

# Pertussis Human Challenge Studies

Tod Merkel, PhD

CBER / FDA  
Silver Spring, Maryland

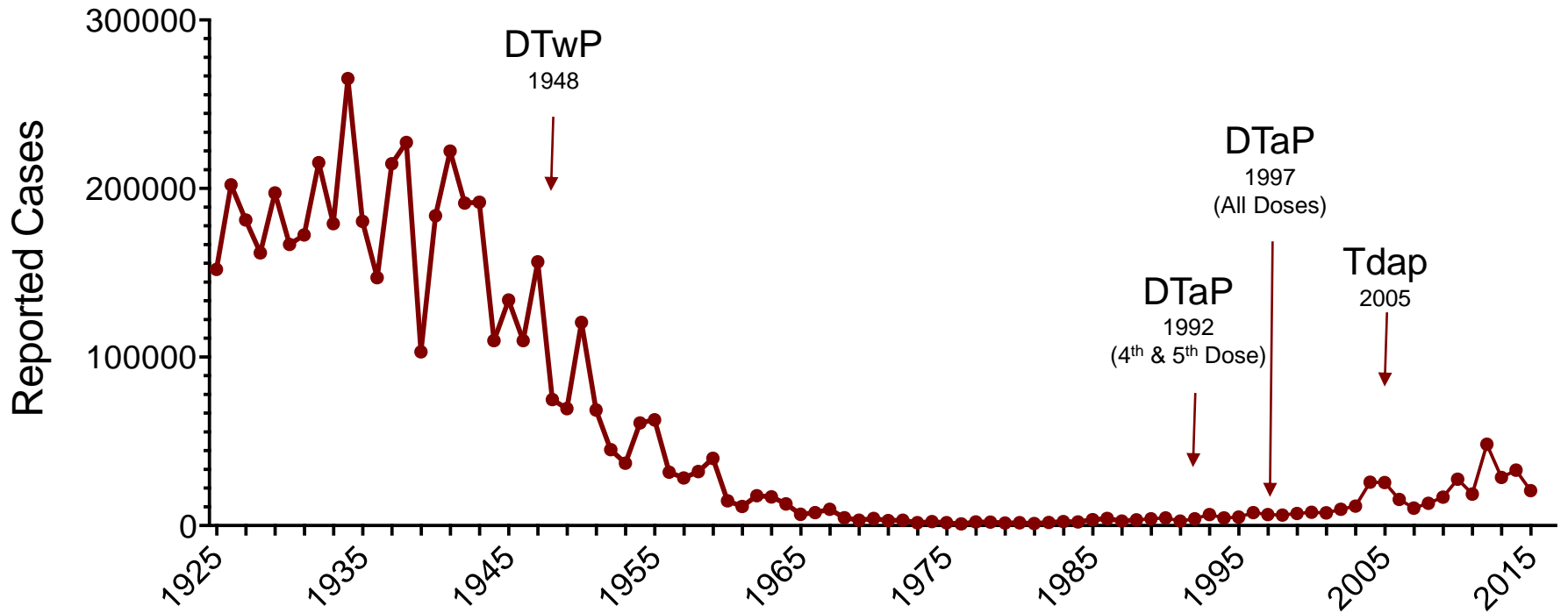


**My comments are an informal communication and represent my own best judgment. My comments do not bind or obligate the FDA.**

