

Original research

Inactivated genotype 1a, 2a and 3a HCV vaccine candidates induced broadly neutralising antibodies in mice

Garazi Pena Alzua, ¹ Anne Finne Pihl, ¹ Anna Offersgaard ¹ , ¹ Carlos Rene Duarte Hernandez, ¹ Zhe Duan, ¹ Shan Feng, ¹ Ulrik Fahnøe ¹ , ¹ Christina Sølund, ^{1,2} Nina Weis, ^{2,3} Mansun Law, ⁴ Jannick C Prentoe, ¹ Jan Pravsgaard Christensen, ⁵ Jens Bukh ¹ , ¹ Judith Margarete Gottwein ¹

Additional supplemental material is published online only. To view, please visit the journal online (http://dx.doi.org/10.1136/gutjnl-2021-326323).

For numbered affiliations see end of article.

Correspondence to

Professor Judith Margarete Gottwein, Department of Infectious Diseases, Hvidovre Hospital, Kettegård Alle 30, DK-2650, Hvidovre, Denmark; jgottwein@sund.ku.dk

Received 14 October 2021 Accepted 13 July 2022 Published Online First 2 August 2022

ABSTRACT

Objective A prophylactic vaccine is needed to control the HCV epidemic, with genotypes 1–3 causing >80% of worldwide infections. Vaccine development is hampered by HCV heterogeneity, viral escape including protection of conserved neutralising epitopes and suboptimal efficacy of HCV cell culture systems. We developed cell culture-based inactivated genotype 1–3 HCV vaccine candidates to present natively folded envelope proteins to elicit neutralising antibodies.

Design High-yield genotype 1a, 2a and 3a HCV were developed by serial passage of TNcc, J6cc and DBN3acc in Huh7.5 cells and engineering of acquired mutations detected by next-generation sequencing. Neutralising epitope exposure was determined in cell-based neutralisation assays using human monoclonal antibodies AR3A and AR4A, and polyclonal antibody C211. BALB/c mice were immunised with processed and inactivated genotype 1a, 2a or 3a viruses using AddaVax, a homologue of the licenced adjuvant MF-59. Purified mouse and patient serum IgG were assayed for neutralisation capacity; mouse IgG and immune-sera were assayed for E1/E2 binding.

Results Compared with the original viruses, high-yield viruses had up to ~1000 fold increased infectivity titres (peak titres: 6–7 log10 focus-forming units (FFU)/mL) and up to ~2470 fold increased exposure of conserved neutralising epitopes. Vaccine-induced IgG broadly neutralised genotype 1–6 HCV (EC50: 30–193 μ g/ mL; mean 71 μ g/mL), compared favourably with IgG from chronically infected patients, and bound genotype 1–3 E1/E2; immune-sera endpoint titres reached up to 32 000.

Conclusion High-yield genotype 1–3 HCV could be developed as basis for inactivated vaccine candidates inducing broadly neutralising antibodies in mice supporting further preclinical development.

Check for updates

© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

To cite: Alzua GP, Pihl AF, Offersgaard A, *et al. Gut* 2023;**72**:560–572.

INTRODUCTION

Hepatitis C virus (HCV) is a highly prevalent, blood-borne enveloped positive-sense single strand RNA virus of the *Flaviviridae* family. In contrast to the non-structural proteins (p7, NS2, NS3, NS4A, NS4B, NS5A and NS5B), the structural proteins, capsid protein core and envelope glycoproteins

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ A prophylactic vaccine is required to control the ongoing HCV epidemic.
- ⇒ HCV shows large genetic heterogeneity, with genotypes 1, 2 and 3 causing >80% of infections worldwide.
- ⇒ Neutralising antibodies are key immune correlates for protection in vaccine settings and can protect against chronic HCV infection.
- ⇒ Such protection is associated with antibodies broadly neutralising different HCV genotypes and targeting conserved neutralising epitopes.
- ⇒ For HCV, a whole virus inactivated vaccine strategy is attractive because of its ability to present the HCV envelope glycoprotein complex in its native conformation and to induce neutralising antibodies.
- ⇒ Development of such a vaccine is hampered by low HCV yields in currently available cell culture systems.

WHAT THIS STUDY ADDS

- ⇒ Based on previously developed cell culture infectious HCV recombinants, we developed high-yield genotype 1, 2 and 3 HCV recombinants growing to high titres in cell culture.
- ⇒ Compared with the original viruses, highyield viruses showed increased exposure of conserved epitopes targeted by neutralising antibodies important for protection against HCV infection.
- ⇒ Vaccine candidates based on inactivated genotype 1, 2 or 3 HCV, respectively, and an adjuvant analogue to the licenced MF-59 adjuvant had the capacity to induce antibodies broadly neutralising HCV of all major genotypes with recognised epidemiological importance.

E1 and E2 constitute the viral particle. The E1/E2 heterodimer is the main target for neutralising antibodies (nAb). Among eight major genotypes differing in ~30% of their sequence, genotypes 1, 2 and 3 cause >80% of infections worldwide. Genotypes 4, 5 and 6 show a more restricted geographic



HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ This study is a milestone in the preclinical development of an inactivated HCV vaccine candidate.
- ⇒ Following finalisation of preclinical development, including optimisation of vaccine production conditions, the identified vaccine candidates could enter clinical development.
- ⇒ A prophylactic HCV vaccine is an essential tool to prevent the approximately 1.5 million new infections and 290 000 deaths attributed to this virus every year.

localisation in the Middle East/Africa, South Africa and Southeast Asia, respectively, while genotypes 7 and 8 were reported in few individuals. Subtypes (a, b, c, etc) differ in \sim 20% of their sequence.

Each year, ~1.5 million new infections occur. Of these, ~80% proceed to chronic infection resulting in a total of ~58 million chronically infected individuals with increased risk for liver cirrhosis and hepatocellular carcinoma, causing ~290 000 deaths annually.³ So far antiviral treatment did not have a major impact on this epidemic, mainly due to lack of symptoms prior to severe liver damage, lack of screening programmes and high treatment costs in many countries.¹³ A prophylactic vaccine will be required to reach the WHO aim to eliminate hepatitis as a major public health threat.

During natural infection, T and B cells appear to contribute to protective immunity. A T cell vaccine using a viral vector approach did not protect against chronic infection in chimpanzees and humans. 45 In contrast, a B cell vaccine based on E1/ E2 glycoprotein heterodimers showed protective effects in chimpanzees and induced nAb in non-human primates, chimpanzees and humans, even though nAb were induced in <50% of human vaccine recipients with limited capacity to neutralise different HCV genotypes. 6-10 Induction of nAb correlates with efficacy of other viral vaccines. 11 12 Moreover, during natural HCV infections induction of broadly nAb mediated protection. 13-15 Protective nAb targeted conserved conformational neutralising epitopes in E2 and E1/E2 localising to antigenic regions 3 and 4 (AR3 and AR4)² ^{14–16} also targets of well-defined human monoclonal antibodies (mAb). 17 18 For efficacy against different HCV genotypes, a future vaccine should target such epitopes which, however, appear to be hidden by closed envelope protein conformational states (E1/E2 states). 19 20 Another approach might be a multivalent vaccine based on different viral variants.

For HCV, in mice whole virus vaccines showed a higher capacity to induce nAb than protein-based vaccines, ²¹ presumably due to higher density and more native conformation of the envelope proteins. Indeed, many licenced viral vaccines are based on whole viruses or virus-like particles. 12 22 However, application of this technology in HCV vaccine development was hampered by relatively low viral yields in cell culture systems for production of HCV. In 2005, the first systems were developed based on a single genotype 2a isolate (JFH1), 23 24 followed by IFH1-based systems expressing genotype specific proteins²⁵ and full-length systems not depending on JFH1.^{26–28} These systems typically yield 10³-10⁵ infectious viruses per mL, considered suboptimal for vaccine development. Nevertheless, proof of concept for immunogenicity of a IFH1-based genotype 2a recombinant was obtained in mice and non-human primates. 21 29 However, efficient nAb were only induced with adjuvants not licenced for human use.

