



October 15, 2020

Dockets Management Staff (HFA-305)
Food and Drug Administration
5630 Fishers Lane, Rm. 1061
Rockville, MD 20852

Re: Docket Number FDA-2020-N-1898 for Vaccines and Related Biological Products Advisory Committee (VRBPAC); Notice of Meeting; Establishment of a Public Docket; Request for Comments for VRBPAC Meeting October 22, 2020

To the esteemed members of the VRBPAC at the Food and Drug Administration (FDA):

Treatment Action Group (TAG) submits the following written comments pertaining to the FDA Vaccines & Related Biological Products Advisory Committee (VRBPAC) Meeting on October 22, 2020.

TAG is an independent, activist and community-based research and policy think tank fighting for better treatment, prevention, a vaccine, and a cure for HIV, tuberculosis, and hepatitis C virus. TAG works to ensure that all people with HIV, TB, or HCV receive lifesaving treatment, care, and information. We are science-based treatment activists working to expand and accelerate vital research and effective community engagement with research and policy institutions.

In line with our mission, our comments and recommendations to VRBPAC encompass a broad range of community concerns regarding COVID-19 vaccine development and regulatory review:

1. **Resist political interference with the FDA:** TAG joins with the broad consensus of individuals, groups, and organizations demanding that the FDA resist political interference in regulatory decision-making. Since the onset of the COVID-19 pandemic, there have been unprecedented missteps and misstatements related to emergency use authorizations (EUAs) for hydroxychloroquine and convalescent plasma for COVID-19, and it is vital that similar debacles do not occur with vaccines. Such missteps would further undermine public confidence in the agency's ability to be a stringent regulatory authority and objectively assess the safety and efficacy of COVID-19 vaccines.¹ This is a particularly important concern when vaccine hesitancy in the U.S. is rising, with only 50% of American public trusting any COVID-19 vaccine candidate approved by the FDA.² The agency can restore public trust by improving transparency and communications, and by removing staff who've been involved in perpetrating political interference. Emily Miller, who was briefly and disastrously appointed FDA spokesperson and continues to post misinformation on COVID-19 therapeutics, should not be an agency employee.

2. **EUA guidance is the floor, not the ceiling:** We appreciate the issuance of FDA guidance on EUAs for COVID-19 vaccine candidates. However, we strongly recommend that the parameters outlined should be viewed as the absolute minimum requirements, particularly for duration of safety follow up.
3. **Enforcement of robust post-marketing surveillance:** The unprecedented speed at which prospective COVID-19 vaccines are being developed points to the need for post-marketing surveillance to be required and strongly enforced by the FDA. Surveillance can identify necessary post-approval safety label modifications and ensure warnings, precautions, and contraindications are swiftly addressed and transparently reported to communities. Studies demonstrate that almost half of all label changes made for FDA-approved vaccines are a result of post-marketing surveillance.³
4. **Expanding safety information on vulnerable groups:** Robust information should be obtained on safety (and, if possible in subgroup analyses, efficacy) of COVID-19 vaccines in survivors of tuberculosis and people living with HIV and other chronic viral infections including, but not limited to, hepatitis B and C.
5. **Visibility in the data for historically invisible populations:** Vaccine developers should generate data on safety and efficacy across the full age spectrum in women, transgender and gender non-conforming people, and men (see the Division of AIDS Cross-Network Transgender Working Group Guidance on the Use of Gender-Inclusive HIV Research Practices for relevant recommendations⁴), and in racially and ethnically diverse populations. Broad inclusion can help support building trust and addressing vaccine hesitancy among historically marginalized and vulnerable populations.
6. **Prioritizing pregnant people and pediatric populations:** In addition to being transparent with data on people who become pregnant during efficacy trials, sponsors should be asked to disclose plans and timelines for the developmental and reproductive toxicology (DART) work necessary to conduct clinical research specifically in pregnant and lactating people. Similarly, sponsors should disclose plans and timelines for the clinical research necessary to obtain vaccine licensure in pediatric populations.
7. **Evaluating duration of immunity:** The FDA must ensure that COVID-19 vaccine efficacy evaluations proceed for sufficient duration to obtain evidence on the duration of immunity if vaccine-mediated protection from SARS-CoV-2 infection and/or COVID-19 disease is demonstrated. This is particularly vital given the evidence that immunity to seasonal coronaviruses is relatively short-lived.^{5,6}
8. **Implications of COVID-19 vaccine approvals:** We encourage the FDA to proactively consider the implications for ongoing and future efficacy trials if and when a vaccine safely meets or exceeds the 50% efficacy threshold for approval. Issues will arise regarding how to approach control arms and trial designs, and this may be an appropriate topic for an additional FDA guidance document.⁷
9. **Monitoring for COVID-19 reinfection:** Sponsors should be encouraged to monitor for potential cases of reinfection with SARS-CoV-2 among trial participants, to gain further insights into the incidence and consequences of the phenomenon.⁸ If considered outside of the remit of efficacy trials, sponsors should provide access to samples to independent researchers studying reinfection.

