NOT FOR PUBLICATION

COMMISSION ON HUMAN MEDICINES (CHM)

COVID-19 VACCINE SAFETY EXPERT WORKING GROUP

Minutes of the meeting held on **Thursday 25th June 2020** at **10:00** via Videoconference

Participants Present

Members

Dr S Misbah (Chair)
Professor J S Friedland
Sir M Jacobs
Professor S De Lusignan
Dr R Payne
Professor Sir M Pirmohamed
Professor S Quenby
Professor C Robertson
Professor C Semple

Apologies

Professor I Douglas

Invited Experts

[redacted]
[redacted]
[redacted]
Ms H McDonald
Professor E Miller
[redacted]
Professor A Scott
[redacted]
[redacted]
Ms J Walker

Visiting Expert

[1] Professor A Pollard
Professor R Shattock

[redacted]
[redacted]
[redacted]

Professional Staff of MHRA Present

Supporting Specific Items

Dr P Bryan
Dr K Donegan
Dr S Ramroop
Mr P Tregunno

MHRA Observers

Dr S Branch
[redacted]
[redacted]
Dr P Myles
Dr N Rose
Dr J Woolley

[redacted]

[redacted]

[redacted]

[redacted] [redacted]

[redacted]

[redacted]

[redacted]

1 Left after item 4

[redacted] [redacted]

Agreed by the Committee and the Chair at its 23/07/2020 meeting as a true and accurate record of proceedings.

1. Introduction and Announcement

1.1 The Chair reminded Members, Invited Experts, Visiting Experts and Observers that the papers and proceedings are confidential and should not be disclosed.

The Chair reminded participants to unmute themselves when they wish to speak.

1.2 Conflict of Interest Policy

In the pre-deployment phase, the intention is for the remit of the EWG to be non-product specific and focused on methodological/technical activity.

In the post-deployment surveillance phase, the activities will become product-specific (and subject to any relevant conflict of interest)

1.3 The Chair welcomed Ms Helen McDonald and Ms Jemma Walker from the Health Protection Research Unit at the London School of Hygiene and Tropical Medicine (LSHTM) who has joined the Group as invited experts.

[redacted]

1.5 The Chair also informed the Group that Professor Sheena McComack, Clinical Project Lead at the Medical Research Council, Clinical Trials Unit at University College London will also join the Group at the next meeting as a visiting expert.

1.6 Apologies were received from member, Professor Douglas for this meeting.

1.7 The Chair asked all participants to introduce themselves.

2. Minutes of the meeting held on Thursday 28th May 2020

2.1 The minutes were approved with an amendment.

3. Matters Arising

3.1 Updated Terms of Reference

3.2 The updated terms of reference were agreed by the group

4. CORONAVIRUS infections in Children (COVID-19)

4.1 The EWG discussed a paper concerning SARS-CoV-2 infections in children. The EWG heard of the recent alert from NHS England, regarding an

increasing number of cases of children with new symptoms requiring ICU admission that may be linked to coronavirus.

4.2 The EWG noted that there was a small cohort of paediatric patients who required hospitalisation with severe illness, but this occurred less frequently than adults. The EWG observed that there was a small subgroup of these hospitalised paediatric patients who presented with a hyperinflammatory multisystem syndrome that could be temporally associated with SARS-CoV-2 (PIMS-TS).

4.3 The EWG discussed the evolving worldwide data on hospitalised paediatric cases and noted differences in age range affected, ethnicity, co-morbidities, onset of illness and range of biomarker profiles when compared to Kawasaki's disease. The EWG noted that these cases of PIMS-TS may be distinct from Kawasaki's disease. The EWG also noted that this syndrome may be a different entity to that seen in adults or could be a part of a same spectrum of COVID-19 that manifests differently in children.

4.4 The EWG agreed that PIMS-TS is an evolving observation and further characterisations of the link to SARS-CoV-2 and the underlying mechanism of this severe illness in children are needed.

4.5 The EWG noted that milder forms of PIMS-TS could potentially exist and that further data from primary care may help further characterise the spectrum of this syndrome in children. However, the EWG acknowledged that there may be limitations to further study as there are a low number of cases in the UK and a drop in paediatric attendances to healthcare services which may impact reporting of probable milder cases.

