



**67°** CONGRESSO NAZIONALE  
**SIGGG**

LA LONGEVITÀ DECLINATA AL FEMMINILE

**STUDIO GEROVAX - VACCINAZIONE ANTI-SARS-COV-2 NELLE RSA: DATI FINALI**  
**Monitoraggio Immunologico**

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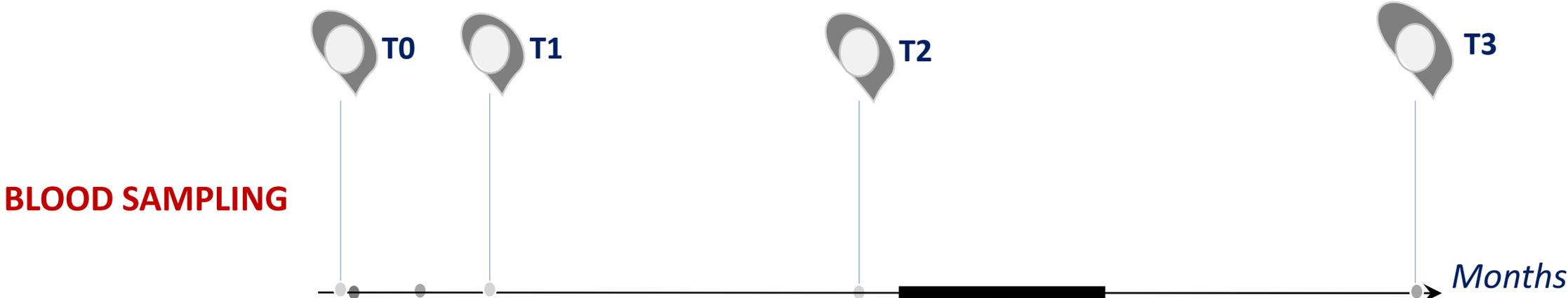
# Studio GeroVax - Scopo

1. valutare sicurezza ed efficacia clinica della vaccinazione anti-SARS-CoV-2 in RSA (**Monitoraggio Clinico**)
2. identificare la durata della protezione indotta dalla vaccinazione attraverso il monitoraggio dell'andamento del titolo anticorpale e della risposta cellulo mediata (**Monitoraggio immunologico**)

