0, NetMHCpan 4.1, and IEDB tools, achieving >85% accuracy in identifying immunogenic epitopes.

## 2. Immunogenicity Prediction



### Overview

Immunogenicity prediction assesses how strongly a vaccine candidate will stimulate the immune system. This involves modeling both innate and adaptive immune responses.

### Key Factors

- **Antigen dose:** Optimal concentration for immune activation without tolerance
- **Route of administration:** Intramuscular, subcutaneous, or intradermal delivery
- **Adjuvant effects:** Enhancement of immune recognition and response
- **Epitope density:** Number and spacing of immunogenic sites

### Response Modeling

AI models predict multiple immune parameters:

- **Antibody titers:** Concentration and kinetics over time
- **T-cell response:** CD4+ and CD8+ activation levels
- **Cytokine profiles:** Type and magnitude of inflammatory response
- **Memory formation:** Long-term protection durability

**Clinical Validation:** Immunogenicity predictions are validated against clinical trial data, with modern algorithms achieving >75% accuracy in predicting successful vaccine candidates.

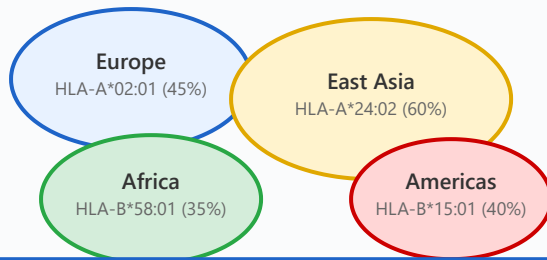
### Safety Considerations

Models also evaluate potential adverse reactions including autoimmunity risk, excessive inflammation, and allergic responses to ensure a favorable benefit-risk profile.

## 3. Population Coverage Optimization

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## Global HLA Diversity



### Multi-Epitope Vaccine Design

#### Selected Epitopes:

FLKDCVMYV	HLA-A*02:01	DPFLGVYY	HLA-B*15:01
RYPANSIVR	HLA-A*24:02	YQAGSTPCN	HLA-A*11:01
KQIYKTPPIK	HLA-B*58:01		

### Population Coverage Analysis

#### Global Coverage:

90% Coverage

Europe: 94% | Asia: 88% | Africa: 87% | Americas: 92%

Based on 12 major HLA alleles covering 95% of world population

## Overview

Population coverage optimization ensures that a vaccine will be effective across diverse human populations, accounting for genetic variation in immune response genes (HLA alleles).

## HLA Diversity Challenge

Human Leukocyte Antigen (HLA) genes are the most polymorphic in the human genome:

- **Thousands of alleles:** Over 28,000 HLA alleles identified globally
- **Geographic variation:** Different populations have distinct HLA frequency distributions
- **Peptide binding specificity:** Each HLA allele binds different peptide sequences

## Optimization Strategy

- **Multi-epitope approach:** Include 8-15 epitopes targeting multiple HLA alleles
- **Frequency weighting:** Prioritize alleles that are common across populations
- **Conserved regions:** Select epitopes from pathogen regions with low mutation rates
- **Redundancy:** Multiple epitopes per HLA allele for robust coverage

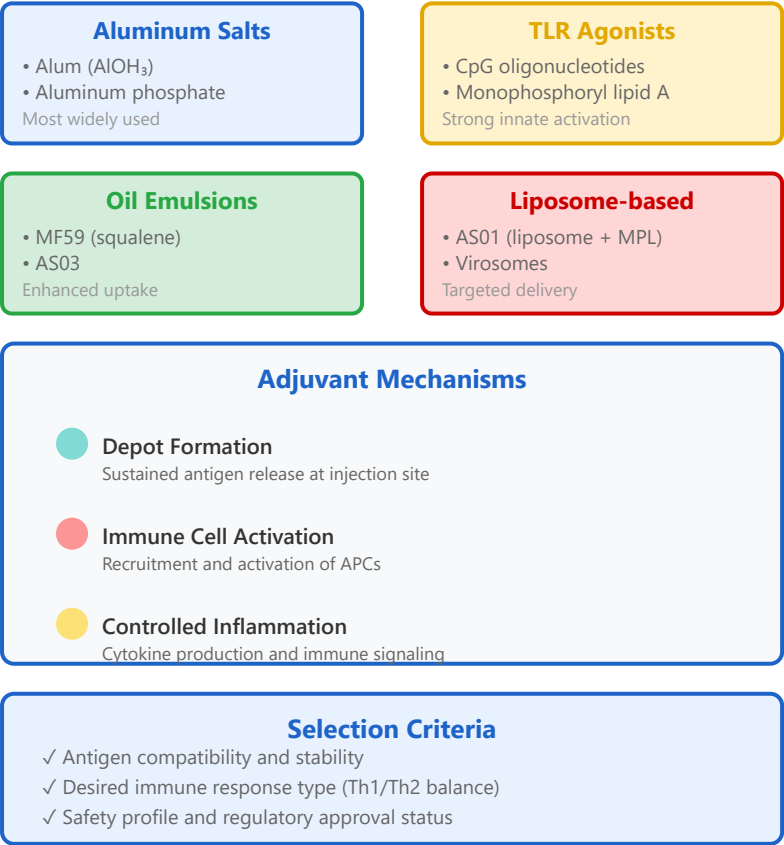
**Coverage Targets:** Modern vaccines aim for  $\geq 90\%$  population coverage globally. The COVID-19 mRNA vaccines achieve  $\sim 95\%$  coverage by targeting highly conserved spike protein epitopes.

