

RSV Vaccine Studies: IMPAACT 2018 and 2021 and JHU Center for Immunization Research (CIR) Companion Studies

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Rationale For Live-Attenuated RSV Vaccines

- ▶ Live vaccines are free of the enhanced RSV disease associated with subunit/killed vaccines
- ▶ Intranasal: mucosal and systemic responses
- ▶ Innate, humoral, and cell-mediated
- ▶ All RSV antigens present
- ▶ RSV fusion (F) glycoprotein in its pre-fusion form- induces neutralizing antibody¹
- ▶ Post-hoc, cross-protocol analysis found vaccinees with neutralizing antibody protected from RSV medically attended acute respiratory illness and LRI²

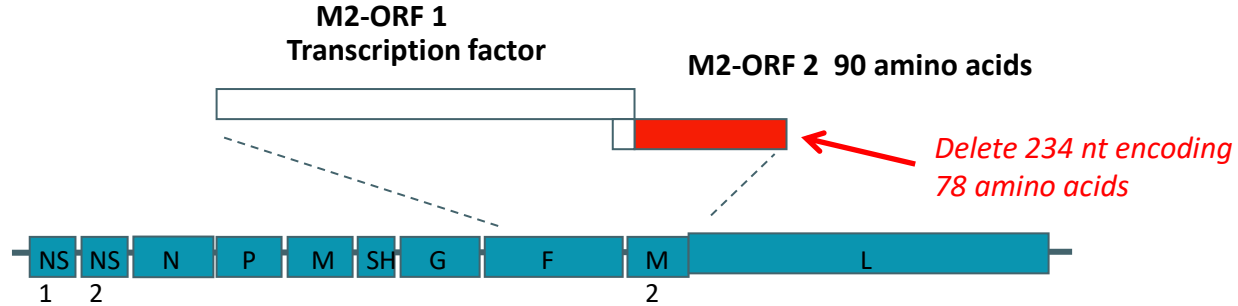


<https://www.statnews.com/2018/09/03/flumist-vaccine-recommendations/>

1. McFarland, et al, JID 2017; Buchholz et al, JID 2018; McFarland et al, JID 2020
2. Karron et al, Amer J Resp Crit Care Med 2021

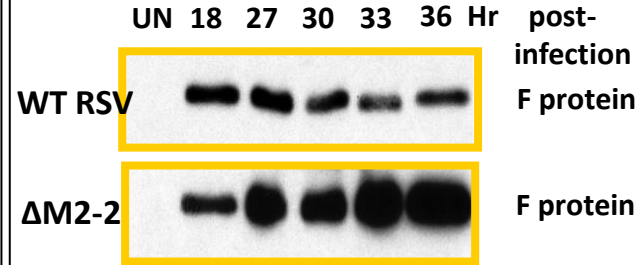
Attenuation Strategies For Live-Attenuated RSV Vaccines

RSV with deleted Δ M2-2 gene

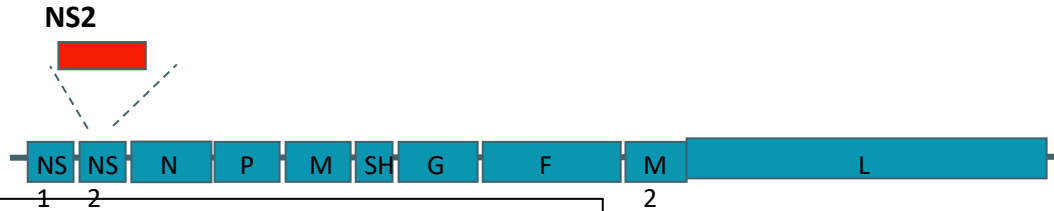


- RNA synthesis regulatory protein
 - RNA replication reduced
 - Viral gene transcription increased
 - Viral protein synthesis increased
- Gene deletion has been stable

