

Developing a new live pertussis vaccine with beneficial off-target effects

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Whooping-cough or Pertussis

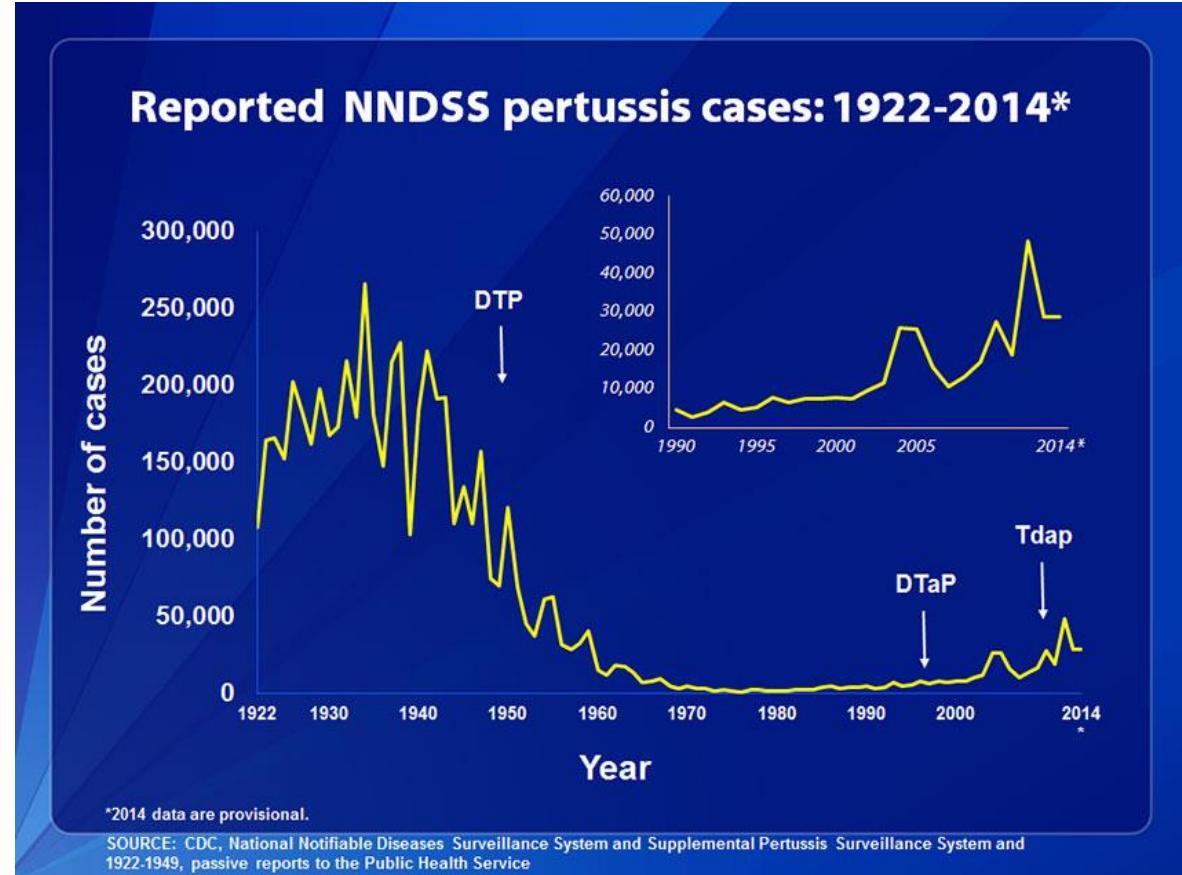
- ✓ 6th cause of childhood mortality due to infectious agents
- ✓ 200,000 annual pertussis-linked deaths,
16 million cases
- ✓ Prevalent in developing countries,
Re-emerging in the developed world

Definition « Re-emerging infection»:

- has existed but is no more detectable or at such low-level that it is not considered a public health problem anymore
- is rapidly increasing in incidence or geographic range



Whooping-cough or Pertussis in US



- 2010 > 27,000 reported cases
- 2012 > 48,000 reported cases , the highest number since 1955
- 2014 > 28,000 reported cases
- 2015 ?

