

The NIAID Mission

Priorities for Research in Women & Children

January 13, 2025

NICHD ADVISORY COUNCIL

JEANNE MARRAZZO, MD, MPH

DIRECTOR, NIAID



Learning Early to Advocate for Patients & Communities

Inspiration for Infectious Disease Focus



Early days of the HIV epidemic



Women's health



Strong educators with academic & public health commitment



Terrific role models





Frances Marrazzo, ca 1954; US Army Hospital, Livorno, Italy



Demonstrating at NIH, Bethesda, ca 1986

My Trajectory

Infectious Disease Career Path





STIs: chlamydia screening, diagnosis

Vaginal infections → bacterial vaginosis

Vaginal microbiome

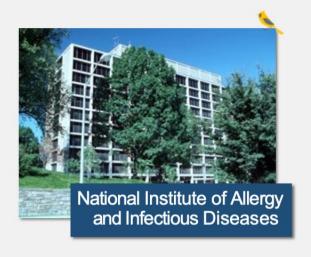
Antiretroviral-based preexposure prophylaxis for HIV-1 Multicomponent prevention

Career Trajectory

Infectious Disease Career Path









Began tenure as sixth NIAID Director in Fall 2023



Hugh Auchincloss, MD NIAID Principal Deputy Director retired September 30, 2024



Sarah W. Read, MD, MHS
NIAID Principal Deputy Director
effective October 2024







National Institute of Allergy and Infectious Diseases

NIAID MISSION

NIAID supports and conducts biomedical research to better understand and treat infectious, immunologic, and allergic diseases

The NIAID Research Portfolio

Infectious diseases

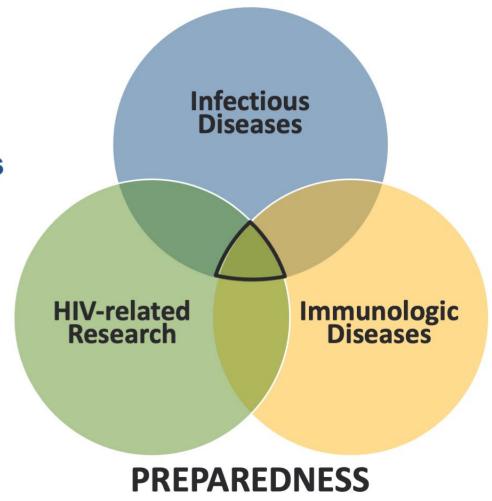
- Pathogen characterization
- Model development

Immunology and immunologic diseases

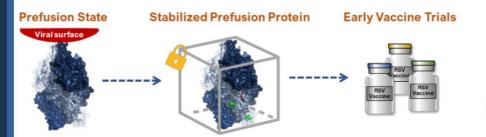
- Basic immunology
- Correlates of protection

HIV-related research

- Therapeutic and vaccine development
- Community outreach



NIAID Research Informs Public Health Interventions



Locking the RSV F Protein in the Prefusion State Leads to Protective Immune Response



Learning Early about Peanut Allergy (LEAP) Trial Results Inform Updated Guidelines



FDA Approves First Injectable
Treatment for HIV PreExposure Prevention

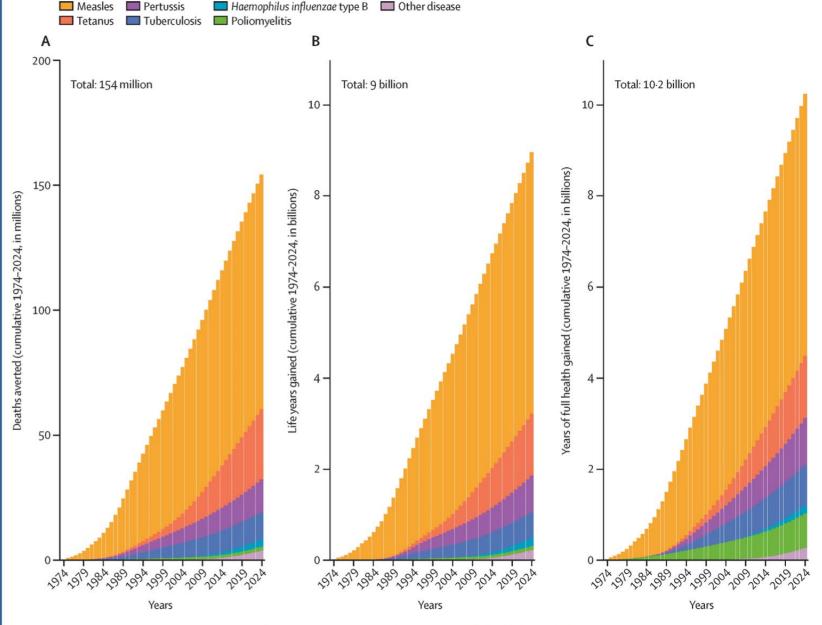


Surgeons Transplant Pig Kidney Into a Patient, a Medical Milestone



World Health Organization's Expanded Programme on **Immunization** Celebrates 50th Anniversary

Modeling the impact of 50 years of vaccination against 14 pathogens



Deaths averted, years of life saved, and years of full health gained by vaccination





Strategic Plan **2025-2029**









NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

NIAID funds scientific research across the United States.



