

# **Bridging non-clinical models to human efficacy**

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**EMA: Non-clinical data for regulatory decision-making on the efficacy of  
medical countermeasures**  
**24-25 November 2025**



**Boston University** National Emerging  
Infectious Diseases Laboratories

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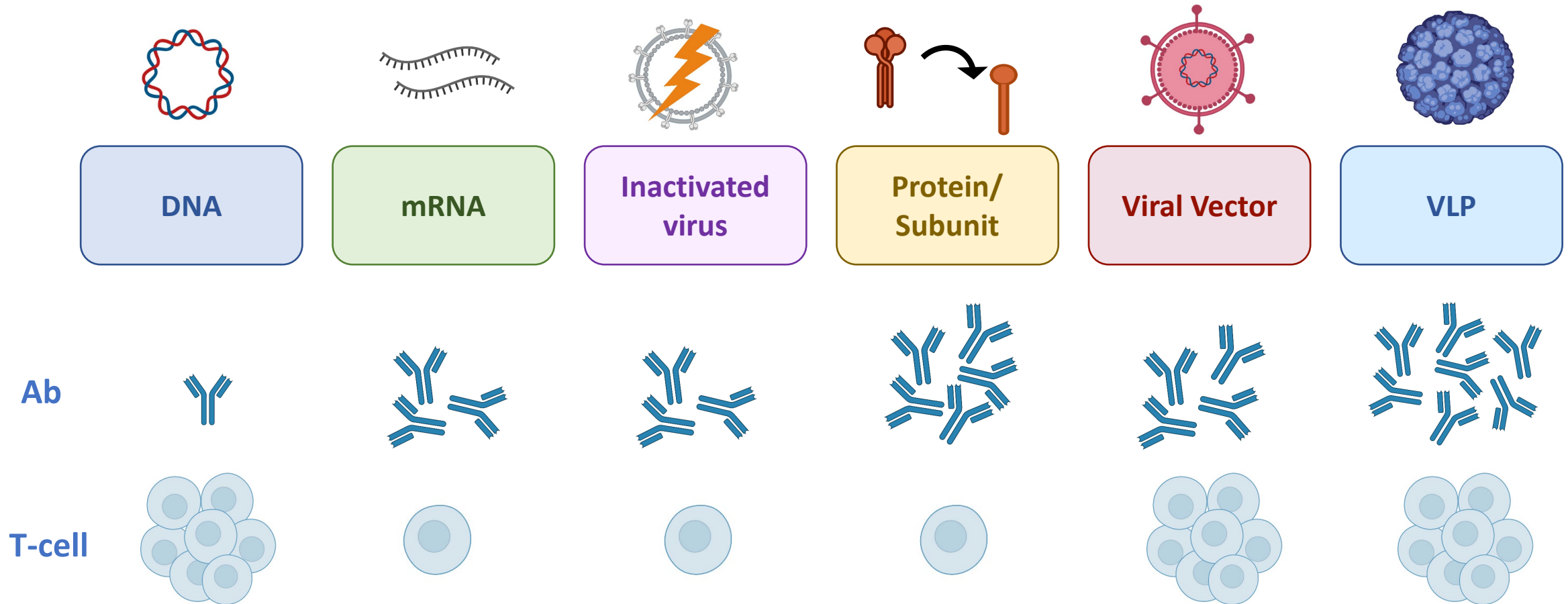


# Considerations for bridging between animal models and humans

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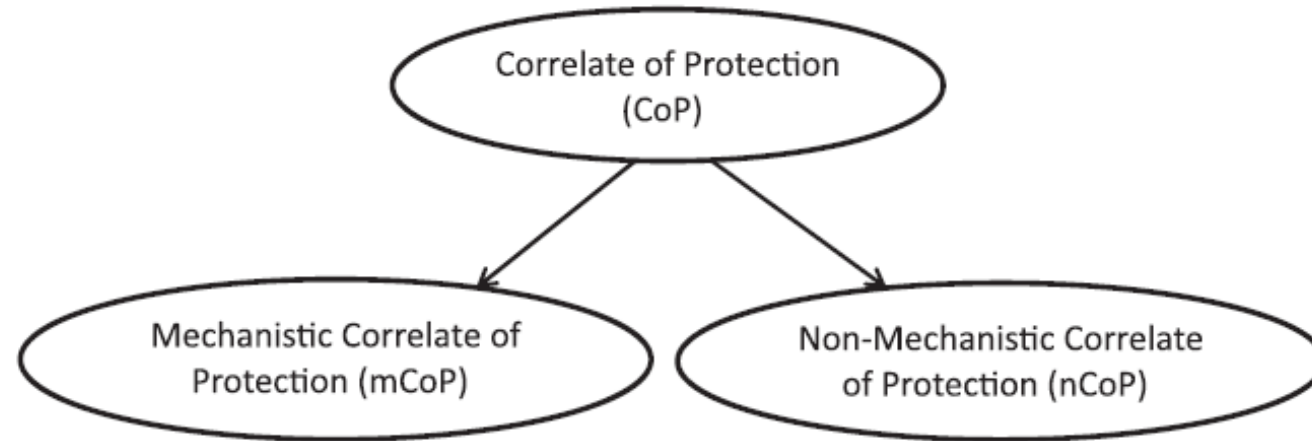
- Correlates and mechanisms of immunity may be distinct
- Stability of antibodies allows “surrogate” for complex immune response
- Bridging of immune correlate to humans may be context specific
- “Super-lethal” infectious challenge models are not necessary to bridge predict vaccine benefit in humans

# Vaccine-induced host immune responses vary across platforms



# Immune Correlate of Protection

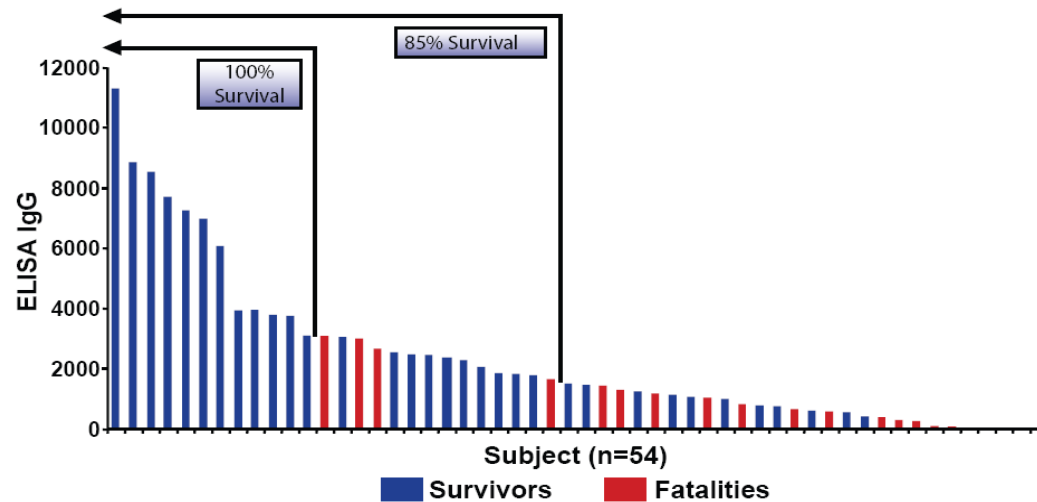
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**Figure 1.** A correlate of protection (CoP) may be either a mechanism of protection, mCoP, or a nonmechanism of protection, termed nCoP, which predicts vaccine efficacy through its (partial) correlation with another immune response(s) that mechanistically protects.

