# Antimicrobial Resistance and Vaccines

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22 March 2018 GVIRF Meeting Bangkok, Thailand



National Institute of Allergy and Infectious Diseases

# AMR Has Moved from Scientific to Political Discussions

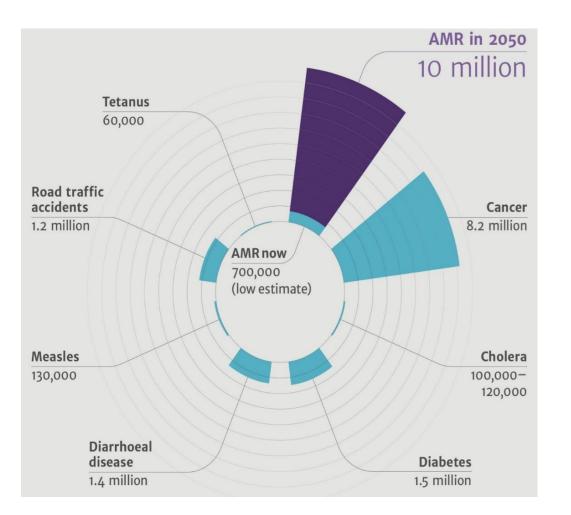
- G7
- G20
- UN General Assembly

... among others





# **Deaths Attributable to AMR Every Year**



- A continued rise in resistance by 2050 would lead to 10 million people dying every year globally.
- Antibiotic-resistant bacteria cause more than 2 million illnesses and at least 23,000 deaths each year in the US.

## The Review on Antimicrobial Resistance, Chaired by Jim O'Neill http://www.cdc.gov/drugresistance/pdf/ar-threats-2013-508.pdf



# 2016 Global Vaccine & Immunization Research Forum (GVIRF)

#### 15 – 17 March 2016, Johannesburg, South Africa

Chair	Dennis Dixon (NIAID)		
Speakers	<ol> <li>Martin Friede (WHO) and Bruce Gellin (NVPO, U.S. DHHS): The Role of Vaccines in AMR Strategies</li> </ol>		
	<ol> <li>Olaf Schneewind (University of Chicago, USA): Staphylococcal Vaccines</li> </ol>		
	<ol> <li>Magnus Unemo (Örebro University Hospital, Sweden): Gonococcal Vaccines</li> </ol>		
	<ol> <li>Jordi Rello (Vall d'Hebron University Hospital, Spain): Vaccines for Gram-Negative Healthcare Pathogens No ESKAPE</li> </ol>		



# 2018 Global Vaccine & Immunization Research Forum (GVIRF)

#### 20 – 22 March 2018, Bangkok, Thailand W8: Vaccines and Antimicrobial Resistance

Chair	Dennis Dixon (NIAID)
Panel Moderator	Johan Vekemans (WHO)
Speakers	1. Dennis Dixon (NIH): Update since 2016
	2. Edgar Brun (Norwegian Veterinary Institute): Salmon Vaccine
	3. Scott Hultgren (Washington University, USA): <i>E. coli</i> Vaccine for UTIs
Panel Discussion	1. Visanu Thamlikitkul (Mahidol University, Thailand)
	2. Suphot Wattanaphansak (Chulalongkorn University, Thailand)
	3. Nithima Sumpradit (Food and Drug Administration, Thailand)



## Effectiveness of a Group B Outer Membrane Vesicle Meningococcal Vaccine Against Gonorrhea in New Zealand

- Retrospective case-control study of patients at sexual health clinics; aged 15–30; eligible to receive MeNZB
  - Compared rates of and gonococcal and chlamydial infection in vaccinated vs. unvaccinated individuals
  - Estimated efficacy against gonococcal infection of 31% vs. none for chlamydia
- Interpretation: "Exposure to MeNZB was associated with reduced rates of gonorrhoea diagnosis, the first time a vaccine has shown any protection against gonorrhoea."
- These results provide a proof of principle that can inform prospective vaccine development for gonorrhea.

Petousis-Harris H, et al. Lancet 2017; 390:1603-10 Seib K. Lancet 2017; 390:1567-69



## A Randomized Placebo-controlled Phase II Study of a *Pseudomonas* Vaccine in Ventilated ICU Patients

#### <u>Trial Design:</u>

- 400 mechanically ventilated ICU patients; 34 sites (Europe and South America)
- Recombinant outer membrane protein IC43, 100ug and 200 ug, w/ and w/o Alum
- 2 doses in a 7-day interval, with 90 days follow-up

#### <u>Results:</u>

- No safety concerns
- Highly immunogenic
- No significant differences in *P. aeruginosa* infection rates not powered as secondary endpoint

#### The vaccinated group has:

- Low rate of invasive infections (pneumonia or bacteremia)
- Low mortality rate by day 28, predicted by Ab titer on day 14
- Low immunogenicity when adjuvanted with Alum