\$5.25 billion

Total NIAID funding distributed across the U.S in FY 2023.

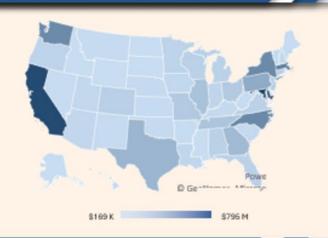


6,680
NIAID funded research grants and contracts in FY 2023.



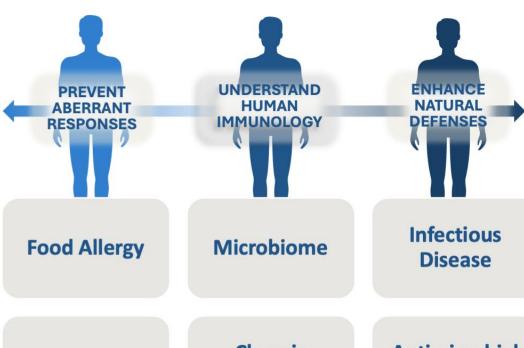
240

Congressional Districts in which NIAID research grants or contracts were awarded in FY 2023.



New NIAID leadership inspired an updated strategic plan that will guide NIAID-funded research for the next 5 years.

The updated NIAID strategic plan will focus on an integrated, holistic approach to immunologic and infectious disease research to improve human health