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# Timeline



**VACCINATION**

*First dose*      *Second dose*

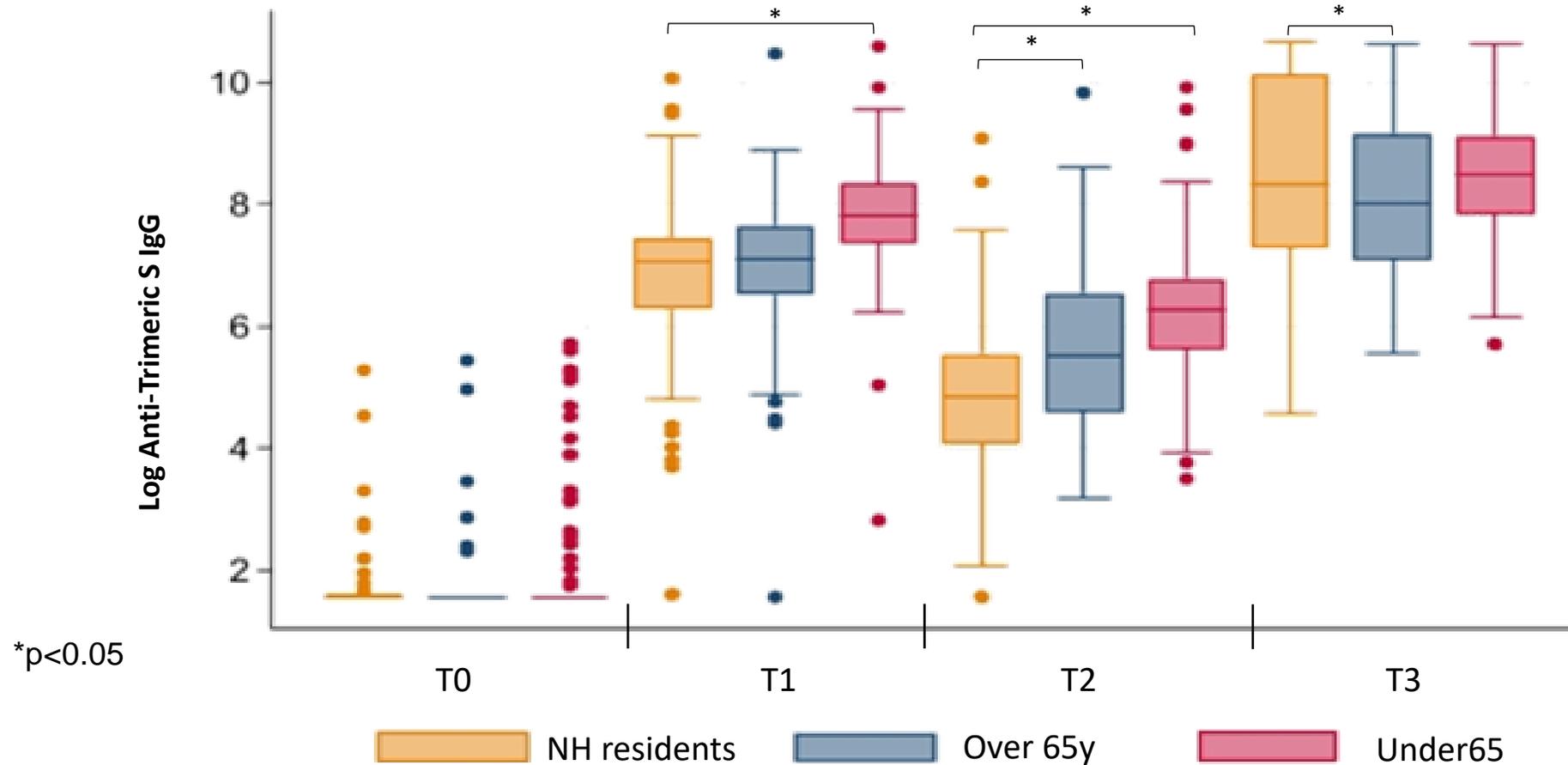
*Booster dose*

**T0** – Before vaccination  
**T1** – 2 m after first dose  
**T2** – 6 m after first dose  
**T3** – 12 m after first dose

# Campione

		Whole sample (n=395)
Age	≥80 years	264 (67%)
Sex	Female	270 (68%)
Type of vaccine	BNT162b2	344 (87%)
	mRNA-1273	51 (13%)
Chronic diseases	Dementia	213 (54%)
	Ischemic Heart Disease	114 (29%)
	Diabetes	65 (16%)
	COPD	63 (16%)
	Atrial fibrillation	30 (7.5%)
	Stroke	43 (11%)
	Cardiac failure	29 (7%)
	Cancer	23 (6%)
Disability	Moves with wheelchair	175 (44%)
	Bedridden	55 (14%)

# Residenti RSA vs. popolazione generale



# Determinanti risposta anticorpale

- Precedente infezione

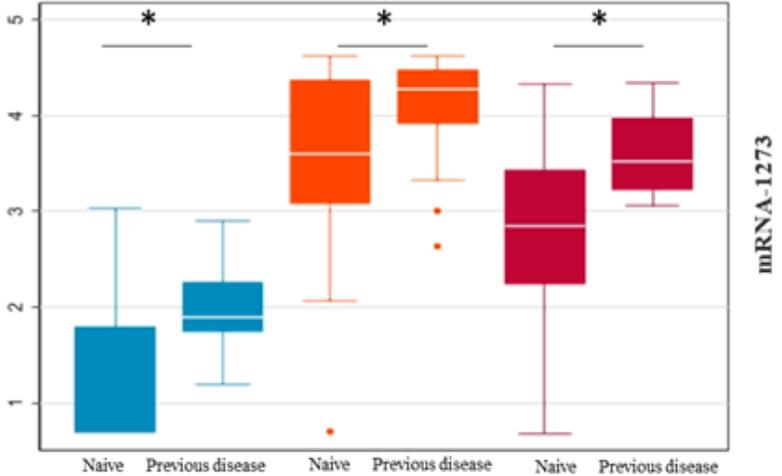
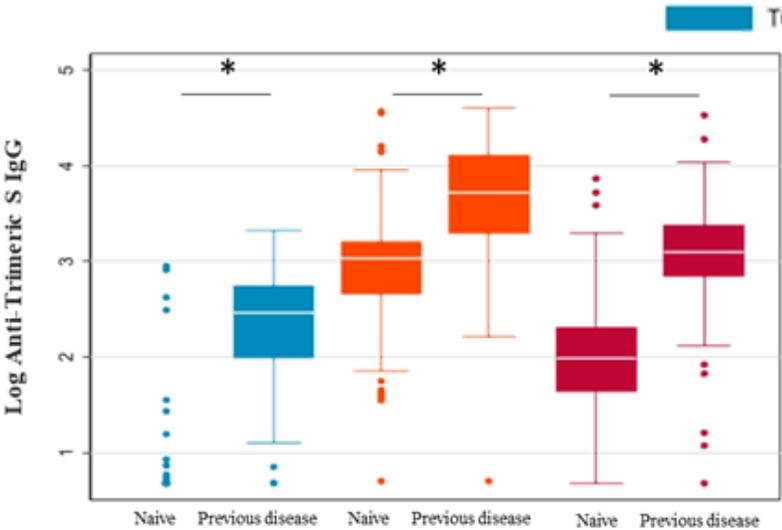
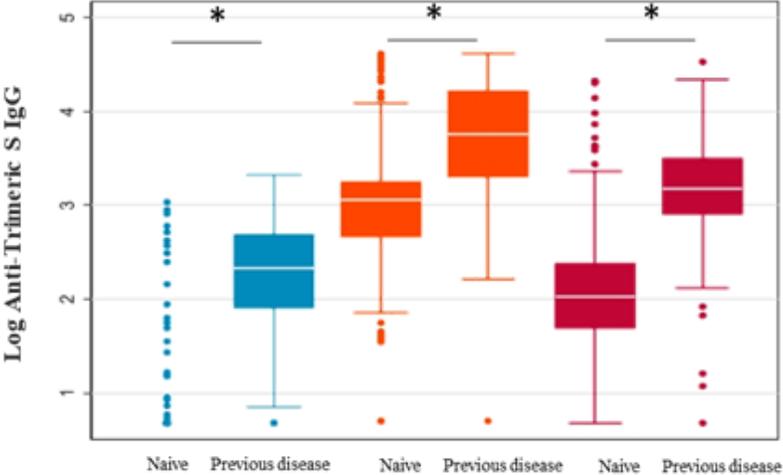
# Concentrazione anticorpi anti-trimeric Spike IgG in base a storia di infezione da SARS-CoV-2

