

The Role of Monoclonal Antibodies in Preventing Infection

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5th WAIDID Congress

Milan, Italy



Disclosures

- Past investigator-initiated grant support from Sanofi and Quidel
- Current investigator-initiated support from Merck

WAlidia 2024

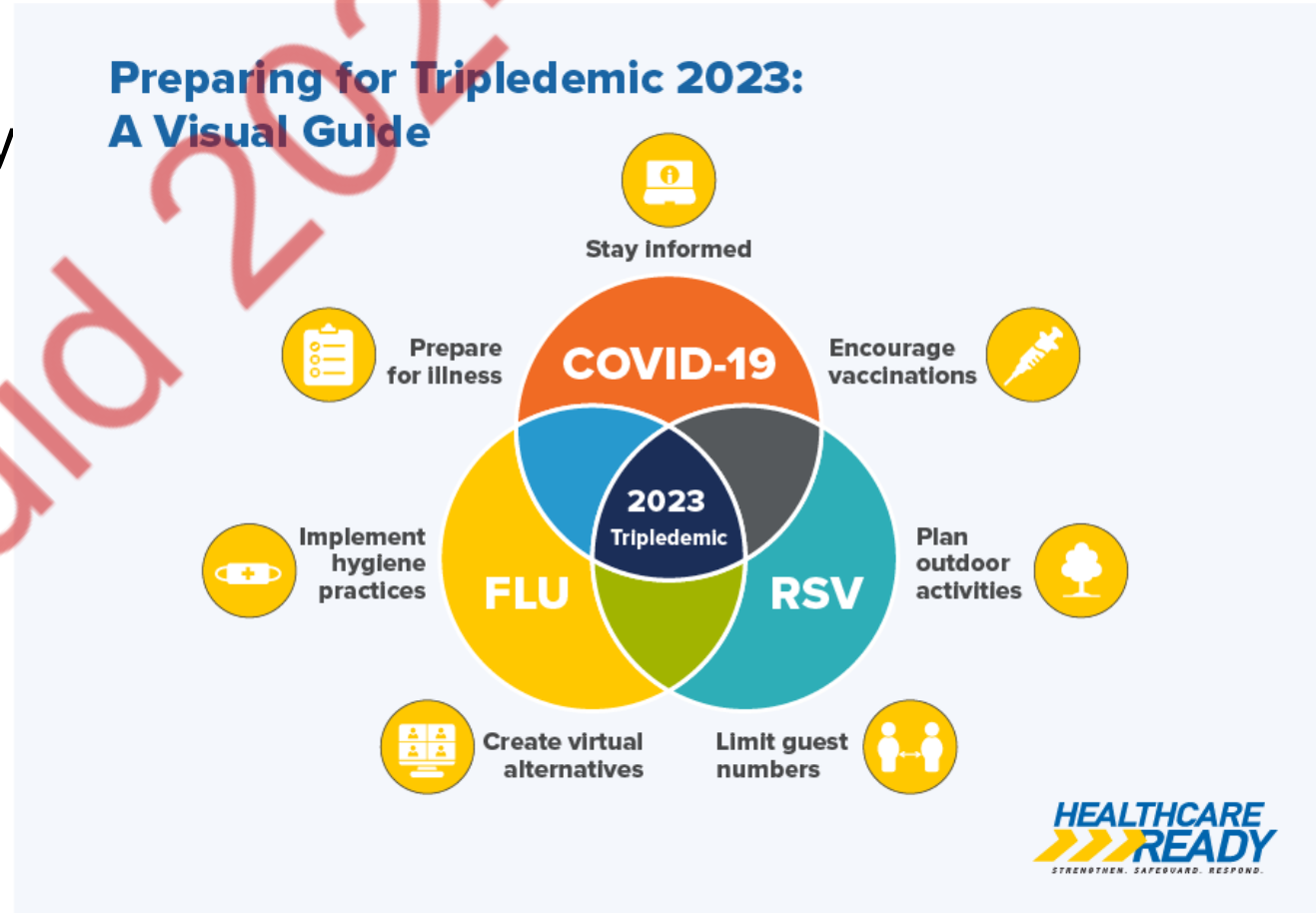
Objectives

- Discuss active versus passive immunization
- History and role of monoclonal antibodies
- How monoclonal antibodies were used during the COVID-19 pandemic



Infectious Diseases Globally

- Infectious diseases leading cause of morbidity and mortality
- Pneumonia and sepsis
 - *Streptococcus pneumoniae*
 - MRSA/MSSA
 - Respiratory viruses
- Tripledemic
 - COVID-19
 - RSV
 - Influenza



Groups at High Risk for Severe Respiratory Illness and Complications

Birth through 59 months of age

Adults 50 years old and older

Chronic lung disease, asthma

Chronic heart disease

Metabolic diseases, e.g. diabetes

Chronic renal disease

High risk of aspiration

Immunosuppression

Pregnancy

Chronic aspirin therapy: 18 years old and younger

Obesity

High-Risk Populations

Moderately or severely immunocompromised people may not mount a protective immune response to COVID-19 vaccination due to medical conditions and/or treatments leaving them susceptible to severe COVID-19.



Active treatment for solid tumor and hematologic malignancies



Receipt of solid-organ and/or bone marrow transplant



Advanced or untreated HIV infection



Taking immunosuppressive therapies



Moderate or severe primary immunodeficiency

Immunocompromised Individuals

Stem cell and solid organ transplant recipients

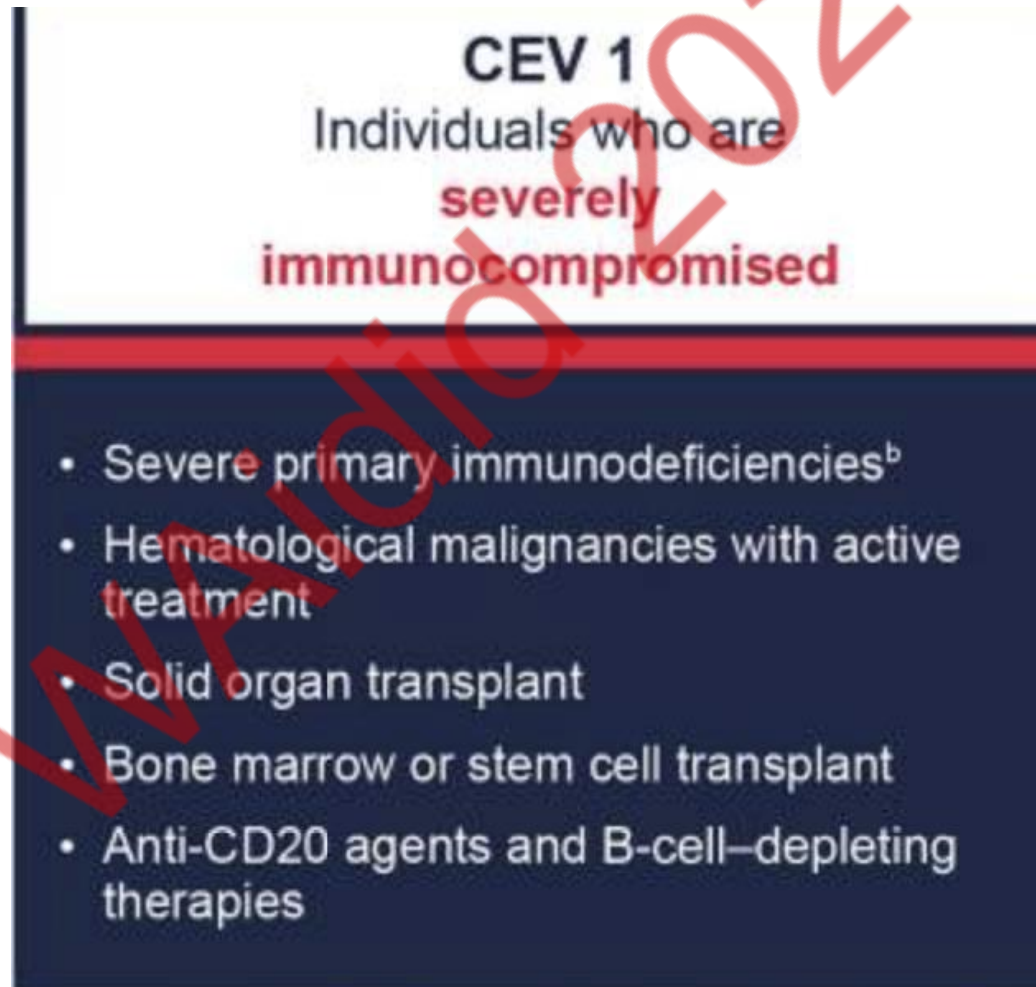
Cancer

HIV/AIDS

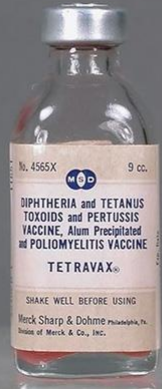
Individuals taking immunosuppressive drugs

Inherited immune system disorders

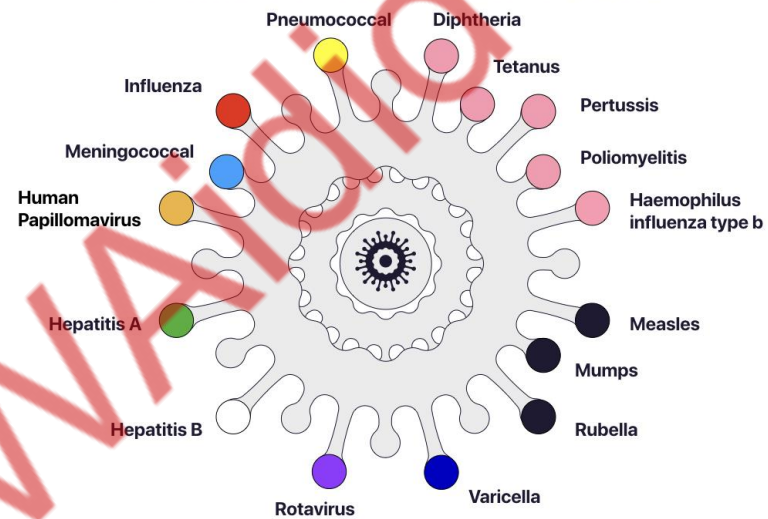
Protection is Needed for Clinically Extremely Vulnerable (CEV)-1



Active Immunization



Vaccine-Preventable Diseases



	■ Annual 20th century morbidity	■ Reported cases in 2021	▼ Decrease
Measles	530,217	9	>99%
Pertussis	200,752	1,609	>99%
Mumps	162,344	157	>99%
Rubella	47,745	3	>99%
Smallpox	29,005	0	100%
Diphtheria	21,053	0	100%
Polio	16,316	0	100%

