

The MERS Vaccine Initiative

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Outline

- **Middle East Respiratory Syndrome CoV**
 - Virology
 - Clinical
 - Epidemiology
 - MERS in S. Korea
- **MERS vaccine candidates**
- **IVI MERS program**
- **Summary**

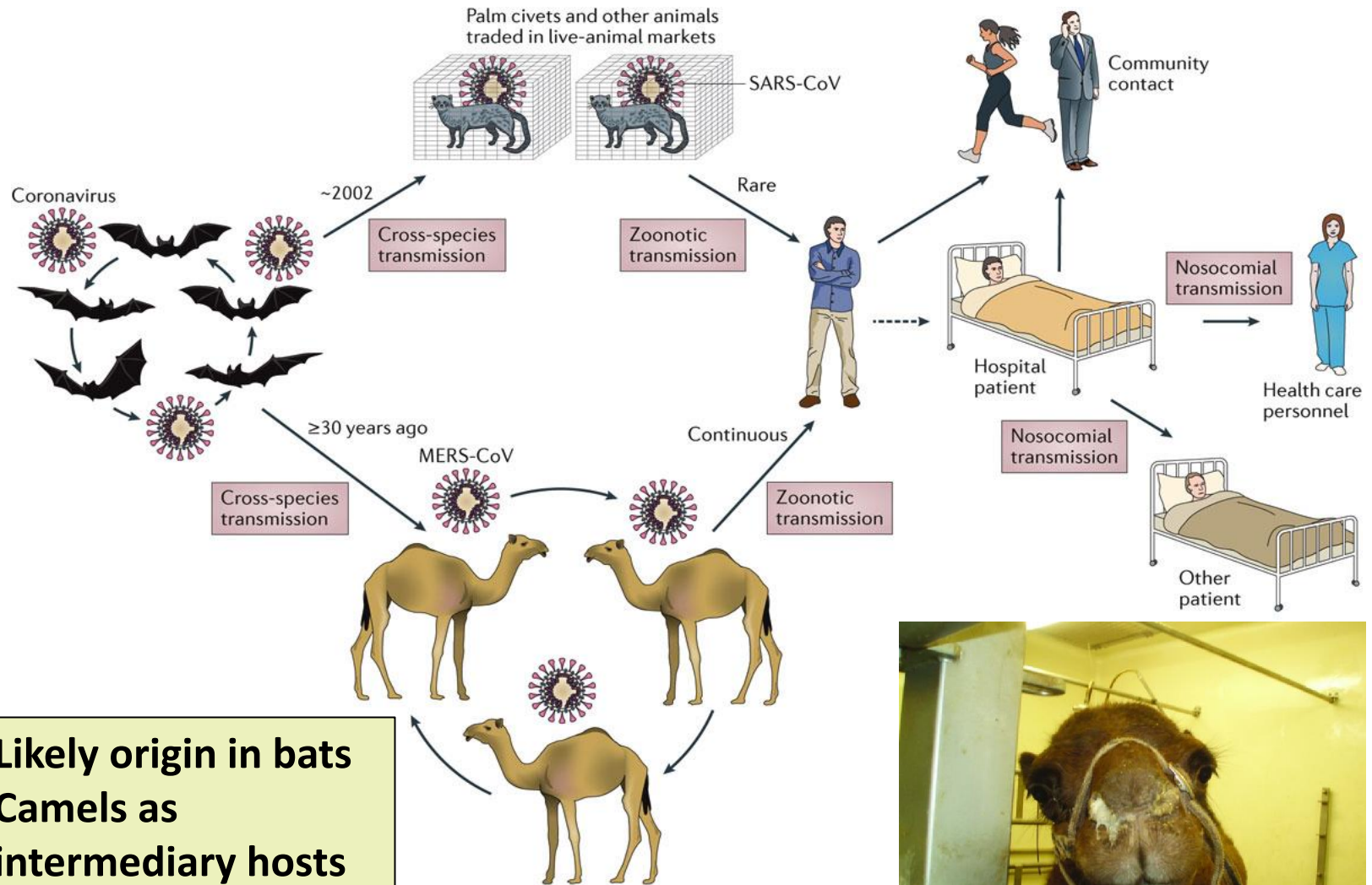
MERS CoV

Biology, Clinical Features, Epidemiology, and MERS in S. Korea

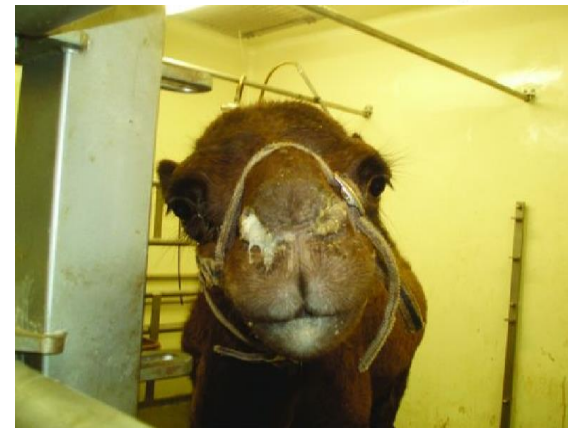


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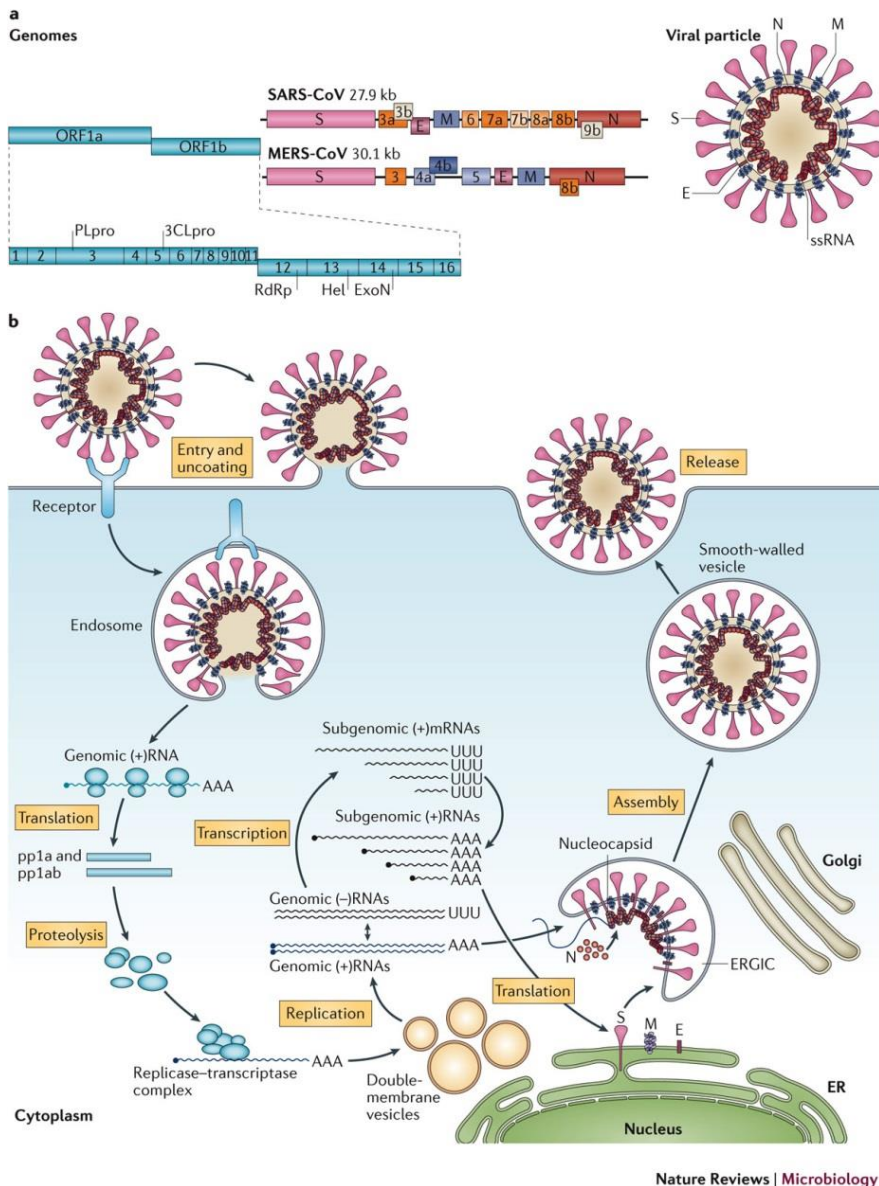
Emergence of new viruses - MERS coronavirus