N=365

T0 – prevaccino

T1 – 2 mesi dopo prima dose

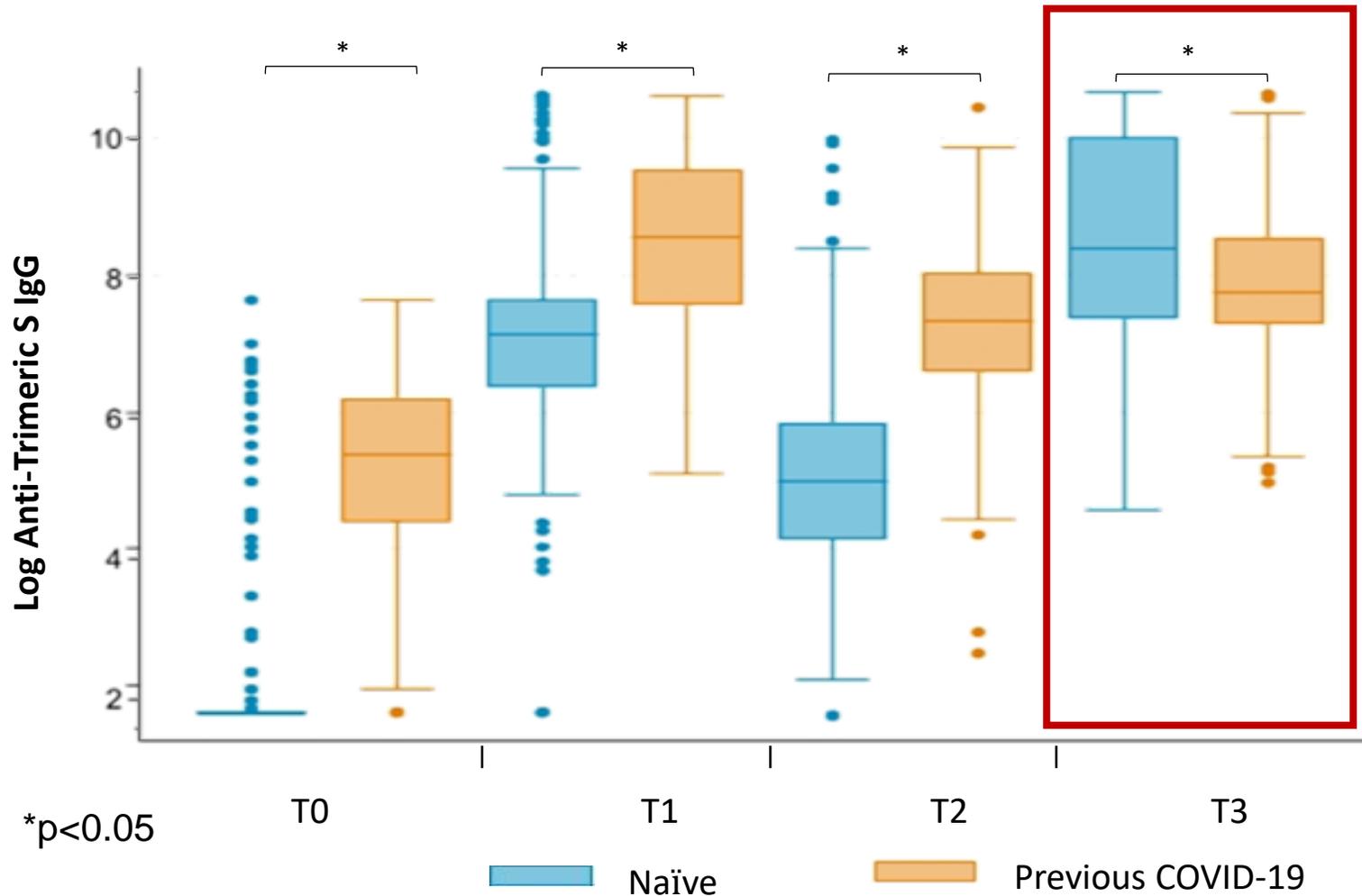
T2 – 6 mesi dopo prima dose



	Anti-S IgG serum concentration, Geometric Means (SE), BAU/mL								
	Before vaccination (T0)			2 months after first dose (T1)			6 months after first dose (T2)		
	GM	SE	p Value	GM	SE	p Value	GM	SE	p Value
<b><u>Prior SARS-CoV-2 infection</u></b>									
<b>Number of doses</b>									
1 dose (n=118)	207.5	31.5	0.004	4400.7	696.7	0.02	1182.9	175.2	0.006
2 doses (n=21)	80.8	25.7		9639.6	3204.2		2847.4	885.4	
<b><u>Prior SARS-CoV-2 infection and 1 dose</u></b>									
<b>Months from diagnosis</b>									
≤4 months (n=80)	233.6	41.2	0.05	4109.8	738.5	0.02	938.9	160.2	0.001
≥5 months (n=33)	147.7	30.7		7108.7	1496.0		2074.2	414.5	

Residents with prior SARS-CoV-2 infection receiving two vaccine doses presented significantly higher antibody concentration at T1 and T2. A longer interval between previous infection and vaccination was associated with a better antibody response over time.

