

Multi Epitopes Vaccine Prediction against Severe Acute Respiratory Syndrome (SARS) Coronavirus Using Immunoinformatics Approaches

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Abstract Efforts for developing vaccine against Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) is crucial in prevention of SARS re-emergence. The global outbreak of SARS was contained since 2003. However concerns remain over the possibility of future recurrences, especially with recent reports of laboratory-acquired infections and the presence of sporadic cases, raising a serious concern. SARS-CoV spike S protein (1255aa) is an important target in developing safe and effective vaccines. In this study multiple bio-informatics and immunoinformatics implementation tools from NCBI and IEDB were used for epitopes prediction from spike S protein. The predicted epitopes were further assessed for population coverage against the whole world population. Our results demonstrated that the epitopes ³⁸-**RGVYYPDEL**₄₆, ²⁰⁰-**YQPIDVVRD**₂₀₈ and ³⁸⁸-**VVKGDDVRQ**₃₉₆ elicit and stimulate B cell since they got higher score in Emini and Kolaskar and tongaonker software. For T-cell: the epitopes ⁴⁷-**FRSDTLYLT**₅₅, ¹⁹⁵-**YVYKGYQPL**₂₀₃ and ⁸⁸⁰-**FAMQMAYRF**₈₈₈ were found to interact with both MHC-I and MHC-II alleles. Moreover ⁸⁵¹-**MIAAYTAAL**₈₅₉ showed higher affinity to MHC-1 alleles while ⁷⁸²-**FNFSQLPD**₇₉₀ interacted only with MHC-II alleles. The population coverage epitope set for MHC-1 and MHC-II predicted epitopes was **82.16%** and **99.97%** respectively. All predicted epitopes against T cell (MHC-I/MHC-II) demonstrated strong potentiality as promising peptides vaccine with population coverage epitope set against the whole world of **100%**. Taken together eight epitopes were proposed to interact with B and T cells and act as peptide vaccine against SARS-CoV virus. In vitro and in vivo studies are recommended to prove the effectiveness of these epitopes as a peptide vaccine.

Keywords: SARS, NCBI, IEDB, Insilico prediction, Immunoinformatics

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1. Introduction

Severe acute respiratory syndrome (SARS) is a viral pulmonary infection caused by SARS coronavirus (SARS-CoV) [1]. The disease is considered as an emerging infectious disease that spread to more than 30 countries in 2003. More than 8000 cases, including almost 800 deaths, were reported during the outbreak period with a mortality rate of ~10% [1,2,3]. The global outbreak of SARS was contained since the end of SARS outbreak in 2003. But concerns remain over the possibility of future recurrences, especially with recent reports of laboratory-acquired infections and the presence of a number of SARS sporadic cases, raising a serious concern [4,5,6,7]. Additionally, the presence of natural reservoir, such as bats, considered as risk factors for reoccurrence of SARS-CoV like virus from

animals to humans [8]. The symptoms of SARS infection is characterized by acute onset of fever accompanied with cough, difficulty and shortness of breathing. These symptoms initiated as nonspecific symptoms of a flu-like illness one week after exposure to the virus [9,10]. A variety of therapeutic efforts were introduced for the remedy of the disease in Asia and Canada. However, no treatment demonstrated efficacy against the infection [11,12].

Like the other coronaviruses, SARS CoV is an enveloped virus containing a large, positive-stranded RNA genome that encodes viral replicase proteins and structural proteins including spike S, membrane, envelope, nucleocapsid, and several uncharacterized proteins [13,14,15]. The initiation of the infection started with the attachment of the spike S protein to specific host receptor accompanied by stimulation of conformational change in the S protein [13,16]. The S protein of SARS-CoV is a type I transmembrane glycoprotein with a predicted length of 1255 amino acids

[13,16]. The spike S glycoprotein consists of a leader (amino acids 1 to 14), an ectodomain (amino acids 15 to 1190), a membrane spanning domain (amino acids 1191 to 1227), and a short intracellular tail (amino acids 1227 to 1255) [17]. Moreover the S proteins of coronaviruses are also considered as major antigenic determinants that induce neutralizing antibodies [16,18,19]. It is noteworthy that a particular amino acids sequence region within the spike S proteins, termed receptor binding domain (RBD), is considered as a functional domain responsible for virus binding to the target cell receptor [17,20,21], may contain neutralizing epitopes [22,23] and acted as a potent inducer of neutralizing antibodies in the immunized rabbits [24]. Thus most existing vaccine candidates against SARS CoV were based on the spike S protein and RBD region [16,17,19,25].

Vaccinations for preventing SARS infection have been reported in multiple studies. The inactivated virus was used as the first-generation vaccine because it is easy to generate whole killed virus particles. SARS-CoV inactivated with formaldehyde, UV light, and β -propiolactone could induce virus-neutralizing antibodies in immunized animals [26,27,28,29]. In addition to that evaluations of an inactivated whole virus vaccine in ferrets and nonhuman primates and a virus-like-particle vaccine in mice induced protection against infection but the challenged animals exhibited an immunopathologic lung lesion [30]. Other vaccines including the spike S protein preparations, virus-like particles (VLPs), plasmid DNA and a number of vectors containing genes of SARS-CoV proteins were used [31,32,33]. Moreover strategies for using combination of different vaccines improved the humoral or cellular immune responses. For example prime with SARS-CoV S protein expressing DNA and boost with adenoviral vector encoding S protein induced optimal CD8⁺ T cell immunity. While boosting with inactivated SARS-CoV plus adjuvant stimulated the CD4⁺ T cell immunity and the antibody response [7,34]. Also a recombinant adeno-associated virus encoding RBD of SARS-CoV S protein (RBD-rAAV) induced SARS-CoV-specific IgG antibody with neutralizing activity [35]. Although these vaccines induced potent neutralizing and protective responses in the immunized animals, but safety of the inactivated vaccine is a serious concern. For instance workers are exposed to risk while dealing with concentrated live SARS-CoV, incomplete virus inactivation may cause SARS outbreaks among the vaccinated populations, and some viral proteins may induce harmful immune or inflammatory responses, even causing SARS-like diseases [12,36]. Thus the need for a safer and efficacious vaccine without future complications is highly recommended. In this study we

aimed to use the immunoinformatic approaches found in the Immune Epitope Database (IEDB) to predict epitopes from spike S protein of SARS-CoV that elicit the human immune system and acted as safer efficacious vaccine.

2. Materials and Methods

2.1. Protein Sequences Retrieval and Alignment Tool

A total of 131 sequences of the spike S protein of SARS-CoV were retrieved from the NCBI database [37] on May 1st 2017. The majority of the samples were retrieved from China (58 strains), USA (48 strains), Taiwan (14 strains), Italy (3 strains), Canada (2 strains), Germany (2 strains), Japan (2 strains) and unnamed protein product (2 strains). The retrieved strains, their accession numbers, country and date of collection were shown in table (1). The spike S protein sequences of the retrieved strains were aligned to obtain the conserved regions using multiple sequence alignment (MSA). The sequences were aligned with the aid of Clustal W in the BioEdit program, version 7.0.9.0. [38]

2.2. Evolution Analysis

The retrieved sequences were subjected to evolutionary divergence analysis using the spike S protein of the SARS-CoV virus. The phylogenetic tree was constructed to determine the common ancestor of each strain using MEGA 7.0.26 (7170509-x86_64).

2.3. Determination of the Conserved Regions of Spike S protein

The conserved regions of the candidate epitopes were analyzed by different prediction software tools obtained by Immune Epitope Database (IEDB) analysis [39]. The glycoprotein precursor E2 [NP_828851.1] of the spike S protein was used as reference sequence for the IEDB software analysis.

2.4. B Lymphocytes Epitopes Prediction

Tools from IEDB were used to identify the B cell antigenicity, including Bepipred for linear epitope analysis [40], Emini for surface accessibility [41] and Kolaskar and Tongaonkar for antigenicity scale [42].

Table 1. 131retrieved strains with accession numbers, countries and year of collection

Accession number	Country	Year
*NP_828851.1	Canada Toronto	2003
AAP30030.1	China	2003
AAR91586.1	China	2003
AAP33697.1	Germany-Frankfurt	2003
AAP50485.1	Italy	2003
BAC81404.1	China	2003
BAC81390.1	China	2003
BAC81376.1	China	2003
BAC81362.1	China	2003
BAC81348.1	China	2003

Accession number	Country	Year
AAP72986.1	Italy	2003
AAQ94060.1	Italy	2003
P59594.1	USA Full-Spike glycoprotein	2003
AAP13441.1	USA-Atlanta	2003
AAR33050.1	China_Hangzhou	2003
AAP37017.1	Taiwan	2003
AAQ01609.1	Taiwan	2003
AAQ01597.1	Taiwan	2003
AAP97882.1	Taiwan	2003
AAR87600.1	Taiwan	2003
AAR87589.1	Taiwan	2003
AAR87578.1	Taiwan	2003
AAR87567.1	Taiwan	2003
AAR87556.1	Taiwan	2003
AAR87545.1	Taiwan	2003
AAR87534.1	Taiwan	2003
AAR87523.1	Taiwan	2003
AAR87512.1	Taiwan	2003
AAR87501.1	Taiwan	2003
AAS00003.1	China-Guangzhou	2003
AAP51227.1	China	2003
AAT52330.1	China	2004
AAX16192.1	China-Wuhan	2004
AAV60793.1	China	2004
AAV60780.1	China	2004
AAT74874.1	China-Beijing	2004
AAT76147.1	China	2004
AAS75868.1	Germany-Frankfurt	2004
AAU81608.1	USA-Atlanta	2004
CAI58832.1	unnamed_protein_product_synthetic_construct	2005
ABD72982.1	China_Hong_Kong	2006
CAL49859.1	unnamed_protein_product_synthetic_construct	2006
BAE93401.1	Japan-Frankfurt	2006
BAF42873.1	Japan-Frankfurt1	2006
ABD72972.1	China_Hong_Kong	2006
ABD72984.1	China_Hong_Kong	2006
ABD72969.1	China_Hong_Kong	2006
ABF65836.1	USA-Rockville	2006
ABD72968.1	China-Hong_Kong	2006
ABD72998.1	China_Hong_Kong	2006
ABD72996.1	China_Hong_Kong	2006
ABD72994.1	China_Hong_Kong	2006
ABD72991.1	China_Hong_Kong	2006
ABD72989.1	China_Hong_Kong	2006
ABD72987.1	China_Hong_Kong	2006
ABD72983.1	China_Hong_Kong	2006
ABD72981.1	China_Hong_Kong	2006
ABD72980.1	China_Hong_Kong	2006
ABD72978.1	China_Hong_Kong	2006
ABD72975.1	China_Hong_Kong	2006
ABI96958.1	Canada-CV7	2006
ABD73002.1	China-Hongkong	2006
ABD73000.1	China_Hong_Kong	2006
ABD72997.1	China_Hong_Kong	2006
ABD72976.1	China_Hong_Kong	2006
ABD72974.1	China_Hong_Kong	2006
ABD72973.1	China_Hong_Kong	2006
ABD72971.1	China_Hong_Kong	2006
ABD72970.1	China_Hong_Kong	2006
ABD72988.1	China_Hong_Kong	2006
ABD72995.1	China_Hong_Kong	2006

Accession number	Country	Year
ABD72979.1	China_Hong_Kong	2006
ABD72992.1	China_Hong_Kong	2006
ABD72977.1	China_Hong_Kong	2006
ABD72993.1	China_Hong_Kong	2006
ABD72990.1	China_Hong_Kong	2006
ABD72986.1	China_Hong_Kong	2006
ABD72985.1	China_Hong_Kong	2006
ABD73001.1	China_Hong_Kong	2006
ABY85258.1	USA	2007
ABD72999.1	China_Hong_Kong	2007
ACB69905.1	China	2008
ACB69872.1	China	2008
ACB69860.1	China	2008
ACB69883.1	China	2008
ACB69894.1	China	2008
ACB69849.1	China	2008
AFM43867.1	USA_Tennessee	2012
AFR58728.1	USA	2012
AFR58700.1	USA	2012
AFR58672.1	USA	2012
AFR58714.1	USA	2012
AFR58742.1	USA	2012
AFR58686.1	USA	2012
AGT21078.1	USA_Nashville	2013
AGT21318.1	USA	2013
AGT21303.1	USA	2013
AGT21288.1	USA	2013
AGT21273.1	USA	2013
AGT21258.1	USA	2013
AGT21243.1	USA	2013
AGT21228.1	USA	2013
AGT21213.1	USA_Nashville	2013
AGT21198.1	USA_Nashville	2013
AGT21183.1	USA_Nashville	2013
AGT21168.1	USA_Nashville	2013
AGT21153.1	USA_Nashville	2013
AGT21138.1	USA_Nashville	2013
AGT21123.1	USA_Nashville	2013
AGT21108.1	USA_Nashville	2013
AGT21093.1	USA_Nashville	2013
AGT21063.1	USA_Nashville	2013
AGT21048.1	USA_Nashville	2013
AGT21033.1	USA_Nashville	2013
AGT21018.1	USA_Nashville	2013
AGT21003.1	USA_Nashville	2013
AGT20988.1	USA_Nashville	2013
AGT20973.1	USA_Nashville	2013
AGT20958.1	USA_Nashville	2013
AGT20943.1	USA_Nashville	2013
AGT20928.1	USA_Nashville	2013
AGT20913.1	USA_Nashville	2013
AGT20898.1	USA_Nashville	2013
AGT20883.1	USA_Nashville	2013
AGT20868.1	USA_Nashville	2013
AGT20853.1	USA_Nashville	2013
AGT20838.1	USA_Nashville	2013
AGT20823.1	USA_Nashville	2013
AGT20808.1	USA_Nashville	2013
AGT20793.1	USA_Nashville	2013
ALK02457.1	China	2015

*The reference sequence.

