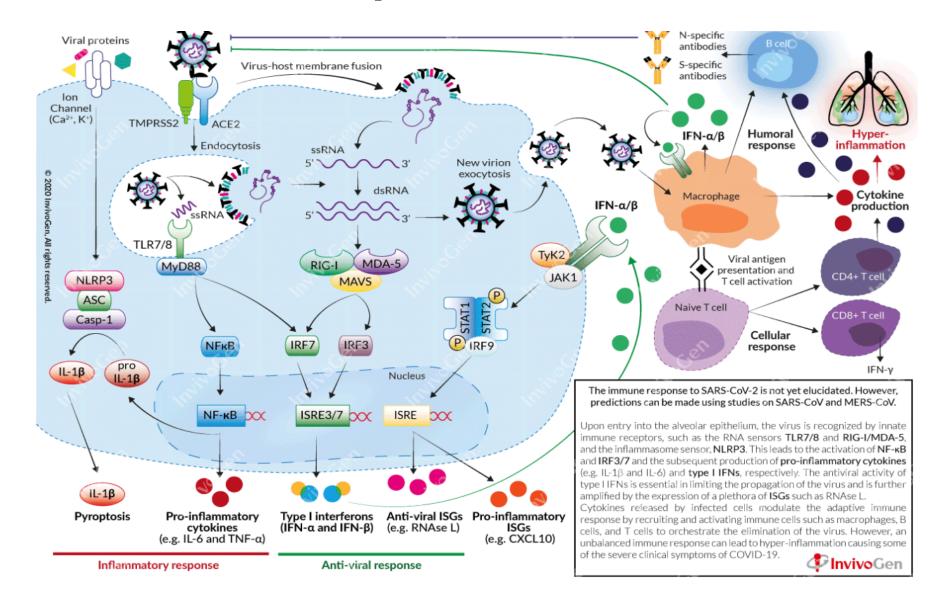
Immune response to SARS CoV2 and vaccines

Immune response to SARS CoV2



COVID-19 disease

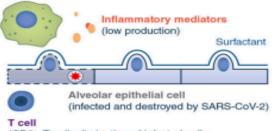
No disease/mild disease

Lung chronology of events

Low but efficient immune response Asymptomatic or pauci-symptomatic Virus load Lung immune response Symptoms Time Replication with mild immune evasion

Host/SARS-CoV-2 interaction in lungs

Alveolar macrophage (phagocytosis of apoptotic epithelial cells)



(CD8+ T cell: elimination of infected cells: CD4+ T cell: orchestration of immune response)

Immunosuppressive therapy

may prevent the worsening of the symptoms

and/or

may facilitate viral replicator

Critically ill COVID-19 patients

Lung chronology of events

Imbalanced and dysregulated immune response Respiratory Lung Immune response failure Symptoms Virus load Intensity Time Rapid replication with extensive immune evasion

Host/SARS-CoV-2 interaction in lungs

Recruitment of monocyte-derived macrophages (activated and with pro-inflammatory phenotypes)

High production Damaged epithelial of inflammatory layer due to viral infection and host mediators response Viral destruction of lung epithelial cells (replication and release of virus)

Conventional and innate T cells

(recruited, activated and "exausted")

