

What?

Oral vaccines are a **non-invasive method of vaccinating**. This technology uses nanoparticle-releasing microparticles which can **selectively target different mucosal surfaces** in the gastrointestinal tract. ¹ The design of the vehicle has been focused around three main categories, **particle-based, adenoviral vector and lipid based**. ³

Why?

Removing the needle **eliminates the risk of blood-borne infections** and oral medication can be administered **without medical training**. Additionally, with the vaccine entering through the gut, **manufacturing is simplified** as the vaccine does not need to be additionally refined due to the environment, and therefore **storage requires fewer resources**. ²

Why not make all vaccines orally administered?

Inherent obstacles presented for immune response induced through the gastrointestinal tract:

- (i) **Successful delivery** to the intestine,
- (ii) **transport** across mucosal barrier,
- (iii) **activation** of antigen-presenting cells. ³



Could the COVID-19 Vaccine be made available orally?

There are ongoing trials. Vaxart trials are currently in Phase II stage for an Oral tableted vaccine for COVID-19 (NCT05067933).



Are there any risks?

Like all vaccines, there are **elements of risk**.

Example: The Oral Polio Vaccine contains a weakened form of the Poliovirus. However, over time, this attenuated form can change and start to behave like the naturally occurring Poliovirus. ⁴



Who?

The development of oral vaccines has many **socio-economic benefits** that greatly impact developing countries. Without a need for medically trained volunteers/staff, **administration of the vaccine could increase** and **require fewer resources** to increase the uptake of vaccines in the country. ⁵

Author Comments

The nature of oral vaccines allows for greater uptake to **provide immunity on a wider scale**. Removing the need for needles as well as training for vaccinators, **overall costs could be greatly reduced**. This would benefit developing countries. Risks associated with oral vaccination should be weighted appropriately against the advantages.

References

1. Zhu. Q and Berzofsky. JA. Oral vaccines. *Gut Microbes*. (2013) 4(3): 246-252.
2. De Smet. R, Allais. L and Cuvelier. CA. Recent advances in oral vaccine development. *Human Vaccine & Immunotherapeutics*. (2014) 10(5): 1309-1318.
3. Vela Ramirez. JE, Sharpe. LA and Peppas. NA. Current state and challenges in developing oral vaccines. *Advanced Drug Delivery Reviews*. (2017) 114: 116-131.
4. CDC. Vaccine-derived Poliovirus. (2018) Available from: <https://www.cdc.gov/vaccines/vpd/polio/hcp/vaccine-derived-poliovirus-faq.html>
5. Jazayeri. SD, Lim. HX, Shamel. K, Yeap. SK and Poh. CL. Nano and Microparticles as Potential Oral Vaccine Carriers and Adjuvants Against Infectious Diseases. *Frontiers in Pharmacology*. (2021) 12: 1399.