



**ASPR**

# **BARDA at the Intersection of AMR and Pandemic Preparedness**

**Mark Albrecht, PhD**  
**Chief, Antibacterials Branch**  
**Biomedical Advanced Research and Development Authority**

**PACCARB**

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**UNCLASSIFIED//For Public Distribution**

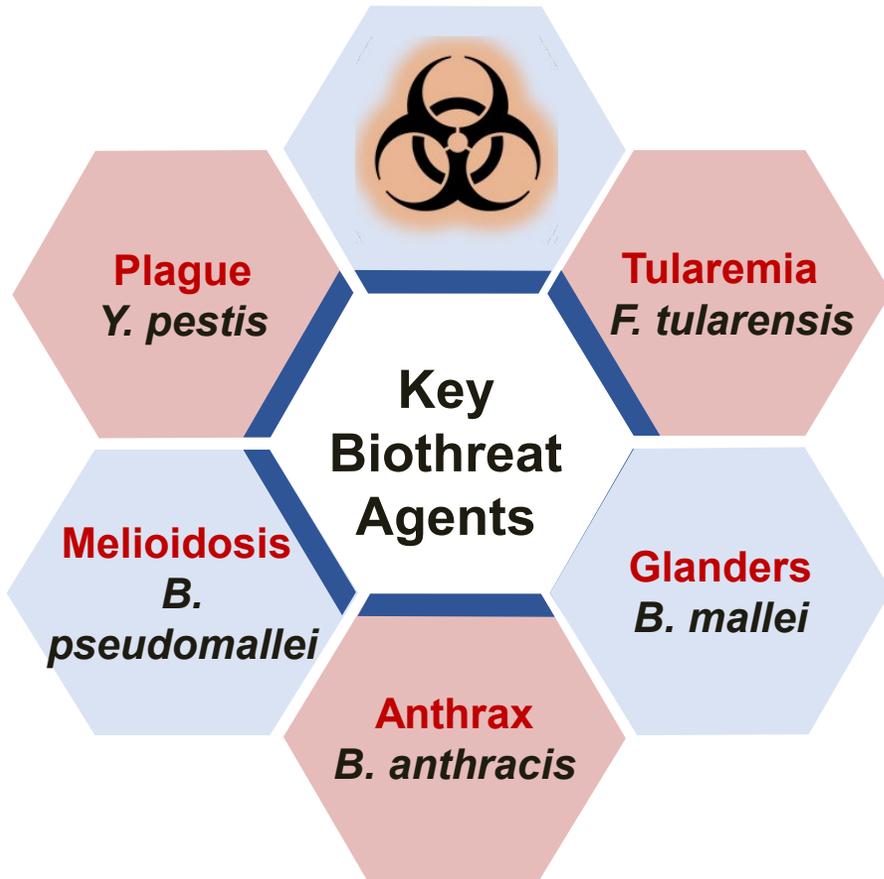
# ASPR Mission

**Save Lives  
and Protect  
Americans from  
21st Century  
Health Security  
Threats**



# Bacterial Threats in Multiple Dimensions

## Biothreat agents



## Opportunistic and Secondary infections

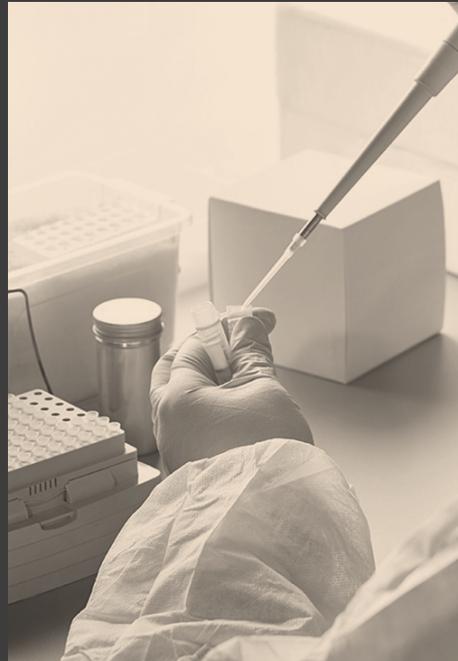
	Chlorine	Dyspnea	Lung injury	Opportunistic infection	Persistent infection + sepsis
	Sulfur Mustard	Blistering	Cellulitis	Opportunistic infection	Systemic infection + sepsis
	Burns	Blistering	Skin sloughing	Opportunistic infection	Systemic infection + sepsis
	Acute Radiation	Neutropenia	Immune ablation	Poor wound healing	Systemic infection + sepsis
	Anthrax	Pneumonia	Disruption of gut flora	Opportunistic infection	Persistent infection + sepsis
	Influenza	Fever	Congestion	Opportunistic infection	Systemic infection + sepsis
	Ebola	Fever	Vomiting / diarrhea	Bleeding	Systemic infection + sepsis
	Smallpox	Fever	Extensive rash / pustules	Opportunistic infection	Systemic infection + sepsis

# Co-/Secondary Bacterial Infections During Pandemics

A common complication of respiratory viral disease can be secondary bacterial infection

**11%-35%**

of laboratory confirmed cases of influenza exhibit bacterial co-/secondary infection (Klein 2016 Influenza Other Respir. Viruses 10, 394–403.)



