Sisonke
PROTECTING HEALTHCARE WORKERS

Sisonke Boost

Sisonke Protocol Team

CAPRISA
CENTRE FOR THE AIDS PROGRAMME OF RESEARCH IN SOUTH AFRICA

DESMOND TUTU HIV CENTRE

REPUBLIC OF SOUTH AFRICA

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Why are we even thinking about a boost?

- Sisonke has confirmed excellent vaccine effectiveness (VE) to prevent death (83%), severe disease needing ICU (76%) and hospitalisation (67%) even in HCWs living with HIV during waves with circulating Beta and Delta variants, based on a data from 17th Feb-17th July 2021. A further analysis with data up to the 17th September is ongoing.
- Most recent data from Johnson and Johnson regarding durability of VE beyond 8 months shows some reduction in antibody titres particularly in the elderly (>60 years).
- These titres have been augmented by an additional boost. (see data in next slide)
- Data showed a 2-4 x increase in immediate second dose and 4-7 x increase in boost after 6 months.
- Second dose in Ensemble shown to be safe and effective.
- Countries which have been vaccinating against COVID19 for some time such as the USA are moving to booster doses, and in September, Health Care Workers and specific sub-populations will be eligible for a boost.
- Our Sisonke participants, many of them frontline HCWs vaccinated in South Africa ahead of the national vaccine program, are most vulnerable to COVID19 exposure and are an excellent population in which to evaluate the value of a booster dose.

To date….

- Minister has announced a booster will be offered to the Sisonke participants who received the single-shot Ad26.COV.2
- The boost will be homologous JnJ vaccine.
- J&J vaccine has conditional approval for use from SAHPRA and is part of the National departments roll out programme.
- Similar commercial JnJ vaccine will be used for the main Sisonke cohort.
- Sisonke Ppts will be eligible to receive the boost > 6 months after prime dose.

Eligibility

- Inclusion criteria
  - Age 18 and older
  - All Sisonke participants
  - Received a priming Ad26.SARS.COV.2.S vaccination as part of the Sisonke study at least 6 months prior
  - Participants who are pregnant or report breastfeeding at the time of enrolment may be included.
  - Willingness and ability to comply with vaccination plan and other study procedures.
  - Capable of giving electronic or personal signed informed consent as described in Appendix 5, which includes compliance with the requirements in this protocol.
- Exclusion criteria
  - Participants who have received boosting vaccination through other means.
  - Any significant acute or chronic medical condition, situation or circumstance that in the opinion of the PI/designee makes the participant unsuitable for participation in the study, or jeopardises the safety or rights of the participant
  - Current participation in any other research studies that would interfere with the objectives of this study. The determination of whether participation in another study would be exclusionary for a given participant will be made by the PI/designee.
  - Participants with a history of heparin-induced thrombocytopenia or TSS

Recommendations for ppts of special interest

- The following participants will be strongly advised to discuss their participation with their practitioner/ health provider and/or the Sisonke safety desk and/or the site PI:
  - History of severe adverse reaction associated with a vaccine and/or severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine.
  - Participants who are thought to have suffered a neurological adverse event considered related to the priming J&J vaccine.
  - Participants reporting a non-infective SAE within the first 28 days following the priming dose of J&J vaccine in the Sisonke 3B trial
- We note that international reports of TSS have not identified a risk factor, nor does there appear to be any prothrombotic state that indicates a risk factor for this immune response.
- Nevertheless, the Sisonke study will enrol the following participants **only** after consultation and approval of the study Protocol Safety Review Team (PSRT). (See process below).
  - Chronic history of severe clotting disorders
  - Participants who suffered a thromboembolic adverse event following the priming J&J vaccine.
  - These individuals may be commenced on short term prophylactic coagulation if deemed appropriate after consultation with a member of the Sisonke PSRT .

Sisonke 2 Safety Desk

- Same telephone numbers we used before.
- Ppts will be encouraged to call the desk if any concerns about safety of receiving a JnJ booster
- Ppts will be asked via sms to report any post Boost adverse events.
- Azwi to say whether online option will be workable again?