- Likely origin in bats
- Camels as intermediary hosts to humans

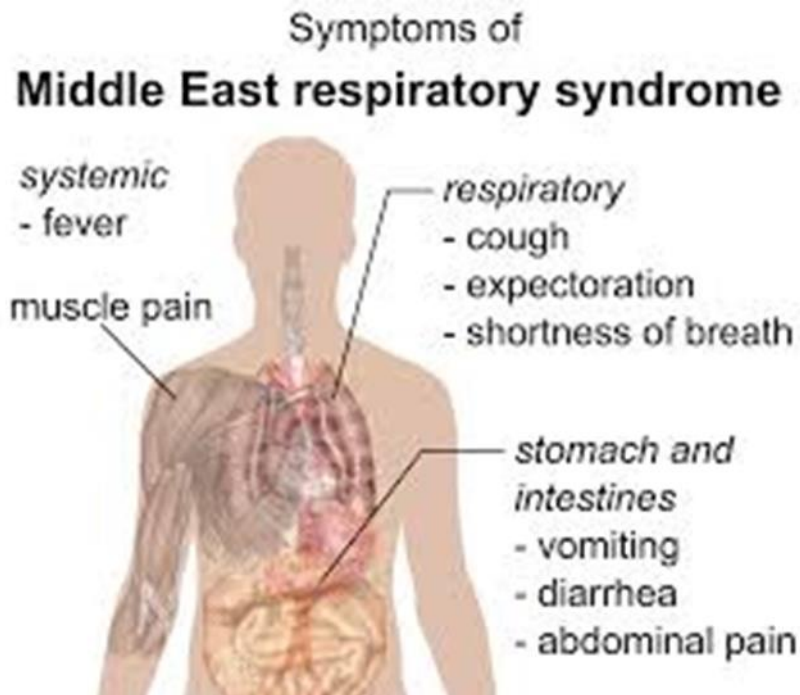


MERS-CoV background



- 30 kb enveloped, single-stranded, positive-sense RNA virus
- 4 structural proteins: spike (S), envelope(E) matrix (M), nucleocapsid (N)
- S protein is primary target for neutralizing Abs during natural MERS-CoV infection
- S1 subunit contains **receptor-binding domain (RBD)**
- Host cell receptor for RBD is **dipeptidyl peptidase 4 (DPP4 or CD26)**
- Dromedary camels are intermediary reservoir for transmission to humans

MERS-CoV in humans



- From asymptomatic to mild to severe
- Comorbidities and age (obesity, hypertension, diabetes and cardiac disease) associated with a fatal outcome of MERS-CoV infection
- Incubation period ~ 5 days
- Rapid progression from hospital into ICU and intubation
- Extensive nosocomial transmission and superspreader potential

