

Elsevier has created a <u>Monkeypox Information Center</u> in response to the declared public health emergency of international concern, with free information in English on the monkeypox virus. The Monkeypox Information Center is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its monkeypox related research that is available on the Monkeypox Information Center - including this research content - immediately available in publicly funded repositories, with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the Monkeypox Information Center remains active.

Immunogenic proteins and potential delivery platforms for mpox virus vaccine development: A rapid review

Yang Wang, Kaiwen Yang, Hao Zhou



Please cite this article as: Y. Wang, K. Yang and H. Zhou, Immunogenic proteins and potential delivery platforms for mpox virus vaccine development: A rapid review, *International Journal of Biological Macromolecules* (2023), https://doi.org/10.1016/j.ijbiomac.2023.125515

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2023 Published by Elsevier B.V.



Immunogenic proteins and potential delivery platforms for mpox virus vaccine development: A rapid review

Yang Wang[#], Kaiwen Yang[#], Hao Zhou^{*}

College of Medical Technology, Chengdu University of Traditional Chinese Medicine,

Chengdu 610000, China

[#]Co-first author

*Corresponding author: haozhou@cdutcm.edu.cn

Corresponding address: College of Medical Technology Chengdu University of Traditional Chinese Medicine, Liutai Road 1166, Wenjiang, Chengdu 610000, Sichuan, China

Abstract

Since May 2022, the mpox viru (LAPXV) has spread worldwide and become a potential threat to global public health. Vaccines are important tools for preventing MPXV transmission and infection in the population. However, there are still no available potent and applicable vaccinc. specifically for MPXV. Herein, we highlight several potential vaccine targets for MPVX and emphasize potent immunogens, such as M1R, E8L, H3L, A29L, A35R, and B6R proteins. These proteins can be integrated into diverse vaccine platforms to elicit powerful B-cell and T-cell responses, thereby providing protective immunity against MPXV infection. Overall, research on the MPXV vaccine targets would provide valuable information for developing timely effective MPXV-specific vaccines.

Keywords: MPXV, Vaccine, Targets, Epitopes, Platforms

Introduction

As of March 10th 2023, the Center for Disease Control and Prevention (CDC) reported 86231 mpox virus (MPXV) cases worldwide. A total number of 84,470 cases were reported by CDC in 103 locations that have not historically reported pox infection, such as the United States, Brazil, and Spain. Sexual transmission is the main route of the current mass spread of MPXV (1). Monkeypox (mpox) is a self-limit. g disease with clinical symptoms including fever, headache, lymphadenopathy, and m_{y} lgia (1). Viral culture, electron microscopy, immunohistochemistry, serum IcG and IgM assays, and PCR techniques are several methods for the diagnosis of M⁷XV (2). The CDC recommends that people considered at high risk of MPXV ir ie. tion should receive a vaccination against the virus. However, while existing smally vaccines (ACAM2000, JYNNEOS, and LC16m8) provide protection against MP. V infection, the risk of breakthrough infection and side effects suggest that sife. MPXV-specific vaccines should be developed (3). To better design and develop MPXV vaccines, an understanding of MPXV structure, genome, and life cycle is necessary. We emphasize the potential vaccine targets, such as M1R, E8L, H3L, A29L, A35R, and B6R proteins, and highlight applicable platforms, such as multiepitope subunit-, mRNA and DNA-, viral vector-, and nanoparticles-based vaccines, which are vital and valuable for designing and developing MPXV-specific vaccines.

The genome and structure of MPXV

MPXV belongs to the orthopoxvirus genus, poxviridae family, which also includes variola virus (VARV), cowpox virus (CPXV), vaccinia virus (VACV), etc. VACV is the experimental prototype of the poxvirus family. The length of the MPXV DNA genome is about 197,205 bp, encoding approximately 190 proteins (4). Its genome consists of a large conserved central genomic region and two variable regions on 'oth ends (5) (Figure. 1A). The nucleotide sequence of the viral core region is 96.3^{od} recentical with that of VACV, which encodes essential enzymes such as DNA polynomases and capping enzyme, and structural proteins such as M1R, E8L, H3L, A29L, A5JR, B6R proteins (6). The left and right variable arms encode proteins that as occure with viral virulence and host-range factors (4). These regions also include two same but oppositely oriented sequences (6438 bp), called inverted terminal repeats (TK), which are the hot spots for mutation during evolution (7). For instance, the tTR can be preferentially mutated by the host apolipoprotein B mRNA-ectivity catalytic polypeptide-like 3 (APOBEC) enzyme, which is essential for MPXV evolution and potential human adaptation (7, 8).

As information about MPXV is scarce, when analyzing the MPXV, we draw parallels from VACV or other orthopoxviruses. The average size of MPXV is approximately 360 nm \times 270 nm \times 250 nm, with a brick-shaped or oval morphology (9) (Figure. 1B). Intracellular mature virions (IMV) and extracellular enveloped virions (EEV) are two major forms of infectious virions during MPXV replication cycle. The surface tubular proteins of virion are usually in the shape of regular 10 nm long protrusions (10). Membrane and envelope

proteins located in the outer layer of virion are essential for virion attachment to host cells. Hence, these proteins can potentially serve as attractive targets for developing MPXV-specific vaccine candidates. A typical dumbbell-shaped nucleoprotein core, separated by a semipermeable shell, contains a large double-stranded linear DNA genome and enzymes, such as the RNA polymerase, and polyA polymerase necessary for viral early gene expression (11, 12). Protein-rich lateral bodies in virions on work immediately once the virus enters the host cell, offering an optimal intracedular environment for virus replication (13). For instance, the viral H1 phosphatase from the lateral bodies can inhibit interferon-gamma (IFN- γ) signaling by dephosphor laulog signal transducer and activator of transcription 1 (STAT1) (14).

The life cycle of MPXV

The process of MPXV infection consists of four stages: viral particle entry, fusion, replication, and release (Figure 2). Orthopoxvirus entry and fusion rely on the entry fusion complex (EFC), which is highly conserved in all poxviruses (15). It consists of 4 proteins required for attachment, such as A27L, H3L, D8L, and A26L, and the other 11 proteins required for membrane fusion and core entry, such as A16, A21, and A28 (16-19). A27L, H3L, and D8L proteins of VACV binding to glycosaminoglycans (GAGs) and A26L binding to extracellular matrix protein laminin initiate VACV attachment to enable viral entry (10, 20-23). The GAGs, commonly expressed on the cell surface, are a family of sulfated polysaccharides. The GAGs family also includes heparan sulfate (HS), chondroitin

sulfate (CS), etc. (24). The A29L protein of MPXV, as a homologous protein of A27L in VACV, contributes to the viral attachment to the host cell membrane. A29L protein exhibits a strong affinity with HS and HS-derived oligosaccharides by surface plasmon resonance (SPR) (10). Then, IMV and EEV of orthopoxvirus activate the host cell macropinocytosis for internalization (25). However, these two forms of viruses activate macropinocytosis and fusion by different mechanisms, EEV exposes the EFC by sudding the outer envelope, while IMV inactivates fusion inhibitory entry fusion complex motions that are not present in EEV (25). Early proteins encoded by egressed nasce.⁺ mRNA in semi-permeable viral core wall facilitate viral core uncoating (26). Ir autition, these proteins can act as transcription factors required for intermediate gene transcription and enzymes required for viral genome replication such as DNA poi, merases (9). Robust intermediate and late DNA replication occurs in large replication tactories wrapped by the endoplasmic reticulum membrane (27). Interestingly, the DIJA polymerase holoenzyme of MPXV ensures high DNA replication efficiency by enclosing single-stranded template DNA (28). The virus undergoes assembly and inorphogenesis in the cytoplasmic structure (29). IMV is encapsulated by a double membrane from the Golgi apparatus, forming intracellular enveloped virus (IEV) (30). IEV uses microtubules to move from the site of membrane wrapping in Golgi to the cell surface and fuses with the plasma membrane to form cell-associated enveloped viruses (CEV) (31, 32). Then, CEV triggers actin tail formation that propels virions out of cells, which are called EEV (31). A deep understanding of MPXV biology can help accelerate the development of new generation vaccines.

Effectiveness of currently available smallpox vaccines against MPXV

Considering that MPXV and VACV are genetically similar (96.3%), cross-reactive antibodies produced by the smallpox vaccine can provide indirect protection against MPXV infection (6). Therefore, vaccines that were developed against smallpox are now being used as approaches to prevent MPXV spread in certain countries. There are three vaccines, ACAM2000, JYNNEOS, and LC16m8, currently available for MPXV (Table 1). Here, we discuss the characteristics of these smallpox vaccines and their effectiveness against MPXV in animals and humans.

