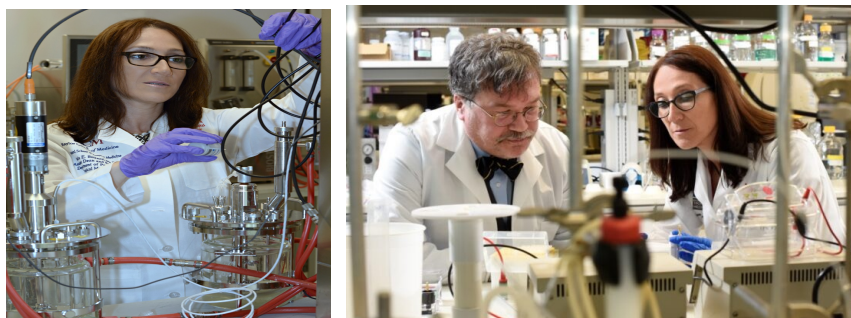


# Behind the Scenes of a COVID-19 Vaccine for the World

## *The Intersection of Open Science and Diplomacy*



**Maria Elena Bottazzi PhD**

Associate Dean and Professor  
Division Chief, Pediatric Tropical Medicine  
Co-Director, Texas Children's Center for  
Vaccine Development

## A Decade at the Texas Medical Center

*Two decades achieving Excellence through Justice, Equity, Diversity and Inclusion*



### Pediatric Tropical Medicine

The Division of Pediatric Tropical Medicine is dedicated largely to the research of neglected tropical diseases, emerging infectious diseases, and diseases ...



# The Diseases of Poverty an End-to End Strategy

- 17 **tropical** and 20 **emerging** infections
- Highly prevalent - **poverty promoting**
- Leading cause of morbidity **> 30 M DALYs**
- Leading productivity losses **> US \$8 B**

Identify appropriate access and delivery models – **demand forecasting and community engagement**

Identify effective **business models** to enable research to transition towards real solutions

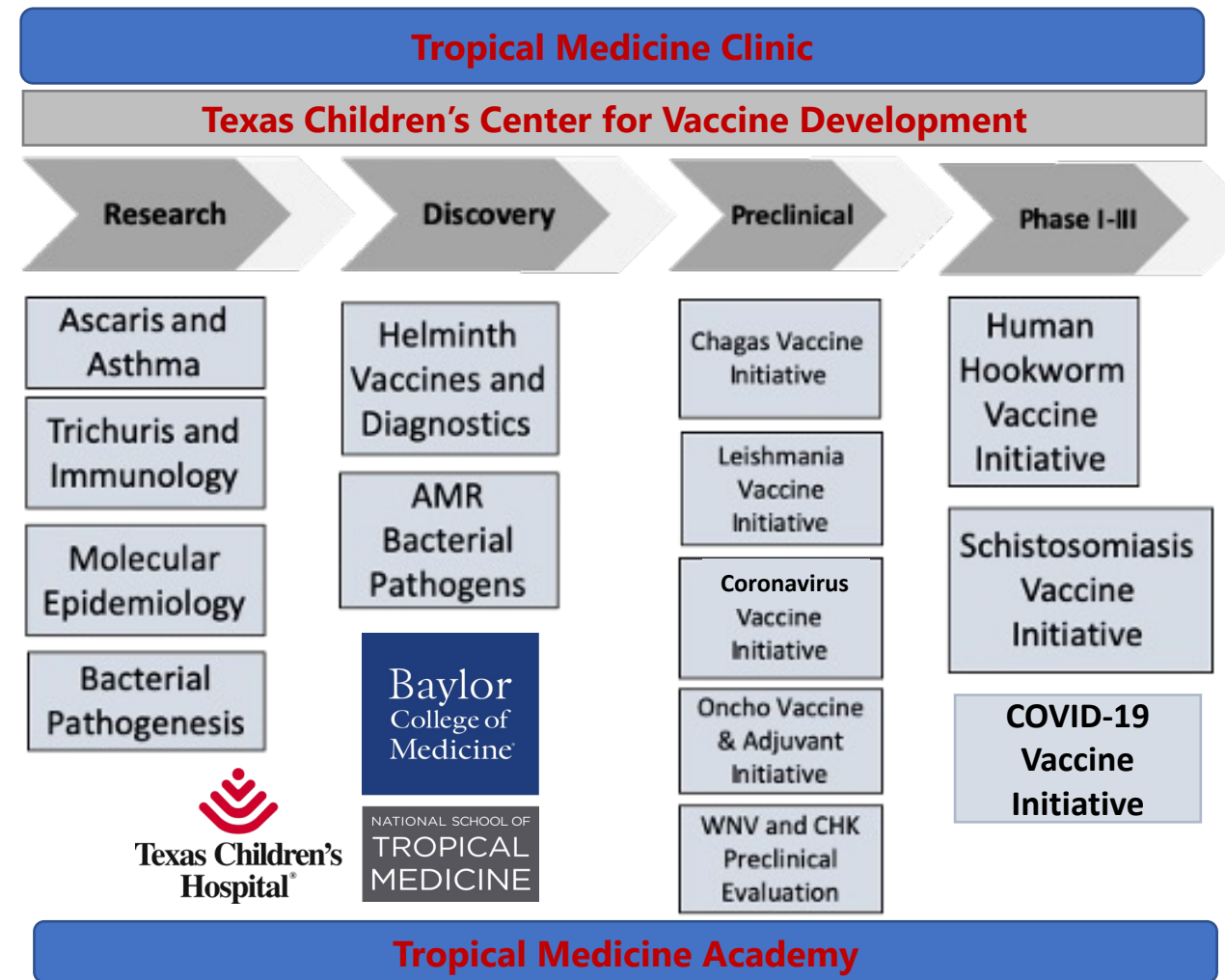
Essential to highlight the **value proposition**  
(rationale and significance of your work)

Crucial to advance appropriate **Research & Development**



# Crosscutting & Interdisciplinary Tropical Medicine Research

- ✓ **Decolonize science** by establishing global partnerships to build and strengthen capacity locally and in LMICs
- ✓ Use **adaptation strategies** to meet cultural needs
- ✓ **Integrate disciplines** - technology, population health, regulatory, policy, finance and access strategies
  - ✓ *Vaccines-linked to chemotherapy approaches*
  - ✓ *Greener strategies for vector control*
  - ✓ *Transmission dynamics and model ecological niches based on climate and spatial epidemiology*
  - ✓ *Epidemiological mapping and outbreak/disaster investigations*
- ✓ **Community training, inclusion and awareness**





# A Framework to Intersect Science and Diplomacy

**Open Science** - share knowledge, data, reagents

**Effective and holistic team-based approaches** - full spectrum of STEAM disciplines

**Appropriate technologies** - based on country/regional/global priorities

Remove **Barriers** (limited or no IP/Patents)

**Cooperate to Decolonize** the vaccine sciences with **Transparency** - leads to **Trust Solidarity and Equity**

**Value science engagement** connected to policymaking, education, governance, and dialogue with society



A **Product Development Partnership Model**  
Established in Washington DC in 2000  
Moved to **Texas Medical Center** in 2011  
+ 50 scientific and technical staff  
> 40 Global Partnerships



To develop and test new low-cost and effective vaccines against emerging and neglected tropical diseases



To build capacity for vaccine development locally and with foreign nations



To guide and influence vaccine policy and advocacy



A diverse vaccine development portfolio against **neglected tropical and emerging infections**

# Portfolio and Major Accomplishments



Developed the first vaccine for **human hookworm infection** now entering phase 2 clinical trials



Developed the first vaccine for **intestinal schistosomiasis** now entering phase 2 clinical trials



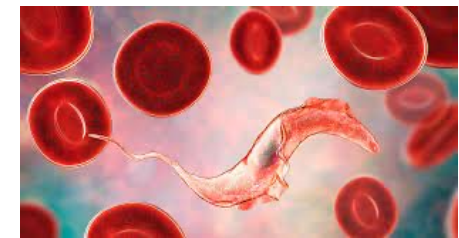
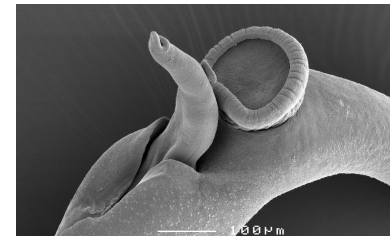
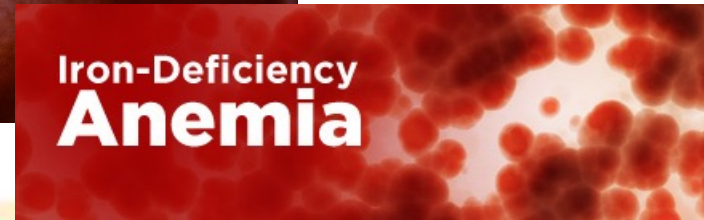
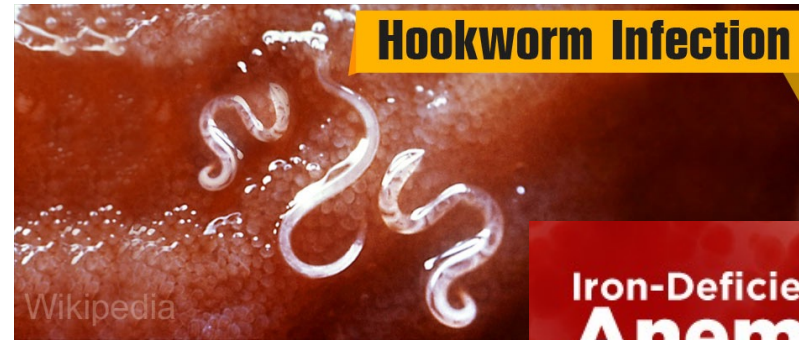
Developed the first vaccine for **Chagas disease** now entering phase 1 clinical trials



