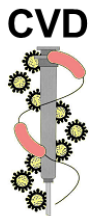


# **A broad spectrum vaccine to prevent invasive *Salmonella* Infections for sub- Saharan Africa**

Myron M Levine, Raphael Simon, Sharon Tennant,  
James Galen, Andrew Lees, Velupillai Puvanesarajah,  
Ellen Higginson, Girish Ramachandran, Scott Baliban,  
R Venkatesan, Krishna Mohan

Center for Vaccine Development,  
University of Maryland School of Medicine,  
Baltimore, MD, USA; FinaBio, MD, USA; Bharat  
Biotech International, Hyderabad, India

10<sup>th</sup> Conference on Typhoid & Other Invasive  
Salmonellosis, Kampala, Uganda, April 2017



# Epidemiology of invasive *Salmonella* infections

## Enteric fevers

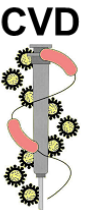
- *Salmonella* Typhi
- *Salmonella* Paratyphi A
- *Salmonella* Paratyphi B
- *Salmonella* Paratyphi C (rare)

## Invasive NTS disease (septicemia, meningitis, etc.)

- *Salmonella* Typhimurium
- *Salmonella* Enteritidis
- I:4,[5],12:i:-
- *Salmonella* Dublin

## Focal metastatic infections

- *Salmonella* Choleraesuis
- *Salmonella* Paratyphi C



# Relative importance of the *Salmonella* serovars varies by global region and over time

## Asia

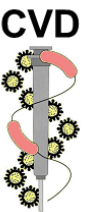
- *Salmonella* Typhi
- *Salmonella* Paratyphi A (emerging)

## Africa

- *Salmonella* Typhimurium
- *Salmonella* Enteritidis
- *Salmonella* Typhi

## South America (1970s & 1980s)

- *Salmonella* Typhi
- *Salmonella* Paratyphi B
- *Salmonella* Paratyphi A



# Invasive *Salmonella* epidemiology, RWANDA

<u>Age (mos)</u>	<u>No. of Children</u>	<u>S. Typhi</u>	<u>Non-typhoidal <i>Salmonella</i>*</u>	<u><i>Strep. pneumo.</i></u>	<u>Other Bacteria</u>
<12	255	2 (0.8%)	14 (5.5%)	3 (1.2%)	6 (2.4%)
12-23	239	6 (2.5%)	12 (5.0%)	5 (2.1%)	4 (1.7%)
24-47	191	7 (3.7%)	7 (3.7%)	2 (1.0%)	2 (1.0%)
48-71	77	5 (6.5%)	0 (0.0%)	1 (1.3%)	2 (2.6%)
≥72	138	27 (19.7%)	3 (2.2%)	3 (2.2%)	1 (0.7%)
Total	900	47 (5.2%)	36 (4.0%)*	14 (1.6%)	15 (1.7%)

\* 13 *S. Typhimurium*, 22 *S. Enteritidis* & 1 *S. Dublin*

LePage P, Bogaerts J, Van Goethem C, Ntahorutaba M, Nsengumuremyi F, Hitimana DG, Vandepitte J, Butzler JP, Levy J, et al. Lancet 1987

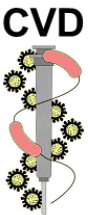


# Case fatality by pathogen, RWANDA

<u>All Pathogens</u>	<u>S. Typhi</u>	<u>S. Typhimurium</u>	<u>Other Salm.</u>	<u>Strep. pneumo.</u>
10/107	2/46	2/11	2/22	0/14
9.3%	4.3%	18.2%	9.1%	0%