Autoimmunity

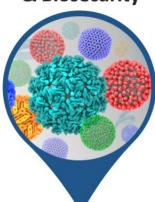
Chronic Inflammation

Antimicrobial Resistance

Biopreparedness

People are the Unifying Element for Enacting NIAID's Priority Areas

Pandemic Preparedness & Biosecurity



Infectious agents, including HIV



Research Infrastructure





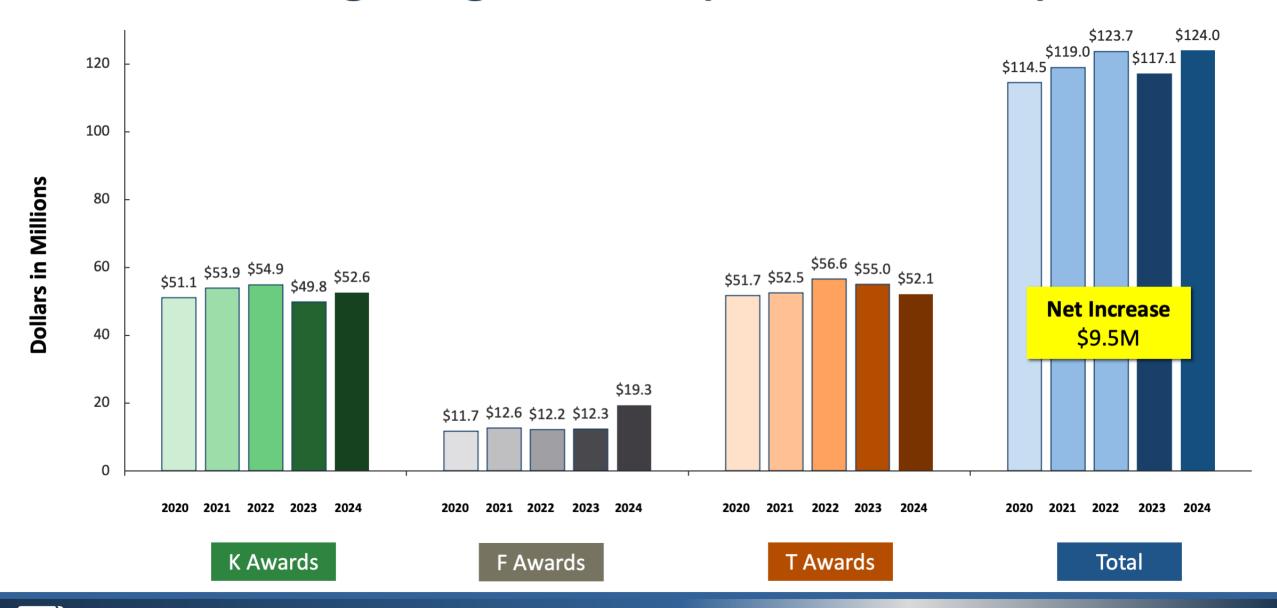
RESEARCHERS THROUGHOUT THE CAREER SPAN





Inclusivity & Accessibility

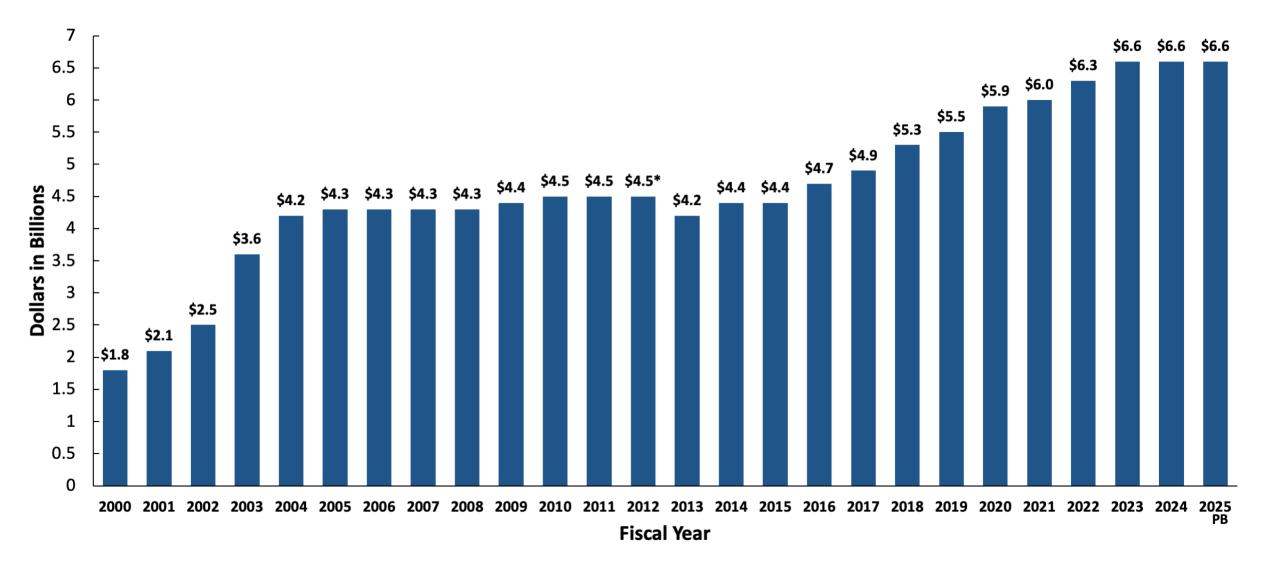
NIAID Training Budget Trends (FY 2020 - 2024)



NIAID Budget Update

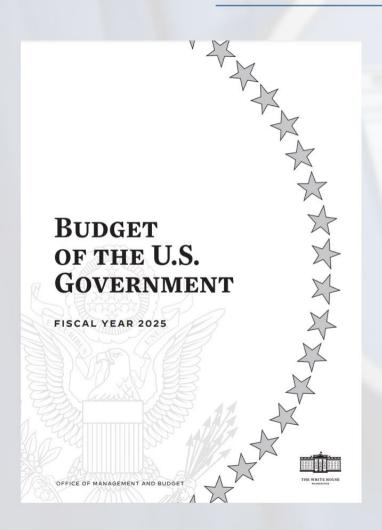


NIAID Funding, FY 2000-2025



*Beginning in FY 2012, budget no longer passes through funds to the Global Fund

Status of the FY 2025 Budget



- President's Budget released March 11, 2024
 - NIH Proposed Program level budget \$50.1 billion (excluding ARPA-H)
 - NIAID budget request \$6.581B (\$19.6M over FY 2024)
- House Appropriations Bill released July 9, 2024
 - Would split NIAID funding into two Institutes:
 - National Institute on Infectious Diseases
 - National Institute on the Immune System & Arthritis
- Senate Appropriations Bill released August 1, 2024
- Continuing resolution through March 14, 2025

NIH Budget Comparison by Institute/Center

(Dollars in thousands)

