Sommatie CBG

§ 3. Schorsing, wijziging en intrekking van de handelsvergunning

Artikel 51

1 Het College schorst een handelsvergunning, wijzigt deze of trekt deze in indien:

a. het geneesmiddel schadelijk is,

b. de therapeutische werking ontbreekt dan wel indien de afweging van voordelen en risico's niet gunstig is,

c. het geneesmiddel niet de opgegeven kwalitatieve en kwantitatieve eigenschappen bezit,

d. de krachtens artikel 42 overgelegde gegevens en bescheiden onjuist zijn of niet zijn gewijzigd overeenkomstig artikel 49,

e. de in artikel 28, eerste lid, bedoelde controles niet hebben plaatsgevonden,

f. de etikettering of de bijsluiter niet voldoet aan de daaromtrent in hoofdstuk 7 gestelde eisen,

g. niet aan voorschriften gesteld krachtens artikel 45a of 45b is voldaan,

h. de houder van de handelsvergunning de in hoofdstuk 8 neergelegde verplichtingen niet nakomt,

i. indien de coördinatiegroep zulks op grond van artikel 107octies van richtlijn 2001/83 heeft besloten, of

j. indien de bereiding of kwaliteitscontrole door de fabrikant niet in overeenstemming is met de eisen zoals beschreven in het dossier op grond waarvan de desbetreffende handelsvergunning is verleend.

5 Het College maakt een besluit tot schorsing of intrekking van een handelsvergunning toegankelijk voor het publiek.

6 Bij de toepassing van dit artikel neemt het College artikel 31, derde lid, van richtlijn 2001/83 in acht.

https://wetten.overheid.nl/BWBR0021505/2022-01-

2001/83

Article 31

1. ►M10 ↓ The Member States, the Commission, the applicant or the marketing authorisation holder shall, in specific cases where the interests of the Union are involved, refer the matter to the Committee for application of the procedure laid down in Articles 32, 33 and 34 before any decision is reached on an application for a marketing authorisation or on the suspension or revocation of a marketing authorisation, or on any other variation of the marketing authorisation which appears necessary. ◄

3. Without prejudice to paragraph 1, a Member State may, where urgent action is necessary to protect public health at any stage of the procedure, suspend the marketing authorisation and prohibit the use of the medicinal product concerned on its territory until a definitive decision is adopted. It shall inform the Commission, the Agency and the other Member States, no later than the following working day, of the reasons for its action.

4. Where the scope of the procedure initiated under this Article, as determined in accordance with paragraph 2, includes medicinal products authorised in accordance with Regulation (EC) No 726/2004, the Commission may, where urgent action is necessary to protect public health, at any stage of the procedure, suspend the marketing authorisations and prohibit the use of the medicinal products concerned until a definitive decision is adopted. The Commission shall inform the Agency and the Member States no later than the following working day of the reasons for its action.

2001/83

Urgent Union procedure

Article 107i

▼M12

1. A Member State or the Commission, as appropriate, shall, on the basis of concerns resulting from the evaluation of data from pharmacovigilance activities, initiate the procedure provided for in this section by informing the other Member States, the Agency and the Commission where:

(a) it considers suspending or revoking a marketing authorisation;

(b) it considers prohibiting the supply of a medicinal product;

(c) it considers refusing the renewal of a marketing authorisation; or

(d) it is informed by the marketing authorisation holder that, on the basis of safety concerns, the holder has interrupted the placing on the market of a medicinal product or has taken action to have a marketing authorisation withdrawn, or intends to take such action or has not applied for the renewal of a marketing authorisation.

1a. A Member State or the Commission, as appropriate, shall, on the basis of concerns resulting from the evaluation of data from pharmacovigilance activities, inform the other Member States, the Agency and the Commission where it considers that a new contraindication, a reduction in the recommended dose or a restriction to the indications of a medicinal product is necessary. The information shall outline the action considered and the reasons therefor.

experimenteel

- Positive SARS-CoV-2 test with no symptoms, either at Visit 1 or any time between Visit 1 and Visit 2: A positive test in an asymptomatic participant does not meet exclusion criterion 5; therefore, Vaccination 2 should proceed as normal.
- Confirmed COVID-19 (ie, symptoms and positive SARS-CoV-2 test): This meets exclusion criterion 5; therefore, Vaccination 2 should not be given but the participant should remain in the study.

8.16. Procedures for Administration of BNT162b2 to Those Originally Assigned to Placebo

If a participant ≥16 years of age becomes eligible for receipt of BNT162b2 or another COVID-19 vaccine according to local or national recommendations (detailed separately, and available in the electronic study reference portal), the participant will be advised to contact the site to determine whether he or she can receive BNT162b2 as part of the study.

Placebo recipients ≥16 years of age who have not already been offered the opportunity to receive BNT162b2 will be given this opportunity from 6 months after Dose 2, and will follow the procedures listed in this section for the remainder of their participation in the study. For Phase 2/3 participants, Visit 101 could occur at the same time as the original Visit 4.

8.16.1. Visit 101 – Vaccination 3: (From Recommendation or at Least 175 Days After Vaccination 2)

Before vaccination and before any study-related procedures are performed, voluntary, written, informed consent (via an ICD addendum) will be obtained from the participant or his/her parent(s)/legal guardian, as appropriate. Each signature on the ICD addendum must be personally dated by the signatory. The investigator or his or her designee will also sign

Clinical trials

enrolled who are COVID-19 vaccine-naïve (ie, **BNT162b2**-naïve) and have not experienced COVID-19. They will receive **BNT162b2**SA
2-dose series, separated by 21 days.

Condition or disease	Intervention/treatment	Phase
SARS-CoV-2 Infection	Biological: BNT162b1	Phase 2
COVID-19	Biological: **BNT162b2**	Phase 3
	Other: Placebo	
	Biological: **BNT162b2**SA	

Study Design Go to

Study Type :	Interventional (Clinical Trial)
Estimated Enrollment :	43998 participants
Allocation:	Randomized
Intervention Model:	Parallel Assignment
Masking:	Triple (Participant, Care Provider, Investigator)
Primary Purpose:	Prevention
Official Title:	A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDIN TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS- RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS
Actual Study Start Date :	April 29, 2020
Estimated Primary Completion Date :	May 2, 2023
Estimated Study Completion Date :	May 2, 2023

dpa • factchecking

Landsadvocaat erkent niet dat vaccins nog in experimentele fase zitten

01/07/2021, 03:28 PM (CEST)

Op Facebook wordt geclaimd (hier gearchiveerd) dat de landsadvocaat in het hoger beroep tegen de actiegroep Viruswaarheid heeft toegegeven dat de vaccins zich nog in een experimentele fase bevinden. Dat gebeurt naar aanleiding van een video die Viruswaarheid zelf online plaatste.

Beoordeling

De video wordt iets te vroeg afgeknipt. De landsadvocaat gaat door en legt uit waarom er volgens haar geen sprake is van een experimentele fase. Alle studies omtrent veiligheid van het vaccin zijn afgerond; er wordt enkel nog gekeken naar zaken als de duur van de bescherming die het vaccin biedt.

Feiten

Op 25 mei 2021 diende het hoger beroep van de zaak die Viruswaarheid had aangespannen tegen de Nederlandse staat. Het gerechtshof van Den Haag stelde de Staat in het gelijk, nadat eerder al de voorzieningenrechter dit had gedaan. Na die laatste uitspraak, die op 22 juni 2021 bekend werd, plaatste Viruswaarheid een bericht hierover op Facebook. Hier staan tal van beweringen in, waaronder dat de landsadvocaat zou hebben toegegeven dat het vaccin nog in de testfase zit. De video die dat moet aantonen, wordt ook door enkele andere gebruikers op Facebook gedeeld.

https://www.pscp.tv/w/1mnxealNpAaxX?t=2m8s

⚠ Je kunt geen berichten en opmerkingen plaatsen gedurende 24 uur

Willem Engel
1u ·

Hoger beroep Viruswaarheid informatievoorziening vaccins Rotterdam – 24 mei 2021 – Morgen behandelt het gerechtshof het spoedappel tegen het vonnis van 5 maart 2021. In deze zaak eist Viruswaarheid dat de Staat de burgers volledig informeert over de vaccinaties tegen COVID-19. In de visie van Viruswaarheid oefent de Staat met de reclamecampagne ontoelaatbare druk uit op burgers om zich te laten vaccineren. Ook komt niet naar voren dat het gaat om een medisch wetenschappelijk experiment met een nieuwe techniek. Veel risico's werden niet onderzocht. Basis van de vordering vormt de verplichting tot informed consent. De Staat verzwijgt dat het geen vaccinatie maar een gentechniek is. Verder bestaat onvoldoende aandacht voor de sterfgevallen en ernstige bijwerkingen die zich sinds aanvang van de campagne voordoen. De zitting wordt op 25 mei te 14.30 uur gehouden in het paleis van justitie te Den Haag. De zitting is te volgen via een livestream. Zie hiervoor de website Livestream gerechtshof Den Haag Stichting Viruswaarheid cs. – de Staat Vaccinatiebeleid COVID-19 (nfgd.nl) of

Je account is beperkt gedurende 3 dagen

Je vorige berichten voldeden niet aan onze richtlijnen voor de community. Daarom kun je onder andere geen berichten of opmerkingen plaatsen.

24 mei 2021
Je bericht is in strijd met onze richtlijnen voor de community

29 apr. 2021
Je bericht is in strijd met onze richtlijnen voor de community

13 jul. 2020
Je bericht is in strijd met onze richtlijnen voor de community

Accountstatus bekijken

Pauline Teunissen
Wendy van Golde ligt naast zure zult. Ook uit de mode.

FDA 'approval' 23 aug 2021

Disease 2019 (COVID-19) Vaccine," to evaluate the occurrence of myocarditis and pericarditis following administration of COMIRNATY.

We acknowledge the timetable you submitted on August 21, 2021, which states that you will conduct this study according to the following schedule:

Final Protocol Submission: August 11, 2021

Progress Report Submission: September 30, 2021

Interim Report 1 Submission: March 31, 2022

Interim Report 2 Submission: September 30, 2022

Interim Report 3 Submission: March 31, 2023

Interim Report 4 Submission: September 30, 2023

Interim Report 5 Submission: March 31, 2024

Study Completion: March 31, 2024

Final Report Submission: September 30, 2024

6. Study C4591021 substudy to describe the natural history of myocarditis and pericarditis following administration of COMIRNATY.

   We acknowledge the timetable you submitted on August 21, 2021, which states that you will conduct this study according to the following schedule:

korea

older who are scheduled for the vaccination. COMIRNATY will be administered according to the "Dosage and Administration" of the approved labeling. There is no visit or activity mandated by this study. The investigator will collect data from the subject's medical records and patient (subject) report outcome (PRO), and record the information on each subject's case report form (CRF).

About 3000 subjects will be enrolled in several centers in this study. Pfizer Pharmaceuticals Korea will conclude a post-marketing surveillance agreement with an investigator site before performing the study. Investigators at the institution that sign the agreement should consecutively prepare the CRFs from the subjects who this vaccine was administered to first after the start date of the study.

Each investigator will sequentially enroll all subjects to whom COMIRNATY is prescribed for the first time according to the local product document and who agree to participate in this study by signing the data privacy statement used in place of the informed consent form until the total requested cases per center are collected for this study.

An electronic diary will be used in this study to collect adverse events that occur after injection. Follow-up exams will be carried out from after the first injection to before the second injection, and from after the second injection to 28 days after the second injection. For the follow-up adverse event CRF, either an application using the mobile phones of subjects or entry on a paper questionnaire may be selected. The CRF will be filled out every day after the first and second injections. If an application is used, it is automatically sent as an eCRF. If a paper questionnaire is used, the questionnaire filled out after the first injection is collected at the time of the visit for the second injection and 28 days after the second injection by mail.

To promote the collection of adverse events after injection, a reminder may be given by phone about entering the information and the collection of the CRF to subjects who gave consent beforehand.

Safety is the primary interest of this study, which will be assessed based on adverse events (AEs) that occur during 28days from the first and the last dose of COMIRNATY.

