ZDZIENNICKI, Wojciech, ZIMNICKI, Patryk, LATO, Marta, IBERSZER, Konrad, LITWINIUK, Maria, ZANIUK, Marcin, HURKAŁA, Kamil, ANTONIK, Dominika, DENYS, Barbara & GÓRA, Karolina. Major HIV vaccine candidates. Results of the studies. Journal of Education, Health Sport. 2023;34(1):94-102. eISSN 2391-8306. DOI and latest http://dx.doi.org/10.12775/JEHS.2023.34.01.008 https://apcz.umk.pl/JEHS/article/view/43739 https://zenodo.org/record/7982664

The journal has had 40 points in Ministry of Education and Science of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of December 21, 2021. No. 32343. The power more point in the second and secon © The Authors 2023:

© The Authors 2023: This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (http://creativecommons.org/licenses/by-nc-sa/4.0/) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited. The authors declare that there is no conflict of interests regarding the publication of this paper. Received: 27.04.2023. Revised: 10.05.2023. Accepted: 28.05.2023. Published: 29.05.2023.

# **Major HIV vaccine candidates**

Wojciech Zdziennicki<sup>1</sup>, Patryk Zimnicki<sup>2</sup>, Marta Lato<sup>3</sup>, Konrad Iberszer<sup>4</sup>, Maria Litwiniuk<sup>5</sup>,

Marcin Zaniuk<sup>6</sup>, Kamil Hurkała<sup>7</sup>, Dominika Antonik<sup>8</sup>, Barbara Denys<sup>9</sup>, Karolina Góra<sup>10</sup>

<sup>1</sup> Uniwersytecki Szpital Kliniczny w Poznaniu - ul. Przybyszewskiego 49, 60-355 Poznań, Poland

<sup>2</sup> Samodzielny Publiczny Zakład Opieki Zdrowotnej MSWiA w Lublinie, ul. Grenadierów 3, 20-331 Lublin, Poland

<sup>3</sup> Szpital Specjalistyczny im. J.Dietla w Krakowie, ul.Skarbowa 1, 31-121 Kraków, Poland

<sup>4</sup> Samodzielny Publiczny Szpital Kliniczny nr 4, ul. Jaczewskiego 8, 20-954 Lublin, Poland

<sup>5</sup> WOJEWÓDZKI SZPITAL SPECJALISTYCZNY im. Stefana Kardynała Wyszyńskiego Samodzielny Publiczny Zakład Opieki Zdrowotnej w Lublinie, Al. Kraśnicka 100, 20-718 Lublin, Poland

<sup>6</sup> Samodzielny Publiczny Zakład Opieki Zdrowotnej MSWiA w Lublinie, ul. Grenadierów 3, 20-331 Lublin, Poland

<sup>7</sup> Samodzielny Publiczny Szpital Wojewódzki im. Papieża Jana Pawła II w Zamościu, ul. Aleje Jana Pawła II 10, 22-400 Zamość, Poland

<sup>8</sup> 5 Wojskowy Szpital Kliniczny z Polikliniką w Krakowie, ul. Wrocławska <sup>1</sup>/<sub>3</sub>, 30-901 Kraków, Poland

<sup>9</sup> WOJEWÓDZKI SZPITAL SPECJALISTYCZNY im. Stefana Kardynała Wyszyńskiego Samodzielny Publiczny Zakład Opieki Zdrowotnej w Lublinie, Al. Kraśnicka 100, 20-718 Lublin, Poland

<sup>10</sup> Samodzielny Publiczny Szpital Kliniczny nr 4, ul. Jaczewskiego 8, 20-954 Lublin, Poland