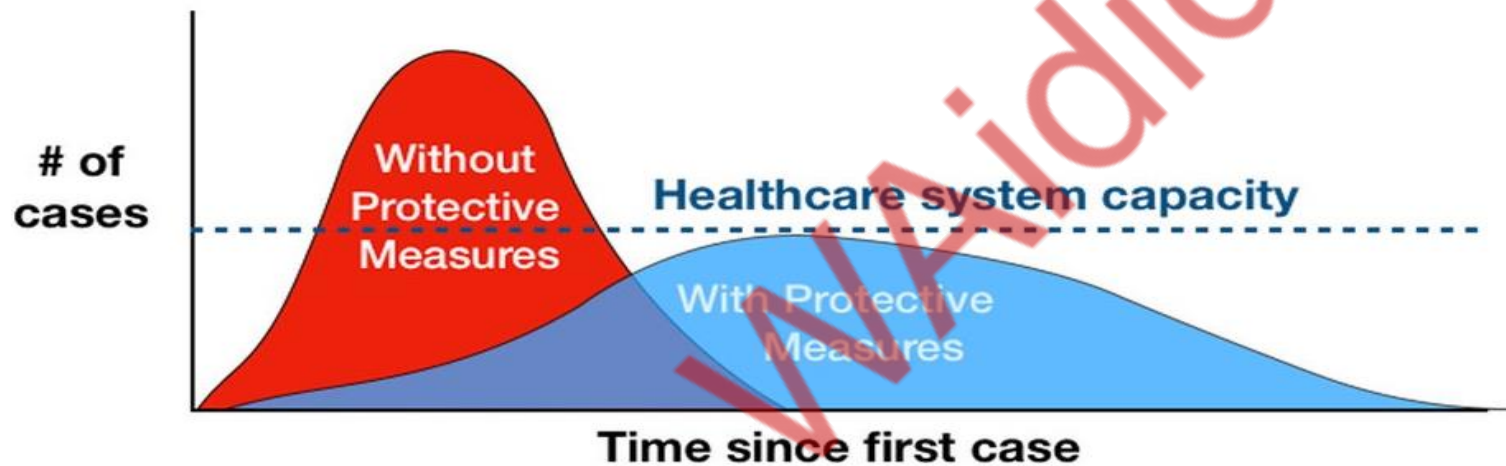
Vaccine Responses in Immunocompromised Hosts

- Vaccine responses are lower when compared to age-match healthy controls
 - Underlying disease
 - Immunosuppressive drugs
 - Active GVHD
- Timing of vaccines
 - Post-SOT and HSCT transplant
 - Chemotherapy cycles
- Contraindication for live vaccines in most cases
- Excluded from clinical trials
 - Including during the COVID-19 pandemic



COVID-19: Prevention of Transmission

- Social Distancing: Travel restrictions, school and business closures, meeting restrictions
- Hand hygiene
- Masks



Adapted from CDC / The Economist

Advice for stopping virus spread



Wash hands frequently with soap and water or use a sanitiser gel



Catch coughs and sneezes with disposable tissues



Throw away used tissues (then wash hands)



If you don't have a tissue use your sleeve

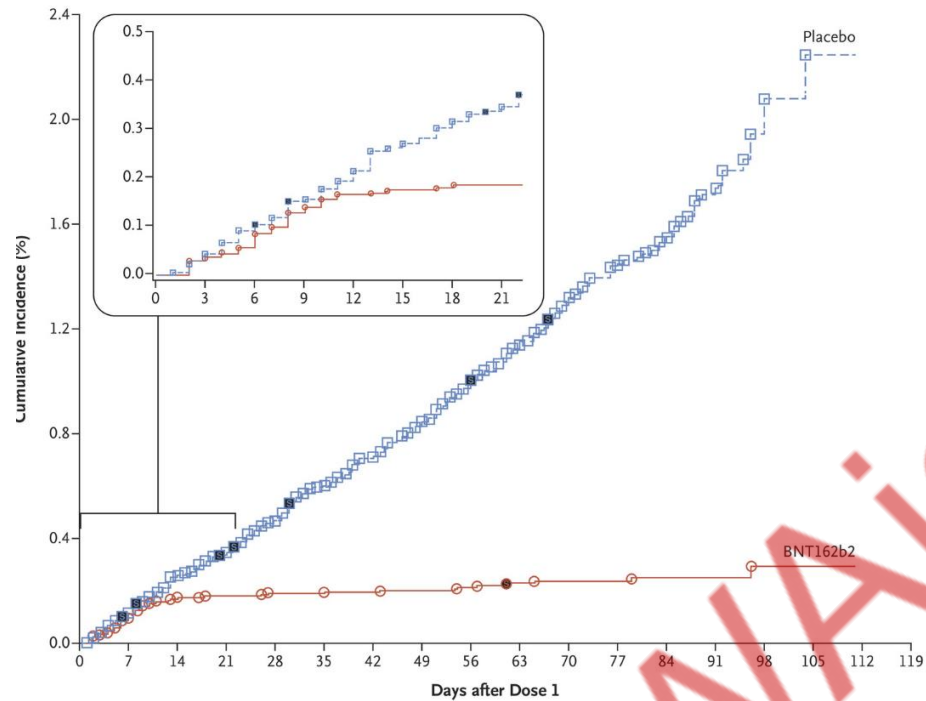


Avoid touching your eyes, nose and mouth with unwashed hands



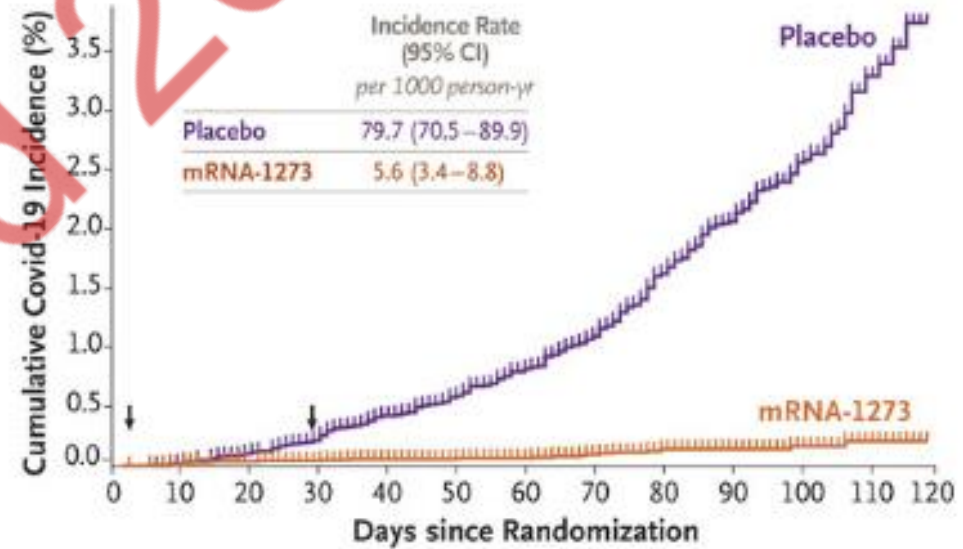
Avoid close contact with people who are unwell

COVID-19 Vaccine Efficacy Trials



Pfizer

95% Efficacy



moderna

***EXCLUDED IMMUNOCOMPROMISED PATIENTS**

COVID-19 Vaccine: Lower Antibody Responses in Solid Organ Transplant (SOT) Recipients Compared to Healthy Controls (HC)



