

# 1 Multi-epitope vaccine design using an immunoinformatics approach for

## 2 2019 novel coronavirus (SARS-CoV-2)

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19

20 **Abstract**

21 A new coronavirus SARS-CoV-2 has caused over 9.2 million infection cases and 475758  
22 deaths worldwide. Due to the rapid dissemination and the unavailability of specific  
23 therapy, there is a desperate need for vaccines to combat the epidemic of SARS-CoV-2.  
24 An in silico approach based on the available virus genome was applied to identify 19 high  
25 immunogenic B-cell epitopes and 499 human-leukocyte-antigen (HLA) restricted T-cell  
26 epitopes. Thirty multi-epitope peptide vaccines were designed by iNeo Suite, and  
27 manufactured by solid-phase synthesis. Docking analysis showed stable hydrogen bonds  
28 of epitopes with their corresponding HLA alleles. When four vaccine peptide candidates  
29 from the spike protein of SARS-CoV-2 were selected to immunize mice, a significantly  
30 larger amount of IgG in serum as well as an increase of CD19<sup>+</sup> cells in ILNs was  
31 observed in peptide-immunized mice compared to the control mice. The ratio of  
32 IFN- $\gamma$ -secreting lymphocytes in CD4<sup>+</sup> or CD8<sup>+</sup> cells in the peptides-immunized mice  
33 were higher than that in the control mice. There were also a larger number of  
34 IFN- $\gamma$ -secreting T cells in spleen in the peptides-immunized mice. This study screened  
35 antigenic B-cell and T-cell epitopes in all encoded proteins of SARS-CoV-2, and further  
36 designed multi-epitope based peptide vaccine against viral structural proteins. The  
37 obtained vaccine peptides successfully elicited specific humoral and cellular immune  
38 responses in mice. Primate experiments and clinical trial are urgently required to validate  
39 the efficacy and safety of these vaccine peptides.

40 **Keywords:** SARS-CoV-2, epitope, immunoinformatics, peptide, vaccine

41 **Importance**

42 So far, a new coronavirus SARS-CoV-2 has caused over 9.2 million infection cases and

43 475758 deaths worldwide. Due to the rapid dissemination and the unavailability of  
44 specific therapy, there is a desperate need for vaccines to combat the epidemic of  
45 SARS-CoV-2. Different from the development approaches for traditional vaccines, the  
46 development of our peptide vaccine is faster and simpler. In this study, we performed an  
47 in silico approach to identify the antigenic B-cell epitopes and human-leukocyte-antigen  
48 (HLA) restricted T-cell epitopes, and designed a panel of multi-epitope peptide vaccines.  
49 The resulting SARS-CoV-2 multi-epitope peptide vaccine could elicit specific humoral  
50 and cellular immune responses in mice efficiently, displaying its great potential in our  
51 fight of COVID-19.

52

### 53 **Introduction**

54 Since December 2019, a new type of coronavirus, SARS-CoV-2 (previously named  
55 2019-nCoV by the World Health Organization), has caused an outbreak of viral lung infections  
56 in Wuhan City, Hubei Province, China, and later thrived over 30 countries worldwide  
57 (1-4). As of 24 June 2020, there have been over 9.2 million total confirmed cases and  
58 475758 deaths of SARS-CoV-2 infection in the ongoing pandemic (5). Comparisons of  
59 the genome sequences of SARS-CoV-2 with other virus has shown 79.5% and 96%  
60 similarities at nucleotide level to SARS-CoV and bat coronaviruses, respectively (6),  
61 which suggested its probable origin in bats (7). The main clinical manifestations of  
62 SARS-CoV-2 patients are fever ( $\geq 38^{\circ}\text{C}$ ), dry cough, low or normal peripheral white  
63 blood cell count, and low lymphocyte count, known as novel coronavirus-infected  
64 pneumonia (NCIP) or coronavirus disease 2019 (COVID19) (8).

65 Currently, there is no approved therapeutics or vaccines available for the treatment of

66 COVID-19 (9). Due to lack of anti-viral drugs or vaccines, control measures have been  
67 relying on the rapid detection and isolation of symptomatic cases (9). In this context, a  
68 safe and efficacious vaccine is urgently required. Traditional approaches for developing  
69 vaccines waste much time in isolating, inactivating and injecting the microorganisms (or  
70 portions of them) that cause disease. Fortunately, computation-based method enables us  
71 to start from analysis of viral genome, without the need to grow pathogens and therefore  
72 speeding up the entire process. Complete genome sequencing of SARS-CoV-2 has  
73 finished and paved the way for the vaccine development (9). The genome of  
74 SARS-CoV-2 encodes the spike protein, the membrane protein, the envelope protein, the  
75 nucleocapsid protein and a few replication and transcription-related enzymes. Given the  
76 lack of repairing mechanism of RNA virus replicase complex, mutations are prone to  
77 occur during virus replication. The 4% nucleotide difference of the virus isolated from  
78 Rhinolophus to that from human suggests that SARS-CoV-2 mutates rapidly to achieve  
79 the host conversion (10). Like SARS-CoV, SARS-CoV-2 uses its receptor binding  
80 domain (RBD) on the spike protein to bind to the host's angiotensin-converting enzyme 2  
81 (ACE2) (6, 9, 11, 12). The RBD of SARS-CoV-2 binds angiotensin-converting enzyme 2  
82 (ACE2) with 10-20-fold higher affinity than does SARS-CoV (13). Consequently, the  
83 SARS-CoV-2 vaccine can be developed targeting the structural proteins, and in particular,  
84 the RBD region, following the strategy for the SARS-CoV vaccine development (11,  
85 14-17).

86 An ideal vaccine may contain both B-cell epitopes and T-cell epitopes, with  
87 combination of which vaccine is able to either induce specific humoral or cellular  
88 immune against pathogens efficiently (18). Since the development of a peptide vaccine

89 against the virus causing foot-and-mouth disease (19), the establishment of peptide  
90 synthesis method by Lerner et al. (20), along with the advent of a peptide vaccine design  
91 combining T-cell and B-cell epitopes, has accelerated the vaccine development. In the  
92 present study, we followed this in silico approach to identify the potential B-cell and  
93 T-cell epitope(s) from the spike, envelope and membrane proteins. Then we selected a  
94 few candidate vaccine peptides to immunize mice. As a result, these peptides successfully  
95 elicited specific humoral and cellular immune responses, showing their potentials in the  
96 real combat against SARS-CoV-2.

97 **Materials and Methods**

98 **Data retrieval**

99 The genome sequence of SARS-CoV-2 isolate Wuhan-Hu-1 was retrieved from the NCBI  
100 database under the accession number MN908947. Gene and protein sequences were  
101 acquired according to the annotation. In particular, the RBD region for the spike protein  
102 was referred to as the fragment from 347 to 520 amino acid (aa) (21).

103 **B-cell epitope prediction**

104 The online tool in IEDB (Immune-Epitope-Database And Analysis-Resource) was used  
105 for the analysis of the conserved regions of the candidate epitopes (22). Prediction of  
106 linear B-cell epitopes was performed through Bepipred software (23). The antigenic sites  
107 were determined with Kolaskar method (24). The surface accessible epitopes were  
108 predicted by Emini tool (25).

109 **T-cell epitope prediction**

110 The sequences of structural proteins were split into small fragments with a length of 9aa;  
111 their binding affinity with the 34 most prevalent HLA alleles was predicted using

112 netMHCpan (26) and our in-house prediction software iNeo-Pred, respectively.  
113 iNeo-Pred was trained on a large immune-peptide dataset, and achieved a better  
114 performance in predicting binding affinity of epitopes to specific HLA alleles. Only the  
115 epitopes predicted by both tools were selected. Next, for each epitope, a HLA score was  
116 calculated based on the frequencies of binding HLA alleles in Chinese population, which  
117 will be used as metrics to select better candidates for downstream analysis.

## 118 **Vaccine peptide design**

119 The vaccine peptides were designed by our in-house tool iNeo-Design. First, the selected  
120 B-cell epitopes and their adjacent T-cell epitopes were bridged to form candidate peptides  
121 with length no more than 30aa. Meanwhile, to facilitate the peptide synthesis, vaccine  
122 peptide sequences were optimized based on their hydrophobicity and acidity. To  
123 minimize the safety risk, peptides that contained toxicity potential, human homologous  
124 region (full-length matches and identity > 95%), or bioactive peptide were discarded.

