

# EXPLOITING MONOCYTE ACTIVATION TEST: The experience of Istituto Superiore di Sanità

**Eliana M. Coccia and Marilena P. Etna**  
*Department of Infectious Diseases*

May 25<sup>th</sup>, 2023



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- Overview Istituto Superiore di Sanità
- Pyrogenicity testing in Europe
- MAT: workflow, technical tips&tricks
- Methods in Ph. Eur: what's new?
- MAT: a practical application

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# ISTITUTO SUPERIORE DI SANITÀ [ISS]

**MISSION:** Promotion and protection of national and international public health through research, surveillance, regulation, control, prevention, communication, counseling and training activities.

## Dept of Infectious Diseases (DMI)

7 Units (250 researchers & technicians)

DMI research ranges from the fundamental biology to the development of new approaches for the prevention, diagnosis and treatment of viral, bacterial, fungal and parasitic infections

### Technical-scientific services

Biological Service  
Core facilities  
Grant office and technology transfer  
Research coordination and support  
Statistics

### Departments

Cardiovascular, dysmetabolic and ageing-associated diseases  
Environment and health  
Food safety, nutrition and veterinary public health  
Infectious diseases  
Neurosciences  
Oncology and molecular medicine



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# IMMUNOLOGY UNIT



## Ongoing studies:

- ✓ Immune-pathogenic mechanisms of infectious diseases and escaping strategies evolved by pathogens;
- ✓ gene expression in response to infectious agents;
- ✓ immunotherapy of infectious diseases;
- ✓ alternative experimental model to test in vitro vaccine pyrogenicity and potency.



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# MAT at the Italian National Institute of Health (Istituto Superiore di Sanità)



DEPARTMENT  
INFECTIOUS DISEASES

**MAT Unit**

Eliana M. Coccia (Head of MAT Unit)  
Marilena P. Etna (Expert of MAT Unit)  
Fabiana Rizzo (Analyst)  
Ramona Ilari (Analyst)



CENTRO NAZIONALE  
CONTROLLO  
E VALUTAZIONE DEI FARMACI



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# PYROGENS IN THE Ph. Eur.

## GENERAL MONOGRAPHS

- Substances for pharmaceutical use [2034].
- Radiopharmaceutical preparations [0125].
- Immunoserum for human use, animal [0084].

## DOSAGE FORM MONOGRAPHS

- Parenteral preparations [0520].
- Preparations for irrigation [1116].
- Intravesical preparations [2811].

## PYROGENS (2.6.8 Chapter) [RABBIT PYROGEN TEST] 60 TEXTS

## GENERAL CHAPTERS

### PLASTICS

- Sterile plastic. Containers for human blood and blood components [3.3.4].
- Sets for the transfusion of blood and blood components [3.3.7].

### VACCINES FOR HUMAN USE

- Carrier proteins for conjugated polysaccharide vaccines for human use [5.2.11].

## INDIVIDUAL MONOGRAPHS

- Solutions [4].
- Blood products [17].
- Vaccines for human use [17].
- Antibiotics [8].
- Other chemical substances [4].





# DIRECTIVE 2010/63

Substitution with non-animal technologies is mandatory in EU

20.10.2010

EN

Official Journal of the European Union

L 276/33

## DIRECTIVES

**DIRECTIVE 2010/63/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL**

**of 22 September 2010**

**on the protection of animals used for scientific purposes**

**(Text with EEA relevance)**



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# BIG CHANGES in the Ph. Eur.

The screenshot shows the EDQM website header with the Council of Europe logo and the EDQM logo. The navigation menu includes Home, EDQM, COVID-19, Medicines, Substances of human origin, Consumer health, Products & services, Events & training, and Contact. The main content area features a newsroom article with the title "European Pharmacopoeia to put an end to the rabbit pyrogen test" and a sub-header "European Pharmacopoeia to put an end to the rabbit pyrogen test". The article is dated 28/06/2021 and is from Strasbourg, France. The main image shows a person in a white lab coat and blue gloves holding a small white rabbit. The article text states: "At its 170th session in June 2021, the European Pharmacopoeia (Ph. Eur.) Commission took the decision to engage on a path that should ultimately lead to the complete replacement of the rabbit pyrogen test (RPT) in the Ph. Eur., within approximately 5 years." The right sidebar contains sections for "EDQM CONTRIBUTIONS" (Find information on the EDQM's responses to N-nitrosamine contamination and the COVID-19 pandemic), "RESOURCES" (Upcoming events and training, Guide to EDQM publications, Online ordering, Press releases, Fact sheets, EDQM media kit, Stay connected, Contact us), and "TRAININGS AND EVENTS" (Upcoming events and training, Training resources).



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COUNCIL OF EUROPE

European Directorate for the Quality of Medicines & HealthCare



- Home
- EDQM
- COVID-19
- Medicines
- Substances of human origin
- Consumer health
- Products & services
- Events & training
- Contact

European Directorate for the Quality of Medicines & HealthCare - Newsroom - European Pharmacopoeia to put an end to the rabbit pyrogen test



# Newsroom

## European Pharmacopoeia to put an end to the rabbit pyrogen test

EDQM CONTRIBUTIONS

Find information on the EDQM's responses to

EDQM STRASBOURG, FRANCE 28/05/2021



- **5.1.13** Pyrogenicity
- **2034** Substances for pharmaceutical use
- **5.1.10** Guidelines for using the test for bacterial endotoxins

**Texts have now been published in Pharmeuropa!**

There are currently 59 Ph. Eur. texts – covering a variety of topics including vaccines for human use, blood products, antibiotics, radiopharmaceuticals and containers – that refer to the RPT and will be affected. The Ph. Eur. is committed, for all these texts, to replacing the test for pyrogens with a suitable in-vitro alternative, ultimately leading to the complete elimination of the RPT. In the meantime, users are actively encouraged to seek alternatives to chapter 2.6.8, the best option being the MAT.

Throughout the process, users will have the opportunity to comment on a case-by-case basis, since each of the texts concerned will go through the standard public enquiry in Pharmeuropa.



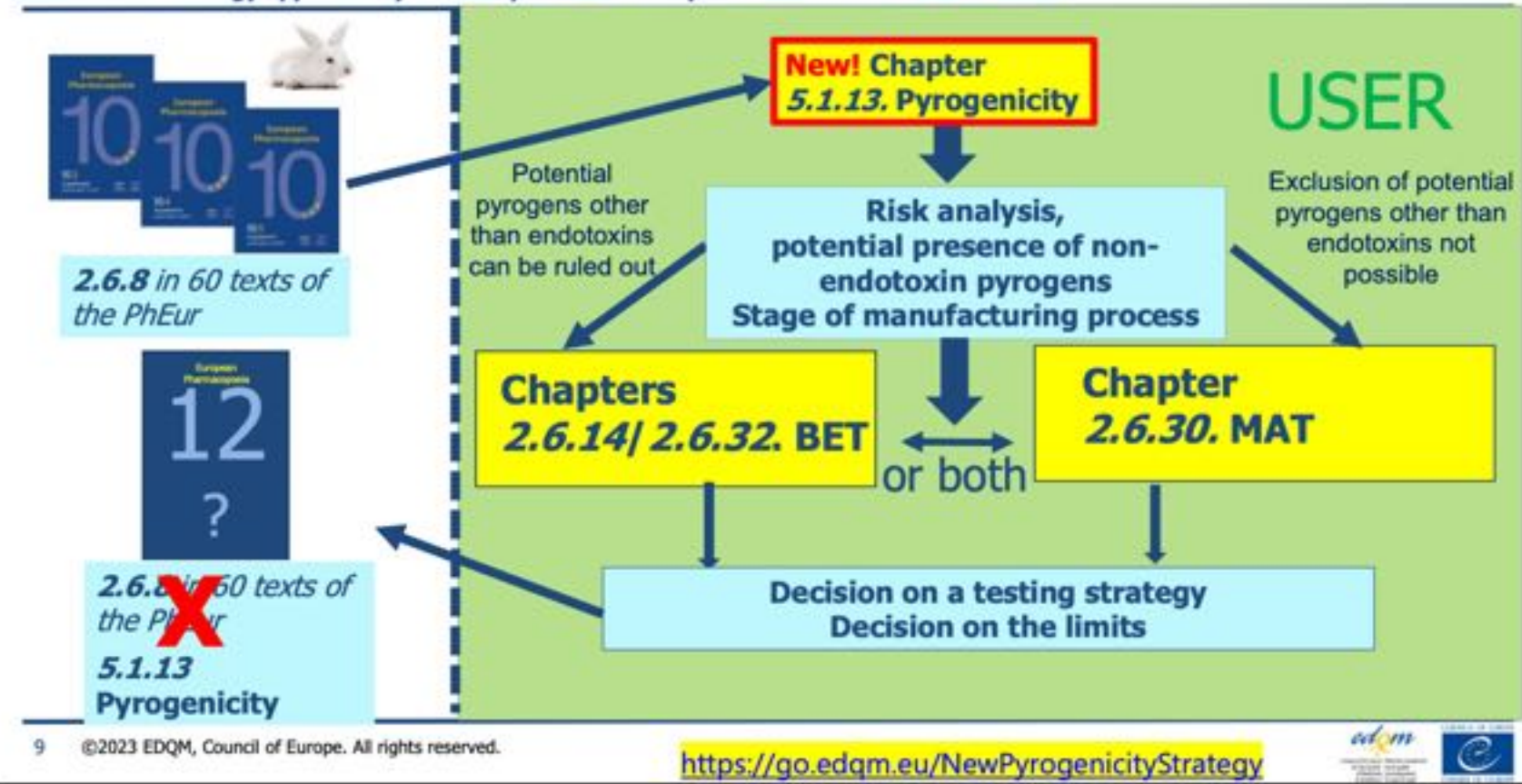
[www.iss.it/malattie-infettive](http://www.iss.it/malattie-infettive)

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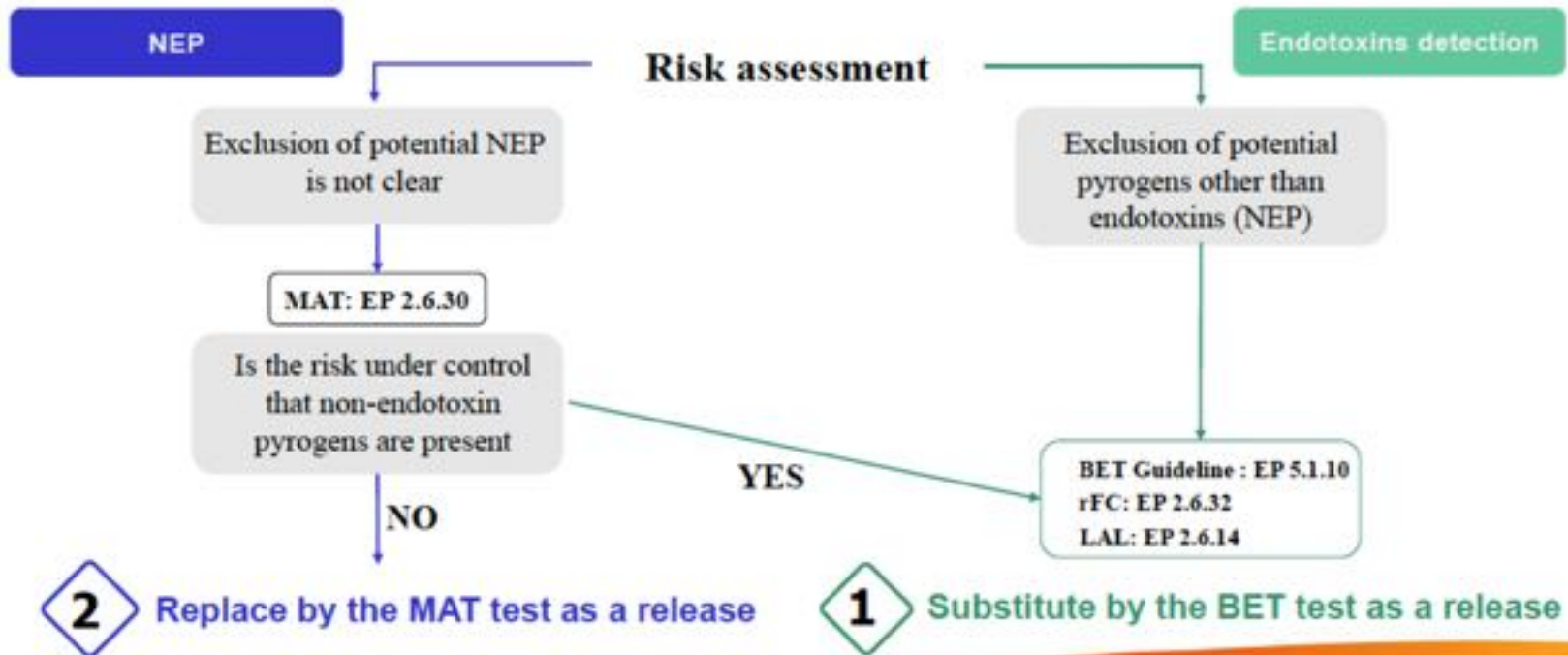
# REPLACEMENT OF CHAPTER 2.6.8: proposed strategy:

Consolidated strategy approved by the European Pharmacopoeia Commission in June 2022





## Pyrogen detection method with a risk-based approach



2022 EDQM Conference

EDQM-EPAA Pyrogenicity Event 14-16 Feb 2023

*epaa*

From EDQM-EPAA RPT event 14-16 February 2023



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## 2.6.30. MONOCYTE-ACTIVATION TEST

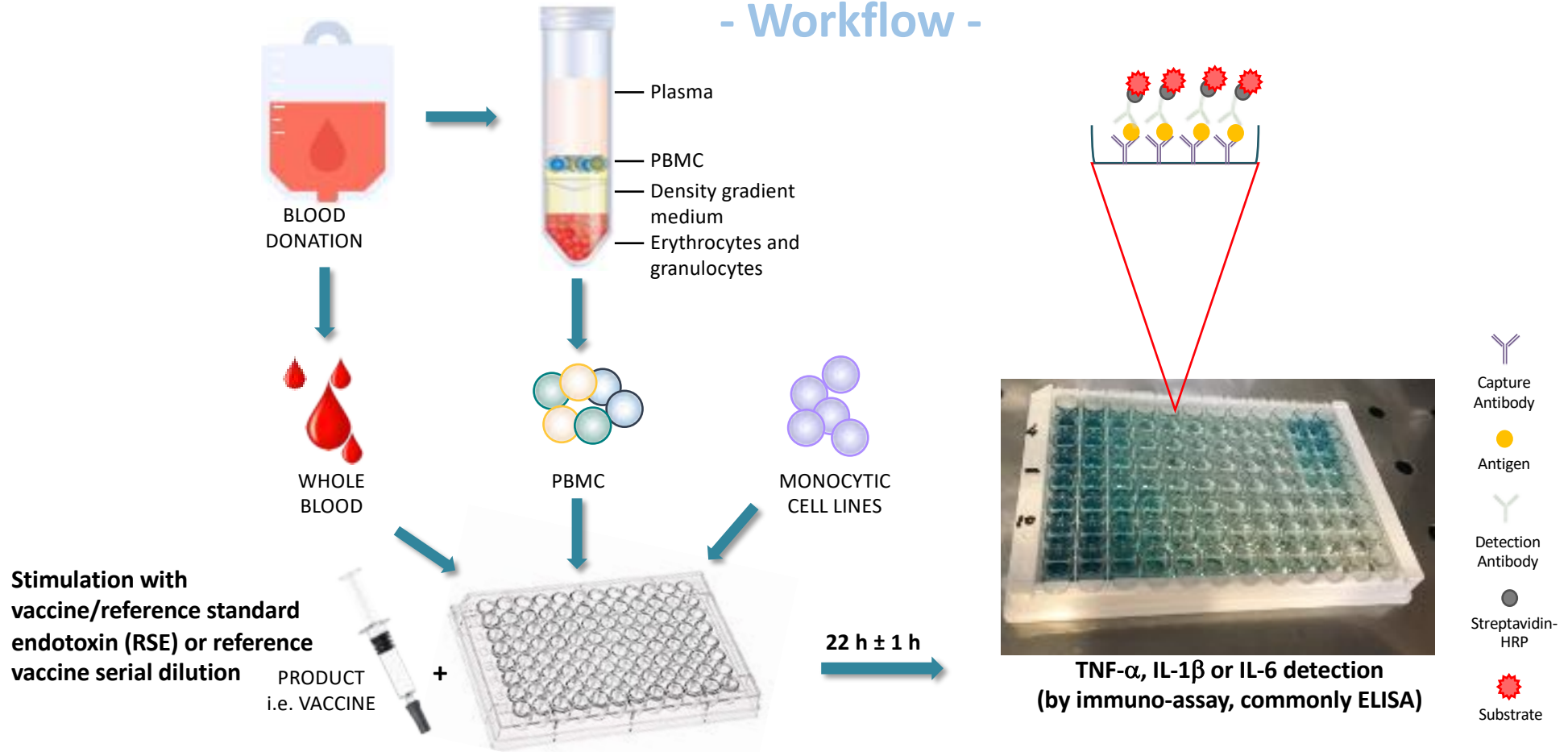
### 1. INTRODUCTION

The monocyte-activation test (MAT) is used to detect or quantify substances that activate human monocytes or monocytic cells to release endogenous mediators such as pro-inflammatory cytokines, for example tumour necrosis factor alpha (TNF $\alpha$ ), interleukin-1 beta (IL-1 $\beta$ ) and interleukin-6 (IL-6). These cytokines have a role in fever pathogenesis. Consequently, the MAT will detect the presence of pyrogens in the test sample. The MAT is suitable, after a product-specific validation, as a replacement for the rabbit pyrogen test.

Pharmaceutical products that contain non-endotoxin pyrogenic or pro-inflammatory contaminants often show very steep or non-linear dose-response curves in comparison with endotoxin dose-response curves. Preparations that contain or may contain non-endotoxin contaminants have to be tested at a range of dilutions that includes minimum dilution.

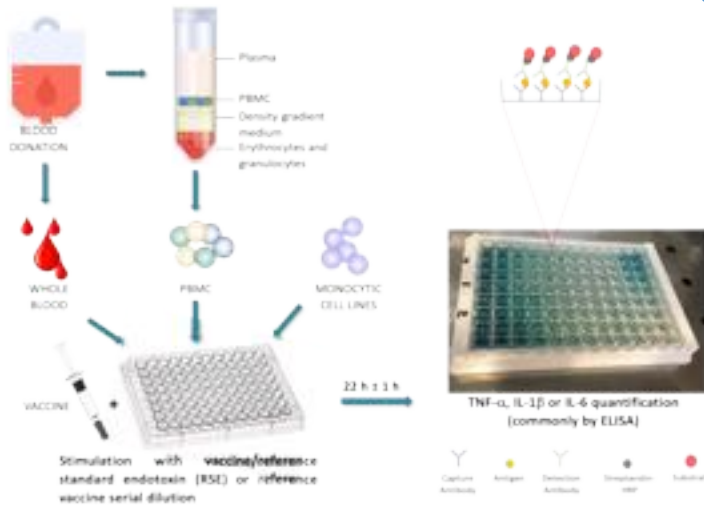
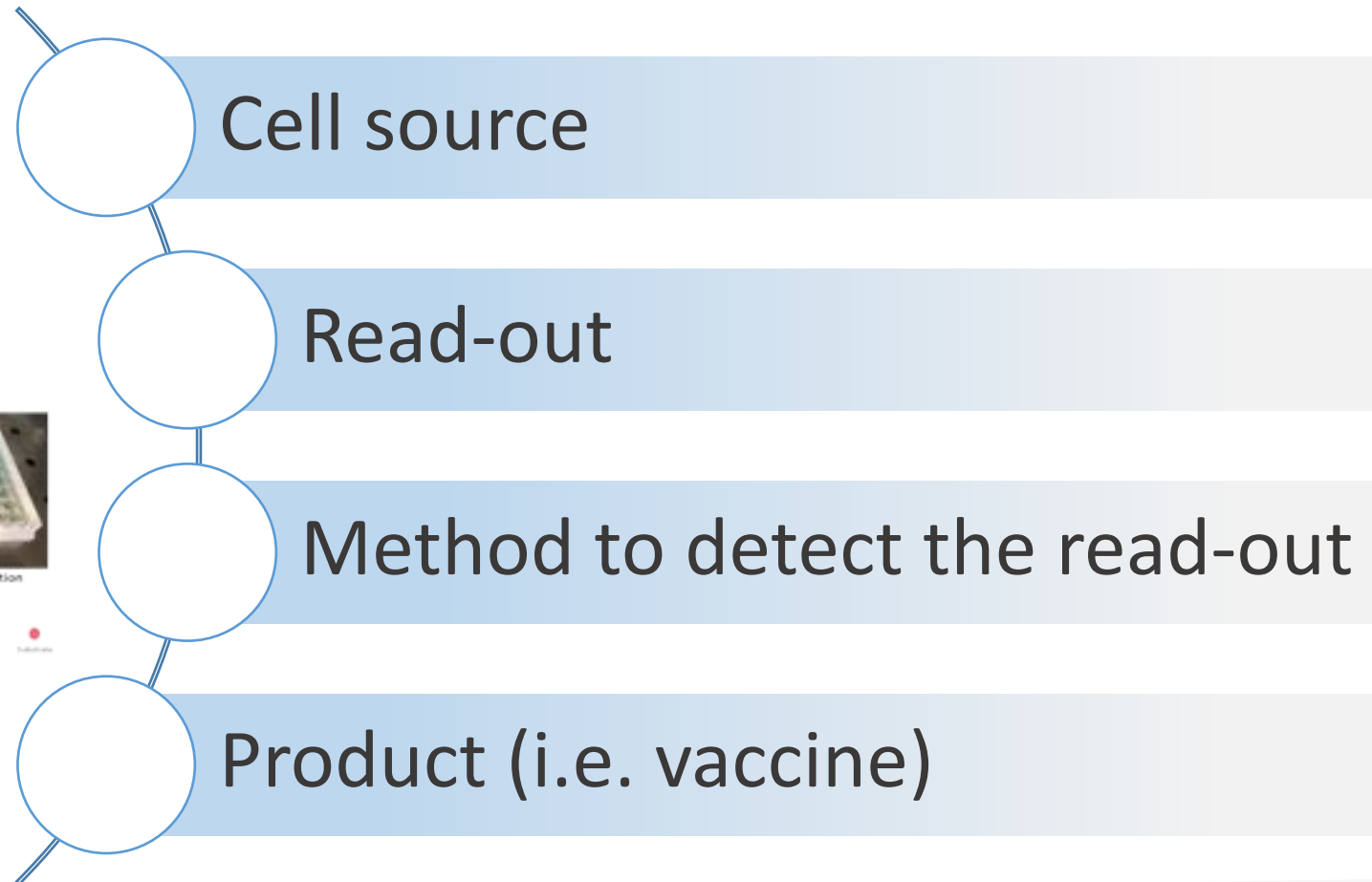
# MONOCYTE ACTIVATION TEST

## - Workflow -



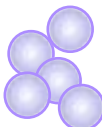


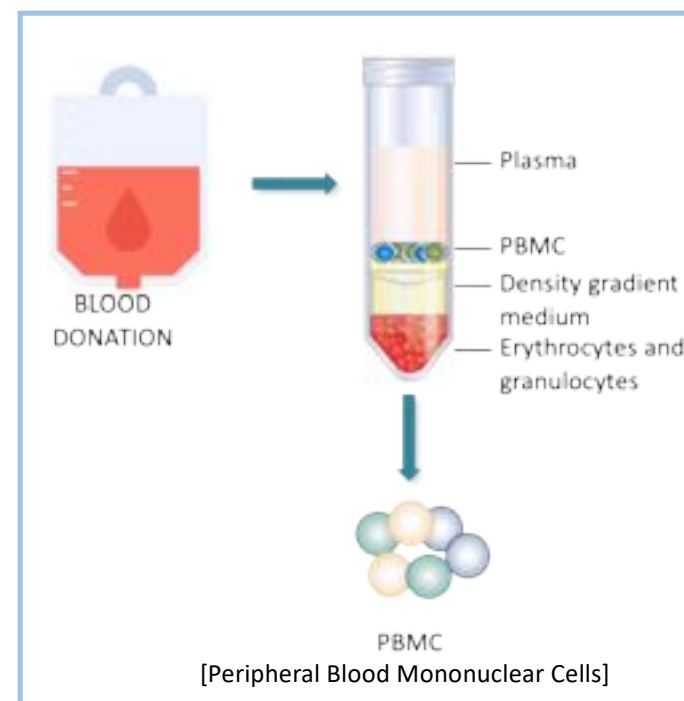


# VARIABLE PARAMETERS



# CELL SOURCE

|  |  |  |
|---|---|---|
| WHOLE BLOOD   | PBMCs   | MONOCYTIC CELL LINES  |
| [POLIMORFONUCLEAR AND MONONUCLEAR CELLS]  | [MONONUCLEAR CELLS]   | [MONO-MAC-6 AND THP1]   |
| Donor variability   | Donor variability   | Very low variability  |
| For unspecified pyrogens  | For unspecified pyrogens  | For known pyrogens  |
| Presence of cytokines and Abs in plasma   | Basal activation due to PBMC isolation procedures                                 |   |



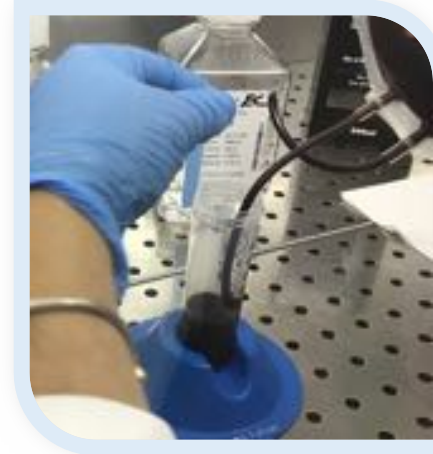
# PBMC ISOLATION (I)



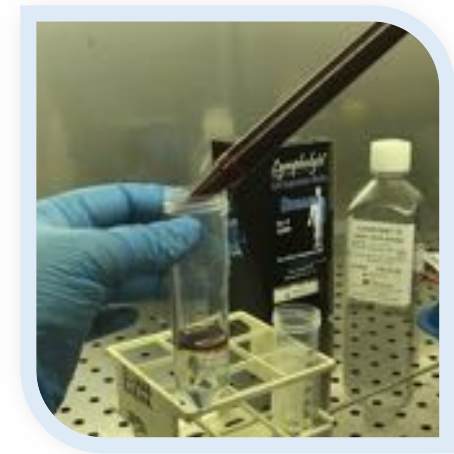
Blood bag



Blood bag cleaning  
and opening

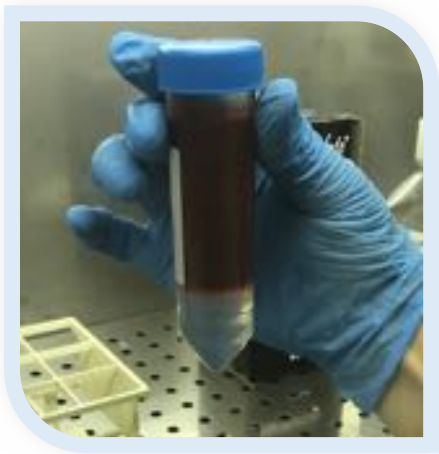


Blood transfer in a  
50 ml tube



Blood stratification on a  
density gradient separation  
medium

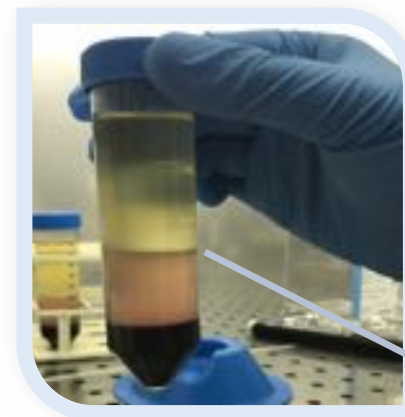
# PBMC ISOLATION (II)



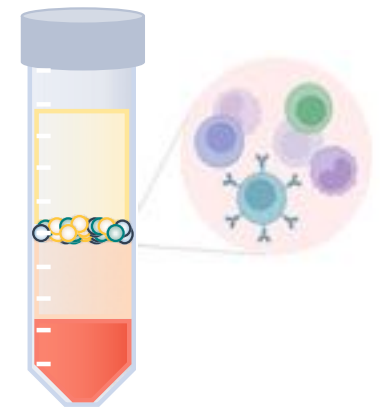
Tube after blood stratification ready for centrifugation



Centrifugation with swing-bucket rotors adapters



Blood stratified soon after centrifugation



PBMC

# How to face donor variability when using primary cells

Preserve qualified cells ( -> preliminary assays to **assess the quality of cells**)

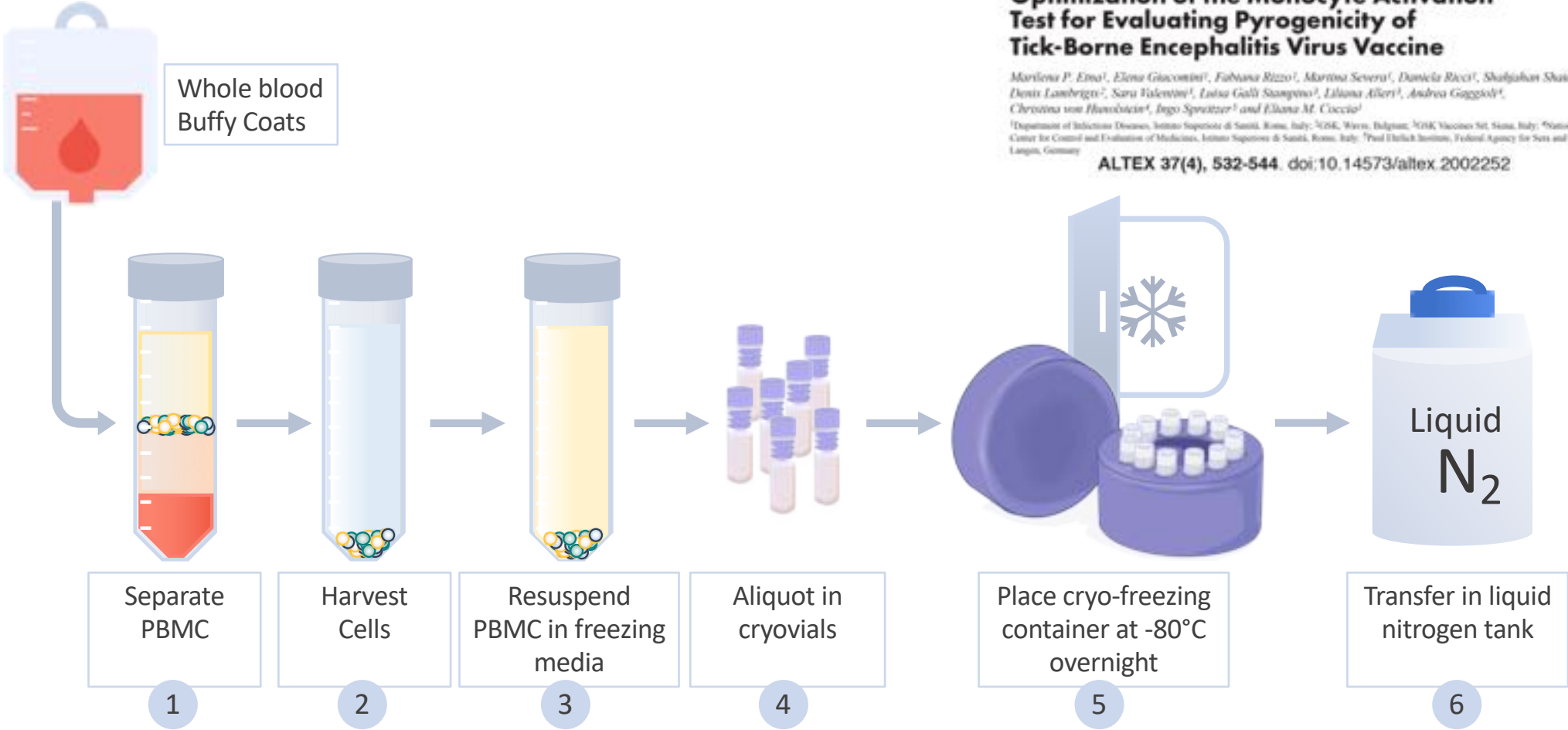
Ensure the long-term use of a cell source with robust results (**Creation of cell banks**)

# Before starting...

1. Ensure aseptic conditions while freezing cells
2. Define the optimal number of cells per vial to avoid low cell viability as well as unwanted cell clump (for PBMC 5 - 20 x 10<sup>6</sup> cells/mL)



# PBMC freezing workflow



Research Article

## Optimization of the Monocyte Activation Test for Evaluating Pyrogenicity of Tick-Borne Encephalitis Virus Vaccine

Martina P. Ena<sup>1</sup>, Elena Giacomini<sup>2</sup>, Fabiana Rizzo<sup>1</sup>, Martina Severa<sup>1</sup>, Daniela Ricci<sup>1</sup>, Shafiqah Shaif<sup>3</sup>, Denis Lamberto<sup>2</sup>, Sara Valentini<sup>1</sup>, Luisa Galli Stampino<sup>2</sup>, Liliana Alleri<sup>1</sup>, Andrea Gaggioli<sup>4</sup>, Christina von Hovavitzin<sup>5</sup>, Ingo Sprätzer<sup>6</sup> and Eliana M. Cocchio<sup>1</sup>

<sup>1</sup>Department of Infectious Diseases, Istituto Superiore di Sanità, Rome, Italy; <sup>2</sup>ISE, Wavre, Belgium; <sup>3</sup>ISK Vaccines Srl, Sesto, Italy; <sup>4</sup>National Center for Control and Evaluation of Medicines, Istituto Superiore di Sanità, Rome, Italy; <sup>5</sup>Paul Ehrlich Institute, Federal Agency for Sera and Vaccines, Langen, Germany

ALTEX 37(4), 532-544. doi:10.14573/altex.2002252



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# Tips & Tricks [I]

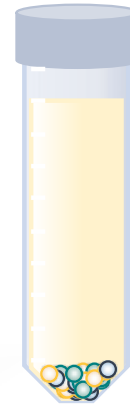
## Home-made

- ⇒ Fetal Bovine Serum (FBS) + Cryoprotectant agent\* (DMSO)
- ⇒ Human Serum (HS) + Cryoprotectant agent\* (DMSO) [Animal-free]

\*avoids: ice crystal formation/ osmotic stress/ membrane damage

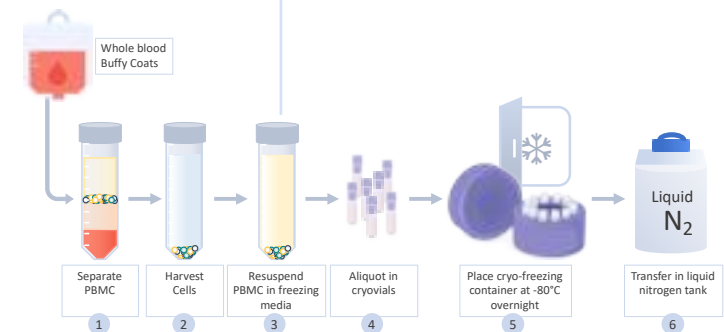
## Commercially ready-to-use

- ⇒ With Fetal Bovine Serum (FBS)
- ⇒ Synthetic [Animal-free]



3

Resuspend  
PBMC in freezing  
media





# Tips & Tricks [II]



5

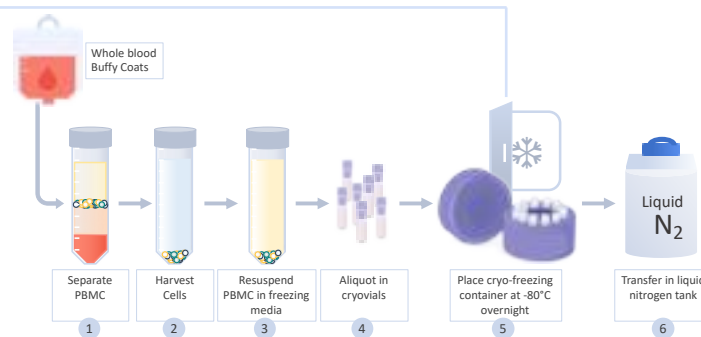
Place cryo-freezing container at -80°C overnight

## Controlled freezing rate

Slow freezing is critical to ensure cell viability and integrity

⇒ Controlled-rate freezer

⇒ Isopropanol freezing container



# Tips & Tricks [III]

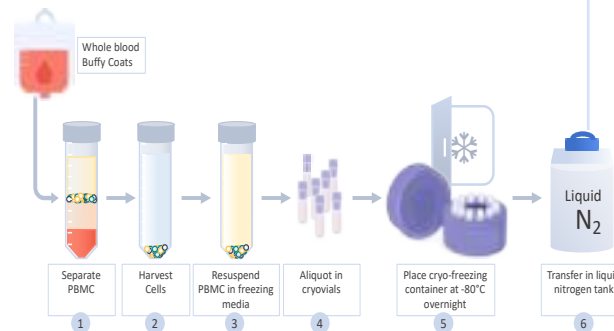


Transfer in liquid nitrogen tank

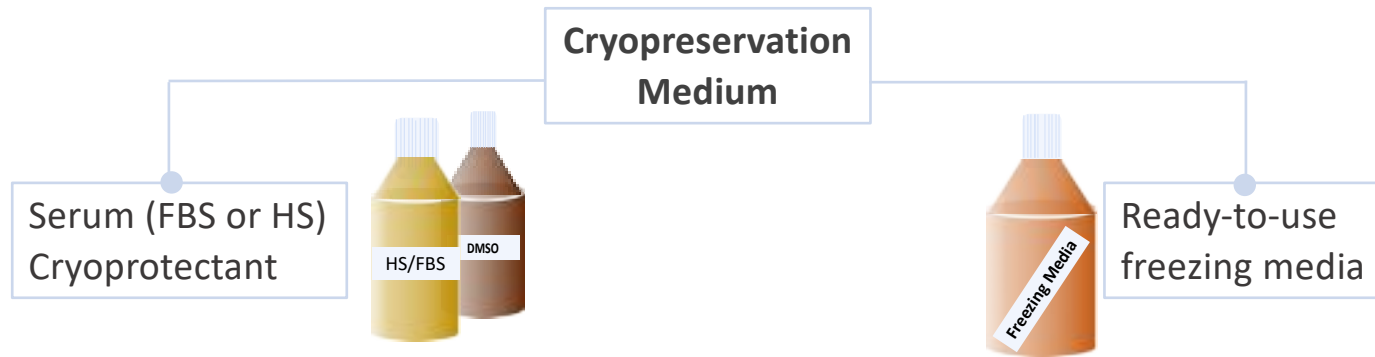
6

## Storage & Recording

- ⇒ Very low temperature (-135°C to -196°C) for long-term storage
- ⇒ Alcohol/liquid nitrogen-resistant markers or printed cryo-labels
- ⇒ Inventory of cell bank



# Reagents & Equipment [critical]



# PBMC Thawing: before starting...

1. Ensure aseptic conditions while thawing cells
2. Warm thawing medium of choice in a 37°C water bath
3. Put warmed thawing medium in a 15 ml conic tube (sufficient for one vial of PBMC)

*Rapid thawing helps to minimize any impact on cell recovery*



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# PBMC thawing workflow [I]

1

Remove the cryovial from liquid nitrogen storage tank and place it in dry ice (no exposure to room temperature until thawing)

2

Place cryovial in 37°C water bath and thaw cells by swirling it until a little piece of ice remains