# rAd5-vaccine induced anti-GP titers correlate with immune protection (Ab assessed immediately pre-challenge)

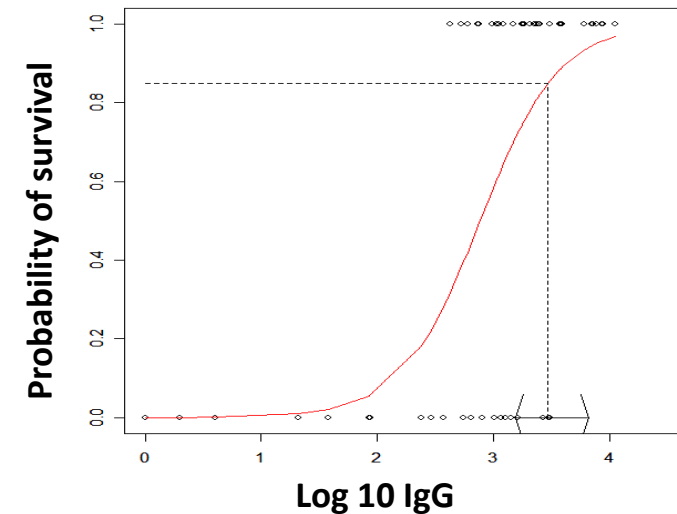
## Anti-GP antibody titers (EC90)



Sullivan et al, 2009, Nat. Rev. Micro.

Odds ratio >100  
 $p = 0.005$   
85% survival titer = 3000

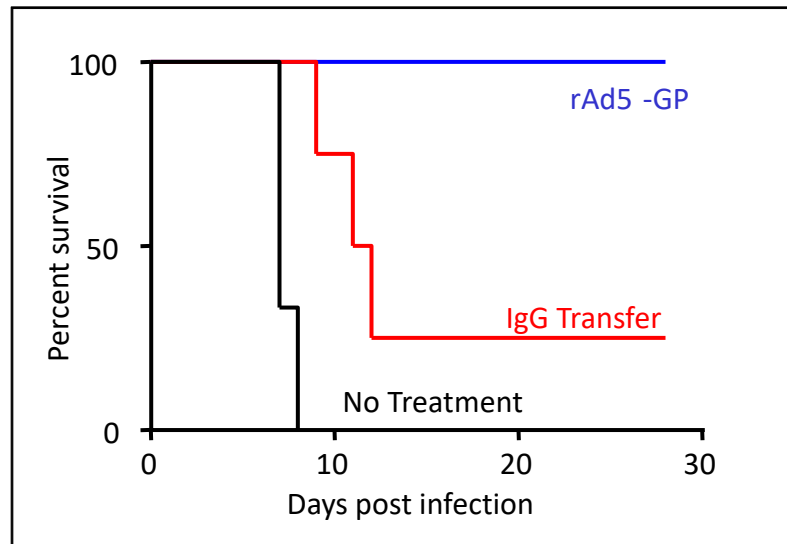
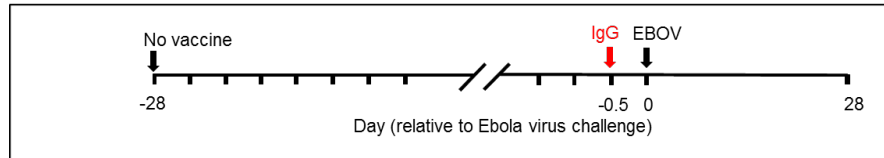
## Logistic regression of titers and survival



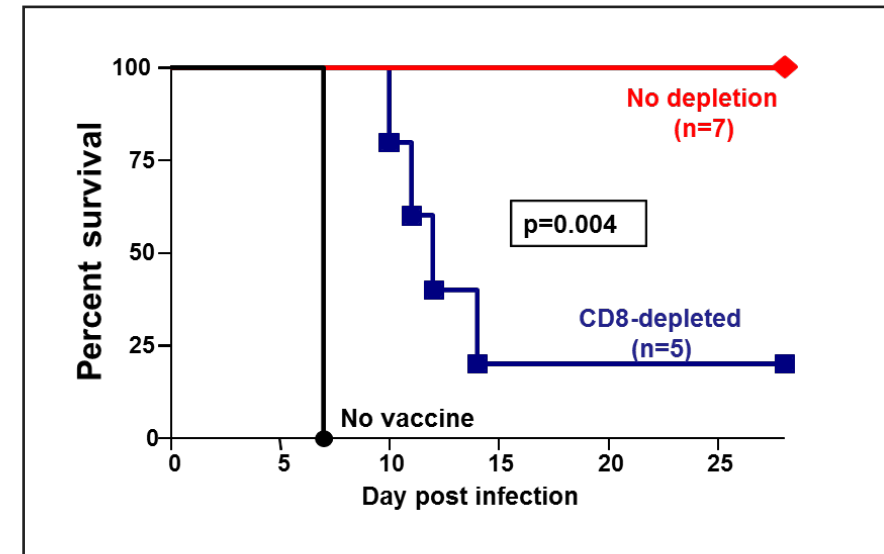
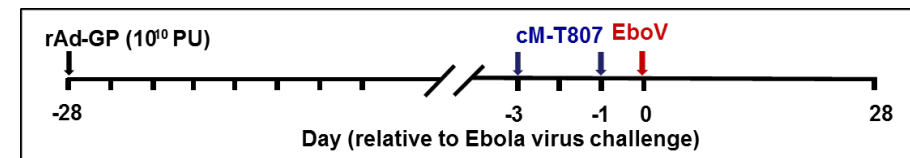
D. Follmann

