

NIAID Response to the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)

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NIAID, NIH, DHHS



SARS-CoV-2/COVID-19 Medical Countermeasures Task Force

SARS-CoV-2/COVID-19 MCM Task Force

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graph TD; A[SARS-CoV-2/COVID-19 MCM Task Force] --- B[Therapeutics]; A --- C[Vaccines]; A --- D[Diagnositics]; A --- E[Clinical Trials];
```

The diagram is an organizational chart. At the top is a dark blue rectangular box with the text 'SARS-CoV-2/COVID-19 MCM Task Force'. A vertical red line descends from the center of this box to a horizontal red line. From this horizontal line, four vertical red lines extend downwards to four separate red rectangular boxes. From left to right, these boxes are labeled 'Therapeutics', 'Vaccines', 'Diagnositics', and 'Clinical Trials'. The 'Vaccines' box is highlighted with a yellow border.

Therapeutics

Vaccines

Diagnositics

Clinical Trials

NIAID Accelerating SARS-CoV-2 Research

- **Improve understanding of SARS-CoV-2/COVID-19**
- **Evaluate potential cross-reactivity with existing SARS/MERS vaccine candidates (and antibodies)**
- **Develop SARS-CoV-2 vaccine candidates**
- **Provide resources to facilitate vaccine development**

Current Funding Opportunities

- **Notice of Special Interest Regarding the Availability of Urgent Competitive Revisions for Research on the 2019 Novel Coronavirus (2019-nCoV)***
 - Improve understanding of 2019-nCoV
 - Development of medical countermeasures
 - Development of animal models
- **2020 NIAID Omnibus Broad Agency Announcement solicits development of 2019-nCoV* vaccines, therapeutics and diagnostics**

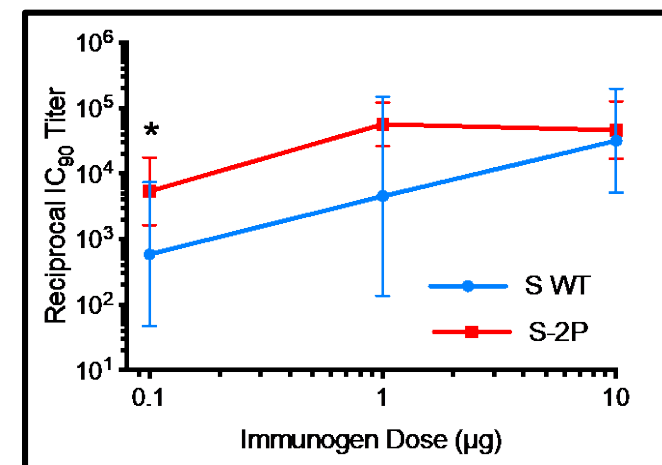
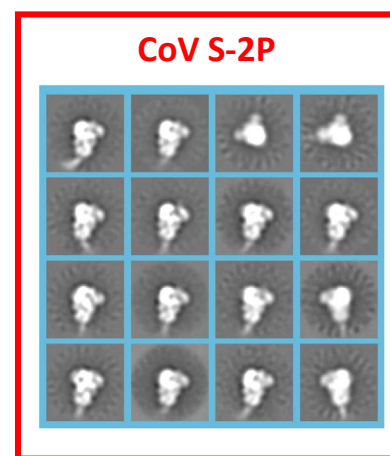
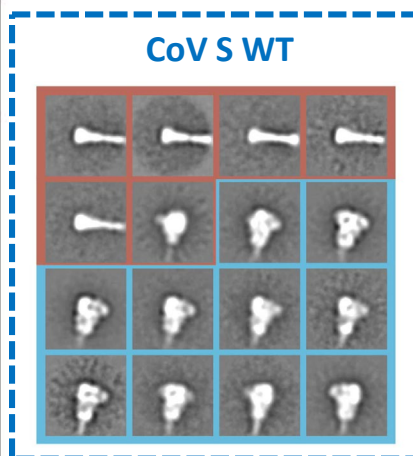
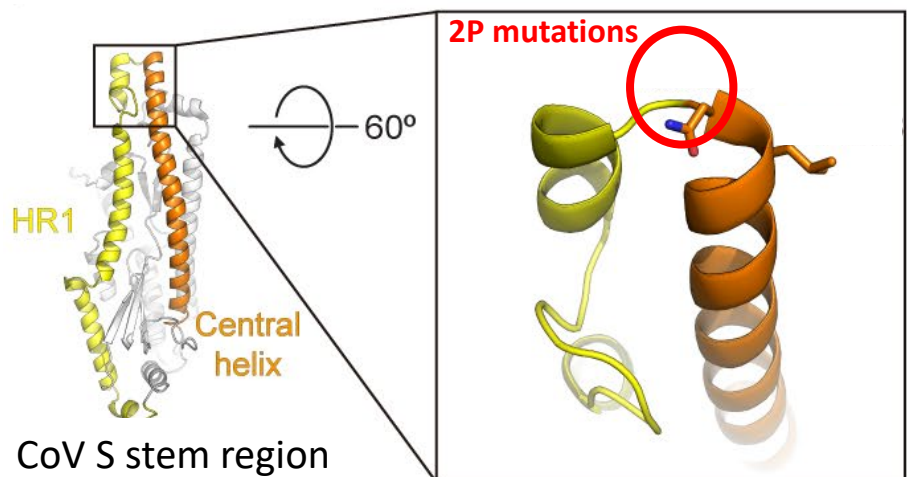
Sharing Samples and Reagents

- **Viral isolate from first U.S. patient available through BEI Resources (others soon)**
- **Patient samples as available (via USG sample sharing WG)**
- **Reagents including molecular clones, plasmids, pseudoviruses, recombinant protein in progress**

NIAID Vaccine Research Center SARS-CoV-2 Vaccine Candidate

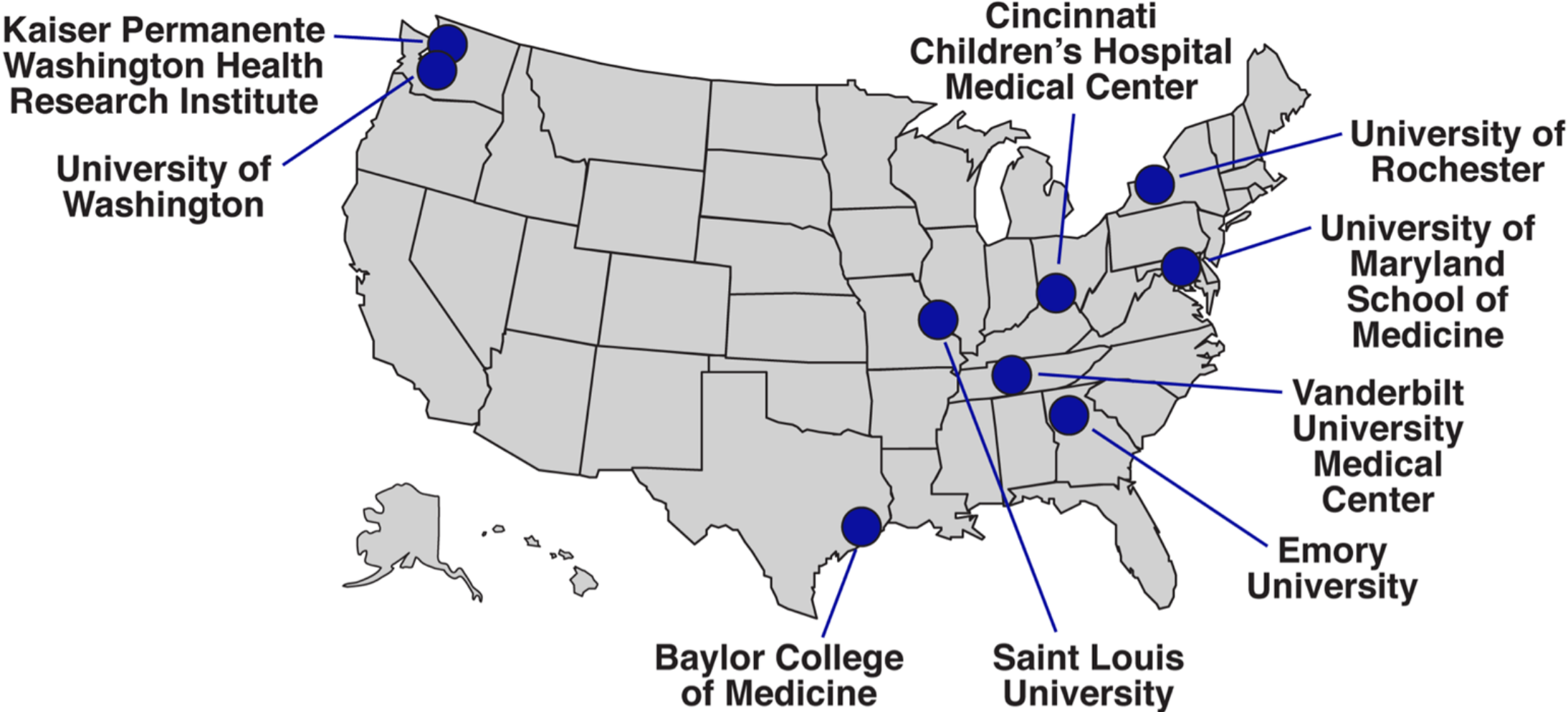
2 proline (2P) mutations at apex of central helix result in S protein locked in prefusion conformation.

Prefusion-stabilized CoV S-2P is more immunogenic than wild-type S.



