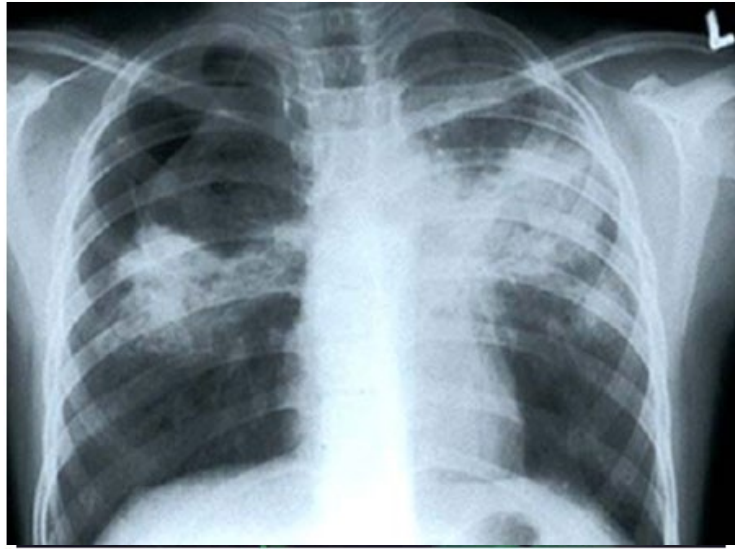


# Prevention is better than Cure: Development of More Effective TB Vaccines



Tom Scriba

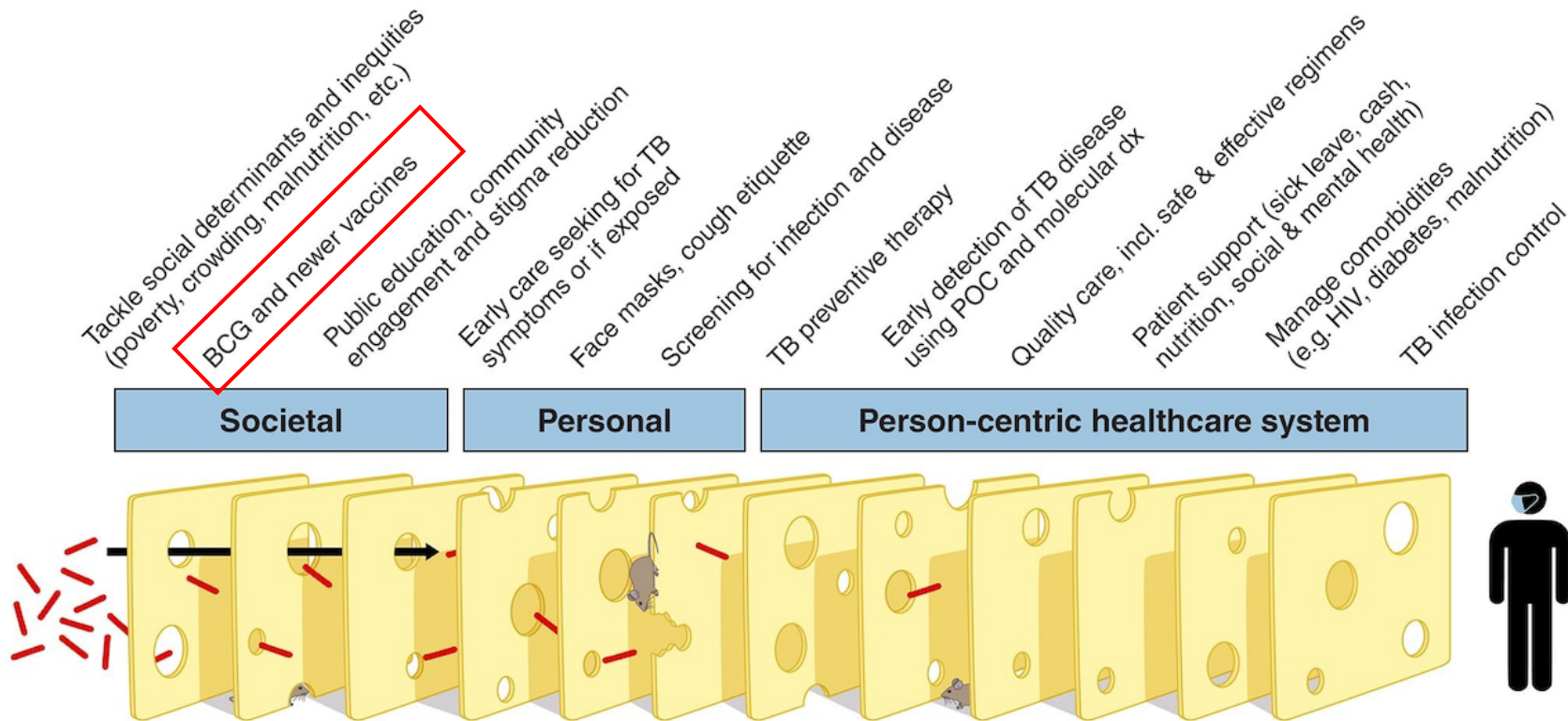
[thomas.scriba@uct.ac.za](mailto:thomas.scriba@uct.ac.za)

Swiss TPH Hybrid Symposium

22 March 2023



# The Swiss Cheese Model for Ending TB



**Each intervention (layer) has imperfections (holes).  
Multiple layers improve success.**

 Misinformation mouse

Adapted for TB by Jen Furin & Madhu Pai (@paimadhu), with permission from Dr Ian Mackay (@mackayIM)  
With input from Amrita Daftary, Petra Heitkamp, Joel Klinton, Emily MacLean, Lena Faust, Giorgia Sulis, Sophie Huddart, Anita Svadzian

