

# Experimental Human Pneumococcal Carriage Model Testing New Strains

<b>Submission date</b> 03/07/2017	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 15/08/2017	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 07/08/2019	<b>Condition category</b> Infections and Infestations	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

Mild infections with pneumococcus are very common, such as ear infections in children. But pneumococcus can also infect the lung (causing pneumonia) or the brain (causing meningitis) or the blood (causing sepsis). These severe infections are very uncommon in healthy adults: about 50 cases in Liverpool per year. Very young children and adults who are elderly or those who have other illnesses are more likely to become ill. A new vaccine could protect people against severe disease from pneumococcus. It is thought that small numbers of bacteria present in the nose ("nasal carriage") can help to protect people against disease. The aim of this study is to find out what happens when small numbers of the bacteria are put up the nose of healthy volunteers.

### Who can participate?

Healthy adults 18-50 years of age.

### What does the study involve?

Participants are seen to discuss potential study involvement. Consent is obtained following time for participants to make a fully informed decision about volunteering. Once consent is received, during the week prior to the start of the study participants are for screened for eligibility. The first official visit participants are given a sample of the bacteria which is placed in each nostril. They are given a safety pack of antibiotics and a thermometer, and advised to check their temperature daily for seven days.

Participants come back to the clinic two, seven and 14 days following this inoculation where they undergo nasal wash, nasosorption and nasal cells at days two and seven and undergo nasal wash, nasal cells and blood collection on day 14. Some participants are invited for a repeat study between three to six months later and participants who remain colonised by the end of the study are advised to take antibiotics.

### What are the possible benefits and risks of participating?

Participants benefit from receiving financial compensation for their time and inconvenience. The risk from the tests performed in the study (such as blood tests and nasal/throat samples) is very low, as these tests are not expected to cause more than mild temporary discomfort. The study involves live bacteria, which can cause severe infection (such as pneumonia or meningitis) in people who are at high risk of infection. To minimize this risk, volunteers who are healthy and

low-risk are carefully selected, and a detailed medical assessment is carried out on all potential volunteers before they start the study. In addition, a thermometer and antibiotics are provided to identify and treat infection early. The research team is available any time day or night and provide access to healthcare if required.

Where is the study run from?

Clinical Research Unit at Royal Liverpool and Broadgreen University Hospitals (UK)

When is the study starting and how long is it expected to run for?

November 2016 to July 2018

Who is funding the study?

Medical Research Council (UK)

Who is the main contact?

Dr Victoria Connor

## Contact information

**Type(s)**

Public

**Contact name**

Dr Victoria Connor

**Contact details**

Respiratory Research Fellow RLBUHT/LSTM

Respiratory Infection Group,

Department of Clinical Sciences,

Liverpool School of Tropical Medicine

Pembroke Place

Liverpool

United Kingdom

L3 5QA

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

20815

## Study information

**Scientific Title**

Experimental Human Pneumococcal Carriage model: Research working towards a nasal vaccine for pneumonia: The effect of new strains (types) of bacteria in healthy participants.

### **Study objectives**

The aim of this study is to find out if two more types of this bacteria (strains) can be carried in the nose, how much remains and how long it is carried for then used to develop new vaccines.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

North West - Liverpool East Research Ethics Committee, 20/01/2016, ref: 15/NW/0931

### **Study design**

Non-randomised; Observational; Design type: Cohort study

### **Primary study design**

Observational

### **Secondary study design**

Cohort study

### **Study setting(s)**

Hospital

### **Study type(s)**

Treatment

### **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

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

Specialty: Infectious diseases and microbiology, Primary sub-specialty: Antimicrobial Research; UKCRC code/ Disease: Infection/ Bacterial, viral and other infectious agents

### **Interventions**

Healthy non-smoking adult participant's are exposed with well-characterised, fully sequenced penicillin-sensitive pneumococci and observe them for the development of pneumococcal carriage.

Initially participants are seen to discuss potential study involvement. Consent is obtained following time for participants to make a fully informed decision about volunteering. Once consent is received, during the week prior to the start of the study participants are for screened for baseline samples. This will involve clinical examination and medical history, nasal wash sample collection, nasal cells, urine sample (pregnancy test for females), viral throat swab and blood test.

If participants are still eligible following screening they are seen the week later to start the study. The first official visit is pneumococcal inoculation, where a nasosorption sample is taken

initially then participants are placed in a semi-reclined position, and 100 microlitres of saline (containing pneumococcal bacteria) is placed in each nostril. They are given a safety pack of antibiotics and a thermometer, and advised to check their temperature daily for seven days.

Participants come back to the clinic two, seven and 14 days following this inoculation where they undergo nasal wash, nasosorption and nasal cells at days two and seven and will undergo nasal wash, nasal cells and blood collection on day 14.

