



FMD vaccines

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Foot-and-Mouth Disease

- Affects cloven-hoofed livestock and related wildlife species
- FMD is difficult to control
 - Short incubation period
 - Rapid replication
 - High susceptibility of hosts
 - Direct and fomite transmission routes
- Seven serotypes (O, A, Asia 1, SAT1, SAT2, SAT3 and C)
- Annual Impact* of FMD
 - Production losses and vaccination: (\$ 6.5-21 billion)
 - Incursions into FMD-free countries (>\$1.5 billion)

(Pictures by E. Ryan, J Gloster)



tongue lesion

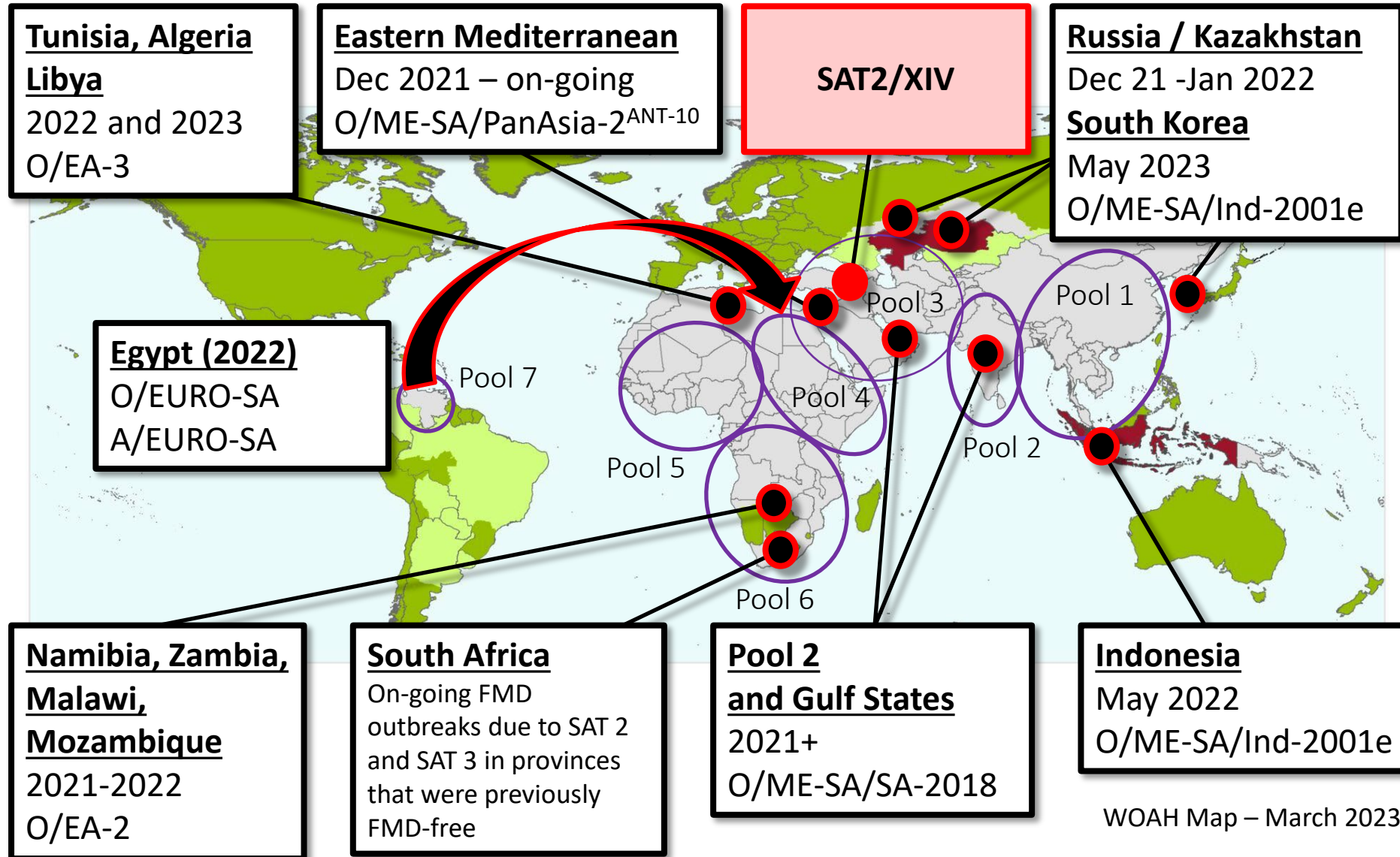


interdigital foot lesion

*estimated by Knight-Jones and Rushton 2013

Headline global events (2021/23)

