EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Veterinary Use (CVMP)

Concept paper on the need for revision of the position paper on indications for veterinary vaccines

Agreed by Immunological Working Party	5 – 6 October 2011
Adoption by CVMP for release for consultation	13 October 2011
End of consultation (deadline for comments)	31 December 2011

The proposed guideline will replace the CVMP revised position paper on indications for veterinary vaccines (EMEA/CVMP/042/97-Rev.1-FINAL)

Comments should be provided using this template. The completed comments form should be sent to vet-guidelines@ema.europa.eu

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1. Introduction

The revised position paper on indications for veterinary vaccine (EMEA/CVMP/042/97-Rev.1-FINAL) was adopted by the CVMP in June 2003. This paper presents the standard statements that should be used for the indications in the SPC and the efficacy studies requested to demonstrate the validity of the claims.

Over the past years, the wording used for the indications in the SPC has been deeply discussed during the marketing authorisation (MA) procedures for some veterinary vaccines. The statements were differently interpreted by the assessors involved in the MA procedures and this leads to confusion.

2. Problem statement

The revised position paper on indications for veterinary vaccine states that the applicant shall propose the indications clearly. The competent authorities shall decide on their acceptability based on assessment of the data provided in the efficacy part of the application.

The following standard indication statements shall be used, as appropriate, for the indications in the SPC and package insert:

"For active immunisation or passive immunisation of target animals to

- prevent mortality, clinical signs and/or lesions of the disease/disease complex;
- prevent infection;
- reduce mortality, clinical signs and/or lesions of the disease/disease complex;
- reduce infection."

It is anticipated that an indication for prevention may be granted on the basis of results generated from laboratory studies, even in instances where complete prevention cannot be demonstrated in field trials.

The onset and duration of the protection of the veterinary vaccine shall be specified.

Further specific indications (as outlined below) which give more detailed information on the level of protection that can be expected following use of the veterinary vaccine shall also be included. The nature of the protection may be further defined by reference to one or more of the following aspects supported by valid trial data:

a. mortality

b. the primary replication of pathogen in the target animal

c. the dissemination of the field pathogen(s) through the body of the target animal

d. the persistence of the field pathogen(s) in the body of the target animal (i.e. carrier status) e. the transmission of the field pathogen(s) from the body of the target animal to the egg(s), embryo(s) and/or foetus(es)

f. the excretion and transmission of the field pathogen(s) from the body of the target animal to contact animals

g. the development of the lesions of the disease/disease complex in the target animal

h. the development of the clinical signs of the disease/disease complex in the target animal

i. the reduction of negative effects of the disease/disease complex on the performance of the target animal

j. the prevalence of field pathogen(s) in populations of target animals.

k. in exceptional justified circumstances, the development of an immunological parameter, such as a serological response. Such an immunological parameter shall only be accepted where a relationship has been shown between that parameter and protection and where demonstration of protection by challenge is not reasonably practical.

The way this revised position paper on indications for veterinary vaccines is applied may differ between assessors. It appears that the wordings “prevention” and “reduction” can have different meanings. After the assessment of the same efficacy study results, some assessors would accept the use of “prevention” while others would prefer the wording “reduction”.

3. Discussion (on the problem statement)

The revised position paper was intended to harmonise the efficacy statements in the SPC in order to make it informative to the end user with regard to the expected degree of efficacy of the vaccine. As it seems that the same wording can lead to different interpretation by assessors, it seems now obvious that clarification is needed for assessors. It is even more important for the end user of the vaccine as he can make his own risk/benefit analysis to choose the vaccine that corresponds to his needs.

The relevance of the current approach of this guidance will be reviewed and depending on the outcome words such as “prevention” and “reduction” will need a clear definition.

The possibility to present in the SPC the efficacy results in a more quantitative way by indicating numbers has been discussed, and in two resent opinions regarding centralised marketing authorisations the CVMP included such quantitative efficacy information in terms of numbers in the SPC.

The use of numbers should be discussed taking into consideration the fact that on the one hand it would give valuable information but on the other hand it would induce a competition between the applicants. The goal for them would be to increase the numbers for the efficacy criteria in comparison to another vaccine in order to have a marketing advantage. As the vaccines are not compared in the same trials and the results are highly dependent of vaccination scheme, the relevance of this increase is questionable in terms of efficacy and furthermore the biological signification may be meaningless. The use of numbers could be allowed on a case by case basis in specific conditions that need to be defined.

Immunisation is mainly intended to protect against infectious disease. The specific indications mentioned in the revised position paper (see above under point 2) fully cover this aspect of the vaccination. Nevertheless, some vaccines were recently authorised with indications for use that are not mentioned in the position paper. The following claims can be mentioned as examples:

- reduction of the risk to develop an active infection and clinical disease,

- reduction of the risk to become shedder.

It is also expected that in a near future, the applicants will commonly apply for MA for immunological veterinary medicinal products indicated for new uses (e.g. oncologic indication, cytokines, zoological purpose,...).

These possible claims should be taken into account and the scope of the guidance will include all

immunological products when revising the document.

4. Recommendation

Revision of the position paper on indications for veterinary vaccine.

5. Proposed timetable

Appointment of the rapporteur for the new guideline and discussion of a draft at the February 2012 IWP meeting

Draft guideline for discussion at the May 2012 IWP meeting

Adoption by IWP at the October 2012 meeting

Adoption by CVMP for release for consultation in November 2012

6. Resource requirements for preparation

Preparation of the draft guideline would involve one rapporteur assisted by two other members of the working party.

Preparation of the draft guideline will require discussions at 3 IWP meetings.

7. Impact assessment (anticipated)

The revised document is expected to provide clear information on the definition of the indications for use of the immunological veterinary medicinal products and the statements to be used in the SPC.

This is anticipated to facilitate the work of assessors, to improve the manner in which the indication is written in the SPC by applicants and to give a clearer indication to the end user regarding the efficacy of the IVMP.

8. Interested parties

It is considered that the guideline would have no impact on industry and other interested parties in respect to the additional resources and costs from meeting the requirements of the guideline.

9. References to literature, guidelines, etc.

Revised position paper on indications for veterinary vaccine (EMEA/CVMP/042/97-Rev.1-Final)