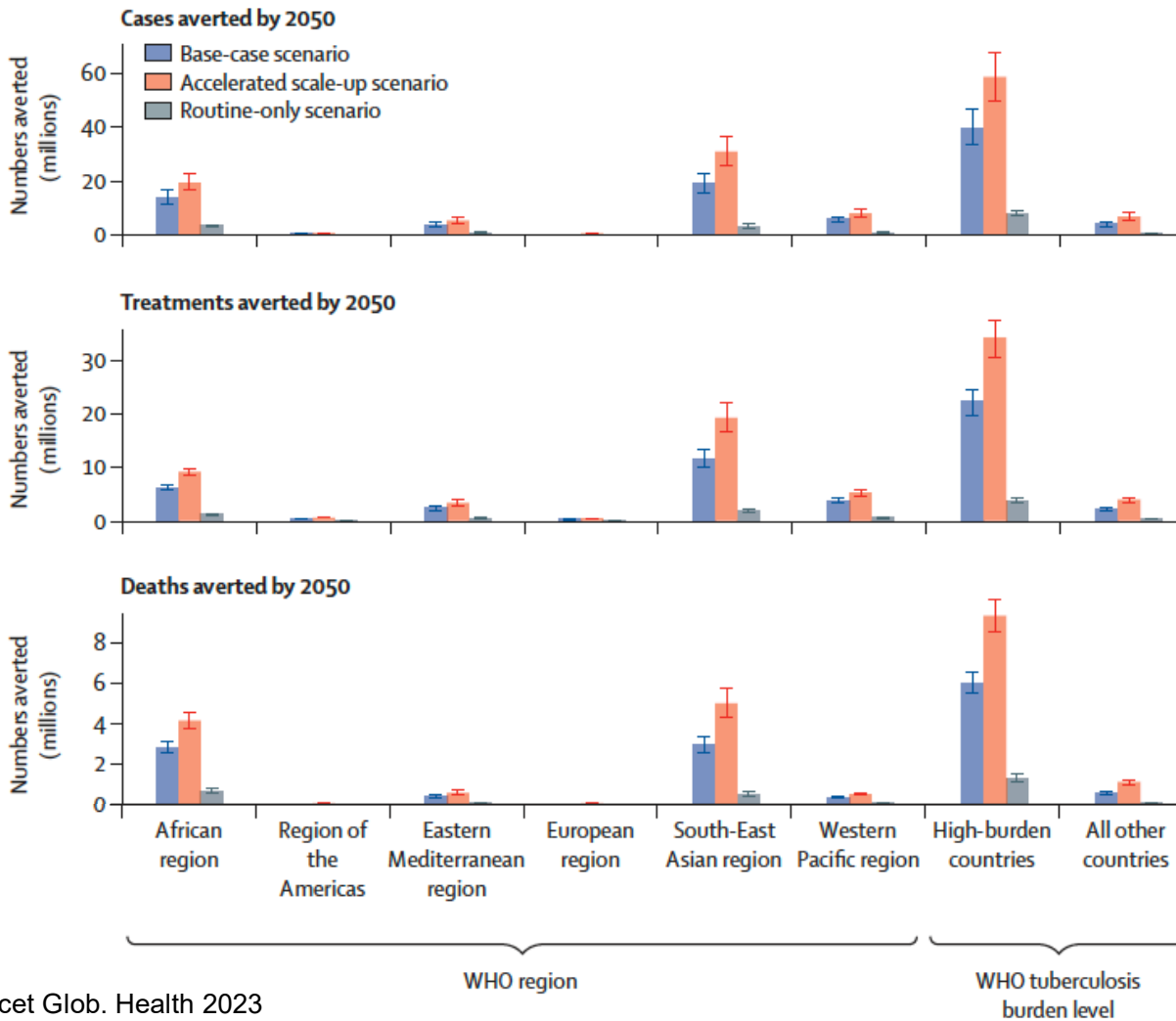
# Impact of TB vaccination

- TB vaccine with 50% efficacy, 10 year duration
- Adolescent and adult vaccine

Routine-only: vaccination of 9 year olds (80% coverage with 5 year-scale up)

Base-case: One-time vaccination campaign for all individuals aged 10 years and older (70% coverage)

Accelerated (instant) scale-up

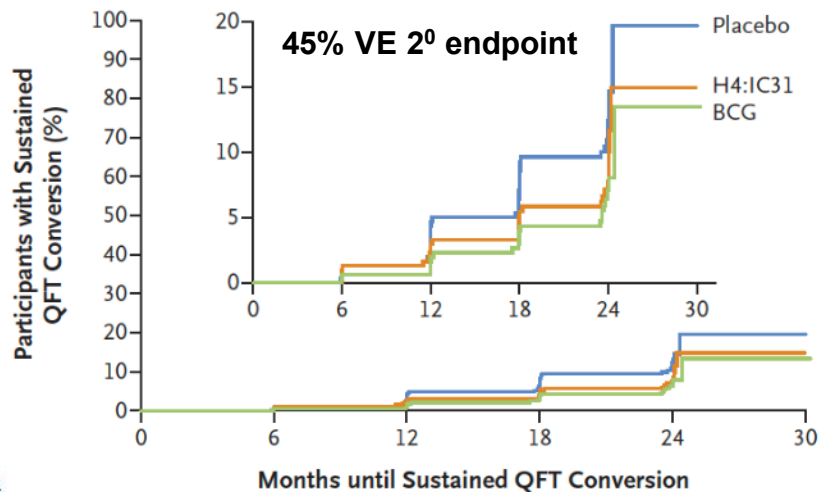


# Efficacy signals in well-conducted human clinical trials

ORIGINAL ARTICLE

## Prevention of *M. tuberculosis* Infection with H4:IC31 Vaccine or BCG Revaccination

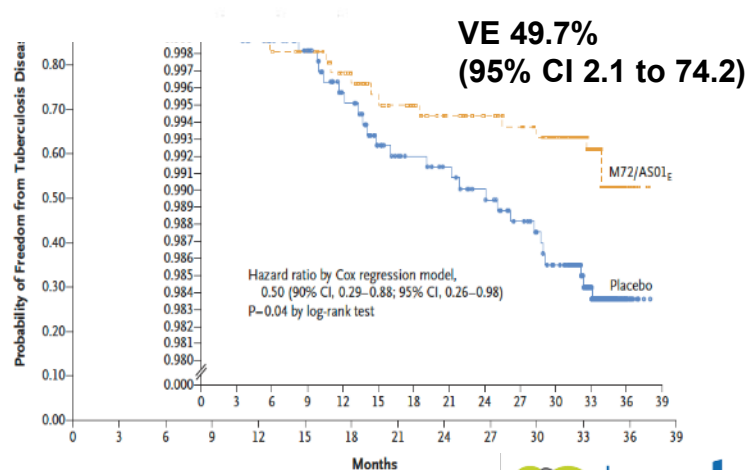
E. Nemes, H. Geldenhuys, V. Rozot, K.T. Rutkowski, F. Ratangee, N. Bilek, S. Mabwe, L. Makhethe, M. Erasmus, A. Toefy, H. Mulenga, W.A. Hanekom, S.G. Self, L.-G. Bekker, R. Ryall,\* S. Gurunathan, C.A. DiazGranados, P. Andersen, I. Kromann, T. Evans, R.D. Ellis, B. Landry, D.A. Hokey, R. Hopkins, A.M. Ginsberg, T.J. Scriba, and M. Hatherill, for the C-040-404 Study Team†



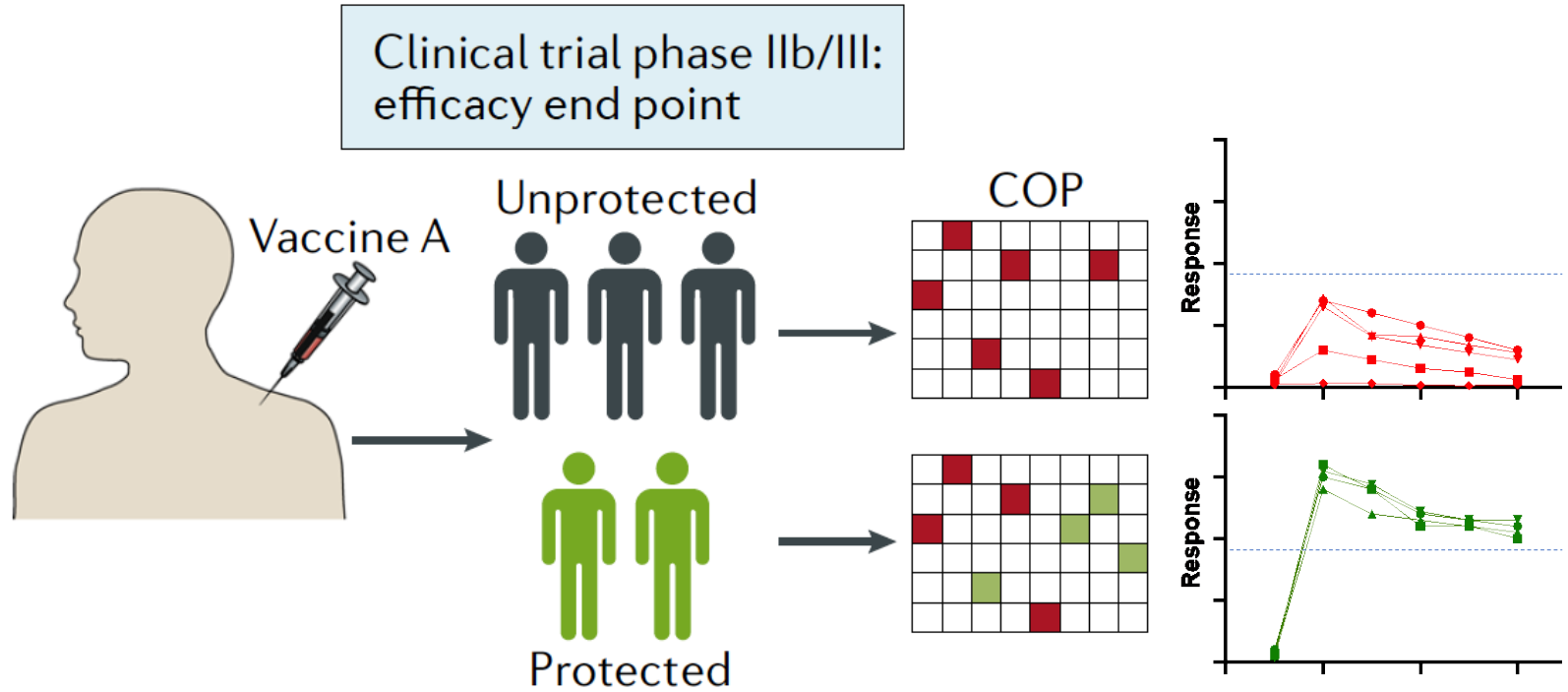
ORIGINAL ARTICLE

## Final Analysis of a Trial of M72/AS01<sub>E</sub> Vaccine to Prevent Tuberculosis

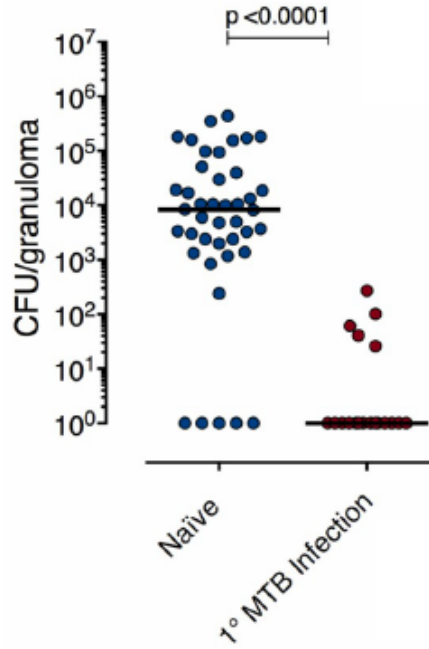
D.R. Tait, M. Hatherill, O. Van Der Meeren, A.M. Ginsberg, E. Van Brakel, B. Salaun, T.J. Scriba, E.J. Akite, H.M. Ayles, A. Bollaerts, M.-A. Demoitie, A. Diacon, T.G. Evans, P. Gillard, E. Hellström, J.C. Innes, M. Lempicki, M. Malahleha, N. Martinson, D. Mesia Vela, M. Muyoyeta, V. Nduba, T.G. Pascal, M. Tameris, F. Thienemann, R.J. Wilkinson, and F. Roman



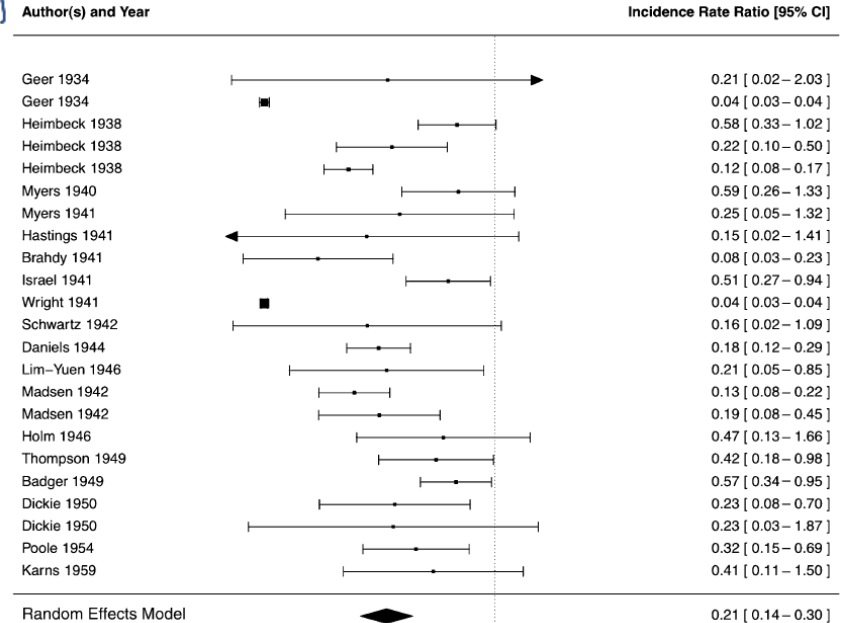
# Vaccine-induced immune responses do not necessarily correlate with protection



# M.tb infection strongly protects against TB upon re-exposure



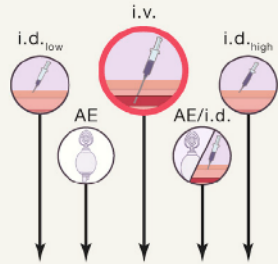
Cadena et al., Plos Path 2019



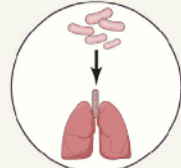
Andrews et al., CID 2012

# We can learn about protective immunity from different administration routes

BCG administered by 5 different routes



Challenge with Mtb



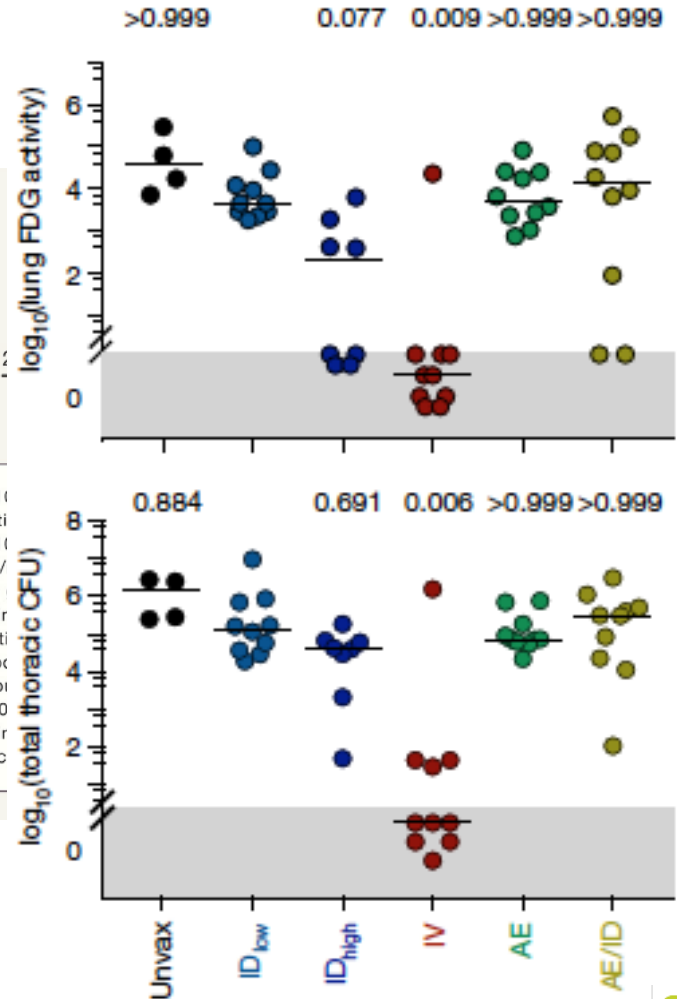
4-36 CFUs Mtb instilled by bronchoscope

~24 weeks

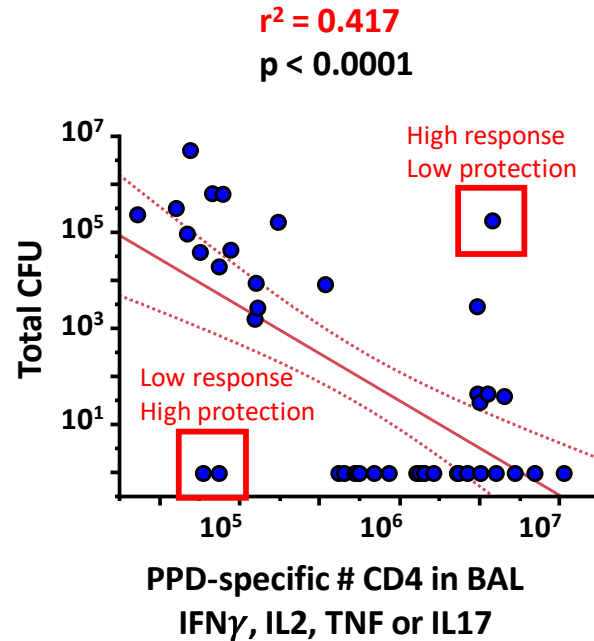
- 9/11 acti
- 0/11 AE/
- No anir at ti mor gro
- >10 anir nec

i.v. BCG vaccination route characterized by:

- Sustained recruitment of T cells to airways
- Increase in antigen-responsive T cells throughout lung tissue
- Inverted ratio of alveolar macrophages to T cells
- Early, albeit transient, increase in antibody responses



