

RECORD OF TELEPHONE CONVERSATION

Submission Type: Original Application Submission ID: 125280/0 Office: OVRR

Product:
Japanese Encephalitis Virus Vaccine Inactivated

Applicant:
Intercell AG

Telecon Date/Time: 25-JUL-2008 12:00 AM Initiated by FDA? Yes
Telephone Number:

Communication Category(ies):
Advice

Author: RICHARD DAEMER

Telecon Summary:
Information sent to Paul by e-mail regarding PREA/PERC

FDA Participants:
Richard Daemer

Non-FDA Participants:
Paul Wilson

Trans-BLA Group: No

Related STNs: None

Related PMCs: None

Telecon Body:
We have the following comments regarding PeRC issues:

Comments on the Pediatric Plan proposed by Intercell for the Japanese Encephalitis Vaccine (IXIARO):

Compliance with the Pediatric Research Equity Act (PREA) of 2007 requires review of the pediatric plan including requests for deferrals, waivers or partial waivers for any product that will be used in both adult and pediatric populations by the Pediatric Review Committee (PeRC). The BLA for IXIARO is scheduled for PeRC discussion on August 27, 2008. Prior to the PeRC meeting, a teleconference will be scheduled for early August

2008 to discuss issues related to the IXIARO Pediatric Plan. The following comments are provided to facilitate this discussion.

You have requested a deferral for the age group 1-18 years of age and a partial waiver in infants less than one year of age. The justification for a partial waiver that you provided for infants less than one year of age was described as follows:

The biological product:

- 1) does not represent meaningful therapeutic benefit over existing therapies (or preventive measures such as avoidance of exposure) for U.S. pediatric travelers below one year of age and
- 2) is not likely to be used in a substantial number of U.S. pediatric travelers to endemic areas (section 505B(a)(4)(A)(iii) of the Act).

We do not agree that a waiver in US infants less than one year of age is appropriate. We recommend that pediatric studies in those 18 years and younger be deferred at the time an action is taken on your BLA.

The target population for IXIARO is US travelers. US infants traveling to endemic areas will not have maternal antibodies and if unvaccinated will be at risk of infection with JE in the endemic country. Furthermore, the safety profile of IXIARO represents a potential benefit to all US travelers including those who are < 1 year of age. Based upon these considerations the safety and immunogenicity of IXIARO will need to be evaluated in this age group. You will need to explore the numbers of infants one year of age and younger receiving immunizations from travel clinics or who are military/diplomatic dependents who could be enrolled over a reasonable period of time. We will be happy to discuss a draft protocol for a study in this age group.

We are concerned that attaining adequate numbers of seronegative children and adolescents for safety analysis will be difficult in endemic countries, because the vast majority of older children will already have been vaccinated or exposed to natural infection. We recommend that you increase the number of seronegative subjects aged 1-18 years old recruited from a population of travelers or military dependents in US or European sites in study IC51-322.

Other JE vaccines have required periodic boosting. You will need to provide your plans for evaluation of the need for a booster dose or doses in both adults and in children. An additional study of a booster dose in children may be needed based upon data on durability of protective immune responses in adults.

Additional comment

- Please discuss your clinical development plans to study a booster dose of your vaccine