

Brighton Collaboration Benefit-Risk Assessment of Vaccines by Technology (BRAVATO) Working Group Standardized Template for Collection of Key Information for Benefit-Risk Assessment of Inactivated Viral Vaccines

Introduction:

The Brighton Collaboration formed the Viral Vector Vaccines Safety Working Group (V3SWG) in 2008 to enhance safety assessments for viral vector vaccines, enabling greater public trust. The Working Group developed a standardized template to evaluate benefit-risk considerations, facilitating clear communication among stakeholders. This template has evolved over time, informed by its use in assessing vaccines like those for Ebola, and is endorsed by the WHO. Additionally, the template approach has been modified to include other types vaccines such as live-attenuated, inactivated, and recombinant protein vaccines. The templates focus on the characteristics of wild-type viruses, viral vectors, and recombinant vaccines, with sections addressing toxicology, adverse effects, and overall safety. The V3WSG has recently been renamed to the Benefit-Risk Assessment of VAccines by TechnoLOgy (BRAVATO) Working Group to reflect its expanded role in development of templates for additional vaccine platforms, namely nucleic acid based, live attenuated, inactivated, and protein based vaccines. The latest version of the template can be accessed on <https://brightoncollaboration.us/bravato/>, ensures transparency, comparability, and stakeholder collaboration for vaccine safety.

Note: This template is for viewing purposes only. Vaccine developers interested in completing the relevant templates for their vaccine platform or candidate and collaborating with BRAVATO should contact the coordinator at bc-coordinator@taskforce.org. The coordinator will provide an introduction and link to the digital tool for template completion.

**Brighton Collaboration Benefit-Risk Assessment of Vaccines by Technology (BRAVATO) Working Group
Standardized Template for Collection of Key Information for Benefit-Risk Assessment of Inactivated Viral Vaccines**

1. Authorship and Affiliation	Information	
1.1 Author(s) and affiliation (s)		
1.2 Date completed/updated		
2. Basic Vaccine information	Information	Comments/Concerns
2.1 Vaccine name		
2.2 Virus name, genus, family, strains/serotypes, origin (e.g., Virus name, genus, family strains/serotypes)		
2.3 Substrate for vaccine virus growth and method of production (e.g., nature of substrate, cell line, eggs, bioreactor, microcarriers, etc.)		
2.4 Inactivation method		
2.5 Final vaccine formulation components that may impact delivery into cells, stability, and safety		
<ul style="list-style-type: none"> • Antigen(s) 		
<ul style="list-style-type: none"> • Adjuvants 		
<ul style="list-style-type: none"> • Stabilizers 		
<ul style="list-style-type: none"> • Preservatives 		
<ul style="list-style-type: none"> • Surfactants 		
<ul style="list-style-type: none"> • Diluents 		
<ul style="list-style-type: none"> • Buffers 		
<ul style="list-style-type: none"> • Lipids (in lipid nanoparticles) 		
<ul style="list-style-type: none"> • Emulsifying agents 		
<ul style="list-style-type: none"> • Other Excipients 		
2.6 Route and method of delivery		
3. Target Pathogen and Population for the Vaccine	Information	Comments/Concerns
3.1 What is the target pathogen for the vaccine?		
3.2 What are the disease manifestations caused by the target pathogen in humans, for the following categories:		
<ul style="list-style-type: none"> • Healthy people 		

• Immunocompromised people		
• Neonates, infants, children		
• During pregnancy and in the fetus		
• Elderly		
• Any other special populations		
3.3 Briefly, what are the key epidemiologic characteristics of the disease caused by the target pathogen:		
• Incubation period		
• Communicable period		
• Route/s of transmission		
• Case fatality rate		
• Reproductive Number (R0)		
• Stability of the Virus		
• Other Information		
3.4 What sections of the population are most affected by the target pathogen (e.g. pediatric, pregnant, lactating women (breast feeding), adult, elderly)		
3.5 What is known about the immune responses, duration, and potential correlates of protective immunity to the target pathogen or to the disease?		
3.6 Please describe any other key information about the target pathogen or population that may inform benefit-risk		
4. Characteristics of Antigen	Information	Comments/ Concerns
4.1 Virus strains, sequence (including homology among strains), source, propagation, disruption, whole virus or subunit/subvirion (if applicable)?		
4.2 Is the vaccine likely to induce immunity to all strains/genotypes of the target pathogen?		

