

Attendees: Adriansjah Azhari (AA), Apoorv Kumar (AP), Dat Do (DD), Marcos Freire (MF), Rajinder Suri (RS), Sunil Gairola (SG), Valeria Brizzio (VB), Sonia Villasenor (SV), Tana McCauley (TM).

TC started at 12.02 CET and finished at 12:53 CET

AA chaired the meeting and welcomed the participants.

AP gave an epidemiological update. We are still seeing second and third waves in total cases as well as in death rates. In North America, South America and Europe, although the total cases remain high, the number of active cases has started to decrease, mainly in Europe; thereby indicating a high recovery. In Asia, India has taken over this pandemic, who is facing the worst of it with a rise in the total number of cases and active cases. Africa and Oceania are stable. AP highlighted the cases of Israel and Chile who have high vaccination rates and show a significant decrease in the number of cases and deaths, mainly in Israel. In contrast, countries like Baharain which introduced vaccination at early stages but are seeing an increase in the number of cases. AP also reviewed the variants of concern and variants of interest.

MF said that Chile has been using more Coronavac and they have relaxed some containment measures, but the concern is if there is any study that reflects if this vaccine is protecting against the variant circulating there. AP said that Chile has data on the overall effectiveness of the Coronavac vaccine; AP will look for the information to know whether this increase is due to the VOC, and will circulate it with the group. RS suggested AP to look for a presentation Sinovac has made in SAGE meeting where they addressed some of the concerns of the VOC to share it with the team. RS asked if someone could make an analysis of the real reasons why Baharain is having such high rates. AP suggested as well to invite the group at large to look for information and share it with the group.

AA made a call for volunteers to continue with the epidemiological update, but there were no volunteers. He said he would send a call later on by email.

VB gave an update on vaccination. The total number of doses being administered has reached 1.19 billion in 175 countries, with an average of 19.8 million doses a day. China has given the largest number of doses followed by USA, India, UK and others. The USA vaccination rate is 2.38 million doses a day, which is less than last month, reflecting that there is less people interested in receiving the vaccine. In terms of percentage, Israel has given 62.5% of its population with at least one dose and UK 51.1%.

VB showed the vaccine tracker. No new vaccine has been approved for Emergency Use since last time. Novavax and Curevac are finishing phase III studies, waiting for approval. VB also showed the vaccine tracker related to DCVMN members. AP asked what does Phase IV refers to in terms of post-marketing trials. VB said she does not have the detail, she will look for it for next meeting. AP said these would be very useful for those manufacturers to understand the existing licensed vaccines and what are the protocols used for these and the effectiveness of these vaccines. RS said this Phase IV studies do not monitor effectiveness; these are large scale post-licensure safety studies and they only monitor for any VAE. Last week Moderna CEO announced studies have not shown any side effect of clotting.

AA mentioned about a policy made by the Saudi government about the need to have the vaccines WHO EUL, but the Covid vaccines that have received EUL are limited (Pfizer, AZ); he asked if anybody knows about the authenticity of this policy. AP said that Bharat knows that certain countries expect WHO EUL; Baharain is not one of those countries, but Oman and Saudi Arabia's MOH have mentioned that WHO EUL is a requirement for introduction and administration of these vaccines. AA said that in that case, the pilgrims coming from countries that have not been used the WHO EUL vaccines would not have a chance to go for the Hajj pilgrimage. RS said that generally they insist on WHO EUL to ensure that the quality in manufacturing from safety and efficacy have been kept by the manufacturer.

Next, AP volunteered to chair the Partnerships subgroup. He will be contacting the subgroup members shortly with the hope of finding synergies and be able to be sure that this subgroup can create value.

AP then shared a presentation with important notes for the network. One is that GAVI has signed an agreement with Moderna to secure doses on behalf of COVAX facility. He mentioned that many of the IFPMA (J&J), GSK and other MNC's) have signed with COVAX and as of now there are not inactivated vaccines in COVAX. Given that there are few

inactivated vaccine manufacturers within DCVMN, we should as a network try to help in this effort to COVAX in solidarity for equity for supplies across the world.

AP also mentioned that CEPI has launched a funding call to advance the development of broadly protective Covid Vaccines (using different VOC). It has been shown that many of the vaccines available have minimal cross protection against the VOC like the South African variant. He mentioned that in a recent CEPI workshop for VOC Moderna gave a presentation in which they show that the vaccine they have developed for the SA variant has shown that it has produced more Ab against the mutation.

AP said that in the Africa Vaccine Manufacturing for Health Security, it was announced that CEPI and the African Union join forces to boost African vaccine R&D and manufacturing. The African Union is procuring vaccines in a similar way than COVAX, but only for their 55 member states, through AVATT and the Afeximbank, which will provide commit guarantees of up to US\$2 billion, so this is an opportunity for partnerships that DCVMN could leverage.

RS clarified that Moderna has developed a vaccine against the SA variant, but they are also doing one with a mixed combination of the original strain and the SA strain, which is giving the best results. The results will be published this week or next week. As soon as it is available, whoever is aware of it can share it with the group. The vaccine is likely to be in the market by the fall of 2021, and it could probably take care as well of other VOC.

MF said that in the COVAX meeting it was said that the idea is to have a multivalent vaccine for different variants, instead of having a new vaccine for a new variant. RS said that while that would be the ideal vaccine, for the moment it is far, so they are working in these 3 versions. AA asked how does Moderna manages to have all this views. RS research is not restricted. MF said the challenge is how fast will the regulators will work for that. It should be something like in Flu where we have a new formulation very fast. RS said we had put forward this suggestion and it was slightly objected because RS used the word a change of strain and not a new permission, but it is too early to talk about this change of strain. It may have complications because each strain may behave differently. Only trials will show if it would be a change of strain or if it shall be considered a novel vaccine.

AA opened the floor for suggestions to make this committee livelier. RS said we should bring the manufacturers in China to these meetings to get a perspective of what they are doing, because we are representing them. They have to come actively and bring some contributions. RS suggested AA to leverage the EC colleagues to push for that. AA has already reached for them but they seem to be very reserved to participate, he will try again. He also said that some DCVMN members participate in CEPI team, so it would be appreciated if the members can update the team on what is discussed in the COVAX meetings.

AP suggested that to increase involvement, members can forward their opinions on certain decisions being taken at CEPI of GAVI so that as a group we can raise their concerns or difficulties with regulators with larger stake holders.

RS said there was a presentation by CEPI team on COVID Committee on the data in new variants and how vaccines development is taking place based on 7 different approaches, including companies form Japan and US. We could share this kind of information with this meeting. Whatever feedback you have, feel free to communicating with AA or RS or chair and vice-chair. We look forward to feedback and there is none, we have to create a feedback for those forums. Likewise, we will come back with inputs that come from those global meetings.

AA proposed to have a fixed time for this meeting, could be every second Thursday of the month or have a doodle. SV will make a doodle.

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Notes taken by SV



Adriansjah Azhari
Chair DCVMN COVID-19 Committee
Nyon, May 6th, 2021