# Mechanism of rAd5 vaccine protection

## Passive Transfer of Vx serum

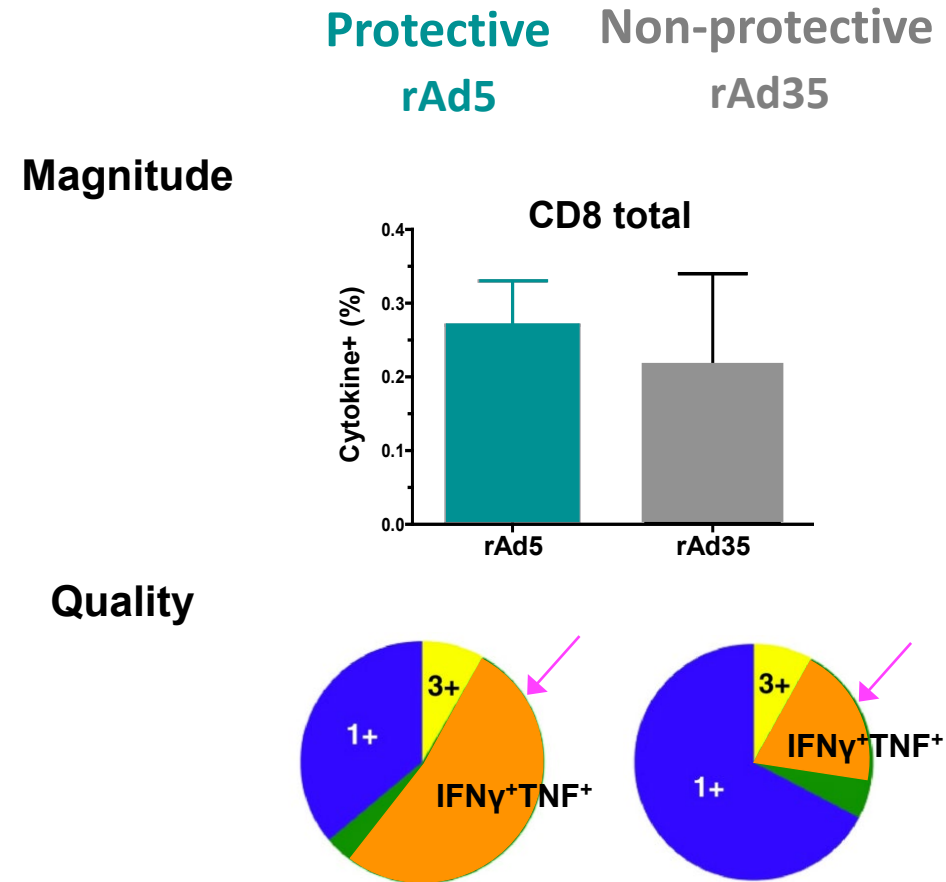


## CD8 Depletion of Vx Animals



- Antibodies play a role and correlate with, but are not sufficient for, vaccine protection
- CD8 T cells are required for vaccine protection
- ***Antibodies are a quantitative surrogate marker for overall vaccine responses***

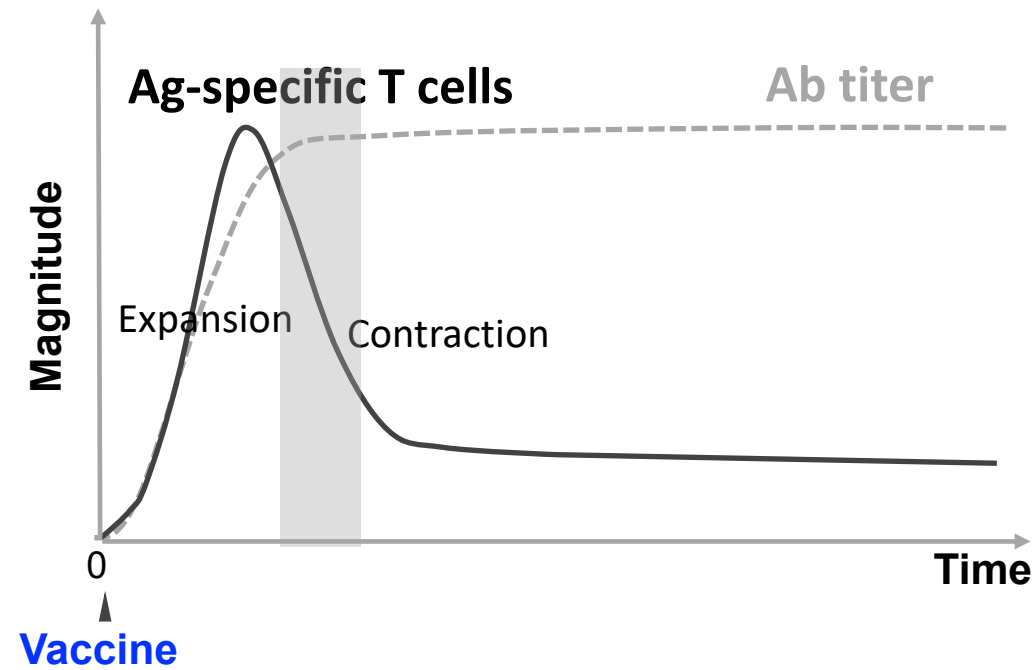
# T-cell Quality Differs between Protective and Nonprotective Vaccines



CD8 T-cell quality (IFN $\gamma$ <sup>+</sup>TNF<sup>+</sup>) is associated with protective vaccine

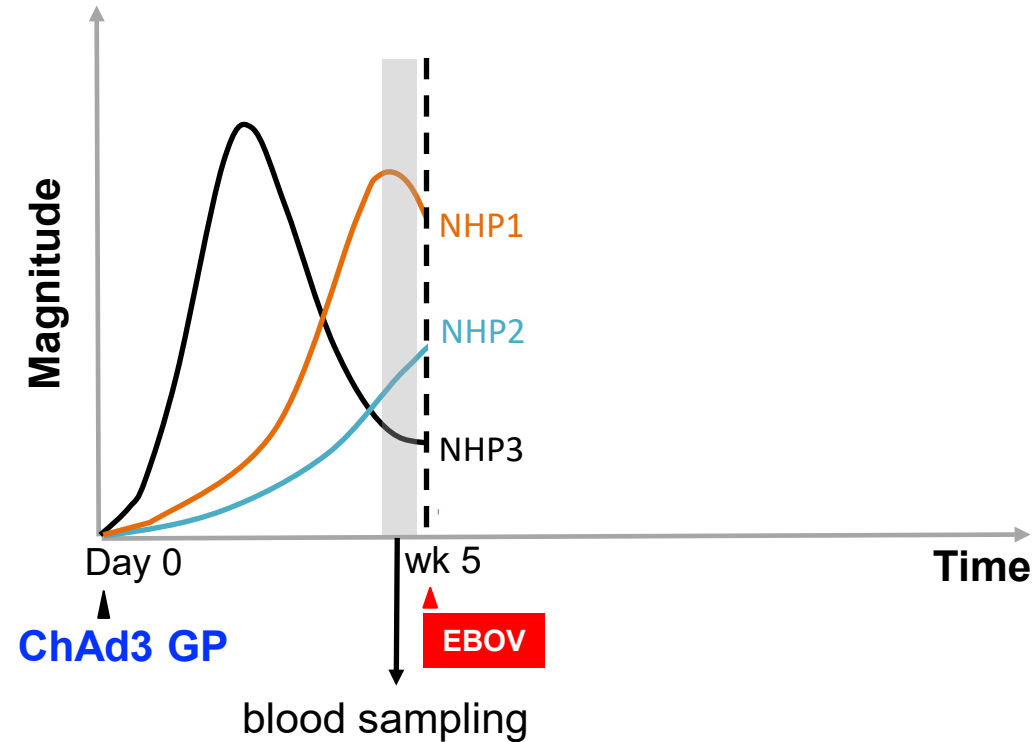
# Dynamic nature of T-cells vs. stable and quantitative Ab titer