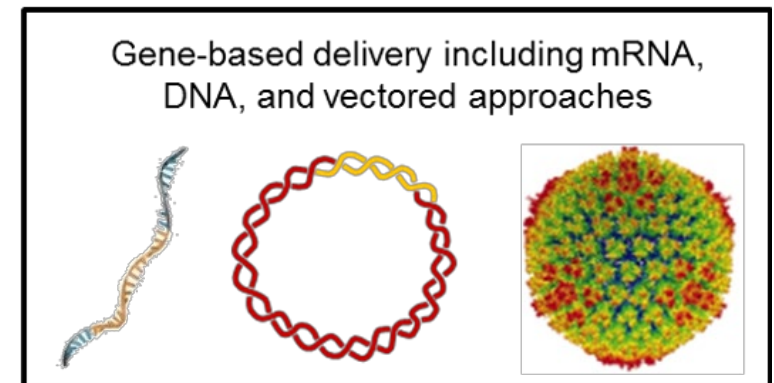
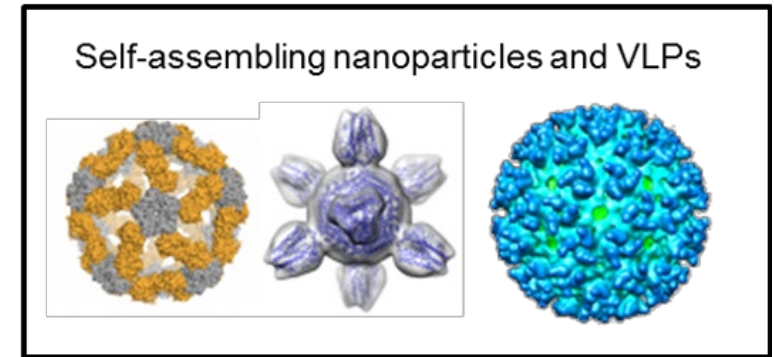
- Partnership between the VRC/NIAID and Moderna
- GMP product expected in March 2020

NIAID Infectious Disease Clinical Research Consortium



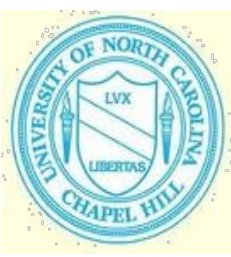
Ongoing Efforts Towards a Universal CoV Vaccine

- Optimize antigen design for potency and breadth
- Nanoparticles to display multiple CoV spike antigens and optimize immunogenicity
- Gene-based delivery for rapid response



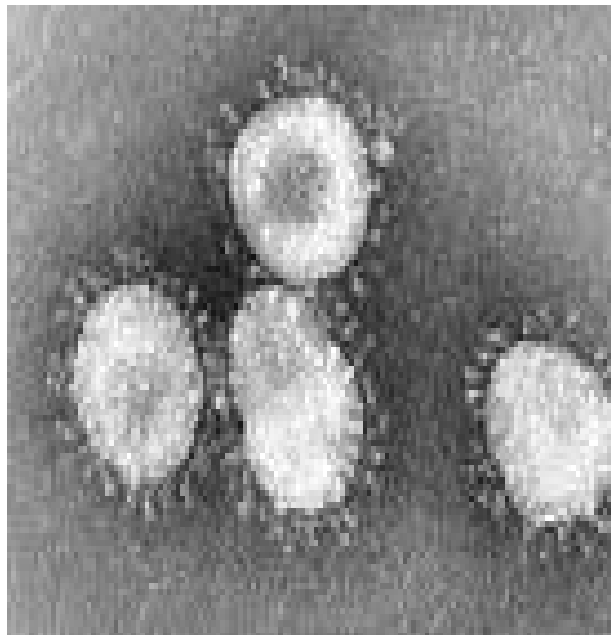
Vaccine Development For Emerging Coronaviruses

- **Coronaviruses have pandemic potential and novel coronaviruses will likely continue to emerge**
- **NIAID rapidly advancing development of SARS-CoV-2 vaccine candidates**
- **Global collaboration and transparency are critical**



2019-nHCoV

Baric Laboratory University of North Carolina



Outline

- **Introduction**
- **Emerging Coronaviruses**
 - SARS-CoV
 - Pre-pandemic SARS-like Bat-CoV
 - Drivers of Epidemic Disease Outbreaks
- **The Outbreak**
 - Origins
 - Genome Organization and relatedness
 - Disease
- **Countermeasures**
 - Vaccines
- **Summary**



Timeline: Emerging Nidoviruses

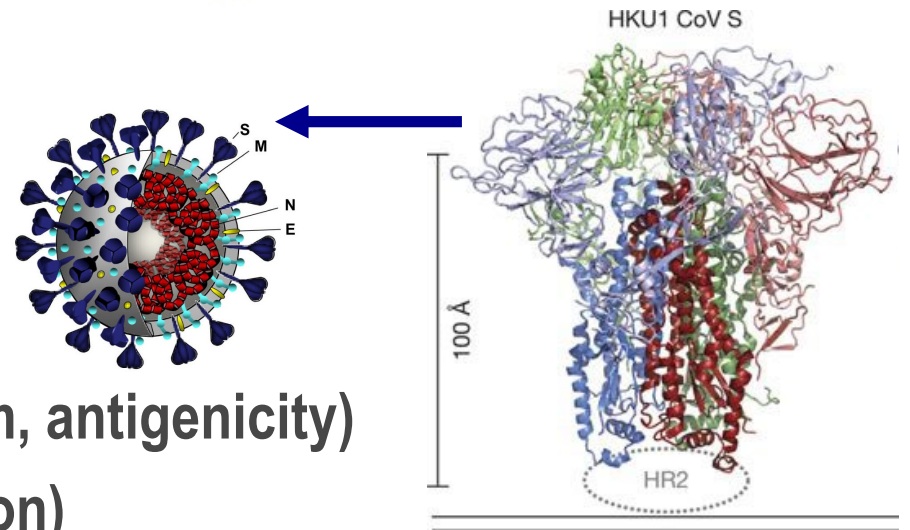
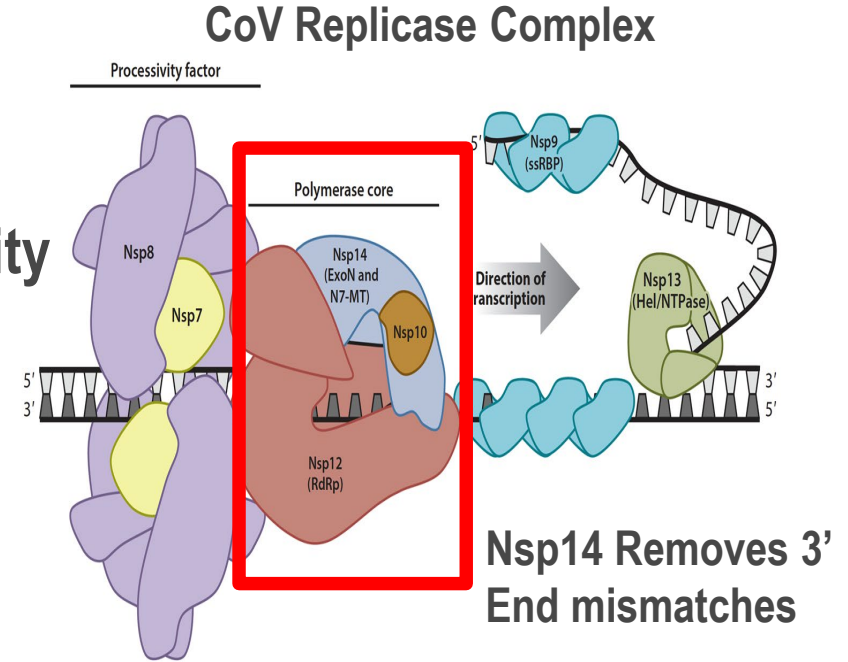
<u>Virus</u>	<u>Species</u>	<u>Emergence</u>
HCoV-NL63	Human	500-800 years
HCoV-229E	Human	200-300 years
HCoV-OC43	Human	~120 years
PEDV	Porcine	~25 years ← 2012 in US
PRRSV	Porcine	~25 years
BCoV	Bovine	~20 years
SARS-CoV	Human	~16 years
MERS-CoV	Human	~7 years
SADS-CoV (HKU2)	Porcine	~2 years
2019-nHCoV	Human	2 months

Accelerating Cross Species Movement

Fu et al., 2018 Infect Genetic Evolution; Peiris JS et al., Lancet 2003, Huynh J et al., J.Virol 2012; Zaki AM et al., N Engl J Med. 2013, Mole B. Nature. 2013; Zhou P et al., Nature 2018

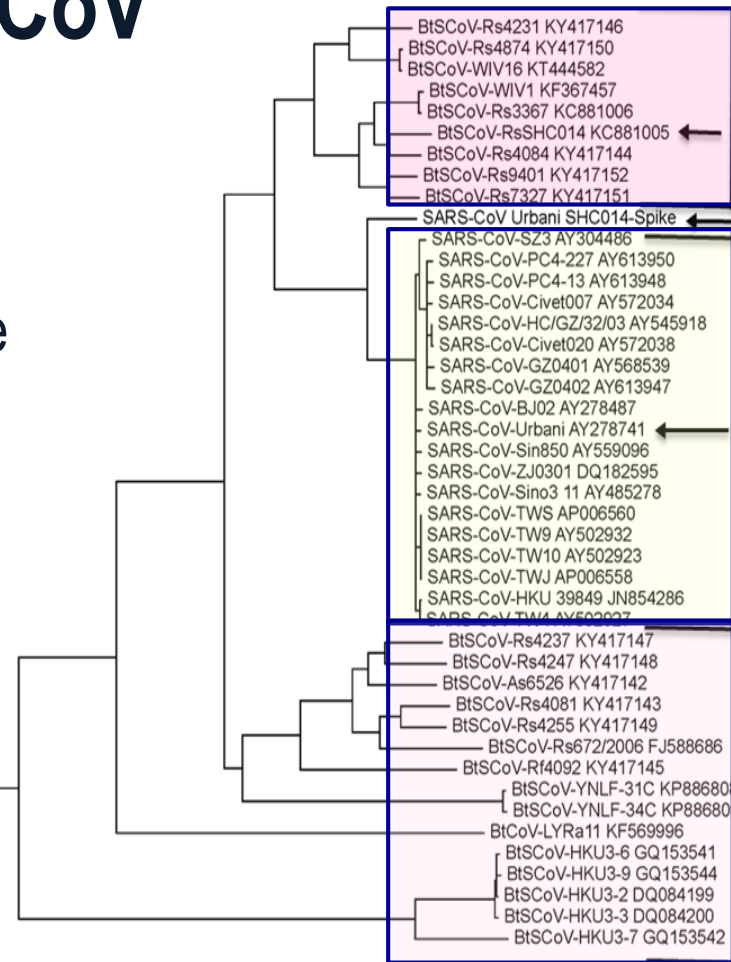
Drivers of CoV Evolution

- CoV Genome Size: 32Kb
- CoV Mutation Rate
 - 10^{-6} → Regulated Fidelity (nsp14: ExoN)
 - Environmental Change
 - ◆ Fidelity rates change
- High Rates RNA Recombination
 - 25% during mixed infections
 - Modular evolution
- Plastic Surface Glycoprotein
 - Tolerates high rates of mutation
 - Deletions and Insertions (tropism, antigenicity)
 - Recombination (modular evolution)



Origins of the Group 2B SARS and SARS-like CoV

- **SARS-CoV Origins (Yellow)**
 - bats
 - Open Markets and Civet Intermediate Hosts
- **SARS-like bat CoV (Pink)**
 - Pre-epidemic potential (high/low)
 - Bats, low level seroprevalence in people residing near bat hibernacula
- **2019-nHCoV**
 - Bats
 - Open Market Origins



Before Dec 2019

SARS-CoV Emergence in 2002 in China

8,096 cases, 774 deaths, in 32 countries, Nov 1 2002 - July 31 2003

Most Likely Model

Epidemic SARS-CoV



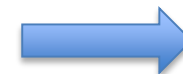
Intermediate host

Bat to Human to Civet

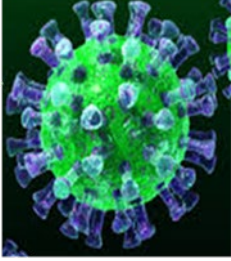
Is SARS-CoV Extinct?



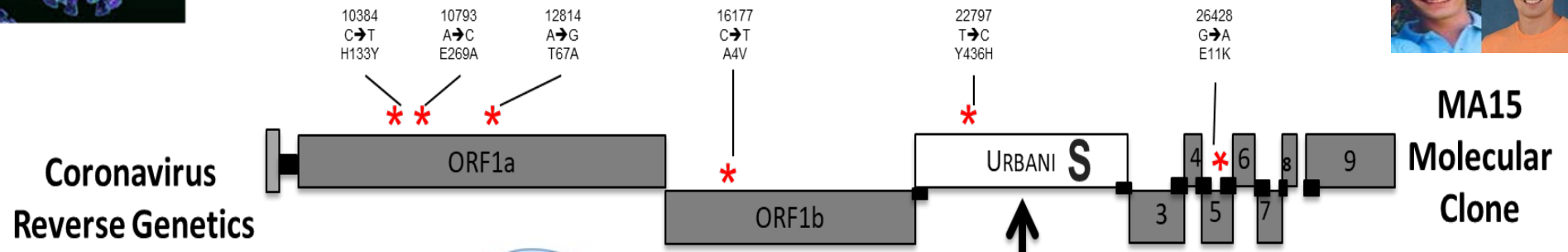
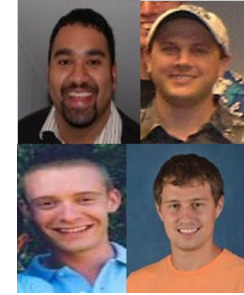
BtCoV
Bats
Animals



Threat Level?

