

# A phase II/III, observer-blind, randomised, active controlled study to compare the safety and immunogenicity of a meningococcal A conjugate vaccine (PsA-TT) with meningococcal ACWY polysaccharide vaccine administered in healthy children 2 to 10 years of age

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<b>Registration date</b> 14/08/2007	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 01/03/2019	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

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**Additional identifiers****Protocol serial number**

RPC219; PsA-TT-003a

**Study information****Scientific Title**

A phase II/III, observer-blind, randomised, active controlled study to compare the safety and immunogenicity of a meningococcal A conjugate vaccine (PsA-TT) with meningococcal ACWY polysaccharide vaccine administered in healthy children 2 to 10 years of age

**Study objectives**

Bacterial meningitis is a life-threatening medical emergency. Morbidity includes hearing loss, chronic seizures, and learning disability. The principal pathogens of bacterial meningitis are *Neisseria meningitidis*, *Streptococcus pneumoniae* and *Haemophilus influenzae* type B. *Neisseria meningitidis* is particularly feared because it has the capability of causing large outbreaks of disease. Endemic meningococcal disease occurs worldwide and is mostly caused by meningococci of serogroups A, B, C, W135 and Y.

**Hypothesis:**

To compare the immunogenicity of a single dose of the PsA-TT vaccine with that of the Meningococcal A component of the PsACWY vaccine at 28 days after vaccination.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

King Edward Memorial Hospital Ethics Committee, Pune, India, 01/08/2007

**Study design**

Phase II/III observer-blind randomised active-controlled study

**Primary study design**

Interventional

**Study type(s)**

Prevention

**Health condition(s) or problem(s) studied**

Bacterial meningitis

**Interventions**

1. One 0.5 ml dose out of a decadose vial of PsA-TT vaccine will be injected intramuscularly (IM) in the right deltoid
2. One 0.5 ml dose of PsACWY vaccine will be injected IM in the right deltoid

**Intervention Type**

Biological/Vaccine

**Phase**

Phase II/III

**Drug/device/biological/vaccine name(s)**

PsA-TT, PsACWY

**Primary outcome(s)**

The percentage of subjects who show a seroconversion for anti-Meningococcal Polysaccharide A (MenPsA) antibodies, i.e., a four-fold increase in post-immunisation serum titre with respect to pre-immunisation serum titre, at 28 days after a single vaccine dose, as measured by a rabbit complement Serum Bactericidal Assay (rSBA).

**Key secondary outcome(s))**

Safety:

1. The percentage of subjects with local and systemic post-immunisation reactions during the first four days, adverse events and Serious Adverse Events (SAEs), as measured at 4 and 28 days after vaccination (reactogenicity and short-term safety)
2. The percentage of subjects with SAEs during the entire study duration, as measured at 182 days (6 months) and 364 days (1 year) (long-term safety)

Immunogenicity:

1. The percentage of subjects with anti-MenPsA titre greater than or equal to 1:8 (defined as seroprotection to MenA) at 28 days after a single vaccine dose, as measured by rSBA assay. The percentage of subjects with anti-MenPsA titer greater than or equal to 1:128 (defined as long-term seroprotection to MenA) will be also considered
2. Geometric Mean Titres (GMTs) for anti-MenPsA antibodies at 28 days after a single vaccine dose, as measured by rSBA assay
3. Evaluation of reverse cumulative distribution curves for MenPsA antibody titres at 28 days after a single vaccine dose, as measured by rSBA assay
4. The percentage of subjects who show a seroconversion for anti-MenPsA total Immunoglobulin G (IgG), i.e. a two-fold increase in post-immunisation serum concentration with respect to pre-immunisation serum concentration, at 28 days after a single vaccine dose, as measured by Enzyme-Linked Immunosorbent Assay (ELISA). The percentage of subjects with a four-fold increase in post-immunisation serum concentration with respect to pre-immunisation serum concentration will be also considered

**Completion date**

20/11/2007

# Eligibility

## Key inclusion criteria

1. Age 2 to 10 years of age (both included)
2. Written informed consent obtained from parents or legal guardian of the child
3. Free of obvious health problems as established by medical history including physical examination and clinical judgment of the investigator
4. Parents or legal guardian capable and willing to bring their child or to receive home visits (for their child) for all follow-up visits
5. Residence in the study area
6. Fully vaccinated according to the local Expanded Program on Immunisation (EPI) schedule

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Child

## Lower age limit

2 years

## Upper age limit

10 years

## Sex

All

## Key exclusion criteria

1. Previous vaccination against *Neisseria meningitidis*
2. Known exposure to *Neisseria meningitidis* during the three previous months
3. History of allergic disease or known hypersensitivity to any component of the two study vaccines and/or following administration of vaccines included in the local program of immunisation
4. Administration of any other vaccine within 60 days prior to administration of study vaccines or planned vaccination during the first 28 days after the study vaccination
5. Use of any investigational or non-registered drug within 90 days prior to the administration of study vaccines
6. Administration of immunoglobulins and/or any blood products within 30 days prior to the administration of study vaccines or planned administration during the study period
7. Chronic administration (defined as more than 14 days) of immunosuppressants or other immune-modifying agents within 90 days prior to the administration of study vaccines (including systemic or inhaled corticosteroids, this means prednisone, or equivalent, greater than 0.5 mg/kg /day; topical steroids are allowed)
8. A family history of congenital or hereditary immunodeficiency
9. History of meningitis or seizures or any neurological disorder
10. Major congenital defects or serious chronic illness, including malnutrition (as per investigator's judgment)

11. Acute disease at the time of enrolment (acute disease is defined as the presence of a moderate or severe illness with or without fever) is a temporary exclusion
12. Acute or chronic, clinically significant pulmonary, cardiovascular, hepatic, or renal functional abnormality, as determined by medical history, physical examination or laboratory tests, which in the opinion of the investigator, might interfere with the study objectives
13. Any condition or criteria that in the opinion of the investigator might compromise the well being of the subject or the compliance with study procedures or interfere with the outcome of the study
14. Non residence in the study area or intent to move out within one year

**Date of first enrolment**

20/08/2007

**Date of final enrolment**

20/11/2007

## Locations

**Countries of recruitment**

India

Switzerland

**Study participating centre**

Initiative for Vaccine Research

Geneva

Switzerland

CH-1211

## Sponsor information

**Organisation**

Serum Institute of India Limited (SIIL)

**Organisation**

Program for Appropriate Technology in Health (PATH)

**Organisation**

Serum Institute of India (India)

ROR

## Funder(s)

### Funder type

Charity

### Funder Name

Bill and Melinda Gates Foundation

### Alternative Name(s)

Bill & Melinda Gates Foundation, Gates Foundation, Gates Learning Foundation, William H. Gates Foundation, BMGF, B&MGF, GF

### Funding Body Type

Government organisation

### Funding Body Subtype

Trusts, charities, foundations (both public and private)

### Location

United States of America

## Results and Publications

### Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

#### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	15/11/2015		Yes	No
<a href="#">Results article</a>	results	15/11/2015		Yes	No
<a href="#">Results article</a>	results	15/11/2015		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes