



**THE JENNER  
INSTITUTE**  
DEVELOPING INNOVATIVE VACCINES

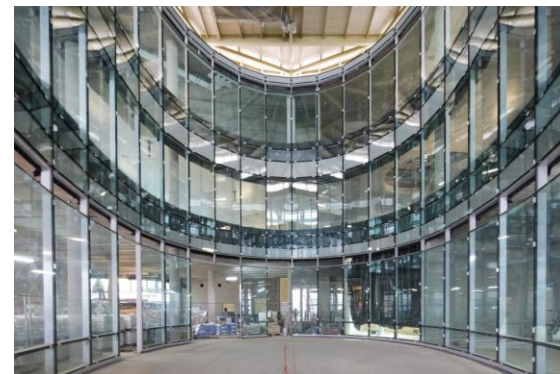


UNIVERSITY OF  
**OXFORD**

# **Viral Vectored Vaccines for Veterinary Vaccinology**

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**Jenner Institute, Oxford University, UK**





# Synergies in Human and Livestock Vaccine Development

- Same or related diseases in two species
  - e.g. tuberculosis, influenza, RVF
- Rapid efficacy testing in large animal species
  - allowing biomarker identification
- Large animals better predictors of immunogenicity
- Common novel technology platforms
- Similar cost constraints for low income markets



# Jenner Institute Core Facilities

- Viral vector core facility
  - Generates about 100 viral vector batches annually (60 new, 40 re-bulks) for 26 Jenner Investigators
- Transcriptomics facility
  - Primarily for human and large animal trials
- Adjuvant bank
  - > 50 adjuvants in house
- Flow cytometry core facility



# Sanofi Pasteur Chimerivax

- Only licensed viral vectored vaccine for humans
- Live attenuated yellow fever virus vaccine strain YF17D expressing JEV membrane and envelope proteins
- Immunogenicity of a single dose is non-inferior to three doses of the inactivated JE vaccine
- Short-lived, asymptomatic low level viremia detected in some vaccinees
- Seroprotection estimated to last 10-20 years
- The same approach could be used for other flavivirus vaccines



# Human Vaccines Pipeline



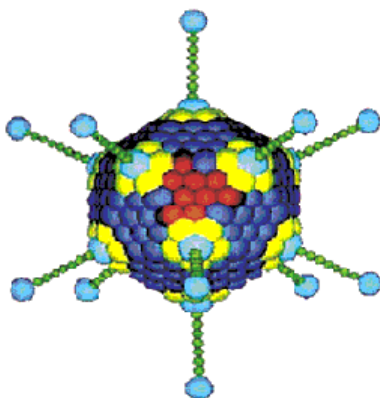
Disease Area	Number of GMP Vaccines	Preclinical	Phase I	Phase IIa	Phase Ib	Phase IIb	Phase III	Licensure
			Oxford		Patient Group / Endemic Area			
Malaria	15							
TB	3							
HCV	3							
HIV	5							
Pandemic Flu	2							
Meningitis	1							
RSV	3							
Ebola	1							
<i>Staph aureus</i>								
Prostate cancer								
Rift Valley Fever								

