#### Vaccines and Related Biological Products Advisory Committee Meeting

Individuals using assistive technology may not be able to fully access the information contained in this file. For assistance, please send an e-mail to: <a href="mailto:ocod@fda.hhs.gov">ocod@fda.hhs.gov</a> and include 508 Accommodation and the title of the document in the subject line of your e-mail.

#### U.S. Department of Health and Human Services





# **COVID-19 Vaccine Strain Selection-Points to Consider for Manufacturing Timelines**

Robert Johnson, PhD

Director, Medical Countermeasure Programs

**BARDA/ASPR/HHS** 

Vaccines and Related Biological Products Advisory Committee

6 April 2022

Unclassified

# **ASPR Key Priorities**

To meet the nation's health/medical needs, ASPR is focused on three key priorities: Extend capabilities to respond well and emerge quickly from the COVID-19 pandemic

Restore resources and capabilities diminished during the pandemic

Prepare for future emergencies whether natural or man-made



### **The BARDA Model**

BARDA develops and makes available medical countermeasures (MCMs) by forming unique publicprivate partnerships to drive innovation off the bench to the patient to save lives.



#### Flexible, nimble authorities

#### **Multi-year funding**

Cutting edge expertise

Facilitate partnerships

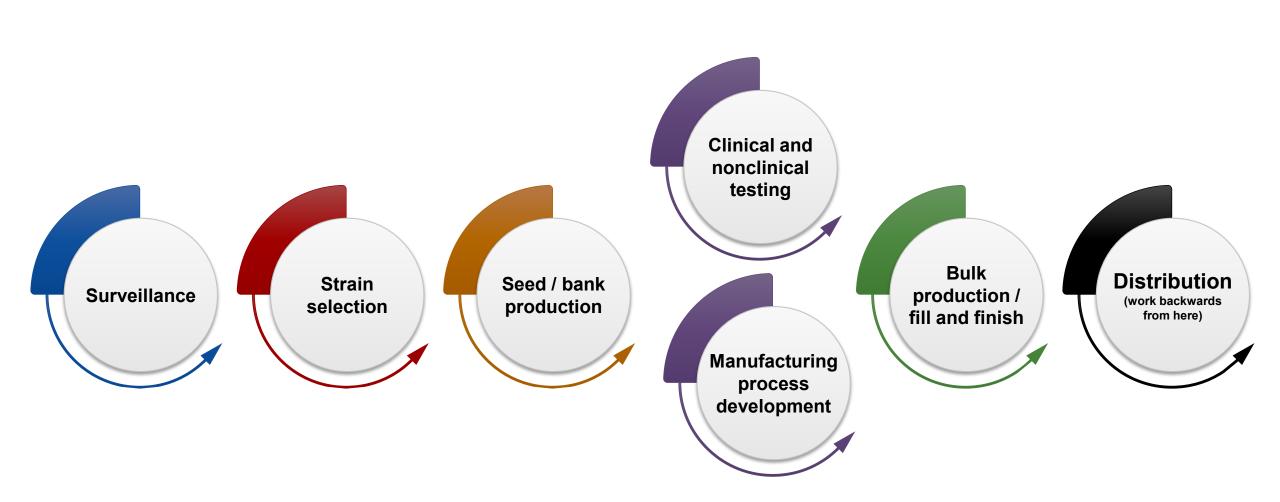
**Promote innovation** 







# Vaccines: Multi-Valent/Strain Change Life-Cycle Steps







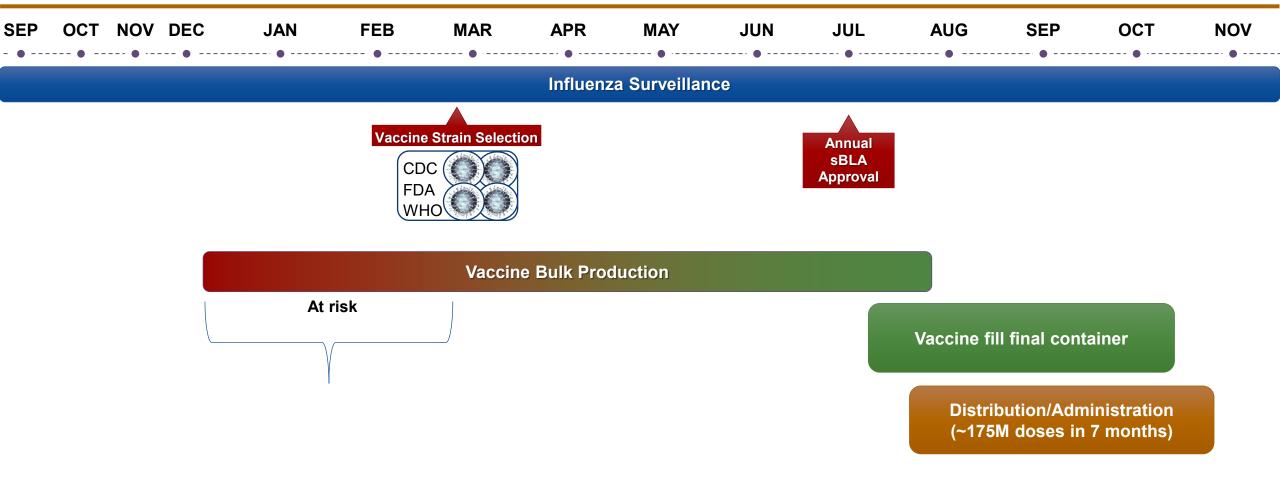
# **Influenza Vaccine Strain Selection**

#### Influenza strain selection

- » Occurs annually
- » Regulatory and manufacturing processes must be in sync to ensure *enough* doses are available in time-this requires making decisions well in advance -> sometimes the match between the vaccine strain and circulating strain is not optimal

Delay selection as long as possible to increase chance of correct match

## Influenza Vaccine Manufacturing and Regulatory Overview (Northern Hemisphere)

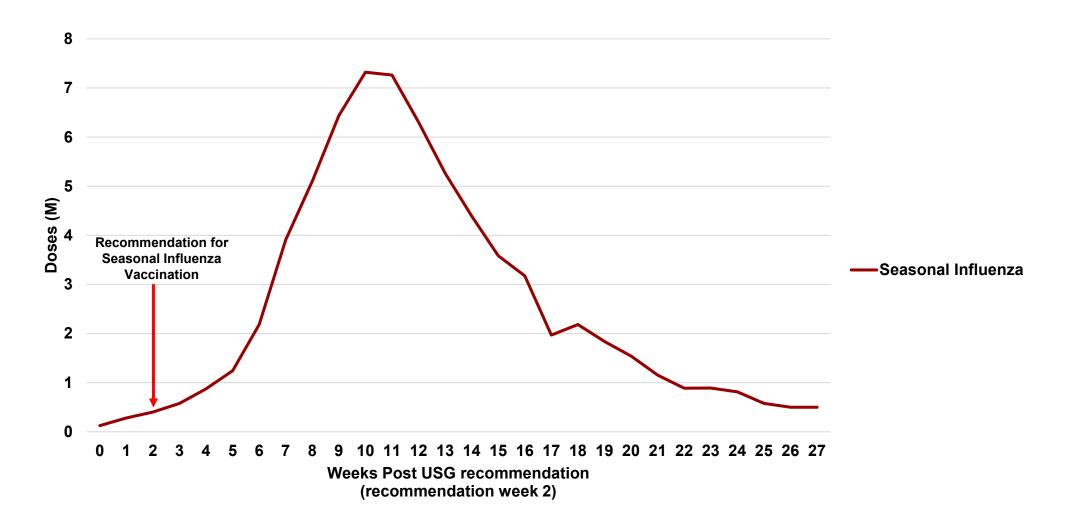








#### Vaccine Demand Relative to Recommendation Drives Timing of Dose Requirement





Unclassified



## **Seasonal Influenza Vaccines – What Makes it Work**

#### **PRODUCTION PLATFORMS**

Characteristics, production process and yield of current vaccines across strains well understood

