

# CEPI | New vaccines for a safer world

**Coalition for Epidemic Preparedness Innovations**

## **Newsletter 9 June 2017**

---

### **Address from CEO**

It appears that the recent outbreak of Ebola in the Democratic Republic of Congo has been brought under control. Merck's investigational rVSV ZEBOV vaccine was approved for use under an Expanded Access Protocol by the national regulatory and ethical authorities in the DRC, but the outbreak had already subsided by the time these reviews were completed and no individuals have been vaccinated. It is possible, of course, that new cases could yet emerge, but so far so good.

I have received a number of calls since the outbreak began from people asking what, if any, role CEPI played in the response. Our role in the response to this outbreak was limited: we offered support, if needed, to WHO, and WHO kept us apprised of developments. But what role should CEPI play, especially as its capabilities evolve and the organization grows?

For the vaccines in its portfolio, CEPI will play a critical role in ensuring the early engagement of regulatory authorities, public health officials, and clinical scientists in countries at risk for the diseases targeted. Early engagement will facilitate the review of clinical trial protocols before outbreaks occur by institutional review board and ethics panels and thereby facilitate more rapid responses.

CEPI will also need to build strong partnerships and coordinate its efforts with agencies that have strong logistical capabilities and the ability to project medical personnel and support wherever and whenever needed. Médecins Sans Frontières is such an organization and its representatives have contributed substantially to CEPI's understanding of the problem it is tackling and to the development of CEPI's goals and policies. CEPI needs to build more such relationships.

We are also in the process of developing an investment strategy and financing mechanisms that will allow CEPI to respond rapidly to new threats. Mobilizing resources – particularly financial resources – quickly in a crisis is a great challenge. The Obama Administration, for example, requested a supplemental appropriation to address the Zika epidemic in February 2016 but the U.S. Congress did not provide such funding until the end of September. It is critical that CEPI be in a position to move much more rapidly if the situation demands.

Finally, CEPI has an important advocacy role and will be vocal in supporting the importance of preparedness for infectious disease outbreaks. It is all too easy for governments to neglect preparedness to address more immediate concerns. CEPI has a right and duty to speak on behalf of its coalition members in support of preparedness as a critical priority.

As I mentioned in my last note, I have asked CEPI staff to accelerate the development of our emergency response plans, which will take account of all the steps required to deliver vaccine rapidly in an emergency. This is a critical initiative for CEPI and I will keep you updated as our plans evolve.

*Richard Hatchett, CEPI CEO*



## **Chikungunya Meeting in India**

In order to understand the challenges and roadblocks to vaccine development, colleagues from the Delhi and Oslo CEPI nodes came together this week in Delhi to kick-start a new initiative endorsed by the CEPI Scientific Advisory Committee to promote vaccine development for Chikungunya viral disease. The intention is to leverage funders other than CEPI in this, as partner resource mobilization is required to expand beyond the current investment scope (Lassa, MERS, Nipah, Ebola and platform technologies). The first step is to arrange a joint Chikungunya vaccine development partnership workshop for

the end of 2017 or early 2018 in Delhi. The emphasis of the workshop will be on creating opportunities for collaborations and partnerships, ultimately leading to clinical development of a safe and effective Chikungunya vaccine. The workshop will be by invitation only but inclusive on a global scale, with participants representing Chikungunya endemic countries, product developers and manufacturers, vaccine scientists and international organizations.

Chikungunya is a viral disease that is currently prevalent in over 60 countries spanning Africa, Asia, Europe and the Americas. The Chikungunya virus (CHIKV) is an Alphavirus circulating in enzootic cycles involving mosquito vectors and nonhuman primates as reservoir hosts. Clinical symptoms of the disease (in the first 2-3 weeks) include fever with inflammatory arthralgia/arthritis and other non-specific symptoms: myalgia, headache, rash. Post-acute and chronic symptoms of the disease include persistent joint pain, musculoskeletal abnormalities and chronic inflammatory rheumatism, often of substantial duration. The case/fatality ratio has been estimated to be 1:1000, with deaths mainly occurring in neonates, adults with underlying conditions and older people. Globally it is estimated that there are nearly 1.3 billion people in the world who live in areas with a high risk of transmission of Chikungunya. There are currently no specific antiviral drugs that target the disease and treatment focus on relieving symptoms. Vaccine-based prevention is scientifically plausible, and multiple candidates are in development with some already entering clinical trials. While there is a sufficient public health case to be made for the development of a Chikungunya vaccine, there is ambiguity around whether there is a business case for it, given the current costs for development, production and the actual vaccine demand. Chikungunya is among the priority pathogens as defined by the WHO R&D Blueprint.

---

## Call for Proposals

The 3<sup>rd</sup> face-to-face CEPI SAC meeting was held in London on the 11<sup>th</sup> and 12<sup>th</sup> of May, with the main task of recommending which of the submitted applications received for the Call for proposals on Lassa, MERS and Nipah should be invited for a full application (Step 2). Of the 33 applications received, 28 were eligible and assessed by peer review. Criteria that were particularly emphasized were feasibility, time-to-completion, manufacturing scalability/ speed potential and Experience/track-record.

The process resulted in SAC recommending 16 applications to be invited for a full application. All applicants have been notified of the outcome of the SAC meeting. Shortlisted applicants have received submission instructions for Step 2. A Board decision in late September 2017 will initiate contract negotiations.

---

## CEPI #OutsmartEpidemics campaign receives award

The CEPI campaign for the launch of the organization at Davos in January 2017 received two prizes at the Chartered Institute of Public Relations (CIPR) Excellence Awards 2017. The #OutsmartEpidemics campaign was crowned winner of the Best of Use of Digital and STEM Campaign categories. The prize winning animation can be seen here:

## CEPI animation #OutsmartEpidemics

---

The CEPI family mourns the sudden death of Ann Kern-Godal, a friend of CEPI and the beloved wife of CEPI Board member Dr. Tore Godal. Ann had a distinguished career in public health, serving as a Deputy Secretary in the Australian Department of Health and at the World Health Organization under Gro Harlem Brundtland. She had recently completed her dissertation on the role of horse-assisted therapy in the treatment of teenagers with substance abuse problems.

A memorial fund to support horse-assisted therapy has been established in Ann's name at Oslo University Hospital. Memorial donations can be made to:

Bank Account Number: 1210.43.20854

BIC: DNBANOKKXXX

IBAN: NO0812104320854

---

[www.cepi.net](http://www.cepi.net)

[info@cepi.net](mailto:info@cepi.net)