\* Patients lost to follow-up were dropped from denominator

LePage P et al. Lancet 1987

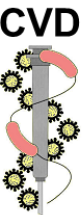


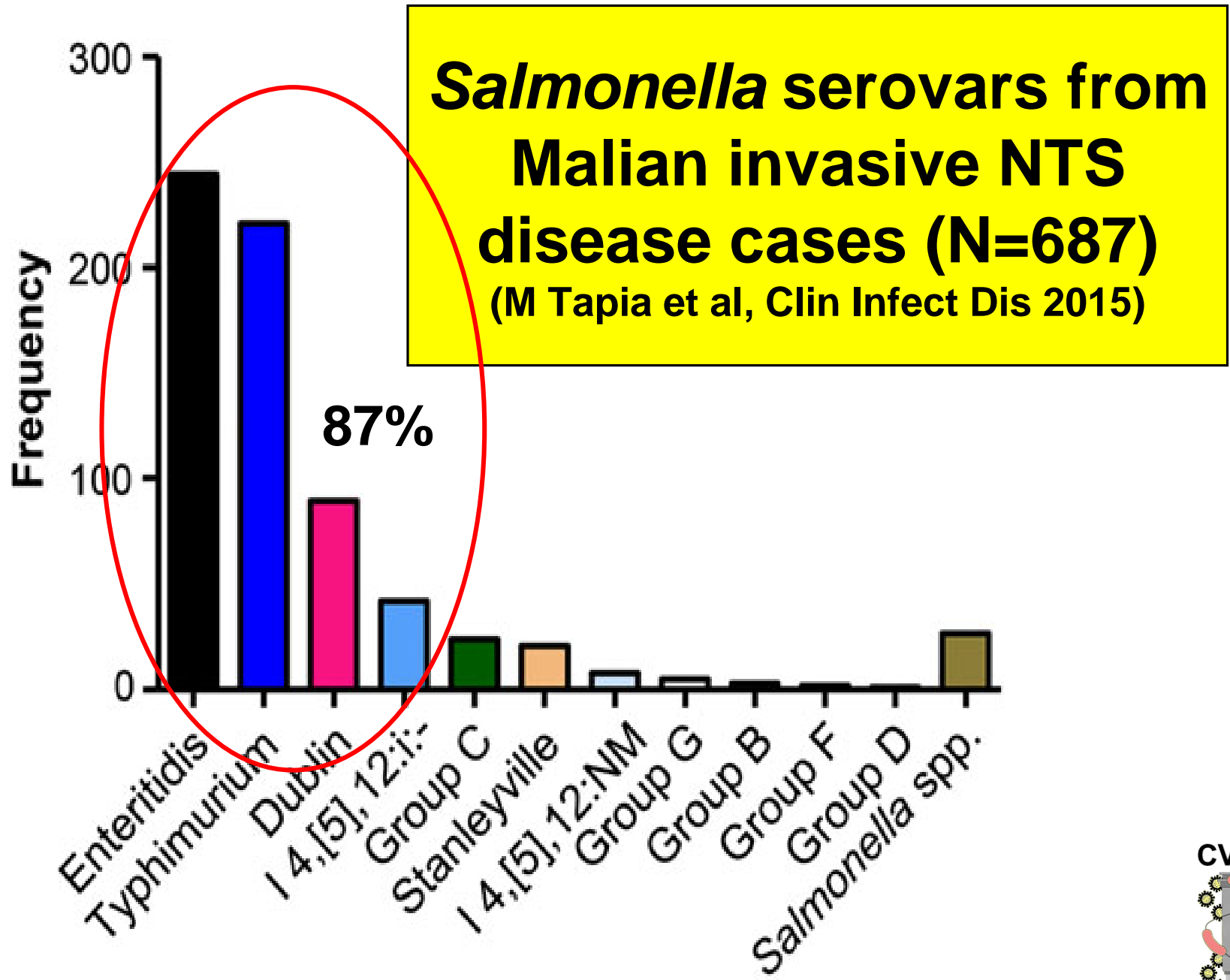
# Annual incidence of invasive pneumo & NTS disease in 3 African sites

Site (Period)	Age group	Inc. inv. pneumo /10 <sup>5</sup>	Inc. inv. NTS /10 <sup>5</sup>
Kilifi, Kenya (1998-02) J Berkley et al, 2005 (7% HIV prevalence)	0-11 mos.	241	170
Basse, Gambia (2000-4) G Enwere et al, 2006 (~1% HIV prevalence)	2-5 mos.	363	408
	6-11 mos.	576	360
	12-17 mos.	526	334
Manhiça, Mozambique (2001-6) B Sigauque et al, 2009 (15% HIV prevalence)	0-11 mos.	403	388
	12-59 mos.	187	262

