

# SESSION: CLINICAL DEVELOPMENT OF NEW TB VACCINES

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Virtual Global Forum  
21 April 2021

# PROGRESS!

- **1921** – BCG first used in infant

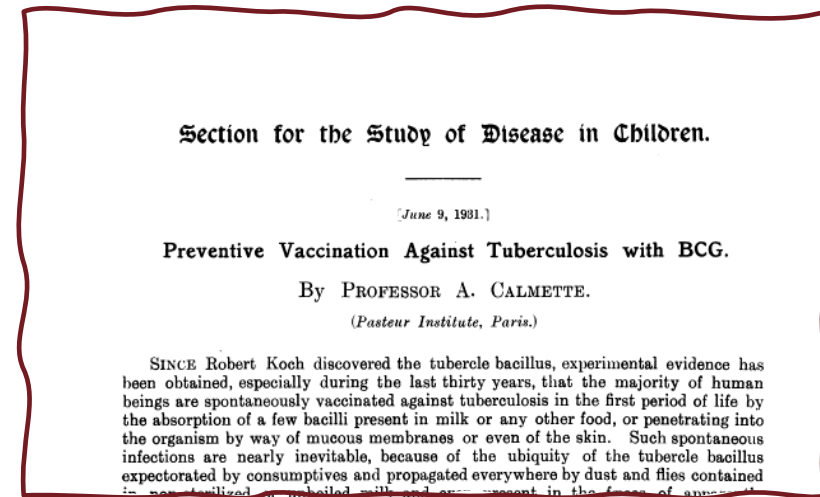


- **2018** – BCG revaccination results announced at 5<sup>th</sup> Global Forum

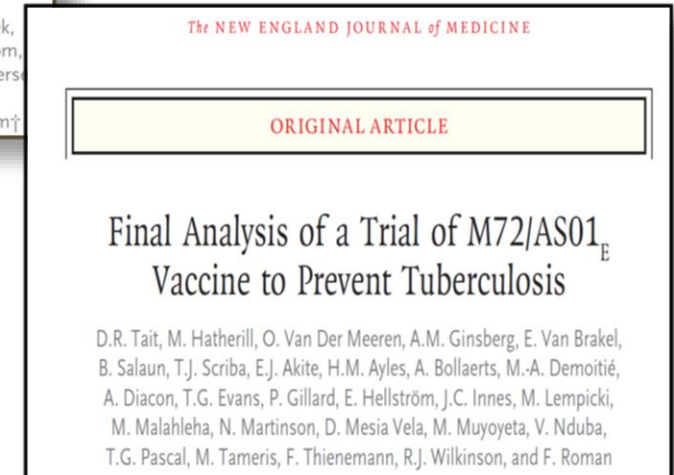
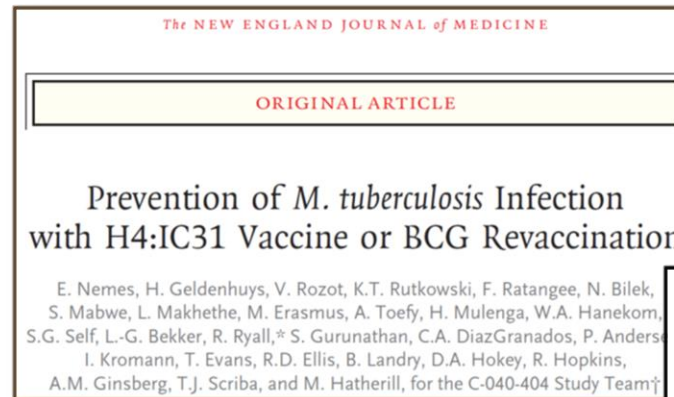
45% VE (95%CI: 6.4,68.1) against sustained IGRA conversion in *M.tb*-uninfected adolescents

- **2019** – M72 Ph2b results published

50% VE (95%CI: 2.1,74.2) against TB disease in HIV(-), QFT+ adults with 3 years follow-up



