

# Resources for the Microbiology & Infectious Diseases Research Community

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Division of Microbiology and Infectious Diseases  
NIAID, NIH, DHHS



# The Division of Microbiology and Infectious Diseases (DMID)

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*...supports extramural basic through applied research to control and prevent diseases caused by virtually all human infectious agents except HIV*

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# Resources for Researchers Overview

# Preclinical Services (PCS) for CARB-X Fund Recipients

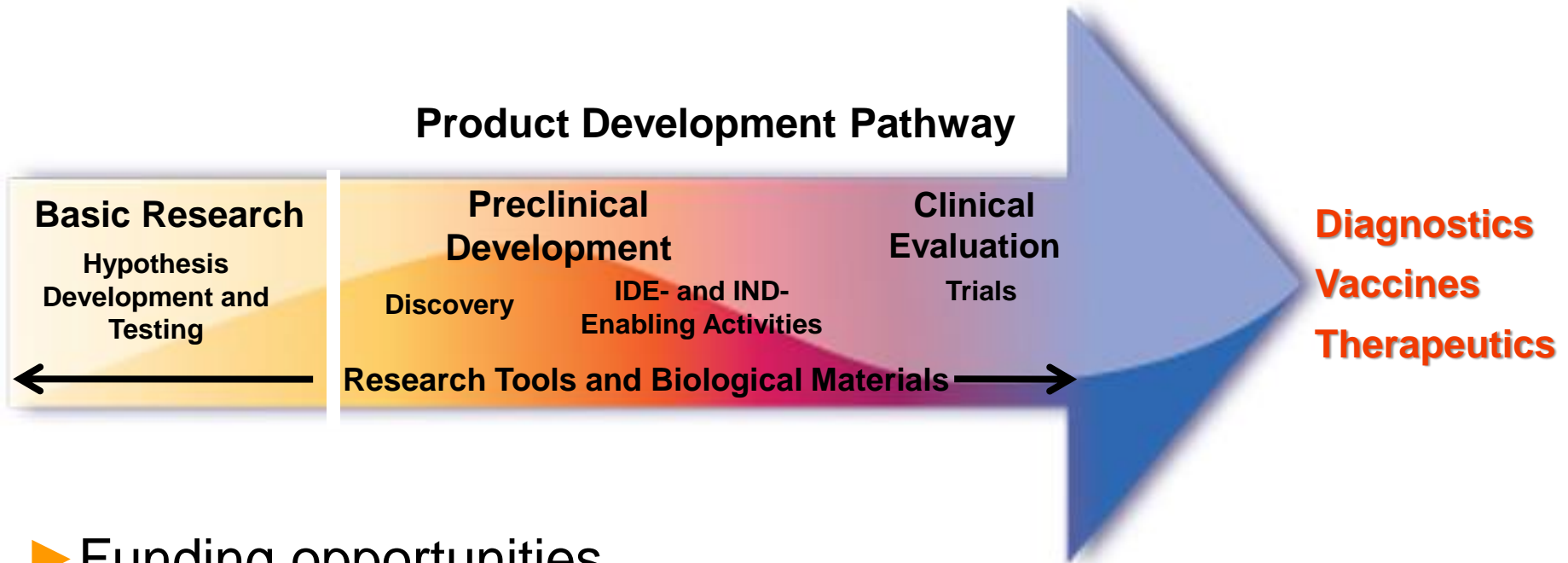
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CARB-X funded programs will have accelerated procedures to access to NIAID's preclinical services:

- Bypass of NIAID's internal review step
- Expedited approval by Senior Leadership

# Resources for Researchers

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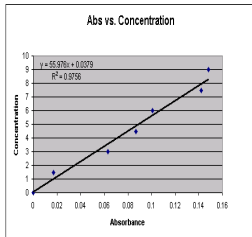
- ▶ Funding opportunities
  - ▶ Research tools and biological materials
  - ▶ Preclinical and clinical servicesto facilitate product development

# Product Development Services

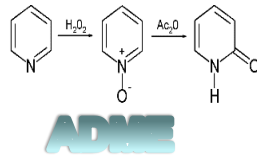
## Therapeutics

## Vaccines

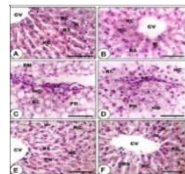
### In Vitro Assessment of Antimicrobial Activity



### Interventional Agent

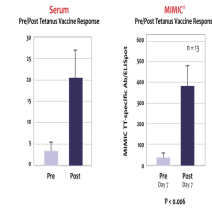
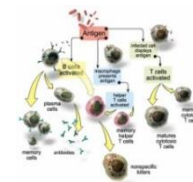


