

Immunoinformatics Approach for Designing Epitope-Based Peptides Vaccine of L1 Major Capsid Protein against HPV Type 16

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Abstract

Human papilloma viruses (HPV) are small DNA, non-enveloped, double-stranded and closed circular viruses. There are more than 150 HPV identified types. Genital HPV types are categorized according to their epidemiologic association with cervical cancer to high and low risk types. The high risk type HPV 16 is the most common in the world. we aimed to design a universal peptide based vaccine against HPV type 16 virus using Immunoinformatics Approach through prediction of highly conserved T and B-cell epitopes from the most abundant and highly immunogenic protein (L1 major capsid protein) derived from HPV type 16 strains all over the world. All sequences of the L1 major capsid protein were retrieved from NCBI database. Potentially continuous B and T cell epitopes were predicted using tools from immune epitope data base analysis resource (IEDB-AR). The Allergenicity of predicted epitopes was analyzed by AllerTOP Tool and the coverage was determined throughout the worlds. The B cell epitope ²⁴³KSEV²⁴⁶ and T cell epitopes ³⁶³TRSTNMSLC³⁷¹, ⁴⁷⁰YTFWEVNLK⁴⁷⁸, ²⁶⁰YIKMVSEPY²⁶⁸ and ²³⁶FTTLQANKS²⁴⁴ were suggested to become universal peptide based vaccine against HPV type 16. We hope to confirm our findings by adding complementary steps of both in vitro and in vivo studies to support this new universal predicted vaccine.

Keywords: Human papilloma viruses (HPV), Epitope, vaccine & In Silico.

Introduction

Human papilloma viruses (HPV) are small DNA viruses, non-enveloped, double-stranded and closed circular. The genome is approximately 8,000 base pairs, encoding six early proteins [E1-E6] and two late proteins [L1 and L2] with a strict tropism for human epithelial cells. It is responsible for benign lesions of the skin and mucous membranes. HPV is also involved in the development of various mucocutaneous tumors: Bowen's disease, non-melanoma skin cancers and genital carcinomas. They may be divided into cutaneous and mucosal types depending on the type of epithelium they infect [1-5].

There are more than 150 HPV identified types, including approximately 40 that infect the genital area. Genital HPV types are categorized according to their epidemiologic association with cervical cancer to high and low risk types [3,6,7]. The high risk HPV types (HPV.16, .18, .31, .33, and .45) have been linked to several epithelial cancers in human (uterine cervix, head, neck and esophageal cancer) [8]. HPV 16 is the most common in the world, except Indonesia and Algeria, where HPV 18 is the most common. HPV 45 shows high frequency in West

Africa. Types 33, 39, and 59 are concentrated in Central and South America [9]. The epidemiological studies have established that the most common high risk HPV type is type 16. It is present in approximately 50% of the >500,000 cases of cervical cancer diagnosed annually worldwide. This cervical cancer is the second most frequent cancer in women worldwide with 250,000 deaths yearly [1,5,6]. Transmission of HPV occurs primarily by skin to skin contact. Basal cells of stratified squamous epithelium may be infected by HPV. Other cell types appear to be relatively resistant [10,11].

HPV L1 and L2 late gene expression is required for virus production and normally occurs in terminally differentiated cells at the very top of the epithelium [1]. The L1 ORF is the most conserved gene within the genome and has therefore been used for the identification of new PV types over the past 15 years [4]. L1 protein is the major structural protein (360 copies) and assembled into 72 pentameric capsomeres that are arranged in an icosahedral array. It represents 80% of the viral capsid proteins, being the most abundant protein and highly immunogenic. Whereas the L2 protein, the

minor capsid protein (72 copies), is not necessary to form viral particles^[6,12,13].

HPV vaccine was first introduced in the United States; the vaccination is directed to prevent HPV infection^[14]. There were two prophylactic vaccines have been developed and tested in large multicentric trials^[15-17]. Quadrivalent HPV vaccine (Gardasil, produced by Merck and Co, Inc., Whitehouse Station, New Jersey), licensed for use in females and males aged 9 through 26 years, and Bivalent HPV vaccine (Cervarix, produced by GlaxoSmithKline, Rixensart, Belgium), licensed for use in females aged 9 through 25 years. Both of them are composed of type-specific HPV L1 protein, the major capsid protein^[14]. The HPV VLPs contain no DNA and hence are noninfectious and it elicits a strong and sustained type-specific response^[14]. The limitations of these available vaccines are: (a) these vaccines do not protect against all high-risk HPV types; (b) they do not treat existing HPV infections; (c) the long-term duration of protection and the required length of protection to prevent cancer are unknown; detect evidence of waning immunity over 5 years^[14-16].

A recent approach known as vaccinomics integrating immunogenetics and immunogenomics with bioinformatics has been used for the development of new vaccines^[18-20]. For this reason, the rapid in silico informatics-based approach became much popular with the recent advancement in the sequencing of many pathogen genomes and protein sequence databases^[20]. In this study we aim to design a universal peptide based vaccine against HPV type 16 virus using computational method through prediction of highly conserved T and B-cell epitopes from the most abundant and highly immunogenic protein (L1 major capsid protein) derived from HPV type 16 strains all over the world.

Martials and Methods

Protein sequence retrieval

The sequences of the late major capsid protein (L1) of HPV type 16 were retrieved from NCBI (<http://www.ncbi.nlm.nih.gov/>) in May 2016, and then all the sequences were stored as a FASTA format for further analysis. These sequences were isolated from different geographical areas (Japan, China, Mexico, Iran, India, Netherlands, Canada, Germany, Brazil, Sweden, Croatia, Thailand and Pakistan) from 2001-2014. The retrieved strains are listed in Table (A) in supplementary data

Retrieved Strains Phylogeny

The relationships of all retrieved strains were studied using phylogeny.fr online software (<http://phylogeny.lirmm.fr/phylo.cgi/index.cgi>)^[21].

Conserved region identification

BioEdit sequence alignment editor (v7.0.9) was used to identify the conserved regions with ClustalW Multiple

alignment compared to L1 major capsid protein of HPV type 16 reference sequence under gene bank accession number NP_041332.1^[22]

Identification of the B cell epitope

Potentially continuous B cell epitopes were predicted using tools from immune epitope data base analysis resource (IEDB-AR) (<http://tools.iedb.org/bcell/>) by Bepipred linear epitope prediction analysis^[23] after submitting the reference sequence. IEDB analysis resource was also used for the analysis of the epitope conservancy (http://tools.iedb.org/tools/conservancy/iedb_input)^[24]. Only 100% conserved epitopes were selected. Then IEDB tools were used to identify the B cell antigenicity including the Kolaskar and Tongaonkar antigenicity scale^[25], Emini surface accessibility prediction^[26] and Parker Hydrophilicity Prediction^[27] for the selected epitopes with thresholds of 1.033, 1.00 and 1.359 respectively. Epitopes which pass these tests were predicted as B cell epitope.