The busiest pipeline of any non-profit vaccine institute



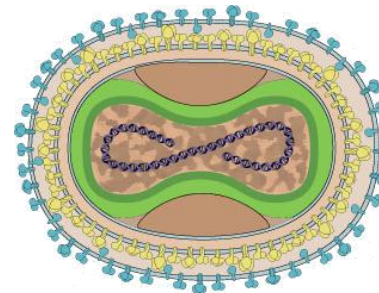
# Viral Vector Vaccines

## to Maximise Cellular Immunogenicity



**Adenovirus Prime**

8 weeks



**MVA Boost**

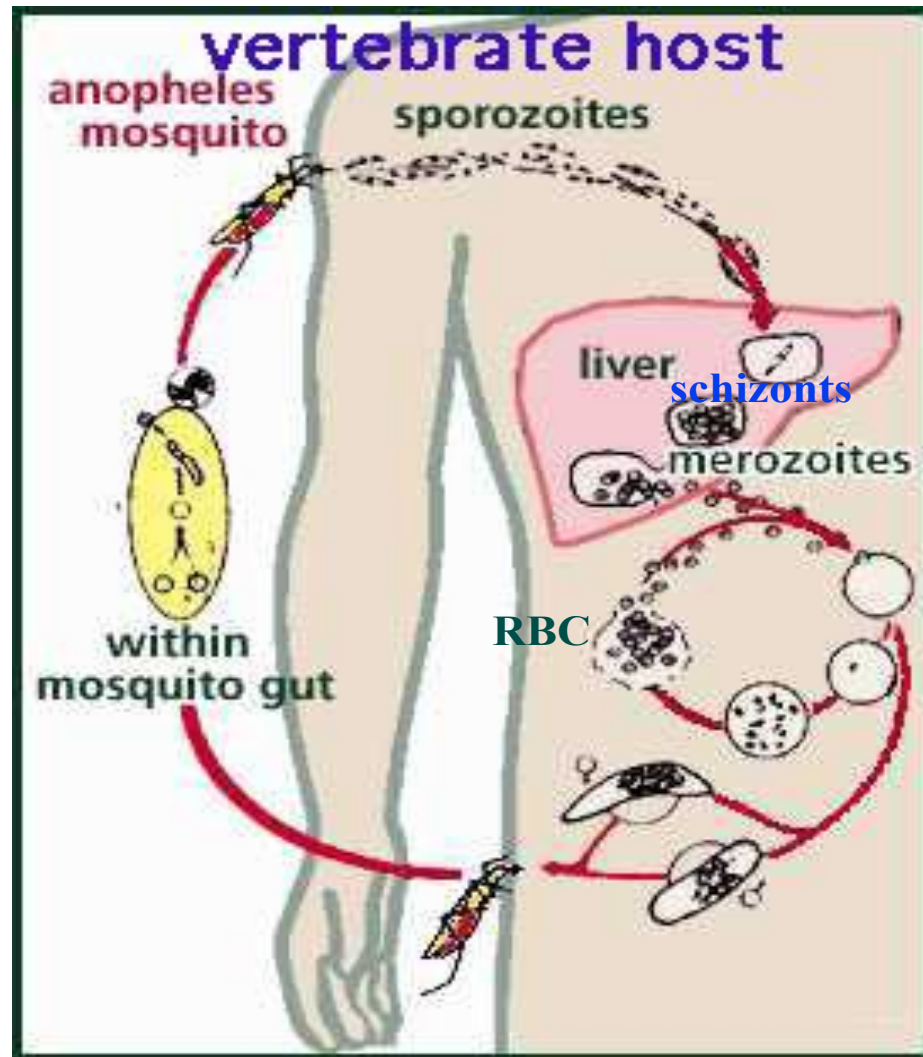


Malaria x 5, HCV, HIV, influenza, TB, RSV



# Malaria

## A Complex Life Cycle



Mosquito Stage

Liver Stage

Blood Stage



# Main Approaches to Malaria Vaccine Development

## 1. Protein-adjuvant vaccines

- RTS,S/AS01
- AMA1/AS02
- GMZ2/Alum

**antibodies**

## 2. Vectored vaccines

- Fowlpox-MVA
- Adenovirus-MVA
- DNA-Adenovirus

**cellular immunity**

## 3. Whole parasite vaccines

- Irradiated sporozoites
- Genetically attenuated parasites

**both to multiple antigens**



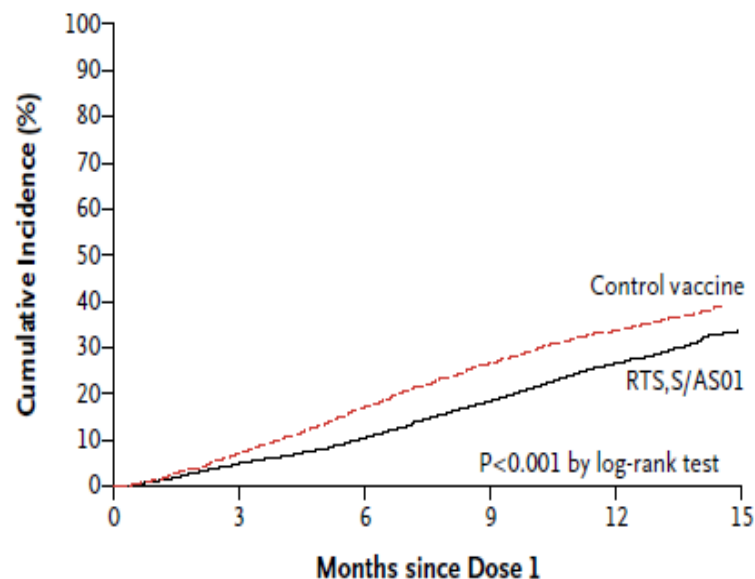


# RTS,S Phase III trial Update

9 November 2012

- 15,000 infants at 11 African sites
- Less good news
  - 30% efficacy against clinical episodes in 6-12 week olds over 1 year of follow-up
    - this is the ideal target population
- Other findings
  - Safety findings satisfactory
  - Short time span of efficacy
  - 26% efficacy against severe malaria measured as 1-RR (ATP analysis)
  - Up to 600µg/ml of antibody, but this drops rapidly

Intention-to-Treat Population





# Attempts at CD8+ T Cell Induction in Humans

- DNA
- RNA
- Peptides
- Lipopeptides
- Virus-like particles
- MAPs
- Dendritic cells + Ag
- MAbs to DC receptors
- Protein +
  - Alum
  - Montanide
  - AS01-15
  - TLR ligands
  - Emulsions
- Many viral vectors
  - ALVAC,
  - AAV
  - alphaviruses

More promising: Adenovirus & yellow fever vectors, orthopox boosting, peptide in IFA



# Viral Vectors: some advantages

- Low cost of goods
  - Synergies with HIV, TB, cancer vaccine development
- Thermostable
  - 42<sup>0</sup> degrees for 6 - 12 months
- Intramuscular route
  - applicable to young infants
- Just two immunisations
- Rapid response potential



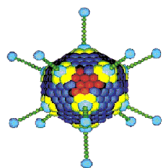
# **Viral Vectors: scalable manufacturing**