### Biopharmaceutical Products

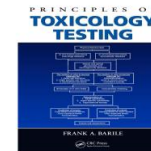


Chemistry,  
Manufacturing, and  
Controls (CMC)  
Documentation for IND

### Testing



### Manufacturing



### Animal Models



# Vaccine Development Services

Supports vaccines, adjuvants, devices, challenge materials



## Vaccine Manufacturing

- Feasibility, Gap Analysis, and Product Development Plan (PDP) Support
- Process Development
- Product Release Assay
- Development Potency Assays
- Pilot and cGMP Manufacture
- Audits
- Regulatory Activities



## Vaccine Testing

- Assay Development for Non-Clinical and Clinical Samples
- Non-Clinical Immunogenicity and Efficacy Studies (including non-GLP, GLP and 'Animal Rule' studies)
- Clinical and Non-Clinical Sample Testing
- Safety and Toxicity Testing



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# Preclinical Services



# *In vitro* Assessment for Antimicrobial Activity

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- Screening for bacteria & fungi, viruses, parasites & vectors, and toxins
- High throughput as well as specific and broad spectrum screens
- To stimulate research towards discovery of improved antimicrobial therapies

# Bacterial In Vitro Screening: Public Health Pathogens

Species	Strains for Initial MIC Screen	Strains Represented in MIC90 Panels
<i>Staphylococcus aureus</i>	<ol style="list-style-type: none"> <li>1. MRSA USA300</li> <li>2. MRSA USA100</li> <li>3. MSSA</li> </ol>	MRSA USA100, MRSA USA200, MRSA USA300, MRSA USA400, MRSA ST398, Vancomycin-resistant <i>Staphylococcus aureus</i>
<i>Enterococcus</i> species	<ol style="list-style-type: none"> <li>1. Vancomycin-resistant <i>E. faecalis</i>/<i>E. faecium</i></li> <li>2. Penicillin-resistant <i>E. faecalis</i>/<i>E. faecium</i></li> </ol>	Vancomycin-resistant <i>E. faecalis</i> / <i>E. faecium</i> , Penicillin-resistant <i>E. faecalis</i> / <i>E. faecium</i>
<i>Streptococcus pneumoniae</i>	<ol style="list-style-type: none"> <li>1. Pan-susceptible <i>S. pneumoniae</i></li> <li>2. Penicillin-resistant <i>S. pneumoniae</i></li> <li>3. Quinolone-resistant <i>S. pneumoniae</i></li> </ol>	Tetracycline-minocycline-R, tet(M), macrolide-R; cefuroxime-R, trimethoprim-sulfamethoxazole-R, fluoroquinolone-R
<i>Streptococcus pyogenes</i>	<ol style="list-style-type: none"> <li>1. Susceptible <i>S. pyogenes</i></li> <li>2. MDR <i>S. pyogenes</i></li> </ol>	Pen-R, Macrolide-R, Lincosamide-R, StreptograminB-R
<i>Streptococcus agalactiae</i>	<ol style="list-style-type: none"> <li>1. Susceptible <i>S. agalactiae</i></li> <li>2. MDR <i>S. agalactiae</i></li> </ol>	Tetracycline-minocycline-R, macrolide-R
<i>Klebsiella pneumoniae</i>	<ol style="list-style-type: none"> <li>1. Susceptible <i>K. pneumoniae</i></li> <li>2. MDR <i>K. pneumoniae</i></li> </ol>	Fluoroquinolone-resistant strain(s), Carbapenem-Resistant strain(s), 3rd Generation Cephalosporin-Resistant strain(s), Colistin-resistant strain(s)
<i>Acinetobacter baumannii</i>	<ol style="list-style-type: none"> <li>1. Susceptible <i>A. baumannii</i></li> <li>2. MDR <i>A. baumannii</i></li> </ol>	Fluoroquinolone-resistant strain(s), Carbapenem-Resistant strain(s), 3rd Generation Cephalosporin-Resistant strain(s)
<i>Pseudomonas aeruginosa</i>	<ol style="list-style-type: none"> <li>1. MDR <i>P. aeruginosa</i></li> <li>2. PAO1 <i>P. aeruginosa</i> (efflux pump wild-type)</li> </ol>	Fluoroquinolone-resistant strain(s), 3rd Generation Cephalosporin-Resistant strain(s), Carbapenem-Resistant strain(s) *Will include PAO1 strain(s) with efflux pump deletions (e.g., PAO200 or PAO750)
<i>Enterobacter</i> species	<i>Enterobacter</i> sp.	Fluoroquinolone-resistant strain(s), Carbapenem-Resistant strain(s), 3rd Generation Cephalosporin-Resistant strain(s)
<i>E. coli</i>	<ol style="list-style-type: none"> <li>1. <i>E. coli</i> WT (<math>\Delta</math>tolC parent strain)</li> <li>2. <i>E. coli</i> (<math>\Delta</math>tolC strain)</li> <li>3. Extraintestinal pathogenic MDR <i>E. coli</i></li> </ol>	Fluoroquinolone-resistant strain(s), Carbapenem-Resistant strain(s), 3rd Generation Cephalosporin-Resistant strain(s)

MIC90s and specialized panels (e.g. NDM-1 strains, CREs, etc.) are possible too.