125 Besides the vaccine peptides containing both B-cell epitopes and T-cell epitopes,  
126 iNeo-Design also utilized all predicted T-cell epitopes to generate T-cell epitopes-only  
127 vaccine peptides. For each vaccine candidate, the epitope counts and HLA score  
128 reflecting the population coverage were calculated. Vaccine candidates with the higher  
129 epitope counts and HLA score were considered to be preferable for the downstream  
130 analysis.

## 131 **Structural analysis**

132 The online server swiss-model was used to predict the 3D protein structures of viral  
133 proteins and HLA molecules (27). The online server PEP\_FOLD was used to predict  
134 T-cell epitopes' structures (28). To display the interaction between T-cell epitopes and

135 HLA molecules, T-cell epitope models were docked to HLA molecules using MDockPep  
136 (29). All predicted structures or models were decorated and displayed by the open source  
137 version of pymol program (<https://github.com/schrodinger/pymol-open-source>).

138 **Immuno-stimulation of B lymphocytes**

139 The selected 4 peptides were synthesized with the solid phase synthesis method by  
140 GenScript Biotech Company (Nanjing, China), and were mixed at an equal concentration  
141 of 1mg/ml. The immunization experiment constituted three groups, each consisting of 12  
142 6–8 week-old female C57mice. Mice were immunized subcutaneously with 100  $\mu$ L of the  
143 following compounds: Group 1, 100  $\mu$ g peptide mixture & 50  $\mu$ l QuickAntibody-Mouse  
144 (Biodragen, Beijing, China); Group 2, 50  $\mu$ l QuickAntibody-Mouse; and Group 3, 100  $\mu$ l  
145 PBS as negative control. The immunization was performed once a week and repeated  
146 four times in total.

147 On the 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> day after the 1<sup>st</sup> immunization, retro-orbital blood was collected  
148 from 5 randomly selected mice in each group. The sera were tested for the presence of  
149 IgG by enzyme linked immunosorbent assay (ELISA). Briefly, ELISA plates were coated  
150 with 100  $\mu$ L of S protein (2  $\mu$ g/mL recombinant 2019-nCoV s-trimer protein;  
151 Novoprotein, Shanghai, China). The coated plates were incubated overnight at room  
152 temperature and washed with PBS containing 0.05% Tween 20 (PBS-T). Blocking buffer  
153 (1% nonfat milk in PBS) was added and incubated for 2 h at 37 °C. After washing with  
154 PBS-T, the diluted sera (1:1000 in PBS buffer containing 1% nonfat milk and 0.05%  
155 Tween-20) were added and incubated at 37 °C for 2 h. Next the plates were washed with  
156 PBS and again incubated at 37 °C for 2 h with horseradish peroxidase conjugated Goat  
157 Anti-mouse IgG antibody (1:5000; Genscript, Nanjing, China). Detection was carried out

158 with O- Phenylene Diamine (OPD, 0.01%) substrate (Thermo Scientific, Waltham, US)  
159 for 30 min at 37 °C. Finally, the reaction was stopped using stop buffer (Solarbio, Beijing,  
160 China), and the absorbance was measured at 492 nm.

161 On the 28<sup>th</sup> day after the 1<sup>st</sup> immunization, 6 randomly selected mice were euthanized.  
162 The inguinal lymph nodes (ILNs) were harvested and processed into single cell  
163 suspensions. The cells were stained with Zombie Aqua (Biolegend, San Diego, US),  
164 APC-conjugated anti-mouse CD19 antibody (Biolegend, San Diego, US),  
165 PerCP/Cyanine5.5- conjugated anti-mouse CD95 (Fas) antibody (Biolegend, San Diego,  
166 US) and FITC-conjugated anti-mouse GL7 antibody (Biolegend, San Diego, US). The  
167 stained cells were resuspended in 500 µl PBS and subsequently processed by the Aria II  
168 flow cytometry instrument (BD, Franklin Lakes, US).

169 **Immuno-stimulation of T cells**

170 The design of immunization experiment was similar to that for the B cells, but the  
171 injecting compounds were different: Group 1, 100 µg peptide mixture & 10 µg  
172 granulocyte-macrophage colony stimulating factor (GM-CSF; Novoprotein, Shanghai,  
173 China); Group2, 10 µg GM-CSF; Group 3, 100 µl PBS as negative control.

174 On the 14<sup>th</sup> and 28<sup>th</sup> day after the 1<sup>st</sup> immunization, 3 randomly selected mice were  
175 euthanized, respectively. The relative proportions of T cells in the splenocytes and ILN  
176 lymphocytes were analyzed by the Aria II flow cytometry instrument (BD, Franklin  
177 Lakes, US). Briefly, spleen and ILN were harvested and processed into single cell  
178 suspensions. Splenocytes ( $1 \times 10^6$ /well) and ILN lymphocyte ( $1 \times 10^6$ /well) were cultured  
179 overnight with the peptide mixture (5µg/ml) or in RPMI-1640 alone (negative control).  
180 Cells were stained with Zombie Aqua (Biolegend, San Diego, US),

181 PerCP/Cyanine5.5-conjugated anti-mouse CD8a antibody (Biolegend, San Diego, US),  
182 PE/Cy7- conjugated anti-mouse CD4 antibody (Biolegend, San Diego, US) and  
183 APC-conjugated anti-mouse IFN- $\gamma$  antibody (Biolegend, San Diego, US). The stained  
184 cells were resuspended in 500 $\mu$ l PBS for flow cytometry analysis.

185 The IFN- $\gamma$ -secreting T lymphocytes were also quantified on 6 randomly selected  
186 mice using an ELISPOT kit (Dakewe, Shenzhen, China). Briefly, 100  $\mu$ L of PBS were  
187 added to 96-well plates pre-coated with an anti-IFN- $\gamma$  mAb. 2 $\times$ 10<sup>5</sup>/well cells were  
188 incubated in duplicate with 5 $\mu$ g/mL of peptide or medium alone (negative control) for 16  
189 h in a 37 °C humidified incubator with 5% CO<sub>2</sub>. Splenocytes stimulated with phorbol  
190 myristate acetate (PMA) served as positive control. After removing cells and washing  
191 with buffer (PBS with 0.1% Tween 20), 1:100 diluted biotinylated anti-IFN- $\gamma$  were added  
192 and incubated for 90 min at 37°C. After each incubation step, the plates were washed  
193 three times with buffer. Next, after 1 h of incubation with streptavidin-alkaline  
194 phosphatase conjugate (1/5000 in PBS-0.1% Tween 20), the plates were developed with a  
195 solution of 5-bromo-4-chloro-3-indolylphosphate (BCIP)-nitroblue tetrazolium until red  
196 spots appeared. Tap water was used to stop the reaction, and the plates were dried in air  
197 overnight. Individual spots were counted under a CTL-ImmunoSpot<sup>®</sup>S6 FluoroSpot  
198 (Cellular Technology, Kennesaw, USA).

199 **Statistical analysis**

200 Comparisons were analyzed by one-way analysis of variance (ANOVA). P value less than  
201 0.05 was considered significant.

202

203 **Results**

204 **Prediction of B-cell epitopes**

205 During the immune response against viral infection, B-cell takes in viral epitopes to  
206 recognize viruses and activates defense responses. Recognition of B-cell epitopes  
207 depends on antigenicity, accessibility of surface and predictions of linear epitope (30). A  
208 total of 61 B-cell epitopes were predicted, which seemed preferentially located within  
209 certain regions of each gene (Figure 1; Figure 2; Table S1). Only 19 epitopes were  
210 exposed on the surface of the virion and had a high antigenicity score, indicating their  
211 potentials in initiating immune response. Therefore, they were considered to be promising  
212 vaccine candidates against B-cells. Among the 19 epitopes, 17 were longer than 14  
213 residues and located in the spike protein that contained RBD and functioned in host cell  
214 binding (Table 1). The average Emini score for the 19 epitopes was 2.744, and the  
215 average for Kolaskar (antigenicity) score was 1.015. Two epitopes were located within  
216 the RBD region, while the one with the highest Kolaskar score (1.059),  
217 1052-FPQSAPH-1058, was located at position 1052aa of the spike protein.

218 **Prediction of T-cell epitopes**

219 The immune response of T-cell is considered as a long lasting response compared to  
220 B-cell where the antigen might easily escape the antibody memory response (31).  
221 Moreover, the CD8+ T and CD4+ T-cell responses play a major role in antiviral immunity.  
222 It is therefore important to design vaccines that can induce T-cell's immune response (32).  
223 A total of 499 T-cell epitopes were predicted on the spike protein (378 epitopes), the  
224 membrane protein (90 epitopes) and the envelop protein (31 epitopes); 48 of the 378  
225 epitopes for the spike protein were located in the RBD region (Figure 1; Table 2; Table  
226 S2). There is no preference in certain genes or regions for T-cell epitope generation; no

227 biased distribution of T-cell epitopes among HLA types was observed either. Among all  
228 T-cell epitopes, the epitope 869-MIAQYTSAL-877 in the spike protein was predicted to  
229 be able to bind to 17 HLA alleles. Most of the HLA alleles included in the present study  
230 were covered by these vaccine candidates, which suggested a wide population coverage.