# What non-typhoidal *Salmonella* (NTS) serovars are causing invasive NTS disease in sub-Saharan Africa?

## Surveillance at l'Hôpital Gabriel Touré, Bamako, Mali





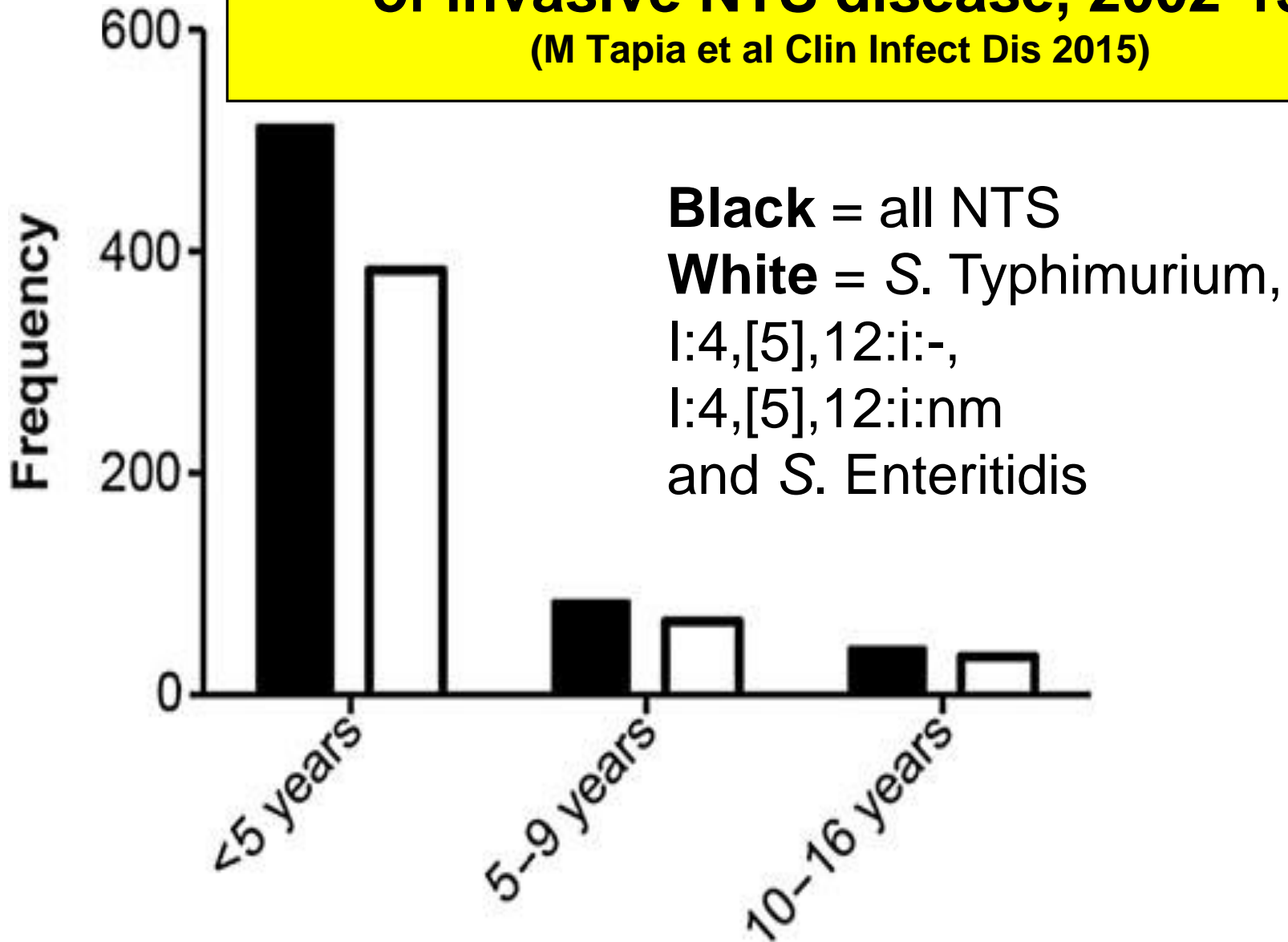


# Age groups That need to be protected against invasive NTS disease in sub-Saharan Africa



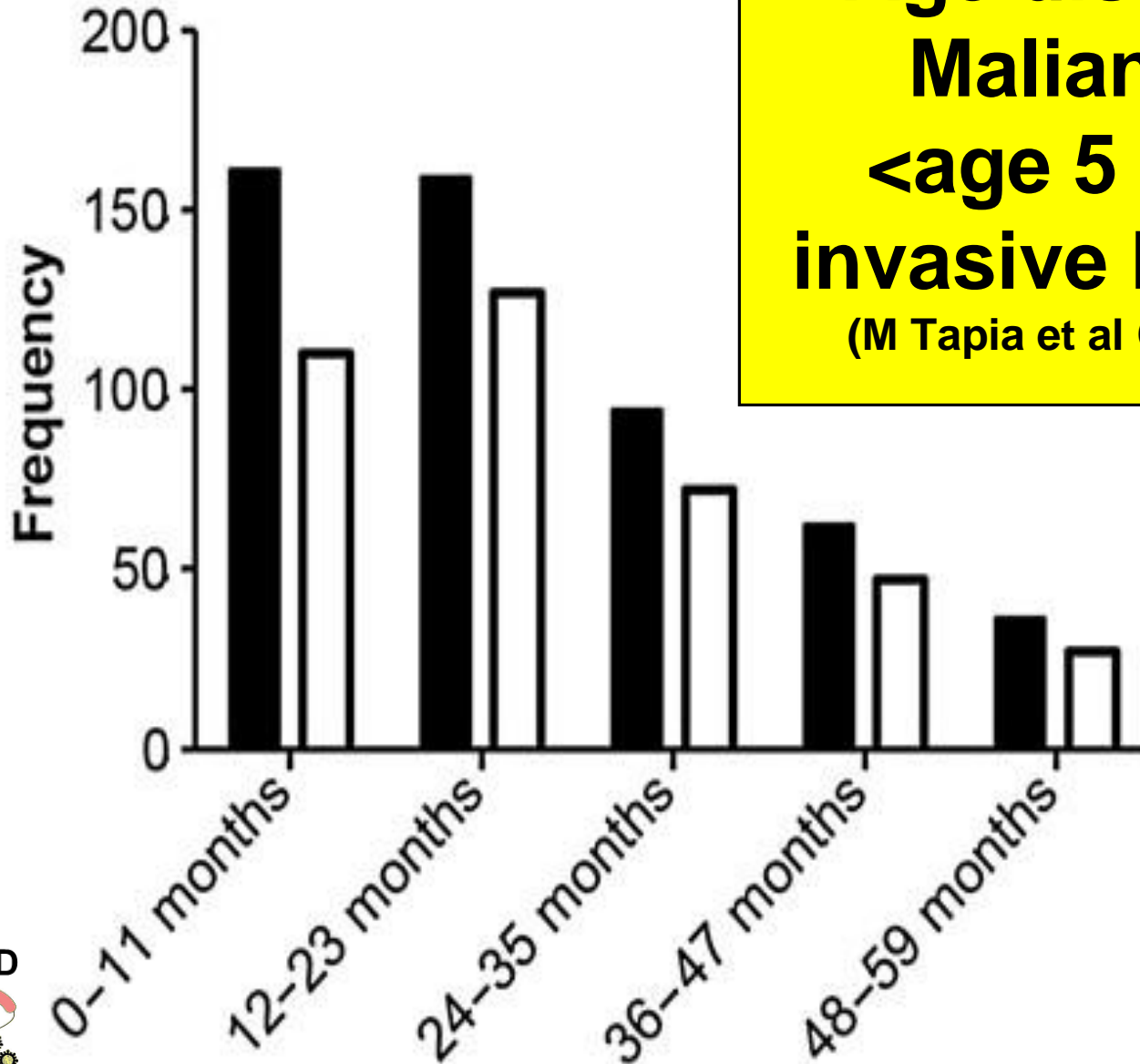
# Age distribution of Malian pediatric cases of invasive NTS disease, 2002-13

