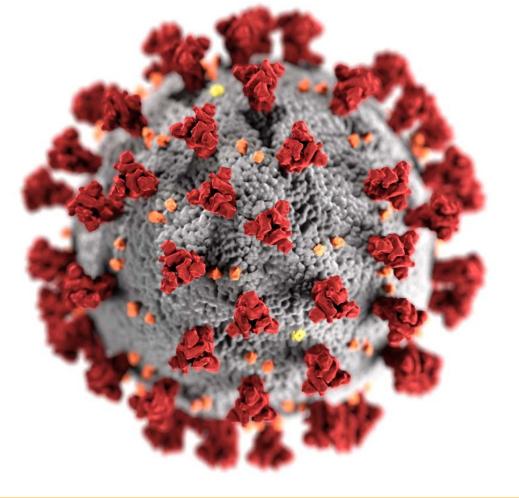
#### Update on Emerging SARS-CoV-2 Variants and COVID-19 vaccines

Heather Scobie, PhD, MPH ACIP Meeting August 13, 2021



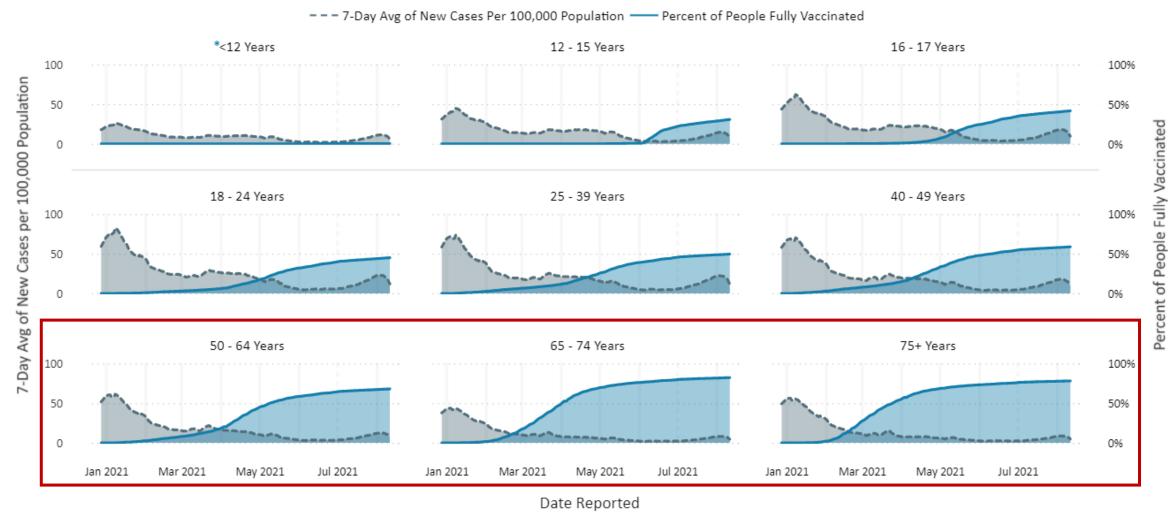


cdc.gov/coronavirus

### Impact of COVID-19 Vaccination



#### Percent of People Fully Vaccinated and Cases per 100,000 Population by Age, United States (Dec. 28, 2020 – Aug. 11, 2021)



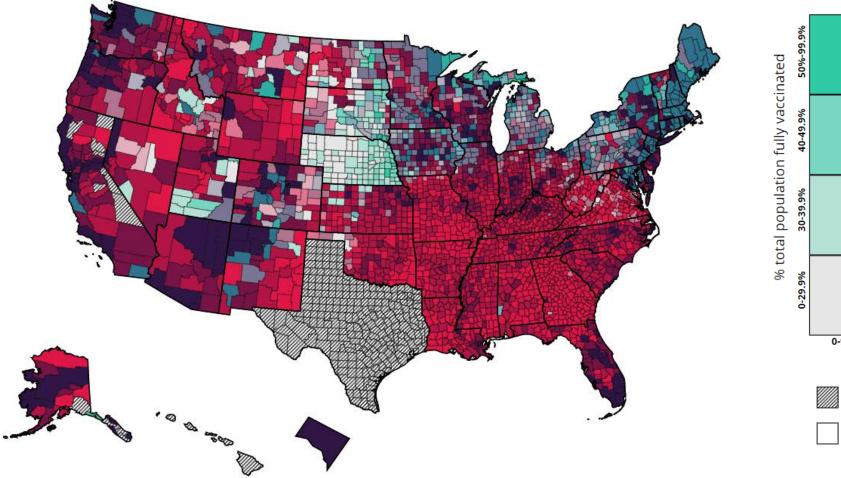
\*Currently, persons under age 12 are not eligible to be vaccinated.

