Keynote Address: New Poverty-Related Neglected Diseases ('The NTDs')

Peter Hotez
Baylor College of Medicine

May 16th, 9:45 AM

Let us know how access to this document benefits you.

Follow this and additional works at: https://escholarship.umassmed.edu/cts_retreat

Part of the International Public Health Commons, Translational Medical Research Commons, and the Tropical Medicine Commons

Repository Citation

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 3.0 License. This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in UMass Center for Clinical and Translational Science Research Retreat by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
New Poverty-Related Neglected Diseases (‘The NTDs’)
From the MDGs to the SDGs

2000-15 MDGs
The Millennium Development Goals

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
7. Ensure environmental sustainability.
8. Develop a global partnership for development.
Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010

The Global Burden of Disease 2013

Expanded use of vaccines
• 83% reduction in measles deaths
• 82% reduction in tetanus deaths
• 57% reduction in diphtheria/pertussis deaths
• 45% reduction in Hib deaths

Development new vaccines
• Pneumococcal disease (36% reduction in deaths)
• Rotavirus (63% reduction in deaths)

2.5 million childhood lives saved through these initiatives
2015 Measles Cases in the U.S.
January 1 to June 26, 2015

Cases*:
0
1-4
5-9
10-19
20+

*Provisional data reported to CDC's National Center for Immunization and Respiratory Diseases
The spread of anti-vax sentiment in California

Share of public school kindergartners with personal belief exemptions to vaccination requirements

2000

2007

2013

WASHINGTONPOST.COM/WONKBLOG

Source: California Department of Public Health
- Texas ranks at the bottom of fully immunized children
- 45,000 Personal Belief Exemptions in Texas
Patches of Disorganization in the Neocortex of Children with Autism

Rich Stoner, Ph.D., Maggie L. Chow, Ph.D., Maureen P. Boyle, Ph.D., Susan M. Sunkin, Ph.D., Peter R. Mouton, Ph.D., Subhojit Roy, M.D., Ph.D., Anthony Wynshaw-Boris, M.D., Ph.D., Sophia A. Colamarino, Ph.D., Ed S. Lein, Ph.D., and Eric Courchesne, Ph.D.

ABSTRACT

BACKGROUND
Autism involves early brain overgrowth and dysfunction, which is most strongly evident in the prefrontal cortex. As assessed on pathological analysis, an excess of neurons in the prefrontal cortex among children with autism signals a disturbance in prenatal development and may be concomitant with abnormal cell type and...
The Millennium Development Goals

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health.
6. **Combat HIV/AIDS, malaria and other diseases.**
7. Ensure environmental sustainability.
8. Develop a global partnership for development.
Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

“Other Diseases”
The Neglected Tropical Diseases

• 13-14 tropical infections:
  - Highly prevalent among the poor
  - Endemic in rural areas of low-income countries
  - Ancient afflictions
  - Chronic
  - Disabling (growth delays, blindness or disfigurement)
  - Stigmatizing
  - Poverty promoting
# Neglected Tropical Diseases

Neglected Tropical Diseases (NTDs) infect more than 1 BILLION of the world’s poorest people.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ascariasis</strong></td>
<td>761.9 million</td>
</tr>
<tr>
<td><strong>Trichuriasis</strong></td>
<td>463.7 million</td>
</tr>
<tr>
<td><strong>Hookworm Disease</strong></td>
<td>428.8 million</td>
</tr>
<tr>
<td><strong>Schistosomiasis</strong></td>
<td>252.2 million</td>
</tr>
<tr>
<td><strong>Dengue and other arboviruses</strong></td>
<td>79.6 million</td>
</tr>
<tr>
<td><strong>Food-borne trematodiases</strong></td>
<td>71.1 million</td>
</tr>
<tr>
<td><strong>Lymphatic Filariasis</strong></td>
<td>38.5 million</td>
</tr>
<tr>
<td><strong>Onchocerciasis</strong></td>
<td>15.5 million</td>
</tr>
<tr>
<td><strong>Chagas disease</strong></td>
<td>6.7 million</td>
</tr>
<tr>
<td><strong>Leishmaniasis</strong></td>
<td>3.9 million</td>
</tr>
<tr>
<td><strong>Trachoma</strong></td>
<td>3.6 million</td>
</tr>
<tr>
<td><strong>Cysticercosis</strong></td>
<td>1.9 million</td>
</tr>
<tr>
<td><strong>Echinococcosis</strong></td>
<td>1.4 million</td>
</tr>
<tr>
<td><strong>Hansen’s Disease</strong></td>
<td>514,200</td>
</tr>
<tr>
<td><strong>Rabies</strong></td>
<td>17,400</td>
</tr>
<tr>
<td><strong>African Trypanosomiasis</strong></td>
<td>10,700</td>
</tr>
<tr>
<td><strong>Guinea worm</strong></td>
<td>&lt;1,000</td>
</tr>
<tr>
<td><strong>Yaws</strong></td>
<td>Not determined</td>
</tr>
<tr>
<td><strong>Buruli ulcer</strong></td>
<td>Not determined</td>
</tr>
<tr>
<td><strong>Mycetoma</strong></td>
<td>Not determined</td>
</tr>
<tr>
<td><strong>Zika</strong></td>
<td>4 million</td>
</tr>
<tr>
<td><strong>Ebola</strong></td>
<td>2,800</td>
</tr>
</tbody>
</table>
“It’s quite a problem for me when I have to stand at work for long periods.”

Lymphatic Filariasis (“Elephantiasis”)

[Image of a person's feet with elephantiasis]
NTDs and Girls & Women
Female Genital Schistosomiasis

Zimbabwe
OR = 3 increase in HIV/AIDS
Kjetland et al. AIDS 2006

Tanzania
OR = 4 increase in HIV/AIDS
Downs et al. AJTMH 2011

100 million girls & women
Africa’s most common gynecologic condition?
The Bottom Billion Suffers from Multiple NTDs!

Ascariasis, Trichuriasis, Hookworm, Schistosomiasis, LF, Onchocerciasis, Trachoma

NTD Scale up with the U.S. Government + Drug Donations from George W. Bush 2001-2009
USAID NTD Program

>450 million People Rx: Elimination of some NTDs

**Africa:**
- Benin
- Burkina Faso
- Cameroon
- DRC
- Ghana
- Guinea
- Mali
- Mozambique

**Asia:**
- Bangladesh
- Cambodia
- Indonesia
- Philippines
- Lao PDR
- Nepal
- Vietnam

**Americas:**
- Haiti
10 SIGNIFICANT GAINS

**Mass Drug Administration (MDA)**
- Onchocerciasis: -52% (1990-2013)
- Trachoma: -65% (1990-2013)
- Yaws: Not determined

**Case detection + Rx + Vector control**
- Dracunculiasis: -99% (1990-2013)

**Elimination targets:**
- LF
- Trachoma
- Yaws
- African trypanosomiasis
- Dracunculiasis
- Leprosy (Hansen’s Disease)

**WASH**
- Cysticercosis: -21% (2005-2015)
- Leprosy

**Other approaches**
- Other approaches:

Source: GBD 2015 and GBD 2013
9 MAJOR SETBACKS

Mass Drug Administration (MDA)

- Schistosomiasis +30% (1990-2013)
- Hookworm -5% (1990-2013)
- Trichuriasis -12% (1990-2013)

Case detection + Rx + Vector control

- Leishmaniasis +174% (1990-2013)
- Chagas disease +22% (1990-2013)
- Dengue & Other Arbovirus Infections +610% (1990-2013)

WASH

- Ebola +28,000% (2005-2015)
- Coronaviruses

Other approaches

- Food-borne Trematodiases +51% (1990-2013)

Losing the Battle: Vector-borne Neglected Diseases
- Arthropods
- Snails

Zoonotic Neglected Diseases

Viral Diseases

Source: GBD 2015 and GBD 2013
Are we playing “global health whack-a-mole”? 

