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Developing Countries Vaccine Manufacturers Network

DCVMN Pharmacovigilance WG Meeting Minutes – December 8th

Attendees: Alex Prescioso (AP), Beatrice Lucchesi (BL), Paulo Takny (PT), Lei Zhang (LZ), Varun Sharma (VS) Viska Indriani (VI) Katharina Hartmann (KH), Rajinder Suri (RS), Sonia Pagliusi (SP), Sivashen Cunden (SC)
Apologies: Linda Nesbitt (LN), Phan Honghoa (PH), Chetanraj Bhamare (CB), Tana McCauley (TM)

Brief introduction of participants and agenda

AP

Chair Alex Prescioso (AP) welcomed all attendees to the meeting and requested all new PV Working group members to briefly introduce themselves. Beatrice Lucchesi (BL) introduced herself to the WG and will be joining the WG going forward as pharmacovigilance representative from Butantan. Varun Sharma (VP), senior projects leader from PATH, who has been working in industry related PV projects specifically developing SOPs and training aspects to ensure compliance with regulatory and WHO PQ requirements will also be joining the PV WG.

1. PV activity topics with respective Training / Workshops, or via other methods

AP/KH/All

AP introduced the further topics of the item 1 stressing that feedback from the members is crucial to move forward with the objectives of the PV WG

- Pre-licensure period: Safety Management in Clinical Trials
- Active Vaccine Safety Surveillance – introduction and tools
- Assessment of Benefit – Risks in the product life cycle
- Continuation of PV post-licensure training with PATH
- Implementation of Safety Governance

AP opened the item for discussion and handed over to Katharina Hartmann (KH). KH stated that the topics of discussion were selected due to safety management in clinical trials is becoming important, mainly in companies that are developing new vaccines, like the COVID vaccines, and due to the DCVMN moving to establish a Clinical Trials WG safety management should be discussed within the PV WG as well. Additionally in the frame of COVID 19 vaccinations the active vaccine safety surveillance post-introduction has become a crucial tool for DCVMN member companies. Assessment of benefit/risks in the product life cycle (clinical trials, RMPs and PSURs), Continuation of PV post-licensure training with PATH and Implementation of Safety Governance were also identified as topics of engagement by the PV WG from a survey conducted in 2019.

AP handed over to Rajinder Suri (RS) to address the PV WG. RS stated that due to the COVID 19 pandemic the WG should leverage their respective companies' strengths to form a formidable force in the PV landscape to address the coming impacts of the large-scale population vaccination schemes that have been implemented and addressing the regulatory challenges. Going forward RS emphasizes that interests of all companies and membership should be addressed, and having the right people engaged in the group to make the right decision will be crucial in 2022.

AP thanked RS and supported his statement to the group. AP followed that before the pandemic the view of PV was focused on the post-licensure period but now there are a lot more commitments which need to be addressed with regulatory agencies and that now PV really is an activity that should begin at the beginning of vaccine development as well as after post licensure, importantly by performing post licensure studies.

VS asked AP what implementation of safety governance will cover. AP replied that during member meetings it became clear to discuss within PV that safety governance of the companies was necessary to address – how a company sees PV operating within the company, how the company moves ahead in PV activities etc. If PV governance is not addressed a foundation cannot be built upon with the trainings and workshops. KH added that while DCVMN focus is manufacturing there are clinical safety and safety governance aspects which need to be matured within DCVMN companies. AP followed that the DCVMN should move away from the notion that safety is a single department responsibility and see it as a joint responsibility held by multiple departments.
AP followed by highlighting that a discussion addressing the differing levels of maturity of the DCVMs needs to take into consideration the specificities and particularities of each company to move forward with a suitable approach to PV and safety.

BL asked within Safety Management in Clinical Trials which activities are important to address in trainings and worksnops. KH replied that all the steps in the clinical development involving safety need to be addressed - the "first in human" safety package looking at the covid vaccines as an example, collection of safety data in the different development phases (documents, blinding procedures, reporting processes etc.), signal detection etc. BL added that importantly the roles that PV and Clinical in pre and post licensure play will need to be kept in mind. Paulo Takey (PT) explained that within Bio-Manguinhos Fiocruz the same group responsible for post-registration PV activities gradually became responsible for preregistration PV activities, and recommendations from the DCVMN on safety management in CTs will have more impact within companies as these will come from a group.

VS asked if for each of the topics is the objective WHO PQ or meeting local regulatory requirements; if so, what are the tools other than trainings and workshops that are available? AP replied no objectives have been concretely set as the objective of this meeting is to align on the topics of importance to the PVWG. Once established the goals can be defined. KH added that having a rigid clinical development should not be dependent on whether a company has or is going for WHO PQ and should apply to all products. ICH and NRA regulatory requirements are limited and not very explicit in many countries for clinical development and respective safety reporting pre-licensure. Sonia Pagliusi added that for discussions within all PV topics acknowledging the ICH standards would allow for "common ground" discussion as the DCVMN cannot be aware of NRA requirements and should impact on a global level.

