Inside the Race to Develop a COVID-19 Vaccine

Kate Bingham, Chair of VTF 21 October 2020



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Development of vaccines against COVID-19 is uncertain

COVID-19 has traits which are not yet understood

- · People disproportionately affected
- Immune response variable
- No vaccine was approved for use against SARS1

Viruses mutate, e.g. flu

· Herd immunity may never be possible

Poor immune responses in elderly

Unknown durability of protection

Demonstrating statistical clinical protection of a vaccine requires ongoing COVID-19 infection

The most advanced clinical vaccine modalities have never been approved by regulators:

- Adeno viral vaccines (e.g. Oxford) and mRNA vaccines (e.g. BioNtech, Moderna)
- No long term experience or safety data

Vaccinate the appropriate UK population against COVID19 as soon as practicable to restore UK's economic growth

Short term: to reduce mortality

Ultimately: to build sterilising population immunity

Goal 1: Secure access to promising vaccine/s for the UK population

Goal 2: Make provision for international distribution of vaccines

Goal 3: Support industrial strategy by helping build a permanent team and vaccine and biotherapeutic capability to support a pandemic response

Portfolio approach required as <15% likelihood of success for vaccines in the clinic

Workstream 1: Vaccine Selection & Procurement Workstream 2: Trials, Testing & Regulation Workstream 3: Manufacturing & Supply Workstream 4: Vaccine Deployment Workstream 5: International Workstream 6: Legacy

UK Vaccine Taskforce: 2020 headline activities

February



 BIA assembled manufacturing consortium for Oxford & Imperial

June

- · Core VTF leadership team in place
- Prioritised vaccine portfolio
- VTF Business case and budget
- LOI to acquire vaccine plant
- LOI to secure fill finish capacity
- Deployment planning DHSC

August

- Signed HoT for vaccines from:
 - Janssen
 - Novavax
- Approval for VTF budget and streamlined decision making
- MHRA reg 174 consultation

October

- Phase 3 trials start for Novavax
- Human challenge model launch
- RFP for UK bulk antibody plant
- First end-to-end vaccine deployment rehearsal

May

- Prime Minister confirmed VTF
 Chair appointment
- Oxford vaccine starts Phase 2/3 trial

July

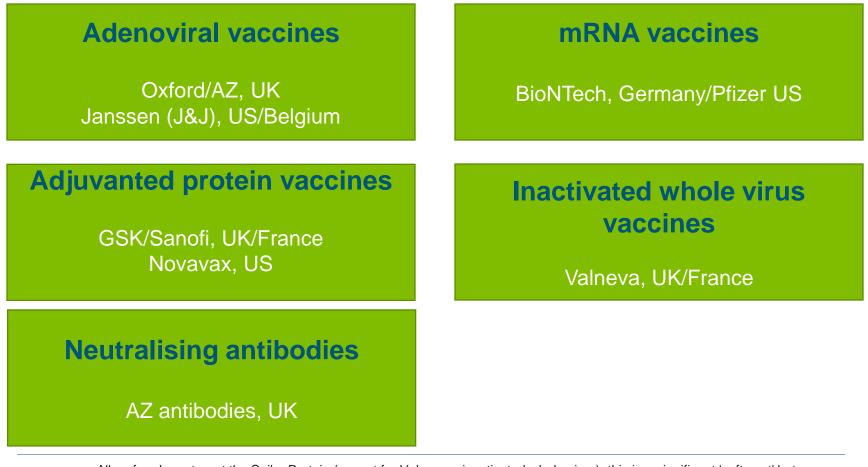
- Signed HoT for vaccines from:
 - Valneva
 - BioNTech
 - GSK/Sanofi
 - neutralising antibody cocktail (AZ)
- Launched NHS registry

September

- £500m pledge to COVAX for international vaccine distribution
- · Accredited assays for trials
- Regeneron antibodies entered Recovery trial (DHSC)
- JCVI updated vaccination strategy

Building a portfolio of vaccines for the UK

Strategy is to diversify modality, immunogenicity and delivery to build vaccine portfolio with clinically validated and unproven vaccine platforms – focusing on products which enter the clinic in 2020. **Requires some risky bets.**



Department for Business, Energy & Industrial Strategy All so far above target the Spike Protein (except for Valneva – inactivated whole virus); this is a significant 'soft spot' but one we can't avoid right now.

UK manufacturing and F&F capacity for vaccines



Satellite VMIC using Oxford Biomedica's clean rooms to manufacture before the **permanent VMIC** facility comes online. Rapid 70m surge dose capacity





Acquisition of new animal vaccine plant in Braintree, Essex for human GMP vaccine manufacture. Managed by Cell and Gene Therapy Catapult team



Expansion of BSL3 manufacturing facility at Valneva, Livingson Scotland



80m doses of fill and finish capacity (converting bulk drug substance into final drug product) with Wockhardt (Wrexham) and Thermofisher (Swindon)

Exploring options for **bulk antibody manufacturing plant** for neutralising antibody production H2 2021 and long term pandemic preparedness



N valneva



JCVI vaccination prioritisation: Sept 25 2020

1. Older adults' resident in a care home and care home workers*

2. All those 80 years of age and over and health and social care workers*

- 3. All those 75 years of age and over
- 4. All those 70 years of age and over
- 5. All those 65 years of age and over
- 6. High-risk adults under 65 years of age
- 7. Moderate-risk adults under 65 years of age
- 8. All those 60 years of age and over
- 9. All those 55 years of age and over
- 10. All those 50 years of age and over
- 11. Rest of the population (priority to be determined) **

JVCI expert comments:

- No long term safety data on novel formats (adeno, mRNA)
- Assume waste (10-15%) and uptake (60-75%)
- 28 day gap desirable between flu and COVID vaccine requirement
- May consider vaccinating younger people to stop asymptomatic transmission spread once safety established

US strategy

78% of deaths are in >65yo, so focus on >65 yo intially

* The final decision on the prioritisation for health and social care workers will be dependent on vaccine characteristics and the epidemiology at the start of any programme. ** A risk-benefit assessment would I kely be undertaken in advising on vaccination in group

UK priority groups

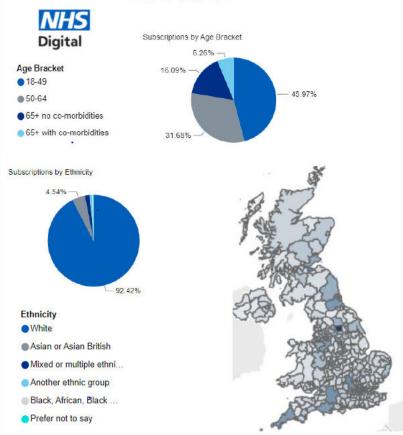
Elderly >65	12m
NHS workers	1.5m
Social care/care homes	2m
Co-morbidities <50	~3m
BAME	<4m
=	22m



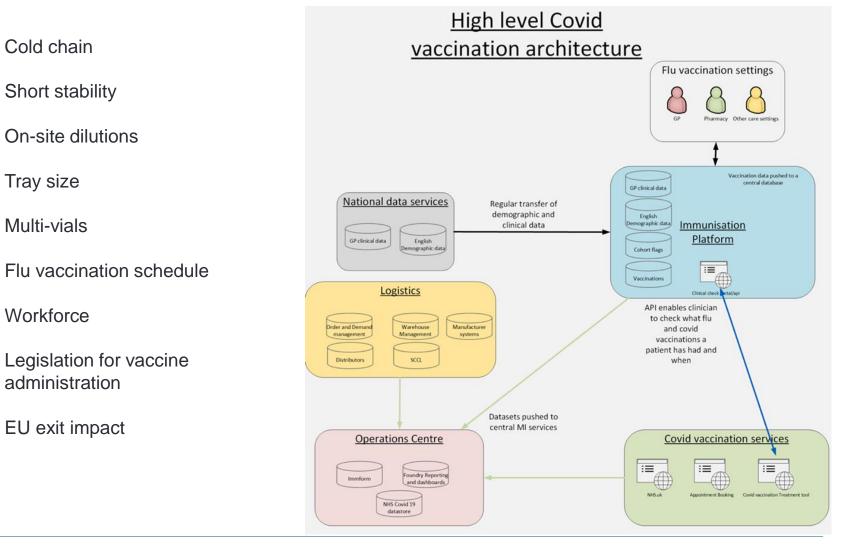
UK clinical trials, regulatory and testing capability