## Computational Tools

Tools like IEDB Population Coverage, OptiVax, and Vaxign use algorithms to select optimal epitope combinations that maximize coverage while minimizing the number of epitopes needed.

## 4. Adjuvant Selection

### Adjuvant Classification



### Overview

Adjuvants are substances added to vaccines to enhance and direct the immune response. Proper adjuvant selection is critical for vaccine efficacy and safety.

### Functions of Adjuvants

- **Immunopotential:** Increase magnitude of immune response
- **Dose-sparing:** Achieve protection with less antigen
- **Response shaping:** Direct toward Th1 or Th2 response
- **Duration enhancement:** Prolong immune memory

### Major Adjuvant Classes

**Aluminum-based adjuvants:** Most commonly used, promote Th2 responses and antibody production. Safe track record with over 70 years of use.

**TLR agonists:** Activate pattern recognition receptors, inducing strong innate immunity and Th1 responses. Examples include CpG-ODN (TLR9) and MPL (TLR4).

**Emulsion-based:** Oil-in-water emulsions like MF59 and AS03 enhance antigen uptake and presentation, particularly effective for influenza vaccines.

**Case Study:** The AS01B adjuvant used in the Shingrix vaccine combines liposomes with MPL and QS-21 saponin, achieving >90% efficacy in elderly populations by strongly activating both innate and adaptive immunity.

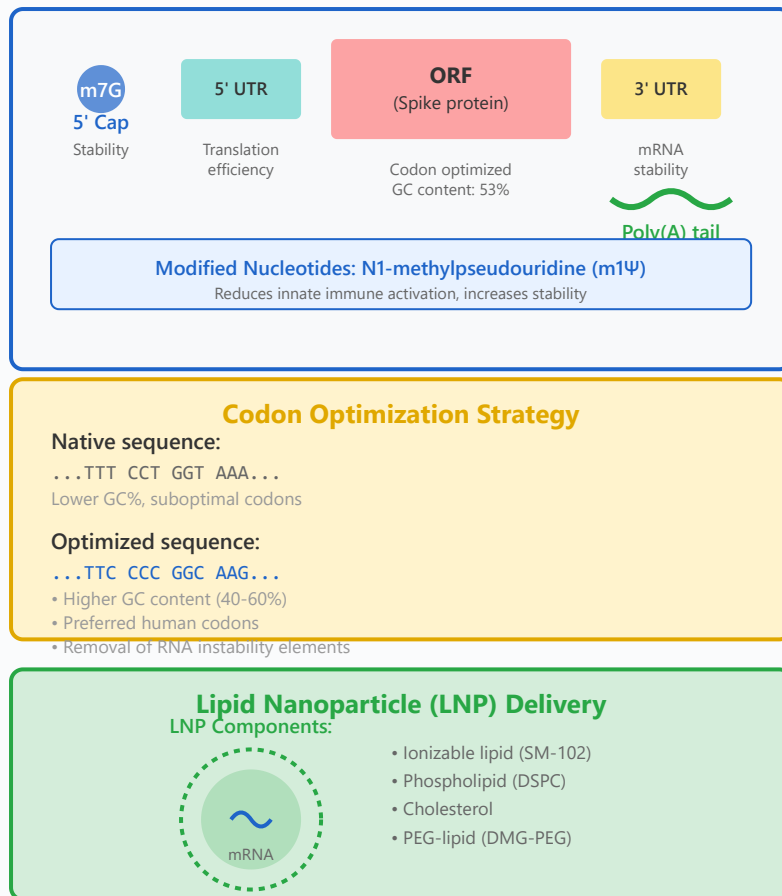
## Selection Strategy

Adjuvant choice depends on target pathogen, patient population (age, immune status), desired response type, and regulatory considerations. AI models can predict optimal adjuvant-antigen combinations based on immunological data.

## 5. mRNA Vaccine Design

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## mRNA Vaccine Architecture



## Overview

mRNA vaccines represent a revolutionary platform that instructs cells to produce antigens directly. Successful design requires optimization of multiple molecular features for stability, translation efficiency, and immunogenicity.

## Key Structural Elements

**5' Cap structure:** Modified guanosine cap (m7G or cap1) protects against degradation and enables ribosome binding for translation initiation.

**Untranslated Regions (UTRs):** The 5' UTR contains regulatory elements for translation efficiency, while the 3' UTR provides stability signals and poly(A) binding sites.

**Open Reading Frame (ORF):** Encodes the target antigen with extensive codon optimization to maximize expression while maintaining protein structure.

## Codon Optimization

- **GC content balance:** Target 50-60% for optimal stability and translation
- **Codon usage:** Replace rare codons with frequently used human codons
- **Secondary structure:** Minimize hairpins and self-complementary regions
- **Immune evasion:** Remove CpG dinucleotides and uridine-rich motifs



**Modified Nucleotides:** COVID-19 mRNA vaccines use N1-methylpseudouridine instead of uridine. This modification reduces innate immune detection (TLR activation), increases translation efficiency by 10-fold, and improves mRNA stability.

## Delivery System

Lipid nanoparticles (LNPs) encapsulate mRNA for protection and cellular delivery. The ionizable lipid component enables endosomal escape, releasing mRNA into the cytoplasm where translation occurs.

## Quality Control

Critical parameters include mRNA integrity (>80%), encapsulation efficiency (>90%), particle size (80-100 nm), and endotoxin levels. AI models predict optimal sequences and formulations before synthesis.