1	Development of Equine Immunoglobulin Fragment $F(ab')_2$ with High Neutralizing
2	Capability against SARS-CoV-2
3	
4	Divya Gupta <sup>1</sup> , Farhan Ahmed <sup>2</sup> , Dixit Tandel <sup>1,5</sup> , Haripriya Parthasarathy <sup>1</sup> , Dhiviya Vedagiri <sup>1,5</sup> ,
5	Vishal Sah <sup>1,5</sup> , Krishna Mohan B <sup>3</sup> , Siddarth Daga <sup>3</sup> , Rafiq Ahmad Khan <sup>2</sup> , Chiranjeevi
6	Kondiparthi <sup>3</sup> , Prabhudas Savari <sup>3</sup> , Sandesh Jain <sup>3</sup> , Jaya Daga <sup>3</sup> , Shashikala Reddy <sup>4</sup> , Nooruddin
7	Khan <sup>2*</sup> Krishnan Harinivas Harshan <sup>1,5*</sup>
8	
9	<sup>1</sup> Center for Cellular and Molecular Biology, Hyderabad-500007, Telangana, India
10	<sup>2</sup> School of life sciences, Department of Animal Biology, University of Hyderabad, Hyderabad-
11	500046, Telangana, India
12	<sup>3</sup> VINS Bio Products Limited, Hyderabad-500034, Telangana, India
13	<sup>4</sup> Department of Microbiology, Osmania Medical College, Koti, Hyderabad, Telangana-500096,
14	India
15	<sup>5</sup> Academy for Scientific and Innovative Research (AcSIR), Ghaziabad-201002, India
16	
17	*Corresponding Authors
18	
19	
20	Keywords: COVID-19, SARS-CoV-2, Antisera, Plasma therapy, F(ab') <sub>2</sub> , Virus neutralization

## 21 ABSTRACT

The ongoing pandemic, COVID-19, caused by SARS-CoV-2 has taken the world, and especially 22 23 the scientific community by storm. While vaccines are being introduced into the market, there is 24 also a pressing need to find potential drugs and therapeutic modules. Remdesivir is one of the antivirals currently being used with a limited window of action. As more drugs are being vetted, 25 26 passive immunotherapy in the form of neutralizing antibodies can provide immediate action to 27 combat the increasing numbers of COVID-positive cases. Herein, we demonstrate that equines 28 hyper-immunized with chemically inactivated SARS-CoV-2 generate high titers of antibody with a strong virus neutralizing potential. ELISA performed with pooled antisera displayed highest 29 immunoglobulin titer on 42 days post- immunization, at 1:51,200 dilutions. F(ab')<sub>2</sub> 30 immunoglobulin fragments generated from the pools also showed very high, antigen-specific 31 32 affinity at 1:102,400 dilutions. Finally, in vitro virus neutralization assays confirmed that different 33 pools of F(ab')<sub>2</sub> fragments could successfully neutralize SARS-CoV-2 with titers well above 34 25,000, indicating the potential of this strategy in treating severe COVID-19 cases with high 35 titers. The F(ab')<sub>2</sub> was able to cross neutralize another SARS-CoV-2 strain, demonstrating its 36 efficacy against the emerging viral variants and the importance of this approach in our efforts of 37 eradication of COVID-19. In conclusion, this study demonstrates that virus-neutralizing 38 antibodies raised in equines can potentially be used as a treatment regimen in the form of 39 effective passive immunotherapy to combat COVID-19.

## 40 INTRODUCTION

The ongoing pandemic COVID-19 caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has caused over 115 million total infections with more than 2.5 million deaths globally to date<sup>1</sup>. The severity and the scale of the pandemic have imposed an unprecedented strain on human health and the global economy. Though several vaccines have been approved for immunization, it would require years of continuous vaccination drive before we defeat the

disease<sup>2,3</sup>. Remdesivir is an antiviral drug used for treating COVID-19, though with limited efficacy which can only shorten the period of hospitalization if administered at the early phase of infection<sup>4</sup>. The long delay in vaccination programs coupled with the absence of effective drug indicates that COVD-19 is far from being over<sup>5–7</sup>. The situation clearly calls for multiple approaches in countering the viral spread.

Neutralizing antibody (nAb)-based passive immunotherapy has been used as an antiviral 51 therapy module against various intractable viral diseases<sup>8</sup> by blocking the viral attachment and 52 entry into the host cell. In the pandemic setting, convalescent plasma from the recovered patient 53 has been used as an emergency treatment plan for the emerging virus infectious diseases<sup>9</sup> and 54 congruously, it has been approved by USFDA in the COVID-19 too<sup>10</sup>. While convalescent 55 56 plasma is considered as a quick source of polyclonal nAb against the infectious agent, its scope 57 is limited due to the lack of abundant blood source, heterogeneous antibody titer, and possible risks of transmission of blood-borne infections<sup>7,11</sup>. An alternative to convalescent plasma can be 58 59 the antisera with improved efficacy obtained from hyper-immunized large animals such as equines as demonstrated against various infectious diseases and venoms<sup>12-14</sup>. Even though 60 61 equine-derived antisera offer great potential for passive immunotherapy, they carry the risk of antibody-dependent enhancement of infection (ADE) and serum sickness<sup>15,16</sup>. To overcome this 62 limitation, the next-generation passive immunotherapy uses the F(ab')<sub>2</sub> fragment of antigen-63 64 specific immunoglobulins, thus avoiding the risk of ADE by removing the Fc region of the antibody<sup>17–19</sup>. 65

Based on the above background, we have developed equine SARS-CoV-2 specific immunoglobulin fragment  $F(ab')_2$  and evaluated its virus neutralization potential. In this process, the SARS-CoV-2 cultures of Indian isolate were propagated and chemically inactivated before immunizing equines for the evaluation of its immunogenicity and potency. The immunoglobulin fragments  $F(ab')_2$  were prepared from the hyper-immunized equines and their virus neutralization potential was tested by microneutralization assay. The result of the study

indicates the efficacy of SARS-CoV-2 specific F(ab')<sub>2</sub> fragments in the neutralization of the virus.
 This strategy is reproducible, easily scalable and could be made available for the masses. This
 approach of immunotherapy will considerably help in managing the global COVID-19 pandemic
 scenario.

