

Measles and rubella vaccination by microneedle patch

Mark R. Prausnitz

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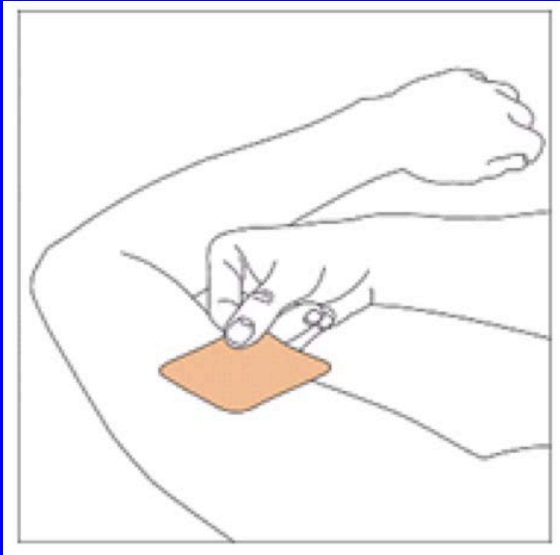
Disclosure

Mark Prausnitz is a co-founder and has a significant financial interest in Micron Biomedical.

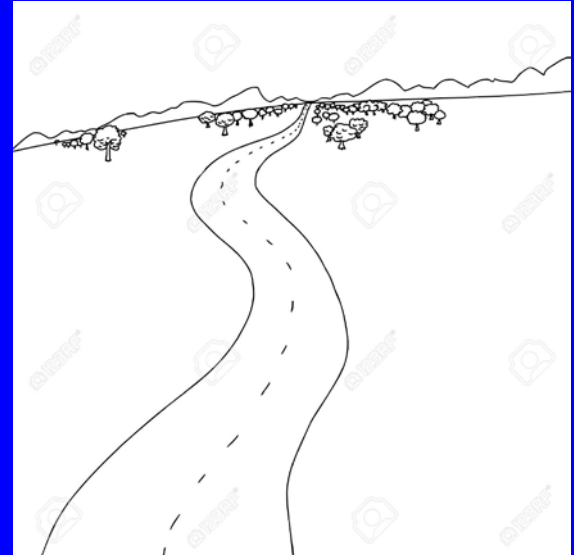
This conflict of interest is managed by Georgia Tech and Emory University.