Aims of this study were to: (1) develop high-yield culture systems for production of genotype 1a, 2a and 3a HCV, (2) characterise neutralising epitope exposure of high-yield HCV focusing on conserved epitopes associated with protection; and (3) obtain proof of concept for immunogenicity of each high-yield HCV in mice using an adjuvant applicable for human use focusing on detection of antibodies broadly neutralising genotype 1–6 HCV.

MATERIAL AND METHODS

Most sections are further detailed in online supplemental materials.

HCV recombinants

Original TNcc, J6cc and DBN3acc recombinants were developed previously. High-yield HI-recombinants were engineered using subclones of cell culture derived reverse transcription PCR (RT-PCR) amplicons and In-Fusion technology. Recombinants with genotype(isolate) 1a(TN), 1b(J4), 2a(J6), 2b(J8), 3a(S52), 3a(DBN), 4a(ED43), 5a(SA13) and 6a(HK6a)^{24 25 30} specific core-NS2 and remaining sequences of genotype 2a isolate JFH1 were used in in vitro HCV neutralisation assays.

Cells

Human hepatoma Huh7.5 cells were used for propagation of HCV. Human embryonic kidney HEK293 cells were used for production of HCV E1/E2 complexes.

Transfection of HCV in vitro RNA transcripts in Huh7.5 cells

Transcripts were produced using T7 RNA polymerase (Promega); transfections were done using Lipofectamine 2000 (Invitrogen). ²⁵

Infection of Huh7.5 cells with HCV

Cells were inoculated with supernatants derived from transfection experiments at the peak of infection. ²⁵

Serial passage of HCV in Huh7.5 cells

Cells were inoculated with culture supernatant derived from the previous passage at the peak of infection.³¹

Generation of virus stocks in Huh7.5 cells

Cells were inoculated with culture supernatants derived at the peak of infection. Supernatants collected around the peak of infection were pooled. For virus stocks used in neutralisation assays, the HCV envelope protein sequence was confirmed by Sanger sequencing. For virus seed stocks for vaccine virus production, the complete HCV open reading frame (ORF) was analysed by next-generation sequencing (NGS).

Immunostaining of HCV antigens in cell culture

Percentage of HCV infected cells was monitored by immunostaining using primary antibodies monoclonal anti-HCV core antibody C7-50 (EnzoLifeSciences, Farmingdale, New York, USA) diluted 1:5000 and monoclonal anti-HCV NS5A antibody 9E10²⁴ diluted 1:5000 as well as secondary antibody Alexa Fluor 488 goat antimouse IgG (H+L) (Invitrogen) diluted 1:500.²⁵

Determination of HCV infectivity titres

HCV infectivity titres in culture supernatants were determined as focus-forming units (FFU)/mL by titration on 96-well plates and subsequent immunostaining using primary antibodies anti-HCV core antibody C7-50 (EnzoLifeSciences) diluted 1:1000 and

Hepatology

anti-HCV NS5A antibody 9E10 diluted 1:3000 as well as secondary antibody ECL sheep antimouse IgG diluted 1:500, followed by visualisation and automated counting of FFU.³²

Sequencing of cell culture derived HCV

HCV RNA was extracted from culture supernatants, and either the complete ORF (serial passage experiments, first passage kinetic experiments and virus seed stocks) or E1/E2 (virus stocks for neutralisation assays) were amplified by RT-PCR using specific primers (online supplemental tables 1 and 2) followed by NGS (ORF amplicons) or Sanger sequencing (E1/E2 amplicons). 32 33

Subclonal analysis

Selected RT-PCR ORF amplicons were subcloned using the TOPO-XL Cloning kit (Invitrogen) followed by Sanger sequencing.

HCV production for vaccine generation

HCV was produced in serum-free medium in 10-layer cell factories. $^{34\ 35}$

Processing of HCV for vaccine generation

HCV was clarified using 5 µm and 0.65 µm filters and concentrated by tangential flow filtration (TFF) with molecular weight cut-off (MWCO) 500 kDa,³⁶ followed by two ultracentrifugation steps using Optiprep Density Gradient Medium (Sigma) for formation of three density cushions and a continuous gradient, respectively, separated by an intermediate TFF step (MWCO 500 kDa). Following size exclusion chromatography using Sephadex G-100 (Sigma Aldrich), HCV was UV irradiated with a UVG-54 Handheld UV lamp (240 nm UV, 6 watt) (Analytik Jena).³⁵

Immunisation of mice

BALB/c mice aged 6–8 weeks (Taconic Farms, Denmark) were subcutaneously immunised four times every 3 weeks with HCV or ovalbumin (OVA) formulated with adjuvant AddaVax 50%/50% (v/v).

Patient samples

Sera or plasma from patients with chronic hepatitis C (CHC) were collected between May 2011 and August 2021 in biobanks attached to the Danish Database for Hepatitis B and C and the HCV Tandem cohort at the Department of Infectious Diseases, Copenhagen University Hospital-Hvidovre. Patients were ≥18 years, had no previous history of treatment for CHC, no coinfection with human immunodeficiency virus (HIV) or hepatitis B virus and no recent intravenous drug use.

Purification, concentration and quantification of IgG

IgG was purified from mouse serum or patient serum or plasma with the Amicon Pro Affinity Concentration Kit Protein G with 50 kDa Amicon Ultra-0.5 Device (Merck Millipore) and concentrated with the Vivaspin 500, 30 000 MWCO (GE Lifescience) kit. Mouse and patient IgG was quantified with the IgG (TOTAL) mouse uncoated ELISA Kit (ThermoFisher) and the Cedex Bio Analyzer (Roche), respectively.

In vitro neutralisation assay

HCV neutralisation with mAb AR3A and AR4A^{17 18} and polyclonal antibody C211¹⁹ was done in a volume of 100 μL followed by inoculation of Huh7.5 cells plated on 96-well plates, subsequently subjected to immunostaining of HCV antigen and automated FFU counting. HCV neutralisation with purified mouse or patient IgG was done similarly in a volume of $10\,\mu L.^{37}$ Percentage of neutralisation was calculated as $100\text{-}[100\times(\text{FFU}\text{count}\ in\ experimental\ wells)/(mean\ FFU\ count\ in\ virus\ only wells)].$

HCV E1/E2 complex ELISA

E1/E2 complexes were obtained from lysates of HEK293 cells transfected with E1/E2 expression plasmids. Binding of mouse IgG or immune-sera to E1/E2 complexes was evaluated by ELISA using secondary antibody ECL sheep antimouse IgG horseradish-peroxidase linked whole antibody (GE Healthcare) diluted 1:1000. Positive controls were mAb AP33³⁸ and H77.39. Negative control was secondary antibody only.

Patient and public involvement statement

Patients or the public were not involved in design, conduct, reporting or dissemination plans of our research.

RESULTS

Generation of high-yield genotype 1a, 2a and 3a polyclonal HCV

To develop high-yield culture systems, we serially passaged full-length TNcc (genotype 1a), ²⁶ J6cc (genotype 2a)²⁷ and DBN3acc (genotype 3a)²⁸ HCV recombinants in Huh7.5 hepatoma cells until peak HCV infectivity titres showed a plateau at ~6 log10 FFU/mL (figure 1). An additional criterion for termination of passaging was detection of putative cell culture adaptive substitutions in >80% of the viral population as determined by NGS. For an initial TNcc passage line, NGS suggested viral quasispecies populations with mutations at a prevalence <80%, spurring a later passage line with a total of 41 viral passages. For J6cc and DBN3acc, 43 and 22 passages were done, respectively. Compared with the initial passages, late passages showed an increase in HCV infectivity titres of up to 2.6 log10 for TNcc, 1.7 log10 for J6cc and 1.3 log10 for DBN3acc.