Categories of people calling pre Boost:

- These individuals fall into three categories:
- 1. those who simply need reassurance
  - Staff at desk can reassure
- 2. Those who had conditions of special interest: severe allergic rxns, neurological disorders/events, thromboembolic events
  - PSRT team to discuss and devise a management/vaccination plan
- 3. Those who have a contraindication to JnJ vaccination
  - Not eligible but we have agreed that we will speak with NDoH and SAHPRA for an alternative off study plan.

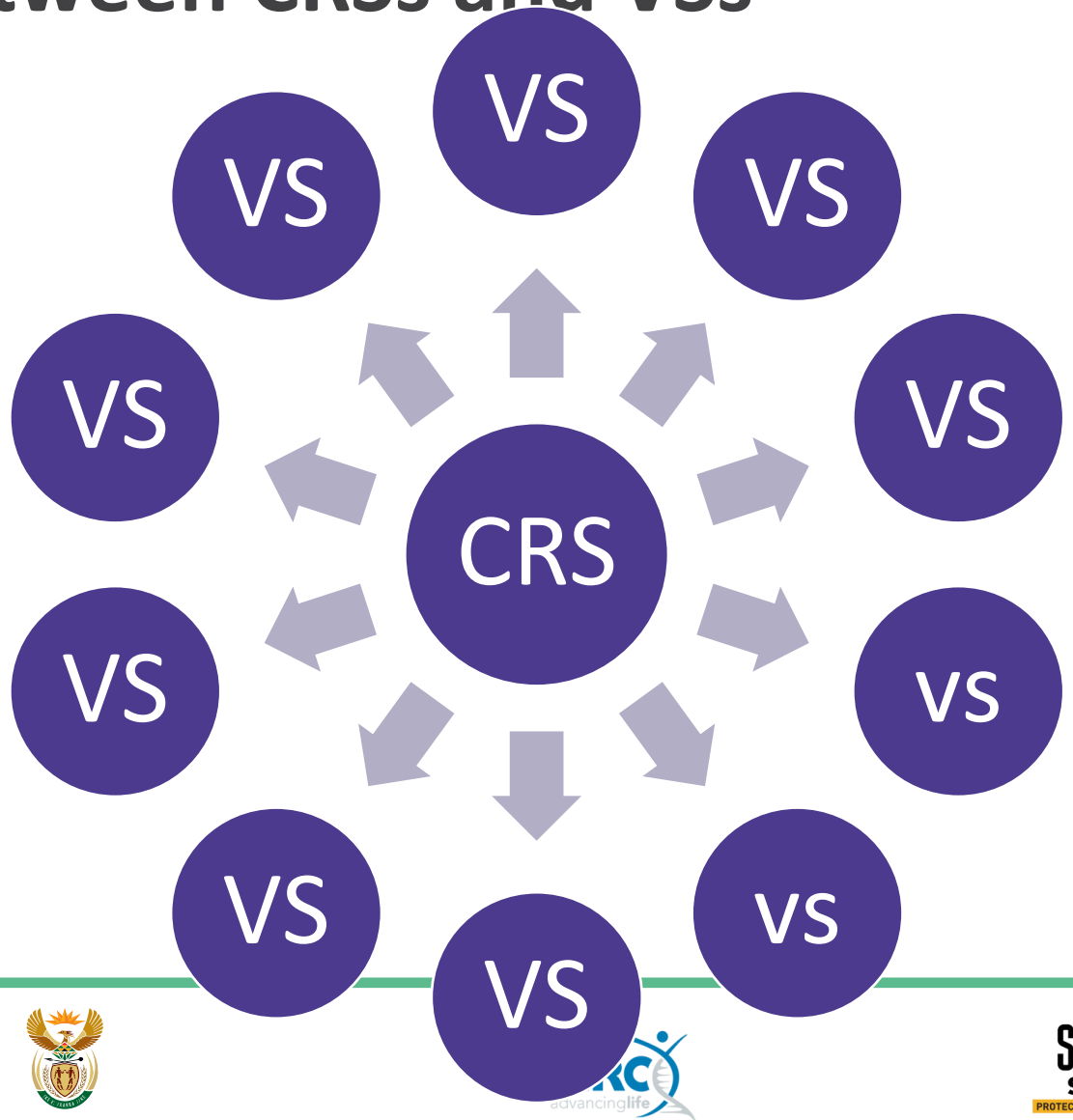
Boosting: Vaccine Centre Process

- The Boost will be delivered as partnership between vaccine sites (VS) and clinical research sites (CRS)
- No need for pharmacy control over vaccine draw this time
- Will need each VS to be paired with a CRS
- Have chosen CRS liaison people from each province (present on call)
- Provincial teams to work with CRS leads to ensure we have alignment between VSs and CRSs
- CRS “oversight” would include a visit, contact, availability telephonically, support to participants for any queries or questions.

Arrangement between CRSs and VSs

Every CRS will be assigned a set of VSs

Contact between CRS and VSs may be physical , eg visit, staffing, etc but at the minimum is virtual in the following way:



Each Vaccine Site

- Will assign a vaccine site champion
- The champion will be asked to complete simple training (see next slide)
- Once training complete, a log will be submitted to designated CRS
- The Vaccine Site will then be “initiated” and able to start Sisonke 2
- The champion has the following roles and responsibilities:

Roles and Responsibility of Vaccine Site Champions

- To facilitate communication and enable oversight with assigned clinical research team
- Ensure training is received and a training log sheet is signed
- Ensure ***only*** eligible people are vaccinated under Sisonke Booster (2)