MDGs 
AIDS 
Malaria 
Some NTDs 
Childhood dz 

SDGs 
NTDs V.2.0 
Vector-borne NTDs 
Zoonotic NTDs
Explosive Outbreaks in the Americas

Emergence of Dengue in the New World in 1980s, 1990s

Emergence of Chikungunya in New World in 2013 (Saint Martin)
Emerging Vector-borne Disease in Southern Europe

**Emerging Vector Borne Neglected Disease in Southern Europe**

- Dengue
- Malaria
- Chikungunya
- Schistosomiasis
- WNV
- Opisthorchiasis
The *Anthropocene* is a proposed epoch that begins when human activities started to have a significant global impact on Earth's geology and ecosystems.
Anthropocene forces promoting NTDs

Poverty

- Deforestation
- Conflict and Political Destabilization
- Urbanization and Human Migrations
- Climate Change
POVERTY: “Blue Marble Health”

- Neglected diseases of the poor living amidst wealth
- A new framework for global science policy and the poverty-related diseases
Blue Marble Health:
The poor living among the wealthy (G20 + Nigeria)

WHO + GBD 2013
- 73-78% Leprosy
- 61-78% Chagas
- 60-61% Dengue
- 57-60% TB
- 45-67% VL
- 50-52% Helminths

G20 + Nigeria = 54% Population and 86% Global Economy

http://www.plosntd.org/article/info:doi/10.1371/journal.pntd.0002570
Chagas disease in Argentina, Brazil, Mexico

- **Ranking By GDP**
  - 1. Brazil
  - 2. Mexico
  - 3. Argentina

- **Ranking By Chagas**
  - 1. Argentina 1.5 million
  - 2. Brazil 1.2 million
  - 3. Mexico 0.9 million
Brazil and Blue Marble Health

Introduction to Brazil

**LARGEST** Economy in Latin America

**5th** Largest country by land mass + population

**7th** Largest economy by nominal GDP

Member **MERCOSUL**  **BRICS** Member

Poverty & Disease NE Brazil:
Schistosomiasis, Leishmaniasis, Chagas, Dengue
Zika Microcephaly cases in NE Brazil
Poverty in Northeastern Brazil

Recife

Salvador de Bahia
POVERTY IN TEXAS


Fifth Ward, Houston Texas
Anna Grove

South Texas “Colonias” Shaghayegh Tajvidi.
The Most Vulnerable

Predicted locations of the yellow fever mosquito, which transmits the Zika virus and other diseases.
WAR & POLITICAL DESTABILIZATION: Ebola

Data are based on reported cases up to the end of 13 September 2014 for Guinea and Sierra Leone. Data for Liberia are based on reported cases up to the end of 9 September 2014. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
ISIS-Occupied Syria, Iraq, Libya, Yemen

\begin{itemize}
  \item Measles/Polio
  \item Leishmaniasis
  \item Schistosomiasis
  \item Brucellosis
  \item MERS CoV
  \item Dengue
  \item Malaria/TB
  \item Rift Valley Fever
\end{itemize}
Vaccinating Against The Anthropocene’s NTDs
Pepsi has a new Doritos-flavored Mountain Dew. No, we don't have an Ebola vaccine, but we do have the Doritos-flavored Mountain Dew.

— David Letterman —
Coalition for Epidemic Preparedness Innovations (CEPI)

Presentation to the WHO
21 July, 2017
Professor John-Arne Rattingen, Interim CEO, CEPI

• Building on the WHO R&D blueprint
• Need for improved R&D preparedness for diseases of epidemic potential
• Prioritization of pathogens
• Identification of R&D priorities
• Exploration of funding models for R&D preparedness and response
  Nipah
  Lassa
  MERS CoV

Vaccines
Putting shots in the locker

How to anticipate epidemics
Sep 3rd 2016 | From the print edition

FOREWARNED, the proverb has it, is forewarned. But what happens when there is no warning? That was the case in December 2013, when an outbreak of Ebola haemorrhagic fever began in Guinea. It spread rapidly to Liberia and Sierra Leone and raged on for over a year. Around 29,000 people were infected. More than 11,000 of them died.

The world responded to this crisis, shipping in doctors, nurses and medical equipment. But what it could not ship in, for none existed, was the thing that would most quickly have stopped the epidemic: a vaccine. Such a vaccine was created eventually, but by the time it was ready, the outbreak was all but over. Had it been available from the beginning, things could have been different.