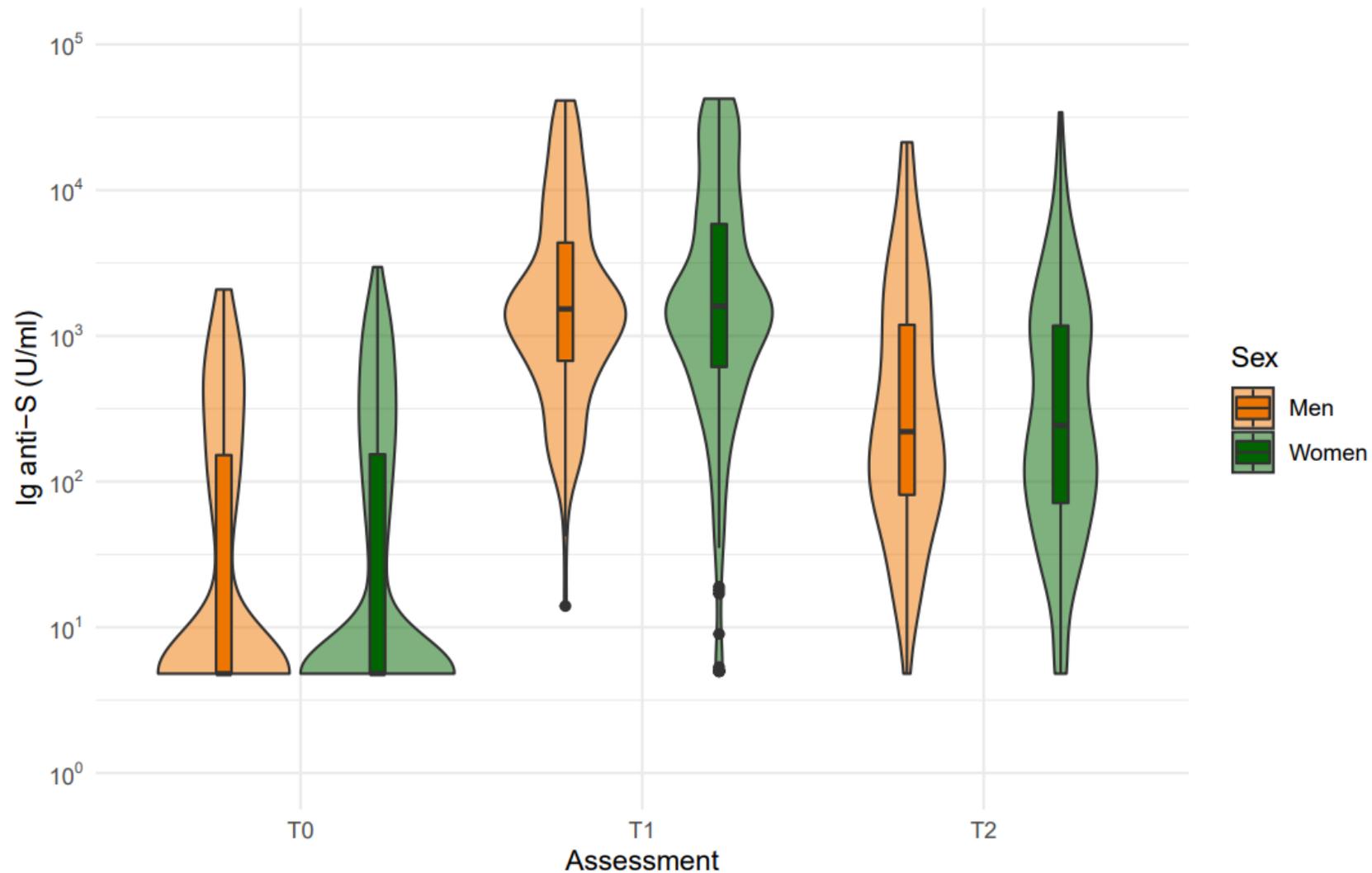
# Precedente infezione e risposta anticorpale



