



New vaccines update:
2024 pipeline outlook

9:50 am

Dr Catherine Streeton, Public Health Physician
MBBS, FAFPHM (FRACP), MAppEpi, FFTM, FACTM, CTH®

Search Methodology and Summary

1. TGA search under 'Prescription Medicines Under Evaluation'

<https://www.tga.gov.au/resources/prescription-medicines-under-evaluation?keywords=pfizer>

2. Approached vaccine companies in Australia, requesting topline details on any new vaccine products/new indications with an expected TGA approval up until 2025.

Summary

- Pfizer [3 new vaccine products/new clinical indications]
- Moderna [2 new vaccine products/new clinical indication]
- Bioclect [2 new vaccine products]
- GSK [1 new vaccine product]
- Sanofi [1 new vaccine product/new clinical indication]
- AZ [advised no new vaccines/new indications for existing vaccines]
- MSD [advised they are unable to disclose pending registrations]
- Seqirus [advised they are unable to disclose pending registrations]

Vaxchora - Cholera vaccine



Product	Vaccine type	Approved therapeutic indication	Approvals
Vaxchora®* <i>Bioclect</i>	Live attenuated cholera bacteria (<i>V. cholerae</i> O1 classical Inaba strain CVD 103-HgR).	For active immunisation against disease caused by <i>V. cholerae</i> serogroup O1 in adults and children aged ≥ 2 years travelling to cholera-affected countries.	<ul style="list-style-type: none"> • FDA Jun 2016 • EMA Apr 2020 • TGA Sept 2023

Human challenge study (enrolled 197 volunteers aged 18-45 yrs) in which a subset of VAXCHORA vaccine or placebo recipients were challenged with live *V. cholerae* at 10 days post-vaccination (n=68) or 3 months post-vaccination (n=66).

- **Vaccine efficacy:** 90.3% against moderate or severe diarrhoea in the 10-day challenge group (n=35)
79.5% against moderate or severe diarrhoea in the 3-month challenge group (n=33).
- **Vaccine safety:** Vaxchora was as well tolerated as placebo, with only diarrhoea been more common in vaccine recipients compared to placebo recipients.

*single oral dose, should be administered at least 10 days prior to potential exposure to cholera.

<https://www.tga.gov.au/resources/artg/389746>

Approaching RSV vaccines



Product	Vaccine type	Target Group	Approvals
Arexvy® GSK	Pre-fusion F protein adjuvanted (AS01E) subunit RSV vaccine	Older adults (≥60y)	<ul style="list-style-type: none"> FDA - May 23 EMA - Jun 23 TGA - under evaluation, accepted Jan 2023
Abrysvo® Pfizer	Bivalent pre-fusion F protein RSV vaccine	Older adults (≥60y) <i>*Pregnant women (to protect infants)</i>	<ul style="list-style-type: none"> FDA - May 23 EMA - Jul 23 TGA - under evaluation, accepted May 2023
mRNA-1345 Moderna	m-RNA for RSV pre-fusion F protein	Older adults (≥60y)	<ul style="list-style-type: none"> FDA - under review (fast track designation) EMA - under review TGA - under review, accepted Jul 2023 (priority pathway)

**Approval granted by the EMA only*

Footnotes: FDA – Federal Drug Agency (FDA); EMA (European Medicines Agency (EMA), Medicines; Medicines and Healthcare products Regulatory Agency (MHRA); Therapeutic Goods Agency (TGA).

I would first like to acknowledge Dr Gemma Saravanos for willingly providing me with copy of a couple of her slides from a recent RSV update presentation 23 Aug 2023

Approaching RSV vaccines



Product	Vaccine type	Proposed therapeutic indication
Arexvy®* GSK	Pre-fusion F protein adjuvanted (AS01E) subunit RSV vaccine	For the prevention of lower respiratory tract disease (LRTD) caused by RSV in older adults (≥ 60 yrs of age).

Phase 3 RCT, placebo (saline)-controlled (17 countries[^], 24,973 immunocompetent participants ≥ 60 y enrolled)

- **Vaccine efficacy:** 82% (95% CI 58-94%) for RSV-associated LRTD in 1st season
75% (95% CI 60-85%) for RSV-associated LRTD over 2 seasons
- **Vaccine safety:** Serious adverse events (SAE) similar in the intervention & control group
Higher reactogenicity (solicited local/systemic reactions) 3.8 to 0.9%

*Given as single dose, IM administration

[^]included countries located in both northern and southern hemispheres

Approaching RSV vaccines cont.

