# he DHHS Response to Bioterrorism Advanced Development and Acquisition of Medical Countermeasures

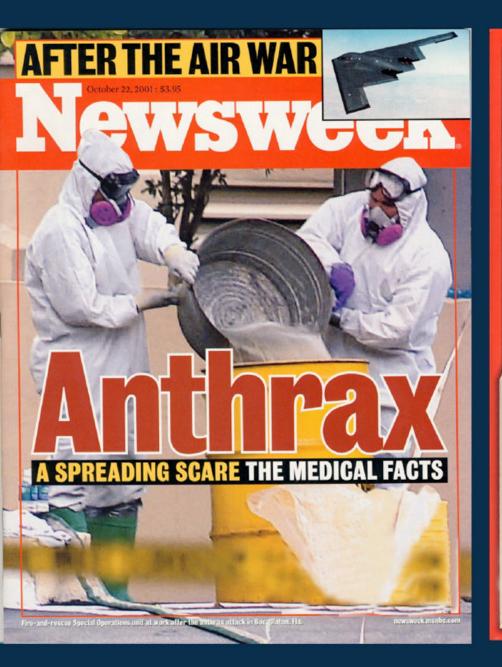
# Monique K. Mansoura, Ph.D. 17 January 2003



**U.S. Department of Health and Human Services** Office of the Assistant Secretary for Public Health Emergency Preparedness

# No longer a theoretical threat Anthrax Bioterrorism in the United States, 2001

4TH GRADE GREENDALE SCHOOL FRANKLIN PARK NJ 08852 SENATOR DASCHLE 509 HART SENATE OFFICE BUILDING WASHINGTON D.C. 2051 WASHINGTON, DC. POST OFFICE 20066-9998 Allan State In Trank





Anthrax letters. FBI warnings. Bin Laden's videotapes. Bombarded by threats real and imagined, a nation on edge asks, What's next?

# Office of the Assistant Secretary For Public Health Emergency Preparedness: Organizational Structure

- Office of Planning and Emergency Response
- Office of Emergency Response
- Office of State and Local Preparedness
- Office of Research and Development



**U.S. Department of Health and Human Services** Office of the Assistant Secretary for Public Health Emergency Preparedness

# **Office of the Assistant Secretary For Public Health Emergency Preparedness:** Office of Research and Development

- Identify HHS requirements and gaps in medical countermeasures needed to respond to biological or chemical terrorism
- Coordinate with NIH, CDC, FDA and other agencies if necessary to ensure that appropriate research & development and acquisition of medical countermeasures occurs in a timely fashion.
- Provide coordination with DOD and other agencies on issues relating to R&D and acquisition of medical countermeasures
- Maintain a Readiness Report detailing the existing and projected supplies of vaccines and antibiotics in the National Pharmaceutical Stockpile

# Biodefense: Complementary Roles within DHHS

- Surveillance and Detection
  Train Local Response Teams
  Maintain Vaccine/Antimicrobial Stockpiles
  - Conduct Basic Research
    Develop Medical Interventions