# Determinanti risposta anticorpale

- Precedente infezione
- Sesso

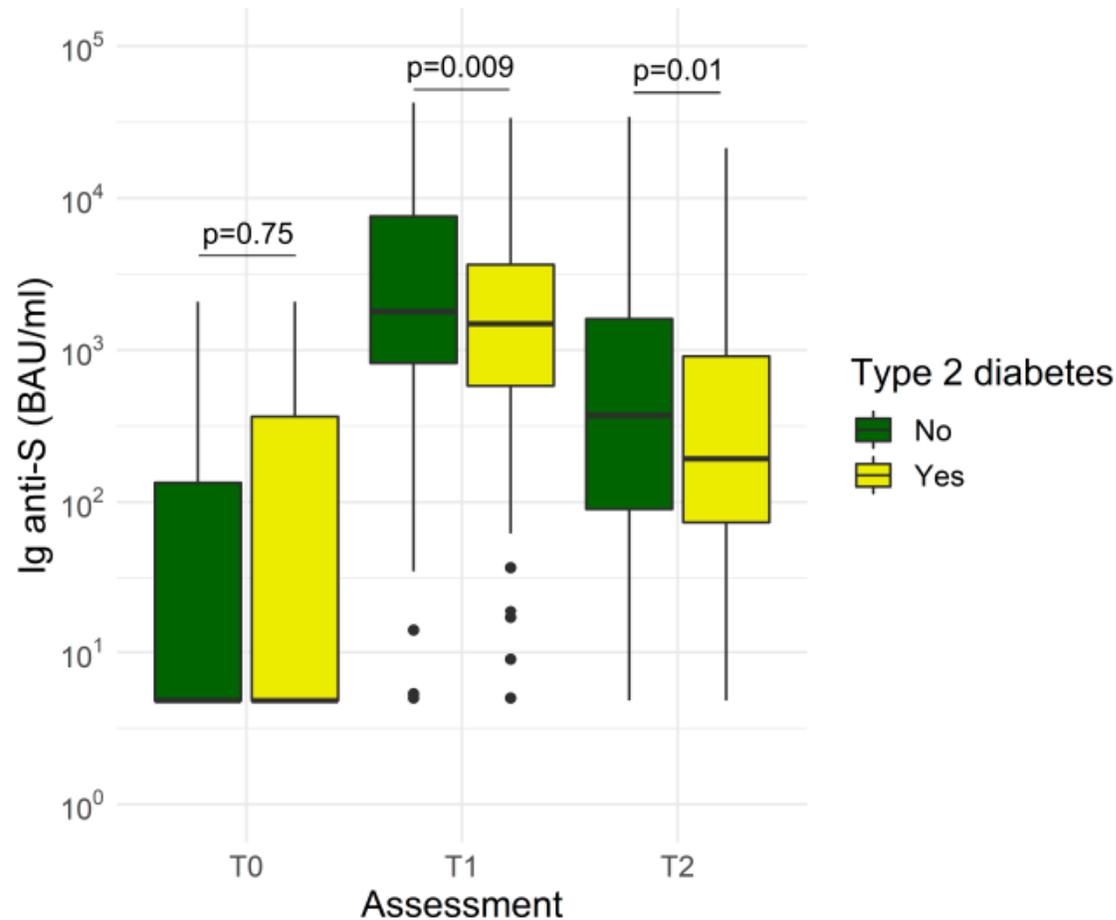
# Violin plots on the anti-S antibody levels in men and women before vaccination and after 1 and 6 months



# Determinanti risposta anticorpale

- Precedente infezione
- Sesso
- Patologie

# Diabetes Affects Antibody Response to SARS-CoV-2 Vaccination in Older Residents of Long-Term Care Facilities: Data From the GeroCovid Vax Study