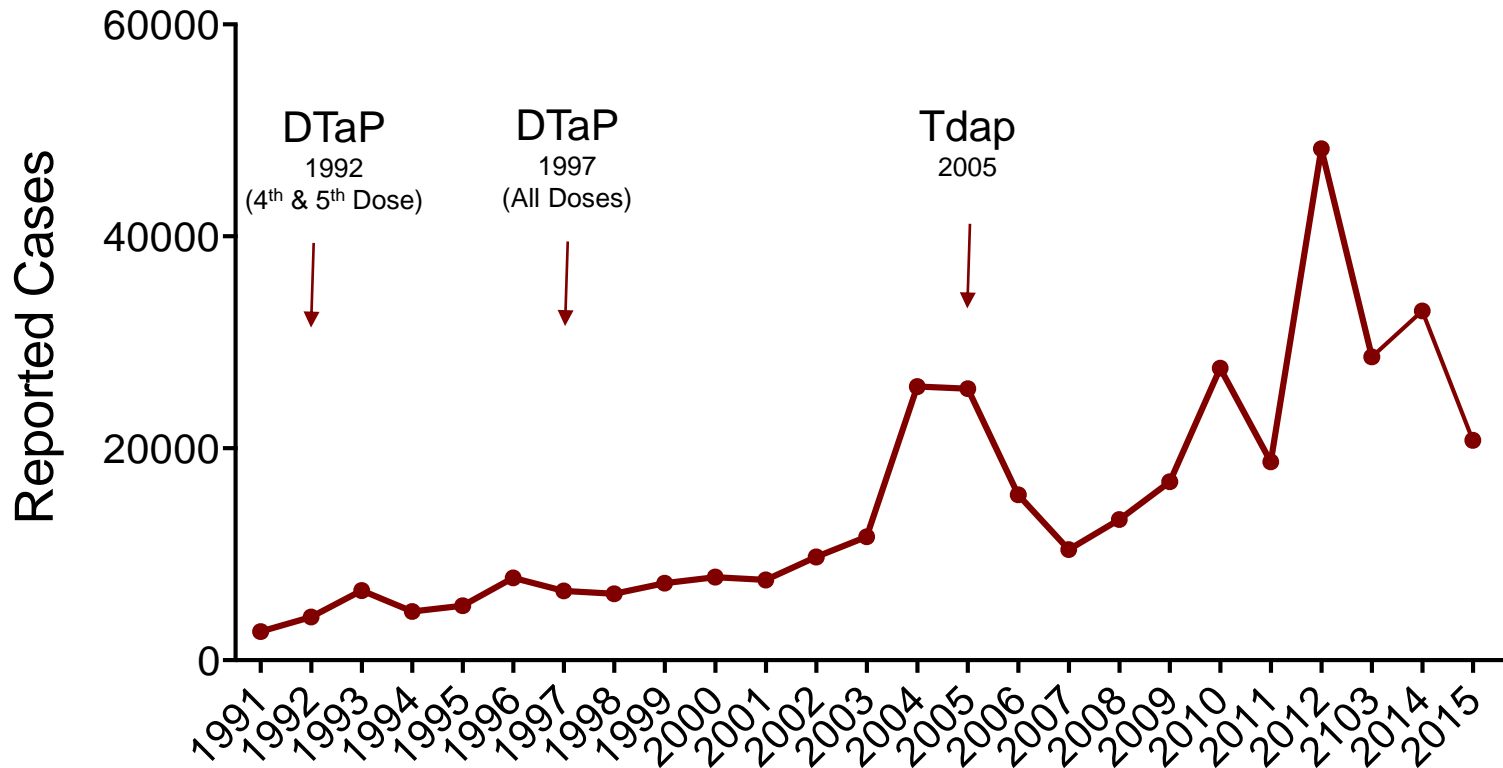
# Pertussis (Whooping Cough)

- ❖ Highly contagious respiratory infection caused by *Bordetella pertussis*.
- ❖ Nearly universal by school entry in the pre-vaccine era
- ❖ Approximately 1 in 10 cases resulted in mortality. Responsible for more deaths than measles and polio combined.
- ❖ Still a common cause of infectious disease worldwide. Modeling for the period 2000 to 2015 estimated approximately 56,700 deaths annually in children under five years of age worldwide .

