### VRBPAC Meeting

June 15, 2023



### Agenda

#### **Presentation Focus:**

- Reverting to monovalent COVID-19 vaccines based on XBB 1.5.
- Allowing Novavax's Nuvaxovid COVID-19 vaccine access regardless of previous mRNA doses.
- Creating regulations that allow individuals a new primary series to overcome imprinting.
- Facilitating clinical trials of Novavax for the treatment of long COVID.
- Altering recruitment criteria for Novavax clinical trials to bring a pediatric vaccine to market.

### Aligning with WHO and EU Recommendations

- The WHO and the EU recommend a Monovalent COVID-19 vaccine based on the XBB 1.5 variant.
- If we go higher than that, we run into the BA.1, BA.2, and BA.5 debacle with XBB being a BA.2 subvariant—leaving the public without a targeted vaccine.

As of May 2023, XBB.1 descendent lineages predominate SARS-CoV-2 circulation globally. In order to improve protection, in particular against symptomatic disease, new formulations of COVID-19 vaccines should aim to induce antibody responses that neutralize XBB descendent lineages. One approach recommended by TAG-CO-VAC is the use of a monovalent XBB.1 descendent lineage, such as XBB.1.5 (e.g., hCoV-19/USA/RI-CDC-2-6647173/2022, GenBank: OQ054680.1, GISAID: EPI\_ISL\_16134259 or WHO Biohub: 2023-WHO-LS-01, GenBank: OQ983940, GISAID EPI\_ISL\_16760602) as the vaccine antigen. Given the small genetic and antigenic differences from XBB.1.5, XBB.1.16 (e.g., hCoV-19/USA/MI-CDC-LC1038976/2023, GenBank: OQ931660 GISAID: EPI\_ISL\_17619088) may be an alternative. The spike antigens of both of these lineages are genetically and antigenically very closely related, with only two amino acid differences between XBB.1.5 and XBB.1.16 (E180V and K478R). Other formulations and/or platforms that achieve robust neutralizing antibody responses against XBB descendent lineages can be considered.

## The FDA should recommend a Monovalent COVID-19 vaccine

Multiple analyses of these results, including antigenic mapping, made clear that inclusion of the ancestral spike prevents the broadening of antibodies to the BA.5 component in the bivalent vaccine, thereby defeating its intended goal. Our findings suggest that the ancestral spike in the current bivalent COVID-19 vaccine is the cause of deep immunological imprinting. Its removal from future vaccine compositions is therefore strongly recommended.

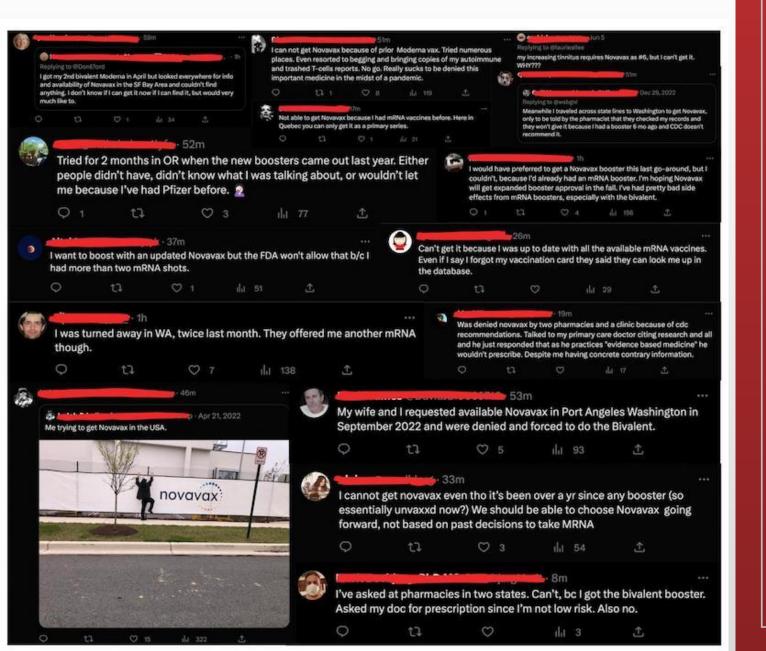
Deep immunological imprinting due to the ancestral spike in the current bivalent COVID-19 vaccine

https://www.biorxiv.org/content/10.1101/2023.05.03.539268v1.full

# Bivalent COVID-19 <u>Vaccine</u>

- Bivalent vaccines have been shown to dilute the antigen, weakening the response while also suffering from immune imprinting.
- The concern is that this will limit vaccine effectiveness and booster uptake.

