Viral Vaccine Makeup and Development Issues (Why it Typically Takes 15 Years to Develop a Vaccine)

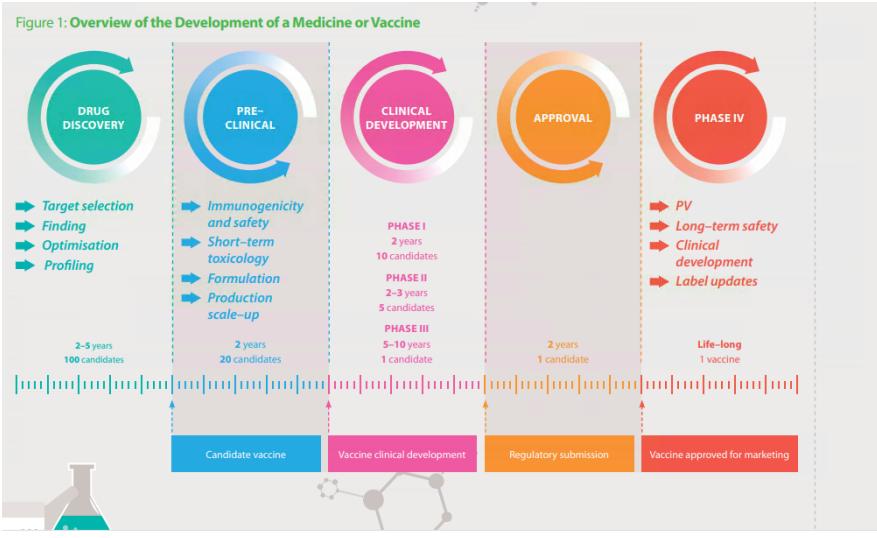
Lawrence Stanberry, M.D., Ph.D. Associate Dean for International Programs Professor of Pediatrics Vagelos College of Physicians & Surgeons

Vaccines, from concept to implementation (GLHL 7209) – January 12, 2021



I am a paid member of the Pfizer COVID-19 vaccine Data Monitoring Committee

Vaccine Development Timeline



https://www.ifpma.org/wp-content/uploads/2019/07/IFPMA-ComplexJourney-2019 FINAL.pdf



1. Market Need

- Epidemiology
- Target population
- Disease Burden
- Health economics





2. Technical Feasibility

- Does prior infection afford durable protection against reinfection?
- Protection mechanism known?
- Target antigen(s) identified?
- Appropriate vaccine platform available?
- Do you have the intellectual property required to create the vaccine?



3. Concept Development

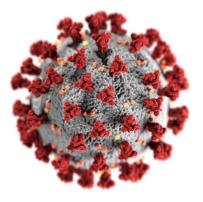
- Antigen(s) identified
- Vaccine platform selected
- Adjuvant (if needed) selected
- Route of administration selected

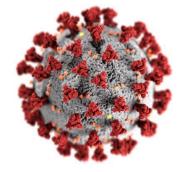


3a. Viral Vaccine Platforms

- Live attenuated
- Killed/inactivated
- Viral vectored
 - Replication competent
 - Replication incompetent
- Nucleic acid (plasmid)
 - DNA or RNA
- Protein and subunit









3b. Adjuvants

- Enhances and directs immune responses
- Dose-sparing strategy
- Approved adjuvant examples
 - Aluminum salts (Alum) Hepatitis B vaccine
 - Monophosphoryl lipid A (MPL) HPV vaccine
 - MF59 Influenza vaccine
 - MPL + Saponin QS-21 Zoster vaccine
 - CpG-oligodeoxynucleotide Hepatitis B vaccine



3c. Route of administration

- Intramuscular
- Oral
- Intranasal spray
- Dermal electroporation
- Subcutaneous injection
- Intradermal





Image source: <u>https://pixnio.com/science/medical-science/administering-the-h1n1-live-attenuated-intranasal-vaccine-laiv-to-a-female-recipient</u> Image source: <u>https://ichef.bbci.co.uk/news/624/cpsprodpb/11A61/production/_100398227_gettyimages-697573320.jpg</u>