Genetic changes acquired by high-yield polyclonal genotype 1a, 2a and 3a HCV

To identify genetic correlates of high-yield phenotypes, we carried out NGS of the entire ORF of polyclonal passage (PP) viruses. For TNcc-PP-10 and TNcc-PP-18, derived from passage 10 and 18 of the initial passage line, NGS suggested a viral quasispecies population with most coding nucleotide changes present in <80% of viral genomes (online supplemental table 3). In contrast, for TNcc-PP-38.1 derived from the later passage line, as well as J6cc-PP-35 and DBNcc-PP-16, a more homogeneous viral population was found with most coding nucleotide changes present in ≥80% of viral genomes (figure 2 and online supplemental tables 4-6). TNcc-PP-38.1, J6cc-PP-35 and DBNcc-PP-16 had 17, 17 and 7 coding changes in ≥80% of viral genomes, among which 4, 3 and 1 localised to the envelope proteins, respectively. Of note, DBN3acc already harboured five coding changes in the envelope proteins compared with the consensus HCV sequence in the infected patient this recombinant was based on, while TNcc and I6cc did not contain coding changes in the envelope proteins. 26-28 Subclonal analysis of these PP-viruses and phylogenetic analysis of TNcc-PP subclones reflected

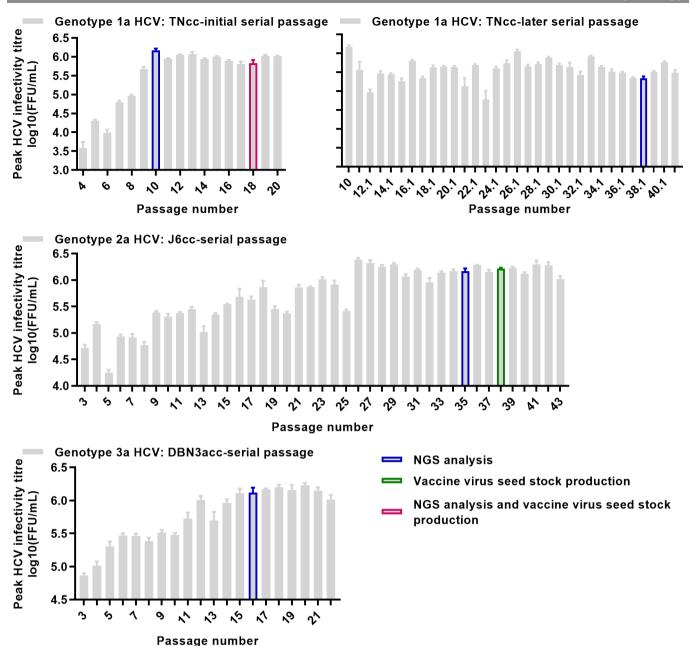


Figure 1 In vitro serial passage resulted in high-yield polyclonal genotype 1a, 2a and 3a HCV. Huh7.5 cells were inoculated with cell culture supernatant containing the specified viruses derived from the previous passage culture at the peak of infection, as determined by immunostaining. Every 2–3 days, passage cultures were split, and % HCV antigen positive cells and HCV infectivity titres were determined by immunostaining and infectivity titration, respectively. Peak supernatant HCV infectivity titres determined for the specified passages are means of three replicates with standard deviations (SD). For TNcc, the later passage line was inoculated with passage 10 virus from an initial passage line. Blue frames, passage subjected to NGS. Green frame, passage used for production of genotype 2a seed stock. Red frame, passage subjected to NGS and used for production of genotype 1a seed stock. The genotype 3a seed stock was based on the later developed DBNcc-HI recombinant. FFU, focus-forming unit; NGS, next-generation sequencing.

NGS results (online supplementary results, online supplemental figure 1, online supplemental tables 7–9).

Engineering of high-yield genotype 1a, 2a and 3a HCV recombinants

Based on genetic analysis of high-yield PP-viruses, we engineered high-yield (HI)-recombinants: TNcc-HI-18A and TNcc-HI-18B reflected the two main populations in the initial passage line (online supplemental figure 1 and online supplemental table 3). TNcc-HI reflecting TNcc-PP-38.1 in the later passage

line, J6cc-HI reflecting J6cc-PP-35 and DBNcc-HI reflecting DBNcc-PP-16 harboured coding nucleotide changes with >80% frequency in NGS in combinations confirmed by subclonal analysis; as an exception, TNcc-HI also harboured G32S found at 48% frequency (unless otherwise indicated, all amino acid position numbers relate to the H77 reference polyprotein, Genbank accession number AF009606) (figure 2 and online supplemental tables 4–9).

Compared with the original recombinants, all HI-recombinants showed increased fitness in transfection and first passage

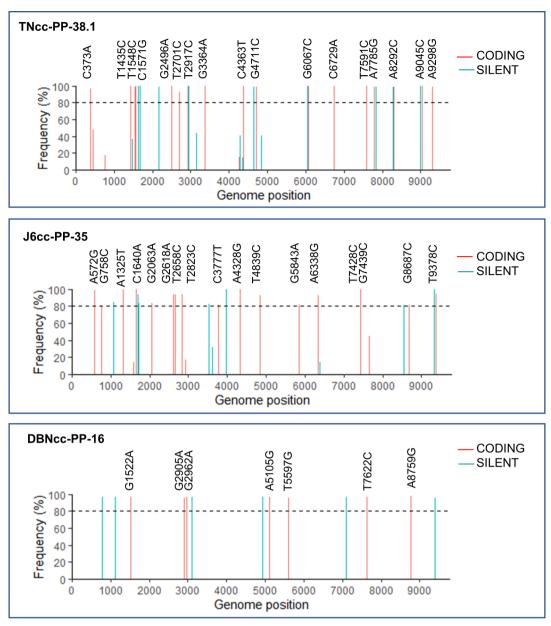


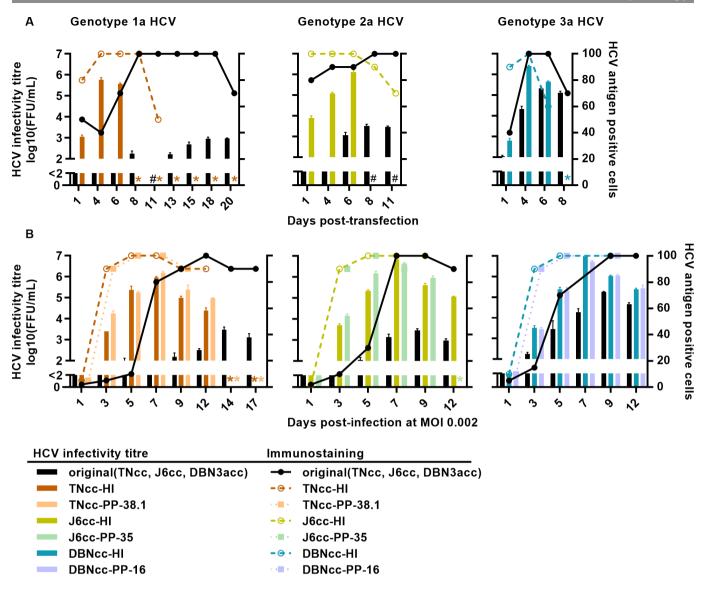
Figure 2 Nucleotide changes in serially passaged genotype 1a, 2a and 3a HCV. For TNcc-PP-38.1, J6cc-PP-35 and DBNcc-PP-16, coding and silent changes with allele frequency >10% determined by NGS of the complete ORF are shown. Coding changes with frequency of ≥80% are specified above bars. Genome positions relate to TNcc,²⁶ J6cc²⁷ and DBN3acc²⁸(GenBank accession numbers JX993348, JQ745650 and KX280714, respectively). For genome positions relating to the H77 (AF009606) reference genome and encoded amino acid changes, see online supplemental tables 4–6. NGS, next-generation sequencing; ORF, open reading frame.

infection kinetic experiments, with accelerated spread kinetics, monitored by determination of the % infected cells and of HCV infectivity titres and with increased peak infectivity titres. TNcc-HI-18A and TNcc-HI-18B peak infectivity titres were only approaching 5 log10 FFU/mL and thus fell short of the target of 6 log10 FFU/mL (online supplemental figure 2). In contrast, in transfection/infection experiments, TNcc-HI, J6cc-HI and DBNcc-HI yielded peak infectivity titres of 5.8/6.0, 6.1/6.8 and 6.4/7.0 log10 FFU/mL, respectively, while the respective original recombinants yielded 3.0/3.5, 3.5/3.4 and 5.3/5.3 log10 FFU/mL, respectively (figure 3). In infection experiments, infectivity titres of HI-viruses were comparable with those of PP-viruses (figure 3B). HI-recombinants were genetically stable following first viral passage (no acquisition of substitutions with >10%

frequency with exception of TNcc-HI that acquired L179P and S1930Y with 15% and 39% frequency, respectively).