Developed innovative vaccines for emerging coronavirus infections: **COVID-19, SARS and MERS**



Signed and implemented **historic capacity building agreements** with Brazil, Mexico, Malaysia and the Kingdom of Saudi Arabia

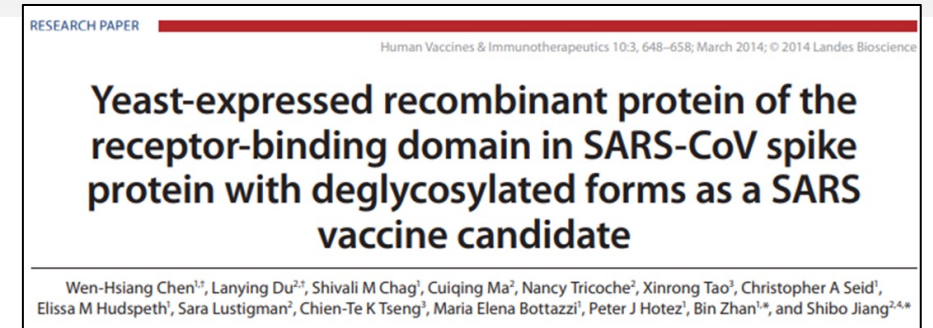


# Adopting the Coronaviruses as Neglected Infections

- Coronavirus **partnerships** launched in 2011 when interest in coronavirus research was declining
- NIH/NIAID and seed funding to fashion a SARS vaccine product - **SARS/MERS (2011-16)**
- **Focused** on low-cost using microbial fermentation in yeast
- **Ensured** scalability, ease of production, regulatory enabled path and affordability
- **Leveraged** SARS/MERS lessons towards **COVID-19 (2020)**



Grant: R01AI098775, AI14087201

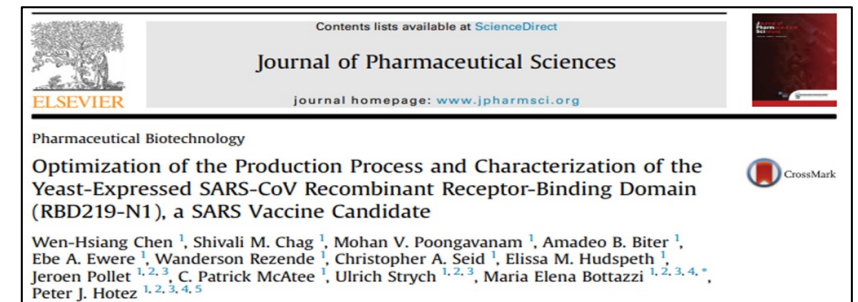


[Chen et al., \(2014\) Hum Vaccin Immunother 10: 648-658](#)

Yeast-expressed SARS-CoV recombinant receptor-binding domain (RBD219-N1) formulated with aluminum hydroxide induces protective immunity and reduces immune enhancement

Wen-Hsiang Chen<sup>a,b,1</sup>, Xinrong Tao<sup>c,h,1</sup>, Anurodh Shankar Agrawal<sup>c</sup>, Abdullah Algaissi<sup>c,i</sup>, Bi-Hung Peng<sup>d</sup>, Jeroen Pollet<sup>a,b</sup>, Ulrich Strych<sup>a,b</sup>, Maria Elena Bottazzi<sup>a,b,c,f,\*</sup>, Peter J. Hotez<sup>a,b,c,f</sup>, Sara Lustigman<sup>g</sup>, Lanying Du<sup>g</sup>, Shibo Jiang<sup>g</sup>, Chien-Te K. Tseng<sup>c,\*</sup>