Identification of the T cell epitope

IEDB was used to predict T cell epitopes that bind major histocompatibility complex (MHC) class 1 and 2. For MHC class 1 (T helper epitope-THL); the reference sequence was submitted for peptide prediction using MHC-I Binding Predictions (<http://tools.iedb.org/mhci/>), the stabilized matrix base method (SMM) was used to calculate the half-maximal inhibitory concentration (IC₅₀) values of peptide binding to MHC-I molecules. For the binding analysis, all the alleles were selected, and the length was set at 9.0 before prediction was done and percentile rank cutoff was set below 1.00^[28,29]. As in B cell epitope prediction, only 100% conserved epitopes were determined by IEDB epitope conservancy tool and selected for further investigations.

Then epitopes were classified according to their IC₅₀ into high affinity epitopes (IC₅₀<50), moderate affinity epitopes (IC₅₀<500) and low affinity epitopes (IC₅₀>500), only high and moderate affinity epitopes with their corresponding alleles were subjected for population coverage analysis.

In MHC class 2 (cytotoxic T cell epitope CTL): repeating the same steps as MHC class 1 but setting the percentile cutoff at 10 using MHC-II Binding Predictions tool (<http://tools.iedb.org/mhcii/>)^[30].

Assessment of Epitope Allergenicity

AllerTOP (<http://www.pharmfac.net/allertop>) was used to analyze the predicted epitopes (especially B and CTL epitopes). AllerTOP uses a model based on amino acid z-descriptors, ACC protein transformation and k nearest neighbors clustering. It defines the most probable route of exposure of tested proteins predicted as an allergen: food, inhalant or toxin^[31]. The predicted epitopes were analyzed as: 'Probable Allergen' or 'Probable Non-allergen'.

Calculation of Population Coverage

Population coverage of the whole world for epitope was assessed by the IEDB population coverage calculation tool (http://tools.iedb.org/tools/population/iedb_input). This tool calculates the fraction of individuals predicted to respond to a given set of epitopes with known MHC restrictions. This calculation is made on the basis of HLA genotypic frequencies assuming non-linkage disequilibrium between HLA loci^[32]. Here the allelic frequencies of the interacting HLA alleles were used for the prediction of the population coverage for the corresponding epitope. Epitopes with the highest frequencies were selected for modeling.

Modeling of B & T epitopes

The structure of the L1 major capsid protein of human papillomavirus type 16 was predicted in Protein Data Bank (PDB) format, using the web portal RaptorX (<http://raptorx.uchicago.edu/>)^[33]. UCSF Chimera 1.8 visualization software^[34] was used for visualization of the selected epitopes.

Results

Phylogenetic Analysis of Retrieved Strains

The relationships of all retrieved strains of L1 major capsid protein of HPV type 16 are illustrated in Figure (1) below.

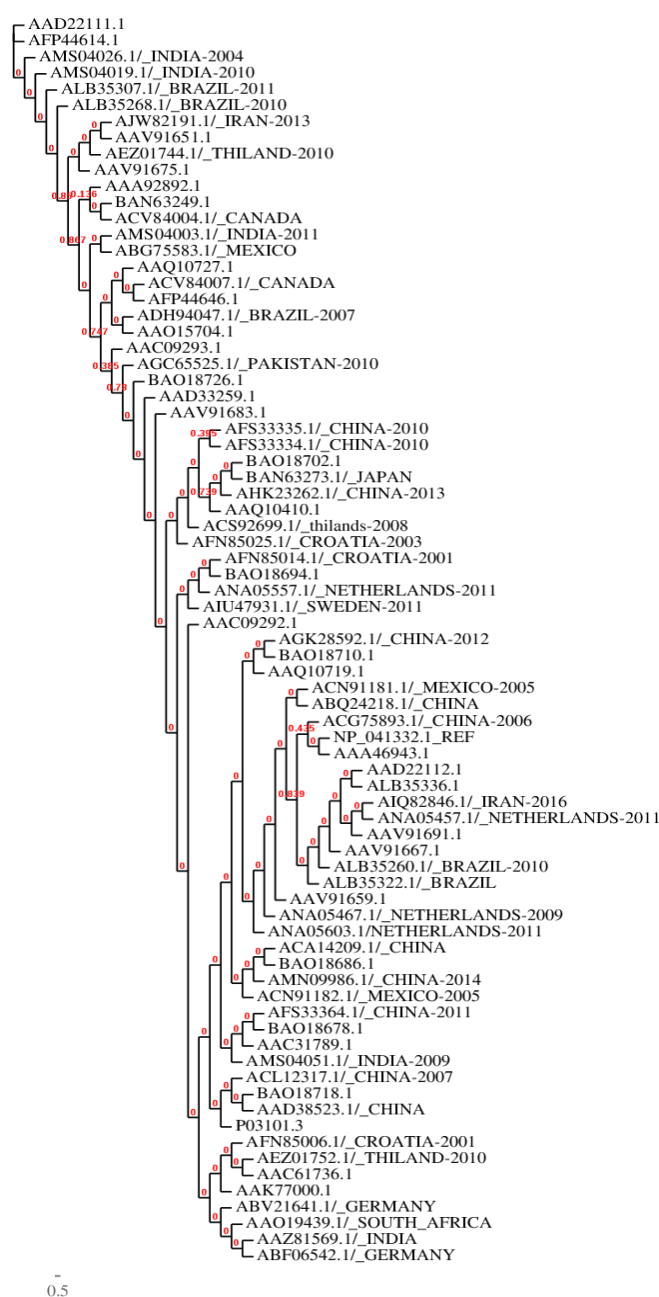


Figure (1): Phylogenetic tree of the retrieved sequences of L1 major capsid protein of HPV type 16. (The branch length is proportional to the number of substitutions per site)

