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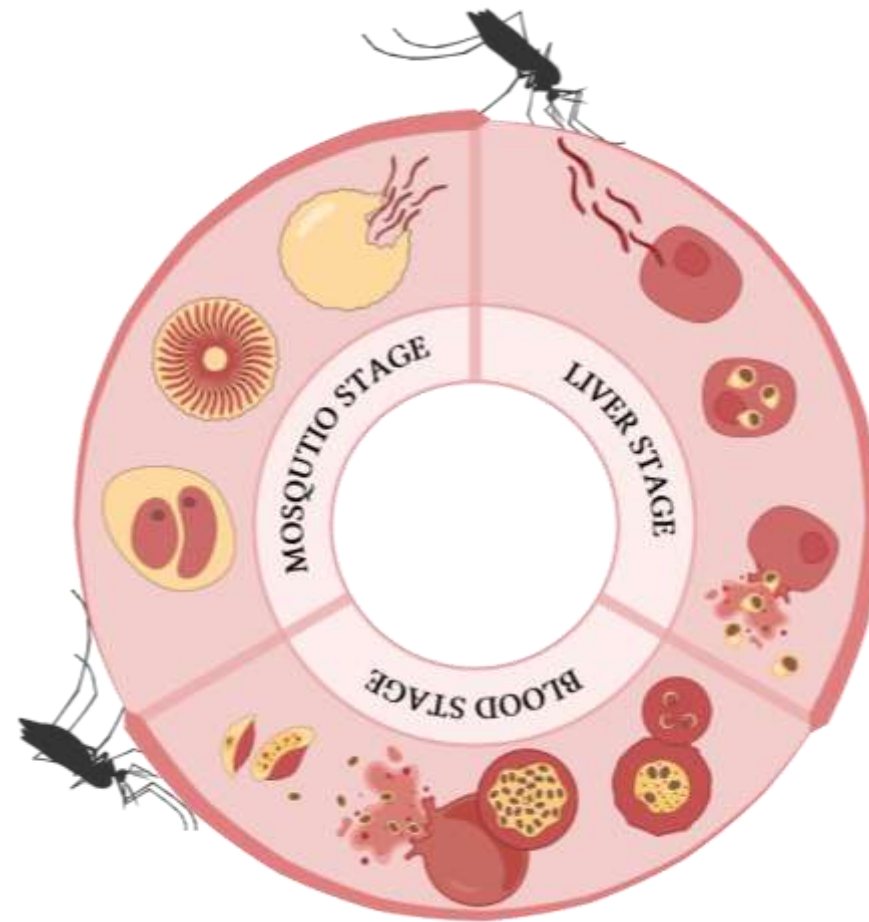
Combining seasonal malaria chemoprevention with new therapeutics for malaria prevention

Lydia Braunack-Mayer, Josephine Malinga, Narimane Nekkab, Sherrie L Kelly, Jörg J Möhrle, Melissa A Penny

2024 IDM Annual Symposium, October 1st to 2nd

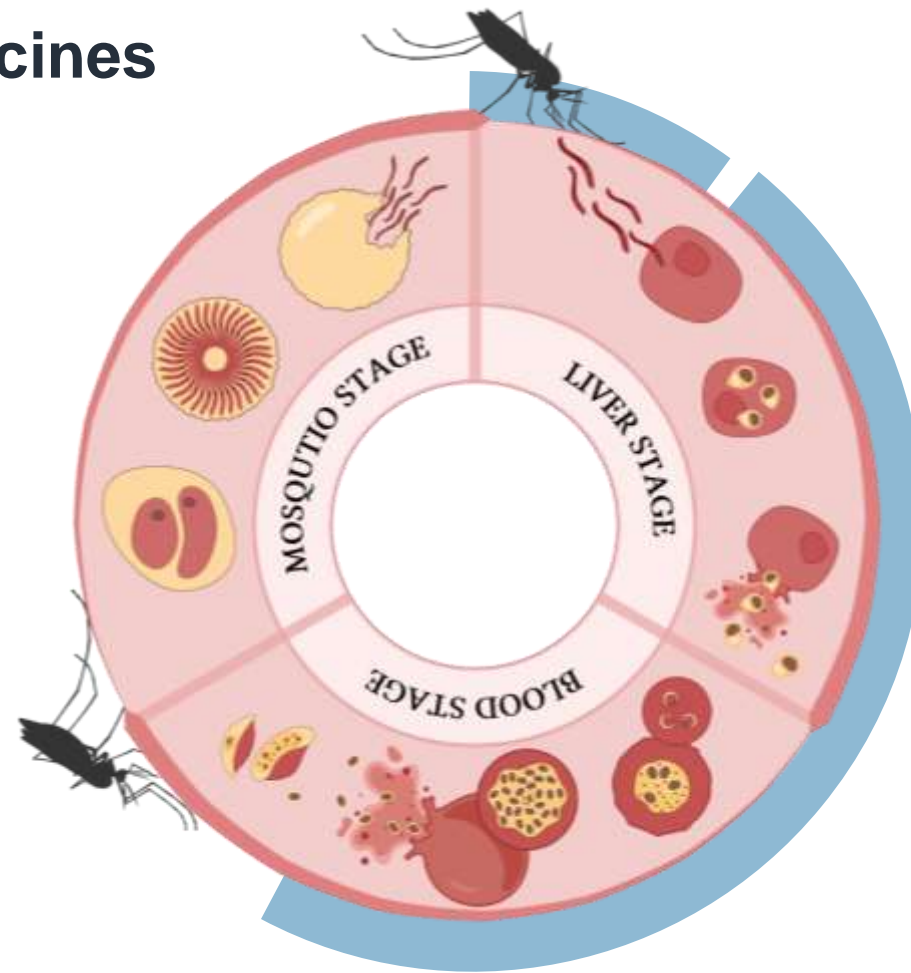
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Plasmodium falciparum malaria has a complex life cycle