CDC 🔿

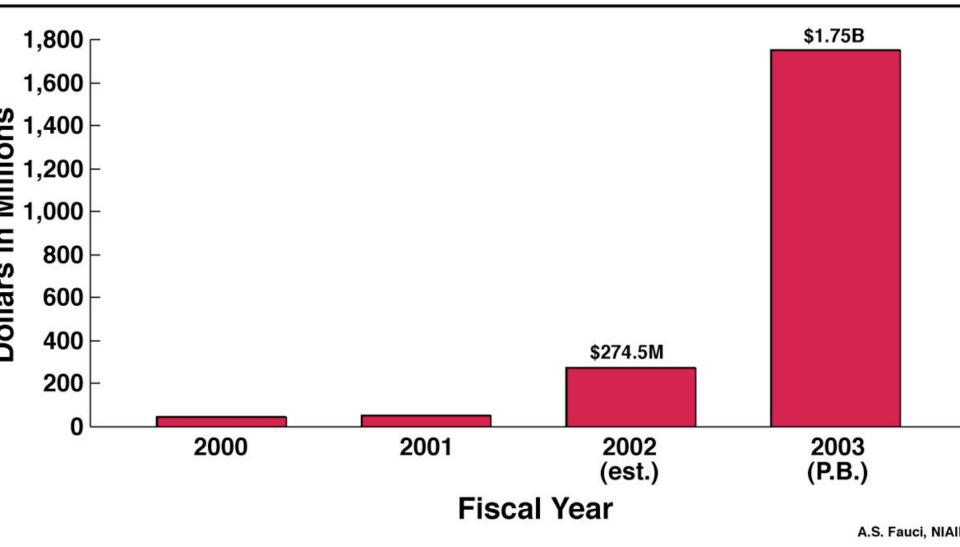
NIH

- Regulatory Approval
  - Vaccines
  - Therapeutics
  - Diagnostics

OEP 🔿

Mobilize Resources to Coordinate State/Local Response

# NIH Biodefense Research Funding, FY 2000-2003

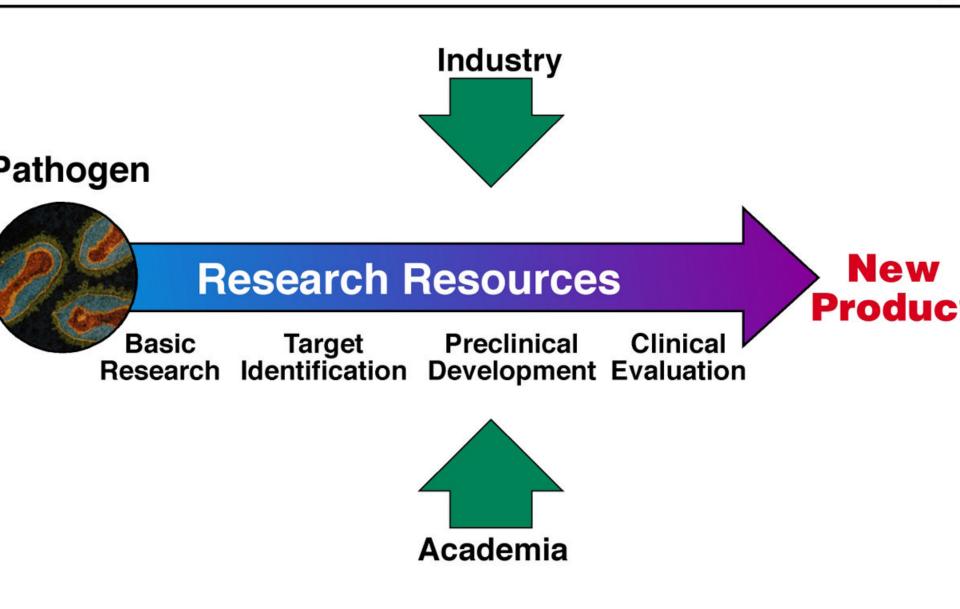


# NIH Biodefense Research Funding, FY 2003 (President's Budget)

Basic Research and Development\$440.6MDrug/Vaccine Discovery and Development\$591.9MClinical Research\$194.3MResearch Facilities Construction\*\$521.1M\$1,747.9M

Research Facilities in FY 2003: \$150M extramural, \$371M intramural

# **NIH Biodefense Research Pathway**



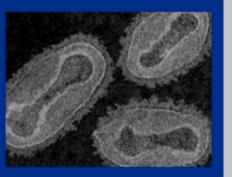
# NIAID Blue Ribbon Panel on Biodefense and Its Implications for Biomedical Research

Feb. 4-5, 2002 - Focus on Category A Diseases/Agents, i.e. anthrax, botulism, plague, smallpox, tularemia, hemorrhagic fever viruses

#### February 2002

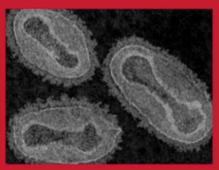
#### NIAID Strategic Plan for Biodefense Research