replication with epithelial injury

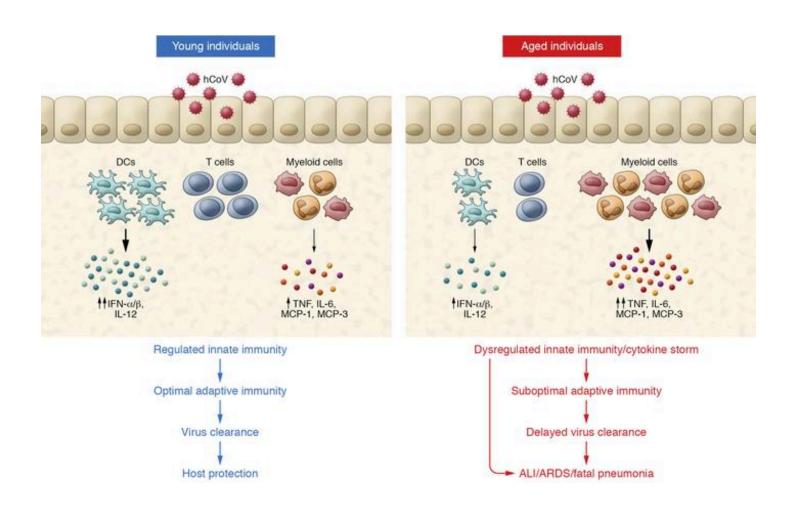
Immunosuppressive therapy

may improve the severity of the symptoms and the outcome

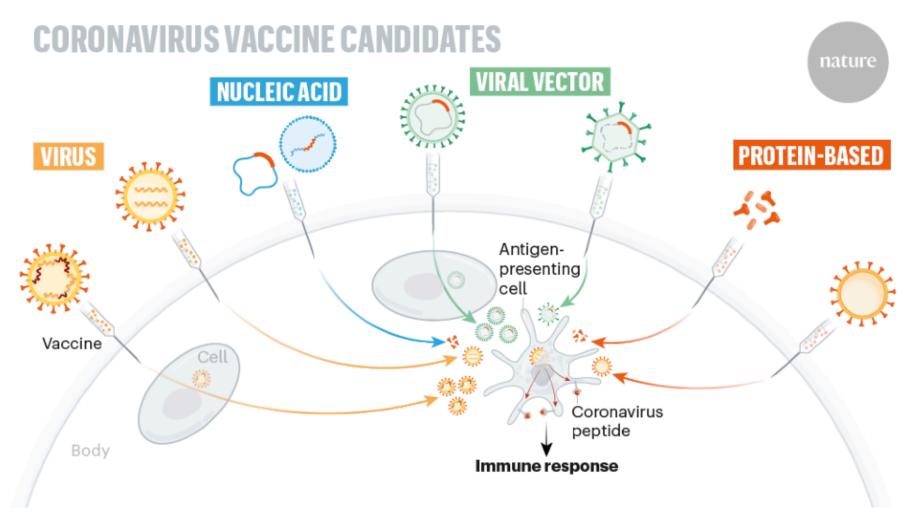
and/or

may facilitate viral

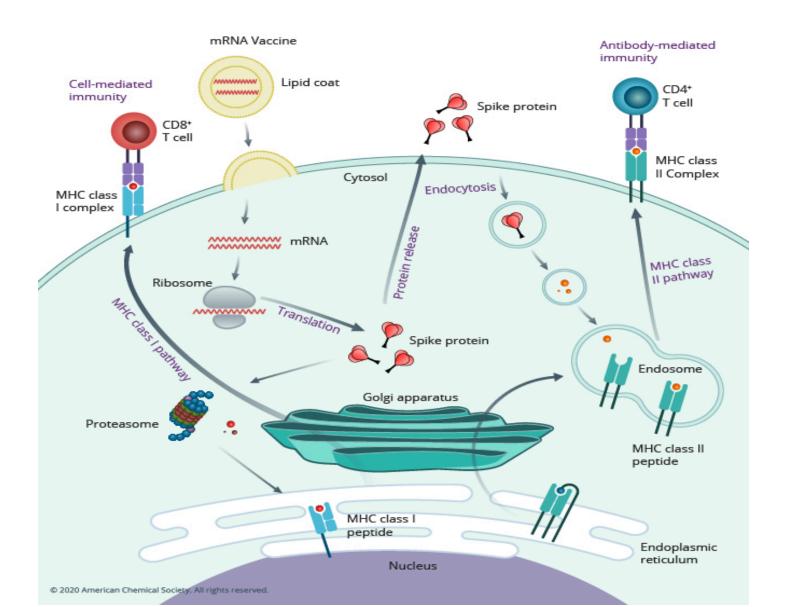
Why COVID-19 is more severe in older individuals?