SARS CoV-2 Vaccines in Development

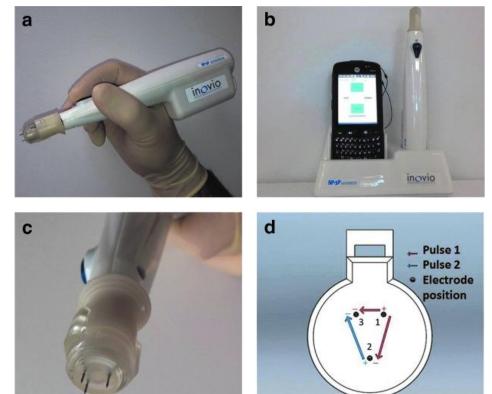
- 59 vaccines are currently being tested in humans
- 16 have reached the final phase 3 stage of testing
- BioNtech/ Pfizer: RNA vaccine Intramuscular
- Moderna/NIH: RNA vaccine Intramuscular
- Oxford vaccine: Chimp adenovirus vector Intramuscular
- Sinopharm BBIBP-CorV: Inactivated whole virion + alum

https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html

SARS CoV-2 Vaccines in Development

• NOVIO: DNA vaccine – Dermal electroporation

CELLECTRA-3P, Portable Next-Generation Dermal Electroporation Device





4. Preclinical Assessment

© World Health Organization WHO Technical Report Series, No. 927, 2005

Annex 1 WHO guidelines on nonclinical evaluation of vaccines

This document provides guidance to national regulatory authorities (NRAs) and vaccine manufacturers on the nonclinical evaluation of vaccines by outlining the international regulatory expectations in this area. It should be read in conjunction with the Guidelines on clinical evaluation of vaccines: regulatory expectations (1), in order to complete the understanding of the whole process of vaccine evaluation. Vaccines are a diverse class of biological products and their nonclinical testing programmes will depend on product-specific features and clinical indications. The following text has therefore been written in the form of guidelines rather than recommendations. Guidelines allow greater flexibility than recommendations with respect to specific issues related to particular vaccines.

https://www.who.int/biologicals/publications/trs/areas/vaccines/nonclinical_evaluation/ANNEX%201Nonclinical.P31-63.pdf?ua=1



4. Preclinical Assessment

- Antigen definition and purification process
- Formulation selection
- Assay development and validation
- Immunology and efficacy in relevant animal models
- Development of correlates of protective immunity
- Toxicology and QA evaluation
- Production of GMP lots for PI/PII clinical trials



4a. Formulation Selection

- Virus components
- Adjuvant(s)
- Excipients, e.g. cell culture materials, inactivating agents
- Stabilizers
- Antibiotics
- Preservatives

CDC Vaccine Excipient Summary. https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf



4b. Assay Development

- Humoral immune responses to the vaccine.
 - Ligand-binding assay, viral-neutralization assay
- Cellular immune responses to the vaccine.
 - ELISpot, flow cytometry
- Serologic assay to screen trial participants.
- Assay(s) to determine seroconversion to non-vaccine SARS-CoV-2 antigens as a measure of infection.
- Assay to detect acute SARS-CoV-2 infection.



4c. Animal Studies

- Antigen definition and purification process
- Formulation selection
- Immunology and efficacy in relevant animal models
 - Dose ranging
 - FDA two animal rule
- Experiments on mechanism of action
- Toxicology evaluation
- Production of GMP lots for PI/PII clinical trials



4d. Toxicology and QA Evaluations

- Must be conducted in a GLP-compliant labs
- Must involve two species and include genotoxic and reproductive toxicology
- Analysis of all the known relevant physical and chemical parameters of the immunogen
- Assessment for adventitious agents
- Assessment for reactogenicity
- Define testing required for lot release



5. Manufacturing Scale Up

- Produced according to good manufacturing practices (GMP).
- Each step of production must be documented and validated.
- Must specify personnel education and training; facility design and maintenance; equipment design, calibration, maintenance, and operation; raw material sources and specifications; aseptic processing; segregation of pre- and post-inactivation steps; safety/purity assessment; potency assessment; analytical laboratory procedures; packaging procedures; and storage and shipping procedures.
- Establish an FDA Master File



5. Manufacturing Scale Up

- Regulatory approval of a vaccine requires demonstration that the vaccine is safe and effective AND that the regulatory agency is satisfied with the manufacturing process and QA procedures.
- For purposes of your vaccine development you need only explain whether you require a BSL-3 or BSL-4 facility, whether you will produce single dose units or multi-dose vials and how many doses you plan to manufacturer.