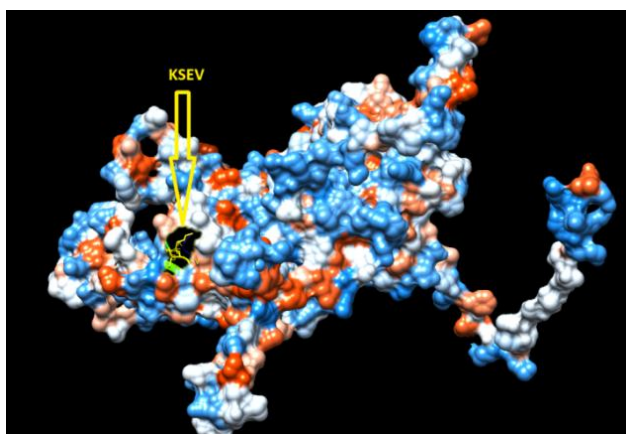
Table (1): list of B- cell epitopes predicted by different scales of L1 major capsid protein in HPV type 16

| Bepipred Epitope/Threshold 0.35 | Position | Length | Emini Surface Score/Threshold 1.000 | Antigenicity Score/Threshold 1.033 | Hydrophilicity Score/Threshold 1.359 | Beta Turn Score/Threshold 1.010 |
|---------------------------------------|----------|--------|---|--|--|---------------------------------------|
| VYLPPVP | 37-43 | 7 | 0.432 | 1.196 | -1.743 | 1.041 |
| PIKKPNNN | 77-84 | 8 | 3.559 | 0.933 | 3.575 | 1.276 |
| PDTSFYNP | 112-119 | 8 | 2.151 | 0.993 | 2.725 | 1.274 |
| VGRGQP | 133-138 | 6 | 0.806 | 1.014 | 3.333 | 1.178 |
| PPIGEHWGKGS | 189-198 | 11 | 0.63 | 0.972 | 2.309 | 1.207 |
| ANKSEV | 241-246 | 6 | 1.184 | 1.003 | 4.233 | 0.983 |
| *KSEV | 243-246 | 4 | 1.217 | 1.044 | 4.075 | 0.92 |
| EPYG | 266-269 | 4 | 1.467 | 0.988 | 3.425 | 1.24 |
| YIKGSG | 302-307 | 6 | 0.61 | 1 | 2.283 | 1.195 |
| YFPTPSGSM | 317-325 | 9 | 0.813 | 1.001 | 1.422 | 1.196 |
| QGHN | 343-346 | 4 | 1.325 | 0.942 | 5.2 | 1.263 |
| TTRS | 362-365 | 4 | 1.931 | 0.926 | 5.275 | 1.075 |
| TYKNT | 380-384 | 5 | 2.869 | 0.937 | 4.24 | 1.126 |
| FGLQPPPGTLE | 430-441 | 12 | 0.408 | 1.015 | 1.233 | 1.142 |
| GLQPPP | 431-436 | 6 | 1.105 | 1.055 | 1.467 | 1.282 |
| LQPPPG | 432-437 | 6 | 1.105 | 1.055 | 1.467 | 1.282 |
| KHTPPAPKED | 455-464 | 10 | 6.486 | 0.985 | 4.49 | 1.135 |
| ATPTT | 514-518 | 5 | 1.283 | 0.971 | 3.96 | 1.012 |

*proposed epitope

Prediction of B-cell epitope

HPV Type 16 L1 major capsid protein was subjected to Bepipred linear epitope prediction, Emini surface accessibility, Kolaskar and Tongaonkar antigenicity, Parker hydrophobicity and Chou and Fasman beta turn prediction methods in IEDB with their default thresholds setting. Only Three epitopes were found to have cutoff prediction scores above threshold scores, namely **KSEV** from 243 to 246 and **GLQPPP** from 431 to 436 or **LQPPPG** from 432 to 437, Figure (2).

**Figure (2):** proposed B-Cell Epitope of L1 major capsid protein

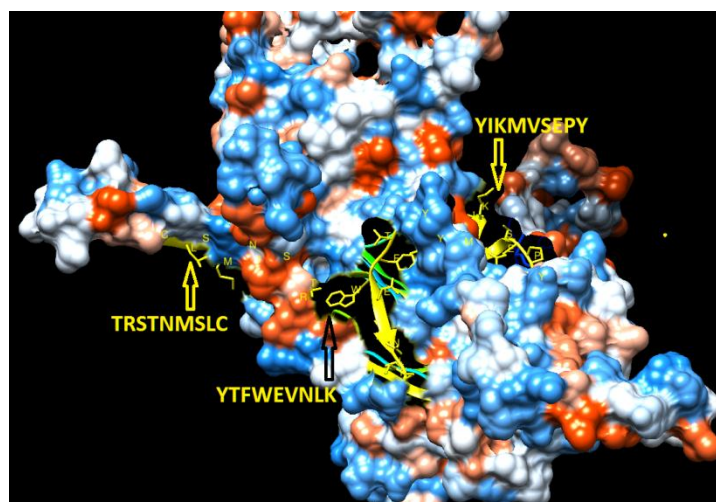
The other epitopes were not satisfied the threshold value of Kolaskar and Tongaonkar antigenicity, the result of all conserved predicted B cell epitopes are listed in Table (1)

Prediction of Cytotoxic T-lymphocyte epitope and interaction with Mouse MHC Class I and Modeling

L1 major capsid protein was analyzed using IEDB MHC-1 binding prediction tool to predict T cell epitope interacted with different types of selected Human MHC Class I alleles. Based on Consensus (SMM) with percentile rank ≤ 1 and $IC_{50} < 500$; 16 conserved peptides were predicted to interact with different Human MHC-1 alleles. **YTFWEVNLIK** epitope from 470 to 478 had had higher affinity to interact with (HLA-A*68:01 and HLA-A*11:01) alleles with $IC_{50} = 8.27$ and 23.35 , respectively and intermediate affinity to bind with HLA-A*03:01 ($IC_{50} = 235.4$ nm). Then **NTNFKEYLR** from 383 to 391 which had higher affinity to interact with (HLA-A*68:01 and HLA-A*31:01) alleles with scores $IC_{50} = 10.53$ and 22.15 nm. Followed by **TRSTNMSLC** epitope from 363 to 371 had higher affinity to interact with tow alleles (HLA-C*07:01, HLA-C*06:02) $IC_{50} = 6.36$ and 43.63 nm, respectively, Figure (3). Other CTL epitopes **FVTVDITTR**, **RLVWACVGV**, **FQMSLWLPS** and **SGLQYRVFR** had affinity to interact with one allele by higher affinity. The CTL epitopes and their corresponding human MHC-1 alleles are shown in Table (2).

Table (2): list of the CTL epitopes which had high and intermediate binding affinity with the selected Human MHC Class I alleles

| Epitope | allele | start | end | length | percentile rank | IC ₅₀ (SMM) |
|------------|-------------|-------|-----|--------|-----------------|------------------------|
| *TRSTNMSLC | HLA-C*07:01 | 363 | 371 | 9 | 0.9 | 6.36 |
| | HLA-C*06:02 | | | | 0.85 | 43.63 |
| *YTFWEVNLK | HLA-A*68:01 | 470 | 478 | 9 | 0.15 | 8.27 |
| | HLA-A*11:01 | | | | 0.25 | 23.35 |
| | HLA-A*03:01 | | | | 0.85 | 235.4 |
| FVTVDTTTR | HLA-A*68:01 | 356 | 364 | 9 | 0.3 | 16.58 |
| RLVWACVGV | HLA-A*02:06 | 123 | 131 | 9 | 0.7 | 19.39 |
| FQMSLWLP | HLA-A*02:06 | 25 | 33 | 9 | 0.6 | 8.96 |
| SGLQYRVFR | HLA-A*31:01 | 92 | 100 | 9 | 0.8 | 40.32 |
| NTNFKEYLR | HLA-A*68:01 | 383 | 391 | 9 | 0.2 | 10.53 |
| | HLA-A*31:01 | | | | 0.55 | 22.15 |
| *YIKMVSEPY | HLA-B*15:01 | 260 | 268 | 9 | 0.3 | 23.28 |
| | HLA-A*25:01 | | | | 0.75 | 241.59 |
| FYLRREQMF | HLA-A*23:01 | 274 | 282 | 9 | 0.35 | 58 |
| | HLA-B*35:03 | | | | 0.8 | 66.56 |
| | HLA-A*24:02 | | | | 0.35 | 87.63 |
| WEVNLKEKF | HLA-B*18:01 | 473 | 481 | 9 | 0.25 | 58.08 |
| VPLDICTSI | HLA-B*51:01 | 246 | 254 | 9 | 0.2 | 154.39 |
| | HLA-B*53:01 | | | | 1 | 277.26 |
| FFYLRREQM | HLA-B*14:02 | 273 | 281 | 9 | 0.4 | 244.37 |
| DICTSICKY | HLA-A*25:01 | 249 | 257 | 9 | 0.25 | 67.31 |
| KYTFWEVNL | HLA-A*23:01 | 469 | 477 | 9 | 0.5 | 196.08 |
| IYILVITCY | HLA-A*29:02 | 6 | 14 | 9 | 0.95 | 93.7 |
| IFFQMSLWL | HLA-A*23:01 | 23 | 31 | 9 | 0.85 | 370.19 |

IC₅₀<50: High affinity, IC₅₀<500: Intermediate affinity *proposed epitope**Figure (3):** proposed CTL Epitopes of L1 major capsid protein

Prediction of T helper cell epitope and interaction with Mouse MHC Class II and modeling

T-cell epitopes from L1 major capsid protein were predicted using MHC-II binding prediction method; based on Consensus (SMM) with percentile rank ≤ 10 and IC₅₀ <5000. There were 37 predicted conserved HTL epitopes found to interact with Human MHC-II alleles by high and intermediate affinity. The 9-mer peptide (core) **YIKMVSEPY** had high affinity to interact with (HLA-DRB1*04:05) allele with IC₅₀= 37 nm and intermediate affinity to interact with (HLA-DRB1*04:01, HLA-DRB5*01:01, HLA-DRB1*09:01, HLA-DRB1*15:01, HLA-

DRB1*12:01 and HLA-DRB1*11:01) alleles (IC₅₀= 75, 88, 205, 429 and 216, respectively). While **FTTLQANKS** had high affinity to interact with (HLA-DRB1*01:01) allele with IC₅₀= 8 nm and intermediate affinity to interact with (HLA-DRB1*11:01, HLA-DRB1*04:01, HLA-DRB5*01:01, HLA-DRB1*04:05 and HLA-DRB1*09:01) alleles (IC₅₀= 73, 97, 57, 429 and 182, respectively), Figure (4). The other predicted HTL Epitope had high and intermediate affinity with selected Human alleles and the result is listed in Table (3) below.

There were several overlapping between MHC Class I epitopes and MHC Class II epitopes. These overlapping are illustrated in Table (4).

Table (3): list of the HTL epitopes which had high and intermediate binding affinity with the Human MHC Class II alleles

| Epitope (core) | allele | peptide | start | end | percentile rank | IC ₅₀ (SMM) |
|----------------|---------------------------|------------------|-------|-----|-----------------|------------------------|
| *FTTLQANKS | HLA-DRB1*01:01 | GAMDFTTLQANKSEV | 232 | 246 | 0.96 | 8 |
| | HLA-DRB1*11:01 | | | | 5.07 | 73 |
| | HLA-DRB1*04:01 | | | | 0.83 | 97 |
| | HLA-DRB5*01:01 | | | | 4.69 | 57 |
| | HLA-DRB1*04:05 | | | | 6.31 | 429 |
| | HLA-DRB1*09:01 | FGAMDFTTLQANKSE | 231 | 245 | 6.48 | 182 |
| AMDFTTLQA | HLA-DRB1*01:01 | GFGAMDFTTLQANKS | 230 | 244 | 3.45 | 8 |
| IKKPNNNKI | HLA-DRB1*13:02 | PYFPIKKPNNNKILV | 74 | 88 | 3.54 | 15 |
| FFYLRREQM | HLA-DRB1*11:01 | YGDSLFFYLRRREQMF | 268 | 282 | 1.82 | 17 |
| | HLA-DPA1*02:01/DPB1*01:01 | | | | 0.32 | 37 |
| | HLA-DPA1*01:03/DPB1*02:01 | | | | 3.97 | 86 |
| | HLA-DPA1*03:01/DPB1*04:02 | | | | 7.85 | 138 |
| | HLA-DPA1*01/DPB1*04:01 | | | | 2.88 | 272 |
| | HLA-DRB5*01:01 | DSLFFYLRRREQMFVR | 270 | 284 | 2.13 | 263 |
| | HLA-DRB4*01:01 | | | | 2.4 | 332 |
| *YIKMVSEPY | HLA-DRB1*04:05 | PDYIKMVSEPYGDSL | 258 | 272 | 0.94 | 37 |
| | HLA-DRB1*04:01 | | | | 1.06 | 75 |
| | HLA-DRB5*01:01 | | | | 2.24 | 88 |
| | HLA-DRB1*09:01 | | | | 1.19 | 205 |
| | HLA-DRB1*15:01 | | | | 8.05 | 247 |
| | HLA-DRB1*12:01 | | | | 4.08 | 429 |
| | HLA-DRB1*11:01 | YPDYIKMVSEPYGDS | 257 | 271 | 5.07 | 216 |
| ICKYPDYIK | HLA-DRB1*04:05 | ICKYPDYIKMVSEPY | 254 | 268 | 0.94 | 38 |
| | HLA-DRB5*01:01 | | | | 2.24 | 83 |
| | HLA-DRB1*09:01 | | | | 2.86 | 374 |
| | HLA-DRB1*15:01 | | | | 7.9 | 410 |
| FVTVDTR | HLA-DRB5*01:01 | QLFVTVVDTRSTNM | 354 | 368 | 0.62 | 61 |
| | HLA-DRB1*07:01 | | | | 8.37 | 106 |
| | HLA-DRB1*04:05 | | | | 2.22 | 157 |
| | HLA-DRB1*04:01 | | | | 2.01 | 199 |
| | HLA-DRB1*08:02 | WGNQLFVTVVDTRTS | 351 | 365 | 3.84 | 444 |
| CWGNQLFVT | HLA-DRB5*01:01 | CWGNQLFVTVVDTR | 350 | 364 | 0.62 | 62 |
| LKKYTFWEV | HLA-DPA1*02:01/DPB1*01:01 | DDPLKKYTFWEVNLK | 464 | 478 | 3.43 | 77 |
| | HLA-DPA1*01:03/DPB1*02:01 | | | | 2.59 | 88 |
| | HLA-DPA1*01/DPB1*04:01 | | | | 1.73 | 216 |
| YPDYIKMVS | HLA-DRB1*04:01 | ICKYPDYIKMVSEPY | 254 | 268 | 1.74 | 80 |
| | HLA-DRB1*11:01 | ICKYPDYIKMVSEPY | 254 | 268 | 5.07 | 233 |
| VDTRSTNM | HLA-DRB1*07:01 | VTVVDTRSTNMSLC | 357 | 371 | 4.28 | 81 |
| DYKQTLCL | HLA-DPA1*02:01/DPB1*01:01 | ECISMDYKQTLCLCI | 171 | 185 | 3.55 | 93 |
| | HLA-DPA1*01/DPB1*04:01 | | | | 6.85 | 268 |
| YKQTLCLCI | HLA-DPA1*02:01/DPB1*01:01 | SMDYKQTLCLIGCK | 174 | 188 | 2.68 | 98 |
| | HLA-DPA1*03:01/DPB1*04:02 | | | | 6.77 | 174 |
| | HLA-DPA1*01/DPB1*04:01 | | | | 5.74 | 281 |
| | HLA-DRB1*07:01 | | | | 4.92 | 362 |
| PLKKYTFWE | HLA-DPA1*01:03/DPB1*02:01 | PKEDDPLKKYTFWEV | 461 | 475 | 5.54 | 100 |
| | HLA-DPA1*01/DPB1*04:01 | | | | 5.77 | 243 |
| STNMSLCAA | HLA-DQA1*01:02/DQB1*06:02 | TTRSTNMSLCAAIST | 362 | 376 | 1.96 | 130 |
| YKNTNFKEY | HLA-DPA1*01:03/DPB1*02:01 | SETTYKNTNFKEYLR | 377 | 391 | 2.03 | 131 |
| | HLA-DPA1*01/DPB1*04:01 | | | | 4.2 | 321 |
| | HLA-DPA1*02:01/DPB1*05:01 | | | | 6.2 | 365 |
| NQLFVTVVD | HLA-DRB1*04:05 | CWGNQLFVTVVDTR | 350 | 364 | 7.09 | 158 |
| TTRSTNMSL | HLA-DRB1*07:01 | VVDTRSTNMSLCAA | 359 | 373 | 7.84 | 158 |
| | HLA-DQA1*01:02/DQB1*06:02 | VVDTRSTNMSLCAA | 359 | 373 | 2.76 | 162 |
| YFPTPSGSM | HLA-DRB1*07:01 | ASSNYFPTPSGSMVT | 313 | 327 | 7.74 | 191 |
| NMSLCAAIS | HLA-DRB1*04:05 | RSTNMSLCAAISTSE | 364 | 378 | 3.87 | 193 |
| LFVTVVDTT | HLA-DRB1*04:01 | CWGNQLFVTVVDTR | 350 | 364 | 2.87 | 231 |
| YLRREQMFV | HLA-DPA1*02:01/DPB1*01:01 | YLRREQMFVRHLFNR | 275 | 289 | 6.17 | 263 |
| ISMDYKQTQ | HLA-DRB1*03:01 | ECISMDYKQTLCLCI | 171 | 185 | 0.31 | 254 |
| VSGLQYRVF | HLA-DPA1*01:03/DPB1*02:01 | VPKVSGLQYRVFRIH | 88 | 102 | 4.27 | 256 |
| | HLA-DRB1*11:01 | PKVSGLQYRVFRIHL | 89 | 103 | 8.82 | 372 |
| WGNQLFVTV | HLA-DPA1*01:03/DPB1*02:01 | NNGICWGNQLFVTVV | 346 | 360 | 7.31 | 288 |
| | HLA-DPA1*03:01/DPB1*04:02 | | | | 9.6 | 490 |
| NKILVPKVS | HLA-DRB1*11:01 | PNNNKILVPKVSGLQ | 81 | 95 | 4.13 | 296 |
| ICWGNQLFV | HLA-DPA1*01:03/DPB1*02:01 | HNNGICWGNQLFVTV | 345 | 359 | 8.3 | 297 |
| | HLA-DRB1*09:01 | | | | 3.71 | 448 |
| WEVNLKEKF | HLA-DRB1*11:01 | TFWEVNLKEKFSADL | 471 | 485 | 3.72 | 301 |

| | | | | | | |
|-----------|---------------------------|-----------------|-----|-----|------|-----|
| VNLKEKFSA | HLA-DRB3*01:01 | VNLKEKFSADLDQFP | 475 | 489 | 0.73 | 315 |
| SMDYKQTQL | HLA-DRB1*07:01 | ECISMDYKQTQLCLI | 171 | 185 | 3.78 | 327 |
| IKMVSEPYG | HLA-DRB1*09:01 | DYIKMVSEPYGDSLF | 259 | 273 | 2.63 | 352 |
| | HLA-DRB1*15:01 | | | | 8.57 | 420 |
| FWEVNLKEK | HLA-DPA1*02:01/DPB1*01:01 | KKYTFWEVNLKEKFS | 468 | 482 | 4.39 | 403 |
| VTVVDTTRS | HLA-DRB1*08:02 | QLFVTVDTRSTNM | 354 | 368 | 0.72 | 406 |
| MDFTTLQAN | HLA-DQA1*01:02/DQB1*06:02 | FGAMDFTTLQANKSE | 231 | 245 | 9.72 | 409 |
| FYLRRQMF | HLA-DRB1*07:01 | SLFFYLRRQMFVRH | 271 | 285 | 7.61 | 463 |
| LVPKVSGLQ | HLA-DRB5*01:01 | NNNKILVPKVSGLQY | 82 | 96 | 7.03 | 471 |
| KILVPKVSG | HLA-DRB1*11:01 | NNKILVPKVSGLQYR | 83 | 97 | 4.63 | 475 |