- Cell lines available for human and simian adenoviruses, or for MVA
- Cell lines grown in bioreactors or wave bags
- Chromatography purification process removes host cell DNA and host cell protein
- Tens of thousands of doses of Ebola vaccines have been manufactured (ChAd3 and MVA)
- A simplified process could be used for veterinary vaccines



# Why Use Viral Vectors in Prime-Boost Regimes?

- Best means of safely inducing T cells in humans
- 8 vaccines have induced  $>1000$  SFU/ ml blood
  - in malaria (x 4), HIV, HCV, tuberculosis and influenza
  - all used viral vector boosting
- Adenovirus – MVA is the most potent approach
  - better than DNA – Adenovirus
  - better than Adenovirus - Heterologous Ad



**Adenovirus Prime**

→  
8 weeks

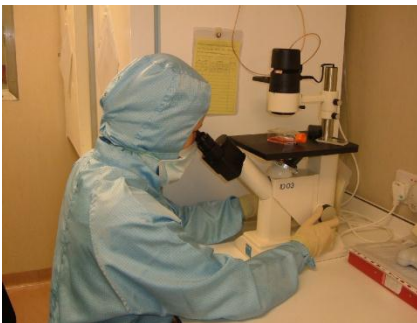


**MVA Boost**



# Clinical BioManufacturing Facility

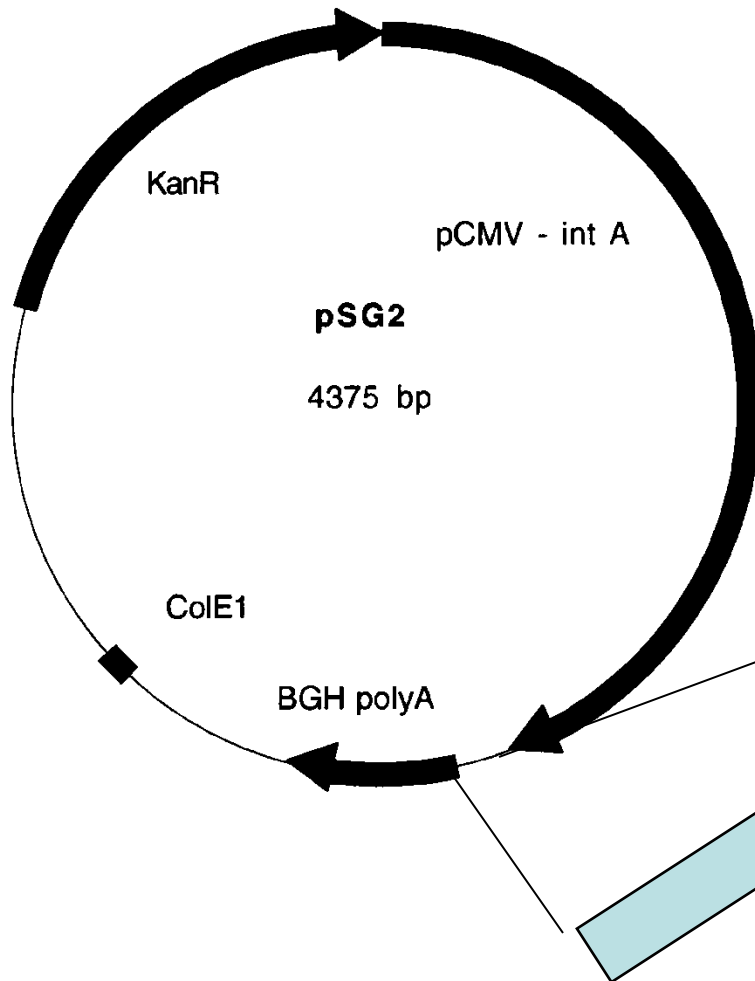
## University of Oxford





# Vectored ME-TRAP

## A PolyEpitope-Protein Construct



**ME: Malaria Epitopes**

**TRAP: Thrombospondin-Related Adhesion Protein**

TRAP strain is T9/96  
In this vaccine



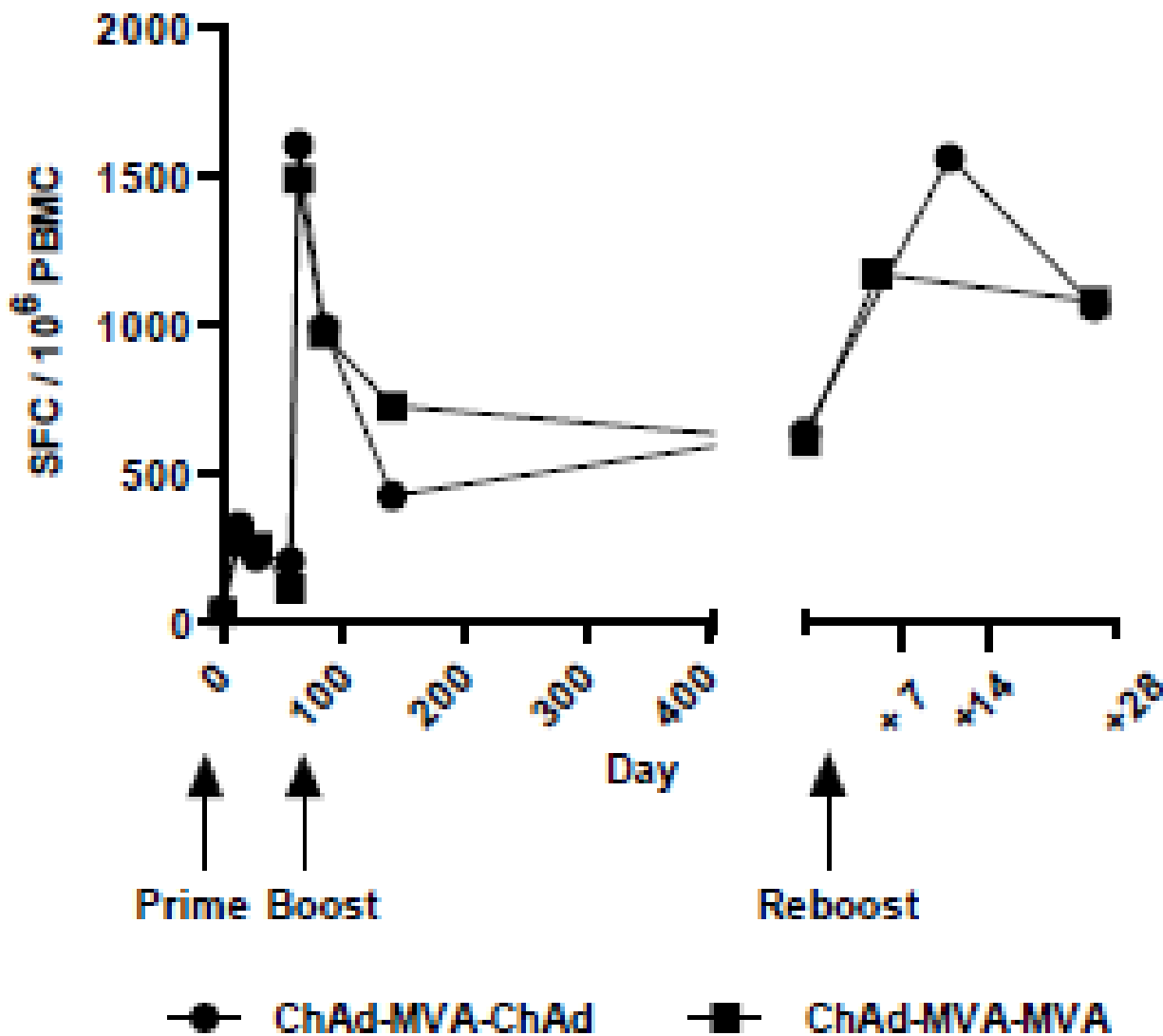
# ME-TRAP T Cell Immunogenicity in the Clinic

<b>VACCINE</b>	<b>T CELL RESPONSE</b> mean cells/ million PBMCs	<b>ANTIGEN</b>
DNA x3	48	ME-TRAP
FP9 x 2	50	ME-TRAP
MVA x 3	41	ME-TRAP
<b>ChAd63 x 1</b>	<b>850</b>	<b>ME-TRAP</b>
DNA-MVA	430	ME-TRAP
FP9-MVA	475	ME-TRAP
<b>ChAd63-MVA</b>	<b>2800</b>	<b>ME-TRAP</b>