6. Investigational New Drug Application

- a. Background and discovery of the vaccine
- b. Chemistry, manufacturing, and controls of the vaccine and information on the final product formulation
- c. Documentation of controlled and validated assay results supporting the product characterization including safety, consistency, stability, potency, and lot release criteria for the vaccine

6. Investigational New Drug Application

- d. Results of the preclinical (animal) toxicology and immunogenicity studies to support safety and animal efficacy data if available
- e. Any human experience with either the experimental vaccine or similar products
- f. Detailed clinical trial protocols
- g. Investigators' brochure
- h. Any additional information necessary to facilitate review and evaluation



7. Clinical Trials

- Identify clinical trial sites and investigators
- Obtain IRB approval
- Develop trial monitoring plan
- Establish data and safety monitoring board
- Conduct and analyze phase 1-3 clinical to meet good clinical practice (GCP) standards



7. Clinical Trials

- Phase I small safety, immunogenicity and doseranging studies.
- Phase II larger safety and immunogenicity (± doseranging, ±efficacy) studies; can involve human challenge studies.
- Phase III Large efficacy trials with multiple secondary outcome measures.

Human Challenge Trials in Vaccine Development

Human challenge trials have proven to be useful to explore vaccine targets, identify immune correlates of protection, and evaluate clinical efficacy.



Sheets RL. et al., Human challenge trials in vaccine development, Biologicals, 44, p37-50, 2016

Image source: https://www.knowablemagazine.org/article/health-disease/2019/human-challenge-trials

Human Challenge Trials in Vaccine Development

- Which pathogen has NOT been used in human challenge vaccine studies?
 - Vibrio cholera, Shigella, Enteropathic E. coli,
 Salmonella typhi, Campylobacter jejuni, Neisseria
 gonorrhea (1), Helicobacter pylori, Streptococcus
 pneumonia
 - Influenza (2), Respiratory Syncytial Virus, Norovirus, Rhinovirus, Rotavirus, Dengue (3)
 - Malaria (4), Giardia, Cryptosporidium



7. Clinical Trials

- Lot consistency studies to evaluate vaccine physicochemical and biological quality and effect among different vaccine lots.
- Bridging studies for age groups not included in the phase III trials.
- Phase IV post-licensure trials assessing safety (very rare adverse events) or new indications.

8. Emergency Use Authorization (EUA)

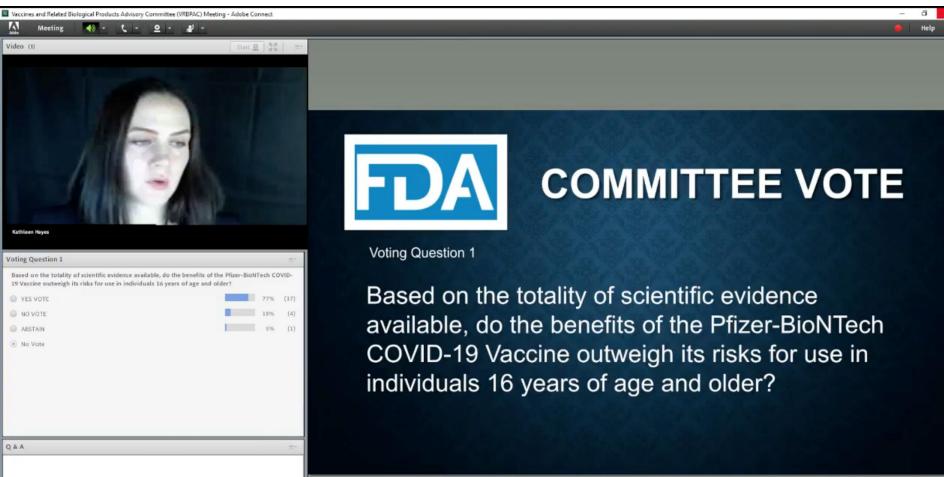
- With a declared emergency, FDA can judge that it's worth releasing a new vaccine even without all the evidence that would fully establish its effectiveness and safety. If evidence strongly suggests that patients have benefited from a vaccine, FDA can issue an EUA to make it available.
- The FDA will issue guidance as to what is expected for EUA.
- FDA and the Vaccines and Related Biological Products Advisory Committee will review safety, efficacy and manufacturing data in order to determine if EUA should be issued.

https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/vaccines-and-related-biological-products-advisory-committee