Next time, though, they might be, for on August 31st a new organisation came into being. CEPI, the Coalition for Epidemic Preparedness Innovations, was founded this week in London, at the headquarters of the Wellcome Trust, a medical charity. It is the joint brainchild of the Wellcome, the Bill and Melinda Gates Foundation, the World Economic Forum and the government of Norway, and its purpose is precisely to forewarn the world against future outbreaks of disease, without foreknowledge of what those outbreaks will be.

Paradoxically, part of the inspiration for CEPI’s creation was not the failure to deliver an Ebola vaccine in time for it to be useful, but how close that project came to success. Creating a new vaccine from scratch is a long-winded undertaking, but in the case of Ebola several candidate vaccines were already on the shelf thanks to earlier, but stalled, work by America’s army and that country’s National Institutes of Health. There were also three pharma companies, GlaxoSmithKline, Johnson & Johnson and Merck, willing, pro bono publico, to take these candidates and try to turn them into the real thing as quickly as possible. That they succeeded in doing so by the summer of 2015 was, by most standards, extraordinary.
Sabin PDP Pipeline and Disease Portfolio

2000 to 2004
- Built structure
- Launched Hookworm Program

2004 to 2011
- Expanded Hookworm Program
- Schisto Program
- Relocated to TMC

2011 to 2015
- Added 7 additional programs
- Expansion of capabilities
**Rino Rappuoli: Reverse Vaccinology**

- *In silico* prediction of vaccine candidate antigens
- Genome sequence of *Neisseria meningitidis* serogroup B
- 600 potential vaccine candidates identified
  - 350 proteins successfully expressed in *E. coli*
  - 91 novel surface-exposed proteins identified
  - 28 novel proteins have bactericidal activity
- Vaccine candidates selected for development
  - Protein purification
  - Mouse immunization
  - Testing mouse sera

*Nature Reviews | Immunology*
Reverse vaccinology as a ‘holy grail’ for complex eukaryotic organisms

- Large genomes of similar complexity to human genome
- Inadequacy of bacterial expression systems for eukaryotic antigens
- Low throughput not high throughput
- Deficiencies in animal models
Vaccine Targeting
Hookworm and Schistosomiasis Co-Infections

A MULTIVALENT VACCINE TARGETING HOOKWORM + SCHISTO
Goals of Anti-schistosome Vaccine

- Worm burden reduction
- Egg reduction
- Reduced end-organ pathology
- Reduction in inflammation
- Reduction in anemia and malnutrition
Immunomics Approach: Schistosome protein microarrays
Immune localization of \textit{Sm}-TSP-2
Suppression of tsp-2 mRNA expression results in impaired tegument turnover \textit{in vitro}

\textbf{Tran et al. PLoS Path 2010}
Intestinal Schistosomiasis Vaccine

Expression at a 20L scale and purification of the extracellular domain of the Schistosoma mansoni TSP-2 recombinant protein
A vaccine candidate for human intestinal schistosomiasis

Elena Curtis, Clifford Keitley, Bin Duan, Portia Gillespie, Jill Bradley, Yahah Deumic, Jordan Plaskett, Wandering C. Reaeder, Eric Tsui, Boe Kalenscanay, Peter J. Hoare, and Maria Elena Bottazzi

Departments of Pediatrics and Microbiology and Immunology, National School of Tropical Medicine, Baylor College of Medicine, Houston, TX, USA. Schistosome Vaccine Institute and Texas Children’s Hospital Center for Vaccine Development, Houston, TX, USA. Department of Microbiology, Immunology, and Tropical Medicine, the George Washington University, Washington, DC, USA. Harvard School of Public Health, Boston, MA, USA. James A. Baker III Institute for Public Policy, Rice University, Houston, TX, USA.

Keywords: Schistosomiasis, Schistosoma mansoni, neglected tropical disease, vaccine, S. mansoni, TSP-2, vaccine candidate, phase 1 trials.

Introduction

Schistosomiasis is a parasitic infection caused by blood flukes of the genus Schistosoma. Today, human schistosomiasis is considered one of the most important human helminthic infections in terms of morbidity and mortality, especially in Africa, where more than 200 million people are infected worldwide, with 800 million at risk. However, additional studies indicate that this number may be underestimated and as many as 400-600 million people may be infected with schistosomes.

