16 November 2020
EMA/693425/2020
Stakeholders and Communication Division

Meeting summary - PCWP/HCPWP meeting with all eligible organisations: COVID-19 pandemic update

16 November 2020, 10:30hrs to 12:45hrs – Virtual meeting

Co-Chairs: J. Garcia Burgos (EMA), K. Immonen (PCWP), U. Jäger (HCPWP) via Webex

Welcome and introduction

Juan Garcia-Burgos opened the meeting and welcomed all the participants.

Juan explained the aim of the meeting was to provide an update on the Agency's response to the COVID-19 pandemic, including on therapeutics and vaccines, as a follow up to the first update organised in June 2020. The meeting was also an opportunity to discuss and collect further input from the working parties on activities underway.

The co-chairs; Ulrich Jäger and Kaisa Immonen introduced themselves and welcomed the participants.

1. Update on Agency's response to the COVID-19 pandemic

Noel Wathion, EMA's Deputy Executive Director and EMA COVID-19 steering group lead, gave an overview of the Agency's contribution to the pandemic response.

Noel emphasised it was very timely to have this update and to provide more information in relation to EMA's response to the COVID-19 pandemic. He explained that the steering group he is chairing looks at four different workstreams; 1) Therapeutic and vaccines response, 2) Supply chain, 3) Business continuity and impact and 4) Human resources. Noel described that during the first wave, the focus of EMA's response was on shortages of medicines primarily in intensive care units (ICU medicines); this had now shifted towards the approval of treatments and specific vaccines.

Concentrating first on the therapeutic and vaccines response, Noel highlighted the extensive preparatory work done to ensure regulatory processes are as efficient as possible safeguarding the quality and robustness of the scientific evaluation. Efficiency has been possible in the context of a rolling review – a tool that had already been used in 2009 during the influenza pandemic and adapted in line with lessons learned, and use of the ETF (the EMA pandemic task Force). Noel also clarified that EMA's scientific review, resulting in the CHMP scientific opinion and the subsequent European Commission (EC) decision valid across the EU, was a distinct procedure from the EU purchasing procedure under the Advanced Purchase Agreement (APA scheme). EMA is not involved in these purchasing procedures and has no insight into the contracts concluded between the EC and the

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pharmaceutical companies concerned. These procedures may run in parallel but are separate from each other. In concrete terms, this means that it could be possible to have an EMA positive opinion for a vaccine for which the EC has not negotiated a contract with the company concerned and conversely, even if the EC has concluded a contract with the company concerned EMA may still conclude, following the scientific review, that the benefit-risk balance is negative.

In relation to supply chain matters, Noel mentioned that a continuous monitoring is ongoing to anticipate and manage possible medicines shortages through the previously established EU single point of contact network (SPOC). This is a network between EMA, the Commission and the Member States through which shortages of critical medicines are reported. In addition to this system, EMA has since implemented a similar system but now with the pharmaceutical industry – i-SPOC. In the context of the COVID-19 pandemic, information from these two sources is being matched to assess the criticality of potential shortages of medicines used in intensive care units. Another initiative with a longer-term goal has been the establishment of a new methodology for forecasting medicines' national demand aimed at streamlining demand forecasting across EU member states. The work has been carried out in the context of the EU Executive Steering Group on Shortages of Medicines Caused by Major Events and although the focus has been first on ICU medicines, the intention is to broaden the application of this methodology to other medicines. Following a pilot phase with promising results, a draft reflection paper is under discussion and once a final document is published Member States are expected to follow this methodology.

Noel moved then into the topic of transparency. Considering the dual nature of the current public health and social-economic crisis, there is high pressure to ensure vaccines reach the market as soon as possible. However, expectations need to be managed. Vaccines will not immediately solve the pandemic and other measures such as hand hygiene and physical distance will remain important. There are still a number of unknowns including the duration of the protection of a particular vaccine, what the vaccination strategies at national level will be and how these may differ from one Member State to another, what the vaccination uptake will be taking into account anti-vaccine sentiments and which will have to be addressed, and how long will it take for a significant amount of the population to be vaccinated. Transparency about the scientific review, its results and conclusion and the rationale behind the decision-making as well as publication of the clinical data that has been scrutinised, will be one of the key elements to reduce anti-vaccine sentiments. EMA is therefore relaunching the clinical data publication that had been halted due to Brexit and EMA relocation for COVID-19 medicines, including vaccines. EMA is also investing in raising awareness on the way vaccines are being developed, authorised and monitored by holding an open stakeholder meeting, in addition to the many informative materials already published on EMA's website.

Finally, Noel addressed the question of whether EMA and the Network can cope with the high pressure and the sheer volume of work coming up in a very short time. In order to manage the impact on EMA, the Network and their resources, early stage business continuity plans have been put in place for EMA and for the entire Network (covering both EMA and Member States). The aim is to give COVID-19 medicines priority but stillsafeguard core business, i.e. medicines licensing, supervision, and monitoring, as much as possible.

There followed a Question and Answer session with participants.

2. Update on therapeutics and vaccines

Marco Cavaleri, head of health threats and vaccines strategy at EMA, gave an update on treatments and vaccines under development for COVID-19 (see presentation).

Marco described progress with clinical trials for COVID-19 therapeutics, explaining that while we are seeing an impact with corticosteroids (e.g. dexamethasone, hydrocortisone, methylprednisolone), we are failing to see an impact with immunomodulators (e.g. tocilizumab). There is therefore a need to understand which immunomodulators could be effective and, in particular, for which patient populations.

In relation to vaccines, Marco provided an overview of the different types under development, emphasising that different technologies such as those using mRNA, and different constructs, most still based on the spike protein, are being explored.

The development plans have been compressed where studies, that would normally be run sequentially and with long pauses between each phase of pre-clinical and clinical development, have been seamless designed with protocols running continuously from phase I all the way to phase III. Nevertheless, the size of the studies are very large and the difference compared to other vaccines assessed in the past is that companies have taken the risk to move very rapidly from one phase to the other without any pauses and built an infrastructure that could run rapidly across the different phases of clinical development in an unprecedented way. Marco remarked that regulators are seeing the same amount of data that would be seen for any clinical development of a vaccine and in some cases even more, which is quite reassuring.

Overall, published data from early clinical trials is showing that vaccines under development are generating an immune response, with the level of neutralising antibodies appearing as the most important immune-marker that could lead to protection. The sub-unit vaccines with adjuvating systems are the ones that are producing the highest levels of neutralising antibodies, followed by the mRNA and viral vector vaccines whilst the inactivated ones, under development in other parts of the world but with some possible candidates to be assessed in Europe in the future, are showing the least amount of neutralising antibodies. Adenoviral vaccines and mRNA vaccines are showing the highest T-cells responses which can also be important in terms of prevention of severe disease.

Two mRNA vaccines, one from Pfizer/BioNTech and another from Moderna, are currently more advanced and could have enough data maturity to be submitted to regulators for a potential emergency use authorisation in the US and for a conditional marketing authorisation in the EU before the end of the year. These are followed by the AstraZeneca/Oxford vaccine and then the Janssen vaccine, with several more in earlier stages of development.

In relation to the cold chain, particularly for the mRNA vaccines which are the more challenging ones, requiring storage temperatures of -80 degrees Celsius for Pfizer/BioNTech and -20 degrees Celsius for Moderna), Marco noted that developers are working to keep the vaccine stable at higher temperatures. If they can show that these vaccines can be stored at 2-8 degrees Celsius for one month or more this could alleviate some of the concerns with the large-scale vaccination campaigns.

Marco remarked that even though the mRNA vaccines are based on a technology never used before for vaccines, the safety data emerging from the clinical studies so far had not indicated anything worrisome, even though final conclusions could only be made after assessing all the data. As for paediatric use, this is under discussion at the level of the paediatric Committee (PDCO). Paediatric investigation plans, which companies will have to submit, will have to be developed once the safety and efficacy data in adults has been fully assessed, taking into account that adolescents are still high transmitters of the virus and can also suffer from severe disease while below 10 years of age children are generally not suffering from severe disease and their role in the transmission chain is still a question mark.

In relation to the duration of the protection provided by the vaccines under development, there is data emerging from the literature on the natural infection and disease which could point to the fact that the level of neutralising antibodies could decline rapidly, especially in the cases where those levels where not very high during the infection peak. However, very preliminary data coming from Pfizer/BioNTech and Moderna for a small number of individuals followed by three months seem to show that the neutralising antibodies would not decline so rapidly as in the natural infection. Again, more data is needed for any conclusions to be made.

Marco concluded referring to the reflection paper on EMA considerations on COVID-19 vaccine approval and to the post-authorisation studies that will be run independently from pharmaceutical companies, as part of EMA-funded projects.

There followed a Question and Answer session with participants.

Up to date information on COVID-19 treatments and vaccines undergoing evaluation can be found in the following link:

https://www.ema.europa.eu/en/human-regulatory/overview/public-health-threats/coronavirus-disease-covid-19/treatments-vaccines-covid-19#medicines-undergoing-evaluation-section

3. Patient / HCP participation in EMA COVID-19 Taskforce (ETF)

Nathalie Bere (EMA) introduced the role of the COVID-19 EMA pandemic Task Force (COVID-ETF), chaired by Marco Cavaleri, and contextualised the process leading to the involvement of patient and healthcare professional representatives in the activities of this Task Force since October 2020 (see presentation). Following a call for expressions of interest amongst PCWP and HCPWP, the following representatives have been nominated:

- Patient representative member: Kaisa Immonen (EPF – European Patient Forum) and Leire Solis (IPOPI – International Patient Organisation for Primary Immunodeficiencies).
- Healthcare professional representative member: Anita Simonds (ERS: European Respiratory Society) and Tiago Villanueva (UEMO – European Union of General Practitioners).