Therapeutics for preventing *Plasmodium falciparum* malaria act at different stages in the parasite life cycle

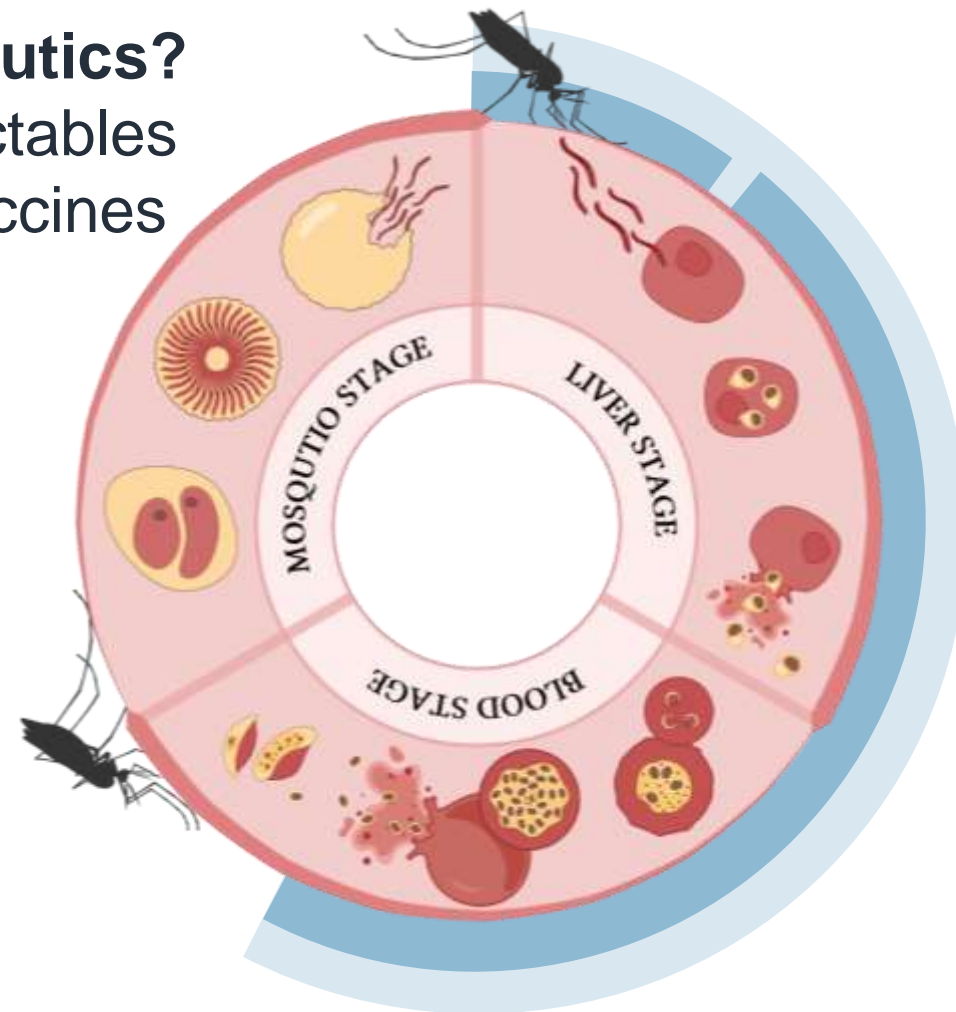
RTS,S and R21 vaccines



**chemoprevention
drugs e.g. SP-AQ**

What properties should new prevention therapeutics have for use in combination with malaria chemoprevention?

multi-stage therapeutics?
e.g. long-acting injectables
and combination vaccines



**chemoprevention
drugs e.g. SP-AQ**

We modelled the essential properties for a new therapeutic used in combination with seasonal malaria chemoprevention

Aim

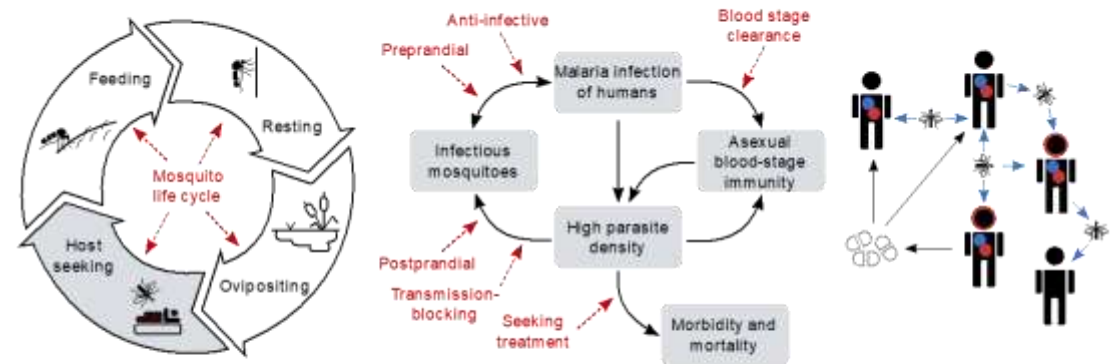
Understand the essential properties needed for a **new vaccine or injectable** to successfully **combine with seasonal malaria chemoprevention (SMC)**

Approach

- Used an individual-based malaria transmission model, **OpenMalaria**
- Simulated the effectiveness of both **single-stage** and **multi-stage therapeutics**:
 - Pre-liver stage therapeutics
 - Blood stage therapeutics
 - Pre-liver and blood stage therapeutics

OpenMalaria

Individual-based stochastic simulator of malaria epidemiology and control (*Plasmodium falciparum*) available at <https://github.com/SwissTPH/openmalaria/wiki>