Outline

Development of the MR patch



The path to clinical trial and licensure



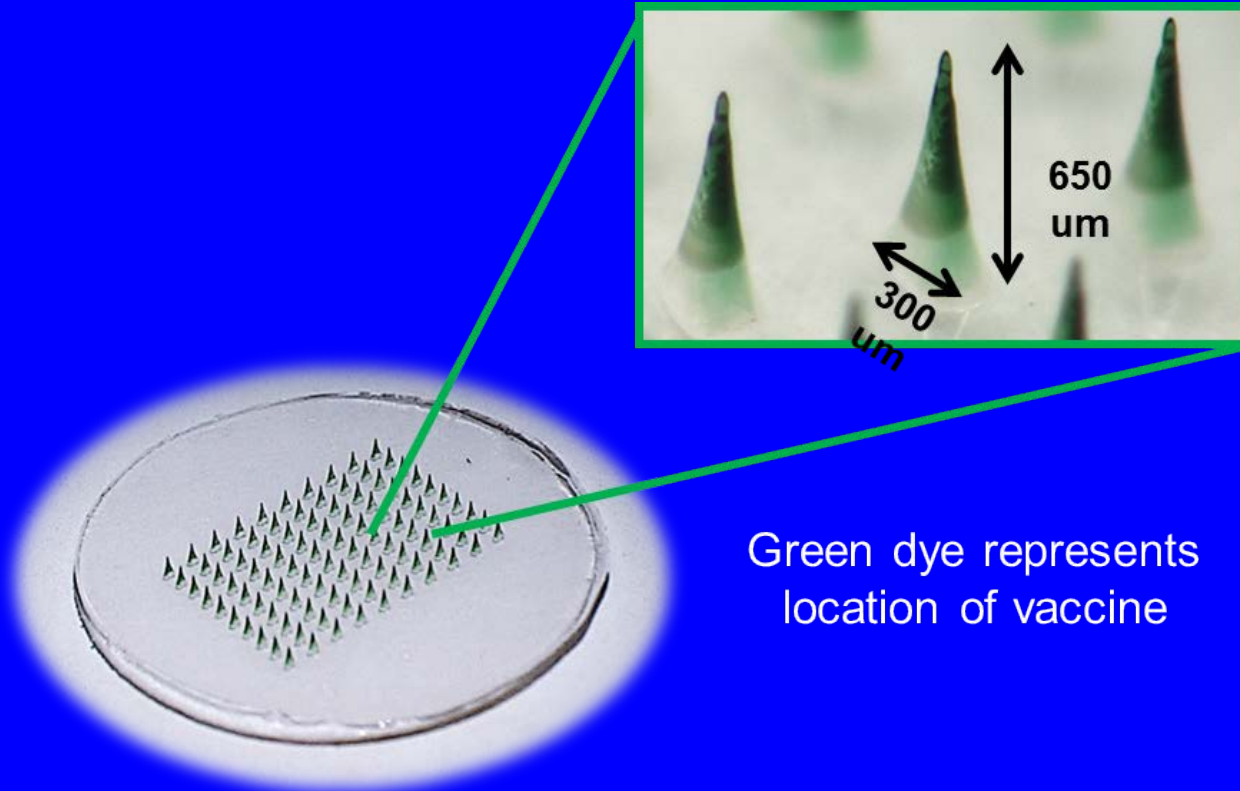
Dissolving microneedle patch



Dissolving microneedle patch



Dissolving microneedle patch



Green dye represents
location of vaccine

Microneedle patch meets public health needs

Patient administration

- Minimally-trained personnel
- No applicator, no reconstitution
- Painless delivery, no fear of needle



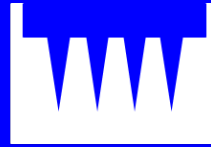
Microneedle patch meets public health needs

Patient administration

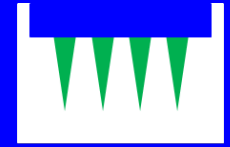
- Minimally-trained personnel
- No applicator, no reconstitution
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Manufacturing

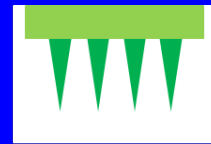
- Low-cost, scalable fabrication



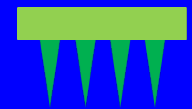
Prepare microneedle mold



Cast antigen formulation into micromold cavities



Cast matrix formulation onto micromold surface



Dry and remove microneedle patch

Microneedle patch meets public health needs

Patient administration

- Minimally-trained personnel
- No applicator, no reconstitution
- Painless delivery, no fear of needle

Manufacturing

- Low-cost, scalable fabrication

Transportation and storage

- Small package size
- Improved thermostability



Microneedle patch meets public health needs

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- No applicator, no reconstitution
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Manufacturing

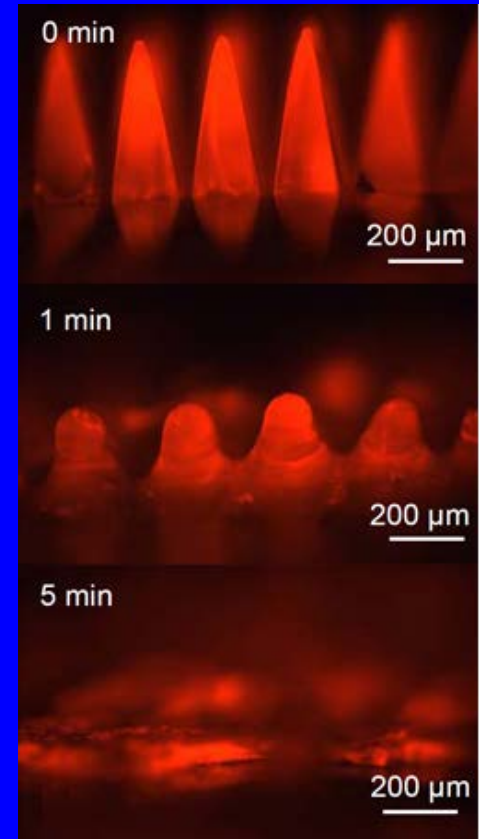
- Low-cost, scalable fabrication

Transportation and storage

- Small package size
- Improved thermostability

Waste disposal

- Impossible reuse
- Reduced disposal volume



Micron Biomedical

Commercializing Georgia Tech microneedle patch technology

Partners

- BMGF, UNICEF, CDC
- Pharmaceutical companies

Clinical stage

- GMP manufacturing (e.g., MR patch)
- Regulatory filings

Commercial manufacturing

- Clinical trial materials
- Pilot manufacturing line designed
- Commercial manufacturing line designed



Target product profile

Indication:	Measles and rubella prophylaxis
Target population:	Age 9-months and older
Uses:	Routine immunization Supplementary immunization activities Outbreak response immunization
Safety:	AEs no more serious than current MR vaccines
Reactogenicity:	Mild, transient erythema and pruritus
Immunogenicity:	Seroconversion non-inferior to current MR vaccines

Target product profile

Presentation:	Single dose, single use Integrated vaccine delivery system
Route of admin.:	Skin
Application:	No applicator required
User training:	No training, minimal instructions
Wear time:	1 – 5 minutes
Delivery indicator:	Auditory and visual
Disposal:	Non-sharps, biohazardous waste Reduced volume