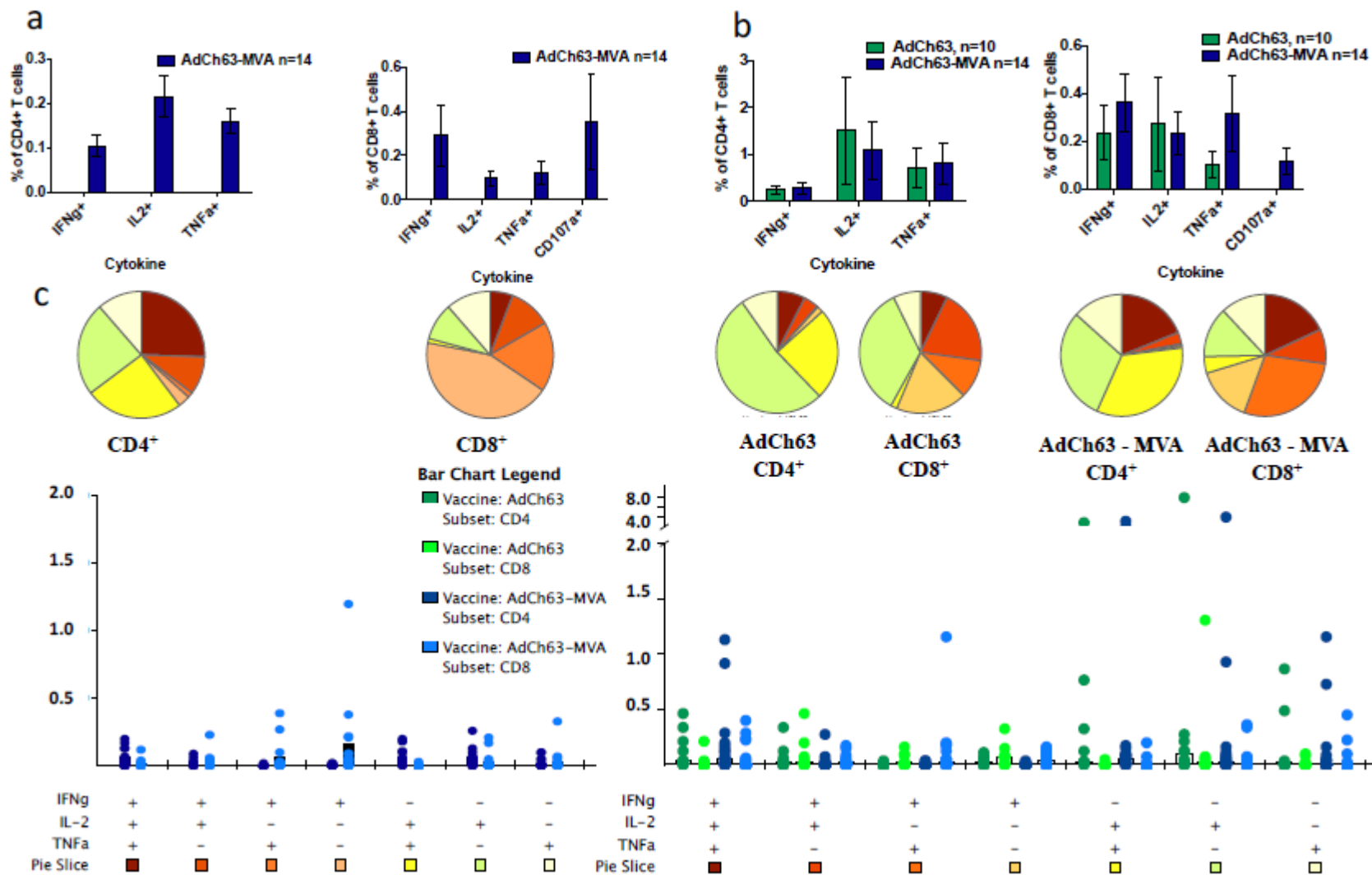
# Responses are Durable and Can Be Re-Boosted at 6-30 Months Post-MVA