Western blot (infected cell lysates) probed with anti-RSV F antibodies



RSV attenuation strategies: Δ NS2

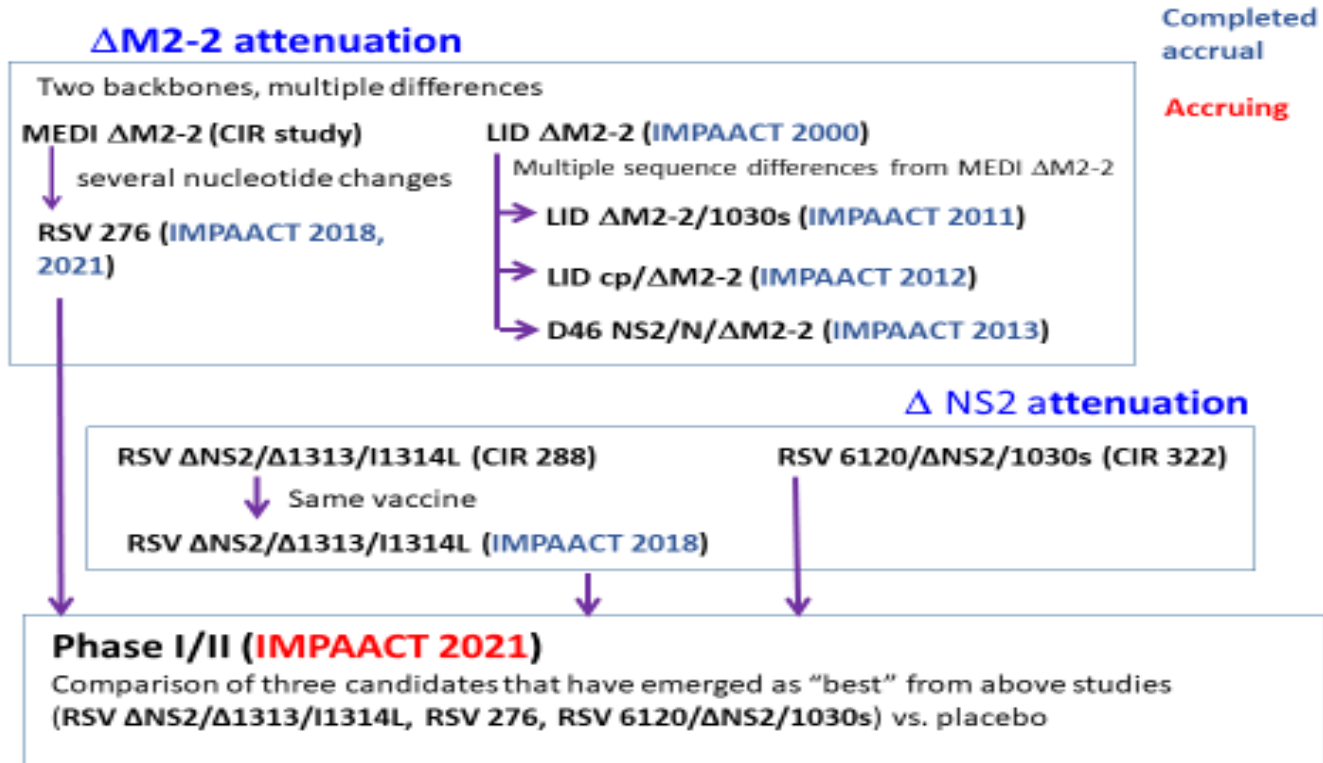


Δ NS2

NS2 functions:

- Viral antagonist of host interferon and apoptosis
- Promotes cell shedding that may contribute to airway obstruction
- Gene deletion has been stable

Overview of IMPAACT RSV Protocols



IMPAACT 2018:

Randomized Phase I/II Study of Safety and Immunogenicity of a Single Dose of the Recombinant Live-Attenuated RSV Vaccines RSV Δ NS2/ Δ 1313/I1314L or RSV 276 or Placebo