#### High Demand for Novavax but Access is Restricted



### Americans Restricted from Novavax

- High demand exists, but FDA's rules punish people for following its guidelines and getting mRNA first.
- No data supports the concept that it is unsafe to switch from mRNA to Novavax.
- Many countries already allow it.
- Gatekeeping access to Novavax is damaging the perception of the state of Public Health in America.

### Israel and Novavax

- Allows full access regardless of previous vaccination status.
- This includes a new primary series.
- Across multiple clinical trials, Novavax has been shown to be safe and effective when used as a heterologous booster after mRNA vaccination.

#### Sep 16, 2022

• The Israeli Advisory Committee on Epidemics has recommended that Nuvaxovid™ be approved for ages 12 and older as a primary series and as a heterologous booster for those previously vaccinated with mRNA vaccines

Novavax Nuvaxovid™ COVID-19 Vaccine Now Available in Israel for Individuals Aged 12 and Older <a href="https://ir.novavax.com/2022-09-16-Novavax-Nuvaxovid-TM-COVID-19-Vaccine-Now-Available-in-Israel-for-Individuals-Aged-12-and-Older">https://ir.novavax.com/2022-09-16-Novavax-Nuvaxovid-TM-COVID-19-Vaccine-Now-Available-in-Israel-for-Individuals-Aged-12-and-Older</a>

# New Alarming Data has Come to Light: COVID-19 can Cause Brain Cells to Fuse.



https://www.science.org/doi/10.1126/sciadv.adg2248

### **Novavax Reduces Nasal Viral Replication at Exposure**

Having established that SARS-CoV-2 creates syncytia in the brain, inhibiting viral replication in nasopharynx is of the utmost importance.

It is critical to stop virions from reaching the brain.

Unfortunately, mRNA only offers limited protection in this capacity.

One of the important findings of our study is that NVX vaccines blunt virus replication in the upper respiratory airway early post-infection. Importantly, all three vaccines showed a profound control of virus replication in the upper respiratory airway by 7–10 days, while the control animals showed high levels of persisting viral loads. Consistent with previous studies (24–26), the mRNA-1273 booster offered only limited protection early post-infection (at Days 2 and 4) in the upper airways. However, both NVX vaccines showed significant control of viral load in the upper airways starting from Day 2 until necropsy. Nasopharyngeal viral loads correlate with the presence and quantity of infectious viruses (48); thus, vaccines that reduce viral loads early during infection are likely to help reduce transmission to other individuals. Our results highlight the need

### Study: Vaccine Effectiveness in South Korean Adults

A large study in South Korea used a balanced cohort to challenge hospitalization protection of both Novavax and mRNA (Pfizer)...

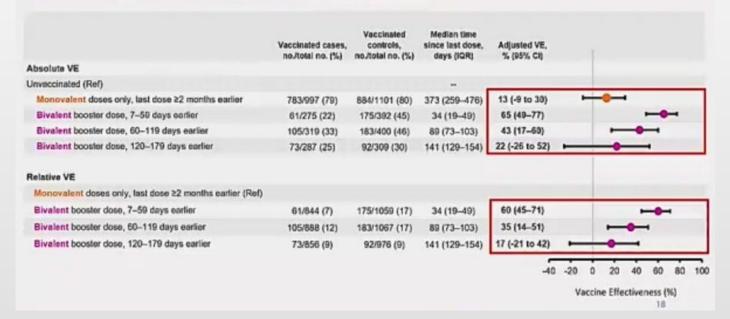
Though protection was high for both vaccines, Novavax was shown to be twice as protective against hospitalization in a balanced cohort.

2.014) for severe SARS-CoV-2 infection. Estimated risk of severe infection was 0.001 events per 1000 persons (95% CI, 0 to 0.003) for the NVX-CoV2373 vaccine and 0.002 events per 1000 persons (95% CI, 0.001 to 0.006) for BNT162b2 vaccine.