8. Emergency Use Authorization (EUA)

ccines and Related Biological Products / Meeting	Advisory Committee (VRBPAC) Meeting - Adobe Connect		- B
eo (1)	Start D Start P	er - Pfizer - Video	
65		Why an EUA for BNT162b2?	
ter - Neckep		 Vaccine efficacy of 95% Similar efficacy for key high-risk subgroups and racial/ethnic minorities Reactogenicity profile and SAEs comparativaccines Extensive post-approval pharmacovigilance 	ble to other licensed
FOOD AND DRU Center for Biologics 162 nd Meeting of the	DA G ADMINISTRATION (FDA) Evaluation and Research (CBER) Vaccines and Related Biological Advisory Committee	 TIMING IS IMPORTANT TO IMPACT THE PANDEMIC 55,000 US deaths per month could occur A COVID-19 vaccine can prevent many de A pandemic vaccine must be introduced be of cases to have maximal impact^{2,3} A highly effective vaccine may be able to introduced be 	aths ² efore the peak
A	=-	IHME: https://covid19.healthdata.org/united-states-of-america?view=total-deaths&tab=trend Estimates from Dec 2020-Feb 1 2021 Biggorstaff M, Oct 2020 ACIP meeting. Up to 20–35% of cases and deaths can be averted with a vaccine if it is introduced before COVID-19 incidence start during Phase 1A and 1B of likely COVID-19 vaccine allocation plan with an infection-blocking vaccine. Assumes 200M total vaccine courses (ie, 2 dose regi https://www.coc.gov/tvaccines/acip/meetings/slides-2020-10.html Biggorstaff M, Reed C, Swerdlow D, et al. <i>Clinical Infectious Diseases</i> 2015;60(S1):S20–9 Anderson R, Vegvari C, Truscott J, Collyer BS. Lancet. Published Online November 4, 2020 https://doi.org/10.1016/ S0140-6736(20)32318-7	

8. Emergency Use Authorization (EUA)



9. Biologics License Application (BLA)

- BLA contains information needed for the FDA's multidisciplinary review team to evaluate the product safety and efficacy and risks and benefits.
- During the BLA review process, the FDA conducts a preapproval inspection of the planned manufacturing facility with detailed examination of the manufacturing processes and GLP compliance.
- FDA may also conduct audits of the IND clinical studies, including site visits, to evaluate the conduct of studies and to ensure satisfactory record keeping.

9. Biologics License Application (BLA)

- Advice regarding the vaccine's safety and efficacy may be sought from the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC), an independent panel of 12 experts.
- Adequate product labeling is a requirement for vaccine licensure.
- FDA approval of the new product may be contingent upon the conduct of phase 4 studies, also referred to as post-marketing studies.



9. Immunization Recommendations/ Implementation

- In the U.S. following licensure, several committees of experts make recommendations for use of the vaccine.
- CDC's Advisory Committee on Immunization Practices
- AAP's Committee on Infectious Diseases.
- AAFP's Commission on Clinical Policies and Research.
- These committees independently assess the evidence to recommend what populations should receive the vaccine, at what ages, the number of doses and dosing interval, and precautions and contraindications.

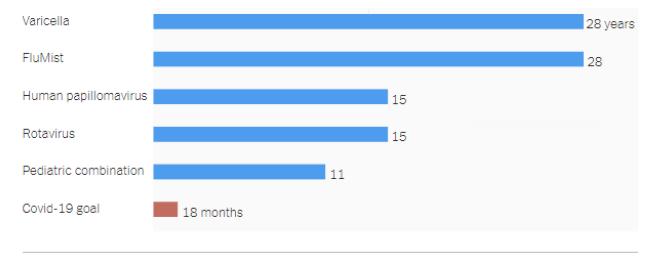


10. Post-marketing Surveillance

- During vaccine development rare or uncommon adverse events may be unrecognized.
- Surveillance programs are intended to identify problems that may develop following licensure and marketing.
- In the U.S., the vaccine adverse event reporting system (VAERS) and the vaccine safety datalink are used to identify problems.

Years and years, at minimum





https://www.nytimes.com/interactive/2020/04/30/opinion/coronavirus-covid-vaccine.html?searchResultPosition=2

How Long Will a Vaccine Really Take? By Stuart A. Thompson New York Times April 30, 2020

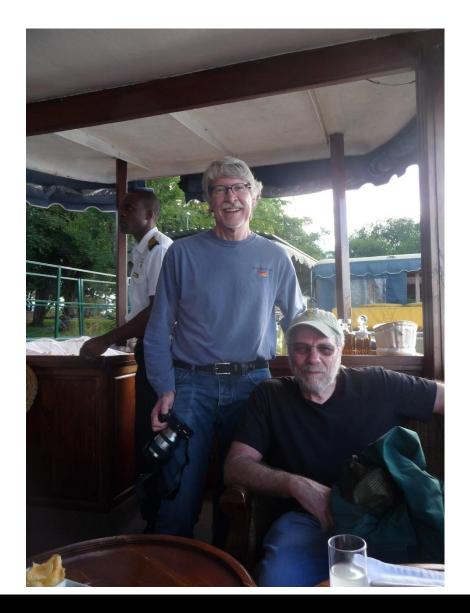
<u>https://www.nytimes.com/interactive/2020/04/</u> <u>30/opinion/coronavirus-covid-</u> <u>vaccine.html?searchResultPosition=2</u>