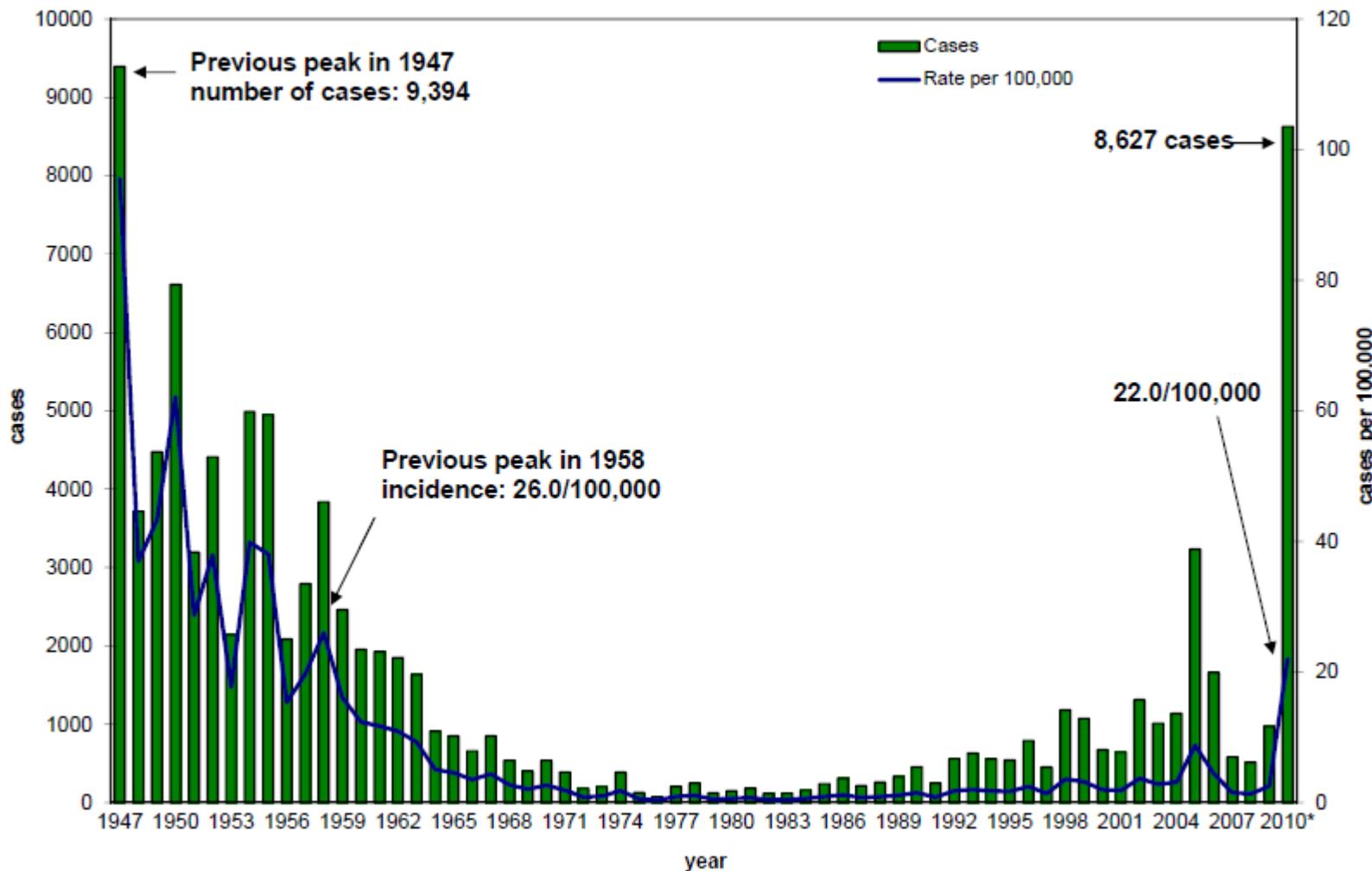


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<http://www.cdc.gov/pertussis/outbreaks/trends.html>

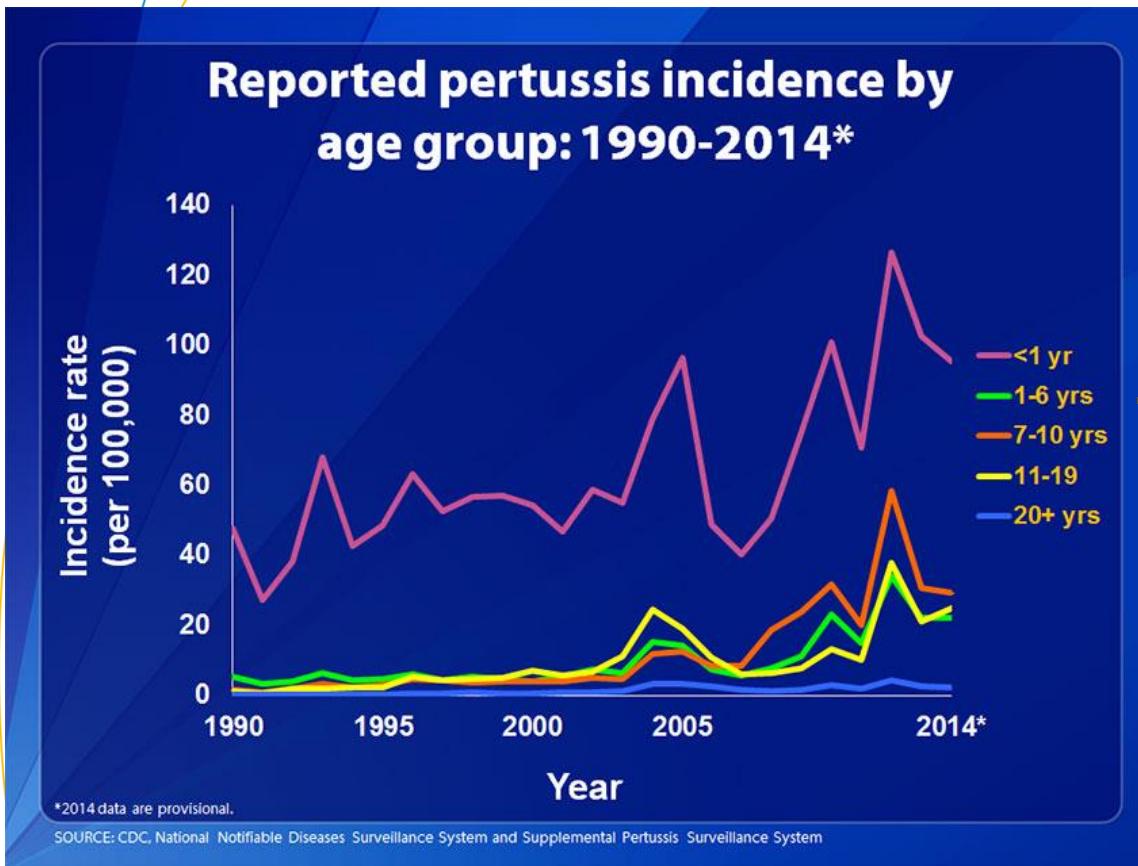
Pertussis in California

Figure 2. Number of reported pertussis cases by year of onset -- California 1947-2010*



*As of 1/31/2011; data for 2010 are still preliminary

Infants are particularly at risk



Vaccination is initiated between 6 and 8 weeks of age

3 doses are required

Parents are the main source of transmission



Hypotheses for re-emergence of pertussis

- Increased awareness of health professionals
- New diagnostics, more sensitive (PCR)
- Reduction of vaccine coverage
- Bacterial strain adaptation (vaccine-escape mutations)