<https://www.wrlfmd.org/ref-lab-reports>



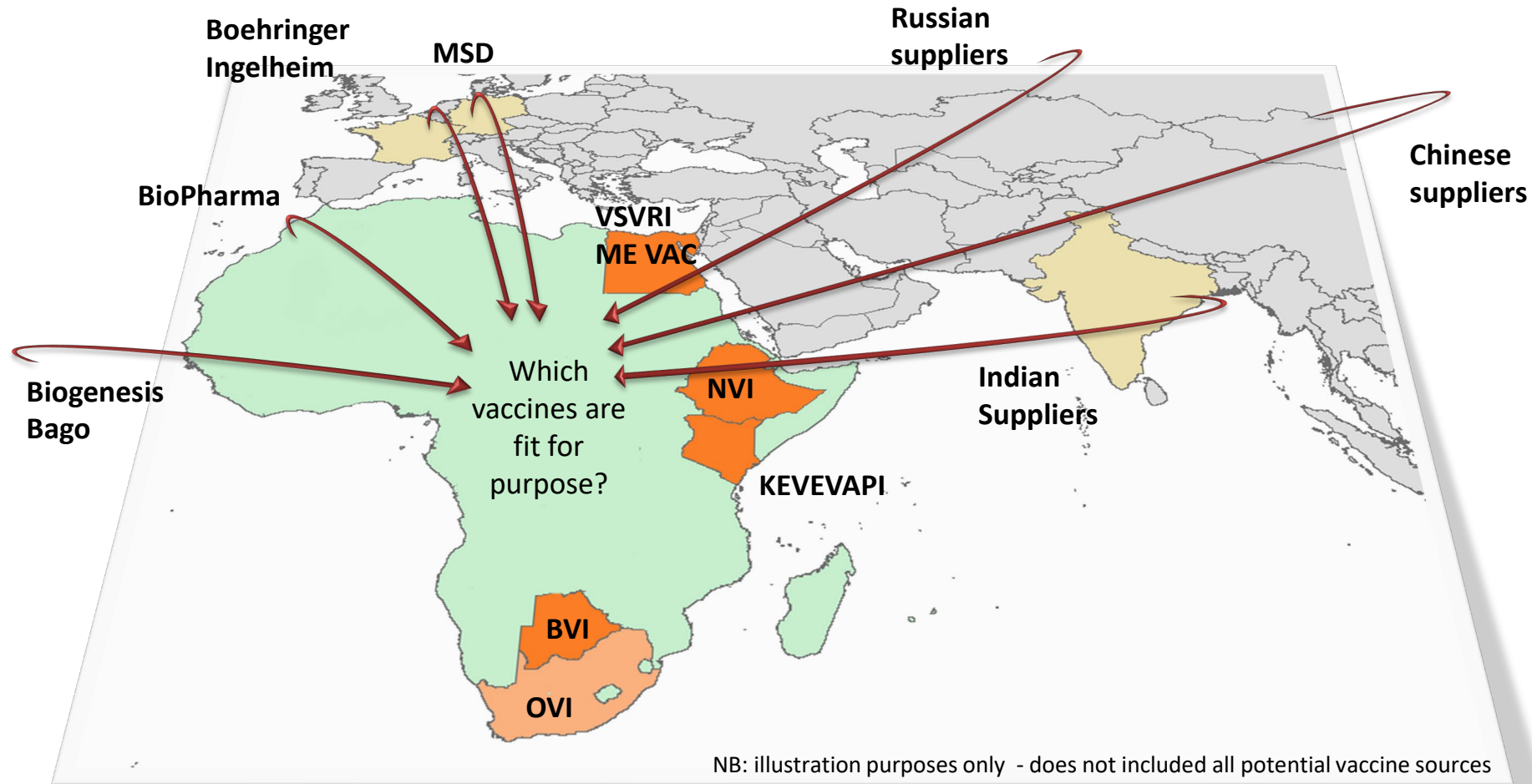
FMD vaccines

- Vaccines produced by inactivation of FMDV isolates grown in cell culture
- > 2 billion doses administered annually
- Success in Europe and South America show that vaccination is an important tool to control and eradicate FMD
- **Need to cover multiple serotypes and antigenic variants**
- **Protective 146S antigen (intact FMDV capsid) is unstable**



Selection of FMD vaccines is complex

(different antigens, formulation, potency)



Inherent genetic (and antigenic) diversity in field viruses from different FMD serotypes (O, A, SAT 1, SAT 2 [SAT 3])