COVID-19 Vaccine Timeline

- December First cases of COVID-19 in Wuhan China
- Dec 24 Novel coronavirus isolated
- Jan 3 China officially informs WHO of outbreak
- Jan 10 First genetic sequence reported
- Jan 30 WHO declares public health emergency of international concern
- Nov 9 Pfizer reports interim analysis efficacy >90%
- Dec 11 FDA issues EUA for Pfizer/BioNTech vaccine

Thanks – Questions?

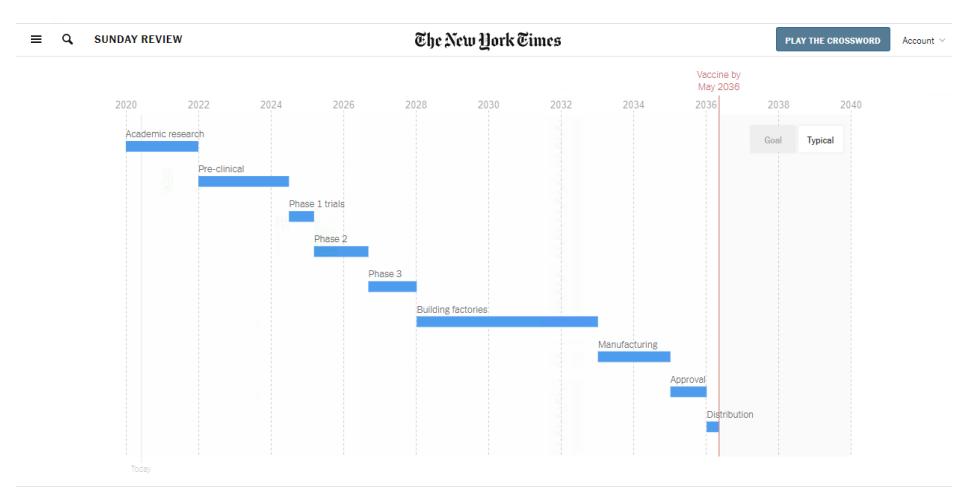




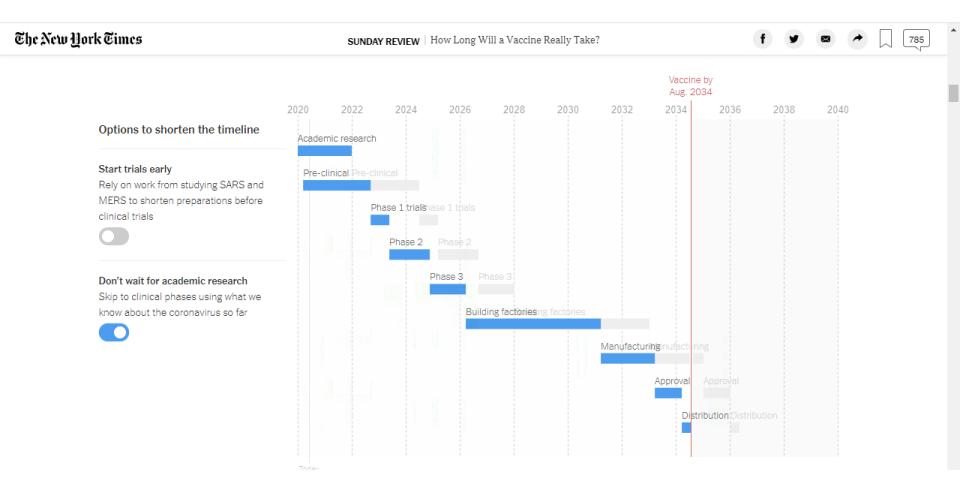
References

- 1. Stanberry LR, Barrett ABT. Vaccine Development Pathway, in Barrett ADT and Stanberry LR (eds): Vaccines for Biodefense and Emerging and Neglected Diseases, London, Elsevier, 2009, pp. 45-54.
- 2018 NIAID Strategic Plan for Research on Vaccine Adjuvants. <u>https://www.niaid.nih.gov/sites/default/files/NIAIDStrategicPlanVaccineAdjuvants2018.pdf</u>, accessed May 17, 2020.
- CDC Vaccine Excipient Summary. <u>https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf</u>, accessed May 18, 2020
- 4. Metz B, et al. Quality control issues and approaches in vaccine development, Expert Rev Vaccines 8-pp 227-38, 2009.