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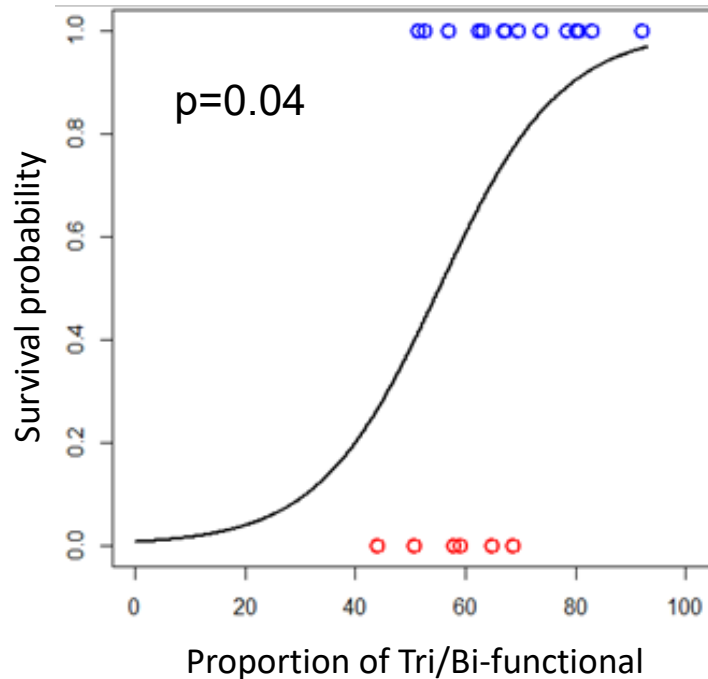
# T-cell response dynamics vary across subjects



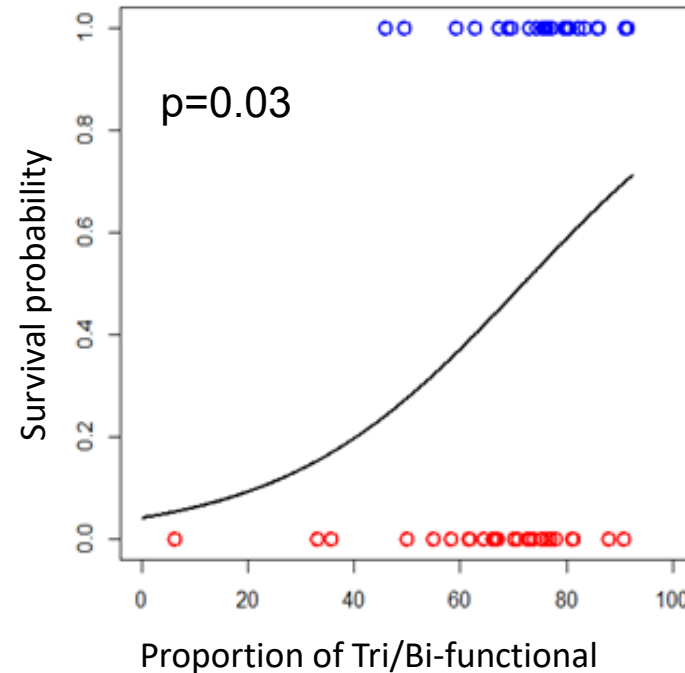
**Single blood sampling and variability in T-cell kinetics across individual NHPs represent challenges in identifying T-cell correlates.**

# CD8+ T-cell correlate of protection for ChAd3 Ebola vaccine does not reach statistical significance

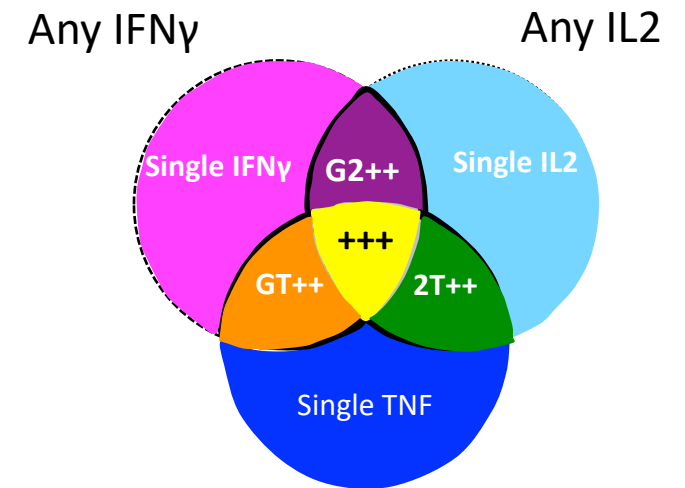
Dataset 1 (n=20)



Dataset 2 (n = 54)

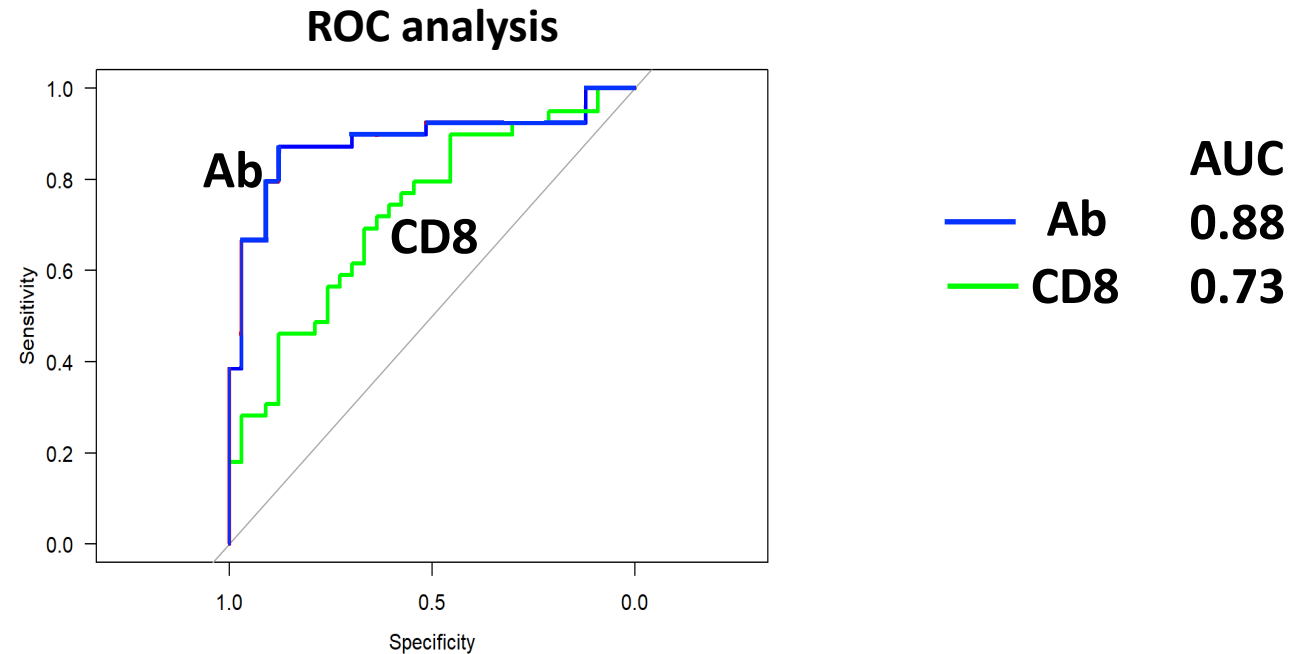


**Tri/Bi-functional**



Significance threshold (multiple comparisons)  
 $p = .014$

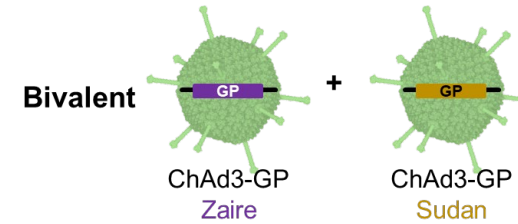
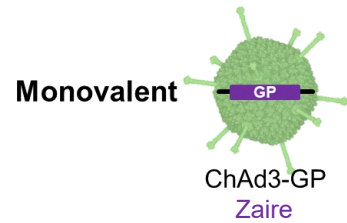
# Predictive value of Ab vs CD8 correlates for ChAd vaccine



