



OVERVIEW: ZIKA VACCINES IN DEVELOPMENT

Robert Johnson, PhD

**Biomedical Advanced Research and Development Authority (BARDA)
Office of the Assistant Secretary for Preparedness and Response (ASPR)**

February 8, 2018

**National Vaccine Advisory Committee
Washington, DC**

Resilient People. Healthy Communities. A Nation Prepared.

Photo credit: CDC/James Gathany



Zika Virus

Belongs to the family *Flaviviridae* (includes dengue, West Nile, Yellow Fever, Japanese encephalitis and St. Louis Encephalitis viruses)

Brief history

- First isolated in Zika forest in 1947 with limited human infections in Africa and SE Asia through 2006
- Emerged in Micronesia in 2007, and French Polynesia in 2008
- Most recent outbreak began in Brazil in 2015
- Currently found in over 80 countries and territories worldwide

Disease

- 80% asymptomatic
- 20% of patients present with rash, fever, conjunctivitis, and arthralgia
- Association with Congenital Zika Syndrome, Guillain-Barre Syndrome and many other neurological conditions

How Zika Spreads

Most people get Zika from a mosquito bite



More members in the community become infected



A mosquito bites a person infected with Zika virus



The mosquito becomes infected



A mosquito will often live in a single house during its lifetime



More mosquitoes get infected and spread the virus



The infected mosquito bites a family member or neighbor and infects them



During pregnancy
A pregnant woman can pass Zika virus to her fetus during pregnancy. Zika causes microcephaly, a severe birth defect that is a sign of incomplete brain development



Through sex
Zika virus can be passed through sex from a person who has Zika to his or her sex partners



Through blood transfusion
There is a strong possibility that Zika virus can be spread through blood transfusions

Congenital Syndrome



- Multi-faceted syndrome with broad-ranging neurological sequelae, unknown long-term health consequences
- Reported in 26 countries and territories in the Americas since Oct 2015
- 3,720 cases of microcephaly and/or CNS malformation reported (103 in North America; 3617 in Latin America)

- <https://www.cdc.gov/pregnancy/zika/testing-follow-up/zika-syndrome-birth-defects.html>
- http://www.paho.org/hq/index.php?option=com_content&view=article&id=12390&Itemid=42090&lang=en



Prevention of ZIKV Infection

There is currently no licensed ZIKV vaccine available, however...