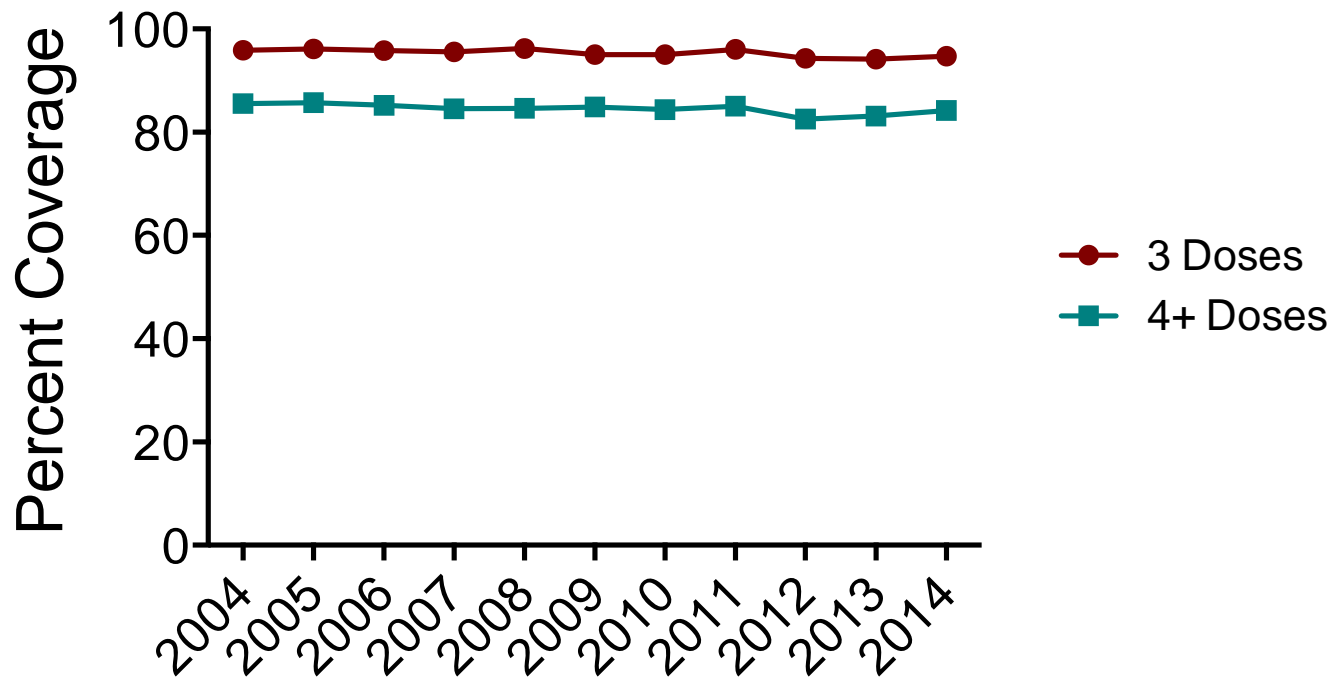
# Reported Pertussis Cases



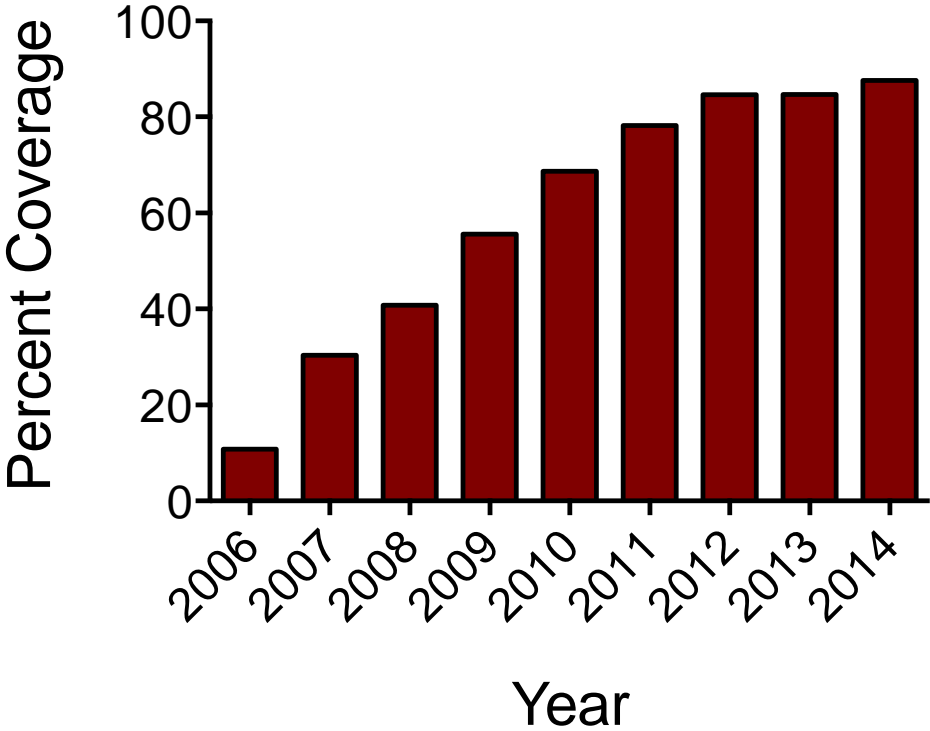
# Reported Pertussis Cases



# DTaP Coverage



# Tdap Coverage



# Insights From the Baboon Model of Pertussis

- ❖ The licensed acellular pertussis vaccines prevent disease but not colonization, carriage or transmission.
- ❖ These data suggest that acellular-vaccinated individuals act as a reservoir for *B. pertussis* circulation.
