FluMist Delivery System: the First Nasal Vaccine in the U.S.

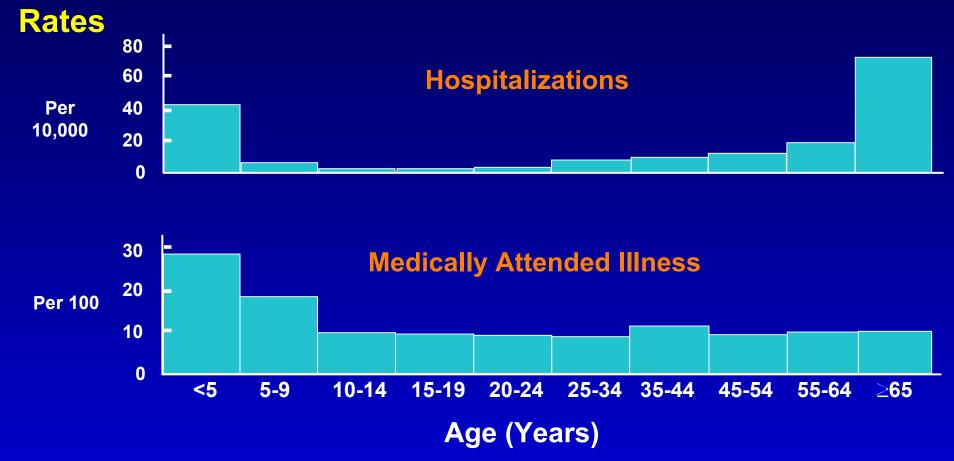
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Influenza

- Most common medically attended acute respiratory illness Fever, chills, myalgia, cough, sore throat, nasal congestion, headache, malaise
- Annual U.S. disease burden
 - 20-50M people infected
 - 20,000-50,000 deaths
 - 70M lost work days and 38M lost school days
 - Costs nearly \$12B



Influenza Burden



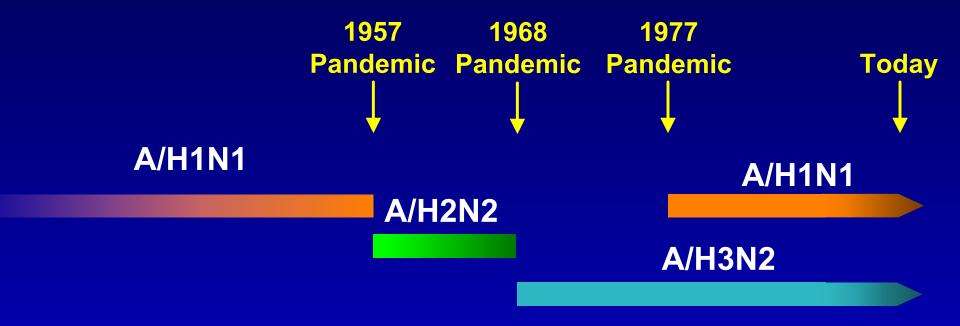


Influenza Virus

- Orthomyxovirus
- Negative-stranded, RNA genome of eight segments
- Enveloped virus with two surface glycoproteins
- Protective immunity directed against hemagglutinin (HA) surface glycoprotein
- Type A strains differentiated by HA and NA proteins
 - Avian, porcine, equine and human
 - 15 HA types
 - 9 NA types
- Three different virus types currently co-circulating A/H1N1, A/H3N2, B



Influenza Virus Epidemiology "Shift" and "Drift"

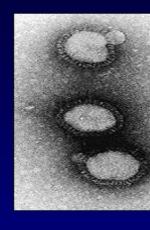


B Stains



Influenza Vaccine

- Vaccination is primary method for prevention
 - Trivalent inactivated intramuscular vaccine
 - Recommended 6-24 months, >50 years
 - Virus "drift" dictates annual vaccination
- Two manufacturers
 - Aventis Pasteur
 - Chiron (Powderject/Evans/Medeva)
- 80M doses sold annually in U.S.
 - Growing at 7%







FluMist™ First Nasal Flu Vaccine



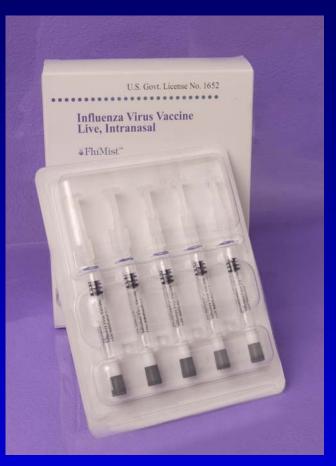
- Live, cold-adapted, attenuated influenza virus vaccine
- Delivered by intranasal mist
- Trivalent blend of 10^{7.0} infectious particles of each strain A/H1N1, A/H3N2, B
- Induction of systemic IgG, cytotoxic T cell and local secretory IgA responses
- 20 clinical trials completed; >20,000 subjects