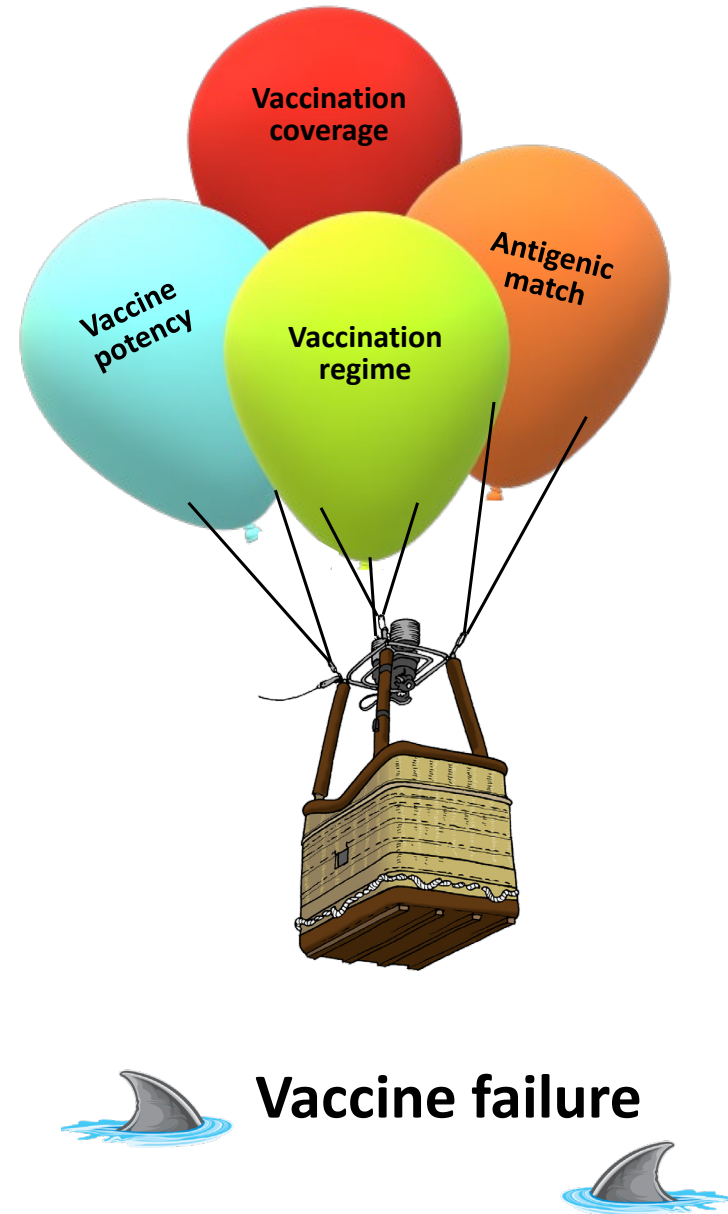
FMDV vaccine selection

Approaches

- In-vitro vaccine matching (www.wrlfmd.org)
 - Vaccine matching is performed by measuring whether antibodies generated by the vaccine will react to the field virus
 - Compares the ability of bovine vaccinal sera to neutralise field strains vs a **single** vaccine strain
 - r_1 -value ≥ 0.3 indicates that there is a close relationship between the field isolate and vaccine strain – A potent vaccine containing this vaccine strain is likely to confer protection
 - **Not a quantitative test**
- In-vivo vaccine cross-protection studies (heterologous)
- Small-scale immunogenicity studies
- Field evaluation

Use of vaccine matching data

- Antigenic-match (vaccine-matching) is not the sole determinant of whether a vaccine will work!
 - Vaccine potency
 - Vaccination regime (one dose/two dose)
 - Vaccine coverage in the target population
- **Post vaccination monitoring is important!**



Vaccine selection: challenges

Obvious gaps:

1. The quality and performance of FMDV vaccines cannot be easily assessed through **direct** testing – immunisation of animals usually needed
 - New tools are being developed to directly assess 146S content of vaccines (nanobodies and Mab-based tests)
2. Vaccine matching is only performed on a limited number of vaccines
3. Homologous/monovalent QA/QC (WOAH Manual) vs heterologous vaccine performance **in the field** with multivalent products
 - Adoption of regional reference antigens (e.g. see: <https://www.wrlfmd.org/node/2096/>) can be used to assess/compare antibody responses for formulated FMD vaccines

New FMD vaccines

Gaps addressed by current near-market technologies:

- Increased biosafety (not derived from infectious FMDV)
- FMDV capsids with improved stability
- Improved DIVA capability
- **High-quality vaccines at a lower price**

Platform technologies:

- Stabilised empty VLPs
- L-deletion vaccine strains
- RNA vaccines
- Adenovirus vectored vaccines

Continued challenges:

- Longer duration of immunity
- Wider strain specificity