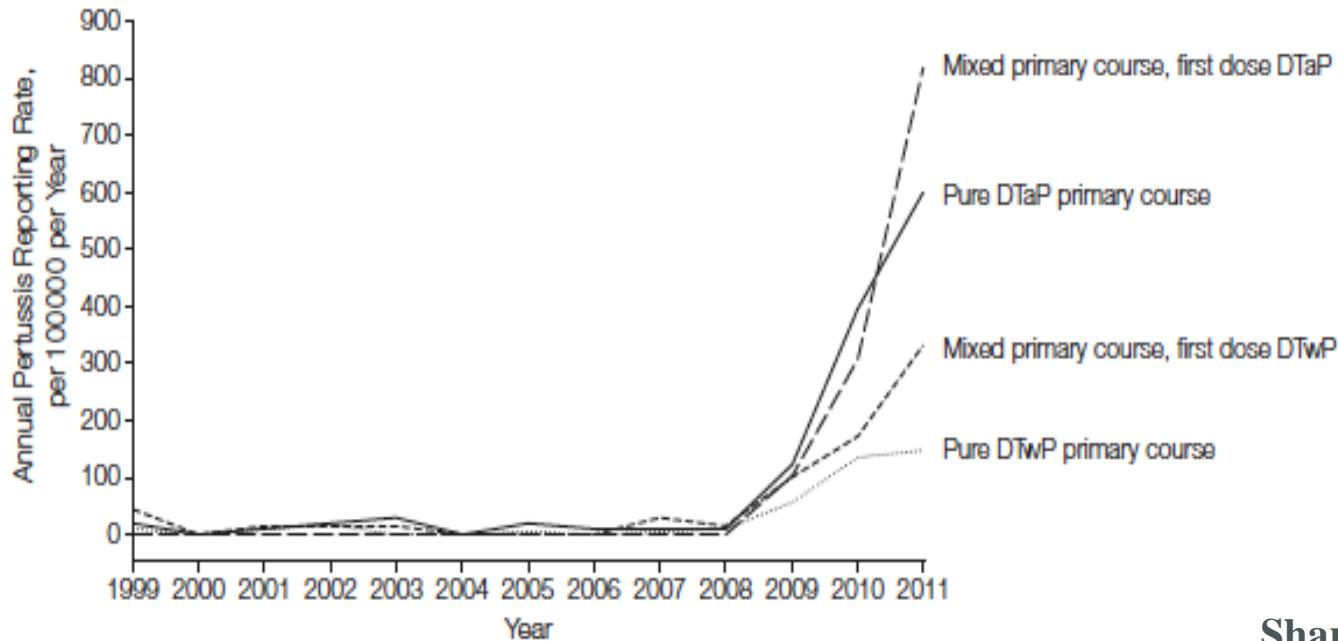
=> « Not found to contribute to observed country level resurgence ». Revised guidance on the choice of pertussis vaccines: July 2014. WER. N° 30, 2014, 337-344.

- Rapid waning immunity after immunization with acellular pertussis vaccine (aPv)



The screenshot shows a news article from Forbes. At the top, there are navigation links: 'New Posts', 'Most Popular', 'Lists', and 'Videos'. Below the header, there's a profile picture of Steven Salzberg with his name and title: 'Steven Salzberg, Contributor'. The main headline reads: 'Anti-Vaccine Movement Causes The Worst Whooping Cough Epidemic In 70 Years'. The article text discusses the Great Northwest of the U.S. and its connection to the anti-vaccine movement. On the right side of the article, there are social sharing icons and a small thumbnail image related to the topic.

Waning of vaccine-induced protection



Sharidan *et al.* JAMA 2012

Conclusion of SAGE

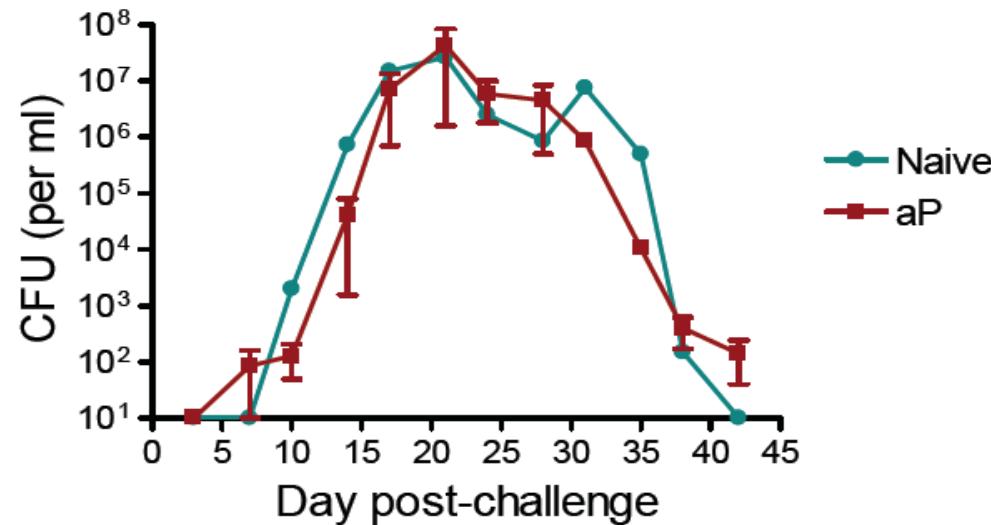
« the shorter duration of protection and likely reduced impact on infection and transmission conferred by aP vaccines play critical roles in the resurgence of pertussis ».

Revised guidance on the choice of pertussis vaccines:
July 2014. WER. N30, 2014, 337-344.



Acellular pertussis vaccines protect against disease but fail to prevent infection and transmission in a nonhuman primate model

Jason M. Warfel, Lindsey I. Zimmerman, and Tod J. Merkel. PNAS. 2014



All aP-vaccinated and unvaccinated animals became colonized 7–10 d after cohousing with the infected animal

“...that aP...fails to prevent colonization or transmission provides a plausible explanation for the resurgence of pertussis and suggests that optimal control of pertussis will require the development of improved vaccines”