- National citizen registry >280k registered to date NHS.UK/coronavirus to enable rapid recruitment
- Pre-existing clinical trial cohorts ready to enrich recruitment of target populations
- VTF funding for clinical testing
 - standardised accredited assays (neutralisation and elisa assays)
 - dedicated PCR testing capacity
- Real time COVID19 transmission data for rapid enrolment in hotspots
- MHRA: reg 174 conditional approval; Brexit plans
- · Human challenge model for vaccine trials in 2021
- Post authorisation pharmacovigilance follow-up to build large real world evidence database

SIGN UP TO BE CONTACTED FOR CORONAVIRUS VACCINE STUDIES

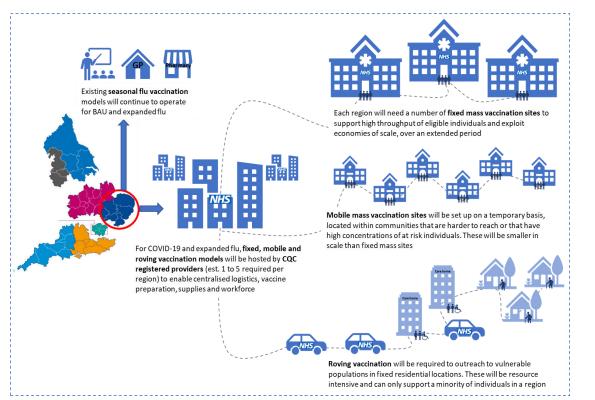


Challenges of COVID19 vaccine deployment



UK deployment approach of COVID19 and flu vaccines

- Fixed site/high volume: e.g. sports venue, conference venues, airports
- Mobile site: Community site, mid-scale vaccination for a temporary period – e.g. polling station, COVID-19 test centre portacabin, container
- Roving: Vehicles that can deploy vaccinators, vaccine and supplies on an outreach basis, primarily to residential sites – e.g. St John's Ambulance, mobile units



Antivax vs vaccine hesitancy; geopolitics

Los Angeles Times

Anti-vax stupidity is spreading like measles



Daily Hlail

Russia spreads fake news claiming Oxford coronavirus vaccine will turn people into MONKEYS

- Antivaxers have taken advantage of the pandemic to multiply disinformation on social media
- Russian 'monkey' campaign against AZ

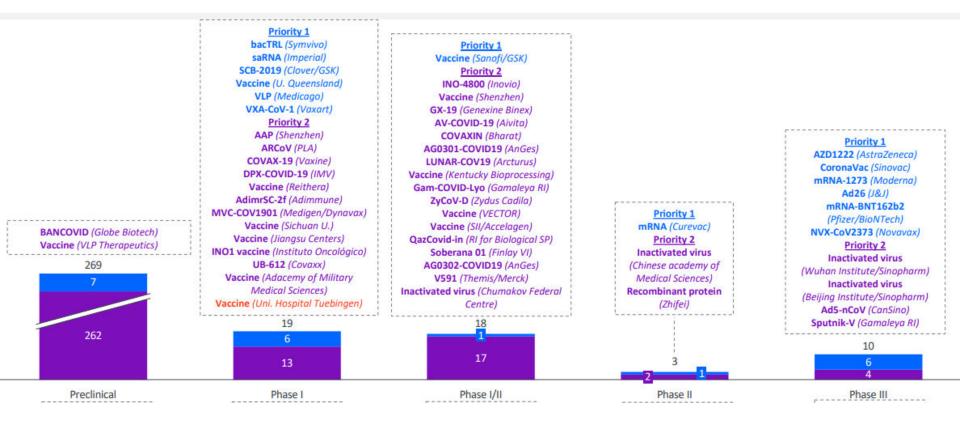


UK contribution to international vaccine supply

Global leadership to get vaccines to shared equitably

- Up to £500m for COVAX: multilateral arrangement for vaccine procurement open to all countries
- UK role in shaping the facility and encouraging countries to join
- Support to COVAX team to share learnings
- Funding and delivery of professional vaccine trials
 - UK co-funding Janssen 2-dose vaccine trial to demonstrate long term immunity
 - UK funding of Recovery Trial delivering definitive results on efficacy, or lack of, COVID19 therapeutics inc neutralising antibodies
- Sharing UK manufacturing capacity
- Sharing benefits of UK funded R&D
 - HMG contracts require international distribution of UK publicly funded vaccines at non-profit prices inc AZ