AP commented that where clinical safety, governance, and PV team operation is concerned as manufacturers, the need to be ready for inspection is a priority, regardless of how or where the inspection process is being triggered. AP explained that this was the case for Butantan, who conducted trials on the Sinovac COVID 19 vaccine and was selected for EMA Clinical Trial inspection. BL added, as the point of contact for the EMA inspector at Butantan, it was evident that EMA expect PV teams to collaborate closely with the clinical team as EMA see PV as safeguards for the trial participants and should be involved in all safety aspects.

AP concluded that safety and PV are dynamic activities, not a singular activity and safety will be updated and revised throughout the product life cycle.

2. For information and discussion

AP/KH/All

AP introduced the topics of the item 2, stressing that feedback from the members is crucial to move forward with the objectives of the PV WG.

- Pharmacovigiiance Reliance in coordination with Regulatory WG
- Collaboration with IFPMA on PV / Reg projects
- MedDRA implementation – DCVMN project to support members
- White Paper for e- PV Safety Data Management (endorsement of paper early 2022)
- 3Analytics
- Additional PV WG members

SP presented the MedDRA presentation[1] (please see attachments) based on the results of a survey conducted by McKinsey in 2018 with twenty-two selected DCVMN members and a second survey in 2019 to understand the existing PV landscape. Importantly the second survey found that 50% of the thirty-two respondents do not have access to MedDRA which is a AEFI coding system required for registration in ICH countries. Therefore, the DCVMN would like to encourage more engagement with MedDRA by providing the first year of MedDRA subscription to those companies interested with a revenue of below $500 million. This proposal will also require the approval of the DAC. AP asked SP how members who do not have MedDRA tools conduct PV activities such as reporting AEFIs as MedDRA coding is requirement from most NRAs? but they do not have their own MedDRA access. RS asked SP to follow up on the ten respondents who do not have access to MedDRA and query via survey exactly how they gain access to MedDRA tools. RS excused himself from the meeting at 14:02. VS shared experience working with companies that did not have MedDRA tools, what was observed is

[1] Increasing access to MedDRA for DCVMN members to advance in clinical and pharmacovigilance best practices aligned to ICH

that these companies did not have a functional PV system this was a major reason as without the SOPs MedDRA is out of the question, additionally some of the companies did not manage many AEFIs and finally for domestic operation MedDRA was not needed.

AP opened discussion on the Pharmacovigilance Reliance in coordination with Regulatory WG. KH commented that it is mainly regarding the COVID 19 vaccine post licensure reliance as WHO has made efforts in regulatory reliance filing and there are discussions for reliance CRP and change control. However, this only takes into account the CMC elements and not the safety information and harmonization of safety updates.KH stated that Bernadette Hendrickx the RAWG consultant would be able to support on these efforts. In the COVAX PVWG efforts have been made together with WHO to discuss PV reliance post licensure. AP highlighted the need for feedback from the PVWG regarding the coordination between the PV and RA further asking to take into consideration the collaboration with IFPMA. AP stated that unlike the RAWG he does not expect the IFPMA to join the PVWG but members of the WG should consider how to work closer with IFPMA. KH added that in conversation with IFPMA there is interest to engage with DCVMN but the initiative to support must come from DCVMN.

3. PV projects of interest to DCVMN member companies

AP opened the item and stressed that the way the PVWG moves foward on not only the items discussed but other projects should be driven by the DCVMN members and the feedback WG members is needed. KH suggested that WG members should consider potential projects for the PVWG to take foward in 2022 and send them to the DCVMN in offline correspondance. PT, BT and Viska Indriani (VI) are in agreement with this suggestion as it would allow members to develop project ideas more fully and consult within companies. Lei Zhang (LZ) asked AP what kind of projects the PVWG will be able to support so that the proposals are realistic and achievable. AP answered that PVWG should look into items discussed in Agenda item 1 and send their proposals and feedback with recommendations and in the following meeting the scope can be defined after review before engaging the members outside the PVWG for their opinion as the actions taken by the WG should be representative of the full DCVMN membership. KH added that an information package consisting of the PV reliance presentation given in Singapore, MedDRA presentation, white paper on e-PV safety data management and 3analytics AEFI presentation can be sent to aid development of their project proposals.

Actions

- Set up PV Meeting in February 2022 dependent on the new PVWG
- Prepare information package to assist the development of the project proposals
- Prepare survey to address members who do not have access to MedDRA and query via survey exactly how they gain access to MedDRA tools for PV activities

The meeting was adjourned 14:33 CET.

Alexander Ahmmo — Signed

[1] Increasing access to MedDRA for DCVMN members to advance in clinical and pharmacovigilance best practices aligned to ICH