Wojciech	Zdziennic	ki, ORCiD:	https://orcid.org/0009-0005-1254-9740;	e-mail:			
wojtekzdzi	ennicki@gma	ail.com					
Patryk	Zimnicki,	ORCiD:	https://orcid.org/0000-0002-5808-8661;	e-mail:			
patryk.zim	<u>nicki.97@02.</u>	<u>pl</u>					
Marta	Lato,	ORCiD:	https://orcid.org/0000-0003-4121-3400;	e-mail:			
<u>coronarysu</u>	llcus@gmail.o	com					
Konrad	Iberszer,	ORCiD:	https://orcid.org/0000-0002-4290-9883;	e-mail:			
konrad.iberszer@gmail.com							
Maria	Litwiniuk,	ORCiD:	https://orcid.org/0009-0004-5396-7482;	e-mail:			
<u>litwiniuk.n</u>	nm@gmail.co	<u>om</u>					
Marcin	Zaniuk,	ORCiD:	https://orcid.org/0000-0003-4643-0594;	e-mail:			
marcin.zan	iuk@gmail.co	om					
Kamil	Hurkała,	ORCiD:	https://orcid.org/0009-0007-5961-9894;	e-mail:			
kamilhurkala@gmail.com							
Dominika	Antonik,	ORCiD:	https://orcid.org/0009-0004-7575-8016;	e-mail:			
antonikdor	minika97@gn	nail.com					
Barbara	Denys,	ORCiD:	https://orcid.org/0009-0003-1951-1142;	e-mail:			
barbaraden	ys11@gmail.	.com					
Karolina	Góra,	ORCiD:	https://orcid.org/0000-0002-5377-3010;	e-mail:			
gora.karoli	na7@gmail.c	om					

### Keywords

Human immunodeficiency virus HIV; acquired immunodeficiency syndrome (AIDS); vaccine,

### Abstract

**Introduction and objective:** *Human immunodeficiency virus* (HIV) is a virus, which is responsible for an *acquired immunodeficiency syndrome* (AIDS). This pathogen is widespread worldwide causing a pandemic that has been going on for decades. Researches around the world are trying to end this situation and it seems that the greatest hope lies in finding an effective vaccine. It is important due to the fact that AIDS and its consequences are responsible even nowadays for death of many people infected around the world. The aim of

this study was to provide the most important information about major HIV vaccine trials and efficacy of vaccine candidates.

**Materials and methods:** For the purposes of writing this article, the available literature was reviewed. The database of medical publications – Pubmed datebase and other publicaly available books, database and online sites was searched, with the use of keywords such as HIV, HIV vaccine, HIV epidemiology.

**State of knowledge:** According to review studies HIV vaccine trials has been going for 4 decades. Over 250 trials has been conducted since then, but unfortunately, none of them resulted in effective vaccine. The difficulties of this task are mainly connected with the nature of HIV virus. To date, one study has shown some effectiveness, but not enough to claim success. Other studies are ongoing around the world and more are planned.

**Conclusions:** Developing an effective HIV vaccine is the clue to solving the problem, which is new HIV infections. Further researches, further research funding and international cooperation are needed to end this pandemic.

# Introduction

Human race is exposed to many forms of infectious bacteria, viruses and fungi from the very beginning of its existence. The diseases caused by these pathogens range from mild to severe, acute to chronic, curable to incurable. Different types of treatments have been tried for centuries, for example bloodletting, herbal medicine and others. However, this only cured diseases to varying degrees, but did not prevent them from occurring. That changed in 1796 [1] when world's first effective vaccine was created. Dr Edward Jenner discovered that people infected with cowpox were immune to smallpox. Through years vaccines help humanity to fight many diseases, even eradicate successfully two of them – smallpox [2] and rinderpest (which affected cattle). With every year passing new vaccines were developed, previous ones improved. In 2019 new danger appeared, the COVID-19 [3]. SARS-CoV-2 rapidly spread around the world killing millions of people. This prompted scientist to search for a solution how to stop this virus.[4]. The knowledge we gained through years helped develop COVID-19 vaccines in record time [5,6]. However this pandemic is not the only one we try to fight. Another one of the dangers of humanity worldwide is the HIV pandemic.

# Epidemiology

HIV has been detected in almost every part of the world. In 2021 around 38.4 million people were living with HIV on Earth [7]. Most of the lives in Africa, the summary is in Figure 1. Data provided by UNAIDS shows that in 2021 from 1.1 million to 2.0 million people became HIV positive. This is less than it was in the past when in 1996 were almost 4.3 million new cases, but it is still a huge problem – people are still dying from the consequences of HIV infection. This virus is responsible for AIDS (*acquired immune deficiency syndrome*) and its complications, which can be fatal. Mortality in 2021 was 650 000, since the start of the epidemic approximately 40.1 million people have died. Epidemiology data are summarized in Figure 2 provided by WHO.