Current global COVID19 vaccine landscape



Pfizer/BioNTech & Moderna likely to read out P3 data first in the US, and AZ/Oxford in EU

Clinical trial endpoints driven by COVID19 infections

Drivers of time to get results

- Attack rate of infections
- Recruitment rate and trial size
- Vaccine efficacy

FDA criteria for emergency use authorisation (EUA)

- Vaccine efficacy >50%
- Lower bound confidence interval; >30%
- Median 2 months follow-up after 2nd dose/full vaccination regime
- >5 severe COVID19 cases
- · Availability of vaccine for roll-out



- FDA, EMA, MHRA
- Russia, China

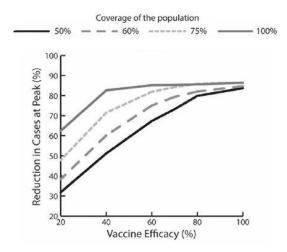


FDA In Brief: FDA Issues Guidance on Emergency Use Authorization for COVID-19 Vaccines



WHO R&D Blueprint **novel Coronavirus** WHO Working Group – Target Product Profiles for COVID-19 Vaccines

Vaccine efficacy to reduce C19 infection at peak



Source: Bartsch SM et al. American Journal of Preventive Medicine, 2020, July 15

COVID-19 vaccine phase 3 trials underway

Vaccine	Vaccine type	Phase 3 trial locations	P3 size	# doses (time)	# cases for interim
AZ Oxford	Adeno (simian)	UK: & Brazil USA	20k 30k	2 (28)	
Pfizer BioNTech	mRNA	US, Argentina & Brazil	44k	2 (21)	32, 62, 92, 120
Moderna	mRNA	US	30k	2 (28)	53, 106
J&J	Adeno (ad26)	USA, Mexico, Brazil, Ukraine, Chile, Columbia, Peru, Philippines, South Africa	60k	1	20
Novavax	Protein + Matrix M adjuvant	UK	10k	2 (21)	
Sputnik V	Ad5 and ad26	Russia	40k	2 (21)	
Sinovac	Inactivated virus	Brazil, India, Turkey	11.7k	2 (14)	62
Cansino	Adeno (Ad5)	Pakistan	40k	1	
Sinopharm	Inactivated virus	Bahrain, UAE, Argentina	48k	2 (21)	

Air Department for Business, Energy & Industrial Strategy

Production vs supply of vaccines



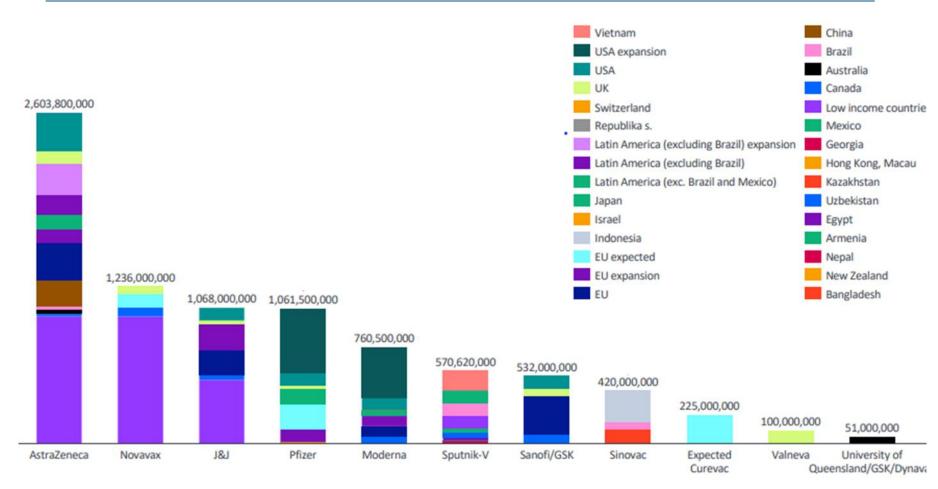
J&J have allocated 500m doses to low income countries