231 In terms of the distribution of the predicted epitopes against different HLA  
232 haplotypes, no significant differences were observed among different HLA haplotypes  
233 (Table S3). There were 287, 208 and 195 epitopes predicted to be able to bind to HLA-A,  
234 HLA-B and HLA-C haplotypes, respectively. For the most popular five HLA types  
235 (HLA-A\*11:01, HLA-A\*24:02, HLA-C\*07:02, HLA-A\*02:01 and HLA-B\*46:01), the  
236 counts for epitopes with binding affinity were 51, 49, 115, 48 and 58.

### 237 **Multi-epitope vaccine design**

238 Based on the 19 B-cell epitopes and their 121 adjacent T-cell epitopes, 17 candidate  
239 vaccine peptides that contained both B-cell and T-cell epitopes were generated by our  
240 in-house software iNeo-Design. Most of the 17 candidate vaccine peptides contained one  
241 B-cell epitopes, except for AVEQDKNTQEVAQVKQIYKTPPIKDFGG, which  
242 involved two B-cell epitopes and eight T-cell epitopes, and  
243 AKNLNESLIDLQELGKYEQYIKWPWYIWKK, which contained two B-cell epitopes  
244 and 6 T-cell epitopes. By comparison, the vaccine peptide  
245 FKNLREFVFKNIDGYFKIYSKHTPINLV had the largest count of T-cell epitopes,  
246 whereas the vaccine peptide SYGFQPTNGVGYQPYRVVVLSFELLHAPAT showed the  
247 highest HLA score, indicating their wide population coverage and promising efficacy.

248 In addition to the vaccine candidates involved both B-cell and T-cell epitopes, we  
249 also analyzed the entire 499 core T-cell epitopes to generate another 102 vaccine peptides

250 containing T-cell epitopes only. Based on both the epitope counts and HLA score, we  
251 eventually selected 13 T-cell epitopes-only vaccine peptides.

252 Taken together, a total of 30 peptide vaccine candidates were designed (Table 3). 26  
253 of them were from the spike protein, two from the membrane protein and two from the  
254 envelope protein. Five peptides were located in the RBD region, indicating they were  
255 likely to induce the production of neutralizing antibody. The 30 vaccine peptides covered  
256 all structural proteins that may induce immune response against SARS-CoV-2 in theory;  
257 and the multi-peptide strategy we applied would better fit the genetic variability of the  
258 human immune system and reduce the risk of pathogen's escape through mutation (33).

### 259 **Interaction of predicted peptides with HLA alleles**

260 To further inspect the binding stability of T-cell epitopes against HLA alleles, the T-cell  
261 epitopes involved in the above designed vaccine peptides were selected to conduct an  
262 interaction analysis. Figure 3 illustrated the docking results against the most popular HLA  
263 types for the two epitopes from vaccines peptide 25 and 27 (Table 3; Table 4), which  
264 showed relatively higher HLA score. The MDockPep scores were between -148 ~ -136,  
265 indicating that the predicted crystal structures were stable. All epitopes were docked  
266 inside the catalytic pocket of the receptor protein. In particular, the epitope  
267 1220-FIAGLIAIV-1228 from the spike protein possessed 2-5 stable hydrogen bonds with  
268 the HLA alleles; the epitope 4-FVSEETGTL-12 from the envelop protein possessed 4~5  
269 stable hydrogen bonds (Table 4). Taken together, the epitopes included in our vaccine  
270 peptides can interact with the given HLA alleles by in silico prediction.

### 271 **Humoral immune responses to SARS-CoV-2 S protein**

272 Based on the above immunoinformatics analysis, 4 designed vaccine peptides, namely P9,

273 P12, P14 and P15, were chosen as the candidates for the downstream validation  
274 experiments because of their relatively higher counts of B-cell and T-cell epitopes and the  
275 higher frequencies of their epitopes' corresponding HLA alleles (Table 3). We immunized  
276 mice by subcutaneous injection of the mixture of these synthesized peptides plus  
277 QuickAntibody (an adjuvant for stimulating B cells). Mice injected with QuickAntibody  
278 only or PBS were studied as controls. The immunization was performed once a week and  
279 repeated four times in total.

280 To evaluate whether these peptides induce B cells to produce specific antibody  
281 against the S protein, an ELISA assay was conducted to detect IgG in the sera of mice.  
282 Fourteen days after the 1<sup>st</sup> immunization, the amount of IgG showed little difference  
283 between the peptide-treated mice and the controls (Figure 4a), suggesting that two weeks  
284 were not long enough to elicit humoral immune response. Since the 21<sup>st</sup> day after the 1<sup>st</sup>  
285 immunization, however, the expression of IgG had risen to the plateau in the  
286 peptide-treated mice and was remarkably higher than that in the control mice ( $p<0.05$ ;  
287 Figure 4a). Germinal centers (GCs) are the main sites for the production of high-affinity,  
288 long-lived plasma cells and memory B cells. On the 28<sup>th</sup> day after the 1<sup>st</sup> immunization,  
289 we collected ILN and stained cells with antibody of GL7 and FAS. Flow cytometry  
290 showed that there were much more B cells activated in the peptides-treated mice than in  
291 the mice injected with adjuvant only (Figure 4b); and the numbers of rapidly proliferated  
292 B cells ( $CD19^+/FAS^+/GL7^+$ ) from GC in ILNs of the peptides-treated mice were  
293 significantly higher than that in the control groups, demonstrating that there were  
294 increased GCs induced by peptide vaccines (Figure 4c-d). In future, a viral neutralization  
295 study is further required for demonstrating that the designed peptide vaccines can

296 efficiently activate specific humoral immune responses to the S protein of SARS-CoV-2.

297 **Cellular immune responses to SARS-CoV-2 S protein**

298 In parallel, we also immunized mice with peptides plus GM-CSF, an adjuvant that  
299 induced the development of monocytes, neutrophils and dendritic cells. Mice injected  
300 with GM-CSF only or PBS were used as controls. On both the 14<sup>th</sup> and the 28<sup>th</sup> day after  
301 the 1<sup>st</sup> immunization, the ILNs were collected. We found that the ratios of  
302 IFN- $\gamma$ -secreting cells to both CD4<sup>+</sup> and CD8<sup>+</sup> T cells in the peptides-treated mice were  
303 significantly higher than that in the control groups (Figure 5), suggesting the activation of  
304 T cells by the peptide vaccines. Notably, the ratio of IFN- $\gamma$ -secreting cells seemed to  
305 reach its plateau on the 14<sup>th</sup> day, since no further significant increase of this ratio was  
306 observed on the 28<sup>th</sup> day. It was likely that, in the absence of the virus, the repeated T cell  
307 stimulation led to depletion or transfer of T cells in ILNs; accordingly, the ratio of  
308 IFN- $\gamma$ -secreting cells in the ILNs kept relatively stable afterwards.

309 We also quantified the peptide specific lymphocytes in mice spleen on the 28<sup>th</sup> day  
310 using the enzyme-linked immunospot (ELISPOT) assay of IFN- $\gamma$  secreting. In terms of  
311 either the ratio of IFN- $\gamma$ -secreting lymphocytes in splenocytes or the total number of  
312 IFN- $\gamma$ -secreting lymphocytes in spleen, mice immunized with peptide vaccines had  
313 significantly higher ratios than that in the control groups. This finding was overall  
314 consistent with the flow cytometry results of ILN cells, suggesting that the lymphocytes  
315 were activated and might recirculate to gather in the spleen after 4-week vaccination.

316

317 **Discussion**

318 Since the outbreak of COVID-19, numerous researchers have contributed in the

319 development of safe and effective vaccines for COVID-19 to increase the chances of  
320 success. Meanwhile, World Health Organization (WHO) has encouraged scientists to test  
321 all candidate vaccines until they fail. Currently, the developing candidate vaccines  
322 include inactivated virus vaccine, recombinant protein vaccine, viral vector vaccine,  
323 peptide vaccine, DNA and RNA vaccines.