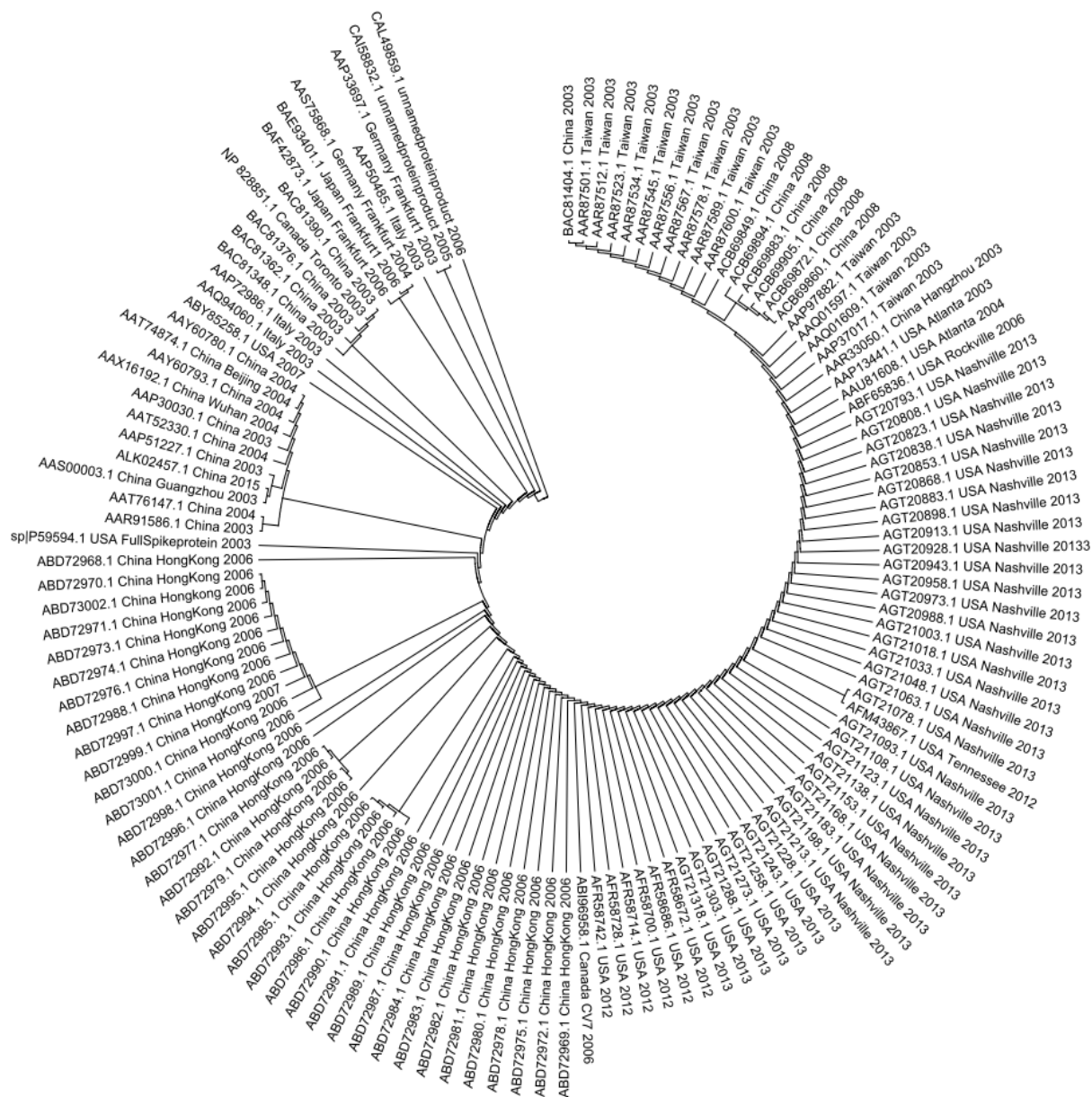


Figure 1. Phylogenetic tree of the 131 retrieved strains. The retrieved strains demonstrated divergence in their common ancestors

2.4.1. B cell Linear Epitopes Prediction

BepiPred from IEDB [43] was used as linear B-cell epitopes prediction with a default threshold value of -0.075.

2.4.2. B cell Surface Accessibility Prediction

Emini surface accessibility prediction tool from IEDB was used [43]. The surface accessible epitopes were predicted from the conserved regions with the default threshold value 1.000.

2.4.3. B-cell Epitopes Antigenicity Prediction

Kolaskar and tongaonker antigenicity method [43] was used to determine the antigenic sites with a default threshold value of 1.039.

2.5. T-lymphocytes Epitopes Prediction

The IEDB was used for the identification of the T cell epitopes prediction. The prediction method included the

major histocompatibility complex class I and II (MHC-I, MHC-II).

2.5.1. MHC-I Binding Predictions

Analysis of epitopes binding to MHC-I molecules was assessed by the software of IEDB MHC-I prediction tool [44]. The prediction method was obtained by Artificial Neural Network (ANN), Stabilized Matrix Method (SMM) or Scoring Matrices derived from combinatorial peptide libraries [42-49]. Before the prediction step, epitopes length was set as 9mers. The conserved epitopes that bind to alleles at score equal to or less than 100 half-maximal inhibitory concentrations (IC50) were selected for further analysis [49,50].

2.5.2. MHC-II Binding Predictions

Analysis of epitopes binding to MHC-II molecules was achieved by the IEDB MHC-II prediction tool [51]. The neural networks align (NN-align) that allow for simultaneous identification of the MHC-II binding core

epitopes and binding affinity was used. All conserved epitopes that bind to many alleles at score equal to or less than 1000 half-maximal inhibitory concentration (IC50) were selected for further analysis [52].

2.6. Population Coverage

For the calculation of the population coverage for all potential MHC-I and II epitopes bindings, the IEDB tools [53] was used. The S glycoprotein of SARS-CoA virus was assessed for population coverage against the whole world with selected MHC-I and MHC-II interacted alleles.

2.7. Homology Modeling

Raptor X protein structure prediction server was used for creation the 3D structure of the spike S protein of SARS-CoA virus [54]. The reference sequence [NP_828851.1] was used as an input and Chimera 1.8 was used as a tool to visualize the selected epitopes belonging to B cell and T cell (MHC-I and MHC-II) [55]. Homology modeling was used for visualization of the surface accessibility of the B lymphocytes predicted candidate epitopes as well as for visualization of all predicted T cell epitopes in the structural level [56].

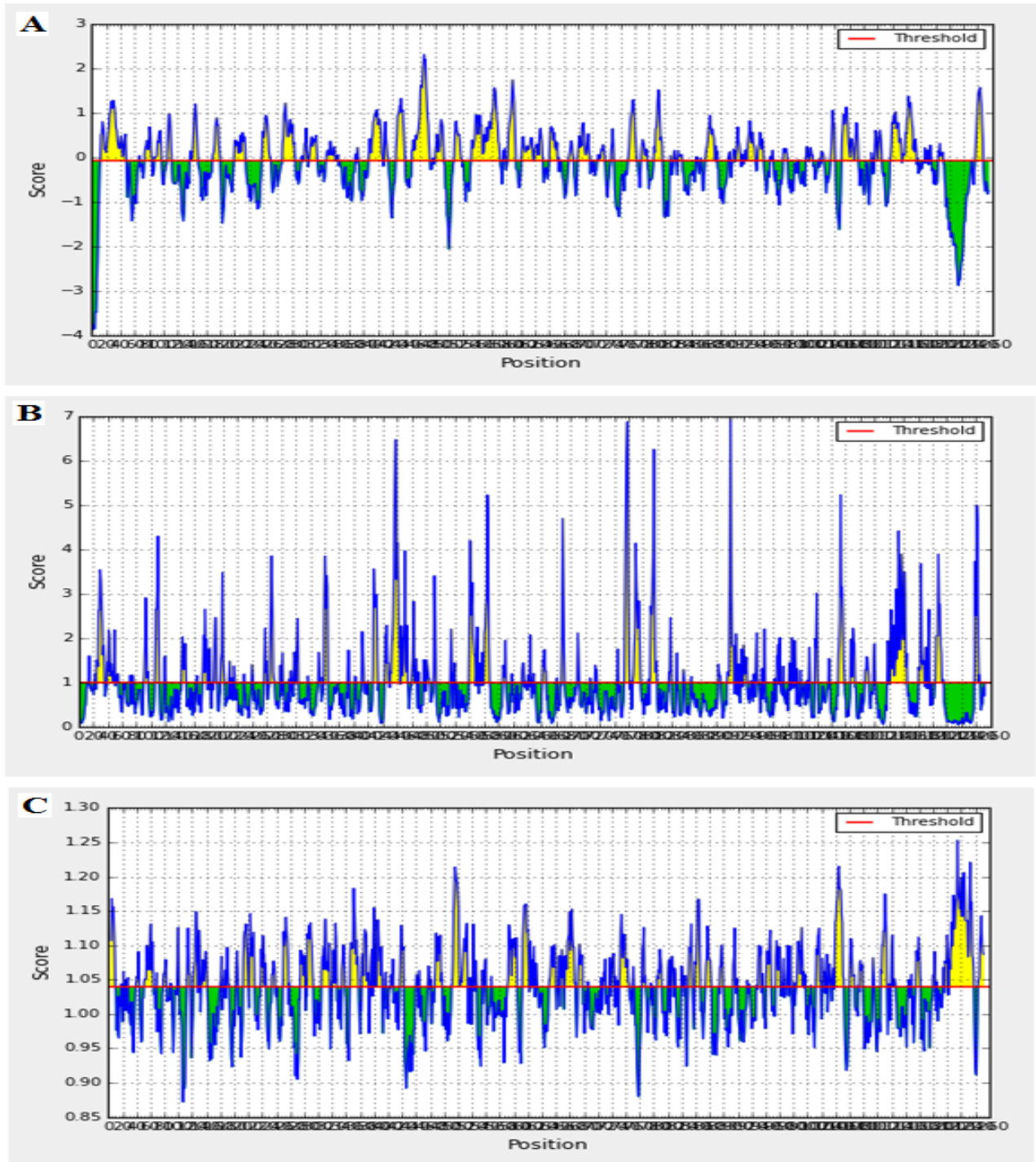


Figure 2. Prediction of B-cell epitopes by different IEDB scales (A- Bepred linear epitope prediction, B- Emini surface accessibility, C- Kolaskar and Tongaonkar antigenicity prediction). Regions above threshold (red line) are proposed to be a part of B cell epitope while regions below the threshold (red line) are not

3. Results

3.1. Phylogenetic Analysis

Figure 1 provided the phylogenetic relationship of the 131 retrieved strains of the spike S protein of SARS-CoV viruses. The phylogeny demonstrated evolutionary divergence among the retrieved strains of SARS spike S protein.