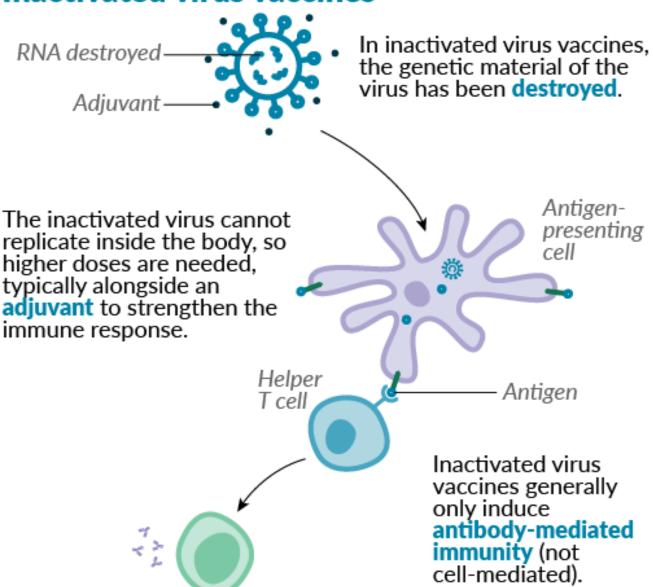
SARS CoV2 vaccine strategies



mRNA vaccines: Pfizer, Moderna

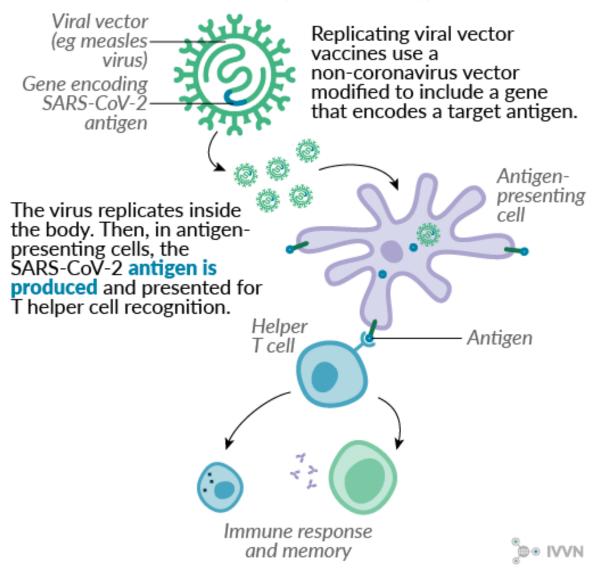


Antibody-mediated immune response and memory



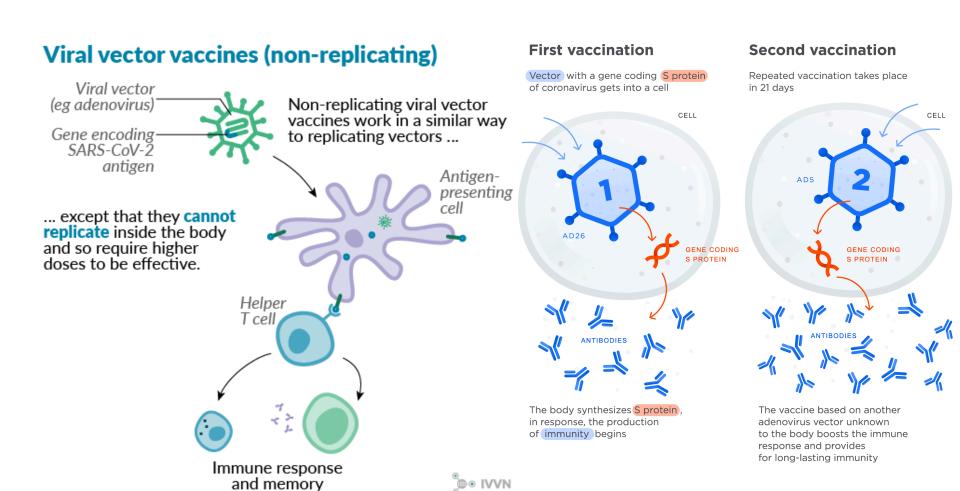
҈⊜ IVVN

Viral vector vaccines (replicating)

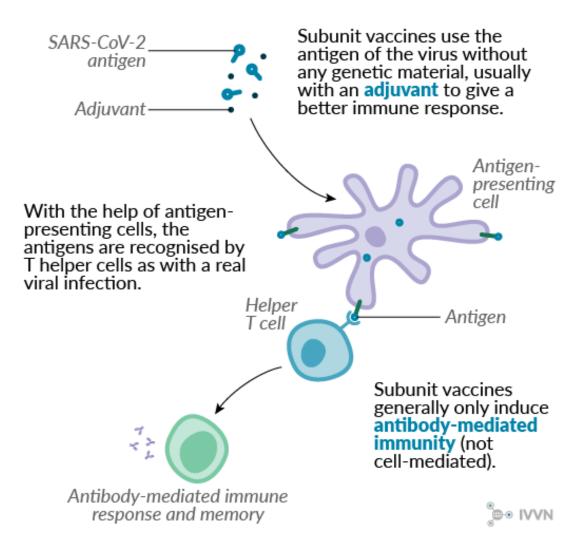


Oxford vaccine- Astra Zeneca, Johnson&Jonhson

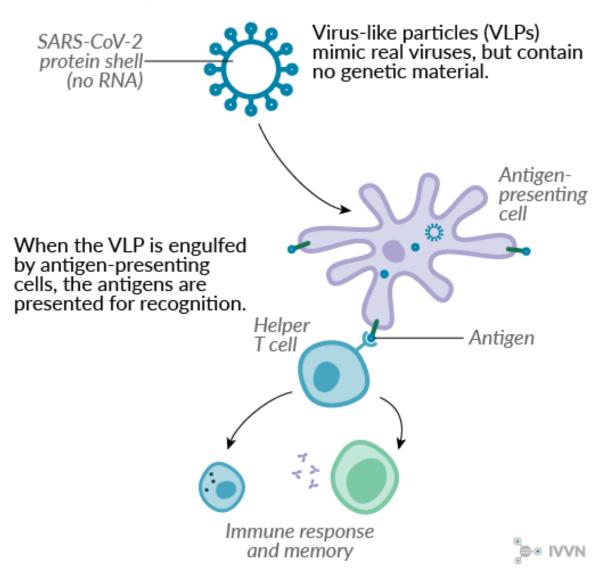
Gamaleya Center- Sputnik vaccine



Subunit vaccines



Virus-like particle vaccines



DNA vaccines