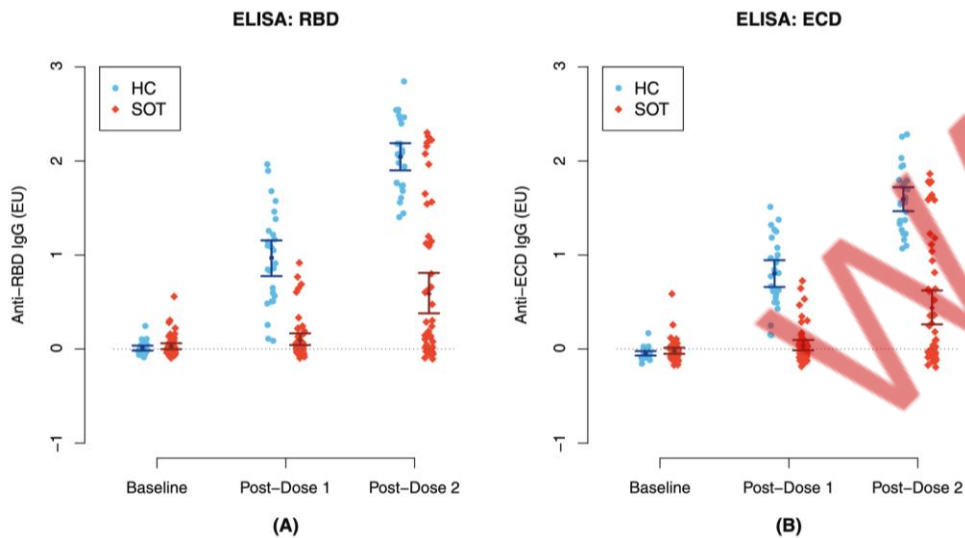
54 SOT

Mean – 72 years

- 7.2 years post-transplant
- 98% UMC

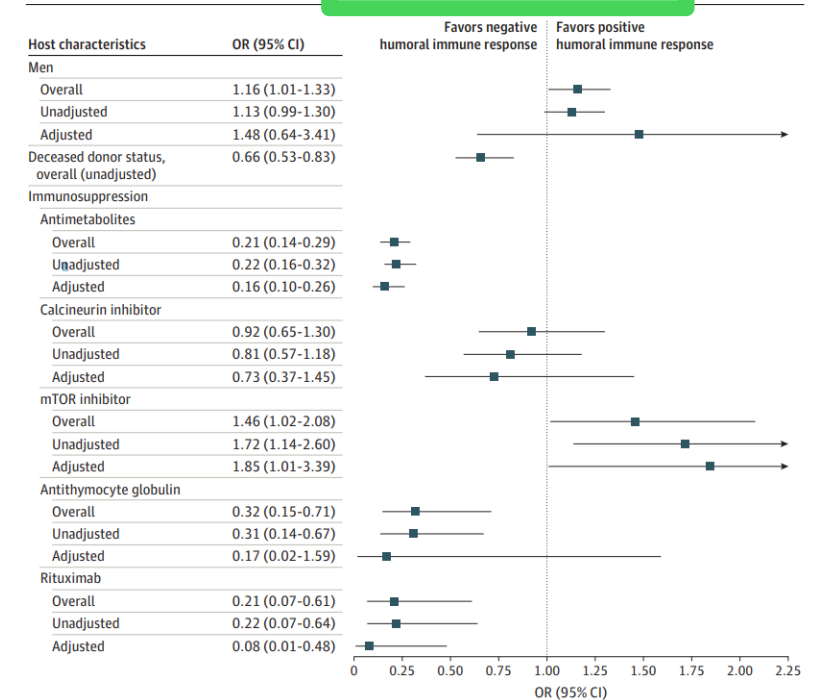
26 HC

- Mean 62.4 years
- 69% UMC

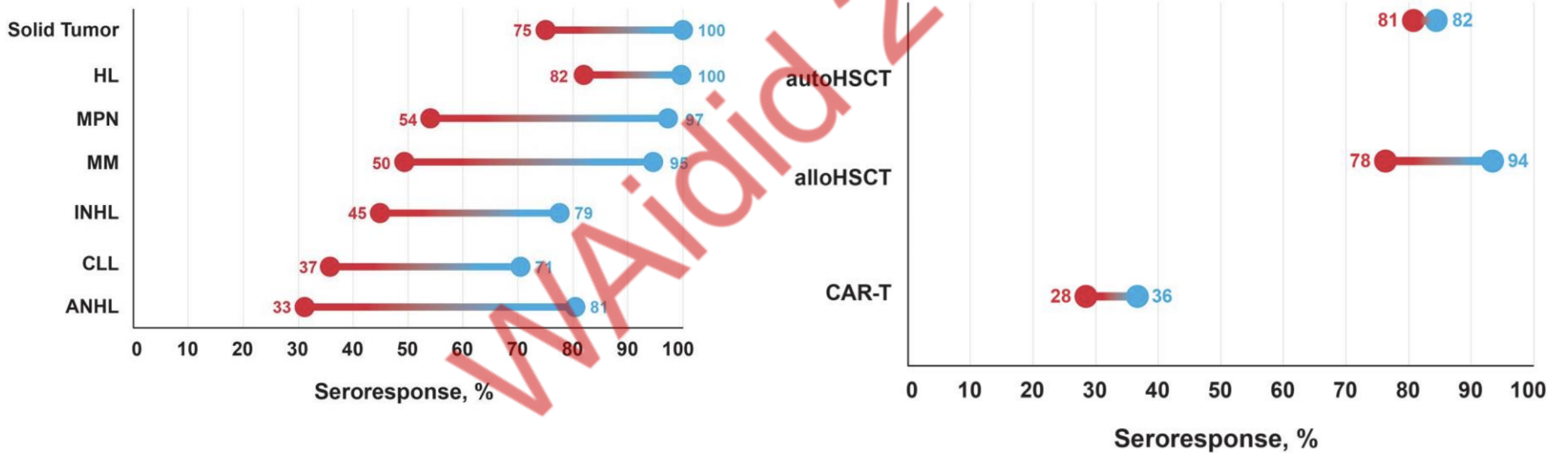


- Older age
- Recent transplantation
- Deceased donor status
- Active use of antimetabolites
- Recent exposure to antithymocyte globulin or rituximab

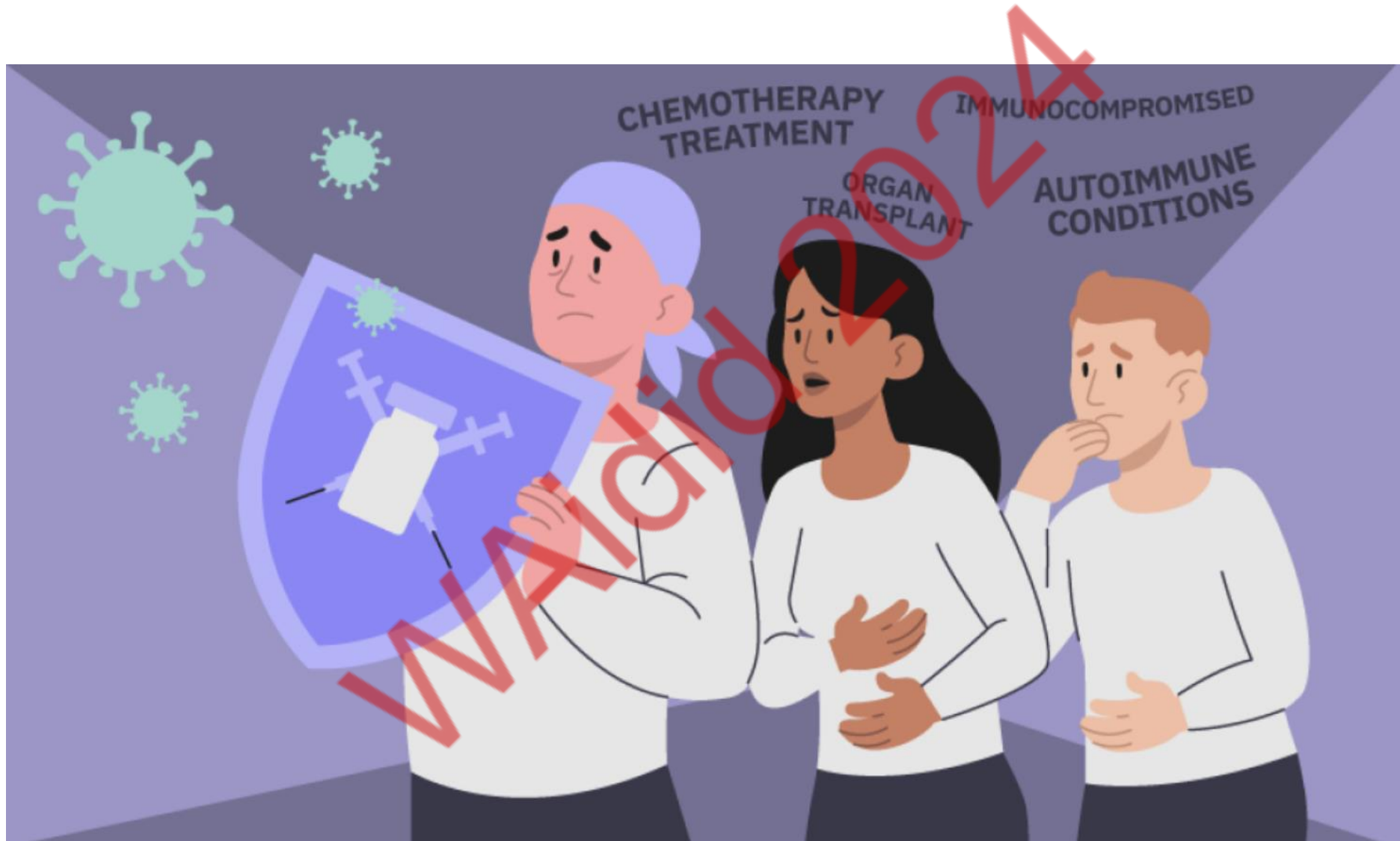
Meta-analysis



COVID-19 Vaccine Seroreponse Varies among Cancer Patients and Transplant Recipients



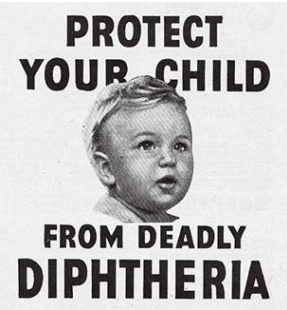
Other options for protection?





Waidia 2024

**PASSIVE
IMMUNIZATION**



19th century Anti-Diphtheria Serum



Emil von Behring -
1901 Nobel Prize



Antitoxin serum for diphtheria. Notice the hot pink fluff used to protect the glass ampule inside the wooden container.



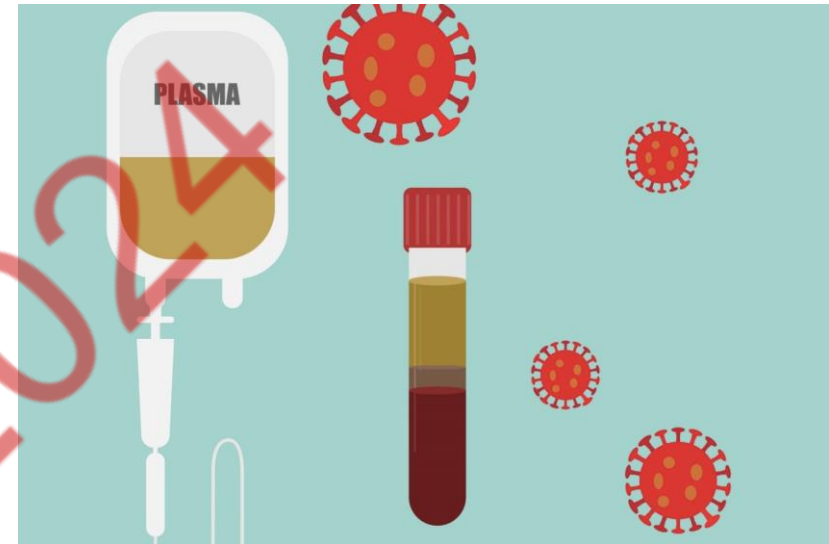
Passive Immunization in Infectious Diseases: Transfusions, IV, or IM

- Diphtheria
- Measles
- Varicella-Zoster
- 1918 Pandemic
- Ebola
- Rabies
- CMV
- Hepatitis A and B
- Vaccinia
- Varicella-zoster virus
- RSV
- West Nile



COVID-19 and Convalescent Plasma (CCP)

- Hospitalization reduction was greatest
 - Early transfusion
 - High titer
- No significant reduction in hospitalization
 - >5 days after symptom onset
 - Receiving CCP with antibody titers below the median titer



Coronavirus Disease 2019 Convalescent Plasma Outpatient Therapy to Prevent Outpatient Hospitalization: A Meta-Analysis of Individual Participant Data From 5 Randomized Trials

Adam C Levine ¹, Yuriko Fukuta ², Moises A Huaman ³, Jiangda Ou ⁴, Barry R Meisenberg ⁵, Bela Patel ⁶, James H Paxton ⁷, Daniel F Hanley ⁴, Bart J A Rijnders ⁸, Arvind Gharbharan ⁸, Casper Rokx ⁸, Jaap Jan Zwaginga ^{9 10}, Andrea Alemany ^{11 12}, Oriol Mitjà ^{11 12 13}, Dan Ouchi ^{11 12}, Pere Millat-Martinez ¹⁴, Valerie Durkalski-Mauldin ¹⁵, Frederick K Korley ¹⁶, Larry J Dumont ^{17 18}, Clifton W Callaway ¹⁹, Romina Libster ^{20 21}, Gonzalo Perez Marc ²⁰, Diego Wappner ²⁰, Ignacio Esteban ²⁰, Fernando Polack ^{20 21}, David J Sullivan ²²