3.2. B Cell Epitopes Prediction

The spike S glycoprotein was subjected to Bepipred linear epitope prediction, Emini surface accessibility and Kolaskar and Tongaonkar antigenicity prediction methods from IEDB. The thresholds of Bepipred linear epitope, Emini surface accessibility and Kolaskar and Tongaonkar antigenicity were shown in Figure 2. In Bepipred linear epitope prediction method; the average score of spike S protein to B lymphocytes was -0.075 (minimum: -3.871 and maximum: 2.320). Values equal to or greater than the default threshold -0.075 were predicted as conserved linear epitope. Table 2 showed that 66 epitopes were

predicted by Bepipred method as a linear epitopes. In Emini surface accessibility prediction; the average score of SARS spike S protein was 1.000 (minimum: 0.036 and maximum: 7.000). Values equal to or greater than the default threshold 1.000 were regarded potentially on the surface. Emini surface accessibility method predicted 35 epitopes on the surface that have potential binding to B lymphocytes cells (Table 2). In Kolaskar and Tongaonkar antigenicity prediction method; the average score of SARS spike S protein was 1.039 (minimum: -3.921 and maximum: 1.183). Values equal to or greater than the default threshold 1.039 were considered as antigenic epitopes. This method predicted 29 antigenic epitopes with potential binding to B lymphocytes cells (Table 2). Accordingly three conserved epitopes were successfully predicted to elicit the B cell lymphocytes since they were conserved among all retrieved strains, got higher score values in Emini surface accessibility and Kolaskar and Tongaonkar antigenicity prediction methods. These three epitopes were ³⁸-RGVYYPDEL₄₆ and ²⁰⁰-YQPIDVVRD₂₀₈ and ³⁸⁸-VVKGDDVRQ₃₉₆. The three dimension structural (3D) level of these epitopes was shown in Figure 3.

Table 2. B-cell epitopes prediction, the position of peptides is according to the position of amino acids in the spike S protein of SARS CoA virus.

Peptide	Start	End	Length	Emini ^a	Kolaskar ^b
GSDL	13	16	4	0.753	1.001
CTTFDDVQAPNY	19	30	12	0.992	1.043
RGVYYPDEIFR	38	48	11	1.692	1.032
*RGVYYPDEI	38	46	9	1.535	1.043
YFAATEKSNV	88	97	10	1.234	1.024
TMNNKS	106	111	6	2.647	0.871
GTQT	145	148	4	1.471	0.927
SLDV	169	172	4	0.565	1.128
EKSGNF	174	179	6	1.71	0.922
YQPIDVVRDLPSGFN	200	214	15	0.767	1.055
*YQPIDVVRD	200	208	9	1.227	1.085
PAQD	240	243	4	1.862	1.002
WGTSAA	245	250	6	0.549	0.969
DENGTITDAVDCSQNPLA	267	284	18	0.648	1.006
GIYQT	298	302	5	0.897	1.022
FNAT	329	332	4	0.837	0.96
FPSVYAW	334	340	7	0.478	1.095
VVKGDDVRQIAPGQTGVIAD	388	407	20	0.199	1.05
*VVKGDDVRQ	388	396	9	1.062	1.064
NYKLDP	409	414	6	2.87	1.008
RNIDAT	426	431	6	1.438	0.94
LRPFERDISNVPFSP	448	462	15	1.403	1.028
GKPCTPPA	464	471	8	0.989	1.048
*GKPCTPP	464	470	7	1.221	1.045
YGFY	481	484	4	0.867	1.072
GIGYQ	488	492	5	0.615	1.015
ATVCGPKLS	508	516	9	0.272	1.1
LTGTGVLTPSSKRFPQFQGRDV	532	555	24	0.865	1.026
DFTDSVRDPKTSEIL	557	571	15	2.5	1.002
VITPGTN	583	589	7	0.575	1.01
NCTDV	602	606	5	0.509	1.069
AIHADQLTP	609	617	9	0.719	1.054
YSTGNNVFQT	622	631	10	1.389	0.991
VDTSYECDIP	642	651	10	0.704	1.068
*VDTSY	642	646	5	1.24	1.066

Peptide	Start	End	Length	Emini ^a	Kolaskar ^b
TSQKSI	669	674	6	1.683	1.005
LGADSSIAYSNNTIAIP	681	697	17	0.24	1.021
MAKTSV	713	718	6	0.768	1.021
DSTE	727	730	4	2.305	0.909
EQDRNTRE	755	762	8	13.355	0.877
QMYKTPTLK	769	777	9	3.956	0.999
ILPDPLK	787	793	7	0.821	1.082
ECLGDI	821	826	6	0.237	1.067
LVSGT	859	863	5	0.387	1.086
QKQIANQ	902	908	7	2.551	0.995
QESLTTSTALG	917	928	12	1.155	0.997
DVVNQNAQA	932	940	9	1.01	1.038
KVEAEV	968	973	6	0.893	1.077
*KVEA	968	971	4	1.07	1.057
NLAAT	1005	1009	5	0.645	1.013
RVDF	1021	1024	4	0.866	1.053
PQAAPH	1035	1040	6	1.538	1.063
*PQAAP	1035	1039	5	1.395	1.054
VPSQERNFTTAPAICHE	1050	1066	17	0.833	1.035
*VPSQE	1050	1054	5	1.522	1.065
KAYFP	1068	1072	5	1.399	1.062
*KAYF	1068	1071	4	1.13	1.062
IITT	1096	1099	4	0.422	1.03
NTFVS	1101	1105	5	0.66	1.034
TVYDPLQPELDSFKEE	1118	1133	16	4.603	1.026
*TVYDPLQPE	1118	1126	9	2.299	1.063
DKYFKNHTSPDVD	1135	1147	13	7.114	0.997
GDISGI	1149	1154	6	0.288	0.988
LGKYEQY	1185	1191	7	2.592	1.035
*LGKY	1185	1188	4	1.054	1.054
KFDEDDSEPVL	1237	1247	11	2.765	1.003

*peptides revealed higher score if they were shorten in all tools.

a: default threshold value 1.000

b: default threshold value 1.039.

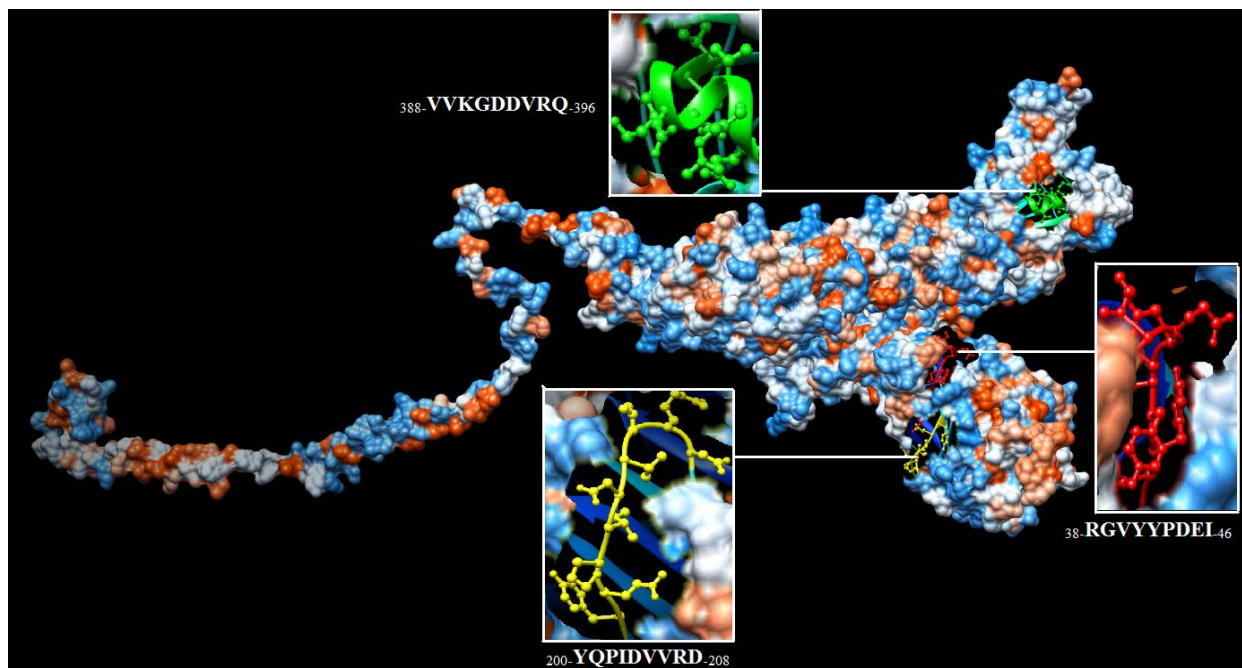


Figure 3. Position of proposed conserved B cell epitopes in structural level of spike S protein of SARS-CoV. Three epitopes were predicted to interact with B cell. The epitopes showed conservancy, surface accessibility and antigenicity using IEDB software

3.3. T Lymphocytes Epitopes Binding Prediction

3.3.1. MHC-I Binding Predictions

SARS spike S protein was analyzed using IEDB MHC-1 binding prediction tool to predict T lymphocytes epitopes that have binding affinity with MHC-I alleles based on Artificial Neural Network (ANN)

with half-maximal inhibitory concentration (IC₅₀) ≤ 100. As shown in Table 3 a total of 118 epitopes were found to interact with MHC-I alleles. The epitopes ⁴⁷FRSDTLYLT₋₅₅, ¹⁹⁵YVYKGYQPI₋₂₀₃, ⁸⁸⁰FAMQMAYRF₋₈₈₈ and ⁸⁵¹MIAAYTAAL₋₈₅₉ interacted with the highest number of alleles and the best binding affinity to MHC-1 alleles (Table 5). The three dimensional structural level (3D) of these epitopes within spike S protein of SARS-CoA was shown in Figure 4.

Table 3. List of epitopes that had binding affinity with MHC-I alleles. The position of peptides is according to position of amino acids in spike S protein of SARS CoA virus

Peptide	Start	End	Allele	ic50	Percentile
VYYPDEIFR	40	48	HLA-A*31:01	33.19	0.4
EIFRSDTLY	45	53	HLA-A*26:01	59.76	0.1
			HLA-A*68:01	37.16	0.5
FRSDTLYLT	47	55	HLA-C*07:01	85.79	0.1
LTQDLFLPF	54	62	HLA-A*02:06	63.88	0.7
			HLA-A*32:01	36.03	0.3
			HLA-B*15:01	9.05	0.1
LPFYSNVTG	60	68	HLA-B*35:01	43.15	0.3
PFYSNVTGF	61	69	HLA-A*23:01	87.46	0.2
FAATEKSNV	89	97	HLA-C*12:03	57.82	0.2
AATEKSNV	90	98	HLA-C*03:03	45.43	0.4
IINNSTNV	115	123	HLA-A*02:06	54.51	0.7
GTQHTMIF	145	153	HLA-A*32:01	58.32	0.3
HTMIFDNAF	149	157	HLA-A*32:01	20.41	0.3
			HLA-B*35:01	36.33	0.3
MIFDNAFNC	151	159	HLA-A*02:06	71.85	0.7
NAFNCTFEY	155	163	HLA-A*29:02	27.81	0.2
			HLA-A*68:01	26.6	0.5
			HLA-B*35:01	5.29	0.1
			HLA-C*12:03	36.74	0.2
KSGNFKHLR	175	183	HLA-A*31:01	5.24	0.1
FVFNKNDGF	185	193	HLA-C*12:03	85.14	0.2
KNKDGFLYV	188	196	HLA-A*30:01	29.63	0.4
GFLYVYKGY	192	200	HLA-A*29:02	57.81	0.2
YVYKGYQPI	195	203	HLA-A*02:01	47.04	0.5
			HLA-A*02:06	6.14	0.1
			HLA-A*68:02	79.07	0.7
			HLA-C*03:03	5.33	0.1
			HLA-C*12:03	6.97	0.1
			HLA-C*14:02	12.14	0.2
GYQPIDVVR	199	207	HLA-A*31:01	64.99	0.4
LPLGINITN	222	230	HLA-B*35:01	70.7	0.4
LGINITNFR	224	232	HLA-A*31:01	46.88	0.4
			HLA-A*68:01	27.98	0.5
GTSAAAYFV	246	254	HLA-A*02:06	41.09	0.7
			HLA-A*68:02	10.33	0.2
SAAAYFVGY	248	256	HLA-A*29:02	41.82	0.2
			HLA-B*15:01	58.73	0.2
			HLA-B*35:01	51.03	0.3
AAAYFVGYL	249	257	HLA-A*68:02	37.12	0.6
			HLA-C*03:03	37.17	0.4
AAYFVGYLK	250	258	HLA-A*03:01	28.63	0.2
			HLA-A*11:01	6.23	0.2
			HLA-A*30:01	95.31	0.5
			HLA-A*31:01	55.03	0.4
			HLA-A*68:01	13.67	0.2
SQNPLAELK	279	287	HLA-A*11:01	36.62	0.4
SVKSFEIDK	289	297	HLA-A*11:01	42.8	0.4
			HLA-A*30:01	30.96	0.4
GIYQTSNFR	298	306	HLA-A*11:01	75.48	0.4