Participation involves a significant level of commitment considering the high frequency of meetings and information volume that needs to be processed before and during the meetings.

Leire Solis (PCWP) (see presentation) and Anita Simonds (HCPWP) (see presentation) shared their perspectives on the work so far, highlighting the commitment and dedication of the COVID-ETF participants to ensure that the right information is thoroughly analysed with open discussions and debates within the Task Force. They also shared the expectation that such a huge endeavour by so many people in different Member States could be much more visible. They also underlined that even though they are not regulators, there is a clear role for patient and healthcare professional representatives in the Task Force especially as more therapeutics and vaccines will become available, and there is an obligation to improve communication and educational materials for patients, the publish and healthcare professionals. Finally, they illustrated some of the common questions addressed by the Task Force.

4. Pharmacovigilance aspects on COVID-19 therapeutics and vaccines

Georgy Genov (EMA) highlighted the recent publication of two important documents (see presentation):

- The pharmacovigilance plan for COVID-19 vaccines, which sets out how EMA and the national competent authorities in the EU Member States identify and evaluate any new information that arises promptly, including any safety signals that are relevant for the benefit-risk balance of these vaccine

- The core Risk Management Plan (RMP) for COVID-19 vaccines, which provides additional guidance for vaccine developers and marketing authorisation applicants/holders for planning pharmacovigilance activities and risk minimisation measures.

Priya Bahri (EMA) gave an overview of EMA's pharmacovigilance communication and transparency activities for COVID-19 vaccines (see presentation). Priya then focused on the publication of COVID-19 vaccines safety updates, explaining the intended goals and content of such a public document and calling for views from PCWP and HCPWP on the following aspects:

- Timely updates: what frequency would you suggest: i) every week; ii) twice a month; iii) monthly + ad hoc and addition of weekly review date?
- Narrative: what is meaningful to the public in addition to what is suggested?
- Individual case safety reports (ICSR) data: are more ICSR data than suggested needed and how to make them meaningful?
- Concerns in the public domains: can your organisation help us with social listening?
- Audience: what are specific interests of healthcare professionals given feedback after H1N1 pandemic?

Action: members kindly requested to provide their feedback in writing by 23 November 2020.

5. Vaccine outreach strategy

Melanie Carr, head of stakeholders and communication, provided a progress update on the implementation of EMA's vaccine outreach strategy (see presentation).

Melanie underlined that the goal of the strategy is to increase knowledge of and trust in the quality, safety and effectiveness of vaccines, and empower the EU public and healthcare professionals to take well-informed vaccination decisions. One important pillar of the strategy is the engagement with EU patients', consumers' and healthcare professionals' organisations. This is ever more relevant in a crisis context such as the one experienced with the COVID-10 pandemic, where it is imperative to gather critical input into crisis-related activities, support specific discussions (such as discussions on vaccines, associated social challenges, vaccine deployment, vaccine hesitancy, etc) and channel public health messages to patients, healthcare professionals and citizens. Melanie described several activities aimed at the provision of information on COVID-19 vaccines to the general public, including publication of new information materials on development and approval of COVID-19 vaccines and content contribution to the European Vaccination Information Portal and the European Commission. Melanie also highlighted EMA's commitment to transparency and to clearly communicating on ongoing procedures for COVID-19 vaccines.

Rosa Gonzalez-Quevedo (EMA) gave an overview of the different information materials prepared by the Agency to explain COVID-19 vaccines, emphasising the goal is to contribute to COVID-19 vaccine literacy and support uptake of COVID-19 vaccines by EU citizens (see presentation). Remarking the additional challenges faced when communicating on vaccines developed in the pandemic context, Rosa illustrated several materials for which it would be relevant to user test the key messages and associated visual representations on one hand, and to collect feedback on best channels/tools, on the other hand. EMA will therefore be reaching out to patients, consumers, healthcare professionals and learned societies to ask for their involvement in recruiting volunteers to contribute to a user testing exercise.

Actions: launch call for expressions of interest amongst all eligible organisations to participate in EMA user testing of key messages/graphics and consultation on best channels/tools.

6. Proposal to hold open stakeholder event

Juan Garcia-Burgos (EMA) presented a proposal to organise an open stakeholder event on COVID-19 vaccines, following a request from the European Patients Forum (EPF) and EURORDIS. Juan explained the aim was to inform the general public on how COVID-19 vaccines are being developed and evaluated as well as to address safety monitoring aspects. The idea would be to hold such a meeting in December and to follow a format very similar to that of a PRAC public hearing, including interventions from the public intended to identify concerns and questions about COVID-19 vaccines. In order to allow enough time to call for public interventions and identify speakers, EMA would need to go ahead with the public announcement as soon as possible.

The proposal was very well received, and members were prompted to provide further input in writing.

Action: considering the scope and objectives of the public meeting, identify any aspects your organisation would expect to be addressed in the meeting by 23 November 2020.