CDC & FDA Antibiotic Resistance Isolate Bank strains available for testing

# Bacterial In Vitro Screening: Bio-Defense

Table 2 – Biodefense Bacteria strains for MIC+

	<i>Number of Strains in MIC+ panel</i>	<i>Strains for MIC+ determination (identified by BEI catalog number)</i>
<i>Bacillus anthracis</i>	12	NR-3838, NR-415, NR-21670, NR-21689, NR-411, NR-412, NR-41, NR-46, NR-414, NR-1202, NR-1355, NR-9564 ( <i>Bacillus cereus</i> )
<i>Yersinia pestis</i>	8	NR-641, NR-635, NR-636, NR-637, NR-638, NR-639, NR-640, NR-642
<i>Francisella tularensis</i>	6	NR-643, NR-644, NR-645, NR-646, NR-647, NR-648
<i>Burkholderia mallei</i>	7	NR-23, NR-36122, NR-36126, NR-36127, NR-4071, NR-36128, NR-8073
<i>Burkholderia pseudomallei</i>	16	NR-24, NR-4073, NR-4074, NR-4072, NR-8068, NR-8071, NR-8072, NR-9915, NR-9921, NR-9922, NR-9923, NR-36132, NR-36133, NR-36134, NR-36138, NR-36139

Strains were chosen with CDC input, Initial pass only on framed strains

# Animal Models of Infectious Diseases

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- Provision of a broad range of *in vivo* models (small animal, non-human primate, and non-traditional models)
- Development of novel models
- Refinement of existing models
- Screening of products and efficacy testing to support FDA submissions

# Therapeutics Development Services

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## Nonclinical Services for the Development of Interventional Agents for Infectious Diseases

Therapeutics (and *in vivo* diagnostics, e.g., imaging and skin test reagents)

- Lead identification and development
- Chemistry and manufacturing
- *In vitro* and *in vivo* preclinical safety, toxicology and pharmacokinetics
- Preclinical development, planning and evaluation

# Preclinical Development of BioPharmaceutical Agents

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Core task areas:

A: Feasibility Assessments, Audits

B: Product Assays, Bioanalytical Development

C: Process Development

D: Manufacturing, including pilot and cGMP

E: Regulatory documentation support

# Preclinical Services Access

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- Resources are limited
- Services provide critical information needed to move a product forward
- Not intended as the sole source of development
- Preliminary data required to proceed through each stage of development

# Preclinical Services Eligibility Criteria

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- Investigators in academia, not-for-profit organizations, industry, and government
- National/international
- Don't need to be funded by NIH



# Preclinical Services Assurances Provided

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- Confidentiality
- Materials Transfer Agreement (MTA)
- Non-Clinical Evaluation Agreement (NCEA)

# Preclinical Services

## Requirements for All Users

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- Shipping and handling charges
- Acknowledging the contribution of NIAID contract support in publications and presentations
- Submitting manuscripts, abstracts and presentations for NIAID review
- Reporting achievements to NIAID annually

# Preclinical Services Standard Application and Approval Process

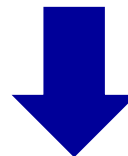
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Program Officer and Requestor  
explore request informally



Branch/Office Review\*  
Not needed for CARB-X recipients

Program Officer invites Requestor with promising  
Proposal to submit formal request for approval



Senior Leadership Review\*  
Expedited for CARB-X recipients

Studies/protocols are carried out under contract

\*Based on standard criteria

# Preclinical Services (PCS) for CARB-X Fund Recipients

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Companies funded by CARB-X will need to complete:

- Non-Clinical Evaluation Agreement (NCEA)
- Service Request Form (SRF)

There will be expedited procedures to leverage NIAID services in the most impactful way to advance CARB-X funded programs.

# Preclinical Services Standard Criteria

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1. Proposed studies within DMID/NIAID mission
2. Proposed studies within scope of and/or technology provided by contract services
3. Sufficient quality and/or quantity of product available
4. Proposed studies in compliance with animal welfare regulations
5. Proposed work not supported by/available from other funding sources
6. Previous use of DMID resources for assessment of the same or similar product (Repeat use of DMID resources may be undertaken with strong justification.)

# Preclinical Services

## Standard Criteria (Cont'd)

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7. Preliminary data adequate to support the request to advance the product to the next step in the product development pipeline
8. Likelihood that services will contribute significantly to the eventual development and/or evaluation of a product of high quality
9. Purported public health impact
10. Improvements in health benefits offered beyond current measure(s)
11. Availability of a plan for advancing the product beyond completion of the services requested
12. Rank of requested studies among competing priorities

# Preclinical Services (PCS) for CARB-X Fund Recipients

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Consultation with NIAID is required before completing SRF to determine optimal use of NIAID PCS to specific needs of project

NIAID contacts:

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