Human-to-human transmission

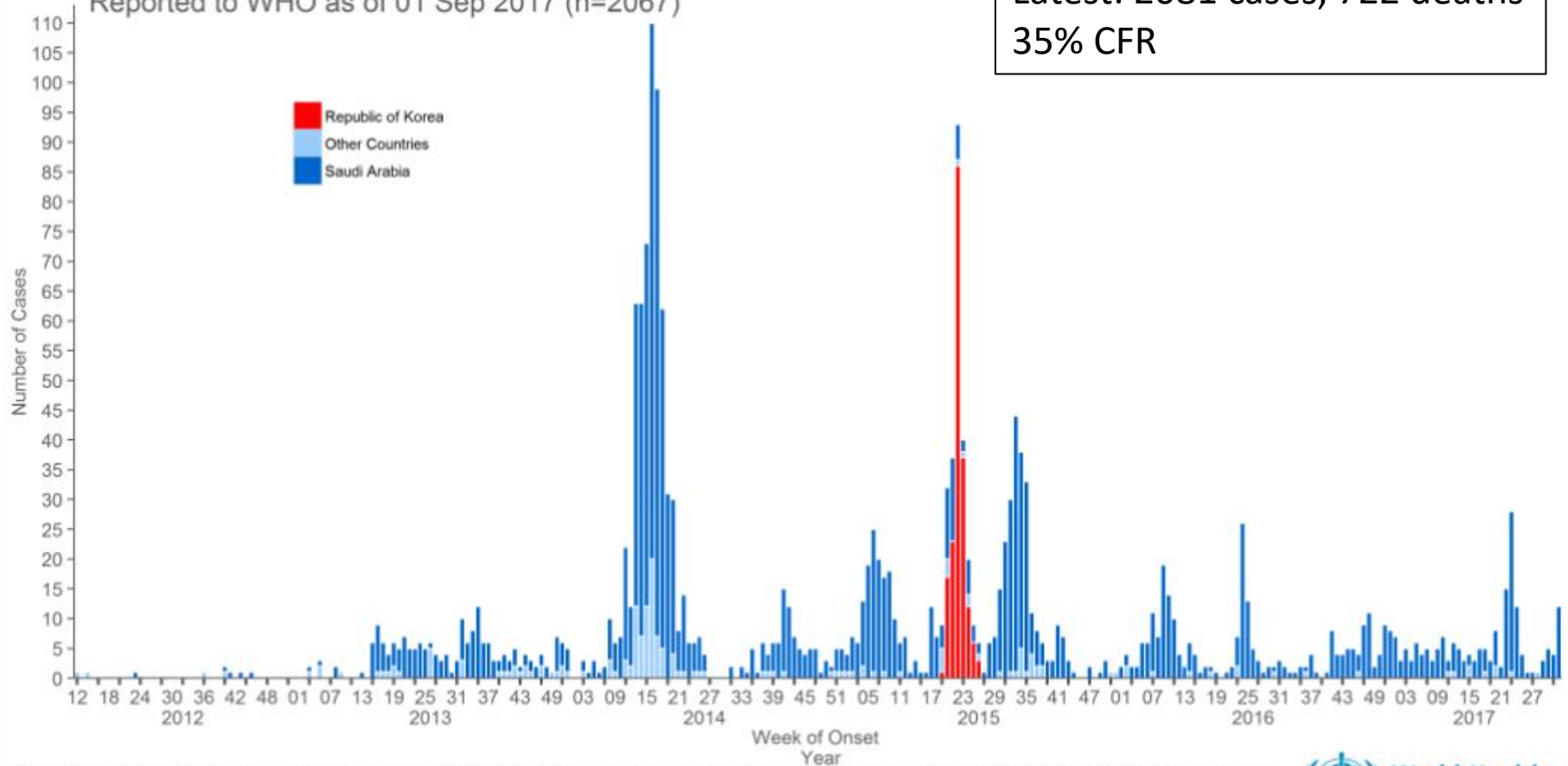
- No sustained human-to-human transmission
 - Basic reproductive number $R_0 < 1$
 - Can vary depending on situation
- Majority of outbreaks in nosocomial or household clusters
- Global risk
 - Hajj/Umrah pilgrimage (2 million)
 - Migrant workers
 - 9 million in KSA
 - Pakistan, India, Egypt, Yemen, Bangladesh

MERS-CoV epidemiology

Confirmed global cases of MERS-CoV

Reported to WHO as of 01 Sep 2017 (n=2067)

Latest: 2081 cases, 722 deaths
35% CFR



Other countries: Algeria, Austria, Bahrain, China, Egypt, France, Germany, Greece, Iran, Italy, Jordan, Kuwait, Lebanon, Malaysia, Netherlands, Oman, Philippines, Qatar, Thailand, Tunisia, Turkey, United Arab Emirates, United Kingdom, United States of America, Yemen

Please note that the underlying data is subject to change as the investigations around cases are ongoing. Onset date estimated if not available.

MERS in Korea



This picture was tweeted by @HeyyItsJmo

Summary

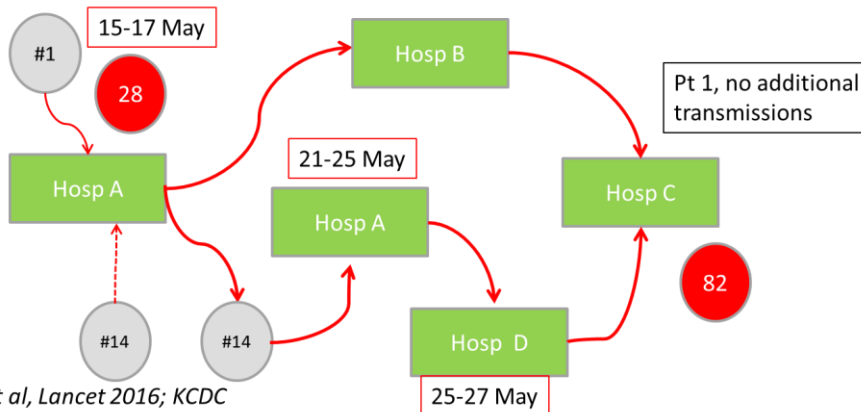
- 186 cases MERS-CoV infection
- 36 deaths (19%)
- 16,693 in placed in quarantine