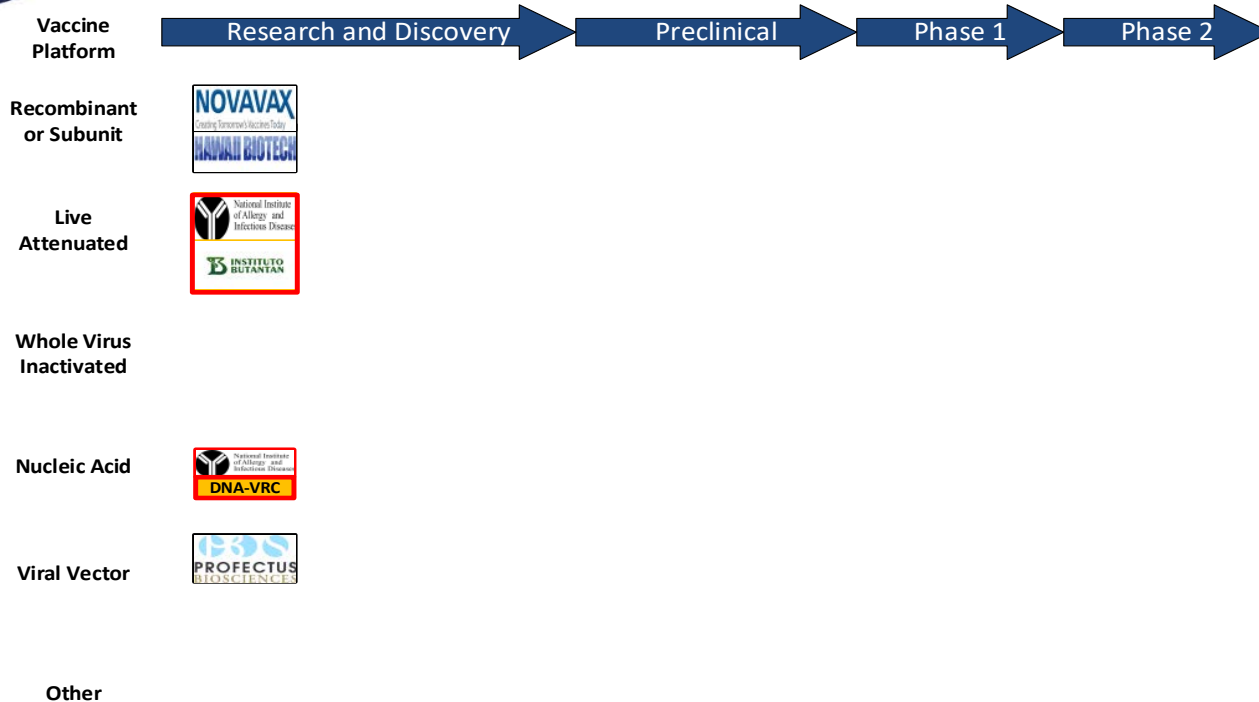


- Vaccines for other flaviviruses have been developed and used for over 70 years
- Active development programs for Dengue and West Nile vaccines have been ongoing for over 30 years; however, knowledge of Zika virus was limited at the outset of the epidemic
- Past experience was leveraged for ZIKV vaccine development
- Zika R&D efforts accelerated greatly in 2016 by NIAID and WRAIR, followed by advanced development projects at BARDA
- A coordinated, interagency effort was established to oversee vaccine development and portfolio management
- BARDA has invested over \$265 million in vaccine development



Vaccine Landscape

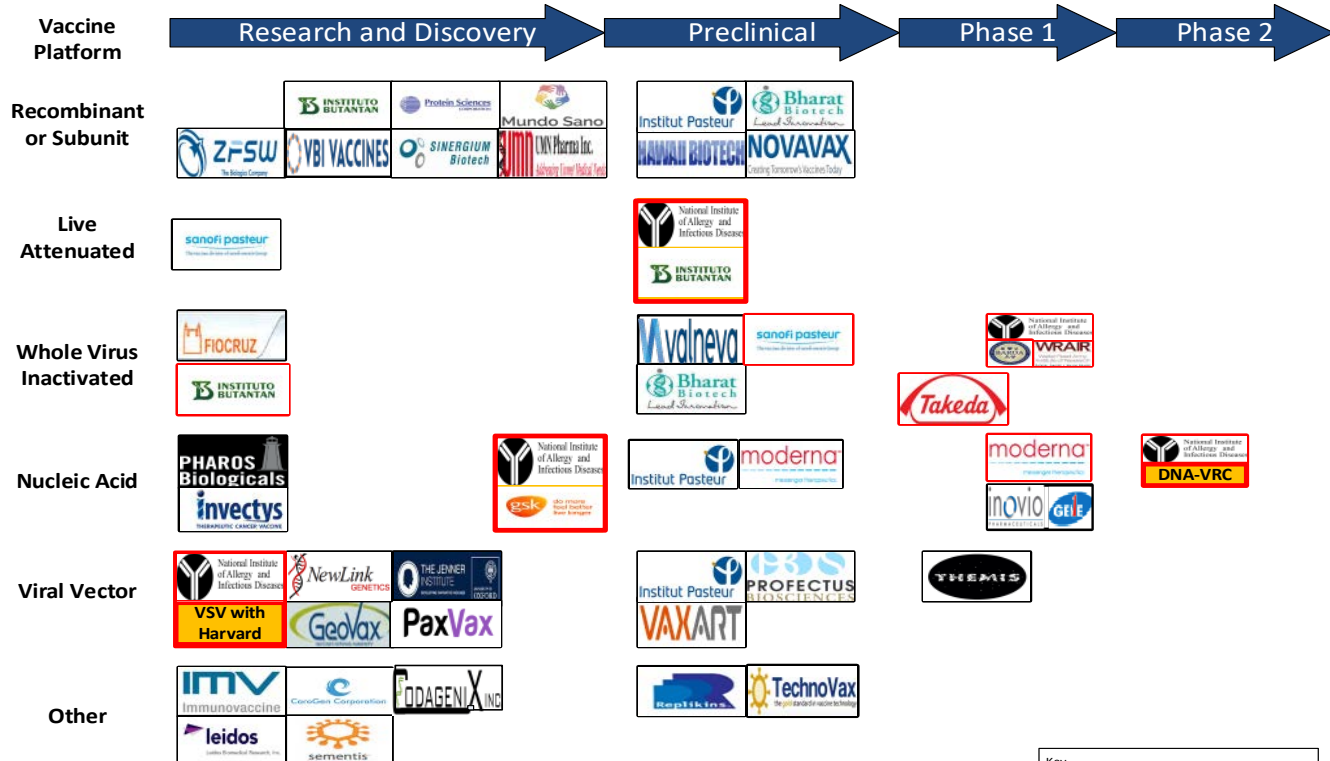
Feb. 2016





Vaccine Landscape

Jan. 2018





VACCINES IN CLINICAL DEVELOPMENT



VRC DNA Vaccine Milestones

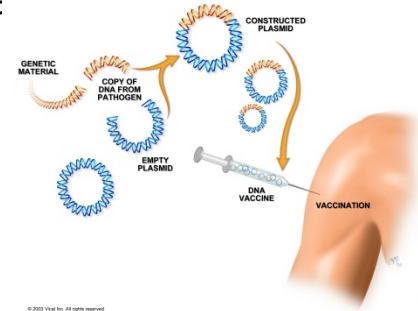
Phase I Clinical Trials – 2 candidates: VRC 5288 and VRC 5283