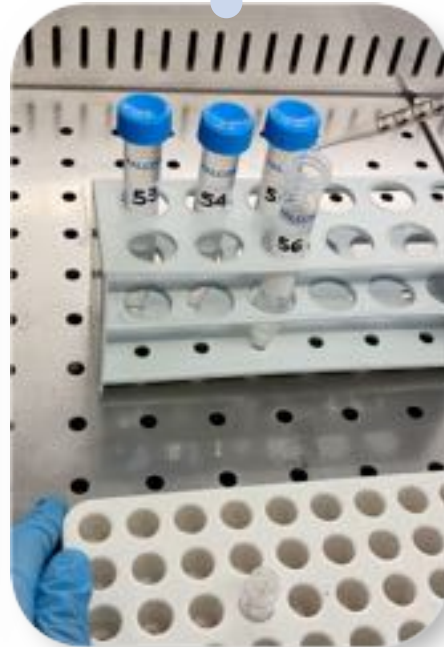
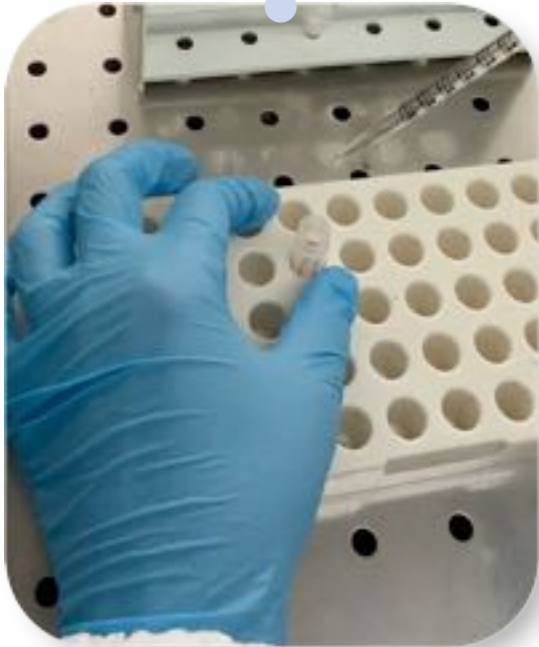
3

Wipe the outside of the cryovial with 70% ethanol or isopropanol before transferring into the biosafety hood



# PBMC thawing workflow [II]

4 Add 1 ml of thawing medium (warm) **dropwise** directly into the cryovial then slowly transfer cell suspension in the conic tube pre-filled with warm thawing medium

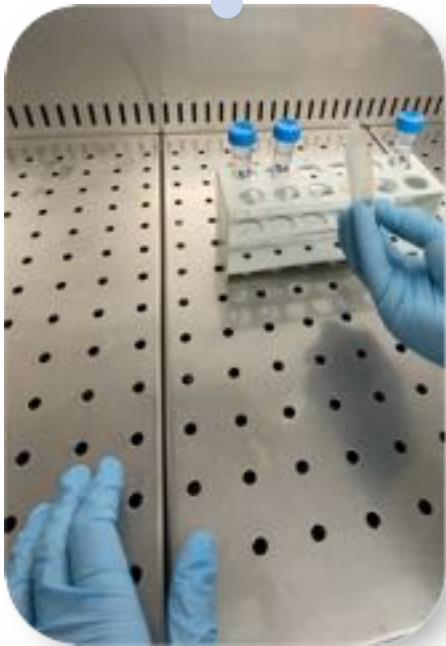


5 Wash the cryovial with an additional 1 ml of thawing medium and add it to the conic tube



# PBMC thawing workflow [III]

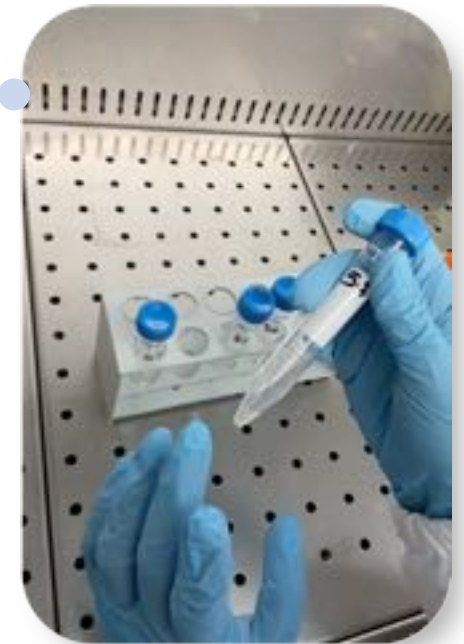
6 Mix by inverting the tube several times and then centrifuge at room temperature at 300 g for 10 minutes



7 Discard the supernatants and leave a small amount of medium to ensure the cell pellet is not disturbed

8 Resuspend the pellet by gently flicking the tube and then add thawing medium and repeat the washing step

9 Repeat action n°7 and then add an established volume of cell culture medium. Take a small aliquot for cell viability count

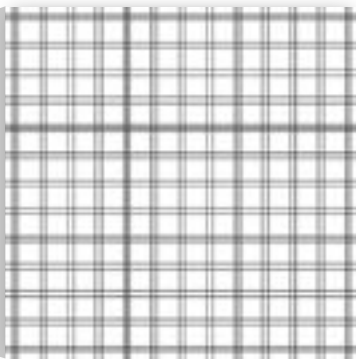
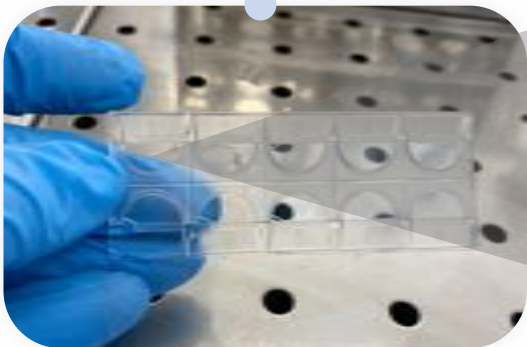
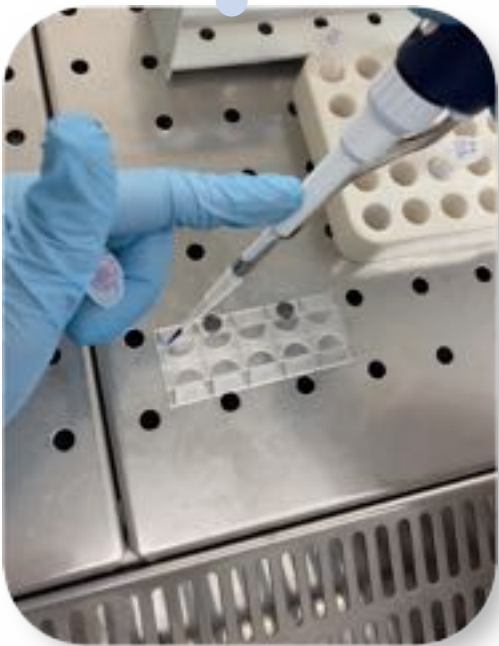




# PBMC thawing workflow [IV]

10

Dilute cell suspension with trypan blue exclusion dye and, by using a hemocytometer, count 3 small squares of the chamber to calculate the cell number



Counting Chamber

Counting Grid

12

Adjust cell volume to the desired cell concentration with cell culture medium

*Cells are now ready for use in downstream applications*



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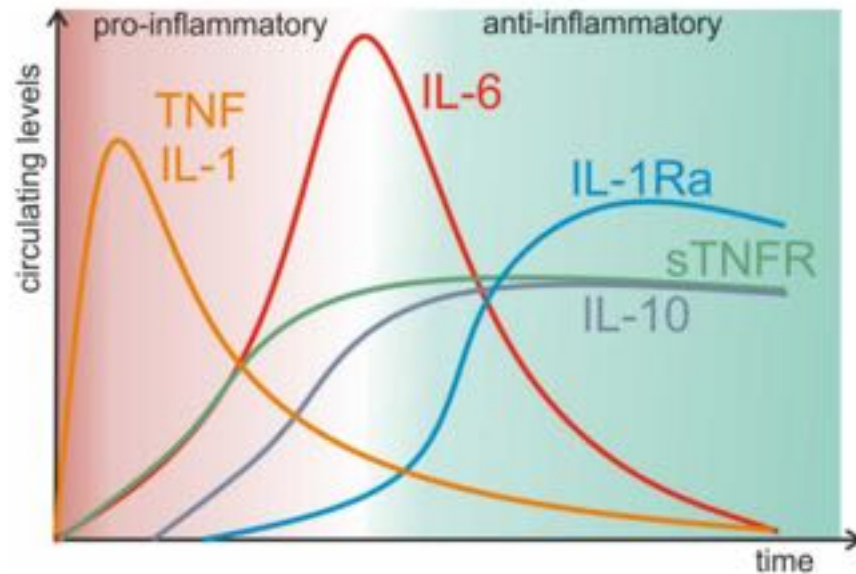
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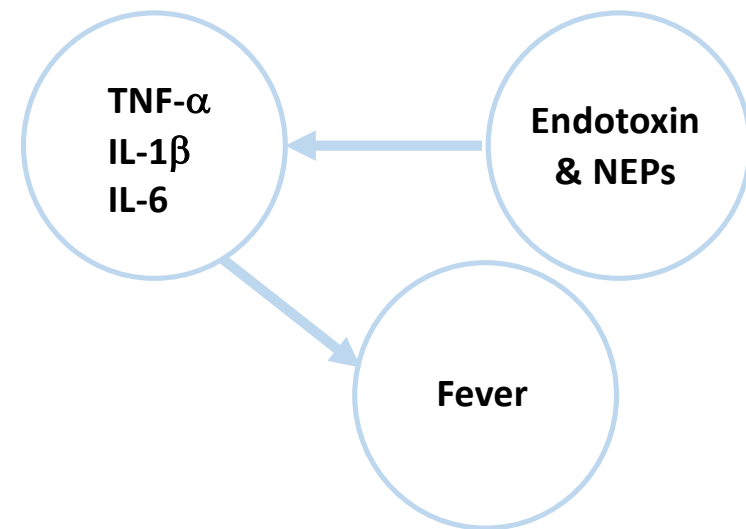


# READ-OUTS

Tumor Necrosis Factor [TNF] and interleukin [IL]-1 are the first cytokines to be released in sepsis and promote the secretion of IL-6. Together, these cytokines are the orchestrators during the pro-inflammatory phase in sepsis.

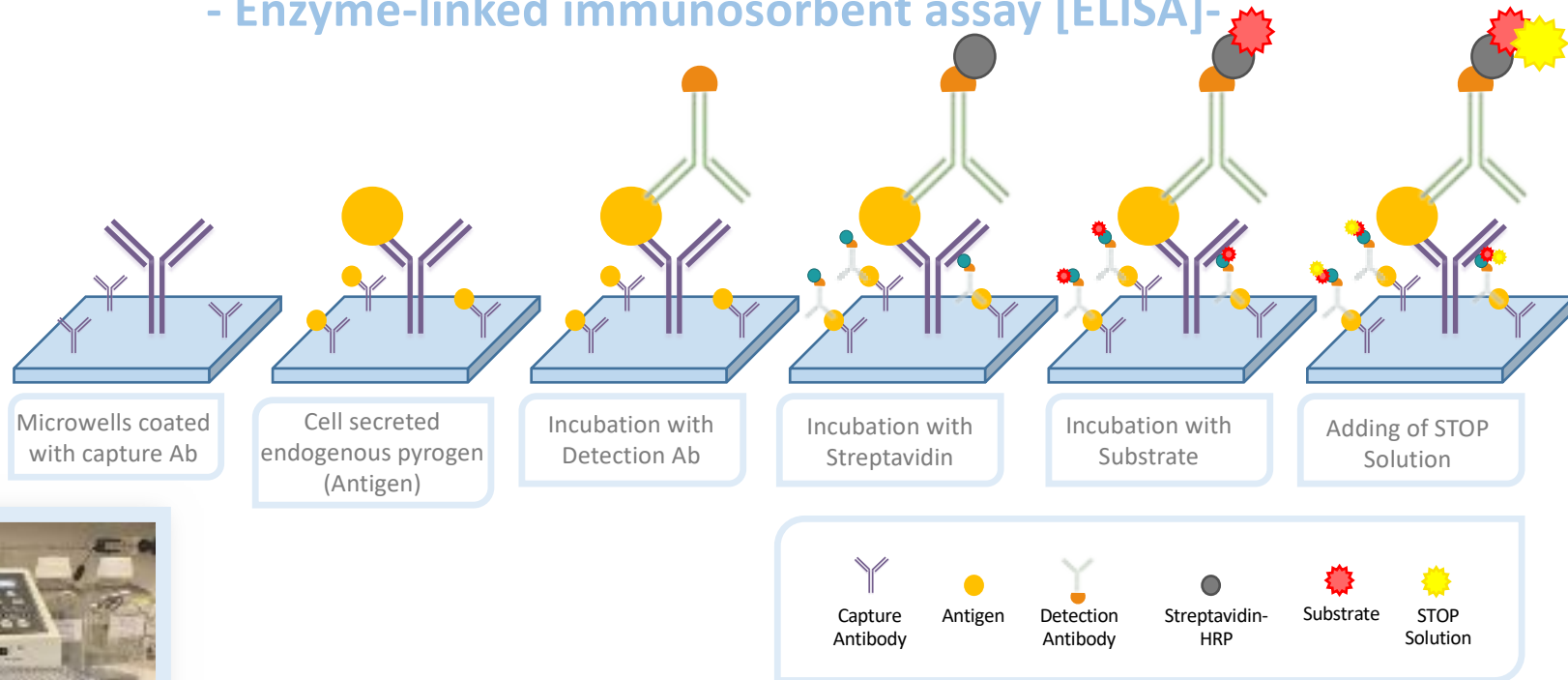


Int. J. Mol. Sci. 2018, 19, 1442, ; doi:10.3390/ijms19051442



# METHOD TO DETECT THE READ-OUT

- Enzyme-linked immunosorbent assay [ELISA]-



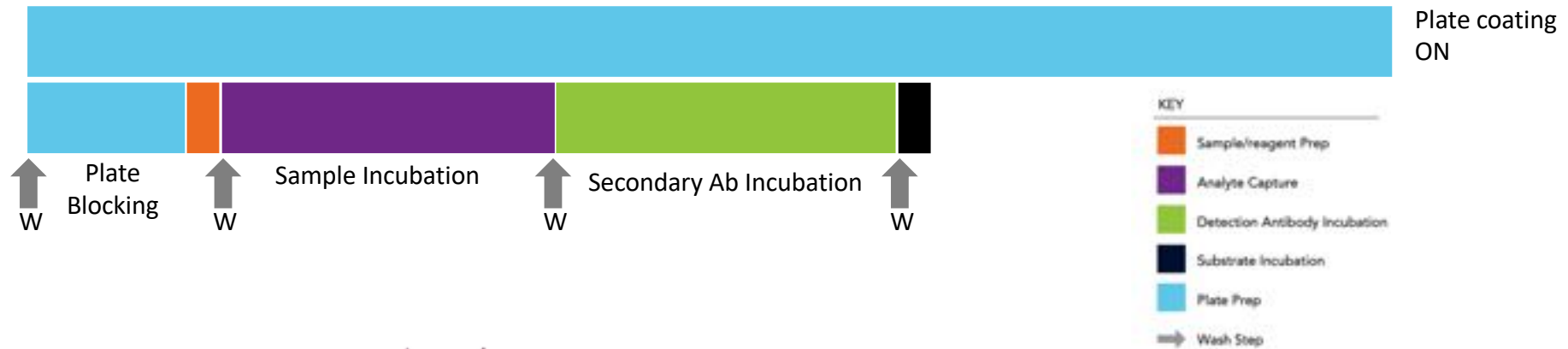
Microplate washer employed along ELISA procedure



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# Critical factors for a successful ELISA procedure



Reagents (Abs, substrate etc..)