- Ensure all potential vaccinees present with their proof of Identity, proof of Sisonke 2 ***specific*** voucher code and have not reported receiving a booster dose single their Sisonke JnJ dose.
- Ensure ***daily*** updates via either the (RTC 1,2,3 Step App or digital communication) to the clinical research team.
- Report any adverse events timeously to the clinical research team.
- Report any site level issues/challenges to clinical research team

Training modules for VS champions

- Should take no more than 1 hour, on-line
- Training logged and tracked
- Certificate issued on completion
- Content:
  - Basic Sisonke 2 protocol training
  - Brief update on why boost and why JnJ
  - Basic process steps
  - Basic informed consent training
  - Simple human subjects protection training (confidentiality, autonomy, etc)
  - Completion of Wattsapp 1,2,3 survey of daily vaccine data

Boosting Process : participants

- Sisonke Participants will be notified via Sisonke SMS.
- Reconsent will be via the digital process (EVDS)
- The Ad26COV2 Boost will be captured digitally on EVDS
- Sisonke Participants will be invited to specific site(s) in each province
- Vaccinators at site will be trained via champions re the boost process
- Participants will be asked to report any adverse events and all break-through infection to the safety desk (as per Sisonke) via a toll free number or the online database for 28 days.

We are planning to commence Sisonke Boost by 8 November 2021 subject to regulatory and ethics approval

Regulatory/ethics approvals

1. Protocol approved by SAHPRA
2. Protocol review underway at ethics committees
3. Seeking blanket approval via DG health for provincial approvals.

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HUGE THANKS

Once again to NDoH, CRSs and provincial health teams for helping to get our Sisonke people boosted!