IMPAACT 2018 Vaccines

- **RSV Δ NS2/ Δ 1313/I1314L**
 - Δ NS2 – deletion of viral interferon antagonist
 - Δ 1313 – deletion in viral polymerase – temperature sensitive
 - Highly promising at 10^6 infectious particles (PFU)
 - Additional clinical data needed
- **RSV 276**
 - Similar to MEDI Δ M2-2 (prior study with excellent immunogenicity and attenuation)

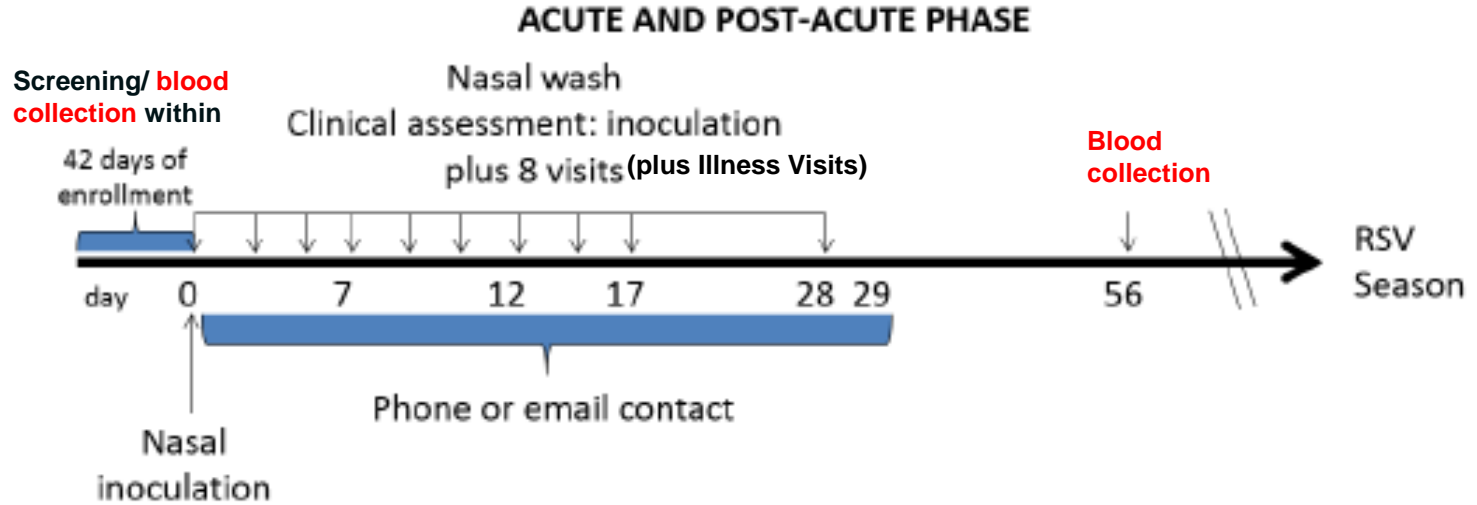
IMPAACT 2018 Study Design

- Phase 1, double-blind, randomized 2:2:1 (vaccine:vaccine:placebo)
- Eligibility- healthy 6 to 24-month-old children, RSV-seronegative, HIV-exposed, uninfected allowed

Target N	Product	Dose
32	RSV ΔNS2/Δ1313/I1314L Vaccine	10 ⁶ PFU**
32	RSV 276 Vaccine	10 ⁵ PFU**
16	Placebo	0

IMPAACT 2018 Schedule of Evaluations

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IMPAACT 2018 Baseline Characteristics

	RSV/ΔNS2/Δ1313/ I1314L Vaccine (n=25)	RSV/276 Vaccine (n=25)	Placebo (n=12)	Total (n= 62)
Female No. (%)	13 (52%)	7 (28%)	9 (75%)	29 (47%)
Age Median (IQR) Mos	13 (7, 14)	14 (10, 16)	9 (8, 15)	13 (8, 15)
HIV exposed No. (%)	8 (32%)	8 (32%)	4 (33%)	20 (32%)

