

# VIPS Phase I executive summary: Compact prefilled auto-disable devices

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# Compact prefilled auto-disable devices (CPADs)



## About CPADs

- CPADs are **integrated primary containers and injection devices prefilled with liquid vaccines**. They have design features to **prevent reuse** and **minimize the space required for storage and shipping**.

Three CPAD subtypes have been assessed:

- **Preformed CPADs:** Manufactured 'open' and supplied sterile and ready to fill/seal by the vaccine manufacturer.
- **Blow-fill-seal (BFS) CPADs:** Manufactured using BFS automated technology; produced, filled, and sealed in a continuous process. Pre-assembled (with needle attached) and user-assembled devices are under development.
- **Other CPAD types.**

## Stage of development

- One preformed CPAD, **Uniject™**, is **commercially available**.
- Uniject™ presentations of **pentavalent**, **hepatitis B** and **tetanus toxoid vaccines** were **WHO prequalified** in 2006, 2004 and 2003 respectively. The pentavalent and tetanus toxoid products have been discontinued. Medroxyprogesterone acetate is also commercially available in Uniject™.
- **BFS and other CPADs are in design phases.**



Preformed CPAD (Uniject™)



BFS CPAD (Apject)



Other CPAD (Easyject)



<sup>a</sup> <https://drugdeliversystems.bd.com/products/prefillable-syringe-systems/vaccine-syringes/uniject-auto-disable-pre-fillable-injection-system>

<sup>b</sup> <http://injecto.eu/easyject/>

# Compact prefilled auto-disable devices (CPADs) scorecard

Comparator: Single dose vial (liquid) and autodisable needle and syringe



Quality of evidence: Moderate to high, Low to moderate, Low to moderate, Low

| VIPS Criteria      |                                     | Indicators  | Sub-types   |                   |                     |            | Priority indicators - Country consultation |               |           |
|--------------------|-------------------------------------|---|---|-------------------|---------------------|------------|--|---------------|-----------|
|                    |                                     |   | Preformed CPAD  | BFS Pre-assembled | BFS User-assembled  | Other type | RI* Facility                               | RI* Community | Campaigns |
| Primary criteria   | Health impact                       | Ability of the vaccine presentation to withstand heat exposure            | Neutral   | Neutral           | Neutral             | Neutral    | +  | ++            | ++        |
|                    |                                     | Ability of the vaccine presentation to withstand freeze exposure          | Neutral   | Neutral           | Neutral             | Neutral    |  |               |           |
|                    | Coverage & Equity impact            | Ease of use <sup>a</sup>  | Better  | Better            | Mixed               | Better     | +  | +             | ++        |
|                    |                                     | Potential to reduce stock outs <sup>b</sup>                               | Better  | Better            | Neutral             | Better     |  |               |           |
|                    |                                     | Acceptability of the vaccine presentation to patients/caregivers          | Considerably better                                       | Better            | Better              | Neutral    |  | +             | +         |
|                    | Safety impact                       | Likelihood of contamination   | Better  | Better            | Mixed               | Better     |  |               | +         |
|                    |                                     | Likelihood of needle stick injury   | Better  | Better            | Better              | Better     |  |               |           |
|                    | Economic costs                      | Total economic cost of storage and transportation of commodities per dose | Better  | Better            | Considerably better | Mixed      | +  |               |           |
|                    |                                     | Total economic cost of the time spent by staff per dose                   | Better  | Better            | Better              | Better     | ++   | ++            | +         |
|                    |                                     | Total introduction and recurrent costs <sup>c</sup>                       | Neutral   | Neutral           | Neutral             | Neutral    |  |               |           |
| Secondary criteria | Potential breadth of innovation use | Applicability of innovation to one or several types of vaccines           | All liquid, parenteral vaccines are potential candidates. |                   |                     |            |  |               |           |
|                    |                                     | Ability of the technology to facilitate novel vaccine combination         | No  |                   |                     |            |  |               |           |

\* RI : Routine immunisation

++ Given significantly more importance  
+ Given more importance  
 Kept neutral

<sup>a</sup> Ease of use can prevent missed opportunities and impact ability for lesser trained personnel to administer the vaccine, including self-administration  
<sup>b</sup> Based on the number of separate components necessary to deliver the vaccine or improved ability to track vaccine commodities  
<sup>c</sup> Total economic cost of one-time / upfront purchases or investments required to introduce the innovation and of recurrent costs associated with the innovation (not otherwise accounted for)

# Compact prefilled auto-disable devices (CPADs): Antigen applicability



- CPADs could be applied to **any liquid parenteral vaccines**.
- CPADs may be most useful with vaccines that would benefit from a compact single-dose presentation, for instance, for **outreach settings**.
- In the case of blow-fill-seal (BFS) CPADs, compatibility of a vaccine with the BFS filling process and material would have to be assessed on a case-by-case basis.
- For all CPADs the compatibility of the vaccine with the materials and its stability in the CPAD would have to be demonstrated.
- **Hepatitis B vaccine** (a VIPS priority antigen) is **currently WHO prequalified for use in Uniject™** and **used for birth dose delivery in Indonesia**.
- **Pandemic influenza** is another example of a **potentially suitable VIPS priority antigen for packaging in a CPAD**.

# Compact prefilled auto-disable devices (CPADs): Assessment outcomes



## KEY BENEFITS

- **Potential to positively impact coverage and equity:**
  - +++ May be **easier to use**: require no preparation and may improve dose control
    - Potentially **suitable for use by lesser trained vaccinators**.
    - Could **enable alternative delivery scenarios**.
  - Potential to **reduce stock-outs**: there is **only one component to be procured, distributed, and tracked**, as CPADs integrate the container with delivery technology.
  - +++ Data exist supporting **increased acceptability** of Uniject™ preformed CPADs by caregivers/vaccines.
- **May improve safety** by reducing **risk of contamination** and **needlestick injuries** since CPADs are pre-filled.
- **Potential to reduce overall delivery costs:**
  - **May reduce storage and transportation costs** given CPADs' small volumes.
  - +++ **May save health care worker time** as easier to use.
- **Antigen applicability**
  - CPADs could be applied to all liquid, parenteral vaccines.

## KEY CHALLENGES

- +++ **User assembled blow-fill-seal (BFS) CPADs rated lower than comparator for ease of use and risk of contamination**, due to more components and a more complex preparation.
- **Data on prototypes of Other Types of CPADs** indicate a larger volume than the comparator resulting in **potential higher delivery costs**.

- ++ Important attribute for at least 2 settings or for the 3 settings based on the country consultation (see slide 3)
- Important attribute for campaigns or routine facility-based immunisation based on country consultation (see slide 3)

# Compact prefilled auto-disable devices (CPADs): Rationale for prioritisation



CPADs are **recommended to be prioritised for further analysis under Phase II** given their **broad potential public health benefits, broad applicability to liquid parenteral vaccines, and proven benefits in facilitating vaccine outreach.**

## Additional important information to be analysed in phase II (if prioritised for Phase II):

- Economic analyses given the likely higher cost of goods for CPADs.
- Review of the specialised filling equipment required for different CPAD types as this is a key determinant of vaccine manufacturer adoption.
- Potential deprioritisation of user-assembled CPADs as their drawbacks may limit use scenarios.