An original vaccine strategy

Live attenuated *B. pertussis* for intranasal administration

- ✓ Mucosal administration



Induction of systemic and mucosal immune responses

- ✓ Ease of administration

- ✓ Persistence of the bacteria in the host



Long-lived immune responses

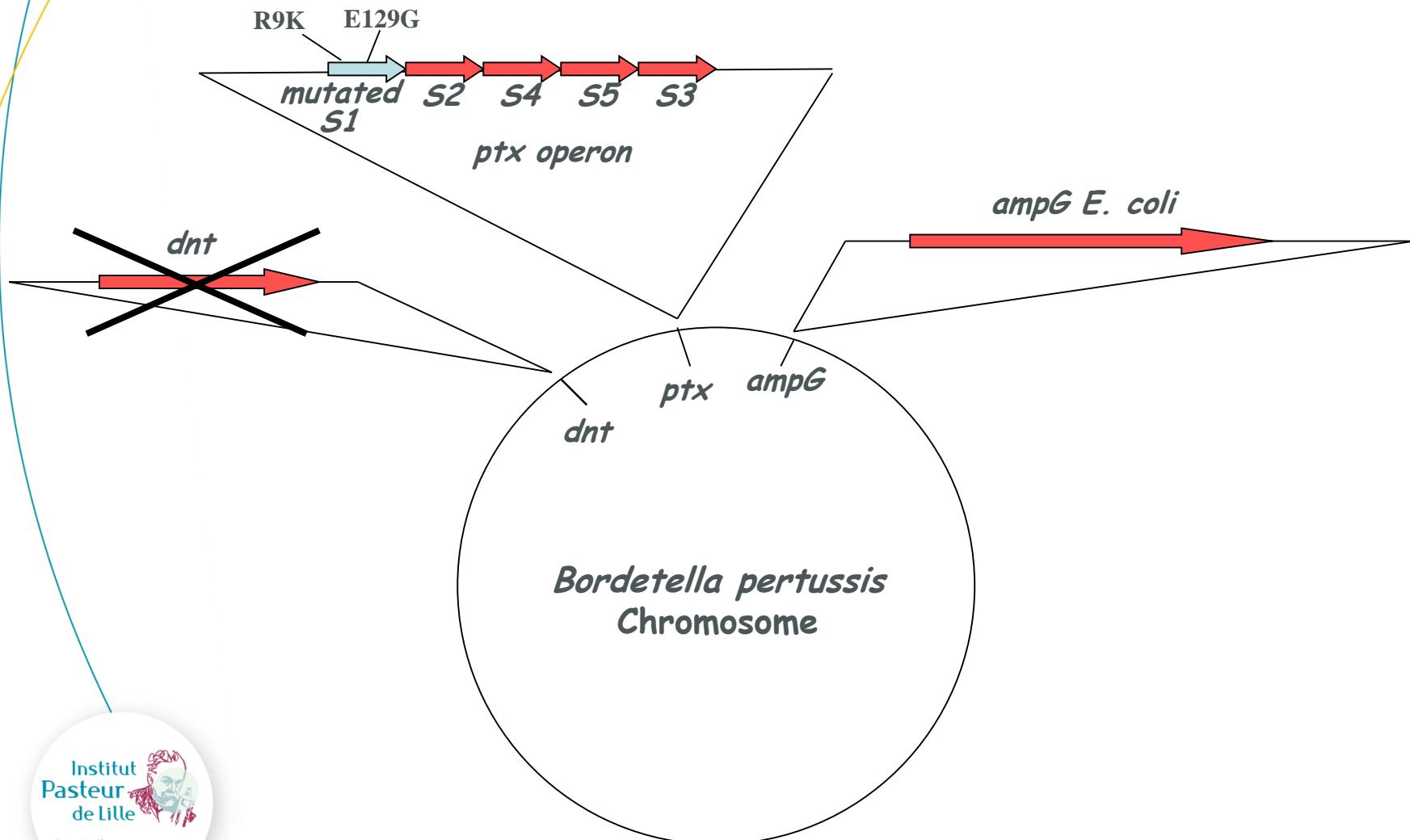
Reduced number of doses to induce protection



- Potential as a multivalent vaccine

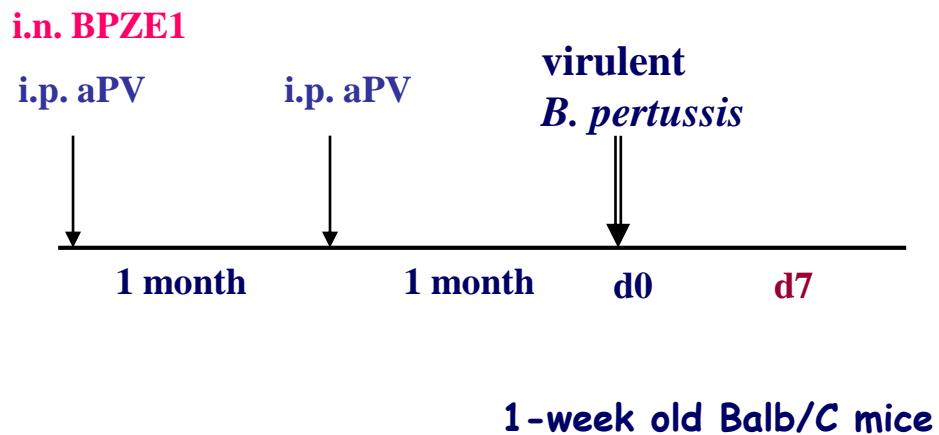
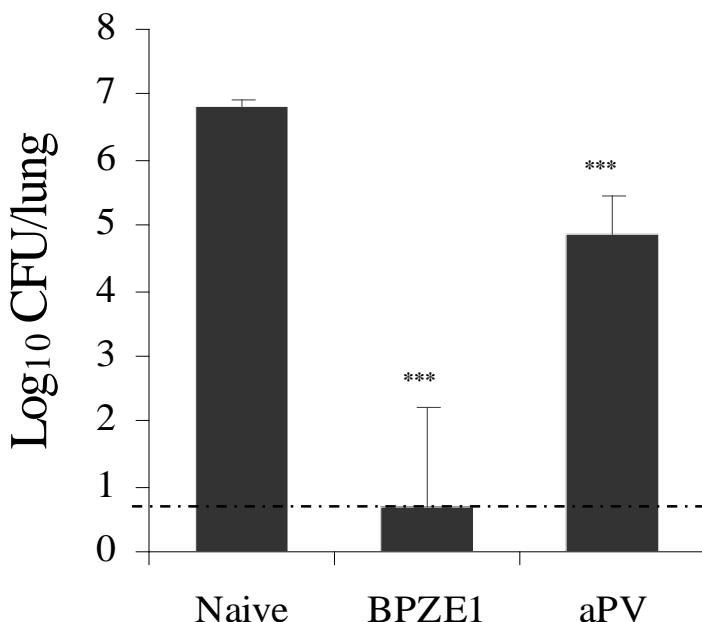