ACAM2000

ACAM2000 (second generation) is <u>the plaque-purified VACV derivative of Dryvax (first</u> generation) and was licensed by Food and Drug Administration (FDA) in August 2007 for immunization against smallpex disease in individuals (33). ACAM2000 vaccine, containing replication-competent VACV, can cause serious side effects (like myopericarditis and pericarditis) in immunocompromised patients (34). ACAM2000 vaccination in immunosuppressed individuals (e.g., HIV-infected persons) was explicitly prohibited according to CDC guidelines. For instance, in 2022, HIV-positive cases account for 54.29% of all 124 MPXV confirmed cases in Italy, Australia, the Czech Republic, etc. (35). Therefore, the ACAM2000 vaccine seems not to be a perfect and ideal tool for the prevention of current MPXV transmission due to its undesired side effects.

JYNNEOS

JYNNEOS (IMVAMUNE, IMVANEX, MVA-BN) is a third-generation vaccine based on the non-replicating modified VACV Ankara (MVA) strain and licensed by FDA for the prevention of smallpox and mpox in adults in 2019 (36). JYNNEOS is the preferred choice due to fewer side effects and contraindications compared with CAM2000. In response to the unprecedented mpox outbreak in 2022, the FDA issued an energency use authorization of JYNNEOS on August 09, 2022. However, a two-sho. JYNNEOS vaccination produces relatively low levels of MPXV-neutralizing antibolies in healthy individuals, with poor neutralizing capacity (37). Furthermore, breat through infection with MPXV was reported in 90 patients who received a single do. of JYNNEOS on June 28, 2022 (38). In a retrospective observational study in 1 yon, France, from June to August 2022, 11 (10%) cases of breakthrough MPXV w, re ooserved among 108 adults who received one dose of JYNNEOS after exposure to NPXV (39). 5 patients with severe mpox symptoms after post-exposure (1 patient, meventive vaccination or pre-exposure (4 patients) preventive vaccination with the JYNNEOS vaccine were reported (40). What's more, 8 cases were tested as MPXV positive 14 days post vaccination while 32 cases tested positive 0-13 days post vaccination (41). In summary, the protection of JYNNEOS against MPXV infection in humans is relatively low.

LC16m8

LC16m8 is another third-generation vaccine containing a virus derived from the Lister strain of vaccinia in rabbit kidney cells (42). In 1980, LC16m8 is licensed for use against biological terrorism by Japanese Regulatory Authorities (43). The virus in LC16m8 is attenuated as it was developed to lack the B5R envelope protein gene, and its ability to replicate in vaccine recipients is restrictive (42). LC16m8 generates neutralizing antibody titers (>1:40) to multiple orthopoxviruses and broad T-ce¹ responses in vitro (44). Similarly, vaccination with LC16m8 can provide longer than one year of protection against MPXV in monkeys (45). However, the effectiveness of LC16m8 against MPXV in humans has not been reported so far.

Development of MPXV-specific vaccines and potential vaccine targets

In this part, we highlight the proteins on the membrane and envelope as potential targets (Table 2) (Figure 3), as well as $_{\rm P}$ ropose feasible platforms to deliver these immunogens to develop new generation of MPA V vaccines.

Membrane protein targets on IMV

M1R

The MPXV M1R is the homologous protein of VACV L1R. VACV L1R is located on the membrane of IMV. L1R outer domain, facing the cytoplasm in intracellular viruses, contains three intramolecular disulfide bonds (46). The L1R attaches to the cell surface by

binding to non-GAG molecules on the cell surface and adheres to the viral membrane via a C-terminal transmembrane anchor (47, 48). A myristylated domain in the N-terminal region of L1R is the target of potent neutralizing monoclonal antibodies (7D11), which prevents VACV entry into BSC-1 cells in a dose-dependent fashion (49). L1R protein is the target of neutralizing monoclonal antibody (mAb), named 2D5 (49). Monoclonal neutralizing antibody (7D11, 10F5) binds L1R in a conformation-specific manner, these antibodies identify discontinuous epitope carrying two loops that are anchor et together by a disulfide bond (50). Hence, the proper folding of the L1R protein is vital for the induction of neutralizing antibodies, which should be considered in the next generation of L1R based vaccines (50). In theory, homologous M1R can be considered to be integrated into the MPXV vaccine development.

E8L

VACV D8L protein (304ac) contains 3 regions: virion surface (1–275 aa), transmembrane (276–294 aa) and showin.....virion (295–304 aa) regions. D8L protein exposed on the viral surface is composed of human carbonic anhydrases homology (CAH) in the large N-terminal and an uncharacterized C-terminal domain. The CAH can bind the GAGs on the host cell surface, which is important for VACV entry (51). Neutralizing mAb (named LA5) binds D8L protein and can neutralize VACV to block infection in the presence of complement (51). D8L activates dendritic cells (DCs) and induces the secretion of cytokines IL-12p70, IL-10, TNF- α , and IL-6 (52). The viral membrane protein E8L in

MPXV, a homologous protein of D8L, is essential for virion attachment to host cells. Poxviruses routinely rely on host cell surface lipid rafts enriched with negatively charged gangliosides to enter host cells (53). Importantly, MPXV E8L possesses a ganglioside-binding domain that overlaps with three potential linear B-cell epitopes (54). Therefore, employing these epitopes from the E8L protein in the MPXV vaccine, in theory, produce potent neutralizing antibodies. These characteristics on the E8L protein potentially enable it as an attractive immunogen when considering vaccine targets.

H3L

The VACV H3L protein can be attached to the IMV membrane by its C-terminal hydrophobic structure and bind to HS on the cell surface, promoting viral entry (21, 55). H3L knock out viruses exhibit 10 r_0 ⁻⁴ rower viral titers and show less infectious than wild-type virions (21). More in vortantly, the H3L protein is essential for triggering host cells to produce T- and B cell immune responses in host cells. For instance, the H3L protein is a target or cellurar immune responses, and the protein exhibits at least two identified human leucocyte antigen (HLA) class I-restricted T-cell epitopes which can elicit robust IFN- γ response (56). H3L protein activates and matures DCs to secrete the cytokines IL-12p70, IL-10, TNF- α , and IL-6, then stimulated DCs induce CD8+T cells to proliferate and secrete IFN- γ , thereby killing the virus-infected cells (52). Most neutralization epitopes across between 1 and 239aa of H3L protein (57). In addition, recombinant H3L protein-immunized mice produce a high titer of neutralizing antibodies (IC50 = 760)

against VACV, thus resisting intranasal challenges with lethal doses of the VACV (58). Hence, the H3L protein is one of the key targets for MPXV vaccine design.

A29L

MPXV A29L protein is a homolog of VACV A27L. The C-terminal leucine zipper structural domain (80 to 101 aa) of A27L protein attaches to the viral membrane, whereas the N-terminal region (21 to 32 aa) enables attachment to bost cells via its GAGs-binding domain (59). The A27L protein is required for both 1.4V transport and the process of envelopment that leads to IEV formation (60). Pepticies of 24-39 aa, 45-59 aa, and 77-91 aa from A27L protein were identified as CD4+ T cell epitopes, while peptide of 89-103 aa was identified as CD8+ T cell epitopes (61). The epitope (21 to 49 aa) on the MPXV A29L protein, adjacent to the GAGs binding median, is a target of a monoclonal antibody (named 69-126-3-7) (62). In summary, vaccines targeting the MPXV A29L protein can be developed to interfere with vira adhesion to the host cell surface mediated by neutralizing viral particles.

Envelope protein targets on EEV

A35R

A35R is VACV A33R ortholog in MPXV. VACV A33R protein is expressed on the surface of EEV but not IMV (63). A33R protein is a type II integral membrane glycoprotein with a

hypothetical C-type lectin domain (64). Moreover, a three-protein complex composed of A33R, A34R, and B5R is critical for the efficient production of infectious EEV, which is also involved in endoplasmic reticulum exit and proper localization to the intracellular site of wrapping (65). In addition, the A33R protein also regulates the interaction of A36R with microtubule motor proteins (66). A33R and B5R peptides can elicit a robust T cell response in multiple healthy donors by using binding assays to multiple +ILA-DR molecules and T cell stimulation assays (67). In addition, A33R is a terrect for neutralizing antibody responses against EEV in the presence of complement (68). Despite high homology between A33R in VACV and A35R in MPXV, those differences between proteins can impact the cross-protection of smallpox vectors against MPXV. For instance, mAb (named 1G10) can bind to VACV A33R with high affinity, however, it cannot bind to the MPXV A35R (69). Hence, developing a vaccine against antigens from MPXV instead of using the traditional smallpox vaccine will bring stronger protection against mpox.