Peptide	Start	End	Allele	ic50	Percentile
			HLA-A*31:01	43.73	0.4
			HLA-A*68:01	44.48	0.6
VRFPNITNL	314	322	HLA-C*06:02	31.01	0.1
			HLA-C*07:01	20.44	0.1
			HLA-C*12:03	94.62	0.2
FPNITNLCP	316	324	HLA-B*53:01	39.11	0.1
NLCPFGEVF	321	329	HLA-B*15:01	83.41	0.2
FPSVYAWER	334	342	HLA-A*68:01	89.6	0.6
FSTFKCYGV	361	369	HLA-A*68:02	9.14	0.2
KCYGVSATK	365	373	HLA-A*30:01	86.6	0.5
FVVKGDDVR	387	395	HLA-A*68:01	18.49	0.3
QIAPGQTGV	396	404	HLA-A*68:02	48.85	0.7
GQTGVIADY	400	408	HLA-A*30:02	48.56	0.2
GVIADYNYK	403	411	HLA-A*11:01	16.27	0.3
			HLA-A*68:01	96.67	0.6
VIADYNYKL	404	412	HLA-A*02:01	50.27	0.5
HGKLRPFER	445	453	HLA-A*31:01	51.58	0.4
YWPLNDYGF	475	483	HLA-A*23:01	64.95	0.2
			HLA-A*24:02	62.83	0.5
			HLA-C*14:02	88.11	0.3
WPLNDYGFY	476	484	HLA-A*29:02	89.75	0.2
			HLA-B*35:01	11.45	0.2
YQPYRVVVL	491	499	HLA-A*02:06	99.74	0.8
			HLA-B*39:01	79.44	0.3
			HLA-C*12:03	42.2	0.2
			HLA-C*14:02	55.72	0.2
LIKNQCVNF	519	527	HLA-B*15:01	65.04	0.2
CVNFNENGL	524	532	HLA-A*68:02	23.74	0.6
SSKRFQPFQ	541	549	HLA-A*30:01	34.51	0.4
KRFQPFQFQ	543	551	HLA-B*27:05	92.24	0.2
FTDSVRDPK	558	566	HLA-A*68:01	38.38	0.5
YQDVNCTDV	598	606	HLA-A*02:06	35.16	0.7
			HLA-C*05:01	89.62	0.4
FQTQAGCLI	629	637	HLA-A*02:06	17.15	0.6
TQAGCLIGA	631	639	HLA-A*02:06	5.98	0.1
TSQKSIVAY	669	677	HLA-B*15:01	84.15	0.2
SIVAYTMSL	673	681	HLA-A*02:01	37.41	0.5
			HLA-A*02:06	37.01	0.7
			HLA-A*68:02	76.94	0.7
			HLA-C*14:02	24.85	0.2
MSLGADSSI	679	687	HLA-B*58:01	70.21	0.3
LGADSSIAY	681	689	HLA-B*15:01	81.62	0.2
			HLA-B*35:01	5.64	0.1
SIAYSNNTI	686	694	HLA-A*32:01	64.24	0.3
			HLA-A*68:02	61.13	0.7
AYSNTTIAI	688	696	HLA-C*14:02	17.12	0.2
IAIPTNFSI	694	702	HLA-A*02:06	42.71	0.7
			HLA-B*58:01	17.41	0.3
			HLA-C*03:03	12.91	0.2
			HLA-C*12:03	68.85	0.2
EVMPVSMAK	707	715	HLA-A*11:01	13.87	0.3
			HLA-A*68:01	6.85	0.1
MPVSMAKTS	709	717	HLA-B*35:01	45.74	0.3
KTSVDCNMY	715	723	HLA-A*30:02	13.12	0.1
TSVDCNMYI	716	724	HLA-A*68:02	6.06	0.2
GSFCTQLNR	739	747	HLA-A*11:01	51.4	0.4
			HLA-A*31:01	50.93	0.4
			HLA-A*68:01	73.21	0.6
FCTQLNRAL	741	749	HLA-C*03:03	46.82	0.4
NTREVFAQV	759	767	HLA-A*02:06	74.34	0.7
			HLA-A*68:02	9.64	0.2
EVFAQVKQM	762	770	HLA-A*26:01	45.94	0.1
VFAQVKQMY	763	771	HLA-A*29:02	42.2	0.2

Peptide	Start	End	Allele	ic50	Percentile
FAQVKQMYK	764	772	HLA-A*11:01	75.27	0.4
			HLA-A*68:01	30.49	0.5
KQMYKTPTL	768	776	HLA-A*02:01	47.7	0.5
			HLA-A*02:06	27.15	0.6
			HLA-A*32:01	11.86	0.3
			HLA-C*14:02	46.48	0.2
QMYKTPTLK	769	777	HLA-A*03:01	8.58	0.1
			HLA-A*11:01	62.58	0.4
SQILPDPLK	785	793	HLA-A*11:01	66.07	0.4
RSFIEDLLF	797	805	HLA-B*57:01	17.84	0.3
			HLA-B*58:01	11.93	0.2
FIEDLLFNK	799	807	HLA-A*11:01	46.69	0.4
			HLA-A*68:01	42.86	0.6
FMKQYGECL	815	823	HLA-B*08:01	15.86	0.2
			HLA-C*03:03	44.61	0.4
			HLA-C*12:03	52.69	0.2
			HLA-C*14:02	84.19	0.3
LPPLLTDDM	843	851	HLA-B*35:01	78.12	0.4
LLTDDMIAA	846	854	HLA-A*02:01	32.91	0.5
			HLA-A*02:06	11.59	0.2
LTDDMIAAY	847	855	HLA-A*01:01	2.53	0.1
			HLA-A*29:02	85.6	0.2
			HLA-B*35:01	25.26	0.3
			HLA-C*05:01	17.95	0.4
MIAAYTAAL	851	859	HLA-A*02:01	14.39	0.3
			HLA-A*02:06	12.92	0.4
			HLA-A*32:01	70.26	0.3
			HLA-A*68:02	4.15	0.2
			HLA-B*07:02	56.9	0.2
			HLA-B*08:01	45.43	0.2
			HLA-B*15:01	55.03	0.2
			HLA-B*35:01	32.34	0.3
			HLA-B*39:01	17.67	0.3
			HLA-C*03:03	24.7	0.4
			HLA-C*14:02	15.88	0.2
			HLA-A*68:02	32.33	0.6
IAAYTAALV	852	860	HLA-A*68:02	32.33	0.6
YTAALVSGT	855	863	HLA-A*68:02	14.77	0.3
AALQIPFAM	874	882	HLA-B*35:01	26.99	0.3
			HLA-C*03:03	16.12	0.2
LQIPFAMQM	876	884	HLA-A*02:06	16.5	0.6
			HLA-B*15:01	36.09	0.1
IPFAMQMAY	878	886	HLA-A*29:02	26.63	0.2
			HLA-B*18:01	55.68	0.1
			HLA-B*35:01	2.99	0.1
			HLA-B*53:01	41.77	0.1
FAMQMAYRF	880	888	HLA-A*29:02	82.71	0.2
			HLA-B*08:01	74.55	0.2
			HLA-B*35:01	5.03	0.1
			HLA-B*53:01	13.26	0.1
			HLA-B*58:01	32.13	0.3
			HLA-C*03:03	39.73	0.4
QMAYRFNGI	883	891	HLA-A*02:06	50.95	0.2
AYRFNGIGV	885	893	HLA-A*30:01	45.76	0.7
YRFNGIGVT	886	894	HLA-C*06:02	22.18	0.4
			HLA-C*12:03	90.89	0.1
KQIANQFNK	886	894	HLA-C*12:03	57.74	0.2
TTTSTALGK	903	911	HLA-A*11:01	25.44	0.3
			HLA-A*11:01	71.54	0.4
TTTSTALGKL	921	929	HLA-A*68:01	28.77	0.5
			HLA-A*68:02	54.53	0.7
VVNQNAQAL	922	930	HLA-C*03:03	49.2	0.4
			HLA-C*14:02	79.63	0.3
AQALNTLVK	933	941	HLA-A*11:01	77.12	0.4
	938	946			

Peptide	Start	End	Allele	ic50	Percentile
RLDKVEAEV	965	973	HLA-A*02:01	38.95	0.5
			HLA-C*05:01	59.54	0.4
AEVQIDRLI	971	979	HLA-B*44:03	63.1	0.1
LITGRLQSL	978	986	HLA-A*02:06	95.7	0.7
RLQSLQTYV	982	990	HLA-A*02:01	16.66	0.4
QTYVTQQLI	987	995	HLA-B*58:01	92.25	0.3
ASANLAATK	1002	1010	HLA-A*11:01	19.32	0.3
			HLA-A*68:01	84.38	0.6
ATKMSECVL	1008	1016	HLA-A*30:01	93.02	0.5
FCGKGYHLM	1024	1032	HLA-C*03:03	95.84	0.4
HLMSFPQAA	1030	1038	HLA-A*02:01	30.89	0.4
QAAPHGVVF	1036	1044	HLA-B*15:01	40.36	0.1
			HLA-B*35:01	22.61	0.3
			HLA-C*03:03	17.46	0.2
			HLA-C*12:03	19.58	0.2
GVVFLHVTY	1041	1049	HLA-A*29:02	19.76	0.2
VVFLHVTYV	1042	1050	HLA-A*02:01	36.56	0.5
			HLA-A*02:06	21.97	0.6
			HLA-A*68:02	51.51	0.7
			HLA-C*12:03	77.09	0.2
VTYVPSQER	1047	1055	HLA-A*31:01	78.84	0.5
			HLA-A*68:01	56.35	0.6
KAYFPREGV	1068	1076	HLA-C*12:03	52.24	0.2
AYFPREGVF	1069	1077	HLA-C*07:02	59.02	0.2
			HLA-C*14:02	39.35	0.2
FPREGVVF	1071	1079	HLA-B*07:02	19.14	0.2
			HLA-B*35:01	3.52	0.1
			HLA-B*53:01	28.8	0.1
			HLA-C*12:03	48.55	0.2
FVFNQTSWF	1077	1085	HLA-A*02:06	28.53	0.6
			HLA-A*26:01	12.13	0.1
			HLA-B*15:02	35.34	0.1
			HLA-B*35:01	10.81	0.2
			HLA-C*03:03	82.72	0.4
			HLA-C*05:01	56.8	0.4
			HLA-C*12:03	10.47	0.2
			HLA-C*14:02	54.24	0.2
GTSWFITQR	1081	1089	HLA-A*11:01	39.88	0.4
			HLA-A*31:01	11.83	0.3
			HLA-A*68:01	10.23	0.1
QIITDNTF	1095	1103	HLA-B*15:01	66.32	0.2
VYDPLQPEL	1119	1127	HLA-C*14:02	66.93	0.2
YEQYIKWPW	1188	1196	HLA-B*18:01	4.19	0.1
			HLA-B*44:02	12.91	0.1
			HLA-B*44:03	38.77	0.1
QYIKWPWYV	1190	1198	HLA-A*23:01	15.67	0.2
			HLA-A*24:02	66.28	0.5
YIKWPWYVW	1191	1199	HLA-C*12:03	33.46	0.2
WPWYVWLG	1194	1202	HLA-B*35:01	9.09	0.1
			HLA-B*53:01	55.52	0.2
MTSCCSCLK	1219	1227	HLA-A*03:01	87.4	0.2
			HLA-A*11:01	17.44	0.3
			HLA-A*30:01	15.66	0.4
			HLA-A*31:01	98.56	0.5
			HLA-A*68:01	7.86	0.1
VLKGVKLHY	1246	1254	HLA-B*15:01	96.09	0.2

3.3.2. MHC-II binding predictions

SARS spike S protein was analyzed using IEDB MHC-II binding prediction tool to predict T lymphocytes epitopes that have binding affinity with MHC-II alleles based on NN-align with half-maximal inhibitory

concentration (IC₅₀) ≤ 1000. Total of 559 core epitopes were found to interact with MHC-II alleles. Table 4 demonstrated the best four core epitopes that interacted with MHC-II alleles. The core epitopes ⁴⁷FRSDTLYLT₅₅, ¹⁹⁵YVYKGYQPI₂₀₃, ⁸⁸⁰FAMQMAYRF₈₈₈ and

⁷⁸²FNFSQILPD₋₇₉₀ interacted with higher number of MHC-II alleles (Table 5). The three dimensional structural level (3D) of these epitopes within spike S protein of the

SARS-CoA was shown in Figure 4. The other core epitopes and their corresponding alleles that interacted with MHC-II were supplemented in an extra sheet.