IC₅₀<50: High affinity, IC₅₀<500: Intermediate affinity *proposed epitope

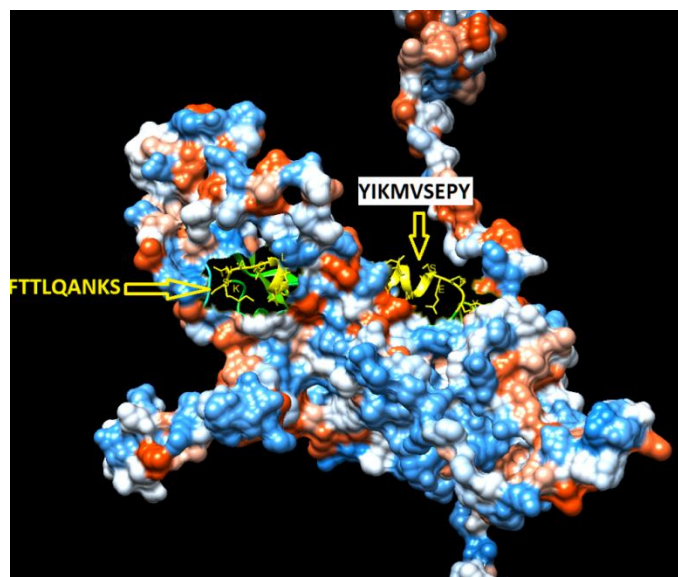


Figure (4): proposed HTL Epitopes of L1 major capsid protein

Table (4): Overlapping between MHC class I and II T cell epitopes

| THL EPIPOPE | peptide | start | end | CTL EPIPOPE |
|-------------|---------------------------|-------|-----|-------------|
| FFYLRRQMF | YGDSLFFYLRRQMF | 268 | 282 | FYLRRQMF |
| | DSLFFYLRRQMFVR | 270 | 284 | |
| ICKYPDIK | ICKYPDIK YIKMVSEPY | 254 | 268 | YIKMVSEPY |
| YPDIKMVS | ICKYPDI YIKMVSEPY | 254 | 268 | |
| IKMVSEPYG | DYIKMVSEPY GDSLF | 259 | 273 | |
| ICKYPDIK | WGNQL FVTVDTR S | 351 | 365 | FVTVDTR |
| CWGNQLFVT | CWGNQL FVTVDTR | 350 | 364 | |
| VTVDTRTS | QL FVTVDTR STNM | 354 | 368 | |
| NQLFVTVD | CWGNQL FVTVDTR | 350 | 364 | |
| LFVTVDTT | CWGNQL FVTVDTR | 350 | 364 | |
| FWEVNLKEK | KKYTF WEVNLKEK FS | 468 | 482 | YTFWEVNLK |
| LKKYTFWEV | DDPLKKYTF WEVNLK | 464 | 478 | |
| | DDPLK KYTFWEVNLK | 464 | 478 | KYTFWEVNL |
| FWEVNLKEK | KKYTF WEVNLKEK FS | 468 | 482 | |
| | KKYTF WEVNLKEK FS | 468 | 482 | WEVNLKEK |
| VDTRSTNM | VTVD TRSTNMSLC | 357 | 371 | TRSTNMSLC |
| STNMSLCAA | TRSTNMSLC AAIST | 362 | 376 | |
| TTRSTNMSL | VVD TRSTNMSLC AA | 359 | 373 | |
| VSGLQYRVF | VPKV SGLQYRVFRI H | 88 | 102 | SGLQYRVFR |
| | PKV SGLQYRVFRI HL | 89 | 103 | |
| FYLRRQMF | SL FFYLRRQMFVR H | 271 | 285 | FFYLRRQMF |
| YKNTNFKEY | SETTYK NTNFKEYLR | 377 | 391 | NTNFKEYLR |

The underlined and highlighted residues are the 9-mer MHC class I T cell epitopes overlapping the 15-mer MHC class II T cell epitopes

Allergenicity Test

The predicted B cell epitopes and HTL epitopes that bind with different set of MHC Class II alleles by binding

affinity < 500 were subjected to AllerTOP 1.0 software to avoid production of IgE antibodies as possible. The results are listed in Table (5).

Table (5): Result of Allergenicity Test of predicted B and all HTL epitopes using AllerTOP 1.0 software

| HTL EPITOPES | Result | HTL EPITOPES | Result | B CELL EPITOPES | Result |
|--------------|-----------------------|--------------|-----------------------|-----------------|-----------------------|
| *FTTLQANKS | Probable Non-Allergen | ISMDYKQTQ | Probable Non-Allergen | KSEV | Probable Non-Allergen |
| *AMDFTTLQA | Probable Non-Allergen | VSGLQYRVF | Probable Non-Allergen | GLQPPP | Probable Allergen |
| *IKKPNNNKI | Probable Allergen | WGNQLFVTV | Probable Non-Allergen | LQPPPG | Probable Allergen |
| *FFYLREQM | Probable Non-Allergen | NKILVPKVS | Probable Allergen | | |
| *YIKMVSEPY | Probable Non-Allergen | ICWGNQLFV | Probable Allergen | | |
| *ICKYPDYIK | Probable Allergen | WEVNLKEKF | Probable Non-Allergen | | |
| FVTVDTR | Probable Allergen | VNLKEKFSA | Probable Non-Allergen | | |
| CWGNQLFVT | Probable Allergen | SMDYKQTQL | Probable Non-Allergen | | |
| LKKYTFWEV | Probable Non-Allergen | IKMVSEPYG | Probable Non-Allergen | | |
| YPDYIKMVS | Probable Allergen | FWEVNLKEK | Probable Allergen | | |
| VDTTRSTNM | Probable Non-Allergen | VTVDTRTS | Probable Non-Allergen | | |
| DYKQTQLCL | Probable Non-Allergen | MDFTTLQAN | Probable Allergen | | |
| YKQTQLCLI | Probable Allergen | FYLREQMF | Probable Allergen | | |
| PLKKYTFWE | Probable Non-Allergen | LVPKVSGLQ | Probable Allergen | | |
| STNMSLCAA | Probable Non-Allergen | KILVPKVS | Probable Non-Allergen | | |
| YKNTNFKEY | Probable Allergen | YFPTSGSM | Probable Non-Allergen | | |
| NQLFVTVD | Probable Allergen | NMSLCAAIS | Probable Non-Allergen | | |
| TTRSTNMSL | Probable Non-Allergen | LFVTVDTT | Probable Non-Allergen | | |
| YLRREQMFV | Probable Allergen | | | | |