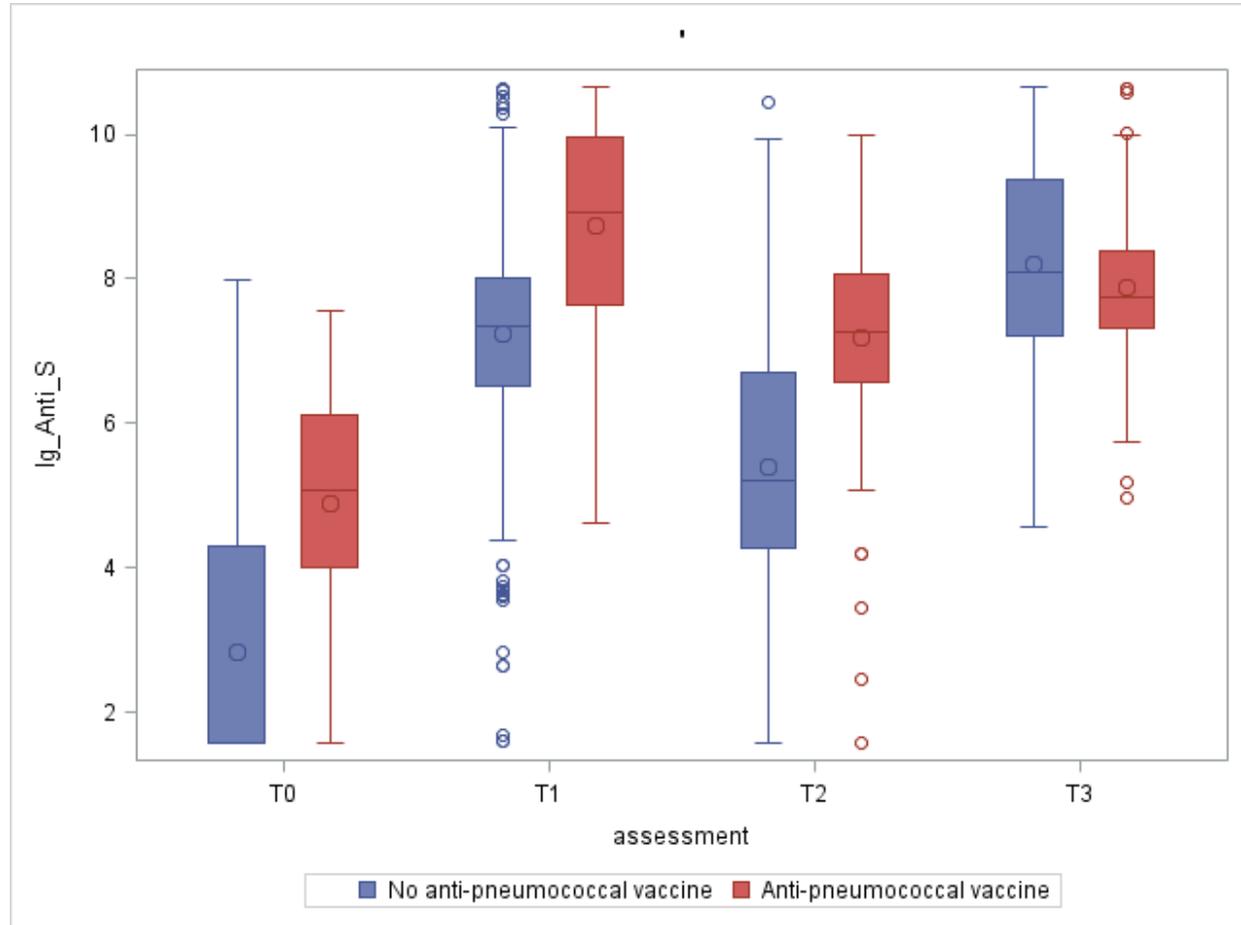


- **Older residents of LTCFs with diabetes tended to have weaker antibody response to COVID-19 vaccination.**
- **Insulin treatment might buffer this effect and establish humoral immunity similar to that in individuals without diabetes.**