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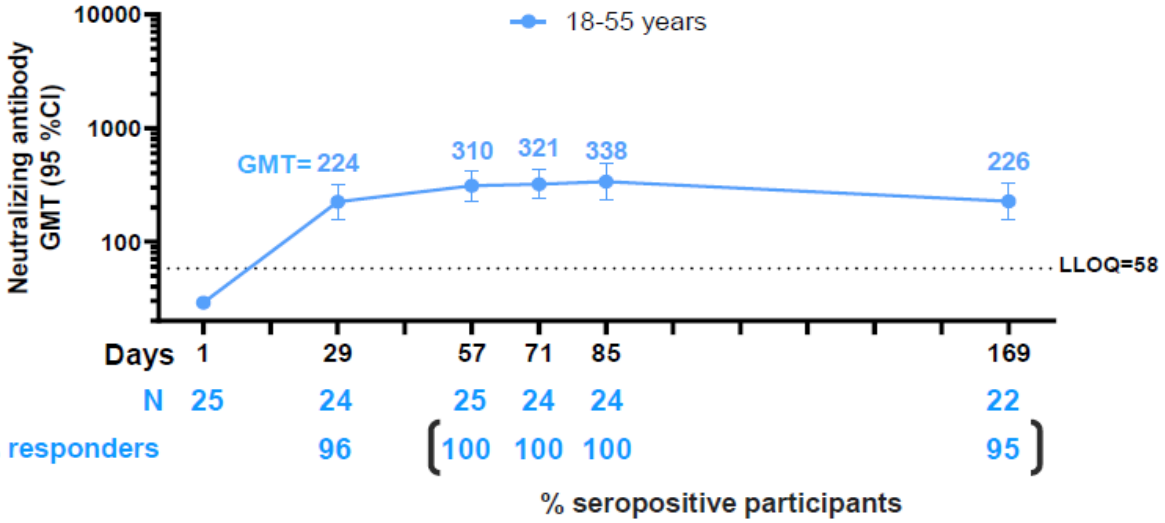
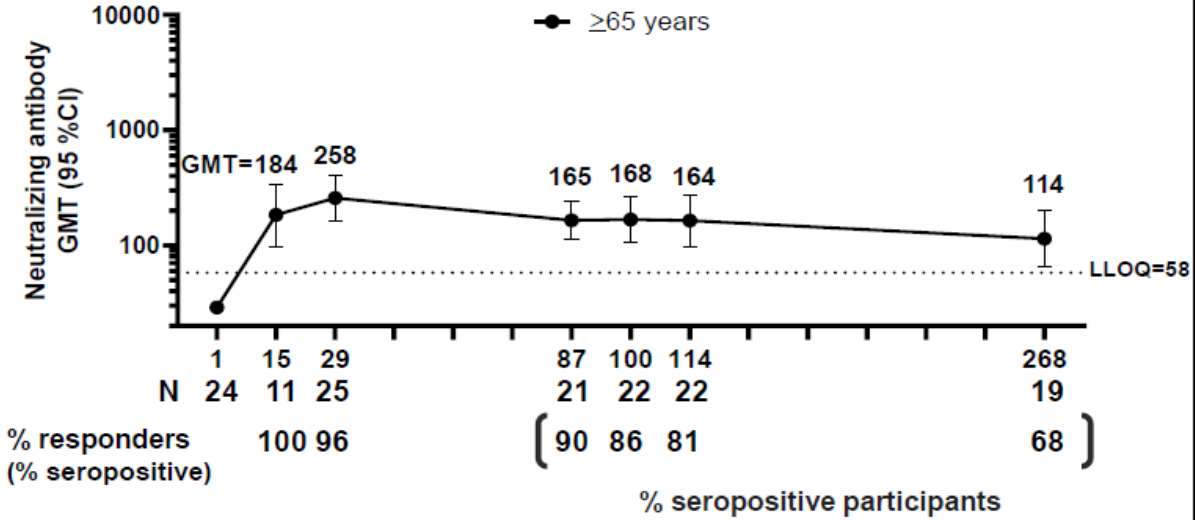
Durability of Immune Response

COV1001 – humoral immune responses over time, following one dose of Ad26.COV2.S in 18-55 and ≥65-year-old participants

wtVNA, durability up to 8 months – day 239 (cohort 1a – 18-55 yrs)



wtVNA, durability up to 9 months – day 268 (cohort 3 – ≥ 65 yrs)