Figure 1 Percentage of people HIV positive in a given region, to all infected people <u>https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics/</u>



Figure 2 Summary of the global HIV epidemic, by WHO https://www.who.int/data/gho/data/themes/hiv-aids

Indeed, we have effective treatment such as antiretroviral therapy (ART) [8], which supresses virus to a level in which transmission to uninfected person is not possible. However this means that only regular use of medications and other known ways to prevent STDs such as barrier methods [5,9] stops the transmission. Unfortunately, many of the most affected countries do not have access to this type of treatment, so another solution is needed to end HIV pandemic – such as effective prophylactic vaccine.[8,10]

### Difficulties

HIV poses considerable challenges for researchers due to its volatile nature [8], we know four main groups (M, N, O, P) and 9 subtype or clade (A, B, C, D, F, G, H, J, K). Errorprone viral reverse transcriptase is the main reason for a high rate of mutation - 1–10 mutations per genome per replication cycle. This error leads to changes in glycoprotein Env, which the antibodies want to neutralize. Limited information regarding the correlates of immune protection and no appropriate animal models are also important difficulties for scientists.

#### Most important vaccine candidates through years

Since 1986 more than 250 researches were conducted all over the world [10]. Three major of them were in Phase 3 – VAX003, VAX004, RV144. [8,10,11]. The first two were sponsored by VaxGen, and in those trials, which were held in Thailand and in the Americas respectively, the results were pessimistic. Both vaccine candidates did not show efficacy in preventing HIV infection, suggesting that these type-specific antibody responses are insufficient to induce protective reaction [10-13]. Scientists focused on another way to trigger a sustained immune response – T-cell immunity. One of the most important trials of these type vaccines is "STEP" trial, also known as HIV Vaccine Trials Network (HVTN) 502, which took place in the Americas and Australia. [10,11,14]. This ended prematurely trial, also led to pessimistic conclusion. This vaccine candidate not only fail to prevent infection, but also surprisingly, there were more infected people in the control group than in the placebo one.

After pessimistic results of VAX and STEP trials, the RV144 study yielded different outcome [8,10,11,15]. The research, which took place in Rayong and Chon Buri provinces in Thailand showed efficacy rates ranging from 60% to 31% at one year and 3.5 years after vaccination, respectively. In this trial researches evaluated four priming injections of a recombinant canarypox vector vaccine (ALVAC-HIV [Vcp1521]) and later two booster injections containing of AIDSVAX B/E glycoprotein 120 subunit vaccine, which was previously used in VaxGen trials.

One of the most recent trials, which was a Phase 3 study – The Mosaico, known as HPX3002/HVTN706 halted on January 12, 2023 after planed, interim revive by the study's independent Data and Safety Monitoring Board (DSMB) [11,16-18]. Analysis showed no evidence of effectiveness in preventing HIV compared with placebo. Unfortunately, Mosaico was the only one ongoing research in phase 3, similar to the Imbokodo trial (phase 2b), which was also stopped in 2021 for lack of prevention in HIV infections. However, overall negative results did not stop further analysis of participants. Over 3000 participants from Americas and Europe are monitored in terms of immune responses to show any evidence of protection. a summary of the efficacy of the respective vaccines is provided in Table 1.

Name	Year started	Location	Phase	Efficacy
Vax 003	1999	Thailand	3	No
Vax 004	1998	Americas	3	No
STEP	2003	Americas	2b	No
		Australia		
RV 144	2004	Thailand	3	Yes, 31%
Mosaico	2019	Americas	3	No
		Europe		

Table 1

## Conclusion

Despite the fact that HIV infections are less common, than in the past, pandemic of HIV is still a problem around the world. Although we have treatment with satisfactory result such as antiretroviral therapy, it is not enough to stop this pandemic. Finding a vaccine that effectively prevent HIV infections would be a game changer. Despite the fact that the search has been going on for 40 years, only one trial show somewhat efficacy – the RV144 study with 31%. This shows that effective HIV vaccine is achievable, but researchers has a difficult route to overcome unsolved problems. It seems to be the biggest one of them is the extensive viral diversity within subtypes. However, through years some progress was made. The experience gathered through decades of vaccines researches helped to develop SARS-COV-2 vaccines in record time. We have to believe that HIV vaccine is within our reach in the coming years.