#### 76 MATERIALS AND METHODS

Cell Culture: Vero (CCL-81) cells were cultured in Dulbecco's modified eagle medium (DMEM,
Gibco) supplemented with 10% Fetal Bovine Serum (Hyclone) and 1 × Penicillin-Streptomycin
cocktail (Gibco). Cells were continuously passaged at 70-80% confluency and were maintained
in a humidified cell culture incubator at 37°C and 5% CO<sub>2</sub>.

SARS-CoV-2 propagation, quantification, and infection: SARS-CoV-2 virus was isolated 81 82 from COVID-19 patient sample. Briefly, viral transport media (VTM) with lower Ct values (<20) 83 for SARS-CoV-2 Envelop and RdRp genes by real-time qRT-PCR were identified for culturing. 84 100µL of the filter-sterilized VTM was added to Vero cell monolayer in 96 well plates. Fresh 85 media was supplemented three hrs post-infection (hpi) and the wells were observed daily for cytopathic effect (CPE). After the appearance of CPE, the supernatants of the corresponding 86 87 wells were transferred to fresh monolayers of Vero cells and the culture was continued. The 88 supernatants were regularly monitored by real-time gRT-PCR for viral genes as an indicator for 89 viral replication. Two such isolates that established continuous replication were identified and 90 sequenced by next-generation sequencing. Their genomic sequences have been deposited to the GISAID database <sup>20,21</sup> (GISAID ID: EPI ISL 458075; virus ID- hCoV-19/India/TG-CCMB-91 92 O2-P1/2020, and EPI ISL 458046; virus ID- hCoV-19/India/TG-CCMB-L1021/2020). These viral stocks were used for all the experiments in this study. 93

All viral cultures were maintained in serum-free media. Three days post-infection, the cell culture supernatant was collected, centrifuged at 5000 rpm for 10 min at 4°C to remove all the cell debris, and was stored at -80°C till further use. Infectious viral titers of the supernatants were measured by plaque forming assay (PFU/mL). All infections for the experimental assay

were performed in serum-free media for two hrs at 37°C with the required amount of virus
calculated from the respective PFU values.

Real-time Quantification and Plaque forming assay: RNA was isolated using viral RNA 100 101 isolation kit (MACHEREY-NAGEL GmbH & Co. KG). Real-time quantitative RT-PCR was 102 performed in Roche LightCycler 480 either using a commercial kit (LabGun™ COVID-19 RT-PCR Kit; CV9032B) or following WHO guidelines using SuperScript<sup>™</sup> III Platinum<sup>™</sup> One-Step 103 104 gRT-PCR Kit (Thermo Fisher) and TagMan probes against SARS-CoV-2 E- and RdRp (Eurofins Scientific). Raw Ct values generated post analysis of gRT-PCR was used to score the 105 supernatants. For plaque assay, 0.35 million Vero cells were seeded in 6 well plates and serial 106 dilutions of virus supernatants (10<sup>-3</sup> to 10<sup>-8</sup>) were used for infection in serum-free media. Two hrs 107 post-infection, cells were briefly washed with 1 × PBS to remove unbound virus and overlaid 108 109 with 1 x agarose overlay media (2 x DMEM, 5% FBS, 1% penicillin-streptomycin, 2% LMA). Plates were left undisturbed at 37°C with 5% CO2 in an incubator for 6-7 days. Later, 4% 110 formaldehyde in 1 × PBS was added onto the overlay media for fixation and incubated for 15-20 111 112 min at 37°C. The overlay media along with formaldehyde were removed, the cells were washed 113 briefly with 1x PBS and then stained with crystal violet stain (1% crystal violet in ethanol was used as the stock solution and 0.1% working solution was prepared in double distilled water). 114 115 The plates were washed, dried and the number of clear zones in the plate was counted to 116 determine the infectious titer as PFU/mL.

**Virus Inactivation:** The cell culture supernatant containing SARS-CoV-2 was inactivated using beta propiolactone (BPL; HiMedia) at a ratio of 1:250 or 1:1000. After adding BPL to virus supernatants, the mixture was incubated at 4°C for 16 hrs with constant stirring, followed by four-hour incubation at 37°C to hydrolyze the remaining BPL in the solution. The inactivation of the virus was measured by plaque assay or CPE for three consecutive rounds. The absence of plaques or CPE in the lowest dilution confirmed the total inactivation. The BPL treated

supernatants were precipitated by ultracentrifugation and the antigenic integrity of the sampleswas confirmed by immunoblotting.

125 Immunoblotting: Infected cell lysates and virus supernatants were separated on SDS-PAGE

gels to confirm the presence and integrity of viral proteins. All samples were lysed in a mild lysis

127 buffer (Tris-Cl, NaCl, NP40; protease and phosphatase inhibitors) and Laemmli loading dye was

added. Once the proteins were separated on the gels, they were transferred onto PVDF

membranes for 2 hours and subsequently blocked in 5% BSA. Blots were probed with

130 Nucleocapsid (1:8000) and Spike (1:2000) primary antibodies, and HRP-conjugated secondary

131 antibodies. Image processing was performed using ImageJ<sup>22</sup>.