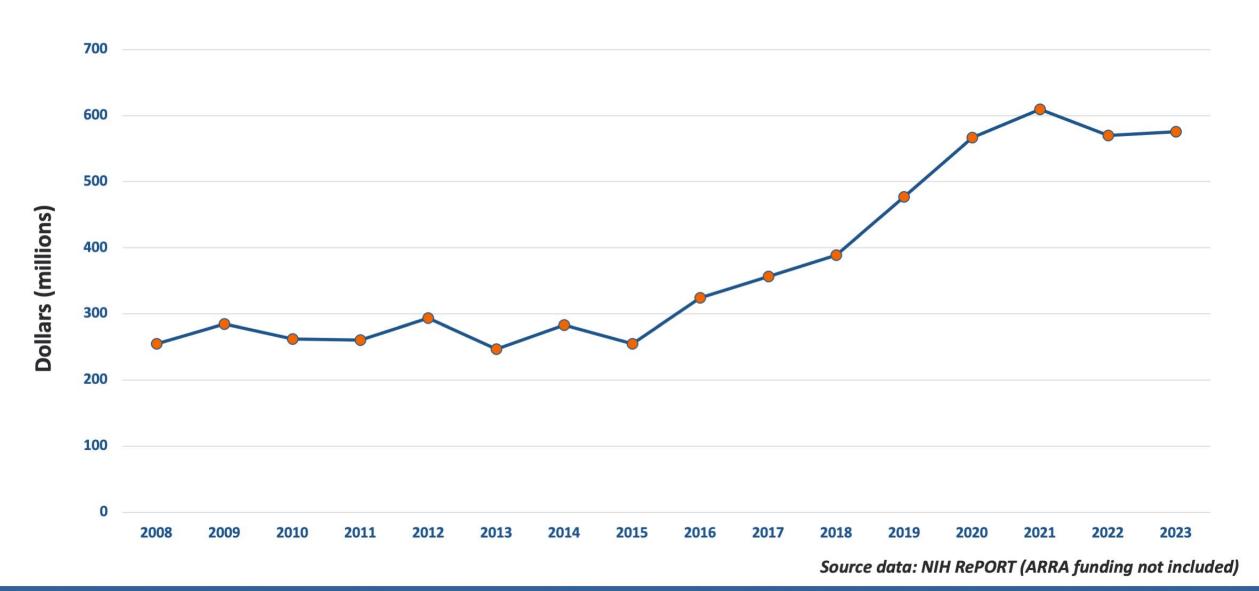
Fiscal Year (FY)

Institute	FY 2024 Enacted	FY 2025 House	FY25 vs. FY24 % Change	FY 2025 Senate	FY25 vs. FY24 % Change
NCI	\$7,224,159	\$7,875,289	9.0%	\$7,490,159	3.7%
NIAID	\$6,562,279	\$6,631,104*	1.0%	\$6,692,279	2.0%
NIA	\$4,507,623	\$4,604,899	2.2%	\$4,645,123	3.1%
NIMH	\$2,273,843	\$2,256,289	-0.8%	\$2,687,843	18.2%
Other ICs	\$26,242,810	\$25,434,748	-3.1%	\$27,067,210	3.1%
Subtotal	\$46,810,714	\$46,802,329	0.0%	\$48,582,614	3.8%
ARPA-H	\$1,500,000	\$1,500,000	0.0%	\$1,500,000	0.0%
B&F	\$350,000	\$353,671	1.0%	\$350,000	0.0%
NIH Program Level**	\$48,660,714	\$48,656,000	0.0%	\$50,432,614	3.2%

^{*} FY 2025 House funding for NIAID split into two Institutes: National Institute on Infectious Diseases (\$3.3B) and National Institute on the Immune System and Arthritis (\$3.3B)

^{**}Includes Type 1 Diabetes, Non-HHS Appro. (Superfund). Excludes NIH-OAR AIDS transfers

NIAID Pediatric Funding: FY 2008 - 2023



ADVANCES IN CHILD HEALTH



Learning Early About Peanut Allergy (LEAP)-Trio

Following the original LEAP trial participants prospectively to age 12 years

Learning Early About Peanut Allergy Study

2015

Early introduction of peanut products reduced risk of peanut allergy at age 5 by 81%



LEAP-On Study

2016

LEAP participants in the consumption group remained protected at age 6 after avoiding peanut products for one year



LEAP-Trio Study

2024

Peanut consumption from infancy to age 5 years provides lasting tolerance to peanut into adolescence irrespective of subsequent peanut consumption



OPICINAL APTICLE

Follow-up to Adolescence after Early Peanut Introduction for Allergy Prevention

George Du Toit, M.B., B.Ch., ^{1,2,3} Michelle F. Huffaker, M.D., ⁴ Suzana Radulovic, M.D., ^{1,2,3} Mary Feeney, M.Sc., R.D., ^{2,3} Helen R. Fisher, M.Sc., Ph.D., ^{2,3} Margie Byron, M.S., ⁵ Lars Dunaway, Ph.D., ⁵ Agustin Calatroni, M.S., ⁵ Molly Johnson, M.S., ⁵ Ru-Xin Foong, M.B., ^{1,2,3} Andreina Marques-Mejias, M.D., Ph.D., ^{1,2,3} Irene Bartha, M.D., Ph.D., ^{1,2,3} Monica Basting, M.A., ^{1,2,3} Helen A. Brough, M.B., Ph.D., ^{2,2} Carolyn Baloh, M.D., ^{6,7} Tanya M. Laidlaw, M.D., ^{6,7} Henry T. Bahnson, M.S., ^{8,9} Graham Roberts, D.M., ^{10,11} Marshall Plaut, M.D., ¹ Lisa M. Wheatley, M.D., M.P.H., ¹² and Gideon Lack, M.B., B.Ch., ^{1,2,3} for the Immune Tolerance Network LEAP-Trio Trial Team²