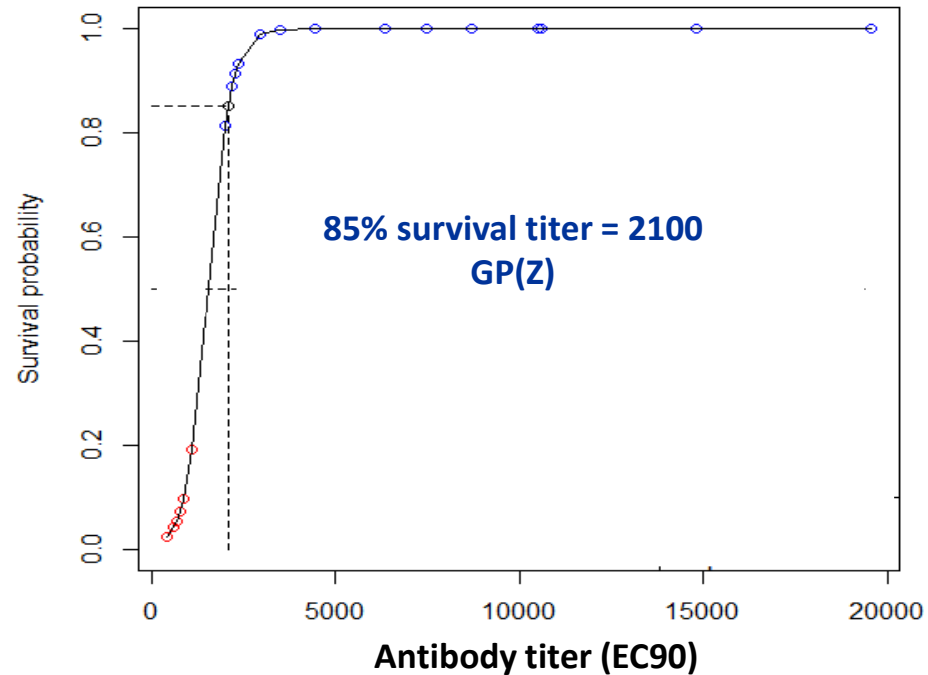
- T-cell correlates do not significantly improve prediction beyond using Ab titer alone

Can we use antibody titer as a  
universal predictor of vaccine  
protection for a given pathogen?

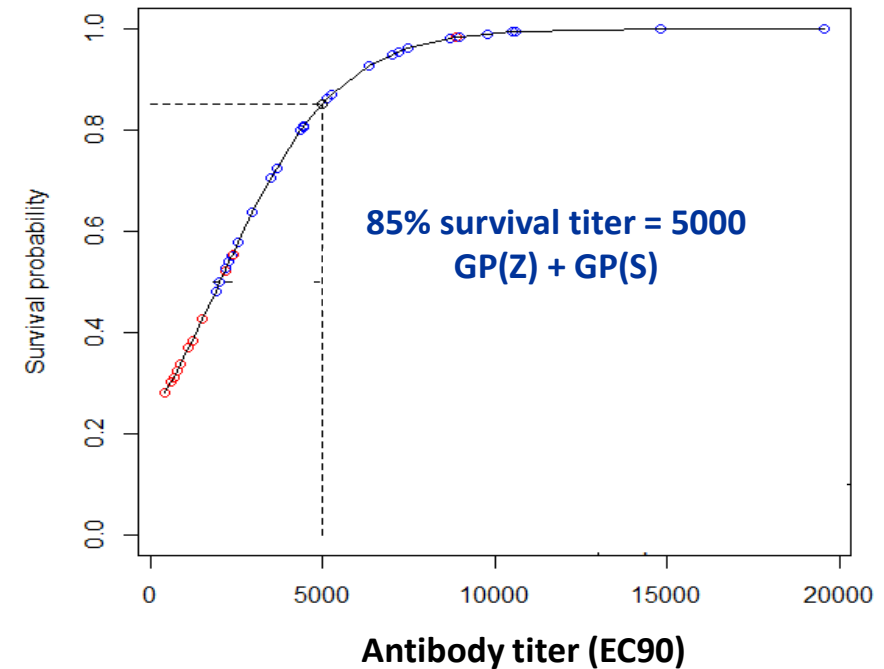
# Context-dependence of Ab correlate: Antigen composition impacts on 85% protective titer