Equine immunization plan: Separate groups (lots) each comprising of equines were formed and each lot was assigned a unique lot number. These unique numbers were used across the entire study involving activities such as immunization, bleeding and plasmapheresis. The immunization schedule comprised of primary immunization, during which period the animals were sensitized with inactivated SARS-CoV-2 viral antigen mixed with Freund's complete adjuvant (FCA) as adjuvant and administered for a single time. The subsequent booster immunizations were administered with Freund's incomplete adjuvant (FIA).

139 During the primary immunization, the animals were immunized on days 0, 15, 29, 35 and 45. 140 On day zero, the equines were immunized with 1mL of viral antigen suspension containing 1 x 141 10<sup>7</sup> inactivated virus particles mixed with equal volumes of FCA. The subsequent booster doses were prepared by mixing 0.5 mL of viral antigen (containing  $1 \times 10^7$  inactivated virus particles) 142 143 with equal volume of FIA and administered periodically for boosting the immune response. 144 Plasma samples from the immunized animals were tested periodically to estimate the antibody response against SARS-CoV-2 inactivated viral antigen. The highest dilutions of the plasma 145 146 samples necessary to bind with specificity to viral antigen coated in the micro-titer plate were 147 estimated by ELISA. Once the antibody response in the animals was saturated, they were bled and blood volumes equivalent to 1.5% of the individual body weight were collected in glass 148

containers containing acid citrate dextrose solution (final concentration of 15% in the blood
volume) to prevent the coagulation. The supernatant plasma in each of the containers was
carefully collected and pooled for further studies.

152 Measurement of serum IgG level and their titer: Antigen-specific total IgG was measured by 153 indirect ELISA method. The whole viral antigen was coated in the 96 well plate (Nunc) using 154 bicarbonate coating buffer (pH=9.5) overnight at 4°C. The coated plates were washed with 155 washing buffer (0.05% Tween-20 in 1x PBS) and blocked with 4% skimmed milk solution for 156 two hrs at RT followed by three rounds of washing. Sera from control and test group were 157 added in the plate at 1:100 dilutions and incubated for two hrs at RT. Subsequently, the plate 158 was washed four times and incubated with HRP conjugated anti-horse whole IgG secondary 159 antibody (Sigma) for 1 hr at RT. After washing the plate five times, TMB substrate was added, 160 the reaction continued for about three minutes, and stopped by addition of  $0.2N H_2SO_4$ . 161 Absorption maxima were recorded at 450nm and plotted on the XY axis graph.

In another set of experiment, IgG titer kinetics from 0 to 54 days post immunization were calculated by similar ELISA method with slight modification. Here, sera from ten animals for each time point were pooled in and serially diluted beginning from 1:100 to 1:204800 and added into viral antigen coated ELISA plates while rest of the steps were the same as above. Similar protocols were followed for the titration of  $F(ab')_2$  fragments. Antibody titers were calculated by the reciprocal value of highest dilution at which absorbance value is  $\geq$  twice the value of negative control in the same dilution series based on the earlier report<sup>23</sup>.

**Virus Neutralization assay:** Neutralization capacities of the antisera and  $F(ab')_2$  were measured by microneutralization assay in 96-well plates. For the initial standardization of the optimal number of viruses required for CPE in 100% wells, cells were infected in a 96 well format with the varying numbers of the virus particles. In all our neutralization studies, 300 virus particles were used for infection. For neutralization of virus by equine antisera, 30000 cells were seeded in each well of a 96 well plate 12 hrs before assay set up. 25 µL of serum-free media

175 containing 300 infectious SARS-CoV-2 particles were mixed with 25µL of antiserum: serum-free 176 media mix prepared separately. This mix contained antisera in 1:2, 1:4, 1:8 and up to 1:4096 177 parts of concentrations. The antisera: virus mixes were pre-incubated at 37°C for 1 hr before 178 infection. Subsequently, the wells containing cells were washed with 1x PBS and the mixes 179 were added to the corresponding wells. After the initial adsorption for 2 hrs at 37°C and 5% CO<sub>2</sub>, the virus containing media was replaced with fresh serum-sufficient media and incubated 180 181 for six days. CPE developed in the wells were noted, media removed, and the remaining cells were fixed with 100µL of 4% formaldehyde at 37° C for 20 minutes. Post-fixation, formaldehyde 182 was removed, wells were washed and the cells were stained with 0.1% trypan blue for 5 183 184 minutes to detect the live cells. The wells were observed against white light and scored for the presence or absence of CPE and CCID 50 was calculated by a modified Reed and Muench 185 186 formula. The proportionate distance (PD) was first calculated using the formula (% positive 187 above 50%-50%)/(% positive above 50%- % positive below 50%). The PD obtained was 188 multiplied by the dilution below 50% and value obtained was added to the dilution below 50% to 189 reach the dilution of CCID50).

190 **Preparation of** F(ab')<sub>2</sub> immunoglobulin: Thirty liters of pooled plasma was subjected to enzymatic hydrolysis of IgG using pepsin (2% w/v) for 2 hrs with the pH adjusted to 3.3. The 191 enzymatically treated plasma was subjected to complement inactivation by holding at a 192 193 temperature of 56°C for 30 minutes. Further, caprylic acid was added gradually to make a final concentration of 5% v/v and mixed for one hour. Caprylic acid precipitates non-IgG proteins 194 195 keeping the  $F(ab')_2$  in solution. The antibody fragment  $F(ab')_2$  in the supernatant was diafiltered 196 and concentrated by ultra filtration through a 30 kDa cut-off membrane using 20 mM sodium 197 acetate buffer with 0.9% sodium chloride. The resultant purified concentrated bulk becomes the 198 key intermediate and tested for in vitro potency by ELISA and viral neutralization by the cell 199 culture method. The concentrated bulk was formulated and filled as a final injectable dosage 200 form, keeping the fill volume to 3 mL per vial. The finished product is intended for administration

through either intramuscular or intravenous route based on the severity of the viral load and the

urgency of the intervention. Immunization schedule along with the workflow is given in Figure 1.

