

mRNA Vaccine Platforms Beyond COVID-19: Advancing Immunization Strategies for Chronic Infectious Diseases

Mia Elena Garcia, Benjamin Noah Taylor, Olivia Jane Anderson, Hugo Luis Gomez

Article Information

Received: 12-08-2024

Revised: 28-08-2024

Accepted: 03-09-2024

Published: 20-09-2024

Keywords

COVID-19 vaccines

SARS-CoV-2

ABSTRACT

mRNA vaccine technology has revolutionized infectious disease immunization, particularly with the success of COVID-19 vaccines. Beyond SARS-CoV-2, mRNA platforms hold immense promise for combating chronic infectious diseases such as HIV, tuberculosis, hepatitis B, and malaria. This article explores the principles of mRNA vaccine technology, its advantages over traditional platforms, and the potential applications in preventing and treating chronic infectious diseases. Additionally, we discuss existing challenges, recent advancements, and future directions for mRNA vaccine research.

Traditional vaccine platforms, including live-attenuated and protein subunit vaccines, often face challenges in eliciting strong and durable immune responses against chronic infectious diseases. The emergence of mRNA vaccine technology provides a novel immunization strategy characterized by rapid development, high efficacy, and adaptability to multiple pathogens. While COVID-19 vaccines have demonstrated the potential of this platform, its application in chronic infections remains an area of active research. Understanding the mechanism of mRNA vaccines and their suitability for persistent infections is crucial for future breakthroughs in vaccine development.

2. Mechanism of mRNA Vaccines and Their Advantages

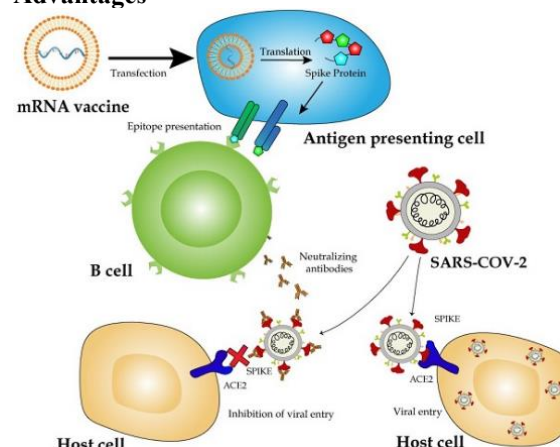


Fig. Mechanism of mRNA Vaccines

mRNA vaccines function by delivering synthetic messenger RNA encoding pathogen-specific

©2024 The authors

This is an Open Access article distributed under the terms of the Creative Commons Attribution (CC BY NC), which permits unrestricted use, distribution, and reproduction in any medium, as long as the original authors and source are cited. No permission is required from the authors or the publishers. (<https://creativecommons.org/licenses/by-nc/4.0/>)

1. INTRODUCTION

antigens into host cells, where they are translated into proteins that stimulate an immune response. The advantages of this platform include:

- **Rapid Development and Scalability:** mRNA vaccines can be designed and manufactured within weeks, enabling a swift response to emerging pathogens.
- **Enhanced Immunogenicity:** Unlike protein subunit vaccines, mRNA vaccines stimulate both humoral and cellular immune responses.
- **Modular and Adaptable:** The same manufacturing process can be used to produce vaccines for different diseases with minor sequence modifications.
- **Non-infectious and Safe:** Since mRNA vaccines do not use live pathogens, they reduce the risk of infection or genetic integration.

Comparison of Vaccine Platforms

Vaccine Type	Development Time	Immune Response	Scalability	Safety Profile
Live-attenuated	Years	Strong	Limited	Risk of reversion
Protein Subunit	Years	Moderate	Moderate	Safe, but less immunogenic
mRNA	Weeks to months	Strong (B & T cell)	High	Highly safe

3. Potential Applications of mRNA Vaccines in Chronic Infectious Diseases

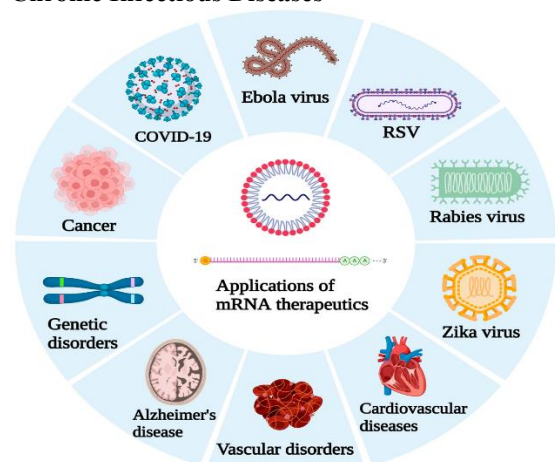


Fig. Applications of mRNA Vaccines in Chronic Infectious Diseases

3.1 HIV/AIDS

HIV remains a major global health challenge due to its high mutation rate and immune evasion strategies. mRNA vaccine candidates such as mRNA-1644 and mRNA-1574 are in preclinical and clinical development, aiming to induce broadly neutralizing antibodies (bNAbs) that can prevent infection. Unlike conventional approaches, mRNA

