

Protecting livestock, saving human life

Rift Valley Fever: Preventing saving human life epizootics and epidemics by livestock vaccination



Baptiste Dungu

Global Alliance for Livestock Veterinary Medicines, Edinburgh, United Kingdom



Layout

- Current RVF distribution and vaccination adoption
- Epidemiological situation of RVF and control approaches
- Expected characteristics of the RVF vaccine
- Current & known candidate vaccines
- Vaccination strategies to be considered
- Way forward: research areas





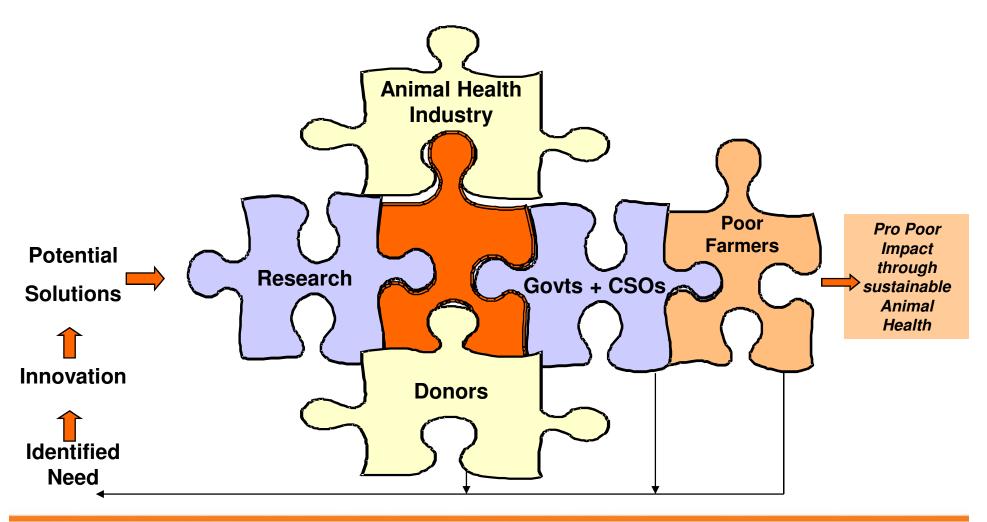
- To make a sustainable difference in the access to animal health medicines by poor livestock keepers (in support of the MDGs)
- To develop, register & launch 4 to 6 vaccines, diagnostic products or pharmaceutical by 2015 (*minimum targets*)
- To work with <u>partner agencies in developing countries</u> to ensure sustainable research, production and delivery of these new products to poor livestock keepers



More than 600 million of the poorest people in Africa, Latin America and Asia rely on animals for their livelihoods.

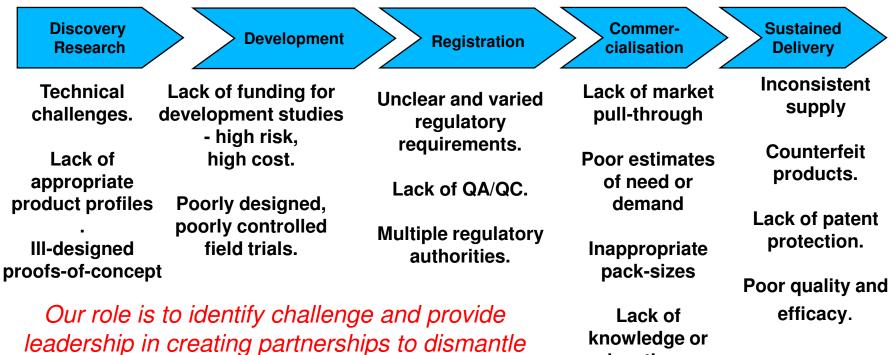


GALVmed completing the picture....





Barriers to availability of appropriate new products



barriers to achievement in Animal Health medicine for poor people.

education on proper use



GALVmed Priority diseases

- Cattle
 - East Coast Fever
 - Contagious Bovine
 Pleuropneumonia
 - Hemorrhagic septicaemia
 - Trypanosomiasis

Sheep and goats

- Peste des petits ruminants
- Contagious caprine pleuropneumonia
- Sheep & goat pox