(M Tapia et al Clin Infect Dis 2015)



# Age distribution of Malian children <age 5 years with invasive NTS disease

(M Tapia et al Clin Infect Dis 2015)



**Black** = all NTS

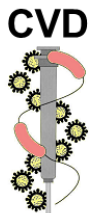
**White** = S.

Typhimurium,

I:4,[5],12:i:-,

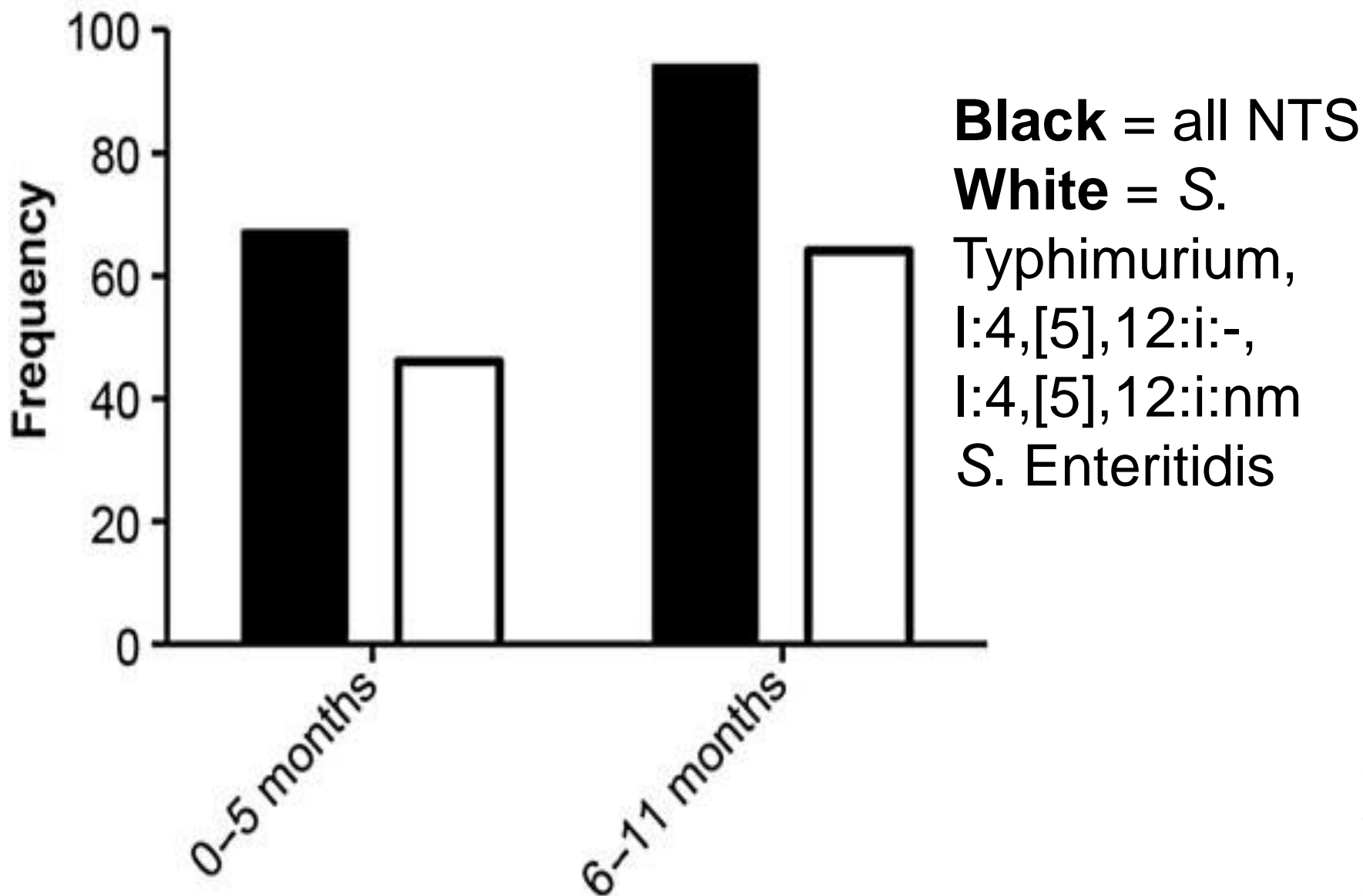
I:4,[5],12:i:nm

S. Enteritidis



# Ages of Malian infants with invasive NTS disease

(M Tapia et al, Clin Infect Dis 2015)