All RSV-seronegative

Fever, Cough and Respiratory Illness in 1st 28 Days after Inoculation

	RSV/ΔNS2/Δ1313/ I1314L Vaccine (n=25) No. (%)	RSV/276 Vaccine (n=25) No. (%)	Placebo (n=12) No. (%)
Fever	4 (16)	3 (13)	1 (8)
URI	16 (64)	18 (72)	5 (42)
LRI	0	0	0
Cough	3 (12)*	12 (48)*	2 (17)
Any fever or respiratory illness	16 (64)	21 (84)	7 (58)

* $p = 0.012$

Fever, Cough and Respiratory Illness in 1st 28 Days after Inoculation

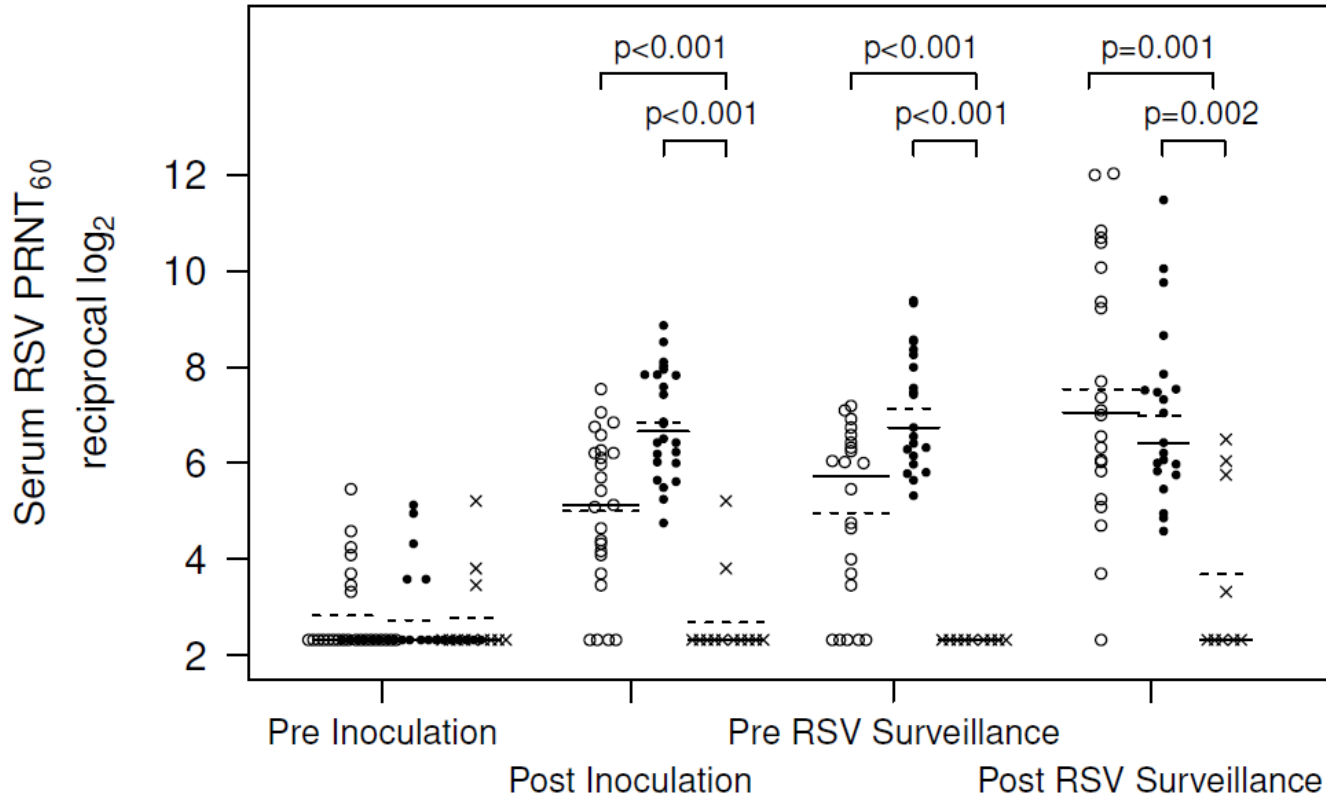
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Infectivity, Peak Viral Shedding and Immunogenicity