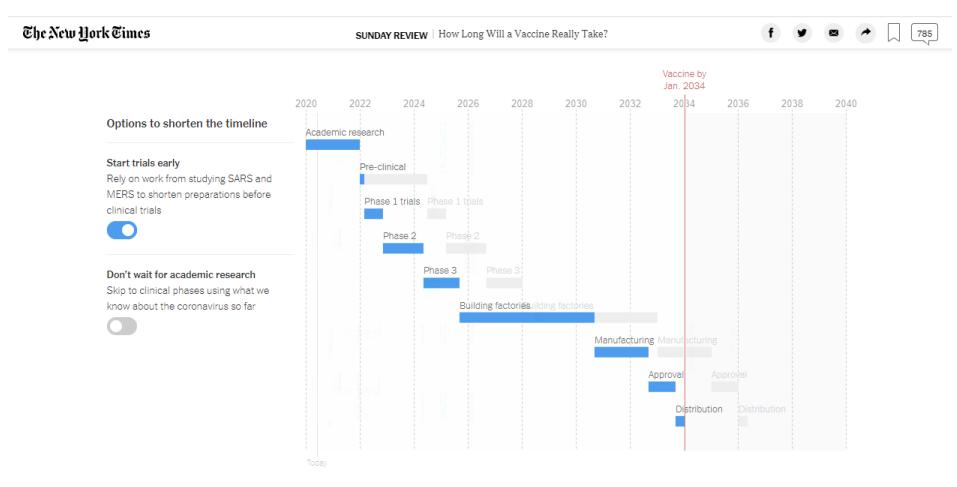
Classical Timeline ~ 16 Years



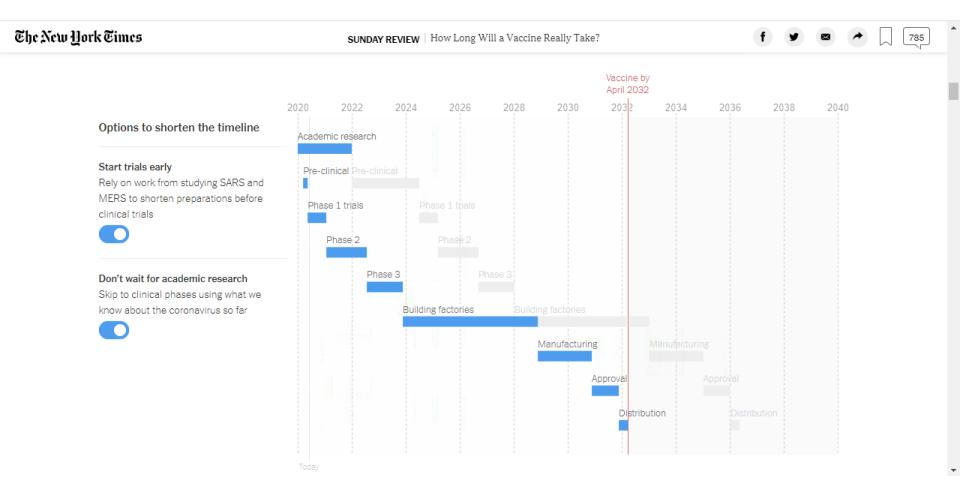
Start w/o Academic Research ~ 14 Years



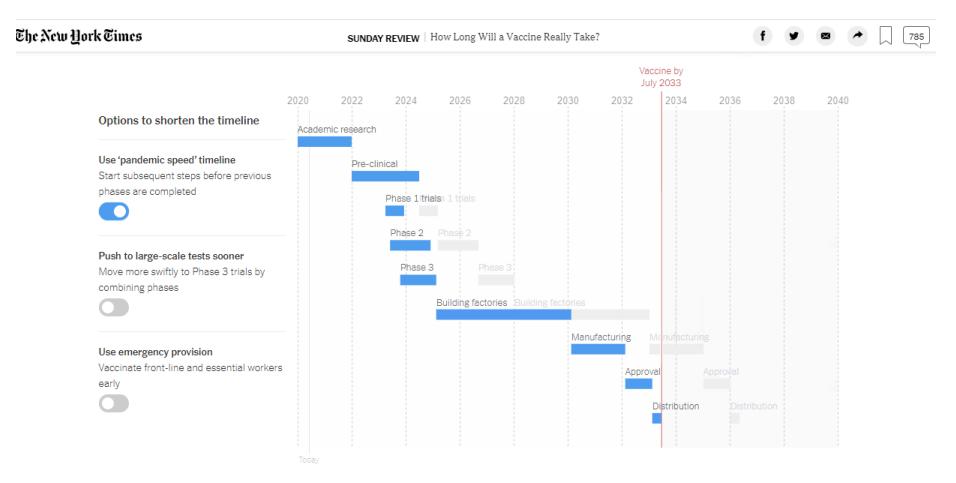
Start Trials Early ~ 13.5 years



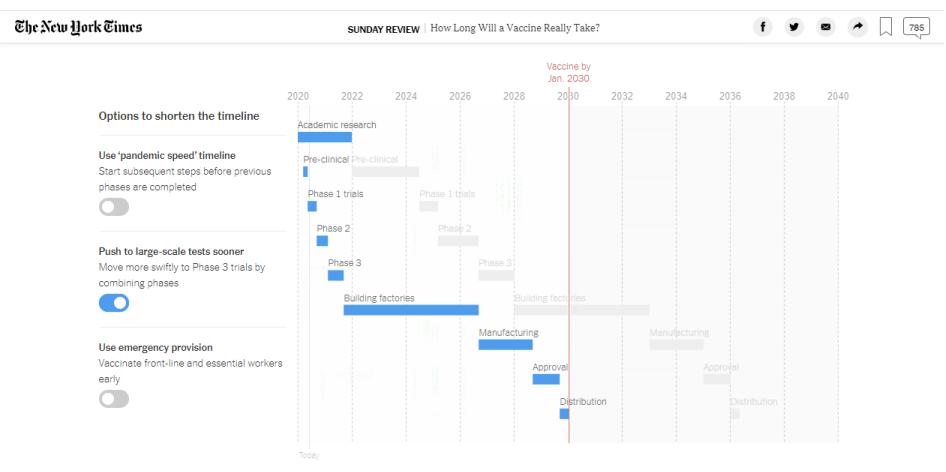
Early Trials & No Academic Research ~ 12 Years