**ChAd3 – Monovalent Zaire**

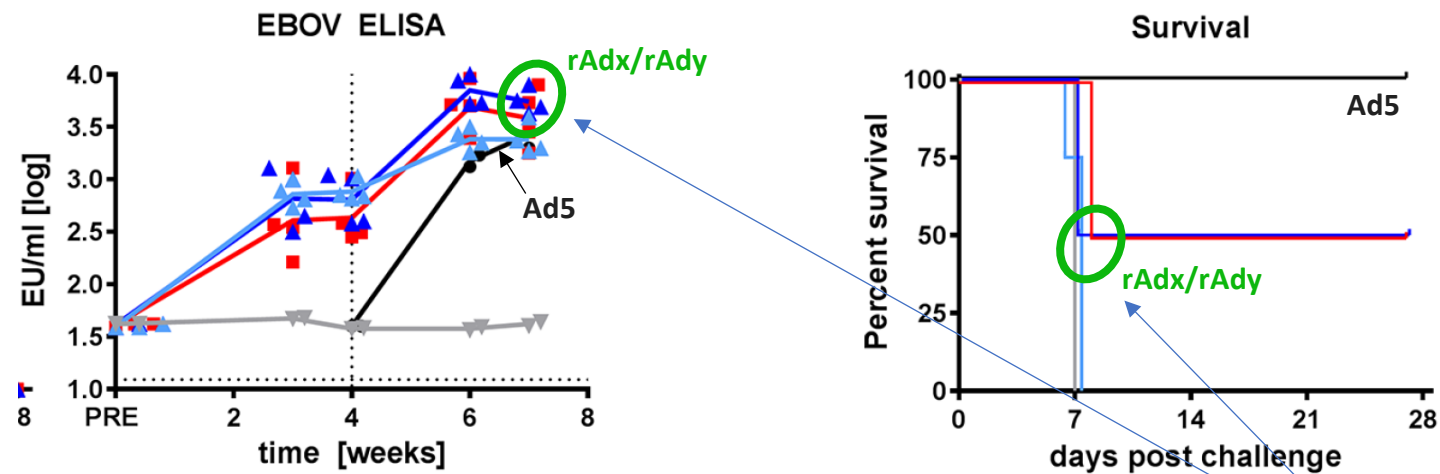


**ChAd3 – Bivalent Zaire + Sudan**



# Context-dependence of Ab correlate

## 85% protective titer is vector-specific

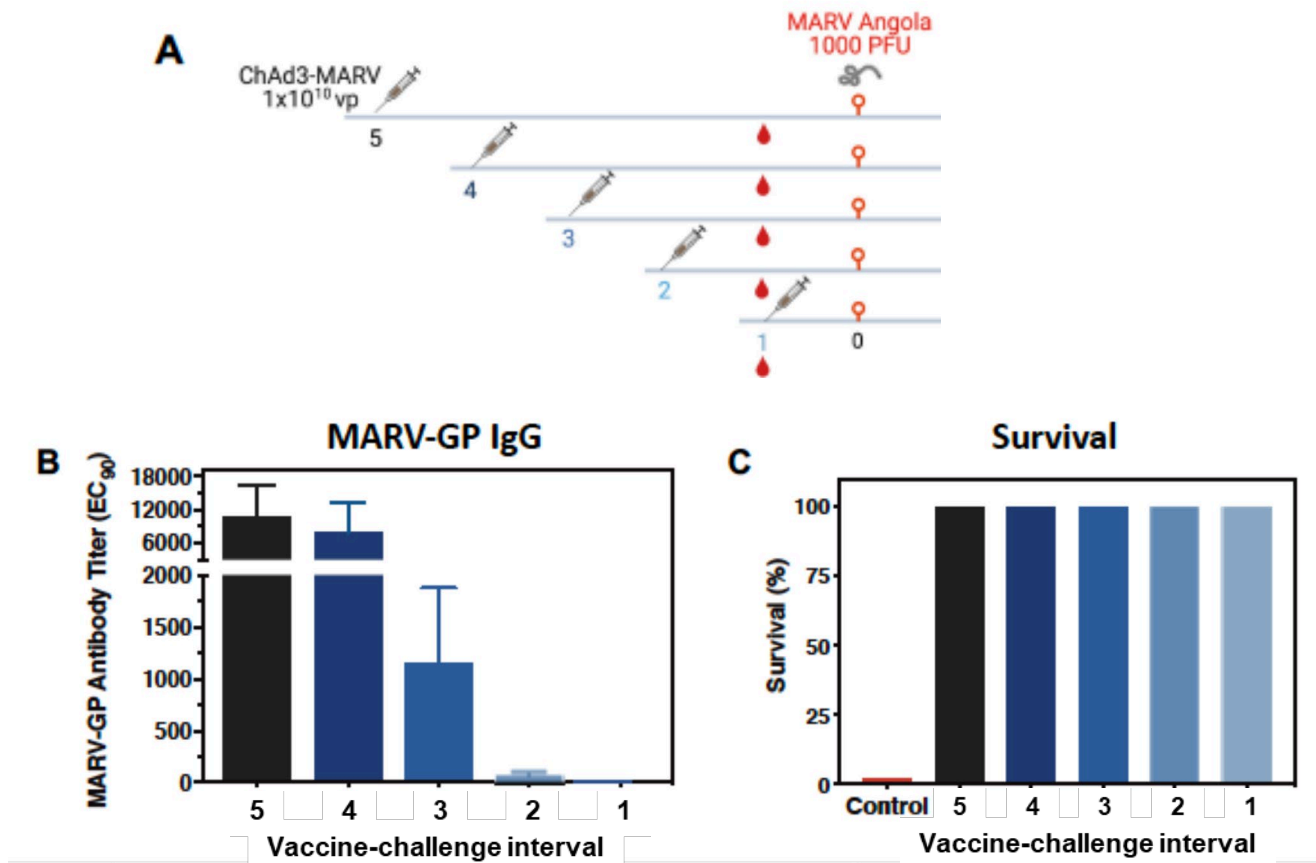


rAd5 Ab protective correlate does not predict protection by rAdx

# Context-dependence of Ab correlate

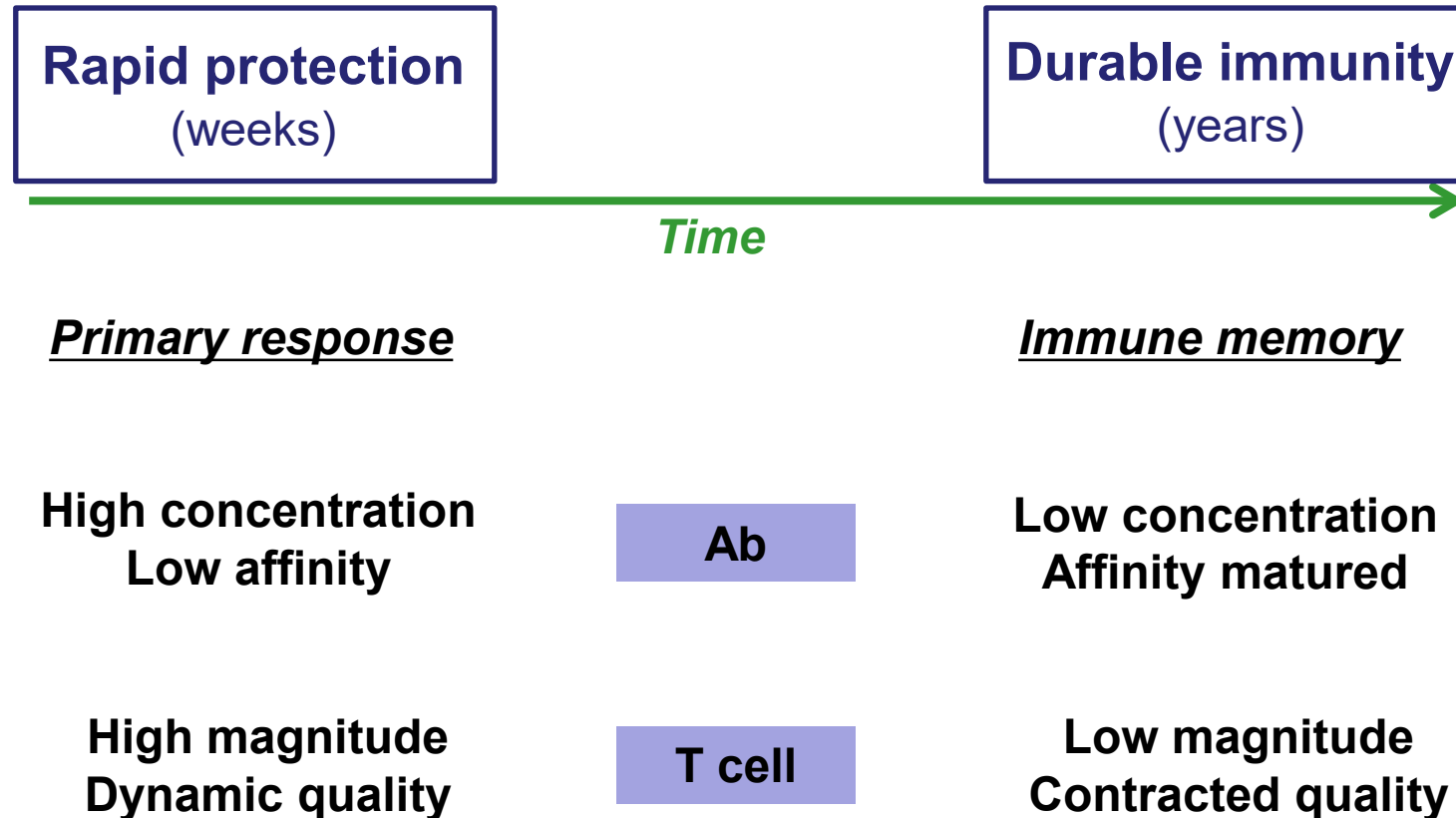
## Vaccine-challenge interval

EMA: “Dose, admin route and **timing of administration reflective of intended use in humans**”