# High case fatality rates (CFR) among hospitalized cases of invasive NTS in Malian children <5 years of age, 2002-14, by serovar

Serovar	Cases	CFR
Typhimurium*   4,5,12:i:-*   4,5,12:i:-NM*	187	14%\$
Enteritidis	196	28%\$
Dublin+	65	15%
* Multiple antibiotic-resistant + Antibiotic sensitive		



\$ p=0.005  
M Tapia et al 2015



# Case fatality rate by age among invasive NTS inpatients, Mali, 7/02-6/13

Age (mos.)	Typhimurium*		Enteritidis	
	Cases	CFR	Cases	CFR
0-11	53	15%	57	33%
12-23	66	12%	61	21%
24-35	28	18%	44	25%
36-47	25	16%	22	36%
48-59	15	13%	12	25%
< 60	187	14%	196	28%



M Tapia et al 2015

\* Includes *S. Typhimurium* and monophasic and non-motile variants



# Deaths from invasive *Salmonella* infections among children <5 yrs of age in sub-Saharan Africa



**Above the water** – the deaths that we detect among children seen at hospitals & health centers

**Below the water** – the deaths among children in the community who do not access health care facilities

# CVD strategies for a broad-spectrum vaccine to prevent invasive *Salmonella* disease in sub-Saharan Africa

- Trivalent parenteral conjugate vaccine:
  - *S. Typhimurium* conjugate Baliban SM et al. PLoS NTD 2017
  - *S. Enteritidis* conjugate Simon R et al. PLoS One 2013
  - *S. Typhi* Vi-TT conjugate Mohan K et al. CID 2015
- Trivalent attenuated live oral vaccine:
  - *S. Typhimurium* (CVD 1931) Tennant S, et al I&I 2015
  - *S. Enteritidis* (CVD 1944) Tennant S, et al I&I 2015
  - *S. Typhi* (CVD 909) Wang J et al. I&I 2000; Tacket C et al. JID 2004;  
Wahid R et al. Mucosal Immunol 2008; Wahid R et al. CVI 2014
- Vaccines must be compatible with EPI





# Potentially relevant immune responses to CVD NTS conjugate vaccines in pre-clinical studies

- Binding antibodies against COPS & flagella (ELISA)
- Opsonophagocytic antibodies
- Serum bactericidal antibodies

RESEARCH ARTICLE

# Modeling the Potential for Vaccination to Diminish the Burden of Invasive Non-typhoidal *Salmonella* Disease in Young Children in Mali, West Africa

Kristin Bornstein<sup>1,2</sup>, Laura Hungerford<sup>2□</sup>, David Hartley<sup>3</sup>, John D. Sorkin<sup>4,5</sup>, Milagritos D. Tapia<sup>1,6</sup>, Samba O. Sow<sup>7</sup>, Uma Onwuchekwa<sup>7</sup>, Raphael Simon<sup>1,4</sup>, Sharon M. Tennant<sup>1,4</sup>, Myron M. Levine<sup>1,4,6 \*</sup>