- ❖ Hypothesis: Increased circulation in aP-vaccinated populations leads to increased exposure of unvaccinated, under-vaccinated and non-responding individuals.

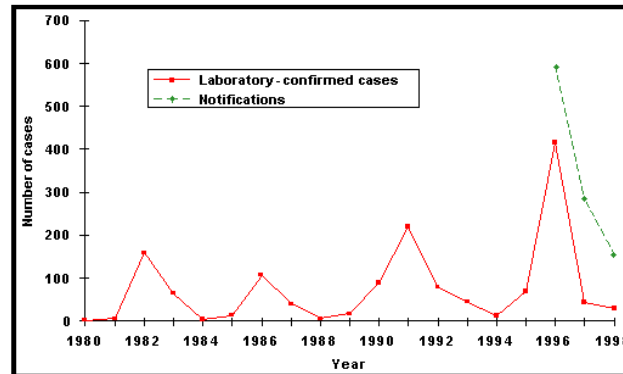
*New pertussis vaccines are required to reduce *B. pertussis* circulation in the population.*



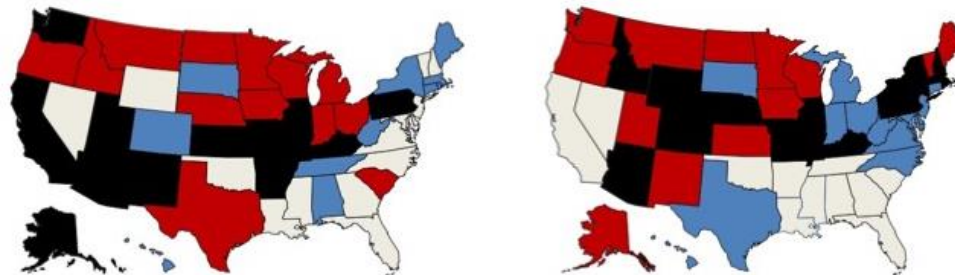
# Need for Pertussis Human Challenge Studies



- ❖ Incidence of pertussis is low
- ❖ Pertussis incidence varies over time



- ❖ Pertussis incidence varies geographically.



