#### Consequences of waning immunity

Population level protection vs. herd-immunity

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# Consequences of waning immunity to respiratory viruses – Cov-2 is not measles

- Waning and boosting of immunity to influenza and CoVs
- Measures of immune efficacy <-- Halloran, Longini and others
- A toy model for the consequences of waning immunity
  - Disease prevalence vs severity
  - Antigenic changes
- Open puzzles
  - What are the rules for waning and boosting of immunity

#### Waning immunity and reinfection for endemic hCoV's



#### Virus spikes indicate reinfections every few years

Serology – antibody titers



Galanti et al JID 2020

Edridge et al Nat. Med. 2020

# Experimental infections





Shedding after first innoculation



#### From Zhou et al 2013 plotted in Lavine et al 2021

#### Seroprevelance



#### Individuals cannot rely on COVID-19 herd immunity: Durable immunity to viral disease is limited to viruses with obligate viremic spread

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| Virus                    | Initial Infection Site | Lymph/Blood Dissemination for Disease/<br>Transmission | Durable Immunity<br>Infection | Durable Immunity<br>Vaccination |
|--------------------------|------------------------|--|-------------------------------|---------------------------------|
| Corona                   | Airway                 | No   | No                            | N/A                             |
| Influenza A, B           | Airway                 | No   | No                            | No                              |
| Metapneumonia            | Airway                 | No   | No                            | No                              |
| Parainfluenza 1–3        | Airway                 | No   | No                            | N/A                             |
| Respiratory<br>Syncytial | Airway                 | No   | No                            | N/A                             |
| Rhino                    | Airway                 | No   | No                            | N/A                             |
| Ebola                    | Airway                 | Yes  | Yes                           | Yes                             |
| Measles                  | Airway                 | Yes  | Yes                           | Yes                             |
| Mumps                    | Airway                 | Yes  | Yes                           | Yes                             |
| Parvovirus               | Airway                 | Yes  | Yes                           | N/A                             |
| Rubella                  | Airway                 | Yes  | Yes                           | Yes                             |
| Varicella                | Airway                 | Yes  | Yes                           | Yes                             |
| Variola                  | Airway                 | Yes  | Yes                           | Yes                             |
| Noro                     | Gastrointestinal       | No   | No                            |                                 |
| Rota                     | Gastrointestinal       | No   | No                            | No                              |
| Hepatitis A              | Gastrointestinal       | Yes  | Yes                           | Yes                             |
| Polio                    | Gastrointestinal       | Yes  | Yes                           | Yes                             |
| Dengue fever             | Blood                  | Yes  | Yes                           | Yes                             |
| Hepatitis B              | Blood                  | Yes  | Yes                           | Yes                             |
| Yellow Fever             | Blood                  | Yes  | Yes                           | Yes                             |

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Yewdell PLOS pathogens 2020

## Measures of immune efficacy

Immune efficacy IE

$$IE = 1 - RR$$



#### Outline of the model



#### Transition from epidemic to endemicity



Transition from severe epidemic to relatively mild endemicity (as individuals acquire immunity against disease)



#### Distribution of immunity in the population



#### Comparison of infecteds for low and high Ro





#### Comparison of infecteds for low and high Ro



Increasing transmission

increases infection prevalence but decreases disease burden

#### Relationship between transmission and disease



#### Reduce susceptibility vs protection from disease





# Implications for NPIs and vaccination

- For highly transmissible respiratory infections reducing transmission will reduce infection prevelance but may not reduce disease
- Vaccines
  - Focus on reducing disease rather than reducing community transmission (herd immunity)
  - Focus on the vaccinating high-risk individuals
  - Natural infection automatically keeps immunity abreast with currently circulating strains
- Similar patterns have been suggested for Dengue (Nagao and Koelle 2008 PNAS)

#### Waning of immunity

#### Quantifying the waning of immunity

Measles

Tetanus





Amanna et al NEJM 2007

#### Teunis et al suggest waning follows a power-law



Teunis et al Epidemics 2016

## Waning of CD8 T cell immunity to YFV





Fuertes Marraco et al 2014



Akondy et al 2014

#### Power-laws work astonishingly well



### Boosting of immunity



#### Strain variation gives rise to complex patterns of boosting



#### Strain variation gives rise to complex patterns of boosting



Fonville et al 2014 Science

#### Summary

- Responses to respiratory viruses show waning of immunity and reinfections
- It is important to consider different measures of protection (from infection vs disease)
- Reducing the force of infection will decrease the number of cases but may increase the frequency and number of severe infetions
- We are only just beginning to get a quantitative understand the immunological mechanisms for the waning and boosting of immunity to respiratory infections

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