Attenuated *B. pertussis* strain BPZE1 (DNT- PTRE TCT-)



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Protection against *B. pertussis* challenge after i.n. vaccination of infant mice with BPZE1



In 1-week-old mice, BPZE1 provides better protection than two i.p. doses of aPV

Non-specific effects of BPZE1

Against viral infections

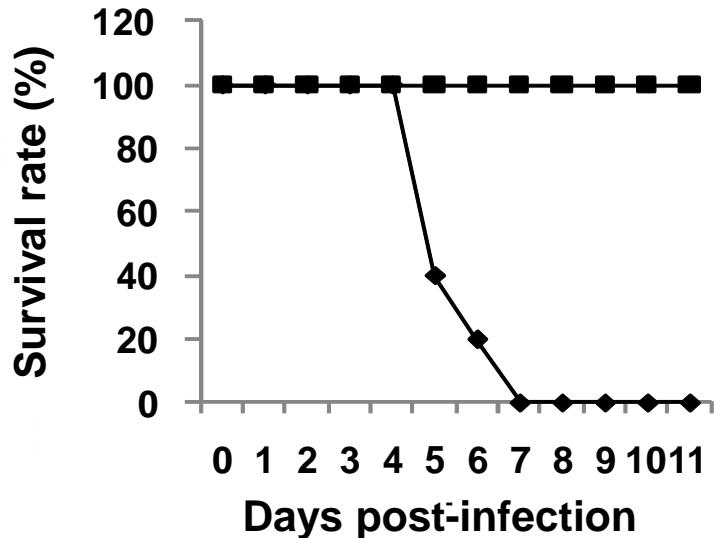
Against bacterial infections

Against asthma



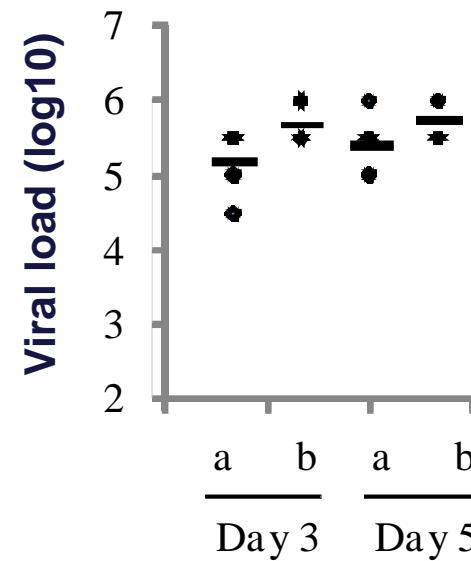
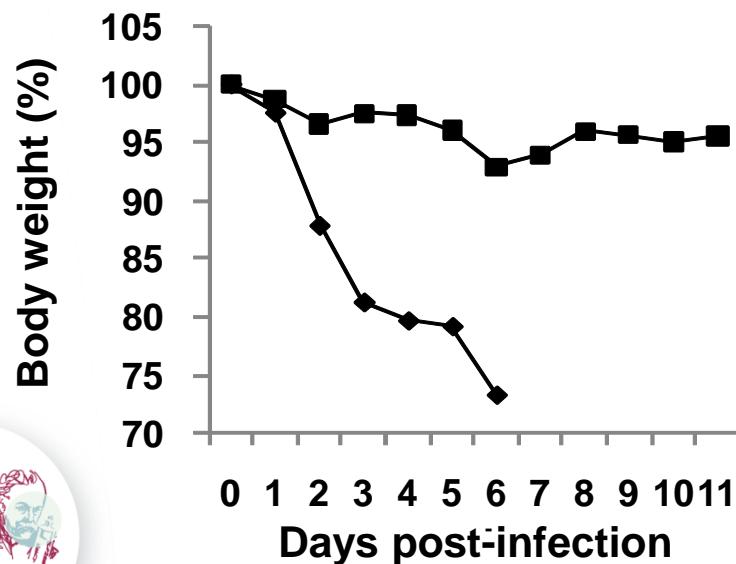
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Protection against H3N2 influenza viruses