Incubation time



Temperature of incubation along the procedure

# Type of Antigens used in Licensed Vaccines

| Type of Antigen                        | Features  | Examples of Vaccines   |
|--|---|--|
| Live-attenuated Vaccines               | Live-attenuated vaccines contain live pathogens from either a bacteria or a virus that have been "attenuated," or weakened. They are produced by selecting strains of a bacteria or virus that still produce a robust immune response but that does not cause | Measles, Rubella, Parotitis, Varicella, Yellow Fever and Mycobacterium tuberculosis vaccines   |
| Inactivated (non-replicating) Vaccines | Composed by inactivated or killed pathogens. They establish a strong immune response without causing disease. Multi-dose are often needed to build full protection. They can be easily produced without excessive cost  | Hepatitis A virus, Poliomyelitis virus, and Influenza "split" or "fragmented" virus)   |
| Subunit Vaccines                       | Produced through purification techniques of the bacterium/virus components interacting with the organism (they do not contain any live pathogen). They are suitable for people who should not receive "live" vaccines,  | Haemophilus influenzae type B (Hib) vaccine (conjugate), Pneumococcal vaccine (polysaccharide or conjugate), Hepatitis B (recombinant protein), Acellular Pertussis, MenACWY (conjugate) and those containing the antigens of the influenza virus defined as |
| Anatoxin/Toxoid Vaccines               | Inactivated toxins produced in most cases from proteins released by the micro-organism (toxins) to target the toxic activity created by the bacteria, rather than targeting the bacteria itself.  | Tetanus vaccine and Diphtheria vaccine   |
| Viral Vector Vaccines                  | Harmless virus genetically engineered to deliver to host cells the genetic code of an antigen against which immune system respond to fight the pathogen   | Ebola vaccine, COVID-19 vaccine  |
| Messenger RNA Vaccine                  | Composed of proprietary lipid nanoparticle delivery systems and mRNA optimized for stability and translation. They are based on a very adaptable technology.  | COVID-19 Vaccine   |

# Adjuvants used in Licensed Vaccines

Classification of adjuvants according to their main mechanism of action

| Adjuvant Groups            | Types of Adjuvants  |
|----------------------------|---|
| <i>Delivery systems</i>    |   |
| <i>Mineral Salts</i>       | Aluminium salts   |
| <i>Emulsions</i>           | Freund's adjuvants<br>MF59<br>AS03  |
| <i>Microparticles</i>      | Virus-like particles<br>Virosomes<br>PLA/PLGA   |
| <i>Immune Potentiators</i> |   |
| <i>TLR1/2 agonists</i>     | L-pampo, MALP-2, Pam2CSK4 and Pam3CSK4  |
| <i>TLR3 agonists</i>       | Poly(I:C) (polyinosinic:polycytidylic acid)<br>Poly-ICLC  |
| <i>TLR4 agonists</i>       | Monophosphoryl lipid A (MPL)  |
| <i>TLR5 agonists</i>       | Flagellin   |
| <i>TLR7/8 agonists</i>     | Imiquimod (R837; 1-(2-methylpropyl)-1H-imidazo<br>[4,5-c]quinolin-4-amine) and resiquimod (R848,<br>4-amino-2-(etoximetil)-a,a-dimethyl-1H-imidazo<br>[4,5-c]quinoline-1-ethanol) |
| <i>TLR9 agonists</i>       | CpG ODNs  |
| <i>Combined adjuvants</i>  | AS01 and AS02<br>AS04   |
| <i>Mucosal adjuvants</i>   | Cholera toxin (CT)<br>Heat-labile enterotoxin (LTK3 and LTR72)<br>Chitosan  |

Facciola A. et al, Vaccines 2022 9. doi.org/10.3390/vaccines10050819



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# Other ingredients can be present in vaccine final formulation

|   |  |
|---|--|
| <b>Stabilizers</b> <p><b>Purpose:</b> To keep the vaccine effective after manufacturing</p> <p><b>Most commonly found in:</b> Jell-O®, naturally in the body</p> <p><b>Examples:</b> Sugars, gelatin</p>  | <b>Adjuvants</b> <p><b>Purpose:</b> To help boost the body's response to the vaccine</p> <p><b>Most commonly found in:</b> Drinking water, infant formula, and some health products such as antacids, buffered aspirin, and antiperspirants</p> <p><b>Examples:</b> Aluminum salts</p> |
| <b>Residual inactivating ingredients</b> <p><b>Purpose:</b> To kill viruses or inactivate toxins during the manufacturing process</p> <p><b>Most commonly found in:</b> Naturally in the human body, fruit, household furnishings (carpets, upholstery)</p> <p><b>Example:</b> Formaldehyde†</p>  | <b>Residual cell culture materials</b> <p><b>Purpose:</b> To grow enough of the virus or bacteria to make the vaccine</p> <p><b>Most commonly found in:</b> Eggs, and foods that contain eggs</p> <p><b>Examples:</b> Egg protein<sup>^</sup></p>                                      |
| <b>Residual antibiotics</b> <p><b>Purpose:</b> To prevent contamination by bacteria during the vaccine manufacturing process</p> <p><b>Most commonly found in:</b> Common antibiotics. Antibiotics that people are most likely to be allergic to—like penicillin—aren't used in vaccines.</p> <p><b>Examples:</b> Neomycin, Kanamycin, Streptomycin</p> | <b>Preservatives</b> <p><b>Purpose:</b> To prevent contamination</p> <p><b>Most commonly found in:</b> Some kinds of fish</p> <p><b>Example:</b> Thimerosal (only in multi-dose vials of flu vaccine)<sup>*</sup></p>  |

<https://www.cdc.gov/vaccines/vac-gen/additives.htm>



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➤ The type of antigen determines **whether the product possesses or not intrinsic pyrogenicity**

➤ Based on product properties, different analysis methods may be employed to optimize a **product-specific MAT assay**

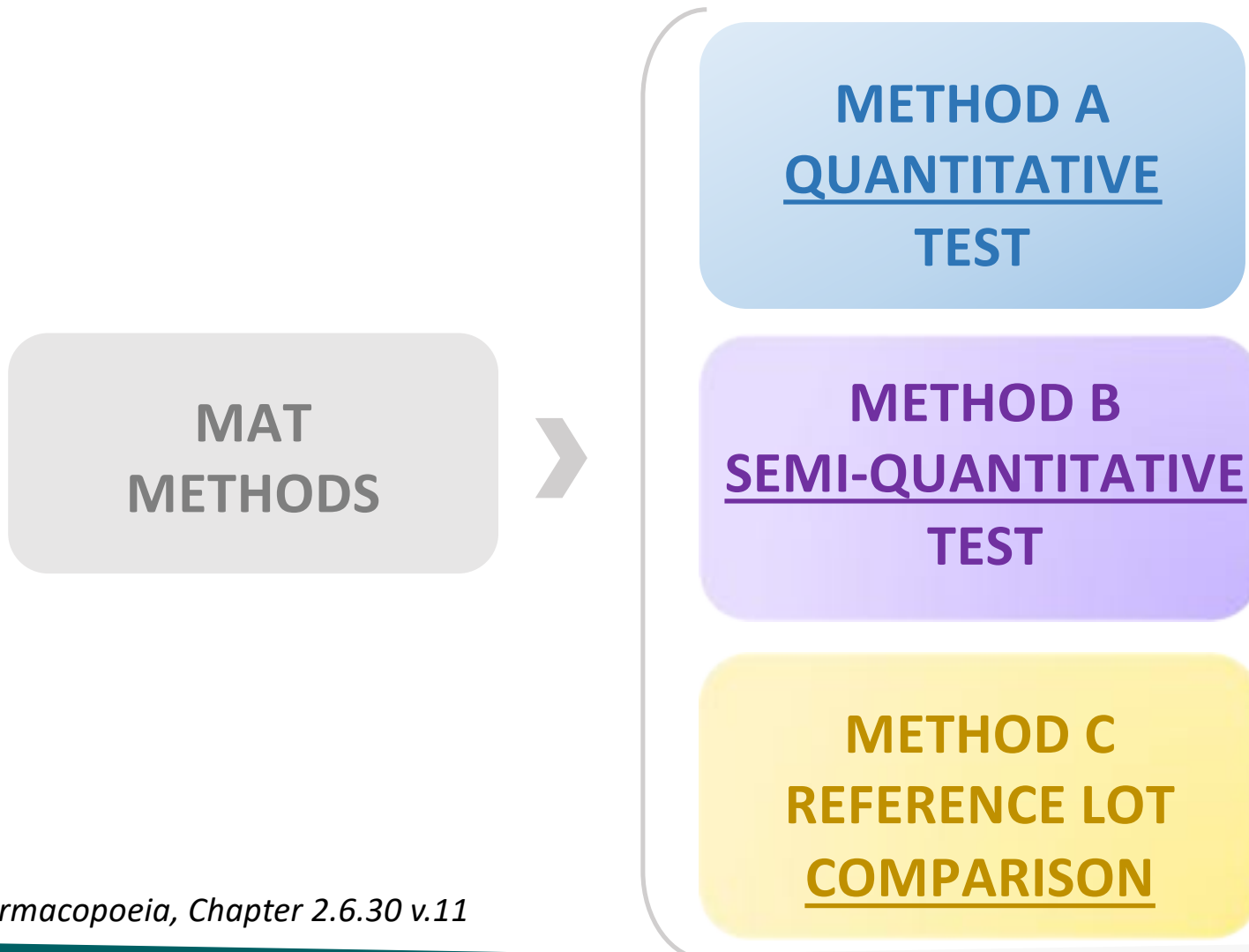
- Overview Istituto Superiore di Sanità
- Pyrogenicity testing in Europe
- MAT: workflow, technical tips&tricks
- Methods in Ph. Eur: what's new?
- MAT: a practical application



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*From European Pharmacopoeia, Chapter 2.6.30 v.11*



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## Definition of Limit of Detection [LOD]

The lowest analyte concentration to be reliably distinguished from the assay blank and at which detection is feasible

### LOD in MAT

Identified as the endotoxin concentration corresponding to the cut-off value:  $\text{mean}[\text{OD}(\text{blank cells})] + 3\text{SD}[\text{OD}(\text{blank cells})]$

LOD must be calculated also for non endotoxin pyrogens (NEPs)

## Definition of Assay Sensitivity [AS]

➤ The lowest endotoxin or NEP concentration detected in samples from several donors or pools

➤ AS corresponds to the beginning of the linear part of the endotoxin or NEP standard curve

# Definition of Contaminant Limit Concentration [CLC]

CLC is the criterion for pass/fail decision

CLC is expressed as endotoxin equivalent with respect to the product to be examined (ml, mg or Units)

$$CLC = \frac{K}{M}$$

K= threshold of pyrogenic dose per kilogram of body mass

M= maximum recommended bolus dose of product per kilogram of body mass

# Definition of Maximum Valid Dilution [MVD]

The maximum valid dilution of a product at which the CLC can be determined

$$\text{MVD} = \frac{\text{CLC} \times \text{C}}{\text{LOD}}$$

C = concentration of test solution

## METHOD A: QUANTITATIVE TEST

- It is intended for products/vaccines showing a parallel response respect to the dilutions of standard endotoxin.
- Method A foresees a comparison of the preparation being examined with a standard endotoxin dose-response curve.

*From European Pharmacopoeia, Chapter 2.6.30*



# METHOD A: QUANTITATIVE TEST

## TEST CONDITIONS

Table 2.6.30.-1

| Solution   | Solution                            | Added endotoxin (IU/mL)                             | Number of replicates    |
|------------|-------------------------------------|---|-------------------------|
| A          | Test solution/ $f$                  | None  | 4                       |
| B          | Test solution/ $2 \times f$         | None  | 4                       |
| C          | Test solution/ $4 \times f$         | None  | 4                       |
| AS         | Test solution/ $f$                  | Middle dose from endotoxin standard curve ( $R_s$ ) | 4                       |
| BS         | Test solution/ $2 \times f$         | Middle dose from endotoxin standard curve ( $R_s$ ) | 4                       |
| CS         | Test solution/ $4 \times f$         | Middle dose from endotoxin standard curve ( $R_s$ ) | 4                       |
| $R_0$      | Pyrogen-free saline or test diluent | None (negative control)                             | 4                       |
| $R_1, R_2$ | Pyrogen-free saline or test diluent | 4 concentrations of standard endotoxin              | 4 of each concentration |

## PASS/FAIL CRITERIA



Criteria for endotoxin standard curve;

The **endotoxin equivalent content** of the preparation being examined should be **less than the contaminant limit concentration (CLC)\***;

The recovery of endotoxin in spiked test samples should fall within 50-200 %.

