

1 **Antiviral humoral immunity against SARS-CoV-2 Omicron subvariants
2 induced by XBB.1.5 monovalent vaccine in infection-naïve and
3 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**

50 To control infection with SARS-CoV-2 Omicron XBB subvariants, the XBB.1.5
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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56 against emerging SARS-CoV-2 variants, including a variety of XBB subvariants
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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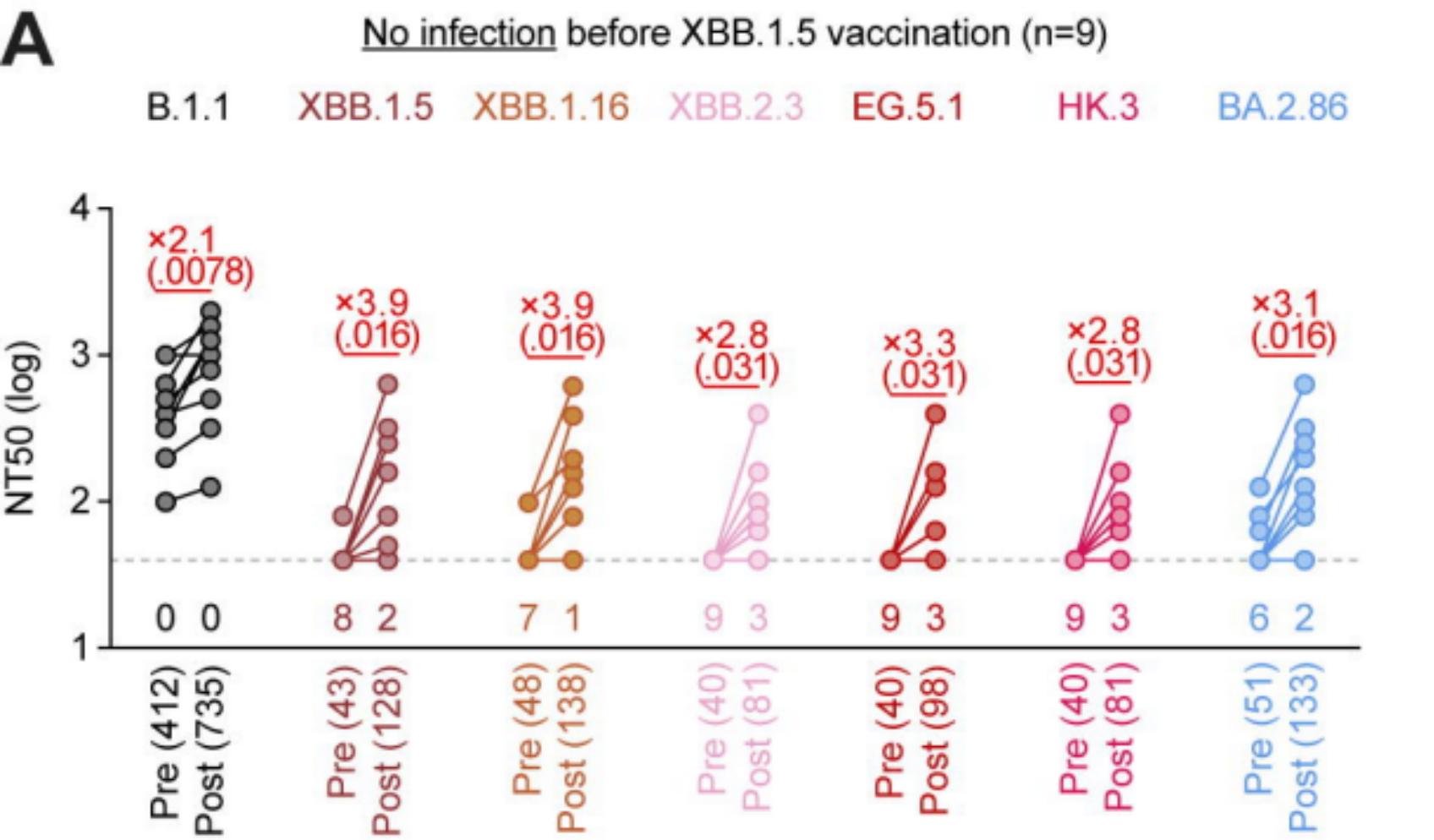
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121 **Figure. The neutralization activity induced by XBB.1.5 monovalent vaccine**

122 Assays were performed with pseudoviruses harboring the S proteins of B.1.1,
123 XBB.1.5, XBB.1.16, XBB.2.3, EG.5.1, HK.3 and BA.2.86. The following two sera
124 were used: **(A)** vaccinated sera from fully vaccinated individuals who had not
125 been infected ('no infection before XBB.1.5 vaccination', 9 donors), **(B)**
126 vaccinated sera from fully vaccinated individuals who had been infected with
127 XBB subvariants (after June 2023) ('XBB infection before XBB.1.5 vaccination',
128 10 donors). Sera were collected before vaccination ('Pre') and 3-4 weeks after
129 XBB.1.5 monovalent vaccination ('Post').

130 Assays for each serum sample were performed in triplicate to determine the
131 50% neutralization titer (NT₅₀). Each dot represents the NT₅₀ value for each
132 donor, and the NT₅₀ values for the same donor between pre- and
133 post-vaccination are connected by a line. The number in parenthesis below the
134 graph indicates the geometric mean of the NT₅₀ value. The horizontal dashed
135 line indicates the detection limit (40-fold dilution). In **A**, the number of the serum
136 donors with the NT₅₀ values below the detection limit is shown in the figure
137 (below the horizontal dashed line). In **B**, the number with "X" (below the
138 horizontal dashed line) indicates the fold change of the NT₅₀ value of the
139 pre-vaccination of the XBB-infected cohort samples (**B**) compared to that of the
140 infection-naïve cohort samples (**A**).

141 Statistically significant differences between pre- and post-vaccination were
142 determined by two-sided Wilcoxon signed-rank tests and are shown in red
143 parentheses. The fold change of the reciprocal NT₅₀ is calculated between pre-
144 and post-vaccination and is shown in red. Background information on the
145 vaccinated donors is summarized in **Table S1**.

A**B**