Biodefense and Pandemic Influenza: The Research and Public Health Interface



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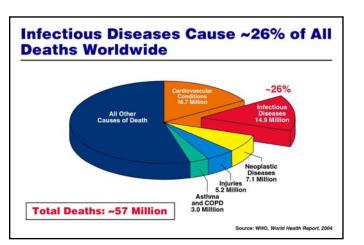


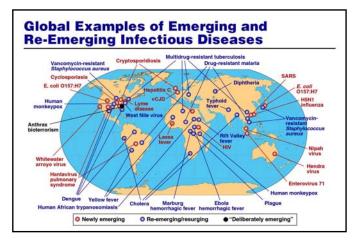


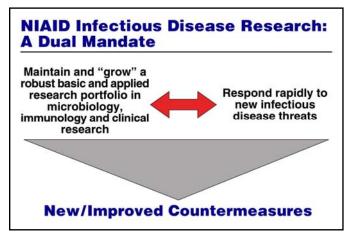
A Premature Declaration of Victory Over Infectious Diseases

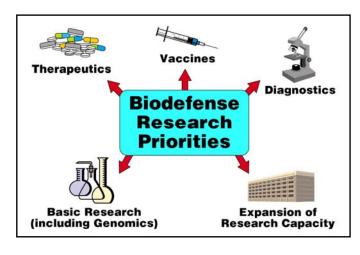
"We can look forward with confidence to a considerable degree of freedom from infectious diseases at a time not too far in the future. Indeed... it seems reasonable to anticipate that within some measurable time... all the major infections will have disappeared."

- Aidan Cockburn, The Evolution and Eradication of Infectious Diseases, 1963.









Biodefense Countermeasures: Key Achievements

- Smallpox
 - Dryvax; MVA; antiviral drugs
- Anthrax
 - rPA; antitoxins
- Botulinum
 - Vaccine; antitoxins
- Ebola
 - First human vaccine trials









Expansion of Research Capacity for Emerging Infectious Diseases ■ National Biocontainment Laboratories (BSL4) - 2 ■ Regional Biocontainment Laboratories (BSL3) - 13 → Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research - 10

Regional Centers of Excellence for Biodefense and Emerging Infectious Diseases Research (RCEs)

- RCE Network established in 2003
- 10 centers (8 funded in 2003, 2 in 2005)
- >150 research projects; ~100 pilot projects; >60 career development projects
- \$350M total funding over 5 years
- >170 publications on Category A, B and C pathogens, host immunity, countermeasure development

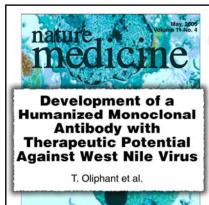
Selected NIAID Category B and C Pathogens

- Influenza
- Antibiotic resistant microbes (except STDs)
- Dengue
- Diarrheagenic E.coli

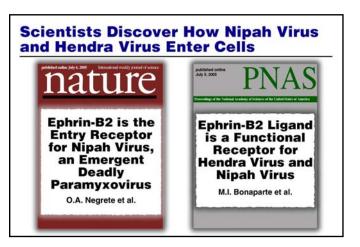
New NIH Facilities - 4

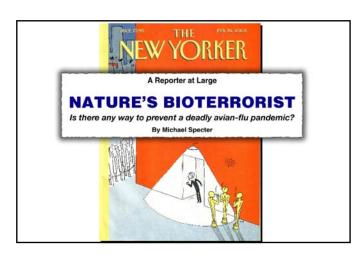
- Entamoeba histolytica
- Giardia lamblia
- Hepatitis A
- Multi-drug resistant TB
- Rift Valley Fever
- Tickborne encephalitis viruses
- Toxoplasma
- Typhus fever (Rickettsia prowazekii)
- Vibrio cholera and other pathogenic Vibrios
- West Nile Virus
- Yellow fever



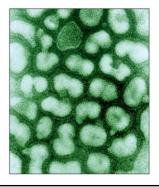


- Single dose of humanized monoclonal antibody protected mice (>90%) when given up to 5 days following lethal WNV challenge
- Partial support from NIAID Midwest Regional Center of Excellence for Biodefense and Emerging Infectious Diseases



