

## Coalition for Epidemic Preparedness Innovations

### CEPI Interim Scientific Advisory Committee (SAC) Teleconference

November 28, 2016

Teleconference

#### SUMMARY FROM SAC PROCEEDINGS (CEPI/SAC TC 2)

The following Scientific Advisory Committee members participated:

Committee members elect:		Non-voting members:
<ul style="list-style-type: none"> <li>• Mark Feinberg (Chairperson)</li> <li>• Alan Barrett</li> <li>• Daniel Brasseur</li> <li>• Gary Disbrow</li> <li>• Bernard Fanget</li> <li>• Jesse Goodman</li> <li>• Gagandeep (Cherry) Kang</li> <li>• Subash Kapre</li> <li>• David Kaslow</li> <li>• Gunnstein Norheim</li> <li>• Stanley Plotkin</li> <li>• Helen Rees</li> <li>• James Robinson</li> <li>• Connie Schmaljohn</li> <li>• Kenji Shibuya</li> <li>• Peter Smith</li> <li>• Yazdan Yazdanpanah</li> </ul> <p>represented Jean-Francois Delfraissy</p>	<p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>• Maharaj Kishan Bhan</li> <li>• George Fu Gao</li> <li>• Heinrich Feldman</li> <li>• Penny Heaton</li> <li>• Michael Kurilla</li> <li>• Kathleen Neuzil</li> <li>• Amadou Sall</li> </ul>	<p><b>MNC representatives</b></p> <ul style="list-style-type: none"> <li>• Ali Allouche</li> <li>• Kathrin Jansen</li> <li>• Jean Lang</li> <li>• Johan Van Hoof</li> </ul> <p><b>Secretariat</b></p> <ul style="list-style-type: none"> <li>• Hinta Meijerink</li> <li>• Frederik Kristensen</li> <li>• John-Arne Røttingen</li> </ul> <p><b>Apologies</b></p> <p><b>World Health Organization</b></p> <ul style="list-style-type: none"> <li>• David Wood</li> </ul>

#### Objectives for the meeting:

1. To finalise disease prioritisation of three diseases for the Interim Board meeting on 16 December.
2. To discuss survey results and complete live voting on priority diseases
3. To define a path for Call for Proposals (CfPs)
4. To explore CEPI's potential scope for Ebola/Zika

**Prior to Disease Prioritisation:**

1. The SAC decided that Ebola and Marburg disease would be part of the “Finishing the Job on an Ebola-vaccine” and would therefore be excluded from the prioritization.
2. As there had already been a lot of investment towards developing a vaccine for Zika, it was removed from the prioritization at this stage and the SAC would wait for instructions from the CEPI Board after an update from the US Government on the status, gaps and needs for a Zika vaccine. The analysis from the USG on potential Zika vaccine gaps would be shared with the SAC in a future meeting.

**Ebola and Zika scope**

What	When
Based on feedback from the SAC, teleconferences with the WG, continue the Ebola gap- and options analysis and recommendations for a plan of action	October – November
Present approach to Joint Coordination Group (JCG)	18 November
Report on “Finishing the Job on an Ebola-vaccine” to be presented to US Government to present on the status, gaps and needs for Zika vaccine development to the Board	16 December
Continue work based on Board decisions	January – May 2017

**Disease Prioritisation & Vote:**

11 priority diseases were first characterised according to a set of criteria. The CEPI Secretariat combined the criteria selected by the WHO R&D blueprint (Nov 2015), the Norwegian Institute for Public Health vaccine development mapping (Feb 2016), UK Vaccine R&D Network (April 2016) and the CEPI Task Team 1 report (June 2016). In addition, the Secretariat examined literature for other priority setting methods in order to identify factors that could be relevant for this goal.

The Secretariat identified a set of criteria that most represents the Public Health Impact, based on the risk of an outbreak occurring, the risk of spread and the burden of disease if a large outbreak would occur, and the feasibility of vaccine development, based on current knowledge, tools and pipeline candidates. The criteria were explained in more detail in the document shared before the meeting titled “Pathogen prioritization for vaccine development.”

A live vote was conducted during the call and participants were invited to vote to prioritize three of the following five diseases (MERS, Lassa, Nipah, Chikungunya and Rift valley). 15 people voted during the call and an additional five voted in the 48-hour period following the teleconference. There were five non-voting members and four members of the SAC who did not vote. These were the results:

- MERS: 20 votes (100%)
- Lassa: 15 votes (75%)
- Nipah: 11 votes (55%)
- Chikungunya: 9 votes (45%)
- Rift Valley: 5 votes (25%)

Chikungunya scored highly in a survey completed before the teleconference; however, it was down-prioritised by participants on the teleconference, as some members mentioned that there was possibility for commercial interests (i.e. traveller’s vaccine) perhaps outside the remit of CEPI’s mission. Validation of the level of commercial interest in CHIK vaccines would be explored by the SAC in follow-up discussions.

The SAC decided that Call for Proposals 1 would be for *human* vaccines. The issue of potential funding of animal vaccines that have a large impact on human public health would be raised with the Board for their consideration.

Due to the lack of time on the teleconference it was decided that members review the draft Call for Proposal 1 text and provide feedback by close of business Wednesday 30 November.

**Next steps:**

- The Scientific Conference will take place in Paris, France 21-22 February 2017.
- The Scientific Advisory Committee meeting will begin at lunchtime 22 – 23 February.
- The Call for Proposal review framework will be discussed at a teleconference during the week beginning 9 January. The Secretariat will follow up in early December with further instructions and reading materials to prepare for the call.