324 In comparison, the involvement of the optimization of cell and virus culture process  
325 increase the complexity and thus preparation time of inactivated virus vaccine and viral  
326 vector vaccine. Also, for the development of inactivated virus vaccine, besides Good  
327 Manufacturing Practices (GMP) system, extremely high manufacture standard is required  
328 to avoid medical accidents due to the failure of complete inactivation of virus toxicity.  
329 Differently, the development of our peptide vaccine is much simpler, including only two  
330 major steps: sequence design through reverse vaccinology approach, and peptide  
331 synthesis.

332 Until now, most recombinant protein vaccine candidates have focused on spike protein,  
333 which although can provide good safety, is probably unable to stimulate strong T cell  
334 immune response (34). Therefore, effective adjuvants are usually added when use this  
335 kind of vaccines. Similar to recombinant protein vaccines, most viral vector vaccine  
336 candidates are based on the expression of spike protein (35). Although the application of  
337 viral vector could enhance the vaccine's delivery efficiency, the body's immune response  
338 to vector itself might interfere with the immune response to target epitopes, and thus  
339 compromise the efficacy of this kind of vaccines. Unlike the vaccine candidates discussed  
340 above, our peptide vaccine candidate is composed of 30 peptides from not only spike  
341 protein, but also membrane protein and envelope protein of SARS-CoV-2, containing

342 both B-cell epitopes and T-cell epitopes to induce specific humoral and cellular immune  
343 response against SARS-CoV-2 more efficiently.

344 On the other hand, although promising in preclinical or Phase I and II clinical trials, no  
345 mRNA vaccine has been formally approved by FDA (36). In other words, more clinical  
346 trials should be conducted to prove the efficacy of mRNA vaccines. Moreover, the batch  
347 production, manufacturing process, and industrial expansion of mRNA vaccines are still  
348 under exploration. For DNA vaccines, besides the same concerns for mRNA vaccines, the  
349 possibility of the integration of foreign DNA sequence to human genome has brought  
350 uncertainty in their development. Different from these nucleic acid vaccines, peptide  
351 vaccine has relatively more mature manufacturing process. And the successful launch of  
352 previous peptide vaccines has already demonstrated the safety and efficacy of  
353 peptide-based vaccines.

354 In this study, our SARS-CoV-2 multi-epitope peptide vaccine could elicit specific  
355 humoral and cellular immune responses in mice, displaying its great potential in the fight  
356 of COVID-19. In future, more experiments will be conducted to validate the efficacy of  
357 our SARS-CoV-2 peptide vaccine.

358

### 359 **Authors' contributions**

360 SC and FM conceived and designed the project. YF, FM, MQ, SZ, KL, YS, KW, XZ and  
361 SZ analyzed the data. LL and QG conducted in-vivo validation. YF, YL and NH wrote the  
362 initial draft. All authors revised and approved the final manuscript.

363

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366 experiments.

367

368 **Ethics approval and consent to participate**

369 Ethical approval for the animal experiments was obtained from Zhejiang Chinese  
370 Medical University Laboratory Animal Research Center.

371

372 **Competing interests**

373 The authors declare that they have no competing interests.

374

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483

484 **Figure legends**

485 **Fig. 1.** Distribution of B-cell and T-cell epitopes. The outermost circle (light blue) stands  
486 for the T-cell epitope count. The 2nd outer circle stands for Emini (in red) and Kolaskar  
487 (in green) score used to evaluate the B-cell epitopes. The 3rd circle marked the name of  
488 the viral proteins. The 4th-6th circles stands for HLA-A (in blue), HLA-B (in green), and  
489 HLA-C (in yellow) scores; the points closer to the center indicates a lower score.

490

491 **Fig. 2.** Locations of the recognized B cell epitopes on the viral spike protein (a), envelop  
492 protein (b) and membrane protein (c). The transparent cartoon models display the  
493 predicted 3D structure; the colorful balls marks the position of the recognized epitopes.

494

495 **Fig. 3.** Interaction between the predicted peptides (by yellow sticks) and different HLA  
496 alleles (by green cartoons). Amino acids were labeled adjacent to the contact sites. Table  
497 3 displays the detailed docking information.

498

499 **Fig. 4.** Humoral immune responses to SARS-CoV-2 S protein. (a) Comparison of  
500 humoral response among groups of mice injected with PBS (marked in red),  
501 QuickAntibody (in green) and Peptide + QuickAntibody (in blue), respectively. The level  
502 of IgG was measured by ELISA. (c) The percentage of B cells ( $CD19^+$  cells) in live cells.  
503 (c) The percentage of GC cells ( $FAS^+/GL7^+$  cells) in  $CD19^+$  cells. (d) Flow cytometry  
504 showing the larger number of  $FAS^+/GL7^+$  cells in the peptides-treated mice. PBS, Q, P+Q  
505 represent mice injecting with PBS, mice with QuickAntibody, and mice with peptide  
506 vaccines plus QuickAntibody, respectively. \*,  $p < 0.05$ ; \*\*,  $p < 0.01$ ; \*\*\*,  $p < 0.001$ ; ns, not  
507 significant.

508  
509 **Figure 5. Specific T cell activation by SARS-CoV-2 S protein.** (a) and (b) The  
510 IFN- $\gamma$ -secreting T lymphocytes in CD4 $^{+}$  cells on the 14<sup>th</sup> and the 28<sup>th</sup> day after the 1<sup>st</sup>  
511 immunization, respectively. (c) and (d) The IFN- $\gamma$ -secreting T lymphocytes in CD8 $^{+}$  cells  
512 on the 14<sup>th</sup> and the 28<sup>th</sup> day after the 1<sup>st</sup> immunization, respectively. (e) and (f) The  
513 percentage of IFN- $\gamma$ -secreting cells in CD4 $^{+}$  cells and CD8 $^{+}$  cells, respectively. PBS, G,  
514 P+G represent mice injected with PBS, GM-CSF, and peptide vaccines plus GM-CSF,  
515 respectively. \*, p<0.05; \*\*, p<0.01; \*\*\*, p<0.001.

516

517 **Figure 6. Quantification of the IFN- $\gamma$ -secreting lymphocytes in mice spleen by**  
518 **ELISPOT.** (a), Responses of splenocyte to DMSO (negative control), PMA (positive  
519 control) and the peptide mixture. (b) The number of IFN- $\gamma$ -secreting cells per 100,000  
520 splenocytes. (c) Total number of IFN- $\gamma$ -secreting cells in spleen. PBS, G, P+G represent  
521 mice injected with PBS, GM-CSF, and peptide vaccines plus GM-CSF, respectively. \*\*\*,  
522 p<0.001.

523  
524

**Table 1.** B-cell epitope candidates

Epitope	Protein	Start	End	Peptipe	Emini	Kolaskar
B1	Spike	19	43	TTRTQLPPAYTNSFTRGVYYYPDKVF	6.424	1.028
B2	Spike	90	99	VYFASTEKSN	1.573	1.019
B3	Spike	206	209	KHTP	2.463	1.002
B4	Spike	405	430	DEVRQIAPGQTGKIADYNYKLPDDFT	5.81	1.001
B5	Spike	494	507	SYGFQPTNGVGYQP	1.553	1.02
B6	Spike	671	688	CASYQTQTNSPRRARSVA	3.531	1.027
B7	Spike	771	782	AVEQDKNTQEVF	2.342	1.011
B8	Spike	787	799	QIYKTPPIKDFGG	1.465	1.006
B9	Spike	805	816	ILPDPSKPSKRS	4.69	1.019
B10	Spike	1052	1058	FPQSAPH	1.381	1.059
B11	Spike	1068	1091	VPAQEKNFTTAPAICHDGKAHFPR	1.063	1.03
B12	Spike	1108	1123	NFYEPQIITTDNTFVS	1.039	1.007
B13	Spike	1135	1151	NTVYDPLQPELDSFKEE	6.183	1.011
B14	Spike	1153	1172	DKYFKNHTSPDVLDLGDISGI	1.399	1.007
B15	Spike	1190	1193	AKNL	1.087	1.005

B16	Spike	1203	1209	LGKYEQY	2.512	1.035
B17	Spike	1255	1265	KFDEDDSEPVL	2.654	1.003
B18	Spike	63	70	KNLNSSRV	3.471	1.002
B19	Spike	173	176	SRTL	1.504	1.011

Note: Epitopes B4 and B4 are located within the RBD region.