Study Design

Go to

Study Type :	Observational
Estimated Enrollment :	3000 participants
Observational Model:	Case-Only
Time Perspective:	Prospective
Official Title:	A Prospective, Single-arm, Open-label, Non-interventional, Multicenter to Assess the Safety of COMIRNATY in Domestic Post-marketing Surveillance
Estimated Study Start Date :	September 30, 2021
Estimated Primary Completion Date :	March 4, 2027
Estimated Study Completion Date :	March 4, 2027

Groups and Cohorts

Go to

Group/Cohort	Intervention/treatment
Comirnaty	Biological: Comirnaty

Gentherapie

2009/120

2. DEFINITIONS

For the purposes of this Annex, in addition to the definitions laid down in Regulation (EC) No 1394/2007, the definitions set out in sections 2.1 and 2.2 shall apply.

2.1. Gene therapy medicinal product

Gene therapy medicinal product means a biological medicinal product which has the following characteristics:

(a) it contains an active substance which contains or consists of a recombinant nucleic acid used in or administered to human beings with a view to regulating, repairing, replacing, adding or deleting a genetic sequence;

(b) its therapeutic, prophylactic or diagnostic effect relates directly to the recombinant nucleic acid sequence it contains, or to the product of genetic expression of this sequence.

Gene therapy medicinal products shall not include vaccines against infectious diseases.

Commissie voor Genetische modificatie

Ja, dit vaccin valt onder gentherapie. En gentherapie is altijd vergunningplichtig, waarbij de risico beoordeeld worden. Hierbij moet een onderscheid gemaakt worden tussen: 1) klinische studies waarbij de veiligheid en effectiviteit van de gentherapie worden onderzocht op beperkte groepen patiënten of proefpersonen, en 2) zogenaamde markttoelating waarbij het als regulier geneesmiddel, therapie of vaccin aan alle patiënten of personen kan worden toegediend.

Regulatory Timeline

2018: European Court of Justice (ECJ) rules that organisms developed through gene editing are genetically modified organisms (GMOs) and are subject to the same regulations as transgenic organisms, rejecting a regulatory exemption or the issuance of a revised directive.

2012: First gene therapy in Europe is approved.

2007: EU Commission Regulation on advanced therapy medicinal products is finalized, which outlines the procedure for gene therapy approval.

2001: Directive on medicinal products for human use is finalized.

2000: EU Charter of Fundamental Rights

1997: Convention on Human Rights and Biomedicine (Oviedo Convention) of the Council of Europe.

https://crispr-gene-editing-regs-tracker.geneticliteracyproject.org/eu-therapeutic-stem-cell/

International Commission for Harmonisation

Messenger RNA is considered by both the US Food and Drug Administration (FDA) and the European Medicines Agency (EMA) to be gene therapy "even though RNA does not interact with the genome," said Meffen in giving a regulatory overview of the two types of RNA therapies. However, mRNA, which is regulated by the FDA's Center for Biologics Evaluation and Research (CBER) is not yet classified as a regenerative medicine advanced therapy (RMAT). EMA considers mRNA to be an advanced therapy medicinal product (ATMP).

Neither FDA nor EMA consider siRNAs to be gene therapy. "FDA regulates them as a drug, not a biologic, and they are not an ATMP," explained Meffen; siRNA therapies do not have RMAT status. For both types of RNA therapies, sponsors should be aware of the variety of regulatory programs available for rare genetic disorders, she noted.

https://www.raps.org/news-and-articles/news-articles/2020/11/euro-convergence-regulatory-and-cmc-considerations

https://www.ich.org/

> Hum Gene Ther. 2006 Oct;17(10):1027-35. doi: 10.1089/hum.2006.17.1027.

Synthetic messenger RNA as a tool for gene therapy

Peter M Rabinovich [1], Marina E Komarovskaya, Zhi-Jia Ye, Chihaya Imai, Dario Campana, Erkut Bahceci, Sherman M Weissman

Affiliations + expand

PMID: 17007566 DOI: 10.1089/hum.2006.17.1027

Abstract

Transfection of human cells with DNA in biomedical applications carries the risk of insertional mutagenesis. Transfection with mRNA avoids this problem; however, in vitro production of mRNA, based on preliminary DNA template cloning in special vectors, is a laborious and time-consuming procedure. We report an efficient vectorfree method of mRNA production from polymerase chain reaction-generated DNA templates. For all cell types tested mRNA was transfected more readily than DNA, and its expression was highly uniform in cell populations. Even cell types relatively resistant to transfection with DNA could express transfected mRNA well. The level of mRNA expression could be controlled over a wide range by changing the amount of input RNA. Cells could be efficiently and simultaneously loaded with several different transcripts. To test a potential clinical application of this method, we transfected human T lymphocytes with mRNA encoding a chimeric immune receptor directed against CD19, a surface antigen widely expressed in leukemia and lymphoma. The transfected mRNA conferred powerful cytotoxicity to T cells against CD19+ targets from the same donor. These results demonstrate that this method can be applied to generate autologous T lymphocytes directed toward malignant cells.

Similar articles

En dan nu voor de allerlaatste keer...

Arjen Dijkgraaf | zondag 25 november 2012

Messenger-RNA kan de basis worden voor een vaccin dat mensen levenslang beschermt tegen alle bekende griepvarianten. En als een nog onbekende variant opduikt, kun je op deze manier in recordtijd ingrijpen. Bij muizen lukt het alvast, schrijven Duitse onderzoekers in Nature Biotechnology.

Het idee is dan om mRNA toe te dienen dat codeert voor virusspecifieke eiwitten. De ontvanger zou die eiwitten dan moeten gaan aanmaken. Als het goed is herkent het immuunsysteem die eiwitten als lichaamsvreemd en maakt er antilichamen tegen aan. En zoals gebruikelijk wordt het recept onthouden, klaar voor gebruik tegen identieke eiwitten die écht aan een virus vastzitten.

CAT 2-4 dec 2020

Note: information on the multistakeholder webinar can be found here: https://www.ema.europa.eu/en/events/multi-stakeholder-webinar-support-implementation-medical-devices-regulation-drug-device-combinations

7.4.5. Regulatory status of RNA products

CAT: Marcos Timón, Violaine Closson-Carella, Egbert Flory, Hans Ovelgönne

Scope: reflection on the consequences for ATMPs of the Commission's feedback on the regulatory status of RNA products in the context of vaccines against COVID-19

Action: for discussion

Note: further to a discussion in July 2020 (see CAT minutes of the July CAT meeting, point 7.4.2), a brainstorming meeting took place (between CAT secretariat and CAT members) to reflect upon the consequence for the ATMP field of the Commission's feedback on a question from EMA on the status of RNA vaccines that are prepared fully synthetically. Feedback from the brainstorming meeting will be provided.

7.5. Cooperation with international regulators

7.5.1. ATMP cluster teleconference with FDA-USA, Health Canada and PMDA-Japan

CAT: Martina Schüssler-Lenz

Scope: feedback on the teleconference to took place on 12 November 2020

Action: for information

CAT 17-18 march 2021

CAT drafting group members: Heli Suila, Ivana Haunerova, Marcos Timón, Violaine Closson Carella

Scope: draft Q&A on principles for GMP

Action: for discussion

Note: CAT members are requested to send comments by 17 March 2021

7.4.2. Product information for medicinal products that contain or consist of modified viruses

Scope: wording agreed regarding GMO aspects (in the context of Covid-19 vaccines): consequences for the SmPC of the gene therapy products that contain or consist of viral vectors

Action: for discussion

7.4.3. Questions and Answers related to the assessment of similarity for ATMPs in the context of the orphan legislation

CAT members and experts: Claire Beuneu, Barbara Bonamassa, Violaine Closson-Carella, Niamh Curran, Rune Kjeken, Ilona Reischl, Heli Suila, Marja van der Bovenkamp

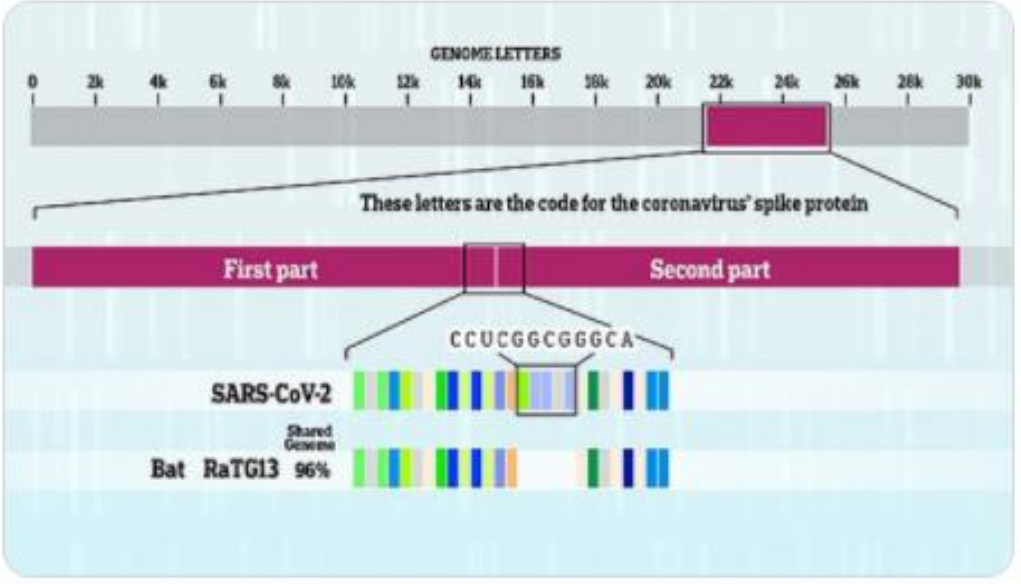
Scope: revised Questions and Answers

Action: for discussion

Gain of function

DR. AFZAL (M.D/M.B.B.S/FRCS)
@ANMDUSA

I verify today again that the COVID-19 has the genome sequencing combination of 'CGG-CGG'. No naturally occurring coronavirus has ever had that combination The 'CGG-CGG' except when it is used by scientists doing 'gain-of-function in the lab. Man-made virus and Variants.



7:40 PM · Jan 16, 2022 · Twitter Web App

Follow the money

Collaborative research and licensing opportunity: Prefusion coronavirus spike proteins and their use

Inventors at the Vaccine Research Center of the National Institute of Allergy and Infectious Diseases have developed a novel CoV S protein vaccine antigen. This technology employs protein engineering to stabilize S in its prefusion conformation, preventing structural rearrangement, and exposing antigenically preferable surfaces. The technology has been applied to several CoV spikes, including those from human-relevant viruses, such as HKU1-CoV, SARS-CoV, and MERS-CoV. Particularly for MERS-COV, stabilized S proteins have been shown to elicit superior neutralizing antibody responses up to 10-fold higher in animal models and protect mice against lethal MERS-CoV infection.

Produced by

nature research custom media

NIH National Institute of Allergy and Infectious Diseases

DARPA Awards Moderna Therapeutics a Grant for up to $25 Million to Develop Messenger RNA Therapeutics™

October 2, 2013 at 9:00 AM EDT

PDF Version

Research to focus on antibody production for immune defense

CAMBRIDGE, Mass., October 2, 2013—Moderna Therapeutics, the company pioneering messenger RNA therapeutics™, a revolutionary new treatment modality to enable the *in vivo* production of therapeutic proteins, announced today that the Defense Advanced Research Projects Agency (DARPA) has awarded the company up to $25 million to research and develop its messenger RNA therapeutics™ platform as a rapid and reliable way to make antibody-producing drugs to protect against a wide range of known and unknown emerging infectious diseases and engineered biological threats.

Messenger RNA therapeutics™ can be designed to tap directly into the body's natural processes to produce antibodies without exposing people to a

NIAID-Moderna vaccin deal 2014-2020

"Jointly-owned by NIAID and Moderna"

PUBLIC HEALTH SERVICE

MATERIAL TRANSFER AGREEMENT

This Material Transfer Agreement ("MTA") has been adopted for use by the National Institutes of Health, the Food and Drug Administration and the Centers for Disease Control and Prevention, collectively referred to herein as the Public Health Service ("PHS") in all transfers of research material (Research Material) whether PHS is identified below as its Provider or Recipient.

Providers: *National Institute of Allergy and Infectious Diseases, National Institutes of Health ("NIAID")*
ModernaTX, Inc ("Moderna")

Recipient: The University of North Carolina at Chapel Hill

1. Provider agrees to transfer to Recipient's Investigator the following Research Material:

mRNA coronavirus vaccine candidates developed and jointly-owned by NIAID and Moderna.