# Antigen-specific CD4 T cells in BAL associated with protection



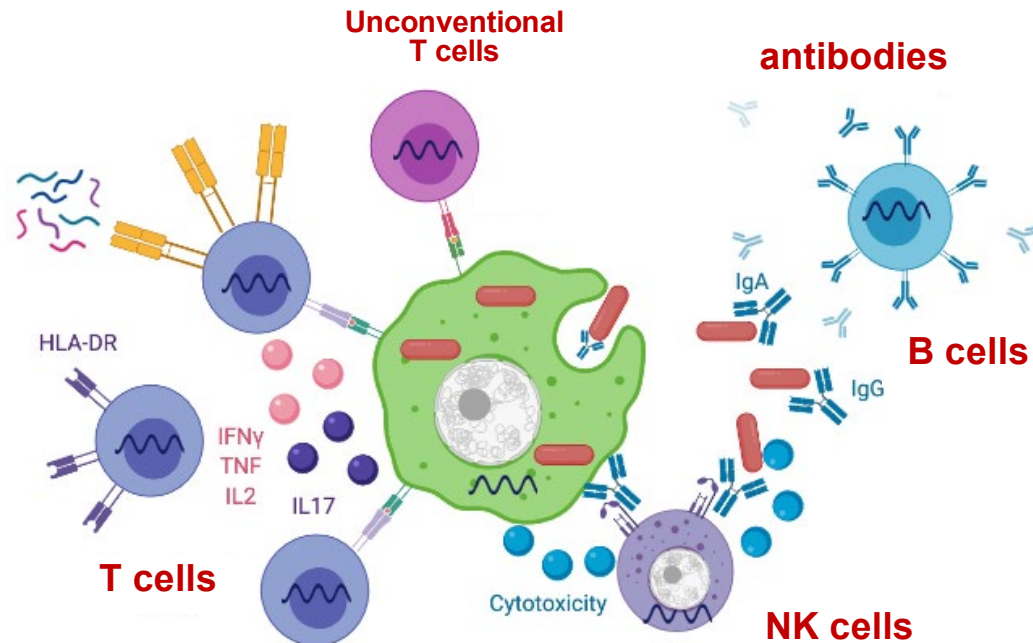
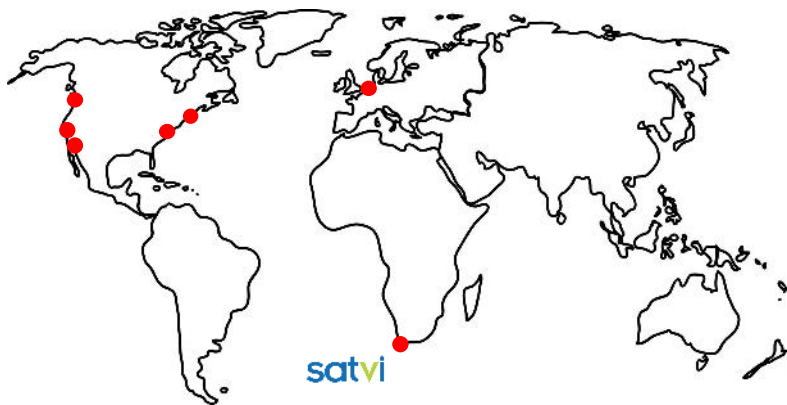


# Identification of immune correlates of protection against TB

## The quest for vaccine-induced immune correlates of protection against tuberculosis

Elisa Nemes, Andrew Fiore-Gartland, Cesar Boggiano, Margherita Coccia, Patricia D'Souza, Peter Gilbert, Ann Ginsberg, Olivier Hyrien, Dominick Laddy, Karen Makar, M. Juliana McElrath, Lakshmi Ramachandra, Alexander C. Schmidt, Solmaz Shotorbani, Justine Sunshine, Georgia Tomaras, Wen-Han Yu, Thomas J. Scriba, Nicole Frahm; the BCG Correlates PIs Study Team & the M72 Correlates PIs Study Team

Vaccine Insights 2022



Nicole Frahm  
Elisa Nemes  
Leadership team

Scientific Advisory Committee

BMGF  
Gates MRI  
NIH

17 assays/approaches  
12 laboratories

# The meager Candidate TB Vaccine Pipeline 2022: 10 candidates in Phase 2b/3

## PHASE 1

### [AdHu5Ag85A](#)

MCMaster UNIV, CANSINO

Viral Vector

### [TB/FLU-01L](#)

RIBSP, SRII

Viral Vector

### [TB/FLU-04L](#)

RIBSP, SRII

Viral Vector

## PHASE 2A

### [AEC/BC02](#)

ANHUI ZHIFEI LONGCOM

Protein / Adjuvant

### [ChAdOx1.85A+MVA85A](#)

UNIV OXFORD

Viral Vector

### [ID93+GLA-SE \(QTP101\)](#)

QURATIS (QTP101); NIAID/NIH  
(ID93+GLA-SE)

Protein / Adjuvant

## PHASE 2B

### [BCG \(Revaccination\)](#)

GATES MRI

Mycobacterial – Live Attenuated

### [DAR-901](#)

DARTMOUTH

Mycobacterial – Inactivated

### [H56:IC31](#)

SSI, VALNEVA, IAVI

Protein / Adjuvant

### [M72/AS01E](#)

GATES MRI, GSK

Protein / Adjuvant

### [RUTI®](#)

ARCHIVEL FARMA

Mycobacterial – Inactivated

## PHASE 3

### [BCG \(Travel vaccine\)](#)

HJF

Mycobacterial – Live Attenuated

### [GamTBvac](#)

GAMALEYA RES. CENTRE,  
MOH RUSSIA

Protein / Adjuvant

### [Immuvac \(MIP\)](#)

ICMR, CADILA

Mycobacterial – Inactivated

### [MTBVAC](#)

BIOFABRI, UNIV ZARAGOZA,  
IAVI, TBVI

Mycobacterial – Live Attenuated

### [VPM1002](#)

SIPL, VPM

Mycobacterial – Live Attenuated

# TB Vaccine Pipeline






## Active clinical trials of TB vaccine candidates

There are 11 active clinical trials across nine candidates as of October 2022.

### Platform

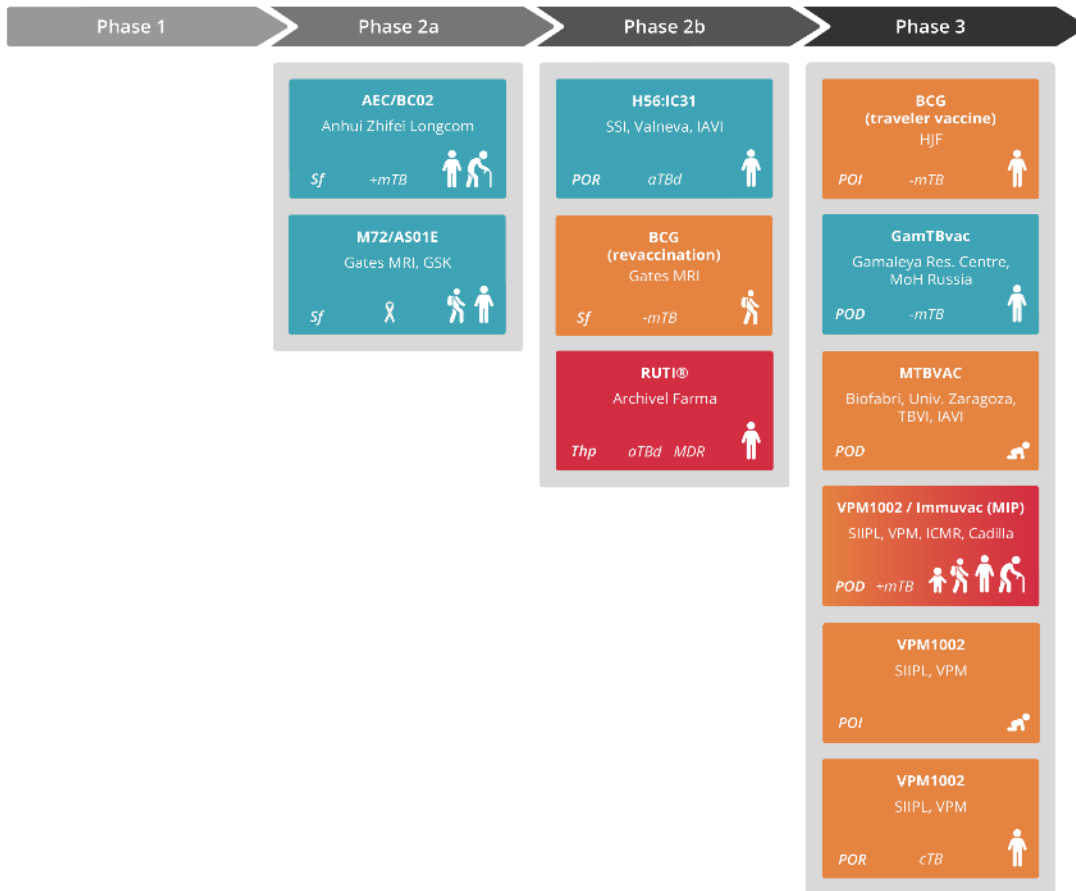
- Mycobacterial - Live attenuated
- Mycobacterial - Inactivated
- Viral vector
- Protein/Adjuvant