https://covid.cdc.gov/covid-data-tracker/#vaccinations-cases-trends

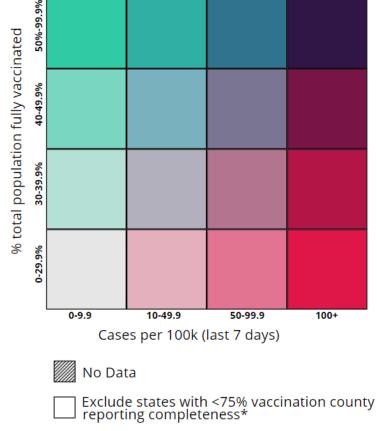
Last Updated: August 12, 2021

Data source: VTrcks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

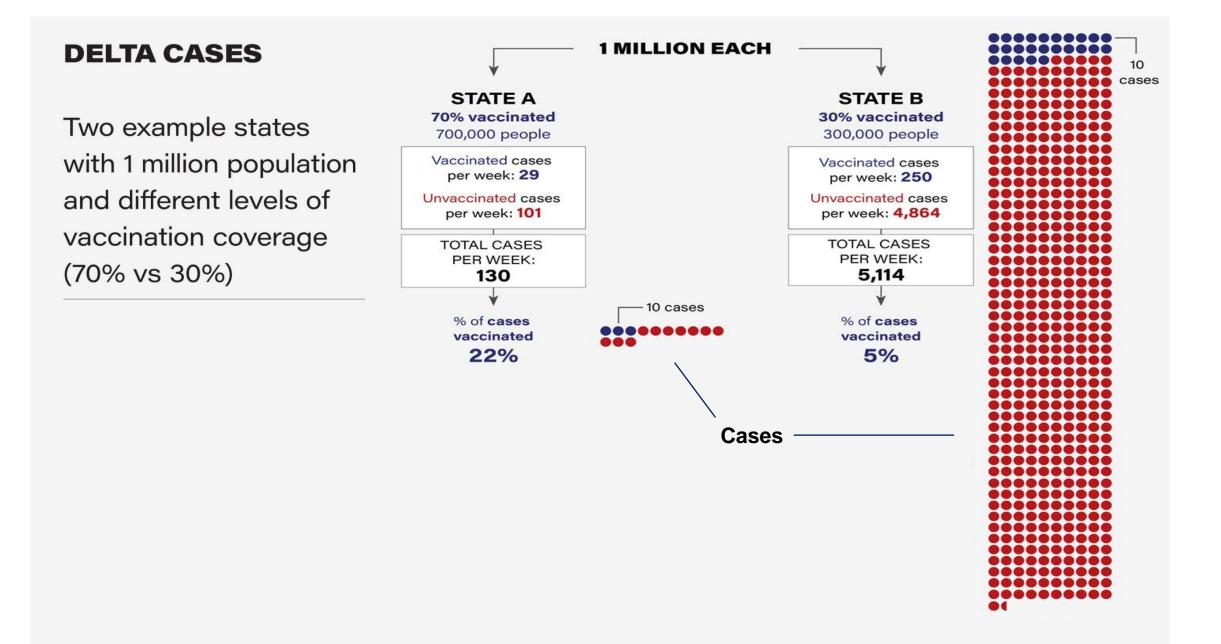
#### **COVID-19 Reported Cases per 100,000 Population (last 7 days)** and Percent of Total Population Fully Vaccinated, United States







\*Counties with lower reporting completeness for vaccination coverage should be interpreted with caution.