Target product profile

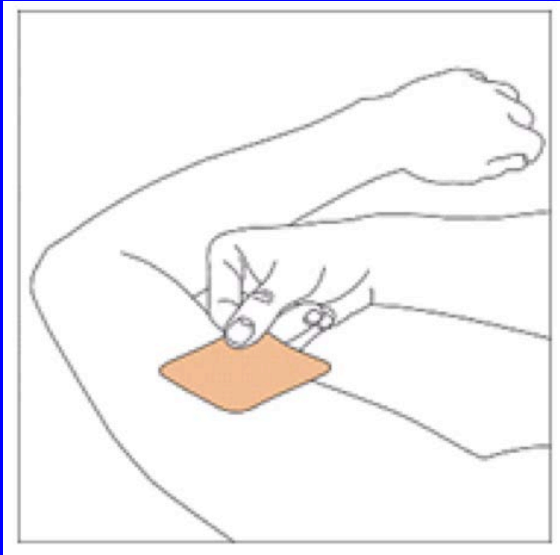
Stability: VVM14 (2-8°C @ 24 months, 40°C @ 3 days)

Product registration pathway: WHO pre-qualification

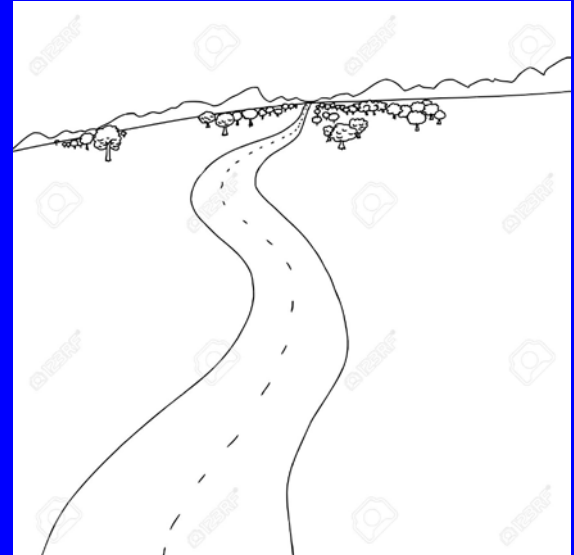
Cost per immunized child: Possible increased COGS offset by programmatic savings

Outline

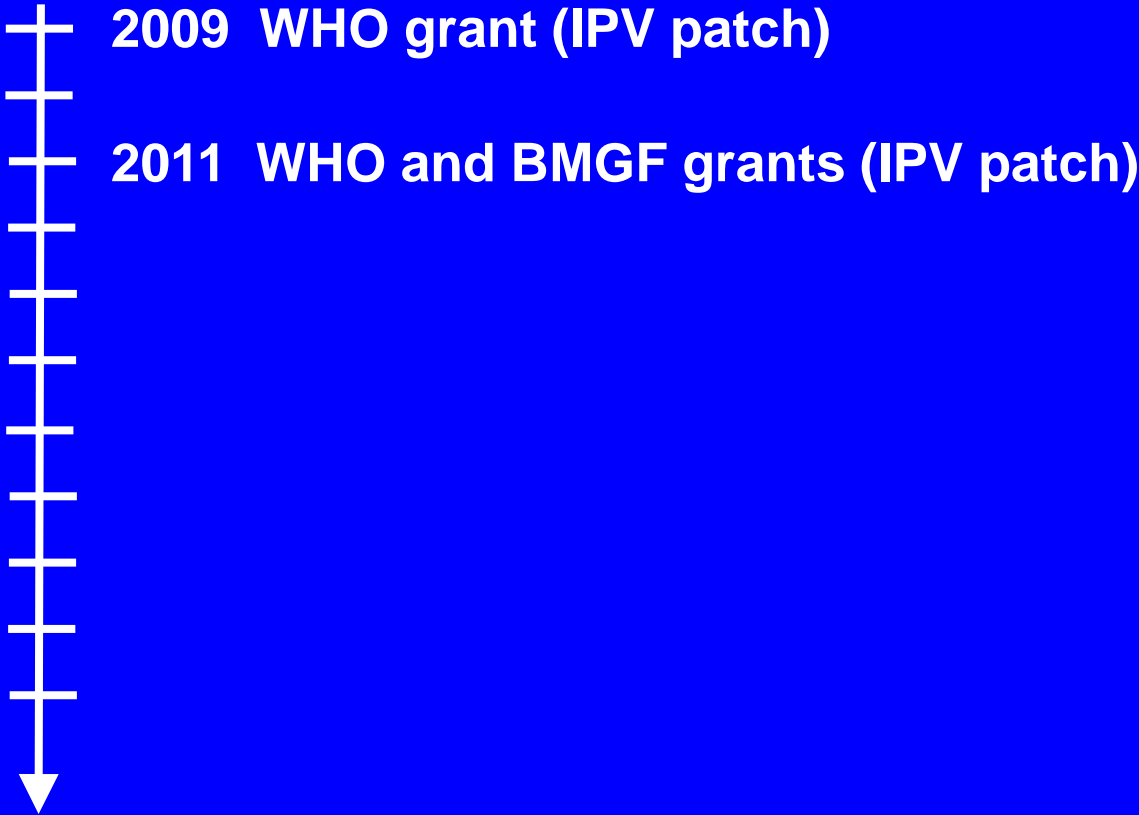
Development of the MR patch



The path to clinical trial and licensure



Timeline of MR patch development



Timeline of MR patch development

2009 WHO grant (IPV patch)

2011 WHO and BMGF grants (IPV patch)

2013 Measles patch in cotton rats

2015 Measles patch in NHP

2018 MR patch in infant NHP

Measles vaccination using a microneedle patch[☆]