Although schistosomiasis is a treatable infection, the current treatment of choice does not provide an optimal strategy for controlling the disease. Since 1999, the praziquantel (PZQ) based mass chemotherapy has been the major approach to controlling schistosomiasis, by primarily targeting school-aged children with annual treatments. However, the sustainability of PZQ treatment for the long-term control and elimination of schistosomiasis remains a concern and has limitations. For instance, PZQ does not prevent the infection of the resistance to PZQ. Although there is no clear evidence for the existence of PZQ-resistant schistosomiasis strains, decreased efficacy of the drug has been observed in several quarters. To overcome these challenges, a prophylactic vaccine or a vaccine-based chemotherapy would be ideal to complement the existing treatment strategies. Evidence for the feasibility of developing a schistosome vaccine includes studies showing that immunization with irradiated schistosomes confers regulatory T-cell high levels of protection in experimental animal models, which boosts further increasing the level of protection. In addition, a subset of human populations living in endemic areas has been shown to develop various degrees of natural resistance, while recently, recombinant vaccines against other pathogenic parasites have been developed successfully and applied to practice.

Expanded information on the mechanisms of immunity to schistosomiasis and the recent availability of the schistosome genome for both S. mansoni and S. haematobium have resulted in the discovery of several schistosome antigens. Several additional candidates are now being found through genomic approaches. Within the last year results of a Phase 1 trial for a glycoprotein (Smp26) vaccine in Cameroon, the cause of intestinal
The Rise of Emerging + Neglected Diseases in the “New Texas”

- Leading TX NTDs
  - Toxocariasis  700,000
  - Trichomoniasis 450,000
  - Chagas disease 37,000
  - WNV 183-1,900
  - Intestinal protozoan 1,000
  - Cysticercosis 195-754
  - Murine Typhus >100
  - Dengue, Zika, Chik
The role of trypanocidal therapy in patients with established Chagas’ cardiomyopathy is unproven.

Trypanocidal therapy with benznidazole in patients with established Chagas’ cardiomyopathy significantly reduced serum parasite detection but did not significantly reduce cardiac clinical deterioration through 5 years of follow-up.
Tc24 protein combined with E6020 in a Stable Squalene Emulsion as a lead candidate vaccine

**Candidate Antigen**

Tc24- 24kDa *Trypanosoma Cruzi* Flagellar Calcium Binding Protein

**Candidate Adjuvant**

TLR4 agonist: E6020

Additional antigens also under evaluation and development
• Preclinical Efficacy:
  - Pilot studies were performed to evaluate efficacy of recombinant Tc24 combined with imiquimod or MPLA when used as a preventative vaccine

• Preliminary Results
  • Reduce parasitemia
  • Increase survival during acute phase
  • Antigen specific IgG2a
  • Antigen specific IFNγ
  • Reduced cardiac parasite burden
Western Blot comparison of Tc24-WT (A), Tc24-C2 (B), and Tc24-C4 (C) purified proteins. Lanes 1-3: Non-Reduced. Lane 4: SeeBlue Plus Molecular Weight Marker. Lanes 5-7 Reduced. Lanes 1,5: Sample before size-exclusion chromatography (SEC) 8 µg load. Lanes 2,6: Post SEC low load (3 µg). Lanes 3,7: Post SEC high load (8 µg). Detection was performed using mouse polyclonal antibody against Tc24 expressed in *Pichia pastoris* as primary antibody diluted 1:2,500 in PBST and an alkaline phosphatase conjugated goat anti-mouse secondary antibody diluted 1:7,500 in PBST.
Structural comparison of Tc24 constructs. a) Circular Dichroism (CD). Far UV CD spectrum of different constructs of Tc24 were taken on a Jasco J-1500. All tested Tc24 protein have a virtual identical CD profile with overlapping spectra. Negative peaks at 222 nm and 208 nm and a positive peak at 193 nm indicate that Tc24 is an α-helical protein. b) Thermal melting profile of Tc24-WT and Tc24-C4 measured using Protein Thermal Shift™ kit (Life Technologies).
Therapeutic Chagas Disease Vaccine

Experimental Chagas disease vaccine improves Cardiac Echocardiography function