<https://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC7508514&blobtype=pdf>



[Chen et al., \(2017\) J. Pharm. Sci. 106: 8 1961-1970](#)

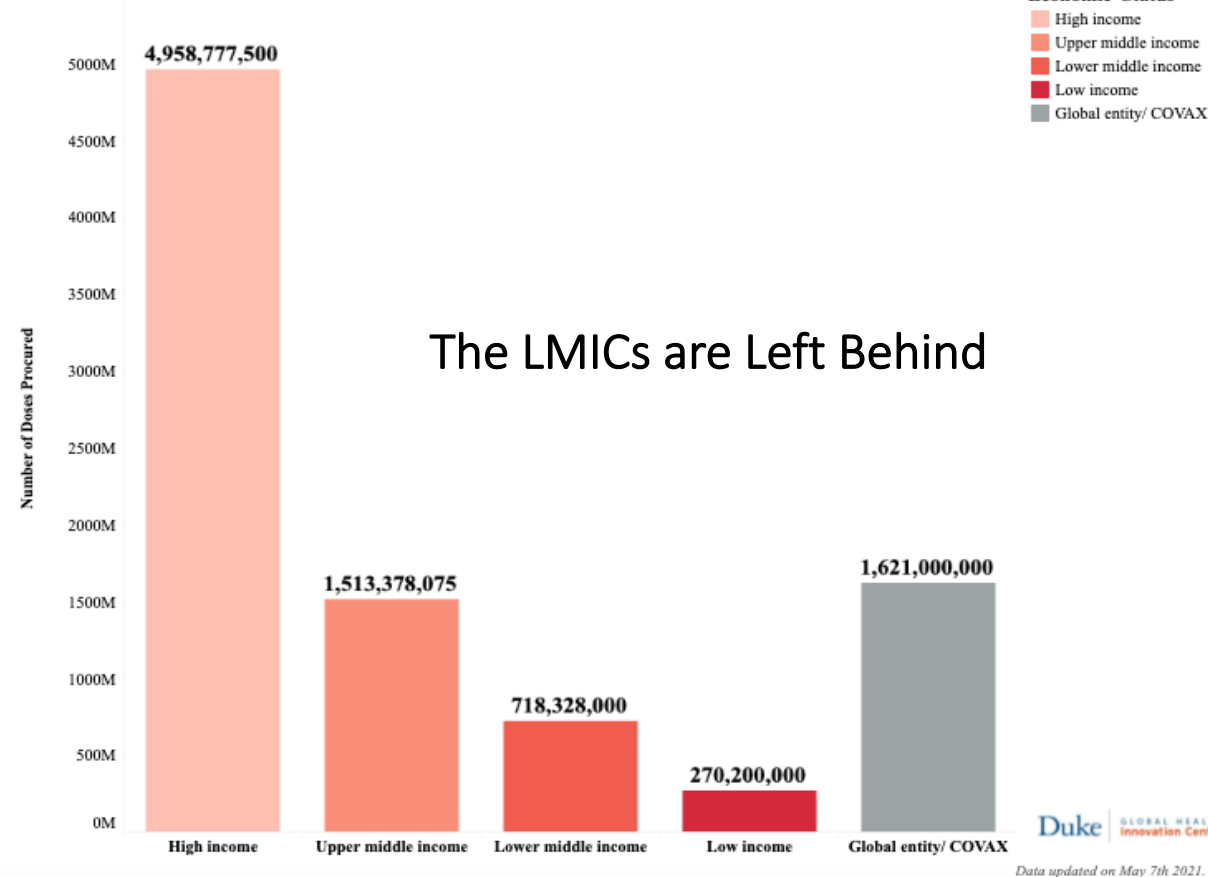


# Will COVID-19 become the next neglected tropical disease?

Peter J. Hotez , Maria E. Bottazzi , Sunit K. Singh , Paul J. Brindley , Shaden Kamhawi 