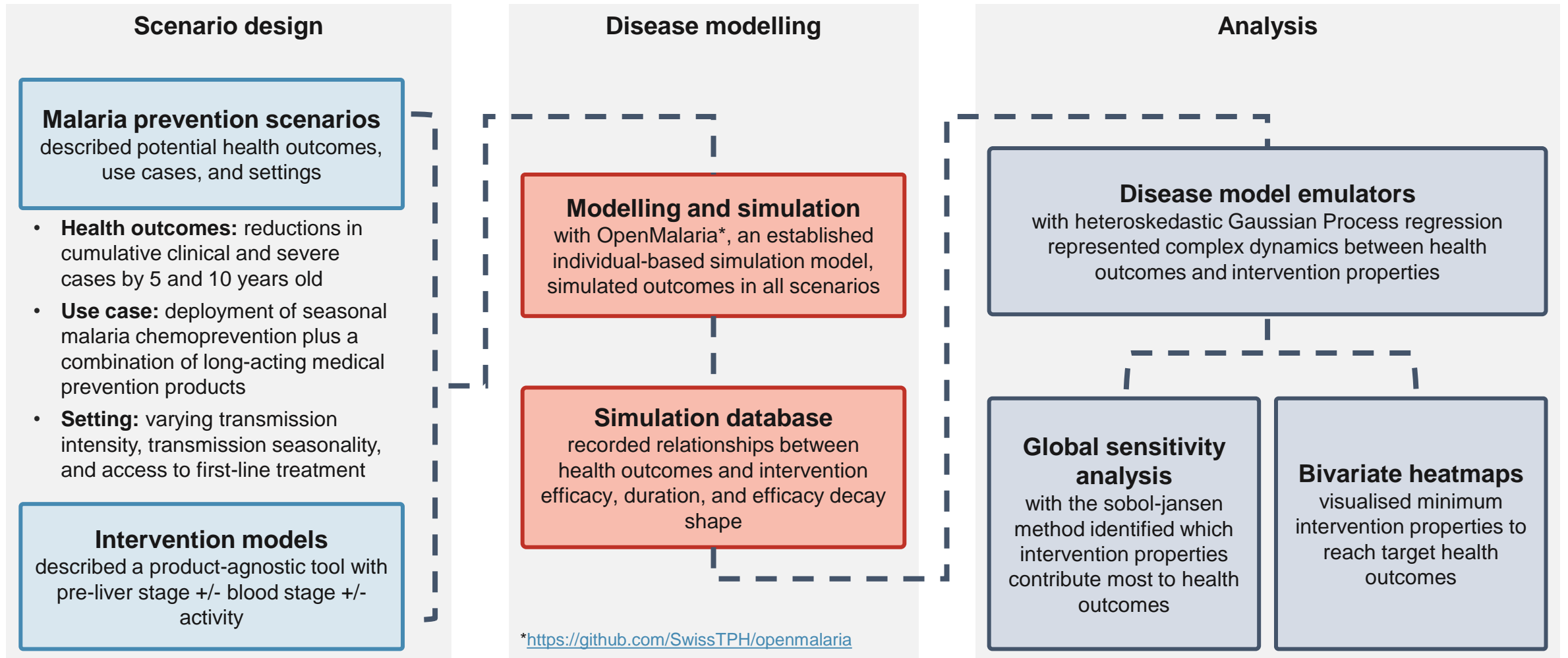
Within-host + intervention dynamics *within* population models

OpenSource C++ developed and in use since 2006

Many applications, validated, updated calibrations, and used by many groups

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Our target product profile modelling framework links therapeutic profiles with likely public health outcomes



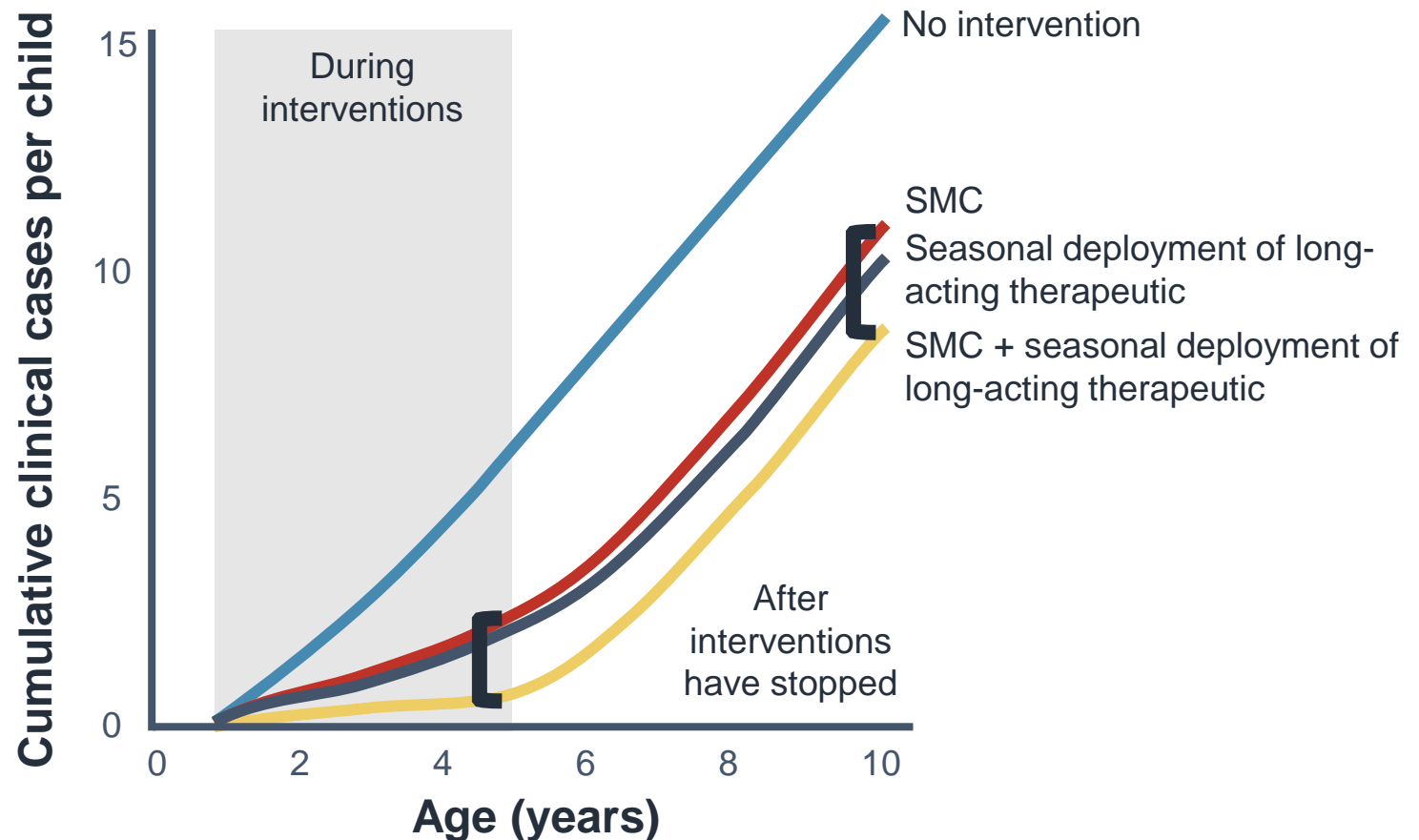
Our target product profile modelling framework links therapeutic profiles with likely public health outcomes