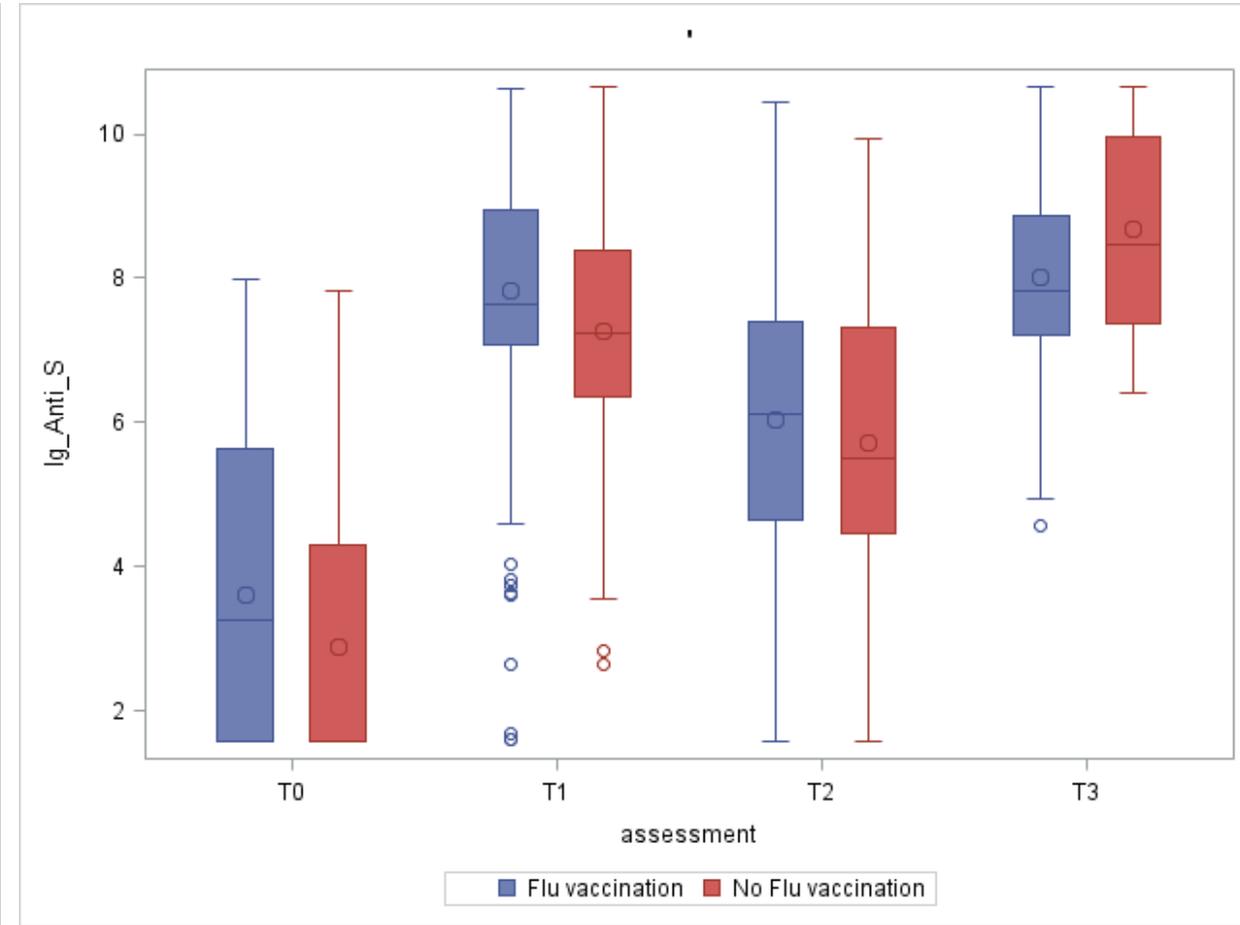
# Determinanti risposta anticorpale

- Precedente infezione
- Sesso
- Patologie
- Altre vaccinazioni

# Vaccinazione anti-pneumococcica

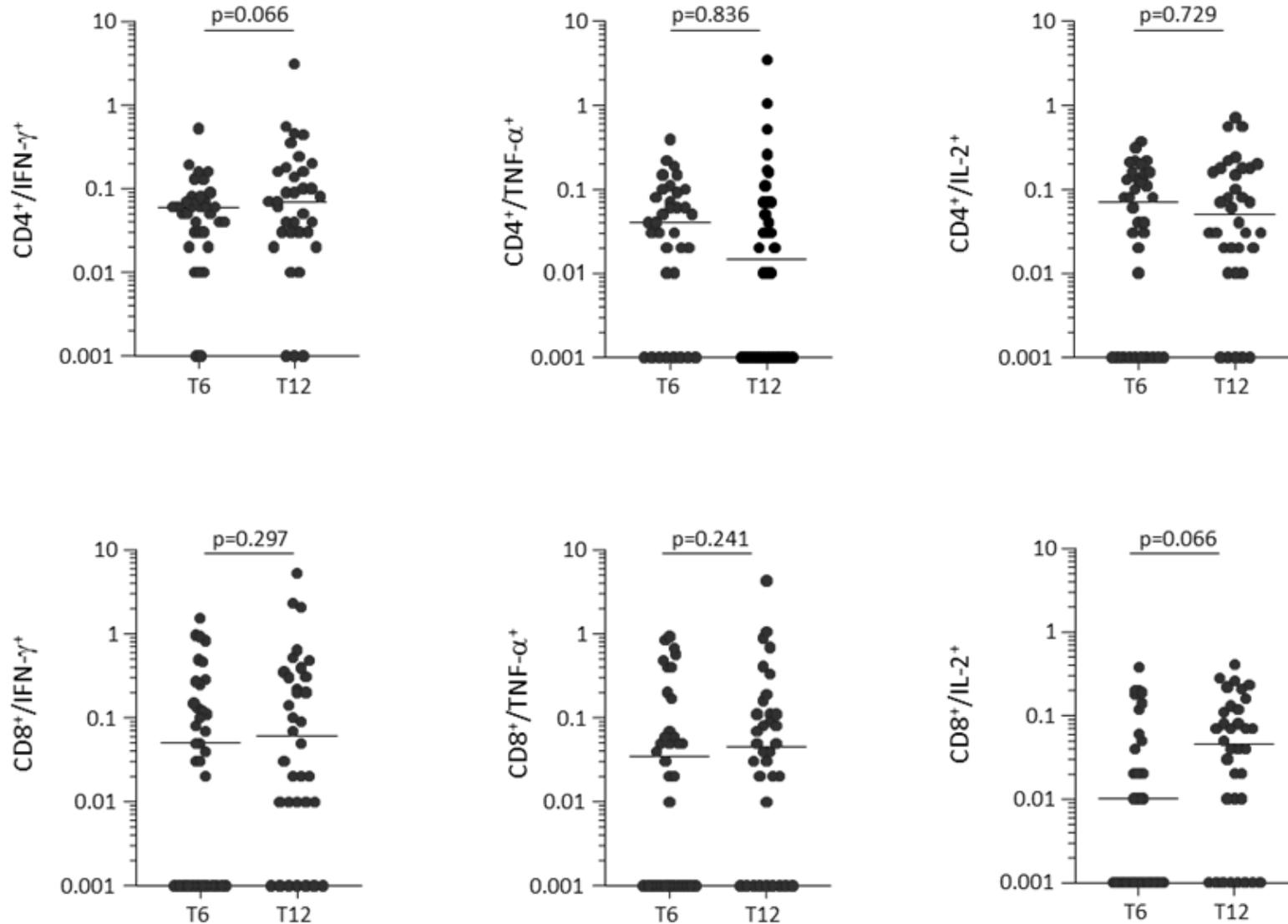


# Vaccinazione anti-influenzale



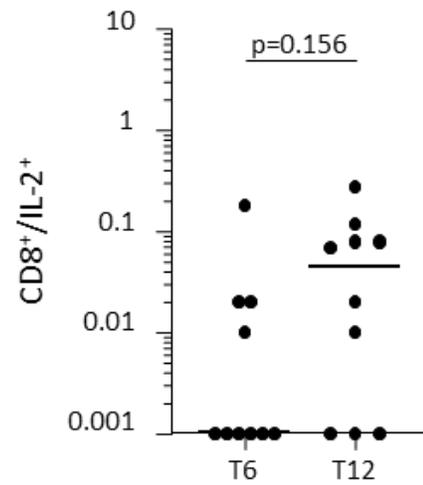
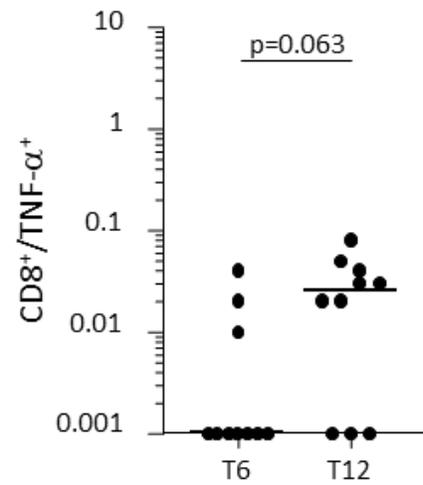
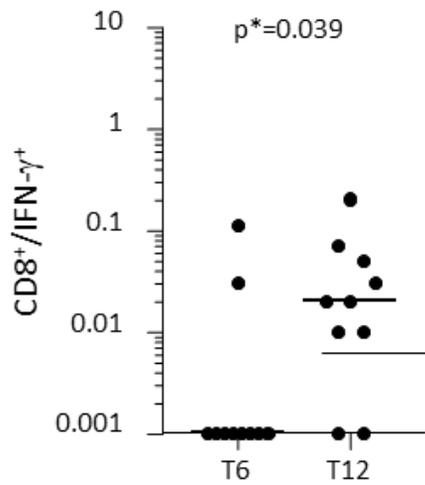
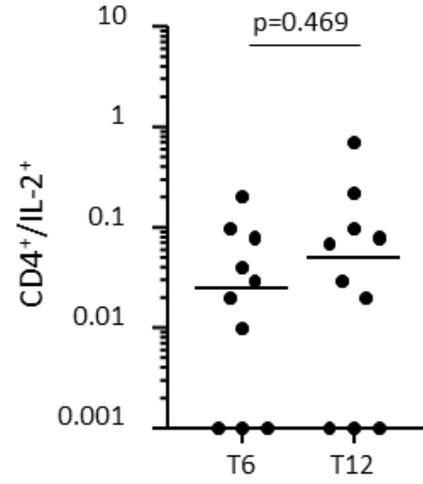
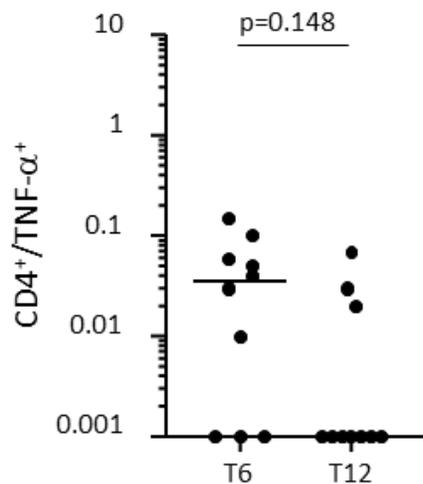
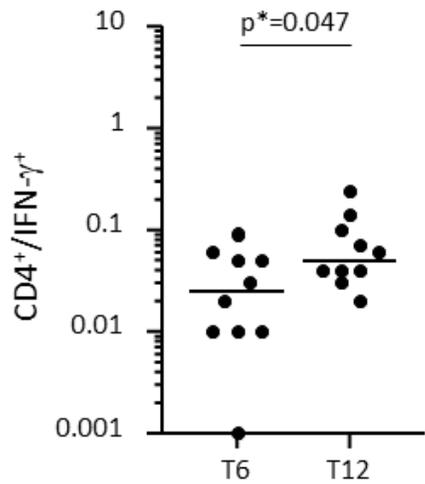
# Immunità cellulo mediata

- 34 residents were assessed for vaccine-induced immunity **pre-booster** and 12 months after the first BNT162b2 vaccine dose (**post-booster**)
- Cell-mediated immunity was assessed at by intracellular cytokine staining of peripheral blood mononuclear cells stimulated in vitro with peptides covering the immunodominant sequence of SARS-CoV-2 Spike protein. The simultaneous production of **IFN- $\gamma$** , **TNF- $\alpha$**  and **IL-2** was measured.

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## Immunità cellulo mediata