Almost 80% of the original LEAP study participants were enrolled in LEAP-Trio

NEJM Evid 2024

NIAID Clinical Genomics Program Tackles Pediatric Disease

Accelerating research aimed at better understanding, diagnosing, and treating disorders of the immune system

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

CD55 Deficiency, Early-Onset Protein-Losing Enteropathy, and Thrombosis

Ozen A, et al. 2017

Evaluating the efficacy and safety of pozelimab in patients with CD55 deficiency with hyperactivation of complement, angiopathic thrombosis, and protein-losing enteropathy disease: an open-label phase 2 and 3 study

Ahmet Ozen, Voranush Chongsrisawat, Asena Pinar Sefer, Burcu Kolukisa, Jessica J Jalbert, Karoline A Meagher, Taylor Brackin, Hagit Baris Feldman, Safa Baris, Elif Karakoc-Ayaliner, Rabia Ergelen, Ivan J Fuss, Heather Moorman, Narissara Suratannon, Kanya Suphapeetiporn, Lorah Perlee, Oklivir A Harauf, George O'Yancookook, Michael L Lenardo, on behalf of the Prazelimach CHAEL Working Group.

Ozen A, et al. Lancet 2024



CHAPLE syndrome is caused by abnormal complement activation due to biallelic loss-of-function mutations in CD55, resulting in loss of protein expression. Patients die of starvation before 30 years old



Pozelimab inhibits complement overaction and resolves clinical and laboratory manifestations of CHAPLE disease



FDA approves Veopoz™ for treatment of CD55-deficient protein-losing enteropathy (CHAPLE disease)





Before & After Treatment

International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT)

Evaluating novel treatments and interventions for HIV and its complications to improve health outcomes for infants, children, and adolescents

IMPAACT 2023: Phase I Study of the Safety, Tolerability, and Pharmacokinetics of Dolutegravir in Neonates Exposed to HIV-1

- Multi-centered study to evaluate dolutegravir in infants in first 4-6 weeks of life born to mothers living with HIV
- Analysis of 1st cohort complete and proposed dosing for chronic administration has been modeled & simulated
- Next steps: evaluate chronic dolutegravir dosing administration (5 mg dispersible tablet every other day for 2 weeks, followed by once-daily through 28 days of life) in subsequent cohort

European Medicines Agency Approves Triumeq PD® for Infants and Young Children Based on IMPAACT 2019

Data

Lancet HIV 2023



Pharmacokinetics, safety, and tolerability of dispersible and immediate-release abacavir, dolutegravir, and lamivudine tablets in children with HIV (IMPAACT 2019): week 24 results of an open-label, multicentre, phase 1–2 doseconfirmation study

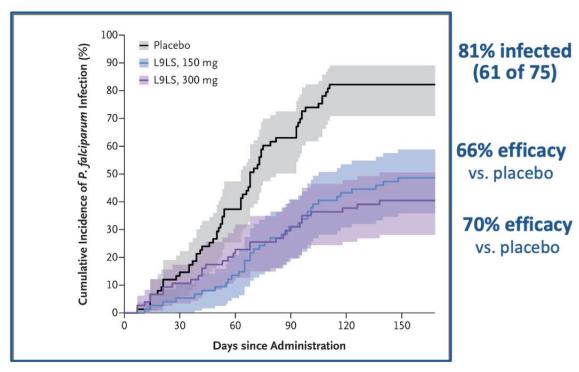
Kristina M Brooks, Jennifer J Kiser, Lauren Ziemba, Shawn Ward, Yasha Rani, Tim R Cressey, Gaerolwe R Masheto, Haseena Cassim, Jaime G Devill Ponego J. Ponatshego, Fanezah Patel, Linda Auribul, Shaun I. Bamabas, Iris Mustich, Anne Coletti, Barbara Heckman, Chelsea Krotje, Mark Lojacono, Dwight E Yin, Ellen Townley, Jack Moye, Sai Majji, Edward P Acosta, Kevin Ryan, Hardik Chandasana, Cynthia H Brothers, Ann M Buchanan, Helena Rabie, Patricia M Flumn, on behalf of the IMPAACT 2019 Study Team