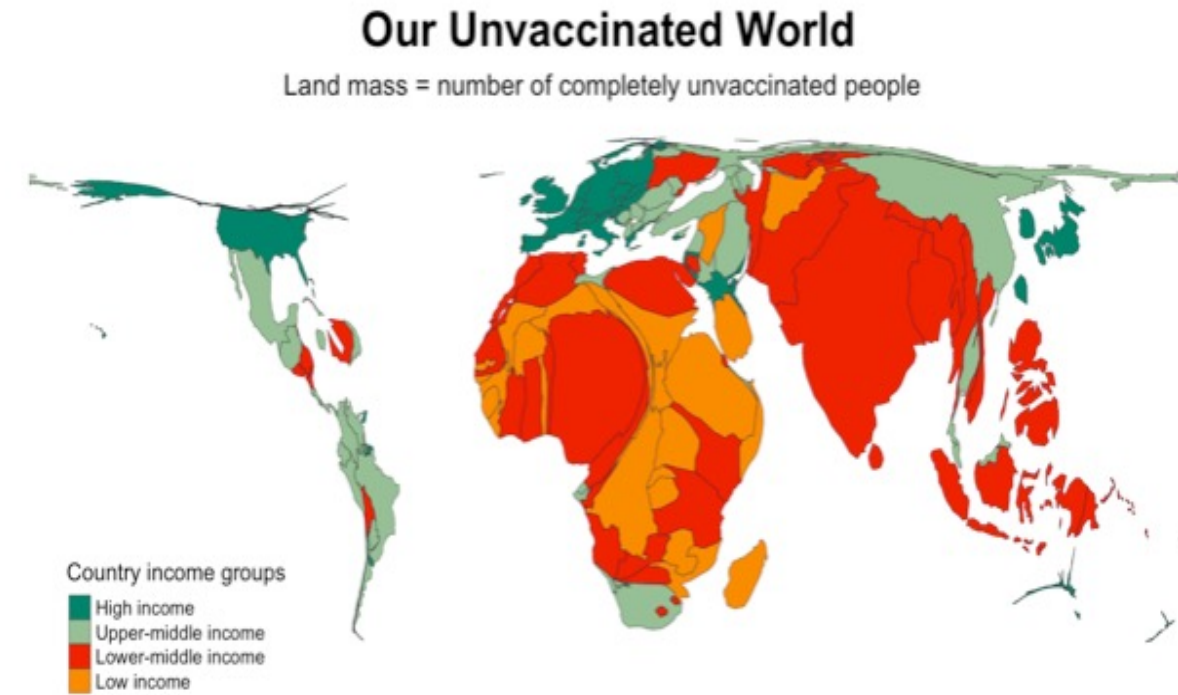
Published: April 10, 2020 • <https://doi.org/10.1371/journal.pntd.0008271>

**Confirmed Number of Doses Purchased by Country Income Level Classification**



<https://launchandscalefaster.org/covid-19/vaccineprocurement>

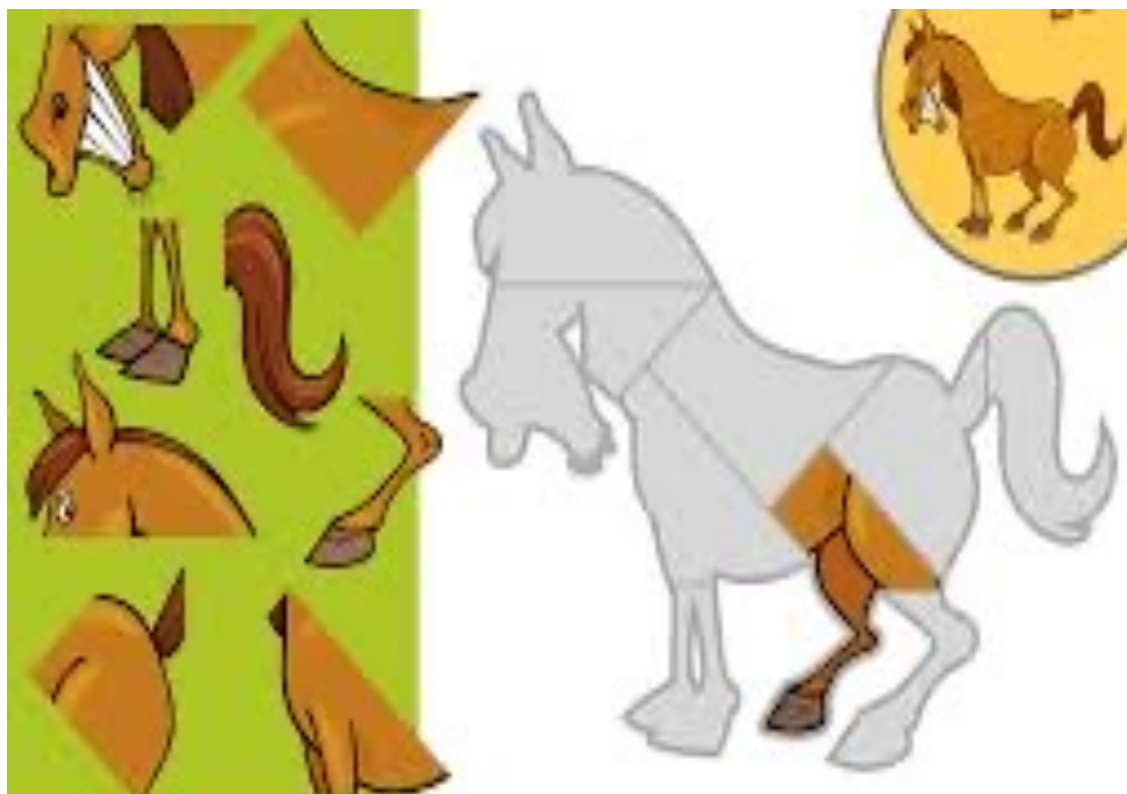
Today 2.9 billion people have yet to receive their first vaccine shot against COVID-19. The chart below shows where they live.