vaccines can encode multiple epitopes, enhancing immune recognition of HIV variants (Pardi et al., 2018; Dolgin, 2021).

3.2 Tuberculosis (TB)

Mycobacterium tuberculosis (Mtb) causes one of the deadliest infectious diseases worldwide. The Bacillus Calmette-Guérin (BCG) vaccine provides limited protection, necessitating novel vaccine strategies. mRNA vaccines targeting Mtb antigens, such as ESAT-6 and Ag85B, show potential in preclinical models for eliciting robust T cell responses critical for controlling Mtb infection (Blanco et al., 2021).

3.3 Hepatitis B (HBV)

Current HBV vaccines fail to achieve sufficient immunity in immunocompromised individuals. mRNA vaccines encoding HBV surface and core antigens could enhance protective immunity by stimulating T cell-mediated clearance of infected hepatocytes. Ongoing studies explore their use in therapeutic vaccination for chronic HBV carriers (Polack et al., 2020).

3.4 Malaria

Malaria, caused by *Plasmodium* parasites, remains a global health burden. mRNA vaccines targeting circumsporozoite protein (CSP) or apical membrane antigen-1 (AMA1) show promise in preclinical trials, potentially improving protection compared to existing subunit vaccines (Brito et al., 2014).

4. Challenges and Future Directions
Despite the promise of mRNA vaccines, several challenges must be addressed:

- **Cold Chain Requirements:** Current mRNA vaccines require ultra-low temperatures for storage, limiting distribution in resource-poor regions.
- **Durability of Immune Response:** Strategies to prolong antigen expression and immune memory are under investigation.
- **Delivery Systems:** Lipid nanoparticles (LNPs) used for mRNA delivery need further optimization to enhance stability and reduce reactogenicity.
- **Regulatory and Manufacturing Hurdles:** Scaling up mRNA vaccine production for diverse pathogens requires streamlined regulatory pathways and infrastructure development.

Future research should focus on optimizing vaccine formulations, improving thermostability, and exploring combination strategies for tackling chronic infections effectively.

5. CONCLUSION

The success of mRNA vaccines against COVID-19 has paved the way for their application in chronic infectious diseases. With ongoing advancements in delivery systems, antigen design, and immunogenicity optimization, mRNA vaccines could revolutionize the prevention and treatment of persistent infections such as HIV, TB, HBV, and malaria. Addressing existing challenges will be crucial for realizing the full potential of this transformative technology in global health.

6. REFERENCES

1. Pardi N, Hogan MJ, Porter FW, Weissman D. (2018). mRNA vaccines - a new era in vaccinology. *Nature Reviews Drug Discovery*, 17(4), 261-279.
2. Dolgin E. (2021). The race for a COVID vaccine. *Nature*, 592(7853), 22-25.
3. Blanco LP, Wang X, Carlucci PM, et al. (2021). RNA therapeutics for infectious diseases. *Annual Review of Virology*, 8, 55-74.
4. Polack FP, Thomas SJ, Kitchin N, et al. (2020). Safety and efficacy of the BNT162b2 mRNA COVID-19 vaccine. *New England Journal of Medicine*, 383(27), 2603-2615.
5. Brito LA, Kommareddy S, Maione D, et al. (2014). Self-amplifying mRNA vaccines for infectious diseases. *Human Vaccines & Immunotherapeutics*, 10(5), 1308-1321.
6. Sahin U, Karikó K, Türeci Ö. (2014). mRNA-based therapeutics—developing a new class of drugs. *Nature Reviews Drug Discovery*, 13(10), 759-780.
7. Kowalski PS, Rudra A, Miao L, Anderson DG. (2019). Delivering the messenger: Advances in technologies for therapeutic mRNA delivery. *Molecular Therapy*, 27(4), 710-728.
8. Langer R, Weiss R, Tureci O, Sahin U. (2021). The future of mRNA-based therapeutics. *Nature Biotechnology*, 39(9), 1048-1063.