Limitations of Serum Derived Immunoglobulins

Includes all epitopes

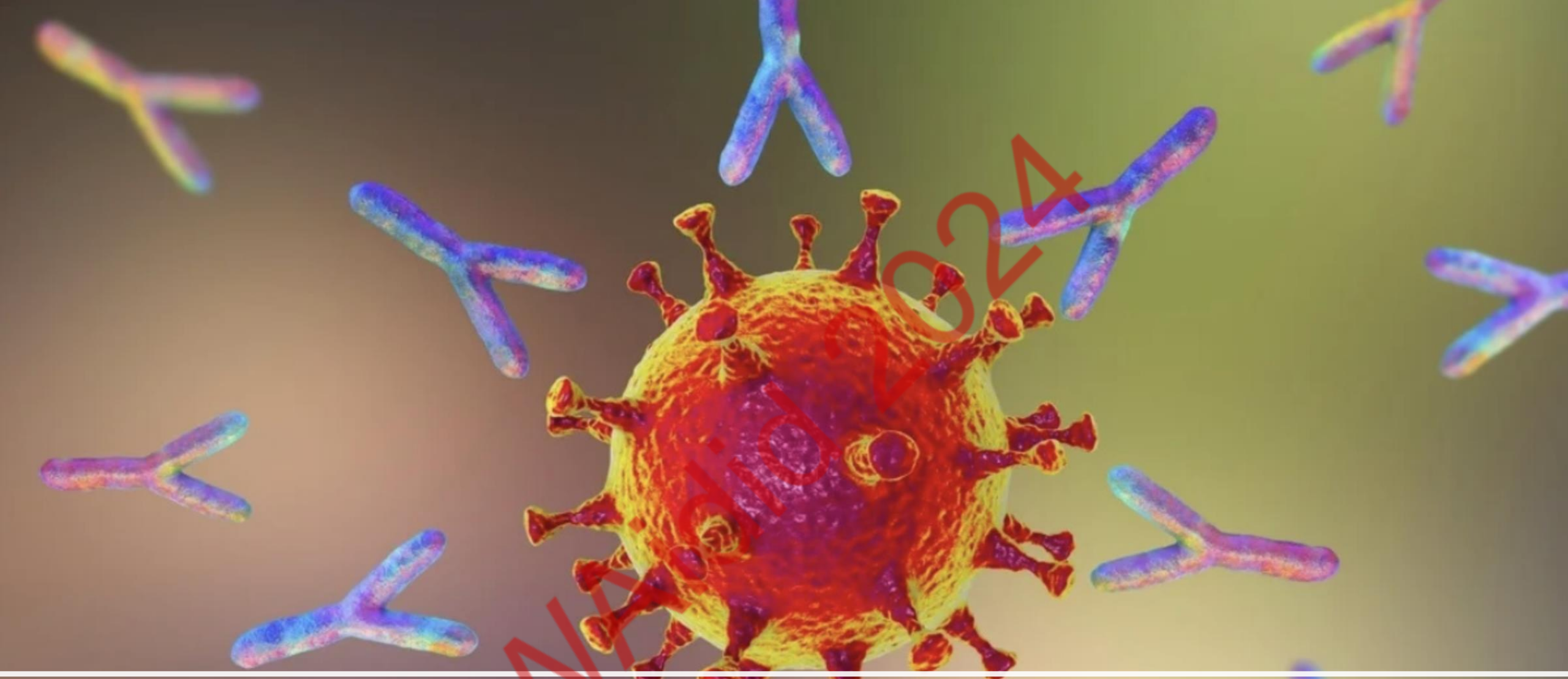
Not all are neutralizing

Risk of pathogen transmission

Batch-to-batch variation

Difficult to find donors during a pandemic

Side effects and anaphylaxis



Monoclonal Antibodies

Monoclonal Antibodies

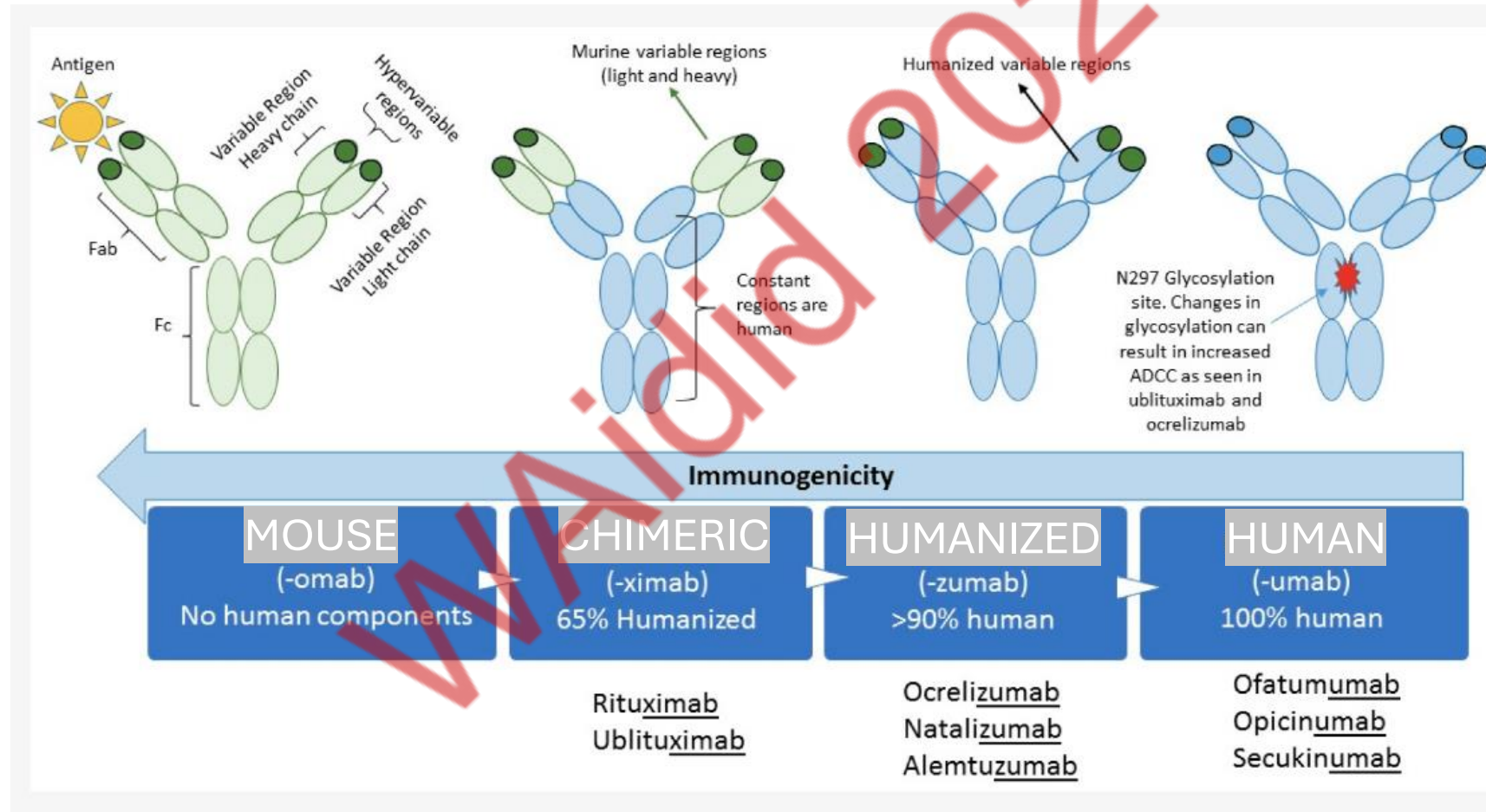
- “mono” meaning they are a pure, single type of antibody targeted at a single site on a pathogen
- “clonal” because they are produced from a single parent cell
- Generated first time in 1975 in mice using hybridoma technology
 - Antibody-producing B lymphocytes are isolated from mice after immunizing the mice with specific antigen and are fused with immortal myeloma cell lines to form hybrid cell



César Milstein and Georges Köhler together in 1984, the year they were awarded the Nobel Prize in physiology or medicine, jointly with Niels Jerne. Credit: Photo reproduced courtesy of the MRC Laboratory of Molecular Biology, Cambridge, UK.

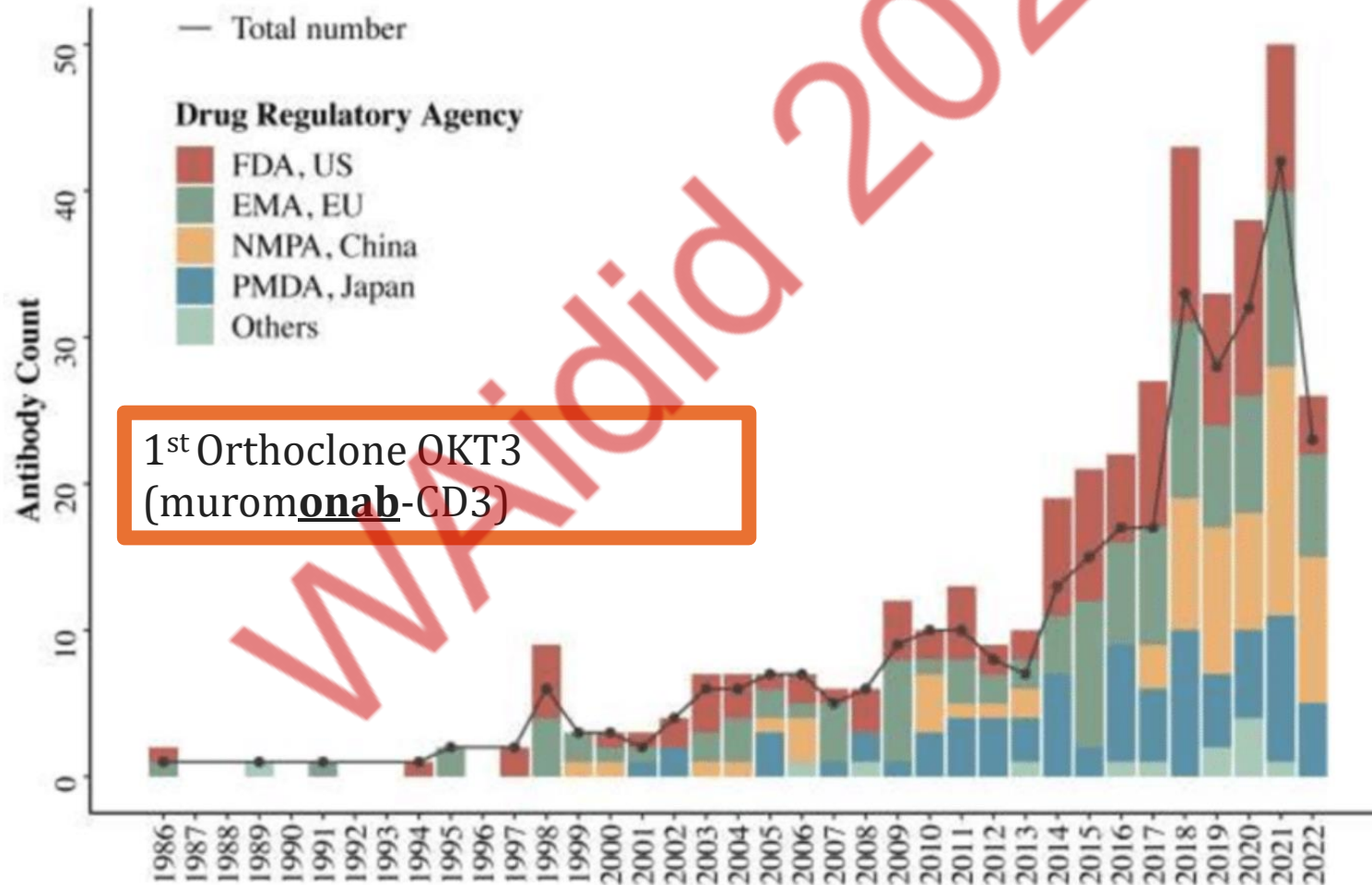
1984 Nobel Prize in Physiology or Medicine:
César Milstein and Georges J. F. Köhler