Source: Schellekens (2021); OWID; WPP. Updated: 2022-02-22. Latest: pandem-ic.com. Note: Gastner-Seguy-More cartogram based on EPSG 3410 projection.

<https://pandem-ic.com/mapping-our-unvaccinated-world/>

# A COVID-19 Vaccine for Global Access



**PHASE 3**

**EMERGENCY USE IN INDIA, BOTSWANA**

**Baylor**  
College of  
Medicine



*Biological E. Limited*  
Celebrating Life Every Day

**DYNΛVAX**  
INNOVATING IMMUNOLOGY

VACCINE NAME: **Corbevax**

EFFICACY: Over 90%



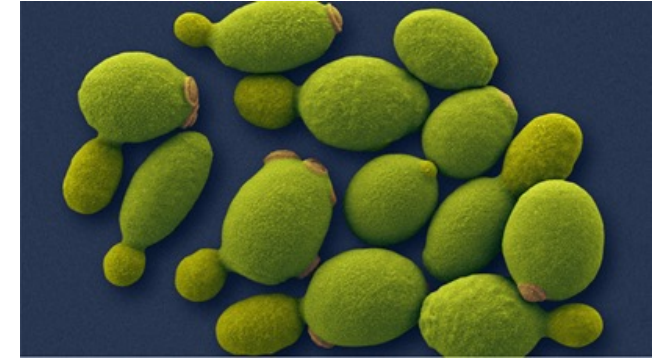
University of Texas at Dallas  
**The World's COVID-19 Vaccine**  
University of Texas at Dallas



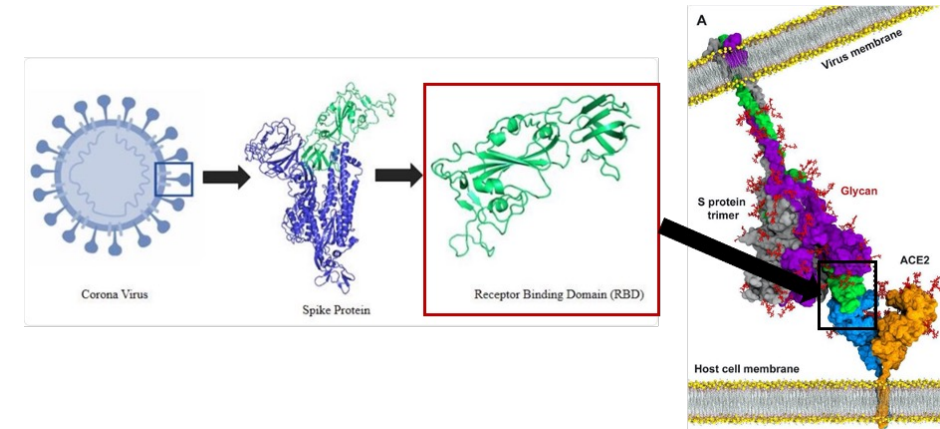
# Target the SARS CoV-2 Receptor Binding Domain

