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Vaccination against the big three killers: an illusion?

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1 **Vaccination against the big three killers: an illusion ?**

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16 For 30 years, the largest investment in life sciences has been in seeking an
17 immunization against the "Big Three": AIDS, tuberculosis and malaria. This choice appears
18 logical as these diseases are among the largest killers among infectious diseases, accounting
19 probably together for >1.750.000 deaths per year [1, 2]. Attempting to develop a vaccine
20 prevention strategy that yielded extraordinary results on smallpox and which was very
21 significant for poliomyelitis, diphtheria, mumps and measles, could have yielded spectacular
22 results. However, this attempt, despite the increasing levels of financial and scientific
23 investment with hundreds of publications every year, has not produced any tangible and
24 applicable results. Despite the annual declarations of new vaccine strategies for these three
25 diseases, real applicable strategies have never followed. This does not seem surprising to us,
26 and we think that we need to change our strategy in the current state of our knowledge.

27 Malaria is a non-immunizing disease [3]. People who are exposed to malaria can
28 receive several hundred infective bites per year, suffered several malaria episodes with
29 different strains, and the low immunity that has been eventually acquired, disappears very
30 quickly after a several months in a malaria-free country. We are currently experiencing this in
31 France with African students and Comorian migrants. Vaccine development continues but none
32 of the malaria vaccine candidates developed to date have been shown to provide long-lasting
33 benefits at a population level. Even what appeared to some researchers in the recent years as
34 promising results, the RTS,S/AS01 malaria vaccine administered at months 0, 1, and 2 to 5-17

35 months children conferred, when boosted, about 32% protection against severe malaria for a
36 few months [4]. We think that when several episodes of a natural disease fail to determine
37 immunity for more than a few months, the chance of finding a vaccine is extremely low.

38 Likewise for HIV infection, none of the efforts have had any effect despite the
39 spectacular announcements. Twelve late-stage trials worldwide are testing experimental
40 vaccines [5]. After 30 years still there is no preventive HIV vaccine [6]. Current research efforts
41 are mainly addressed to “curative” vaccine in HIV infected people, with aim to reach
42 “functional” cure. Anyway, HIV infection is not an immunizing disease. The only forms of real
43 resistance known to retroviruses are either natural resistance, such as in gorillas for HIV [7], or,
44 for a number of animals, the internalization and neutralization of the retrovirus that protects
45 against subsequent viral infections. This is called endogenization, which is a phenomenon
46 perfectly observed in Koalas [8].

47 Finally, with regard to tuberculosis, BCG is a theoretically ideal vaccine, a live vaccine, a
48 variant of tuberculosis agent. A mild disease is inoculated, that gives a perfectly effective
49 immune response that can be tested and provides robust immunity. It is effective in protecting
50 infants and children against severe miliary and meningeal TB, although its protection is variably
51 lost in adults [9]. Nevertheless, there are currently several million new tuberculosis cases per
52 year, including 1.2 million deaths, which indicates that more than a century of vaccination
53 policy by the BCG has not really cleaned the situation. More than 20 novel TB vaccine

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