Scenario design

Malaria prevention scenarios
described potential health outcomes,
use cases, and settings

- **Health outcomes:** reductions in cumulative clinical and severe cases by 5 and 10 years old
- **Use case:** deployment of seasonal malaria chemoprevention plus a combination of long-acting medical prevention products
- **Setting:** varying transmission intensity, transmission seasonality, and access to first-line treatment

Illustrative model outputs



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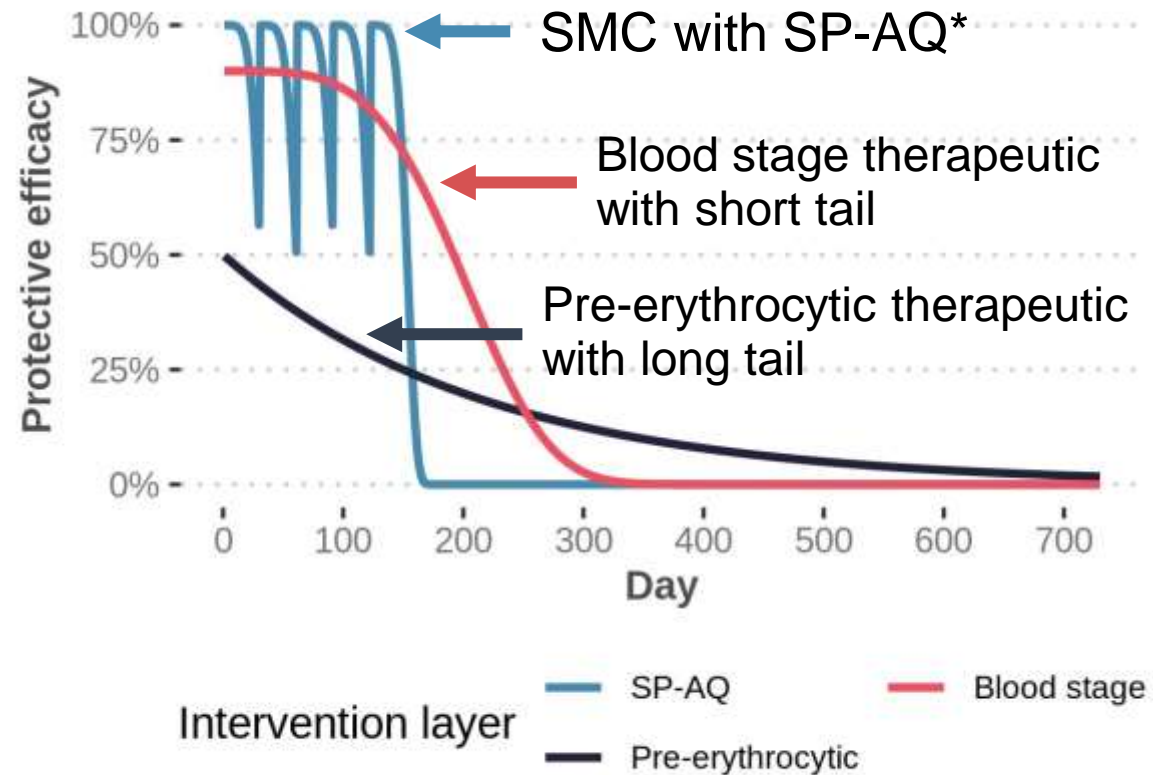
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Intervention models

described a product-agnostic tool with pre-liver stage +/- blood stage +/- activity

Illustrative therapeutic profiles



*SP-AQ: Sulfadoxine-Pyrimethamine + Amodiaquine. SP-AQ models assume pre-erythrocytic protection combined with blood stage and liver stage parasite clearance at the time of administration