<ul style="list-style-type: none"> • What is the evidence? 		
4.3 What is known about the immune response to the vaccine in animals and/or humans (binding, neutralizing antibody, functional, and, B-cell, T-cell memory, etc.)?		
5. Inactivation Method(s)	Information	Comments/ Concerns
5.1 Method/s (e.g., thermal, beta propiolactone, UV, formaldehyde, ionizing radiation) and potential impact on safety		
5.2 At what stage of the downstream process is inactivation/s performed and why?		
5.3 QC/confirmation method/log reduction in viability		
5.4 Could the inactivation method/s compromise the antigenic structure of the vaccine (e.g., conformation of the protein antigens)?		
6. Adjuvant (if applicable)	Information	Comments/ Concerns
6.1 Describe the type of adjuvant, if it has been tested in humans, whether novel or commercialized, and if applicable, what other vaccines (preventive and therapeutic) are formulated with this adjuvant		
<ul style="list-style-type: none"> • What is the name of the adjuvant? 		
<ul style="list-style-type: none"> • Describe the type or classification of this adjuvant? 		
<ul style="list-style-type: none"> • Has this adjuvant been tested in human clinical trials? 		
6.2 What is the evidence that an adjuvant improves/boosts/enhances the immune response?		
6.3 What is the mechanism of action of the adjuvant (if known)?		
6.4 How is the adjuvant formulated with the antigen?		
6.5 How might the adjuvant impact the safety profile of the vaccine?		

6.6 Summarize the safety findings (preclinical and clinical) with the adjuvant, formulated with any antigen		
7. Delivery and Administration	Information	Comments/ Concerns
7.1 Describe how the mode of vaccine delivery may impact safety (e.g., intramuscular by needle injection, microneedles, intranasal, oral, or combination thereof)		
7.2 If the vaccine is part of a heterologous prime-boost regimen, describe the regimen that this vaccine is a part of and the possible impact on safety		
8. Toxicology and Nonclinical of the Vaccine	Information	Comments/ Concerns
8.1 What is the possible risk of autoimmunity or a harmful immune response?		
8.2 Summarize the preclinical safety data that supports the use of this product in humans including any related information from similar products		
8.3 Summarize the preclinical immunogenicity and efficacy data that supports the use of this product in humans including any related information from similar products		
8.4 What is the evidence of disease enhancement or absence thereof <i>in vitro</i> or in animal models? ¹³		
8.5 Would the vaccine in its final formulation have any impact on innate immunity?		
<ul style="list-style-type: none"> •If so, what are the implications for benefit-risk in animal models and small non-human primates 		
9. Human Efficacy and Other Important Information	Information	Comments/ Concerns
9.1 What is the evidence that the vaccine would generate a protective immune response in humans (e.g., natural history, passive immunization, animal challenge studies)?		
9.2 Describe other key information that may impact benefit-risk		

<p>9.3 If there are multiple strains of the pathogen, can the vaccine protect against multiple strains or serotypes?</p>		
<p>10. Adverse Event (AE) Assessment of the Vaccine Platform (*see Instructions):</p>	<p>Information</p>	<p>Comments/ Concerns</p>
<p>10.1 Approximately how many humans have received this viral vector vaccine to date?</p>		
<ul style="list-style-type: none"> • If variants of the vaccine platform, please list separately. 		
<p>10.2 Method(s) used for safety monitoring:</p>		
<ul style="list-style-type: none"> • Spontaneous reports/passive surveillance 	<p>Yes/No</p>	<p>If yes, describe method:</p>
<ul style="list-style-type: none"> • Diary 	<p>Yes/No</p>	<p>If yes, number of days:</p>
<ul style="list-style-type: none"> • Other active surveillance 	<p>Yes/No</p>	<p>If yes, describe method (e.g., LTFU) and list the AEs solicited:</p>
<p>10.3 What criteria were used for grading the AEs?</p>		
<ul style="list-style-type: none"> • If no criteria were used for grading, or if other metrics were employed, please describe 		
<p>10.4 List and provide frequency of any related or possibly related serious* AEs and well as any severe expected or unexpected AEs observed: (*see Instructions):</p>		
<p>10.5 List and provide frequency of any serious, unexpected significantly increased AE or lab abnormality in vaccinee vs. control groups:</p>		
<ul style="list-style-type: none"> • Describe the control group: 		
<p>10.6 List and provide frequency of Adverse Events of Special Interest</p>		
<p>10.7 What is the evidence of disease enhancement (if any) in humans?</p>		
<p>10.8 Did a Data Safety Monitoring Board (DSMB) or its equivalent oversee the study?</p>	<p>Yes/No</p>	
<ul style="list-style-type: none"> • Did it identify any safety issue of concern? 	<p>Yes/No</p>	

<ul style="list-style-type: none"> If so describe: 		
11. Overall Risk Assessment	Information	Comments/ Concerns
11.1 Please summarize key safety issues of concern identified to date, and how should they be addressed going forward		
11.2 What is the potential for causing serious unwanted effects and toxicities in:	Describe the toxicities	Please rate risk as: none, minimal, low, moderate, high, or unknown
<ul style="list-style-type: none"> Healthy humans? 		
<ul style="list-style-type: none"> Immunocompromised humans? 		
<ul style="list-style-type: none"> Breast milk, Human neonates, infants, children? 		
<ul style="list-style-type: none"> Pregnancy and in the fetus in humans? 		
<ul style="list-style-type: none"> Elderly? 		
<ul style="list-style-type: none"> Any other special populations (e.g., institutionalized populations, individuals with associated chronic comorbidity)? 		
References	Information	
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2.		
3.		
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