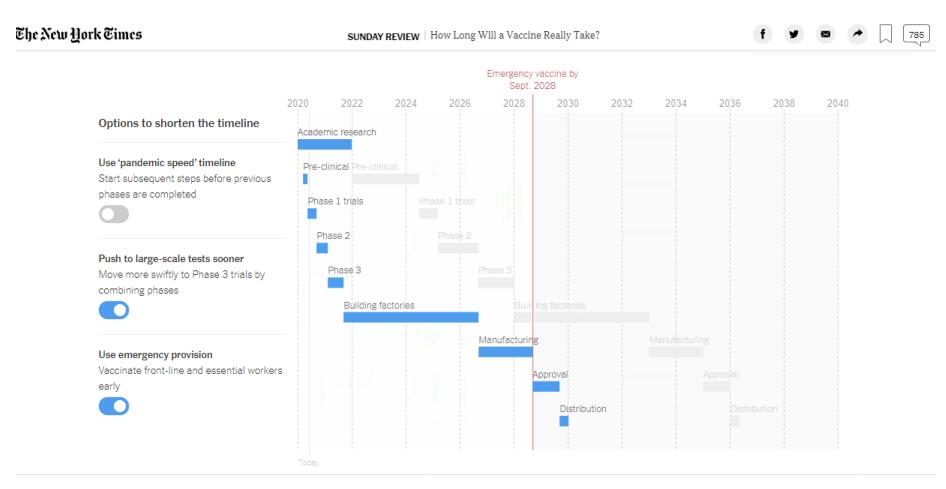
Start Phase II & III Earlier ~ 13 Years



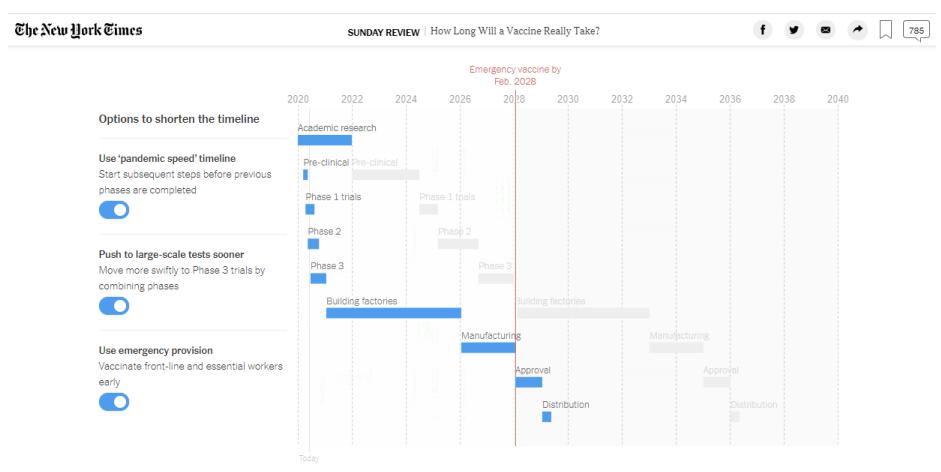
Overlap Clinical Trial Phases ~ 9.5 Years



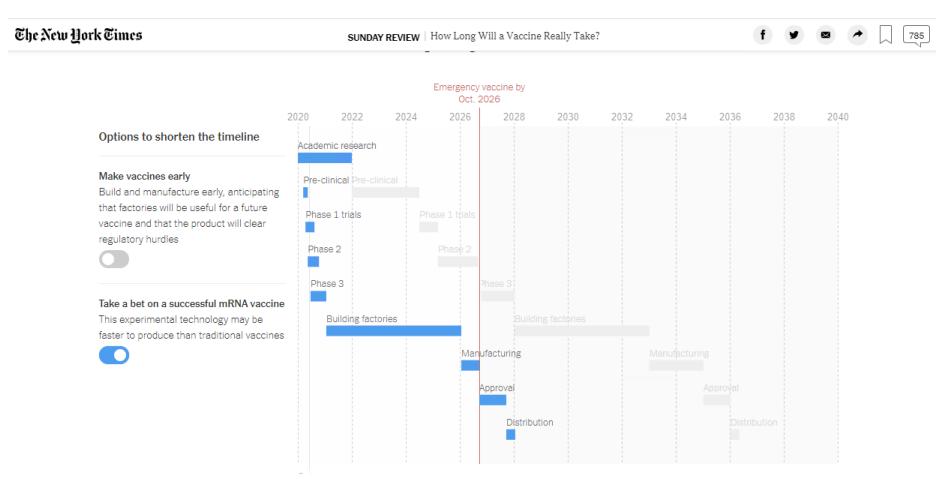
Push Trials/Emergency Provision ~8 Years