• Pigs

- Porcine cysticercosis
- African swine fever
- Classical swine fever

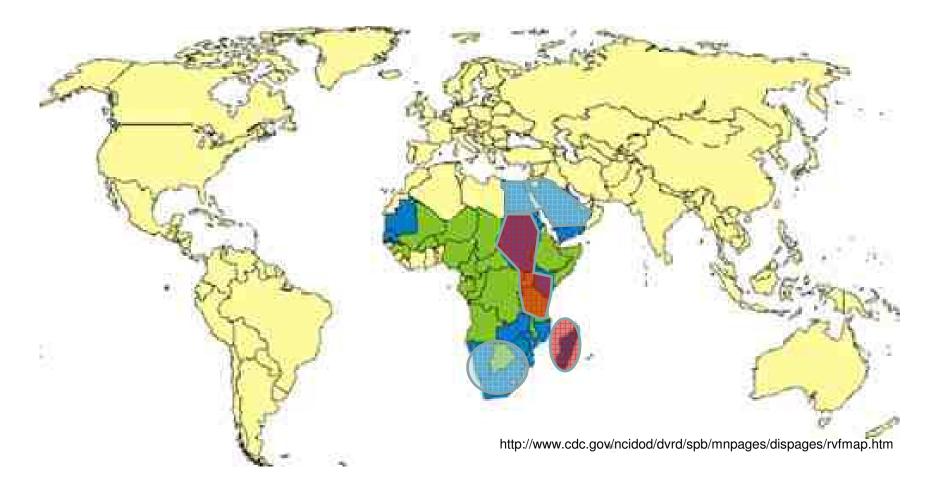
Poultry

- Newcastle disease
- Highly pathogenic Avian Influenza
- Multi-species
 - Rift Valley fever

US\$ 2-5 millions investment for each of the 4 diseases, in product development & delivery over 2009-2011



RVF distribution and Vaccination



Yearly or regular Outbreak-associated



RVF situations and control approaches

RVF situation	Examples of countries	Current Control strategy
Endemic with regular outbreaks	Kenya, Tanzania Egypt Senegal, Mali	Vaccination at sign of outbreak Egypt: continuous vaccination No vaccination
Endemic with sporadic outbreaks	South Africa, Saudi Arabia	Continuous/yearly vaccination
Free high risk	Middle East, North Africa	(Active) surveillance
Free low risk	Europe, Americas	Surveillance, talks of vaccine banks

Limited continuous vaccination of livestock in Africa:

•Cost of yearly vaccination

•Safety concerns: difficulties to determine physiological stages of pregnant animals

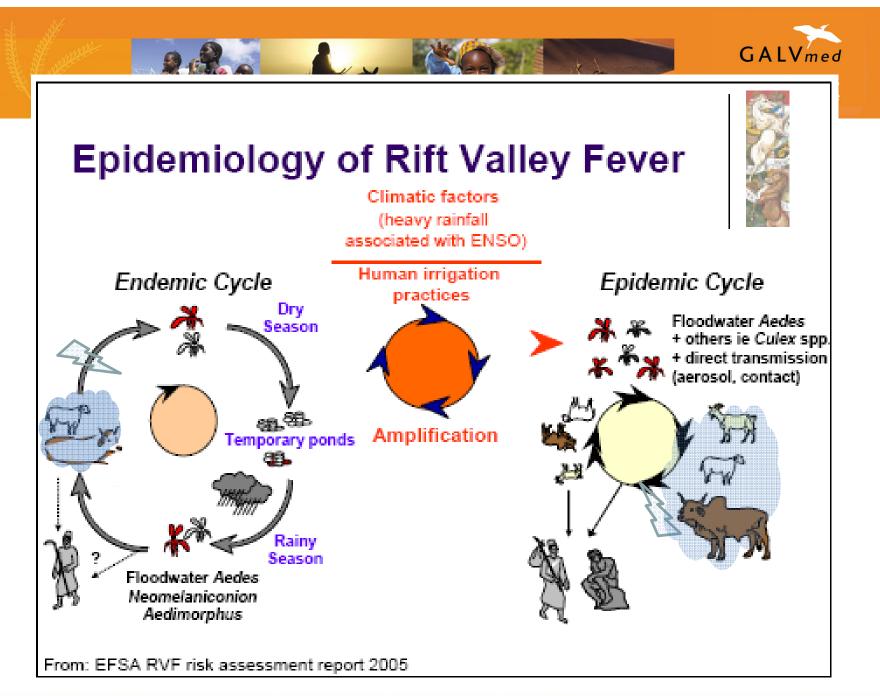
•Irregularity of outbreaks (years without signs of outbreak)

•Policy aspects: vaccination not always covered by government



RVF Vaccines currently produced

VACCINE	STRAIN	ADVANTAGES	DISADVANTAGES
<text></text>	Pathogenic field strain	 Safe in pregnant animals Can be used in outbreak 	 Short term immunity Multiple vaccinations required Risk of handling virulent strain during production Colostral immunity present but poor Sheep better protected than cattle 100 x more antigen required than for live attenuated Longer production lead time
Live Attenuated (OBP, KEVEVAPI)	Smithburn	 Highly immunogenic Single dose Good immunity (within 21days) Effective and easy production Safer production Large batches: >4m doses 	 Potential residual virulence Teratogenic for foetus Potential risk of reversion to virulence Not advisable for use in outbreaks Theoretical possibility of transmission by mosquitoes (?)