High-yield genotype 1a, 2a and 3a recombinants showed increased exposure of neutralising epitopes

Compared with the respective recombinants with in vivo derived envelope protein sequences without cell culture adaptive substitutions, ^{24 30} based on determined EC50 values, HI-recombinants showed 12-fold to 2472-fold increased sensitivity to neutralisation by human-derived mAb AR3A¹⁷ and AR4A, ¹⁸ targeting conserved conformational epitopes in E2 and E1/E2 associated with protection, respectively, and by polyclonal IgG C211¹⁹ derived from a patient chronically infected with genotype 1a (figure 4). In detail, TNcc-HI



^{*} culture closed due to HCV induced cell death # timepoint was not titrated

Figure 3 Engineered high-yield genotype 1a, 2a and 3a HCV recombinants had increased viral fitness in cell culture. (A) Specified recombinants were transfected into Huh7.5 cells using the same amount of HCV RNA in vitro transcripts for recombinants directly compared in each graph. (B) In first passage kinetic experiments, cells were infected at multiplicity of infection of 0.002 with original and HI-viruses using supernatants derived from the transfection experiment when peak infectivity titres were observed; polyclonal passage viruses were included for comparison. (A and B) Every 2–3 days, passage cultures were split, and % HCV antigen positive cells and HCV infectivity titres were determined by immunostaining and infectivity titration, respectively. HCV infectivity titres are means of three replicates with SD. FFU, focus-forming unit; MOI, multiplicity of infection.

showed 300-fold, 2400-fold and 110-fold increased neutralisation sensitivity to AR3A, AR4A and C211, respectively, while a genotype 1a HCV seed stock derived from TN-PP-18 showed 3-fold, 15-fold and 3.2-fold increased sensitivity. J6cc-HI showed 440-fold, 12-fold and 633-fold increased neutralisation sensitivity. DBNcc-HI showed 1250-fold, 220-fold and 2472-fold, while DBN3acc showed 167-fold, 22-fold and 88-fold increased neutralisation sensitivity. For viruses with in vivo derived TN, J6 and DBN envelope protein sequences, determined half maximal effective concentrations (EC50) were in line with previous results. ^{20 40 41} Thus, HI-viruses showed greatly increased exposure of conserved conformational neutralising epitopes associated with protection against chronic HCV infection.

Generation of vaccine candidates based on inactivated highyield genotype 1a, 2a and 3a recombinants

To produce viruses for vaccine experiments, HCV seed stocks were generated by inoculation of Huh7.5 cells with polyclonal virus preparation TNcc-PP-18, polyclonal virus preparation J6cc-PP-38 or a first viral passage DBNcc-HI virus, available on initiation of vaccine studies. Sequence confirmed genotype 1a, 2a and 3a HCV seed stocks with infectivity titres of 4.8, 6.2 and 6.4 log10 FFU/mL, respectively (online supplemental tables 3, 5 and 6), were used to inoculate Huh7.5 cells for HCV production in 10-layer cell factories, resulting in a total volume of 16 L HCV containing supernatant per virus (online supplemental figure 3). Supernatants were subjected to downstream processing, involving an initial filter clarification followed by two TFF steps,

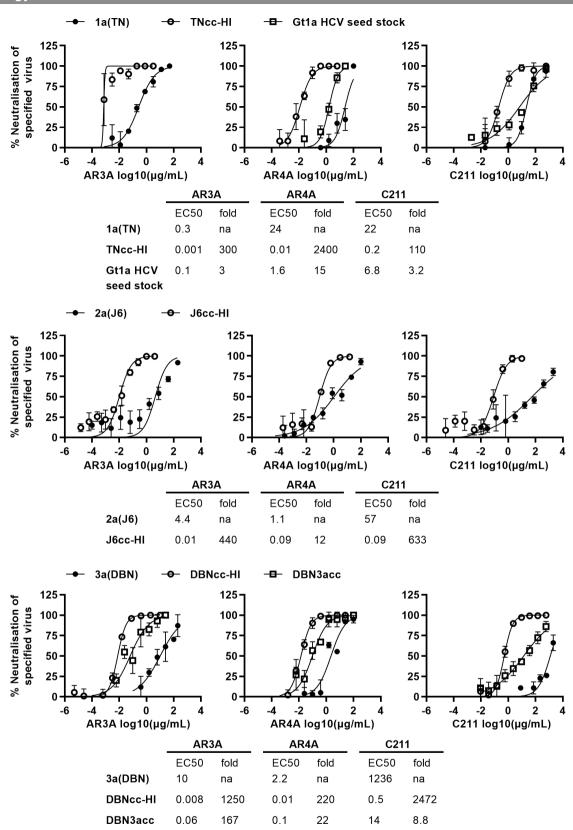


Figure 4 Engineered high-yield genotype 1a, 2a and 3a HCV recombinants showed increased sensitivity to neutralisation by human-derived nAb. Recombinants with in vivo derived genotype(isolate) 1a(TN),³⁰ 2a(J6)²⁴ and 3a(DBN)³⁰ core-NS2 sequences, as well as TNcc-HI, J6cc-HI, DBNcc-HI, the genotype 1a HCV seed stock and DBN3acc²⁸ with envelope protein substitutions acquired during in vitro passage were subjected to neutralisation with human mAb AR3A and AR4A,^{17 18} and polyclonal antibody C211.¹⁹ Data points are means of three replicates with SD; curves were fitted, and EC50 were calculated with the formula y=100/(1+10^{(log10EC50-X)xhillslope}) using GraphPad prism. Fold increase in neutralisation sensitivity was calculated as [(EC50 of 1a(TN), 2a(J6) or 3a(DBN) virus with in vivo derived envelope protein sequence)/(EC50 of respective virus with in vitro derived envelope protein substitutions)]. Virus stock envelope protein sequences were confirmed by Sanger sequencing. EC50, half maximal effective concentration; gt, genotype; mAb, monoclonal antibody; nAb, neutralising antibody.

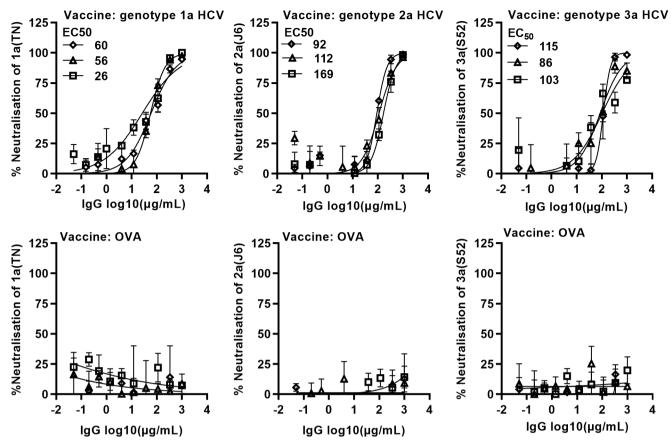


Figure 5 Immunisation with inactivated genotype 1a, 2a or 3a HCV elicited antibodies neutralising cell culture infectious HCV of the same genotype. Groups of three mice were immunised with inactivated genotype 1a, 2a and 3a HCV or OVA formulated with adjuvant AddaVax. Purified serum IgG from individual mice was used to neutralise recombinants containing in vivo derived genotype(isolate) 1a(TN),³⁰ 2a(J6)²⁴ and 3a(S52)²⁵ specific core-NS2. Data points are means of three replicates with SD; curves were fitted, and EC50 were calculated with the formula y=100/ (1+10^{(log10EC50-X)×hillslope}) using GraphPad prism. Each concentration—response curve specified by unique symbols represents data from one animal. Virus stock envelope protein sequences were confirmed by Sanger sequencing. EC50, half maximal effective concentration; nAb, neutralising antibody; OVA, ovalbumin.

cushion ultracentrifugation, another TFF, gradient ultracentrifugation, chromatography and inactivation by UV irradiation (supplementary results in online supplemental file 1 and online supplemental figures 4 and 5).