Comparative Effectiveness of BNT162b2 and NVX-CoV2373 Vaccines in Korean Adults <a href="https://www.medrxiv.org/content/10.1101/2023.02.18.23286136v1">https://www.medrxiv.org/content/10.1101/2023.02.18.23286136v1</a>

# Unreleased Vaccine Effectiveness Data, CDC (presented at ACIP)

Absolute and relative VE against COVID-19 hospitalizations among immunocompetent adults aged ≥65 years — IVY Network, September 8, 2022 – April 1, 2023



ACIP Meeting, April 2023

https://youtu.be/1r8UMABcHmY?t=5594

## Waning of mRNA Vaccine Effectiveness

- Internal CDC/FDA data presented at ACIP demonstrated that bivalent mRNA only offers protection against hospitalization for 110 to 170 days.
- Protecting against COVID for a limited time is not sufficient for a virus that can fuse brain cells.
- As it stands, the mRNA vaccine alone is not satisfactory to protect the American people.

### Study: mRNA Needs a Cool-Down Period

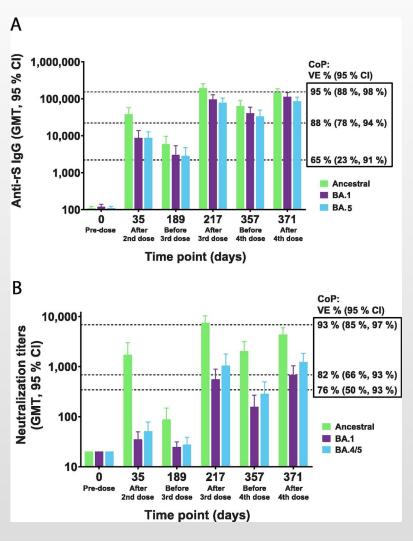


https://www.aacc.org/media/press-release-archive/2021/08-aug/increasing-the-time-gap-between-covid19-vaccine-doses-leads-to-a-stronger-antibody-response

# Waning of mRNA Vaccine Effectiveness

- mRNA only achieves its best reaction if there is a gap between shots.
- The gap is greater than the window of protection.
- These gaps in protection leave Americans vulnerable to hospitalization from COVID infections.

### Data on 4th Novavax Shot Shows Efficacy of Successive Doses



Immunogenicity and safety of a fourth homologous dose of NVX-CoV2373

https://www.sciencedirect.com/science/article/pii/S0264410X23006126

### **Novavax Protection**

- Vaccine can be taken successively to maintain protection with no gaps.
- It provides consistent protection.
- Response continues to increase beyond anything mRNA has achieved.

# Immunogenicity and safety of a fourth homologous dose of NVX-CoV2373

In studies, Novavax consistently demonstrates that their protection extends beyond the testing windows. This stands in contrast to mRNA.

titers (ID<sub>50</sub>) to the ancestral strain increased to 4367 (637 IU<sub>50</sub>/mL) by day 371. While this titer was somewhat lower than that seen after the third <u>booster dose</u>, antibody titers were only assessed 14days after the fourth booster as compared with 28 days after the third dose, and it is possible that further increases would have been seen over the next 2 weeks. Consistent with other approved vaccines [19], lower antibody levels were noted

Immunogenicity and safety of a fourth homologous dose of NVX-CoV2373 https://www.sciencedirect.com/science/article/pii/S0264410X23006126

### **Extended Protection**

- In contrast to mRNA,
   Novavax has
   demonstrated that
   protection from
   hospitalization has no
   clear endpoint, extending
   beyond testing windows.
- This provides consistent protection with no gaps.

# Novavax Received Funding For Its COVID-19 Vaccine As Part of Operation Warp Speed

**July 7:** HHS <u>announced</u> \$1.6 billion in funds to support the large-scale manufacturing of Novavax's vaccine candidate. By funding Novavax's manufacturing effort, the federal government will own the 100 million doses expected to result from the demonstration project.

**Explaining Operation Warp Speed** 

https://www.nihb.org/covid-19/wp-content/uploads/2020/08/Fact-sheet-operation-warp-speed.pdf

# Funded By Americans

- Novavax was a product of Operation Warp Speed and paid for with US American Tax Dollars.
- Yet Americans have extremely limited access to the product they funded development of.