### Trial target population

-  Elderly
-  Adults
-  Adolescents
-  Children
-  Infants
-  People living with HIV
- mTB People without mTB infection
- +mTB People with mTB infection
- aTBd People with active TB disease
- MDR People with MDR-TB
- cTB People cured of active TB

### Primary trial indication

- Sf* Safety
- POI* Prevention of Infection
- POD* Prevention of Disease
- POR* Prevention of Recurrence
- Thp* Therapeutic



# 1. Live mycobacterial vaccines

BCG

VPM1002

MTBVAC

**AEC/BC02**  
Anhui Zhifei Longcom

*Sf* +*mTB*

**M72/AS01E**  
Gates MRI, GSK

*Sf*

**H56:IC31**  
SSI, Valneva, IAVI

*POR* *αTBd*

**BCG (revaccination)**  
Gates MRI

*Sf* -*mTB*

**RUTI®**  
Archivel Farma

*Thp* *αTBd* *MDR*

**BCG (traveler vaccine)**  
HJF

*POI* -*mTB*

**GamTBvac**  
Gamaleya Res. Centre, MoH Russia

*POD* -*mTB*

**MTBVAC**  
Biofabri, Univ. Zaragoza, TBVI, IAVI

*POD*

**VPM1002 / Immuvac (MIP)**  
SIIPL, VPM, ICMR, Cadilla

*POD* +*mTB*

**VPM1002**  
SIIPL, VPM

*POI*

**VPM1002**  
SIIPL, VPM

*POR* *cTB*



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

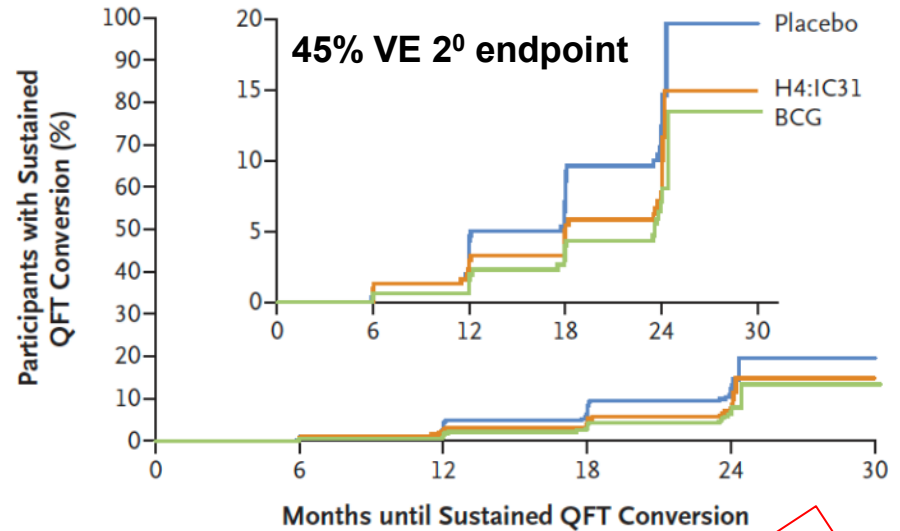
### Prevention of *M. tuberculosis* Infection with H4:IC31 Vaccine or BCG Revaccination

E. Nemes, H. Geldenhuys, V. Rozot, K.T. Rutkowski, F. Ratangee, N. Bilek, S. Mabwe, L. Makhethe, M. Erasmus, A. Toefy, H. Mulenga, W.A. Hanekom, S.G. Self, L.-G. Bekker, R. Ryall, \* S. Gurunathan, C.A. DiazGranados, P. Andersen, I. Kromann, T. Evans, R.D. Ellis, B. Landry, D.A. Hokey, R. Hopkins, A.M. Ginsberg, T.J. Scriba, and M. Hatherill, for the C-040-404 Study Team†

#### Ongoing (Gates MRI)

- 1,800 IGRA- SA adolescents (10-18 yr)
- randomized BCG revaccination or placebo
- 5 sites in South Africa
- follow-up 48 months
- primary endpoint sustained IGRA+ conversion (QFT-Plus) thru 6 months

Need to validate POI findings in POD trial?