IMPAACT 2019: Phase I/II open-label, multicenter, multiple-dose study of Triumeq® and Triumeq PD® in children living with HIV

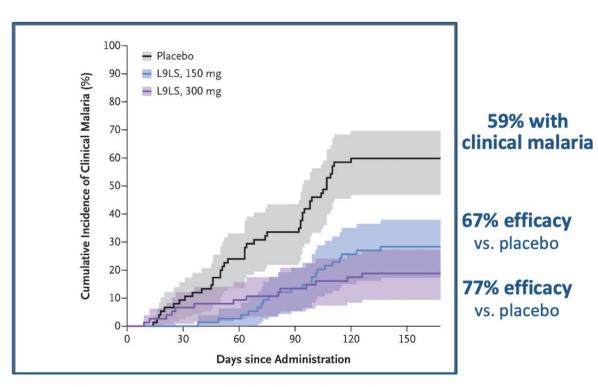
- Triumeq PD® contains dolutegravir, abacavir, and lamivudine in a dispersible tablet
- Safe, well-tolerated and effective at controlling HIV when taken daily

NIAID Supported Research to Combat Malaria

Phase 2 study of a single SC injection of L9LS mAb in Malian children 6 – 10 years of age



Cumulative incidence of the first *P. falciparum* blood-stage infection during a 6-month malaria season



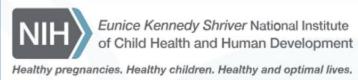
Cumulative incidence of the first clinical malaria episode due to *P. falciparum* infection during a 6-month malaria season