B6R

B6R protein in MPXV is the homologous protein of VACV B5R. B5R is a type I glycoprotein with a large extracellular domain consisting primarily of four short consensus repeats (70). B5R protein is essential for wrapping IMV and for EEV to induce the formation of actin tails on the host cell surface expressing A33 and A36 proteins (71, 72). The EEV B5R is the major target of EEV-neutralizing antibodies after smallpox vaccination as demonstrated by antibody depletion experiments (73). Treatment of a

combination of anti-B5R and anti-L1R mAbs significantly prolonged survival rate and reduced viral load at the scar site after challenging VACV in mice (74). Mechanically, the protection provided by these antibodies is not primarily from direct neutralization effects, but rather heavily dependent on the ability of anti-B5R mAb to recruit complement (C3 and C1q) (75-78).

Potential vaccines integrating multi-proteins

Notably, vaccines targeting both IMV and EEV immunogens are more protective than anti-IMV or EEV antigens alone (79, 80). In addition, CP4+T cells allow heterotypic help for B cells to elicit potent humoral responses equinat multiple VACV proteins (A27L, A33R, B5R, and L1R) in VACV immunized acrors (81). Vaccination of BALB/c mice with Escherichia coli-expressed VACV provins A27L, B5R, and D8L protects mice from lethal VACV challenge (82). In the intravenous nonhuman primate MPXV model, the subunit vaccine (named 4pox) targeting A33R, B5R, A27L, and L1R, can protect mice from lethal MPXV infection after two closes of vaccination (83). Moreover, a DNA vaccine targeting the VACV L1R, A27L, B5R, and A33R proteins can protect nonhuman primates against MPXV-induced severe disease (84-86). Hence, multiple proteins of MPXV can be integrated for vaccine targets.

Different platforms based on the MPXV antigens

Multiple platforms are available for designing specific candidates against MPXV. These

include the multipitope subunit-, DNA and mRNA-, viral vector-, and nanoparticles-based vaccines (87) (Figure 4).

Multiepitope subunit vaccine

Subunit vaccines make up the highest percentage of vaccines developed (88). Multiepitope subunit vaccines, being easier to manufacture, is largely depending on immunogen without additional vector elements. Therefore, it is more suitable for immunocompromised individuals

(eg. HIV patients) than viral vector-based vaccines. Adjevants are important and necessary in the development of subunit vaccines, pep ides that covalently coupled with adjuvants such as aluminum phosphate and cyclic guanosine monophosphate-adenosine monophosphate (cGAMP) can actival strong immune responses (89, 90). Interestingly, novel multiepitope-based suburit vaccine candidates against the MPXV were developed in several studies (91-94). Hervey, preclinical toxicology studies and clinical trials of these vaccine candidates require further refinement. Importantly, the prerequisites of developing such vaccines are to employ bioinformatics to predict cytotoxic T-lymphocyte, helper T-lymphocyte, and B-cell epitopes on the target proteins mentioned above. Interestingly, a new multi-epitope vaccine, named S7M8, can prevent SARS-CoV-2 and MPXV co-infection (95). The development of a highly effective multiepitope-based subunit vaccine to prevent MPXV infection is possible and could serve as a safer and more effective alternative than traditional live vaccines such as ACAM2000 and JYNNEOS (96).

DNA and mRNA-based vaccines

During the COVID-19 pandemic, the DNA and mRNA-based vaccines, particularly the mRNA vaccine, played an important role against SARS-CoV-2 (97). The DNA and mRNA vaccines carry and express the target proteins after being injected into hosts, thereby eliciting a cellular and humoral immune response to fight again viral infection. Compared to mRNA vaccines, DNA vaccines are easier to transport and store due to their thermal stability. In addition, the schedule of developing and producing DNA vaccine is shorter and more economical as DNA plasmids can replicate rapid'y in E. coli (98). DNA vaccines containing VACV immunogens (L1R, A27L, 33R, B5R), named 4pox, can protect against lethal MPXV challenge in non-human prin. ates (80). Meanwhile, the 4pox vaccination can prevent aerosol-challenged poxvirus in faction and alleviate the severity of disease in highly susceptible animals (84). The mi NA does not replicate and interact with the genome in the host. Moreover, the mRNA can be degraded easily and naturally. Therefore, the risk of insertional mutagenesis is 12 w. Two successful mRNA vaccines against the SARS-CoV2, BNT1262b2, and mRNA-1273, have both demonstrated high efficacy in clinical trials (99, 100). However, such mRNA vaccines require cold-chain transport and are relatively costly, which limits distribution in poor and remote areas (101). An urgent issue for mRNA vaccines is to improve their thermal stability to facilitate transportation if this platform is applied to deliver MPXV antigens in the future.

Viral vector vaccine

Compared to conventional subunit vaccines, viral vector vaccines have several advantages, first, they can induce cellular response beyond antibody response, Second, they can induce high immune responses without the use of adjuvants, and in most cases, only single dose usage of such vaccine is required (102). For instance, a single intramuscular injection of an adenoviral vector vaccine delivering the A27L antigen of ACV induced robust and durable cellular and humoral immune responses and protected mice from intranasal challenge with a lethal VACV 4 weeks after vaccination, with protective efficacy lasting for at least 35 weeks (103). Recombinant adenovirus (res 15) has been shown as the most immunogenic and protective vector with only one dose usage, whereas heterologous prime-booster with sequential recombinant vesicular stomatitis virus (rVSV) and Venezuelan equine encephalitis virus replicons (VRP) was the most immunogenic and protective regimen by comparing the immunogenicity of six different viral vectors inserting the same antigen - CPXV virus 25R (104).

Nanoparticles-based vaccines

Currently, nanoparticles have received much attention in the development of COVID-19 vaccines. The application of nanomaterials has many advantages, for example, it can protect the vaccine active component of vaccine from degradation, improve the solubility of the effective elements, and enhance the transportation of antigens to the right location. In addition, nanoparticle-based vaccines can enhance immune responses due to the

high-density arrangement of antigens and appropriate diameter (105). Nanoparticles with a size smaller than 5 nm can enter the body circulation, while nanoparticles with a size of 5-100 nm can preferentially diffuse to the draining lymph nodes, and nanoparticles larger than 100 nm can reside at the injection site (105). The carriers used for nanoparticle vaccines are classified as organic and inorganic. Organic carrier nanoparticle vaccines mainly include lipid nanoparticles (LNP), and inorganic carrier mainly include virus-like particles (VLP), protein nanoparticles, metal nanoparticles, and carbon nanomaterials (106).

Lipid nanoparticles (LNPs)

Given that LNPs have high biocompatibil. v and stable property of precise targeting, thus they are often applied to deliver active ingredients, such as DNA, mRNA, and siRNA in vaccine development (107). Specifically, lipid delivery carriers can protect mRNA from engulfment by phagocytes or degradation by nucleases. For instance, MPXVac-097, in which the A29L, E8L, MIT, A35R, and B6R mRNA are wrapped in LNPs for efficient delivery, can elicit MPXV-specific T cell responses and broadly neutralizing antibodies that cross neutralize CPXV, VACV, and MPXV (108).

Liposomes, as important LNPs, are spheres (20-1000 nm) consisting of water nuclei surrounded by phospholipid bilayers (107). Water-soluble substances, such as nucleic acids, can be attached to the water core of liposomes, lipophilic antigens can be incorporated into lipid bilayers, and other types of proteins, such as small-molecule ligands, peptides, or

monoclonal antibodies, can adhere to the surface to form liposomes that can target specific locations in the host. In addition, the toxicity of liposomes is minimal (109). Epaxal, as a liposome-based hepatitis A (HAV) vaccine, was shown to have limited adverse effects and provide efficient protection for up to 20 years in more than 95% of individuals in vaccinated clinical cohorts (110).

Virus-like particles (VLP) and protein nanoparticles

VLP and naturally occurring ferritin can self-assemble to form stable nanoparticles and can deliver protein antigens in high densities on the carrier surface (111). With such advantages, these nanoparticles can facilitate BCR cross-linking and induce more robust humoral responses than naked vaccines, as reported in several previous studies (111-113). Additionally, engineered protein non-particles, named I53-50, can carry more multiple antigens than ferritin, enabling nursaic nanoparticle as a useful tool for developing effective broad-spectrum vaccines, which can potentially induce strong immune responses against diverse variants of S. RE CoV-2 (114). In summary, VLP and protein nanoparticles can serve as potential platforms for designing broadly protective vaccines against multiple pathogens, including MPXV.

Metal nanoparticles and carbon nanomaterials

Gold nanoparticles with different sizes can induce respective size-dependent immune signaling pathways. Immunization of gold nanomaterials smaller than 10 nm activated the

NLRP3 inflammasome, caspase-1, leading to IL-1 β production, while gold nanoparticles larger than 10 nm tend to activate the NF-kB signaling pathway (115). Therefore, the size of gold nanoparticles should be optimized to activate the most effective immune responses against pathogens (116).

Carbon nanomaterials, mainly including carbon nanotubes (CNT), graphene, fullerenes, and quantum dots, are also potential platforms for MPXV vaccine development (117). Until now, CNT and graphene are well studied and the most common carbon carriers used in vaccine design and development. CNT, as cylinders composed of graphene layers, can allow antigens to be adsorbed onto the large surface area (118). In addition, the easy surface functionalization of CNT allows it to be used as a gene delivery tool (119). For instance, a vaccine against koi herpesviru. (KHV), produced by combining single walled CNT with a plasmid expressing KEV OkF149, enhanced 33.9% protection rate over the naked DNA vaccine (120). However, existing CNT might be toxic to the tissues as it is often not being degraded thoroughly in the host (121). Graphene oxide with a diameter greater than 1 µm, as a potent vaccine adjuvant, strongly attaches to the surface of DCs and can act as a "nano-zipper", thus promoting the aggregation of DC-T cell clusters and providing a stable microenvironment for T cell activation (122). Fullerene molecules are hollow spheres, ellipsoids, or tubes made of carbon atoms (123). Among all fullerene types, C60 is the most widely used in the medical field (124). C60 can serve as a promising vaccine carrier to present MPXV antigenic proteins in the future (125). Quantum dots are carbon nanoparticles less than 10 nm in size (123). Photoluminescence properties of

quantum dots allow them to become imaging-traceable gene nanocarriers (126). In addition, quantum dots have high transfection efficiency, allowing better delivery of DNA into cells (126). In summary, these metal and carbon nanomaterials mentioned above provide options for designing and developing next-generation MPVX specific vaccines that may elicit potent host immune responses in preclinical animal experiments or human trials.

Concluding remarks and future perspectives

Currently, ACAM2000, JYNNEOS, and LC16m8 are a milable for individuals to receive vaccination against MPXV infection. However, break rough infections and side effects suggest that new-generation vaccines require to be developed. We highlight potential immunogens as targets for MPVX vaccine. The functional roles of M1R, H3L, E8L, and A29L proteins in mediating membreak attachment and fusion indicate that vaccines relying on these proteins could produce affective neutralizing antibodies to block viral infection. The membrane proteins M1R, M29L, E8L, and H3L of IMV and envelope proteins B6R and A35R of EEV are ab proteinal targets of neutralizing antibodies (Figure 5). In addition, A29L, B6R, A35R, and M1R (homologs in VACV) react with CD4+ and CD8+ T cells in PBMCs from VACV-vaccinated donors (61). Hence, these proteins are effective and rational targets for MPXV could provide an effective route in developing potent vaccines. Delivery of MPXV immunogen through multiple platforms is imperative to be developed in the future. These vaccines are believed to be more effective and

immunogenic against MPXV than the traditional smallpox vaccine due to their specificity to MPXV. Overall, research on the vaccine targets of MPXV would provide valuable information for developing timely effective MPXV-specific vaccines.

Acknowledgments

We thank foundation support from Chengdu University of TCM (Grant#030040018). We thank Fok-Moon Lum from A*STAR infectious Diseases Labs, Agency for Science, Technology and Research (A*STAR), Singapore for helping used the manuscript.

Conflict of interest

The authors declare that they have no conflict of interest.

Author contributions

H.Z. and KW.Y. conceived ideas and supervised the work. Y.W. and H.Z. wrote the initial draft. H.Z. reviewed and edited the manuscript. All authors reviewed and approved the manuscript before submission. Y W. and KW.Y. contributed equally.

Vaccine	Manufacturer	Stage of approval status	Characteristics	Dosage and route	Refs
ACAM2000	Sanofi Pasteur Biologics Co	In 2007, licensed by FDA for smallpox.	A live plaque-purified VACV derivative of Dryvax.	Single dose/ percutaneous	(33, 34)
IMVAMUNE/ JYNNEOS (the United States)/ IMVANEX (the European Union)/ MVA-BN(Germany)	Bavarian Nordic	In 2019, FDA approves JYNNEOS for prevention of smallpox and mpox in adults. On August 09, 2022, FDA issued an emergency use for mpox.	A third-generation vaccine based on the non-replicating modified vaccinia virus Ankara (MV.a) strait	Two doses, 28 days apart /subcutaneous	(36, 127)
LC16m8	Kaketsuken (Kumamoto, Japan)	In 1980, licensed for use by Japanese Regulatory Aratho it is for smallpox.	A.1 attenuated, replicating smallpox vaccine derived from the Lister strain of vaccinia	Single dose/ percutaneous	(42, 43)

Jonua

Table 1 Current vaccination resources

Table 2 Potential target protein of MPXV vaccines

Prote	Prote Journal Pre-proof						
name in MPXV	name in VACV	Sequence similarity	Length (aa)	Location	B cell epitopes (MPXV)	Function	Refs
M1R L1R	L1R	98.40%	250	Membranbe	Residues 69-91: LSAATETYSGLTPEQKAYVPAMF	Mediate virus entry into cells independently of GAGs.	(47, 48, 86)
				Residues 137-155: YGAPGSPTNLEFINTGSSK	Target of neutralizing mAb.		
E8L D8L	94.74%	94.74% 304	04 Membranbe on IMV	Residues 43–62: VRINFKGGYISGGFLPNE YV	Attach on the cell surface by binding to CAGs. Target of neutralizing mAb. Activate and mature dendritic cell (DCs). Induce expansion of effector memory T cells. Induce proliferation of T cells.	(51, 54)	
				Residues 94–113: VHWN KYSLYEEAKKHDDG			
				Residues 204 223: JSSNHEGKPHYITENYRNPY			
H3L	H3L	93.52%	324	Membrance on IM	Residues 13-34: VIDRLPSETFPNVHEHINDQKF 231-239: DNAAKYVEH (discontinuous) (VACV)	Attach on the cell surface by binding to CAGs. Activate and mature DCs. Induce expansion of effector memory T cells. Induce proliferation of T cells. Target of neutralizing mAb. Target of cellular immune responses.	(21, 52, 56-58)

Journal Pre-proof							Э,
A29L	A27L	94.54%	110	Membranbe on IMV	Residues 21-49: TEFFSTKAAKNPETKREAIVKAYGDDNEETLKQ	binding to CAGs. Facilitate the transport of IMV and the process of envelopment that leads to IEV formation. Target of neutralizing mAb.	60, 62, 128)
A35R	A33R	95.03%	181	Envelope on EEV	Residues 97-127: KESCNGLYYQGSCYILHSDYKSFEDAK/ NC A	Elicit T cell response. Regulate the interaction of A36 with microtubule motor proteins. Target of neutralizing mAb. Complement dependent. Key to effective production of infectious EEV.	(65, 67, 68, 86)
B6R	B5R	96.53%	317	Component of envelope on EEV	Residues 49-64: DSGY de LD PNAVCETD Residues 237-263: CVR SNE FDPVDDGPDDETDLSKLSKD	Elicit T cell response. Key to effective production of infectious EEV. Major target of EEV-neutralizing antibodies. Induce the formation of actin tails. Complement dependent.	(65, 67, 72, 73, 78, 86)

Amino-acid sequence alignment scores between MPXV (O) 563414.3) and VACV (NC 006998.1) antigens were calculated using the Clustal Omega web tool.



Figure. 1: Genome and structure of mpox virus (MPXV).