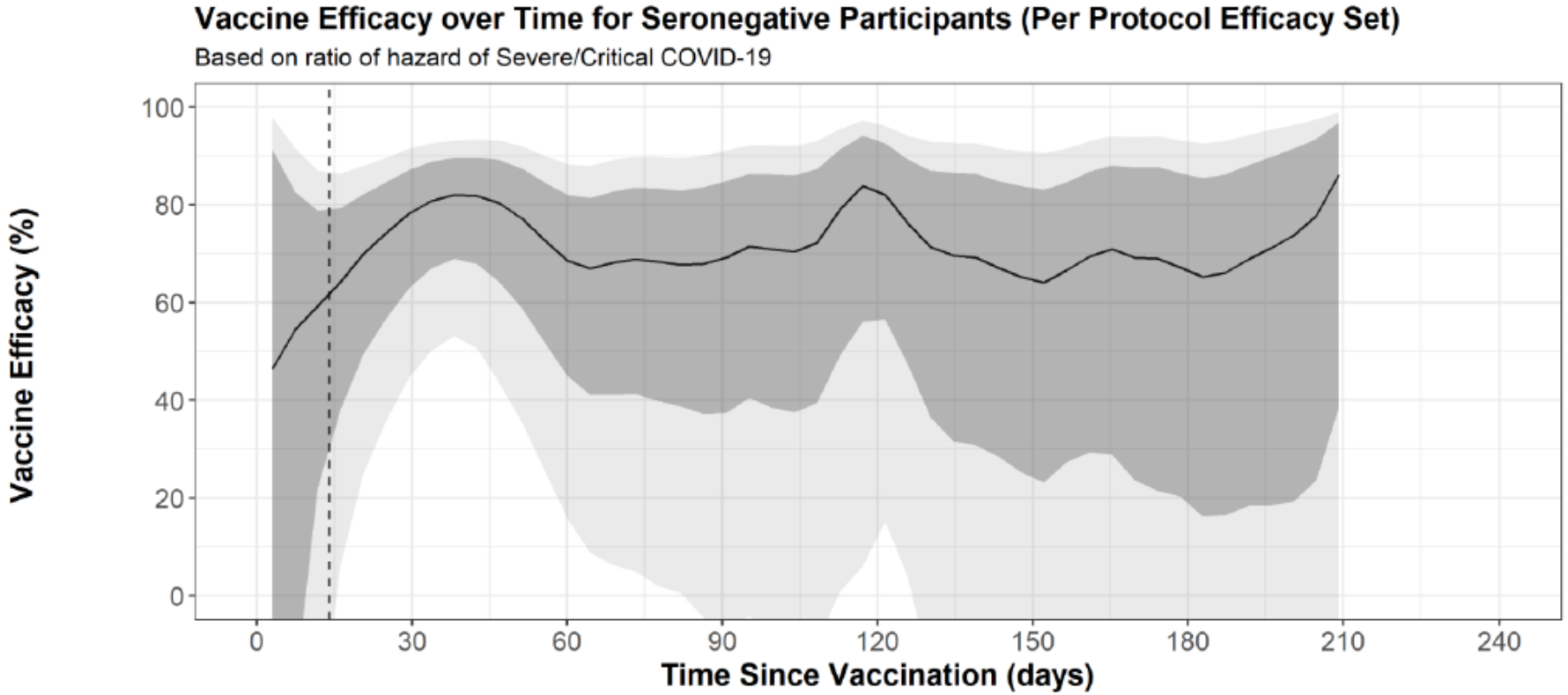


Rates of responders with binding antibody titers observed in COV1001:

- 18-55 yo at 8 months: 97% (66/68)
- 65+ yo at 9 months: 88% (61/69)

Severe COVID-19: VE over time (COV3001 ENSEMBLE, single dose primary regimen)

