



Case for Gonococcal Prevention

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Gonorrhoea

- Sexual transmitted infection
- Caused by: Neisseria gonorrhoeae, gonococcus, GC: Gram Negative diplococci
 Obligate human pathogen



GONOCOCCAL VACCINE PROJECT

Pelvic inflammatory disease : cervicitis, salpingitis , endometritis. Accessory gland infection Peri-hepatitis Pregnancy morbidity

Disseminated Gonococcal Infection (DGI): arthritis-dermatitis syndrome endocarditis, meningitis **Urethritis** Proctitis Pharyngeal infections Epididymitis (male infertility) Abscess of Cowper's/Tyson's glands Seminal vesiculitis Prostatitis

Complications of Genital Infection

Infertility Ectopic Pregnancy Spontaneous abortion Congenital Infection:

Conjunctivitis

- Ophthalmia neonatorum : destructive corneal scarring and blindness
- Skin infections

Common coinfections with other sexually transmitted pathogens Increase risk to contract and transmit HIV Many infections asymptomatic: 50-80 % Female ~40 % male



Gonorrhoea



GONOCOCCAL VACCINE PROJECT

- Second most common bacterial STI
- Global incidence of over 78 million cases per year 21 % increase incidence between 2005 and 2012 (WHO).
- Rates vary: incidence is 12.5 cases/100,000 population in Europe and ≈6,000 cases/100,000 population in parts of sub-Saharan Africa



Data are estimated numbers of incident cases in millions for chlamydia, gonorrhoea, syphilis, and trichomoniasis in 2012. Unemo M. The Lancet. 2017

35

40

Age (years)

45

50

Male

55

Femal

- In the UK, there has been a year-on-year increase in cases between 2008 and 2015



Public Health England. Health Protection Report. June 2018.



Urgent need for a vaccine



Vaccines to tackle drug resistant infections An evaluation of R&D opportunities





Annual global mortality ('000 deaths)



M. tuberculosis* S. pneumoniae Priority 3: Medium • H. influenzae Shigella spp. ▶ E. faecium S. aureus Priority 2: High • 🕨 H. pylori Campylobacter Salmonella spp. ▶ N. gonorrhoeae A baumannii P. aeruginosa Priority 1: Critical + Enterobacteriaceae: K. pneumoniae, E. coli, Enterobacter spp., Serratia spp., Proteus spp., Providencia spp., Morganella spp.

Note: WHO 2017: Global priority list of antibiotic-resistant bacteria to guide research, discovery, and development of new antibiotics; *M. tuberculosis was no subjected to review for inclusion in the WHO priority list. However, it was specifically acknowledged as a globally established priority for which innovative new treatments are urgently needed. We therefore included this pathogen in our analysis. 1) Colour code for AMR threat different from pathogen scorecards.

Source: WHO and IHME 2016 global disease burden datasets and literature review - full source list and methodology in appendix.



Collect data, explore alternatives

Weighting used for chart Health Impact – Mortality (50%), Morbidity (20%), AMR (30%). Prob. of B&D success – Pathogen biology (30%), Pre-clinical and clinical B&D (30

Prob. of R&D success - Pathogen biology (30%), Pre-clinical and clinical R&D (30%), Pipeline robustness (40%).



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Difficulties in vaccine development

- Lack of knowledge of the immune response against GC
 - Antibody production is low and not necessarily protective
 - Able to avoid and actively suppress innate and adaptive immune response:
 - Elicit a Th17 drive innate inflammatory responses and suppress Th1/Th2-mediated specific immune responses
 - Production of blocking antibodies against conserve antigens: Rmp
 - Actively expelling hydrophobic antimicrobial substances: by active efflux pump system
 - \bullet Resistance to the bactericidal activity of human serum: LOS sialylation and phase variation, PorB
- Lack of knowledge of what immune respond might confer protection:





- Variability of gonococcal antigens: phase and antigenic variation difficulty finding targets common to all strains.
- Lack of knowledge on genital tract immunology
- Lack of *in vitro* correlate of protection : induction of mucosal IgG and IgA antibodies, and a bactericidal serum response, did not predict protection (Zhu W. Front Microbiol. 2011;2:124).
- Lack of a robust animal model: 17β-estradiol and antibiotics treated BALB/C (or C57/BL6) mice
 Host restrictions severely limit the capacity of this model





Vaccines against N. gonorrhoeae

- Vaccines against gonorrhoea
 - 1) Whole cell vaccine sterilized with thimerosal : **No efficacy** Sex workers in Nairobi (1973) Greenberg et al, Canad. J. Publ. Health, 1974
 - 2) Pilus vaccine : **No efficacy** US Army trial in Korea (1983)
 - 3) Protein I-based vaccine (PorB) vaccine: **No efficacy** Medical student volunteers (1986) Rice et al, In Neisseria 1994
- •Vaccines against meningococcus



Helen Petousis-Harris, Janine Paynter, Jane Morgan, Peter Saxton, Barbara McArdle, Felicity Goodyear-Smith, Steven Black

MeNZB: *N. meningitidis* OMVs vaccine used for meningitis outbreak - 15-30 year olds **31% (95%CI 21-39) estimate effectiveness** against gonorrhoea

Replicated in the mouse model with Bexsero (parenteral administration) (IPNC 2018)





(Lancet, 2017)