Courtesy Prof. Dirk Pfeiffer



Characteristics for the RVF vaccine

Generic characteristics

- Safety

- Safe to produce (safe to all operators during production and evaluation)
- Safe to all physiological stages (pregnancy, young animals
- No residual virulence
- No risk of introduction into the environment (shedding, persistence in animals etc.)
- No risk of spread to human or other species

- Efficacy

- Protection of all susceptible species
- Quick onset of protective immunity, including in young animals
- Long lasting immunity

Vaccination

- Cost effective for producers and users
- Single vaccination
- Ease of application
- Suitable for stockpiling (vaccine or antigen bank) and quick availability

• Endemic regions

- Continuous vaccination: yearly vaccination of susceptible livestock
 - Need to know how many vaccinations may be required to build a life long immunity
- Efficacy
 - Solid protective immunity after 1 vaccination

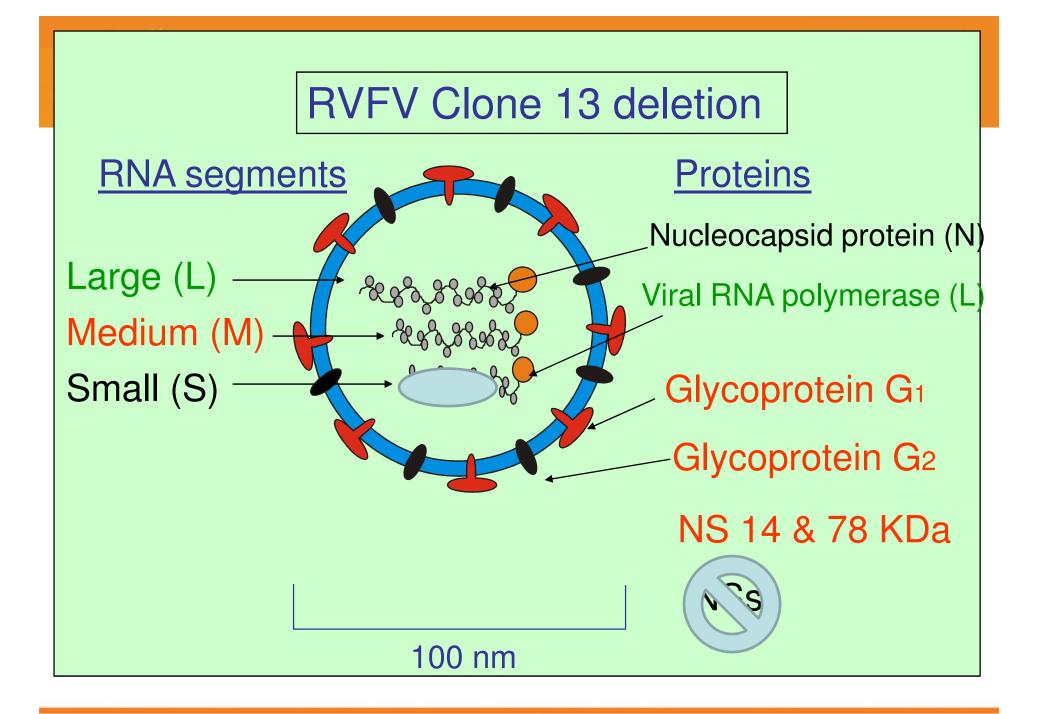
Free regions

- Quick onset of protective immunity
- Protective in young animals and possibly newborn naïve animals
- Sterilizing immunity
- DIVA