**PLOS** | NEGLECTED  
TROPICAL DISEASES

**2017**

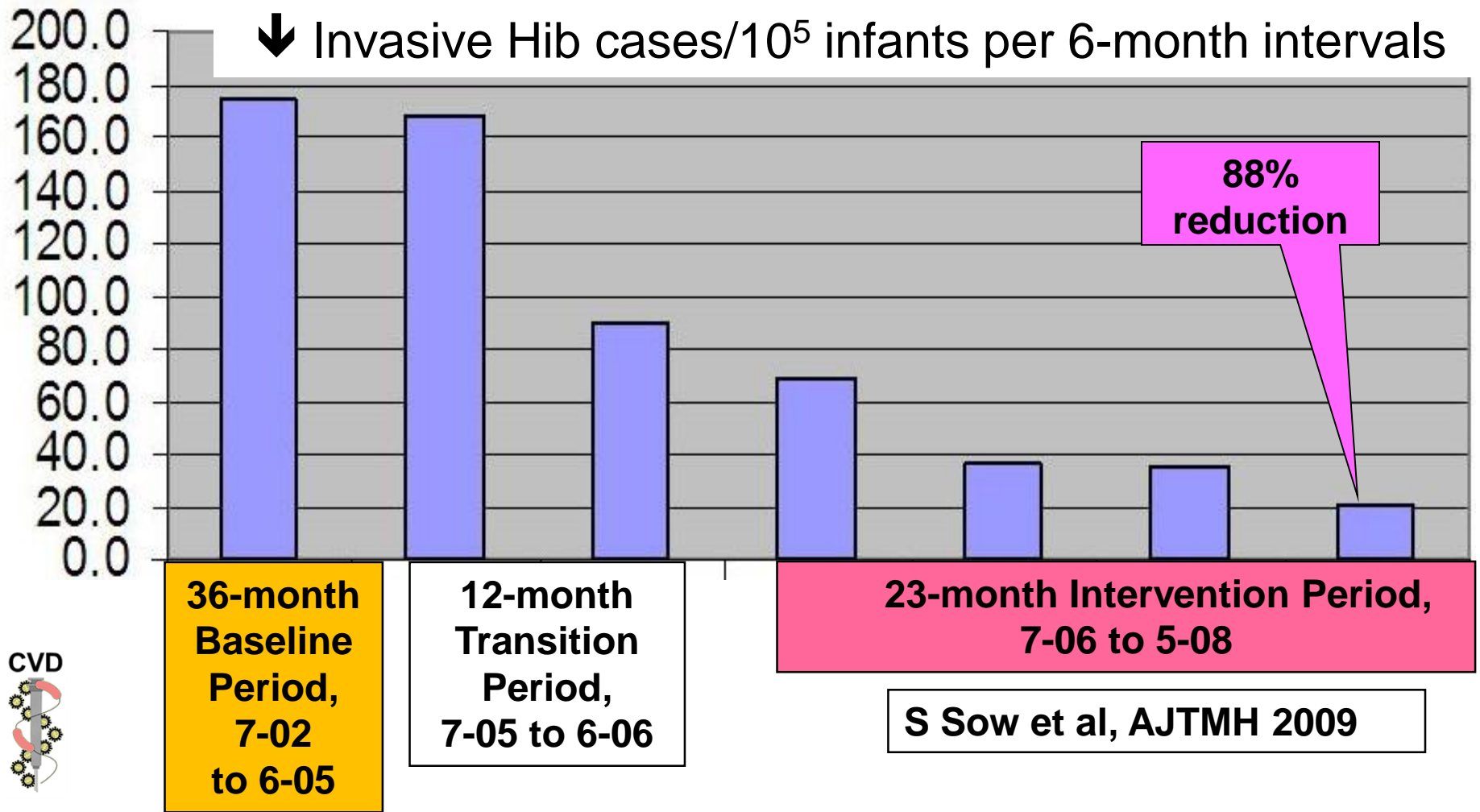
# Incidence of invasive Hib disease per 100,000 7/2002 - 6/2005

(S Sow et al, Pediatr Infect Dis J 2005)

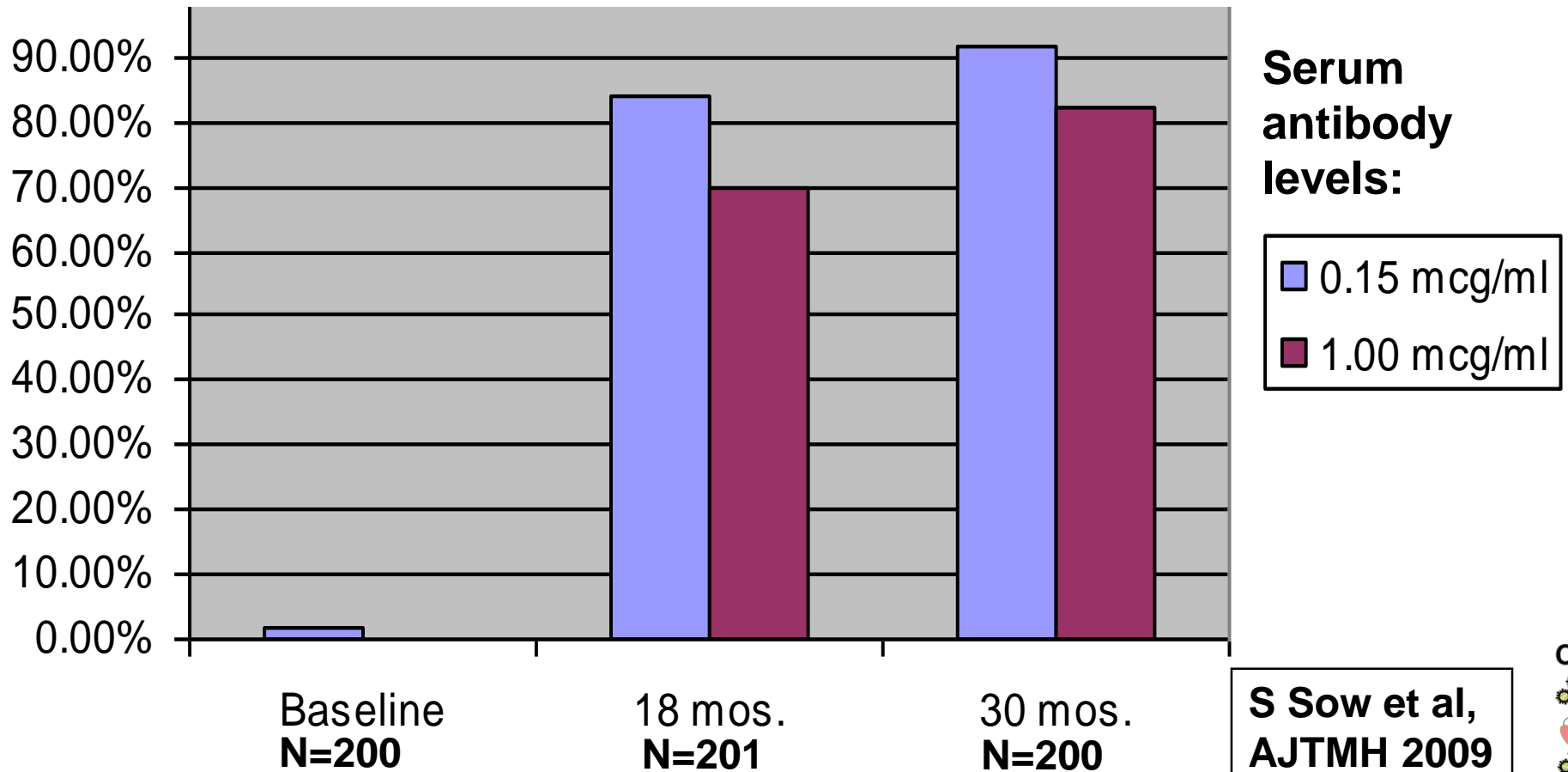
Age group	Year 1	Year 2	Year 3	Mean Annual
0-1 m	21.9	10.6	10.3	14.2
2-3 m	22.3	43.4	63.4	43.4
4-5 m	133.1	270.7	263.3	223.6
<b>6-7 m</b>	<b>411.5</b>	<b>341.4</b>	<b>377.8</b>	<b>376.6</b>
8-9 m	175.2	275.2	446.1	301.3
10-11 m	134.7	117.9	127.5	126.6
0-11 m	145.5	171.0	206.5	174.9