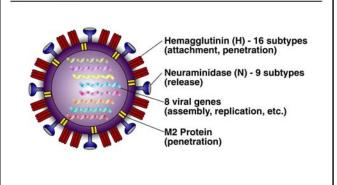


Influenza

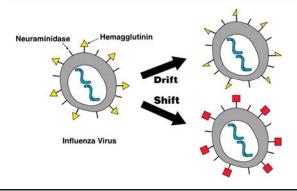


- Re-emerging disease (interpandemic flu)
- Newly emerging disease (potential pandemic flu)

Influenza A Virus



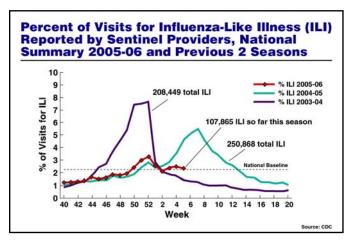
Influenza: Antigenic Drift and Shift

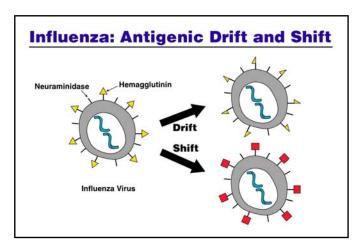


The Burden of Seasonal Influenza

- 250,000 to 500,000 deaths globally/yr
- 36,000 deaths and >200,000 hospitalizations/yr in U.S.
- \$37.5 billion in economic costs/yr in U.S. related to influenza and pneumonia
- **■** Ever-present threat of pandemic influenza

Sources: CDC, WHO, Am. Lung. Assoc.

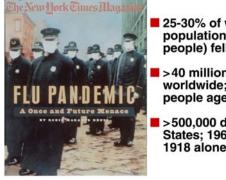




Past Antigenic Shifts

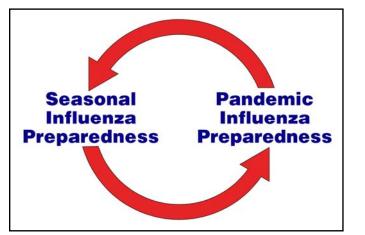
1918 H1N1 Spanish Flu >40 million deaths
1957 H2N2 Asian Flu 1-2 million deaths
1968 H3N2 Hong Kong Flu 700,000 deaths
1976 H1N1 Swine Flu No pandemic

The Influenza Pandemic of 1918-1919



- 25-30% of world's population (~500 million people) fell ill
- >40 million deaths worldwide; ~60 percent in people ages 20-45
- >500,000 deaths in United States; 196,000 in October, 1918 alone

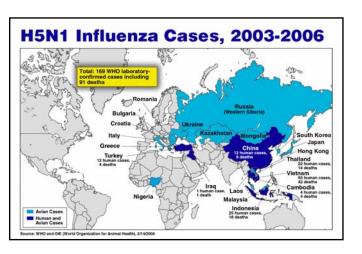
Source: WHO, 1/2005

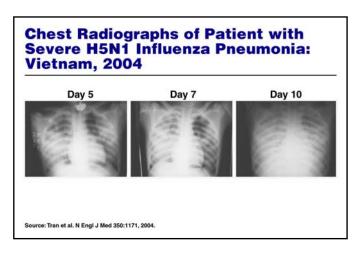


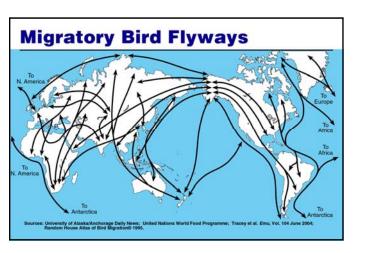
- Seasonal Influenza Preparedness
- **■** Pandemic Influenza Preparedness

(millions)	Doses Distributed (millions)
15.7	12.4
23.1	20.1
32.3	28.3
71.5	54.9
77.2	76.8
77.9	70.4
87.7	77.7
95.0	83.0
86.9	83.1
61.0	56.5
86.0	>80 so far
	23.1 32.3 71.5 77.2 77.9 87.7 95.0 86.9 61.0