203 **RESULTS** 

#### 204 Isolation of SARS-CoV-2 particles and establishment of virus culture

205 Out of several cultures established, two cultures were used for this study. The cultures 206 continued to demonstrate the presence of the virus in the supernatant as suggested by gRT-207 PCR (data not shown). Plague forming assay revealed high titers of infectious virus particles in the order of 10<sup>7</sup> PFU/mL in these supernatants (data not shown). This culture was further 208 expanded to larger size and stored for subsequent studies. To verify the presence of SARS-209 210 CoV-2, we analyzed the presence of virion proteins in the supernatants. Supernatants 211 containing infectious viral particles were precipitated by ultracentrifugation, lysed, and 212 subsequently subjected to immunoblotting. As demonstrated in Figure 2A, the spike (S) and 213 nucleocapsid (N) proteins of SARS-CoV-2 were detected in the concentrated viral supernatants 214 confirming the presence of the virus. In parallel, immunoblot analysis of SARS-CoV-2 infected 215 Vero cells detected the robust expression of S and N proteins, further confirming the 216 establishment of active SARS-CoV-2 cultures (Figure 2B). The viral genome sequences are 217 available at GISAID (hCoV-19/India/TG-CCMB-O2-P1/2020 [hereafter referred to as CCMB-O2], GISAID accession- EPI ISL 458075) and hCoV-19/India/TG-CCMB-L1021/2020 [referred 218 219 to as CCMB-L-1021], GISAID accession- EPI ISL 458046). We then examined the inactivation of the virus by  $\beta$ -propiolactone (BPL). We used either 1:250 or 1:1000 dilutions of BPL (v/v in 220 221 media) in this study, both of which displayed total inactivation of the virus. Detection of viral 222 proteins S and N confirmed the retention of the protein integrity of the inactivated viral stocks to 223 induce immune response in the equines (Figure 2C).

## 224 Antigen-specific immune response

As explained in the Methods section, the horses were injected with inactivated SARS-CoV-2 and blood samples were collected periodically. Plasma/sera prepared from individual animals

were subjected to ELISA to quantify IgG levels. Inactivated viral antigens induced strong IgG 227 response from 29<sup>th</sup> day onwards peaking at 42 days after priming and subsequently stabilizing 228 229 as shown in the Figure 3A. Notably, 80% of the immunized horses showed the seroconversion 230 from 29<sup>th</sup> day onwards except two animals which remained non-responsive during the entire period of study (Figure 3B). The antibody titer which is indicative of quality of induced antibody 231 also enhanced from 29<sup>th</sup> day (1: 25600 dilution) as compared to the negative control, peaking at 232 233 42<sup>nd</sup> day post immunization (1:51200) and later retreating to 1: 25600 at 54<sup>th</sup> day as demonstrated in the Figures 4 A and B. 234

## 235 Characterization of F(ab')<sub>2</sub> and measurement of their binding titer

Pepsin treatment of the purified IgG-generated  $F(ab')_2$  fragments and the purified  $F(ab')_2$ 236 237 fraction showed the characteristic peak in the chromatogram (Figure 5A) with a typical band 238 visible around 110 kDa region in the non-reducing condition and 25 kDa in the reducing 239 condition (Figure 5B), demonstrating the purity of  $F(ab')_2$  preparation. In the non-reducing and 240 reducing condition, F(ab')<sub>2</sub> typically shows single band at ~110kDa and 25 kDa position 241 respectively whereas whole immunoglobulin shows a single band at 150 kDa in non-reducing 242 condition and two bands at 75 kDa (heavy chain) and 25 kDa (light chain) positions under 243 reducing condition. This result confirms that immunoglobulin has been successfully converted into  $F(ab')_2$  fragments. Next, we measured the titer of the purified  $F(ab')_2$ . The purified  $F(ab')_2$ 244 245 samples showed a remarkable titer of 1:102400 as compared to the negative control (Figure 6).

#### 246 Neutralization of SARS-CoV-2 by antisera and purified F(ab')<sub>2</sub>

Antisera from five individual animals were pooled and the virus neutralization capacity was quantified by microneutralization assay. Sera from days 29, 42 and 54 were identified for neutralization assay. The pooled sera were serially diluted at 1:2 ratio in serum-free media and each dilution sample was incubated with Vero cells for infection. As demonstrated in Figure 7A, the antisera from three independent time points displayed significantly higher neutralization

capacity over the control sera. Significant neutralization capacity was achieved 29 days post immunization and spiked at 42 days post-immunization (Figure 7A).

Next, we assayed the neutralization capacity of purified F(ab')<sub>2</sub> fragments from the antisera 254 255 samples. Here, three separate  $F(ab')_2$  pooled batches of antisera were assayed for 256 neutralization. As demonstrated in Figure 7B the purified  $F(ab')_2$  achieved significantly high 257 neutralization titers well above 25000. We also tested the neutralization capacity against 258 another strain CCMB-L-1021 that contained D614G mutation in its Spike protein. The antisera 259 generated against CCMB-O2 demonstrated reasonably high neutralization titer against CCMB-260 L-1021 containing D614G, albeit lower than that against CCMB-O2, indicating the efficacy of polyclonal antisera against other variant strains of SARS-CoV-2 (Supplementary Figure 1). 261 Cross neutralizing ability of antisera reduces the risk burden of its therapeutic relevance against 262 263 emerging SARS-CoV-2 variants, thereby suggesting that the equines purified F(ab')<sub>2</sub> based 264 passive immunotherapy hold enormous therapeutic potential against COVID19 in terms of cost, 265 safety, storage and mass availability.