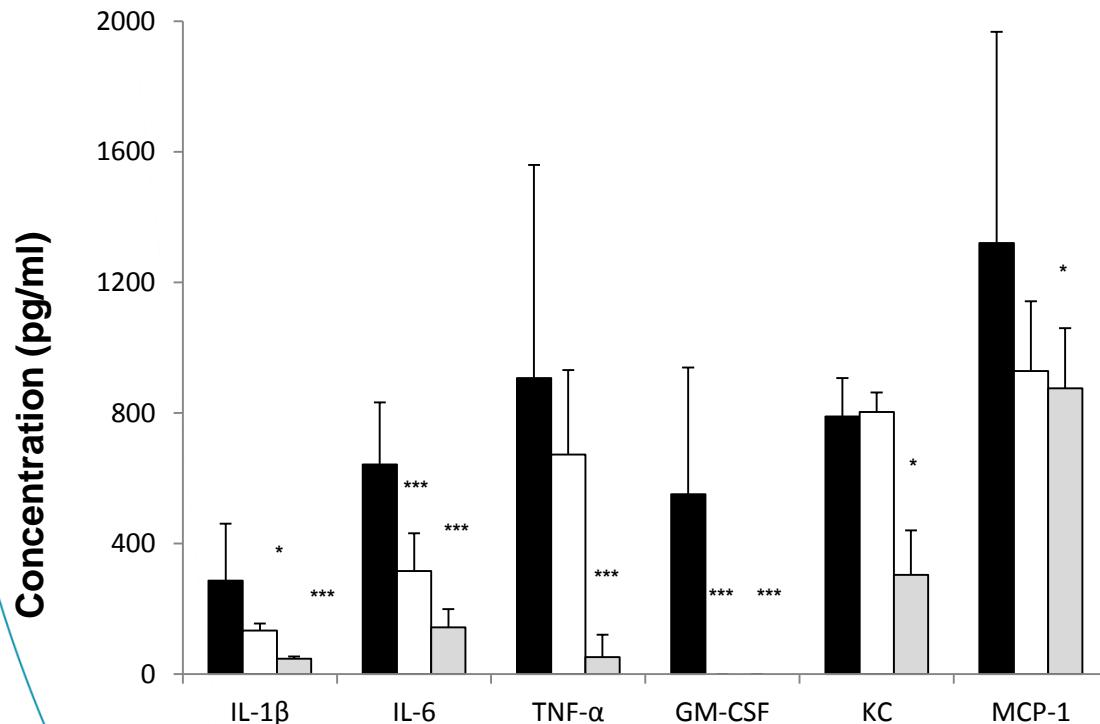


2 administrations at a 4-weeks interval with
 5×10^6 cfu of live BPZE1

Challenge 2 weeks after the last
administration with H3N2 virus (2LD₅₀)



BPZE1 reduces virus-induced cytokine storm after influenza infection



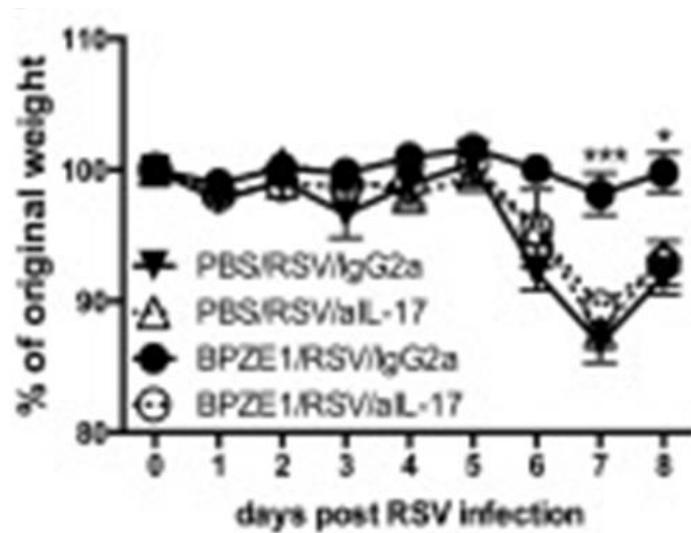
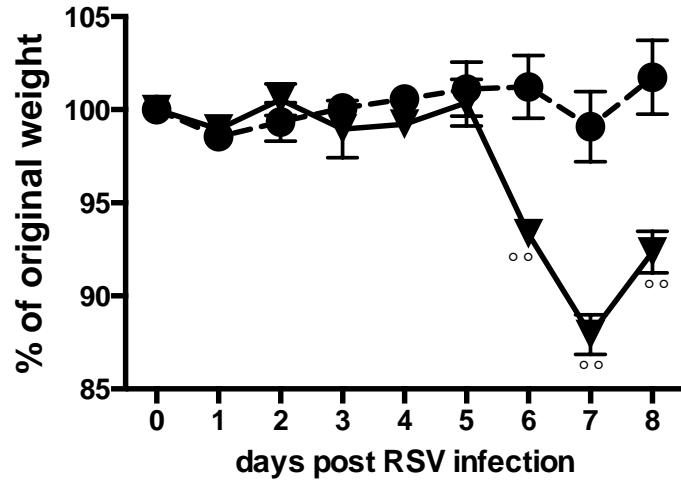
Cytokines and chemokines levels in BALFs 3 days post-viral challenge (n=5)
Naïve
1 x BPZE1
2 x BPZE1



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Similar level of IFNg and IL12a

Protection against RSV disease is IL-17 dependent

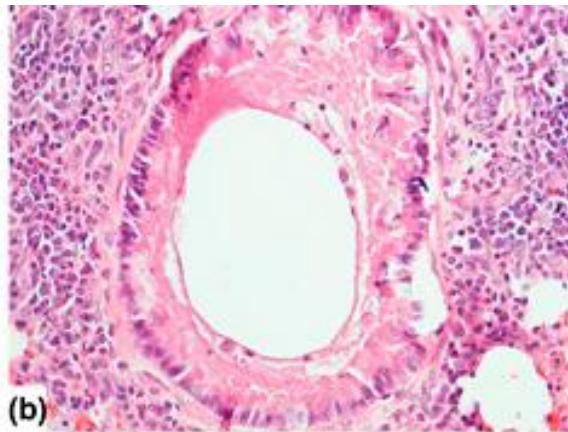
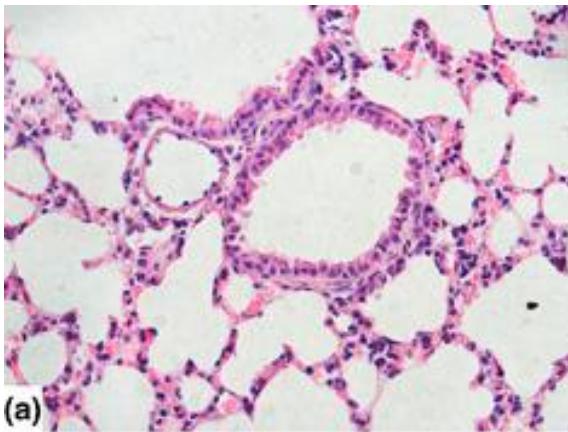


Neonatal (2-5d) priming with BPZE1 (1×10^6 cfu)
Challenge of adult mice (8 wks) with 5×10^5 pfu of RSV



