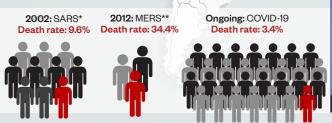
THE RACE TO STOP COVID-19

As a new strain of coronavirus threatens public health systems across the globe, researchers are racing to develop a vaccine.

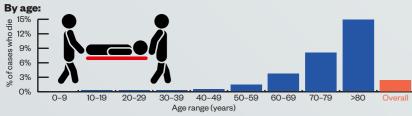
DAWN CONNELLY & JULIA ROBINSON

In context

Compared with some outbreaks of novel respiratory disease, the death rate for coronavirus disease 2019 (COVID-19) is currently low. This could reduce further as the global outbreak progresses and milder cases are detected. Pandemic (H1N1) 2009 influenza was estimated to infect 1.6 billion people, with a death rate of 1 in 5,000 (0.02%); seasonal flu has a similar death rate, but infects up to 4 billion.



Case fatality rates for COVID-19



By co-morbid conditions

10.5%

Cardio-

vascular

7.3%

6.3% Chronic respiratory

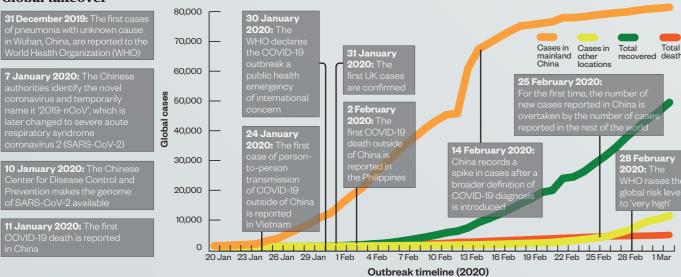
6.0% 5.6% Hypertension

0.9%

Symptoms and transmission

- Common symptoms: fever (98.6%); weakness (69.6%); cough (59.4%); muscle pains (34.8%); difficulties breathing (31.2%);
- Less common symptoms: headaches (6.5%), dizziness (9.4%), stomach pain (2.2%), diarrhoea (10.1%), nausea and vomiting (10.1%);
- Incubation period: 0-14 days;
- Severity: data from 44,000 cases of COVID-19 in China suggest that 80.9% of cases are mild, 13.8% are severe and 4.7% are critical. Severe cases are more prevalent in older people and those with an existing long-term condition, such as cardiovascular disease, diabetes, respiratory disease or hypertension;
- Transmission: person-to-person spread between close contacts (1.8 metres) through respiratory droplets:
- Diagnosis: COVID-19 is suspected based on clinical symptoms and relevant travel history or close contact with infected individuals. Cases are only confirmed when there is a positive laboratory test:
- Treatment: treatment of COVID-19 is symptomatic, such as providing oxygen. Medicines specifically licensed for COVID-19 are not currently available, but clinical trials of several antiviral drugs are being conducted in China.

Global takeover



By gender:

Males

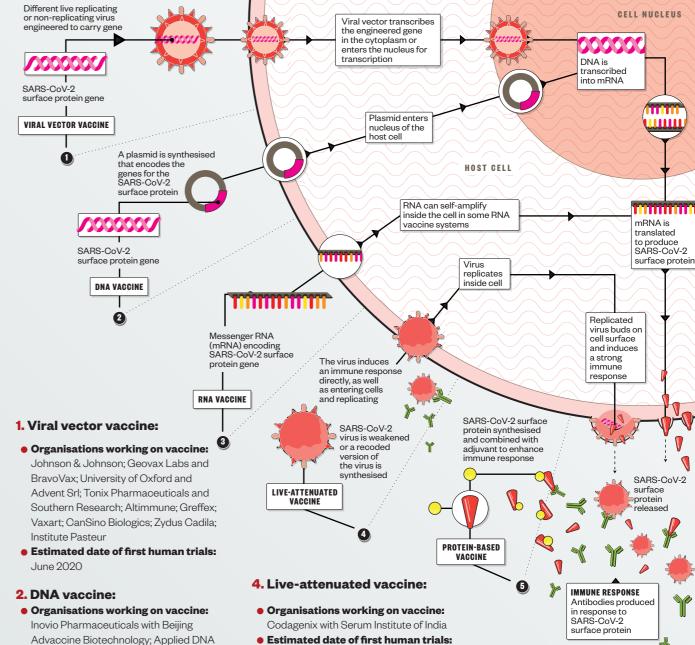
2.8%

Females

1.7%

Vaccine development

There are five main approaches being taken to develop a vaccine against SARS-CoV-2, with several biotechnology companies, academic organisations and pharmaceutical companies employing different technologies in the race to bring their vaccine candidate to clinical trials. The World Health Organization (WHO) hopes that a vaccine will be available by October 2021.



- Sciences. Takis Biotech and Evvivax: Zydus Cadila
- Estimated date of first human trials: April 2020

3. RNA vaccine:

- Organisations working on vaccine: CureVac; Moderna and US National Institute of Allergy and Infectious Diseases; Stermirna Therapeutics. Tongii University and Chinese Center for Disease Control and Prevention; Imperial College London
- Estimated date of first human trials: April 2020

5. Protein-based vaccine:

Organisations working on vaccine: Novavax; Clover Biopharmaceuticals with GSK; Baylor College of Medicine, University of Texas Medical Branch. New York Blood Center and Fundan University, China; University of Saskatchewan, Canada; University of Queensland, Australia, and Dynavax; Vaxart; Generex; ExpreS2ion;

By August 2020

Vaxil Bio; Sanofi Pasteur; iBio/CC-Pharming Estimated date of first human trials: By June 2020

Immune response:

- It is not known how strong the immune response needs to be to protect against SARS-CoV-2; therefore, some of the vaccines being developed may not work
- Before candidates reach clinical trials, investigators must also ensure they induce protective immunity, not immunopathology, as was seen in early attempts to develop a SARS-CoV vaccine after it emerged in 2002.

SOURCES: China CDC Weekly 2020;2(8):113-122; Department of Health and Social Care; JAMA 2020 doi:10.1001/jama.2020.1585; JAMA 2020 doi:10.1001/jama.2020.2648; John Hopkins Center for Systems Science and Engineering; Lancet 2012;12(9):687-695;