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# JPEO-CBRND

## EFFORTS ON THE PLAGUE rF1V VACCINE SINCE 2018

12 October 2023

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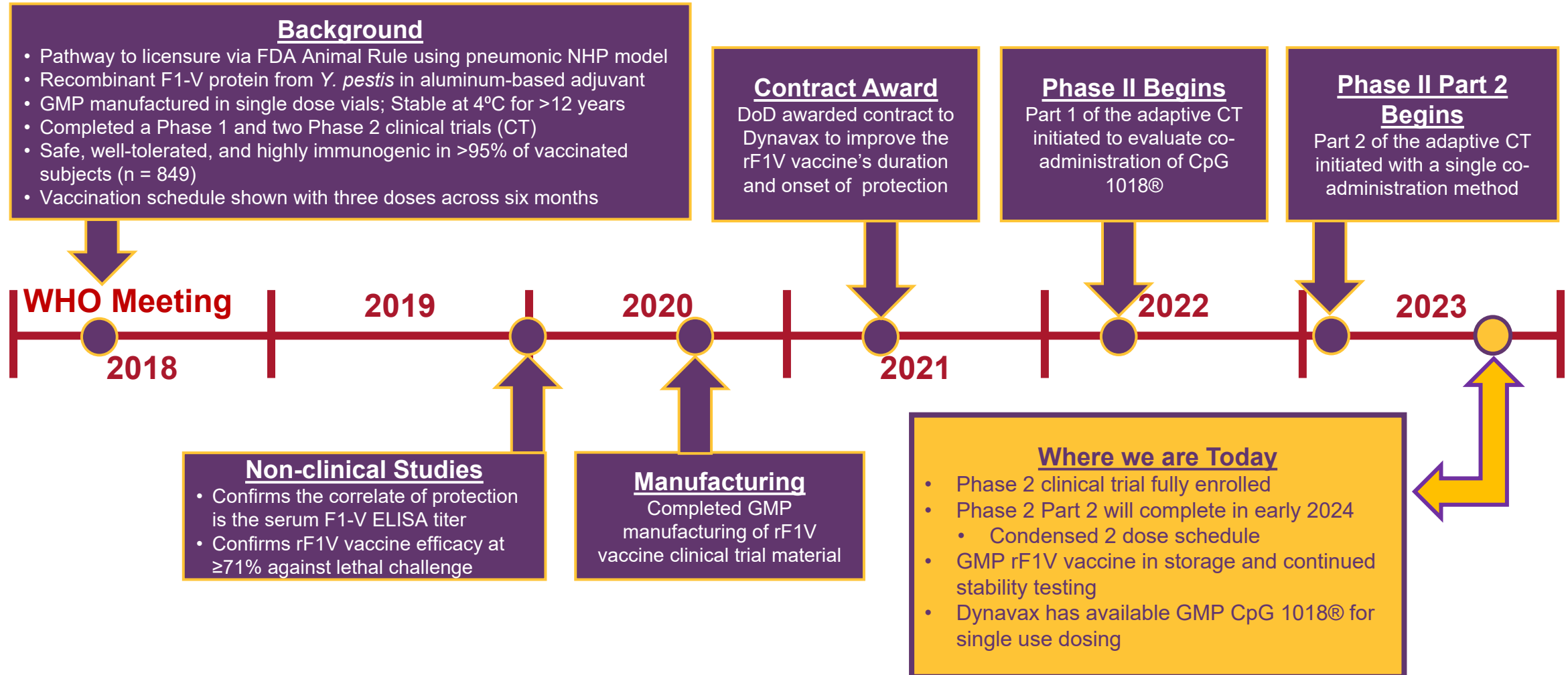
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PROGRAMS EXECUTED ON BEHALF OF THE CHEMICAL AND BIOLOGICAL DEFENSE PROGRAM