- Interim data reported in Lancet, Dec. 2017 (Gaudinski et al)
- Zika neutralizing antibodies developed in 100% of subjects

Phase II/IIb Clinical Trial – VRC 5283

- Part A: Dose Escalation and Injection Number Study
 - Enrollment complete
 - Immunogenicity evaluation ongoing
- Part B: Efficacy Study
 - Regimen selected May 2017
 - Enrollment initiated 7/19/17, 248/2,400 enrolled as of
 - Jan 3017
 - 11/20 sites activated

Industry partner identified for commercialization





VRC 705: Phase 2/2b

A Phase 2b, Randomized Trial to Evaluate the Safety and Immunogenicity of a Zika Virus ONA Vaccine

Healthy Volunteers Ages 15-35



20 sites in the us, caribbean, Central and South America

Zika, is being reported in Peru, Mexico, and other areas that are 705 sites.

VRC 705 Phase 2b							
Part A							
Group	n:	Total Dose	Number of Injections	Number of limbs	Day 0	Week 4	Week 8
1	30	4 mg	2	2 limbs (both arms)	DNA	DNA	DNA
2	30	4mg	4	4 limbs (arms and legs)	DNA	DNA	DNA
3	30	5 mg	4	4 limbs (arms and legs)	DNA	DNA	DNA
Total	90	Part A Enrollment: Complete					
Part B							
Regimen: 4mg Split Dose by PharmaJet: Vaccination at 0, 4, 8 weeks							
Group	n=	Total Dose	Number of Injections	Number of limbs	Day 0	Week 4	Week 8
4	1200	4 mg	2	2 limbs (both arms)	DNA	DNA	DNA
5	1200	N/A	2	2 limbs (both arms)	Placebo	Placebo	Placebo
Total	2400	<i>Blinded evaluation of case rates to increase sample size as needed</i>					

Part B Enrollment as of 1/30: 248

Courtesy: G. Chen, VRC



Inovio Pharmaceuticals DNA Vaccine



The NEW ENGLAND
JOURNAL of MEDICINE
October 4, 2017

Safety and Immunogenicity of an Anti-Zika Virus DNA Vaccine — Preliminary Report Pablo Tebas et al.

- DNA plasmid vaccine expressing Zika prM-E
- Two groups of 20 received 1mg or 2 mg ID at 0, 4, 12 weeks w/electroporation
- No SAEs reported
- Anti-Zika antibodies detected in 100% in both groups
- Zika neutralizing antibodies developed in 62% of subjects
- Passive transfer of human vaccinee serum protected in a lethal mouse model