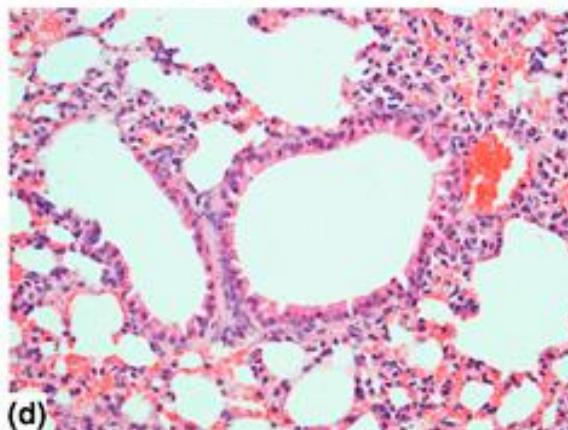
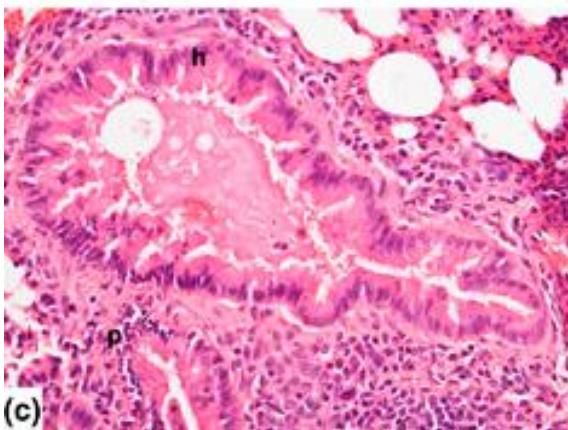
BPZE1 against allergy?

naive



Ova-sensitized

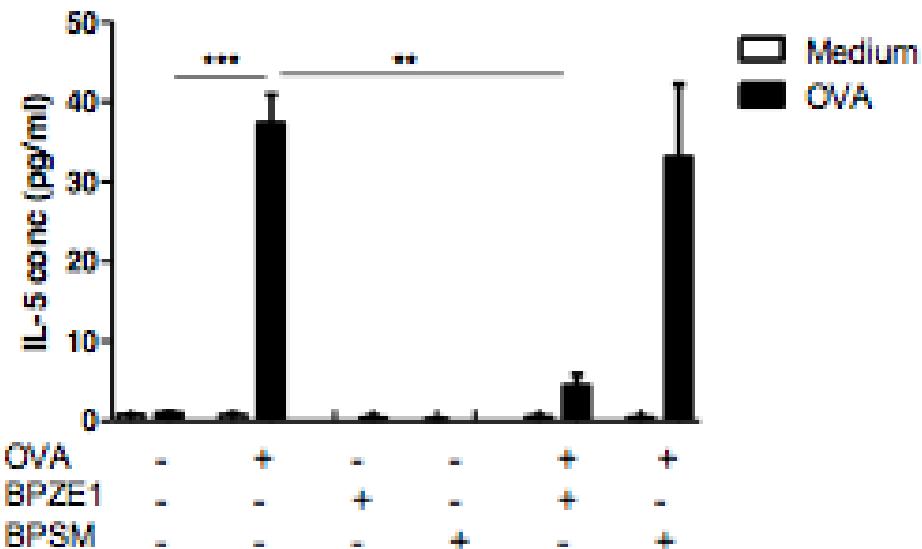
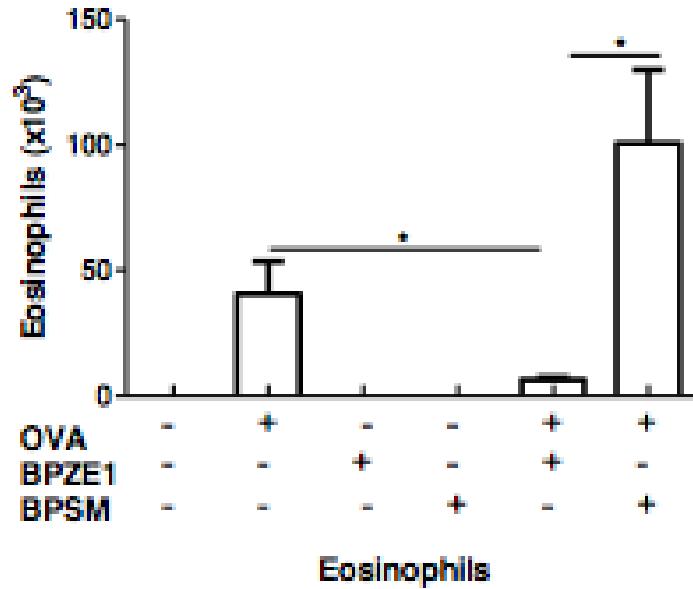
Virulent
B. pertussis
-infected
and ova-
sensitized



BPZE1-
immunized
and ova-
sensitized

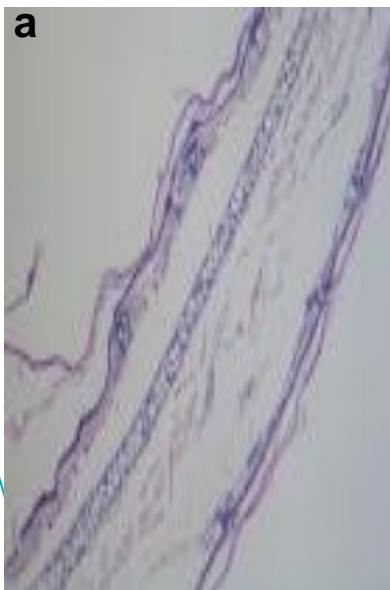


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Contact dermatitis model in mice

Vehicle



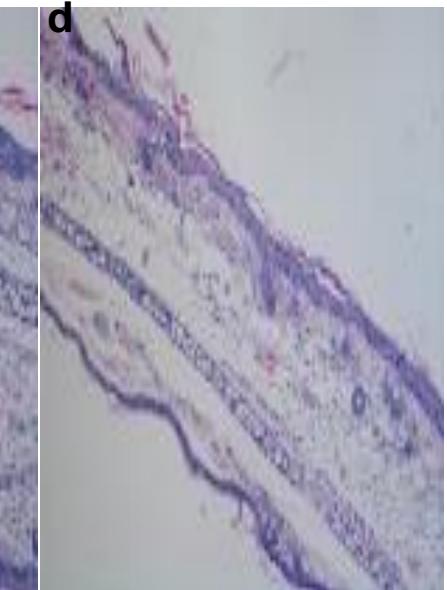
DNCB



BPZE1+DNCB



2XPZE1+DNCB

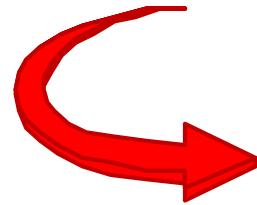
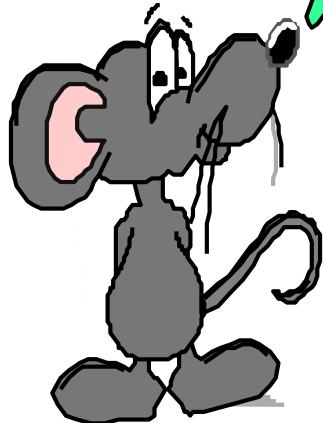