\* The CLC is defined by considering the product dose, the route of administration and the sensitivity of the set-up MAT assay

*From European Pharmacopoeia, Chapter 2.6.30*



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## METHOD B: SEMI-QUANTITATIVE TEST

- For products/vaccines showing a not parallel response respect to the dilutions of standard endotoxin.
- Method B is based on the comparison between the preparation being examined and the standard endotoxin.

*From European Pharmacopoeia, Chapter 2.6.30*





# METHOD B: SEMI-QUANTITATIVE TEST

## TEST CONDITIONS

Table 2.6.30-2

| Solution | Solution                            | Added endotoxin (IU/mL)                                       | Number of replicates |
|----------|-------------------------------------|---|----------------------|
| A        | Test solution(f)                    | None  | 4                    |
| B        | Test solution(f)                    | None  | 4                    |
| C        | Test solution(f)                    | None  | 4                    |
| R1       | Test solution(f)                    | Standard endotoxin at 2 × estimated LOD for the test system   | 4                    |
| R2       | Test solution(f)                    | Standard endotoxin at 2 × estimated LOD for the test system   | 4                    |
| R3       | Test solution(f)                    | Standard endotoxin at 2 × estimated LOD for the test system   | 4                    |
| R4       | Pyrogen free saline or test diluent | None (negative control)                                       | 4                    |
| R5       | Pyrogen free saline or test diluent | Standard endotoxin at 0.5 × estimated LOD for the test system | 4                    |
| R6       | Pyrogen free saline or test diluent | Standard endotoxin at 1 × estimated LOD for the test system   | 4                    |
| R7       | Pyrogen free saline or test diluent | Standard endotoxin at 2 × estimated LOD for the test system   | 4                    |
| R8       | Pyrogen free saline or test diluent | Standard endotoxin at 4 × estimated LOD for the test system   | 4                    |

## PASS/FAIL CRITERIA



- The endotoxin equivalent content of the preparation being examined should be less than the CLC\*;
- The response to solution R2 should be higher than an established cut-off value;
- To determine spike-in recovery, the mean response of the spiked solution is compared with the mean response to R3 (should fall within 50-200%).

\* The CLC is defined by considering the product dose, the route of administration and the sensitivity of the set-up MAT assay

From European Pharmacopoeia, Chapter 2.6.30



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## METHOD C: REFERENCE LOT COMPARISON

➤ Developed to address extreme donor variability in response to product containing endotoxin and/or non-endotoxin pyrogens (NEPs).

➤ Method C compares the preparation being examined with a validated reference lot of that preparation. The type of analysis selected to compare the two is to be justified and validated for each product and is to include assay validity criteria.

*From European Pharmacopoeia, Chapter 2.6.30*



# METHOD C: REFERENCE LOT COMPARISON

## TEST CONDITIONS

Table 2.6.30.-3

| Solution       | Solution/dilution factor                      | Number of replicates |
|----------------|---|----------------------|
| A              | Solution of reference lot/ $f_1$              | 4                    |
| B              | Solution of reference lot/ $f_2$              | 4                    |
| C              | Solution of reference lot/ $f_3$              | 4                    |
| D              | Solution of preparation being examined/ $f_1$ | 4                    |
| E              | Solution of preparation being examined/ $f_2$ | 4                    |
| F              | Solution of preparation being examined/ $f_3$ | 4                    |
| G              | Positive control (standard endotoxin)         | 4                    |
| R <sub>c</sub> | Diluent (negative control)                    | 4                    |

## PASS/FAIL CRITERIA

PASS

FAIL

Sum the mean response to solution A, B and C and the mean response to solution D, E and F. Divide the sum of D, E and F with the sum of A, B and C. The preparation being examined complies with the test if the resulting value complies with a defined acceptance criterion.

$$\frac{\text{mean D} + \text{mean E} + \text{mean F}}{\text{mean A} + \text{mean B} + \text{mean C}}$$

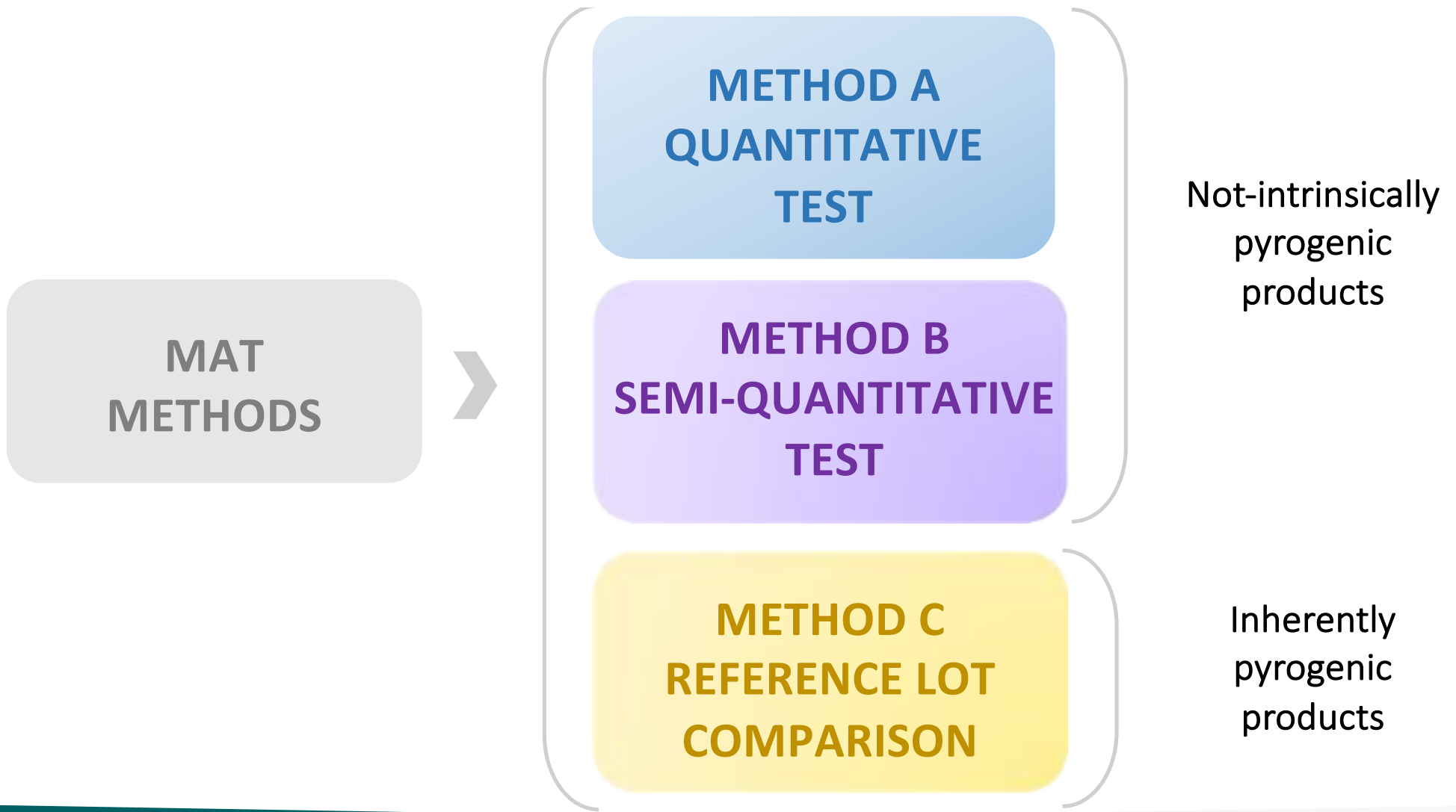
(PREPARATION BEING EXAMINED)  
(REFERENCE LOT)

From European Pharmacopoeia, Chapter 2.6.30



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07/2017:20630  
corrected 11.0

## 2.6.30. MONOCYTE-ACTIVATION TEST

### 1. INTRODUCTION

The monocyte-activation test (MAT) is used to detect or quantify substances that activate human monocytes or monocyte cells to release endogenous mediators such as pro-inflammatory cytokines, for example tumour necrosis factor alpha (TNF $\alpha$ ), interleukin-1 beta (IL-1 $\beta$ ) and interleukin-6 (IL-6). These cytokines have a role in fever pathogenesis. Consequently, the MAT will detect the presence of pyrogens in the test sample. The MAT is suitable, after a product-specific validation, as a replacement for the rabbit pyrogen test.

Pharmaceutical products that contain non-endotoxin pyrogenic or pro-inflammatory contaminants often show very steep or non-linear dose-response curves in comparison with endotoxin dose-response curves. Preparations that contain or may contain non-endotoxin contaminants have to be tested at a range of dilutions that includes minimum dilution.

# WHAT'S NEW?

Revision of MAT monograph is ongoing to address certain difficulties reported by users and to facilitate the widest implementation of the MAT



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## Ongoing revision of MAT in Ph. Eur (chapter 2.6.30) [I]

➤ **MVD calculation:** To allow consistent calculation and better comparability among different MAT setups, it has been proposed to replace LOD with AS [AS is a point of standard curve and not a calculated value]

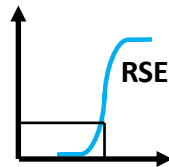
➤ **Validity criteria Endotoxin standard curve:** Use of non-linear regression model and less strict criteria for the standard curve (i.e., parallelism requirement deleted)

# Ongoing revision of MAT in Ph. Eur (chapter 2.6.30) [II]

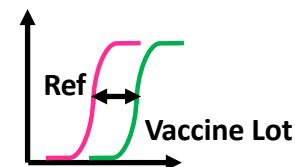
To merge **Methods A** and **B** into a single Method (“Method 1”)

For products not inherently pyrogenic

Method 1 (A+B)  
Semi-quantitative Method



Method 2  
Lot/Lot comparison



For inherently pyrogenic products

**Test for interfering factors:** Replacement of current spiking dose 2xLOD with an amount of endotoxin equal or near to the middle of endotoxin standard curve

- Overview Istituto Superiore di Sanità
- Pyrogenicity testing in Europe
- MAT: workflow, technical tips&tricks
- Methods in Ph. Eur: what's new?
- MAT: a practical application





01/2005:1375

## TICK-BORNE ENCEPHALITIS VACCINE (INACTIVATED)

### Vaccinum encephalitis ixodibus advectae inactivatum

Vaccines

#### DEFINITION

Tick-borne encephalitis vaccine (inactivated) is a liquid preparation of a suitable strain of tick-borne encephalitis virus grown in cultures of chick-embryo cells or other suitable cell cultures and inactivated by a suitable, validated method.

#### FINAL LOT

Only a final lot that is satisfactory with respect to each of the requirements given below under Identification, Tests and Assay may be released for use. Provided that the tests for free formaldehyde, bovine serum albumin (where applicable) and pyrogens and the assay have been carried out with satisfactory results on the final bulk vaccine, they may be omitted on the final lot.

#### IDENTIFICATION

The vaccine is shown to contain tick-borne encephalitis virus antigen by a suitable immunochemical method (2.7.1) using specific antibodies or by the mouse immunogenicity test described under Assay.

#### TESTS

**Aluminium** (2.5.13): maximum 1.25 mg per single human dose, if aluminium hydroxide or hydrated aluminium phosphate is used as the adsorbent.

**Free formaldehyde** (2.4.18): maximum of 0.1 g/l.

**Bovine serum albumin.** If bovine serum albumin has been used during production, the vaccine contains not more than 50 ng per single human dose, determined by a suitable immunochemical method (2.7.1).

**Sterility** (2.6.1). The vaccine complies with the test for sterility.

**Pyrogens** (2.6.8). The vaccine complies with the test for pyrogens. Inject into each rabbit, per kilogram of body mass, one dose of vaccine.