(A) The genome of MPXV (ON563414) consists of two variable regions on the left and right and a large conserved central genomic region which is delimited by ORFs C10L and A25R. The left (approximately 25kb in size) and right (approximately 64kb in size) variable regions encode proteins that may be associated with viral virulence and host-range factors and include a same but oppositely oriented 6438 bp sequence, called inverted terminal repeats (ITR) which are the hot spots for mutation. The viral core region

(approximately 101 kb in size), which encodes essential enzymes and structural proteins, is 96.3% identical with the corresponding part of the vaccinia virus (VACV). M1R (PDB ID: 1YPY), E8L (PDB ID: 4E9O), H3L (PDB ID: 5EJO), A29L (PDB ID: 3VOP), A35R (PDB ID: 3K7B), B6R (no PDB ID available) proteins and their protein structures are represented. (B) MPXV is in the shape of a brick or oval. Two major forms of infectious virions of MPXV are IMV and EEV. The surface tubular proteins of virion are usually in the shape of regular 10 nm long protrusions, beneath which are envelope containing A35R and B6R proteins and membrane containing M1R, H3L, E8L, and 7.29L proteins. The most significant difference between IMV and EEV is that EEV has an additional envelope containing eight EEV-specific viral proteins. The core of the virus, delimited by the semipermeable shell, contains a large double-strand at inear DNA genome and enzymes. Lateral bodies are located around the core of the virus.



Figure. 2: The life cycle of MPXV.

MPXV surface membrane protein (A29L) attaches to host cell surface glycosaminoglycans (GAGs). Then, the virus activates the host cell macropinocytosis for internalization. After MPXV enters the host cell, the virus begins to perform early, intermediate, and late genetic replication. As DNA synthesis proceeds, the genome is then surrounded by endoplasmic reticulum membranes as well as several early viral proteins to form a pre-replication focus. Discrete prereplication foci grow to form replication factories (RFs) that are surrounded by membranes. The viral genome is wrapped to form immature viruses with nucleoli (IVNs). Then, IVNs mature into intracellular mature virions (IMV), and IMV is encapsulated by a

double membrane from the Golgi apparatus, forming an intracellular enveloped virus (IEV). IEV uses microtubules in Golgi to move from the site of membrane wrapping to the cell surface and fuse with the plasma membrane to form cell associated enveloped viruses (CEV). Then, CEV triggers host cells to form an actin tail that propels the virus out of host cells, and the virion released is called extracellular enveloped virions (EEV).



Figure. 3: Amino acli sonu nces of six vaccine targets

TMHMM 2.0 is used to predict the transmembrane structural domain of amino acid sequences.

GAGs-binding domains, B- and T-cell epitopes domain, and signaling peptides domain on amino acid sequences were shown. The N-terminal and C-terminal specific structural domains of each protein are also indicated.



Figure. 4: Different patforms based on the MPXV antigens for MPXV-specific vaccine development.

Multiple platforms such as multiepitope subunit-, mRNA and DNA-, viral vector-, and nanoparticles-based platforms can be used for MPXV-specific vaccines to deliver the target proteins to elicit host robust humoral and cellular immunity.



Figure. 5: Immune response to monkeypox virus vaccination

A. Vaccination with monkeypox virus-specific vaccines. B. Dendritic cells (DCs) in the lymph nodes react intracellularly to antigens p_x ented by different types of vaccines via PRRs and load antigenic peptides via M⁺1C B cells recognize antigens directly and initiate humoral immune responses via BCR⁺ and present antigenic peptide fragments to helper T cells (CD4+T cell) via MHC class (I in elecules. The activation of CD4+ T cells by APCs causes them to differentiate into memory B cells and antibody-secreting plasma cells and promote the production of high-affinity antibodies. Cytotoxic T cells (CD8+ T cell) recognize antigenic peptide fragments presented by MHC class I through TCRs and trigger a cellular immune response.

References

 Wang Y, Leng P, Zhou H. Global transmission of monkeypox virus-a potential threat under the COVID-19 pandemic. Front Immunol. 2023;14:1174223.

2. Karagoz A, Tombuloglu H, Alsaeed M, Tombuloglu G, AlRubaish AA, Mahmoud A, et al. Monkeypox (mpox) virus: Classification, origin, transmission, genome organization, antiviral drugs, and molecular diagnosis. J Infect Public Health. 2023;16(4):531-41.

3. Bhattacharya M, Dhama K, Chakraborty C. A call for a no ei no next-generation vaccine against monkeypox disease. Ann Med Surg (Lond). 2022;84:10 1968.

Shchelkunov SN, Totmenin AV, Safronov PF, Mikhevv M /, Gutorov VV, Ryazankina OI, et al.
 Analysis of the monkeypox virus genome. Virology. 2002:297(2):172-94.

5. Wang L, Shang J, Weng S, Aliyari SR, V. C, Cheng G, et al. Genomic annotation and molecular evolution of monkeypox virus outbreak in 2022. J Med Virol. 2023;95(1):e28036.

6. Shchelkunov SN, Totmenin AV Bε^{hk}n IV, Safronov PF, Ryazankina OI, Petrov NA, et al. Human monkeypox and smallpox ^ruses: genomic comparison. FEBS Lett. 2001;509(1):66-70.

7. Dobrovolná M, Brázda v Warner EF, Bidula S. Inverted repeats in the monkeypox virus genome are hot spots for m tation. J Med Virol. 2023;95(1):e28322.

8. Isidro J, Borges V, Pinto M, Sobral D, Santos JD, Nunes A, et al. Phylogenomic characterization and signs of microevolution in the 2022 multi-country outbreak of monkeypox virus. Nat Med. 2022;28(8):1569-72.

9. Moss B. Poxviridae: The viruses and their replication. Fields Virology Lippincott Raven. 1996.

10. Shi D, He P, Song Y, Cheng S, Linhardt RJ, Dordick JS, et al. Kinetic and Structural Aspects of

Glycosaminoglycan-Monkeypox Virus Protein A29 Interactions Using Surface Plasmon Resonance. Molecules. 2022;27(18).

11. Reed KD, Melski JW, Graham MB, Regnery RL, Sotir MJ, Wegner MV, et al. The detection of monkeypox in humans in the Western Hemisphere. N Engl J Med. 2004;350(4):342-50.

12. Kugelman JR, Johnston SC, Mulembakani PM, Kisalu N, Lee MS, Koroleva G, et al. Genomic variability of monkeypox virus among humans, Democratic Republic c^{*} the Congo. Emerg Infect Dis. 2014;20(2):232-9.

13. Schmidt FI, Bleck CK, Reh L, Novy K, Wollscheid B, Hennius A, et al. Vaccinia virus entry is followed by core activation and proteasome-mediated rights of the immunomodulatory effector VH1 from lateral bodies. Cell Rep. 2013;4(3):464-16.

14. Najarro P, Traktman P, Lewis JA. Vaccini, virus blocks gamma interferon signal transduction: viral VH1 phosphatase reverses Stat1 activation. Journal of virology. 2001;75(7):3185-96.

15. Senkevich TG, Ojeda S, Town, Jey A, Nelson GE, Moss B. Poxvirus multiprotein entry-fusion complex. Proceedings of the National Academy of Sciences. 2005;102(51):18572-7.

16. Moss B. Membrane fusion during poxvirus entry. Semin Cell Dev Biol. 2016;60:89-96.

Ojeda S, Senkevich TG, Moss B. Entry of Vaccinia Virus and Cell-Cell Fusion Require a Highly
 Conserved Cysteine-Rich Membrane Protein Encoded by the A16L Gene. Journal of Virology.
 2006;80:51 - 61.

18. Townsley AC, Senkevich TG, Moss B. Vaccinia virus A21 virion membrane protein is required for cell entry and fusion. Journal of virology. 2005;79(15):9458-69.

19. Senkevich TG, Ward BM, Moss B. Vaccinia virus A28L gene encodes an essential protein

component of the virion membrane with intramolecular disulfide bonds formed by the viral cytoplasmic redox pathway. J Virol. 2004;78(5):2348-56.

20. Chung CS, Hsiao JC, Chang YS, Chang W. A27L protein mediates vaccinia virus interaction with cell surface heparan sulfate. J Virol. 1998;72(2):1577-85.

21. Lin CL, Chung CS, Heine HG, Chang W. Vaccinia virus envelope H3L protein binds to cell surface heparan sulfate and is important for intracellular mature virion morphogenesis and virus infection in vitro and in vivo. Journal of virology. 2000;74(7):3353-65.

22. Niles EG, Seto J. Vaccinia virus gene D8 encodes a viruen transmembrane protein. Journal of virology. 1988;62(10):3772-8.

23. Chiu W-I, Lin C-L, Yang M-H, Tzou D-LM, Chang W. Vaccinia Virus 4c (A26L) Protein on Intracellular Mature Virus Binds to the Extrac Illular Cellular Matrix Laminin. Journal of Virology. 2006;81:2149 - 57.