Table 4. List of top four epitopes that had binding affinity with MHC-II alleles. The position of peptides is according to position of amino acids in spike S protein of SARS-CoA virus

Core Sequence	Peptide Sequence	Start	End	Allele	IC50	Rank
FAMQMAYRF	AALQIPFAMQMAYRF	874	888	HLA-DPA1*01:03/DPB1*02:01	335.3	17.32
				HLA-DQA1*05:01/DQB1*02:01	138.2	2.73
				HLA-DRB1*01:01	8.9	4.3
				HLA-DRB1*04:01	351.9	22.86
				HLA-DRB1*04:05	281.6	20.88
				HLA-DRB1*07:01	24.8	4.79
				HLA-DRB1*11:01	390.8	27.93
				HLA-DRB1*15:01	53.6	5.48
				HLA-DRB3*01:01	73.2	3.66
				HLA-DRB5*01:01	21	5.1
FAMQMAYRF	ALQIPFAMQMAYRFN	875	889	HLA-DPA1*01:03/DPB1*04:01	962.4	21.37
				HLA-DPA1*01:03/DPB1*02:01	358.9	17.99
				HLA-DQA1*05:01/DQB1*02:01	173.7	3.65
				HLA-DRB1*01:01	7.8	3.36
				HLA-DRB1*04:01	371.9	23.72
				HLA-DRB1*04:05	244.2	18.99
				HLA-DRB1*07:01	34.3	6.4
				HLA-DRB1*11:01	275.5	23.78
				HLA-DRB1*15:01	48.8	4.95
				HLA-DRB3*01:01	83.6	3.99
FAMQMAYRF	LQIPFAMQMAYRFNG	876	890	HLA-DRB5*01:01	17.3	4.26
				HLA-DPA1*01:03/DPB1*02:01	396.4	18.98
				HLA-DPA1*02:01/DPB1*01:01	168.5	15.71
				HLA-DQA1*05:01/DQB1*02:01	236.4	5.22
				HLA-DRB1*01:01	6.9	2.55
				HLA-DRB1*04:01	460.3	27.34
				HLA-DRB1*04:05	259.1	19.77
				HLA-DRB1*07:01	59.8	9.94
				HLA-DRB1*09:01	75.8	5.21
				HLA-DRB1*11:01	115.4	14.97
FAMQMAYRF	QIPFAMQMAYRFNGI	877	891	HLA-DRB1*15:01	55.1	5.64
				HLA-DRB3*01:01	112.6	4.82
				HLA-DRB5*01:01	17.2	4.23
				HLA-DPA1*01:03/DPB1*04:01	987.8	21.66
				HLA-DPA1*01:03/DPB1*02:01	299.6	16.26
				HLA-DPA1*02:01/DPB1*01:01	181.6	16.58
				HLA-DQA1*05:01/DQB1*02:01	280.5	6.29
				HLA-DRB1*01:01	6.1	1.81
				HLA-DRB1*04:01	428.9	26.1
				HLA-DRB1*04:05	245.6	19.05
FAMQMAYRF	IPFAMQMAYRFNGIG	878	892	HLA-DRB1*07:01	81.9	12.4
				HLA-DRB1*09:01	164.3	10.95
				HLA-DRB1*11:01	67.6	10.62
				HLA-DRB1*15:01	52.2	5.32
				HLA-DRB3*01:01	124.1	5.14
				HLA-DRB5*01:01	14.9	3.69
				HLA-DPA1*01:03/DPB1*02:01	383.7	18.66
				HLA-DPA1*02:01/DPB1*01:01	247.4	20.44
				HLA-DQA1*05:01/DQB1*02:01	358.6	8.11
				HLA-DRB1*01:01	8	3.54
FAMQMAYRF	IPFAMQMAYRFNGIG	878	892	HLA-DRB1*04:01	634.1	33.3
				HLA-DRB1*04:05	372.5	24.79
				HLA-DRB1*07:01	127.8	16.54
				HLA-DRB1*09:01	225.6	14.24
				HLA-DRB1*15:01	65.1	6.68
FAMQMAYRF	IPFAMQMAYRFNGIG	878	892	HLA-DRB3*01:01	293.8	8.6
				HLA-DRB5*01:01	22.8	5.49

Core Sequence	Peptide Sequence	Start	End	Allele	IC50	Rank
PFAMQMAYRFNGIGV	879	893	HLA-DPA1*01:03/DPB1*02:01	519.6	21.93	
			HLA-DPA1*02:01/DPB1*01:01	327.8	24.31	
			HLA-DQA1*05:01/DQB1*02:01	466.9	10.48	
			HLA-DRB1*01:01	11.1	6.03	
			HLA-DRB1*04:01	635.7	33.35	
			HLA-DRB1*04:04	297.1	26.12	
			HLA-DRB1*04:05	636.3	33.23	
			HLA-DRB1*07:01	109.5	15.06	
			HLA-DRB1*09:01	166.4	11.08	
			HLA-DRB1*15:01	62.8	6.46	
FAMQMAYRFNGIGVT	880	894	HLA-DRB3*01:01	639.9	13.6	
			HLA-DRB5*01:01	34	7.58	
			HLA-DPA1*01/DPB1*04:01	959.1	21.32	
			HLA-DPA1*01:03/DPB1*02:01	563.5	22.89	
			HLA-DPA1*02:01/DPB1*01:01	389.4	26.82	
			HLA-DQA1*05:01/DQB1*02:01	520.3	11.6	
			HLA-DRB1*01:01	14.6	8.36	
			HLA-DRB1*04:01	832.7	38.92	
			HLA-DRB1*04:04	394.8	30.75	
			HLA-DRB1*04:05	700.5	34.91	
LKYFGGFNFSQILPD	776	790	HLA-DRB1*07:01	156.8	18.73	
			HLA-DRB1*09:01	219.8	13.96	
			HLA-DRB1*15:01	119.9	11.57	
			HLA-DRB5*01:01	45.4	9.35	
			HLA-DPA1*01:03/DPB1*02:01	7.4	0.77	
			HLA-DPA1*03:01/DPB1*04:02	37.9	4.49	
			HLA-DQA1*01:02/DQB1*06:02	927.2	38.68	
			HLA-DQA1*03:01/DQB1*03:02	997.9	17.66	
			HLA-DQA1*04:01/DQB1*04:02	467.2	7.24	
			HLA-DQA1*05:01/DQB1*02:01	502	11.21	
KYFGGFNFSQILPDP	777	791	HLA-DQA1*05:01/DQB1*03:01	243.5	25.12	
			HLA-DRB1*04:04	52.1	5.97	
			HLA-DRB1*04:05	14.2	0.65	
			HLA-DRB1*07:01	32.4	6.11	
			HLA-DRB1*11:01	198.3	20.2	
			HLA-DPA1*01:03/DPB1*02:01	8.3	0.9	
			HLA-DPA1*03:01/DPB1*04:02	41.9	4.93	
			HLA-DQA1*01:02/DQB1*06:02	400	23.64	
			HLA-DQA1*03:01/DQB1*03:02	865.2	15.42	
			HLA-DQA1*04:01/DQB1*04:02	382.9	5.76	
YFGGFNFSQILPDPL	778	792	HLA-DQA1*05:01/DQB1*02:01	417.1	9.41	
			HLA-DQA1*05:01/DQB1*03:01	253.8	25.66	
			HLA-DRB1*04:04	45.8	5.09	
			HLA-DRB1*04:05	14.8	0.71	
			HLA-DRB1*07:01	74.1	11.6	
			HLA-DRB1*11:01	176.1	18.98	
			HLA-DPA1*01:03/DPB1*02:01	10.8	1.25	
			HLA-DQA1*01:02/DQB1*06:02	301.5	19.38	
			HLA-DQA1*03:01/DQB1*03:02	848.8	15.14	
			HLA-DQA1*04:01/DQB1*04:02	463.6	7.18	
FGGFNFSQILPDPLK	779	793	HLA-DQA1*05:01/DQB1*03:01	272.4	26.64	
			HLA-DRB1*04:04	38.8	4.13	
			HLA-DRB1*11:01	129.1	15.98	
			HLA-DPA1*01:03/DPB1*02:01	19.6	2.34	
			HLA-DQA1*01:02/DQB1*06:02	277	18.19	
			HLA-DQA1*04:01/DQB1*04:02	662	10.54	
			HLA-DQA1*05:01/DQB1*03:01	420.6	33.05	
			HLA-DRB1*04:04	39	4.17	
			HLA-DRB1*11:01	79.6	11.88	
			HLA-DPA1*01:03/DPB1*02:01	27.6	3.19	
GGFNFSQILPDPLKP	780	794	HLA-DPA1*02:01/DPB1*01:01	56.5	6.03	
			HLA-DQA1*01:02/DQB1*06:02	398.4	23.57	
			HLA-DQA1*05:01/DQB1*03:01	717	41.92	