Annotated by Bob Herman , Axios

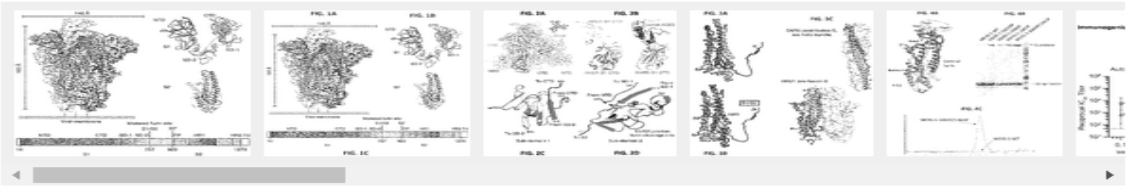
Proline and furin

Prefusion coronavirus spike proteins and their use

Abstract

Coronavirus S ectodomain trimers stabilized in a prefusion conformation, nucleic acid molecules and vectors encoding these proteins, and methods of their use and production are disclosed. In several embodiments, the coronavirus S ectodomain trimers and/or nucleic acid molecules can be used to generate an immune response to coronavirus in a subject. In additional embodiments, the therapeutically effective amount of the coronavirus S ectodomain trimers and/or nucleic acid molecules can be administered to a subject in a method of treating or preventing coronavirus infection.

Images (24)



Classifications

A61K39/12 Viral antigens

View 7 more classifications

US10960070B2
United States

Download PDF | Find Prior Art | Similar

Inventor: Barney Graham, Jason McLellan, Andrew Ward, Robert Kirchdoerfer, Christopher Cottrell, Michael Gordon Joyce, Masaru Kanekiyo, Nianshuang Wang, Jesper Pallesen, Hadi Yassine, Hannah Turner, Kizzmekia Corbett

Current Assignee : Dartmouth College , US Department of Health and Human Services , Scripps Research Institute

Worldwide applications

2017 • US *WO* EP

Application US16/344,774 events

2016-10-25 • Priority to US201662412703P

2017-10-25 • Application filed by Dartmouth College, Scripps Research Institute, US Department of Health and Human Services

2020-02-27 • Publication of US20200061185A1

2021-03-30 • Publication of US10960070B2

2021-03-30 • Application granted

https://patents.google.com/patent/US10960070B2/en

U.S. Government Gain-of-Function Deliberative Process and Research Funding Pause on Selected Gain-of-Function Research Involving Influenza, MERS, and SARS Viruses

studies may entail biosafety and biosecurity risks; therefore, the risks and benefits of gain-of-function research must be evaluated, both in the context of recent U.S. biosafety incidents and to keep pace with new technological developments, in order to determine which types of studies should go forward and under what conditions.

In light of recent concerns regarding biosafety and biosecurity, effective immediately, the U.S. Government (USG) will pause new USG funding for gain-of-function research on influenza, MERS or SARS viruses, as defined below. This research funding pause will be effective until a robust and broad deliberative process is completed that results in the adoption of a new USG gain-of-function research policy[1]. Restrictions on new funding will apply as follows:

> *New USG funding will not be released for gain-of-function research projects that may be reasonably anticipated to confer attributes to influenza, MERS, or SARS viruses such that the virus would have enhanced pathogenicity and/or transmissibility in mammals via the respiratory route. The research funding pause would not apply to characterization or testing of naturally occurring influenza, MERS, and SARS viruses, unless the tests are reasonably anticipated to increase transmissibility and/or pathogenicity.*

A. Current Funding

1. U19 AI100625 (Baric, Heise MPI) **08/05/2012-7/31/2017**
NIH/NIAID **Total Direct Cost $14,543071**
Systems Immunogenetics of Biodefense Pathogens in the Collaborative Cross

The Collaborative Cross, a mouse resource designed to study complex genetic interactions in diverse populations, to identify novel polymorphic genes regulating immune responses to SARS, influenza and West Nile viruses, gain new insights into genetic interactions that shape immune phenotypes in mice and humans, and generate panels of genetically defined mice to probe how sets of polymorphic genes affect immune responses against a variety of pathogens or other immune stimuli.

2. U19 AI107810 (PI: Baric) **07/01/13-06/30/18**
NIH/NIAID **$7,346,408**
Characterization of novel genes encoded by RNA and DNA viruses

Using highly pathogenic human respiratory and systemic viruses which cause acute and chronic life-threatening disease outcomes, we test the hypothesis that RNA and DNA viruses encode common and unique mechanisms to manipulate virus replication efficiency and host responses to determine severe disease outcomes.

Peter Daszak

Understanding the Risk of Bat Coronavirus Emergence

Project Number	Contact PI/Project Leader	Awardee Organization
2R01AI110964-06	DASZAK, PETER	ECOHEALTH ALLIANCE, INC.

Name
ECOHEALTH ALLIANCE, INC.

City
NEW YORK

Country
UNITED STATES (US)

Department Type
Unavailable

Organization Type
Other Domestic Non-Profits

State Code
NY

Congressional District
12

Other Information

FOA
PA-18-484

Study Section
Clinical Research and Field Studies of Infectious Diseases Study Section[CRFS]

Fiscal Year
2019

Award Notice Date
24-July-2019

Administering Institutes or Centers
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

CFDA Code
855

DUNS Number
077090066

UEI
TKS7NBB4JDN6

Project Start Date	**01-June-2014**
Project End Date	**30-June-2026**
Budget Start Date	**24-July-2019**
Budget End Date	**30-June-2022**

Project Funding Information for 2019

Total Funding
$661,980

Direct Costs
$538,926

Indirect Costs
$123,054

Year	Funding IC	FY Total Cost by IC
2019	NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES	$661,980

NIH Categorical Spending

Click here for more information on NIH Categorical Spending

Funding IC	FY Total Cost by IC	NIH Spending Category
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES	$661,980	Biodefense; Biotechnology; Clinical Research; Emerging Infectious Diseases; Infectious Diseases; Lung; Pneumonia; Pneumonia & Influenza; Prevention; Rare Diseases;

https://www.documentcloud.org/documents/21066966-defuse-proposal

PROPOSAL: VOLUME I

DARPA – PREEMPT (HR001118S0017)
LEAD ORGANIZATION: EcoHealth Alliance (Other Nonprofit)
OTHER TEAM MEMBERS:
Duke NUS Medical School (Other Educational)
University of North Carolina (Other Educational)
Wuhan Institute of Virology (Other Educational)
USGS National Wildlife Health Center (Other Nonprofit)
Palo Alto Research Center (Large Business)

Project DEFUSE: Defusing the Threat of Bat-borne Coronaviruses

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Identifying Number: HR001118S0017-PREEMPT-PA-001
Award Instrument Requested: Grant
Places and Periods of Performance: 12/1/18 - 5/31/22; Palo Alto, CA; Kunming and Wuhan, China; Chapel Hill, NC; New York, NY; Singapore; Madison, WI
Total funds requested: $14,209,245
Proposal validity period: 6 months

Linfa Wang
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Rebecca Katz
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Pseudo juridische route

COMMISSION REGULATION (EC) No 507/2006

of 29 March 2006

on the conditional marketing authorisation for medicinal products for human use falling within the scope of Regulation (EC) No 726/2004 of the European Parliament and of the Council

Article 1

Subject matter

This Regulation lays down rules on the granting of a marketing authorisation subject to specific obligations in accordance with Article 14(7) of Regulation (EC) No 726/2004, hereinafter 'conditional marketing authorisation'.

Article 2

Scope

This Regulation shall apply to medicinal products for human use that fall under Article 3(1) and (2) of Regulation (EC) No 726/2004 and belong to one of the following categories:

1. medicinal products which aim at the treatment, the prevention or the medical diagnosis of seriously debilitating diseases or life-threatening diseases;

2. medicinal products to be used in emergency situations, in response to public health threats duly recognised either by the World Health Organisation or by the Community in the framework of Decision No 2119/98/EC;

Article 4

Requirements

1. A conditional marketing authorisation may be granted where the Committee finds that, although comprehensive clinical data referring to the safety and efficacy of the medicinal product have not been supplied, all the following requirements are met:

(a) the risk-benefit balance of the medicinal product, as defined in Article 1(28a) of Directive 2001/83/EC, is positive;

(b) it is likely that the applicant will be in a position to provide the comprehensive clinical data;

(c) unmet medical needs will be fulfilled;

(d) the benefit to public health of the immediate availability on the market of the medicinal product concerned outweighs the risk inherent in the fact that additional data are still required.

In emergency situations as referred to in Article 2(2), a conditional marketing authorisation may be granted, subject to the requirements set out in points (a) to (d) of this paragraph, also where comprehensive pre-clinical or pharmaceutical data have not been supplied.

2. For the purposes of paragraph 1(c), 'unmet medical needs' means a condition for which there exists no satisfactory method of diagnosis, prevention or treatment authorised in the Community or, even if such a method exists, in relation to which the medicinal product concerned will be of major therapeutic advantage to those affected.

COVID-19 vaccine efficacy and effectiveness—the elephant (n…

Supplementary Material

References

Article Info

Figures

Linked Articles

Vaccine efficacy is generally reported as a relative risk reduction (RRR). It uses the relative risk (RR)—ie, the ratio of attack rates with and without a vaccine—which is expressed as 1–RR. Ranking by reported efficacy gives relative risk reductions of 95% for the Pfizer–BioNTech, 94% for the Moderna–NIH, 90% for the Gamaleya, 67% for the J&J, and 67% for the AstraZeneca–Oxford vaccines. However, RRR should be seen against the background risk of being infected and becoming ill with COVID-19, which varies between populations and over time. Although the RRR considers only participants who could benefit from the vaccine, the absolute risk reduction (ARR), which is the difference between attack rates with and without a vaccine, considers the whole population. ARRs tend to be ignored because they give a much less impressive effect size than RRRs: 1·3% for the AstraZeneca–Oxford, 1·2% for the Moderna–NIH, 1·2% for the J&J, 0·93% for the Gamaleya, and 0·84% for the Pfizer–BioNTech vaccines.

• View related content for this article

ARR is also used to derive an estimate of vaccine effectiveness, which is the number needed to vaccinate (NNV) to prevent one more case of COVID-19 as 1/ARR. NNVs bring a different perspective: 76 for the Moderna–NIH, 78 for the AstraZeneca–Oxford, 80 for the Gamaleya, 84 for the J&J, and 117 for the Pfizer–BioNTech vaccines. The explanation lies in the combination of vaccine efficacy and different background risks of COVID-19 across studies: 0·9% for the Pfizer–BioNTech, 1% for the Gamaleya, 1·4% for the Moderna–NIH, 1·8% for the J&J, and 1·9% for the AstraZeneca–Oxford vaccines.

ARR (and NNV) are sensitive to background risk—the higher the risk, the higher the effectiveness—as exemplified by the analyses of

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of repeat dose toxicity and reproductive and developmental toxicity.

General toxicity
Rats intramuscularly administered Comirnaty (receiving 3 full human doses once weekly, generating relatively higher levels in rats due to body weight differences) demonstrated some injection site oedema and erythema and increases in white blood cells (including basophils and eosinophils) consistent with an inflammatory response as well as vacuolation of portal hepatocytes without evidence of liver injury. All effects were reversible.

Genotoxicity/Carcinogenicity
Neither genotoxicity nor carcinogenicity studies were performed. The components of the vaccine (lipids and mRNA) are not expected to have genotoxic potential.

Reproductive toxicity
Reproductive and developmental toxicity were investigated in rats in a combined fertility and developmental toxicity study where female rats were intramuscularly administered Comirnaty prior to mating and during gestation (receiving 4 full human doses that generate relatively higher levels in rat due to body weight differences, spanning between pre-mating day 21 and gestational day 20). SARS-CoV-2 neutralizing antibody responses were present in maternal animals from prior to mating to the end of the study on postnatal day 21 as well as in foetuses and offspring. There were no vaccine-related effects on female fertility, pregnancy, or embryo-foetal or offspring development. No Comirnaty data are available on vaccine placental transfer or excretion in milk.

2020/1043

Article 2

1. All operations related to the conduct of clinical trials, including packaging and labelling, storage, transport, destruction, disposal, distribution, supply, administration or use of investigational medicinal products for human use containing or consisting of GMOs intended to treat or prevent COVID-19, with the exception of the manufacturing of the investigational medicinal products, shall not require a prior environmental risk assessment or consent in accordance with Articles 6 to 11 of Directive 2001/18/EC or Articles 4 to 13 of Directive 2009/41/EC when these operations relate to the conduct of a clinical trial authorised in accordance with Directive 2001/20/EC.