Kayentao et al. NEJM, 2024

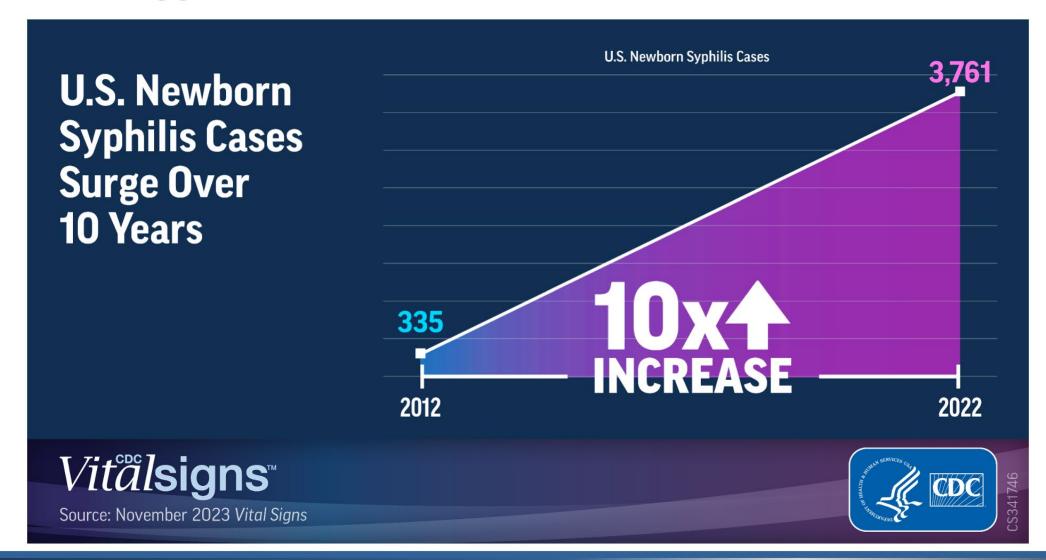


OPPORTUNITIES FOR COLLABORATION



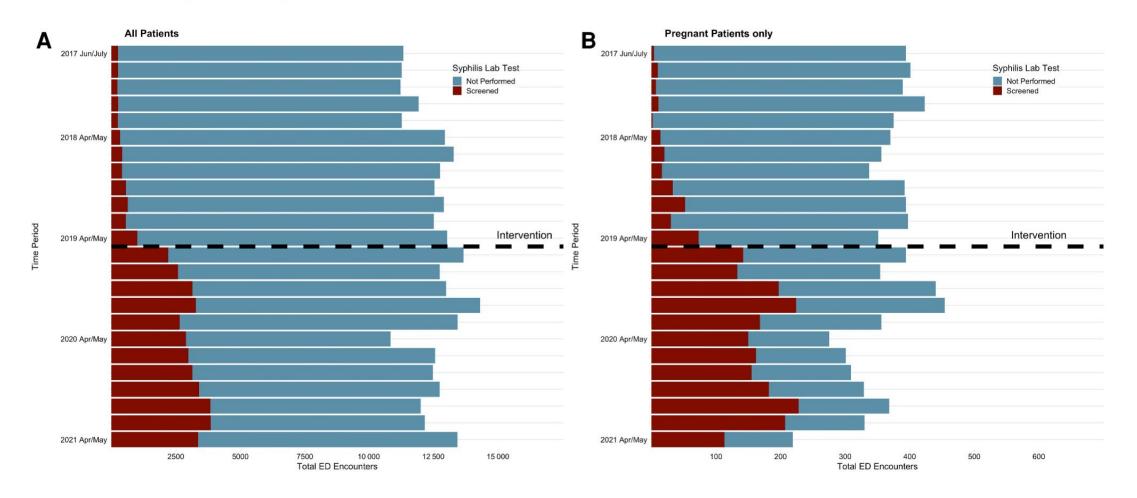


CDC Recommends Action to Stop the Increase in Newborn Syphilis Cases



Strategy to Increase Diagnosis & Treatment

Offering optional syphilis tests to most people seeking care at a large emergency department leads to a dramatic increase in screening and diagnosis



Stanford KA et al. Open Forum Infectious Diseases, 2024

Opt-Out Emergency Department Screening by the Numbers

Assessing screening and diagnosis outcomes 2 years prior to implementation & 2 years after implementation



299,651 Emergency Department Encounters



Screening of Pregnant People



Pre-intervention: 272 of 4,579 (5.9%)
Post-intervention: 2,061 of 4,129 (49.9%)



750% increase in confirmed cases (from 2 to 15)



Overall Screening



Pre-intervention: 5,209 of 146,644 (3.6%)
Post-intervention: 37,289 of 153,007 (24.4%)



288% increase in presumed active infection

- Pre-intervention: **161 syphilis cases** (3.1% of those screened)
- Post-intervention: **624 syphilis cases** (1.7% of those screened)

Most individuals with syphilis did NOT exhibit STI symptoms

Stanford KA et al. Open Forum Infectious Diseases, 2024

JAMA Insights | Women's Health

April 3, 2023

Antiretroviral Treatment of HIV/AIDS During Pregnancy

Ahizechukwu C. Eke, MD, PhD, MPH^{1,2}; Shahin Lockman, MD^{3,4,5}; Lynne M. Mofenson, MD⁶

» Author Affiliations | Article Information

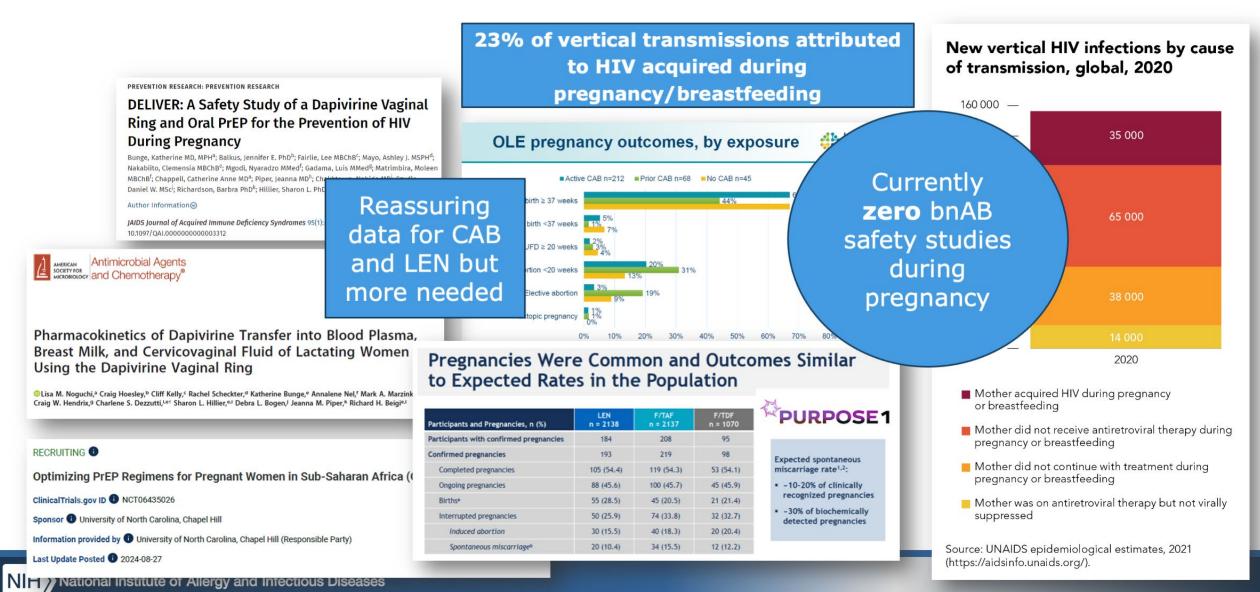
JAMA. 2023;329(15):1308-1309. doi:10.1001/jama.2023.5076