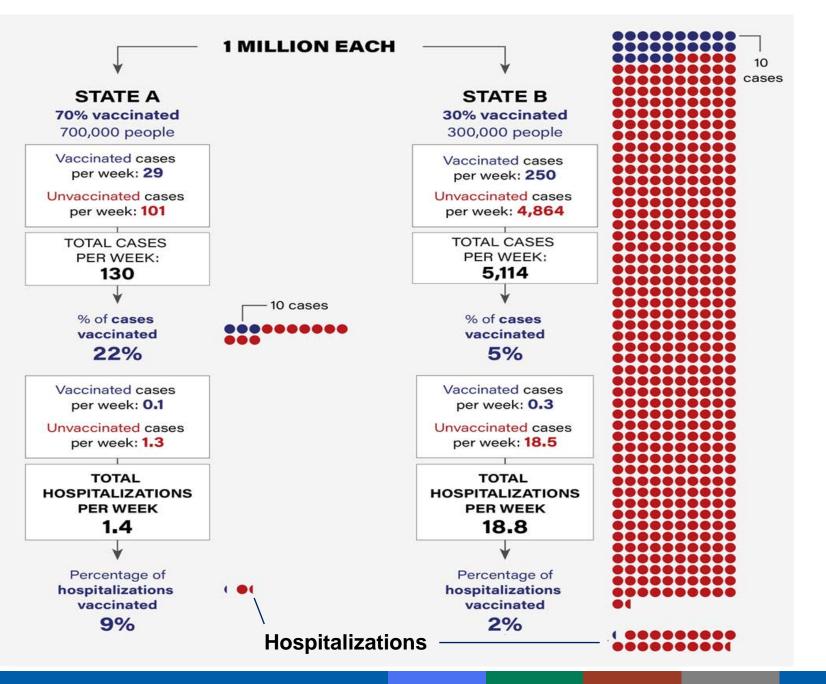


#### DELTA CASES AND HOSPITALIZATIONS

Two example states with 1 million population and different levels of vaccination coverage (70% vs 30%)

Higher vaccination coverage leads to fewer cases and hospitalizations, but greater % of vaccinated cases and hospitalizations

In both scenarios, cases and hospitalizations are greater among unvaccinated than vaccinated persons



## Emerging SARS-CoV-2 Variants & Vaccines: What do we know now?

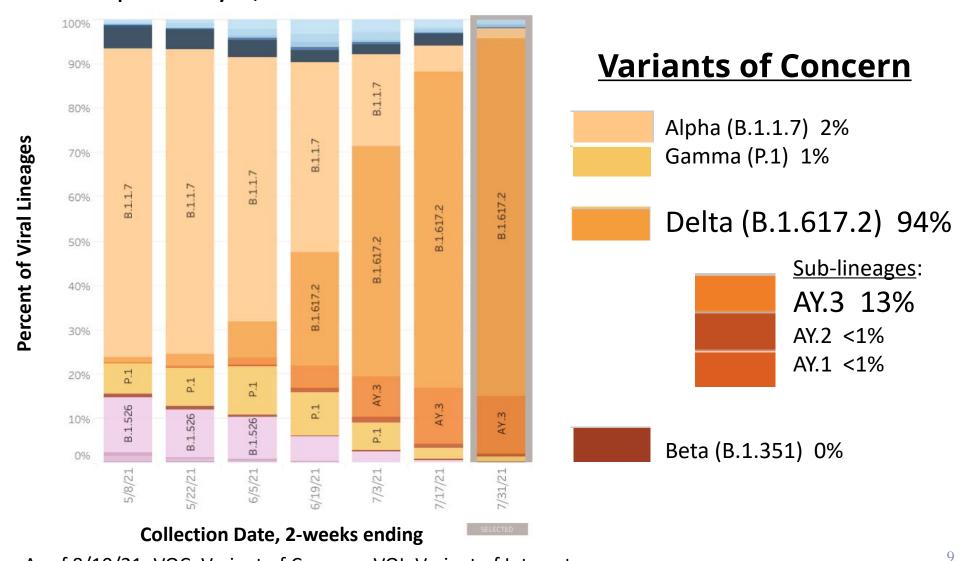


#### Variants of Concern

variants of concern					
WHO label	Alpha	Beta	Gamma	Delta	
PANGO Lineage	B.1.1.7	B.1.351	P.1	B.1.617.2	
First detected	United Kingdom	South Africa	Japan / Brazil	India	
No. of spike mutations	10-13	10	11	11-15	
Receptor binding domain mutations	N501Y	K417N E484K N501Y	K417T E484K N501Y	(K417N*) L452R T478K	
Attributes	<ul> <li>50% increased transmission</li> <li>Minimal impact on neutralization by convalescent or vaccine sera</li> <li>No impact on antibody therapies</li> </ul>	<ul> <li>50% increased transmission</li> <li>Significantly reduced efficacy of some antibodies</li> <li>Reduced neutralization by convalescent or vaccine sera</li> </ul>	<ul> <li>Significantly reduced efficacy of some antibodies</li> <li>Reduced neutralization by convalescent or vaccine sera</li> </ul>	<ul> <li>Increased transmission</li> <li>Potential reduced antibody efficacy</li> <li>Potential reduced neutralization by vaccine sera</li> </ul>	
SARSCoV-2 Variants Cla	assifications & Definitions	(*) = detected in some	e sequences but not all		

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#### **Estimated Proportions of SARS-CoV-2 lineages in the US**



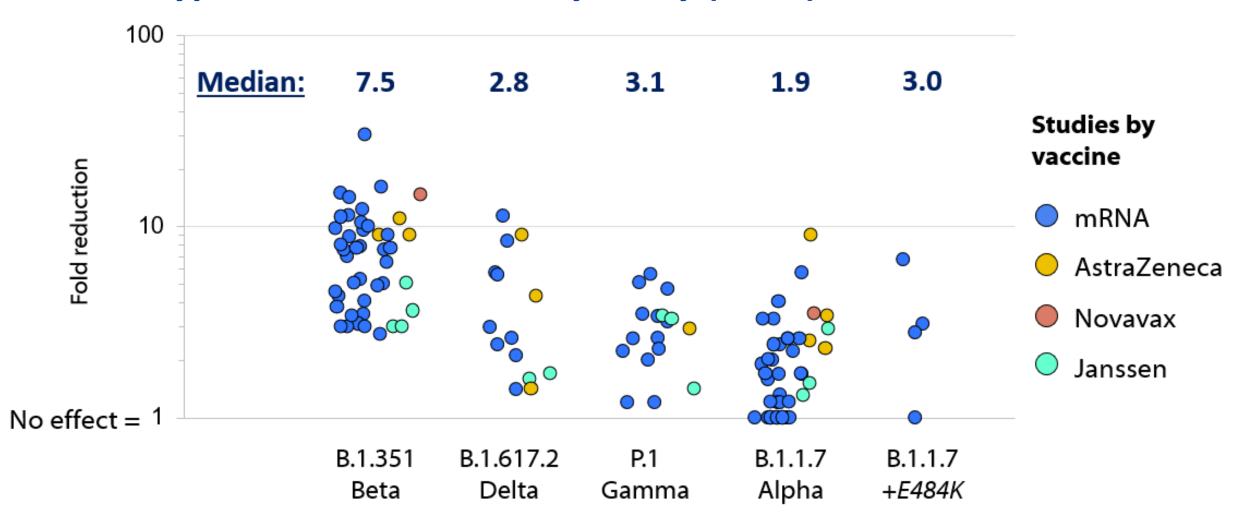
April 25 – July 31, 2021 with NOWCAST

<u>CDC COVID Data Tracker</u> As of 8/10/21; VOC=Variant of Concern; VOI=Variant of Interest

#### **Types of evidence for monitoring vaccine efficacy**

- Antibody neutralization laboratory
  - Correlate of protection not yet established
  - Good correlation of vaccine efficacy with resulting neutralizing antibody levels
  - Likely first evidence we will get on impact of variants on vaccines
- Vaccine efficacy in clinical trials and real-world effectiveness
  - Greater protection against severe disease > symptomatic illness > confirmed infection (including asymptomatic)
  - Protection against severe disease requires lower antibody levels & less affected by differences in vaccine efficacy
- Vaccine breakthrough infection

## Reduced antibody neutralization activity of vaccine sera relative to wildtype/dominant strain by study (n=50)



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#### **Duration of immunity**

- To date, available data demonstrate antibody persistence at least:
  - 8 months after COVID-19 infection
  - 6 months after 2<sup>nd</sup> mRNA vaccine dose; 8 months after receiving single Janssen dose
- May maintain long-term protection from severe illness by antigenically similar strain, even if become susceptible to mild infection
- Two studies show combined impact of waning immunity and reduced variant neutralization — ~50% protected against ancestral strain have undetectable neutralizing titers against Beta/Gamma at 6 months after Moderna vaccine
  - Small study 8 months post-receipt of Janssen vaccine minimal decline in neutralizing titers & improved protection against Beta/Gamma/Delta vs. 1-month post-vaccine