O'Hara  
JID  
2012



# Induced CD8 and CD4 Cells to TRAP Show Substantial Polyfunctionality



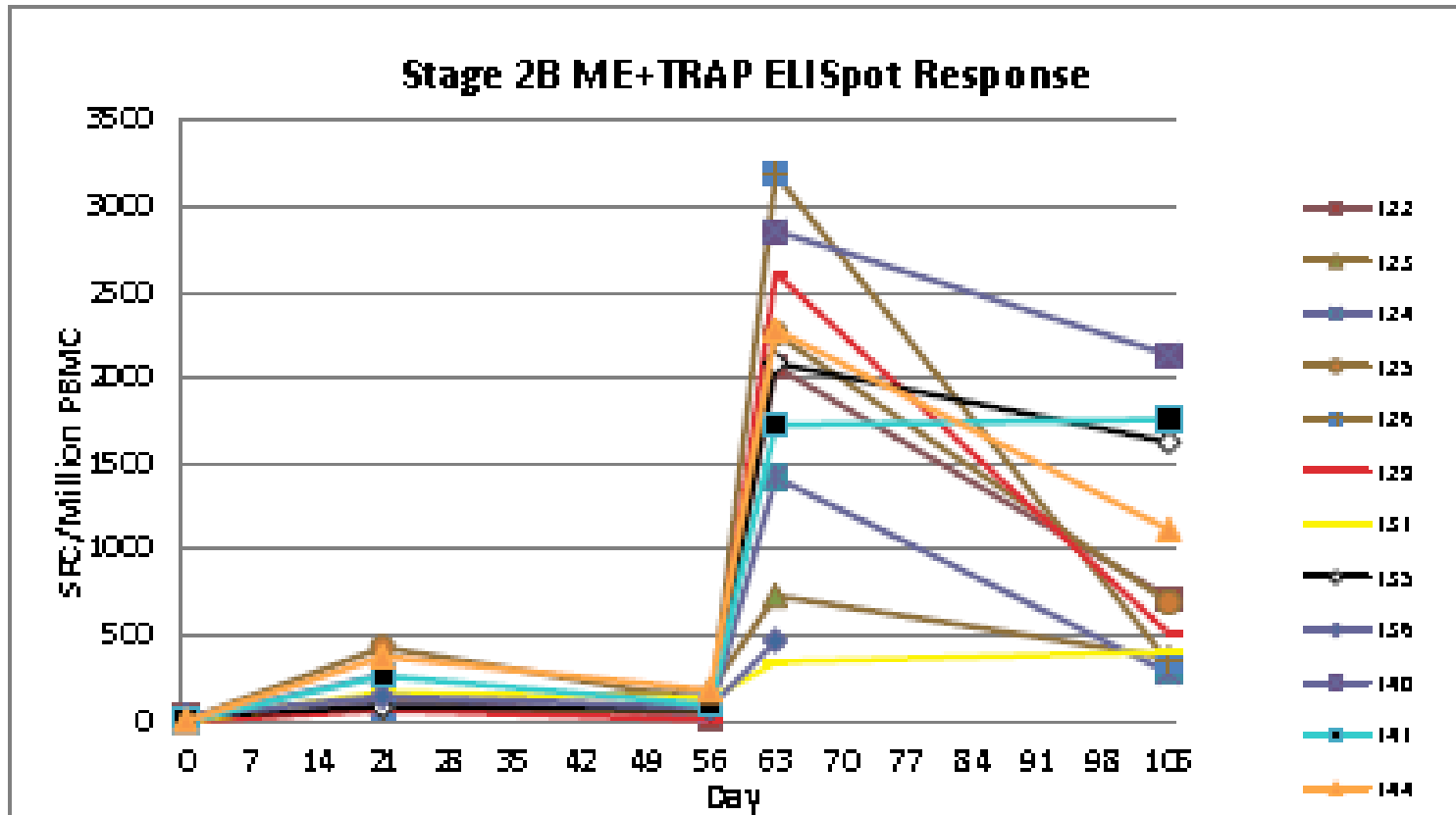


# ChAd63-MVA ME-TRAP Efficacy

- 21% sterile efficacy in CHMI studies
  - but a further 30% of vaccinees show a 2 day delay in time to patency
    - Corresponding to a >90% reduction in liver parasite load
    - Against 5 bites of heavily infected mosquitoes
- The efficacy is against heterologous strain challenge
- Efficacy of ChAd-MVA is repeatable
  - In two further challenge trials (Vac45 and Vac52)



# ChAd63-MVA MeTRAP in Gambian 10 week olds



Stage 2B Day	Median		Mean	
	T996+ME	T996 +E	T996 +ME	T996 +E
SCREEN	12	12	12	12
21	135	182	135	182
56	82	89	82	89
63	2077	1837	2077	1837
105	690	905	690	905



# Current Animal Virus Vaccine Research



FMD  
BRSV  
Bluetongue  
BVDV



Marek's Disease  
Avian Influenza  
IBV  
IBD



African swine fever  
FMD  
Swine Influenza  
CSF



Bluetongue  
PPR  
FMD  
Nairobi sheep disease



African horse sickness



# Livestock Vaccine Programmes

- Foot and mouth disease
- **African swine fever**
- **Bovine tuberculosis**
- **Peste des petites ruminants**
- **Respiratory syncytial virus**
- **Rift valley fever**
- **Avian and swine influenza**
- Marek's disease
- **African horse sickness**
- Bluetongue

# Licensed viral vectored veterinary vaccines

Recombinant viral vector	Target pathogen	Target species	Target antigen	Brand name	Distributor
ALVAC (plus tetanus toxoid and Carbopol adjuvant)	Equine influenza virus	Horses	HA (Kentucky and Newmarket strains)	ProteqFlu-Te (Europe) Recombitek (USA)	Merial
ALVAC	West Nile Virus (WNV)	Horses	PreM-Env	Recombitek Equine WNV	Merial
ALVAC	Rabies virus	Cats	Glycoprotein G	Purevax Feline Rabies	Merial
ALVAC	Feline leukaemia virus (FeLV)	Cats	Env, Gag-Pol	Purevax FeLV	Merial
ALVAC	Canine distemper virus	Dogs	HA and F	RECOMBITEK rDistemper	Merial
ALVAC	Canine distemper virus	Ferrets	HA and F	Purevax Ferret Distemper	Merial
Fowlpox virus (FPV)	Avian influenza virus and FPV	Poultry	H5 HA	Trovac AI H5	Merial
FPV	Newcastle disease virus (NDV) and FPV	Poultry	HN and F	Vectormune FP-N	Biomune
Vaccinia virus	Rabies virus	Wildlife	Glycoprotein G	Raboral	Merial
NDV (LaSota strain)	Avian influenza virus and NDV	Poultry	H5 HA	NewH5	Avimex
Flavivirus YFV-17D (live chimeric virus)	WNV	Horses	preM-Env of WNV in YFV-17D backbone	PreveNile	Intervet
HVT (live chimeric virus)	IBDV and Marek's disease virus	Poultry	VP2 of IBDV in HVT backbone	Vaxxitek HVT + IBD	Merial

ALVAC, attenuated canarypox virus; Env, envelope protein; Gag, group-specific antigen; F, fusion antigen; H5 HA, HA from influenza virus H5; HA, haemagglutinin; HN, haemagglutinin-neuraminidase protein; HVT, Turkey herpesvirus; IBDV, infectious bursal disease virus; Pol, polymerase; preM, pre-membrane protein; VP2, viral protein 2; YFV-17D, attenuated yellow fever virus strain 17D.