2. Sponsors shall implement appropriate measures to minimise foreseeable negative environmental impacts resulting from the intended or unintended release of the investigational medicinal product into the environment.

3. By way of derogation from point (a) of Article 6(2) of Regulation (EC) No 726/2004 and from the second indent of the fourth paragraph of point 1.6 of Part I of Annex I to Directive 2001/83/EC, in applications for marketing authorisation for medicinal products containing or consisting of GMOs intended to treat or prevent COVID-19, **the applicant shall not be required to include a copy of the competent authority's written consent to the deliberate release into the environment of GMOs for research and development purposes in accordance with Part B of Directive 2001/18/EC**.

Motie

Motie van het lid Veldman c.s. over de procedures voor klinische onderzoeken met spoed versnellen

Download

26 maart 2020

25295-180

Motie

Ondertekenaars

Eerste ondertekenaar
H.S. Veldman, Tweede Kamerlid

Mede ondertekenaar
R.A.A. Jetten, Tweede Kamerlid

THE NETHERLANDS, PAYS-BAS, NEDERLAND

House of Representatives, Chambre des représentants, Tweede Kamer der Staten-Generaal

Mr / M.	Habbo Siebold (Hayke)	Veldman	Head of Delegation, Chair of the Standing Committee on European Affairs	Alliance of Liberals and Democrats for Europe, ALDE

https://www.tweedekamer.nl/kamerstukken/moties/detail?id=2020D11846&did=2020D11846

COM(2020)261 - *Regulation*
Conduct of clinical trials with and supply of medicinal products for human use containing or consisting of GMOs intended to treat or prevent coronavirus disease

2. Key dates

Document	17-06-2020
Online publication	17-06-2020
Decision	15-07-2020; Verordening 2020/1043
Publication in Official Journal [i]	17-07-2020; OJ L 231 p. 12-16

https://www.eumonitor.eu/9353000/1/j9vvik7m1c3gyxp/vl9le5ff3dyr

EUROPEAN COMMISSION

Brussels, 17.6.2020

COM(2020) 245 final

COMMUNICATION FROM THE COMMISSION

EU Strategy for COVID-19 vaccines

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1. AN URGENT NEED FOR ACTION

The COVID-19 pandemic is inflicting huge human and economic costs on the European Union and the world. A permanent solution to this crisis is most likely to be brought about by the development and deployment of an effective and safe vaccine against the virus.

https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1597339415327&uri=CELEX:52020DC0245

2.1. An EU approach for efficiency and solidarity

The EU Member States are closely interlinked. The Single Market, allowing the free movement of goods and people, has allowed economies to integrate closely and has increased the interdependence of all our economies and societies. As the pandemic moves across borders, so its socio-economic impact on each of the Member States spreads to the others. Against that background, it is essential that all 27 EU Member States have access to a vaccine as early as possible. The same applies to the Member States of the European Economic Area (EEA).

Joint action at EU level is the surest, quickest and most efficient way of achieving that objective. No Member State on its own has the capacity to secure the investment in developing and producing a sufficient number of vaccines. A common strategy allows better hedging of bets, sharing of risks and pooling investments to achieve economies of scale, scope and speed.

An important step towards joint action between Member States has already been taken in the formation of an inclusive vaccine Alliance by France, Germany, Italy, and the Netherlands. This alliance was formed to pool the national resources of those countries and secure fair access to vaccine supplies for the European population. The current proposal builds on the important groundwork undertaken by that Alliance.

In order to scale this approach up to cover the whole EU, the Commission proposes to run a central procurement process, which creates a number of important advantages. In particular, all EU Member States will be able to benefit from an option to purchase vaccines via a single procurement action. This process also offers vaccine producers a significantly simplified negotiation process with a single point of contact, thus reducing costs for all. Centralising vaccine procurement at EU level has the merit of speed and efficiency by comparison with 27 separate processes. A truly European approach would avoid competition between Member States. It creates solidarity between all Member States, irrespective of the size of their population and their purchasing power. A pan-EU approach will increase the EU's leverage when negotiating with industry. It will also enable us to combine the scientific and regulatory expertise of the Commission and the Member States.

A common EU approach will always respect the principle of subsidiarity and Member States' competences in health policy: vaccination policies remain in the hands of Member States.

Contract for possible coronavirus vaccine for Europe

News item | 13-06-2020 | 15:00

The vaccine alliance formed by France, Germany, Italy and the Netherlands reached agreement with AstraZeneca today on supplying a coronavirus vaccine. If development of the vaccine is successful, the pharmaceutical company will be able to provide Europe with 300 to 400 million doses of vaccine in stages from the end of 2020, health minister Hugo de Jonge wrote in a letter to parliament today.

Earlier this month France, Germany, Italy and the Netherlands joined forces to form the Inclusive Vaccine Alliance, in order to have a stronger negotiating position in the race for a coronavirus vaccine.

https://www.government.nl/latest/news/2020/06/13/contract-for-possible-coronavirus-vaccine-for-europe

ARTIKEL II

De Regeling van de Minister van Infrastructuur en Waterstaat van 27 oktober 2020, nr. IENW/BSK-2020/143803 houdende het tijdelijk deels buiten toepassing verklaren van het Besluit genetisch gemodificeerde organismen milieubeheer 2013 en het intrekken van de Tijdelijke regeling afwijkende behandeling vergunningaanvragen gentherapie in verband met bestrijding COVID-19 ter uitvoering van verordening (EU) 2020/1043 van het Europees Parlement en de Raad betreffende de uitvoering van klinische proeven met geneesmiddelen voor menselijk gebruik die geheel of gedeeltelijk uit genetisch gemodificeerde organismen bestaan en die bestemd zijn voor de behandeling of de voorkoming van de coronavirusziekte, alsmede de levering van die geneesmiddelen (PbEU 2020, L 231) (Stcrt. 2020, 54619) wordt ingetrokken.

ARTIKEL III

Deze regeling treedt in werking met ingang van 1 januari 2023.

Deze regeling zal met de toelichting in de Staatscourant worden geplaatst.

De Staatssecretaris van Infrastructuur en Waterstaat,
V.L.W.A. Heijnen

https://www.loketgentherapie.nl/sites/default/files/2023-01/stcrt-2022-33100%20Wijziing%20Rggo%201%20januari%202023.pdf

35 676

Initiatiefnota van het lid Veldman over anticiperen op toekomstscenario's: beschikbaarheid van vaccins en antibiotica met behulp van reële optiewaarden

Nr. 1

GELEIDENDE BRIEF

Aan de Voorzitter van de Tweede Kamer der Staten-Generaal

Den Haag, 14 december 2020

Hierbij bied ik u aan de «Initiatiefnota van het lid Veldman over anticiperen op toekomstscenario's: beschikbaarheid van vaccins en antibiotica met behulp van reële optiewaarden».

Veldman

Ontwikkeling van vaccins

Vaccins bevatten van oudsher vaak verzwakte ziekteverwekkers die worden ingespoten, zodat er een immuunrespons op gang komt. Innovaties, zoals DNA-technieken, hebben bestaande vaccins verbeterd en de ontwikkeling van nieuwe vaccins mogelijk gemaakt[9]. De (door)ontwikkeling van vaccins is een kostenintensief proces, waarbij een aantal vragen van belang zijn, te weten: is er vraag naar een vaccin tegen een bepaalde ziekte? Hoe maakt de bacterie of het virus iemand ziek? Hoe reageert het immuunsysteem hierop en is het aannemelijk dat dat met een vaccin te beïnvloeden is? Is het veilig om het vaccin te ontwikkelen en toe te dienen? Gedurende fasen van klinisch onderzoek worden vaccins in onderzoeksetting – net als geneesmiddelen – uitvoerig getest op kwaliteit, werkzaamheid en veiligheid[10]. Het College ter Beoordeling van Geneesmiddelen (CBG) of de *European Medicines Agency* (EMA), besluit op basis van de klinische data over markttoelating.

De gunning van de CMA

Verslag CBG 965 – 4 nov 2020

Een immunogeniciteitsstudie is uitgevoerd met muizen en resusapen. De protectie is alleen in de apen gemeten. Deze studie was erg beperkt. Er zijn weinig dieren gebruikt, en er zijn alleen juveniele (mannelijke) dieren gebruikt. Deze zijn niet het meest geschikt voor dit type onderzoek vanwege het mogelijke verschil in gevoeligheid voor COVID-19 ten opzichte van oudere dieren. In de studie werden bij de dieren (zowel controle als gevaccineerd) na de *challenge* geen of nauwelijks COVID-symptomen gezien. Deze beperkingen zorgen ervoor dat geen uitspraken kunnen worden gedaan over de effectiviteit van dit vaccin. Dit moet verder klinisch worden uitgezocht. Benadrukt wordt dat de daadwerkelijke non-klinische beoordeling pas kan worden uitgevoerd zodra de zwaarder wegende klinische data beschikbaar zijn.
Op gebied van farmacokinetiek (PK) kan voor dit soort vaccins normaalgesproken worden volstaan met biodistributiestudies. Het vaccin bevat echter twee nieuwe hulpstoffen (onderdeel van de liposomen). De Rapporteurs zijn van mening dat het metabolisme van deze hulpstoffen goed moet worden onderzocht. Nederland plaatst hierbij de kanttekening dat hier geen bijzonderheden worden verwacht, aangezien dit lipiden zijn, die via het reguliere metabolisme worden afgebroken..
Verder is een studie uitgevoerd met het gehele *Lipid Nanoparticle* (LNP). Het is niet duidelijk of het LNP dat in de studie is gebruikt hetzelfde is als het LNP in het vaccin. Ook is in deze studie een ander mRNA gebruikt, zodat biodistributie kon worden

Verslag CBG 966 - 19 nov 2020

- Opgemerkt wordt dat er discussie is over de *Good Clinical Practice* (GCP) status van deze studies. Aanleiding is een vermeend gebrek aan '*oversight*', omdat de data worden aangeleverd door een aantal partijen. Dit zorgt voor een lastige situatie – een mogelijke GCP-inspectie moet worden afgewogen tegen de (ongewenste) vertraging die een dergelijke inspectie met zich meebrengt. Het wordt echter benadrukt dat de data van goede kwaliteit moeten zijn om tot een adequate beoordeling te kunnen komen.

Vertrouwelijke informatie weggelaten. De informatie betreft (een) persoonlijke beleidsopvatting(en) t.b.v. intern beraad.

zijner tijd communiceert over zijn bevindingen. In dit kader wordt ook nog opgemerkt dat patiëntenverenigingen door o.a. de Inspectie Gezondheidszorg en Jeugd (IGJ) meermaals is aangeraden terughoudend te zijn in de communicatie over (nieuwe) geneesmiddelen. Hierbij werd veelal gewezen op de gedragsregels van de stichting Code Geneesmiddelenreclame (CGR). Des te opvallender is de wijze waarop er op dit moment vanuit firma's, maar ook vanuit VWS vrijelijk wordt

gecommuniceerd over de werkzaamheid van vaccins (en firma's) die nog in ontwikkeling zijn. Dit is niet in lijn met de gedragsregels van de CGR.

- *GMP* – Voor twee locaties is inmiddels vastgesteld dat deze GMP-compliant zijn. Voor twee andere locaties worden nog op afstand (*distant assessment*) geïnspecteerd.
- *Vergelijkbaarheid klinische en commerciële product* – Er is sprake van een verschil in mRNA integriteit tussen het klinische en commerciële product. Het gehalte aan niet-intacte mRNA deeltjes verschilt. Hierover zijn in het kader van de beoogde *Conditional Marketing Authorisation* (CMA) een aantal *Specific Obligations* (SOB) opgesteld. Hierin wordt de firma o.a. verzocht de niet-intacte mRNA deeltjes verder te karakteriseren, en te onderzoeken of een eventuele translatie van deze niet-intacte mRNA deeltjes leidt tot eiwitten die anders zijn dan het beoogde spike-eiwit. Op basis van de al overlegde gegevens en bestaande kennis op dit gebied is de kans daarop heel klein en vooral theoretisch. Daarnaast is de firma verzocht de acceptatiecriteria voor RNA-integriteit in het eindproduct aan te scherpen. De

Verslag CBG 968 – 17 dec 2020

CBG MEB | COLLEGE TER BEOORDELING VAN GENEESMIDDELEN

deadline voor het voldoen aan deze SOB kan volgens Nederland naar voren worden gehaald. De data moeten eind januari kunnen worden aangeleverd.
- *Onvolledige data commerciële product* – de vereiste data worden 18 december verwacht. Naar verwachting bieden deze data voldoende waarborgen voor de kwaliteit van het eindproduct.