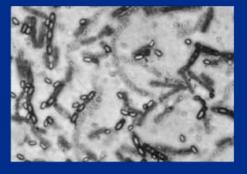




#### NIAID Biodefense Research Agenda for CDC Category A Agents





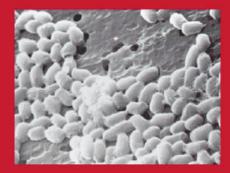


National Institute of Allergy and Infectious Diseases

ATIONAL INSTITUTES OF HEALTH

#### Responding Through Research

Responding Through Research





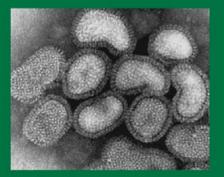
National Institute of Allergy and Infectious Diseases NATIONAL INSTITUTES OF HEALTH February 2002

#### January 2003

#### The NIAID Biodefense Research Agenda for Category B and C Priority Pathogens



Responding Through Research







DEPARTMENT OF HEALTH AND HUMAN SERVICES



Vational Institute of Allergy and Infectious Diseases VATIONAL INSTITUTES OF HEALTH



# President Bush Announces U.S. 'Pre-Event" Smallpox Vaccination Program, December 13, 2002



# Smallpox Vaccine: Availability by Mid-2003

- 15.4 million doses of Dryvax diluted 1:5
- Contracts for cell culture-derived vaccine
  - Vaccine from Aventis Pasteur Inc. diluted 1:5

Total

# of Doses

77 million

209 million

> 75 million (> 375 million) > 363 million (> 663 million)

# Smallpox Vaccine: Adverse Event Rates Among Primary Vaccinees (Per Million Vaccinations)

- Deaths 1 2
- \_ife-threatening adverse events 14 52
- Serious, but not ife-threatening adverse events 49 - 935
- Minor reactions up to 50% of vaccinees

# **Contraindications to Smallpox Vaccine**

- History of eczema or atopic dermatitis (AD), irrespective of severity or disease activity; household contacts with eczema or AD
- Other skin disorders herpes, varicella zoster, burns, impetigo, psoriasis, severe acne, contact dermatitis, wounds
- HIV infection, AIDS, cancer, immunosuppression, oral and topical steroids, inhaled steroids (depending on dose and frequency)
- Pregnancy
- Conjunctival or corneal disease
- Hypersensitivity to vaccine components: polymyxin B, streptomycin, neomycin, chlortetracycline

# A "Next-Generation" Smallpox Vaccine: Modified Vaccinia Virus Ankara (MVA)

- Highly attenuated vaccinia virus
- Cannot replicate in most mammalian cell lines, however in animal models elicits a significant immune response
- Historically, good safety profile, including at-risk groups
  - German smallpox vaccination experience (n= ~120,000)
  - Experimental cancer, HIV vaccines
- Intramuscular injection rather than scarification
- Several candidates in development; most promising will be tested by NIAID at Vaccine Research Center and in network of Vaccine and Treatment Evaluation Units

# THE ANTHRAX VACUNE

Is It Safe? Does It Work?

INSTITUTE OF MEDICINE

#### **Executive Summary from the 2001 IOM report** *The Anthrax Vaccine – Is it Safe? Does it Work?*

### Anthrax Vaccine Adsorbed (AVA)

#### **CONCLUSIONS REGARDING EFFICACY**

AVA as licensed is an effective vaccine for the protection of humans against anthrax, including inhalational anthrax, caused by any known or plausible engineered strains of *B. anthracis* 

#### **FUTURE NEEDS**

Current events in both the military and civilian arenas highlight and confirm the important of ensuring both the availability and the quality of the nation's anthrax vaccine **Executive Summary from the 2001 IOM report** *The Anthrax Vaccine – Is it Safe? Does it Work?* 

#### **NEW ANTHRAX VACCINE DEVELOPMENT**

> The current anthrax vaccine, AVA, is:

- difficult to standardize
- incompletely characterized
- •relatively reactogenic, and
- the dose schedule is long and challenging

An anthrax vaccine free of these drawbacks is needed, and such improvements are feasible.