## What we do:

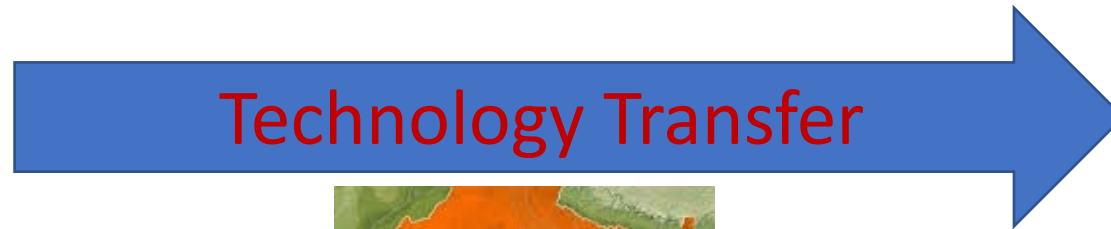
- Engineer yeast-produced recombinant RBD vaccine antigens – **THE STARTER KITS**
  - Production of seeds and cell banks fully characterized for ancestral & variants strains
- Process development, formulation and preclinical testing: scale-up to 10L production, purification design – **THE RECIPES**
- Develop and qualify analytical (biochemical/biophysical) and functional release and stability indicating assays - **THE ASSAYS FOR QUALITY AND STABILITY**
- Technology transfer to pilot and/or industrial manufacturers – **WE SHARE WIDELY – NO PATENTS**



*Pichia pastoris*



# US-India partnership for a COVID-19 People's Vaccine



Biological E. Limited  
Celebrating Life Every Day



**The TCH/Baylor/BioE Vaccine:**  
Receptor-binding domain (RBD)  
SARS-CoV2 spike protein expressed  
in yeast (*Pichia pastoris*)



INDIAN EXPRESS N. D. 5/6/2021

SIMPLY PUT

## How Corbevax is different

India has placed an advance order for 300 million doses of Corbevax. How does this Covid-19 vaccine work, and how does it differ from others? What could the order mean for India's vaccination programme?

PRADEEP RAGHUVAN

NEW DELHI, INDIA

INDIA HAS placed an advance order for 300 million doses of Anveo Covid-19 vaccine, Corbevax, from Hyderabad-based company Biological E. What is this vaccine, and why is it important for India?

How it works

Corbevax is a "recombinant protein subunit" vaccine, which means it is made up of a specific part of SARS-CoV-2, the virus protein that enters the body's cells.

The spike protein allows the virus to enter the cells in the body so that it can replicate and cause disease. However, when this protein alone enters the body, it is not perceived to be harmful as the rest of the virus is absent. The body is expected to develop an immune response against the spike protein, therefore, when the real virus enters the body, it will already have an immune response ready to fight it.

Although this technology has been used for decades to make hepatitis B vaccines, Corbevax will be among the first Covid-19 vaccines to use this platform, because it has also developed a protein-based vaccine, which is self-storing for emergency use as the technology is not regulated.

How it was made

While it is technically possible, Corbevax's development can be traced to the Baylor College of Medicine's School of Tropical Medicine. The school had been working on a vaccine against the Zika virus for some time. Then, the school was approached by the Indian government to produce a recombinant protein vaccine for

the spike protein but in a different way.

With vector and mRNA and nucleoside vaccines, it induces our cells to make the spike protein against which the body has to build immunity. With Corbevax, we are actually giving the protein," said Dr. Virender Kumar, director of the school.

Like most other Covid-19 vaccines, Corbevax is administered in two doses. However, it is made using a self-storing protein, it is also expected to be among the cheapest available in the country.

Why it matters

This is the first time the Indian government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

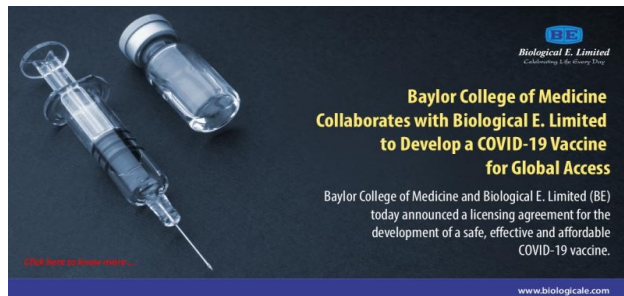
At the same time, the government has placed an order for a vaccine that has not received emergency use authorization, paying Rs. 120 crore to Biological E. to develop the vaccine.

- Scaled up protein production to 1.2 Billion doses
- **Formulation capacity of 140 Million vaccine doses per month**
- Combined Phase 1/2 in 7 India sites
- **Phase 3 immuno-bridging superiority trial**
- **Pediatric and Booster Trials**
- **EUA Dec 28, 2021**

<https://doi.org/10.1101/2022.03.08.22271822>

<https://doi.org/10.1101/2022.03.20.22271891>

<https://www.medrxiv.org/content/10.1101/2022.04.20.22274076v1>





# More than 35 million kids vaccinated with CORBEVAX

**Biological E. Limited @biological\_e · 7h**  
On #NationalVaccinationDay, Ms Mahima Datla, MD of Biological E. Limited, met with the 13-year-old boy, Harsha Kumar, the first recipient of #TheSureShot by #CORBEVAX, at a Vaccination Centre in Hyderabad on March 16, 2022.