Product	Type	Proposed therapeutic indication(s)
Abrysvo®* <i>Pfizer</i>	Bivalent pre-fusion F protein RSV vaccine	For the prevention of respiratory tract disease for persons aged \geq 60yrs and pregnant women (to protect infants).

Phase 3 RCT, placebo (vaccine buffer)-controlled (7 countries[^], 36,862 immunocompetent participants \geq 60y enrolled)

- **Vaccine efficacy:** 89% (95% CI 54-99%) for RSV-associated LRTD in 1st season
84% (95% CI 60-95%) for RSV-associated LRTD over 2 seasons
- **Vaccine safety:** Serious adverse events (SAE) similar in the intervention & control group
Slightly higher reactogenicity (solicited local/systemic reactions) 1.0% to 0.7%

*Given as single dose, IM administration

[^]included countries located in both northern and southern hemispheres

Approaching RSV vaccines cont.

Product	Type	Proposed therapeutic indication(s)
Abrysvo®* <i>Pfizer</i> <i>*EMA only</i>	Bivalent pre-fusion F protein RSV vaccine	Maternal immunisation (to protect newborns and infants against severe RSV disease in the first 6 months after birth).

Phase 3 RCT placebo (vaccine buffer)-controlled (18 countries, 7,392 pregnant women enrolled)

- **Vaccine efficacy:** 81.8% (99.5% CI 40.6-96.3%) in babies against medically attended severe RSV-associated LRTI within 90 days after birth
69% (97.6% CI, 44 to 84) in babies against severe LRTI within 180 days after birth.
- **Vaccine safety:** Serious adverse events (SAE) similar in the intervention & control group
Reactogenicity – injection site pain, muscle pain & headache more common in the intervention group. No safety signals

*Given as single dose to pregnant women between 32 - 36 weeks gestation, IM administration

Approaching RSV vaccines cont.



Product	Type	Proposed therapeutic indication
mRNA-1345* <i>Moderna</i>	mRNA for RSV pre fusion F protein (nucleic acid)	For the prevention of lower respiratory tract disease (LRTD) and acute respiratory disease (ARD) caused by RSV in adults aged 60 years or older.

Phase 3 RCT ConquerRSV study ongoing (22 countries, ~37,000 participants ≥60y enrolled participants)

- **Vaccine efficacy:** 83.7% (95% CI 66-92%) for RSV-associated LRTD as defined by two or more symptoms
82.4% (96.36% CI: 34.8%, 95.3%; p=0.0078) against RSV-LRTD defined by three or more symptoms.
- **Vaccine safety:** Reported to be well tolerated with a favourable safety profile. Solicited adverse reactions were mild or moderate and included injection site pain, fatigue, headache, myalgia, and arthralgia

*Given as single dose, IM administration

<https://www.tga.gov.au/resources/prescription-medicines-under-evaluation/tbc-moderna-australia-pty-ltd>

<https://investors.modernatx.com/news/news-details/2023/Moderna-Announces-Global-Regulatory-Submissions-For-Its-Respiratory-Syncytial-Virus-RSV-Vaccine-MRNA-1345/default.aspx>



Approaching RSV preventatives

Product	Type	Target Group	Approvals
Beyfortus®* (nirsevimab) Sanofi-Aventis	<u>Long-acting</u> mAb – passive immunisation	Infants and young children (<24m) at high risk of severe RSV disease	<ul style="list-style-type: none">• FDA Jul 23• EMA Oct 22• MHRA Nov 22• TGA – under evaluation, accepted Nov 2022

In infants younger than age 8 months who were born during or entering their first RSV season, efficacy was evaluated through 150 days after injection:

- **Pooled efficacy from Ph 2 & Ph 3 studies:** 79.0% (95% CI 69-86%) for medically attended RSV-LRTI
80.6% (95% CI 68-92%) for RSV-LRTI hospitalization
90.0% (95% CI 16.-99%) for RSV-LRTI ICU admissions
- **Safety:** Serious adverse events higher than placebo (29 to 25%) but not significant.
Common & expected adverse events similar e.g. injection site reaction, rash

*Given as single dose (varies by weight/age) to infants born shortly before or are entering their 1st RSV season; IM administration

<https://www.cdc.gov/vaccines/acip/meetings/slides-2023-08-3.html>; <https://www.clinicaltrials.gov/study/NCT05437510/>

Approaching MenABCW₁₃₅Y vaccine



Product	Type	Target Group	Submission dates
Penbraya®* <i>Pfizer</i>	Pentavalent Men ABCWY vaccine – constituted from monovalent Men B (Trumenba®) and Men ACWY (Nimenrix®)	10-25 yos	<ul style="list-style-type: none"> FDA – submitted Dec 2022 TGA – submitted May 2023

Phase 3 RCT (5 countries incl USA, enrolled 2431 participants aged 10-25 yrs)

- Vaccine efficacy:** MenABCWY met the primary endpoint achieving noninferiority for all 5 serogroups (serogroups A, B, C, W and Y) compared with 2 doses of MenB (Trumenba®) and 1 dose of MenACWY (Menveo®).