Monoclonal Antibodies have Wide-ranging Potential Applications to Infectious Diseases, Immunological, and Cancer



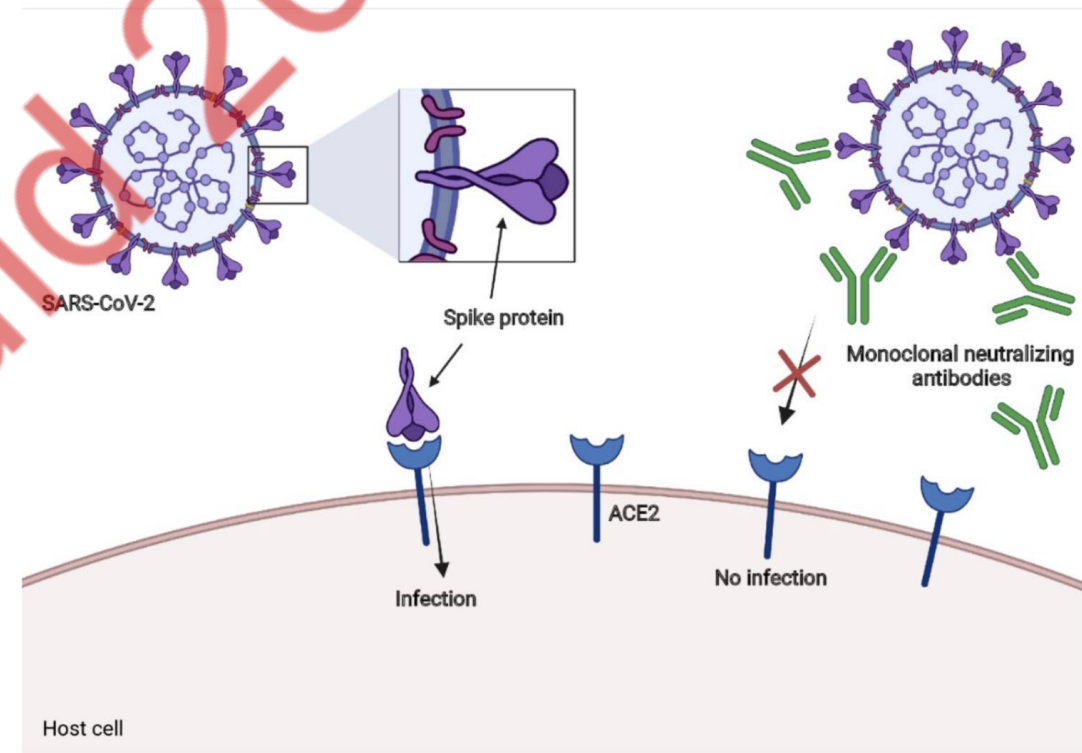
Monoclonal Antibodies

First approved in 1986



Multiple Mechanisms of Monoclonal Neutralizing Antibody for Viral Infections

- Direct blocking of viral entry
- mAb-mediated effector functions
- Indirect blocking over viral entry by cross-linking virions
- Inactivating the viral entry of glycoprotein
- Prevent egress of virus from infected cells
- Blocking cell-to-cell spread of the virus



Indications for Monoclonal Antibodies for Infection

Pre-exposure prevention

Post-exposure prophylaxis

Treatment for mild disease

Treatment for severe disease

Prevention

Drug	Target	Format	Technology	Year Approved by FDA
Palivizumab	RSV	Humanized IgG1	Hybridoma	1998
Bezlotoxumab	<i>Clostridioides difficile</i> enterotoxin B	Human IgG1	Transgenic mice	2016
Obiltoxaximab	<i>Bacillus anthracis</i> PA	Chimeric IgG1	Hyridoma	2016
Ansuvimab	Ebola glycoprotein	Human IgG1	Human	2020
Atoltivimab, maftivimab, and odesivimab	Ebola glycoprotein	Human IgG1	Transgenic mice	2020
Nirsevimab	RSV	Humanized IgG1	Human	2023

Treatment

Drug	Target	Format	Technology	Indication	Year Approved by FDA
Raxibacumab	<i>Bacillus anthracis</i> PA	Human IgG1	Human scFv phase display library	Anthrax infection	2012
Ibalizumab	CD4 receptor (domain 2)	Humanized IgG4	Mice	Treatment of HIV-1 infection	2018

**Factors to
Consider with
Monoclonal
Antibodies**

Frequency of administration -
ideally want to prolong $\frac{1}{2}$ life

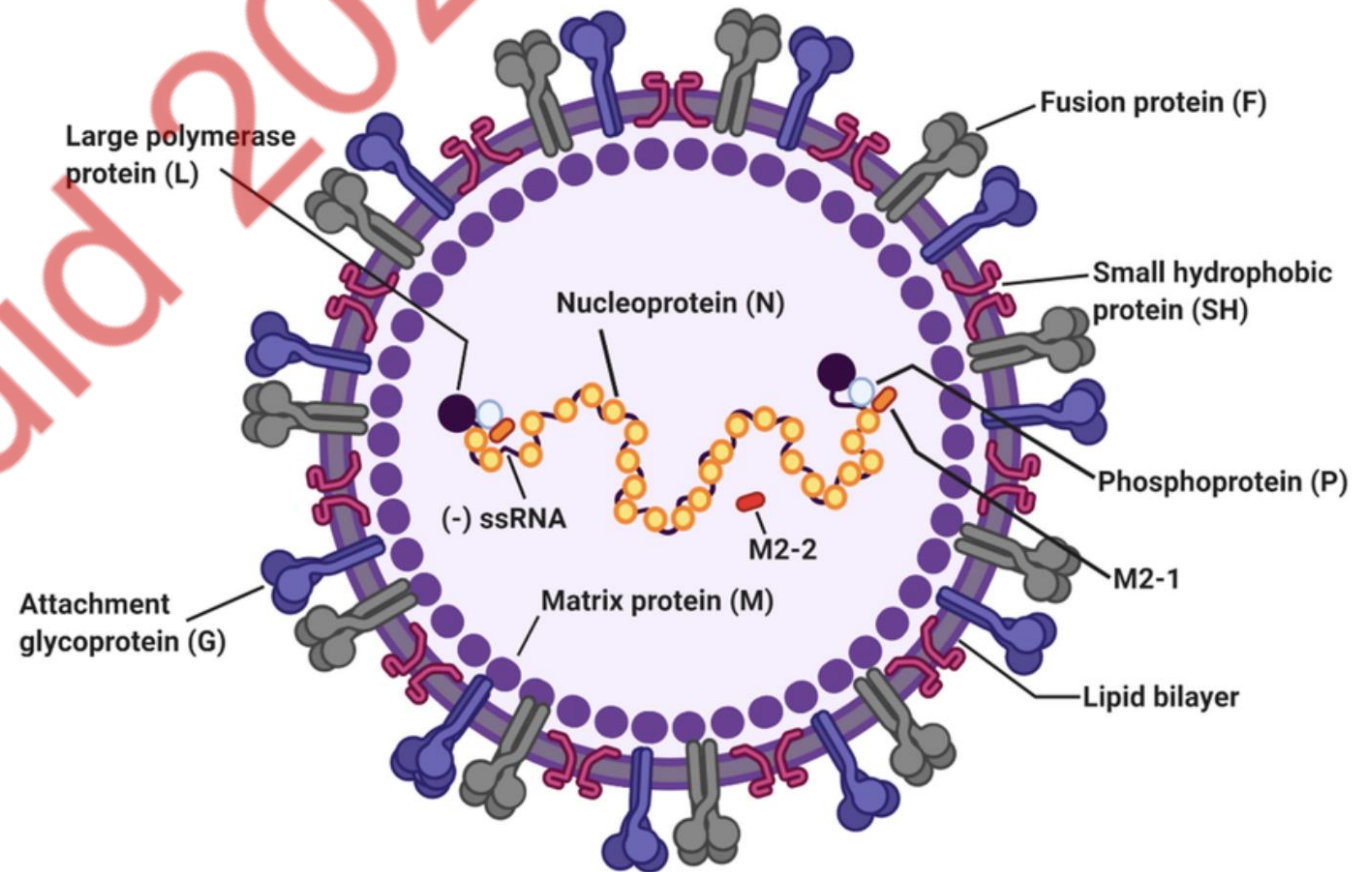
Risk of antigenic escape in
infections due to mutations

Can be used when vaccines are
not effective

Waiting for vaccine to take
effect

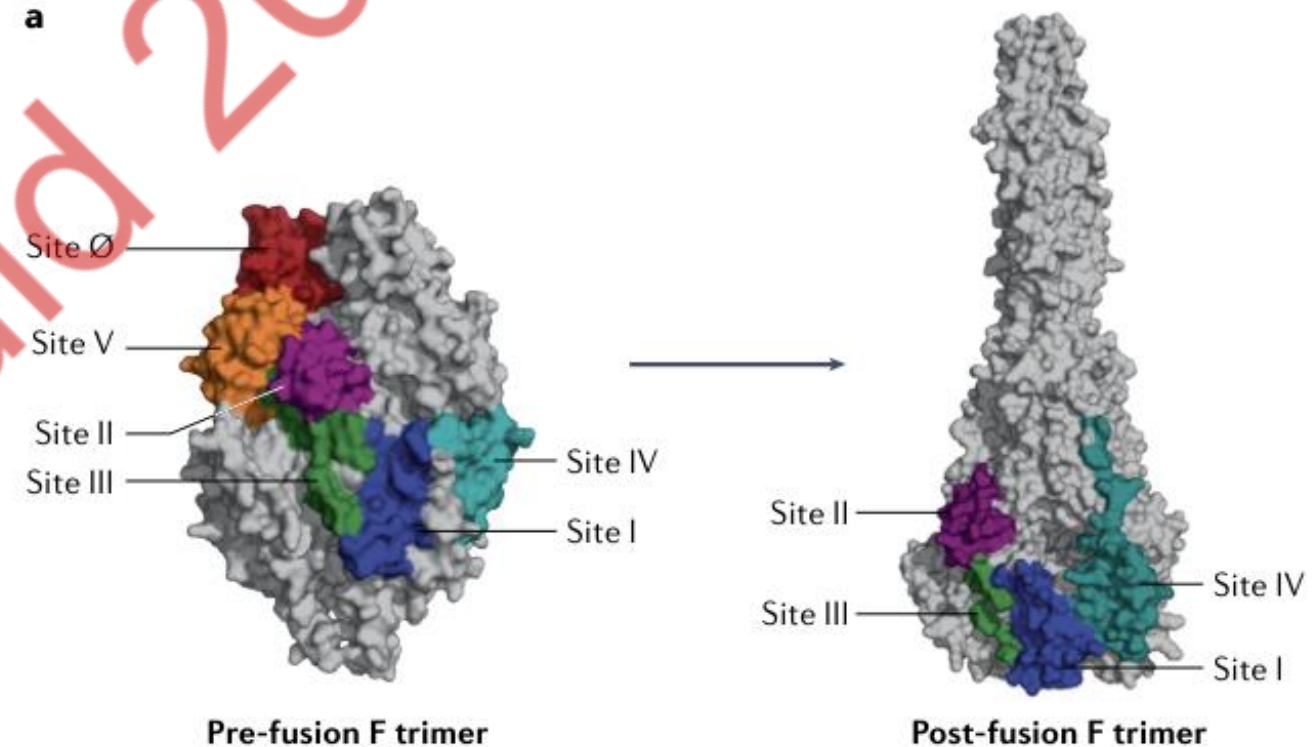
RSV

- Important cause of respiratory illness in young children, older adults, and immunocompromised patients
- Enveloped, nonsegmented negative-strand RNA
- Two antigenic subgroups, A and B
- Fusion protein (F) important Ag target
- 1st Passive Therapy
 - RespiGam prophylaxis by IV