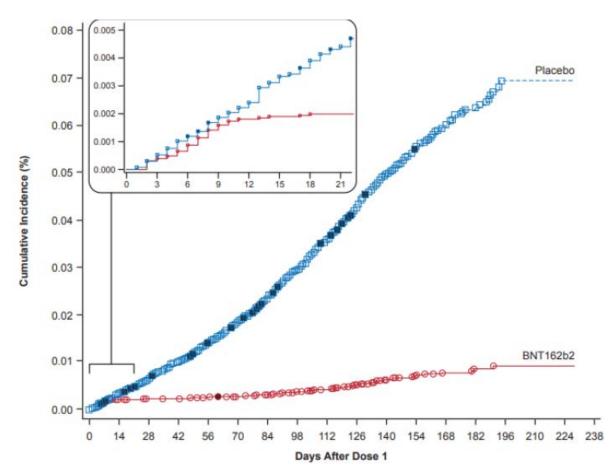
Gaebler, C. et al. Nature 591, 639–644 (2021); Dan, J. M. et al. Science 371, (2021); Choe et al. Emerg Infect Dis. 2021;27(3):928-931. ;Doria-Rose et al. N Engl J Med 2021; 384:2259-226 Khoury et al. Nat Med (2021).; Pegu et al. bioRxiv preprint; Wu et al. medRxiv preprint (2021): Luo, Hu, Letterio, medRxiv preprint (2021): Barouch et al. medRxiv preprint (2021): Thomas et al. medRxiv preprint

#### **Pfizer vaccine 6-month efficacy**

VE against infection: 91% (89, 93)				
Period after dose 2	% VE (95% CI)			
≥7 days to <2 mos	96 (94, 98)			
≥2 mos to <4 mos	90 (87, 93)			
≥4 mos to <6 mos	84 (75, 90)			

VE against severe illness: 97% (80,100)

Moderna press release: 93% VE against infection at 6 months (unpublished)



Thomas et al. medRxiv preprint <u>https://doi.org/10.1101/2021.07.28.21261159</u> Moderna. https://investors.modernatx.com/news-releases/news-release-details/moderna-reports-second-guarter-fiscal-year-2021-financial

#### Vaccine efficacy and effectiveness (VE) against variants

- Alpha (B.1.1.7) mRNA vaccines >85% real-world VE against confirmed infection in United States and multiple other countries
- Gamma (P.1) mRNA vaccines 84%–88% real-world VE against symptomatic infection and 79% against confirmed infection when P.1 in wide circulation in Canada
- Beta (B.1.351)
  - Moderna (96%) & Pfizer (75%) real-world VE against confirmed infection in Qatar
  - Janssen **52%** VE against moderate/severe disease in South Africa (vs. 74% in US)
  - High VE against severe disease 96%–100% for mRNA vaccines in Qatar,
     73% at ≥14 days and 81% at ≥28 days for Janssen in South Africa

CDC Science Brief : https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html

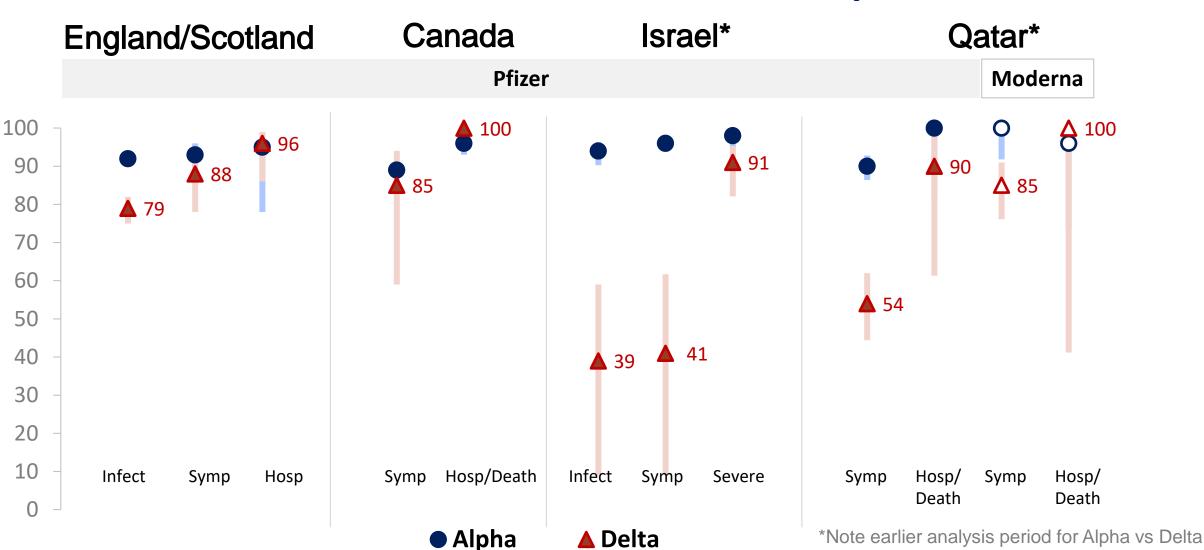
Abu-Radad and Butt. NEJM (2021); Andrejko et al. medRxiv preprint (Apr 10 2021); Chemaitelly et al. Nature Med (2021)<u>https://doi.org/10.1038/s41591-021-01446-y</u>; Sandoff et al. <u>NEJM</u> (2021); Chung et al. medRxiv preprint (May 28 2021); Yassi et al. medRxiv preprint (May 25 2021)); Nasreen etal.medRxivpreprint: <u>https://doi.org/10.1101/2021.06.28.2125942</u>0