Vaccine development

VACCINE	STRAIN	ADVANTAGES	DISADVANTAGES
Live attenuated	MP12	 Effective and good protective immunity Easy and safe to produce Better safety than Smithburn in most species and age groups 	Teratogenic for foetusAbortion in early pregnancyNot available commercially
Avirulent natural mutant	Clone 13	 Good protective immunity in sheep & cattle Safe in pregnant animals Safe in outbreak Produced as standard freeze-dried live vaccine – Safe, effective and easy to produce Possible DIVA (NSs ELISA?) 	 No registered vaccine yet available No large scale field data yet available, although extensive analytical data generated
Avirulent (lab generated) reassortant	R566	 Safer due to deletions in all 3 segments, may never reassort Protection in mice 	 Never tested in target animals More stringent regulatory requirements for registration (?)
Recombinant Lumpy skin virus expressing RVF	LSD Neethling strain expressing RVF glycoproteins	 Dual vaccine Safe in all animals DIVA Long shelf life (LSD) More thermo-tolerant than others Efficacy shown in animal trials 	 Only proof of concept to date Currently grown in primary cells GMO regulation (?)





RVF Clone 13

- Parent strain (74HB59)isolated in Central African Republic from nonfatal human case (Muller et al., 1995)
- Highly attenuated natural RVF mutant (avirulent)
 - 70% deletion (549 nucleotides) within NSs segment
- NSs associated with virulence:
 - Deletions results in high interferon production (Bouloy et al., 2001)

- Avirulent
 - No teratogenicity
 - Can be used in all physiological stages & ages
 - Live vaccine: long lasting immunity
 - Suitable for most susceptible species
 - Possible DIVA by RT-PCR (Garcia et al. 2001) and ELISA
 - Cheap (live vaccine)
- Possible challenges
 - Risk of reassortment with wildtype in an outbreak
 - In vaccinated animals the possible reassortant will not replicate highly due to the build up of immunity; limited viraemia



RVF Vaccination strategies to be considered

- Endemic regions
 - Yearly vaccination
 - Multivalent or combination vaccine, consisting of RVF antigen & antigen of a vaccine likely to be used regularly
 - RVF+LSD; RVF+ s/g pox; RVF + CBPP
 - Thermostability
 - Use of sentinel animals: need for good diagnostics capability & effective
 - Policy & Role of veterinary services

- Free regions/ Preventing epidemics
 - Elimination of possible source of reinfection
 - Use of non-replicating antigen vaccine
 - Early and rapid onset of immunity, even in young animals

Key challenges in developing new RVF vaccine

•BSL3 to 4 stables for animal work, with lab capacity (Serology, Virus isolation, Virus titration)

•Staff Vaccinated against RVF: A Vaccine For High Risk Personnel is required

- •Challenge model:
 - •Assessing: pregnancy, teratogenicity, parturition
 - Oestrus synchronization of dams
 - •Synchronized artificial insemination



Some focus areas for further research

Endemic poor regions

- GALVmed approach:
 - multivalent RVF + x
 - Funding available
- Solid protective immunity after Single vaccination:
 - Replicating safe antigen vaccine
- Thermo-tolerant
- Safe on pregnant and young animals
- Examples: Clone 13, R566, Capripox expressing RVF,

Key challenge is to devise vaccination strategies that work, more than the need for a suitable vaccine

- Free countries/preventing introduction
 - Non-replicating or mutant that would not reassort
 - DIVA
 - Positive marker: export of animals from endemic countries
 - Negative marker: for detecting infection
 - Early onset of protective immunity
 - Antigen capable of long term storage
 - Appropriate vaccine delivery systems
- Example: replication-deficient vectored vaccines, inactivated and adjuvanted vaccines



Acknowledgement

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Thank you

Plus de 600 millions des plus démunis de la planète dépendent de leurs bétails pour leur survie



stéger Le Bétail, C'est Sauver Des Vies Humaines

GALVmed, une alliance mondiale à but non-lucratif présentement financée par la fondation Bill & Melinda Gates (BMGF) et le département britannique pour le développement international (DFID), travaille sans relâche avec ces principaux partenaires dans l'établissement des voies et moyens pouvant permettre l'accès aux vaccins et autres produits de santé animale aux éleveurs pauvres de notre planète. GALVmed compte ainsi accomplir sa mission de la manière suivante:

 En développant, en enregistrant auprès des autorités du médicament et en mettant en circulation différents vaccins, produits pharmaceutiques et testes diagnostiques durant les dix prochaines années

 En créant des partenariats avec des institutions des pays en développement visant à soutenir la recherche, la production et le lancement de nouveaux produits au service des éleveurs démunis

 En sensibilisant les différents partenaires sur les liens entre l'élevage et la pauvreté dans l'éradication de l'extrême pauvreté ainsi que de la faim

 En facilitant le dialogue et la collaboration dans les efforts visant au développement des nouveaux vaccins, produits pharmaceutiques et systèmes de diagnostique