**Table 2.** Distribution of T-cell epitopes among three structural proteins

Protein	HLA			
	Count of T-cell	No. of epitope	Epitope coverage	Types
	Epitope	per residue		Count
Spike	378	0.297	93.01%	33
Membrane	90	0.405	96.00%	31
Envelope	31	0.413	94.14%	32

**Table 3.** Candidate vaccine peptides

Peptide	Protein	Start	End	Vaccine peptide	Count of		HLA
					T Epitopes	B Epitopes	
P1	Spike	19	46	TTRTQLPPAYTNSFTRGVYYPDKVFRSS	10	1	1.086
P2	Spike	75	99	GTKRFDNPVLPFNDGVYFASTEKSNK	6	1	1.143
P3	Spike	118	143	LIVNNATNVVIKVCEFQFCNDPFLGVKK	7	0	1.179
P4	Spike	142	170	GVYYHKNNKSWMESEFRVYSSANNCTFEY	10	0	1.664
P5	Spike	186	209	FKNLREFVFKNIDGYFKIYSKHTP	8	1	1.264
P6	Spike	258	279	WTAGAAAYVGYLQPRTFLLKYKKKKK	10	0	1.115
P7	Spike	310	337	KGIYQTSNFRVQPTESIVRFPNITNLCP	10	0	1.012
P8 *	Spike	357	386	RISNCVADYSVLYNSASFSTFKCYGVSP	8	0	1.318
P9 *	Spike	405	433	DEVRQIAPGQTGKIADNYKLPDDFTGKKK	7	1	0.928
P10 *	Spike	448	472	NYNYLYRLFRKSNLKPFERDISTEI	7	0	1.625
P11 *	Spike	478	505	TPCNGVEGFNCYFPLQSYGFQPTNGVGYKK	7	0	1.413
P12	Spike	494	523	SYGFQPTNGVGYQPYRVVVLSELHAPAT	10	1	1.581
P13	Spike	625	652	HADQLTPTWRVYSTGSNVFQTRAGCLIG	8	0	1.214
P14	Spike	671	699	CASYQTQTNSPRRARSVASQSIIAYTMSL	8	1	1.234

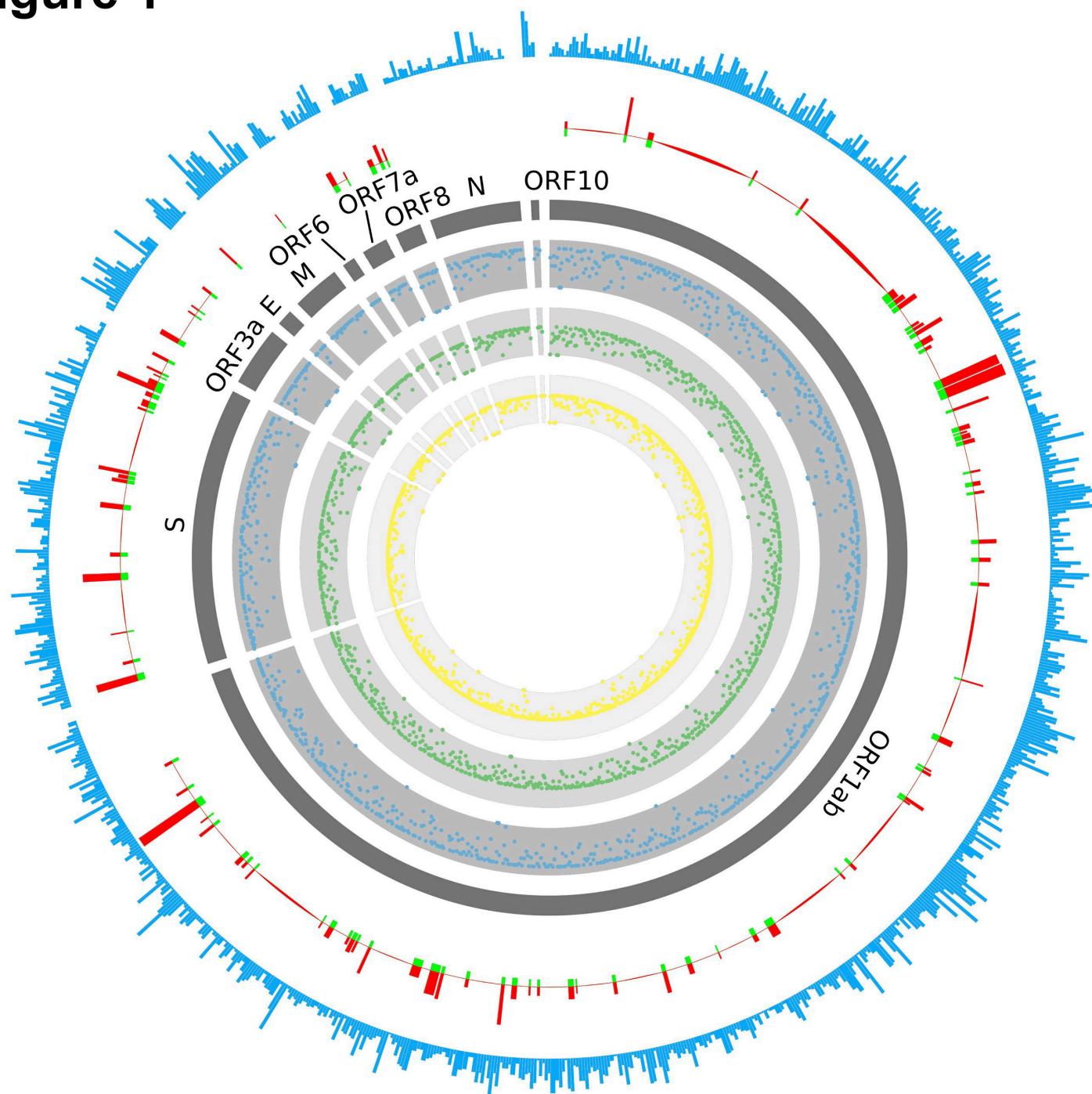
P15	Spike	771	799	AVEQDKNTQEVAQVKQIYKTPPIKDFGGK	8	2	0.952
P16	Spike	805	833	ILPDPSKPSKRSFIEDLLFNKVTLADAGFK	7	1	1.068
P17	Spike	896	923	IPFAMQMAYRFNGIGVTQNVLYENQKLI	7	0	1.625
P18	Spike	965	991	QLSSNFGAISSVLNDILSRLDKVEAEVKKK	9	0	1.012
P19	Spike	1052	1073	FPQSAPHGVVFLHVTYVPAQEK	8	1	1.532
P20	Spike	1068	1096	VPAQEKNFTTAPAICHDGKAHFPREGVFV	4	1	0.402
P21	Spike	1095	1123	FVSNGTHWFVTQRNFYEPQIITTDNTFVSK	8	1	1.236
P22	Spike	1135	1155	NTVYDPLQPELDSFKEELDKYKKKKK	2	1	0.254
P23	Spike	1153	1181	DKYFKNHTSPDVLDGDISGINASVVNIQKK	5	1	0.322
P24	Spike	1190	1217	AKNLNESLIDLQELGKYEQYIKWPWYIWKK	6	2	0.659
P25	Spike	1216	1245	IWLGFIAGLIAIVMVTIMLCKKKKKKKKK	5	0	1.394
P26	Spike	1236	1265	KKKKCCSCLKGCCSCGSCCKFDEDDSEPVL	4	1	0.520
P27	Envelope	4	33	FVSEETGTLIVNSVLLFLAFVVFLKKKKKK	11	0	1.133
P28	Envelope	45	70	NIVNVSLVKPSFYVYSRVKNLNSSRV	9	1	1.455
P29	Membrane	122	150	VPLHGTLTRPLLESELVIGAVILRGHLRK	9	0	1.508
P30	Membrane	173	201	SRTLSYYKLGASQRVAGDSGFAAYSRYRI	6	1	0.902

Note: Peptide labeled by asterisks (\*) are located within the RBD region.