Core Sequence	Peptide Sequence	Start	End	Allele	IC50	Rank			
FRSDTLYLT	GFNFSQILPDPLKPT	781	795	HLA-DRB1*04:04	38.5	4.07			
				HLA-DRB1*11:01	87.6	12.65			
				HLA-DPA1*01:03/DPB1*02:01	81.1	7.27			
				HLA-DPA1*02:01/DPB1*01:01	85.2	9.04			
				HLA-DQA1*01:02/DQB1*06:02	610.9	30.83			
				HLA-DRB1*04:04	46.7	5.22			
	FNFSQILPDPLKPTK	782	796	HLA-DPA1*01:03/DPB1*02:01	364.2	18.14			
				HLA-DPA1*02:01/DPB1*01:01	146.1	14.11			
				HLA-DPA1*03:01/DPB1*04:02	613.5	25.91			
				HLA-DQA1*01:02/DQB1*06:02	832.5	36.57			
				HLA-DRB1*04:04	54	6.23			
				HLA-DPA1*01/DPB1*04:01	99	5.26			
				HLA-DPA1*01:03/DPB1*02:01	45.2	4.75			
				HLA-DPA1*02:01/DPB1*01:01	33.5	3.29			
				HLA-DPA1*02:01/DPB1*05:01	195.2	4.31			
				HLA-DPA1*03:01/DPB1*04:02	54.9	6.23			
	YYPDEIFRSDTLYLT	41	55	HLA-DQA1*05:01/DQB1*02:01	457.6	10.28			
				HLA-DQA1*05:01/DQB1*03:01	941.4	46.84			
				HLA-DRB1*01:01	327.9	49.68			
				HLA-DRB1*03:01	65.5	3.58			
				HLA-DRB1*04:01	17	0.71			
				HLA-DRB1*04:05	41	3.83			
				HLA-DRB1*11:01	428.4	29.07			
				HLA-DRB3*01:01	3.4	0.02			
				HLA-DPA1*01/DPB1*04:01	73.2	4.18			
				HLA-DPA1*01:03/DPB1*02:01	38.7	4.22			
				HLA-DPA1*02:01/DPB1*01:01	27.8	2.57			
				HLA-DPA1*02:01/DPB1*05:01	187.2	4.12			
				HLA-DPA1*03:01/DPB1*04:02	31.1	3.71			
				HLA-DQA1*01:02/DQB1*06:02	728.6	34.06			
				YPDEIFRSDTLYLTQ	42	56	HLA-DQA1*05:01/DQB1*02:01	670.5	14.63
							HLA-DRB1*01:01	173.8	38.54
	HLA-DRB1*03:01	44.6	2.62						
	HLA-DRB1*04:01	12.9	0.39						
	HLA-DRB1*04:05	38.7	3.56						
	HLA-DRB1*11:01	254.8	22.91						
	HLA-DRB3*01:01	3.2	0.01						
	HLA-DPA1*01/DPB1*04:01	70.5	4.05						
	HLA-DPA1*01:03/DPB1*02:01	39.4	4.28						
	HLA-DPA1*02:01/DPB1*01:01	25.2	2.23						
	PDEIFRSDTLYLTQD	43	57	HLA-DPA1*02:01/DPB1*05:01	159.2	3.46			
				HLA-DPA1*03:01/DPB1*04:02	22.1	2.58			
HLA-DQA1*01:02/DQB1*06:02				343.6	21.29				
HLA-DQA1*05:01/DQB1*02:01				820.4	17.4				
HLA-DRB1*01:01				176.5	38.79				
HLA-DRB1*03:01				37.9	2.24				
HLA-DRB1*04:01				10	0.2				
HLA-DRB1*04:05				38	3.48				
HLA-DRB1*11:01				165.4	18.35				
HLA-DRB3*01:01				3.1	0.01				
HLA-DPA1*01/DPB1*04:01				54.2	3.3				
HLA-DPA1*01:03/DPB1*02:01				33.2	3.73				
DEIFRSDTLYLTQDL	44	58	HLA-DPA1*02:01/DPB1*01:01	20.7	1.67				
			HLA-DPA1*02:01/DPB1*05:01	127.6	2.69				
			HLA-DPA1*03:01/DPB1*04:02	17.6	1.95				
			HLA-DQA1*01:02/DQB1*06:02	321.4	20.3				
			HLA-DRB1*01:01	109	31.42				
			HLA-DRB1*03:01	33.4	1.98				
			HLA-DRB1*04:01	7.6	0.09				
			HLA-DRB1*04:05	32.7	2.83				
HLA-DRB1*11:01	102.8	13.95							
HLA-DRB3*01:01	3	0.01							

Core Sequence	Peptide Sequence	Start	End	Allele	IC50	Rank
				HLA-DPA1*01/DPB1*04:01	53.2	3.24
				HLA-DPA1*01:03/DPB1*02:01	35.8	3.96
				HLA-DPA1*02:01/DPB1*01:01	23.9	2.07
				HLA-DPA1*02:01/DPB1*05:01	94.8	1.87
				HLA-DPA1*03:01/DPB1*04:02	21.7	2.53
	EIFRSDTLYLTQDLF	45	59	HLA-DQA1*01:02/DQB1*06:02	462.8	26.02
				HLA-DRB1*01:01	126.3	33.55
				HLA-DRB1*03:01	72.8	3.9
				HLA-DRB1*04:01	8.9	0.15
				HLA-DRB1*04:05	37.2	3.38
				HLA-DRB1*11:01	159.5	17.99
				HLA-DRB3*01:01	3.4	0.02
				HLA-DPA1*01/DPB1*04:01	37	2.38
				HLA-DPA1*01:03/DPB1*02:01	23.2	2.74
				HLA-DPA1*02:01/DPB1*05:01	81.8	1.54
				HLA-DPA1*03:01/DPB1*04:02	26.6	3.18
				HLA-DQA1*01:02/DQB1*06:02	644	31.78
	IFRSDTLYLTQDLFL	46	60	HLA-DRB1*01:01	161.2	37.32
				HLA-DRB1*03:01	200.9	8.07
				HLA-DRB1*04:01	11.9	0.32
				HLA-DRB1*04:05	33.7	2.96
				HLA-DRB1*11:01	290.2	24.37
				HLA-DRB3*01:01	4.2	0.06
				HLA-DRB1*03:01	528.6	14.53
				HLA-DRB1*04:01	26.4	1.56
	FRSDTLYLTQDLFLP	47	61	HLA-DRB1*04:05	43.7	4.14
				HLA-DRB1*11:01	630.6	34.12
				HLA-DRB3*01:01	5.6	0.16
				HLA-DPA1*01/DPB1*04:01	209.2	8.79
				HLA-DPA1*01:03/DPB1*02:01	51.6	5.26
	NKDGFLYVYKGYQPI	189	203	HLA-DRB1*01:01	105.9	31
				HLA-DRB1*07:01	73	11.47
				HLA-DRB3*01:01	314.7	8.94
				HLA-DPA1*01/DPB1*04:01	194	8.36
				HLA-DQA1*05:01/DQB1*03:01	673.1	40.83
	KDGFLYVYKGYQPID	190	204	HLA-DRB1*01:01	109	31.42
				HLA-DRB1*07:01	106.7	14.79
				HLA-DRB3*01:01	286.2	8.47
				HLA-DPA1*01/DPB1*04:01	159.5	7.34
				HLA-DPA1*01:03/DPB1*02:01	40.4	4.36
				HLA-DPA1*02:01/DPB1*01:01	240.8	20.08
				HLA-DPA1*03:01/DPB1*04:02	590.3	25.45
	DGFLYVYKGYQPIDV	191	205	HLA-DQA1*05:01/DQB1*03:01	397.4	32.19
				HLA-DRB1*01:01	48.8	20.96
				HLA-DRB1*13:02	731.7	21.74
				HLA-DRB3*01:01	279	8.35
				HLA-DPA1*01/DPB1*04:01	142.5	6.8
				HLA-DPA1*01:03/DPB1*02:01	38.5	4.2
				HLA-DPA1*02:01/DPB1*01:01	217.6	18.78
				HLA-DPA1*03:01/DPB1*04:02	485.8	23.3
	GFLYVYKGYQPIDVV	192	206	HLA-DQA1*05:01/DQB1*03:01	361.8	30.75
				HLA-DRB1*01:01	28.1	14.76
				HLA-DRB1*13:02	581.6	19.02
				HLA-DRB3*01:01	287.1	8.48
				HLA-DRB4*01:01	874	37.84
				HLA-DPA1*01/DPB1*04:01	143.2	6.82
				HLA-DPA1*01:03/DPB1*02:01	39.4	4.28
				HLA-DPA1*02:01/DPB1*01:01	207.3	18.17
	FLYVYKGYQPIDVVR	193	207	HLA-DPA1*03:01/DPB1*04:02	400.6	21.24
				HLA-DQA1*05:01/DQB1*03:01	373.2	31.22
				HLA-DRB1*13:02	563.8	18.69
				HLA-DRB3*01:01	700	14.34

YVYKGYQPI

Core Sequence	Peptide Sequence	Start	End	Allele	IC50	Rank
				HLA-DRB4*01:01	599.8	30.63
				HLA-DPA1*01/DPB1*04:01	375.1	12.57
				HLA-DPA1*01:03/DPB1*02:01	85.1	7.51
				HLA-DPA1*02:01/DPB1*01:01	307.9	23.42
				HLA-DPA1*03:01/DPB1*04:02	526.4	24.19
	LYVYKGYQPIDVVRD	194	208	HLA-DQA1*05:01/DQB1*03:01	434.6	33.56
				HLA-DRB1*13:02	616.8	19.68
				HLA-DRB1*15:01	137.7	12.94
				HLA-DRB4*01:01	568	29.65
				HLA-DRB5*01:01	222.4	23.16
				HLA-DPA1*01/DPB1*04:01	660.4	17.4
				HLA-DPA1*01:03/DPB1*02:01	295.9	16.14
				HLA-DPA1*02:01/DPB1*01:01	518.2	31.31
				HLA-DPA1*03:01/DPB1*04:02	910	30.66
	YVYKGYQPIDVVRDL	195	209	HLA-DQA1*05:01/DQB1*03:01	643	40.04
				HLA-DRB1*04:04	158.2	17.13
				HLA-DRB1*13:02	771.6	22.4
				HLA-DRB4*01:01	360.2	22.11
				HLA-DRB5*01:01	271.6	25.44

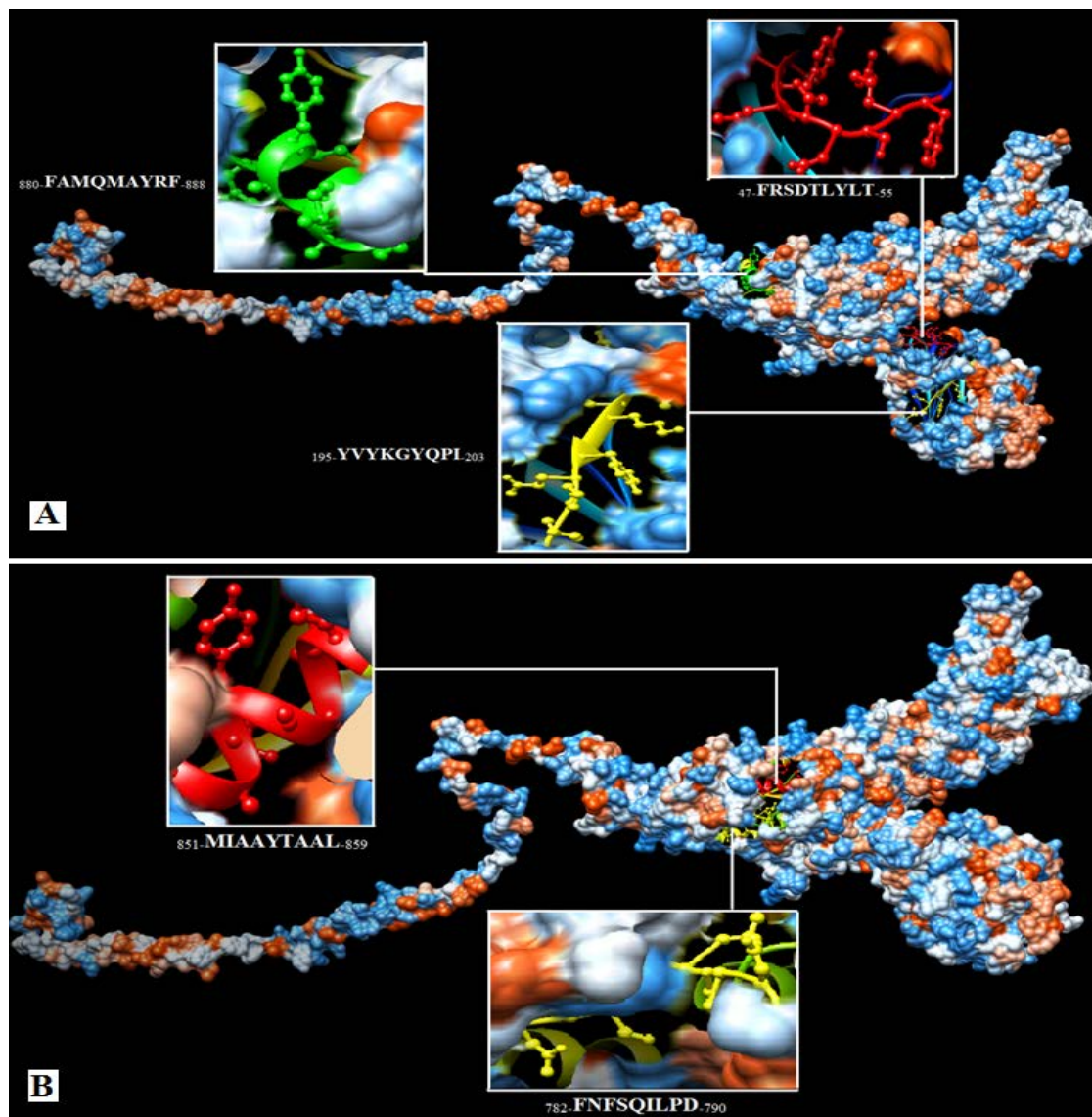


Figure 4. T cell proposed epitopes that interact with MHC-I and/ or MHC-II. (A): The epitopes $_{47}$ -FRSDTLYLT $_{-55}$, $_{195}$ -YVYKGYQPL $_{-203}$ and $_{880}$ -FAMQMAYRF $_{-888}$ were found to interact with both MHC-I and MHC-II alleles. (B): The epitope $_{851}$ -MIAAYTAAL $_{-859}$ interacted with MHC-I alleles while the epitope $_{782}$ -FNFSQILPD $_{-790}$ interacted only with MHC-II alleles. The positions of proposed epitopes were shown in the 3D structural level of spike S protein of SARS-CoV