Baseline-seronegative participants, per-protocol analysis set

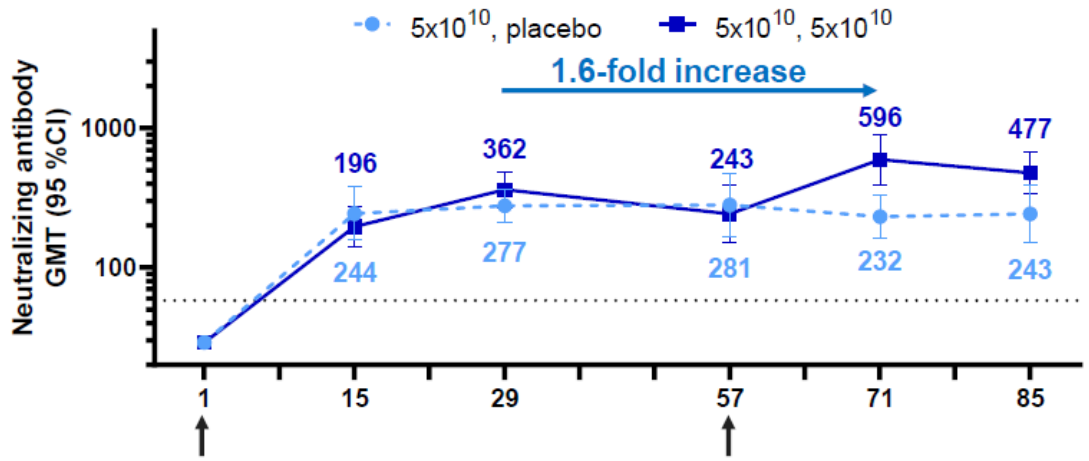


Numbers at risk

Placebo	19608	19153	17539	15214	9821	5049	3799	1260	61
Ad26 5e10 vp	19577	19245	17777	15601	10290	5435	4046	1308	55

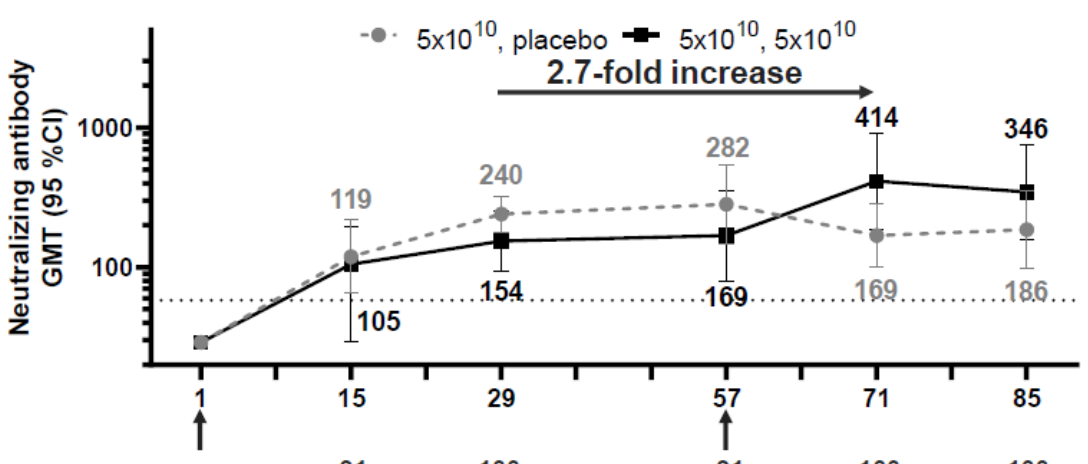
COV2001 – Immune responses following a second dose of Ad26.COV2.S in 18-55 and ≥65 year old participants

wtVNA, one vs two dose Ad26.COV2.S in 18-55 yrs



	1	15	29	57	71	85
% responders (=% seropositive)		96	100	90	100	96
% responders		91	100	91	100	100
% seropositive		96	100	92	100	100

wtVNA, one vs two dose Ad26.COV2.S in ≥ 65 yrs



	1	15	29	57	71	85
% responders		91	100	91	100	100
% seropositive		96	100	92	100	100
% responders (=% seropositive)		67	100	93	86	77

Binding antibody fold increase from Day 29 post dose 1 vs post dose 2:

- 18-55 yo: 4.6-fold increase
- 65+ yo: 6.2-fold increase

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