### <u>Improved Clinical Outcome?</u>

Rello J, et al. Critical Care 2017; 21:22



National Institute of Allergy and Infectious Diseases

## FDA Advisory Committee Meeting 7 November 2017: Pfizer's SA4AG Study (B34510002) for Spinal Fusion Surgery

#### Trial Design:

- Staphylococcus aureus 4-antigen vaccine (SA4Ag)
- 6000 subjects at 278 sites in 10 countries
- Adults undergoing elective open posterior spinal fusion procedures with multilevel instrumentation

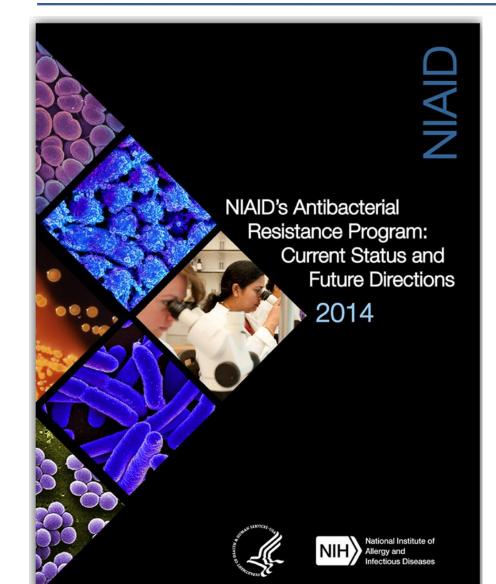
#### **Primary Endpoint:**

Prevention of invasive disease caused by S. aureus

#### **Discussion on Indication Label:**

 Assuming that the ongoing study of SA4Ag achieves its pre-specified primary efficacy objective, please discuss the reasons why <u>efficacy and</u> <u>safety</u> should or should not be generalized to <u>other elective orthopedic</u> <u>surgical populations.</u>

# **NIAID Antibacterial Resistance Program**



- Basic Research
- Translational Research/ Product Development
- Clinical Research

# Diagnosis, Prevention and Treatment

Web Search Term: NIAID AR pdf



## NIH/NIAID's New Initiative on AMR

#### RFA-AI-17-017:

Partnerships for the Development of Vaccines and Immunoprophylactics Targeting Multiple Antimicrobial-Resistant Bacteria (R01)

#### **Funding Opportunity Purpose:**

 The purpose of this FOA is to support milestone-driven projects focused on discovery, establishment of proof-of-concept for, and/or preclinical development of, lead <u>candidate vaccines or</u> <u>immunoprophylactics</u> that target multiple antimicrobial-resistant
 Gram-negative bacterial pathogens prevalent in nosocomial infections: carbapenem-resistant Enterobacteriaceae (CRE), multidrug-resistant (MDR) *Acinetobacter* and MDR *Pseudomonas aeruginosa*.

https://grants.nih.gov/grants/guide/rfa-files/RFA-AI-17-017.html



## **GLOBAL ACTION PLAN**

ON ANTIMICROBIAL Resistance

May 2015

Collaboration of Tripartite (WHO, OIE, FAO)



## **WHO Global Action Plan on AMR**

## > 5 Strategic Objectives

- 1) Improve awareness and understanding of AMR
- 2) Strengthen AMR surveillance and research
- 3) Reduce incidence of infection
- Optimize use of antimicrobials in human and animal health
- 5) Develop economic case for sustainable investment on AMR

#### **Vaccine for AMR Bacteria in Human**

# The WHO priority list of 12 AMR Bacteria in Human

PRIORITY: CRITICAL	PRIORITY 2: HIGH	PRIORITY 3: MEDIUM
<ul> <li>Acinetobacter baumannii carbapenem-resistant</li> </ul>	<ul> <li>Enterococcus faecium vancomycin-resistant</li> </ul>	<ul> <li>Streptococcus pneumoniae</li> </ul>
<ul> <li>Pseudomonas aeruginosa carbapenem-resistant</li> <li>Enterobacteriaceae</li> </ul>	<ul> <li>Staphylococcus aureus methicillin-resistant vancomycin-intermediate</li> </ul>	<ul> <li>penicillin-non-susceptible</li> <li>Haemophilus influenzae ampicillin-resistant</li> </ul>
carbapenem-resistant, ESBL-producing	<ul> <li>and resistant</li> <li>Helicobacter pylori clarithromycin-resistant</li> </ul>	<ul> <li>Shigella spp. fluoroquinolone-resistant</li> </ul>
	<ul> <li>Campylobacter spp. fluoroquinolone-resistant</li> </ul>	
	<ul> <li>Salmonellae fluoroquinolone-resistant</li> </ul>	
February 2017	<ul> <li>Neisseria gonorrhoeae cephalosporin-resistant fluoroquinolone-resistant</li> </ul>	

# **Thank You**

# ... for your interest