# NIAID FY2003 Biodefense Plan

**Drug/Vaccine/Diagnostics Discovery & Development** 

- Test and develop candidates for nextgeneration anthrax vaccine
- Engage industry through challenge grants
- Establish repositories for diagnostic and drug reagents
- Develop animal models, establish high-containment facilities and services

# Features of the HHS rPA Program

- Science base ripe for advanced development of candidates
- Two-stage contracting strategy
- Stage 1: Advanced Development
- Stage 2: Production & Acquisition
- Aggressive timelines; milestone-driven
- Competitive contracts with harmonization of protocols (laboratory
- assays, animal studies, clinical trials) to allow for direct comparisons
- Goal: licensable product that supports licensure strategy
- Licensing strategy will utilize the FDA "Animal Rule"

# **Next Generation Anthrax Vaccine Timeline**

### 2002

- Jan 8: NIAID reviewed the Dec '01 SAIC report about rPA technologies
- Feb 7: NIH guide announces draft RFP
- Feb 21: Manufacturers' responses to draft RFP due
- Apr 22: RFP 02-26 issued http://www.niaid.nih.gov/contract/archive/RFP0226.pdf
- Jun 6: Proposals due
- Jul 15: Proposal review
- Sep 30: Contracts awarded





U.S. Department of Health and Human Services

www.hhs.gov/news

FOR IMMEDIATE RELEASE Thursday, October 3, 2002

# HHS Announces Contracts for Developing a New Anthrax Vaccine

HHS Secretary Tommy G. Thompson today announced that the National Institute of Allergy and Infectious Diseases (NIAID) has awarded two companies contracts designed to spur development of a new anthrax vaccine.

"There is an urgent need to devise more effective measures to protect U.S. citizen from the harmful effects of anthrax spores used as instruments of terror," said Secretar Thompson. "These awards represent the first step toward our goal of securing an initial 25 million doses of an improved anthrax vaccine for our emergency stockpile

#### **NIAID Anthrax Vaccine Contracts - Overview**

Contracts were awarded to:

- Avecia, of Manchester, United Kingdom,
- VaxGen Inc., of Brisbane, California

The two contracts total \$22.5 million through fiscal year 2003.

> Requirements include:

- Recombinant protective antigen (rPA) adsorbed to alum
- Immunization series not more than 3 doses
- Pursuit of licensure for pre-exposure prophylaxis and post-exposure immunization