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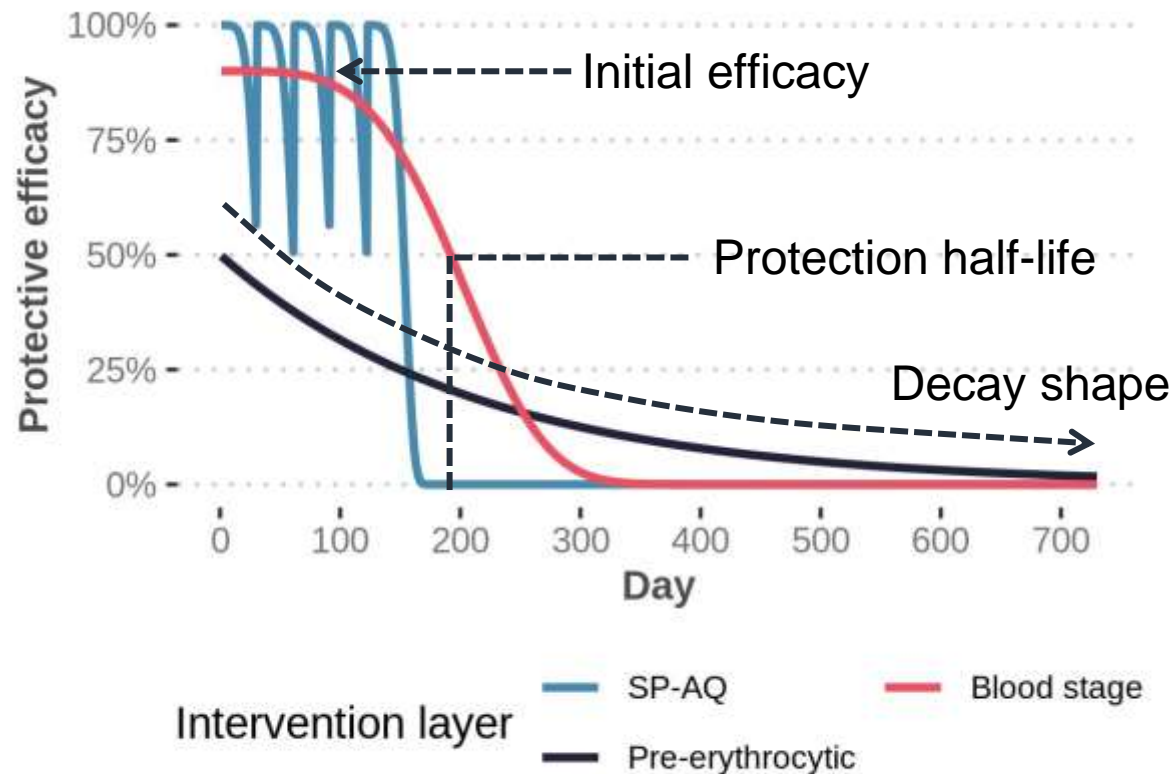
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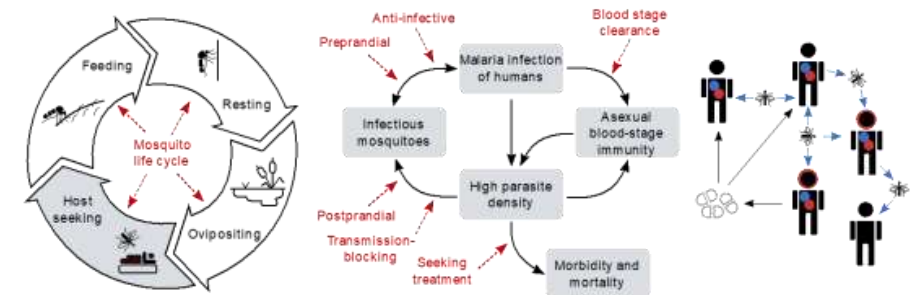
Disease modelling

Modelling and simulation
with OpenMalaria*, an established individual-based simulation model, simulated outcomes in all scenarios

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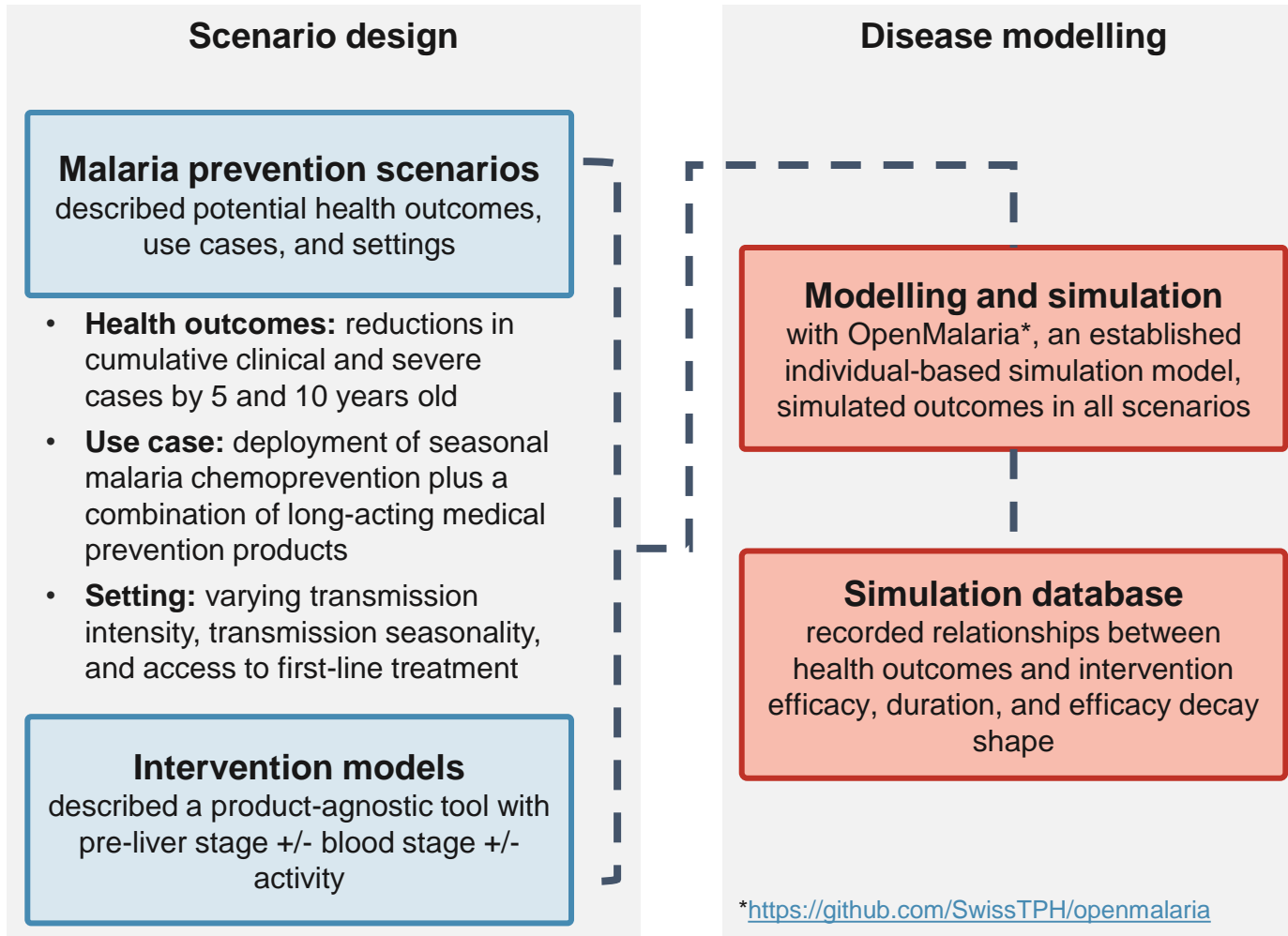


