

Antiviral humoral immunity against SARS-CoV-2 Omicron subvariants induced by XBB.1.5 monovalent vaccine in infection-naïve and XBB-infected individuals

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35 **Abstract**

36 To control infection with SARS-CoV-2 Omicron XBB subvariants, the XBB.1.5
 37 monovalent mRNA vaccine has been available since September 2023. However,
 38 we have found that natural infection with XBB subvariants, including XBB.1.5,
 39 does not efficiently induce humoral immunity against the infecting XBB
 40 subvariants. These observations raise the possibility that the XBB.1.5
 41 monovalent vaccine may not be able to efficiently induce humoral immunity
 42 against emerging SARS-CoV-2 variants, including a variety of XBB subvariants
 43 (XBB.1.5, XBB.1.16, XBB.2.3, EG.5.1 and HK.3) as well as BA.2.86. To address
 44 this possibility, we collected two types of sera from individuals vaccinated with
 45 the XBB.1.5 vaccine; those who had not been previously infected with
 46 SARS-CoV-2 and those who had been infected with XBB subvariants prior to
 47 XBB.1.5 vaccination. We collected sera before and 3-4 weeks after vaccination,
 48 and then performed a neutralization assay using these sera and pseudoviruses.

49 Text

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 51 monovalent mRNA vaccine has been available since September 2023. However,
 52 we have found that natural infection with XBB subvariants, including XBB.1.5,
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 54 subvariants.¹⁻³ These observations raise the possibility that the XBB.1.5
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 57 (XBB.1.5, XBB.1.16, XBB.2.3, EG.5.1 and HK.3) as well as BA.2.86. To address
 58 this possibility, we collected two types of sera from individuals vaccinated with
 59 the XBB.1.5 vaccine; those who had not been previously infected with
 60 SARS-CoV-2 (N=9; **Figure A**) and those who had been infected with XBB
 61 subvariants prior to XBB.1.5 vaccination (N=10; **Figure B**). We collected sera
 62 before and 3-4 weeks after vaccination, and then performed a neutralization
 63 assay using these sera and pseudoviruses. As expected, XBB.1.5 vaccine sera
 64 with prior XBB infection efficiently (1.8- to 3.6-fold) boosted antiviral humoral
 65 immunity against all variants tested with statistical significance (**Figure B**).
 66 Importantly, in the case of the XBB.1.5 vaccine sera without prior infection,
 67 XBB.1.5 vaccine also induced efficiently antiviral activity (2.1- to 3.9-fold) against
 68 all variants tested with statistical significance (**Figure A**). These observations
 69 suggest that a single dose of XBB.1.5 monovalent vaccine potentially induces
 70 antiviral humoral immunity against XBB subvariants as well as BA.2.86 without
 71 prior infection.

72
 73 The induction efficiency of neutralizing activity was comparable between
 74 the infection-naïve cohort (**Figure A**) and the XBB-infected cohort (**Figure B**).
 75 However, in sera collected prior to XBB.1.5 vaccination, the 50% neutralization
 76 titer of sera from the XBB-infected cohort was 5.7- to 10.4-fold higher than that of
 77 sera from the infection-naïve cohort (**Figure**). In addition, although all
 78 pre-vaccination sera of XBB-infected cohort exhibited antiviral activity against all
 79 variants tested, some individuals vaccinated with XBB.1.5 vaccine without
 80 natural infection showed no antiviral activity against XBB.1.5 (N=2), XBB.1.16
 81 (N=1), XBB.2.3 (N=3), EG.5.1 (N=3), HK.3 (N=3) and BA.2.86 (N=2). Taken
 82 together, these results suggest that a single dose of XBB.1.5 monovalent
 83 vaccine may not be sufficient to induce effective antiviral humoral immunity in
 84 infection-naïve individuals and that a booster dose of XBB.1.5 monovalent

85 vaccine may be required in some cases.

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109

110 **References**

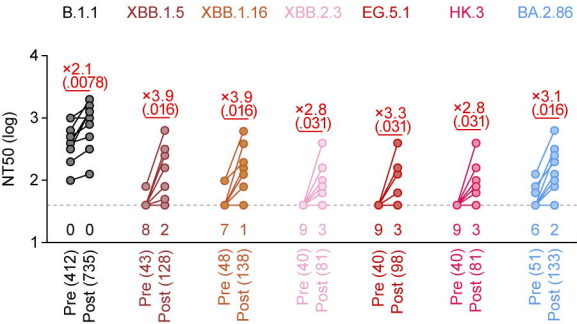
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Figure. The neutralization activity induced by XBB.1.5 monovalent vaccine

Assays were performed with pseudoviruses harboring the S proteins of B.1.1, XBB.1.5, XBB.1.16, XBB.2.3, EG.5.1, HK.3 and BA.2.86. The following two sera were used: **(A)** vaccinated sera from fully vaccinated individuals who had not been infected ('no infection' before XBB.1.5 vaccination, 9 donors), **(B)** vaccinated sera from fully vaccinated individuals who had been infected with XBB subvariants (after June 2023) ('XBB infection' before XBB.1.5 vaccination, 10 donors). Sera were collected before vaccination ('Pre') and 3-4 weeks after XBB.1.5 monovalent vaccination ('Post').

Assays for each serum sample were performed in triplicate to determine the 50% neutralization titer (NT_{50}). Each dot represents the NT_{50} value for each donor, and the NT_{50} values for the same donor between pre- and post-vaccination are connected by a line. The number in parenthesis below the graph indicates the geometric mean of the NT_{50} value. The horizontal dashed line indicates the detection limit (40-fold dilution). In **A**, the number of the serum donors with the NT_{50} values below the detection limit is shown in the figure (below the horizontal dashed line). In **B**, the number with "X" (below the horizontal dashed line) indicates the fold change of the NT_{50} value of the pre-vaccination of the XBB-infected cohort samples (**B**) compared to that of the infection-naïve cohort samples (**A**).

Statistically significant differences between pre- and post-vaccination were determined by two-sided Wilcoxon signed-rank tests and are shown in red parentheses. The fold change of the reciprocal NT_{50} is calculated between pre- and post-vaccination and is shown in red. Background information on the vaccinated donors is summarized in **Table S1**.

ANo infection before XBB.1.5 vaccination (n=9)**B**XBB infection before XBB.1.5 vaccination (n=10)