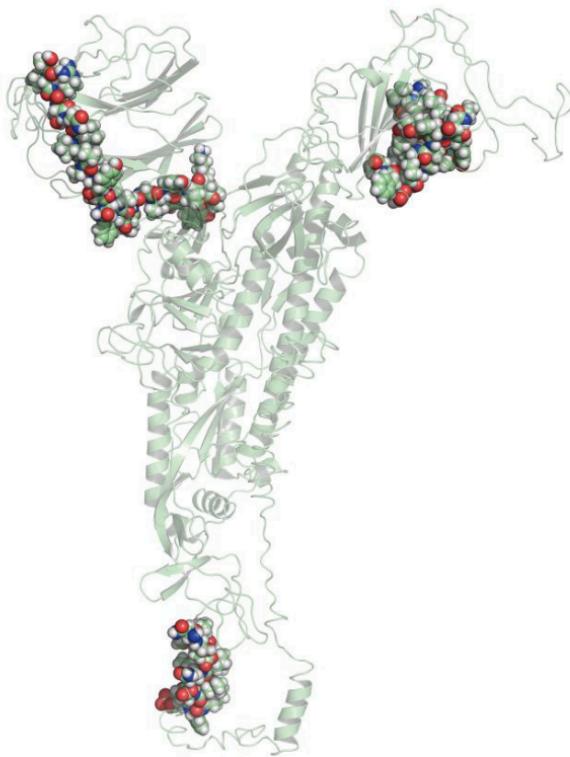
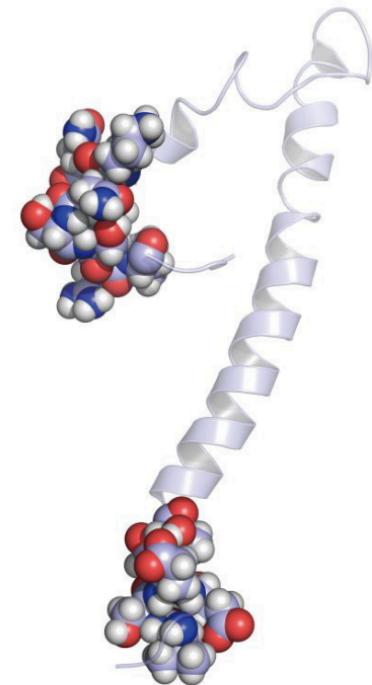
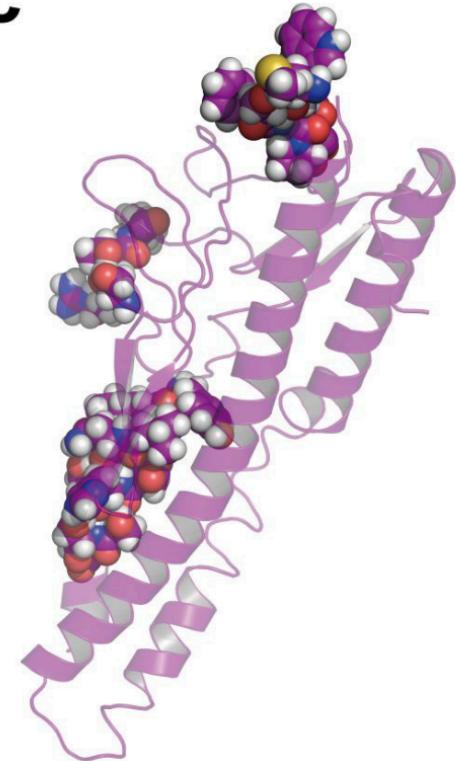
**Table 4.** Docking results for T-cell epitope P25 and P27 against three HLA types

Panel in Fig. 3	Protein	Start	Epitope	HLA type	HLA Score	ITScorePeP	Contact residues
a	Spike	1220	FIAGLIAIV	HLA-A*02:01	0.123	-144.2	PHE-1, GLY-4, LEU-5, ILE-6, ALA-7
b	Spike	1220	FIAGLIAIV	HLA-B*46:01	0.102	-138.2	ILE-6, VAL-9
c	Spike	1220	FIAGLIAIV	HLA-C*03:04	0.100	-146.6	PHE-1, ALA-3, ILE-8, VAL-9
d	Envelope	4	FVSEETGTL	HLA-A*02:06	0.052	-147.7	PHE-1, VAL-2, SER-3, GLU-4, THR-6
e	Envelope	4	FVSEETGTL	HLA-B*46:01	0.102	-140.2	PHE-1, SER-3, GLU-4, THR-6, THR-8
f	Envelope	4	FVSEETGTL	HLA-C*07:02	0.152	-136.7	PHE-1, GLU-4, THR-8, LEU-9

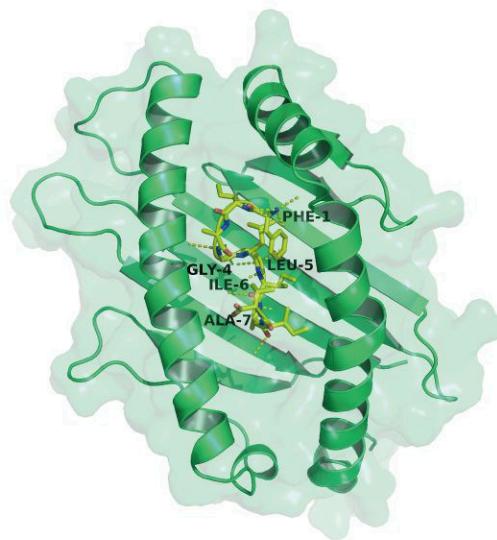
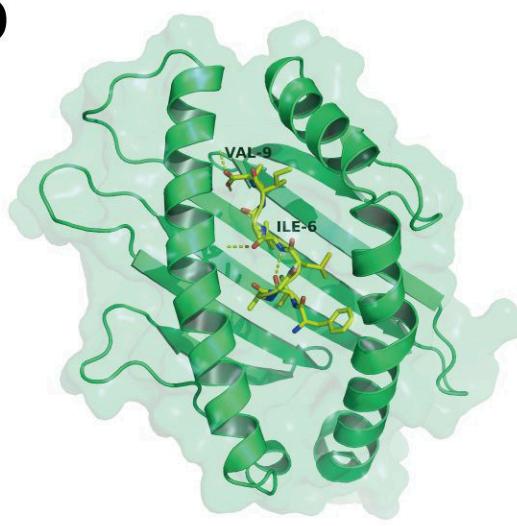
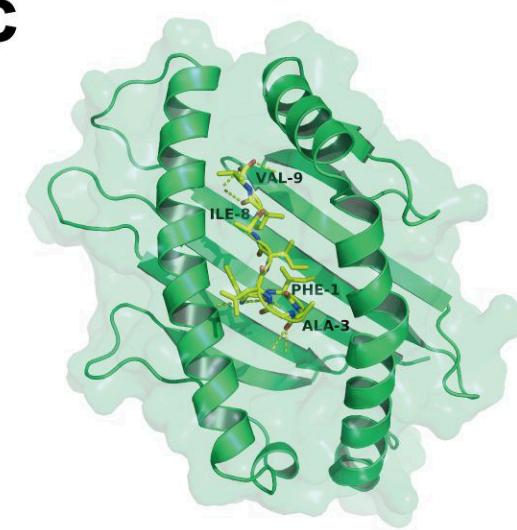
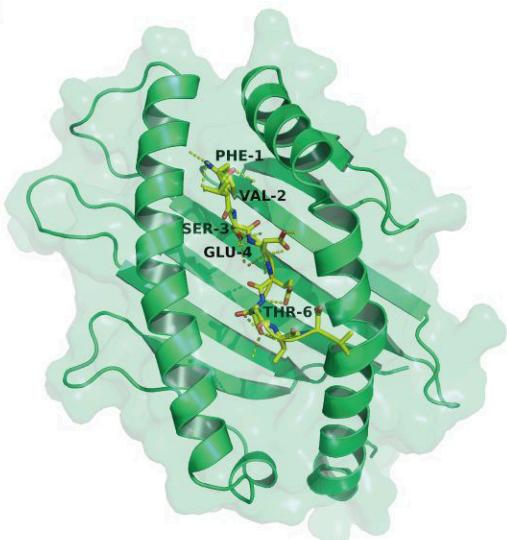
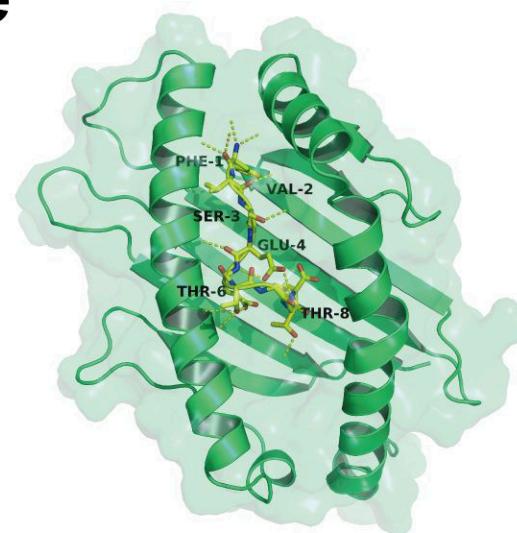
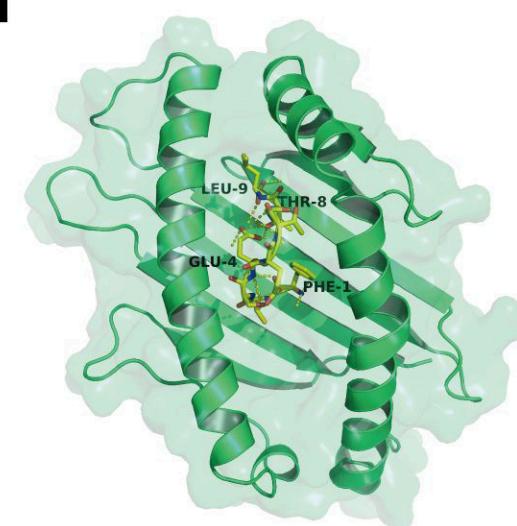
# Figure 1