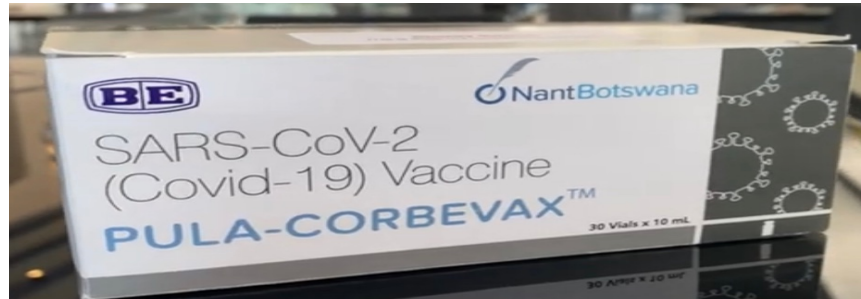
12-14 Years	
1st Dose	2nd Dose
3,49,17,732	1,88,71,349
(1,10,292 in last 24 Hours)	(2,57,627 in last 24 Hours)

<https://www.mohfw.gov.in/pdf/CummulativeCovidVaccinationReport10Jun2022.pdf>

## DCGI approves Corbevax for children aged 5-12 years, Covaxin for 6-12 years

### Botswana Approves Corbevax Covid Vaccine, Plans Local Output

Mbongeni Mguni, Bloomberg News



NEWS / INDIA NEWS / Corbevax Gets Nod As Booster Jab For Covaxin, Covish...

## Corbevax gets nod as booster jab for Covaxin, Covishield recipients

Swati Bharadwaj / TNN / Updated: Jun 5, 2022, 01:24 IST



### India to vaccinate children aged 5-12 as Covid infections surge



Issued on: 01/05/2022 - 15:37



Children attend a class at the Sangharsh Vidya Kendra school at a slum area on the outskirts of Jammu, India. AP - Channi Anand



# We are Partners for the World



*Biological E. Limited*  
Celebrating Life Every Day



**Incepta Pharmaceuticals Ltd**



A health worker holds a syringe during a Covid-19 vaccination program in Tanah Abang market, Central Jakarta on Feb. 17, 2021. (JG Photo/Yudha Baskoro)

## **BUMN Covid-19 Vaccine Kicks Off Phase 3 Clinical Trial**

BY :JAYANTY NADA SHOFA  
JUNE 09, 2022





**Vegan, scalable, stable technology**

Excellent safety profile

**Highly immunogenic in humans**

Neutralizing Ab GMTs indicative of vaccine effectiveness of >80% based on immunological correlates

**Highly durable and long last-lasting virus neutralizing antibodies**

EUA based on a Ph 3 superiority trial compared to AstraZeneca vaccine

**Works against a broad range of variants of concern**

Lowest cost (Rs 250 = \$1.90 per dose)



Vaccines for the unvaccinated

**Vaccines for additional doses and boosters**

Vaccines for pediatric populations

**Vaccines with broader and long-term protection**

Vaccines for future coronavirus (unknown)

# THANK YOU



Maria Elena Bottazzi, PhD  
Co-Director  
[bottazzi@bcm.edu](mailto:bottazzi@bcm.edu)



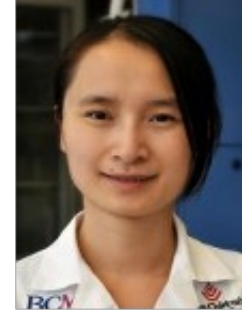
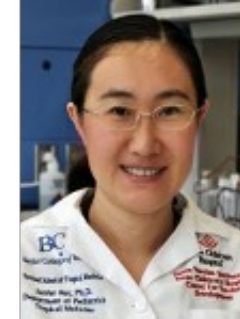
Peter Hotez, MD, PhD  
Co-Director  
[hotez@bcm.edu](mailto:hotez@bcm.edu)



Ulrich Strych, PhD  
Strategic Initiatives, Business &  
Program Development  
[strych@bcm.edu](mailto:strych@bcm.edu)



Dr. Kimata Lab



**Acknowledgement:** BCM faculty & staff; BCM Cores; PATH CVIA Team; Our collaborators and partners

**This work was supported by:** Robert J. Kleberg Jr. and Helen C. Kleberg Foundation, Fifth Generation, Inc. (Tito's Handmade Vodka), JPB Foundation, NIH-NIAID (AI14087201) and Texas Children's Hospital Center for Vaccine Development Intramural Funds.