CBG Verslag - 971, 4 feb 2021

Er zijn signalen dat personen met pre-existente COVID-19-infectie na vaccinatie met het Moderna-vaccin een heftiger ziektebeeld vertonen dan bij hun primaire COVID-19-infectie. Ook zou in de ziekenhuizen zijn opgemerkt dat een substantieel deel van de medewerkers die hun tweede gift van het vaccin kregen een dag uitvielen door ziekte (zo'n 5%). Er zijn hieromtrent nog weinig signalen bij Bijwerkingencentrum Lareb binnengekomen. Rapporteren is echter essentieel om hier meer zicht op te kunnen krijgen. Deze meldingen zullen in de komende maandelijkse rapporten worden meegenomen.

Definitie gentherapie

Er is een Europese definitie voor gentherapie. In *International Council of Harmonisation* (ICH)-verband wordt een richtlijn geschreven voor biodistributiestudies voor gentherapieproducten, waarbij een andere definitie voor gentherapie wordt voorgesteld. De definitie van de ICH is over het algemeen iets breder dan de definitie die in Europa wordt gehanteerd. Naar aanleiding daarvan heeft de Europese Commissie aan de *Committee for Advanced Therapies* (CAT) gevraagd te reflecteren op de (consequenties van de) verschillen in definities. Een aantal Collegeleden zal hier intern verder over spreken.

Verslag CBG 977, 29 april 2021

COVID-19 gerelateerde ziekenhuisopnames, intensive care opnames en sterfte is afgezet tegen het aantal gevallen trombose met trombocytopenie (TTS). Verder concludeert de CHMP dat er 4 tot 12 weken tussen twee doses moet zitten, in lijn met de aanbevelingen in de huidige productinformatie. Het werkingsmechanisme achter de geobserveerde TTS gevallen is onduidelijk, en er is niet voldoende blootstellingstijd en follow-up om te kunnen vaststellen of het risico op TTS bij de tweede dosis anders is dan bij de eerste dosis.

Opgemerkt dient te worden dat door de CMHP geen standpunt is ingenomen over de balans tussen de *benefits* en *risks* voor de verschillende leeftijdsgroepen. Dit in tegenstelling tot de externe communicatie van de EMA die aangeeft dat de *benefit/risk* balans positief is voor alle leeftijdsgroepen.

Vertrouwelijk informatie is weggelaten. Het betreft informatie waarvan openbaarmaking de internationale betrekkingen van Nederland schaadt.

De cover-up

Feature » BMJ Investigation

Is the US's Vaccine Adverse Event Reporting System broken?

BMJ 2023 ; 383 doi: https://doi.org/10.1136/bmj.p2582 (Published 10 November 2023)
Cite this as: *BMJ* 2023;383:p2582

Jennifer Block, investigations reporter

Author affiliations

jblock@bmj.com

A BMJ investigation has raised concerns that the VAERS system isn't operating as intended and that signals are being missed. **Jennifer Block** reports

Three weeks after receiving a second dose of a covid vaccine, Robert Sullivan collapsed at home on his treadmill. An anaesthesiologist in Maryland, USA, he was a particularly fit 49 year old: the week before falling ill, he'd been happily skiing at altitude in Colorado.

https://www.bmj.com/content/383/bmj.p2582

VI CHAPTER
REGISTRATION OF COMMPLICATIONS AFTER SGEI AND PROVISION OF INFORMATION ON IT

23. Subvaccination or vaccination-specific immunoglobulin and sera are registered with NVSC.

24. Doctor diagnosed with complications after vaccines (excl. When complications are diagnosed after vaccination with COVID-19 disease vaccine), complete the Adverse Vaccine Reposure Investigation Protocol (Annex 4 to the description) and within 15 calendar days of the complication after the detection of the syllable (if the complication after the syllable caused life or death, – per 1 calendar day) sends in writing (E. delivery system or in another safe manner) to the NVSC.

Wect changes:

No. V-1140, 2023-11-03, published in TAR 2023-11-03, i. k. 2023-21485

25. In the event of non-preventability in the completion of the vaccination study protocol, the CISSC collects additional information in the event of a suspicion of potentially associated post-vaccine complications and clarifies the study protocol for adverse reactions to vaccines. NVSC provides ULSVIS data for the study protocol for adverse reactions to vaccinations within 5 working days (if the complication after the syllable caused life or death – within 1 working day) from the study of adverse reactions to vaccines receipt or adjustment of the protocol.

2019/5

Article 2

Amendments to Directive 2001/83/EC

Directive 2001/83/EC is amended as follows:

(1) in Article 1, the following point is inserted:

'26a. Variation or variation to the terms of a marketing authorisation:

An amendment to the contents of the particulars and documents referred to in:

(a) Article 8(3) and Articles 9 to 11 of this Directive and Annex I thereto, Article 6(2) of Regulation (EC) No 726/2004 and in Article 7 of Regulation (EC) No 1394/2007; and

(b) the terms of the decision granting the marketing authorisation for a medicinal product for human use, including the summary of the product characteristics and any conditions, obligations, or restrictions affecting the marketing authorisation, or changes to the labelling or the package leaflet related to changes to the summary of the product characteristics.';

TFEU 290

Article 290

1. A legislative act may delegate to the Commission the power to adopt non-legislative acts of general application to supplement or amend certain non-essential elements of the legislative act.

The objectives, content, scope and duration of the delegation of power shall be explicitly defined in the legislative acts. The essential elements of an area shall be reserved for the legislative act and accordingly shall not be the subject of a delegation of power.

2. Legislative acts shall explicitly lay down the conditions to which the delegation is subject; these conditions may be as follows:

(a) the European Parliament or the Council may decide to revoke the delegation;

(b) the delegated act may enter into force only if no objection has been expressed by the European Parliament or the Council within a period set by the legislative act.

For the purposes of (a) and (b), the European Parliament shall act by a majority of its component members, and the Council by a qualified majority.

3. The adjective 'delegated' shall be inserted in the title of delegated acts.

II

(Non-legislative acts)

REGULATIONS

COMMISSION DELEGATED REGULATION (EU) 2021/756

of 24 March 2021

amending Regulation (EC) No 1234/2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use and veterinary medicinal products

(Text with EEA relevance)

EUROPEAN COMMISSION
HEALTH AND FOOD SAFETY DIRECTORATE-GENERAL

Health systems, medical products and innovation
Medicines: policy, authorisation and monitoring

Expert group Human Pharmaceutical Committee
19 February 2021

Expert group Human Pharmaceutical Committee
DRAFT AGENDA

Friday, 19 February 2021 (10:00 – 12:00)

1. Introductory comments.

2. Discussion on the draft delegated act amending Commission Regulation (EC) No 1234/2008 concerning the examination of variations to the terms of marketing authorisations for medicinal products for human use

3. AOB

EXPLANATORY MEMORANDUM

1. CONTEXT OF THE DELEGATED ACT

Article 23b of Directive 2001/83/EC[1] and Article 16a of Regulation (EC) No 726/2004[2] empower the Commission to adopt delegated acts specifying the categories in which variations to authorised human medicinal products are to be classified; and establishing procedures for the examination of applications for variations to the terms of marketing authorisations.

This Delegated Regulation amends Commission Regulation (EC) No 1234/2008[3] by adding provisions to deal with variations to the active substance of authorised COVID-19 vaccines.

2. CONSULTATIONS PRIOR TO THE ADOPTION OF THE ACT

Member States' experts were consulted in the context of the Pharmaceutical Committee[4], which discussed the matter on 19 February 2021.

https://ec.europa.eu/transparency/expert-groups-register/screen/meetings/consult?lang=en&meetingId=24156&fromExpertGroups=2858

3. LEGAL ELEMENTS OF THE DELEGATED ACT

The legal basis of this Delegated Regulation is Article 23b of Directive 2001/83/EC and Article 16a of Regulation (EC) No 726/2004, which empower the Commission to adopt delegated acts specifying the categories in which variations are to be classified; and establishing procedures for the examination of applications for variations to the terms of the marketing authorisation.

The delegated powers should be used to amend Commission Regulation (EC) No 1234/2008, which governs the examination of variations for medicinal products for human use and veterinary medicinal products.

The proposed changes to Commission Regulation (EC) No 1234/2008 address the need to specify the applicable provisions for adaptations of the active substance of authorised COVID-19 vaccines in order to ensure their effectiveness against mutations or variants of the virus that may evolve over time. In this regard, it seems appropriate to use procedures that have been established for human influenza vaccines in the context of a pandemic. This will ensure the streamlined handling of any variation and enable the competent authorities to respond to specific needs arising from the COVID-19 pandemic and the associated public health crisis. It seems appropriate to extend the coverage of the new provisions to all coronaviruses, again building on the approach used in the past for human influenza vaccines, where the provisions are applicable to all forms of human influenza.

Article 23(1a) is amended as follows:

(a) The following point (ix) is added to point (a):

'(ix) variations related to changes to the active substance of a human coronavirus vaccine, including replacement or addition of a serotype, strain or antigen or combination of serotypes, strains or antigens;'

In Annex I, point 1 (c) is replaced by the following:

- '(c) replacement of a biological active substance with one of a slightly different molecular structure where the efficacy and/or safety characteristics are not significantly different, with the exception of:

– changes to the active substance of a seasonal, pre-pandemic or pandemic vaccine against human influenza;

– replacement or addition of a serotype, strain, antigen or combination of serotypes, strains or antigens for a human coronavirus vaccine;

– replacement or addition of a serotype, strain, antigen or combination of serotypes, strains or antigens for a veterinary vaccine against avian influenza, foot-and-mouth disease or bluetongue;

– replacement of a strain for a veterinary vaccine against equine influenza;'

In Annex II The following point (l) is added to point 2:

- '(l) variations related to the replacement or addition of a serotype, strain, antigen or combination of serotypes, strains or antigens for a human coronavirus vaccine.'

2021/756

(2) In point (a) of Article 23(1*a*) the following point (ix) is added:

'(ix) variations related to changes to the active substance of a human coronavirus vaccine, including replacement or addition of a serotype, strain, antigen or coding sequence or combination of serotypes, strains, antigens or coding sequences;'

(3) In point 1 of Annex I, point (c) is replaced by the following:

'(c) replacement of a biological active substance with one of a slightly different molecular structure where the efficacy and/or safety characteristics are not significantly different, with the exception of:

— changes to the active substance of a seasonal, pre-pandemic or pandemic vaccine against human influenza;

— replacement or addition of a serotype, strain, antigen or coding sequence or combination of serotypes, strains, antigens or coding sequences for a human coronavirus vaccine;

— replacement or addition of a serotype, strain, antigen or combination of serotypes, strains or antigens for a veterinary vaccine against avian influenza, foot-and-mouth disease or bluetongue;

— replacement of a strain for a veterinary vaccine against equine influenza;'

(4) In point 2 of Annex II the following point (l) is added:

'(l) variations related to the replacement or addition of a serotype, strain, antigen or coding sequence or combination of serotypes, strains, antigens or coding sequences for a human coronavirus vaccine.'

Key players

Key players PDF

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health and Food Safety	renew europe. Chair on behalf of committee CANFIN Pascal	09/03/2021

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FIND OUT WHAT WE DO TO:

- Strengthen democracy and transparency
- Create jobs and opportunities
- Lead the digital transformation
- Make Europe stronger in the world
- Combat climate change

Pascal Canfin is a Renew member of the European Parliament and chair of the Environment Committee. He is also the deputy secretary general of Renaissance, President Emmanuel Macron's party, and believes that the governing coalition is "in a moment of healing" after "the shock" from using Article 49.3 of the Constitution to pass the pension reform bill without a vote in Parliament. He says "the fundamental combat is to prevent Marine Le Pen from coming to power."