FluMist™ First Nasal Flu Vaccine





- Approved June 2003
- Launched September 2003
- Initial target healthy 5 49 year olds
 - Working adults
 - Prevention-minded families
 - School-aged children





FluMist™

Live Virus

Attenuated

Cold-adapted Temperature-sensitive

Trivalent

Active viral replication

Mild Infection

Replication restricted mainly to the nasopharynx

A/H1H1 A/H3N2 B



Derivation of the Master Donor Viruses

Wild-type Viruses

(A/Ann Arbor/6/60 (H2N2))

(B/Ann Arbor/1/66)

Adaptation to Efficient Growth at 25°C (Primary chick kidney cells)

Plaque Purification at 25°C

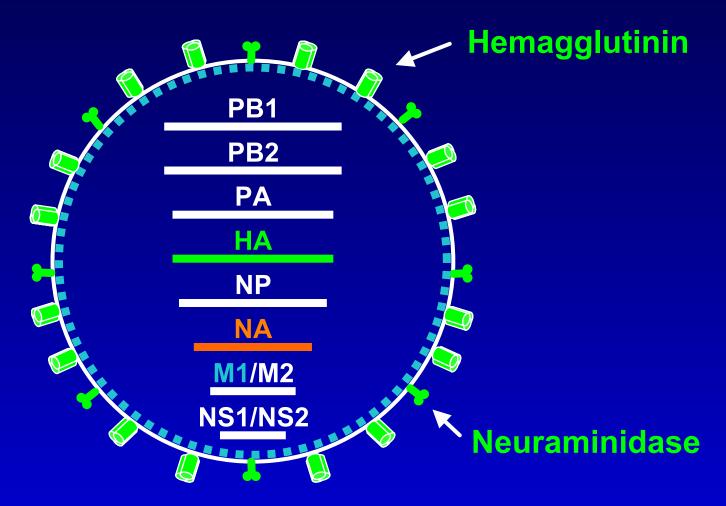
Amplification in SPF Eggs

Master Donor Viruses

- ca and ts phenotype in cell culture
- att phenotype in ferrets

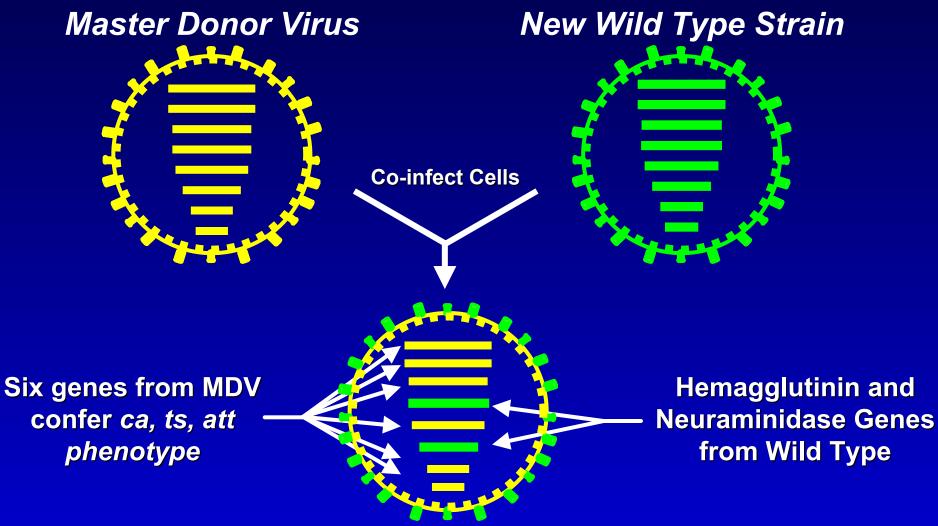


Influenza Virus Genomic Structure





Derivation of New Master Virus Strain



6:2 Master Virus Strain (ca, ts, att)



Intranasal Administration of Live Attenuated Influenza Vaccine

 Proprietary Becton-Dickenson spray device (AccuSpray)

Sensation of nasal spray - none, like fog

- 0.25 ml administered in each nostril (0.5 ml dose)
- Infectious dose 50
 - Adults: 10⁵-10^{6.4} TCID₅₀
 - Children: 10^{2.5}-10^{4.5} TCID₅₀