#### 266 **DISCUSSION**

267 Emerging and re-emerging zoonotic viral infectious diseases such as SARS-CoV-2, SARS-CoV 268 and MERS-CoV have become more frequent in the recent past due to the ever-increasing 269 encounters with wild animals and pose great threat to public health system. Despite great 270 advancement in the field of biotechnology and pharmaceutics, effective response against such 271 kind of pandemic is still lagging. Several vaccines have been at the threshold of being 272 introduced into the markets and they are reported to be quite effective while some of them have been approved for emergency use <sup>3,24</sup>. Nevertheless, antibody therapy still holds important 273 274 position in the fight against COVID-19 since vaccinating the entire human population would 275 require years of continuous vaccination. Several monoclonal antibodies (mAbs) have shown their neutralization potential against SARS-CoV-2<sup>25,26</sup>, but production of individual mAbs are 276 277 resource-exhaustive and also bear the risk of losing their potential against the possible mutants

278 in the specific epitopes. Polyclonal antibodies generated in large animals such as equines have the advantage of faster generation, requirement of relatively much smaller investment and 279 efficacy against multiple epitopes. Antisera generated from such sources had been a great 280 281 source of antiviral antibody to treat the various viral infection such as SARS-CoV, Ebola, MERS-CoV and avian influenza virus<sup>27–30</sup>. Clinical evidence of COVID-19 disease shows that latent 282 283 period of infection is short and majority of the patients recover faster without any persistent 284 infection thus increasing the prospects of using neutralizing antibodies in blocking the SARS-CoV-2 virus particles<sup>31</sup>. Even though convalescent plasma from the recovered patients was 285 considered to be a great source of neutralizing antibodies<sup>32</sup>, the difficulty in recruiting such 286 individuals along with the lack of consistency in the neutralizing antibody titer among them has 287 posed major obstacles in utilizing its potential<sup>33</sup>. Moreover, several reports indicate the lack of 288 efficacy of convalescent plasma therapy in improving the severity of COVID-19<sup>34,35</sup>. 289 290 Notwithstanding the use of plasma therapy to treat various infectious viral disease such as SARS, H5N1 and Ebola,<sup>28,36,37</sup> it always carries a risk of blood-borne infection and its limited 291

availability hampers its prospect of universal application.

Considering the enormous potential of antibody based therapy, we developed a SARS-CoV-2 specific immunoglobulin fragments  $F(ab')_2$  in equines using chemically inactivated virus as similar to other reported work<sup>12,28</sup>. In the current study, we report the serum IgG titer to 1:51200 at 42 days' post immunization, which is significant as compared to earlier report against the SARS-CoV<sup>28</sup>. Another study demonstrated the potency of virus like particle (VLP) of MERS-CoV in the equine <sup>27</sup> where they attained the antibody titer of 1: 20480. The higher antibody response in this study might be due to the optimum antigen dose and immunization schedule.

The immunoglobulin fragment is normally developed by the proteolytic cleavage of immunoglobulin that potentially negates the side effect of serum sickness and antibody dependent enhancement of infection (ADE) as it no more binds to the Fc receptor of the

immune cells. Hence, it is suitable for usage at larger doses without any off-target concerns<sup>38</sup>. 303 304 F(ab')<sub>2</sub> that we generated achieved greater antigen specific antibody titer of 1: 102400 which is comparatively better the earlier published reports <sup>27,28</sup>. Other recent reports also demonstrated 305 306 high antibody titer for F(ab')<sub>2</sub> generated from horses using receptor binding domain (RBD) of spike protein<sup>18,19</sup>, but in vivo response still needs to examined before any conclusion. 307 308 Generation of inactivated virus was more direct and feasible approach for us than raising large 309 amounts of vaccine quality spike proteins to be used at commercial levels. Apart from the lesser 310 side effect,  $F(ab')_2$  can penetrate deeper into the organs due to smaller size and lesser cellular affinity therefore it can neutralize the virus in the extravascular tissue <sup>39</sup>. 311

312 Virus neutralization by an antibody is the major goal of antiviral passive immunotherapy as the 313 effective antibody should neutralize the virus in vitro and in vivo setup at a significantly higher 314 dilution. At this front, F(ab')<sub>2</sub> generated in this study demonstrates robust in vitro virus 315 neutralization titer as high as 28000 which is comparable with other similar studies against the SARS-CoV-2<sup>18,19,28</sup>. Effective neutralization of a variant carrying mutation in spike protein by this 316 317 antisera demonstrates the broad efficacy in using purified antisera of equine origin. 318 Furthermore, the F(ab')<sub>2</sub> antibody shows very significant virus neutralization that is comparable 319 or higher than that the convalescent plasma therapy offers without the risk of blood born 320 disease<sup>40</sup>. The F(ab')<sub>2</sub> antibody developed from the whole virus antigen contains polyclonal 321 antibody against all possible antigens exposed, having a broader range of binding repertoire thereby providing better anticipated scope of virus neutralization as compared to subunit 322 323 polyclonal antibody or monoclonal antibody.

The current study is based on the tested method for production of antigen specific antibody in equines and is easy to scale up by industry with the domain expertise. The WHO guidelines are already laid out for the production and application of antisera and their product from equine source therefore it can be quickly available to the world for immediate application<sup>41</sup>. Strainspecific antisera can be developed quickly based on the necessity. Hence F(ab')<sub>2</sub> antibody from

329 hyper-immunized equine serum could be a viable option for passive immunotherapy to treat the

330 COVID-19 and along with vaccines, can collectively bring down the burden of the pandemic.

331 Even in the optimistic scenario of active vaccines, passive immunotherapy can also be used to

332 save the life of terminally ill patients as it has been used to treat rabies.

#### 333 Conclusion

Anti-SARS-CoV-2 immunoglobulin  $F(ab')_2$  prepared from the plasma of hyper-immunized equines demonstrated high antibody titers and effective neutralization of the parental as well emerging viral strains would be a reliable and efficient tool in the fight against COVID-19.

#### 337 Author Contributions

D.G. optimized large-scale SARS-CoV-2 virus propagation, BPL inactivation and

microneutralization assay. D.G., and D.K propagated, quantified and inactivated large-scale

340 SARS-CoV-2 cultures, and performed microneutralization assays. D.V. and V.S established

341 SARS-CoV-2 cultures used in this study. H.P. performed immunoblotting. N.K. conceived and

342 conceptualized the study along with K.H.H. F.A. and R.K. performed the immunological

343 characterization of anti-sera and F(ab')<sub>2</sub>. D. G., F.A., K.H.H. and N.K. wrote the manuscript.

344 C.K., P.S., and S.K performed the equine immunization and F(ab')<sub>2</sub> preparation. S.R provided

the patient sample for the isolation of SARS-CoV-2.

#### 346 Acknowledgement

347 Several volunteers at the Centre for Cellular and Molecular Biology who were part of COVID-19

testing are thanked for their help in identifying SARS-CoV-2 positive samples for virus culturing.

Mohan Singh Moodu and Amit Kumar contributed significantly with the logistics. We thank

350 Karthika Nair, Abhirami P S, and Sai Poojitha for their help with various experiments.

351

352

353

## 354 Institutional ethics clearance

- Institutional ethics clearance (IEC-82/2020) was obtained for the patient sample processing for
- 356 virus culture.

## 357 Institutional biosafety

Institutional biosafety clearance was obtained for the experiments pertaining to SARS-CoV-2.

## 359 **REFERENCES**

- World Health Organization (WHO). WHO Coronavirus Disease (COVID-19) Dashboard. 5
   *november 2020.*
- 362 2. WHO. Draft landscape of COVID-19 candidate vaccines-15 October 2020. Who (2020).
- Joffe, S. Evaluating SARS-CoV-2 Vaccines after Emergency Use Authorization or
   Licensing of Initial Candidate Vaccines. JAMA Journal of the American Medical
   Association vol. 325 221–222 (2021).
- Beigel, J. H. *et al.* Remdesivir for the Treatment of Covid-19 Final Report. *N. Engl. J. Med.* (2020) doi:10.1056/nejmoa2007764.
- Long, Q. X. *et al.* Clinical and immunological assessment of asymptomatic SARS-CoV-2
   infections. *Nat. Med.* (2020) doi:10.1038/s41591-020-0965-6.
- Casadevall, A., Joyner, M. J. & Pirofski, L. A. SARS-CoV-2 viral load and antibody
   responses: The case for convalescent plasma therapy. *Journal of Clinical Investigation* (2020) doi:10.1172/JCI139760.
- 3737.Yin, S. *et al.* Longitudinal anti-SARS-CoV-2 antibody profile and neutralization activity of374a COVID-19 patient. Journal of Infection (2020) doi:10.1016/j.jinf.2020.06.076.
- Salazar, G., Zhang, N., Fu, T. M. & An, Z. Antibody therapies for the prevention and treatment of viral infections. *npj Vaccines* (2017) doi:10.1038/s41541-017-0019-3.
- Shen, C. *et al.* Treatment of 5 Critically III Patients with COVID-19 with Convalescent
   Plasma. *JAMA J. Am. Med. Assoc.* (2020) doi:10.1001/jama.2020.4783.
- Tanne, J. H. Covid-19: FDA approves use of convalescent plasma to treat critically ill
   patients. *BMJ* (2020) doi:10.1136/bmj.m1256.
- Tiberghien, P. *et al.* Collecting and evaluating convalescent plasma for COVID-19
   treatment: why and how? *Vox Sanguinis* (2020) doi:10.1111/vox.12926.
- Pan, X., Wu, Y., Wang, W., Zhang, L. & Xiao, G. Development of horse neutralizing
  immunoglobulin and immunoglobulin fragments against Junín virus. *Antiviral Res.* (2020)
  doi:10.1016/j.antiviral.2019.104666.
- Wang, H. *et al.* Equine-Origin Immunoglobulin Fragments Protect Nonhuman Primates
   from Ebola Virus Disease. *J. Virol.* (2018) doi:10.1128/jvi.01548-18.
- Ratanabanangkoon, K. *et al.* A Simple and Novel Strategy for the Production of a Panspecific Antiserum against Elapid Snakes of Asia. *PLoS Negl. Trop. Dis.* (2016) doi:10.1371/journal.pntd.0004565.
- Black, R. E. & Gunn, R. A. Hypersensitivity reactions associated with botulinal antitoxin.
   *Am. J. Med.* (1980) doi:10.1016/0002-9343(80)90469-6.
- Luo, F. *et al.* Evaluation of Antibody-Dependent Enhancement of SARS-CoV Infection in Rhesus Macaques Immunized with an Inactivated SARS-CoV Vaccine. *Virologica Sinica* (2018) doi:10.1007/s12250-018-0009-2.