Primary analysis  
expected  
2023

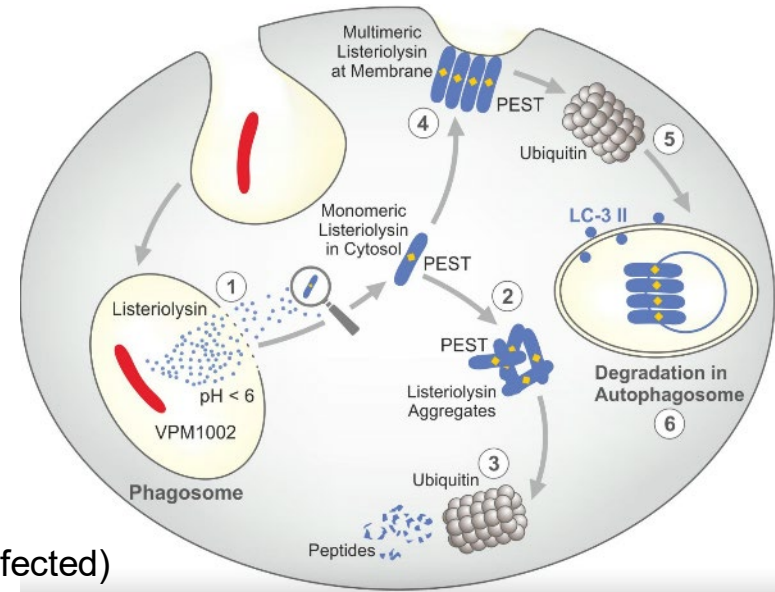
## Safety and immunogenicity of VPM1002 versus BCG in South African newborn babies: a randomised, phase 2 non-inferiority double-blind controlled trial

Mark F Cotton, Shabir A Madhi, Angelique K Luabeya, Michele Tameris, Anneke C Hesselning, Justin Shenje, Elisma Schoeman, Mark Hatherill, Sajjad Desai, Dhananjay Kapse, Sina Brückner, Anthonet Koen, Lisa Jose, Andrew Moultrie, Sutika Bhikha, Gerhard Walzl, Andrea Gutschmidt, Leigh A Kotze, Devon L Allies, Andre G Loxton, Umesh Shaligram, Maria Abraham, Hilary Johnstone, Leander Grode, S H E Kaufmann, Prasad S Kulkarni

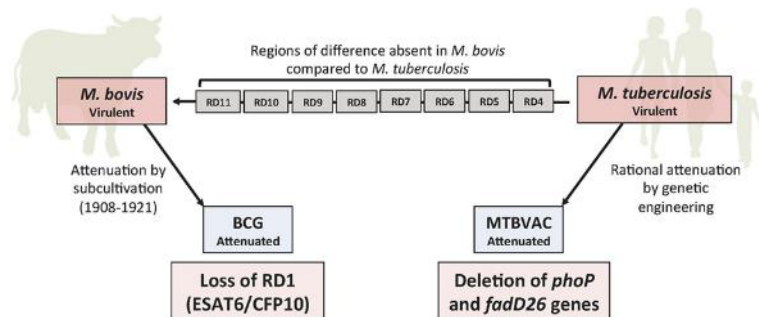
### Ongoing (SII, VPM)

1. 6,940 newborn infants (HIV unexposed and HIV-exposed uninfected)
2. Gabon, Kenya, South Africa, Tanzania, and Uganda,
3. BCG or VPM1002
4. FU 36m (POI, POSI; safety; 2<sup>0</sup> POD)

Expected  
2025



POD (HHC; CTRI/2019/01/017026)  
POR (NCT 03152903)



### Live-attenuated *Mycobacterium tuberculosis* vaccine MTBVAC versus BCG in adults and neonates: a randomised controlled, double-blind dose-escalation trial

Michele Tameris\*, Helen Meams\*, Adam Penn-Nicholson, Yolande Gregg, Nicole Bilek, Simbarashe Mabwe, Hennie Geldenhuys, Justin Shenje, Angelique Kany Kany Luabeya, Ingrid Murillo, Juana Doce, Nacho Aguila, Dessislava Marinova, Eugenia Puentes, Esteban Rodríguez, Jesús Gonzalo-Asensio, Bernard Fritzell, Jelle Thole, Carlos Martin, Thomas J Scribat, Mark Hatherill†, and the MTBVAC Clinical Trial Team

**Lancet Respir Med 2019;**  
**7:757-70**

### Started end 2022 (Biofabri, Unizar, SATVI)

- 7,000 HIV unexposed and HIV-exposed uninfected newborns
- randomized BCG or MTBVAC (dose above)
- 6 sites in South Africa, Senegal and Madagascar
- 72m FU for TB

**Expected  
2028/9**

## 2. Protein/adjuvant vaccines

M72/AS01<sub>E</sub>

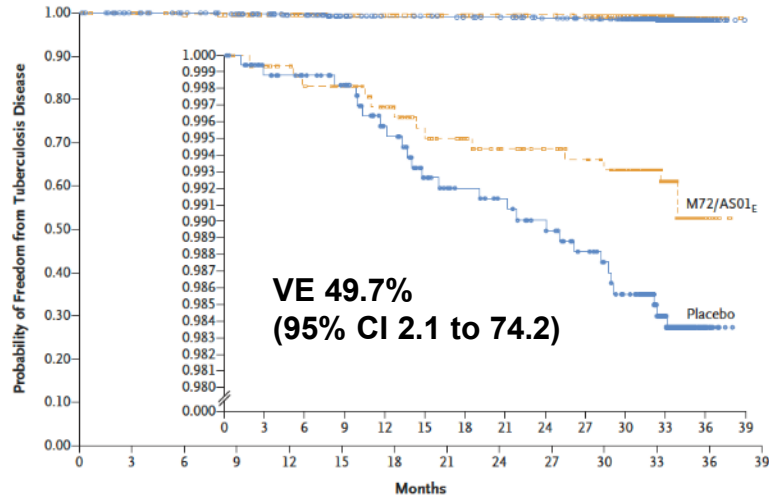
GamTBvac

H56:IC31





# Next steps for M72/AS01<sub>E</sub>: Phase 3 POD



## Underway:

- MESA TB trial of M72/AS01<sub>E</sub> in PLHIV
- Epi study 50 sites, 12-15 countries, IGRA prevalence survey (Gates MRI)
- Capacity development for phase 3 trial

## Planned: Phase 3 efficacy, safety, and immunogenicity licensure trial, multiple sites and countries, 2024 (Gates MRI)

→20,000 adolescents and adults aged 14–44 years, IGRA+(-); include PLHIV

ORIGINAL ARTICLE

### Phase 2b Controlled Trial of M72/AS01<sub>E</sub> Vaccine to Prevent Tuberculosis

O. Van Der Meeren, M. Hatherill, V. Nduba, R.J. Wilkinson, M. Muyoyeta, E. Van Brakel, H.M. Ayles, G. Henostroza, F. Thienemann, T.J. Scriba, A. Diacon, G.L. Blatner, M.-A. Demoitie, M. Tameris, M. Malahleha, J.C. Innes, E. Hellström, N. Martinson, T. Singh, E.J. Akite, A. Khattoon Azam, A. Bollaerts, A.M. Ginsberg, T.G. Evans, P. Gillard, and D.R. Tait