Immunisation of mice with inactivated genotype 1a, 2a and 3a HCV vaccine candidates elicited broadly neutralising and envelope-protein binding antibodies

Processed inactivated genotype 1a, 2a or 3a HCVcc or control antigen OVA were formulated with the adjuvant AddaVax, an analogue of the adjuvant MF-59, which is licenced for human use, and used for immunisation of BALB/c mice.

Purified serum IgG from individual animals neutralised HCV with in vivo derived envelope protein sequences of the same genotype as used in the respective vaccine in concentration dependent manner, with mean EC50 of 47, 124 and 101 μ g/mL for genotype 1a, 2a and 3a HCV vaccines, respectively (figure 5). Close to complete neutralisation was achieved at the highest applied IgG concentration of 1000 μ g/mL. OVA immunised mice did not elicit HCV nAb.

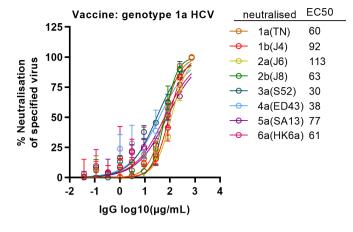
Moreover, IgG pools neutralised genotype 1–5 HCV with in vivo derived envelope sequences and genotype 6 HCV with two vital cell culture adaptive substitutions in the envelope proteins with similar efficacy and in concentration dependent manner. Across neutralised viruses, mean EC50 of IgG from genotype

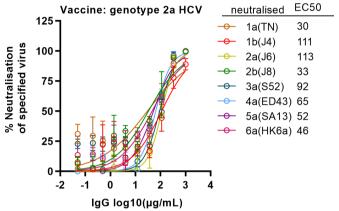
1a, 2a and 3a vaccinated animals were 67, 68 and $77 \mu g/mL$, respectively, and close to complete neutralisation was observed at $1000 \mu g/mL$ (figure 6). Mouse IgG neutralisation capacity compared favourably with that of IgG from patients with CHC regarding efficacy and broadness (figure 7). Interestingly, these data confirmed that 5a(SA13) had relatively high neutralisation sensitivity, while 2a(J6) and 3a(S52) had relatively low neutralisation sensitivity. Furthermore, neutralisation capacity of IgG from genotype 3a infected patients was lower than that from genotype 1a, 2a or 2b infected patients.

Finally, IgG pools from all HCV immunised animal groups efficiently bound TNcc-HI, J6cc-HI and DBNcc-HI E1/E2 complexes in concentration-dependent manner (figure 8, online supplemental figure 6). Such binding was not observed for pooled IgG from OVA immunised animals. Pools of immunesera had endpoint titres of up to 32 000 (figure 8, online supplemental figure 7).

DISCUSSION

In this study, we developed high-yield genotype 1a, 2a and 3a HCV cell culture systems to facilitate development of whole virus inactivated vaccine candidates. Compared with the original viruses, high-yield viruses showed increased exposure of conserved conformational neutralising epitopes associated with protection against chronic HCV infection, as suggested by





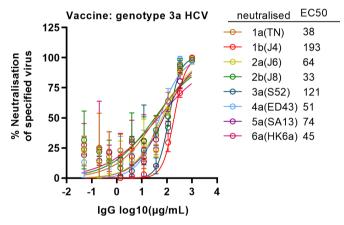


Figure 6 Immunisation with inactivated genotype 1a, 2a or 3a HCV elicited broadly nAb. Purified IgG from mice of each group, immunised with either genotype 1a, 2a or 3a HCV, was pooled using the same amount of IgG from each animal. IgG pools were used to neutralise recombinants containing in vivo derived genotype(isolate) 1a(TN), 1b(J4), 2a(J6), 2b(J8), 3a(S52), 4a(ED43) and 5a(SA13) core-NS2 sequences; 6a(HK6a) contained two vital cell culture adaptive substitutions in E1 and E2.^{24 25 30} Data points are means of three replicates with SD; curves were fitted, and EC50 were calculated with the formula y=100/(1+10^{(log10EC50-X)×hillslope}) using GraphPad prism. Virus stock envelope protein sequences were confirmed by Sanger sequencing. EC50, half maximal effective concentration; nAb, neutralising antibody.

increased sensitivity to neutralisation by mAb AR3A and AR4A. In mouse immunogenicity studies, high-yield genotype 1a, 2a or 3a viruses, formulated with an analogue of the human MF-59 adjuvant, each had the capacity to induce efficient nAb broadly

neutralising HCV of all major genotypes with recognised epidemiological importance.

For efficient production of whole virus inactivated vaccines, high-yield virus production is required. For example, SARS-CoV-2 used for vaccine production grow to infectivity titres of 6.5-7 log10 TCID50/mL. 43 For selection of high-yield variants of previously developed full-length recombinants of the most prevalent HCV genotypes, 26-28 we employed a serial passage approach, previously used for further adaption of a JFH1-based genotype 5a virus.³¹ Applying this evolutionary approach until no further increase in viral infectivity titres is observed, and until a homogeneous viral population with no obvious evidence for ongoing selection of additional putative adaptive substitutions is recorded is expected to result in selection of highly fit and genetically stable virus populations.³¹ Thus, the developed genetically stable, high-yield HCV recombinants can in the future be used to initiate virus vaccine antigen production with sequence confirmed early viral passage seed stocks. 44 45 Based on results from this study using full-length recombinants, as well as on results from the previous study using a IFH1-based recombinant, 31 the upper limit for HCV infectivity titres in monolayer Huh7.5 cell cultures is between 6 and 7 log10 FFU/mL, which might be due to limited availability of required host cell factors. Future studies should focus on investigation of the effect of acquired viral substitutions on the viral life cycle. Interestingly, several substitutions selected in this study were also selected during cell culture adaptation of other HCV recombinants, suggesting a general role for HCV cell culture adaptation (online supplemental table 10).

In future studies, it will be of special interest to investigate which of the selected envelope substitutions conferred increased exposure of the conserved conformational epitopes targeted by AR3A and AR4A. Several genetic changes in E2 such as deletion of HVR1 (aa 384-410), 40 abrogation of N-linked glycosylation, 19 46 but also specific substitutions in HVR1 (aa 400-404) and the E2 front layer (aa 414, 431 and 453; front layer: aa 411–461)²⁰ were described to increase neutralisation sensitivity, which was linked to an open E1/E2 state. 19 20 TN-PP-18 and TN-PP-38.1 acquired N410K in HVR1, while TN-PP-38.1 in addition acquired F403L in HVR1. J6cc-PP-35 acquired H434N in the E2 front layer and DBNcc-PP-16 acquired G395R in HVR1, while DBN3acc harboured S449A in the E2 front laver. 28 Furthermore, localising to E2 outside these specific regions previously associated with changes in neutralisation sensitivity, TN-PP-38.1 acquired V719I and J6cc-PP-35 acquired A573T, while DBN3acc harboured D474A, T528N and V629A.²⁸

A positive correlation between viral fitness and neutralising epitope exposure was also observed in previous studies for HCV³¹ and HIV.⁴⁷ For HCV, in vivo protection of conserved conformational neutralising epitopes might be associated with a fitness cost as closed E1/E2 states might decrease access of the main HCV entry receptor CD81 to its binding site, which is overlapping with AR3.²

For HCV, deletion of HVR1 led to a maximally open E1/E2 state associated with high neutralisation sensitivity. ^{19 40} For the full length genotype 1–3 HI-viruses developed in this study and the previously developed JFH1-based high-yield genotype 5a HCV, ³¹ the AR3A epitopes were as accessible as in HVR1-deleted viruses, while the AR4A epitopes were approximately 10-fold to 100-fold less exposed. ^{35 40} However, HVR1-deleted viruses typically show relatively low infectivity titres, hampering vaccine production. ⁴⁸ Compared with the original viruses, HI-viruses showed ~300 to 1250-fold higher exposure of AR3A epitopes and ~12 to 2400-fold higher exposure of AR4A epitopes; the