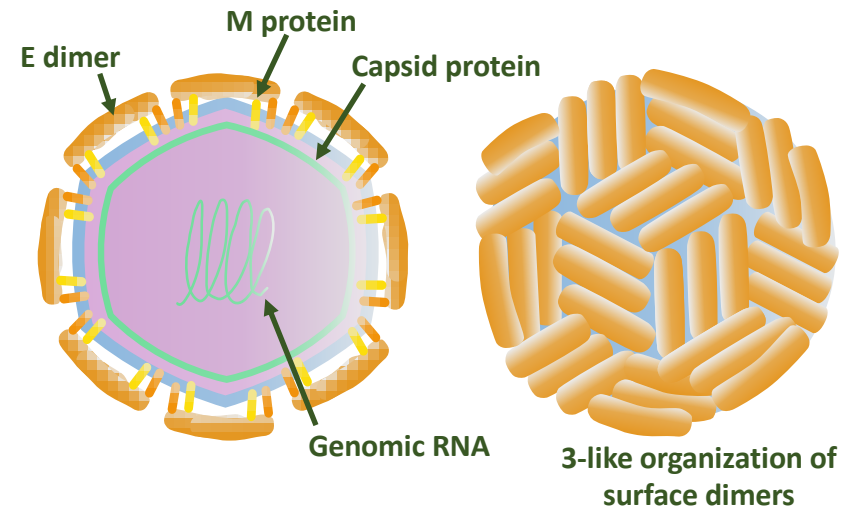


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# Tick-borne encephalitis virus [TBEV]

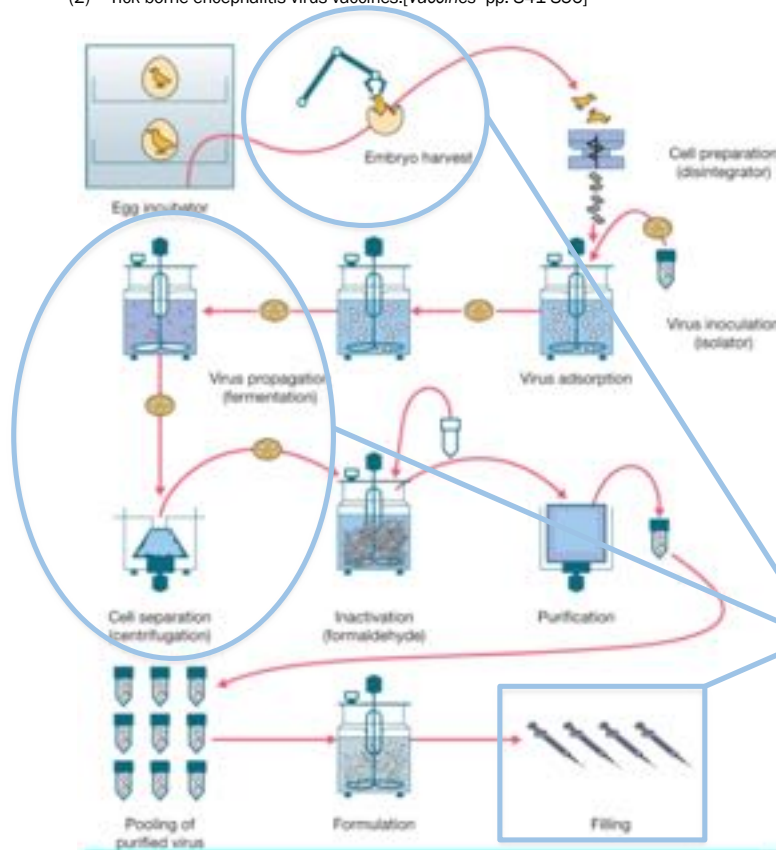
- Flavivirus
- Small enveloped virus
- Positive-sense, single-stranded RNA
- 3 structural proteins



**NO INTRINSIC  
PYROGENICITY**

# Production process of TBEV vaccine

- (1) Background Document on Vaccines and Vaccination against Tick-borne Encephalitis [Vaccine. 2011 ;29(48):8769-70]
- (2) Tick borne encephalitis virus vaccines.[Vaccines pp. 841-856]



Barrett et al., 2008 (2)

TBEV (active substance) is cultivated chicken embryo cells, clarified by centrifugation, inactivated with formalin and then purified to produce the vaccine virus stock. Pools of different purified virus stock were formulated with aluminum hydroxide (adjuvant)

Embryo harvest from chicken eggs or the virus propagation could entail the risk of bacterial, viral or cellular contaminants entering the final product

# VAC2VAC

- <http://www.imi.europa.eu/>
- <http://www.vac2vac.eu/>

VAC2VAC - Vaccine batch to vaccine batch comparison by consistency testing

One of the objective of VAC2VAC project was the development and the optimization of cellular assays based on analysis of human tick-borne encephalitis virus (TBEV) vaccine-induced activation of primary APC.



**To replace the existing pyrogenicity test in rabbit by performing the monocyte activation test MAT assay described in the European Pharmacopoeia by using human peripheral blood mononuclear cells (PBMC).**



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# Setting of MAT conditions for the TBEV vaccine [I]

## - Qualification of cell source -

The MAT optimized for the TBEV vaccine was set-up by using as cell source cryopreserved **peripheral blood mononuclear cells (PBMCs)**. According to Ph.Eur., human PBMCs have been qualified by assessing:

- PBMC viability
- Reproducibility of the response to scalar doses of reference standard endotoxin (RSE)

# Setting of MAT conditions for the TBEV vaccine [I]

## - Qualification of cell source -

**Tab. 1: Follow-up study on cell viability and responsiveness to RSE in cryopreserved PBMC**

Stability and responsiveness of cryopreserved peripheral blood mononuclear cells (PBMC) were assayed by testing cell viability and IL-6 release after stimulation with RSE in cells thawed after 6, 12 and 18 months storage in liquid nitrogen.

Etna MP et al. 2020 ALTEX 37(4), 532-544. doi:10.14573/altex.2002252

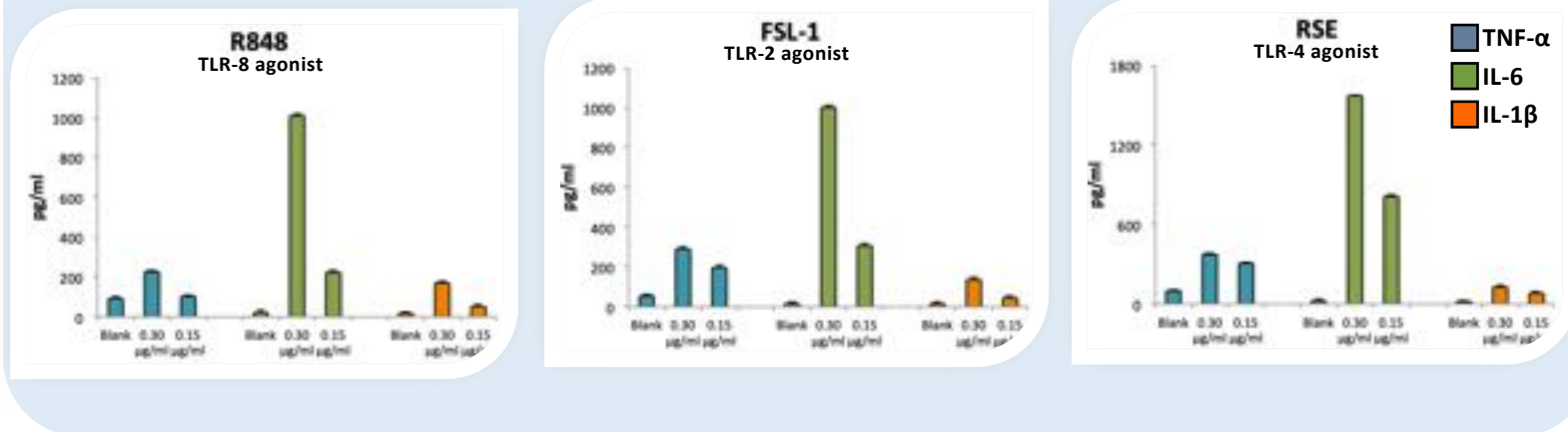
|              | Cell viability (%) |           |           | RSE 0.2 EU/mL (IL-6 pg/mL) |           |           | RSE 0.4 EU/mL (IL-6 pg/mL) |           |           |
|--------------|--------------------|-----------|-----------|----------------------------|-----------|-----------|----------------------------|-----------|-----------|
|              | 6 months           | 12 months | 18 months | 6 months                   | 12 months | 18 months | 6 months                   | 12 months | 18 months |
| PBMC_Donor 1 | 89.0               | 93.0      | 93.0      | 566                        | 480       | 400       | 1200                       | 1324      | 896       |
| PBMC_Donor 2 | 91.2               | 95.5      | 95.5      | 500                        | 455       | 475       | 1000                       | 1000      | 1000      |
| PBMC_Donor 3 | 95.0               | 92.0      | 91.0      | 410                        | 370       | 430       | 1200                       | 813       | 1200      |
| PBMC_Donor 4 | 91.0               | 93.7      | 90.0      | 502                        | 500       | 394       | 1213                       | 1000      | 924       |

- PBMCs remain viable ( $\geq 90\%$ ) when stored at  $-196^{\circ}\text{C}$  up to 18 months
- Response to scalar doses of RSE is reproducible and stable up to 12 and 18 months after PBMC freezing

# Setting of MAT conditions for the TBEV vaccine [II]

## - Choice of the Read-out-

**IL-6 was chosen as read-out** providing the robust production as compared to TNF- $\alpha$  and IL-1 $\beta$  after PBMCs stimulation with RSE, and the two non-endotoxin TLR agonists R-848 and FSL-1.



# Setting of MAT conditions for the TBEV vaccine [III]

## - Preparatory Tests -

### ASSURANCE OF CRITERIA FOR ENDOTOXIN STANDARD CURVE

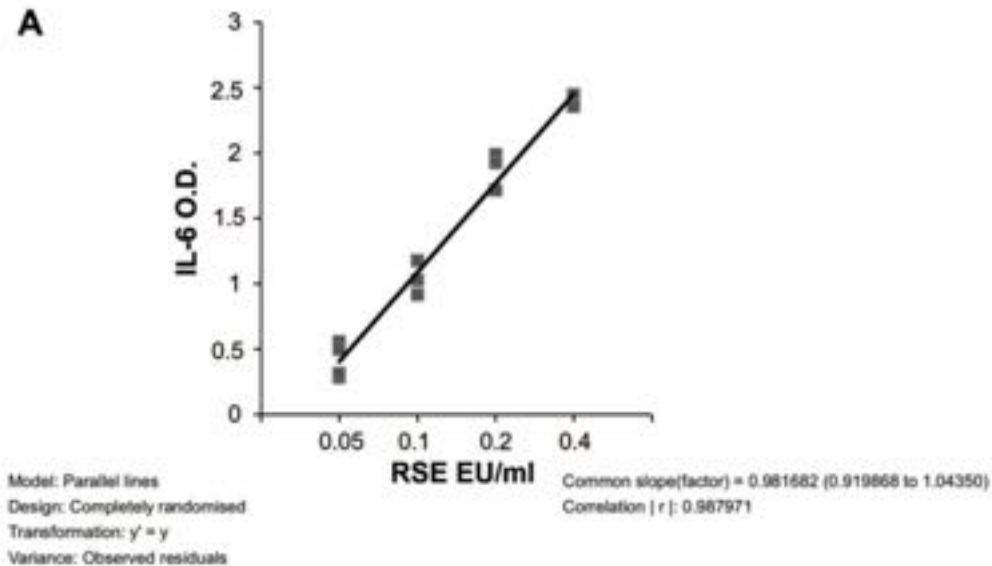
- The test is performed with 4 replicates of **at least 4 standard endotoxin concentrations**
- The purpose is to verify whether the experimental conditions employed for the assay ensure a **linear response to different RSE doses**:
  - A statistically significant regression of response on  $\text{Log}_{10}$  dose of RSE ( $p < 0.01$ )
  - Not significant deviation of RSE  $\text{Log}_{10}$  dose from linearity ( $p > 0.05$ )



# Setting of MAT conditions for the TBEV vaccine [III]

## - Preparatory Tests -

### ASSURANCE OF CRITERIA FOR ENDOTOXIN STANDARD CURVE



| Source of variation | Degrees of freedom | Sum of squares | Mean square | F-ratio | Probability |
|---------------------|--------------------|----------------|-------------|---------|-------------|
| * Regression        | 1                  | 9.26024        | 9.26024     | 801.168 | 0.000 (***) |
| * Non-linearity     | 2                  | 0.0681724      | 0.0440862   | 3.814   | 0.052       |
| Treatments          | 3                  | 9.34842        | 3.11614     | 269.598 | 0.000 (***) |
| Residual error      | 12                 | 0.138702       | 0.0115585   |         |             |
| Total               | 15                 | 9.48712        | 0.632475    |         |             |

Modified from Etna MP et al. 2020 ALTEX 37(4), 532-544. doi:10.14573/altex.2002252



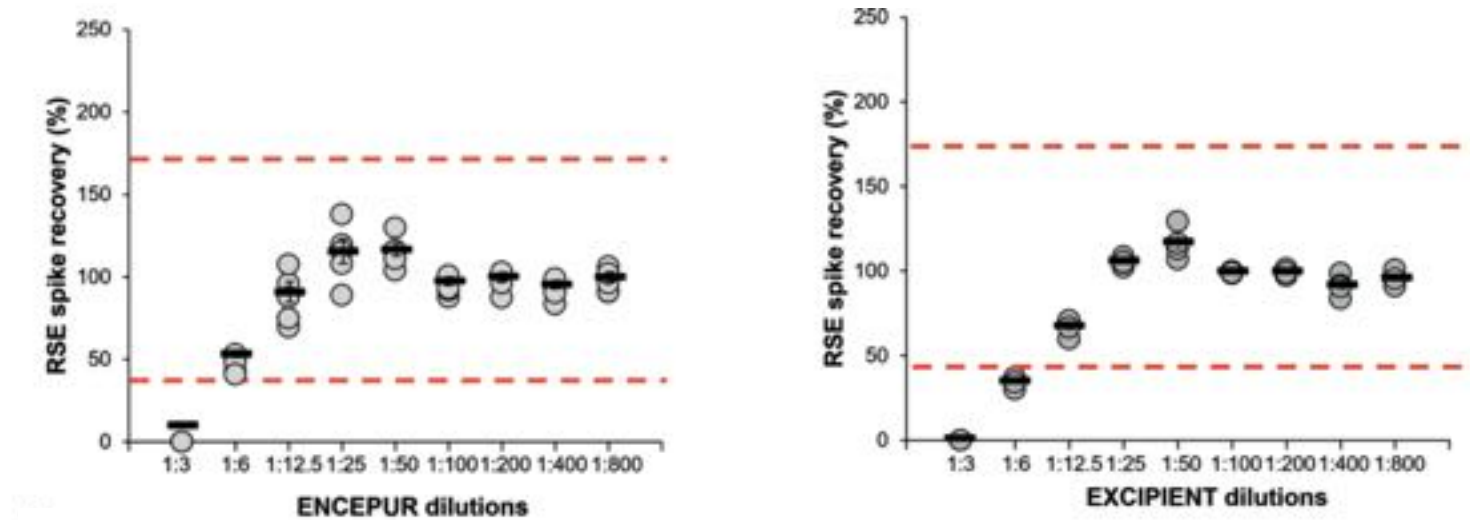
# Setting of MAT conditions for the TBEV vaccine [IV]

## - Preparatory Tests -

### TEST FOR INTERFERING FACTORS

- The aim of the test is to verify **whether the product** to be tested (i.e., the vaccine) **interferes with the detection of endotoxin contaminants**
- The test is conducted by spiking a justified and fixed concentration of RSE into different dilution of the product (vaccine).