### **HHS/NIH/NIAID rPA Contracts - Milestones**

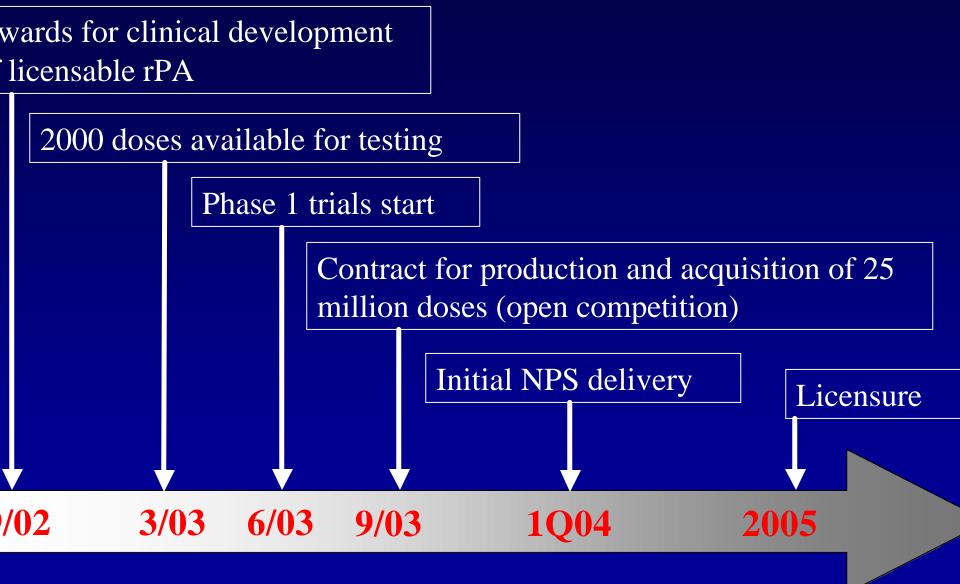
### 2002

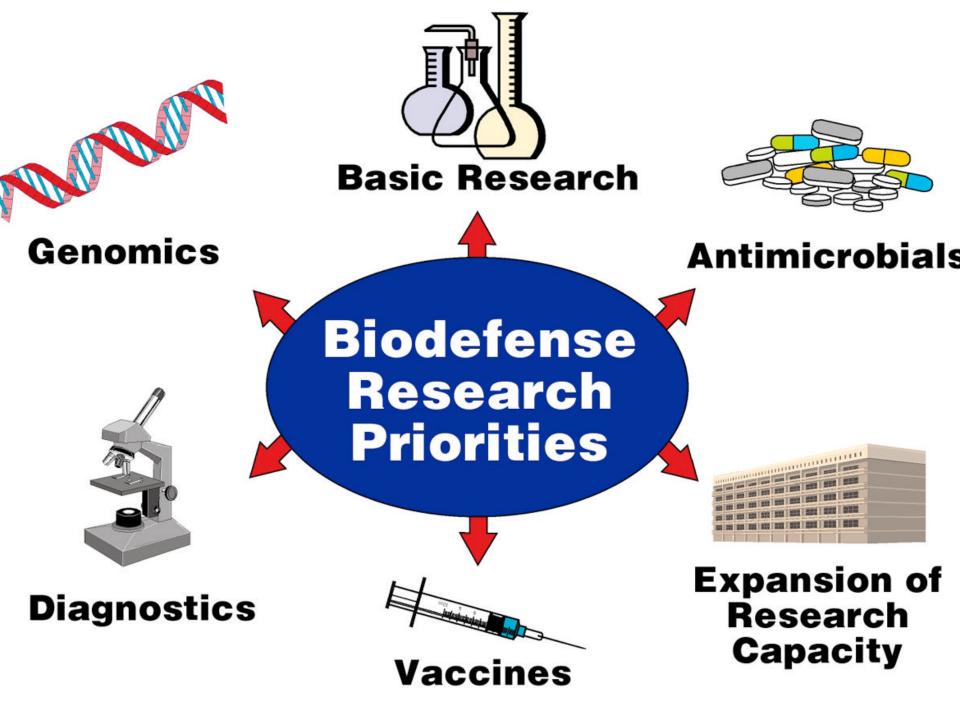
- Sep 30: Contracts awarded
- Dec 31: Milestone 1
  - Complete bulk manufacture of 2,000 doses

### 2003

- Mar 31: Milestone 2
  - Fill and Finish 2,000 doses
- Mar 31: Milestone 3
  - Submit clinical development plans and Phase 1 protocol
- Dec 31: Milestone 4
  - Complete Phase 1 and begin Option B (Phase 2)
- Sep 30: Milestone 5
  - Deliver a manufacturing feasibility plan for up to 25M dose
- May 15: Issue RFP 03-29 to manufacture up to 25M doses for an emergency-use stockpile

### **Fimeline for Anthrax rPA Vaccine Development**





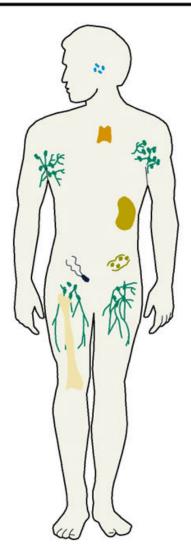
# Summary of NIAID Biodefense nitiatives

