DENGUE VACCINE LANDSCAPE

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Dengue Vaccines – Feasible

Type-specific dengue virus (DENV) infection confers protection against disease (?infection) with that serotype

Can produce vaccine candidates
–Adequate virus or antigen yield
–Immunogenic
–Good safety profiles





Brief History

- 1945-1960's: Live attenuated vaccines produced in suckling mouse brains
- 1970's 80's: Live attenuated vaccines produced in cell culture
 - -US Army & GSK
 - -Mahidol University (Thailand) & sanofi pasteur
- 1990's today = commercial development
 - -sanofi pasteur and GlaxoSmithKline
 - Biotech companies & developing country vaccine manufacturers





Dengue Vaccines – Challenges

Interference

- -Live, attenuated vaccines
- Tetravalent formulation
- Less than ideal assays for anti-DENV
 - measure of protection / correlate of protection
- Evaluation efficacy and safety
 - Protection against multiple DENV types
 - Differing disease epidemiology

 Safety - theoretical potential for immune enhanced disease (ADE / DHF)

Clinical Trials to Evaluate Efficacy of Dengue Vaccines

- Blinded, placebo-controlled clinical trials in age groups with highest disease incidence
- Case identification = community-based surveillance for febrile illness
- Primary end-point for efficacy = dengue fever (DF) from infection by any DENV serotype
- DF = febrile illness >2 days + DENV viremia detected by PCR or NS1 antigen



Guidelines for Clinical Evaluation of Dengue Vaccine in Dengue Endemic Areas. Vaccine 2008;26:4113-4119



Types of Dengue Vaccine Candidates

Present Generation (commercial development) -Cell culture adapted, live attenuated viruses Infectious clones chimeric viruses attenuation by site directed mutagenesis - Recombinant subunits of DENV envelope proteins Next Generation (in development) Inactivated dengue viruses - DNA -DNA shuffling -Viral vectored subunits - Peptide chimeras -VLPs

Dengue Vaccine Candidates (Commercial)

Developer / Producer	Approach		
Acambis/ Sanofi Pasteur	4 chimeras composed of yellow fever 17D virus non-structural genes + respective DENV 1,2,3 and 4 envelope genes		
WRAIR / GSK	Cell culture passage of clinical isolates		
CDC/InViragen	DENV-2 attenuated virus + 3 chimeras composed of DENV-2 non-structural genes + respective DENV 1,3, and 4 envelope genes		
NIAID Laboratory of Infectious Diseases	Genetically engineered, stable mutations in 3' non-coding region of DENV-1, 2, 4 vaccine candidates. DENV-3 candidates = DENV-4/DEN-3 chimeras		
Hawaii Biotech	Subunit - 80% preM expressed in Drosophila S2 cell lines, +/- NS1, alum adjuvant		

Chimeric Flavivirus Vaccine Technology



Safety Considerations Live / Chimeric Vaccines

- Reversion to virulence (17D \rightarrow wt YF)
- Mosquito transmission
- Recombination with other Flaviviruses / viruses
- Potential adverse events from YF chimeras
 - Neurovirulence and neuroinvasivness
 - Viscerotropism extraneural pathology
- Level of attenuation potential for dengue
- Theoretical potential for severe dengue in immunologically primed persons





Status of Dengue Vaccines

		Process	Evaluation		
Developer	Producer	Develop ment	Phase	Phase	Phase
Acambis	SanofiPasteur				2009
	Glavo				
WRAIR	SmithKline				?
	Sintinxine			Mid_2009	
			Т	etravalent	
NIH	Biological E	->	?		
	Butantan	\rightarrow	2010		
	Panacea	\rightarrow	?		
CDC	InViragen		Q2- 2010		
Hawaii	Hawaii		Q3-		
Biotech	Biotech		2009		

Clinical Trial to Determine Efficacy of sanofi pasteur Yellow Fever-Dengue Chimeric Vaccine

- Design: blinded, placebo-controlled clinical trial (Phase IIB)
- Vaccines
 - Dengue tetravalent, live attenuated 17D YF- DENV chimera
 - Placebo vaccine diluent
- Administration: 0, 6, 12 months SC
- PI: Arunee Sabchareon, Mahidol University
- Site: Ratchaburi Province, Thailand
- Sample size: 4002 children ages 4-11 years
- End-point: dengue fever (febrile illness + PCR viremia)

Duration: 27 cases (~ 2 yrs) + 3 year safety follow-

Dengue Vaccine Evaluation





Challenges for Development of Field Sites for Dengue Vaccine Clinical Trials

- Need for multiple sites in Asia and the Americas
- Population-based, febrile illness surveillance to identify DF cases and determine:
 - Age-specific disease incidence
 - Determine variation in incidence over several seasons (~2-3 yrs)
- Laboratory capacity to conduct molecular and sero-diagnostics for acute dengue (DF)
- Development of infrastructure / capacity to conduct surveillance, laboratory testing and data management under GCP / GCLP

Dengue Vaccine Use – Challenges

Product profile not ideal (live attenuated)

- -More than one dose required in 2nd year of life
- -Administered subcutaneously
- Vaccine delivery
 - -catch-up immunization

Crowded immunization schedule