The total duration of the study (observation and follow-up) is four weeks, with a maximum of six visits (including consent visit) with a subset of participants being invited for a repeat study between three to six months later and participants who remain colonised by the end of the study are advised to take antibiotics.

For the repeat study, participants undergo the same screening and inoculation as in part one of the study but with a different strain of pneumococcus. They return for follow-up at day two and day seven after inoculation, and participants who remain colonised are advised to take antibiotics at the end of the repeat study. Nasal wash and nasosorption, are repeated on day two. Nasal wash and blood test are repeated on day 14.

### **Intervention Type**

Other

### **Primary outcome measure**

Inoculated pneumococci is assessed using classical culture methods at any time point from nasal wash recovered from the participants at days 2, 7 and 14 following first pneumococcal challenge.

### **Secondary outcome measures**

1. Factors local to the nasal mucosa which determine the probability or intensity of colonisation (levels of inflammation as measure by cytokines and cellular infiltration measure by flow cytometry) are measured using the nasal cells at days two, seven and 14 following first pneumococcal challenge.
2. Protective effect of carriage against the reacquisition of carriage following inoculation with a different pneumococcal strain to be evaluated after the repeat study on days two and seven following second pneumococcal inoculation.

### **Overall study start date**

01/11/2016

### **Completion date**

31/07/2018

## **Eligibility**

### **Key inclusion criteria**

1. Adults aged 18-50 years ages (chosen to minimise the risk of pneumococcal infection, and to allow comparison with previously published experimental work done by our group)
2. Fluent spoken English (to ensure a comprehensive understanding of the research project and their proposed involvement)

### **Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Upper age limit**

50 Years

**Sex**

Both

**Target number of participants**

Planned Sample Size: 134; UK Sample Size: 134

**Key exclusion criteria**

1. Previous pneumococcal vaccination
2. History of pneumococcal illness
3. Close physical contact with at risk individuals (children under 5yrs, immunosuppressed adults, elderly, chronic ill health) -to minimise risk of pneumococcal transmission
4. Any current treatment for asthma – confounding effect of medications such as corticosteroids, and propensity to infection
5. Allergy to penicillin/amoxicillin
6. Taking daily medications that may affect the immune system e.g. steroids, steroid nasal spray, antibiotics. Also medication that may reduce immunity eg. Roacutane
7. Current illness, acute illness within 3 days prior to inoculation or antibiotic treatment within 2 weeks of inoculation
8. Pregnancy - minimise risk of pneumococcal disease
9. Diagnosed as diabetic
10. Involved in another clinical trial unless observational or in follow-up (non-interventional) phase.
11. Have been involved in a clinical trial involving EHPC and bacterial inoculation
12. History of drug or alcohol abuse
13. Current regular smoker (smokes daily/ smokes > 5 cigarettes per week) - minimise risk of pneumococcal disease
14. Recent smoker i.e. within the last 6 months - minimise risk of pneumococcal disease
15. Ex-smoker with a significant smoking history (>10 pack years) – minimise risk of pneumococcal disease
16. Unable to give fully informed consent

**Date of first enrolment**

25/08/2016

**Date of final enrolment**

01/06/2018

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Clinical Research Unit at Royal Liverpool and Broadgreen University Hospitals**

Royal Liverpool and Broadgreen University Hospitals

Prescott Street

Liverpool

United Kingdom

L7 8XP

## **Sponsor information**

**Organisation**

Royal Liverpool and Broadgreen University Hospitals

**Sponsor details**

Research and Development

Royal Liverpool and Broadgreen University Hospitals

Prescot Street

Liverpool

England

United Kingdom

L7 8XP

**Sponsor type**

Hospital/treatment centre

**Organisation**

Liverpool School of Tropical Medicine

**Sponsor details**

Research and Development

Pembroke Place

Liverpool

England

United Kingdom

L3 5QA

**Sponsor type**

University/education

**Organisation**

Royal Liverpool and Broadgreen University Hospital NHS Trust

**Sponsor details****Sponsor type**

Not defined

**Website**

<http://www.rlbuhl.nhs.uk/Pages/RoyalHome.aspx>

**ROR**

<https://ror.org/009sa0g06>

**Funder(s)****Funder type**

Government

**Funder Name**

Medical Research Council

**Alternative Name(s)**

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

**Results and Publications****Publication and dissemination plan**

The findings from this study will be disseminated amongst the scientific community. We intend to publish our findings in a high-impact peer reviewed scientific journal and present data at appropriate local, national and international conferences by December 2019. In addition, we will produce a lay report of our findings which will be made available to all participants.

**Intention to publish date**

31/12/2019

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from the EHPC coordinator (Catherine.Molloy@lstmed.ac.uk); these are considered by the program leads, and will be subject to data transfer agreements and ethical review if necessary.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">HRA research summary</a>			28/06/2023	No	No