24. Morla S. Glycosaminoglycans and Glycosaminoglycan Mimetics in Cancer and Inflammation. Int J Mol Sci. 2019;20(8).

25. Schmidt FI, Bleck UK, Marcer J. Poxvirus host cell entry. Curr Opin Virol. 2012;2(1):20-7.

26. Kilcher S, Schmidt FI, Schneider C, Kopf M, Helenius A, Mercer J. siRNA screen of early poxvirus genes identifies the AAA+ ATPase D5 as the virus genome-uncoating factor. Cell Host Microbe. 2014;15(1):103-12.

27. Tolonen N, Doglio L, Schleich S, Krijnse Locker J. Vaccinia virus DNA replication occurs in endoplasmic reticulum-enclosed cytoplasmic mini-nuclei. Mol Biol Cell. 2001;12(7):2031-46.

28. Peng Q, Xie Y, Kuai L, Wang H, Qi J, Gao GF, et al. Structure of monkeypox virus DNA

polymerase holoenzyme. Science. 2023;379(6627):100-5.

29. Challberg MD, Englund PT. Purification and properties of the deoxyribonucleic acid polymerase induced by vaccinia virus. J Biol Chem. 1979;254(16):7812-9.

30. Realegeno S, Priyamvada L, Kumar A, Blackburn JB, Hartloge C, Puschnik AS, et al. Conserved Oligomeric Golgi (COG) Complex Proteins Facilitate Orthopoxvirus Entry, Fusion and Spread. Viruses. 2020;12(7).

31. Smith GL, Vanderplasschen A, Law M. The formation and function of extracellular enveloped vaccinia virus. J Gen Virol. 2002;83(Pt 12):2915-31.

32. Hollinshead M, Rodger G, Van Eijl H, Law M, Holli ish ad R, Vaux DJ, et al. Vaccinia virus utilizes microtubules for movement to the cell surf ce. J Cell Biol. 2001;154(2):389-402.

33. Greenberg RN, Kennedy JS. ACAM2005 a newly licensed cell culture-based live vaccinia smallpox vaccine. Expert Opin Investig 20.35. 2008;17(4):555-64.

34. Nalca A, Zumbrun EE. ACAN. 2000: the new smallpox vaccine for United States Strategic National Stockpile. Drug Des Deve Ther. 2010;4:71-9.

35. Bragazzi NL, Kons S. Mahroum N, Tsigalou C, Khamisy-Farah R, Converti M, et al. Epidemiological trends and clinical features of the ongoing monkeypox epidemic: A preliminary pooled data analysis and literature review. J Med Virol. 2022.

36. Kaye D. Bavarian Nordic Announces US Food and Drug Administration Approval of JYNNEOS (Smallpox and Monkeypox Vaccine, Live, Nonreplicating) for Prevention of Smallpox and Monkeypox Disease in Adults. Clin Infect Dis. 2020;70(2):I-I.

37. Zaeck LM, Lamers MM, Verstrepen BE, Bestebroer TM, van Royen ME, Götz H, et al. Low

levels of monkeypox virus-neutralizing antibodies after MVA-BN vaccination in healthy individuals. Nat Med. 2022.

 Hazra A, Rusie L, Hedberg T, Schneider JA. Human Monkeypox Virus Infection in the Immediate Period After Receiving Modified Vaccinia Ankara Vaccine. Jama. 2022;328(20):2064-7.
 Merad Y, Gaymard A, Cotte L, Perpoint T, Alfaiate D, Godinot M, et al. Outcomes of post-exposure vaccination by modified vaccinia Ankara to prevent it pox (formerly monkeypox): a retrospective observational study in Lyon, France, June to August 2022. Euro Surveill. 2022;27(50).
 Berens-Riha N, De Block T, Rutgers J, Michiels J, Van Costel L, Hens M, et al. Severe mpox (formerly monkeypox) disease in five patients after recent vaccination with MVA-BN vaccine, Belgium, July to October 2022. Euro Surveill. 2025;27(1-3).

41. Bertran M, Andrews N, Davison C, Dugbarah B, Boateng J, Lunt R, et al. Effectiveness of one dose of MVA-BN smallpox vaccine against monkeypox in England using the case-coverage method. medRxiv. 2022:2022.12.13.222826.1.

42. Kenner J, Cameron F, Empi, C, Jobes DV, Gurwith M. LC16m8: an attenuated smallpox vaccine. Vaccine. 2006, 24(-7 √.8):7009-22.

43. Kidokoro M, Tashiro M, Shida H. Genetically stable and fully effective smallpox vaccine strain constructed from highly attenuated vaccinia LC16m8. Proc Natl Acad Sci U S A. 2005;102(11):4152-7.

44. Kennedy JS, Gurwith M, Dekker CL, Frey SE, Edwards KM, Kenner J, et al. Safety and immunogenicity of LC16m8, an attenuated smallpox vaccine in vaccinia-naive adults. J Infect Dis. 2011;204(9):1395-402.

45. lizuka I, Ami Y, Suzaki Y, Nagata N, Fukushi S, Ogata M, et al. A Single Vaccination of Nonhuman Primates with Highly Attenuated Smallpox Vaccine, LC16m8, Provides Long-term Protection against Monkeypox. Jpn J Infect Dis. 2017;70(4):408-15.

46. Senkevich TG, White CL, Koonin EV, Moss B. Complete pathway for protein disulfide bond formation encoded by poxviruses. Proceedings of the National Academy of Sciences. 2002;99(10):6667-72.

47. Franke CA, Wilson EM, Hruby DE. Use of a cell-free system to identify the vaccinia virus L1R gene product as the major late myristylated virion protein M25. Virol. 1990;64(12):5988-96.

48. Foo CH, Lou H, Whitbeck JC, Ponce-de-León M, *Aancisiu D*, Eisenberg RJ, et al. Vaccinia virus L1 binds to cell surfaces and blocks virus ent vincependently of glycosaminoglycans. Virology. 2009;385(2):368-82.

49. Wolffe EJ, Vijaya S, Moss B. A monoval embrane protein encoded by the vaccinia virus
L1R open reading frame is the corget of potent neutralizing monoclonal antibodies. Virology.
1995;211(1):53-63.

50. Su HP, Golden JW, Gittin AG, Hooper JW, Garboczi DN. Structural basis for the binding of the neutralizing antibody, 7D11, to the poxvirus L1 protein. Virology. 2007;368(2):331-41.

51. Matho MH, Maybeno M, Benhnia MR, Becker D, Meng X, Xiang Y, et al. Structural and biochemical characterization of the vaccinia virus envelope protein D8 and its recognition by the antibody LA5. J Virol. 2012;86(15):8050-8.

52. Agrawal S, Gupta S, Agrawal A. Vaccinia virus proteins activate human dendritic cells to induceT cell responses in vitro. Vaccine. 2009;27(1):88-92.

53. Chung CS, Huang CY, Chang W. Vaccinia virus penetration requires cholesterol and results in specific viral envelope proteins associated with lipid rafts. J Virol. 2005;79(3):1623-34.

54. Fantini J, Chahinian H, Yahi N. A Vaccine Strategy Based on the Identification of an Annular Ganglioside Binding Motif in Monkeypox Virus Protein E8L. Viruses. 2022;14(11).

55. da Fonseca FG, Wolffe EJ, Weisberg A, Moss B. Characterization of the vaccinia virus H3L envelope protein: topology and posttranslational membrane insertion a the C-terminal hydrophobic tail. J Virol. 2000;74(16):7508-17.

56. Ostrout ND, McHugh MM, Tisch DJ, Moormann AM, Bittsic V, Kazura JW. Long-term T cell memory to human leucocyte antigen-A2 supertype epitop sin humans vaccinated against smallpox. Clin Exp Immunol. 2007;149(2):265-73.

57. Khlusevich Y, Matveev A, Emelyanova L, ∹oncharova E, Golosova N, Pereverzev I, et al. New p35 (H3L) Epitope Involved in Vaccir₁a Virus Neutralization and Its Deimmunization. Viruses. 2022;14(6).

58. Davies DH, McCausland MM, Valdez C, Huynh D, Hernandez JE, Mu Y, et al. Vaccinia virus H3L envelope protein is a major target of neutralizing antibodies in humans and elicits protection against lethal challenge in mice. J Virol. 2005;79(18):11724-33.

59. Hsiao JC, Chung CS, Chang W. Cell surface proteoglycans are necessary for A27L protein-mediated cell fusion: identification of the N-terminal region of A27L protein as the glycosaminoglycan-binding domain. J Virol. 1998;72(10):8374-9.

60. Sanderson CM, Hollinshead M, Smith GL. The vaccinia virus A27L protein is needed for the microtubule-dependent transport of intracellular mature virus particles. J Gen Virol. 2000;81(Pt

1):47-58.

61. Tang J, Murtadha M, Schnell M, Eisenlohr LC, Hooper J, Flomenberg P. Human T-cell responses to vaccinia virus envelope proteins. J Virol. 2006;80(20):10010-20.

62. Hughes LJ, Goldstein J, Pohl J, Hooper JW, Lee Pitts R, Townsend MB, et al. A highly specific monoclonal antibody against monkeypox virus detects the heparin binding domain of A27. Virology. 2014;464-465:264-73.

63. Manes NP, Estep RD, Mottaz HM, Moore RJ, Clauss TP, Nethor ME, et al. Comparative proteomics of human monkeypox and vaccinia intracellular mature and extracellular enveloped virions. J Proteome Res. 2008;7(3):960-8.

64. Su H-P, Singh K, Gittis AG, Garboczi DN. T^L e subcture of the poxvirus A33 protein reveals a dimer of unique C-type lectin-like domains. Journal of virology. 2010;84(5):2502-10.

65. Monticelli SR, Earley AK, Stone R norbury CC, Ward BM. Vaccinia Virus Glycoproteins A33, A34, and B5 Form a Complex for Encodent Endoplasmic Reticulum to trans-Golgi Network Transport. J Virol. 2020;94(7).

66. Ward BM, Moss E. Varcinia virus A36R membrane protein provides a direct link between intracellular enveloped virions and the microtubule motor kinesin. J Virol. 2004;78(5):2486-93.

67. Sirven P, Castelli FA, Probst A, Szely N, Maillere B. In vitro human CD4+ T cell response to the vaccinia protective antigens B5R and A33R. Mol Immunol. 2009;46(7):1481-7.

68. Matho MH, Schlossman A, Meng X, Benhnia MR, Kaever T, Buller M, et al. Structural and Functional Characterization of Anti-A33 Antibodies Reveal a Potent Cross-Species Orthopoxviruses Neutralizer. PLoS Pathog. 2015;11(9):e1005148.

69. Golden JW, Hooper JW. Heterogeneity in the A33 protein impacts the cross-protective efficacy of a candidate smallpox DNA vaccine. Virology. 2008;377(1):19-29.

70. Engelstad M, Howard ST, Smith GL. A constitutively expressed vaccinia gene encodes a 42-kDa glycoprotein related to complement control factors that forms part of the extracellular virus envelope. Virology. 1992;188(2):801-10.

71. Perdiguero B, Blasco R. Interaction between vaccinia virus ex acellular virus envelope A33 and B5 glycoproteins. J Virol. 2006;80(17):8763-77.

72. Doceul V, Hollinshead M, Breiman A, Laval K, Smith GL. Protein B5 is required on extracellular enveloped vaccinia virus for repulsion of superinfecting virion. J Gen Virol. 2012;93(Pt 9):1876-86.
73. Pütz MM, Midgley CM, Law M, Smith GL. Quantization of antibody responses against multiple antigens of the two infectious forms of Vaccinia. virus provides a benchmark for smallpox vaccination. Nature Medicine. 2006;12(11):1310-5.

74. Zaitseva M, Thomas A, Mesecic CA, Cheung CYK, Diaz CG, Xiang Y, et al. Development of an animal model of progressive vacchia in nu/nu mice and the use of bioluminescence imaging for assessment of the efficiency of choncolonal antibodies against vaccinial B5 and L1 proteins. Antiviral Res. 2017;144:8-20.

75. Benhnia MR, Maybeno M, Blum D, Aguilar-Sino R, Matho M, Meng X, et al. Unusual features of vaccinia virus extracellular virion form neutralization resistance revealed in human antibody responses to the smallpox vaccine. J Virol. 2013;87(3):1569-85.

76. Paran N, Lustig S. Complement-bound human antibodies to vaccinia virus B5 antigen protect mice from virus challenge. Expert Rev Vaccines. 2010;9(3):255-9.

77. Benhnia MR, McCausland MM, Laudenslager J, Granger SW, Rickert S, Koriazova L, et al. Heavily isotype-dependent protective activities of human antibodies against vaccinia virus extracellular virion antigen B5. J Virol. 2009;83(23):12355-67.

78. Benhnia MR, McCausland MM, Moyron J, Laudenslager J, Granger S, Rickert S, et al. Vaccinia virus extracellular enveloped virion neutralization in vitro and protection in vivo depend on complement. J Virol. 2009;83(3):1201-15.

79. Lustig S, Fogg C, Whitbeck JC, Eisenberg RJ, Cohen GH, Mosc C. Combinations of polyclonal or monoclonal antibodies to proteins of the outer membranes of the two infectious forms of vaccinia virus protect mice against a lethal respiratory challenge. Viro' 2005;79(21):13454-62.

80. Golden JW, Zaitseva M, Kapnick S, Fisher R¹ V, Wiikolajczyk MG, Ballantyne J, et al. Polyclonal antibody cocktails generated using DNA accine technology protect in murine models of orthopoxvirus disease. Virol J. 2011;8:4 +1

81. Yin L, Calvo-Calle JM, Cruz J, Newman FK, Frey SE, Ennis FA, et al. CD4+ T cells provide intermolecular help to generate rollust antibody responses in vaccinia virus-vaccinated humans. J Immunol. 2013;190(12).022.23.

82. Berhanu A, Wilson RL, Kirkwood-Watts DL, King DS, Warren TK, Lund SA, et al. Vaccination of BALB/c mice with Escherichia coli-expressed vaccinia virus proteins A27L, B5R, and D8L protects mice from lethal vaccinia virus challenge. J Virol. 2008;82(7):3517-29.

83. Golden JW, Josleyn M, Mucker EM, Hung CF, Loudon PT, Wu TC, et al. Side-by-side comparison of gene-based smallpox vaccine with MVA in nonhuman primates. PLoS One. 2012;7(7):e42353.

84. Mucker EM, Golden JW, Hammerbeck CD, Kishimori JM, Royals M, Joselyn MD, et al. A Nucleic Acid-Based Orthopoxvirus Vaccine Targeting the Vaccinia Virus L1, A27, B5, and A33 Proteins Protects Rabbits against Lethal Rabbitpox Virus Aerosol Challenge. J Virol. 2022;96(3):e0150421.

Hooper JW, Thompson E, Wilhelmsen C, Zimmerman M, Ichou MA, Steffen SE, et al. Smallpox
 DNA vaccine protects nonhuman primates against lethal monkeypox. Virol. 2004;78(9):4433-43.
 Heraud JM, Edghill-Smith Y, Ayala V, Kalisz I, Parrino J Kaliszinaraman VS, et al. Subunit recombinant vaccine protects against monkeypox. J Immunol. 2006;177(4):2552-64.

87. Qin F, Xia F, Chen H, Cui B, Feng Y, Zhang P, et a'. A Guide to Nucleic Acid Vaccines in the Prevention and Treatment of Infectious Diseaser and Cancers: From Basic Principles to Current Applications. Front Cell Dev Biol. 2021;9:6337.5.

 Lumley SF, O'Donnell D, Stoesser (vt.) Matthews PC, Howarth A, Hatch SB, et al. Antibodies to SARS-CoV-2 are associated with protection against reinfection. medRxiv.
 2020:2020.11.18.20234369.

89. Wang CY, Hwang P, You HK, Peng WJ, Shen YH, Kuo BS, et al. A multitope SARS-CoV-2 vaccine provides long-lasting B cell and T cell immunity against Delta and Omicron variants. J Clin Invest. 2022;132(10).

90. Li XD, Wu J, Gao D, Wang H, Sun L, Chen ZJ. Pivotal roles of cGAS-cGAMP signaling in antiviral defense and immune adjuvant effects. Science. 2013;341(6152):1390-4.

91. Yousaf M, Ismail S, Ullah A, Bibi S. Immuno-informatics profiling of monkeypox virus cell surface binding protein for designing a next generation multi-valent peptide-based vaccine. Front

Immunol. 2022;13:1035924.

92. Bhattacharya M, Chatterjee S, Nag S, Dhama K, Chakraborty C. Designing, characterization, and immune stimulation of a novel multi-epitopic peptide-based potential vaccine candidate against monkeypox virus through screening its whole genome encoded proteins: An immunoinformatics approach. Travel Med Infect Dis. 2022;50:102481.