Secondary bacterial pneumonia identified in  
**29-55%**  
cases of H1N1 in 2009 (CDC 2009)

**1/3**

to

**1/2**

of all deaths resulting from the 2009 H1N1 pandemic in the U.S. were caused by secondary bacterial pneumonia that was contracted by hospitalized patients

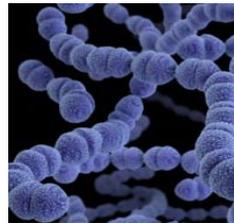
During the 1918-1919 Spanish Flu pandemic, bacterial pneumonia is estimated to have occurred in

**95%**

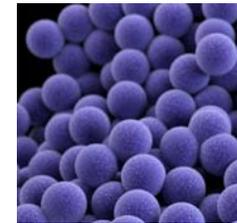
of all fatal cases with many of these deaths directly attributable to a bacterial infection (Morens 2008 J. Infect. Dis. 198, 962–970)



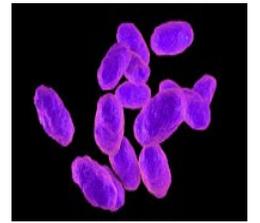
The leading etiologic pathogens of bacterial pneumonia are:



*Streptococcus pneumoniae*



*Staphylococcus aureus*  
(including MRSA)



*Haemophilus influenzae*



The pace of drug development has not kept pace with the rate at which antimicrobial resistance is developing.

Antibiotic Resistance (AMR) causes

**700,000**

global deaths each year.



Common medical procedures are becoming too dangerous to undertake

May rise to

**10M**

deaths annually by 2050

costing

**\$100**

trillion

**THE LACK OF EFFECTIVE ANTIBACTERIALS CAN IMPEDE OUR ABILITY TO RESPOND TO ANY PUBLIC HEALTH EMERGENCY**

# Impact of bacterial infections on COVID-19

## Emerging Infections Network (EIN)

Managed by the Infectious Diseases Society of America out of University of Iowa; funded by the CDC



~2600 infectious disease specialists

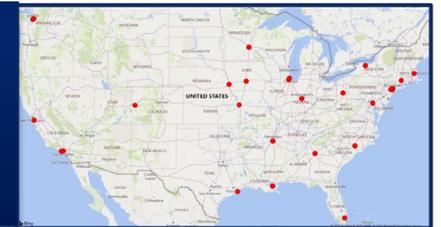


Primarily in North America, but also global

## EIN Surveys

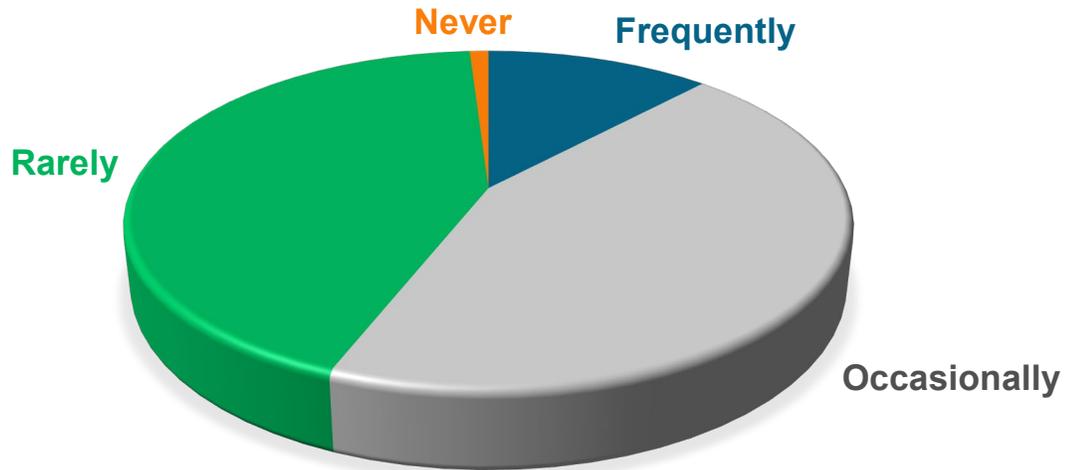
- How often are you seeing suspected superinfections in COVID-19 patients?
- Number of infections?
- Types of infections?
- Infecting pathogen?
- Use of empiric antibiotics?