Pascal CANFIN

Renew Europe Group

Member

France - Liste Renaissance (France)

Date of birth : 22-08-1974 , Arras

https://oeil.secure.europarl.europa.eu/oeil/popups/ficheprocedure.do?reference=2021/2616(DEA)&l=en

Guy Verhofstadt

MEP

Mark Rutte

Emmanuel Macron

Alexander De Croo

Andrej Babiš

MP

Pascal CANFIN

Renew Europe Group

Member

France - Liste Renaissance (France)

Date of birth : 22-08-1974 , Arras

Fraude & corruptie

Jackson told *The BMJ* it was the first time she had been fired in her 20 year career in research.

Concerns raised

In her 25 September email to the FDA Jackson wrote that Ventavia had enrolled more than 1000 participants at three sites. The full trial (registered under NCT04368728) enrolled around 44 000 participants across 153 sites that included numerous commercial companies and academic centres. She then listed a dozen concerns she had witnessed, including:

- Participants placed in a hallway after injection and not being monitored by clinical staff
- Lack of timely follow-up of patients who experienced adverse events
- Protocol deviations not being reported
- Vaccines not being stored at proper temperatures
- Mislabelled laboratory specimens, and
- Targeting of Ventavia staff for reporting these types of problems.

Within hours Jackson received an email from the FDA thanking her for her concerns and notifying her that the FDA could not comment on any investigation that might result. A few days later Jackson received a call from an FDA inspector to discuss her report but was told that no further information could be provided. She heard nothing further in relation to her report.

Western blots

Figure S.2.6-15. BNT162b2 Expressed Protein Size by Western Blot

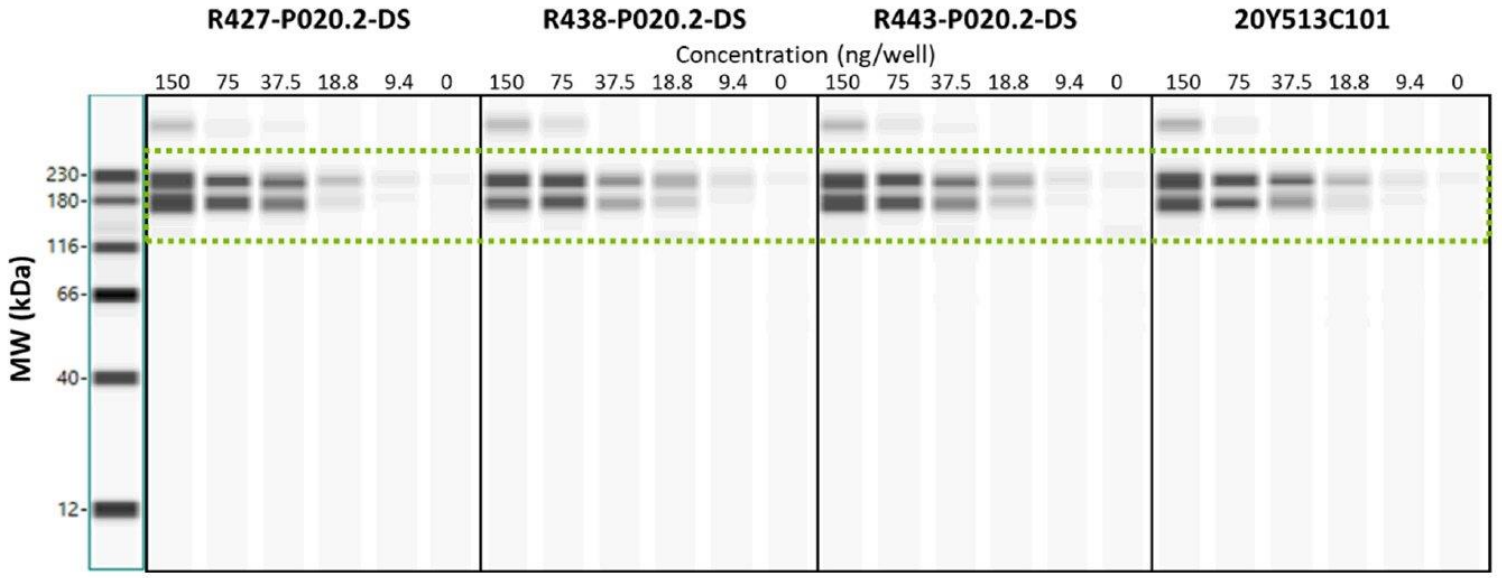


Figure S.2.6-15. To evaluate expressed protein size, BNT162b2 DS was mixed with Lipofectamine and then transfected into HEK-293 cells. Following incubation, cell lysates were evaluated for the expressed protein antigen by Western blot using an antibody specific for the SARS-CoV-2 spike protein. The first lane shows a molecular weight (MW) marker. The concentrations shown for each DS batch correspond to the amounts of DS transfected per well of HEK-293 cells.

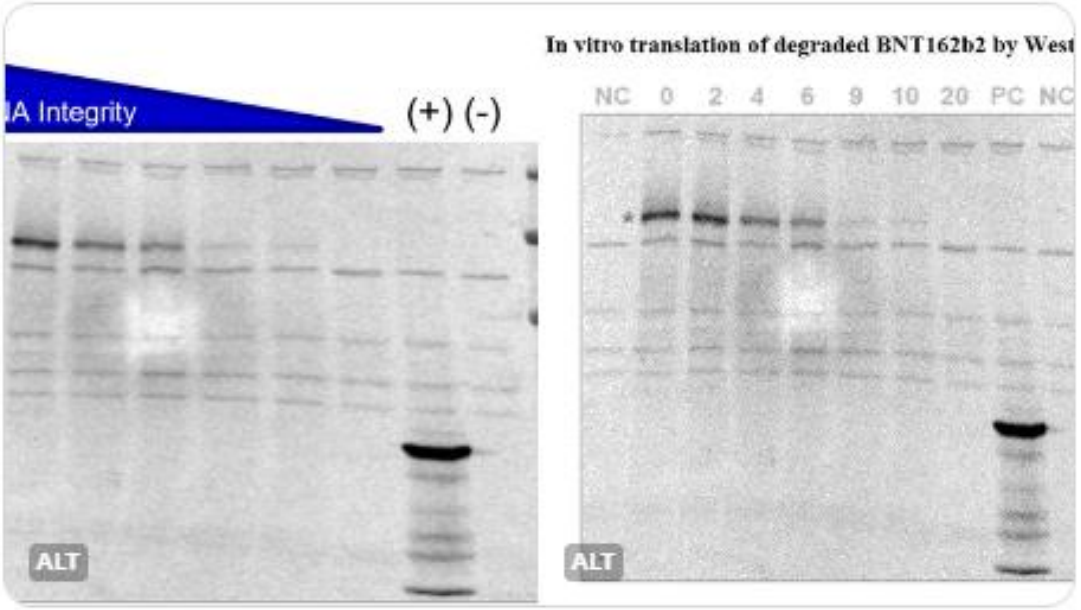
https://twitter.com/Jikkyleaks/status/1615299303643443200

Jikkyleaks
@Jikkyleaks

There was in fact one genuine-looking Western blot in the whole paper, that was meant to show that no other proteins were being produced.

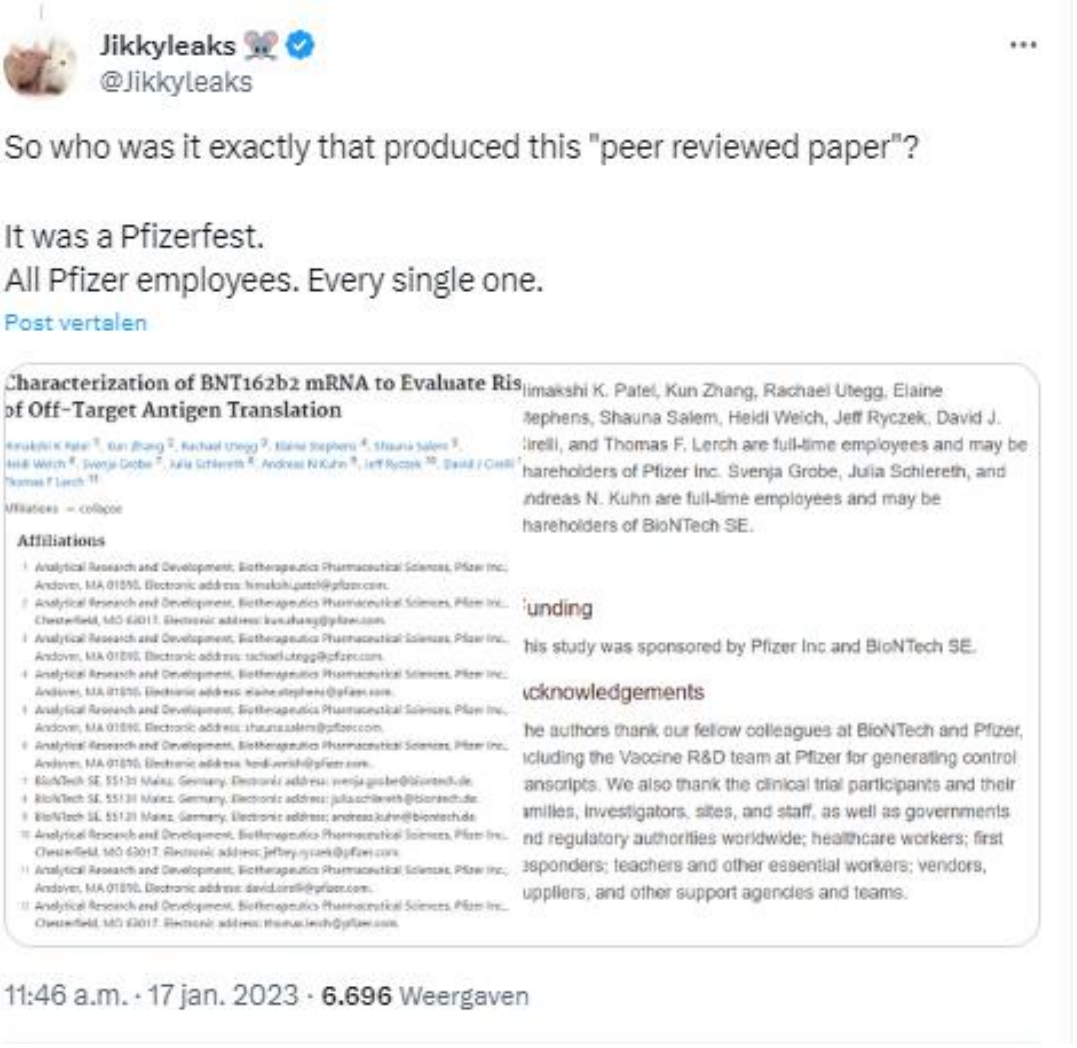
This one:

Post vertalen



11:45 a.m. · 17 jan. 2023 · **4.868** Weergaven

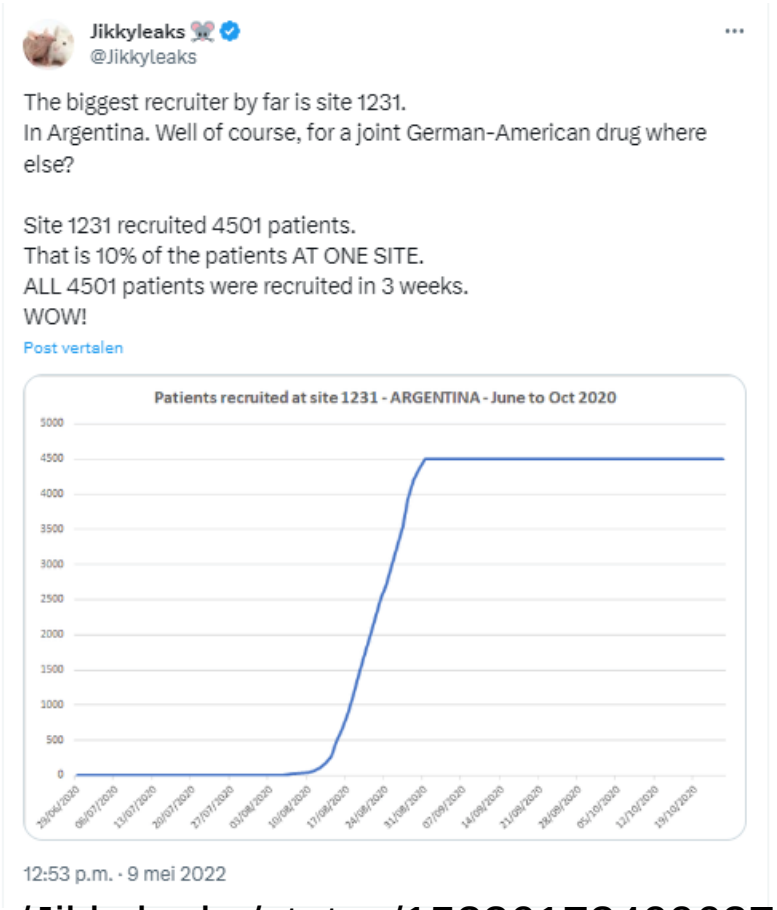
https://jpharmsci.org/action/showPdf?pii=S0022-3549%2823%2900009-6



https://twitter.com/Jikkyleaks/status/1615299423323709440

Fraud in clinical trials

Fernando Polack

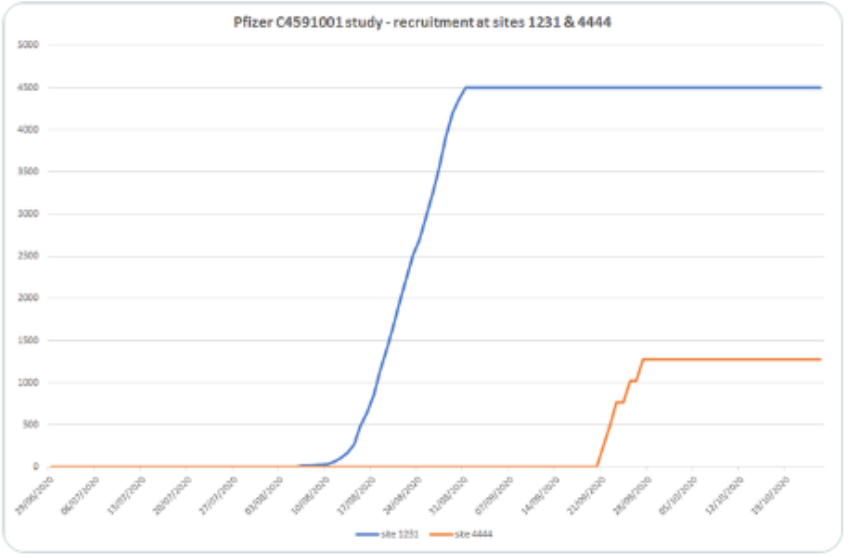


https://twitter.com/Jikkyleaks/status/1523617240062791680

Jikkyleaks 🐭
@Jikkyleaks

Well that's a bit of a problem because...
There are a lot of entries in the randomisation log for #site4444.
1275 patients to be exact.
About 3% of the total.
And you know what?
All 1275 "patients" were recruited in one week - from 22nd to 27th September 2020.

Post vertalen



12:54 p.m. · 9 mei 2022

https://twitter.com/Jikkyleaks/status/1523617314629103617

Batch dependency

Sasha Latypova

34 min PLAY

Leaked Moderna Files with Sasha Latypova

RFK Jr Podcast

Medicine

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Sasha Latypova discusses leaked Moderna files showing FDA Colluded With Moderna.

According to Sasha Latypova, an ex-pharmaceutical industry executive, documents obtained from the U.S. Department of Health and Human Services on Moderna's COVID-19 vaccine suggest the U.S. Food and Drug Administration and Moderna colluded to bypass regulatory and scientific standards used to ensure products are safe.

Send in a voice message: https://podcasters.spotify.com/pod/show/rfkjr/message

Vibeke Maniche

Analysis of adverse event variation between Pfizer COVID-19 vaccine batches doesn't indicate safety problems, contrary to claim by John Campbell

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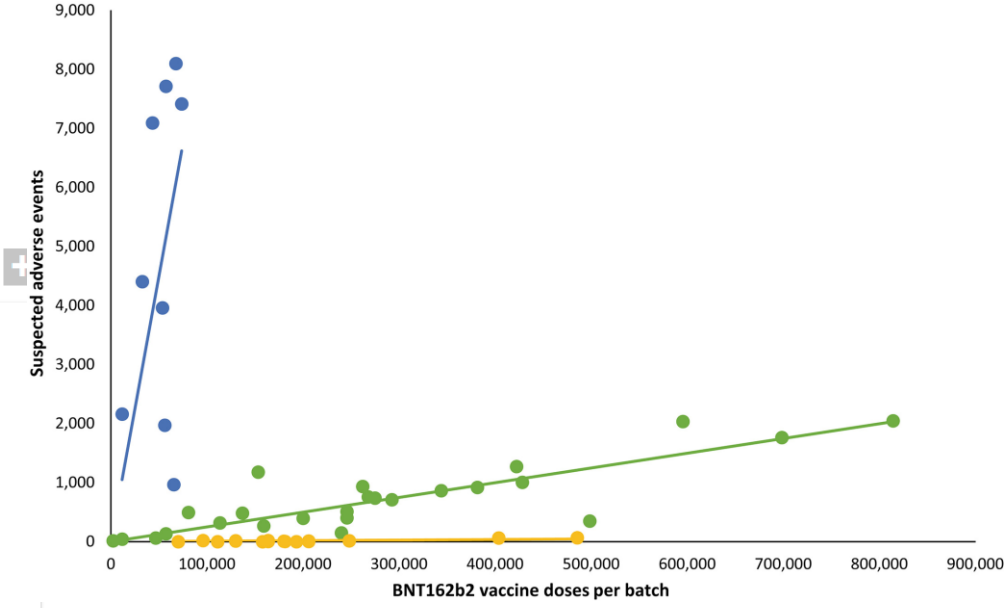
CLAIM

Danish researchers show high rates of side effects from Pfizer COVID-19 vaccine, indicating problems with safety

VERDICT

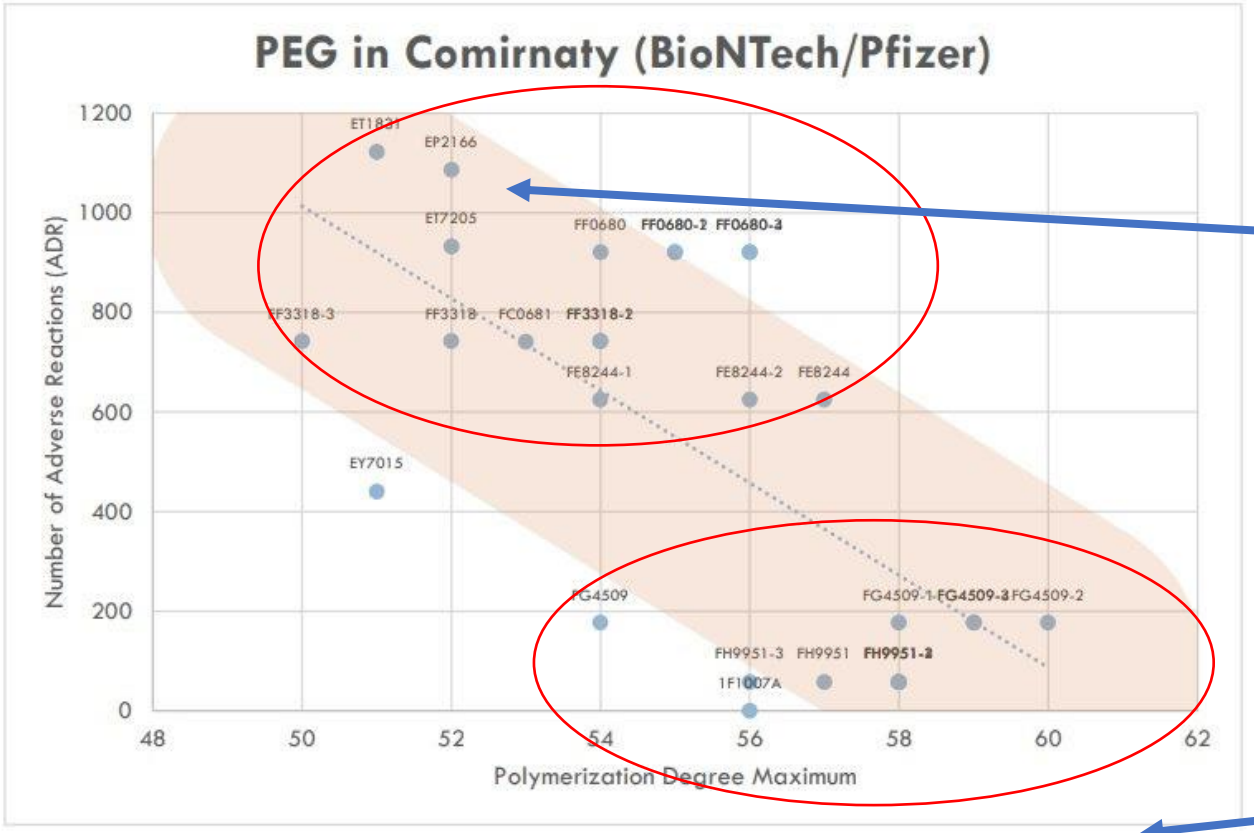
MISLEADING

SOURCE: John Campbell, Vibeke Manniche, YouTube, 5 Jul 2022

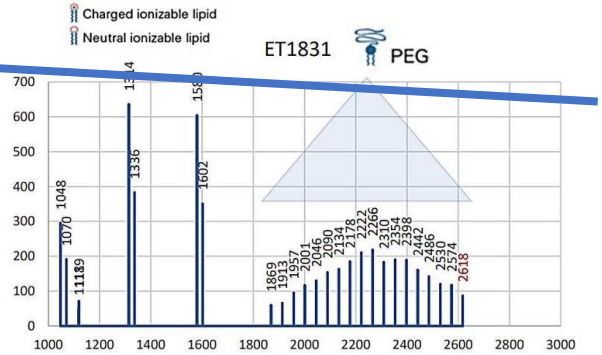


https://healthfeedback.org/claimreview/analysis-adverse-event-variation-pfizer-covid-19-vaccine-batches-doesnt-indicate-safety-problems-contrary-john-campbell/

Sabine Stebel



Je länger der PEG- Schwanz, desto geringer die Nebenwirkung



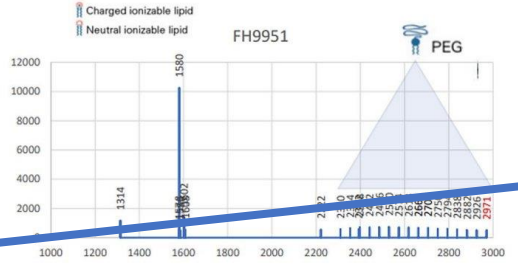


Figure 7: *From the mass spectra of samples from different batches of Comirnaty vaccine (BioNTech/Pfizer), the maximum chain lengths were compared with the number of reported vaccination complications. A clear correlation can be seen. The blue dots are associated with the BioNTech/Pfizer batch numbers analysed.*

(https://expertcouncil.one/wp-content/uploads/2023/03/AG-Impfstoffe-erste-Ergebnisse-Juli-2022_expertcouncil_one.pdf)

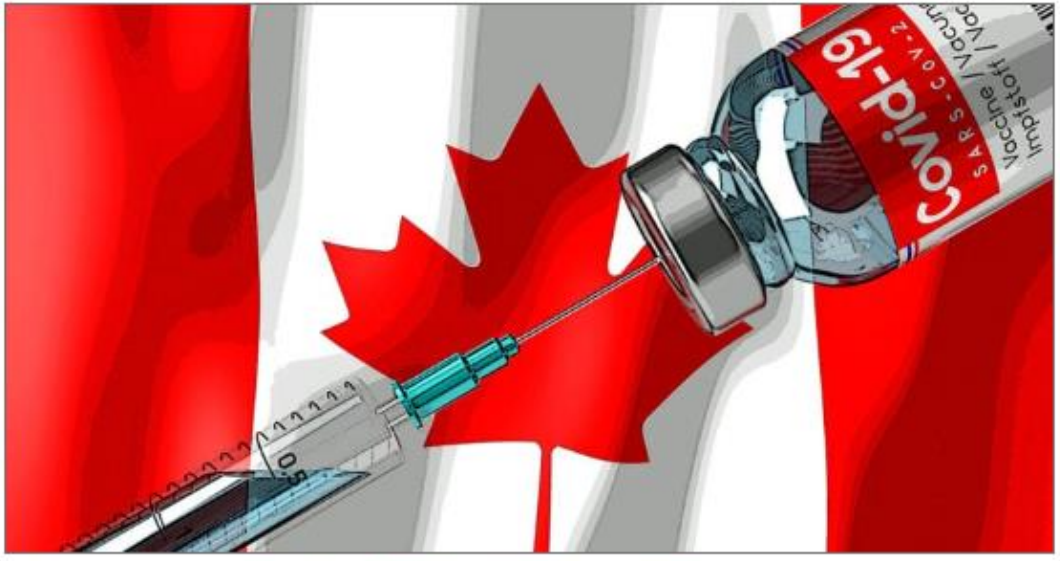
(DNA) vervuiling

10/20/23 • COVID › NEWS

‘An Admission of Epic Proportions’: Health Canada Confirms DNA Plasmid Contamination of COVID Vaccines

Health Canada on Thursday confirmed the presence of DNA contamination in Pfizer COVID-19 vaccines and also confirmed that Pfizer did not disclose the contamination to the public health authority.