# Uses for Pertussis Human Challenge Studies

- ❖ Characterize early clinical manifestations
- ❖ Study the immune response
- ❖ Study transmission (?)
- ❖ Identify and test new protective antigens
- ❖ Identify and evaluate correlates of protection
- ❖ Evaluate new diagnostic tests
- ❖ Evaluate new therapeutics
- ❖ Evaluate next generation vaccines
- ❖ Provide clinical data to support approval of novel vaccines

# Pertussis-specific Considerations

- ❖ Pertussis is an airborne pathogen that transmits efficiently across a room. Therefore containment of subjects and protection of subject contacts important.
- ❖ Although pertussis is typically mild in adults, disease can be severe.
- ❖ Point of no return?

# University of Southampton Pertussis Human Challenge Study

P.I. Robert Read

## Single centre, first in human

Phase A (35 volunteers, or until 10 colonised with one standard dose)

### Aims:

- ❖ Assess safety of inoculation with *B. pertussis*
- ❖ Find the inoculum dose to get 70% colonisation
- ❖ Assess the specific immune response
- ❖ Assess environmental shedding

# Southampton Human Challenge Study

## Inclusion criteria

- ❖ Healthy adults aged 18 to 45 years inclusive on the day of screening
- ❖ Willingness to take a curative antibiotic regimen after inoculation with *B. pertussis* according to the study protocol
- ❖ Agreement to be admitted to the NIHR-WTCRF Southampton for 17 days (from inoculation until two days after the eradication therapy is given)

# Southampton Human Challenge Study



## Exclusion criteria

- ❖ Individuals (and household contacts) can't rule out contact with:
  - unimmunised or partially immunised children and infants aged < 1 year
  - pregnant women >32 weeks who have not received pertussis vaccination at least a week prior to contact
- ❖ Individuals who have anti-PT IgG ELISA >20 IU/mL
- ❖ Individuals who are *B. pertussis* positive
- ❖ Individuals received pertussis vaccination in the last 5 years
- ❖ Individuals who have a history of never receiving pertussis vaccination

# Southampton Human Challenge Study

## Challenge Strain

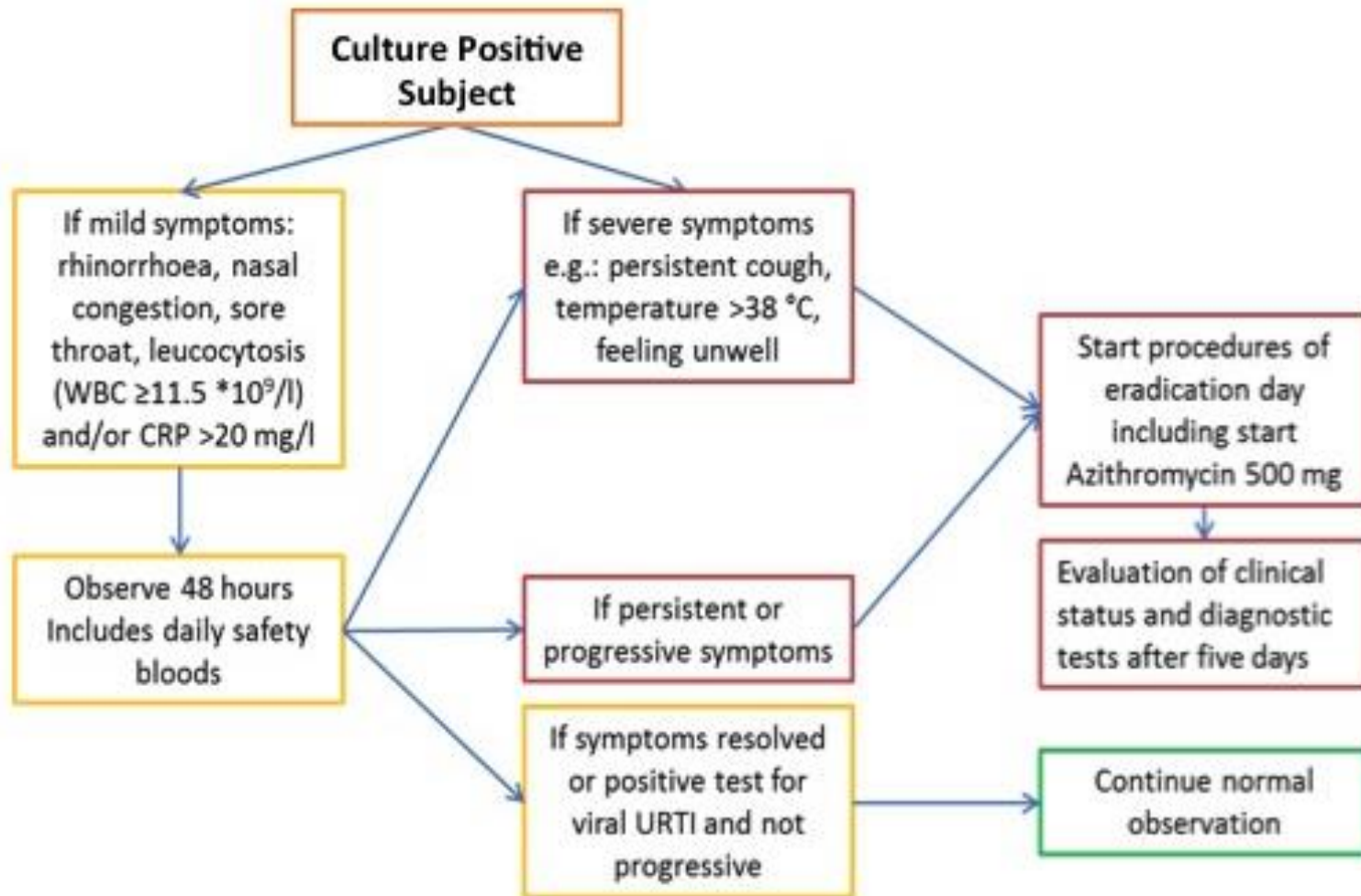
- ❖ Strain B1917
- ❖ Representative of current clinical isolates in Europe
- ❖ Sensitive to azithromycin *in vitro*
- ❖ Prepared by Q Biologicals
  - GMP standard
  - Licensed cGMP facilities
  - Free of animal-derived products
- ❖ Vials containing 1.1 mL at  $10^6$  cfu/ml

