



Q+A

CEPI Call for Proposals: Sourcing of serum from recovered patients for the development of a Rift Valley Fever (RVF) international antibody standard

This Q+A was last updated on 28 August, 2020. The document will be updated on a regular basis and published on the CEPI website.

QUESTIONS RELATING TO THE APPLICATION PROCESS:

Is there an editable PDF of the application form?

Please complete the application form in Word. The form can be downloaded from the Request for Proposals website by clicking on Annex 2: Request for Proposals Form; CEPI (RFP-ES-RVF-01).

Where should I send my completed application?

Please send completed applications to: rvfabstandard@cepi.net

What about including CVs, letter of support etc.?

As highlighted in #2.1 of the Request for Proposals form, we would like to receive a “Brief description of the organization and cooperating partners: Describe size – number and experience of leadership and senior employees, key project staff, number of years in operation, research environment, any affiliations to relevant national and international networks etc.”

This proposal is leaner than an application relating to vaccine development, at 10 pages plus supplements/attachments. You should include short bio-sketches for key personnel instead of full CVs. Confirmations (or even plans) regarding key partnerships or any other collaborations should also be included.

QUESTIONS RELATING TO THE CALL FOR PROPOSALS - SCIENTIFIC:

Do you have a specific antibody you’re looking for, and what is the range at which you consider the titer to be “high?”

We are interested in a broad spectrum of specific antibodies to Rift Valley Fever virus as the standard will be an International Antibody Standard used as a reference in many types of assays and diagnostic tests. This is termed as “commutable”.

If you are awarded the task of sourcing RVF sera for us, you are expected to complete the screening of recovered patients with certain diagnosis of RVF and use an ELISA (and possibly a neutralization assay) to screen candidates to select suitable donors. Through this you can define what a “high titer” is within that population. A number cannot currently be provided as this will vary with the assay (especially before standardisation; of which this is a particularly important element).

As a by-product of this screening process, you will identify individuals with low, medium and high. Such collections, including negative sera from individuals living the same area, will make a panel suitable for establishing and fine-tuning of assays for vaccine developers. If you have the capacity, you may wish to formulate a separate Work Package for creating such a serum panel.

You refer to collecting serum from more than one site. Could you please clarify how you define a site? Does it have to include different countries? If so, are there specific countries you are hoping to target?

The term “Different Site” is meant for sampling sera with different virus strains/lineages. As such, we are interested in sera from different geographical sites – not necessarily different countries. Separate distinct outbreaks will be considered as sufficiently different. All should be supplemented by whole sequence data and lineage-definition of the strains identified as causing the outbreak.

CEPI has not specified a list of countries that we are hoping to target – rather, selection of sites is dependent on the current epidemiology, possible ongoing activity and/or the local capacity-building.

We are planning to only enroll participants who have previously been exposed to Rift Valley Fever (RVF) virus. Does CEPI require us to retest those individuals to confirm RVF virus exposure before the serum are sent off for creation of the antibody standard?

Yes. While not specifically highlighted as a requirement, using an ELISA and a neutralization assay for specific antibodies against the RVF virus would be recommended. Your application should also describe how you select your recovered patients and the test methods used (also the basis for the original diagnosis).

Our main goal for this RfP is to achieve high titre serum/plasma. While several assays will be run on the samples when creating the antibody standard, it is useful to also receive data from your screening. Samples with low and medium titres are useful together with high titre serum for “Panel Compilations” to be used by vaccine developers and other laboratories to “fine-tune” their assay. Negative samples from the same population that the recovered patients are recruited from will also be useful in this context.

It is also worth noting that the provider and the country should agree to distribution of samples and should also ensure that the donors have provided consent to the donation and later use of their serum material. Samples should be accompanied with evidence of donor consent.

We are working to incorporate various additional aspects that can augment the primary effort of sourcing RVF patient sera, including

studies of T-cell immunity, and surveillance for acute. Will this approach be ok?

Studies of added value might well be included in the proposal as separate work packages, with a separate budget, aims and the logic for how this might benefit the overall project and the RVF field in general. It will then be evaluated the CEPI Team who will advise on if this is fit for purpose.

Will the donated serum end up being used in a product that is later marketed and sold?

The RVF serum will only be distributed for a small handling fee which is the same for all WHO international standards. This doesn't generate a profit, but it is cost recovering. This type of material, provided under the auspices of WHO, is a common good in order to improve global health.

What limitations are there on the cold chain for the serum?

Antibodies in undiluted serum are stable in liquid, non-frozen form for some time. Nonetheless, you should document the temperature at which you store samples and the number of freeze and thaw cycles. The serum should be handled under aseptic conditions since bacterial contamination is a high source of proteases that will rapidly degrade the immunoglobulins.