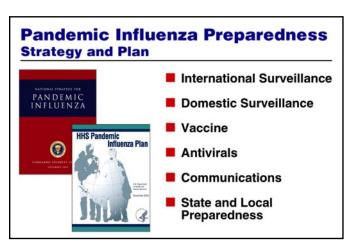






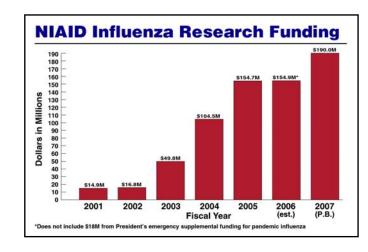


Seasonal Influenza PreparednessPandemic Influenza Preparedness

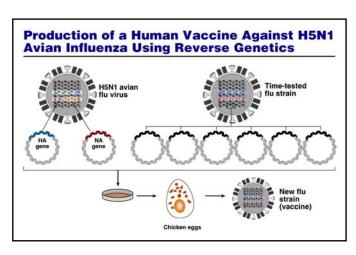


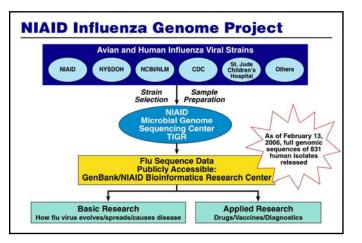


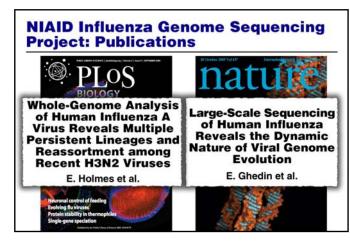
Congress Approved \$3.8 Billion for Pandemic Influenza Preparedness \$3.3 billion: HHS, includes: \$2.6 B - Office of Public Health Emergency Preparedness "core preparedness activities" including vaccine production capacity expansion, development and purchase of vaccines and antivirals \$246 M - International activities - \$18 M to NIAID OCR and DMID for international research in SE Asia \$350 M - Upgrade state & local response capacities \$50 M - Increase CDC laboratory capacity \$0.5 billion: Other agencies, including DoD and USAID

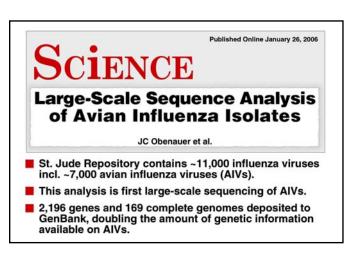




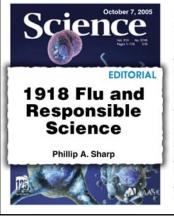




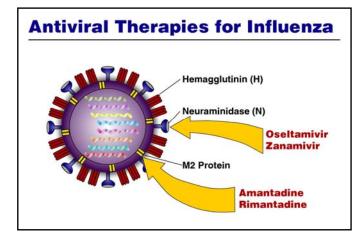








"....It is reassuring that the NSABB was asked to consider these papers before publication and concluded that the scientific benefit of the future use of this information far outweighs the potential risk of misuse. People may be reassured that the system is working, because agencies representing the public, the scientific community, and the publishing journals were involved in the decision."



Influenza Antivirals: Examples of Current and Planned Projects

- Evaluation of novel drug targets (eg viral entry, replication, HA maturation)
- Development/testing of next-generation neuraminidase inhibitors (eg peramivir)
- Antiviral screening program
- Combination therapy studies
- Clinical trials of oseltamivir in SE Asia
- Assessment of oseltamivir in young infants

Pandemic Influenza Vaccine

- Pre-pandemic
- Intra-pandemic



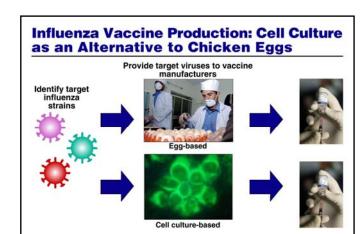
Pre-Pandemic H5N1 Vaccine Evaluation: Preliminary Results

Sanofi Inactivated H5N1 Subunit Vaccine

- Evaluated in 451 healthy young adults
 - Well-tolerated overall
 - Two 90 µg doses induced immune response predictive of protection
 - Publication submitted January 2006
- Trial in elderly initiated in October 2005
- Pediatric study initiated in January 2006

Major Challenges to Pandemic Vaccine Development and Availability are Production and Surge Capacity

- Accelerate development of cell culture based vaccine technology
- Develop novel vaccine approaches
- Evaluate dose-sparing technology (adjuvants, intramuscular vs. intradermal)



Selected Strategies for Influenza Vaccines

- Inactivated or "Killed" Vaccines
- Live, Attenuated Vaccines
- DNA Vaccines
- Recombinant Subunit Vaccines
- Recombinant Vector Vaccines
- Synthetic Peptide Vaccines