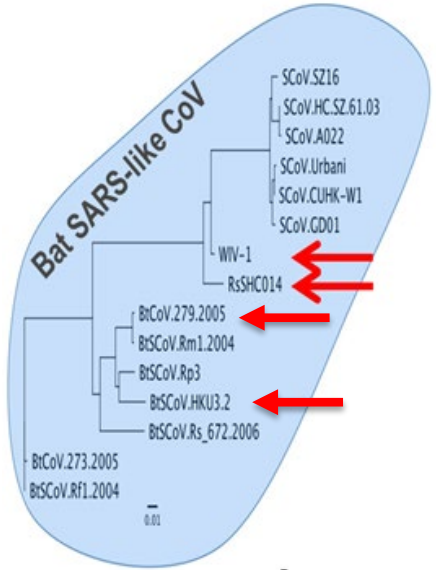


SARS MA15 Molecular Clone



Coronavirus
Reverse Genetics

MA15
Molecular
Clone

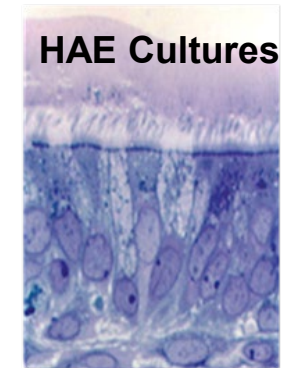


WIV-16	~97% identical To SARS-CoV
WIV-1	
SHC014	
90% identical	

BtCov 279	Not viable in mammalian cells
BtCoV HKU3	

Bat CoV
Spikes

Replicate like SARS-CoV on primary human airway epithelial cells
Use human receptor as well as SARS-CoV (if yes)
Synthesize full length genomes, recover full length virus

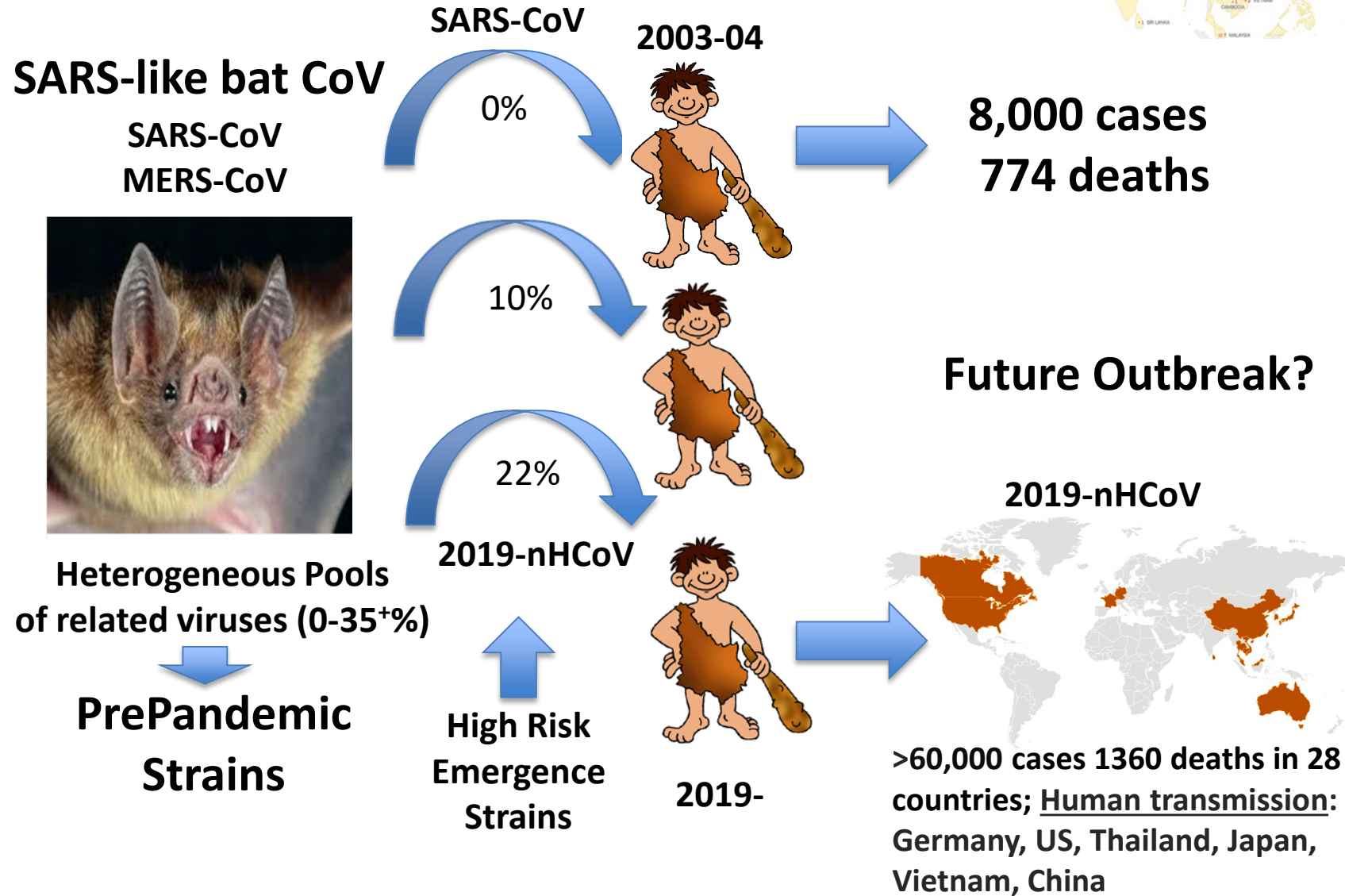


Rockx et al., JV 2007; Becker et al., PNAS 2008; Menachery et al., Nature Medicine, 2015; Menachery et al., PNAS 2017

Most Emerging Viruses

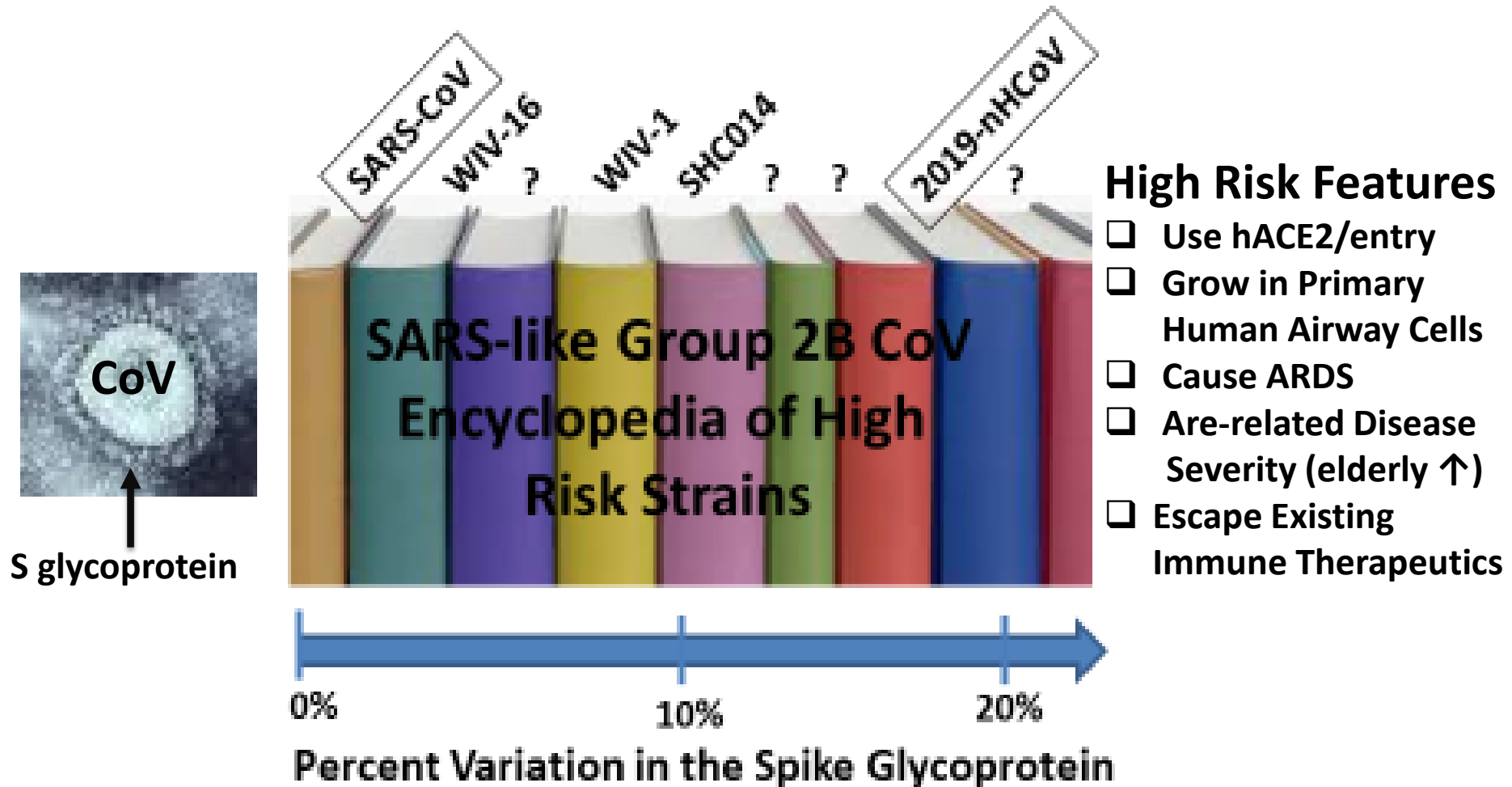


Zoonotic Reservoirs