By Michael Nevradakis, Ph.D.



In what one scientist described as an “admission of epic proportions,” Health Canada on Thursday confirmed the presence of DNA contamination in Pfizer COVID-19 vaccines, and also confirmed that Pfizer did not disclose the contamination to the public health authority.

Table 3.2.P.5.4-2. Batch Analyses for Nonclinical Toxicology BNT162b2 Drug Product Lot

Quality Attribute	Analytical Procedure	Acceptance Criteria[a]	Lot Number COVVAC/270320 Results
Appearance	Appearance (Visual)	Report result	White to off-white suspension
pH	(b) (4)	Report result	(b) (4)
Osmolality	Osmometry	Report result, mOsmol/kg	
LNP size	Dynamic light scattering (DLS)	Report result, nm	
LNP polydispersity	Dynamic light scattering (DLS)	Report result	
RNA encapsulation	Fluorescence assay	Report result, %	
RNA content	Fluorescence assay	Report result, µg/mL	
ALC-0315 content	HPLC-CAD	Report result, mg/mL	
ALC-0159 content	HPLC-CAD	Report result, mg/mL	
DSPC content	HPLC-CAD	Report result, mg/mL	
Cholesterol content	HPLC-CAD	Report result, mg/mL	
Identity of encoded RNA sequence	Capillary gel electrophoresis	Report result	Retention times conforms to reference
RNA integrity	Capillary gel electrophoresis	Report result, %	(b) (4)
Bacterial endotoxin	Endotoxin (LAL)	Report result, EU/mL	
Bioburden	Bioburden	Report result, CFU/(b) (4)	

a. The information provided in this table represents the acceptance criteria used at the time of lot release.

Abbreviations: CAD = Charged aerosol detection; CFU = Colony forming unit; EU = Endotoxin unit; HPLC = High performance liquid chromatography; LAL = Limulus amebocyte lysate; LNP = Lipid nanoparticle; RT-PCR = Reverse transcription polymerase chain reaction

REASON FOR SUBMISSION:
For Release

Lot Number: FL7649
Trade Name of Product: COMIRNATY
Licensed Name of Product: COMIRNATY
Marketing Authorisation Holder Name and Address: BioNTech Manufacturing GmbH, An der Goldgrube 12, 55131 Mainz, Germany
Manufacturing Site: Pfizer Manufacturing Belgium NV, PGS Puurs, Rijksweg 12, 2870 Puurs, Belgium
Marketing Authorisation Number: EU/1/20/1528

Date of Manufacture: 15-Sep-2021 **Date of Expiry:** 28-Feb-2022
Date of Fill: 27-Sep-2021

Product Information:

Drug Substance Target Concentration: [redacted]

LOT GENEALOGY

Component Description	Batch Number	Date of Manuf.	Manufacture Site	Quantity
Working Cell Bank	DW8970	07-May-2020	St. Louis Laboratories Pfizer Inc.	N/A
DNA Plasmid linearised	CPF-L022	13-Apr-2021	St. Louis Laboratories Pfizer Inc.	39.223 kg
BNT162b2 Drug Substance	21Y513C6101	21-May-2021	Pfizer ACMF	162.115 L
LNP Fabrication and Bulk Drug Product Formulation	FL1681	15-Sep-2021	Pfizer Puurs	328.10 kg
Drug Product Fill/Packaging	FL7649	15-Sep-2021	Pfizer Puurs	701572

Table 2. Drug Substance Quality Control Tests

Test	Test Method	Specification	Date of Test	Result
Clarity	Appearance (Clarity)	[redacted]	28-May-2021	1 NTU
Coloration	Appearance (Coloration)		28-May-2021	<=B9
pH	Potentiometry		28-May-2021	6.9
Content (RNA Concentration)	UV Spectroscopy		25-May-2021	2.27 mg/mL
Identity of Encoded RNA Sequence	RT-PCR		25-May-2021	Confirmed
RNA Integrity	Capillary Gel Electrophoresis		25-May-2021	69 %
5'- Cap	RP-HPLC		26-May-2021	90 %
Poly(A) Tail	ddPCR		11-Jun-2021	85 %
Residual DNA Template	qPCR		26-May-2021	220 ng DNA/mg RNA
Residual dsRNA	Immunoblot		21-Jun-2021	NMT 40 pg dsRNA/µg RNA
Bacterial Endotoxin	Endotoxin (LAL)		24-May-2021	NMT 1.0 EU/mL
Bioburden	Bioburden		21-May-2021	0 CFU/10mL

Abbreviations: NTU = Nephelometric Turbidity Units; B = brown; RT-PCR = reverse transcription polymerase chain reaction; ddPCR = droplet digital PCR; qPCR = quantitative PCR; dsRNA = double stranded RNA; LAL = Limulus amebocyte lysate; EU = endotoxin unit; CFU = colony forming unit

DNA contaminant

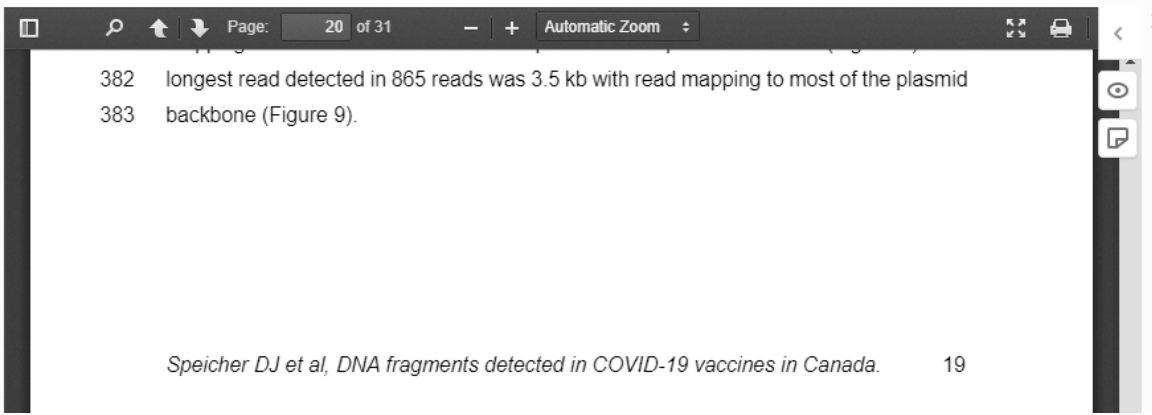
Kevin McKernan

DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from Ontario, Canada: Exploratory dose response relationship with serious adverse events.

AUTHORS
David J Speicher, Jessica Rose, L. Maria Gutschi, David M Wiseman PhD, Kevin McKernan

AUTHOR ASSERTIONS

Conflict of Interest: Yes ▾ Public Data: Available ▾ Preregistration: Not applicable ▾



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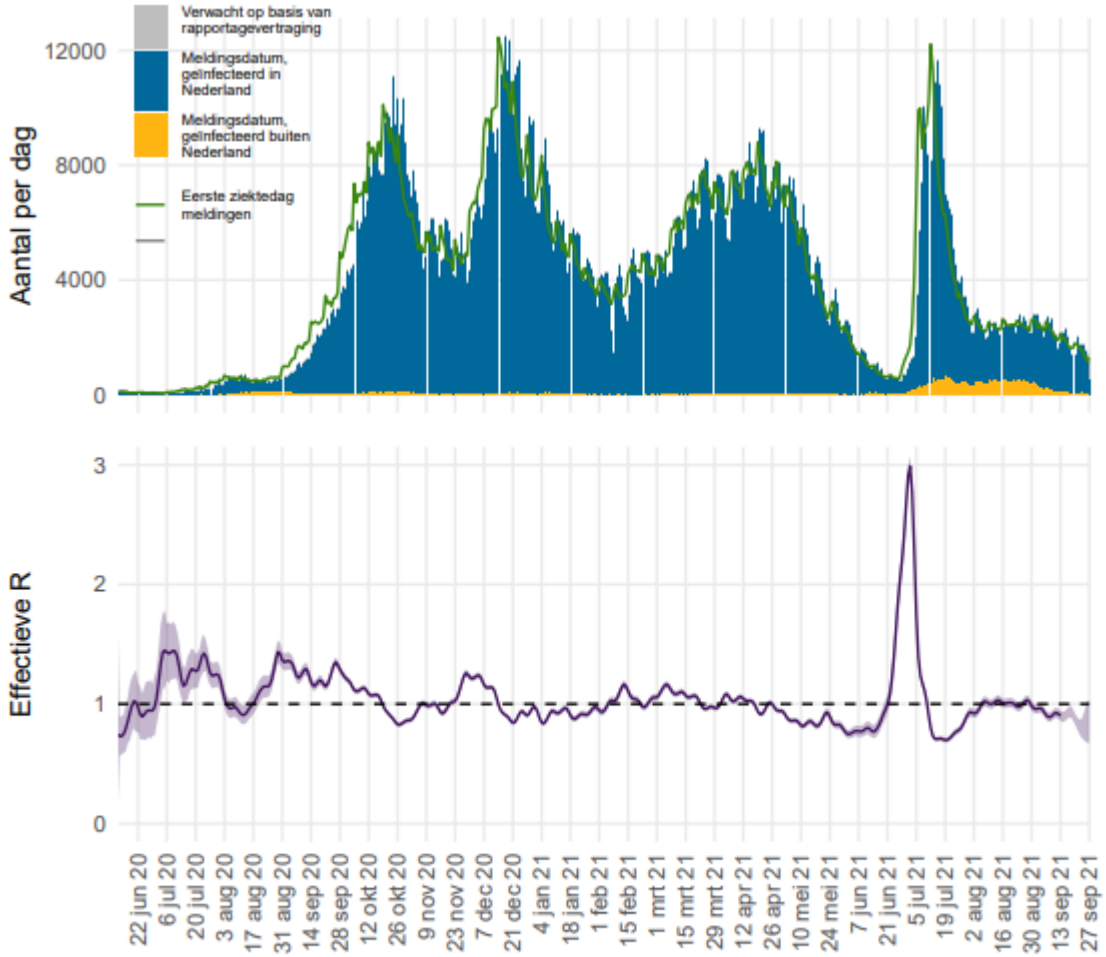
Abstract

Background: In vitro transcription (IVT) reactions used to generate nucleoside modified RNA (modRNA) for SARS-CoV-2 vaccines currently rely on an RNA polymerase transcribing from a DNA template. Production of modRNA used in the original Pfizer randomized clinical trial (RCT) utilized a PCR-generated DNA template (Process 1). To generate billions ...

See more

https://osf.io/mjc97/

shedding



Figuur 29: Het effectieve reproductiegetal R voor Nederland.

“Alarmerend en hartverscheurend” letsel door shedding bij ongevaccineerde patiënten weerspiegelt die van de COVID-vaccinininjecties zelf, aldus Dr. Pierre Kory

"Alarmerend en hartverscheurend" letsel door shedding bij ongevaccineerde patiënten weerspiegelt die van de COVID-vaccinininjecties zelf, aldus Dr. Pierre Kory

november 11, 2023 6587 23

NIEUWSBRIEF

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gezien deze tijdsperiode NIET
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maar ik zal u niet kunnen bereiken, noch zult u
weten waar u mij kunt vinden, ALS IK UW E-
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Abonneer

Zoeken

Zoeke