# Viral Vectored Vaccines against PPR

BBSRC-CIDLID: Development of a DIVA vaccine against PPR

- PPRV is a morbillivirus which causes disease characterised by fever, nasal discharge, bronchopneumonia, necrotic stomatitis and diarrhoea in sheep and goats
- Mortality varies from 20% to 60%
- Current live attenuated vaccines are effective but require a cold-chain for distribution and do not distinguish infected from vaccinated animals (DIVA)
- Aim to develop a DIVA vaccine using replication-defective Ad5 expressing PPRV H and/or F proteins

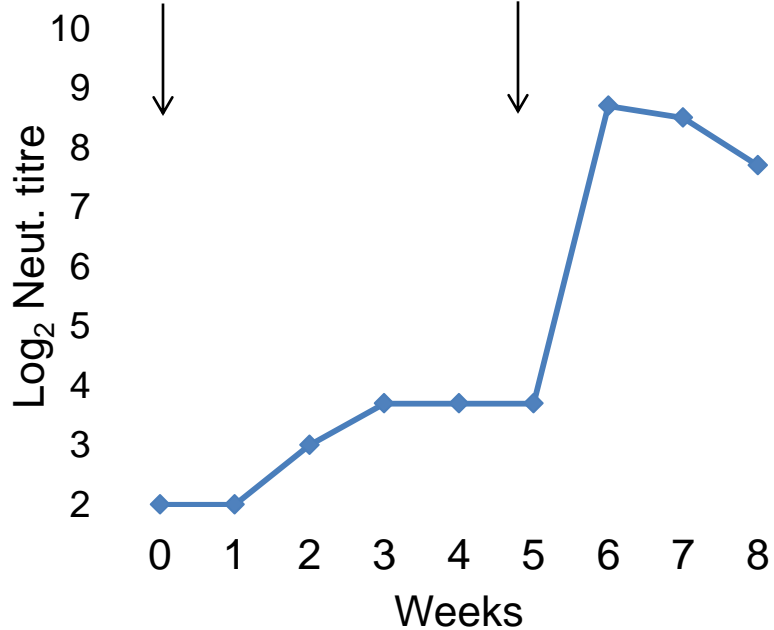
(Herbert, Baron , Baron & Taylor *Vet Research* 2014)





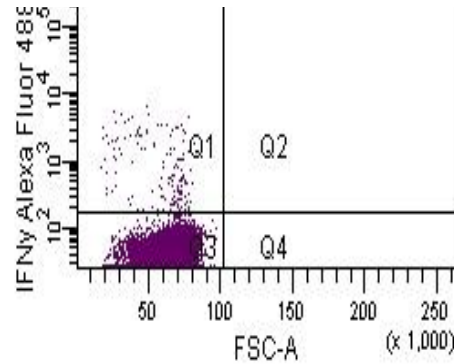
# Ad5/PPRV H + F in goats

## Neutralising Ab response

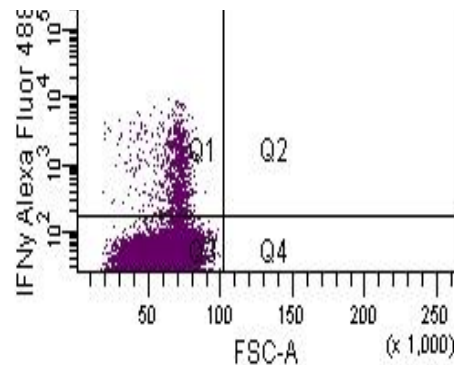


- Goats inoculated i.m. with  $1 \times 10^9$  i.u. of each AdV

## F-specific CD8 T cells

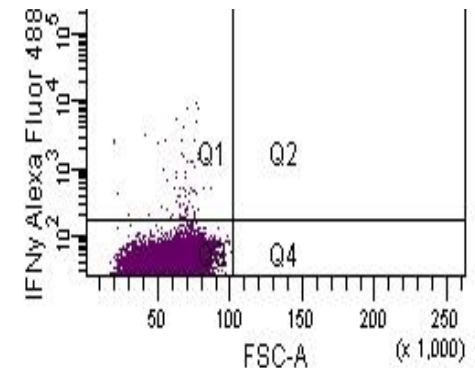


## H-specific CD8 T cells



Priming of F & H specific CD8<sup>+</sup> T cells by Ad5/F+H

## Control





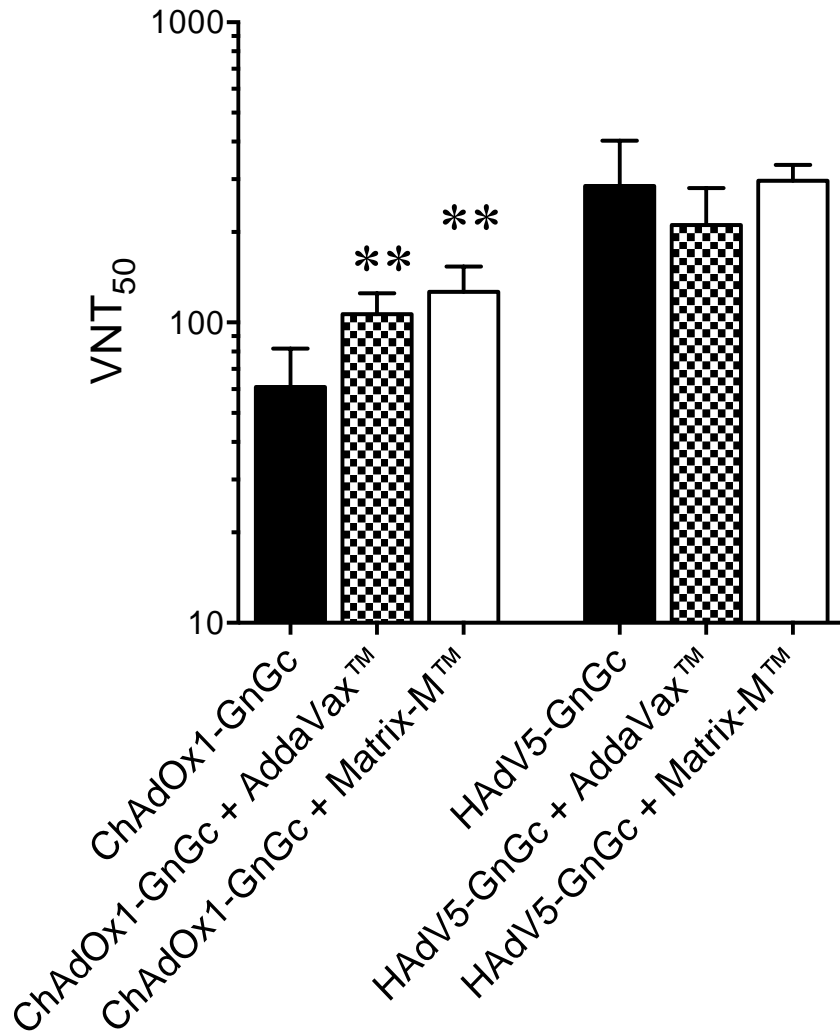
## PPR challenge in goats

- **A single immunisation of Ad5-F** protected goats against infectious PPR challenge four months after immunisation
- Neutralising antibody and CD8<sup>+</sup> T cells were primed
- No virus shedding after challenge
- No pre-existing immunity to the viral vector (unlike capripox vectored vaccines)
- DIVA compatible, only one PPR antigen is required in the vaccine

Herbert et al. Veterinary Research 2014



# Immunogenicity and efficacy against RVF viral challenge in mice 8 weeks post-vaccination



- ✓ 100% protective efficacy by all regimens in BALB/c mice