# The Paradox of immune response evolution and the desire for both rapid and durable Vaccine Protection

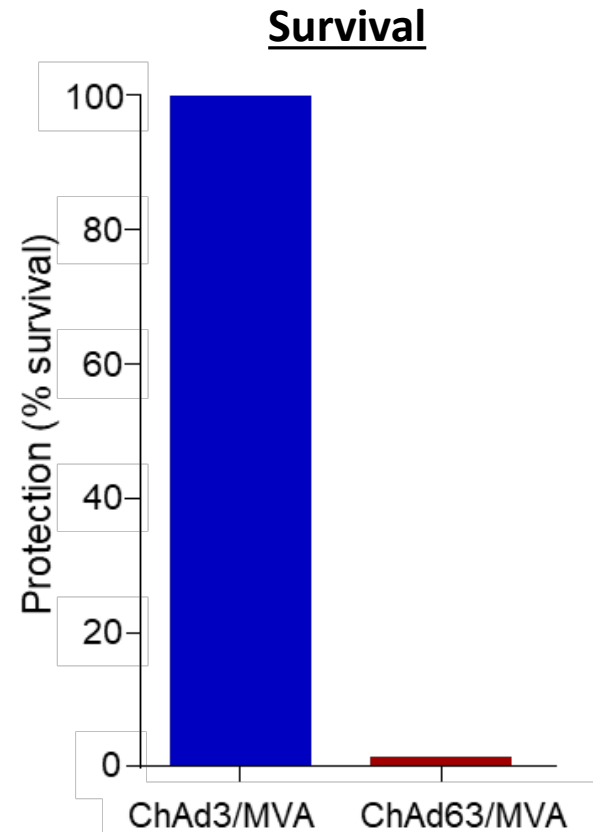
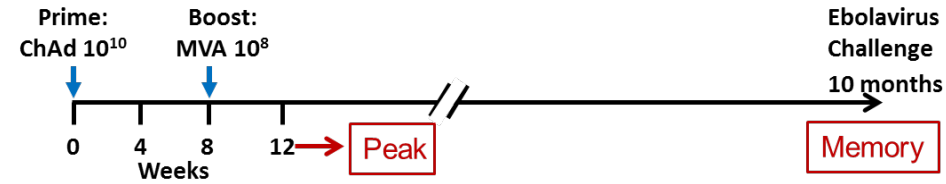
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Do correlates defined with short vaccine-challenge intervals predict protection at other intervals?

# ChAd3 but not ChAd63 primes for long term protection

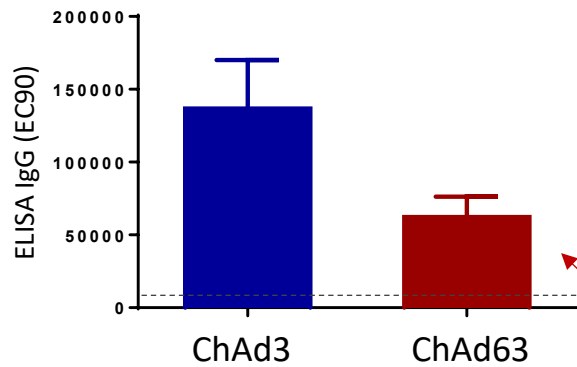


# Context-dependence of Ab correlate

## Acute challenge protective titer does not predict long-term protection

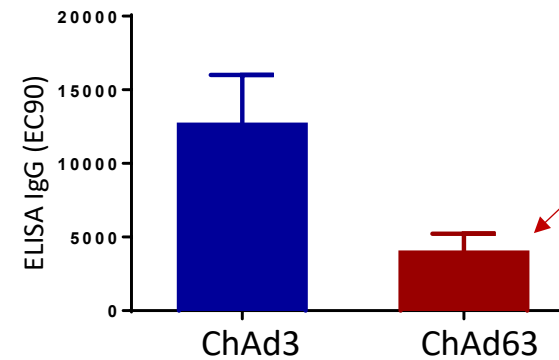
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MVA boost: Ab 4 weeks post boost



ChAd63 post boost titers  
25X acute “protective” titer

10 months post vaccine



ChAd63 titer > Ad5 or ChAd3  
4-week “protective” titer

- Correlates determined in “acute” challenge model do not predict durable protection
- Vector-dependence of Ab titer correlate
- Post boost titers do not predict durable protection

# Impact of animal model design on immune bridging

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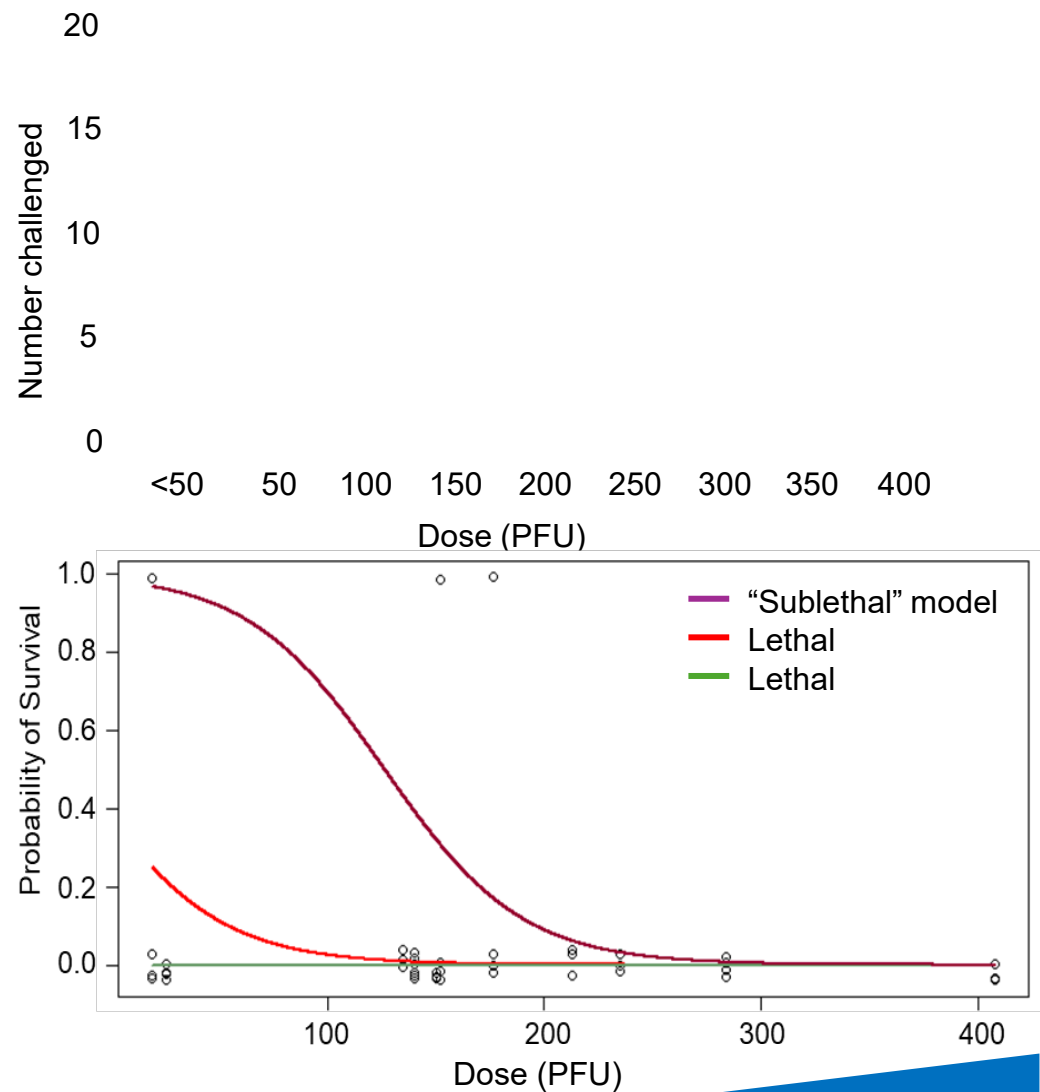
## 1970's and 80's: model aimed at high lethality