# AUGMENTING VACCINE CAPABILITIES THROUGH BIOLOGICAL RESPONSE MODIFIER (BRM) CO-ADMINISTRATION







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# **DYNAVAX TECHNOLOGIES**

PARTNER SLIDES TO FOLLOW





# Dynavax Technologies rF1V-1018: A Plague Vaccine For Rapid Response

OCT 12, 2023

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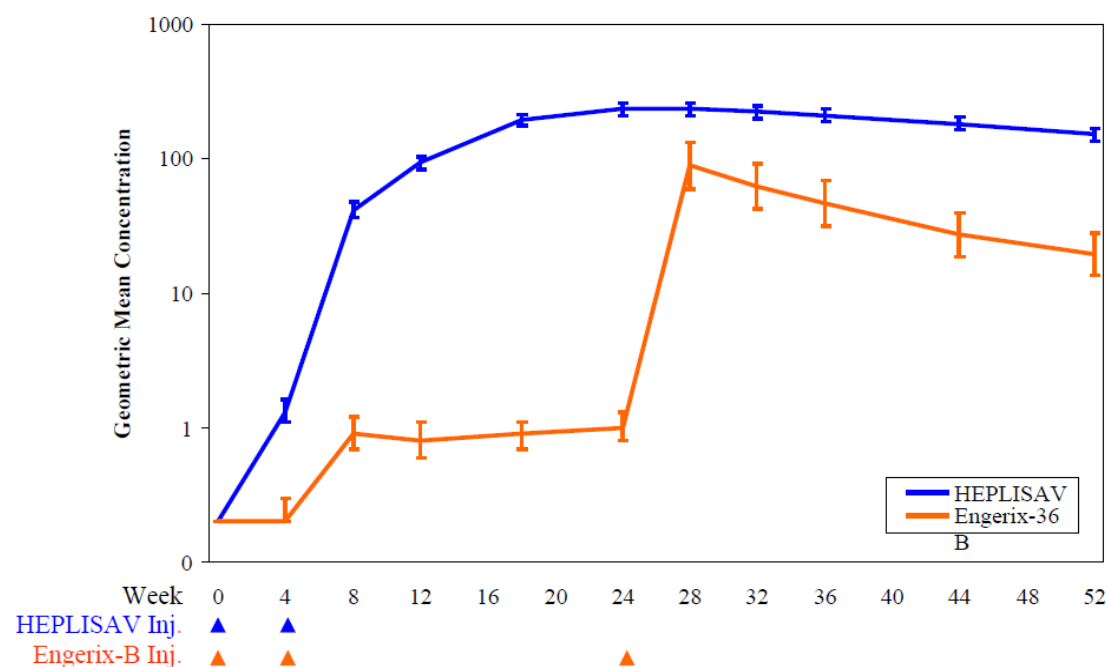


**DYNAVAX**

# Overview: rF1V-1018: A Plague Vaccine For Rapid Response

- CpG 1018<sup>®</sup> adjuvant (**Dynavax Technologies Corporation**) is a TLR9 agonist promoting T-helper 1 immune responses used in HEPLISAV-B<sup>®</sup> (2 doses over 1 month) and 5 COVID-19 vaccines which have received EUA or full approvals worldwide.
- The rF1V antigen has been developed as an investigational plague vaccine by MCS JVAP (US Department of Defense) requiring 3 doses over 6 months.
- In collaboration with the US DoD\*, Dynavax is evaluating an improved plague vaccine **rF1V-1018** utilizing Dynavax's proprietary CpG 1018<sup>®</sup> adjuvant
- **rF1V-1018** is currently in a **Phase 2** human trial (N=200)
  - rF1V-1018 (2 doses, 1 month apart) is being compared to the legacy rF1V antigen-only vaccine (3 doses over 6 months)
  - CpG 1018<sup>®</sup> induces a **more rapid and higher response**, greater than two-fold higher antibody response after two doses.
- **Improved** vaccine **rF1V-1018** is
  - Being developed to provide protection with **2 doses IM, 1 month apart**
  - Intended to enable rapid response
  - Has **potential** for use in civilian context in **endemic areas**

# CpG 1018<sup>®</sup> Adjuvant Enables Higher and More Persistent Antibody Responses in HEPLISAV-B<sup>®</sup> Adult Hepatitis B Vaccine



- 0, 4-week schedule
- HEPLISAV-B<sup>®</sup> : 48 weeks after last dose, declined 1.5-fold from peak
- Engerix-B: 28 weeks after last dose, declined 4.6-fold from peak
- HEPLISAV-B<sup>®</sup> induced superior anti-HBsAg antibodies at all visits
- Similar reactogenicity and safety profile for both vaccines