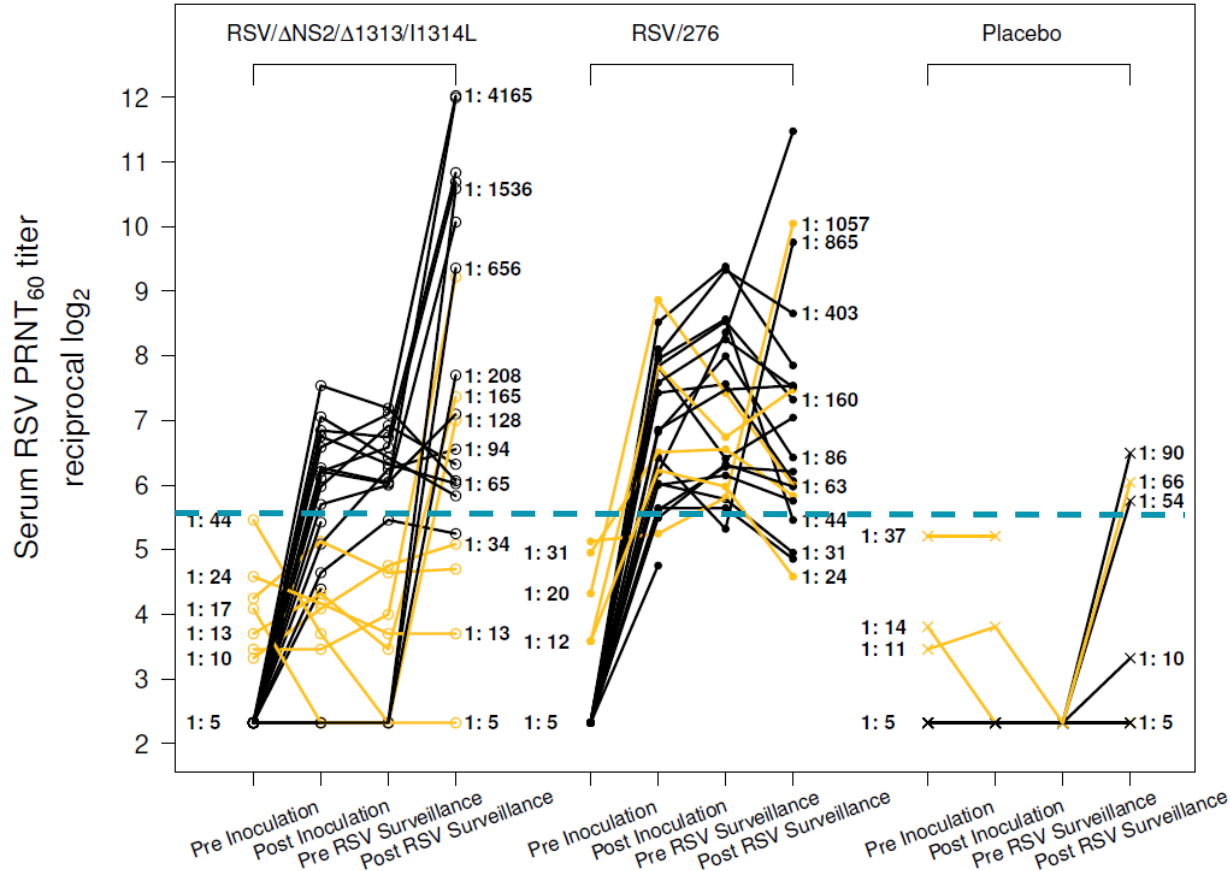
	RSV/ΔNS2/Δ1313/ I1314L Vaccine (n=25)	RSV/276 Vaccine (n=24)	Placebo (n=12)
Infectivity No. (%)	22 (88)	23 (96)	0 (0)
Peak viral shedding Median (IQR) RT-qPCR (Log10 cp/ml)	5.1 (4.2, 5.4)	5.8 (5.2, 6.4)	1.7 (1.7, 1.7)
Plaque Assay (PFU/ml)	3.1 (1.8, 3.8)	3.2 (2.8, 4.0)	0.5 (0.5, 0.5)
Antibody 4-fold rise	15 (60)	22 (92)	0 (0)