Table 5. The predicted epitopes and the number of the MHC-I and/or MHC-II interacted alleles

Epitope	MHC-I interacted alleles	Epitope	MHC-II interacted alleles
FRSDTLYLT	1	FRSDTLYLT	117
YVYKGYQPI	6	YVYKGYQPI	82
FAMQMAYRF	7	FAMQMAYRF	103
MIAAYTAAL	11	FNFSQILPD	84

Table 6. The population coverage against the whole world for the predicted epitopes. The first three epitopes were found to be interacted with both MHC-I and MHC-II with good population coverage, while the epitopes MIAAYTAAL and FNFSQILPD demonstrated higher population coverage only in MHC-I and MHC-II respectively. The overall population coverage epitope set for all predicted epitopes in MHC-I and MHC-II was 100%

MHC-I		MHC-II		MHC-I/ MHC-II	
Epitope	Population coverage	Epitope	Population coverage	Epitope	Population coverage
FRSDTLYLT	19.44%	FRSDTLYLT	99.77%	FRSDTLYLT	99.81%
YVYKGYQPI	54.45%	YVYKGYQPI	99.21%	YVYKGYQPI	99.64%
FAMQMAYRF	39.96%	FAMQMAYRF	98.88%	FAMQMAYRF	99.33%
MIAAYTAAL	70.80%	FNFSQILPD	99.77%	MIAAYTAAL	70.80%
				FNFSQILPD	99.77%
Epitope set	82.16%	Epitope set	99.97%	Epitope set	100%

3.4. Population Coverage

The suggested epitopes that demonstrated higher affinity to interact with MHC-I and MHC-II alleles and that bound to different sets of alleles were selected for population coverage analysis. Table 6 demonstrated the population coverage percentages for each epitope and their epitopes sets. The epitopes ⁴⁷FRSDTLYLT_{.55, 195}, ^{YVYKGYQPI}_{203, 880}, ^{FAMQMAYRF}_{.888} and ^{MIAAYTAAL}_{.859} interacted with most frequent MHC-I alleles and they demonstrated high percentage against the whole world population coverage with epitope set 82.16%. Strikingly the first three epitopes that interacted with MHC-I in addition to the epitope ⁷⁸²FNFSQILPD_{.790} were interacted with most frequent MHC-II alleles and they demonstrated high percentage against the whole world population coverage with epitopes set of 99.97%. The overall MHC-I and MHC-II whole world population coverage for all suggested epitopes was 100%.

4. Discussion

The main goal of vaccine design is to elicit immunity of an individual against particular pathogens by selectively stimulating antigen specific for B and T cells [57]. Vaccine mainly contains two classes of epitopes: a B-cell epitopes and a T-cell epitopes. The combination of these epitopes, vaccine is able to either induce specific humoral or cellular immune against specific pathogens [57]. Therefore in the present study the B and T cells were analyzed systemically against 131 retrieved spike S protein of SARS-CoV to obtain epitope vaccine candidates. Moreover for better determination of best vaccine candidate epitopes; the whole spike S protein was analyzed including the receptor binding domain (RBD). Noticeably the amino acids sequence from 1 to 510 of the SARS-CoV spike S glycoprotein represents a unique domain during SARS infection [16,17,19-25]. Also it contains the receptor binding domain, RBD (amino acids from 270 to 510), analogous to the S1 subunit of other coronavirus S glycoproteins [17]. Thus RBD sequence

was used to develop safe and effective SARS vaccines in multiple studies [17,18,19,58,59].

In this study eight epitopes were successfully predicted to interact with B and T cells. In our results three epitopes demonstrated high affinity to interact with B cell and were found within the region from 1 to 510 of spike S glycoprotein. These epitopes were ³⁸RGVYYPDEL_{.46, 200}, ^{YQPIDVVRD}_{.208} and ³⁸⁸VVKGDDVRQ_{.396}. Most importantly the latter epitope (³⁸⁸VVKGDDVRQ_{.396}) was positioned within the RBD region. Furthermore the three epitopes demonstrated conservancy in Bepipred as linear epitopes and got high scores (over the thresholds) in Emini surface accessibility and Kolaskar and Tongaonkar antigenicity method. Therefore they were recommended as promising peptides vaccine candidates against B cells. The epitopes illustrated in Table 2, were the only conserved epitopes from all retrieved strains of spike S glycoprotein that were available in NCBI database until May 2017 and have high probability of activating humoral immune response.

The immune response of T cell is considered as a long lasting response compared to B cell, where the antigen can easily escape the antibody memory response [60]. Vaccines that effectively generate cell-mediated response are needed to provide protection against the invading pathogen. Moreover the CD8+ T and CD4+ T cell responses play a major role in antiviral immunity [61]. Thus designing vaccine against T cell is much more important. In this study 118 and 559 conserved T cell epitopes were predicted to interact with both MHC-I and MHC-II alleles respectively. Among them, five epitopes ⁴⁷FRSDTLYLT_{.55, 195}, ^{YVYKGYQPI}_{203, 880}, ^{FAMQMAYRF}_{.888}, ⁷⁸²FNFSQILPD_{.790} and ⁸⁵¹MIAAYTAAL_{.859} demonstrated good binding affinity against MHC-I or MHC-II alleles.

The epitope ⁴⁷FRSDTLYLT_{.55} was found positioned in the region from 1 to 510 that considered as a unique domain during SARS infection. This epitope successfully interacted with both MHC-I and MHC-II alleles. Moreover it interacted with the highest number of alleles (Table 5) and provided the highest population coverage epitope set (Table 6). Also it was found tandemly

positioned with ³⁸**RGVYYPDEI**₄₆ (epitope that predicted for B-cell). This result may reflect the importance of this region in the spike S protein during SARS infection since it contains these tandem epitopes. Also the epitope ¹⁹⁵**YVYKGYQPI**₂₀₃ demonstrated unique features. Firstly it was found to be located within the unique domain (residues 1 to 510) of spike S protein [62]. Secondly it provided high binding affinity with both MHC-1 and MHC-II alleles with favorable epitope set (Table 6). Thirdly it partially overlapped with ²⁰⁰**YQPIDVVRD**₂₀₈ (epitope that predicted for B-cell) in its last four amino acids. This overlapping between these two epitopes may indicate the importance of their region during SARS infection.

In a study by Babcock et al. [17] described the construction and expression of a codon-optimized gene encoding the soluble ectodomain (amino acids 1 to 1190) in the S spike glycoprotein of SARS-CoV. They proposed that amino acids 1 to 510 termed S1 and amino acids 511 to 1190 be called S2. In their study S1 and S2 exhibited very similar profiles for binding to the Vero E6 cell surface; that is; S1 binds to Vero E6 cells at least as well as S2 binds. Moreover they showed that antibodies specific for S2 were predicted to interfere with fusion of the viral envelope and host cell. They demonstrated this region (S2) as appropriate targets for monoclonal antibody development or as vaccine candidates [17]. In the present study the epitopes ⁷⁸²**FNFSQILPD**₇₉₀, ⁸⁵¹**MIAAYTAAL**₈₅₉ and ⁸⁸⁰**FAMQMAYRF**₈₈₈ were located within S2 region and may act or interfere with fusion of the virus envelope to host cell. Moreover the epitope ⁸⁸⁰**FAMQMAYRF**₈₈₈ showed high binding affinity for both MHC-1 and MHC-II alleles with good population coverage against whole world. While, the epitope ⁸⁵¹**MIAAYTAAL**₈₅₉ provided excellent results concerning binding affinity to MHC-1 alleles. It is noteworthy that this epitope interacted with eleven alleles in MHC-1 with population coverage 70.80%. However it only bound to 31 alleles in MHC-II with population coverage 86.76%, a percentage that is less compared to other predicted epitopes percentages (Table 6). Therefore it was only chosen as MHC-1 epitope. In the same manner the epitope ⁷⁸²**FNFSQILPD**₇₉₀ was successfully interacted with MHC-II alleles (84 alleles) with population coverage 99.77% but it did not interact with MHC-1 alleles. Thus it was only chosen as MHC-II epitope. Accordingly the five predicted epitopes demonstrated very promising features against T lymphocytes as a vaccine candidate against SARS-CoV. Moreover the population coverage against the whole world for the epitopes that interacted with MHC-I and MHC-II alleles provided coverage of 82.16% and 99.97% respectively. The overall epitope set for the MHC-I and MHC-II predicted epitopes showed excellent population coverage against whole world population (100%). Accordingly these epitopes were strongly recommended as promising epitopes vaccine candidate against T cell.

5. Conclusion

Developing effective and safe vaccine is strongly needed to prevent the infection and re-emergence of Severe Acute Respiratory Syndrome associated coronavirus (SARS-CoV).

Vaccine design using an insilico prediction method is highly appreciated as it selects specific epitopes in protein than conventional peptide vaccine development methods. In this study three epitopes were successfully predicted to interact against B cells. Five epitopes were successfully predicted to interact against T cell with population coverage epitope set of 100%. These epitopes provided excellent results as promising vaccine against SARS-CoV. However in vitro and in vivo trials are required to achieve the effectiveness of these epitopes as vaccine candidates.

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Competing Interest

The authors declare that they have no competing interests.

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References

- [1] Gu J, Gong E, Zhang B, Zheng J, Gao Z, Zhong Y, Zou W, Zhan J, Wang S, Xie Z, Zhuang H, Wu B, Zhong H, Shao H, Fang W, Gao D, Pei F, Li X, He Z, Xu D, Shi X, Anderson VM, Leong AS. Multiple organ infection and the pathogenesis of SARS. *J Exp Med* 2005 Aug 1; 202(3):415-24. Epub 2005 Jul 25.
- [2] Fouchier RA, Kuiken T, Schutten M, van Amerongen G, van Doornum GJ, van den Hoogen BG, Peiris M, Lim W, Stöhr K, Osterhaus AD. Aetiology: Koch's postulates fulfilled for SARS virus. *Nature* 2003 May 15; 423(6937):240.
- [3] WHO website: Summary of probable SARS cases with onset of illness from 1 November 2002 to 31 July 2003 http://www.who.int/csr/sars/country/table2004_04_21/en/ Accessed 2004 April 21.
- [4] Orellana C. Laboratory-acquired SARS raises worries on biosafety. *Lancet Infect Dis* 2004; 4(2):64.
- [5] Normile D. Infectious diseases. Mounting lab accidents raise SARS fears. *Science* 2004; 304 (5671): 659-61.
- [6] Normile D. Infectious diseases. SARS experts want labs to improve safety practices. *Science* 2003; 302 (5642):31.
- [7] Lanying Du, Guangyu Zhao, Yongping Lin, Chris CS Chan, Yuxian He, Shibo Jiang, Changyou Wu, Dong-Yan Jin, Kwok-Yung Yuen, Yusen Zhou and Bo-Jian Zheng. Priming with rAAV encoding RBD of SARS-CoV S protein and boosting with RBD-specific peptides for T cell epitopes increase T cell responses and provide protection against SRAS-CoV infection. *Vaccine* 2008 Mar 20; 26(13): 1644-1651.
- [8] Li W, Shi Z, Yu M, Ren W, Smith C, Epstein JH, et al. Bats are natural reservoirs of SARS-like coronaviruses. *Science* 2005; 310 (5748): 676-9.
- [9] Tong TR. SARS infection control. *Lancet* 2003 Jul 5; 362(9377):76; author reply 76-7.
- [10] Ho PL, Tang XP, Seto WH. SARS: hospital infection control and admission strategies. *Respirology* 2003 Nov; 8 Suppl:S41-5.
- [11] Fiona Fleck. SARS virus returns to China as scientists race to find effective vaccine. *Bull World Health Organ* 2004 Feb; 82(2): 152-153.
- [12] Marshall E and M Enserink. Caution urged on SARS vaccines. *Science* 2004; 303: 944.