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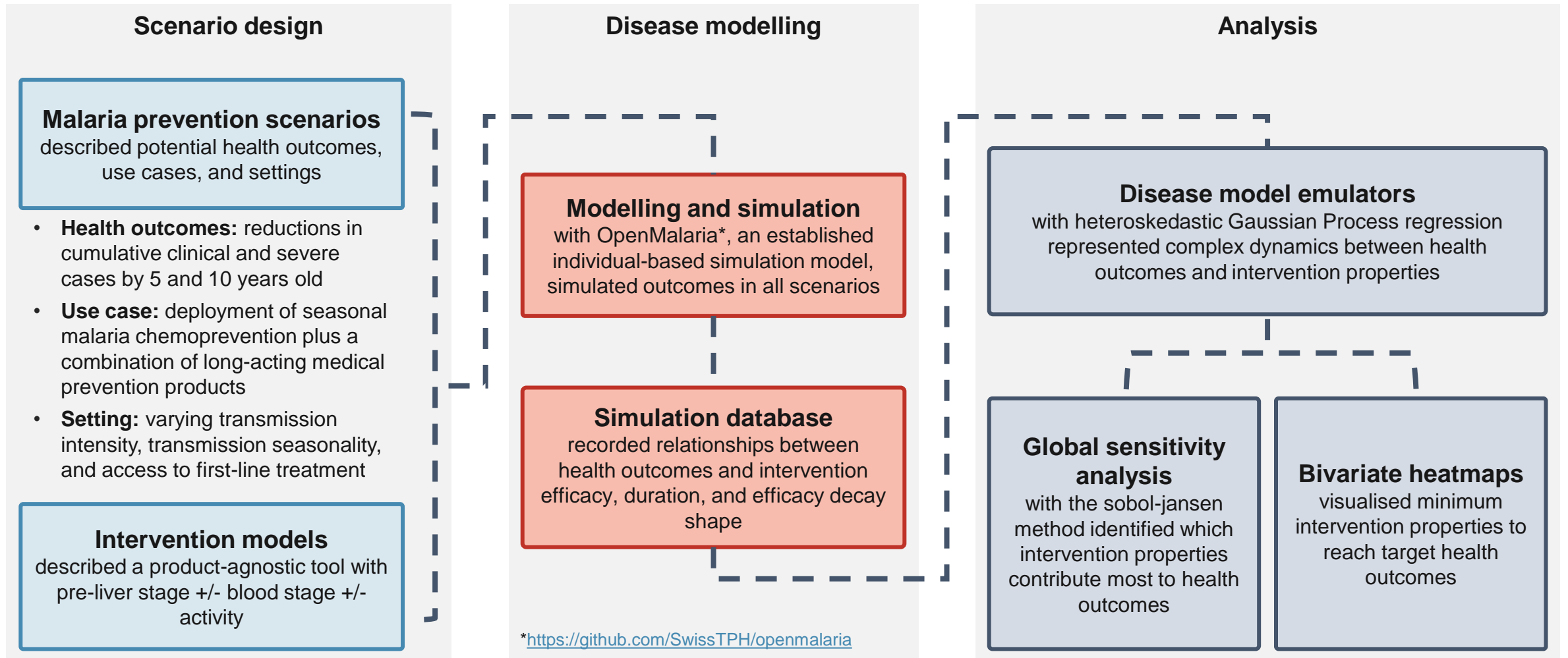
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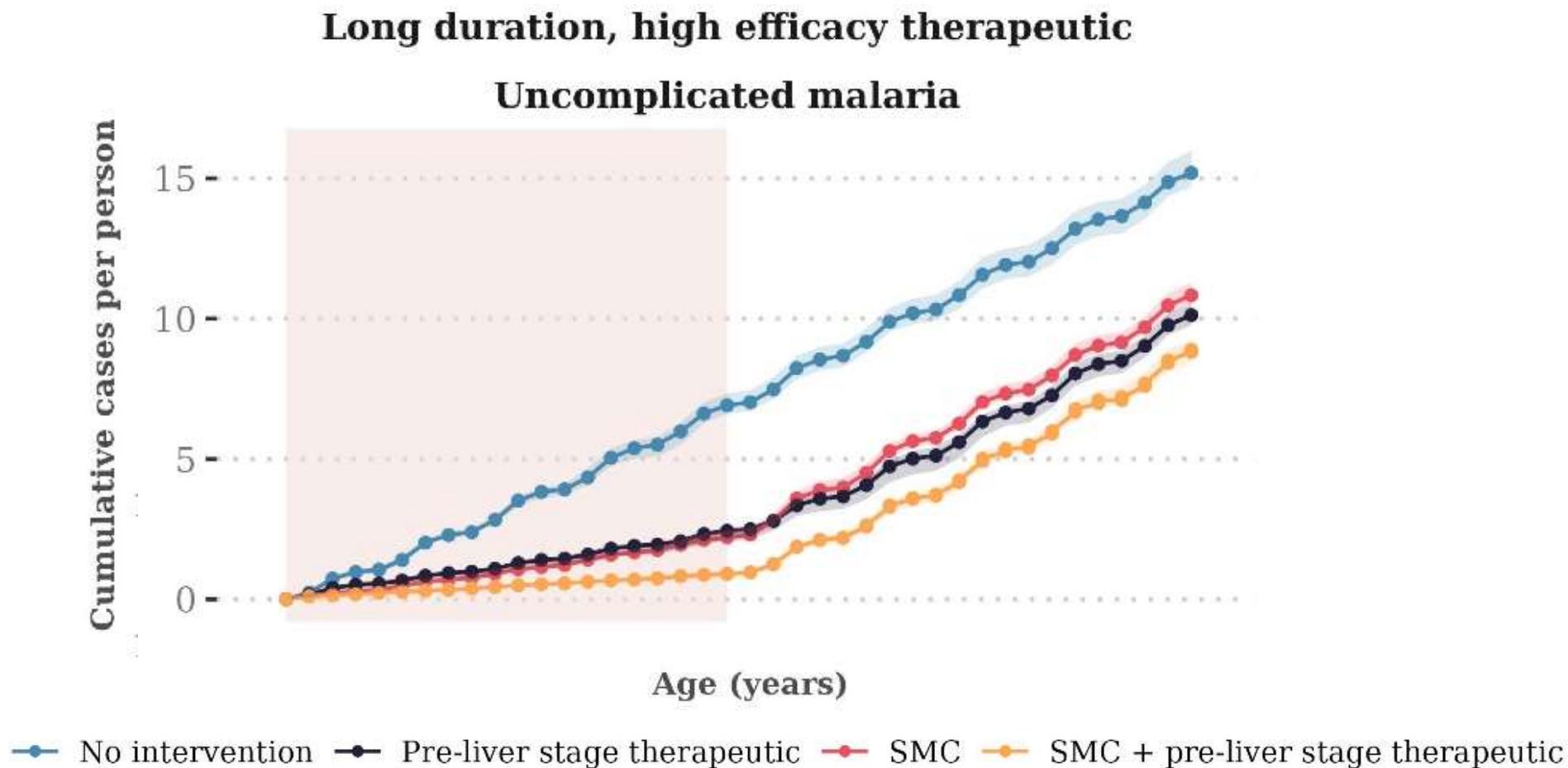
Illustrative simulation database

