

Investigational, Live, Intranasal (IN) M2SR (<u>M2</u>-deficient <u>Single Replication</u>) H3N2 Influenza Vaccine Induces Serum HAI & Broad Immune Responses in High Proportion of Adults

Safety Results

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1. Introduction

- Currently available vaccines are relatively ineffective against drifted influenza strains, especially H3N2.
- To address the need for more effective influenza vaccines, FluGen is developing M2SR (<u>M2</u> deficient <u>Single Replication</u>), an investigational, live influenza virus vaccine for intranasal administration. M2SR does not express the essential M2 virus protein and is therefore replication-restricted no interctious virus is produced begrond the first cycle of antigen production.
- In a prior human influence challenge study (EudraCT number: 2017-004971-30), a subset of adult vaccine recipients responded to a single intransasi (IN) dose of 10/17Clow_M258 kp woutring a broad humoral immune response to both vaccine and drift strains. This response predicted usbeaguent protection against infection and disease following challenge with a highly drifted strain of influenza H3N2 (Open Forum Infectious Diseases, Volume 6, Issues Supplement_2, October 2019, Pages 5967-5968).
- The current phase 1b clinical trial aims to evaluate safety and increases in responder frequency with higher dose levels following 1 & 2 vaccinatic
 of H3N2 M2SR

Fig 1. M2-deficient Single Replication (M2SR) vaccine schematic

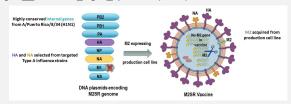
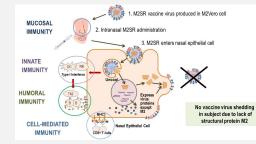


Fig 2. M2SR elicits broad immune responses similar to natural influenza infection



2. Methods

 A double-blinded, randomized, placebo-controlled study (NCT 03999554) was conducted with M2SR containing HA & NA from A/Singapore/INFIMH-16-0019/2016 (Sing2016) or A/Brisbane/10/2007 (Brist0) H3N2 virus.

Vaccin

Sing2016 M2SR

Sing2016 M2SR

Bris10 M2SB

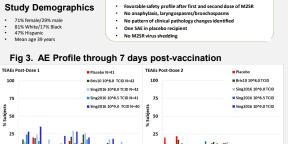
Placeb

(TCID₄₀)

 Healthy adults, 18-49 years of age, were screened for baseline microneutralization antibody titers (MNT) </=1:20 against A/Singapore/INFIMH-16-0019/2016.

•	Subjects received 2 IN doses of either saline or 1 of 3 different dose levels
	vaccine (10 ⁸ – 10 ⁹ TCID _{co}), administered 28 days apart.

- Solicited local and systemic reactions evaluated for 7 days after each vaccination
- Adverse events (AE) followed for 28 days and serious AE (SAE) for 180 days.
- Serum and nasal swab samples were tested for influenza-specific antibodies
 Serology assays were conducted at Viroclinics (Rotterdam, NL) and Southern Research (Birmineham AL): microsal IAA assays at VisMederi (Siena, IT)



3. Results

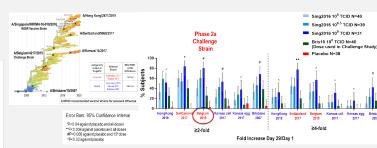
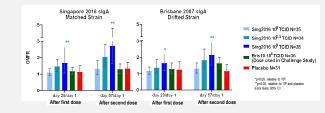


Fig 6. M2SR induced serum MNT against proximate and distant H3N2 drifted strains

Fig 7. M2SR induces mucosal slgA against matched and drifted strains



4. Conclusions

- After 1 IN dose, 10⁹ TCID₅₀ M2SR induced serum MNT response in 81% of subjects, compared to 28% response with 10⁸ TCID₅₀ dose used in previous challenge study. These data indicate potential for greatly increased efficacy for the higher dose level.
- M2SR H3N2 vaccine well-tolerated after 1 & 2 IN doses
- Single M2SR dose 10⁹ TCID₅₀ induced seroprotective serum HAI titers in 58% of serosusceptible adults, a result substantially greater than reported for licensed LAIV (Coelingh, 2014, Trials in Vaccinology 3:150).
- M2SR additionally induced Mucosal secretory IgA antibodies and Serum NAI antibodies
- Repeat M2SR dose increases immune response at all dose levels

Fig 4. Single dose of intranasal 10° I CID₅₀ M2SR significantly increased seroprotective HAI Titers