Source: Airfinity 2020 1 Department for Business, Energy & Industrial Strategy

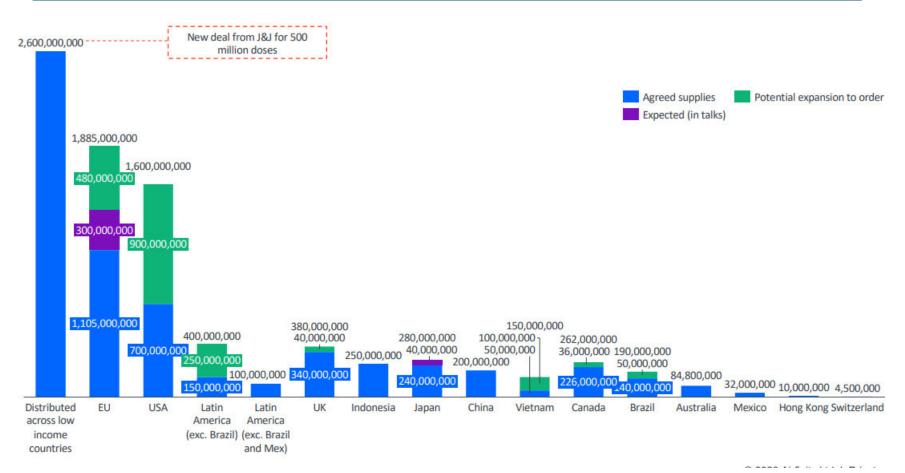
Vaccine (Company)	Estimated price per dose (\$)
BNT162b2 (BioNTech/Pfizer)	19.5
mRNA-1273 (Moderna)	32-37
AZD1222 (AstraZeneca)	4.0
VLA2001 (Valneva)	9.3
NVX-CoV2373 (Novavax)	16.0
Ad26.COV2.S (Johnson & Johnson)	10.0
CoronaVac (Sinovac)	72.5

Source: R_x Securities

Supply deals signed to date



2.6bn doses now confirmed for low income countries



Source: Airfinity 2020 Department for Business, Energy & Industrial Strategy

Vaccine roll out plans globally

	UK (interim)	US (ACIP/state prioritisation)	EU	Russia	Indonesia	China
Healthcare workers	\checkmark	?	\checkmark	\checkmark	\checkmark	
Public sector workers		?	√ (education & transport)	\checkmark		\checkmark
Workers 18-59 yo		?			\checkmark	
Elderly	√ (>50)	?	\checkmark			\checkmark
Vulnerable	\checkmark	?	\checkmark			\checkmark
Those working abroad in high risk countries		?				\checkmark
Military		?				\checkmark

Issues to consider in building a pandemic vaccine portfolio



Science and clinical :

- Strength, nature and durability of immune response
- Different vaccine formats for diverse vulnerable populations
- Speed, size, diversity and quality of execution of clinical trials



Supply chain

- Manufacturing and scale up; fill finish; advanced purchasing of supplies
- Flexibility to manufacture different vaccine formats

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Regulatory

Data requirements, alignment with other regulators; political influence

Deployment

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- Cold chain logistics, 2 doses, needle delivery, short stability
- Priority populations; hard to reach populations
- Antivax/vaccine hesitancy (inc religious sensitivities); impact on public trust



Commercial

Commercial terms: upfront vs options; indemnities



International collaboration

Permanent pandemic facility and leadership

Issues for discussion

- Safety (including trials being paused)
- Vaccine hesitancy
- Prioritisation of vaccination populations
- Next generation vaccines
- Future pandemic preparedness
 - · Global manufacturing capacity and capability
 - Regulatory decision making: pandemic vaccine criteria, EUA
 - Permanent leadership and COVAX-type facility



The UK Vaccine Taskforce podcast series: The Search for a Vaccine