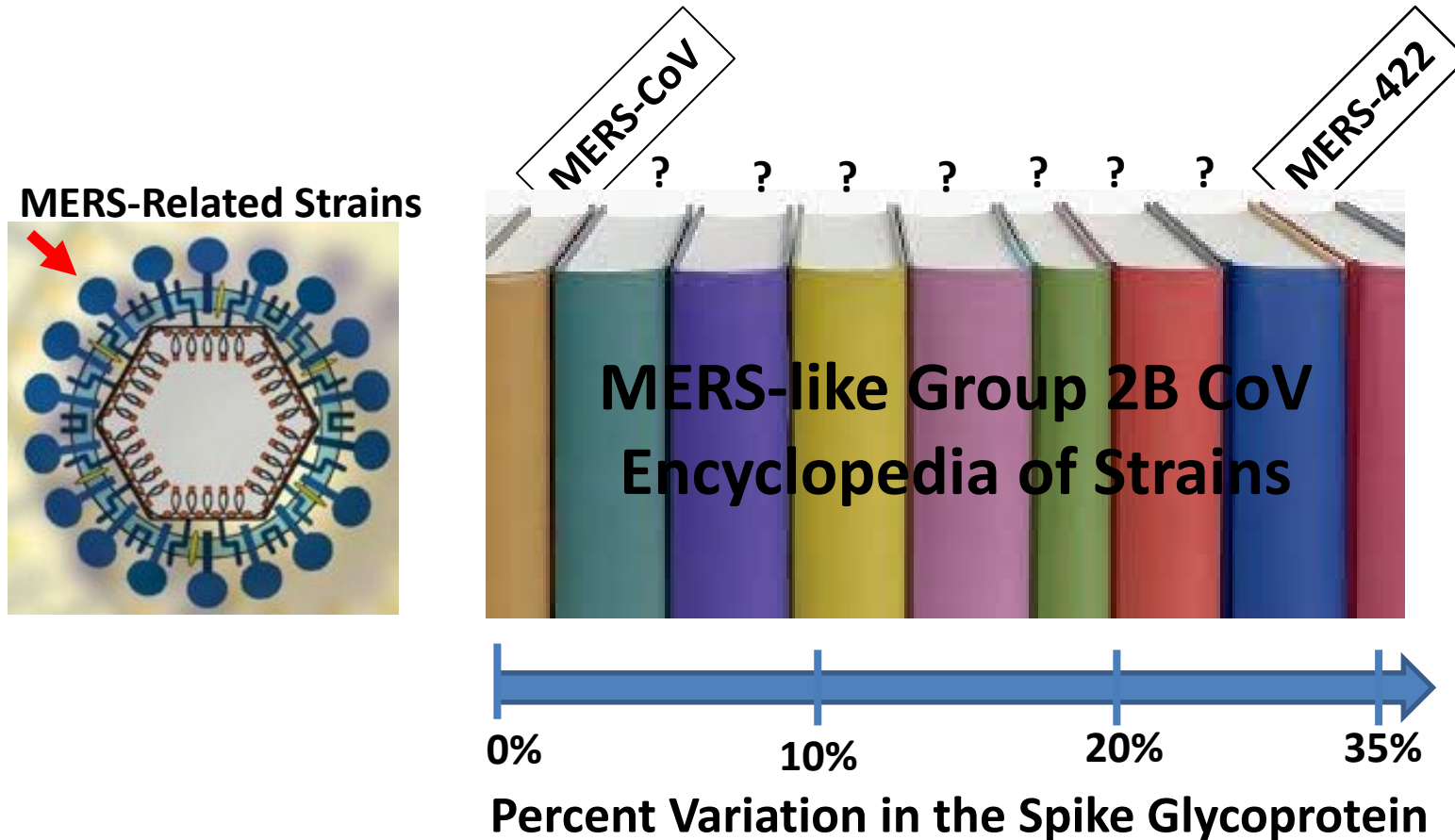
Z. Shi, Institute of Virology (Discovery Work on the SARS-like bat coronaviruses): Nature. 2013 Nov 28;503(7477):535-8.
Sheahan et al., JV 2008; Becker PNAS 2008; Menachery V et al., Nature Medicine 2015, Menachery PNAS 2016; Simon et al., mBIO 2017

Known Group 2B SARS-like CoV Poised for Human Emergence




Platform to develop/test broad based vaccines, hmAB and antiviral drugs

Known Group 2C MERS-like CoV Poised for Human Emergence



- MERS-like bat CoV (China) 65% Identity with MERS-CoV Spike
- Uses hDPP4 as a receptor for docking and entry
- Replicates efficiently in primary human airway epithelial cells

2019-nHCoV

- Emerged Early Dec in Wuhan China (Dec 1)
 - Began as Cluster of Cases Associated with Open Markets (Dec 31)
 - No Evidence of Human to Human Transmission
 - Not Very Pathogenic
 - Not SARS-CoV, Likely a Novel Virus
- 
- Lesson
Don't under-estimate epidemic potential of an emerging virus
- Wuhan Open Fish Market Closed (Jan 1, 2020)
 - Identified as a Coronavirus on Jan 7th, 2020
 - distant relative to the SARS-CoV (kissing cousin)
 - Genome Length Sequence Reported (5 isolates) (~9-11th)
 - 15 HCW infected, China Confirms Person to Person Spread (~20th)

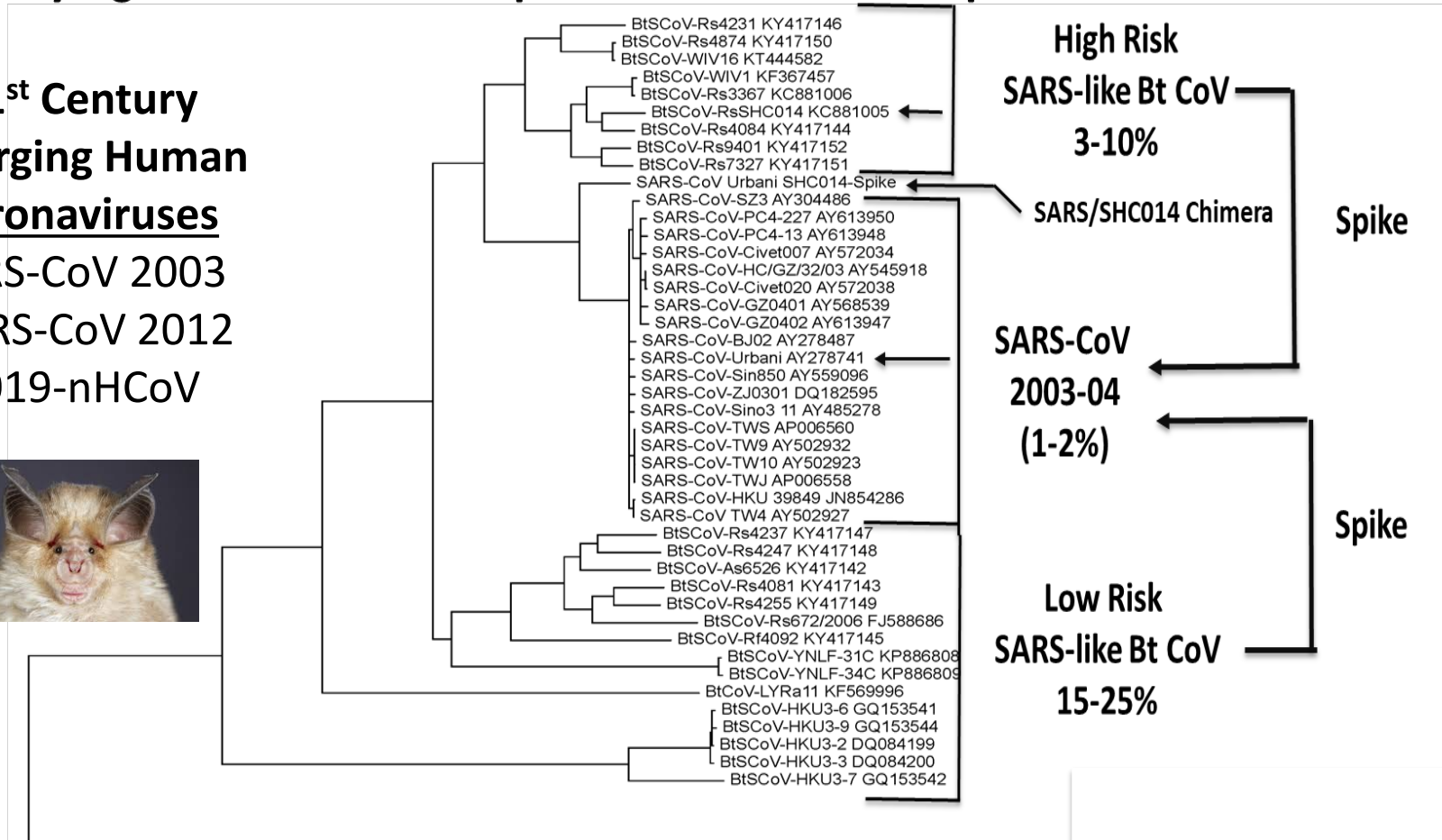
UPDATE ON NEWLY DISCOVERED CORONAVIRUS

	SARS CoV	MERS CoV	2019 nCoV (SARI)
Virion Structure	Enveloped RNA virus	Enveloped RNA virus	Enveloped RNA virus
Outbreak period	2003-2004	2012-present	2019-present
Initial site of isolation	Guangdong province, China	Saudi Arabia	Wuhan, China
No. of countries/cases	29	27	28
No. of cases (mortality)	8,096 (9.6%)	2,494 (~34%)	~60,000 (N=1367)(2%)* >8,243 critical (~16%)
No. of cases U.S.	8	2 (2014)	13 (WA, IL, CA, AZ, Mass, Wis)
Reservoir (intermediate host)	Bats (palm civet)	Bats (dromedary camels)	Bats (likely a zoonosis)
Incubation period	2-7 days (range, 2-21)	2-7 (range, 2-14 days)	2-14 days (mean 5-6)
Infectivity, rho	1.8-2.5	0.3-1.3	1.4-2.2 (WHO), 2.5-3.8*
Super spreaders	Yes	Yes (uncommon)	Yes (1 case infected 14 HCW)