- [13] Rota PA, MS Oberste, SS Monroe, WA Nix, R Campagnoli, JP Icenogle, S Penaranda, B Bankamp, K Maher, MH Chen, et al. Characterization of a novel coronavirus associated with severe acute respiratory syndrome. *Science* 2003; 300:1394.
- [14] Marra MA, SJ Jones, CR Astell, RA Holt, A Brooks-Wilson, YS Butterfield, J Khattra, JK Asano, SA Barber, SY Chan, et al. The genome sequence of the SARS-associated coronavirus. *Science* 2003; 300:1399.
- [15] Qin E, Q Zhu, M Yu, B Fan, G Chang, B Si, B Yang, W Peng, T Jiang, B Liu, et al. A complete sequence and comparative analysis of a SARS-associated virus (isolate BJ01). *Chin. Sci. Bull* 2003; 48: 941.
- [16] He Y, Lu H, Siddiqui P, Zhou Y, Jiang S. Receptor-binding domain of severe acute respiratory syndrome coronavirus spike protein contains multiple conformation-dependent epitopes that induce highly potent neutralizing antibodies. *J Immunol* 2005 Apr 15; 174(8):4908-15.
- [17] Babcock GJ, DJ Eshaki, WD Thomas Jr, DM Ambrosino. Amino acids 270 to 510 of the severe acute respiratory syndrome coronavirus spike protein are required for interaction with receptor. *J. Virol* 2004; 78: 4552.
- [18] Yee-Joo Tan, Eileen Teng, Shuo Shen, Timothy H. P. Tan, Phuyayee Goh, Burtram C. Fielding, Eng-Eong Ooi, Hwee-Cheng Tan, Seng Gee Lim, and Wanjin Hong. A novel Severe Acute Respiratory Syndrome Coronavirus Protein, U274, is transported to the cell surface and undergoes endocytosis. *J Virol* 2004 Jul; 78 (13): 6723-6734.
- [19] Saif L J. Coronavirus immunogens. *Vet. Microbiol* 1993; 37: 285.
- [20] Wong SK, W Li, MJ Moore, H Choe, M Farzan. A 193-amino acid fragment of the SARS coronavirus S protein efficiently binds angiotensin converting enzyme 2. *J. Biol. Chem* 2004; 279: 3197.
- [21] Xiao X, S Chakraborti, AS Dimitrov, K Gramatikoff, DS Dimitrov. The SARS-CoV S glycoprotein: expression and functional characterization. *Biochem. Biophys. Res. Commun* 2003; 312: 1159.
- [22] Sui J, W Li, A Murakami, A Tamin, LJ Matthews, SK Wong, MJ Moore, AS Tallarico, M Olurinde, H Choe, et al. Potent neutralization of severe acute respiratory syndrome (SARS) coronavirus by a human mAb to S1 protein that blocks receptor association. *Proc. Natl. Acad. Sci. USA* 2004; 101: 2536.
- [23] Godet M, Grosclaude J, Delmas B, Laude H. Major receptor-binding and neutralization determinants are located within the same domain of the transmissible gastroenteritis virus (coronavirus) spike protein. *J Virol* 1994 Dec;68(12):8008-16.
- [24] He Y, Y Zhou, S Liu, Z Kou, W Li, M Farzan, S Jiang. Receptor-binding domain of SARS-CoV spike protein induces highly potent neutralizing antibodies: implication for developing subunit vaccine. *Biochem. Biophys. Res. Commun* 2004; 324: 773
- [25] Buchholz UJ, Bukreyev A, Yang L, Lamirande EW, Murphy BR, Subbarao K, et al. Contributions of the structural proteins of severe acute respiratory syndrome coronavirus to protective immunity. *Proc Natl Acad Sci USA* 2004; 101 (26): 9804-9.
- [26] Xiong S, Wang YF, Zhang MY, Liu XJ, Zhang CH, Liu SS, et al. Immunogenicity of SARS inactivated vaccine in BALB/c mice. *Immunol Lett* 2004; 95: 139-43.
- [27] He Y, Zhou Y, Siddiqui P, Jiang S. Inactivated SARS-CoV vaccine elicits high titers of spike protein-specific antibodies that block receptor binding and virus entry. *Biochem Biophys Res Commun* 2004; 325: 445-52.
- [28] Chou TH, Wang S, Sakhatskyy PV, Mboudoudjeck I, Lawrence JM, Huang S, et al. Epitope mapping and biological function analysis of antibodies produced by immunization of mice with an inactivated Chinese isolate of severe acute respiratory syndrome-associated coronavirus (SARS-CoV). *Virology* 2005; 334: 134-43.
- [29] Qu D, Zheng B, Yao X, Guan Y, Yuan ZH, Zhong NS, et al. Intranasal immunization with inactivated SARS-CoV (SARS-associated coronavirus) induced local and serum antibodies in mice. *Vaccine* 2005; 23: 924-31.
- [30] Tseng C-T, Sbrana E, Iwata-Yoshikawa N, Newman PC, Garron T, et al. Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus. *PLoS ONE* 2012; 7 (4): e35421.
- [31] Zhou Z, Post P, Chubet R, Holtz K, McPherson C, et al. A recombinant baculovirus-expressed S glycoprotein vaccine elicits high titers of SARS-associated coronavirus (SARS-CoV) neutralizing antibodies in mice. *Vaccine* 2006; 24: 3624-3631.
- [32] Deming D, Sheahan T, Heise M, Yount B, Davis N, et al. Vaccine efficacy in senescent mice challenged with recombinant SARS-CoV bearing epidemic and zoonotic spike variants. *PLoS Medicine* 2006; 3: 2359-2375.
- [33] Yasui F, Kai C, Kitabatake M, Inoue S, Yoneda M, et al. Prior immunization with severe acute respiratory syndrome (SARS)-associated coronavirus (SARS-CoV) nucleocapsid protein causes severe pneumonia in mice infected with SARS-CoV. *J Immunol* 2008; 181: 6337-6348.
- [34] Kong WP, Xu L, Stadler K, Ulmer JB, Abrignani S, Rappuoli R, et al. Modulation of the immune response to the severe acute respiratory syndrome spike glycoprotein by gene-based and inactivated virus immunization. *J Virol* 2005; 79 (22): 13915-23.
- [35] Du L, He Y, Wang Y, Zhang H, Ma S, Wong CK, et al. Recombinant adeno-associated virus expressing the receptor-binding domain of severe acute respiratory syndrome coronavirus S protein elicits neutralizing antibodies: Implication for developing SARS vaccines. *Virology* 2006; 353 (1): 6-16.
- [36] Wang D and Lu J. Glycan arrays lead to the discovery of autoimmunogenic activity of SARS-CoV. *Physiol Genomics* 2004; 18: 245-8.
- [37] National Center for Biotechnology Information, NCBI. <https://www.ncbi.nlm.nih.gov/protein/?term=SARS+spike+protein+S>.
- [38] Hall T. A. BioEdit: a user-friendly biological sequence alignment editor and analysis program for Windows 95/98/NT. *Nucleic Acids Symposium Series*, Vol. 41 (1999), pp. 95-98. Key: citeulike: 691774.
- [39] Immune Epitope Database (IEDB) analysis. <http://www.iedb.org/>.
- [40] Larsen JE, Lund O, Nielsen M. Improved method for predicting linear B-cell epitopes. *Immunome Res* 2006; 2 (1): 2.
- [41] Emini E A, J V Hughes, D S Perlow, and J Boger. Induction of hepatitis A virus-neutralizing antibody by a virus-specific synthetic peptide. *J Virol* 1985 Sep; 55(3): 836-839.
- [42] Kolaskar AS and Tongaonkar PC. A semi-empirical method for prediction of antigenic determinants on protein antigens. *FEBS Lett* 1990; 276 (1-2): 172-174.
- [43] Immune Epitope DataBase, IEDB. <http://tools.iedb.org/bcell/>.
- [44] Immune Epitope Database (IEDB) MHC-I prediction tool. <http://tools.iedb.org/mhci/n>.
- [45] Kim Y, Ponomarenko J, Zhu Z, Tamang D, Wang P; et al. Immune epitope database analysis resource. *Nucleic Acids Res* 2012; 40: W525-530
- [46] Nielsen M, Lundegaard C, Warming P, Lauemøller SL, Lamberth K, et al. Reliable prediction of T-cell epitopes using neural networks with novel sequence representations. *Protein Sci* 2003; 12: 1007-1017.
- [47] Lundegaard C, Lamberth K, Harndahl M, Buus S, Lund O, et al. NetMHC-3.0: Accurate web accessible predictions of human, mouse and monkey MHC class I affinities for peptides of length 8-11. *Nucleic Acids Res* 2008; 36: 509-512.
- [48] Peters B and Sette A. Generating quantitative models describing the sequence specificity of biological processes with the stabilized matrix method. *BMC Bioinformatics* 2005; 6:132.
- [49] Abu-haraz AH, Abd-elrahman KA, Ibrahim MS, Hussien WH, Mohammed MS, et al. Multi epitope peptide vaccine prediction against Sudan Ebola virus using immuno-informatics approaches. *Adv Tech Biol Med* 2017; 5: 203.
- [50] Sidney J, Assarsson E, Moore C, Ngo S, Pinilla C, et al. Quantitative peptide binding motifs for 19 human and mouse MHC class I molecules derived using positional scanning combinatorial peptide libraries. *Immunome Res* 2008; 4: 2.
- [51] Immune Epitope Database (IEDB) MHC-II prediction tool. <http://tools.immuneepitope.org/mhcii/>
- [52] Wang P, Sidney J, Dow C, Mothé B, Sette A, Peters B. A systematic assessment of MHC class II peptide binding predictions and evaluation of a consensus approach. *PLoS Comput Biol* 2008; 4 (4): e1000048.
- [53] Immune Epitope Database (IEDB) population coverage prediction tool. <http://tools.iedb.org/population/>
- [54] Raptor X protein structure prediction server. <http://raptorx.uchicago.edu/StructurePrediction/predict/>.
- [55] Petterson EF, Goddard TD, Huang CC, Couch GS, Greenblatt DM, et al. UCSF Chimera a visualization system for exploratory research and analysis. *J Comput Chem* 2004; 25: 1605-1612.

- [56] Kelley LA, Mezulis S, Yates CM, Wass MN, Sternberg MJ. The Phyre2 web portal for protein modeling, prediction and analysis. *Nat Protoc* 2015 Jun; 10(6):845-58. Epub 2015 May 7
- [57] Purcell AW, McCluskey J, Rossjohn J. More than one reason to rethink the use of peptides in vaccine design. *Nat Rev Drug Discov* 2007; 6 (5): 404-14. PMID: 17473845.
- [58] Yang ZY, WP Kong, Y Huang, A Roberts, BR Murphy, K Subbarao, GJ Nabel. A DNA vaccine induces SARS coronavirus neutralization and protective immunity in mice. *Nature* 2004; 428: 561.
- [59] Bisht H, A Roberts, L Vogel, A Bukreyev, PL Collins, BR Murphy, K Subbarao, B Moss. Severe acute respiratory syndrome coronavirus spike protein expressed by attenuated vaccinia virus protectively immunizes mice. *Proc. Natl. Acad. Sci. USA*. 2004; 101: 6641.
- [60] Black M, Trent A, Tirrell M, Olive C. Advances in the design and delivery of peptide subunit vaccines with a focus on toll-like receptor agonists. *Expert Rev Vaccines* 2010; 9: 157-173.
- [61] Sesardic D. Synthetic peptide vaccines. *J Med Microbiol* 1993; 39: 241-242.
- [62] Pang H, Y Liu, X Han, Y Xu, F Jiang, D Wu, X Kong, M Bartlam, Z Rao. Protective humoral responses to severe acute respiratory syndrome-associated coronavirus: implications for the design of an effective protein-based vaccine. *J. Gen. Virol* 2004; 85: 3109-31.