396 397	17.	Arvin, A. M. <i>et al.</i> A perspective on potential antibody-dependent enhancement of SARS- CoV-2 <i>Nature</i> (2020) doi:10.1038/s41586-020-2538-8
398	18.	Cunha, L. E. R. <i>et al.</i> Equine hyperimmune globulin raised against the SARS-CoV-2
400 401	19.	Pan, X. <i>et al.</i> Immunoglobulin fragment F(ab')2 against RBD potently neutralizes SARS-
401	20	Bapu S at al A distinct phylogopotic cluster of Indian SAPS-CoV-2 isolates. Open
402	20.	Earum Infact, Dis (2020) doi:10.1003/ofid/ofac434
403	21	Shu X & McCauley I GISAID: Global initiative on sharing all influenza data – from
404	21.	vision to reality. <i>Eurosurveillance</i> (2017) doi:10.2807/1560-7917 ES 2017 22.13.30494
405	22	Schneider C. A. Rashand W. S. & Eliceiri K. W. NIH Image to Image. I: 25 years of
407	<i></i> .	image analysis. Nature Methods vol. 9 671–675 (2012)
408	23.	Frey, A., Di Canzio, J. & Zurakowski, D. A statistically defined endpoint titer determination
409	_0.	method for immunoassays. J. Immunol. Methods (1998) doi:10.1016/S0022-
410		1759(98)00170-7.
411	24.	Polack, F. P. et al. Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine. N.
412		Engl. J. Med. 383, 2603–2615 (2020).
413	25.	Rogers, T. F. et al. Isolation of potent SARS-CoV-2 neutralizing antibodies and protection
414		from disease in a small animal model. Science (80 ). 369, 956–963 (2020).
415	26.	Wan, J. et al. Human-IgG-Neutralizing Monoclonal Antibodies Block the SARS-CoV-2
416		Infection. Cell Rep. 32, 107918 (2020).
417	27.	Zhao, Y. et al. Passive immunotherapy for Middle East Respiratory Syndrome
418		coronavirus infection with equine immunoglobulin or immunoglobulin fragments in a
419		mouse model. Antiviral Res. (2017) doi:10.1016/j.antiviral.2016.11.016.
420	28.	Lu, J. H. et al. Preparation and development of equine hyperimmune globulin F(ab') 2
421		against severe acute respiratory syndrome coronavirus. Acta Pharmacol. Sin. (2005)
422	00	doi:10.1111/j.1745-7254.2005.00210.x.
423	29.	Pyankov, O. V. et al. Successful post-exposure prophylaxis of Ebola infected non-human
424		primates using Ebola glycoprotein-specific equine IgG. Sci. Rep. (2017)
425	20	dol:10.1038/srep41537.
420	30.	bal, C. <i>et al.</i> Salety, potential encacy, and pharmacokinetics of specific polycional immunoal oblights E(ab')? frogmonte against evian influence A (HEN1) in boolthy
427 120		voluntoors: A single control randomized, double blind, placebe controlled, phase 1 study
420 //20		Lancet Infect Dis (2015) doi:10.1016/S1473-3099(14)71072-2
429	31	Lancer Milect. Dis. (2010) doi: 10.1010/01470-00000 (14)71072-2.
430	01.	publicly reported confirmed cases: Estimation and application Ann Intern Med (2020)
432		doi:10.7326/M20-0504
433	32.	Rojas, M. <i>et al.</i> Convalescent plasma in Covid-19: Possible mechanisms of action.
434	-	Autoimmunity Reviews (2020) doi:10.1016/j.autrev.2020.102554.
435	33.	Liu, S. T. H. et al. Convalescent plasma treatment of severe COVID-19: a propensity
436		score-matched control study. Nat. Med. (2020) doi:10.1038/s41591-020-1088-9.
437	34.	Agarwal, A. et al. Convalescent plasma in the management of moderate covid-19 in
438		adults in India: Open label phase II multicentre randomised controlled trial (PLACID Trial).
439		<i>BMJ</i> <b>371</b> , (2020).
440	35.	Simonovich, V. A. et al. A Randomized Trial of Convalescent Plasma in Covid-19 Severe
441		Pneumonia. N. Engl. J. Med. NEJMoa2031304 (2020) doi:10.1056/NEJMoa2031304.
442	36.	Rockman, S. et al. Intravenous Immunoglobulin Protects Against Severe Pandemic
443	<b>.</b>	Influenza Infection. <i>EBioMedicine</i> (2017) doi:10.1016/j.ebiom.2017.04.010.
444	37.	Kratt, C. S. <i>et al.</i> The Use of TKM-100802 and Convalescent Plasma in 2 Patients with
445		Ebola Virus Disease in the United States. <i>Clin. Infect. Dis.</i> (2015) doi:10.1093/cid/civ334.
446	38.	Hondatsu, T., Nakamura, M., Ishizuka, Y., Yamada, H. & Koyama, H. A study on the

447 448 449 450 451 452 453 454 455 456 457 458	39. 40. 41.	mechanism of antibody-dependent enhancement of feline infectious peritonitis virus infection in feline macrophages by monoclonal antibodies. <i>Arch. Virol.</i> (1991) doi:10.1007/BF01310476. Laustsen, A. H. <i>et al.</i> Pros and cons of different therapeutic antibody formats for recombinant antivenom development. <i>Toxicon</i> (2018) doi:10.1016/j.toxicon.2018.03.004. Wendel, S. <i>et al.</i> Screening for SARS-CoV-2 antibodies in convalescent plasma in Brazil: Preliminary lessons from a voluntary convalescent donor program. <i>Transfusion</i> (2020) doi:10.1111/trf.16065. World Health Organization (WHO). Guidelines for the production, control and regulation of snake antivenom immunoglobulins. <i>Biol. Aujourdhui.</i> (2010).
459		
460		
461		
462		
463		
464		
465		
466		
467		
468		
469		
470		
471		
472		
473		
474		
475		
476		
477		