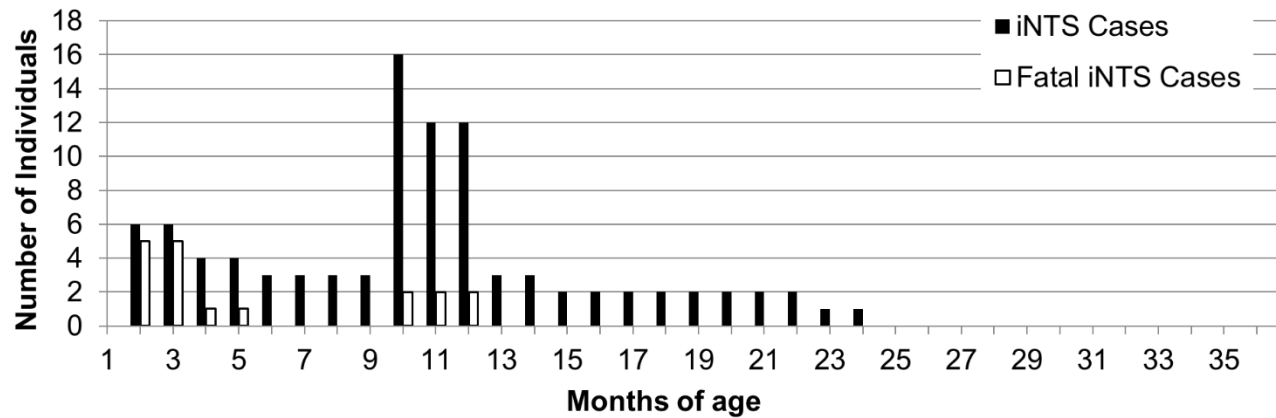
# Impact of Hib vaccine introduction on invasive Hib disease in infants, Bamako, Mali



# Prevalence of serum Hib PRP antibodies in Malian infants 6-7 months of age before and 18 & 30 months after the introduction of Hib conjugate into the EPI for Malian infants

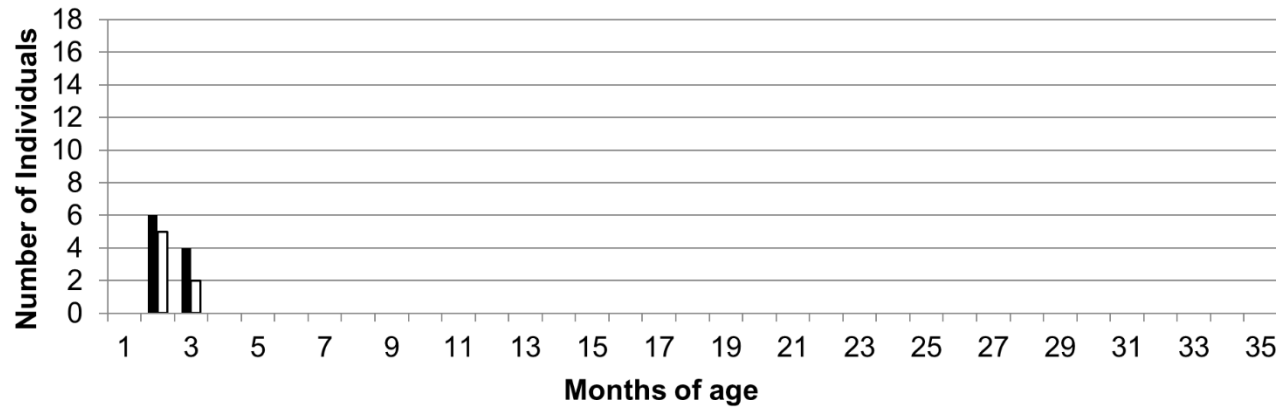


(a)