10. Facilitating open science and sample sharing: COVID-19 vaccine efficacy trials also offer the opportunity to evaluate the effects of pre-existing immune responses to seasonal coronaviruses on the response to vaccination, SARS-CoV-2 infection and COVID-19 disease.⁹ Again, making samples available to independent researchers would allow important questions on this topic to be addressed.

In summary, we strongly encourage the committee to consider strategies for implementing the preceding recommendations. As Americans and the rest of the world look to the FDA to evaluate and approve COVID-19 vaccines, we believe that taking steps to ensure clear public communication and guidance, shoring up gaps in data, and gaining robust safety profiles for key vulnerable populations will help restore public faith in a heralded agency that's been marred by partisan politics. We urge the agency to lead with science and lead our communities towards a resolution of this pandemic that has taken so many lives here and abroad.

Thank you.

Contact:

Richard Jefferys
Basic Science, Vaccines & Cure Project Director
Treatment Action Group
90 Broad Street, Suite 2503
New York, NY 10004 USA
Tel +1 212 253 7922
Fax +1 212 253 7923
richard.jefferys@treatmentactiongroup.org
<http://www.treatmentactiongroup.org>

¹ Thomson K, Nachlis H. Emergency Use Authorizations During the COVID-19 Pandemic: Lessons From Hydroxychloroquine for Vaccine Authorization and Approval. *JAMA*. 2020 Aug 31. doi: 10.1001/jama.2020.16253. Online ahead of print.

² The Washington Post Editorial Board. The danger is growing that a coronavirus vaccine will be rejected by the public — thanks to Trump. *The Washington Post*. 2020 October 14.

https://www.washingtonpost.com/opinions/the-danger-is-growing-that-a-coronavirus-vaccine-will-be-rejected-by-the-public--thanks-to-trump/2020/10/14/c9f3b5ae-0e42-11eb-8074-0e943a91bf08_story.html

³ Tau N, Yahav D, Shepshelovich D. Postmarketing safety of vaccines approved by the U.S. Food and Drug Administration: A cohort study. [published online July 28, 2020]. *Ann Intern Med*. doi:10.7326/M20-2726

⁴ Division of AIDS Cross-Network Transgender Working Group. Guidance on the Use of Gender-Inclusive HIV Research Practices: Protocol Design, Data Collection, and Data Reporting. 2020 March.

<https://www.hanc.info/legacy/Documents/Guidance%20on%20the%20Use%20of%20Gender-Inclusive%20HIV%20Research%20Practices%20March%202020.pdf>

⁵ Edridge AWD, Kaczorowska J, Hoste ACR, et al. Seasonal coronavirus protective immunity is short-lasting. *Nat Med*. 2020 Sep 14. doi: 10.1038/s41591-020-1083-1. Online ahead of print.

⁶ Dyrdak R, Hodcroft EB, Wahlund M, Neher RA, Albert J. Interactions between seasonal human coronaviruses and implications for the SARS-CoV-2 pandemic: A retrospective study in Stockholm, Sweden, 2009-2020. medRxiv 2020.10.01.20205096; doi: <https://doi.org/10.1101/2020.10.01.20205096>

⁷ Cohen J. Early approval of a COVID-19 vaccine could stymie the hunt for better ones. *Science*. 2020 October 14. <https://www.sciencemag.org/news/2020/10/early-approval-covid-19-vaccine-could-stymie-hunt-better-ones>

⁸ Kim AY, Gandhi RT. Re-infection with SARS-CoV-2: What Goes Around May Come Back Around. *Clin Infect Dis*. 2020 Oct 9:ciaa1541. doi: 10.1093/cid/ciaa1541. Online ahead of print.

⁹ Lipsitch M, Grad YH, Sette A, Crotty S. Cross-reactive memory T cells and herd immunity to SARS-CoV-2. *Nat Rev Immunol*. 2020 Oct 6. doi: 10.1038/s41577-020-00460-4. Online ahead of print.