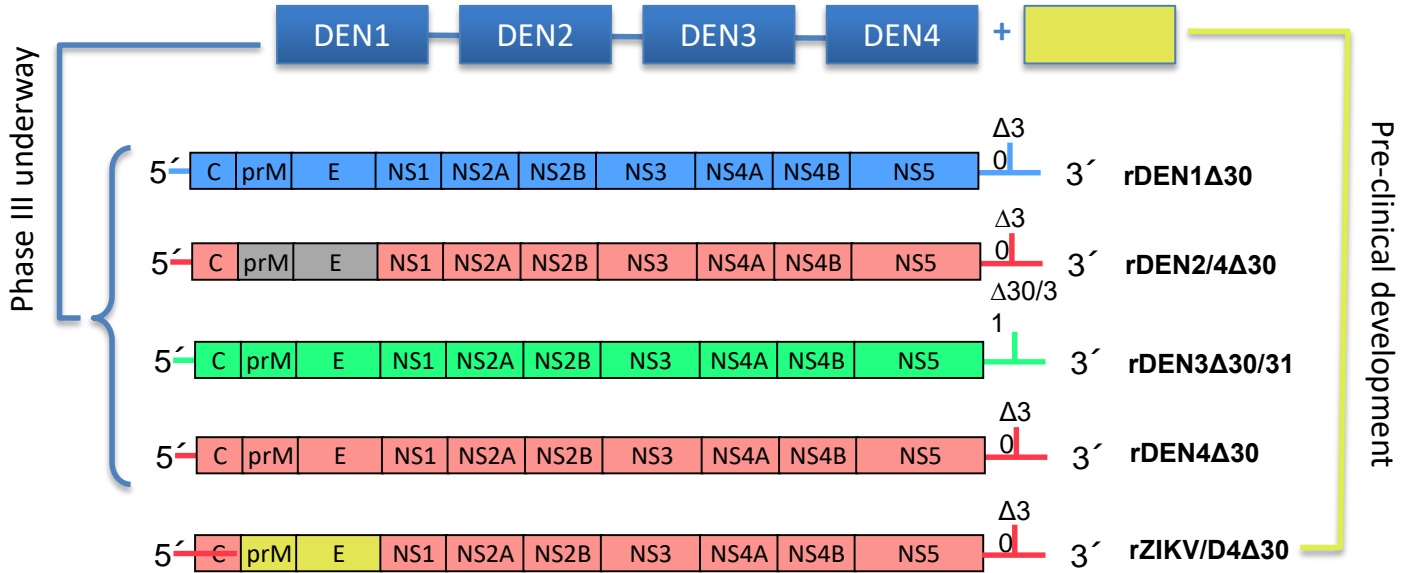




Live attenuated vaccine for DENV / ZIKV

NIAID Laboratory of Viral Diseases

Pentavalent DENV + ZIKV:



Courtesy: S. Whitehead, LVD





LAV Candidate

NIAID Laboratory of Viral Diseases

#	Deliverable	Timeline (CY)	DONE? ✓
1	Virus construction, seed virus generation, pre-clinical evaluation	Q2 2017	✓
2	Manufacturing of Phase 1 and 2 CTM's at Charles River Laboratories; Release testing	June – Nov 2017	✓
3	IND submission	Feb 2018	Initiated
4	Phase 1 - Monovalent	March 2018	
5	Phase 2 - Pentavalent	May 2018	
6	Phase 2a – Butantan Institute Bridging, Monovalent, Pentavalent	Pending Q4 2018	
7	Phase 2b – Butantan Institute	Pending 2019	





Moderna mRNA Vaccine

- **Synthetic mRNA can be used to deliver virtually any gene**
- **Novel chemistry enables mRNA to elude intracellular innate host immune responses**
- **Once in cell, acts like a native mRNA to express foreign gene**
- **Robust, protective immunological responses in animal models**
- **Needle and syringe delivery**
- **Pre-clinical and clinical evaluation of multiple candidates ongoing**



Inactivated Zika Vaccines

- “Proof-of-concept” clinical lot of Zika Purified Inactivated Vaccine (ZPIV) manufactured by WRAIR based on JEV vaccine technology
- Formalin-inactivated, alum-adjuvanted
- NIAID and WRAIR conducting five Phase I clinical trials to evaluate safety and immunogenicity
- BARDA awarded development contracts to Sanofi and Takeda to manufacture and license an inactivated Zika vaccine
 - Currently, only Takeda is continuing development of their Zika vaccine
 - Takeda Phase I safety and immunogenicity in naïve and Flavi-seropositive ongoing
 - Sanofi vaccine candidate no longer being pursued but company is conducting a case definition study that is still supported



ZPIV Phase I Clinical Trials

THE LANCET

Published Online Dec. 4, 2017

Preliminary aggregate safety and immunogenicity results from three trials of a purified inactivated Zika virus vaccine candidate: Phase 1, randomised, double-blind, placebo-controlled clinical trials

Kayvon Modjarrad, Leyi Line, Sarah George, Kathryn E. Stephenson, et al.

- Formalin-inactivated, alum-adjuvanted vaccine
- Administered on days 1 and 29
- Data from 68 subjects who received 5 ug IM
- Mild to moderate adverse events
- 92% seroconverted by day 57
- Peak MN titers at day 43 exceeding protective titers seen in animal studies



Themis Measles Recombinant Vector

PRESS RELEASE

Zika Virus: Themis Bioscience Initiates Worldwide First Study With Live Attenuated Recombinant Vaccine

Vienna, Austria, 11-Apr-2017 – A promising vaccine for the Zika virus is now being tested by **Themis Bioscience GmbH**, a specialized biotech company developing prophylactic vaccines against emerging tropical infectious diseases. After recent progress with the development of a Chikungunya vaccine the company succeeded in swiftly adapting their proprietary vaccine technology for their Zika vaccine program. This program is based on a live attenuated recombinant vaccine that promises a fast and effective immune response.



Key Challenges/Questions

Regulatory/Clinical

- What if existing disease incidence does not support evaluation of vaccine efficacy?
- Will immunological responses prevent congenital infections?

Funding/Commercialization

- How will funding gaps be filled to support licensure?
- Will the commercial market sustain a Zika vaccine?



THANK YOU

Contact us

www.hhs.gov/aspr/barda

barda@hhs.gov

www.Medicalcountermeasures.gov