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^d Animal Research Branch, Division of Scientific Resources, Centers for Disease Control and Prevention, Atlanta, GA 30333, United States

Vaccine 31 (2013) 3403–3409

A microneedle patch containing measles vaccine is immunogenic in non-human primates

Chris Edens^a, Marcus L. Collins^{b,1}, James L. Goodson^{c,1}, Paul A. Rota^{b,*,1}, Mark R. Prausnitz^{a,d,*,**}

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^d School of Chemical and Biomolecular Engineering, Georgia Institute of Technology, Atlanta, GA 30332, USA

Vaccine 33 (2015) 4712–4718

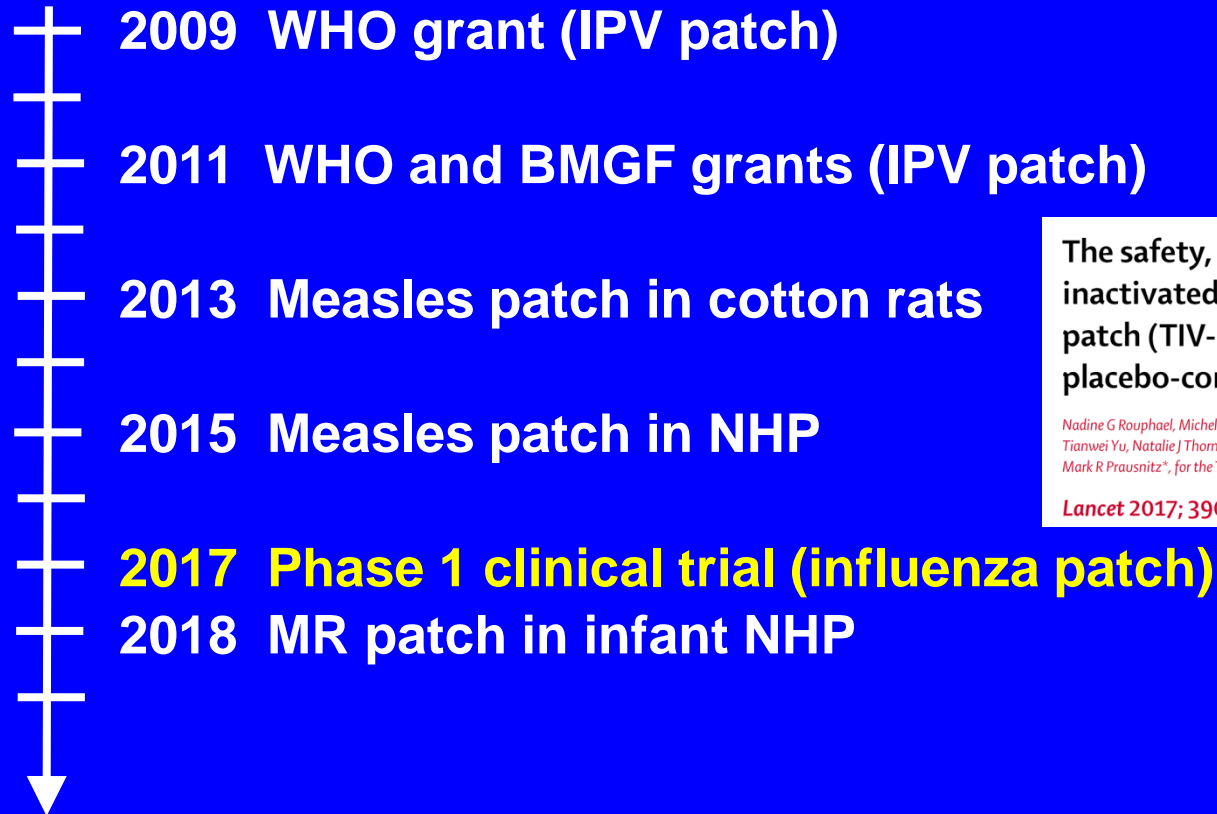
A Microneedle Patch for Measles and Rubella Vaccination Is Immunogenic and Protective in Infant Rhesus Macaques

Jessica C. Joyce,^{1*} Timothy D. Carroll,² Marcus L. Collins,³ Min-hsin Chen,² Linda Fritts,² Joseph C. Dutra,² Tracy L. Rourke,² James L. Goodson,² Michael B. McChesney,² Mark R. Prausnitz,^{1*} and Paul A. Rota³

