WHO Regulatory Update on COVID-19

World Health Organization

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ACT Accelerator launched on 24 April

World Health Organization

WHO, together with global health actors, private sector partners and other stakeholders, to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines

Mission:

- Accelerate development and availability of new COVID-19 tools
- Accelerate equitable global access to safe, quality, effective, and affordable COVID-19 diagnostics, therapeutics and vaccines
- Ensure that in the fight against COVID-19, no one is left behind

LEAVE NO ONE BEHIND

www.who.int/news-room/detail/24-04-2020-global-leaders-unite-to-ensure-everyone-everywhere-can-access-new-vaccines-tests-and-treatments-for-covid-19

A European rolling pledging campaign started on 4 May 2020 to accelerate achievement of the objectives of this global collaboration.

Solidarity Clinical Trials for COVID-19 treatments

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As of 13 May, more than 100 countries have joined the Solidarity Trial announced by the WHO DG on the 18th of March.

www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments

Enrolment in SOLIDARITY trials currently stands at about 2500 patients across 15 countries.

Aim of the solidarity trial is to:

- use the same or similar protocols,
- allow data to be reviewed / compared from the same view point and rapidly discover whether any of the drugs slow disease progression or improve survival,
- provide simplified procedures to enable overloaded hospitals to participate without additional required paperwork

Therapeutics for COVID-19 (1)

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- Adaptive trial design of local standard of care alone, OR local standard of care plus one of;
  - Remdesivir;
  - Chloroquine or hydroxychloroquine;
  - Interferon beta-1a;
  - Lopinavir with Ritonavir

- Inclusions of Favipiravir & immunomodulators discussed
  Informal consultation on the potential inclusion of favipiravir in the solidarity trial
- On 13 May, a decision was taken not to include Immunomodulators. This decision may be reviewed if RCTs being done by others show clinical benefit
- Central Data Monitoring Committee is not expected to meet again until June
  - All candidates currently in the trial are expected to continue to be studied at least until then

Therapeutics for COVID-19 (2): as of 06 May

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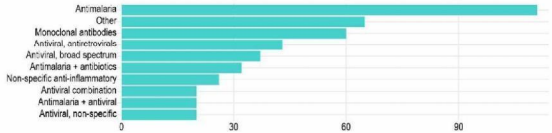
As of 06 May, **721** randomized controlled trials have been registered

- 575 trials evaluating treatments intervention
  - 441 trials (77%) assessing pharmacological treatments
  - 114 trials (20%) assessing non-pharmacological treatments

https://covid-nma.com/networks/



- Living synthesis of Covid-19 study results is made available by a group of researchers to monitor and to identify gaps and deficiencies of existing evidence with an aim to help prioritizing and optimizing future research
  - A team of the LIRIS/CNRS laboratory is performing a Data Visualization
  - Screening electronic databases is available to identify results of RCTs and other studies

    Living mapping and living systematic review of COVID-19 studies
  - A landscape analysis of candidate COVID-19 therapeutics is regularly published by WHO to analyse clinical trials to evaluate therapeutics for COVID-19

CQ and HCQ animal study data

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- Summary results of three studies of hydroxychloroquine (plus Azithromycin in one study) prophylaxis and treatment of SARS-CoV-2 in non-human primates were presented at the 7th May meeting.
- One study was completed and preliminary results from two ongoing studies were consistent with the completed study.
- To help decision making on clinical trials of HCQ, the WG agreed on the importance of rapid peer-reviewed publication of the data, together with a state-of-the art review paper on HCQ to make results of preclinical studies known (including animal models used, read-outs).

Animal Models & Assays & Reference Preparations

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- Currently, setting-up of collaborations of animal testing facilities to support global vaccine acceleration plan

Assays and Reference Preparations WG

1) Research reagents available from NIBSC for serological assays
   - COVID-19 human convalescent plasma
     - 2300 vials, available now for assessed in house only
   - Panel – low, medium, high titer and negative controls;
     - 500 vials each, available now

2) WHO International Standard candidates:
   - Convalescent plasma/sera from multiple countries: (10)(2a), (10)(2a), 10)(2a, (10)(2a), (10)(2a)
   - Recruiting collaborative study participants now- starting in June 2020
   - Establishment by WHO ECBS Q1 2021

3) Serological assays for assessment of all vaccine CTs in China using a VSV pseudo type neutralization assay

Guidance on the use of angiotensin-converting enzyme inhibitors and receptor blockers

World Health Organization

Based on a rapid review, WHO Scientific Brief was published on 07 May to provide summary of the current evidence on the impact of ACE inhibitors or angiotensin receptor blockers on severe acute respiratory illness due to SARS CoV-2

After adjustment for confounders, history of ACE inhibitor or ARB use was not found to be associated with increased severity of COVID-19 illness.

