

**Attendees:** Adriansjah Azhari (AA), Apoorv Kumar (AP), Huong Nguyen Thuy (HN), Lingjiang Yang (LY), Marcos Freire (MF), Martin Reers (MR), Rajinder Suri (RS), Sekar Thangaraj (ST), Sivakumar Sakthivel (SS), Sunil Gairola (SG), Thien Do (TD), Valeria Brizzio (VB), Weining Meng (WM), Sonia Pagliusi (SP), Benoit Hayman (BH), Laura Viviani (LV), Prerna Kumar (PK), Sonia Villasenor (SV). TC started at 12.05 CET and finished at 12:58 CET

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AA chaired the meeting and welcomed the participants.

No epidemiological update was given because no member has yet volunteered for this activity.

VB gave an update on vaccination. The total number of doses being administered has reached 12.29 billion in 178 countries, with an average of 35.1 million doses a day; almost double of what had been reached one month ago. Still China, USA, India, UK are the countries which have given the largest number of doses. 8 countries have above 50% of their population with at least one dose. In terms of percentage of fully vaccinated, Israel has given almost 60% followed by UK, Bahrain and Chile.

VB showed the vaccine tracker. Four additional vaccines were approved for Emergency Use since last time; two inactivated (RIBSP/Kazakhstan and Biokangtai/China); and two protein-based adjuvanted vaccines (CIGB and Finlay) from Cuba, which have started immunizing the population despite the clinical trials have not been finished.

SP mentioned there are some countries not shown in the report, like Malta, Iceland, and Seychelles, that have overpasses Israel in vaccination rates; but for example, Seychelles has over 70% vaccination coverage but still has cases and deaths; likewise with Chile. SP mentioned these is interesting data to reflect upon vaccine effectiveness, based on vaccine type, vaccine coverage. AA mentioned it is interesting also to know the vaccine rollout in countries where there are DCMVN vaccine manufacturers.

AA mentioned one of the issues regarding vaccines is the need of make these vaccines accessible in the countries and to have discussions on how to maintain the sustainability of manufacturers in terms of countries or regions. There will be discussions on the WHO world local production forum, on 21-25<sup>th</sup> June only through invitation.

LY mentioned in China there is an Alibaba APP to register individual's health status, vaccination situation, date of vaccination, manufacturer; she asked if this so-called vaccination passport has been implemented in other countries. RS said In India there is a country-wise app called Arogya Setu, which gives the information status of COVID-19 even to 50 mts around the individual, and also an app called Covin which gives information on vaccination status, hospital, date, lot number, and nurse who injected the vaccine. AA said in Indonesia there is an app called Biotracking to track who gets which vaccine. LY said that some European countries are against showing this kind of personal information; however, she raised a concern on how will traveling be managed in the future for cross-border travel, and if vaccination passport will be required. RS said in spite of opposition of several countries, it will become a reality because of the risk of carrying the infection if a person is not vaccinated.

Next, AP updated on Partnerships & Manufacturing subcommittee. He mentioned the subgroup has held two meetings; the second one with DCVMN secretariat. The subgroup highlighted 3 main goals: Broader engagement with international stakeholders (where there are DCVMN representation) to present relevant updates at the committee meetings, internal partnership forum, and information digest, including 2 new topics (vaccine inequality and G7 nations looking to donate vaccines, and Intellectual Property). They will closely work with Secretariat to disseminate only information available in the public domain. RS clarified that DCVMN will not insist or solicit any confidential information to be shared but if someone voluntarily wants to share, it is welcome.

WM showed an update on their inactivated COVID-19 vaccine. He briefly described the clinical study plan. They use double-blind randomized placebo-controlled studies in all their clinical studies phases; and a sequential design for phase I and II (for which they covered from 3 to  $\geq$  60 years old population. For phase III they are conducting studies in Turkey, Brazil (with Butantan), Chile and Indonesia (with BioFarma); and have also completed bridging studies to compare clinical lots with commercial lots. Right now they are conducting Phase IV clinical studies in collaboration with different partners. From their Phase I/II studies, they determined the 600SU with 0-28 days schedule dose is the

best one; however in several Phase III studies they have used the 0-14 days schedule in order to promote a quicker vaccine coverage. The Phase III studies in Brazil include only Healthcare workers; the efficacy was shown of 50.60%. In Turkey they did it in general population from 18-59 years old and the efficacy shown of 83.50%. In Indonesia, the studies size was smaller than in other countries, since they also evaluated batch consistency; the efficacy rate shown was of 65.30%. The consistency rate was good. In Chile studies are still running because the vaccine is already approved in that country. Regarding the safety, WM said inactivated vaccines are shown to be ones of the safest vaccines available. Safety data shown in all three countries that there was almost no difference between the vaccine group and the placebo group; and there was no Vaccine Enhancement Disease (VED).

Sinovac's vaccine has receive Emergency Use Approval in 48 countries and WHO EUL. Up to date, they have supplied around 720 million doses; 240 million doses distributed outside China and 260 million doses of CoronaVac have been administered; very similar like Pfizer. CoronaVac represents 80% of the vaccine used in Chile, where real world studies shown an efficacy to prevent 67% for symptomatic Disease, 85% for Hospitalization, 90% for ICU admission and 86% of death. In Brazil, studies have also shown good protection rate against P.1 variant.

RS welcomed this kind of information sharing in the COVID-19 committee meetings.

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*Notes taken by SV*



Adriansjah Azhari  
Chair DCVMN COVID-19 Committee  
Nyon, June 10<sup>th</sup>, 2021