Prevention of Mother-to-Child Transmission of HIV

- In 2021, ~160,000 new perinatal infections occurred
- ~48% of these perinatal infections were in infants born to women who did not receive ART during pregnancy due to either:
 - □ lacked knowledge of HIV serostatus;
 - acquired HIV during pregnancy or breastfeeding;
 - stopped ART during pregnancy or breastfeeding; or
 - □ inadequate viral suppression
- Prevention of MTCT of HIV remains a major public health challenge

Ethical Inclusion of Pregnant/Breastfeeding Populations in Prevention Research Critical for Addressing Vertical Transmission



U.S. Guidelines to Reduce Perinatal HIV Transmission



Testing

- All pregnant people be tested as early as possible
- Testing in 3rd trimester and during labor for people with increased risk or previously untested

Treatment

- ART during pregnancy
- IV zidovudine and cesarean section delivery for mothers with unknown or unsuppressed viral load at delivery
- Neonatal ART prophylaxis after delivery

Perinatal HIV transmission risk in the U.S. has decreased to less than 1%

Perinatal HIV Transmission in Maryland

PEDIATRICS°

CASE REPORT | OCTOBER 10 2024

Increase in Cases of Perinatal HIV Transmission in Maryland in 2022 🕢

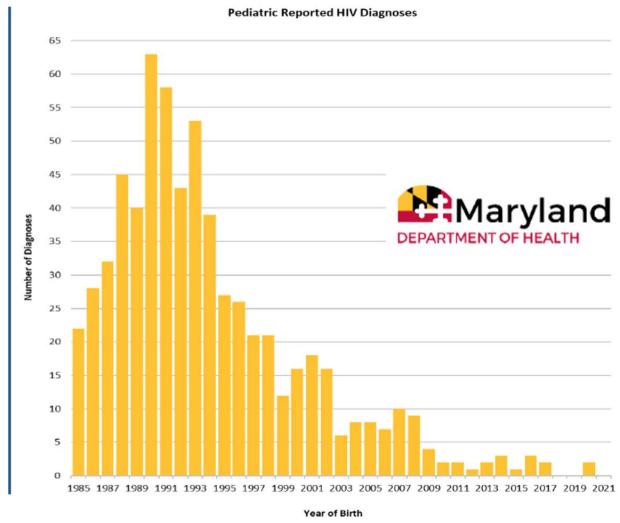
David C. Griffith, MD E ; Matthew Grant, MD; Wei Li Adeline Koay, MBBS, MSc Natella Rakhmanina, MD, PhD, FAAP, FCP, AAHIVS; Anna Maya Powell, MD, MSc; Allison Agwu, MD, ScM, FAAP, FIDSA

2018-2021: 2 perinatal HIV cases reported

2022: 6 new diagnoses reported

Some Contributing Risk Factors:

- Delayed HIV diagnosis until pregnancy & HIV acquisition during pregnancy
- Delayed linkage to HIV care & ART initiation
- Poor ART adherence
- Lack of dosing of preventative antiretrovirals for premature infants
- Substance use and lack of perinatal/HIV care
- Missed diagnosis in pregnancy & lack of testing after parental diagnosis



Immune Mechanisms at the Maternal-Fetal Interface

Understanding the interactions of immune cells that enable pregnancy and modulate immunity in offspring

Program began in 2019

43 of 154 publications cite both NIAID and NICHD funding



Coronavirus disease 2019 vaccine response in pregnant and lactating women: a cohort study

Showed mRNA COVID-19 vaccines generated **robust humoral immunity** in pregnant & lactating women, with **similar reactogenicity and immunogenicity** observed in nonpregnant women. Immune transfer to neonates occurred via placenta and breastmilk.



Translational Research in Maternal and Pediatric Pharmacology and Therapeutics Program Announcement

Eunice Kennedy Shriver National Institute of Child Health and Human Development

National Institute of Allergy and Infectious Diseases

National Institute of Drug Abuse

National Institute of Mental Health

Office of Research on Women's Health

Improving safe and effective precision therapeutics for pregnant and lactating persons, fetuses, neonates, and children, including those with disabilities

- Develop novel tools, models, and other technologies that have a direct clinical or health impact
- Enhance understanding of the underlying mechanisms of drug action
- Discover and develop novel therapeutics or enhance the usage of existing drugs

PAR-25-110 (R01 Clinical Trial Optional)

PAR-25-111 (R21 Exploratory/Developmental Grants)





Apply genomics to treat pediatric diseases

Looking to the Future



Eliminate perinatal infectious disease transmission



Reduce the burden of childhood asthma and allergy



Develop vaccines to prevent infectious disease



Thank You!