Intranasal Administration

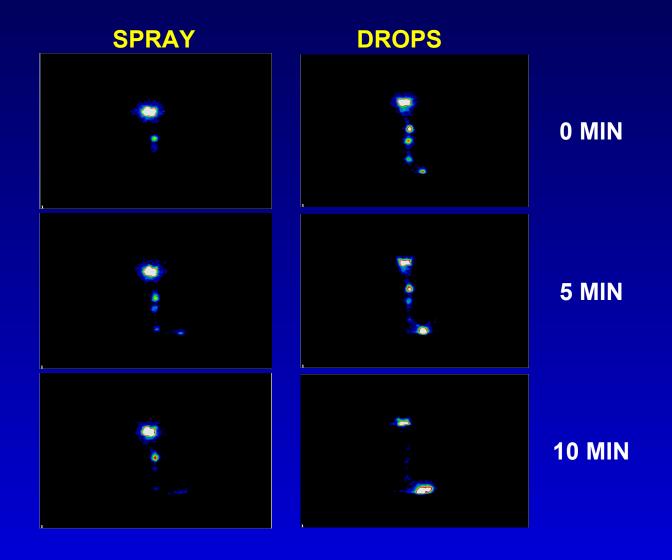


In a Time & Motion study* of 497 pediatric subjects receiving intranasal flu vaccine, 12/497, or 2% cried

* Unpublished data, A Personnel Time-Motion Study of Intranasal Influenza Vaccination in Healthy Children



Scintiscans of the Deposition And Clearance FluMist



Safety of FluMist in Indicated Populations (Ages 5-49 years)

- Generally safe and well tolerated
- Most common side effects are mild and temporary
 - Runny nose and other various cold-like symptoms
- No related serious adverse events

FluMist Effectiveness Against Febrile Upper Respiratory Illness in Healthy Adult

Endpoint	Reduction	p-value ^a
Occurrence of:	21.9 %	0.010
Episodes of:	23.6 %	<0.0001
Days ^b of:	24.8 %	<0.0001
Illness Associated Days of: Missed Work Health-care Provider Visits Prescription Antibiotics OTC Medication Use	28.4 % 40.9 % 45.2 % 28.0 %	<0.0001 <0.0001 <0.0001 <0.0001

^a Unadjusted for multiple comparisons.

b Days per 1,000 participants per 7-week outbreak period.

FluMist Efficacy Against Culture-Confirmed Influenza in Children Year One

Strains*	Dosing Group	Percent Efficacy	95% Confidence Interval
All	One Dose	89	65, 96
All	Two Doses	94	88, 97

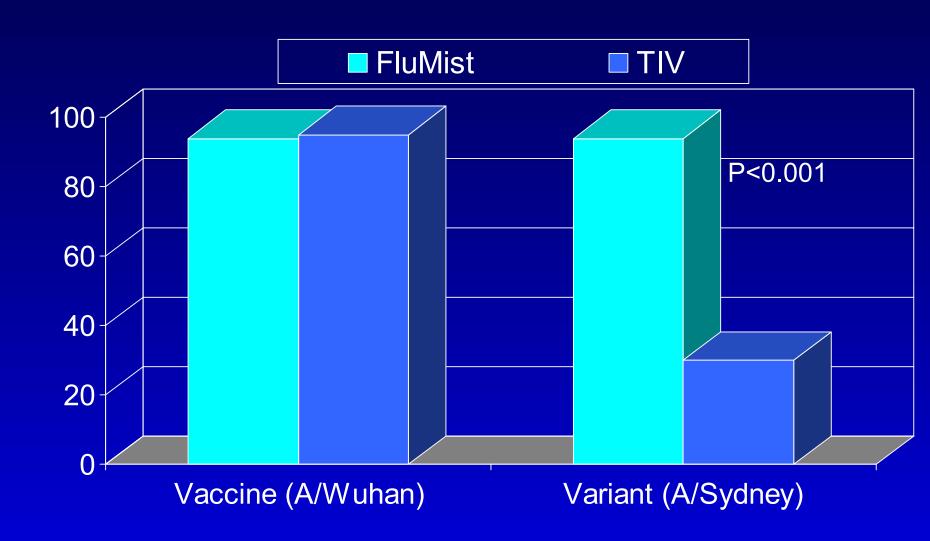
Belshe et al. NEJM 1998;338:1405-12.

^{*} Circulating strains matched those represented in the vaccine

FluMist Efficacy Against Culture-Confirmed Influenza in Children Year Two

Strains	Percent Efficacy	95% Confidence Interval
All	87.1	(77.7, 92.6)
Matched Strains	100	(63.1, 100)
A/Sydney Variant	85.9	(75.3, 91.9)

