

Identification of priority vaccines for microarray patches (MAPs) and CTC use









The methodology and outcomes of the vaccine prioritisation exercise for CTC and MAPs have been validated through multiple consultations





COUNTRY CONSULTATION

• To understand priority vaccines for CTC use

2

PROGRAMMATIC EXPERT CONSULTATIONS

To provide feedback on the methodology and VIPS vaccine priority lists for CTC and MAPs including programmatic impact



EXPERT CONSULTATION

 To provide feedback on the methodology, VIPS vaccine priority shortlist and final list for CTC and MAPs



PUBLIC CONSULTATION

To provide an opportunity to individuals from broad stakeholder groups to provide feedback on the VIPS vaccine priority list for CTC and MAPs











VIPS vaccine target shortlist for CTC use

CTC SHORTLIST
in alphabetical order
Dengue
dT (reduced d antigen for adults/adolescents)
Hepatitis B (birth dose)
Hepatitis B (adults)
Human papillomavirus (HPV)
Measles-Rubella (MR)- MAP ¹
Meningitis A,C, W, Y (X)
M.Tuberculosis – BCG
Oral Cholera Vaccines (OCV)
Rabies
SARS-COV-2
Typhoid conjugate vaccine (TCV)



¹ MR-MAP is included here due to the stage of development and the thermostability data available, but all other vaccines prioritised under the vaccine MAPs prioritisation exercise would be targets for CTC









Looking at both programmatic impact and commercial feasibility VIPS VACCINE provided a CTC priority list of 8 vaccine targets











Proposed VIPS priority list of vaccine targets for CTC use



CTC PRIORITY LIST in alphabetical order
dT (reduced d antigen for adults/adolescents)
Hepatitis B (birth dose)
Human papillomavirus (HPV)
Measles-Rubella (MR) - MAP1
Meningitis A,C, W, Y (X)
Oral Cholera Vaccines (OCV)
SARS-COV-2
Typhoid conjugate vaccine (TCV)

¹ MR-MAP is included here due to the stage of development and the thermostability data available, but all other vaccines prioritised under the vaccine MAPs prioritisation exercise would be targets for CTC









Methodology overview to prioritise vaccines for **MAPs** (interim list)





GATES foundation

Vorld Health ganization

Expert feedback narrowed down the interim list of 20 vaccines to 11 priority vaccines for MAPs



	Interim list of 20 vaccine targets for use with MAPs (incl. for LMICs)	Inclusion in final list	Feedback from Expert Group: rationale for excluding from the list
	Hepatitis B virus	\checkmark	
Legacy	Measles, mumps and rubella viruses (MR and MMR)	\checkmark	
High volumes of	Mycobacterium tuberculosis (BCG)	X	The low price point of BCG makes it an unfavorable target for MAPs
vaccines available with low	Poliovirus, inactivated	Х	In the next 10 years it is likely that there will not be a large market for IPV as a standalone as it may be replaced by Hexavalent vaccine.
unit price	Rabies virus	\checkmark	
	Salmonella Typhi	\checkmark	
	Yellow Fever	\checkmark	

Evolving	Group B streptococcus (GBS), S agalactiae	\checkmark	
	Human papillomavirus	\checkmark	
Not	Malaria		There is no surrogate of efficacy identified for this target, so it would be a
commoditised/		X	very risky choice from a development perspective
higher price	Mycobacterium tuberculosis (next generation)		There is no surrogate of efficacy identified for this target, so it would be a
vaccines, or	Mycobacterium tuberculosis (next generation)	X	very risky choice from a development perspective
vaccines still in	Neisseria meningitidis A,C,W,Y (X)	\checkmark	
development	Streptococcus pneumoniae	\checkmark	

	Chikungunya virus	Х
Outbreak	Ebola virus	Х
Vaccine targets	Influenza virus, pandemic	\checkmark
with	MERS coronavirus (MERS-CoV)	X
unpredictable	Rift Valley fever virus (RVF)	Х
demand driven by	SARS-CoV-2	\checkmark
outbreaks	Zika	X

All **outbreak vaccines present a very challenging business case**, and some are still at a relatively early development stage.

Clinical trials are also complex as for some of these targets, having enough cases/ transmission to conduct a clinical trial can be challenging.

Therefore, only influenza (pandemic and seasonal) and SARS-CoV-2 will be kept as representative antigens of outbreak vaccines as they are also either used in endemic settings or will likely be.

Additional considerations on MAPs regulatory pathway, potential programmatic impact and financial sustainability/ funders interest were taken into consideration



	Potential vaccine targets for use with MAPs	Estimated regulatory pathway complexity	Potential programmatic impact	Potential financial sustainability or funders interest
	Hepatitis B virus	Low	Moderate-high	High
	Measles and rubella viruses	Low	High	Medium
Legacy High volumes of vaccines	Measles, mumps and rubella	Medium High		High
available with low unit	Rabies virus	Low	High	Medium-high
price	Salmonella Typhi	Medium	Low	Medium-high
	Yellow Fever	Medium	High	Medium-low
	Group B streptococcus (GBS), S agalactiae	High	Moderate	Medium
Evolving	Human papillomavirus	Medium	High	High
higher price vaccines, or vaccines still in	Neisseria meningitidis A,C,W,Y	Medium	Moderate	Medium-low
development	Neisseria meningitidis A,C,W,Y,X	Medium	Moderate	Medium-low
	Streptococcus pneumoniae	Low	Low	Medium

Outbreak Vaccine targets with	Influenza virus, pandemic and seasonal	Medium	Moderate	High
unpredictable demand driven by outbreaks	SARS-CoV-2	Medium	Moderate	High

9

The additional considerations allowed to define two groups within priority vaccines for MAPs



Additional considerations: regulatory pathway, programmatic impact, financial sustainability/ funders interest



Proposed VIPS priority list of vaccine targets for MAPs



PRIORITY LIST of vaccine targets for MAPs

	Hepatitis B virus
	Measles, rubella (MR)/ Measles, mumps and rubella (MMR) viruses
	Human papillomavirus
Priority 1 group	Rabies virus
	Yellow fever
	Influenza virus, seasonal and pandemic
	SARS-CoV-2

Priority	2	group
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Group B streptococcus (GBS), S agalactiae
Neisseria meningitidis A,C,W,Y,(X)
Salmonella Typhi
Streptococcus pneumoniae