Proc R Soc Med. 1931 Sep; 24(11): 1481–1490

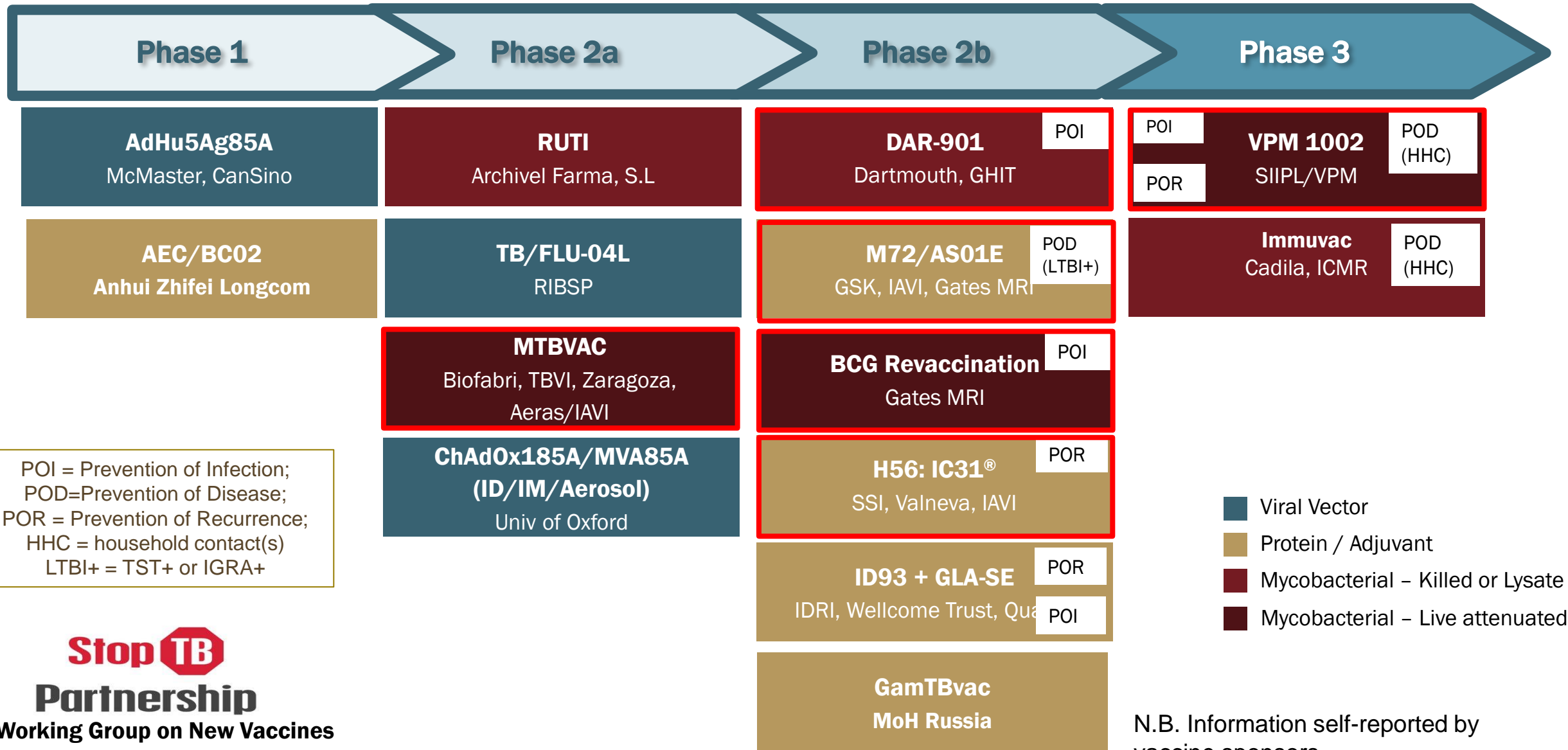


# TAKEAWAYS FROM RECENT EFFICACY TRIALS

- Improved TB vaccines are feasible
- BCG revaccination: Potential new use of BCG - protecting high risk, uninfected populations from *M.tb* infection
- M72/AS01E POC: Subunit vaccines (expressing as few as 2 *M.tb* antigens) can be protective and vaccines can be used to protect people with LTBI (QFT+) from developing active TB
- Empiric product development still has a role; human efficacy data are crucial for advancing TB vaccine development
- Clinical and upstream research should be conducted in parallel, continuously informing each other
- Beware of dog(ma)!



# GLOBAL CLINICAL PIPELINE OF TB VACCINE CANDIDATES



POI = Prevention of Infection;  
 POD=Prevention of Disease;  
 POR = Prevention of Recurrence;  
 HHC = household contact(s)  
 LTBI+ = TST+ or IGRA+

- Viral Vector
- Protein / Adjuvant
- Mycobacterial – Killed or Lysate
- Mycobacterial – Live attenuated



N.B. Information self-reported by vaccine sponsors

THANK YOU