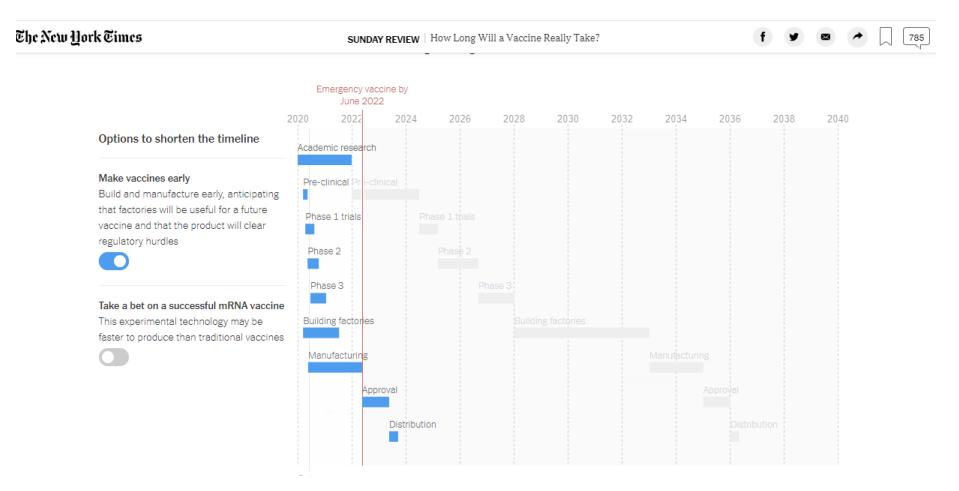
Earlier Start/Push Trials/Emergency Provision ~7.7 Years



Bet on a Successful RNA Vaccine ~ 6.5 Years



Manufacture Vaccines Early ~ 14 Months



Early Production of a successful RNA Vaccine ~ 10 Months