Do you need the serum heat inactivated before transport? Since these collections will be taken from healthy participants, it may be possible to ship serum that is not inactivated?

Heat inactivation is not ideal, and we recommend against it. There may be a local testing programme which can be used to check the sera does not contain genetic material with reproductive capacity from RVF virus (or other viruses like HBsAg, HCV and HIV). If you have such data, this should be provided with the samples. However, this is not a requirement from us or NIBSC. The serum material will have to undergo a solvent-detergent inactivation procedure at NIBSC, before any further processing. This treatment does not interfere with the Ab-activity of the material but effectively gets rid of all enveloped viruses.

We are planning to ship all samples back from the RVF endemic area for testing in a laboratory in the US. Will this be ok?

We advise you to use a local laboratory for the initial screening and selection of valuable donors for the RVF antibody standard. Local capacity building is important, and this will be evaluated in a positive way if you include that in your application.

To get data for the RVF Ab-levels directly from the local screening, ELISA would be suitable. This will also reduce the cost of shipping and lower the risk of samples getting lost or damaged.

What does the term "Work Packages" mean in the budget template? Could the following be regarded as separate work packages; 1. Re-

enrolment of prior study participants. 2. Enrolment of new study participants. 3. RVF ELISA and PRNT testing?

A Work Package (WP) is a defined body of work which could be funded independently to yield the desired deliverable; in this case a large volume of sera from recovered RVF patients. Other WPs could be considered which would augment, but not replace this.

For example, there could be proposed a WP looking at levels of response and then subdivide the serum samples. This would not be mission critical, since we would still have the main deliverable, but it could improve the quality of the data. This includes additional projects that would add to, but not replace, the originally funded scope of work. CEPI could then decide whether to fund this or not, without impacting the original goal.

Regarding the examples you mention, they cannot be regarded as separate (independent) WPs. More simply speaking, a WP is defined by the results or material that CEPI and Partners can use and need (in support of vaccine development projects in some way).

What you describe in the examples is more the logical and necessary steps towards your primary WP, sourcing of serum from recovered patients, previously diagnosed with RVF disease. What could be considered as additional WPs in the area of RVF (related to this RfP) could for example be creation of serum panels (High, Medium, Low and Negative RVF sera); sampling sera from different geographical areas and distinct outbreaks in localisation and time (representing different clades/lineages of the virus); establishment of a local/national bio-bank of RVF serum collection; and collection and sequencing of RVF virus strains from different geographical areas.

Please note that these additional WPs are not obligatory to include in your proposal.

QUESTIONS RELATING TO THE CALL FOR PROPOSALS – FINANCIAL:

Any budget limits or specific start date for projects?

There is no budget limit defined, but proposals will, in part, be evaluated on value for money” basis. There is also no defined start date, however, there is an urgency for an antibody standard, and we should seek to ensure an early as possible start date. The earlier an antibody standard can be distributed and used by the different vaccine developers, the more valuable it is.

What is the allowable indirect cost rate for this proposal?

CEPI’s indirect cost (IDC) rate is 15%. You should itemize what is put in the IDC category and explain what they are, so that the cost attributed to them can be put in the budget template. If there are things you cannot treat in this way, you can use the budget narrative /justification document to define and describe those costs.

We normally require an indirect cost waiver in order to be able to submit a proposal with the 15% indirect cost rate (IDC). Can anything be done from CEPI’s side to enable this?

The 15% IDC rate is what CEPI can offer due to the various funder obligations that we manage. We would suggest that you look at our cost guidance ([link here](#)) to better categorise your costs as per our policy. Please note that both Indirect Cost (IDC) and Other Direct Cost (ODC) are called “Other Costs” or “Overheads”. However, if the cost item is (i) traceable to the project and (ii) incurred during the project period and not otherwise accrued, then it is NOT IDC but ODC. The ODC is not capped by the 15% rate – it forms the base for total direct costs that drives the IDC (15% of total direct costs).

We suggest you have a look at cost guidance for the classification of IDC and ODC – by doing that, you may find that, even though your IDC rate is higher than CEPI, some of your IDC items could be ODC as per CEPI’s guidance, thus the actual IDC when presented in CEPI’s budget format would be lower.

We encourage you to apply so that the technical team can evaluate the scientific and technical qualities of your proposal. If that is positive, we may be able to further negotiate the budget to see if we can adjust it so it fits with the given formalities.

Could you provide additional information about the original source of funding for this RfP?

CEPI’s funds come from different sources, such as sovereign governments and philanthropic organisations, including the Bill and Melinda Gates Foundation and Wellcome Trust. For more information about our organisation and our investors, please visit www.cepi.net/about/whoweare

We don’t set aside specific funding sources that would go a Call/ Request for Proposals, but rather manage them at aggregate level to cover our needs. When we co-launch a call with a specific funder, the funding sources are clearly stated in the call text.