- 500-1000 PFU, TCID<sub>50</sub>
- Uniform lethality

## 2000's : Accepted model remains the same but data show:

- <10 PFU uniformly lethal
- Vaccine studies performed at 1000x LD99

# Choice of animal challenge model dose will impact on human immune response bridging



Shared opportunistic data

NHP model

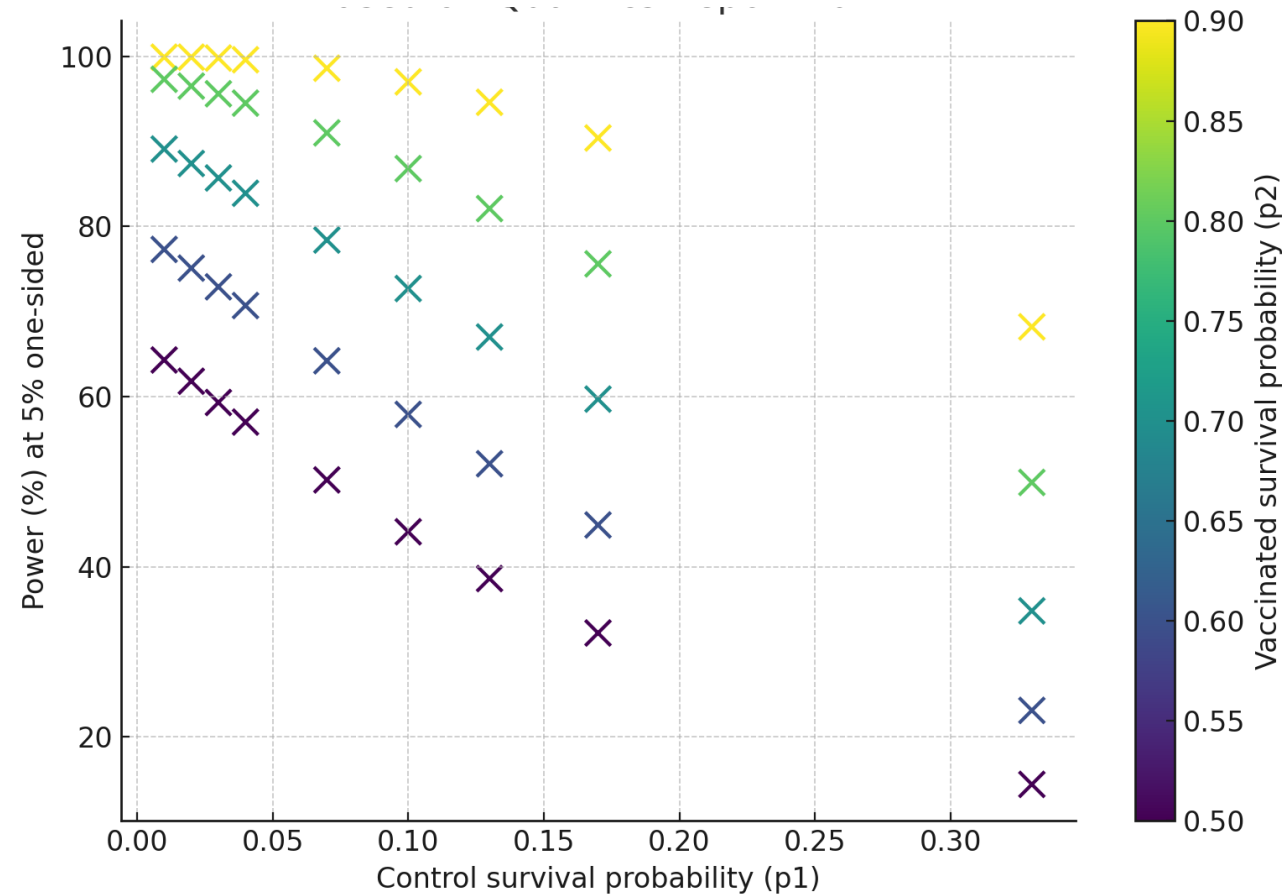
Virus challenge at multiple doses

< 1E-6 % survival probability at any dose.

Immune  
response

# Data sharing facilitates identification of challenge dose “sweet spot”

Power calculations for varying control and vaccine survival probability

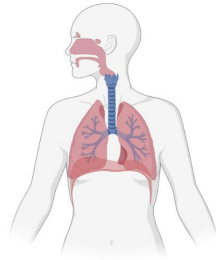


# Choice of animal challenge model route may impact on human immune response bridging

## Respiratory:

Coronavirus: SARS-CoV-2

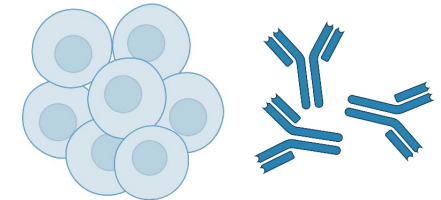
Pneumovirus: RSV



## Model

Intranasal  
Intratracheal

**Bridgeable immune  
response?**



## Encephalitis:

Togaviridae (+RNA): V/W/E-EEV

Flaviviridae (+RNA): JEV, WNV

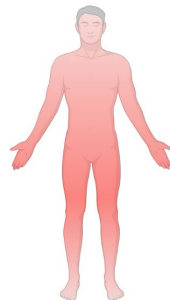


Intraperitoneal

## Hemorrhagic fever:

Arenaviridae (ambisense /-RNA): Lassa virus

Filovirus (-RNA): Ebola, Marburg virus

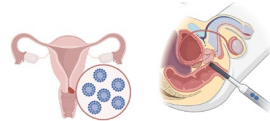


Intramuscular

## MPOX:

Clade 1b

Clade 2b



Intravenous

# Considerations for bridging between animal models and humans

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1. Bounds of durability can be estimated with NHP challenges but possibly not with antibody titers
2. Durability of protection in NHP may be predictive of durability in humans (the NHP/Human vaccine protection and durability relationship is reasonably predictive for SARS-CoV-2)
3. Antibody correlate of protection is context dependent and empirical
  - Antigen composition (monovalent vs. bivalent vs. multivalent)
  - Vaccine platform and regimen
  - Pre-existing vector immunity
  - Quantitative correlate changes with interval between vaccination and challenge
4. Animal model challenge dose and route should be optimized for bridging to humans – more is not better and may misrepresent normal human exposure immune responses