# Setting of MAT conditions for the TBEV vaccine [IV] - Preparatory Tests - TEST FOR INTERFERING FACTORS



Modified from Etna MP et al. 2020 ALTEX 37(4), 532-544. doi:10.14573/altex.2002252

# Setting of MAT conditions for the TBEV vaccine [V]

## - Preparatory Tests -

### INTERFERENCE IN THE DETECTION SYSTEM

- The aim of the test is to verify **whether the product** to be tested (i.e., the vaccine) **interferes** (at technical level) **with ELISA procedure**.
- The test is conducted by spiking a fixed amount of the product into the standard recombinant protein curve inserted in the ELISA plate.

# Setting of MAT conditions for the TBEV vaccine [V]

## - Preparatory Tests -

### INTERFERENCE IN THE DETECTION SYSTEM

**Tab. 2: Evaluation of Encepur interference with the ELISA procedure**

Five doses of Encepur (V1 = 1 µg/mL [1:3], V2 = 0.5 µg/mL [1:6], V3 = 0.25 µg/mL [1:12.5], V4 = 0.125 µg/mL [1:25] and V5 = 0.0625 µg/mL [1:50]) were added to the IL-6 standard curve. The interference of Encepur with the ELISA procedure was evaluated by considering optical density values of the IL-6 standard alone or in combination with the vaccine.

| Standard |       | Standard+V1 |                  | Standard+V2 |                  | Standard+V3 |                  | Standard+V4 |                  | Standard+V5 |                  |
|----------|-------|-------------|------------------|-------------|------------------|-------------|------------------|-------------|------------------|-------------|------------------|
| pg/mL    | OD    | OD          | Interference (%) | OD          | Interference (%) | OD          | Interference (%) | OD          | Interference (%) | OD          | Interference (%) |
| 600      | 2.629 | 2.549       | -3.4%            | 2.507       | -4.6%            | 2.580       | -1.86%           | 2.415       | -8.1%            | 2.535       | -3.5%            |
| 300      | 1.788 | 1.770       | -1.0%            | 1.818       | +1.6%            | 1.579       | -11.6%           | 1.719       | -3.8%            | 1.662       | -7.0%            |
| 150      | 1.095 | 1.061       | -3.1%            | 1.024       | -6.4%            | 0.924       | -15.6%           | 1.001       | -8.5%            | 0.980       | -10.5%           |
| 75       | 0.593 | 0.555       | -6.4%            | 0.565       | -4.7%            | 0.500       | -15.6%           | 0.562       | -5.2%            | 0.526       | -11.2%           |
| 37.5     | 0.294 | 0.240       | -18.3%           | 0.291       | -1.0%            | 0.244       | -17.0%           | 0.276       | -6.1%            | 0.265       | -9.8%            |
| 18.8     | 0.140 | 0.131       | -6.4%            | 0.130       | -7.1%            | 0.111       | -20.0%           | 0.116       | -17.1%           | 0.120       | -14.2%           |
| 9.38     | 0.076 | 0.073       | -3.9%            | 0.062       | -18.4%           | 0.068       | -10.5%           | 0.068       | -10.5%           | 0.066       | -13.1%           |

Etna MP et al. 2020 ALTEX 37(4), 532-544. doi:10.14573/altex.2002252

Acceptance criterium: Interference fall within +/- 20%



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May 25<sup>th</sup>, 2023



# Setting of MAT conditions for the TBEV vaccine [VI]

## - Preparatory Tests -

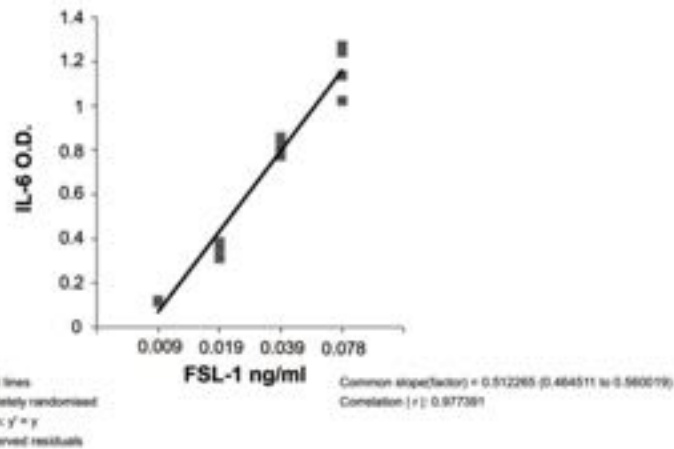
### METHOD VALIDATION FOR NON-ENDOTOXIN MONOCYTE-ACTIVATING CONTAMINANTS

- The purpose is to verify whether the experimental conditions employed for the assay ensure a **linear response to different doses of 2 NEPs** (non-endotoxin pyrogens)
- Moreover, the test aims to verify **whether the product to be tested (i.e., the vaccine) interferes with the detection of NEPs**

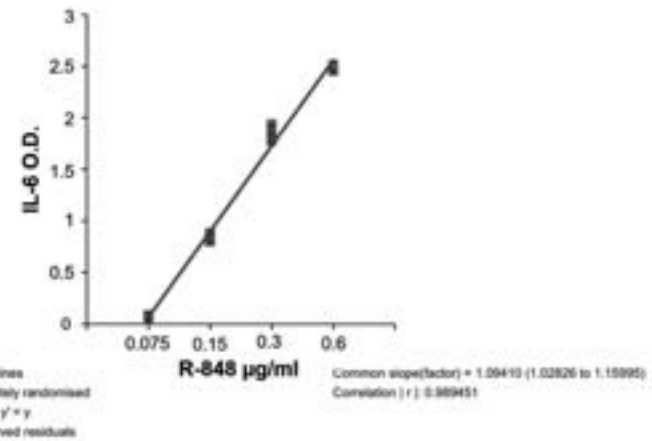
# Setting of MAT conditions for the TBEV vaccine [VI]

## - Preparatory Tests -

### METHOD VALIDATION FOR NON-ENDOTOXIN MONOCYTE-ACTIVATING CONTAMINANTS



| Source of variation | Degrees of freedom | Sum of squares | Mean square | F-ratio | Probability |
|---------------------|--------------------|----------------|-------------|---------|-------------|
| Regression          | 1                  | 2.52157        | 2.52157     | 365.538 | 0.000       |
| Non-linearity       | 2                  | 0.0352296      | 0.0176143   | 2.553   | 0.119       |
| Treatments          | 3                  | 2.58679        | 0.862265    | 123.548 | 0.000       |
| Residual error      | 12                 | 0.0827787      | 0.00689823  |         |             |
| Total               | 15                 | 2.63957        | 0.175911    |         |             |



| Source of variation | Degrees of freedom | Sum of squares | Mean square | F-ratio | Probability |
|---------------------|--------------------|----------------|-------------|---------|-------------|
| Regression          | 1                  | 11.5027        | 11.5027     | 877.090 | 0.000       |
| Non-linearity       | 2                  | 0.0891584      | 0.0445992   | 3.401   | 0.068       |
| Treatments          | 3                  | 11.5919        | 3.86395     | 294.031 | 0.000       |
| Residual error      | 12                 | 0.157375       | 0.0131146   |         |             |
| Total               | 15                 | 11.7492        | 0.783282    |         |             |

Modified from Etna MP et al. 2020 ALTEX 37(4), 532-544. doi:10.14573/altex.2002252



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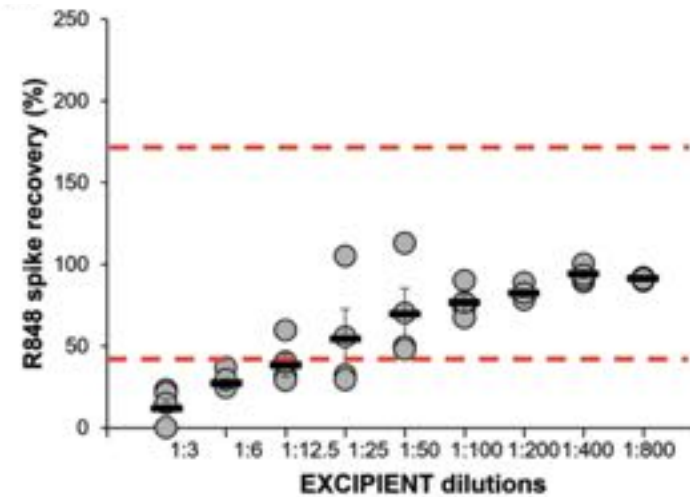
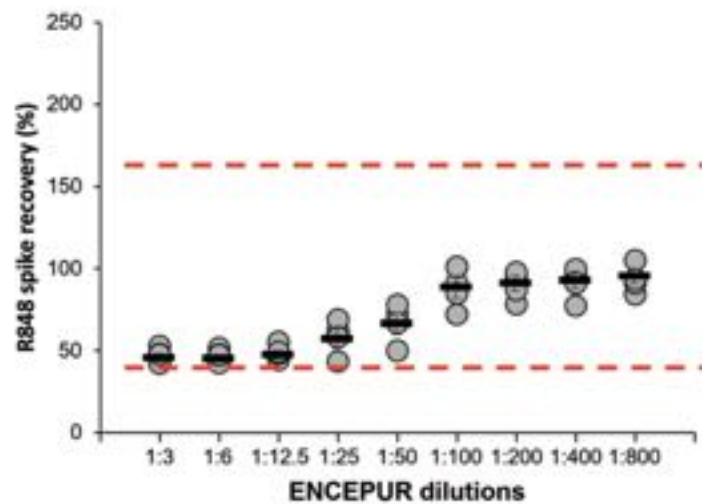
May 25<sup>th</sup>, 2023



# Setting of MAT conditions for the TBEV vaccine [VI]

## - Preparatory Tests -

### METHOD VALIDATION FOR NON-ENDOTOXIN MONOCYTE-ACTIVATING CONTAMINANTS



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# Determination of LOD, AS, MVD and CLC for MAT optimized for the TBEV vaccine

| TLR agonist                | LOD   | AS    |
|----------------------------|-------|-------|
| RSE (EU/ml)                | 0.040 | 0.100 |
| R-848 ( $\mu\text{g/ml}$ ) | 0.050 | 0.150 |
| FSL-1 (ng/ml)              | 0.003 | 0.009 |

## MVD and CLC Calculation

- $K = 5 \text{ EU/kg}$  (as for any parenteral administration);
- $M = \text{dose (ml)}/\text{body mass (kg)}$  where dose = 0,25 ml and body mass = 5 kg (since it is a pediatric vaccine);
- $\text{LOD (single PBMC donor)} = 0,04 \text{ EU/ml}$
- Assay sensitivity [AS] = 0,1 EU/ml (the lowest or one of the lower concentration of RSE or NEPs close to the beginning of the linear part of the standard curve)



$$\text{CLC} = K/M = 100 \text{ EU/ml}$$

$$\text{MVD}^* = \text{CLC}/\text{LOD} = 2700$$

$$\text{MVD}^\circ = \text{CLC}/\text{AS} = 1000$$

\* As described in European Pharmacopoeia

° Proposed new calculation

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# MAT setting for the pyrogenicity testing of TBEV vaccine

## - Application of a modified version of Method B -

**Active substance:** TBEV inactivated by formaldehyde ENCEPUR<sup>®</sup>

**Excipients:** Aluminum hydroxide, TRIS buffer, sucrose. Traces of tetracycline, gentamicine, neomycine and formaldehyde.

**Cell source:** human peripheral blood mononuclear cells (PBMCs)

**Read-out:** IL-6 release

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|   | 1      | 2          | 3          | 4          | 5  | 6  | 7  | 8 | 9 | 10 | 11 | 12 |
|---|--------|------------|------------|------------|----|----|----|---|---|----|----|----|
| A |        |            |            |            |    |    |    |   |   |    |    |    |
| B | CELL   | Lot1 V1    | Lot1 V2    | Lot1 V3    | E1 | E2 |    |   |   |    |    |    |
| C | Blank  |            |            |            |    |    |    |   |   |    |    |    |
| D |        |            |            |            |    |    |    |   |   |    |    |    |
| E | ELISA  | Lot1 V1+E2 | Lot1 V2+E2 | Lot1 V3+E2 | E3 | E4 | E5 |   |   |    |    |    |
| F | Blank  |            |            |            |    |    |    |   |   |    |    |    |
| G |        |            |            |            |    |    |    |   |   |    |    |    |
| H | IL-6   |            |            |            |    |    |    |   |   |    |    |    |
|   | Recomb |            |            |            |    |    |    |   |   |    |    |    |

**V1, V2, V3:** Defined vaccine serial dilution; **E1, E2, E3, E4, E5:** RSE chosen serial dilutions showing a linear correlation.



## Research Article

# Optimization of the Monocyte Activation Test for Evaluating Pyrogenicity of Tick-Borne Encephalitis Virus Vaccine

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