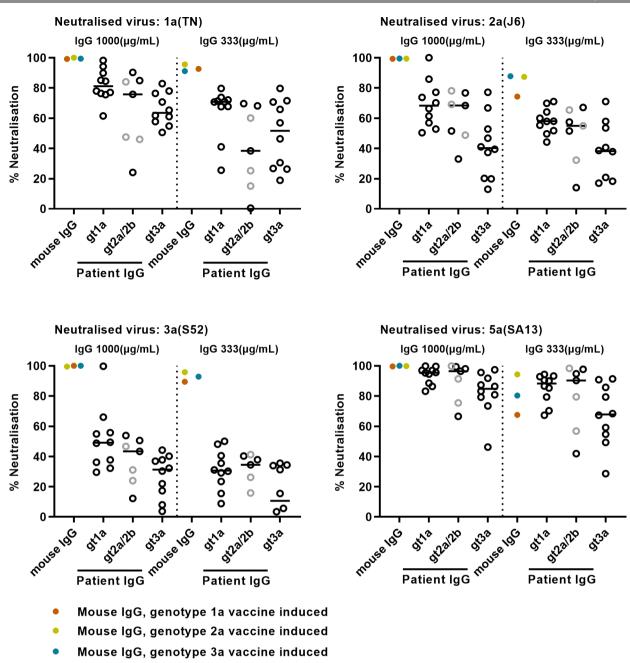


Figure 7 Vaccine-induced nAb responses compare favourably with those in patients with chronic HCV infection. Purified IgG from patients chronically infected with HCV of genotype 1a, 2a/2b or 3a at the specified concentrations was used to neutralise recombinants containing in vivo derived genotype(isolate) 1a(TN), 2a(J6), 3a(S52) and 5a(SA13) core-NS2 sequences. Genotype 2a versus 2b patients are indicated by grey versus black open circles. Data points obtained in neutralisation assays with the same concentrations of purified mouse IgG shown in figure 6 are replotted for comparison. All data points are means of three replicates. Virus stock envelope protein sequences were confirmed by Sanger sequencing. qt, genotype; nAb, neutralising antibody.

high-yield genotype 5a HCV showed only $\sim \! 10 \, \text{fold}$ higher exposure of AR3A and AR4A epitopes than the original already highly neutralisation sensitive genotype $5 \, \text{a}$ HCV.

0

Patient IgG

Therefore, the genotype 1a, 2a and 3a HI-viruses developed in this study and the high-yield JFH1-based genotype 5a HCV³¹ present interesting vaccine antigens as they might facilitate induction of antibodies targeting epitopes that are conserved between HCV variants and that are mediating protection in humans. A vaccine antigen exposing such conserved epitopes

with the ability to induce broadly nAb might make a multivalent vaccine approach unnecessary.

Indeed, immunisation with genotype 1–3 PP-viruses and HI-viruses and with high-yield genotype 5a HCV³¹ resulted in induction of broadly nAb. Fifty per cent neutralisation titres and ELISA endpoint titres of vaccine-induced antibodies were comparable with those reported for licenced antiviral vaccines and with those in chimpanzees protected from HCV challenge following vaccination with the E1/E2 heterodimer vaccine.⁶ 10

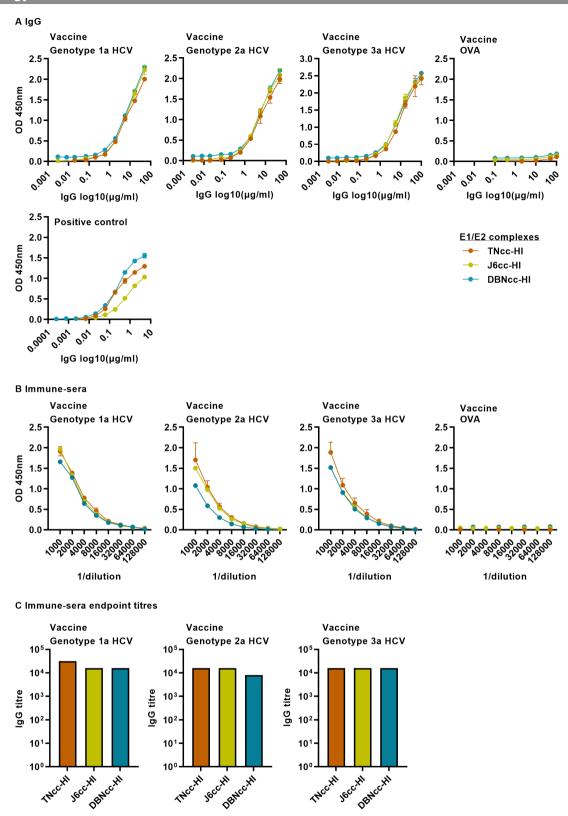


Figure 8 Immunisation with inactivated genotype 1a, 2a or 3a HCV elicited antibodies binding to HCV envelope proteins. Binding capacity of pooled (A) purified serum IgG or (B and C) immune-sera from mice immunised with inactivated genotype 1a, 2a or 3a HCV or OVA to E1/E2 complexes of the specified HI-recombinants was evaluated by ELISA. Values are optical density (OD) reads at 450 nm following subtraction of mean OD of eight negative controls. Data points are means of two replicates with SD. (A) Positive controls: instead of serum IgG, well-characterised primary antibodies were used: AP33³⁸ for binding to TNcc-HI and DBNcc-HI E1/E2 and H77.39³⁹ for binding to J6cc-HI E1/E2. Negative controls: no IgG or immune-sera were used, and TNcc-HI, J6cc-HI and DBNcc-HI E1/E2 were incubated with secondary antibody only; for negative controls, OD reads were ~0.05. (A and B) In the OVA graphs, data points reflecting binding to J6cc-HI E1/E2 and DBNcc-HI E1/E2 were nudged by 0.04 and 0.08 units in the y direction, respectively. (C) Immune-sera endpoint titres were determined as the highest serum dilution yielding an OD >2 fold mean OD of negative controls. OVA, ovalbumin.

However, compared with IgG from chronically infected patients, antibodies elicited by the E1/E2 heterodimer vaccine8-10 and different vaccine candidates based on soluble E2 protein, 46 49-51 nAb induced in this and the previous study³⁵ showed increased capacity to neutralise different HCV variants. Finally, 50% neutralisation titres were comparable with those reported for a genotype 2a inactivated vaccine candidate in mice and nonhuman primates when experimental adjuvants not suitable for human use were applied. 2129 In the study of non-human primates, application of the licenced adjuvant aluminium hydroxide did not result in induction of efficient nAb. 29 AddaVax/MF-59 appears to be more immunogenic than aluminium hydroxide. 35 52 Furthermore, for other viruses, increased neutralising epitope exposure was suggested to result in increased immunogenicity. 53 54 In future studies, it would be interesting to investigate, whether increased exposure of conserved neutralising epitopes increases immunogenicity and whether different HCV genotypes/serotypes differ in immunogenicity. 42 55 However, this would require development of high-yield viruses without E2 substitutions mediating epitope exposure, which might not be possible, as it is likely that increased fitness was at least partly mediated by such substitutions. Soluble E2 or E1/E2 heterodimer vaccine platforms might be more amenable for such studies; however, they might not reflect the native envelope protein conformation on the whole virus particle. In such studies, deletion of the three variable E2 regions was reported to result in a certain increase in immunogenicity, whereas deletion of HVR1 and/or modification of glycosylation sites had no or a minor effect on immunogenicity. 46 49-51 56 Deletion of HVR1 of the already highly neutralisation sensitive high-yield genotype 5a HCV, facilitated by subsequent culture adaptation, did not result in increased immunogenicity.³⁵ In addition, future studies requiring larger amounts of HI-virus vaccine induced nAb and most likely derived mAb could investigate which epitopes are targeted by these antibodies.