ORIGINAL ARTICLE

### Final Analysis of a Trial of M72/AS01<sub>E</sub> Vaccine to Prevent Tuberculosis

D.R. Tait, M. Hatherill, O. Van Der Meeren, A.M. Ginsberg, E. Van Brakel, B. Salaur, T.J. Scriba, E.J. Akite, H.M. Ayles, A. Bollaerts, M.-A. Demoitie, A. Diacon, T.G. Evans, P. Gillard, E. Hellström, J.C. Innes, M. Lempicki, M. Malahleha, N. Martinson, D. Mesia Vela, M. Muyoyeta, V. Nduba, T.G. Pascal, M. Tameris, F. Thienemann, R.J. Wilkinson, and F. Roman

# H56/IC31: Phase 2b POR trial (NCT03512249)

## Dose Optimization of H56:IC31 Vaccine for Tuberculosis-Endemic Populations

A Double-Blind, Placebo-controlled, Dose-Selection Trial

Sara Suliman<sup>1,2\*</sup>, Angelique Kany Kany Luabeya<sup>1,2\*</sup>, Hennie Geldenhuys<sup>1,2</sup>, Michele Tameris<sup>1,2</sup>, Soren T. Hoff<sup>3</sup>, Zhongkai Shi<sup>4</sup>, Dereck Tait<sup>5</sup>, Ingrid Kromann<sup>3</sup>, Morten Ruhwald<sup>3</sup>, Kathryn Tucker Rutkowski<sup>4</sup>, Barbara Shepherd<sup>4</sup>, David Hokey<sup>4</sup>, Ann M. Ginsberg<sup>4</sup>, Willem A. Hanekom<sup>1,2</sup>, Peter Andersen<sup>3</sup>, Thomas J. Scriba<sup>1,2†</sup>, Mark Hatherill<sup>1,2†</sup>, and the H56-035 Trial Group

Antigens: ESAT-6, Ag85B and Rv2660c

Adjuvant: NH2-KLK5KLK-COOH

peptide and TLR9 agonist ODN1a

### Ongoing (SSI, IAVI)

Phase 2b trial fully enrolled (n = 831)

TB patients with successful treatment completion

6 sites in South Africa and Tanzania

Follow-up virtually completed (target of 23 TB cases exceeded)

**Expected  
2023**



# GamTBvac: Phase 3 POD

## NCT04975737

Antigens: ESAT-6, CFP-10 and Ag85A

Adjuvant: DEAE-dextran and CpG







vaccines



Article

### Safety and Immunogenicity of the GamTBvac, the Recombinant Subunit Tuberculosis Vaccine Candidate: A Phase II, Multi-Center, Double-Blind, Randomized, Placebo-Controlled Study

Artem P. Tkachuk<sup>1,\*</sup>, Evgeniia N. Bykonina<sup>1</sup>, Liubov I. Popova<sup>1</sup>, Denis A. Kleymenov<sup>1</sup>,  
Maria A. Semashko<sup>1</sup>, Vladimir P. Chulanov<sup>2,3</sup>, Sergey B. Fitilev<sup>4,5</sup>, Semyon L. Maksimov<sup>6,7</sup>,  
Elena A. Smolyarchuk<sup>3</sup>, Victor A. Manuylov<sup>1</sup>, Daria V. Vasina<sup>1</sup>, Vladimir A. Gushchin<sup>1,8,\*</sup>  
and Alexander L. Gintsburg<sup>1,3</sup>

### Ongoing:

- 7,180 HIV- BCG+ IGRA- adults aged 18–45 years (Russia MoH)
- Follow-up 24 months
- TB disease

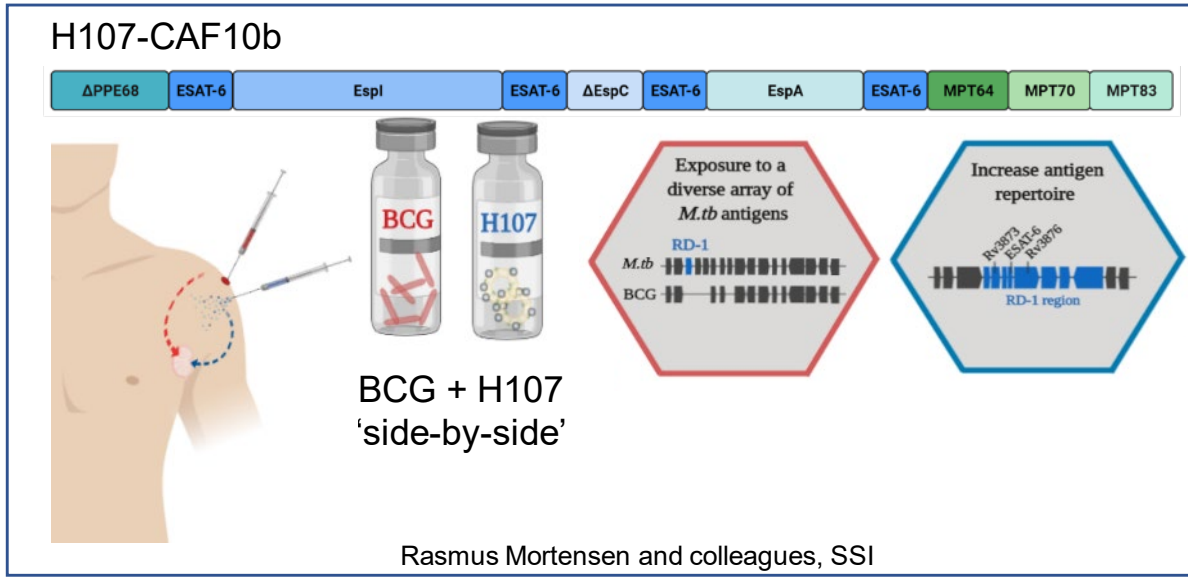
**Expected  
2025**



THE GAMALEYA  
NATIONAL CENTER  
OF EPIDEMIOLOGY AND MICROBIOLOGY



# We should plan for implementation now – we cannot afford to wait and see



The pipeline must be fed with new (improved) products

More rational antigen selection, adjuvant studies to get to higher efficacy estimates

# Take home

- Vaccine protection against TB is possible, plausible and the outlook is positive (but not at warp speed)
- Exciting advances in understanding of correlates of protection against TB in animals & humans are happening
- The clinical pipeline for TB vaccines is meager, but a number of vaccine candidates are in late-stage clinical trials
  - More efficacy results soon
- TB vaccine development deserves much more investment and research





# collaborators funders



Thank you for your attention

Tom Scriba

thomas.scriba@uct.ac.za