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How to deliver new vaccines under very short timelines: The ZAPI project

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Zoonoses Anticipation and Preparedness Initiative

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How to deliver new vaccines under very short timelines ?

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Zoonoses Anticipation and Preparedness Initiative



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www.zapi-imi.eu



Non-competitive nature



- The ZAPI project is not focused on specific commercial products.
- The ZAPI project aims to design **new manufacturing large scale capability processes** for neutralizing reagents and vaccines against zoonotic diseases.
- These new R&D and manufacturing processes should be usable both for animal and human health needs

1st One Health IMI project



The need to anticipate the future... and preparedness activities



- It is always better to anticipate the risks..
- Major bio-threats are known (OIE list + (new arthropod-borne diseases) + WHO initiatives...
- However, experience and recent history show that some events are unpredictable.... And we actually face the “unexpected” more and more.



Global needs for new vaccines



- **VACCINE PRODUCT « BY DESIGN »:**
 - Selection of protective immunogens
 - Adjuvants, Immuno-modulators
 - Delivery systems



• TECHNOLOGIES

– Many advantages to use recombinant technologies as solutions for industrial bottlenecks:

- **No handling of pathogens**
- **Large manufacturing capacity**
- **Less biological variability for the final product**
- **Easier QC testing for batch release**



Challenges for delivering emergency vaccines



Technical constraints....

- **Timelines** (very short by definition = a few months...)
- **Manufacturing capacity** (with secured supply chains for raw materials = source of many bottlenecks)
- **Reliable processes / fully *in vitro* QC tools**



Challenges for delivering emergency vaccines



Technical constraints (2)....

- Contained ABSL-3, ABSL-3+, ABSL-4 animal facilities for testing vaccines ...
- Stockpiling storage:
 - Vaccine stability, facilities for vaccine storage → will drive the selection of technical solutions
- If “immediate use” (implies efficient “surge capacity”):
 - No need for long term stability (and for stockpiling ?)



Challenges for delivering emergency vaccines



Technical constraints (3)....

- Manufacturing capacities (with secured supply chains for raw materials) (“capacity” can be a very complex figure):
 - Minimum number of doses
 - Dose of antigen (linked to adjuvant, delivery route)
 - Key equipment for the process
 - Manufacturing average cycle time (reliability of process, batch release success rate...)
 - Stability (shelf life)



“New thinking” as part of the preparedness



- Need to work with an “Industrial mindset” rather than a “scientific mindset”. At the end of the day, one delivers a ***product***, not an experimental vaccine...
- Better preparedness if vaccine solutions are based on the “re-use” of existing (proven) manufacturing technologies.



“New thinking” as part of the preparedness



- Viruses are perceived today as technically achievable for this objective.
- 3 viral models are used in the ZAPI project:
 - Rift Valley Fever Virus
 - Schmallenberg Virus
 - MERS-CoV
- Key progress in bioinformatics and new expression systems enable now the implementation of efficient subunit vaccine solutions



Conclusions (1)



- For « expected events », the best approach is to stockpile (« no delay » between identification and implementation of field vaccination)
 - However, this is associated with costs, technical issues, and uncertainties...
- For « unexpected events », all timelines become highly critical:
 - Identification of pathogen / immunogen is key
 - « Quality by Design » of the optimal vaccine for « instant » manufacturing capacities



Conclusions (2)



Necessity to innovate for designing subunit vaccines fit to robust and « high yield » expression systems / processes:

- Effectively achieving delivery of a product with existing GMP facilities
- Ensuring surge manufacturing capacity

Timelines are critical for well-adapted responses:

- Select solutions enabling a **short cycle time** for production:
 - Rapid antigen production with high « volumetric yields »
 - Fast Quality Control (*in vitro*) for batch release



Conclusions (3)



We are in a global « One World / One Health »

- Anyone (domestic animals, people) can or will be exposed to new (re-)emerging diseases.
- The « reduction to effective field use » is too slow if we follow the « old ways ».

It is time for a change and for action :

- Need to « act » the preparedness through large collaborations
- Demonstration of the key industrial steps through **prototype projects such as ZAPI**



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Thank you for your attention



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20 Partners in ZAPI consortium



EFPIA partners :

- Merial
- Boehringer Ingelheim Animal Health
- AstraZeneca / Medimmune

EFPIA coordinator

EFPIA partner

EFPIA partner

Public consortium partners:

Erasmus Medical Center NL

CVI Lelystad NL

Utrecht University NL

Leyden University NL

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