¹Wallace H. Coulter Department of Biomedical Engineering, Georgia Institute of Technology, Atlanta; ²Center for Comparative Medicine, and California National Primate Research Center, University of California, Davis, CA; and ³Centers for Disease Control and Prevention, Atlanta, GA and ⁴School of Chemical and Biomolecular Engineering, Georgia Institute of Technology, Atlanta, GA

The Journal of Infectious Diseases® 2018;218:124–32

Timeline of MR patch development




The safety, immunogenicity, and acceptability of inactivated influenza vaccine delivered by microneedle patch (TIV-MNP 2015): a randomised, partly blinded, placebo-controlled, phase 1 trial

Nadine G Roupael, Michele Paine, Regina Mosley, Sebastien Henry, Devin V McAllister, Haripriya Kalluri, Winston Pewin, Paula M Frew, Tianwei Yu, Natalie J Thornburg, Sarah Kabbanji, Lilin Lai, Elena V Vassilieva, Ioanna Skountzou, Richard W Compans, Mark J Mulligan, Mark R Prausnitz*, for the TIV-MNP 2015 Study Group†*

Lancet 2017; 390: 649–58

Timeline of MR patch development

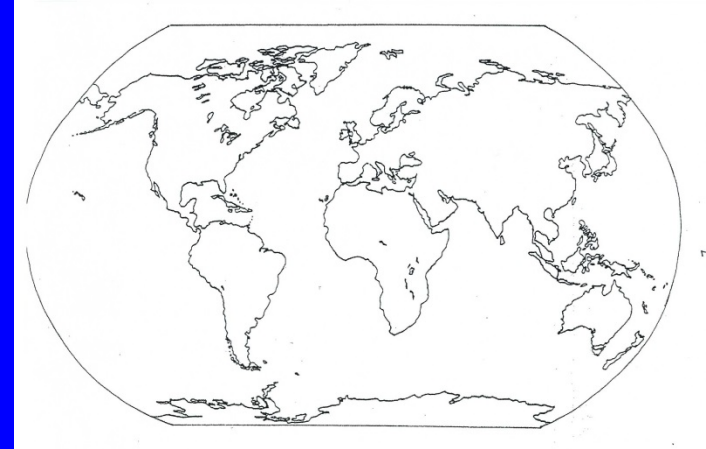
- 
- 2009 WHO grant (IPV patch)
 - 2011 WHO and BMGF grants (IPV patch)
 - 2013 Measles patch in cotton rats
 - 2015 Measles patch in NHP
 - 2016 BMGF grant (MR patch)**
 - 2017 Phase 1 clinical trial (influenza patch)
 - 2018 MR patch in infant NHP
 - 2019 Ready for clinical trial**



Phase 1 clinical trial of MR patch

Study site:

Developing country, USA, Europe



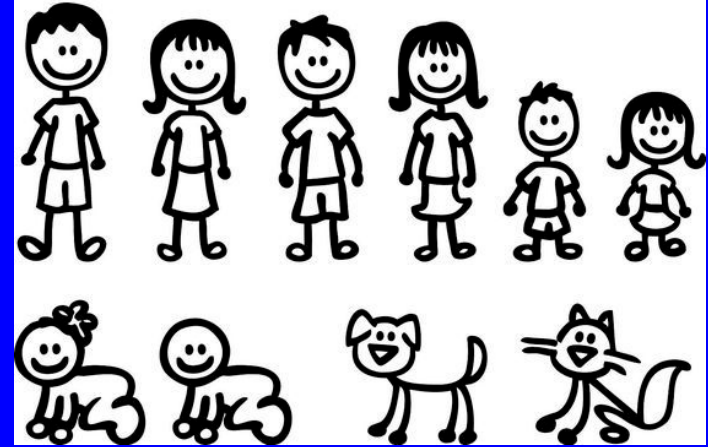
Phase 1 clinical trial of MR patch

Study site:

Developing country, USA, Europe

Study population:

Adults only, adults and infants



Phase 1 clinical trial of MR patch

Study site:

Developing country, USA, Europe

Study population:

Adults only, adults and infants

Clinical phase:

Phase 1, Phase 1/2

Phase 1
trial

Phase 2
trial

Phase 1/2
trial

Phase 1 clinical trial of MR patch

Study site:

Developing country, USA, Europe

Study population:

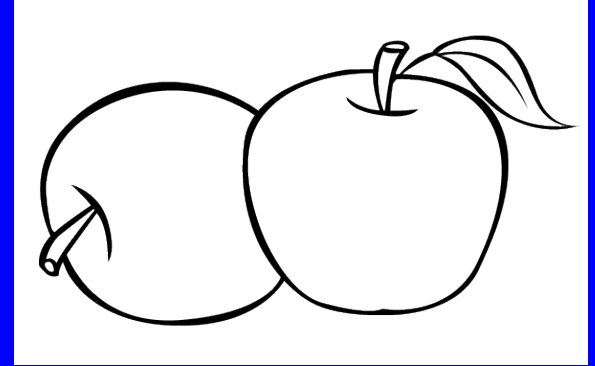
Adults only, adults and infants

Clinical phase:

Phase 1, Phase 1/2

Stage gate:

ASAP, “apples-to-apples”



Risk

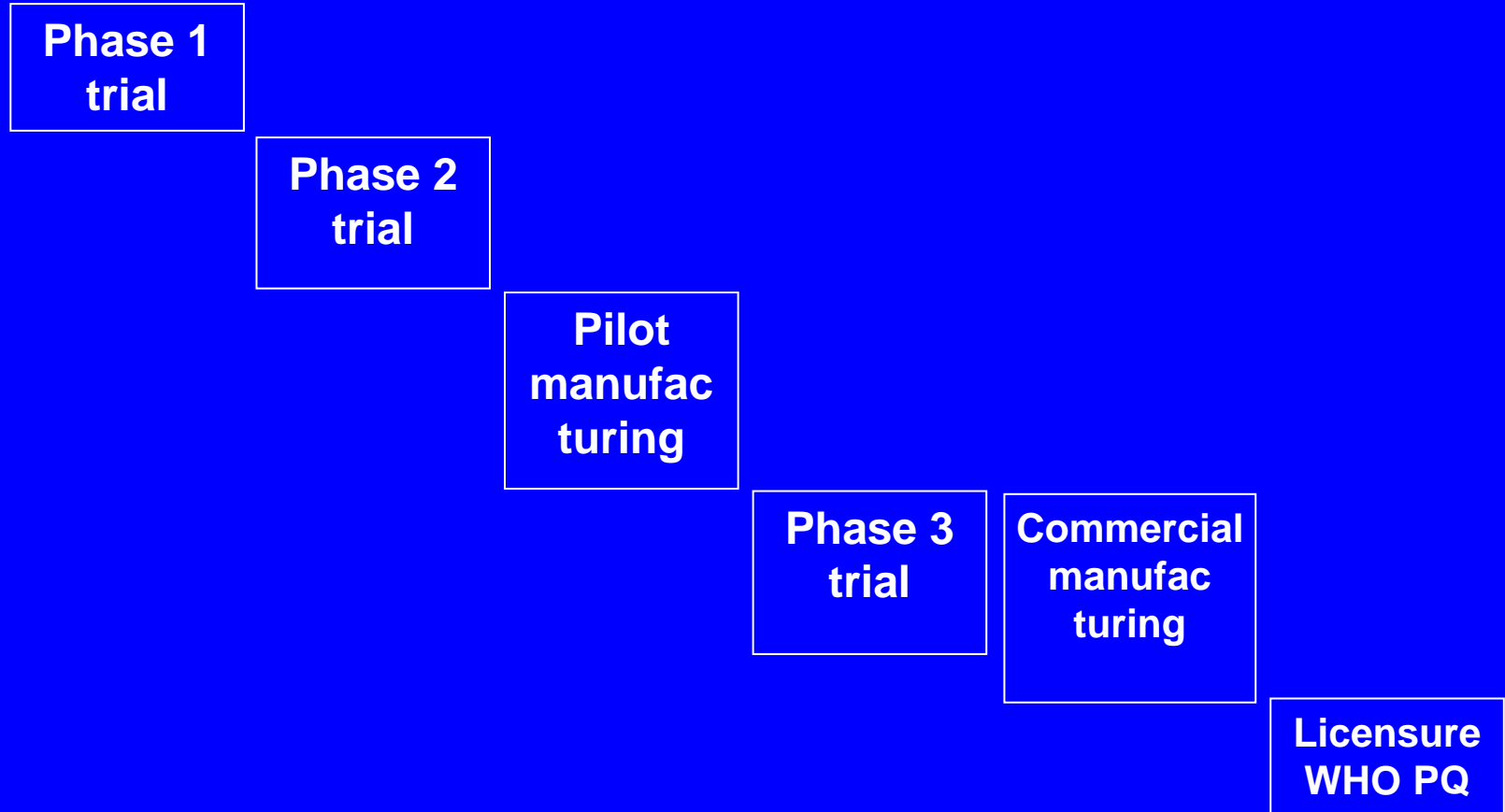


vs.