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Korean MERS Outbreak (2015)

- Pt 1: 28 secondary infections (including Pt 14)
- Pt 14: 82 secondary infections (33 pt, 8 hcw, 41 visitors)



- Time from exposure to onset (2-16 days), median 6.5 days
- Time from symptoms to diagnosis (0-17 days), median 5 days

For Pt 14

- Persons within same zone: incubation 5 days
- Persons outside of same zone: incubation 11 days
- Staying in same zone as index case: attack rate 20% (47/239)
- Passage in same zone/same time: attack rate 5% (6/116)
- Always in different zone: attack rate 2% (15/2003)
- HCW: 5/218 (2%)

Cho et al, Lancet 2016

- Only outbreak driven by human-to-human transmission outside of Middle East
- 68 year old Korean male traveled in Middle East in Apr 2015, and returned to Korea
- Became sick on 11 May 2015 with visits to 3 different Korean hospitals
- MERS-CoV confirmed on 20 May 2015
- 186 confirmed cases; 38 deaths (CFR 20%); 16,993 people quarantined

MERS Vaccine candidates



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MERS vaccine development: Considerations

- Animal models not ideal
 - Transduced mice, transgenic mice, rhesus, marmosets, camels
- No immune correlate of protection in humans
- Broad immune responses may be needed (high mutation rate of CoVs)
 - Cross-neutralizing Abs; T cells to multiple S epitopes
- Theoretical risk of enhancement
- May be difficult to demonstrate efficacy in field

Will one the viruses circulating now be the virus that causes a true epidemic?

Will it be important for at least one platform to be “rapid” (in terms of response to new strains)?

MERS-CoV vaccine pipeline (1)

Vaccine type	Vaccine name	Design	Animal immunogenicity	Animal protection	Stage of development	Sponsor/ Developer
DNA	GLS-5300	Plasmid DNA encoding full-length S; with electroporation	C57BL/6 mice, rhesus, camels	Rhesus	Phase I ongoing in the US	GeneOne/Inovio
Protein subunit	MERS-S	Nanoparticles of full-length S trimers; with Matrix-M adjuvant	BALB/c mice	Transduced mice	Preclinical; SAB-301 polyclonal Abs from transgenic cows in Phase I	Novavax
	MERS-CoV VLP	VLP of S, E, M in baculovirus/Sf9; with alum	Rhesus	-	Preclinical	Jiangsu Center, China
	S-RBD-Fc	S1-RBD subunit fused with human Fc; with various adjuvants	BALB/c mice, rabbits	Transduced mice	Preclinical	New York Blood Center; Fudan Univ; Central South Univ
	MERS-CoV rRBD	Truncated S1-RBD subunit; with alum	BALB/c mice, rhesus	Rhesus	Preclinical	China CDC
Heterologous prime-boost	S-DNA/S1 Protein	Plasmid DNA encoding full-length S (prime) + S1 subunit (boost)	BALB/c mice, rhesus	Rhesus	Preclinical	US NIH/VRC

MERS-CoV vaccine pipeline (2)

Vaccine type	Vaccine name	Design	Animal immunogenicity	Animal protection	Stage of development	Sponsor/ Developer
Vector	MVA-S	MVA vector with full-length S	BALB/c mice, camels	Transduced mice, camels	Preclinical	DZIF consortium
	ChAdOx1-MERS-S	Chimp adenovirus 3 with full-length S	Mice	Mice	Preclinical; Phase I planned in UK in mid 2017	Jenner Institute, UK
	MERS-S/MERS-solS	Measles vector with full-length S/solS	IFNAR -/- mice	Transduced mice	Preclinical	Paul Ehrlich Insitut; German Cent for Inf Res
	Ad5-S & Ad41-S	Human adenovirus vector with full-length S	BALB/c mice	-	Preclinical	China CDC
	GreMERSfi	Human adenovirus 5 vector with full-length S	Mice	-	Preclinical	Greffex
Live recombinant	rMERS-CoV-ΔE	Recombinant without E	-	-	Preclinical	Universidad Autonoma de Madrid