- There were no studies that address the potential benefits and harms of initiating ACE inhibitors or ARBs as treatment for patients with COVID-19.
- No studies were found that were designed to directly assess whether ACE inhibitors or ARBs increase the risk of acquiring COVID-19.
- In conclusion, there is low-certainty evidence that patients on long-term therapy with ACE inhibitors or ARBs are not at higher risk of poor outcomes from COVID-19.

Medical Devices

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Technical guidance and tools for essential resource planning:

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/covid-19-critical-items

- Priority medical devices for COVID prevention, diagnostics and management:
- Personal protective equipment
- Medical equipment and consumables to manage the patient
- For innovative technologies for COVID
- Global collaboration for medical devices for COVID

Recently launched the COVID-19 essential Supplies forecasting tool (1st May 2020)

In vitro diagnostics:

- Laboratory testing guidance

Clinical Management of patients:

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management

(see Weekly Regulatory Update for details)

IVDs for SARS-CoV-2: as of 08 May 2020

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- 9 IMDRF* countries ([redacted] (10)(2a) [redacted]) have listed IVDs for diagnosis of COVID-19 on the basis of expedited regulatory assessments. To help other countries, WHO published links to these emergency lists, together with contact details

  Link to the most recent IMDRF update (11 May)

  IMDRF*: International Medical Device Regulators Forum

- Assays for the detection of SARS-CoV-2 nucleic acid (NAT) and SARS-CoV-2 antibodies (Ab RDT) are eligible for Emergency Use Listing (EUL) assessment

EUL Listed	Product name	Product code(s)	Manufacturer
07 May 2020	(10)(1c)	(10)(1c)	(10)(1c)
24 April 2020			
09 April 2020			
07 April 2020			
03 April 2020			

Link to: Instruction for Use of above-mentioned products and Public Reports

Testing strategies for COVID-19

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WHO advice on use of RDTs for Antigen and Antibody for SARS-CoV-2 (08 April):

- Based on current evidence, WHO recommends the use of these new point-of-care immunodiagnostic tests **only in research settings**.
- **They should not be used in any other setting, including for clinical decision making**, until evidence supporting use for specific indications is available.

WHO advice on "immunity passports" (24 April):

- No study has determined that the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans.
- In vitro diagnostics for detection of antibodies to SARS-CoV-2 in people, including RDTs, may identify people who have previously infected with SARS-CoV-2 but this does not indicated they have immunity to COVID-19.

Guidance for trials with Convalescent Plasma (CP)

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The information is provided exclusively to assist identifying the links to the statements and protocols.
WHO does not endorse any of the statements or protocols.

International Society of Blood Transfusion	Points to consider in the preparation and transfusion of COVID-19 CP
ECDG for Health and Food Safety	An EU programme of COVID-19 CP collection and transfusion
SIMTI[1] & SIdEM[2] 1: Italian Society for Transfusion Medicine and Immunohematology 2: Italian Society of Hemapheresis and cell Manipulation	Position paper on the preparation of immune plasma to be used in the treatment of patients with COVID-19
King Abdulaziz University, Saudi Arabia	Use of CP in the treatment of patients infected with COVID-19
UP-Philippine General Hospital	Guide on the compassionate use of CP therapy for COVID-19
African Blood Regulatory Forum	Position on Convalescent Plasma Use in Africa as potential therapy to COVID-19 (site under development)
US FDA	Recommendations for Investigational COVID-19 CP
US National COVID-19 CP Project	https://ccpp19.org/
Johns Hopkins	Deployment of convalescent plasma for the prevention and treatment of COVID-19
Mayo Clinic Institutional Review Board	Expanded access to Convalescent Plasma for the Treatment of Patients with COVID-19
Pan American Health Organization (PAHO)	Consideraciones regulatorias sobre la autorización del uso de plasma de convalecientes (PC) para atender la emergencia de COVID-19

Regulatory activities: Unite, Collaborate, Cooperate

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- WHO is encouraging regulatory networks to consider joint reviews, fast track approvals of Clinical trials and when appropriate marketing authorisations
- WHO calls for international approach to "regulatory flexibility" and will develop best practice principles
- WHO prepares and circulates weekly regulatory updates and organizes or co-organises regular regional meetings with regulators
  - Please let us know if you want to be included on the mailing list or are interested in co-organizing regulatory update meeting(s)
  - We welcome suggestions for further improvement of weekly updates

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WORKING TOGETHER

Department of Regulation and Prequalification, WHO