- ✓ ChAdOx1-GnGc +/- Matrix-Q™ selected for ruminant trials



# Jenner Human Influenza Vaccine

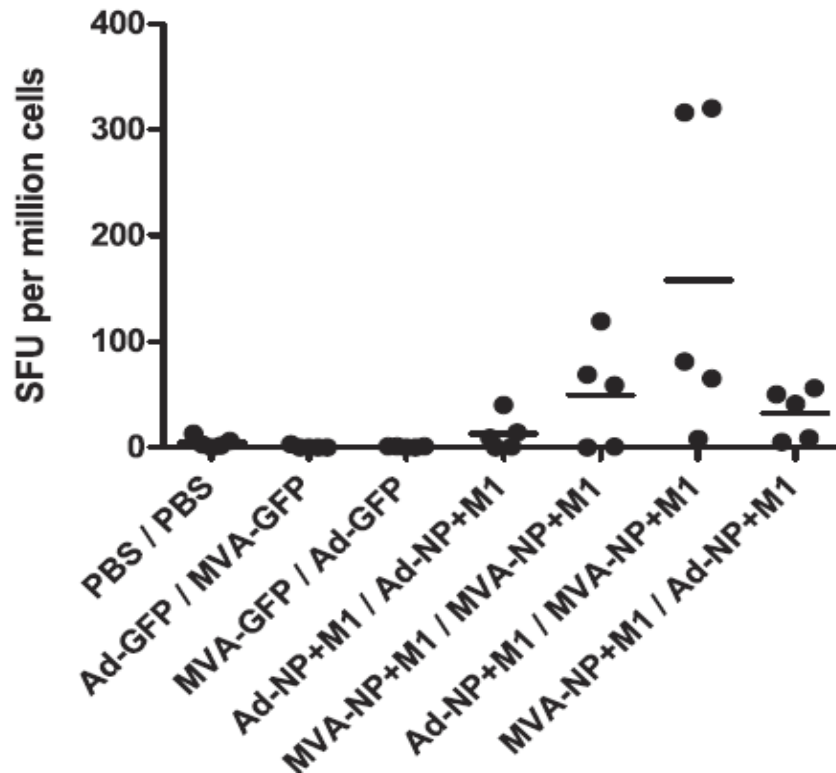
- MVA encoding NP+M1 in phase II trials
  - Boosts CD8+ and CD4+ T cells very strongly
    - in adults including older adults
  - Preliminary efficacy against challenge
  - Being compared clinically to ChAdOx1 vector
  - Co-administration with trivalent flu vaccine beneficial
    - Enhances antibodies to standard trivalent influenza vaccine
- Development options
  - Stockpiling for emergency pre-pandemic use
  - Mixture with standard flu vaccines for higher efficacy



# Influenza Adenovirus-MVA

## Prime-Boost Regimes in chickens

prime *in ovo*, boost the hatchlings



Ad-MVA NP+M1 group showed reduced cloacal shedding measured by plaque assay at 7 days post infection



# Funding Acknowledgements



**wellcome**trust



**NHS**  
*National Institute for  
Health Research*



Grand Challenges  
in Global Health