# CDC Recommendations Don't Even Suggest Offering Novavax Boosters on top of Novavax



#### **COVID-19 Vaccine**

Interim COVID-19 Immunization Schedule for Persons 6 Months of Age and Older



#### Table 1c. For Most People (those who are NOT moderately to severely immunocompromised)

| Novavax* (Monovalent vaccine) Type: Protein Sub-Unit |  |   |  |
|--|--|---|--|
| Age  | Vaccination History                              | Vaccine Schedule <sup>†</sup>   | Administer   |
| 12 years<br>and older                                | 1 or more doses of monovalent<br>Novavax vaccine | 1 dose bivalent mRNA vaccine at least<br>8 weeks (2 months) after Dose 2 <sup>‡</sup> | Moderna: 0.50 mL/50 ug from the vial with a blue cap and gray label border.  OR  Pfizer-BioNTech: 0.3 mL/30 ug from the vial with a gray cap |
|  | At least 1 dose of bivalent vaccine              | No dose <sup>‡</sup>  | No dose <sup>‡</sup>   |

<sup>\*</sup> Novavax COVID-19 Vaccine remains authorized to provide a 2-dose primary series (separated by at least 3–8 weeks) to people ages 12 years and older. Administer 0.5 mL/5 µg rS and 50 µg of Matrix-M™ adjuvant vaccine from a vial with a royal blue cap. A booster dose is authorized in limited situations to people ages 18 years and older who completed the primary series using any COVID-19 vaccine, have not received any previous booster dose(s), and are unable (i.e., vaccine contraindicated or not available) or unwilling to receive an mRNA vaccine and would otherwise not receive a dose. This dose is administered at least 6 months after completion of any primary series.

#### https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf

## **CDC Recommendations**

- United States is one of only a few countries using draconian restrictions that prevent access to a vaccine paid for by its citizens.
- We need greater access to Novavax, including a new primary series at least 4 months out from your last COVID vaccine.

<sup>†</sup> Persons with a recent SARS-CoV-2 infection may consider delaying vaccination by 3 months from symptom onset or positive test (if infection was asymptomatic)

<sup>‡</sup> Adults 65 years of age and older: May receive 1 additional bivalent mRNA vaccine dose at least 4 months after the first dose of a bivalent mRNA vaccine.

## Bivalents Increase Immune Imprinting and Reduce Efficacy

high ACE2 binding affinity. Our findings suggest the WT component should be abandoned when updating COVID-19 vaccine antigen compositions to XBB lineages, and those who haven't been exposed to Omicron yet should receive two updated vaccine boosters.

Repeated Omicron infection alleviates SARS-CoV-2 immune imprinting

https://www.biorxiv.org/content/10.1101/2023.05.01.538516v3

Multiple analyses of these results, including antigenic mapping, made clear that inclusion of the ancestral spike prevents the broadening of antibodies to the BA.5 component in the bivalent vaccine, thereby defeating its intended goal. Our findings suggest that the ancestral spike in the current bivalent COVID-19 vaccine is the cause of deep immunological imprinting. Its removal from future vaccine compositions is therefore strongly recommended.

Deep immunological imprinting due to the ancestral spike in the current bivalent COVID-19 vaccine <a href="https://www.biorxiv.org/content/10.1101/2023.05.03.539268v1">https://www.biorxiv.org/content/10.1101/2023.05.03.539268v1</a>

### Overcoming Immune Imprinting

- Recent testing has demonstrated that a new primary series is required to consistently elicit a protective immune reaction.
- Not taking this step could lead to an insufficient immune response.
- This could damage the public's perception of vaccine effectiveness and Public Health.

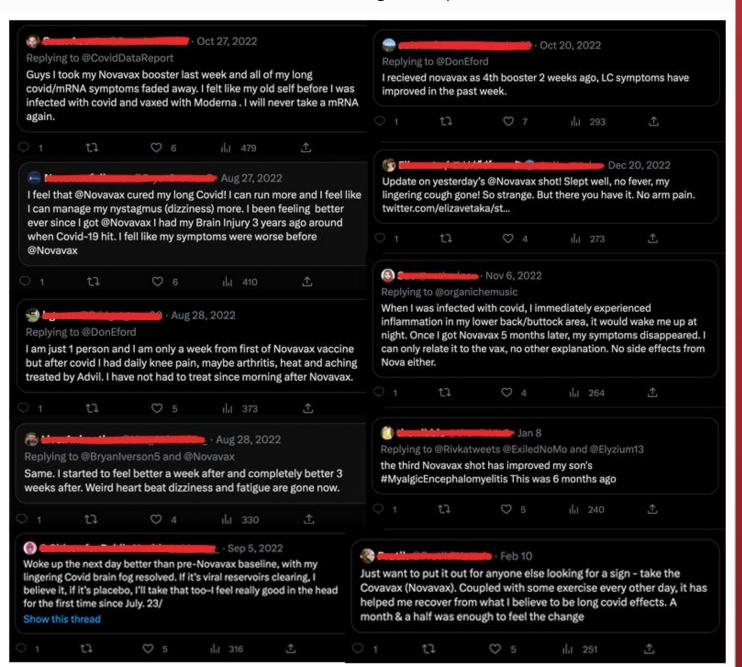
#### Anecdotal Reports Showing Potential Benefit of Novavax for Long COVID



# Novavax for Long Covid

- There have been many anecdotal reports of long COVID patients showing signs of recovery after receiving one or more Novavax vaccines.
- We need studies from the NIH and Novavax into the anecdotal reports showing that Long COVID patients begin recovery after receiving this vaccine.