MERS Vaccine Pipeline



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Overall IVI MERS program goal

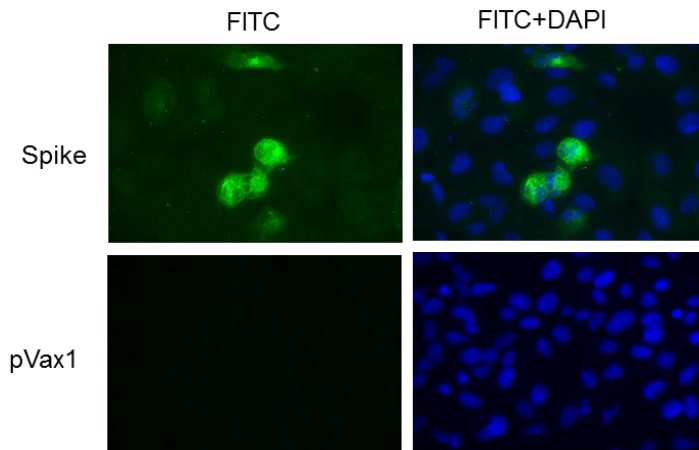
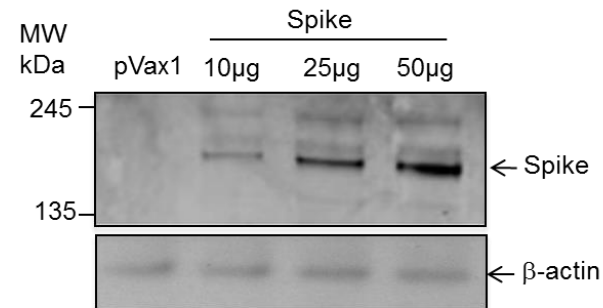
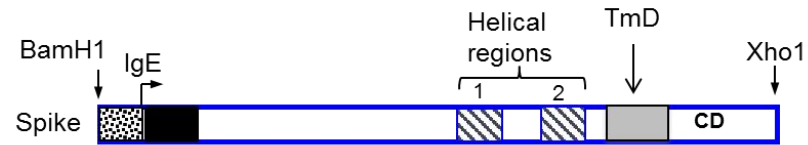
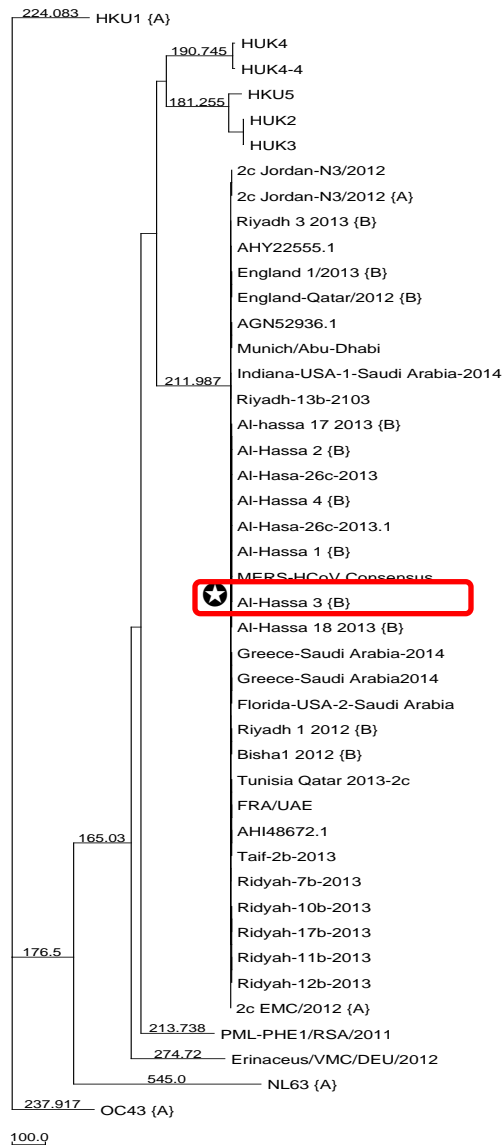
- IVI MERS program initiated with funding by Samsung Life Public Welfare Foundation
 - Samsung Medical Center impacted by Korean MERS outbreak
- Overall MERS program goal: Make MERS vaccine available for use in emergency response to potential outbreak in Korea
 - Select two MERS vaccine candidates to support preclinical and early clinical development
- Supportive activities
 - Certify and maintain IVI BSL-3 laboratory
 - Establish IVI biobank system