#### **Delta variant: What we know**

- Nearly twice as contagious as previous variants
- Some evidence of increased illness severity vs. previous strains in unvaccinated persons
- Greatest risk of transmission still among unvaccinated people
- Fully vaccinated people with Delta breakthrough infections can spread virus to others
  - However, vaccinated people with Delta appear to be infectious for a shorter period than unvaccinated persons with Delta

https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html

Fisman & Tuite. medRxiv; Ong et al. SSRN Journal. 2021; Sheikh et al. Lancet (2021); Dagpunar J. medRxiv.; Li et al. medRxiv.; Lopez Bernal et al. NEJM (2021); Stowe et al. PHE preprint:; Riley et ab. medRxiv : Micochova et al. Research Square preprint : Musser et al. medRxiv; Brown et al. MMWR (2021): Riemersma et al. medRxiv: Chia et al. medRxiv;



Pfizer & Moderna 2-Dose Effectiveness for Alpha vs. Delta

Sheikh et al. Lancet (2021): <u>https://doi.org/10.1016/S0140-6736(21)01358-1</u>; Lopez Bernal et al. medRxiv preprint; <u>https://doi.org/10.1101/2021.05.22.21257658</u>; Stowe et al. PHE preprint: <u>https://khub.net/web/phe-national/public-library/-/document\_library/v2WsRK3ZlEig/view/479607266</u>; Nasreen et al.medRxiv preprint: <u>https://doi.org/10.1101/2021.06.28.21259420</u>; Haas et al Lancet (2021): <u>https://doi.org/10.1016/S0140-6736(21)00947-8</u>; Israel MOH: <u>https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files\_publications\_corona\_two-dose-vaccination-data.pdf</u> <u>Abu-Radad and Butt. NEJM (2021); Chemaitelly et al. Nature Med (2021): Tang et al medRxiv</u>

# Differences in COVID vaccination program by country with potential impact on comparability of VE results

Country	U.S.	Israel	Qatar	U.K.	Canada
Vaccines used [authorized]	Pfizer Moderna Janssen	Pfizer [Moderna]	Pfizer Moderna	Pfizer AstraZeneca [Moderna] [Janssen]	Pfizer Moderna AstraZeneca [Janssen]
Interval	3-4 weeks	3 weeks	3-4 weeks	12 weeks	16 weeks
Note	-	Tight cohort	-	Mix-and-match	

- Extended intervals between doses (12 weeks) shown to improve immunogenicity and VE for Pfizer and AstraZenaca vaccines compared with standard interval, including ages ≥80 years
- Pfizer has lower mRNA dosage and accelerated schedule (3 weeks) compared with Moderna (4 weeks)

Parry et al. <u>https://www.medrxiv.org/content/10.1101/2021.05.15.21257017v1</u>; Flaxman et al. Lancet (2021) <u>https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3873839</u>; Amirthalingam et al. <u>https://www.medrxiv.org/content/10.1101/2021.07.26.21261140v1</u>; Carazo et al. : <u>https://doi.org/10.1101/2021.07.19.21260445</u>