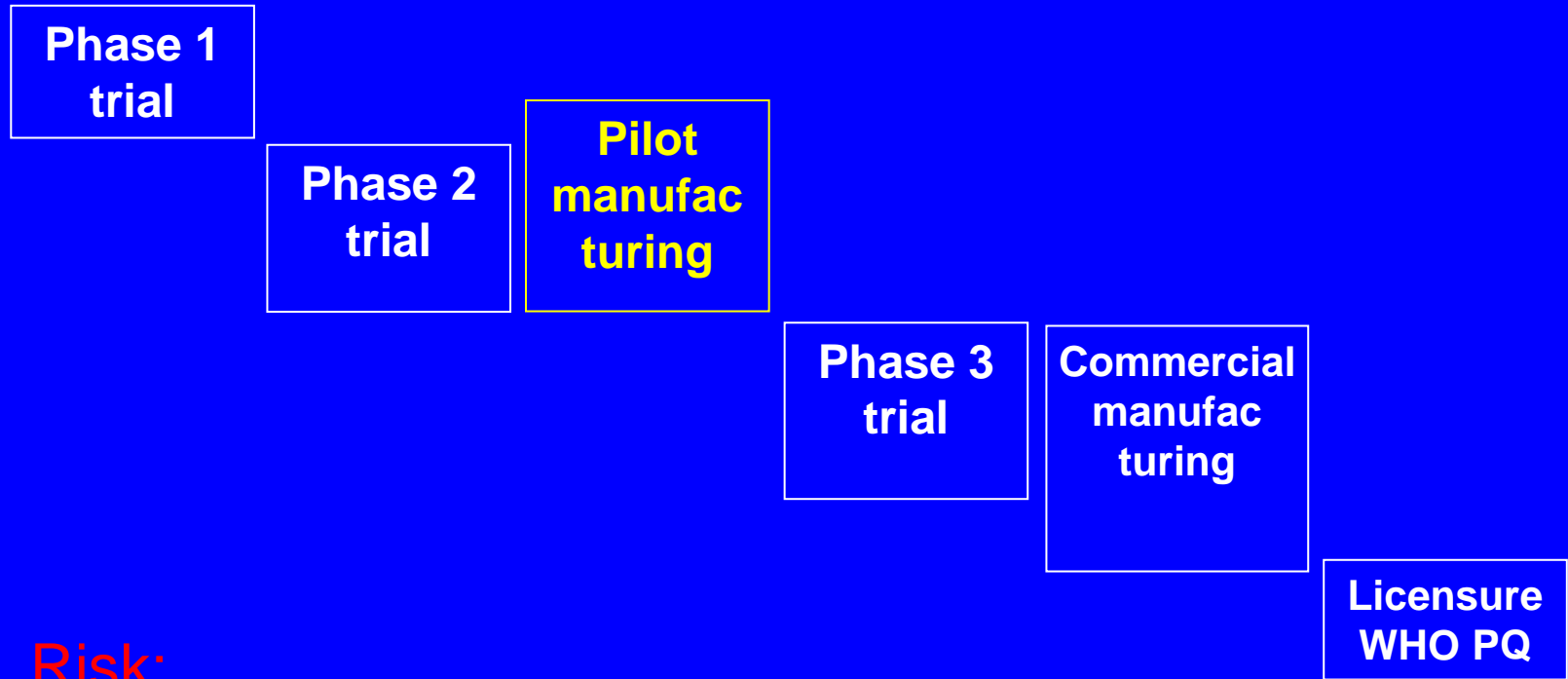
Speed



Timeline of MR patch development



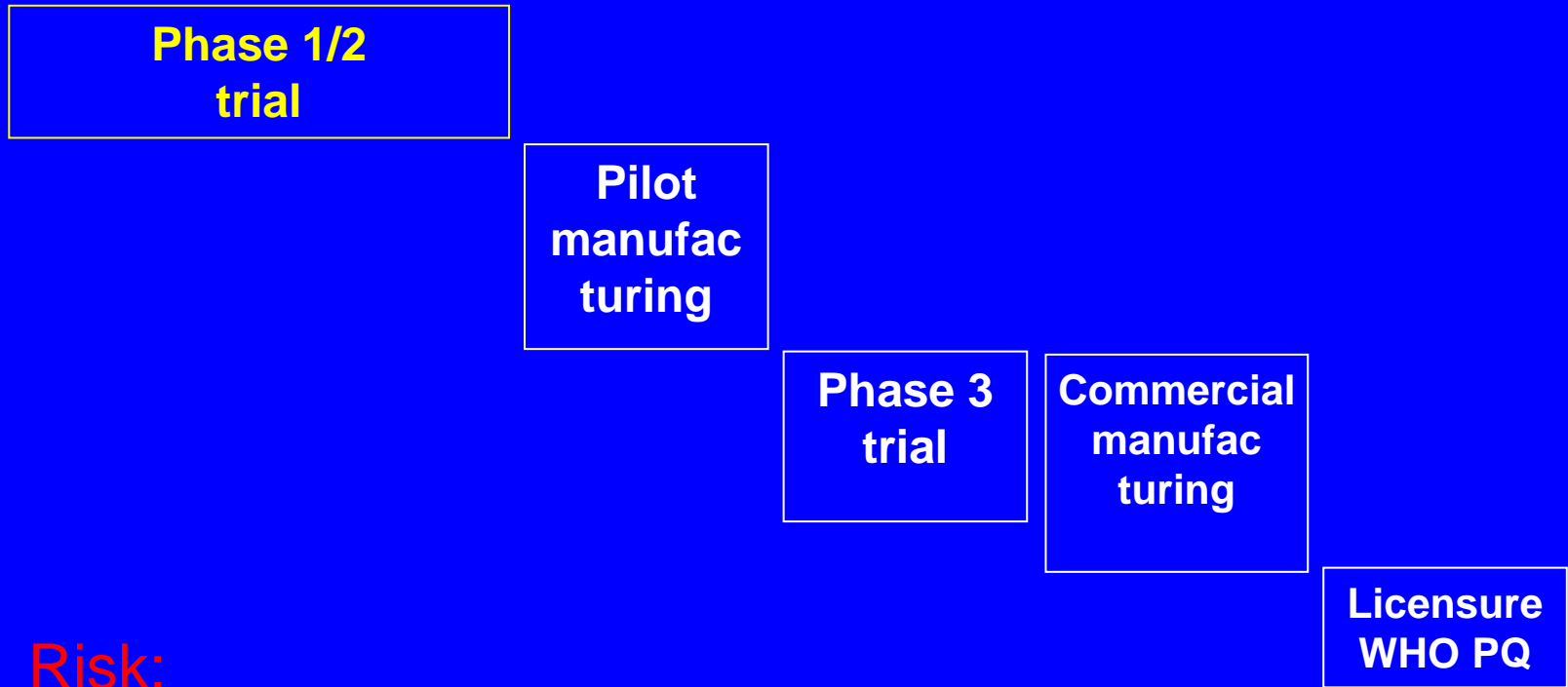
Timeline of MR patch development



Risk:

Invest in pilot manufacturing before clinical trial results

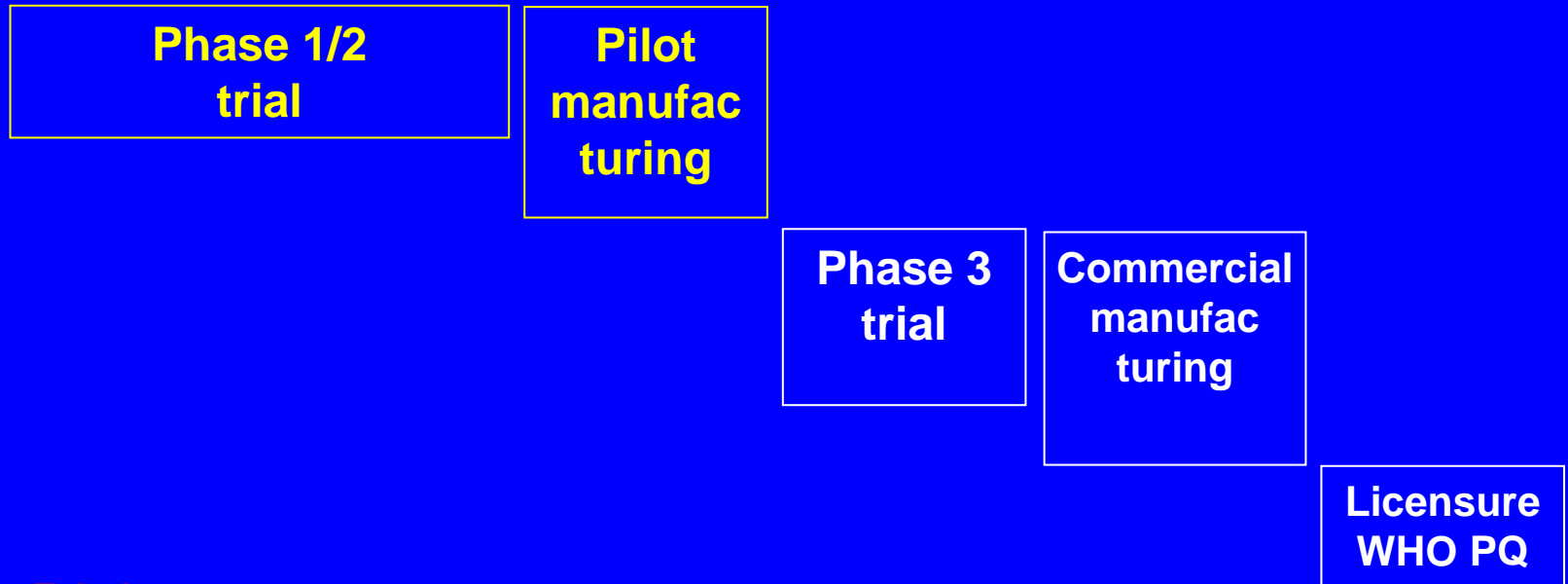
Timeline of MR patch development



Risk:

Only one clinical trial before Phase 3 trial

Timeline of MR patch development



Risk:

Invest in pilot manufacturing before clinical trial results
Only one clinical trial before Phase 3 trial

Questions?