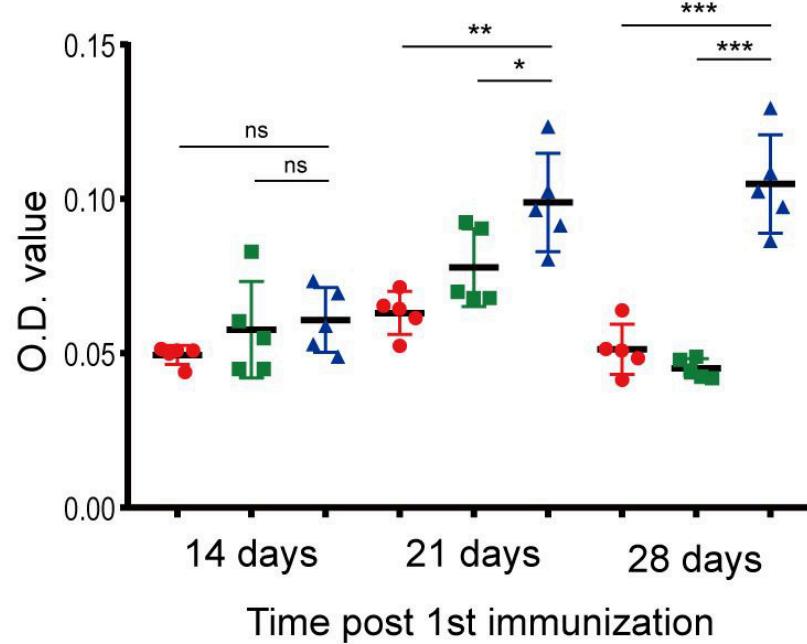
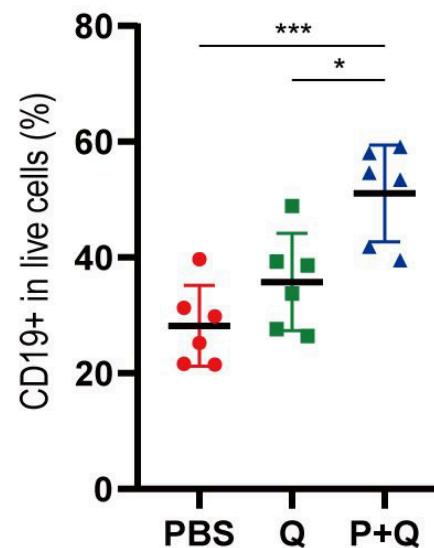
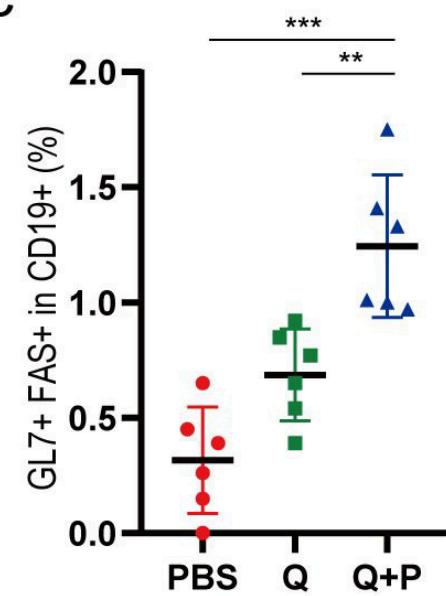
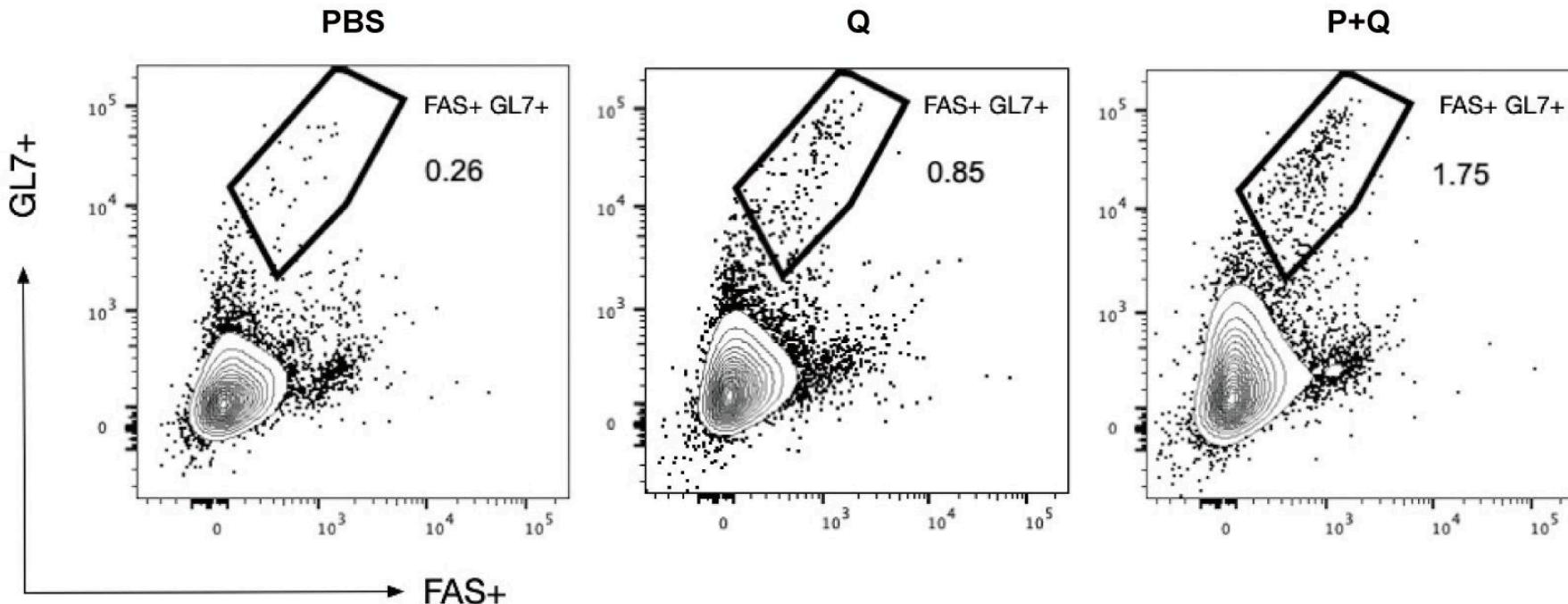
# Figure 2