Palivizumab

- 1998
- Humanized mouse immunoglobulin G1 (IgG1 κ)
- Recombinant DNA technology
- Antibody is directed against a conserved epitope
 - **Site II** of the prefusion and postfusion (F) protein
- Demonstrates both neutralizing and fusion inhibitory activity



Palivizumab – Limitations

- Administered IM at a dosage of 15 mg/kg once a month - up to 5 months
- The drug is packaged in single-dose liquid solution and does not contain preservative
- A vial cannot be stored once it is opened
 - So, a vial-sharing scheme is important to minimize wastage
- Limited to high-risk infants and children
- High cost - mostly in developed country
- At-risk adults not feasible cost (based on body weight in children)

FDA Approves New Drug to Prevent RSV in Babies and Toddlers

Share Post LinkedIn Email Print

For Immediate Release: July 17, 2022

Nirsevimab

Beyfortus approved in the EU for the prevention of RSV respiratory tract disease in infants

PUBLISHED
November 2022

- Recombinant human immunoglobulin G1 kappa monoclonal antibody
- Binds the F1 and F2 subunits of the RSV fusion (F) protein at the highly conserved antigen site Ø
- Extended half-life
 - Mutation YTE Fc region
- Single injection
- Target all infants
- Mostly being used in developed countries for now

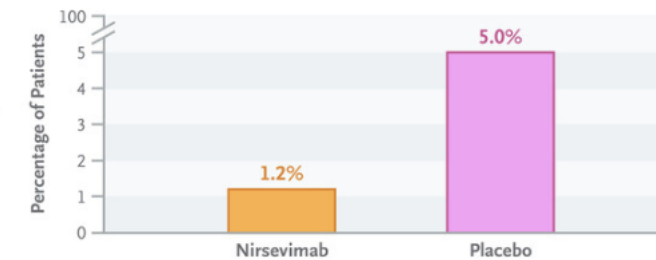
Hammit NEJM 2022; Griffin NEJM 2020

Nirsevimab for Prevention of RSV in Healthy Late-Preterm and Term Infants

Hammit LL et al. DOI: 10.1056/NEJMoa22110275

Medically Attended Lower Respiratory Tract Infection through Day 150

Efficacy, 74.5%; 95% CI, 49.6 to 87.1; P<0.001



The NEW ENGLAND JOURNAL of MEDICINE

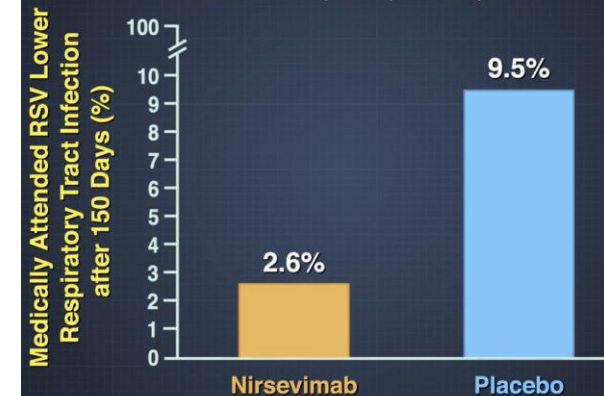
ESTABLISHED IN 1812 JULY 30, 2020 VOL. 383 NO. 5

Single-Dose Nirsevimab for Prevention of RSV in Preterm Infants

M. Pamela Griffin, M.D., Yuan Yuan, Ph.D., Therese Takas, B.S., Joseph B. Domachowski, M.D., Shabir A. Madhi, M.B., B.Ch., Ph.D., Paolo Manzoni, M.D., Ph.D., Eric A.F. Simões, M.D., Mark T. Esser, Ph.D., Anis A. Khan, Ph.D., Filip Dubovsky, M.D., Tonya Villafana, Ph.D., and John P. DeVincenzo, M.D., for the Nirsevimab Study Group*

Primary End Point

70.1% relative reduction; 95% CI, 52.3–81.2; P<0.001



Early High Estimates of Nirsevimab Effectiveness from Spain

- Universal immunization program began late September
 - coverage range: 79–99%
- 70% effective in preventing hospitalizations in infants with lower respiratory tract infections positive for RSV
- Oct 2023–Jan 2024

[Euro Surveill](#), 2024 Feb 8; 29(6): 2400046.
doi: [10.2807/1560-7917.ES.2024.29.6.2400046](https://doi.org/10.2807/1560-7917.ES.2024.29.6.2400046)

PMCID: PMC10853977

PMID: [38333937](https://pubmed.ncbi.nlm.nih.gov/38333937/)

Early estimates of nirsevimab immunoprophylaxis effectiveness against hospital admission for respiratory syncytial virus lower respiratory tract infections in infants, Spain, October 2023 to January 2024

[Mónica López-Lacort](#),^{1,2,*} [Cintia Muñoz-Quiles](#),^{1,2,*} [Ainara Mira-Iglesias](#),^{1,2} [Xavier López-Labrador](#),^{2,3,4} [Beatriz Mengual-Chuliá](#),^{2,3} [Carlos Fernández-García](#),¹ [Mario Carballido-Fernández](#),^{5,6} [Ana Pineda-Caplliure](#),⁷ [Juan Mollar-Maseres](#),⁸ [Maruan Shalabi Benavent](#),⁹ [Francisco Sanz-Herrero](#),¹⁰ [Matilde Zornoza-Moreno](#),¹¹ [Jaime Jesús Pérez-Martín](#),¹¹ [Santiago Alfayate-Miguel](#),¹¹ [Rocío Pérez Crespo](#),¹² [Encarnación Bastida Sánchez](#),¹² [Ana Isabel Menasalvas-Ruiz](#),¹³ [M^a Cinta Téllez-González](#),¹³ [Samuel Esquivá Soto](#),¹³ [Carlos Del Toro Saravia](#),¹⁴ [Iván Sanz-Muñoz](#),¹⁵ [José María Eiros](#),¹⁵ [Vanesa Matías Del Pozo](#),¹⁶ [Marina Toquero-Asensi](#),¹⁶ [Eiiseo Pastor-Villalba](#),¹⁷ [José Antonio Lluch-Rodrigo](#),¹⁷ [Javier Díez-Domingo](#),^{1,2,18} and [Alejandro Orrico-Sánchez](#),^{1,2,18}

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New Vaccine Surveillance Network



Nirsevimab was 90% effective at protecting infants from RSV-associated hospitalization

Clinicians, talk to parents about nirsevimab, a preventive antibody

* Early estimates from the New Vaccine Surveillance Network, October 2023–February 2024

bit.ly/mm7309a4

MARCH 7, 2024



Morbidity and Mortality Weekly Report
(MMWR)