*peptide bind with different alleles by high affinity

Table (6): population coverage in different geographical areas

| Population / Area | Class I Coverage | Population / Area | Class II Coverage |
|-------------------|------------------|-------------------|-------------------|
| East Asia | 88.09% | East Asia | 72.75% |
| Northeast Asia | 80.29% | Northeast Asia | 48.67% |
| South Asia | 82.00% | South Asia | 45.30% |
| Southeast Asia | 79.63% | Southeast Asia | 46.40% |
| Southwest Asia | 73.75% | Southwest Asia | 26.21% |
| Europe | 87.73% | Europe | 61.85% |
| East Africa | 76.48% | East Africa | 53.90% |
| West Africa | 79.52% | West Africa | 52.25% |
| Central Africa | 76.42% | Central Africa | 44.25% |
| South Africa | 85.83% | South Africa | 7.65% |
| North America | 83.04% | North America | 66.78% |
| Central America | 5.10% | Central America | 15.30% |
| South America | 75.01% | South America | 29.02% |
| Oceania | 84.36% | Oceania | 56.79% |
| Australia | 75.82% | Australia | 22.76% |

Table (7): The coverage in countries from which retrieved strains isolated from

| Country | Class I Coverage | Country | Class II Coverage |
|---------------|------------------|---------------|-------------------|
| Thailand | 81.33% | Thailand | 46.16% |
| United States | 83.16% | United States | 66.96% |
| Japan | 88.83% | Japan | 70.33% |
| China | 80.03% | China | 48.67% |
| Mexico | 83.19% | Mexico | 24.70% |
| Iran | 82.29% | Iran | 39.65% |
| India | 80.57% | India | 45.21% |
| Netherlands | 0.00% | Netherlands | 63.13% |
| Canada | 0.00% | Canada | 25.37% |
| Germany | 88.62% | Germany | 72.18% |
| Brazil | 80.57% | Brazil | 27.64% |
| Sweden | 88.92% | Sweden | 78.01% |
| Croatia | 87.43% | Croatia | 50.33% |
| Pakistan | 80.74% | Pakistan | 1.18% |

Table (8): population coverage of each epitopes (CTL and HTL) in the world

| EPITOPE | COVERAGE CLASS I | NO. OF ALLELES | EPITOPE | COVERAGE CLASS II | NO. OF ALLELES |
|--------------------|------------------|----------------|--------------------|-------------------|----------------|
| YTFWEVNLK | 35.75% | 3 | YIKMVSEPY | 48.01% | 7 |
| TRSTNMSLC | 33.31% | 2 | FTTLQANKS | 39.02% | 6 |
| FYLRREQMF | 28.67% | 3 | FVTVDTR | 32.82% | 5 |
| YIKMVSEPY | 11.52% | 2 | ICKYPDYIK | 26.80% | 4 |
| NTNFKEYLR | 11.03% | 2 | IKMVSEPYG | 24.18% | 2 |
| VPLDICTSI | 9.87% | 2 | YPDYIKMVS | 21.13% | 2 |
| WEVNLKEKF | 7.32% | 1 | VDTRSTNM | 18.23% | 1 |
| FVTVDTR | 5.83% | 1 | SMDYKQTQL | 18.23% | 1 |
| KYTFWEVNL | 5.43% | 1 | FYLRREQMF | 18.23% | 1 |
| IFFQMSLWL | 5.43% | 1 | TTRSTNMSL | 18.23% | 2 |
| SGLQYRVFR | 5.36% | 1 | YFPTSGSM | 18.23% | 1 |
| IYILVITCY | 3.89% | 1 | ISMDYKQTQ | 17.84% | 1 |
| DICTSICKY | 3.36% | 1 | AMDFTTLQA | 11.53% | 1 |
| FFYLRREQM | 2.88% | 1 | LFVTVDTR | 11.21% | 1 |
| FQMSLWLP | 1.95% | 1 | KILVPKVS | 10.54% | 1 |
| RLVWACVGV | 1.95% | 1 | WEVNLKEKF | 10.54% | 1 |
| Epitope set | 83.87% | | FFYLRREQM | 10.54% | 7 |
| | | | NKILVPKVS | 10.54% | 1 |
| | | | IKKPNNNKI | 6.69% | 1 |
| | | | ICWGNQLFV | 6.40% | 2 |
| | | | NQLFVTVD | 3.02% | 1 |
| | | | NMSLCAAIS | 3.02% | 1 |
| | | | VTVDTR | 2.33% | 1 |
| | | | Epitope set | 81.81% | |

Analysis of the Population Coverage

HLA distribution of alleles varies among different geographic regions around the world. Thus, population coverage must be taken into a different set of alleles to cover all regions as possible and to obtain effective vaccine. Different MHC-I and II alleles that interacted with predicted CTL and THL epitopes with high and intermediate binding affinity were selected to analysis the population coverage. The results of population coverage of all epitopes in the world are listed in Table (6).

The retrieved strains used in this study were isolated from different countries. The higher coverage in these countries was shown in Germany (88.62 /72.18%), Sweden (88.92/ 78.01%) and Japan (88.83/70.33%) in MHC Class I and Class II, respectively. The coverage for other regions is shown in Table (7) and the coverage of each epitopes (CTL and HTL) in the world is shown in Table (8).

Discussion

The recent approach to develop vaccines is the peptide vaccine strategy. This strategy depends on the usage of short peptide fragments(epitopes) contained within single protein of the microbes to induce positive, desirable T-cell and B-cell mediated immune responses. In addition Peptide vaccines have the advantage of the exclusion of unnecessary antigenic load, not only participate little to the immune response, but may make situation worse by participating in induction of allergenic and /or reactogenic responses^[35].

The interaction between HPV capsid proteins (L1 and L2) and surface molecules of human epithelial cells occurs

during early stages of the HPV infection to gain the entry for the viral DNA; so they are ideal targets for a prophylactic vaccine^[36]. We used L1 protein as a target site for designing of our vaccine against HPV type 16.

As we all know; B-cell epitopes typically belong to one of two classes: linear (continuous or sequential) epitopes or conformational (discontinuous) epitopes. Linear epitopes are short peptides that correspond to a contiguous amino acid sequence fragment of a protein^[37]. Based on this fact; we chose our predicted B cell epitopes to be linear (continuous). These predicted epitopes scores were above thresholds in following Bepipred linear epitope prediction, Emini surface accessibility, Parker hydrophilicity, Kolaskar and Tongaonkar antigenicity and Chou and Fasman beta turn prediction methods in IEDB. This role is important in determining a potential and effective peptide antigen for B cell. As the result shown in table (1), we found only three epitopes had cutoff prediction scores above threshold scores, ²⁴³KSEV²⁴⁶ and ⁴³¹GLQPPP⁴³⁶ or ⁴³²LQPPPG⁴³⁷ but only ²⁴³KSEV²⁴⁶ was free from allergenicity.