4.6 The EWG discussed the potential immune medicated mechanism of this syndrome and the safety impact this may have on candidate SARS-CoV-2 vaccines. The EWG noted there are several case definitions for PIMS-TS and agreed that further review of the emerging evidence is needed to refine the definition and determine suitable endpoints for PIMS-TS related to monitoring of vaccine safety.

4.7 The EWG discussed the potential risk of immune enhanced disease from potential SARS-CoV-2 vaccines and acknowledged there are limitations to the current data in clarifying this risk in both children and adults. Therefore, given the available data and the uncertainties regarding the underlying mechanism of PIMS-TS, the EWG noted a cautious approach towards inclusion of children in adult vaccine studies may be needed until vaccine safety profile in adults is better clarified.

5. Update on data capture and linkage and preliminary proposals for the use of existing electronic healthcare record data for COVID-19 vaccine safety surveillance

5.1 The EWG considered a paper which provided an update on progress with regards to data linkage and capture of vaccine exposure data and which outlined the proposed hierarchy of methods for enhanced passive and active surveillance using electronic healthcare records.

5.2 The EWG reiterated the need for individual patient level data to be captured and linked into the electronic healthcare record and the need for this to be done across the UK. Comments were made regarding the limitations of existing systems for the transfer of vaccination records into primary care records.

5.3 The EWG noted the impact of the pandemic on patient interactions with healthcare and highlighted that this would need to be considered when developing historical comparator cohorts. It was also noted that a very large number of patients were being included in comparator arms within Phase II/III trials and that this group could also be a useful control group and that all clinical trial patients could be tracked longer term if linked into other data sets.

5.4 The EWG recommended that, alongside refinement of the surveillance strategy, a timeline be developed indicating when evidence on safety would become available based on data availability and statistical power as this would be very useful for informing the vaccine roll-out plan.

5.5 The need to consider ethnicity and recent immigration within surveillance was highlighted. It was also raised that vaccines administered in pregnancy would need to be linked to neonatal outcome records.

5.6 The EWG suggested that the LSHTM Vaccine Confidence Project could help identify other outcomes for surveillance based upon their monitoring of social media.

5.7 The EWG pointed to the work of CEPI (Coalition for Epidemic Preparedness Innovations) with regards to the assessment of risk due to COVID-19 disease enhancement following vaccination and associated definitions. The need for identifying the best control group was highlighted. It was agreed that potential disease enhancement could be a long-term issue particularly if there is waning immunity.

6. Exploration of Requirements for App Based Active Surveillance Of Vaccinated Cohorts

6.1 The EWG considered a proposal to deliver an app/ online platform for active surveillance of cohorts of patients vaccinated with a COVID-19 vaccine.

6.2 The EWG were supportive of approach proposed for enhanced data collection in the cohorts identified, however had mixed views on the size, scope and analysis approach to the data that would be collected.

6.3 Some members felt that the proposal for active surveillance of cohorts at a size of around 10,000 was too conservative and would be limited in its ability to detect rare safety signals, and that such surveillance should aim to identify and follow up much larger cohorts. Other members felt that the follow up of very large cohorts, which was likely to be biased in terms of who volunteered to register and without a representative control group to analyse the data, would be problematic.

6.4 The EWG therefore advised that, whilst there could be value in such targeted surveillance, further clarity was required on the objectives of such surveillance to inform any recommendations.

7. Any Other Business

7.1 None.

8. Date and time of future meetings (All meetings will start at 10:00)

Thursday 09 July [PMN: This meeting is cancelled]
Thursday 23 July
Thursday 06 August
Thursday 20 August

The Meeting started at 10:05 and ended at 11:38

Members are reminded that the content of papers and proceeding of the meetings are to be treated as 'Official – sensitive commercial'. Members are also reminded that, in accordance with the Code of Practice, they should declare any financial interests (personal or non-personal, specific or non-specific) which they have, or which an immediate family member has, in any of the agenda items. Members must also declare any other matter which could reasonably be perceived as affecting their impartiality. Detailed guidance is set out in the Code of Practice