Currently licensed vaccines are all capable of containing antigens from multiple influenza strains

Each manufacturer customizes initiation of production based on their capabilities, capacity, and estimated demand

#### ABILITY TO MATCH SUPPLY WITH DEMAND

Predictable vaccine demand-allows manufacturers to right-size production capacity

Comprehensive surveillance strategy and reporting allows production to begin at risk for some strains prior to formal regulatory decision

Multiple manufacturers allows flexibility unexpected demand and/or production problems at one manufacturer

#### **REGULATORY PATHWAY**

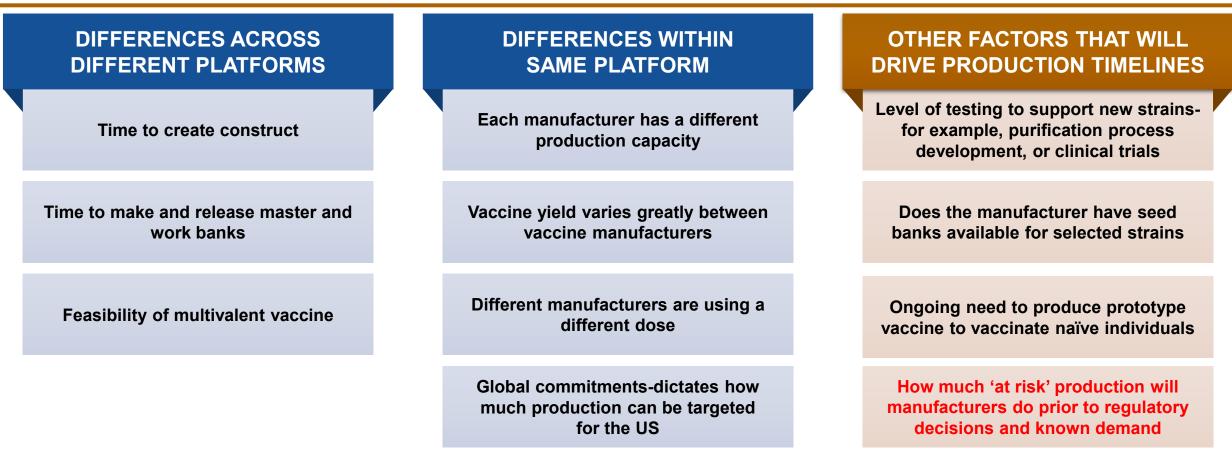
Well defined process and timelines for strain selection allows advanced planning/scheduling by manufacturers

Known requirements for clinical, nonclinical, and any in vitro testing, as well as vaccine lot release testing

FDA determines strain selection, but manufacturers decide number of strains (three or four) in the vaccine

Vaccine label/recommendation is to prevent influenza disease- irrespective of manufacturer or timing of previous vaccination