# Southampton Human Challenge Study

## Infection prevention

- ❖ Admission to the NIHR-WTCRF for 17 days Visitors allowed between 8:00 AM and 10.00 PM (PPE required)
- ❖ Allowed off unit 2 x 2 hrs a day with escort. Mask required.
- ❖ Use of PPE
- ❖ Vaccination of staff
- ❖ Sampling of staff

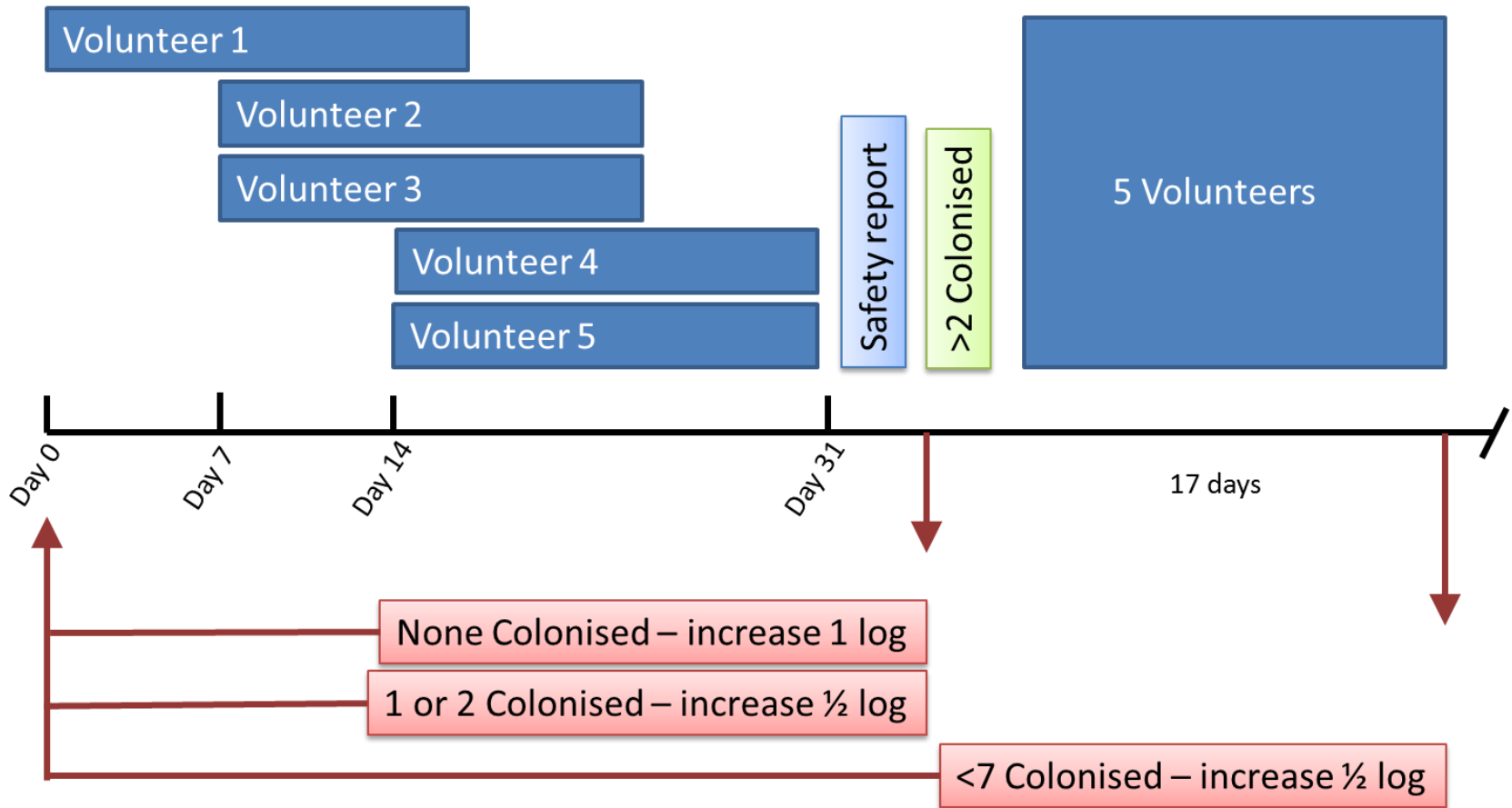




# Southampton Human Challenge Study Eradication Therapy

- ❖ Azithromycin 500 mg orally once a day for three days
- ❖ On day 14, or when early *B. pertussis* disease is suspected.

# Southampton Human Challenge Study Escalating the Dose



# Southampton Human Challenge Study Phase B

## **45 Subjects:**

- ❖ Intervention group (n=30). Standard inoculum identified in Phase A
- ❖ Control group (n=15). Sham inoculum, no admission