**38** responses from U.S. (red dots), Mexico and India



# COVID-19: An Ongoing Case-Study

## OCCURRENCE OF SUPERINFECTIONS



Survey Responses = 212

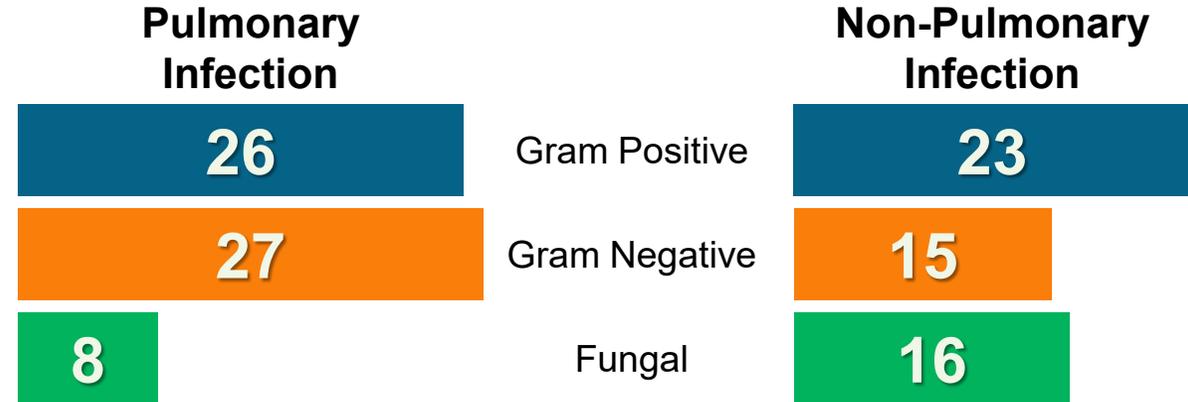
### 50%

of responses stated ICU admission was the trigger for empiric antibiotics

### 76%

of responses stated superinfections were diagnosed when patients were receiving mechanical ventilation

## INFECTING PATHOGEN



### Types of Infections

VAP  
CLABSI  
CAUTI

### Major Pathogens (Pulmonary & Non-pulmonary infections)

<i>P. aeruginosa</i>	<i>Klebsiella</i>	<i>E. coli</i>
<i>S. aureus - MRSA</i>	<i>Candida</i>	<i>Aspergillus</i>

# Challenges Caused by the COVID-19 Pandemic

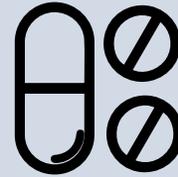


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Most of our funded Phase 3 studies are paused and/or sites are temporarily closed



Manufacturing facilities are closed



Resources for manufacturing and supplies for clinical trial conduct are limited due to clinical demand



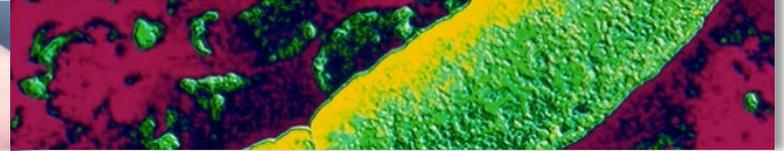
Study and manufacturing costs are increasing

# Bacterial MCM Program

## MISSION

## STRATEGY

## PRIORITIES



**Reduce the morbidity and mortality caused by a biothreat or antimicrobial resistant (AMR) infection following a mass casualty event or a disease outbreak**

**Revitalize and incentivize the antimicrobial pipeline through innovative public-private partnerships**

**Invest in new types of antimicrobials and products that target both MDR pathogens and bioterrorism infections**

# Incentivizing and Catalyzing Antibiotic Development



**BARDA will continue to leverage its unique authorities to provide innovative business tools that support end-to-end product development, from the earliest stages under CARB-X to commercial procurement via PBS, while at the same time exploring technical solutions to the challenges facing the commercial market.**

# How to Contact BARDA



Medical  
Countermeasures.gov

[medicalcountermeasures.gov](http://medicalcountermeasures.gov)

*Portal to BARDA: Register to request a TechWatch meeting!*



[beta.sam.gov/](http://beta.sam.gov)

*Official announcements and info for all government contract solicitations*



[phe.gov/BARDA](http://phe.gov/BARDA)

*Program description, information, news, announcements*



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