GeneOne/Inovio MERS DNA vaccine

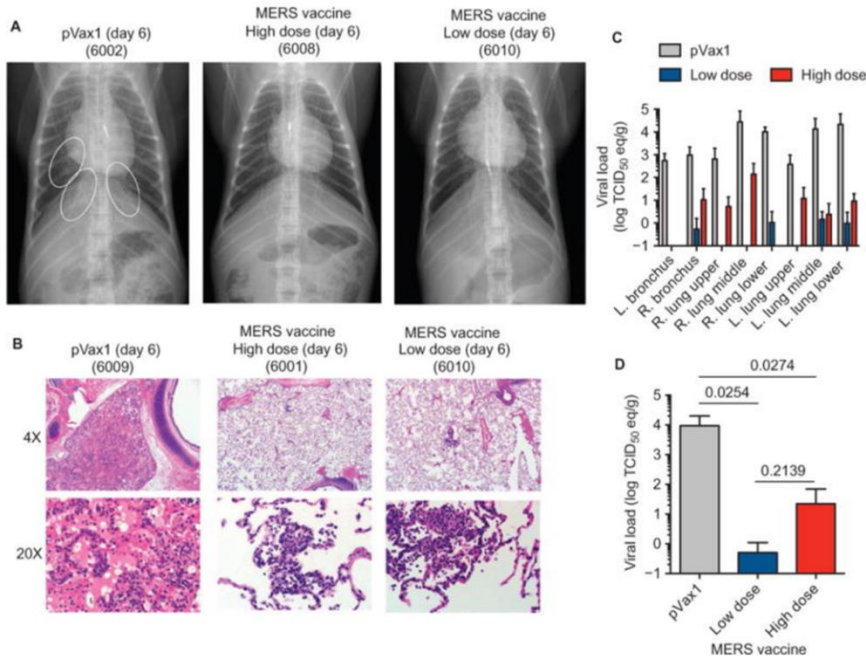
Most advanced candidate in development

pVax1 plasmid DNA coding full-length S glycoprotein using consensus sequence

Given with electroporation



Rhesus: Summary of immunogenicity and protection



- 12 rhesus macaques at control, low and high dose at 0, 3, 6 wks
- Challenged at 11 wks (4 wks after 3rd dose)
- Full protection by radiography

- Binding & neutralizing antibodies
 - *Seroconversion and induction of strong MERS-CoV Spike specific bAb responses after single immunization*
 - *bAb titers: 10⁴ - 10⁵*
 - *nAb titers: 1:80-240 post dose 3*
- Cellular immune responses
 - *Induction of strong T-cell immune responses*
 - *Antigen specific CD4+ and CD8+*
 - *Multiple epitopes recognized across length of S protein*

US Phase I first-in-human MERS vaccine trial

- Randomized, open-label trial of GeneOne MERS DNA vaccine (GLS-5300)
 - 75 healthy adults in 3 dose groups (0.67 mg, 2 mg, 6 mg)
 - Vaccinations at 0, 4 and 12 weeks administered by electroporation
- Primary objective
 - Safety up to 60 wks
- Secondary objectives
 - Immunogenicity
 - 1, 2, 3 and 4 wks after 1st dose
 - 2 wks after 2nd dose (i.e., at 6 wks)
 - 2 wks after 3rd dose (i.e., at 14 wks)
 - 3, 6 and 12 mos after 3rd dose (i.e., at 24, 36 and 60 wks)