## **Aims:**

- ❖ Confirm the standard inoculum
- ❖ Assess the specific immune response

# Canadian Center for Vaccinology in Halifax Pertussis Human Challenge Study

P.I. Scott Halperin

## Open Label, Single Center:

Up to 28 volunteers, or until 6/8 colonised with one standard dose

## Aims:

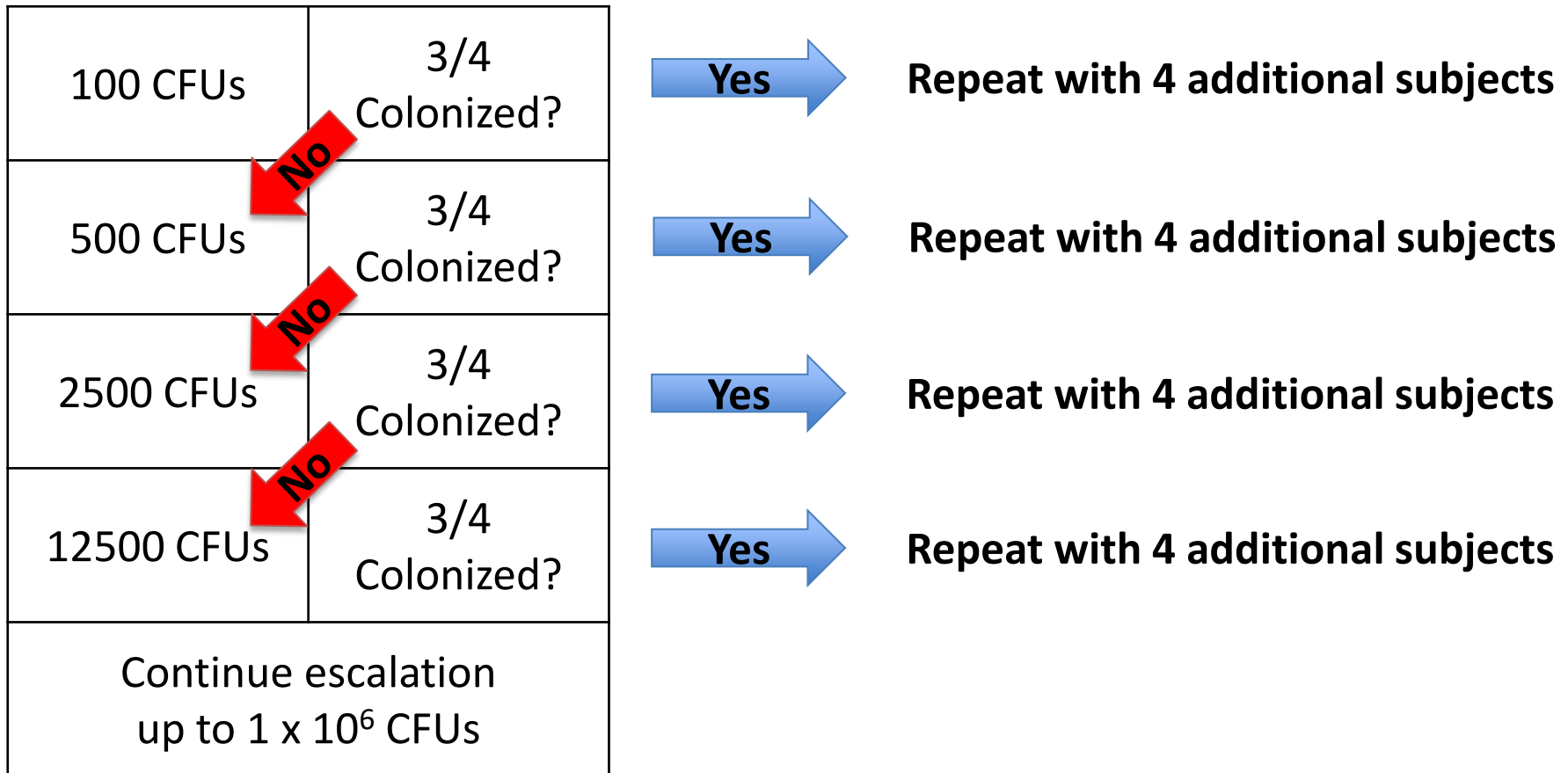
- ❖ Assess safety of inoculation with *B. pertussis*
- ❖ Identify the inoculum dose that achieves 75% colonisation

# Halifax Human Challenge Study Study Overview

- ❖ Healthy adults aged 18 to 40 years inclusive on the day of screening.
- ❖ Challenge with *B. pertussis* strain D420. Clinical isolate representative of strains circulating in North America.
- ❖ In-patient
- ❖ Antibiotic therapy with azithromycin initiated within 24-48 hours of onset of symptoms or at the end of the in-patient period.

# Halifax Human Challenge Study

## Escalation of Challenge Dose





# Acknowledgements

Robert Read, MD  
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&

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