Experimental challenges of humans with pandemic infectious agents --

What is needed for them to make a greater contribution?

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Precedent



Challenge studies with pandemic pathogens

- Shigella dysenteriae 1 (Shiga bacillus)
 - Strain from Central America Shiga dysentery pandemic (1967-1971)
- Vibrio cholerae O1 classical biotype (6th pandemic)
- Vibrio cholerae O1 biotype El Tor (7th pandemic)
- Vibrio cholerae serogroup O139 (pseudopandemic)
- A(H3N2)/Hong Kong/8/68 influenza virus
- A/H1N1/pdm09
- SARS-CoV-2
- Monkeypox?



Volunteer challenge studies are a powerful and useful tool

Information challenges can:

- Establish pathogenicity
- Elucidate pathogenesis
- Identify host risk factors
- Estimate infective inoculum
- Assess infection-derived immunity
- Characterize the immune response
- Assess vaccine efficacy (providing evidence for licensure)
- Identify correlates of protection
- Assess efficacy of therapeutic agents

Is the pathogen amenable to a model?

- Clinical severity of natural disease?
- Is the illness treatable?
- Is the illness reliably self-limited?
- Risk to the community?
- Is physical containment required?
- Quarantine (compulsory isolation) required?
- Document subject's baseline health?
- Can subjects' follow-up be assured?
- Are there compelling questions answerable only (or best) by human challenge studies?

1974 – NIH funded the University of Maryland to establish a Research Isolation Facility where CHALLENGE STUDIES could be performed involving COMMUNITY VOLUNTEERS

- Ethical issues
- Bacteriologic/parasitologic/virologic issues
 - Challenge strain selection
 - GMP inoculum (free of extraneous agents)
 - Biosafety level required?
 - Realistic time to obtain the challenge inoculum
- Practical & logistical considerations
- Regulatory issues



Ethics

 Primum non nocere (First, do no harm) –grappling with the physician's ethic

A CVD ethic:

- Would I do this study?
- Would I be comfortable with my family member doing the study?
- Beware of financial conflict of interest
- Beware of "champions"
- "Ethics" change over time:
 - What was routine in 1967 was not so in 1977
- "Ethics" vary by country and culture



Human Challenge Studies to Accelerate Corona Virus Licensure.

Nir Eyal, Marc Lipsitch, Peter G Smith.

Journal of Infectious Diseases 2020; 221:1751-1756 "By replacing conventional phase 3 testing of vaccine candidates, such trials may subtract many months from the licensure process, making efficacious vaccines available more quickly."

Why Challenge Trials of SARS-CoV-2 Vaccines
Could Be Ethical Despite Risk of Severe
Adverse Events
Nir Eyal.

Ethics & Human Research 2020; 42:24-34.

Extraordinary Diseases Require Extraordinary Solutions.

Stanley A Plotkin & Arthur Caplan.

Vaccine 2020; 38: 3987-3988

So much at stake: Ethical tradeoffs in accelerating SARS-CoV-2 vaccine development

Christine Grady, Seema Shah, Franklin Miller, et al. Vaccine 2020; 38:6381-6387

For now, it's unethical to use human challenge studies for SARS-CoV-2 vaccine development

Jeffrey P Kahn, Leslie Melttzer Henry, Anna C Mastroianni, Wilbur H Chen, Ruth Macklin Proc Nat'l Acad Sci, USA 2020; 117:28538-28542

Human Challenge Studies with Wild Type SARS-CoV-2 Violate Longstanding Codes of Human Subjects Research

Stanley M Spinola, et al.

Open Forum Infectious Diseases 2020

Musings on establishing an experimental monkeypox challenge model in humans

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Is monkeypox amenable to a volunteer challenge model?

- Clinical severity of natural disease? Clade 2B has low case fatality.
- Treatable disease? Yes. There are two approved antivirals
- Self-limited disease? Yes.
- Transmission risk to the community? Low. But should be done under physical containment.
- Physical containment required? Depends on the site. It would be most conservative to use containment
- Quarantine? It would be most conservative to have quarantine.
- Document subject's baseline health?
- Can subjects' follow-up be assured?
- Compelling questions answerable only with challenges? To be discussed. Probably not.



Is monkeypox amenable to a volunteer challenge model?

- Clinical severity of natural disease? Clade 2B has low case fatality.
- Treatable disease? Yes. There are two approved antivirals
- Self-limited disease? Yes, in normal hosts.
- Transmission risk to the community? Low. But should be done under physical containment. Presumed risk for contacts with eczema
- Physical containment required? Depends on the site. It would be most conservative to use containment
- Quarantine? Most conservative to have quarantine.
- Document subject's baseline health?
- Can subjects' follow-up be assured?
- Compelling questions answerable only with challenges? *To be discussed. Probably not.*





Public perception is fickle



Thank you