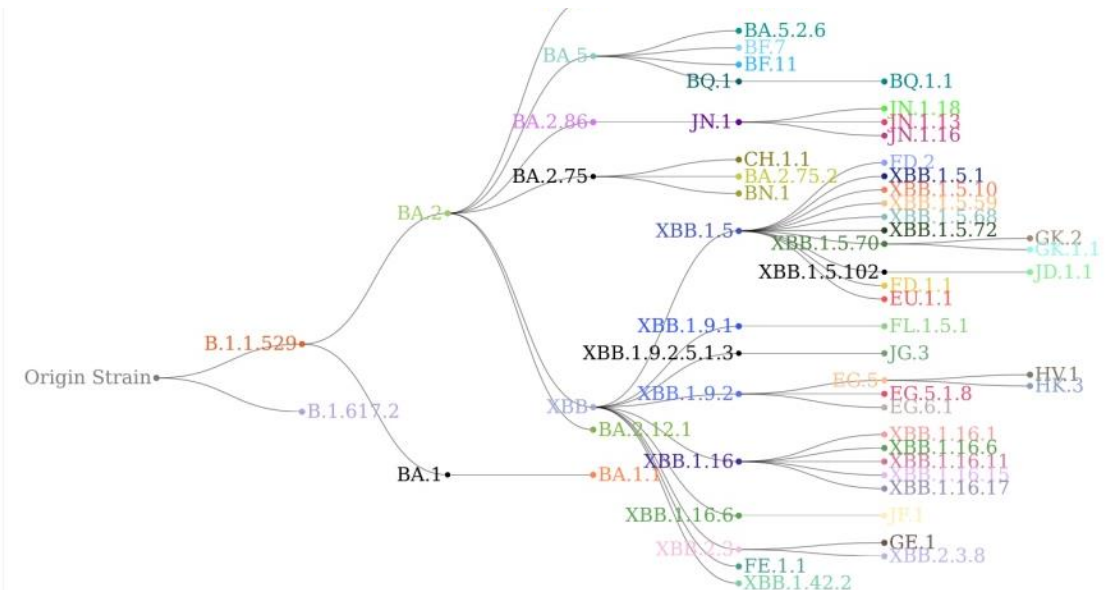
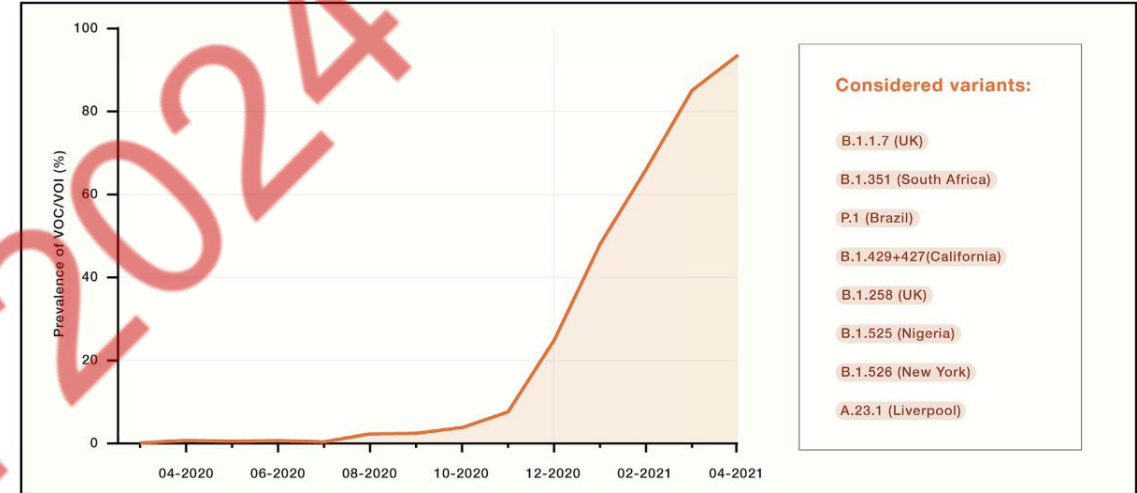
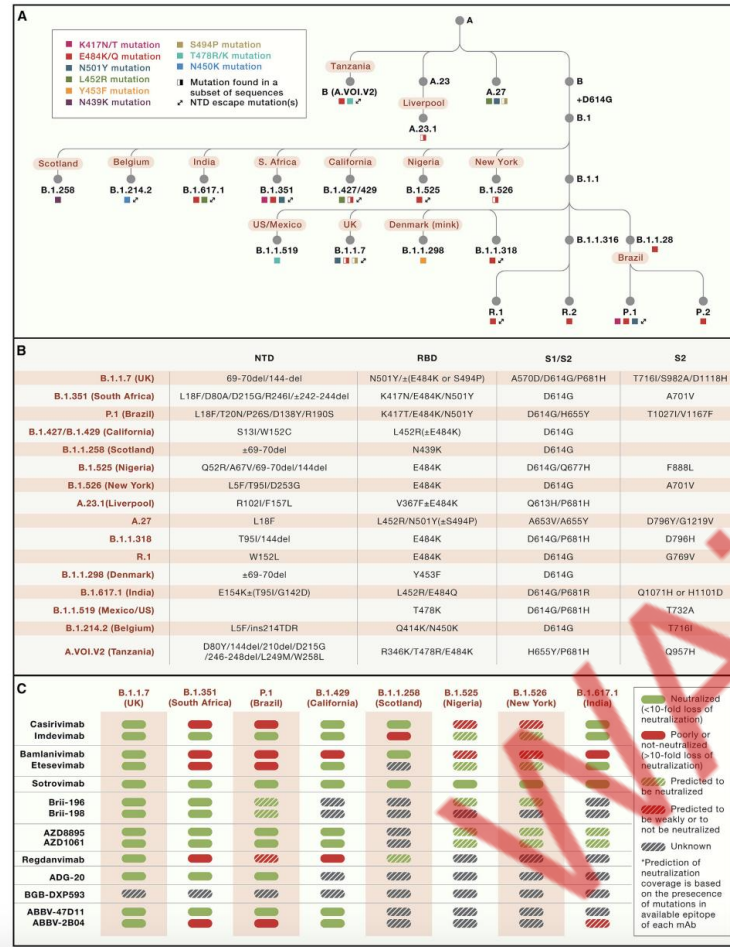
Early Estimate of Nirsevimab Effectiveness for Prevention of Respiratory Syncytial Virus–Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season — New Vaccine Surveillance Network October 2023–February 2024

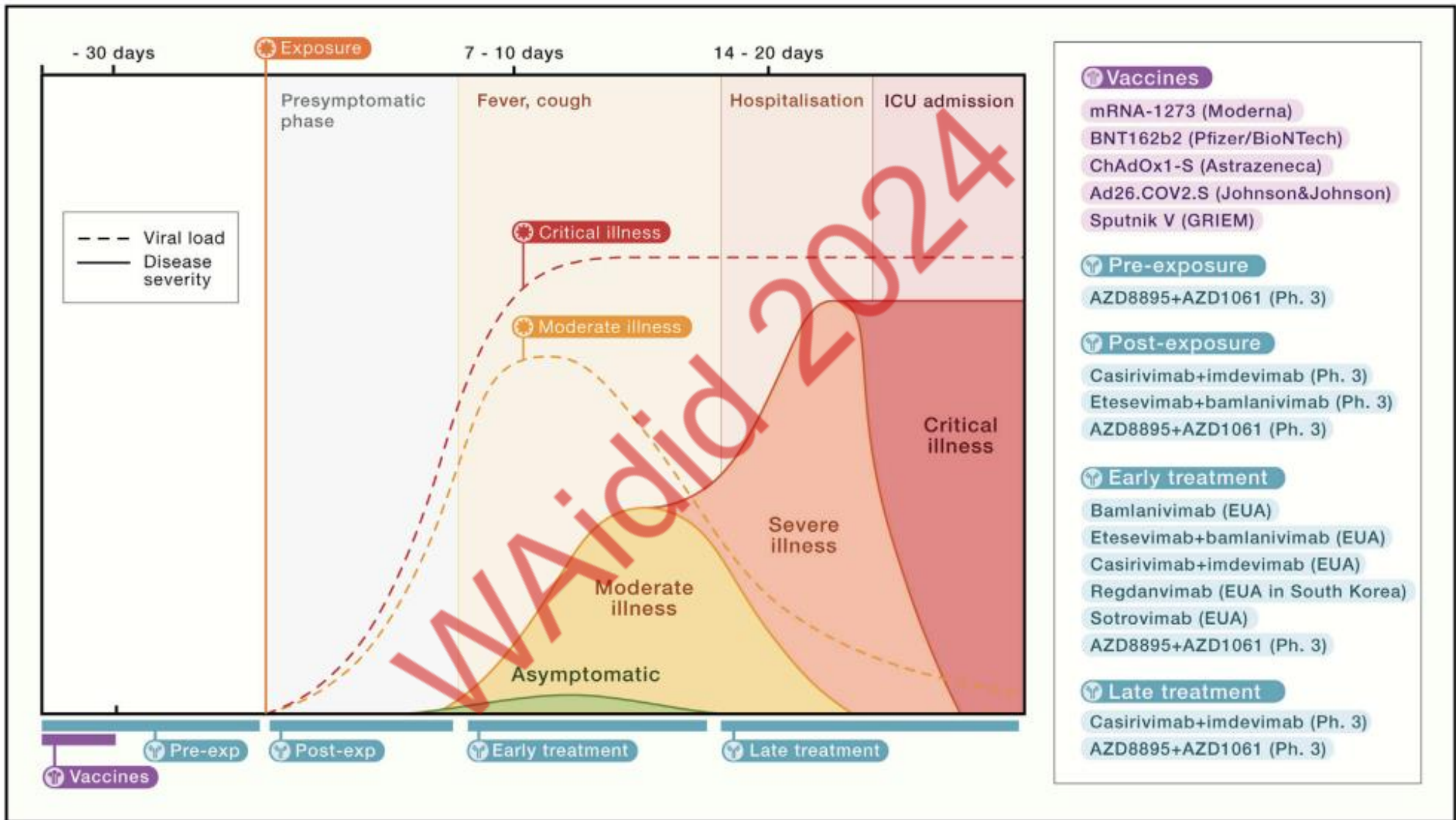
Weekly / March 7, 2024 / 73(9);209–214

[Print](#)

Please note: This report has been corrected.

COVID-19 Variants of Concern



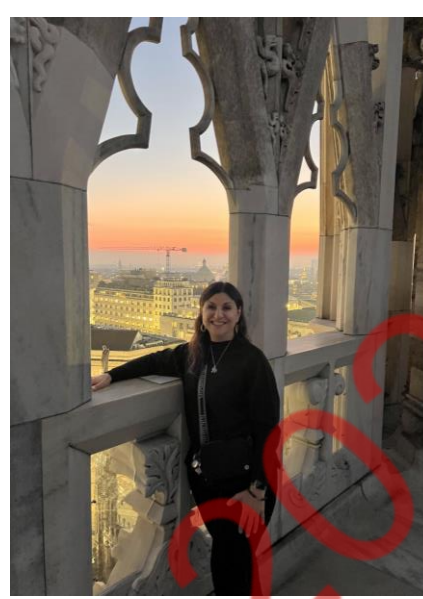


COVID-19 in Immunocompromised Host

- Continue to be at increased risk of COVID-19 hospitalization and death in immunocompromised individuals
- Breakthrough COVID-19 infections occur despite vaccination
- Best strategies of when to use monoclonal antibodies
 - Pre-exposure
 - Post-exposure
 - Treatment of mild, moderate or severe disease
 - Combination therapy

COVID-19 in Immunocompromised Host

- Continuation of monitoring for VOC – with currently approved monoclonal antibody per each country
- Monoclonal antibodies are limited to children and adults 12 years and older
- Global access
- Important to include them in clinical trials
 - Especially with future monoclonals (e.g. influenza, CMV, etc.)