# 478 Figure 1

#### 479



481	Fig.1. Immunization scheme and workflow. BPL-inactivated SARS-CoV-2 particles were
482	mixed with FCA and injected intramuscularly into the equines. Immunization was repeated on
483	the days mentioned in the scheme. Plasma collected from the immunized animals were pooled,
484	their antibody response was assayed and virus neutralization titer was quantified by
485	microneutralization assay. Subsequently, IgG was purified from the pooled plasma, digested
486	with pepsin and the $F(ab')_2$ fragment was purified. Neutralization titers of these purified and
487	concentrated fragments were also assayed.
488	
489	
490	
491	
492	
493	
494	
	18

## 495 Figure 2



497 Fig.2. Characterization of SARS-CoV-2 isolate supernatant and in vitro infection. (A) 498 Immunoblotting of SARS-CoV-2 spike and nucleocapsid proteins in three independent 499 supernatants from in vitro cultures of Vero cells. Briefly, Vero cells were infected with SARS-CoV-2 stocks at 1:10 dilution and three days later supernatants were collected. 10 mL of three 500 501 independent supernatants were ultra-centrifuged at 100000 x g for 90 minutes and the pellets 502 were re-suspended in 1 mL of PBS, lysed with 2 x lysis buffer, and immunoblotted. Results from 503 three independent supernatants are depicted. (B) Expression of spike and nucleocapsid 504 proteins in Vero cells infected with SARS-CoV-2. The cells were harvested either at 24 or 48 hrs post-infection before subjecting to immunoblotting. (C) Detection of spike and nucleocapsid in 505 BPL-treated viral supernatants. The supernatants were precipitated as in (2A) after the 506 inactivation with BPL. Two individual samples were processed for immunoblotting. 507

508

496

- 509
- 510
- 511
- 512
- 513

#### Figure 3



Fig.3. Evaluation of SARS-CoV-2 specific total IgG from serum collected at specified time points after first immunization using indirect ELISA. A) Antigen response kinetics of 10 individual horses along the course of time (Day 0 to day 54) with respect to control (pre-immunized sera). B) Heat map of the same with labeled individual animal.

## 532 Figure 4





**Fig.4.** Antibody titration kinetics of serum collected along the different time points using indirect ELISA. A) Serially diluted serum (100 to 204800) used over the virus antigen coated ELISA plate and absorbance value at each dilution and time points represented at Y axis. B) Antibody titers were calculated by the reciprocal value of highest dilution at which absorbance value is  $\geq$ twice the value of negative control in the same dilution series.

- 541
- 542
- 543
- 544
- 545
- 546
- 547
- 548
- 549

#### 550 Figure 5



552 **Fig.5.** Characterization of purified  $F(ab')_2$ . A) HPLC chromatogram shows a dominant  $F(ab')_2$ peak B) SDS-PAGE image of purified F(ab')<sub>2</sub> under reducing and non-reducing conditions. The 553 554 purified F(ab')<sub>2</sub> were loaded (5 or 10 µg) with and without beta-mercaptoethanol in SDS-555 polyacrylamide gel and resolved under constant voltage. Reducing and non-reducing conditions were achieved with and without beta-mercaptoethanol respectively. The result shows F(ab')<sub>2</sub> 556 557 fragment of 28 kDa (two heavy chains and two light chains of almost similar molecular weight) 558 under reducing condition (left) and >110 kDa under non-reducing condition (right) demonstrating 559 the purity of  $F(ab')_2$  preparation.

560

561

562

- 563
- 564

565

566

567

568



- 582
- 583

584 **Fig.6.** Antibody titration of the  $F(ab')_2$  purified from the pooled plasma of immunized equine with 585 respect to pooled sample of negative control and titer is given in inset box. F(ab')<sub>2</sub> titer was measured by direct ELISA method in which the whole virus antigen (approximately 1×10<sup>5</sup> virus 586 particles) coated-plates were incubated with serially diluted F(ab')<sub>2</sub> (1:100 to 1:204800 dilution) 587 588 for 2 hours at RT. HRP conjugated anti-F(ab')<sub>2</sub> secondary antibody (1:5000 dilution) were added subsequently and the color reaction was developed by adding TMB substrate. F(ab')<sub>2</sub> titer was 589 590 calculated by the reciprocal value of highest dilution at which absorbance value is ≥ twice the 591 value of negative control in the same dilution series.

## 593 Figure 7



594 595

**Fig.7.** Neutralization capacities of host antisera and purified  $F(ab')_2$ . (A) Neutralization of SARS-CoV-2 by pooled of antisera. Neutralization capacities of antisera drawn from horses 29, 42 and 54 days post-immunization were tested by micro neutralization assays. CCID50 of the antisera treated virus particles are represented. (B) Neutralization capacities of  $F(ab')_2$ generated from pooled antisera. Micro neutralization assays were performed similarly as in Figure 6 and the data are represented as CCID50

602

603

604

605



Fig.S1. Neutralization capacities of F(ab')<sub>2</sub> generated from batch of pooled antisera. Micro
neutralization assays were performed similarly as in Figure 6 and the data are represented as
CCID50. The antisera were developed against CCMB-O2 isolate and neutralization was tested
against CCMB-L-1021.