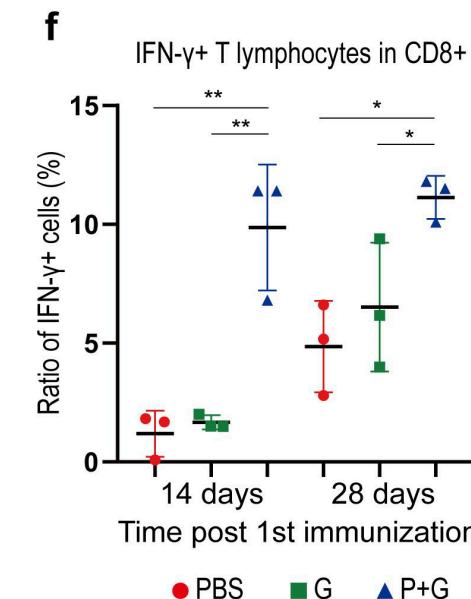
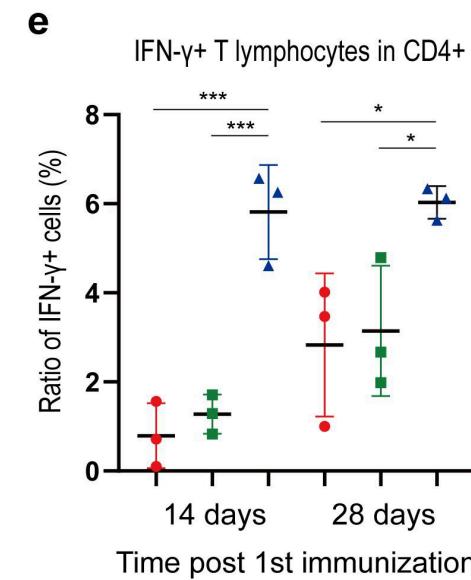
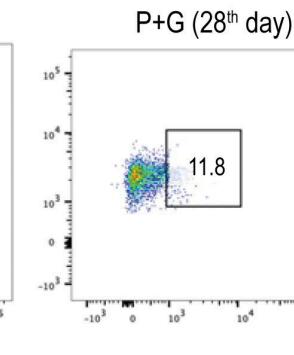
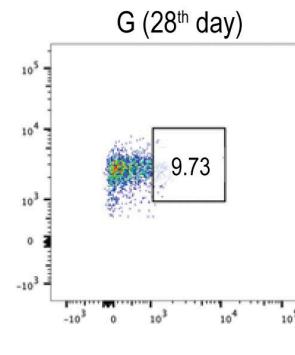
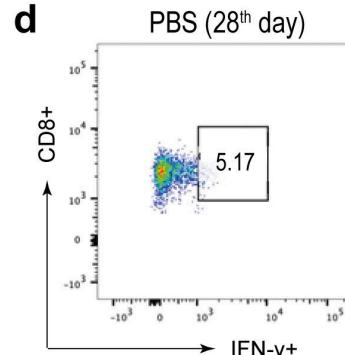
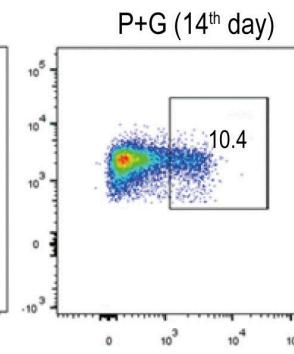
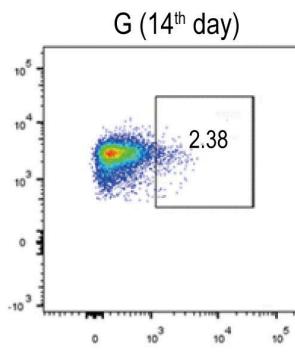
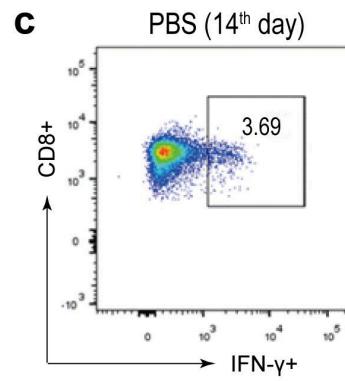
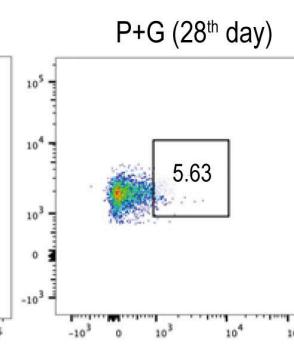
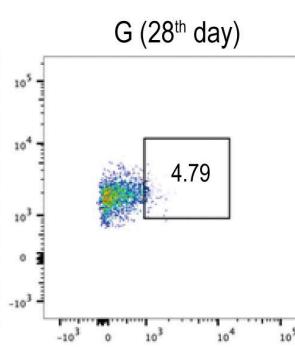
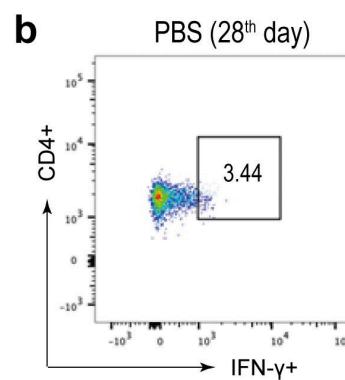
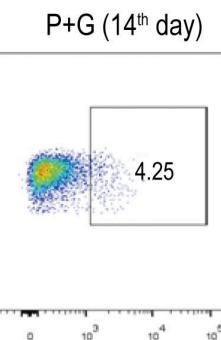
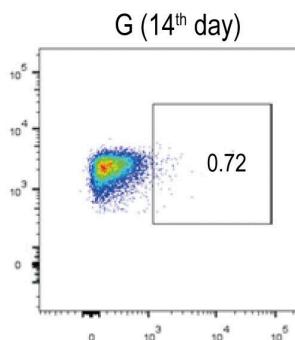
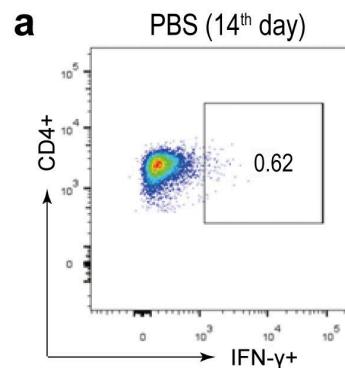
**a****b****c**

# Figure 3

**a****b****c****d****e****f**

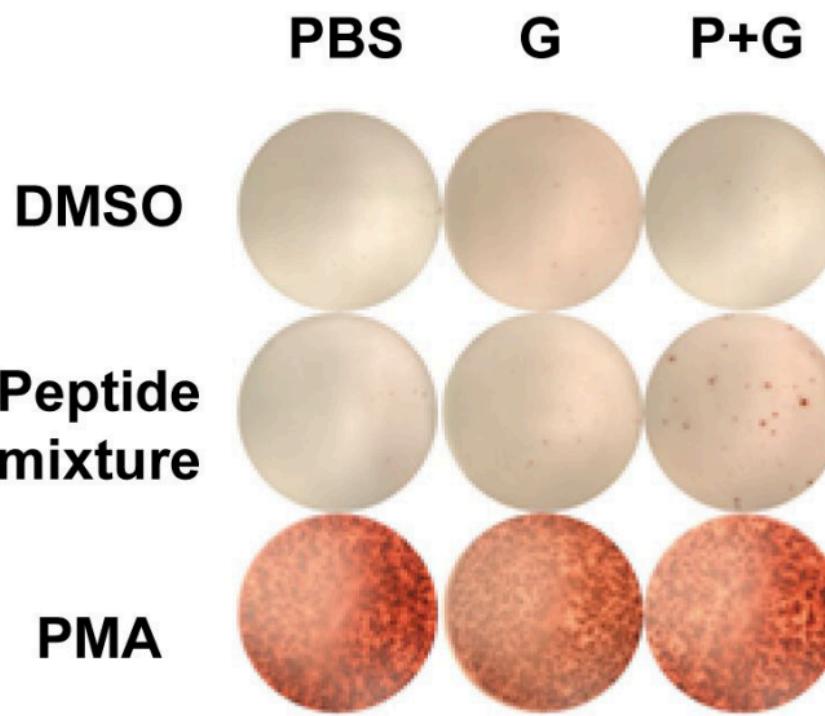
# Figure 4

**a****b****c****d**

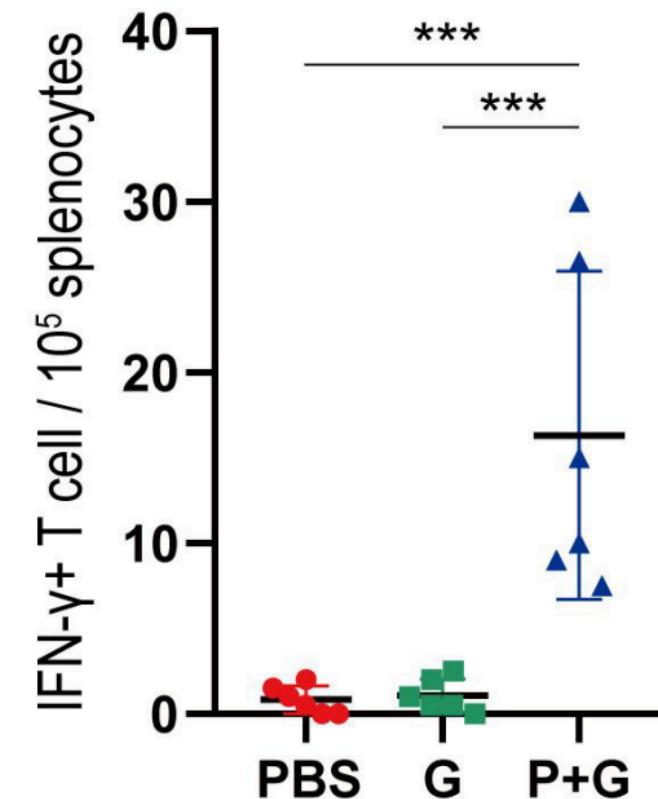
**Figure 5**

# Figure 6

**a**



**b**



**c**