Serum Neutralizing Titers



Individual Serum Neutralizing Antibody Titers

– Effective of Pre-existing Anti-RSV Antibody



— **Black** = no detectable antibody at entry

— **Yellow** = low level detectable antibody at baseline

- - **Blue** dashed line = titer defined as RSV sero-negative for entry

IMPAACT 2018 Conclusions

- ▶ Both vaccines with excellent infectivity in pediatric RSV vaccine target population
- ▶ Both well tolerated
- ▶ RSV276 with excess mild cough
- ▶ Both immunogenic and prime for anamnestic responses

Manuscript in press, JID 2022

IMPAACT 2021:

Randomized Phase I/II Study of Safety and Immunogenicity of a Single Dose of the Recombinant Live-Attenuated RSV Vaccines RSV Δ NS2/ Δ 1313/I1314L, RSV 6120/ Δ NS2/1030s or RSV 276 or Placebo

Vaccines in IMPAACT 2021

Arm 1: RSV Δ NS2/ Δ 1313/I1314L

Arm 2: RSV 276



**Same vaccines
in IMPAACT
2018**

Arm 3: RSV 6120/ Δ NS2/1030s

- Attenuation elements: less attenuated and less temperature sensitive
 - Deletion of the RSV interferon antagonist NS2 (Δ NS2)
 - Genetically stable "1030s" attenuating point mutation [Y1321K(AAA) and S1313(TCA) mutation in L]

IMPAACT 2021 Original Study Design

- Phase 1, double-blind, randomized 1:1:1:1 (vaccine:vaccine:vaccine:placebo)
- Eligibility: healthy 6- to 24-month-old children, RSV-seronegative; HIV-exposed, uninfected allowed

N	Product	Dose
40	RSV ΔNS2/Δ1313/I1314L Vaccine	10 ⁶ PFU**
40	RSV 276 Vaccine	10 ⁵ PFU**
40	RSV 6120/ΔNS2/1030s	10 ⁵ PFU**
40	Placebo	0

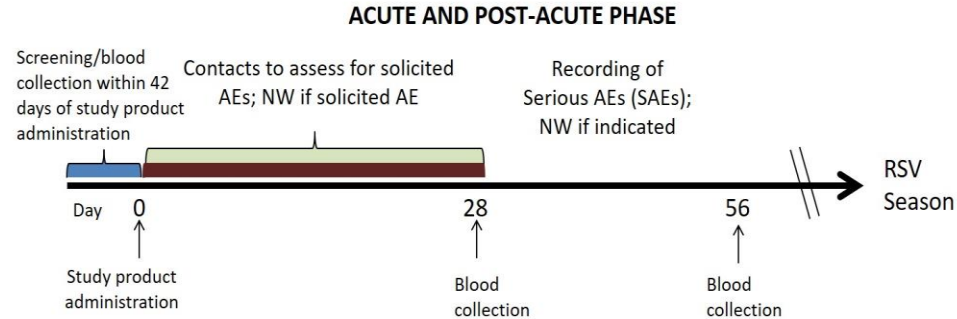
IMPAACT 2021 Design Changes Compared to Previous Studies

Version 1

- ▶ Scheduled in-person visits reduced from 14 to 5
- ▶ Nasal sample only with Illness Visit
- ▶ Elimination of Pre-RSV season blood draw
- ▶ Added blood collection at day 28 for comparison to day 56

COVID changes

- ▶ Nasal swab instead of nasal washes, now only occur if child is ill
- ▶ Telehealth allowed for mild URI



IMPAACT 2021 Version 2.0 – Changes After Analysis of IMPAACT 2018

- No further accrual to Arm 2, RSV 276 vaccine
- Randomizes 1:1:1 (vaccine:vaccine:placebo)
- Reduces enrollment target to n=130 from n=160.