Asymptomatic/mild Spread	No	Rare	Perhaps Yes?/Yes
Attack Rate	10.3% to 60%	4 to 20%	?, 80+% (one study)
Transmission (including to HCP)	Droplet/Direct, Airborne/Indirect?	Droplet/Direct, Airborne/Indirect?	Droplet/Direct, Airborne/Indirect?
Treatment (PEP)	Supportive (none)	Supportive (none)	Supportive (none)*
Infection Prevention^	Airborne, contact, face shield	Airborne, contact, face shield	Airborne, contact, face shield

*Wuhan is 4.1 percent and 2.8 percent in Hubei, compared to 0.17 percent elsewhere

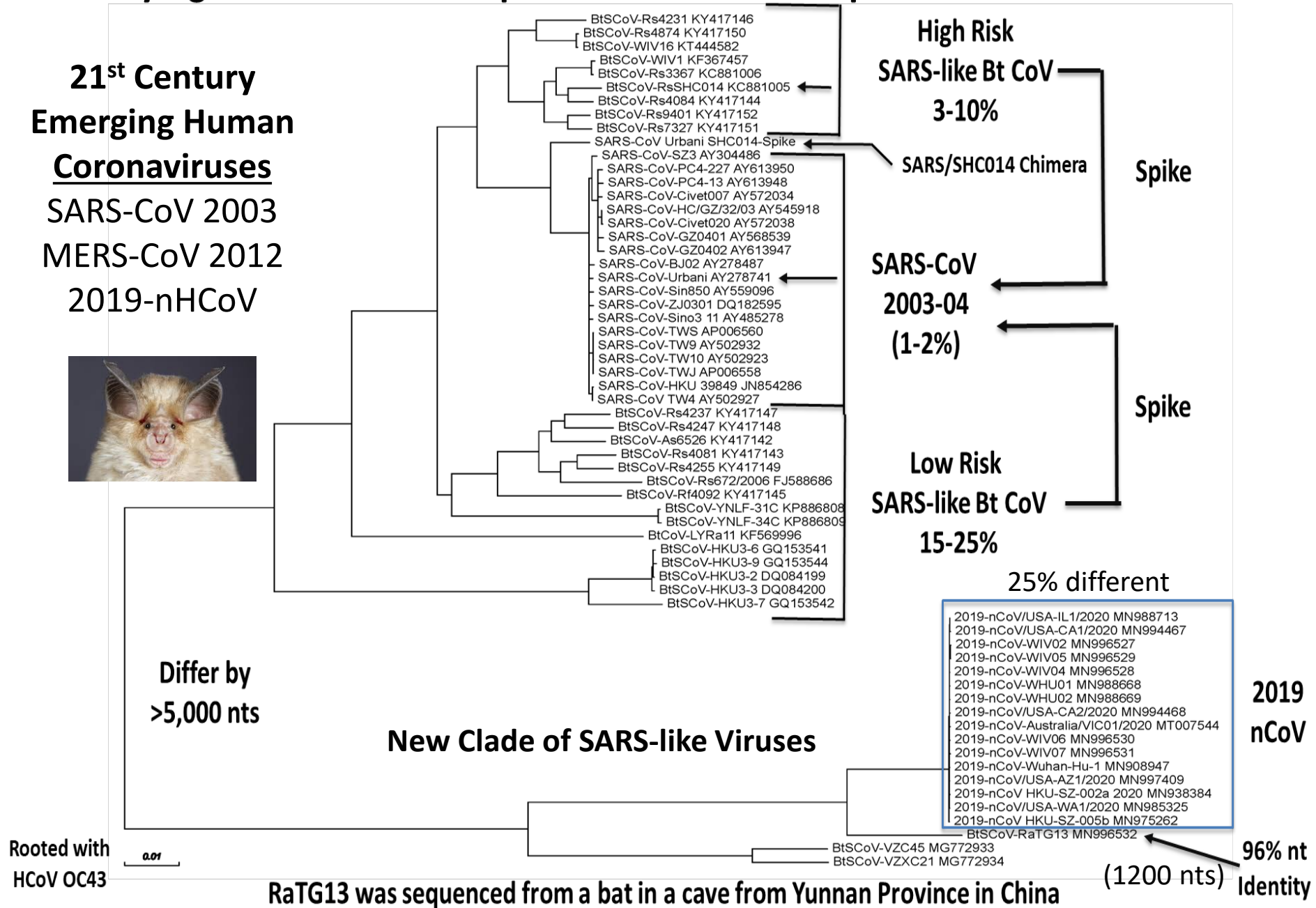
Phylogenetic Relationships Between the Group 2B Coronaviruses

**21st Century
Emerging Human
Coronaviruses**
SARS-CoV 2003
MERS-CoV 2012
2019-nHCoV

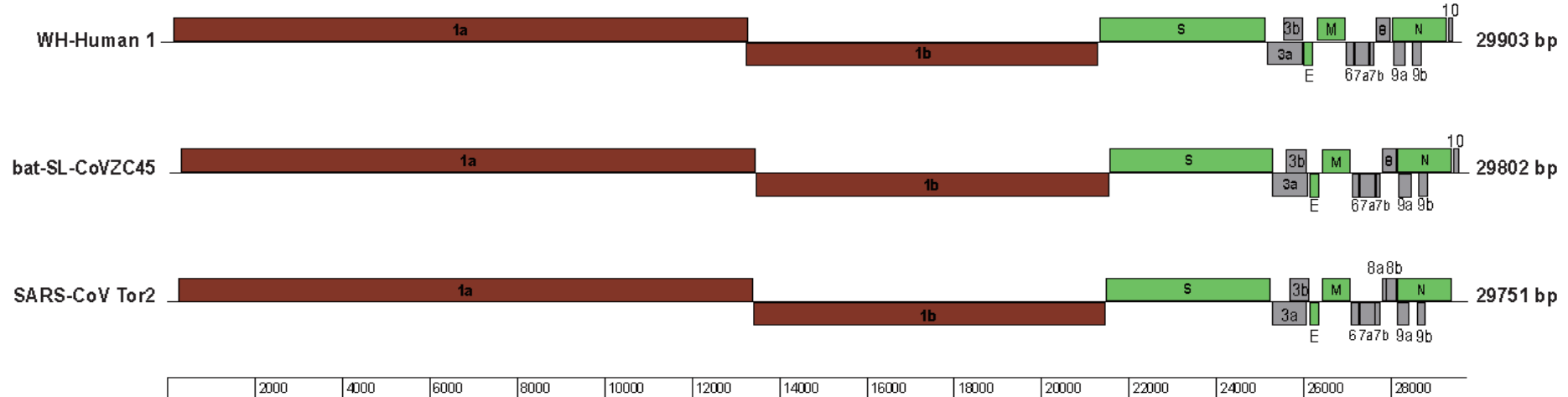


Phylogenetic Relationships Between the Group 2B Coronaviruses

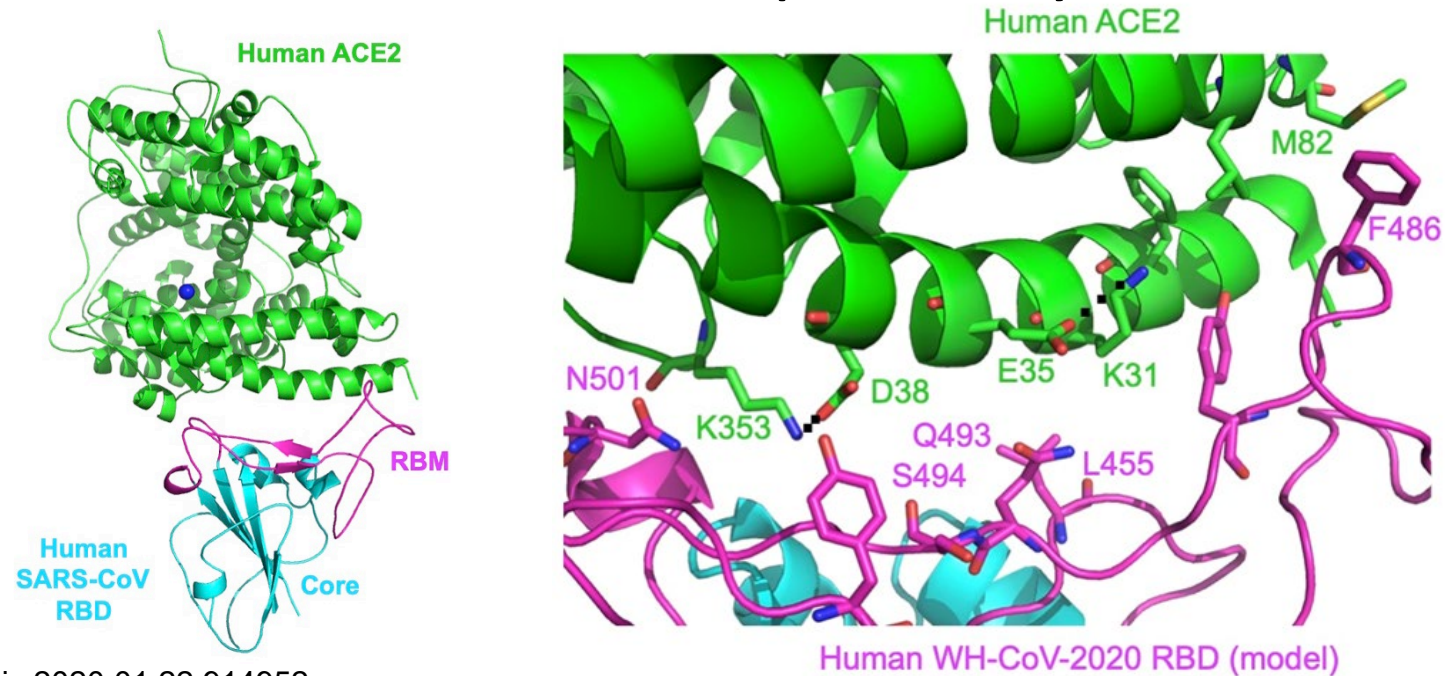
**21st Century
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Coronaviruses**
SARS-CoV 2003
MERS-CoV 2012
2019-nHCoV



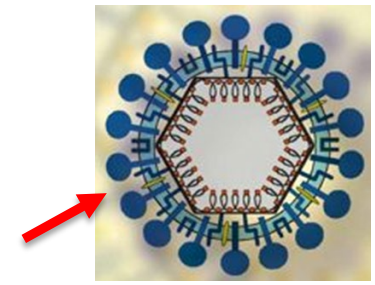
2019-nHCoV Genome Organization



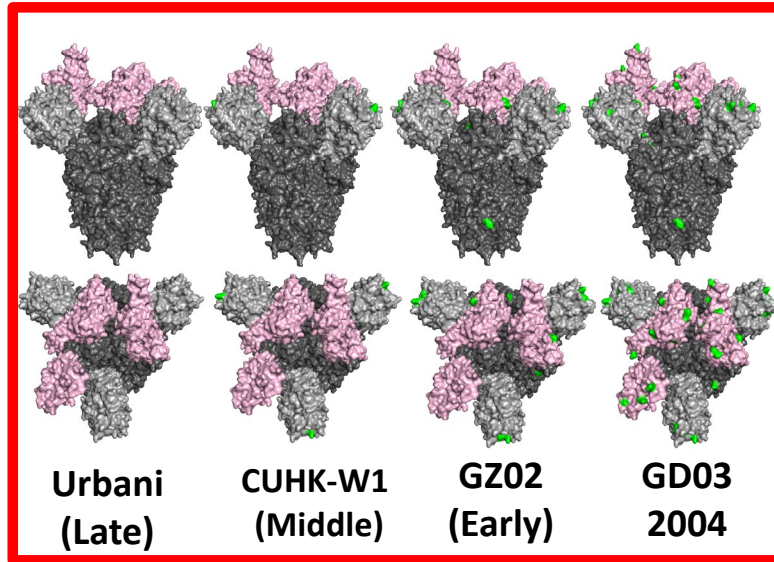
Uses hACE2 Receptor for Entry



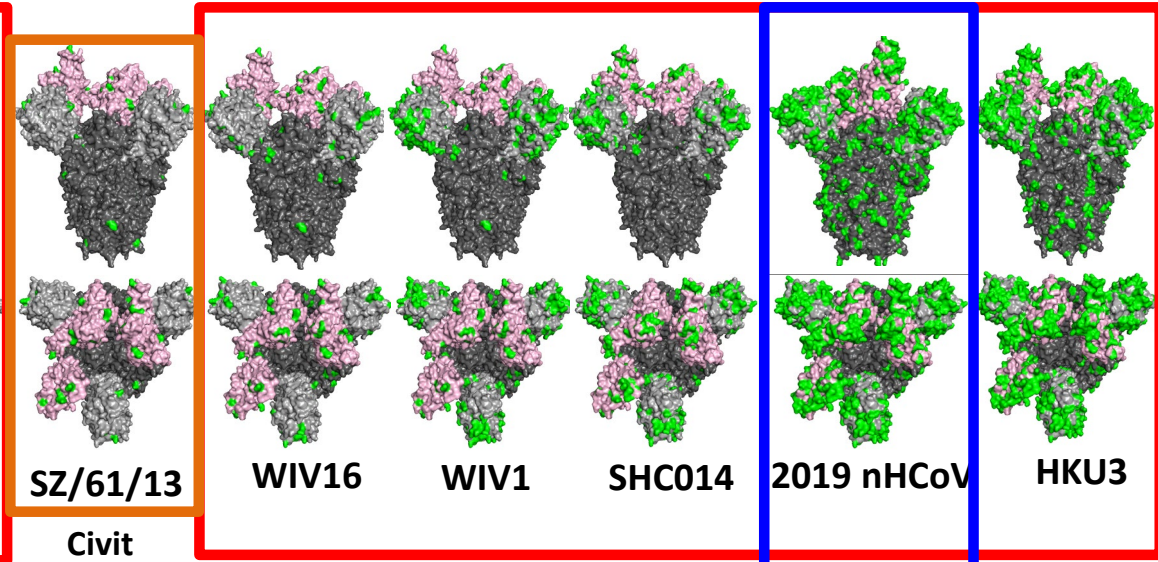
Immune Therapeutic Countermeasures



2003-2004 SARS-CoV
Outbreak Strains



Group 2B SARS-like Bat Coronaviruses



Civit
Intermediate

2019-2020
Outbreak

All Are Poised for Human Emergence

Antigenic Distance is Large, SARS-CoV Immune Therapeutics (hmAB) and Vaccines likely Fail

Broadly active drugs/vaccines are essential to control zoonotic CoV

● variation

Vaccine Targets

- **Spike is a major target for neutralizing antibodies, a principle target for vaccine design for emerging and animal coronaviruses**
 - SARS-CoV, SHC014, WIV1 and SARS-CoV 2.0
- **Produce broadly cross reactive vaccines that target group 2b SARS-like CoV**
 - Broadly cross neutralizing epitopes ill defined
- **Stem is more conserved than head domain of spike glycoprotein—target for broad nAB**
- **Potent Neutralizing Antibodies**
 - Globular Head

SARS Vaccine Complications

- **Vaccine efficacy in aged populations can reduce performance**