Shuchi Kaushik *et al.* (2013) found at position 7-10 in conserved region the epitope (TTRS), the same epitope was found in this study revealed in Table (1) but with low Antigenicity^[38].

Promiscuous T-cell epitopes that can be presented by multiple human leukocyte antigens (HLAs) are prime targets for vaccine and immunotherapy development because they are effective in a high proportion of the human population^[39]. We chose the most common HLA-A and HLA-B alleles for prediction of CTL epitopes. So, according to Table (2), we found that ⁴⁷⁰YTFWEVNLK⁴⁷⁸ epitope had high binding affinity in interaction with (HLA-

A*68:01 and HLA-A*11:01) alleles and intermediate affinity to bind with HLA-A*03:01 and predicted Probable Non Allergen by Allergenicity Test while ³⁸³**NTNFKEYLR**³⁹¹ had high affinity to interact with (HLA-A*68:01 and HLA-A*31:01) alleles but predicted as Probable Allergen. Other CTL epitopes **FVTVDTR**, **RLVWACVGV**, **FQMSLWLP** and **SGLQYRVFR** had ability to interact with one allele by high affinity and predicted Probable Non Allergen except **FVTVDTR** epitope which was considered HTL epitope also according to Table (3). Our analysis has shown the proposed CTL epitopes after performing Allrgenicity Test were **TRSTNMSLC**, **YTFWEVNLK** and **YIKMVSEPY**.

As in Table (3), we found that HTL epitope ²⁶⁰**YIKMVSEPY**²⁶⁸ and ²³⁶**FTTLQANKS**²⁴⁴ had high and intermediate affinities to interact with different MHC II alleles were predicted in Allergenicity Test as Probable Non-Allergen as shown in Table (5). ²⁶⁰**YIKMVSEPY**²⁶⁸ epitope was a common epitope in both MHC class I and MHC class II epitopes so it is probably the best predicted epitope. Although ²⁵⁴**ICKYPDYIK**²⁶² had high affinity to interact with (HLA-DRB1*04:05) allele and intermediate affinity to interact with 4 alleles but could be an Allergen according to allergenicity prediction test.

An allergic reaction occurs when a susceptible organism is re-exposed to a specific allergen. The allergen-specific HTL drive the B cells to produce IgE, which binds to mast cells, basophils and activated eosinophils ^[31]. Thus; we subjected all predicted B and HTL cells to allergenicity test. We represented the results in table (5). Also, we tested all predicted CTL cells for more confirmation to exclude the allergenicity if possible but we did not include the results in above mentioned table.

Population coverage analysis is conducted in order to develop an effective vaccine based on the fact that HLA genes are highly polymorphic; they have many alleles. Those alleles vary among different geographic regions around the world. So, according to Table (7) and among 16 geographical areas we found the higher population coverage in MHC class I in East Asia (88.09%), followed by Europe (87.73%) then South Africa (85.83%), Oceania (84.36%), North America (83.04%), South Asia (82.00%) and Northeast Asia (80.29%), while the lower coverage was found in Central America (5.10%). According to Sanjosé S.D *et al.* (2007); eastern Africa registered the highest adjusted HPV prevalence (31.6%, 29.5–33.8) ^[40]. In our study we found the population coverage in East Africa was very high in MHC class I (76.48%). thus the results agree.

In MHC class II, we found the maximum coverage in East Asia (72.75%), North America (66.78%) and Europe (61.85%) while the minimum was in South Africa (7.65%). We applied the coverage in countries from which retrieved strains were isolated and we found the higher coverage among these countries in Germany (88.62/72.18%), Sweden (88.92/ 78.01%) and Japan (88.83/70.33%) in MHC Class I/Class II, respectively.

We observed several overlaps between MHC class I and II in T cell epitopes of M polypeptide and our results illustrated in Table (4). These overlaps could increase the possibility of antigen presentation to immune cells via both MHC class I and II pathways ^[41].

To sum up our findings the most interesting epitopes that supposed to be used as prophylactic peptide vaccines against HPV are for B cell ²⁴³**KSEV**²⁴⁶, MHC-I ³⁶³**TRSTNMSLC**³⁷¹, ⁴⁷⁰**YTFWEVNLK**⁴⁷⁸, ²⁶⁰**YIKMVSEPY**²⁶⁸ and MHC-II ²³⁶**FTTLQANKS**²⁴⁴ and ²⁶⁰**YIKMVSEPY**²⁶⁸ which was probably the best epitope predicted.

Conclusion

This present study involved the usage of immunoinformatics in vaccine prediction. We used these approaches for prediction of antigenic determinants in the protein sequence of L1 major capsid protein of HPV virus genotype 16 without using their cultures. These approaches of computational immunology may now drastically reduce the time for the identification promiscuous antigenic peptides. Our Predicted B and T cell epitopes were based on the predictive and analytic tool (IEDB-AR). These epitopes could serve as a useful diagnostic reagent for evaluating T-cell responses in the context of natural infection and also might be helpful for designing a subunit vaccine against HPV virus. We can confirm our findings by adding complementary steps of both in vitro and in vivo studies to support this universal predicted vaccine for this type of HPV.

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Competing Interests

The authors declare that they have no competing interests.

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Supplementary Data

Table (A): Retrived sequences of L1 major capsid protien of HPV type 16

| Accession No. | Country | Collection date |
|---------------|----------|-----------------|
| *NP_041332.1 | unknown | unknown |
| AJW82191.1 | Iran | 2013 |
| AJW82216.1 | Iran | 2013 |
| AJW82215.1 | Iran | 2013 |
| AJW82214.1 | Iran | 2013 |
| AJW82212.1 | Iran | 2013 |
| AJW82211.1 | Iran | 2013 |
| AJW82213.1 | Iran | 2013 |
| AJW82210.1 | Iran | 2013 |
| AJW82209.1 | Iran | 2013 |
| AJW82208.1 | Iran | 2013 |
| AJW82207.1 | Iran | 2013 |
| AJW82206.1 | Iran | 2013 |
| AJW82205.1 | Iran | 2013 |
| AJW82203.1 | Iran | 2013 |
| AJW82202.1 | Iran | 2013 |
| AJW82201.1 | Iran | 2013 |
| AJW82200.1 | Iran | 2013 |
| AJW82199.1 | Iran | 2013 |
| AJW82204.1 | Iran | 2013 |
| AJW82198.1 | Iran | 2013 |
| AJW82197.1 | Iran | 2013 |
| AJW82196.1 | Iran | 2013 |
| AJW82195.1 | Iran | 2013 |
| AJW82194.1 | Iran | 2013 |
| AJW82193.1 | Iran | 2013 |
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*Ref. strain