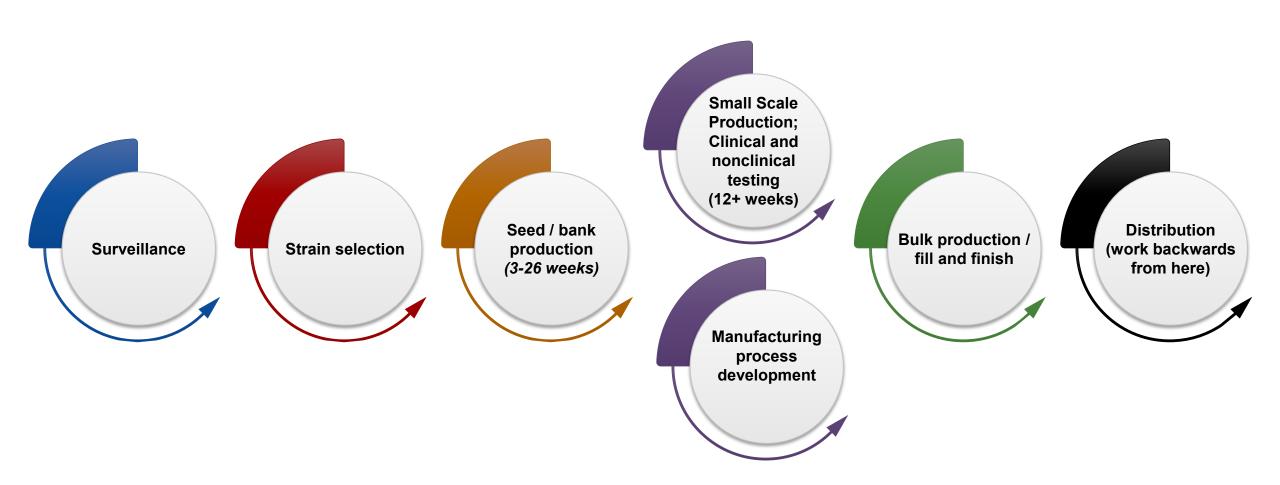
# How is the COVID-19 Vaccine Process Different – and What Drives the Timeline for Making a Decision



- » For all vaccines, ability to produce sufficient doses by a set time will depend in part on whether the vaccine is monovalent or mulit-valent, and if monovalent, if it is the current 'prototype' strain or a different strain
- » Every manufacturer will have a different 'cut-off' date for producing a certain number of doses by a certain date



#### Multi-strain/Strain Change Life-Cycle Steps



BARDA

10

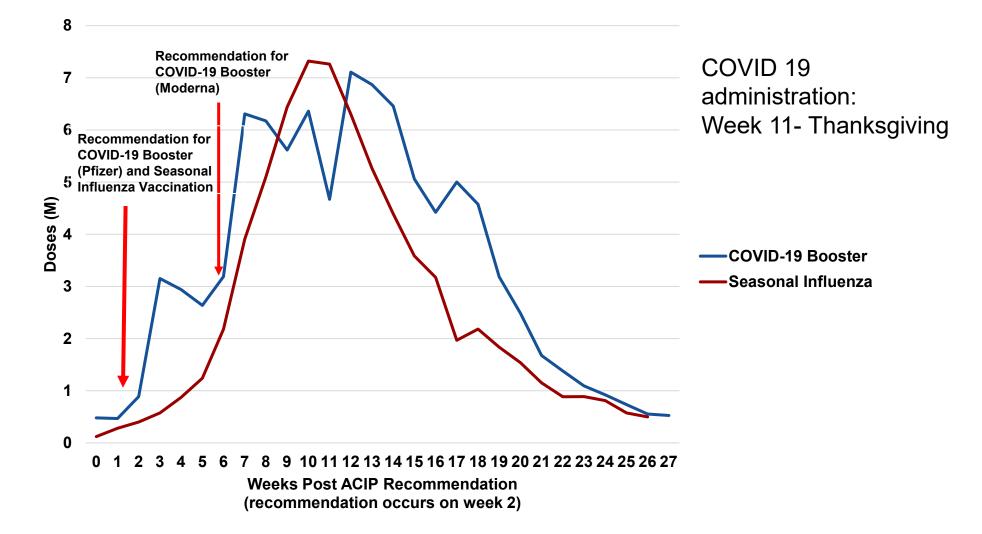
## Regulatory Factors Beyond Strain Selection that Will Determine Vaccine Availability by a Given Date

Decision Points/Timelines	
Identify strains under consideration to provide opportunity for seed stock/bank generation	Clarifying if there will be any requirements differences between platforms
Clear expectations for clinical and non clinical testing requirements	Will primary series and/or "first boost" still be prototype strain?
Decision process/who makes decision regarding strains and number of strains/vaccine	Will timing of boost be in the context of previous dose, or in the context of just getting a 'routine annual vaccination' similar to seasonal influenza?





### Vaccine Demand Relative to Recommendation Drives Timing of Dose Requirement





Unclassified