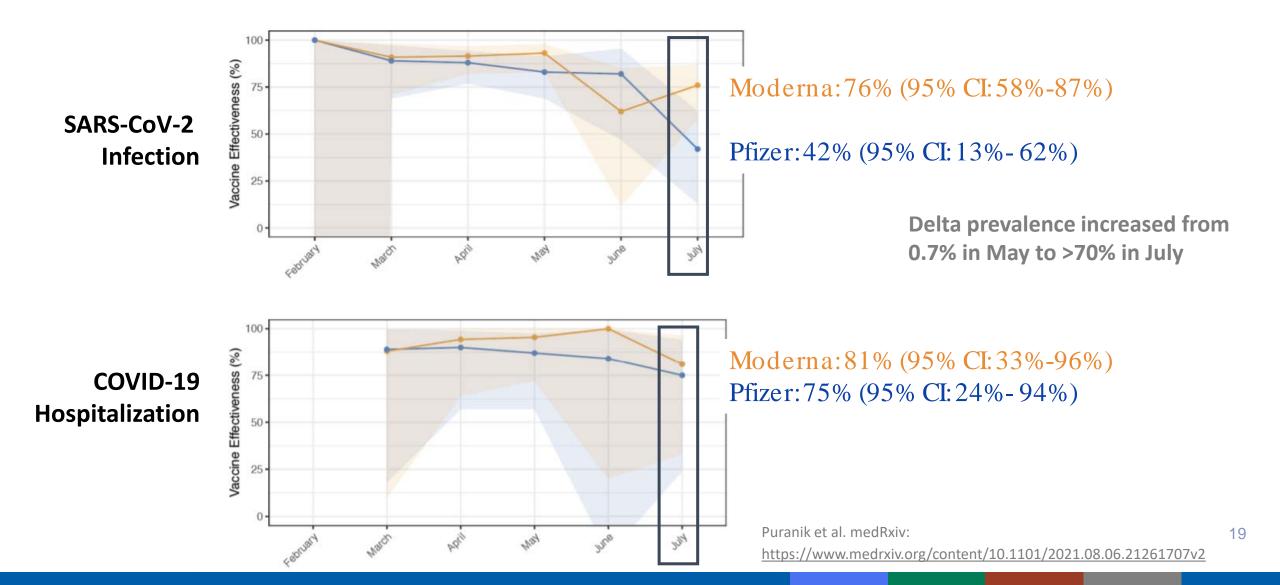
### **Declines in VE against infection**

#### Preprint and unpublished data from Israel

- Ministry of Health analysis higher breakthrough rates and lower Pfizer VE against infection for persons vaccinated in Jan–Feb 2021 more recent months for persons aged 16–59 and ≥60 years
- Two retrospective cohort studies of persons vaccinated with Pfizer in large healthcare systems :
  - 2.3-fold increased risk for breakthrough infection among persons vaccinated with Pfizer in January vs. April 2021 (n=1.35 million)
  - Higher breakthrough infection rate (2.4% v. 1.1%, OR=2.2) among those who received 2<sup>nd</sup> dose ≥5 months ago compared to <5 months ago (n=33,993)</li>
    - Higher magnitude of difference with increasing age

<u>Correlation of SARS-CoV-2 Breakthrough Infections to Time-from-vaccine; Preliminary Study | medRxiv</u> <u>Elapsed time since BNT162b2 vaccine and risk of SARS-CoV-2 infection in a large cohort | medRxiv</u> <u>https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files\_publications\_corona\_two-dose-vaccination-data.pdf</u>

#### **VE against Infection and Hospitalization July vs. Jan-May** Mayo Clinic Health System, Minnesota, n=25,589



#### **U.S. COVID-19 Vaccine Breakthrough Cases**

- Despite high vaccine efficacy, vaccine breakthrough cases\* are expected
  - Some will be caused by variants, even if vaccine has similar effectiveness against variants
  - CDC monitors nationwide vaccine breakthrough resulting in hospitalization or death
- As of August 2, among more than 164 million fully vaccinated in U.S., there have been 7,101 hospitalizations & 1,507 deaths with vaccine breakthrough reported to passive surveillance\*\*
  - Among hospitalized or fatal breakthrough cases, 74% among persons aged ≥65 years
  - Variants of concern (%) among breakthrough cases similar to national genomic surveillance
- COVID-NET data on COVID-19-associated hospitalizations among aged persons ≥18 years — ~32% of all vaccinated cases are immunocompromised vs. 11% of unvaccinated cases