- Combined total of 36 research initiatives in FY 2002 and FY 2003
- 7 new initiatives awarded in FY 2002 (some in late September)
- 25 new FY 2003 initiatives have been announced
- 4 additional FY 2003 initiatives are in final stages of development
- Expansions to 4 existing NIAID research programs in FY 2002; 12 planned expansions in 2003

### Genomic Sequencing of Potential Bioterror Agents: Selected NIH Projects Completed or Nearing Completion

Agent	Disease	NIAID Category
Bacillus anthracis (multiple strains)	Anthrax	Α
Brucella suis	Brucellosis	В
Burkholderia mallei	Glanders	В
Clostridium perfringens	Gas gangrene	В
Coxiella burnetii	Q fever	В
E. coli 0157:H7	Hemolytic uremic synd	lrome B
Mycobacterium tuberculosis	Tuberculosis	С
Rickettsia typhi	Typhus	С
Staphylococcus aureus	Bacteremia, endocardi	tis B
Yersinia pestis	Plague	Α
/ariola major	Smallpox	Α

# Biodefense Progress and Priorities: mmunology/ Host Response



- Innate immunity
  - Adaptive immunity
- Immunotherapy
- Vaccinology
- Mapping of protective epitopes

# Biodefense Therapeutics Research Progress and Priorities

# Screening

### **New Targets**



### Drug Resistance

### Broad-Spectrum Therapies

# **Medical Diagnostics for Biodefense**

# *In vivo* molecular imaging

#### Inhaled biological radiotracers



ntegrated systems/platforms or screening and detecting multiple agents

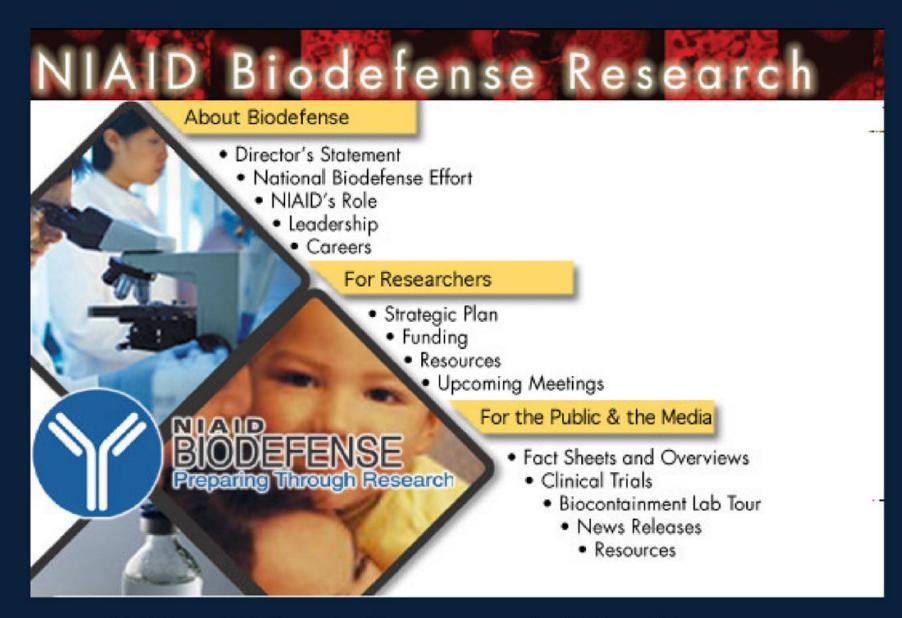
Nanotechnology

# **'Traditional'' Mechanisms of NIH Research Support**

- Grants
- Cooperative Agreements
- Contracts
- SBIRs
- CRADAs

# **New Models**

- Challenge Grant Mechanism
- Partnership Programs
- Vaccine Production Contracts
- **NIAID Vaccine Research Center**
- Increased Emphasis on Research Resources
  - e.g. reagent repositories, genomic databases, animal models, clinical trials support



#### http://biodefense.niaid.nih.gov