93. Akhtar N, Kaushik V, Grewal RK, Wani AK, Suwattanasophon C. Choowongkomon K, et al. Immunoinformatics-Aided Design of a Peptide Based Multiepitor Concine Targeting Glycoproteins and Membrane Proteins against Monkeypox Virus. Viruses. 2022;14(11).

94. Waqas M, Aziz S, Liò P, Khan Y, Ali A, Iqbal A, et a'. In munoinformatics design of multivalent epitope vaccine against monkeypox virus and its variants using membrane-bound, enveloped, and extracellular proteins as targets. Front Immunc. 2023;14:1091941.

95. Jiang F, Liu Y, Xue Y, Cheng P, W (n), I, Lian J, et al. Developing a multiepitope vaccine for the prevention of SARS-CoV-2 and multiepitope virus co-infection: A reverse vaccinology analysis. Int Immunopharmacol. 2023;115:109/ 28.

96. Fogg C, Lustig S, Whith ck JC, Eisenberg RJ, Cohen GH, Moss B. Protective immunity to vaccinia virus induced by vaccination with multiple recombinant outer membrane proteins of intracellular and extracellular virions. J Virol. 2004;78(19):10230-7.

97. Wing S, Thomas D, Balamchi S, Ip J, Naylor K, Dixon SN, et al. Effectiveness of Three Doses of mRNA COVID-19 Vaccines in the Hemodialysis Population during the Omicron Period. Clin J Am Soc Nephrol. 2023.

98. Lee J, Arun Kumar S, Jhan YY, Bishop CJ. Engineering DNA vaccines against infectious

diseases. Acta Biomater. 2018;80:31-47.

99. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. New England Journal of Medicine. 2021;384(16):1576-8.

100. Baden LR, El Sahly HM, Essink B, Kotloff K, Frey S, Novak R, et al. Efficacy and Safety of the mRNA-1273 SARS-CoV-2 Vaccine. N Engl J Med. 2021;384(5):403-16.

101. Crommelin DJA, Anchordoquy TJ, Volkin DB, Jiskoot W, Mastrou Htista E. Addressing the Cold Reality of mRNA Vaccine Stability. J Pharm Sci. 2021;110(3):997 1021.

102. Travieso T, Li J, Mahesh S, Mello JDFRE, Blasi M. The use of viral vectors in vaccine development. npj Vaccines. 2022;7(1):75.

103. Rudraraju R, Ramsay AJ. Single-shot imm nization with recombinant adenovirus encoding vaccinia virus glycoprotein A27L is protective against a virulent respiratory poxvirus infection. Vaccine. 2010;28(31):4997-5004.

104. Barefoot B, Thornburg NJ, Barcuch DH, Yu JS, Sample C, Johnston RE, et al. Comparison of multiple vaccine vectors in a single heterologous prime-boost trial. Vaccine. 2008;26(48):6108-18.
105. Moyer TJ, Zmolek C, Indiae DJ. Beyond antigens and adjuvants: formulating future vaccines. J Clin Invest. 2016;126(3):799-808.

106. Brisse M, Vrba SM, Kirk N, Liang Y, Ly H. Emerging Concepts and Technologies in Vaccine Development. Front Immunol. 2020;11:583077.

107. Tenchov R, Bird R, Curtze AE, Zhou Q. Lipid Nanoparticles–From Liposomes to mRNA Vaccine Delivery, a Landscape of Research Diversity and Advancement. ACS Nano. 2021;15(11):16982-7015.

108. Fang Z, Monteiro VS, Renauer PA, Shang X, Suzuki K, Ling X, et al. Polyvalent mRNA vaccination elicited potent immune response to monkeypox virus surface antigens. Cell Res. 2023:1-4.

109. Igyártó BZ, Jacobsen S, Ndeupen S. Future considerations for the mRNA-lipid nanoparticle vaccine platform. Current Opinion in Virology. 2021;48:65-72.

110. Bulbake U, Doppalapudi S, Kommineni N, Khan W. Liposomal F, mulations in Clinical Use: An Updated Review. Pharmaceutics. 2017;9(2):12.

111. Nguyen B, Tolia NH. Protein-based antigen presentation platforms for nanoparticle vaccines. npj Vaccines. 2021;6(1):70.

112. Royal JM, Simpson CA, McCormick AA, Phill os A, Hume S, Morton J, et al. Development of a SARS-CoV-2 Vaccine Candidate Using Pic it-Based Manufacturing and a Tobacco Mosaic Virus-like Nano-Particle. Vaccines (Bas a) 2021;9(11).

113. Kang YF, Sun C, Zhuang Z, Yuan RY, Zheng Q, Li JP, et al. Rapid Development of SARS-CoV-2 Spike Protein Recoptor-Binding Domain Self-Assembled Nanoparticle Vaccine Candidates. ACS Nano. $20_{-}^{+}:5(2):2738-52$.

114. Kang Y-F, Sun C, Sun J, Xie C, Zhuang Z, Xu H-Q, et al. Quadrivalent mosaic HexaPro-bearing nanoparticle vaccine protects against infection of SARS-CoV-2 variants. Nature Communications. 2022;13(1):2674.

115. Zhu M, Du L, Zhao R, Wang HY, Zhao Y, Nie G, et al. Cell-Penetrating Nanoparticles Activate the Inflammasome to Enhance Antibody Production by Targeting Microtubule-Associated Protein 1-Light Chain 3 for Degradation. ACS Nano. 2020;14(3):3703-17.

116. Alphandéry E. Nano dimensions/adjuvants in COVID-19 vaccines. J Mater Chem B. 2022;10(10):1520-52.

117. Teradal NL, Jelinek R. Carbon Nanomaterials in Biological Studies and Biomedicine. Adv Healthc Mater. 2017;6(17).

118. lijima S. Helical microtubules of graphitic carbon. Nature. 1991;354(6348):56-8.

119. Zare H, Ahmadi S, Ghasemi A, Ghanbari M, Rabiee N, Becherzadeh M, et al. Carbon Nanotubes: Smart Drug/Gene Delivery Carriers. Int J Nanomedicine. 2021;16:1681-706.

120. Hu F, Li Y, Wang Q, Wang G, Zhu B, Wang Y, et al. Corbon nanotube-based DNA vaccine against koi herpesvirus given by intramuscular injection. Fish Chellfish Immunol. 2020;98:810-8.

121. Bai Y, Zhang Y, Zhang J, Mu Q, Zhang W, Burch E, et al. Repeated administrations of carbon nanotubes in male mice cause reversible testis damage without affecting fertility. Nature Nanotechnology. 2010;5(9):683-9.

122. Zhou Q, Gu H, Sun S, Zhang Y Hou Y, Li C, et al. Large-Sized Graphene Oxide Nanosheets Increase DC-T-Cell Synaptic Context and the Efficacy of DC Vaccines against SARS-CoV-2. Adv Mater. 2021;33(40):e212752°

123. Gaur M, Misra C, Yadav AB, Swaroop S, Maolmhuaidh F, Bechelany M, et al. Biomedical Applications of Carbon Nanomaterials: Fullerenes, Quantum Dots, Nanotubes, Nanofibers, and Graphene. Materials (Basel). 2021;14(20).

124. Popov AA. Structures and Stability of Fullerenes, Metallofullerenes, and Their Derivatives. In: Leszczynski J, editor. Handbook of Computational Chemistry. Dordrecht: Springer Netherlands; 2016. p. 1-66.

125. Kazemzadeh H, Mozafari M. Fullerene-based delivery systems. Drug Discov Today. 2019;24(3):898-905.

126. Mohammadinejad R, Dadashzadeh A, Moghassemi S, Ashrafizadeh M, Dehshahri A, Pardakhty A, et al. Shedding light on gene therapy: Carbon dots for the minimally invasive image-guided delivery of plasmids and noncoding RNAs - A review. J Adv Res. 2019;18:81-93.

127. Sagy YW, Zucker R, Hammerman A, Markovits H, Arieh NG, 'hmad WA, et al. Real-world effectiveness of a single dose of mpox vaccine in males. Nat Med 2005.

128. Rodriguez JF, Janeczko R, Esteban M. Isolation and characterization of neutralizing monoclonal antibodies to vaccinia virus. J Virol. 1985;56(1):402-8.

Q'IN Q'IN OF

Declaration of interests

The authors declare that they have no known competing financial interests or personal

relationships that could have appeared to influence the work reported in this paper.