Simulation ID	Intervention inputs			Output
	Initial efficacy	Protection half-life (months)	Decay shape parameter	Reduction in cum. clinical incidence at 5 years old
1	73%	6	0.5	12%
2	76%	27	3	75%
3	75%	4	2.8	5%
4	80%	12	1	51%
5	90%	17	0.7	62%
6	97%	6	1.8	23%
7	77%	32	2.1	92%
8	83%	21	3.2	70%
9	92%	5	1.1	21%
10	76%	18	0.9	32%

Our target product profile modelling framework links therapeutic profiles with likely public health outcomes



Results confirm that the counterfactual matters for quantifying the benefit of a new intervention



Results also confirm the public health benefits of combining pre-erythrocytic malaria therapeutics with SMC

Results

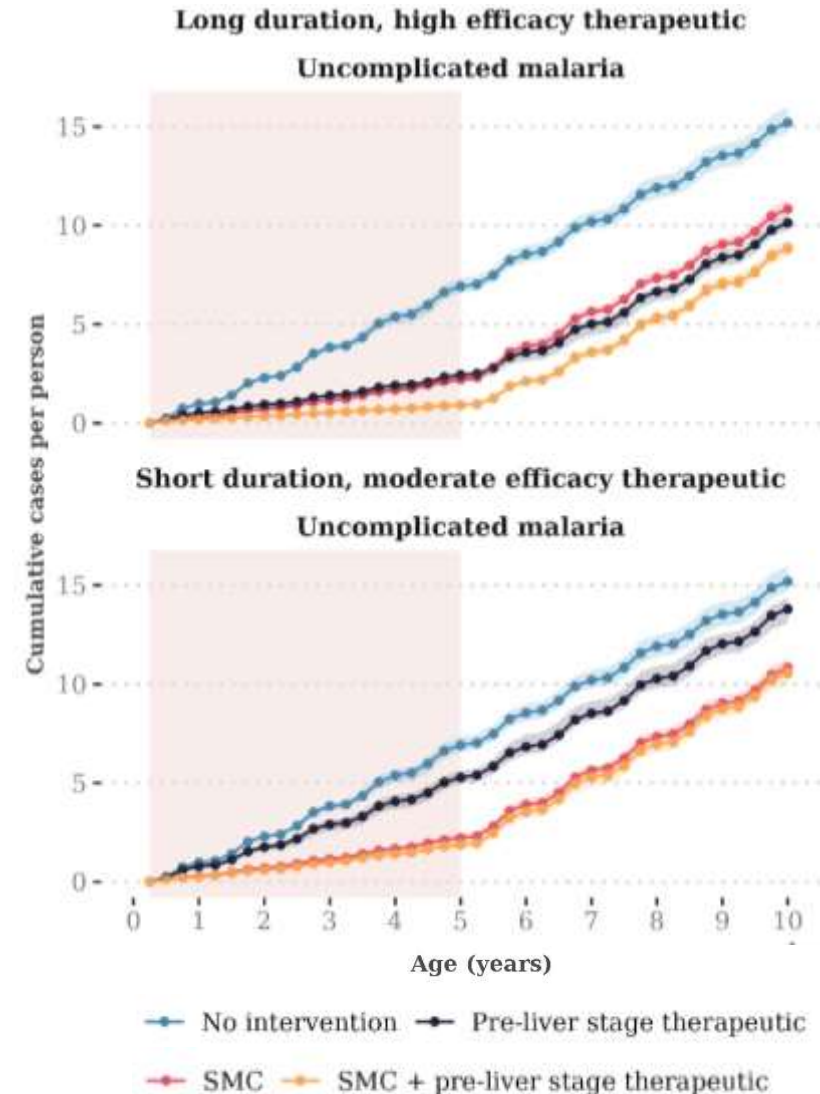
To maintain burden reductions throughout childhood, pre-liver stage therapeutics needed to have:

- **Long duration** (e.g. >230 days) and high efficacy (e.g. >50%)
- **Sustained tail of protection**, e.g. with a protective decay profile similar to RTS,S

Impact relative to SMC alone was **lower when SMC's deployment was optimised**, i.e. all children received 5 cycles of SP-AQ vs. 3 or 4 cycles

Implications

There is potential for **combining improved malaria vaccines with SMC** vs. therapeutics with rapid decay



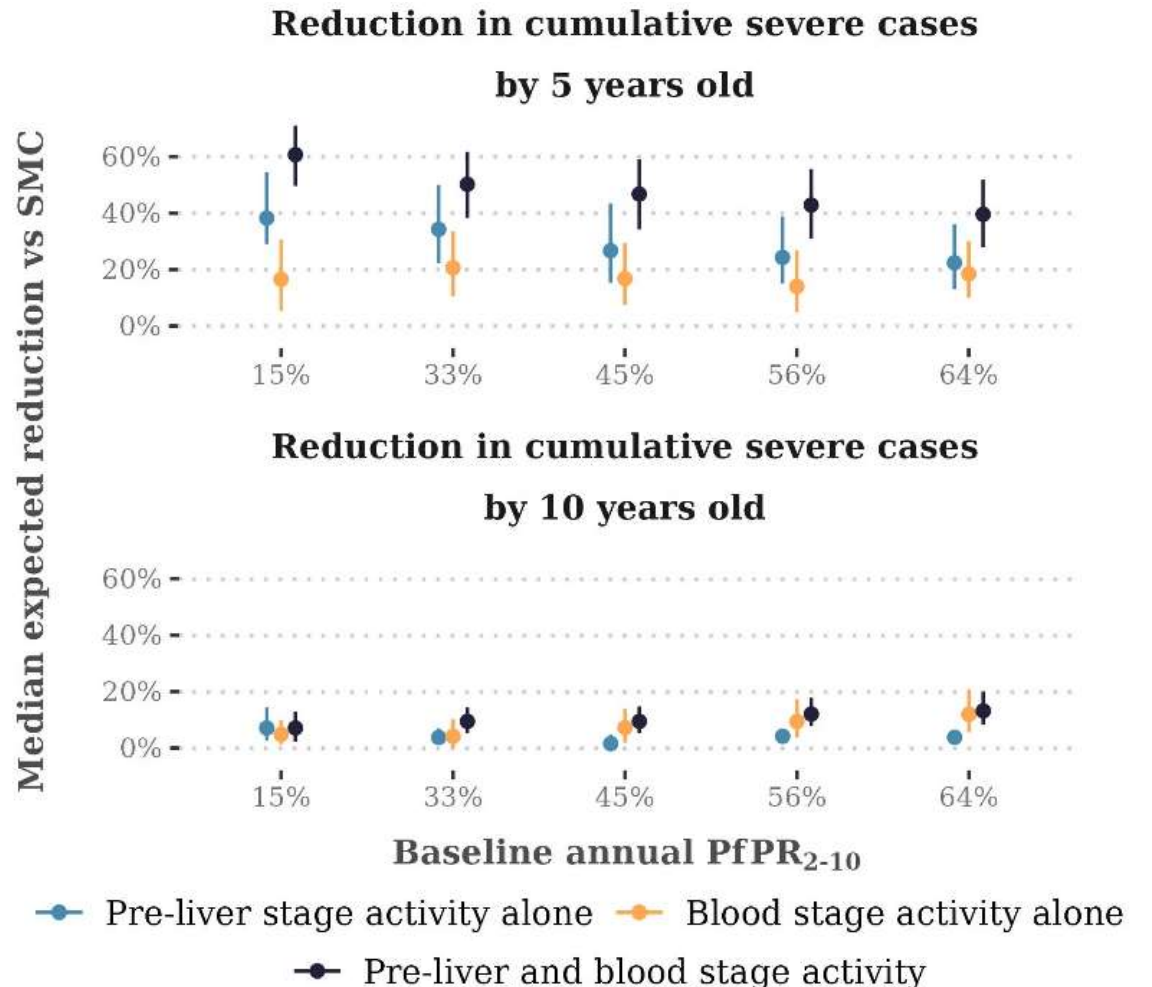
Results highlight a public health need for therapeutics with multi-stage activity for impact on severe disease

Results

- Multi-stage therapeutics with **blood stage activity** may be preferred for interventions that aim to reduce the burden of **severe malaria** in children
- Combining a **multi-stage therapeutic** with SMC led to **greater reductions in cumulative severe cases** throughout childhood than therapeutics with single

Implications

There is a public health need for a malaria therapeutic with **both pre-liver stage and blood stage activity**



Outlook

1 | Our results indicate an opportunity to **increase the effectiveness of seasonal malaria chemoprevention** by combining it with seasonal deployment of a **multi-stage therapeutic**

2 | This represents our first target product profile modelling for **novel, multi-stage malaria therapeutics**, and provides a **proof-of-concept** for future multi-stage modelling

3 | **Future opportunities** include:

- Modelling the benefit of multi-stage therapeutics with different use-cases (e.g. perennial settings, non-seasonal deployment, all-age targeting)
- Validating models for clinical trial outcomes from combination vaccines and monoclonal antibodies
- Exploring the potential public health impact of long-acting injectable drugs

Thank you



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Dr Sherrie Kelly
Dr Thiery Masserey
Dr Narimane Nekkab



Prof Melissa Penny
Dr Josephine Malinga



Dr Jean-Luc Bodmer



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