#### References

[1] https://www.who.int/news-room/spotlight/history-of-vaccination/a-brief-history-of-vaccination?topicsurvey=ht7j2q)&gclid=CjwKCAjwoIqhBhAGEiwArXT7KyruvqtTEbUCtN RJFi8zLpOUYIybh69nFKYyKv2wWNpPbheIl11IrThoCqPYQAvD\_BwE (27.04.2023)

- [2] Meyer H, Ehmann R, Smith GL, Smallpox in the Post-Eradication Era. Viruses 2020, 12(2):138.
- [3] Platto S, Wang Y, Zhou J, Carafoli E. History of the COVID-19 pandemic: Origin, explosion, worldwide spreading. Biochem Biophys Res Commun. 2021, 538:14-23.
- [4] https://covid19.who.int/ (22.04.2023)
- [5] Johnston MI, Scarlatti G, Pitisutthithum P, Bekker L-G. HIV vaccines: progress and promise. J Inter Aids Soc. 2021, 24(S7):225828.

- [6] Hannah S, Chinyenze K, Shattock R, Yola N, Warren M. HIV vaccines in 2022: where to from here? J Inter Aids Soc. 2022, 25:e25923.
- [7] https://www.unaids.org/sites/default/files/media\_asset/UNAIDS\_FactSheet\_en.pdf(20.04.2023)
- [8] Hargrave A, Mustafa AS, Hanif A, Tunio JH, Hanif SNM. Current Status of HIV-1 Vaccines. Vaccines, 2021, 9(9):1026.
- [9] Huynh K; Gulick PG. HIV Prevention. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023.
- [10] Wang H-B, Mo Q-H, Yang Z. HIV Vaccine Research: The Challenge and the Way Forward. J Immunol Res. 2015, 2015:503978.
- [11] Kim J, Vasan S, Kim JH, Ake JA. Current approaches to HIV vaccine development: a narrative review. J Inter Aids Soc. 2021, 24(S7):e25793.
- [12] Flynn NM, Forthal DN, Harro CD, Judson FN, Mayer KH, Para MF. Placebo-controlled phase 3 trial of a recombinant glycoprotein 120 vaccine to prevent HIV-1 infection. J Infect Dis. 2005, 191(5):654-65.
- [13] Pitisuttithum P, Gilbert P, Gurwith M, Heyward W, Martin M, van Griensven F, Hu D, Tappero JW, Choopanya K. Randomized, double-blind, placebo-controlled efficacy trial of a bivalent recombinant glycoprotein 120 HIV-1 vaccine among injection drug users in Bangkok, Thailand. J Infect Dis. 2006, 194(12):1661-71.
- [14] Buchbinder SP, Mehrotra DV, Duerr A, Fitzgerald DW, Mogg R, Li D, Gilbert PB, Lama JR, Marmor M, Del Rio C, McElrath MJ, Casimiro DR, Gottesdiener KM. Chodakewitz JA, Corey L, Robertson MN. Efficacy assessment of a cell-mediated immunity HIV-1 vaccine (the Step Study): a double-blind, randomised, placebocontrolled, test-of-concept trial. Lancet 2008, 372(9653):1881-1893
- [15] Rerks-Ngarm S, Pitisuttithum P, Nitayaphan S, Kaewkungwal J, Chiu J, Paris R, Premsri N, Namwat Ch, de Souza M, Adams E, Benenson M, Gurunathan S, Tartaglia J, McNeil JG, Francis DP, Stablein D, Birx DL, Chunsuttiwat S, Khamboonruang C, Thongcharoen P, Robb ML, Michael NL, Kunasol P, Kim JH. Vaccination with ALVAC and AIDSVAX to prevent HIV-1 infection in Thailand. N Engl J Med. 2009, 361(23):2209-20.
- [16] https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(23)00030-9/fulltext(26.04.2023)

[17] https://www.hvtn.org/news/news-releases/2023/01/phase-3-mosaic-basedinvestigational-hiv-vaccine-study-discontinued-following-disappointing-results-planned-datareview.html (26.04.2023)

[18] <u>https://www.jnj.com/janssen-and-global-partners-to-discontinue-phase-3-mosaico-hiv-vaccine-clinical-trial</u> (26.04.2023)