HAI Antibody to H3N2 Strains Two dose regimen in seronegative children

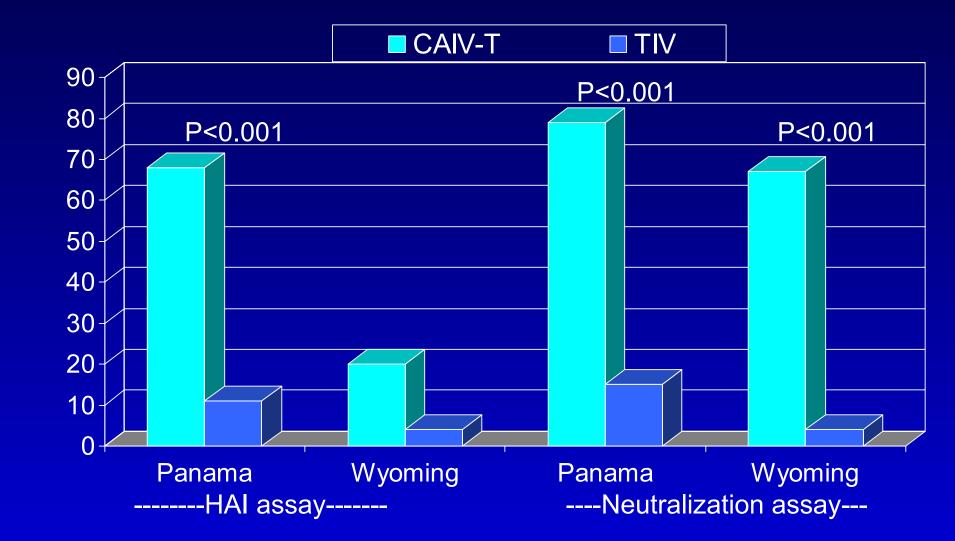


Belshe et al., 2000

Antibody Response to A/Panama H3N2 Vaccine Strain and A/Wyoming (Fujian-Like) Variant Strain in Childrer

- Sample size: ~25 seronegative children per group
- Age: 6-36 months
- One dose regimen: Randomized to CAIV-T or TIV which contained A/Panama//strain
- Sera obtained prior to and 28 days after vaccination
- Hemagglutination inhibition (HAI) and neutralizing antibody titers determined

Antibody to H3N2 After <u>One Dose</u> of CAIV-T or TIV in Seronegative Infants

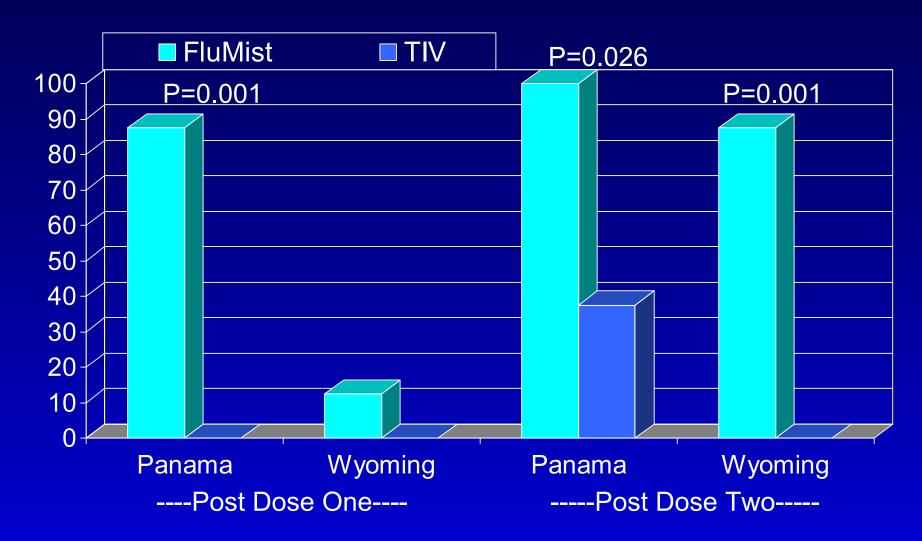


Wyoming strain is a Fujian-like antigenic variant to the Panama vaccine strair

Antibody Responses to A/Panama H3N2 Vaccine and A/Wyoming Variant Strain in Ferrets

- Sample size: 8 seronegative ferrets/group
- Two dose regimen: one human dose of FluMist or TIV at day 0 and 14
- Sera obtained on Days 0, 14, and 21
- Hemagglutination inhibition (HAI) and neutralizing antibody titers determined

Antibody to H3N2 Strains after FluMist or TIV in Ferrets



Wyoming strain is a Fujian-like antigenic variant to the Panama vaccine strair

Conclusions

FluMist is safe and highly efficacious and effective in healthy children and healthy adults

FluMist containing A/Wuhan (H3N2) provided high cross-reactive antibody in children and high cross-protection in children and adults to the H3N2 variant A/Sydney strains in the 1997-98 season

CAIV-T containing A/Panama (H3N2) provided higher cross-reactive antibody than inactivated vaccine in children to the H3N2 variant strain A/Wyoming (A/Fujian-like) following one dose of either

FluMist is an important vaccine with the potential to prevent influenza eve when wild-type strains are not matched to those in the vaccine

Acknowledgements

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