 Noninferiority was also demonstrated for serogroups A, C, W and Y with a single dose of MenABCWY compared with 1 dose of Menveo® (secondary endpoint).
- Vaccine safety:** Acceptable safety profile non-inferior to Trumenba® + Menveo® for all serogroups

*Given as a 2-dose vaccine schedule, 6 months apart. IM administration

Approaching Chikungunya vaccine



Product	Vaccine type	Proposed therapeutic indication	TGA submission date
CHIKV VLP (PXVX0317) ®* <i>Bioclect</i>	Virus-like particle (VLP)-based adjuvanted chikungunya virus vaccine candidate	For active immunisation against chikungunya disease for persons aged from 12 years.	<ul style="list-style-type: none"> TGA – planned for 2024

- Vaccine immunogenicity/seroprotection:**

CHIKV VLP induced chikungunya neutralising antibodies in 98% of vaccinees 22 days after a single vaccination – residing in non-endemic country. The strong neutralising antibody titres were equal to, or exceeded the threshold agreed with authorities as a marker of seroprotection, meeting primary objectives of the study. 86% of the subjects had seroprotective levels of neutralising antibodies 6 months post vaccination.
- Vaccine safety:**

CHIKV VLP was well-tolerated in this healthy adolescent and adult population and adverse events were mainly mild or moderate in nature.

*Given as a single dose. IM administration

Extension of age indication

Product	Vaccine type	Proposed new age indication	TGA submission date
Prevenar 20® <i>Pfizer</i>	PCV20 incl 13PCV serotypes + 8, 10A, 11A, 12F, 15B, 22F and 33F	For the prevention of pneumococcal disease in paediatric populations (individuals aged 6 weeks and above)*.	<ul style="list-style-type: none"> TGA – Jan 2023

- Vaccine efficacy:** Licensure was compared to PCV13 and based on 1) non-inferiority of GMCs post toddler dose; 2) % participants with at least 0.35mcg/ml for each serotype. Noninferiority was met for 14/20 serotypes.

PCV13 is more immunogenic than PCV20, BUT you are now protecting against 20 serotypes rather than 13 serotypes. Designed to cover the additional 7 serotypes that occur in invasive disease in adults.

*In infants, given as a 4-dose vaccine schedule, 2, 4, 6 and 12-15 months of age. IM administration
 Prevenar 20 is currently registered for use in adults 18 years of age and older (see Australian PI, [PREVENAR 20 \(tga.gov.au\)](https://www.tga.gov.au/prevenar-20)).

Strain update for two COVID-19 vaccines



Product	Vaccine type	Proposed therapeutic indication	TGA submission date
Comirnaty® <i>Pfizer</i>	Monovalent formulation with an Omicron-specific spike protein (XBB 1.5)	A booster dose for active immunisation to prevent COVID-19 caused by SARS-CoV-2 for individuals aged 12yrs+, irrespective of previous COVID-19 vaccinations	<ul style="list-style-type: none"> TGA – under evaluation, accepted Jul 2023
mRNA-1273.815 (Spikevax®) <i>Moderna</i>	Monovalent formulation with an Omicron-specific spike protein (XBB 1.5)	A booster dose for active immunisation to prevent COVID-19 caused by SARS-CoV-2 for individuals aged 6 months and older.	<ul style="list-style-type: none"> TGA – under review, accepted Jul 2023

Change in dosing for rabies pre-exposure prophylaxis vaccination recommendation



Product	Vaccine type	New dosing recommendation	Approval date
Verorab® <i>Sanofi</i>	Inactivated rabies vaccine	<p>Pre-exposure prophylaxis - reduced schedule to 2 doses (IM or ID), pre-exposure given at 0 and 7 days. No need for immunoglobulin post-exposure.*</p> <p>A 3rd dose (booster) given within 12 months of the initial 2 doses will provide longer term protection.</p>	<ul style="list-style-type: none">• TGA approval Oct 2022• To take effect on release of revised Immunisation Handbook in late 2023.

*This regimen should not be used for immunocompromised individuals - (see Section 4.2.2.3.1)

<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2022-PI-02190-1&d=20231005172310101>



IMMUNISATION
COALITION

Thankyou 😊any questions?