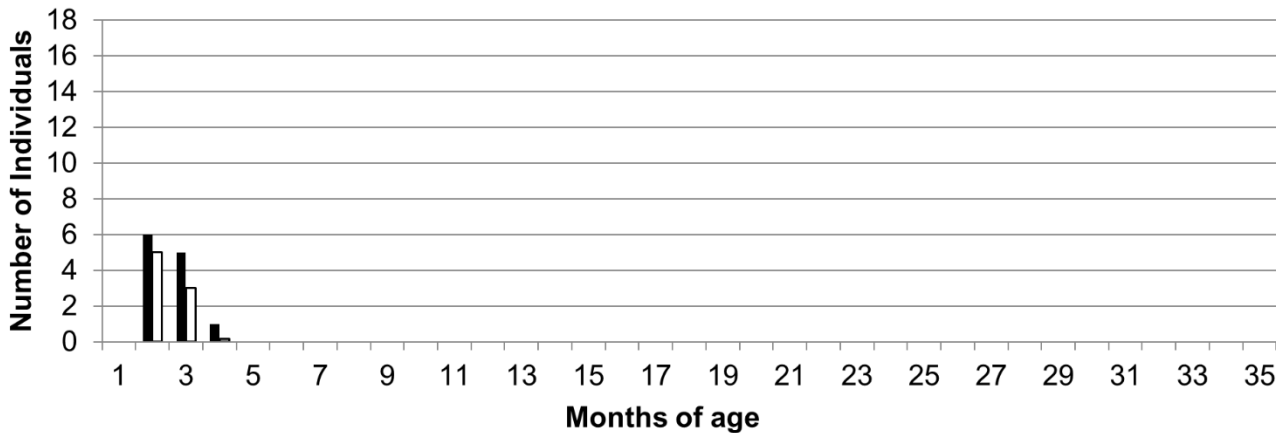
**Bamako cohort, no vaccine**  
(K Bornstein et al PLoS NTD 2017)

(b)

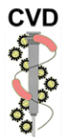


**Cohort with NTS vaccine, 100% VE, 100% coverage**

(c)



**Cohort with NTS vaccine, 95% VE, 90% coverage**



# EPI schedule in sub-Saharan Africa

## Infant vaccines (0-11 months of age)

- Pentavalent (DwPT/Hib/HBV) vaccine - 6, 10 & 14 wks
- Pneumococcal conjugate – 6, 10 & 14 wks
- IPV – 14 wks
- Oral rotavirus – 6, 10, 14 weeks (2 or 3 doses)
- OPV – 6, 10 & 14 weeks
- Measles or MR – 9 mos (YF, MenAfrivac)
- Coming – RTS,S

## Toddler vaccines (12-23 months of age)

- MCV2 (2<sup>nd</sup> measles containing vaccine) - 15-18 mos
- RTS,S
- TT or dT
- Pneumococcal conjugate?



# Multivalent vaccines against invasive *Salmonella* disease by different regions and globally

## Asia

Typhi

Paratyphi A

## Africa

Ty'murium

Enteritidis

Typhi

## Developing

## Countries

Typhi

Paratyphi A

Ty'murium

Enteritidis

## Global

Typhi

Paratyphi A

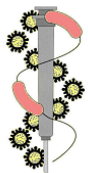
Ty'murium

Enteritidis

Group C

(e.g., Newport)

CVD





# Components of vaccines against invasive *Salmonella* disease by different regions and globally

## Asia

Typhi

Paratyphi A

## Africa

Ty'murium

Enteritidis

Typhi

## Developing

## Countries

Typhi

Paratyphi A

Ty'murium

Enteritidis

## Global

Typhi

Paratyphi A

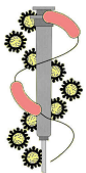
Ty'murium

Enteritidis

Group C

(e.g., Newport)

CVD



# Acknowledgments

**CVD** -- Raphael Simon, Sharon Tennant,  
James Galen, Velupillai Puvanesarajah,  
Scott Baliban, Ellen Higginson,  
Girish Ramachandran, Mike Levine

**FinaBio** -- Andrew Lees,

**Bharat Biotech International**

R Venkatesan, Krishna Mohan

# Funding Acknowledgments

- Wellcome Trust (Strategic Translation Award)
- National Institute of Allergy and Infectious Diseases
  - MARCE; CETR
- Bill & Melinda Gates Foundation

**Thank you**