DNCB: dinitrochlorobenzene



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Li et al., Allergy, 2012



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Phase 1 clinical trial

✓ First-in-man, dose-escalating, placebo-controlled, double blind, safety trial

✓ Primary Objective

Assess general safety and local tolerability in the respiratory tract after single ascending dose of BPZE1

✓ Secondary Objectives

Evaluate, after a single ascending dose of BPZE1:

- colonization of the human respiratory tract
- immune responses to *B. pertussis*

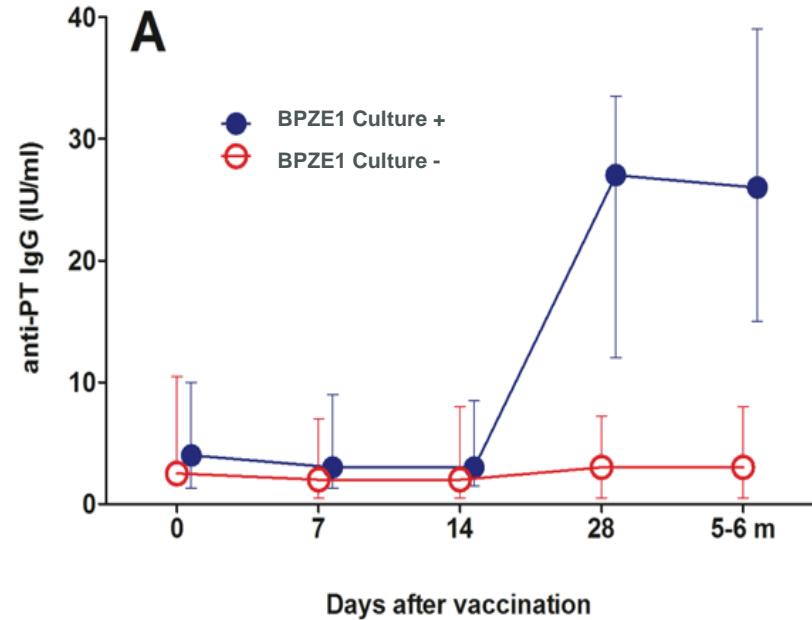
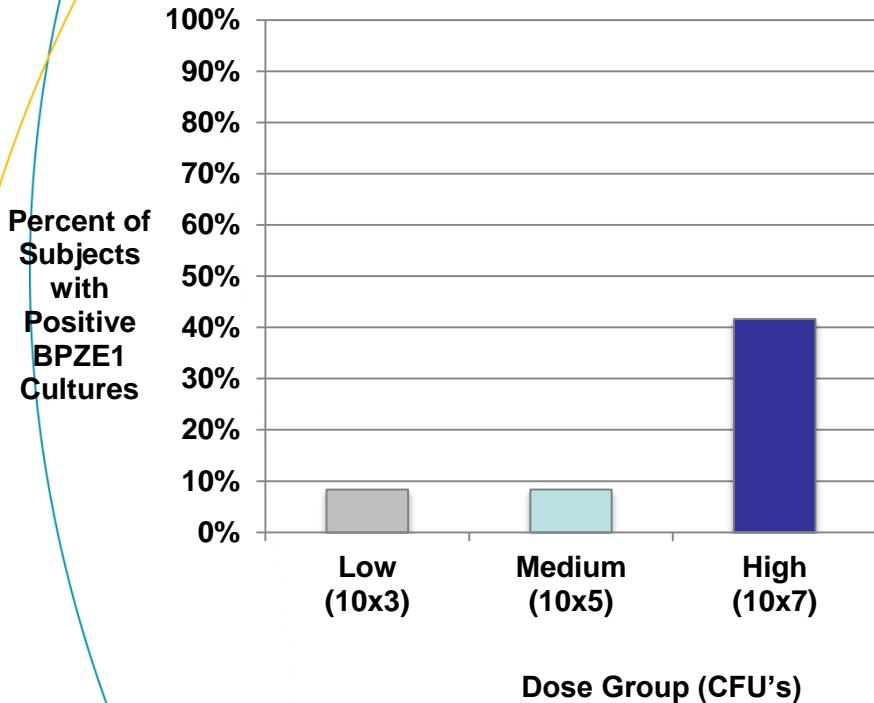
Solicited AE at two-week visit

	Placebo	Low dose 10^3 CFU	Medium Dose 10^5 CFU	High dose 10^7 CFU
Cough	1	3	2	0
Nasal congestion	1	4	3	2
Epistaxis	0	0	0	0
Rhinnorhoea	2	5	1	2
Sneezing	3	2	3	1
Ear pain	0	1	0	1
Eye pain	0	0	0	0
Dyspnoea	0	0	0	0



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Colonization rate and antibody response in human volunteers



All BPZE1 colonized subjects (Culture +) developed a specific immune response to *B. pertussis* antigens

Next step Phase 1b: higher volume and dose



Summary

- ✓ Single nasal BPZE1 vaccination induces long-term protection in mice against *B. pertussis*
- ✓ BPZE1 expresses potent anti-inflammatory properties without immunosuppression
- ✓ Anti-inflammatory properties of BPZE1 are boostable (trained innate immunity)
- ✓ BPZE1 is safe in humans
- ✓ BPZE1 is able to colonize human nasopharynx
- ✓ BPZE1 induces immune responses in all colonized human subjects



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