# CLOVER COVID Vaccine Efficacy Study

Subunit Vaccine containing Spike protein + CpG 1018® Adjuvant

## SPECTRA: Primary and key secondary efficacy objectives were met

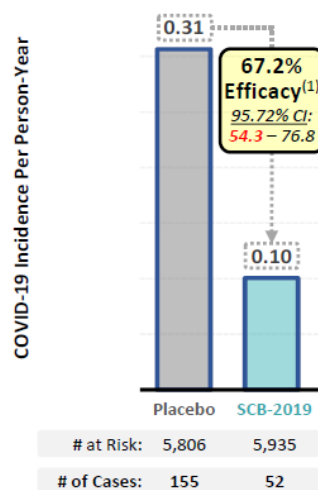
- ✓ **Primary Endpoint is met:** VE against COVID-19 of any severity is 67.2% (LL of 95.72% CI >30%)
- ✓ **Key Secondary Endpoint 1 is met:** VE against moderate-to-severe COVID-19 is 83.7% (LL of 97.86% CI >0%)
- ✓ **Key Secondary Endpoint 2 is met:** VE against severe COVID-19 is 100% (LL of 97.86% CI >0%)

100% of strains were variants.  
Efficacy against gamma = 92%

### COVID-19 of Any Severity<sup>1</sup>

Efficacy  
Against:

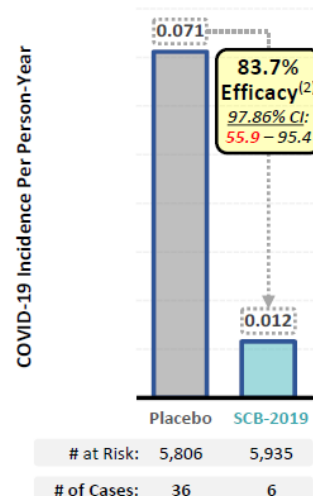
Any Strain



### Moderate-to-Severe COVID-19<sup>2</sup>

Efficacy  
Against:

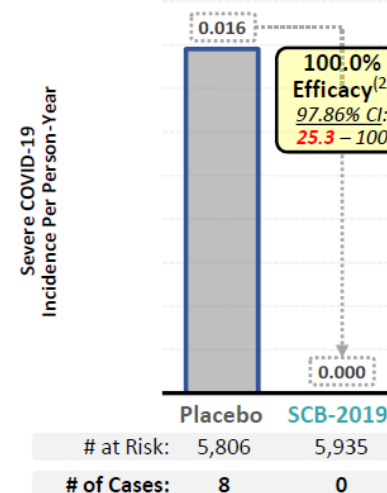
Any Strain



### Severe COVID-19<sup>2</sup>

Efficacy  
Against:

Any Strain





# rF1V-1018 Plague Vaccine: Phase 2 Clinical Study

Protect with fewer doses in less time

Dynavax Phase 2 – Compares rF1V antigen + CpG 1018<sup>®</sup> adjuvant (2 doses, 1 month apart) to the historical DoD antigen rF1V-only regimen (3 doses, 6 months) (NCT05506969)

## Part 1 (N=60) completed Jan 2023

- Compare CpG 1018 co-administration vs. mixing at time of use
- Successfully met primary endpoint
- Both CpG 1018 adjuvanted arms demonstrated a greater than two-fold increase in antibodies over the alum adjuvanted control arm after two doses

## Part 2 (N=140) ongoing through 2024

- Study continues with CpG 1018 mixed at time of use

# Summary and Next Steps

- A Phase 2 plague vaccine, rF1V-1018 is intended to protect with fewer doses in less time
  - Includes clinically validated antigen rF1V with CpG 1018<sup>®</sup> a proven adjuvant.
- Preliminary analysis from Phase 2 study shows rF1V-1018 results in a rapid and higher antibody response with 2 doses IM in 1 month.
- NHP challenge studies are underway to generate correlates of protection data that may be used under FDA Animal rule for near term use under EUA and future approvals.
- Furthermore, with its potential for more rapid and higher immune responses, rF1V-1018 may be considered for future clinical studies in endemic settings.



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