EVT894 — EVOTEC’S APPROACH TO FIGHT CHIKUNGUNYA
**EVT894**

**Background**

In June 2018, Evotec and Sanofi signed an agreement to combat infectious diseases. As part of the agreement, Evotec integrated Sanofi’s infectious disease unit in Lyon into its organisation and in-licensed the majority of Sanofi’s infectious disease research portfolio and initiatives comprising a series of anti-microbial and anti-viral compounds.

The anti-Chikungunya monoclonal antibody programme EVT894 is Evotec’s most advanced anti-viral programme having entered clinical phase testing in December 2020. The programme is a collaboration with many international partners aimed at providing a cure and prophylaxis for a disease for which currently no treatment exists.

**About EVT894**

EVT894 is a fully human monoclonal antibody derived from a patient who was infected with the Chikungunya virus.

It has gone through rigorous pre-clinical testing and recently reached the clinical phase. EVT894 achieved potent neutralising activity *in vitro* and *in vivo* in therapy and prophylaxis models and demonstrated efficacy against all circulating Chikungunya genotypes.

EVT894 is a first-in-class anti-viral therapeutic agent against Chikungunya and might also work as a prophylactic solution for immediate protection of people at risk during Chikungunya outbreaks. The aim is to establish that EVT894 is sufficient as a single injection for therapy and prophylaxis.

**Recent achievements**

- All pre-clinical goals met to move into a Phase I first-in-human clinical trial
- First participant on Phase I clinical trial enrolled December 2020

**Why Chikungunya?**

- Unmet medical need - There are currently no approved therapies or vaccines to treat or prevent Chikungunya infection or disease
- WHO has designated Chikungunya as a Neglected Tropical Disease
- ~ 1,3 billion people live in areas endemic for Chikungunya

**Collaborations & Financials**

- The Defense Advanced Research Projects Agency ("DARPA") is contributing to the funding of pre-clinical and epidemiology activities
- Sponsoring and funding for the current Phase I trial provided by the National Institute of Allergy and Infectious Diseases ("NIAID"), part of the National Institutes of Health ("NIH")
- Discussions for financial support for future clinical development ongoing
- Chikungunya was included in the “Tropical Disease Priority Review Voucher Programme” of the FDA
CHIKUNGYUNYA

A global spread

Countries and territories where Chikungunya cases have been reported

In 2017, more than 1 million cases were reported in the Americas and Caribbean islands.

Because outbreaks occur predominantly in tropical regions, Evotec has been building collaborations with infectious disease research groups around the world.

In 2020, as of July 2020, approx. 55,000 cases in endemic countries were reported, with hotspots in Brazil (~48,000) and Thailand (~4,300).

Yearly figures may differ significantly, in 2020, as of July, India reported less than 50 cases, but in 2019 more than 65,000.

Prevalent in ~60 countries

Today, the virus has spread to most tropical regions of America, Africa and Asia.
Chikungunya was first described during an outbreak in southern Tanzania in 1952.

The name “chikungunya” derives from a word in the Kimakonde language, meaning “to become contorted”, and describes the stooped appearance of sufferers with joint pain (arthralgia).

It is an RNA virus that belongs to the *alphavirus* genus of the family *Togaviridae*.

Chikungunya is a viral disease transmitted to humans by infected mosquitoes. It causes fever and severe joint pain. Other symptoms include muscle pain, headache, nausea, fatigue and rash.

Joint pain is often debilitating and can vary in duration, but can persist for months to years. Patients are often unable to work or manage daily activities.

High socio economic impact in affected countries.

Unpredictable distribution and evolution of outbreaks – vaccine strategy is difficult to establish / predict.

**CHIKUNGUNYA FACTS & FIGURES**

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**Pipeline**

- Just a few vaccines in clinical development, currently only one active Phase III trial.
- EVT894 is the second therapeutic agent in the clinic.

Evotec is also developing a rapid, affordable and robust point-of-care Chikungunya test that could serve as a companion diagnostic and/or stand-alone test for the virus.
Sources: WHO, US Centers for Disease Control and Prevention and European Centre for Disease Prevention and Control