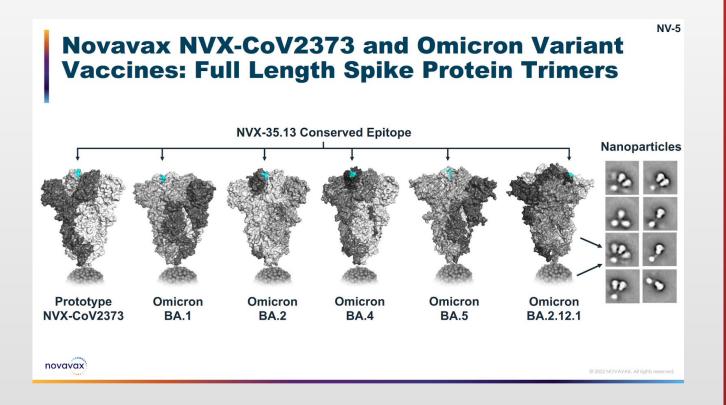
#### Demand For Novavax Remains High in Spite of Restrictions



## Novavax for Long Covid

- These are just a few examples; there are many similar reports.
- Due to time constraints we can't show them all here.

## Novavax Fights Every Variant Because of Conserved Epitopes



## Long-lasting Potential

- Novavax is designed to target conserved epitopes.
- This effect provides a broad spectrum immune response against variants of concern.
- It is likely that it assists the immune system in finding and targeting persistent virus, which is a primary driver of Long COVID.

# Changes are Needed to the Novavax Pediatric Vaccine Trial Recruitment Criteria

- The requirements for Novavax to bring a pediatric vaccine to market are unreasonable and outdated.
- Specifically, regulations requiring that pediatric cohorts be infection or vaccine-naive must be updated.
- The population that they will be vaccinating will not fit that model, and will only delay protection for children.

These restrictions are wholly inappropriate for the situation.

## Project NextGen Funding Saved from the Debt Ceiling Deal

The recent deal to raise the debt ceiling preserved about \$5 billion in funding for Project NextGen, which aims to develop new Covid vaccines and treatments.

https://www.politico.com/newsletters/future-pulse/2023/06/08/project-nextgen-has-no-warp-speed-00100956

The outcome of the Debt Ceiling Deal is that Project NextGen may provide the only funding for COVID-19 vaccines in the foreseeable future.

### **Project NextGen**

- Funding needs to be allocated from Project NextGen to expedite the production of the Novavax pediatric COVID vaccine.
- Spending caps created during the debt ceiling deal will limit the ability of Congress to make new investments in treatments and vaccines for at least the next two years.
- We cannot wait that long to protect our children.

#### More Tweets From Individuals Denied Novavax



# Novavax Restrictions are an Unresolved Vaccine Equity Issue

- Limiting access to Novavax is preventing Americans from being protected against COVID-19.
- It is cruel to limit the tools at hand, especially when vials are going wasted and unused because of outdated regulations.
- Demand exists but the current FDA recommendations artificially limit access; this is unique to America.

#### **Americans Want Novavax**



# Novavax Restrictions are an Unresolved Vaccine Equity Issue

 There are many more examples of Americans that want access to Novavax, but are restricted by this committee's recommendations.

### Issues to address:

- Next year's COVID-19 vaccine must be a monovalent vaccine targeting XBB.1.5, but no higher.
- Novavax access must be extended to any Americans who would like to get a new primary series. This is a requirement to avoid immune imprinting.
- Allocate NextGen funding and re-assess the trial recruitment criteria so Novavax can expedite a pediatric vaccine to market.
- Remove the regulation stating that Novavax is only used as a secondary vaccine in cases of refusal.
- Limiting access is a vaccine equity issue, and the FDA is not rising to the moment, but we could fix that today.

Please take the necessary steps to protect the American people.

We need leadership; we need you to be those leaders.