Before the booster vaccination, 31 out of 34 NH residents had a positive response to Spike. Post-booster, 28 out of 34 had a positive response. Booster dose does not increase CMI



Booster dose  
increase CMI in naive  
patients

Naive patients only

# Associazione tra risposta anticorpale e cellulo mediata

		Anti-S IgG in BAU/mL			
		T6		T12	
		GM	p -value	GM	p -value
CD4	Low or non-responders	496.50	<b>0.047</b>	4722.06	0.7953
	2+ cytokines	1282.50		4188.09	
CD8	Low or non-responders	496.21	<b>0.0059</b>	6124.18	0.1415
	2+ cytokines	1719.86		3165.29	

# Associazione tra risposta anticorpale e cellulosa mediata

	T6		T12	
	rs	p -value	rs	p -value
CD4 IFNg	<b>0.36</b>	<b>0.036</b>	-0.07	0.70
CD4 IL2	0.21	0.24	0.03	0.86
CD4 TFNa	0.04	0.80	-0.10	0.58
CD8 IFNg	<b>0.42</b>	<b>0.014</b>	-0.14	0.41
CD8 IL2	0.18	0.32	0.04	0.80
CD8 TFNa	0.39	0.02	-0.1	0.58

# Conclusioni

- Risposta immunitaria ridotta nei NH residents rispetto ad altra popolazione
- Molti fattori possono influenzare la risposta anticorpale
- Effetto tetto dopo 3 dosi?
- Componente cellulo-mediata e umorale in parte collegate