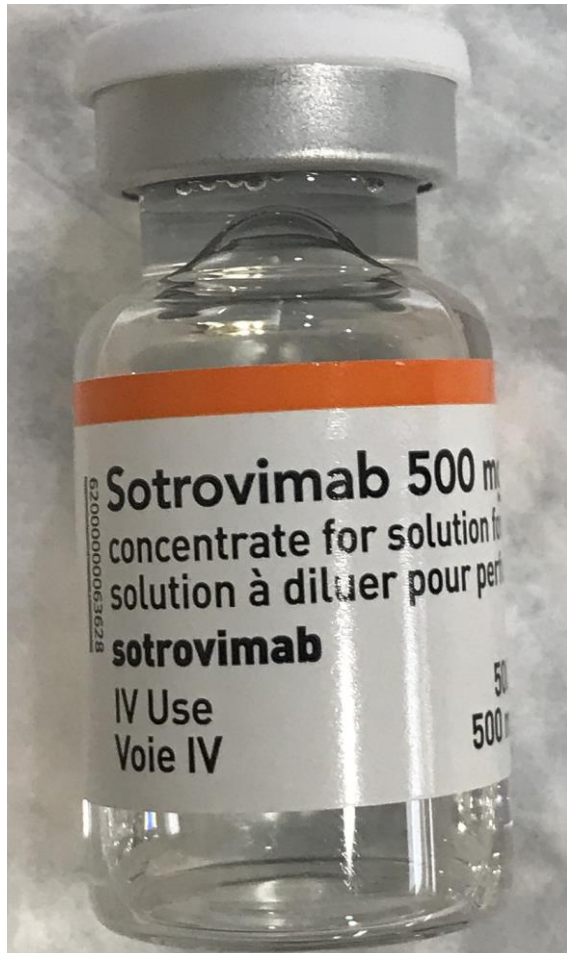


**THANK YOU --
QUESTIONS?**



May 2021

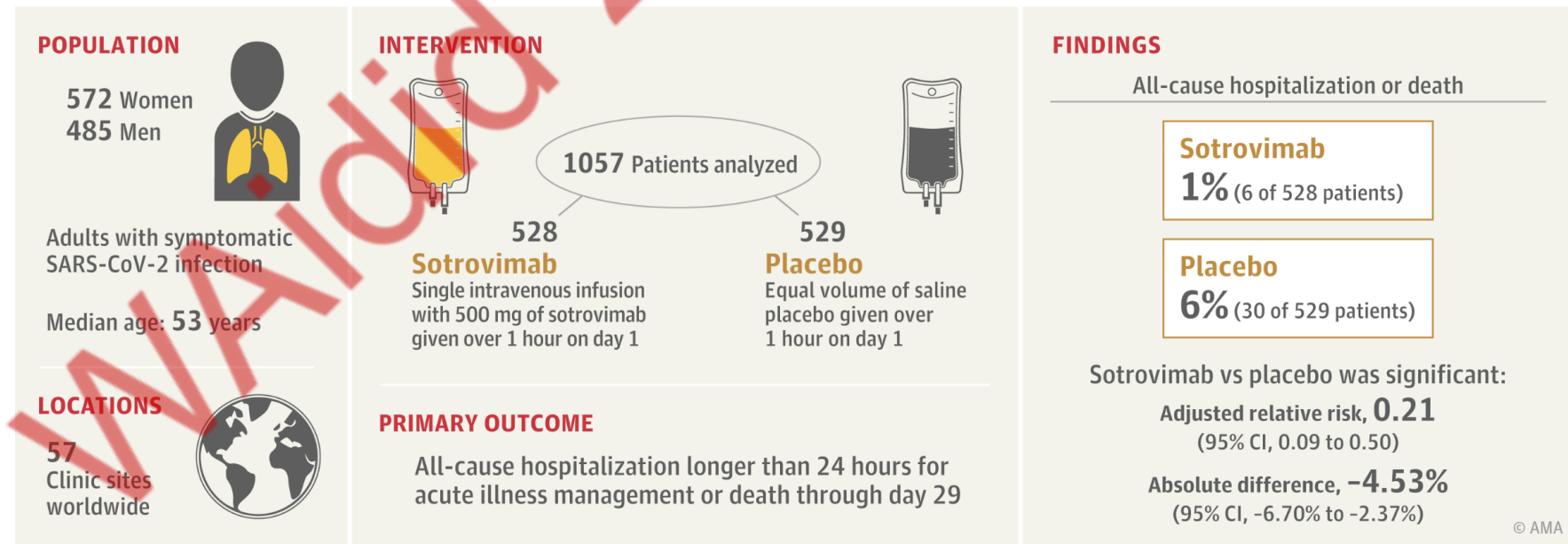
FDA issued an emergency use authorization (EUA) Early Treatment



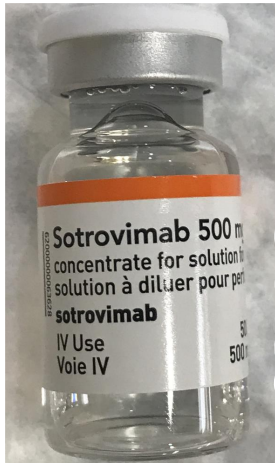
JAMA®

QUESTION Among patients at risk of disease progression, does early treatment of mild to moderate COVID-19 with the neutralizing antibody sotrovimab prevent progression to severe disease?

CONCLUSION The findings support sotrovimab as a treatment option for nonhospitalized, high-risk patients with mild to moderate COVID-19, although efficacy against SARS-CoV-2 variants that have emerged since the study was completed is unknown.



Risk of Antigenic Escape in Infections due to Mutations



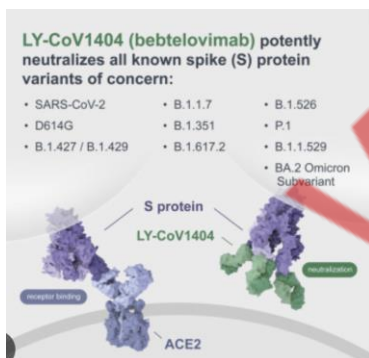
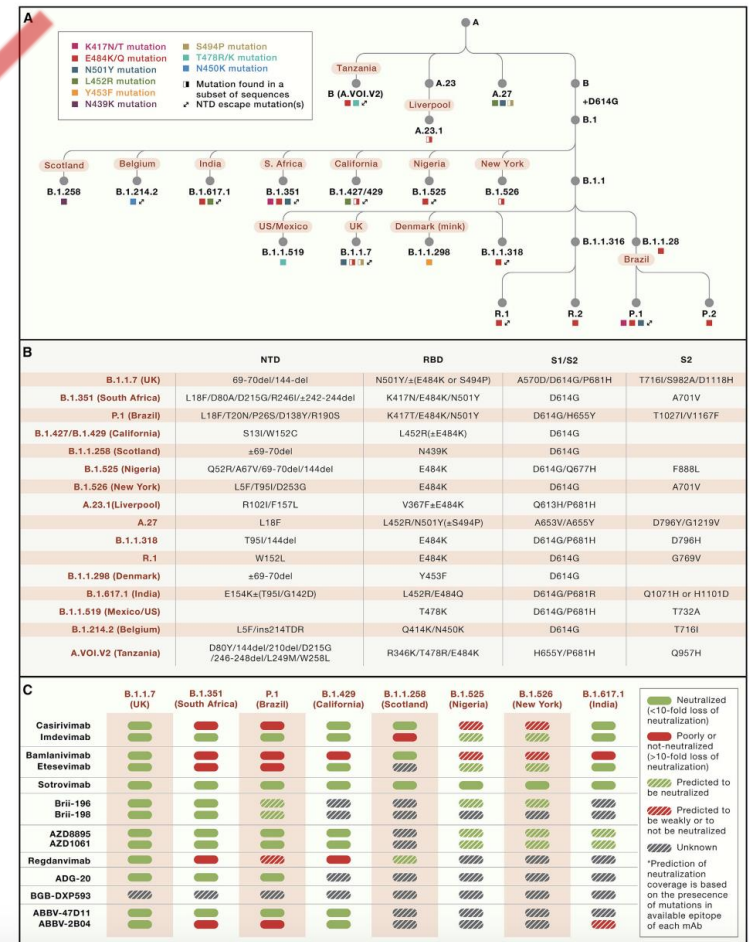
April 2022, the FDA withdrew the EUA

February 2022

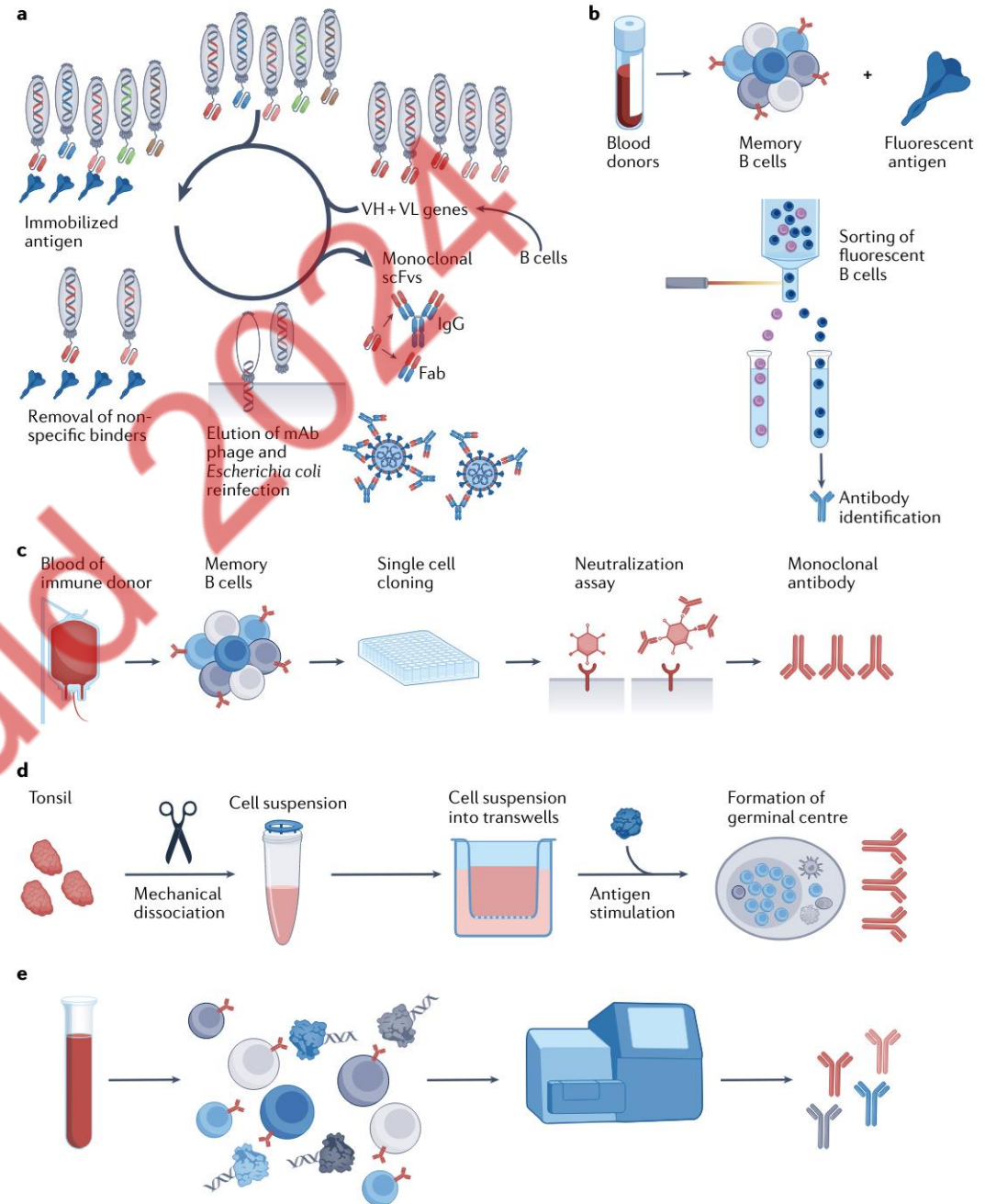
Medical use in the United States via an emergency use authorization

November 2022

Not authorized for emergency use in the US because it is not expected to neutralize Omicron subvariants BQ.1 and BQ.1.1



Antibody Discovery



Sipavibart for COVID-19 Pre-Exposure Prophylaxis SUPERNOVA Study

- Sipavibart was derived from B-cells donated by convalescent patients after SARS-CoV-2 infection.
- Sipavibart has been engineered using the same antibody scaffold as Evusheld and was optimised with the same half-life extension and reduced Fc effector function and complement C1q binding platform.
- The reduced Fc effector function aims to minimize the risk of antibody-dependent enhancement of disease - a phenomenon in which virus-specific antibodies promote, rather than inhibit, infection and/or disease.