\* Vaccine breakthrough case: Person with SARS-CoV-2 RNA or antigen detected in respiratory specimen collected ≥14 days after completing primary series of an FDA-authorized COVID-19 vaccine
 \*\* <u>CDC website</u> as of 8/5/21; 1,816 hospitalizations and 316 fatal cases reported as asymptomatic or not related to COVID-19.
 <u>CDC. MMWR (2021)</u>; COVID-NET: <u>https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html</u>

#### Summary of Preliminary Data: Implications of SARS-CoV-2 Variants of Concern on Vaccine Effectiveness

B.1.1.7 (Alpha)	<ul> <li>Low prevalence in United States</li> <li>Minimal impact on VE; attention needed for additional substitutions in receptor binding domain (RBD), e.g., E484K</li> </ul>
B.1.351 (Beta)	<ul> <li>Low prevalence in United States</li> <li>Moderate impact on VE against infection, but appear to protect against severe disease</li> </ul>
P.1 (Gamma)	<ul> <li>Low prevalence in United States</li> <li>Moderate impact on VE for some vaccines; more data needed</li> </ul>
B.1.617.2 (Delta)	<ul> <li>High prevalence in United States</li> <li>Moderate impact on VE for infection, but appear to protect against severe disease; more data needed, especially for Janssen</li> </ul>

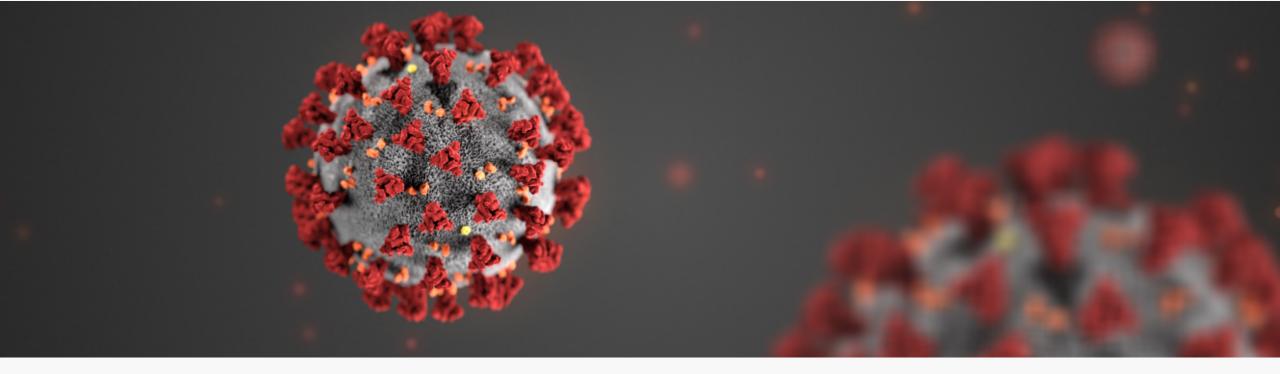
#### **Boosters and Second-Generation Vaccines Against SARS-CoV-2 Variants**

- Manufacturers conducting booster studies of current vaccines and/or secondgeneration vaccines against Beta (B.1.351)
- Moderna preliminary phase 2 results of single 50 µg booster of authorized (mRNA-1273) and variant-specific vaccine (mRNA-1273.351)
  - Both vaccines acceptable safety; boosted immunity to wild-type, Beta, Gamma
- Pfizer has also submitted preliminary data on booster of original vaccine to FDA
- No Delta-specific booster vaccine studies shared to date

Wu et al. medRxiv preprint (May 6, 2021): <u>https://doi.org/10.1101/2021.05.05.21256716</u> <u>https://investors.modernatx.com/news-release/news-release-details/moderna-announces-positive-initial-booster-data-against-sars-cov/</u> <u>https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-initiate-study-part-broad-development</u> <u>https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-06/06-COVID-Oliver-508.pdf</u>

#### **Summary**

- Currently authorized vaccines offer protection against known variants important to increase vaccine uptake in eligible populations
- CDC is closely monitoring real-world vaccine effectiveness and breakthrough infections using multiple methods, populations, and outcomes
- CDC continues to monitor emerging variants prevalence and impact on disease incidence, severity, and vaccine breakthrough
- ACIP will review evidence submitted for boosters and any next-generation vaccines
- Changing landscape CDC will communicate promptly about new evidence



For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