Further preclinical and clinical development requires optimisation of vaccine production and processing conditions to ensure compatibility with vaccine manufacturing. 36 44 Moreover, further research should define the most powerful of the developed vaccine candidates, based on performance in an optimised bioprocess and detailed immunogenicity studies of resulting antigens, as well as dose finding studies. In initial upstream bioprocess studies employing a scalable bioreactor 44 57 and virus seed stocks generated from early viral passages following transfection, genotype 2a and 3a HI-viruses and high-yield genotype 5a HCV³⁵ yielded considerably higher infectivity titres than the genotype 1a HI-virus, signifying an advantage for these three candidates in the production process. No immunocompetent HCV in vivo challenge model is available. While future studies might employ specialised small animal models such as the human liver chimeric uPA-SCID mouse model to study certain aspects of vaccine-induced protection⁴⁸ and larger animals to confirm vaccine safety and immunogenicity, promising vaccine candidates likely need to proceed to clinical trials involving controlled human infection models⁵⁸ to evaluate their true protective potential. Finally, in the quest for an HCV vaccine, it will be important to facilitate cross-comparison of vaccine candidates by application of standardised assays. 42 55

In conclusion, we developed high-yield genotype 1a, 2a and 3a HCV constituting a basis for inactivated vaccine candidates that could be used for further preclinical and clinical development.

Author affiliations

¹Copenhagen Hepatitis C Program (CO-HEP), Department of Infectious Diseases, Copenhagen University Hospital-Hvidovre, Hvidovre, Denmark and Department of Immunology and Microbiology, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark

²Department of Infectious Diseases, Copenhagen University Hospital-Hvidovre, Hvidovre, Denmark

³Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark

⁴Department of Immunology and Microbiology, The Scripps Research Institute, La Jolla, California, USA

⁵Department of Immunology and Microbiology, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark

Contributors Study design: GPA, AFP, JB and JMG. Acquisition of data: GPA, AFP, AO, CRDH, ZD, SF and UF. Analysis and interpretation of data: GPA, AFP, AO, CRDH, UF, CS, NW, ML, JCP, JB and JMG. Contribution of materials: CS, NW and ML. Drafting of the manuscript: GPA and JMG. Study supervision: JMG. Guarantor: JMG. All authors reviewed the manuscript.

Funding This work was supported by PhD stipends and bonuses from the Candys Foundation and the University of Copenhagen (AFP, AO, JB and JMG), the China Scholarship Council (ZD and JMG), grants from the Novo Nordisk Foundation (NW, JB and JMG), The Danish Cancer Society (JB and JMG), Independent Research Fund Denmark (DFF) - Medical Sciences (JB and JMG), Innovation Fund Denmark (JB and JMG), The Lundbeck Foundation (JP and JB), The Region H Foundation (AFP, CS, JB and JMG), The Toyota Foundation (AO and JMG), The Læge Sofus Carl Emil Friis og Hustru Olga Doris Friis' Foundation (JMG) and The Mauritzen La Fontaine Foundation (JB). ML is partly funded by NIH grants Al123861 and Al144232.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Ethics approval The HCV Tandem cohort was approved by the Regional Ethical Committee (H-21004361) and the Danish Data Protection Agency (2012-58-0004). Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement All data relevant to the study are included in the article or uploaded as supplementary information.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iDs

Anna Offersgaard http://orcid.org/0000-0002-7748-2840 Ulrik Fahnøe http://orcid.org/0000-0002-2527-5751 Jens Bukh http://orcid.org/0000-0002-7815-4806 Judith Margarete Gottwein http://orcid.org/0000-0003-2805-0256

REFERENCES

- 1 Bukh J. The history of hepatitis C virus (HCV): basic research reveals unique features in phylogeny, evolution and the viral life cycle with new perspectives for epidemic control. J Hepatol 2016;65:S2–21.
- 2 Tzarum N, Wilson IA, Law M. The neutralizing face of hepatitis C virus E2 envelope glycoprotein. Front Immunol 2018;9:1315.
- B Hepatitis C. Available: https://www.who.int/news-room/fact-sheets/detail/hepatitis-c [Accessed April 29, 2022].
- 4 Swadling L, Capone S, Antrobus RD, *et al*. A human vaccine strategy based on chimpanzee adenoviral and MVA vectors that primes, boosts, and sustains functional HCV-specific T cell memory. *Sci Transl Med* 2014;6:261ra153.
- 5 Page K, Melia MT, Veenhuis RT, et al. Randomized trial of a vaccine regimen to prevent chronic HCV infection. N Engl J Med 2021;384:541–9.
- 5 Choo QL, Kuo G, Ralston R, et al. Vaccination of chimpanzees against infection by the hepatitis C virus. Proc Natl Acad Sci U S A 1994;91:1294–8.

Hepatology

- 7 Frey SE, Houghton M, Coates S, et al. Safety and immunogenicity of HCV E1E2 vaccine adjuvanted with MF59 administered to healthy adults. Vaccine 2010;28:6367–73.
- 8 Law JLM, Chen C, Wong J, et al. A hepatitis C virus (HCV) vaccine comprising envelope glycoproteins gpE1/gpE2 derived from a single isolate elicits broad cross-genotype neutralizing antibodies in humans. PLoS One 2013;8:e59776.
- 9 Chen F, Nagy K, Chavez D, et al. Antibody responses to immunization with HCV envelope glycoproteins as a baseline for B-Cell-Based vaccine development. Gastroenterology 2020;158:1058–71.
- 10 Meunier J-C, Gottwein JM, Houghton M, et al. Vaccine-Induced crossgenotype reactive neutralizing antibodies against hepatitis C virus. J Infect Dis 2011:204:1186–90
- 11 Khoury DS, Cromer D, Reynaldi A, et al. Neutralizing antibody levels are highly predictive of immune protection from symptomatic SARS-CoV-2 infection. Nat Med 2021:27:1205—11
- 12 Plotkin SA, Plotkin SL. The development of vaccines: how the past led to the future. Nat Rev Microbiol 2011:9:889–93.
- 13 Osburn WO, Snider AE, Wells BL, et al. Clearance of hepatitis C infection is associated with the early appearance of broad neutralizing antibody responses. *Hepatology* 2014;59:2140–51.
- 14 Kinchen VJ, Massaccesi G, Flyak AI, et al. Plasma deconvolution identifies broadly neutralizing antibodies associated with hepatitis C virus clearance. J Clin Invest 2019;129:4786–96.
- 15 Kinchen VJ, Zahid MN, Flyak AI, et al. Broadly neutralizing antibody mediated clearance of human hepatitis C virus infection. Cell Host Microbe 2018;24:717–30.
- 16 Merat SJ, Bru C, van de Berg D, et al. Cross-genotype AR3-specific neutralizing antibodies confer long-term protection in injecting drug users after HCV clearance. J Hepatol 2019;71:14–24.
- 17 Law M, Maruyama T, Lewis J, et al. Broadly neutralizing antibodies protect against hepatitis C virus quasispecies challenge. Nat Med 2008;14:25–7.
- 18 Giang E, Dorner M, Prentoe JC, et al. Human broadly neutralizing antibodies to the envelope glycoprotein complex of hepatitis C virus. Proc Natl Acad Sci U S A 2012;109:6205–10.
- 19 Prentoe J, Velázquez-Moctezuma R, Augestad EH, et al. Hypervariable region 1 and N-linked glycans of hepatitis C regulate virion neutralization by modulating envelope conformations. Proc Natl Acad Sci U S A 2019;116:10039–47.
- 20 Augestad EH, Castelli M, Clementi N, et al. Global and local envelope protein dynamics of hepatitis C virus determine broad antibody sensitivity. Sci Adv 2020;6:eabb5938.
- 21 Akazawa D, Moriyama M, Yokokawa H, et al. Neutralizing antibodies induced by cell culture-derived hepatitis C virus protect against infection in mice. Gastroenterology 2013;145:447-55.e1-4.
- 22 Plotkin SA. Vaccines: correlates of vaccine-induced immunity. Clin Infect Dis 2008;47:401–9.
- 23 Wakita T, Pietschmann T, Kato T, *et al.* Production of infectious hepatitis C virus in tissue culture from a cloned viral genome. *Nat Med* 2005;11:791–6.
- 24 Lindenbach BD, Evans MJ, Syder AJ, et al. Complete replication of hepatitis C virus in cell culture. Science 2005;309:623–6.
- 25 Gottwein JM, Scheel TKH, Jensen TB, et al. Development and characterization of hepatitis C virus genotype 1-7 cell culture systems: role of CD81 and scavenger receptor class B type I and effect of antiviral drugs. Hepatology 2009;49:364–77.
- 26 Li Y-P, Ramirez S, Jensen SB, et al. Highly efficient full-length hepatitis C virus genotype 1 (strain TN) infectious culture system. Proc Natl Acad Sci U S A 2012;109:19757–62.
- 27 Li Y-P, Ramirez S, Gottwein JM, et al. Robust full-length hepatitis C virus genotype 2a and 2b infectious cultures using mutations identified by a systematic approach applicable to patient strains. Proc Natl Acad Sci U S A 2012;109:6806.
- 28 Ramirez S, Mikkelsen LS, Gottwein JM, et al. Robust HCV genotype 3a infectious cell culture system permits identification of escape variants with resistance to sofosbuvir. Gastroenterology 2016;151:973–85.
- 29 Yokokawa H, Higashino A, Suzuki S, et al. Induction of humoural and cellular immunity by immunisation with HCV particle vaccine in a non-human primate model. Gut 2018;67:372–9.
- 30 Scheel TKH, Gottwein JM, Carlsen THR, et al. Efficient culture adaptation of hepatitis C virus recombinants with genotype-specific core-NS2 by using previously identified mutations. J Virol 2011;85:2891–906.
- 31 Mathiesen CK, Prentoe J, Meredith LW, et al. Adaptive mutations enhance assembly and cell-to-cell transmission of a high-titer hepatitis C virus genotype 5a Core-NS2 JFH1-Based recombinant. J Virol 2015;89:7758–75.
- 32 Pham LV, Jensen SB, Fahnøe U, et al. HCV genotype 1-6 NS3 residue 80 substitutions impact protease inhibitor activity and promote viral escape. J Hepatol 2019;70:388–97.