N	Product	Dose
40	RSV ΔNS2/Δ1313/I1314L Vaccine	10 ⁶ PFU**
40	RSV 276 Vaccine	10⁵ PFU**
40	RSV 6120/ΔNS2/1030s	10 ⁵ PFU**
40	Placebo	0

Accrual to IMPAACT 2021

- ▶ Opened to accrual in summer 2019
 - ▶ Study opened at 10 sites
 - ◆ 6 IMPAACT; 4 VTEU
 - ▶ N= 30 participants enrolled in June - Oct 2019
- ▶ No enrollments in 2020 and 2021 due to COVID
- ▶ Opened to accrual as Version 2.0 in April 2022
 - ◆ 8 of expected 13 sites open as of 27 June 2022
 - ▶ N= 10 participants enrolled as of 27 June 2022

Blinded Safety Data for IMPAACT 2021

- ▶ Ad hoc DSMB reviews in November 2019
 - ▶ One Grade 2 LRI: “croup” x 1 day dx
 - ◆ DSMB recommended protocol to continue
 - ▶ Two Grade ≥ 3 fever
 - ◆ DSMB recommended protocol to continue
- ▶ No Serious Adverse Events (SAE)
- ▶ No unsolicited events Grade ≥ 3

IMPAACT 2021 Version 3.0 (Pending Implementation)

- ▶ Allows flexible enrollment periods based on local RSV incidence
- ▶ Eliminates requirement for negative SARS CoV2 test result at baseline

Acknowledgments

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IMPAACT 2018 and 2021 Protocol Teams

- Protocol Co-Chairs: Coleen Cunningham, Ruth Karron
- Protocol Vice Chairs: Elizabeth McFarland, Matthew Kelly, Amelia Thompson
- CRMs: Charlotte Perlowski, Jennifer Libous, Haley Brozik, Shane Reynolds
- DAIDS MOs: Dwight Yin, Patrick Jean-Philippe
- NICHD MO: Jack Moye, Jr
- DMID Program Officer: Sonnie Kim
- Pharmacists: Kelly Colsh, Azizza Davis, Lynette Purdue, Vivian Rexroad
- Investigators: Emmanuel Walter, Amanda Dempsey
- Statisticians: Petronella Muresan, Mark Giganti, Rachel Ketchum, Jane Lindsey
- Data Managers: Benjamin Johnston, Jared Kneebone, Kayla Denson, Linda Marillo
- Lab Data Managers: Frederic Bone, Andee Fox
- Lab Center Reps: Nicole Tobin, Sam Yi, Dale Dayton
- Lab Technologists: Paul Harding, Jason Rippe;
- Field Rep: Emily Barr
- Community Program Manager: Marcus Bryan
- Westat Reps: Aundria Charles, Scott Watson

JHU Center for Immunization Research

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Cindy Luongo
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Acknowledgments

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IMPAACT sites

Ann & Robert Lurie Children's
Hospital of Chicago*^
Baylor Texas Children's Hospital*^
Boston Medical Center*
Emory Univ School of Med^
Jacobi Medical Center, Bronx*^
Johns Hopkins University CIR*^
Rush University, Cook County*^
St. Jude Children's Research Ctr*
SUNY Stony Brook*^

* = IMPAACT 2018

^ = IMPAACT 2021

Univ California Los Angeles*^
Univ California San Diego*^
Univ Colorado School of Med*^
Univ Southern California*^

VTEU sites

St Louis Ctr for Vaccine Devel^
Duke University^
University of Maryland^
The Children's Mercy Hosp^
Cincinnati Children's Hosp^
University of Texas Med Branch^

Parents and infants for participating



THANKS!

Questions?

You can find me at

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