- **Heterogeneous group 2b SARS-like CoV pool may vary by as much as 35% (compared with SARS)**
- **Th2 Immune Pathology after Vaccination**
 - DIV SARS-CoV Vaccine + Alum Adjuvant ([J Virol](#). 2011 Dec;85(23):12201-15; [J Immunol](#). 2008 Nov 1;181(9):6337-48, [J. Infect. Dis.](#) 60:106–112)
 - Adjuvanted S glycoprotein Vaccines ([JCI Insight](#). 2019 Feb 21;4(4). pii: 123158; [J Virol](#). 2015 Mar;89(6):2995-3007)
- **Evidence for Enhancing Antibodies**
 - Primates ([ACS Infect Dis](#). 2016 May 13;2(5):361-76)
 - Cell Culture ([Biochem Biophys Res Commun](#). 2014 Aug 22;451(2):208-14, [Clin Exp Immunol](#). 2005 Sep;141(3):500-8)

Baric Laboratory

Adam Cockrell

Emily Gallichotte

Rachel Graham

Lisa Gralinski

Lisa Lindesmith Michael Mallory

Ande West Kendra Gully

Ethan Fritch Ariana Brown

Alexandra Schaefer

Trevor Scobey

Tommy Baric

Amy Sims

Sarah Leist

Jesica Swanstrom

Paul Brewer-Jensen

Boyd Yount

Ellen Young

Caitlin Edwards

Jenny Munt

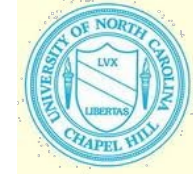
Kenny Dinnon

Acknowledgements



UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH
DEPARTMENT OF EPIDEMIOLOGY

Tim Sheahan Lab (UNC)



Mark Denison Lab



VANDERBILT
UNIVERSITY



Rich Whitley, UAB



National Institute
of Allergy and
Infectious Diseases



Center for Research in Diagnostics & Discovery



Developing Antivirals Against Coronaviruses

Denison Lab – Vanderbilt University Medical Center

Baric Lab – UNC Chapel Hill

Gilead Sciences

Emory University - DRIVE

The Coronavirus Antiviral Research Team

- **Vanderbilt University Medical Center:** Andrea Pruijssers, Jim Chappell, Maria Agostini, Laura Stevens, Xiaotao Lu, Tia Hughes, Amelia George, Mark Denison
- **University of North Carolina:** Tim Sheahan, Amy Sims, Rachel Graham, Boyd Yount, Ralph Baric
- **Gilead:** Joy Feng, Danielle Porter, Richard Mackman, Mike Clarke, Tomas Cihlar
- **Emory / EIDD / DRIVE:** Greg Bleumling, Mike Natchus, George Painter
- **NIH / NIAD – U19 (Whitley UAB) – CETR – AD3C**

Need for Antivirals against CoVs:

- Broad diversity of CoVs in bats with demonstrated capability to infect human cells animal models – “outbreak ready”
- Failure of antibodies to neutralize “*future*” zoonotic CoVs and loss of cross protection by vaccines
- Time to develop vaccines differs from trajectory of epidemic
- Universal vaccines across all CoV PPP groups will be difficult and potentially with gaps or not possible
- Potential for “off the shelf” use toward highly conserved functions

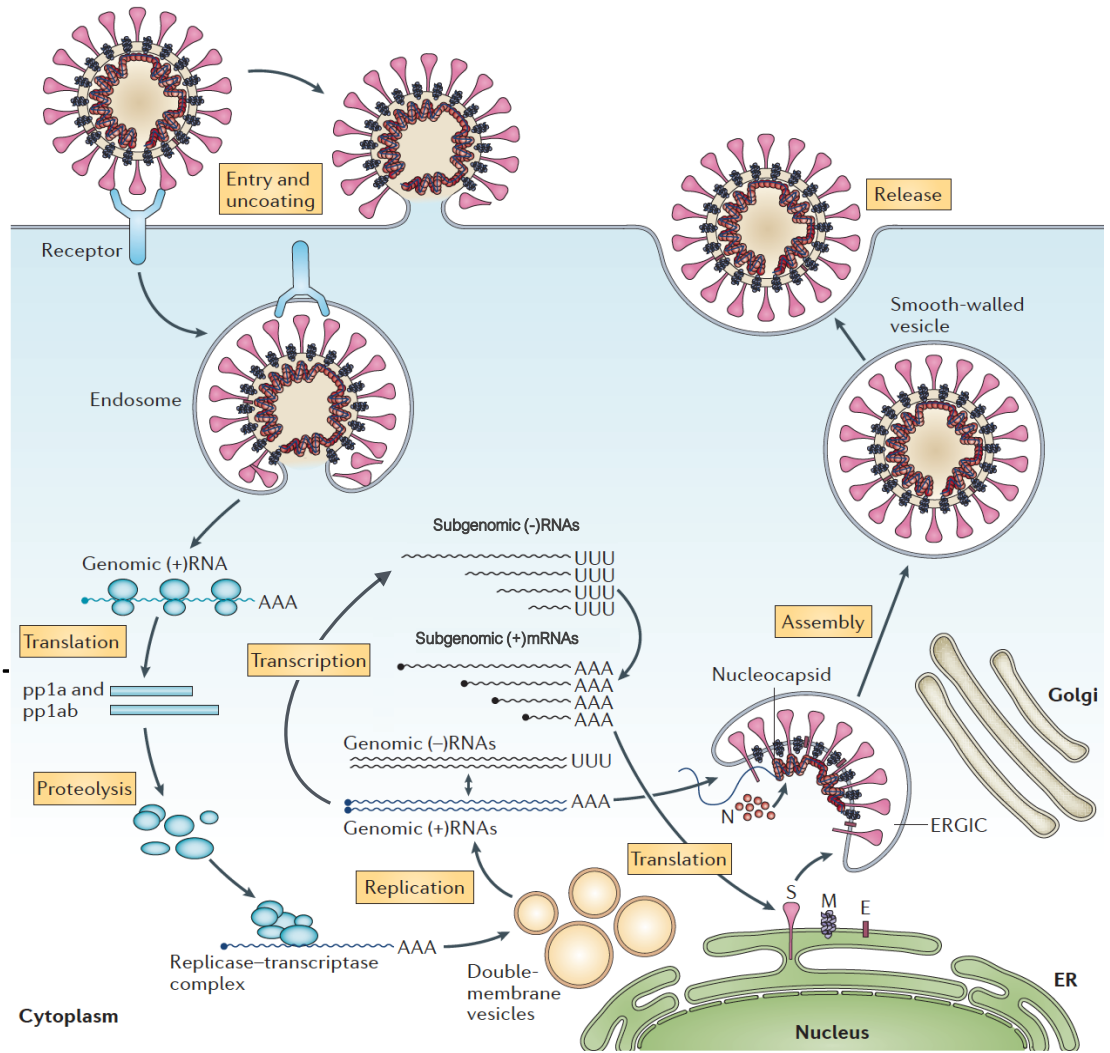
Goals for CoV antiviral development

- Broadly active against diverse coronaviruses
- High barrier to resistance - limited genetic paths, high fitness cost
- Extended therapeutic window for prevention, amelioration, treatment,
- Additional
 - decrease transmission,
 - oral administration

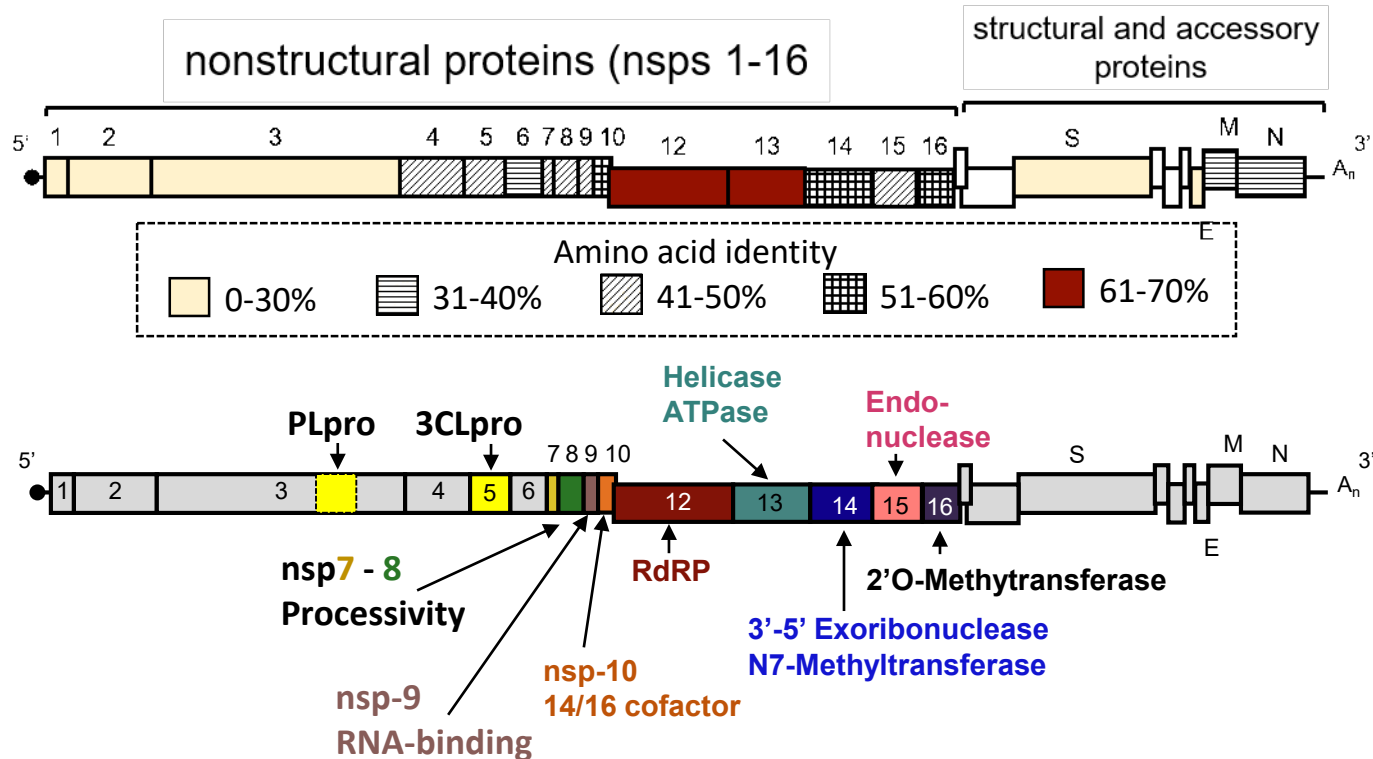
Coronavirus Replication

Essential functions and viral components:

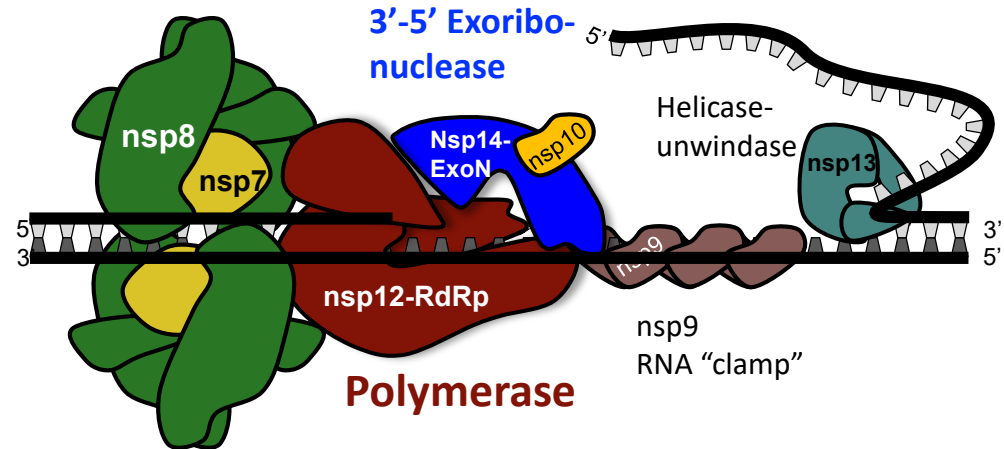
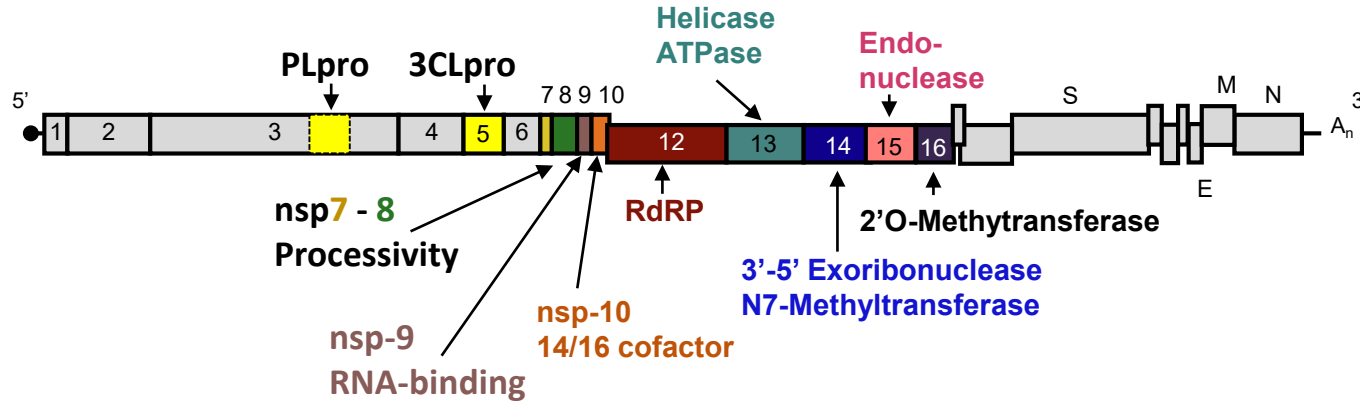
- Entry - Spike
- Translation
- Proteolysis - nsp3 and nsp5
- Replication and Transcription - (nsp7-nsp14)
- Assembly and Release - structural proteins



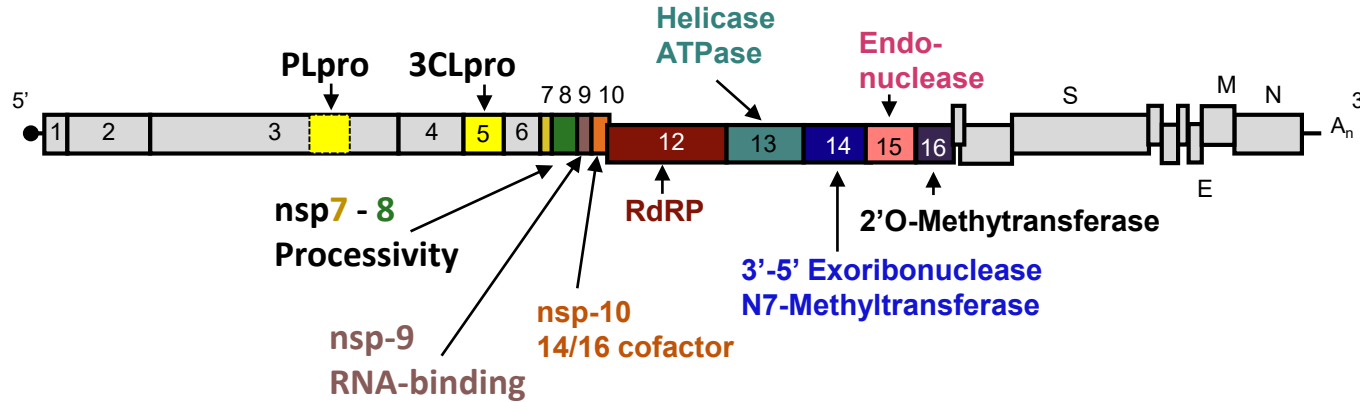
Coronavirus amino acid and function is highly conserved in the core replicase proteins



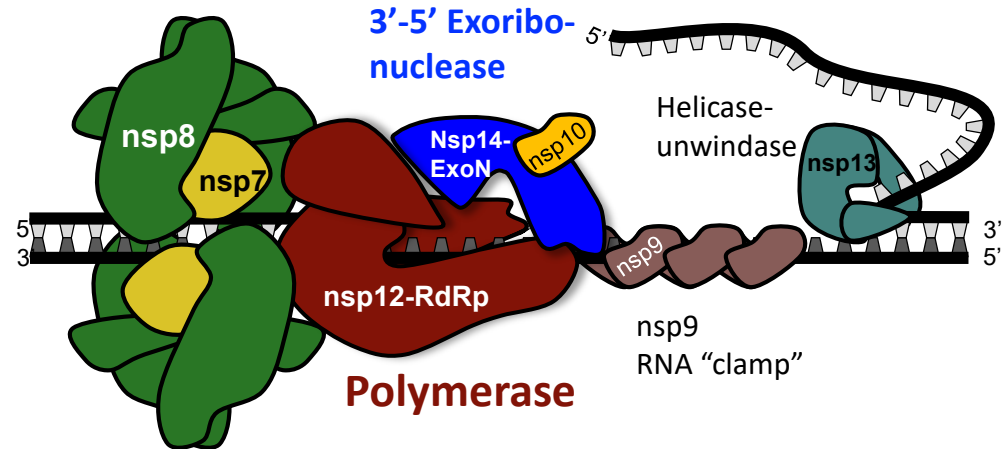
Coronaviruses assemble a multiprotein replicase complex



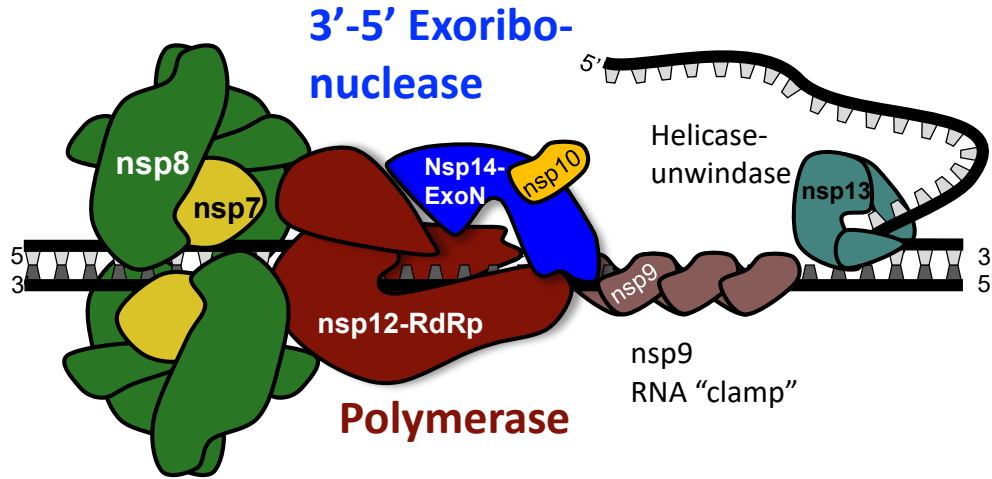
Coronaviruses assemble a multiprotein replicase complex



- Only RNA virus order (nidovirales) to encode **proofreading ExoN**
- Removes mis-incorporated nucleotides
- Confers high fidelity replication (up to 20-fold)

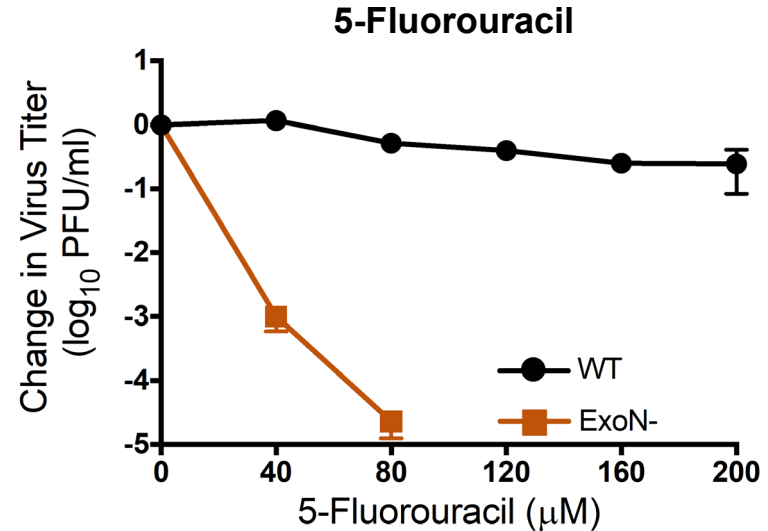
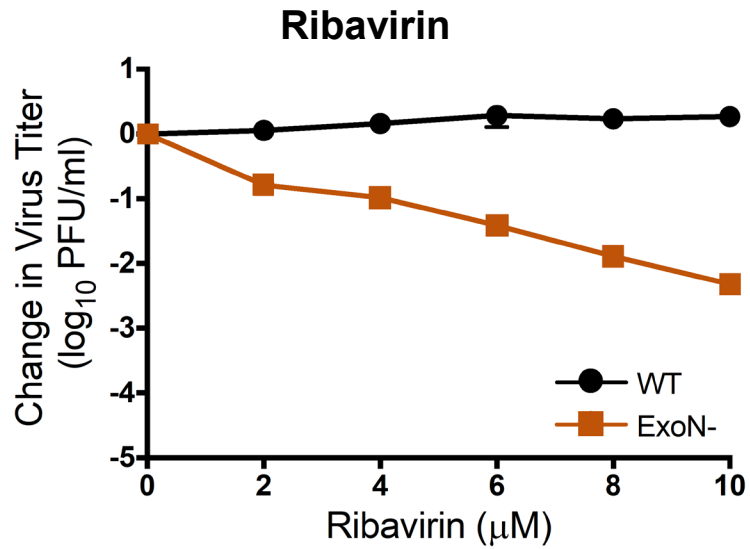


Coronaviruses encode a proofreading exoribonuclease (nsp14-ExoN)



- Only RNA virus to encode a proofreading exonuclease
- Removes mis-incorporated nucleotides
- Confers high fidelity replication (up to 20-fold)

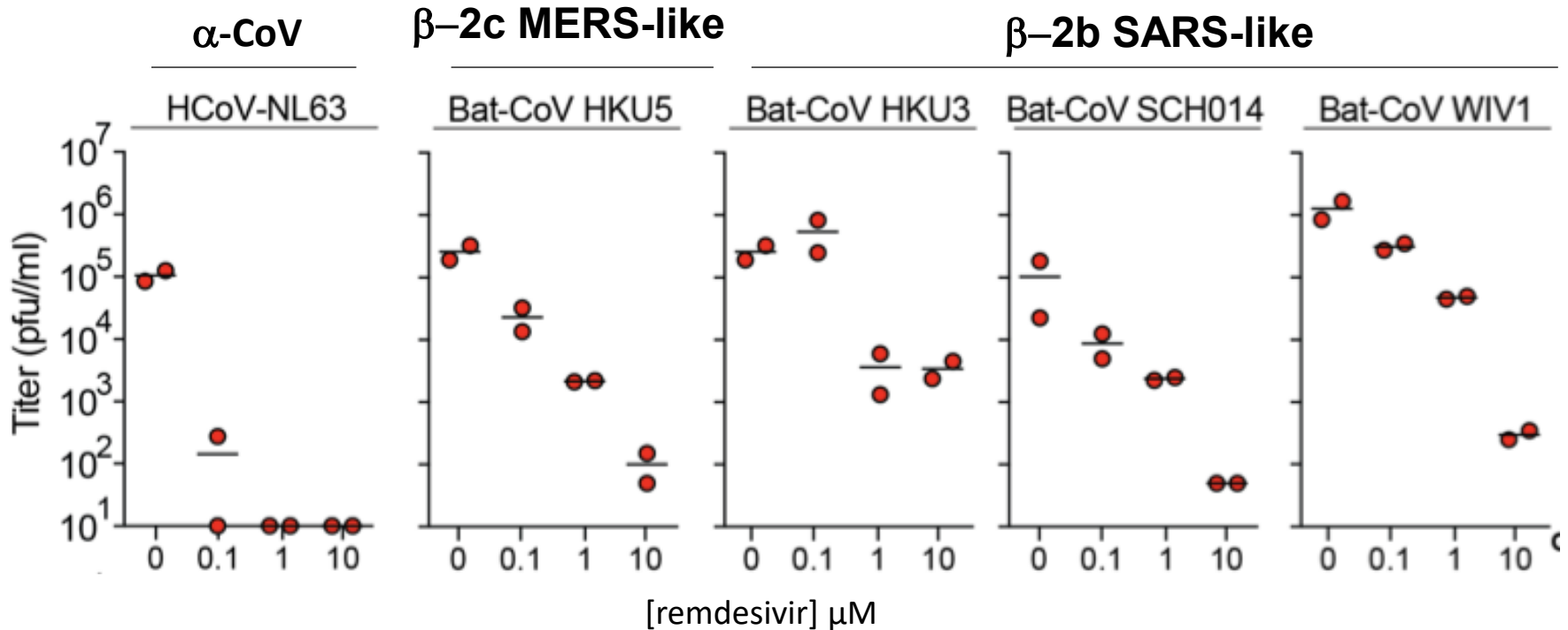
Native resistance of coronaviruses to nucleoside analogues is due to ExoN-proofreading



MOI = 0.01 PFU/cell
24 h p.i.