- 33 Jensen SB, Fahnøe U, Pham LV, et al. Evolutionary pathways to persistence of highly fit and resistant hepatitis C virus protease inhibitor escape variants. Hepatology 2019;70:771–87.
- 34 Mathiesen CK, Jensen TB, Prentoe J, et al. Production and characterization of hightiter serum-free cell culture grown hepatitis C virus particles of genotype 1-6. Virology 2014:458-459:190–208.
- Pihl AF, Feng S, Offersgaard A, et al. Inactivated whole hepatitis C virus vaccine employing a licensed adjuvant elicits cross-genotype neutralizing antibodies in mice. J Hepatol 2022;76:1051–61.
- 36 Lothert K, Offersgaard AF, Pihl AF. Development of a downstream process for the production of an inactivated whole hepatitis C virus vaccine. *Sci Rep* 2020;10:1–13.
- 37 Czarnota A, Offersgaard A, Pihl AF, et al. Specific antibodies induced by immunization with hepatitis B virus-like particles carrying hepatitis C virus envelope glycoprotein 2 epitopes show differential neutralization efficiency. Vaccines 2020;8:1–19.
- 38 Clayton RF, Owsianka A, Aitken J, et al. Analysis of antigenicity and topology of E2 glycoprotein present on recombinant hepatitis C virus-like particles. J Virol 2002;76:7672–82.
- 39 Sabo MC, Luca VC, Prentoe J, et al. Neutralizing monoclonal antibodies against hepatitis C virus E2 protein bind discontinuous epitopes and inhibit infection at a postattachment step. J Virol 2011;85:7005–19.
- 40 Prentoe J, Velázquez-Moctezuma R, Foung SKH, et al. Hypervariable region 1 shielding of hepatitis C virus is a main contributor to genotypic differences in neutralization sensitivity. Hepatology 2016;64:1881–92.
- 41 Carlsen THR, Pedersen J, Prentoe JC, et al. Breadth of neutralization and synergy of clinically relevant human monoclonal antibodies against HCV genotypes 1a, 1b, 2a, 2b, 2c, and 3a. Hepatology 2014;60:1551–62.
- 42 Bankwitz D, Bahai A, Labuhn M, et al. Hepatitis C reference viruses highlight potent antibody responses and diverse viral functional interactions with neutralising antibodies. Gut 2021;70:1734–45.
- 43 Gao Q, Bao L, Mao H, et al. Development of an inactivated vaccine candidate for SARS-CoV-2. Science 2020;369:77–81.
- 44 Offersgaard A, Duarte Hernandez CR, Pihl AF. High-Titer hepatitis C virus production in a scalable single-use high cell density bioreactor. *Vaccines* 2022;10:249.
- 45 Pihl AF, Offersgaard AF, Mathiesen CK, et al. High density Huh7.5 cell hollow fiber bioreactor culture for high-yield production of hepatitis C virus and studies of antivirals. Sci Rep 2018;8:1–13.
- 46 Khera T, Behrendt P, Bankwitz D, et al. Functional and immunogenic characterization of diverse HCV qlycoprotein E2 variants. J Hepatol 2019;70:593–602.
- 47 Sullivan N, Sun Y, Li J, et al. Replicative function and neutralization sensitivity of envelope glycoproteins from primary and T-cell line-passaged human immunodeficiency virus type 1 isolates. J Virol 1995;69:4413–22.
- 48 Prentoe J, Jensen TB, Meuleman P, et al. Hypervariable region 1 differentially impacts viability of hepatitis C virus strains of genotypes 1 to 6 and impairs virus neutralization. J Virol 2011;85:2224–34.
- 49 Vietheer PT, Boo I, Gu J, et al. The core domain of hepatitis C virus glycoprotein E2 generates potent cross-neutralizing antibodies in guinea pigs. *Hepatology* 2017;65:1117–31.
- 50 Urbanowicz RA, Wang R, Schiel JE, et al. Antigenicity and immunogenicity of differentially glycosylated hepatitis C virus E2 envelope proteins expressed in mammalian and insect cells. J Virol 2019;93:e01403–18.
- 51 Li D, von Schaewen M, Wang X, et al. Altered glycosylation patterns increase immunogenicity of a subunit hepatitis C virus vaccine, inducing neutralizing antibodies which confer protection in mice. J Virol 2016;90:10486–98.
- 52 Akache B, Deschatelets L, Harrison BA. Effect of different adjuvants on the longevity and strength of humoral and cellular immune responses to the HCV envelope qlycoproteins. *Vaccines* 2019;7:796.
- 53 McLellan JS, Chen M, Joyce MG, et al. Structure-Based design of a fusion glycoprotein vaccine for respiratory syncytial virus. *Science* 2013;342:592–8.
- 54 Medina RA, Stertz S, Manicassamy B, et al. Glycosylations in the globular head of the hemagglutinin protein modulate the virulence and antigenic properties of the H1N1 influenza viruses. Sci Transl Med 2013;5:187ra70.
- 55 Salas JH, Urbanowicz RA, Guest JD, et al. An antigenically diverse, representative panel of envelope glycoproteins for hepatitis C virus vaccine development. Gastroenterology 2022;162:562–74.
- 56 Law JLM, Logan M, Wong J, et al. Role of the E2 hypervariable region (HVR1) in the immunogenicity of a recombinant hepatitis C virus vaccine. J Virol 2018;92:2141–58.
- 57 Offersgaard A, Hernandez CRD, Pihl AF. SARS-CoV-2 production in a scalable high cell density bioreactor. *Vaccines* 2021;9:796.
- 58 Liang TJ, Feld JJ, Cox AL, et al. Controlled Human Infection Model Fast Track to HCV Vaccine? N Engl J Med 2021;385:1235–40.