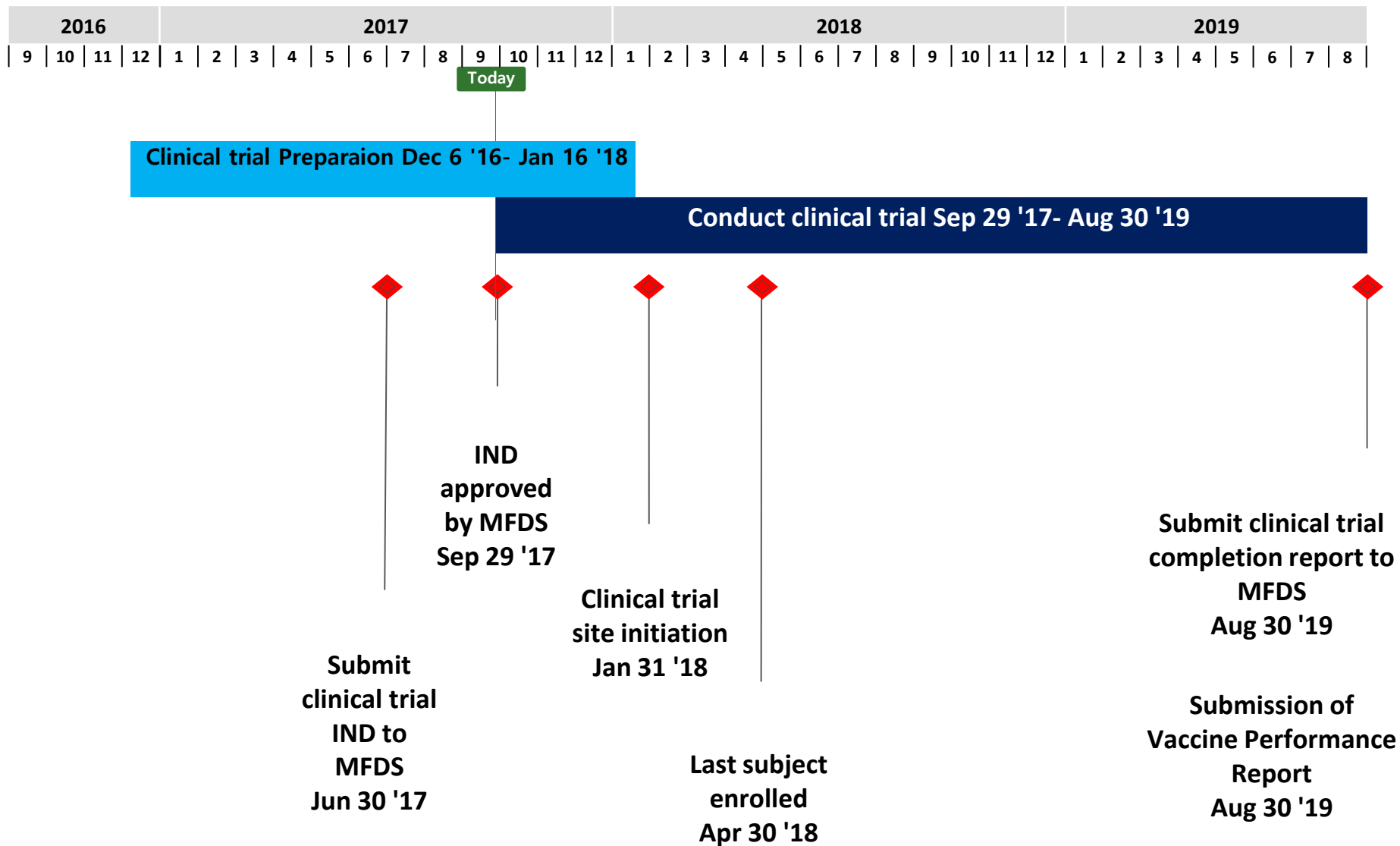
Human Clinical Data

- Binding Ab by EIA: 92% (57/62 vol)
- Bab or cellular response: 98% (61/62 vol)

US Phase I first-in-human MERS vaccine trial

- Progress
 - Subject enrollment initiated in Feb 2016
 - Enrollment completed in Aug 2016
 - Last dose administered in Nov 2016
- No safety issues
- Immunogenicity results up to 2 wks after 3rd dose (i.e., at 14 wks) expected to be available by Apr 2017
 - Binding ELISA for S glycoprotein
 - Neutralizing antibody assay (TCID50)
 - Pseudotyped virus assay (cross-neutralization)
 - IFN-gamma ELISpot
 - ICS

IVI-GeneOne clinical trial milestones



SUMMARY

- MERS CoV vaccine development will be complicated by the unique features of viral transmission and outbreak epidemiology.
- There is a large pipeline of potential candidates, and the Coalition for Epidemic Preparedness Innovations has prioritized MERS CoV vaccine development.
- The IVI MERS vaccine program is moving forward with its initial candidate and is anticipating work on a second potential candidate.



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