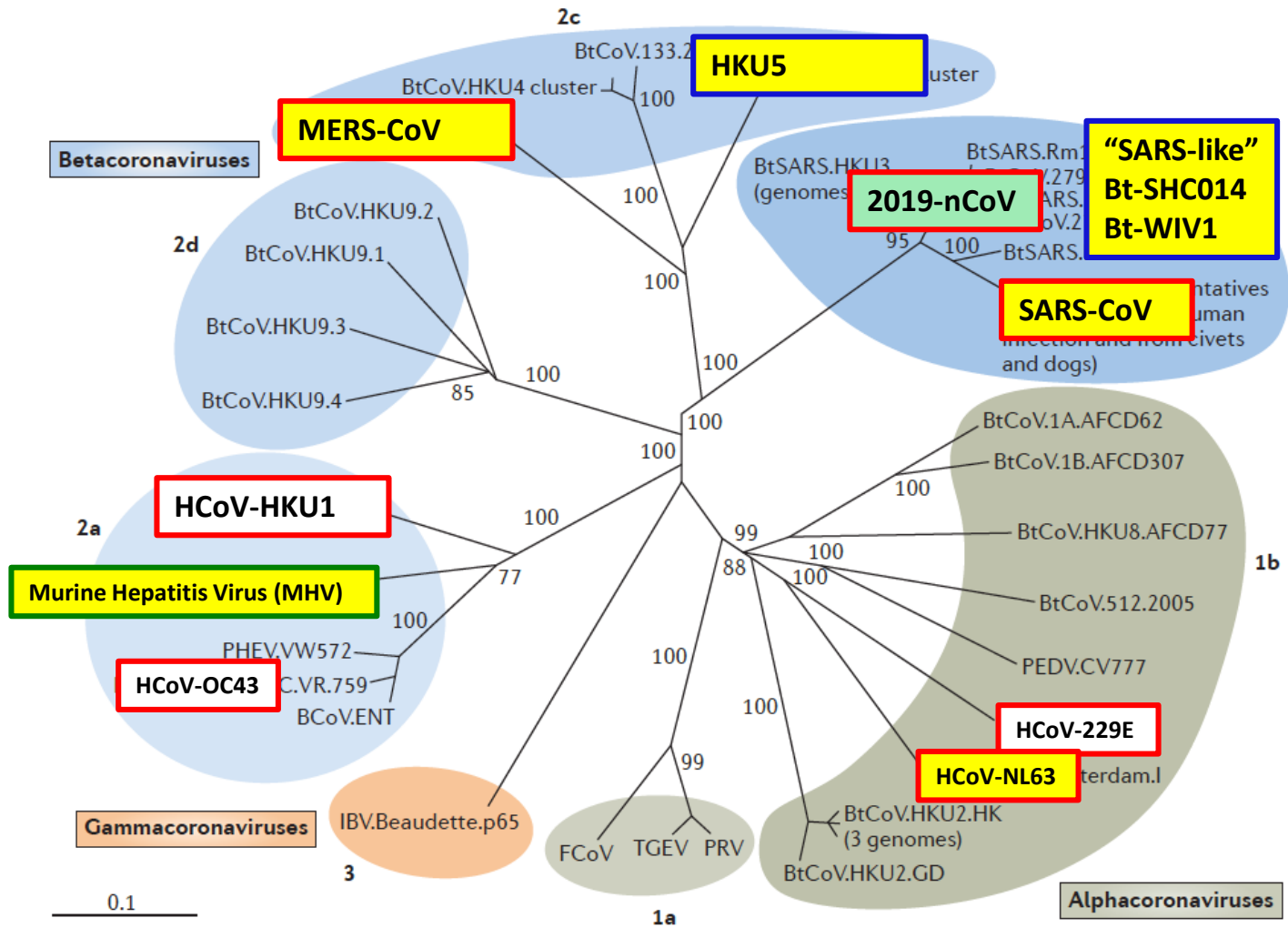
Adapted from Smith et al. *PLOS Path.* 2013.

Remdesivir inhibits other human CoVs and potential zoonotic CoVs

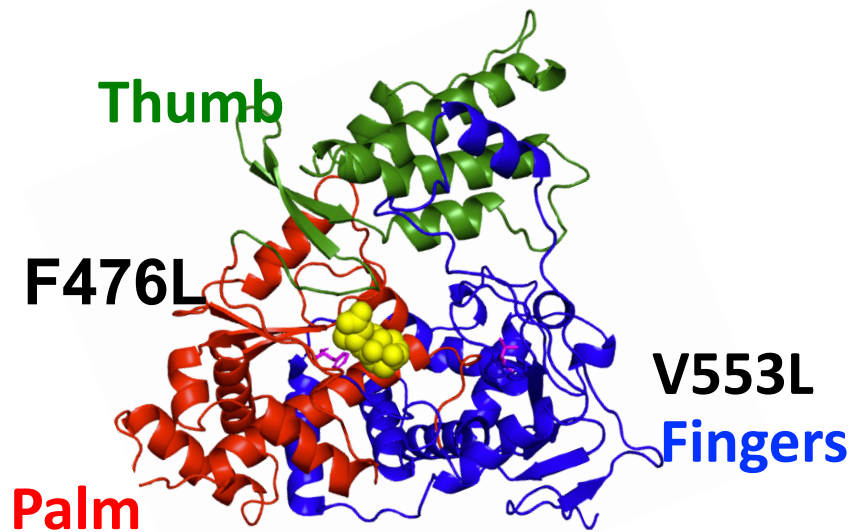
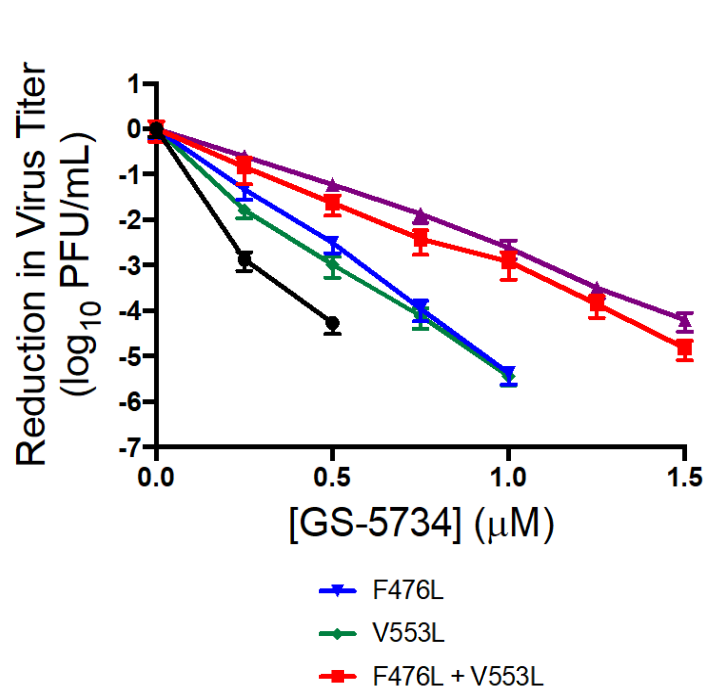


MOI = 0.5 PFU/cell
48 h p.i.

Sheahan et al. *Sci. Trans. Med.* 2017.

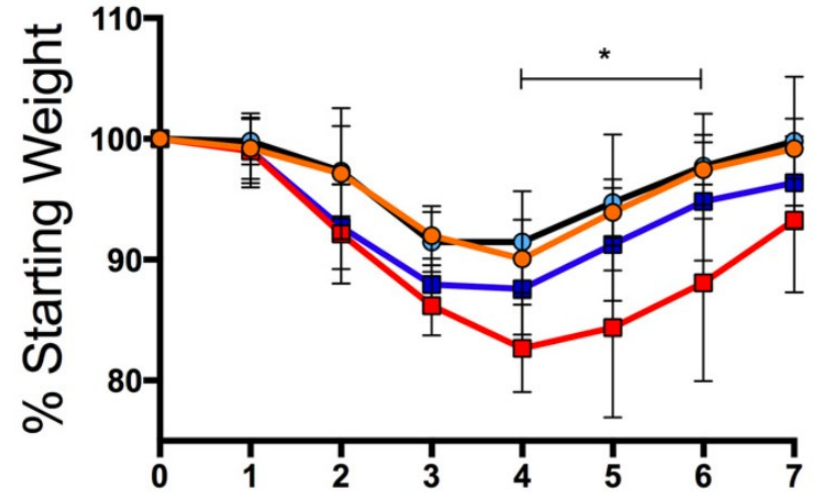
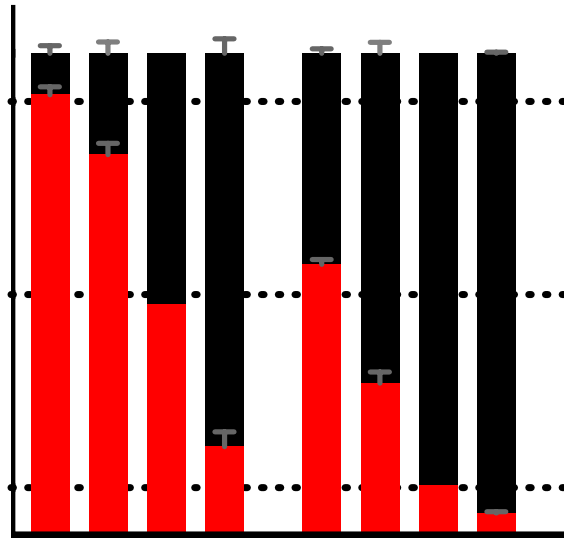


Two mutations (F476L and V553L) selected in the nsp12-RdRp after 23 passages in the presence of Remdesivir



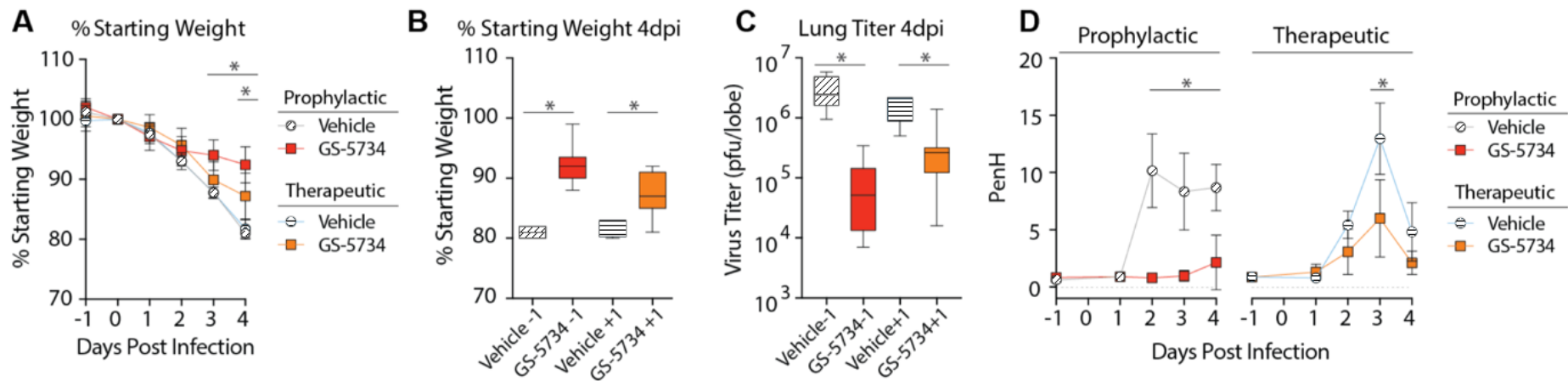
6 fold resistance
In SARS-CoV

Remdesivir resistance mutations are less fit than WT in vitro and attenuated in vivo



MOI = 0.01 PFU/cell
20 h.p.i

Remdesivir given before or 1 day post exposure mitigates disease in a mouse model of Lethal SARS-CoV infection



Remdesivir - IV

- Potently inhibits multiple divergent CoVs
- Mechanism includes RNA chain termination
- Resistance has high barrier – difficult to achieve
- Resistance mutations associated with fitness loss in vitro and attenuation in vivo.
- Efficacious for prophylaxis in mouse model of lethal SARS-CoV
- Decreases disease and virus titer when administered early in infection

Remdesivir - IV

oral

- Potently inhibits multiple divergent CoVs
- Mechanism includes RNA chain termination
- Resistance has high barrier – difficult to achieve
- Resistance mutations associated with fitness loss in vitro and attenuation in vivo.
- Efficacious for prophylaxis in mouse model of lethal SARS-CoV
- Decreases disease and virus titer when administered early in infection



Mutagenesis



Coronavirus Countermeasures

Direct acting antivirals (DAA's) - for treatment, prophylaxis, and decreasing transmission

Monoclonal antibodies -to block infection and act as “passive immunization” during an epidemic

Host Directed therapy - inhibitors or immunomodulators –modify disease – extend therapeutic window for DAA's and mAbs

Combinations

- **DAA's + DAA's:** increase potency and efficacy, prevent resistance
- **DAA's + mAbs:** block infection and stop virus replication
- **DAA's + Host Directed Rx:** target disease and extend therapeutic window

VANDERBILT  UNIVERSITY
MEDICAL CENTER

- CoV replication fidelity
- CoV reverse genetics
- CoV resistance mutants
- *In vitro* synergy testing



UNC
SCHOOL OF MEDICINE

- CoV efficacy spectrum
- Human lung cell cultures
- CoV reverse genetics
- Primer ID sequencing
- *In vivo* pathogenesis



GILEAD

Remdesivir

- Formulation
- *In vivo* PK
- Drug synergy
- Regulatory expertise



EMORY
UNIVERSITY

EIDD-1931 (NHC)

- Formulation
- *In vivo* PK
- Drug synergy
- Regulatory expertise



SOUTHERN
RESEARCH

SR-36097, SR-35293

- Lead optimization
- Medicinal chemistry
- *In vivo* PK