Prequalification Unit
In Vitro Diagnostics Assessment Team: Update

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Deirdre Healy
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Helena Ardura
Susie Braniff

3 December 2024
PQT/IVD Team

Housekeeping rules

- Hybrid meeting
- Presentations followed by Q&A
  - Burning questions: raise your hand
  - Other questions addressed during Q&A
- Colleagues on-line:
  - All microphones are muted
  - Use the Q&A
- 8:45 – 11:00
- WHO Code of conduct

Code of conduct at WHO events

World Health Organization

CODE OF CONDUCT

To Prevent Harassment, including Sexual Harassment, at WHO events

PURPOSE

WHO is committed to enabling events at which everyone can participate in an inclusive, respectful and safe environment. WHO events are guided by the highest ethical and professional standards, and all participants are expected to behave with integrity and respect towards all participants attending or involved with any WHO event.

APPLICABILITY

The Code of Conduct applies to any WHO event, which shall include meetings, conferences and symposia, assemblies, receptions, scientific and technical events, expert meetings, workshops, exhibits, side events and any other forum organized, hosted or sponsored in whole or part by WHO wherever it takes place, and any event or gathering that takes place on WHO premises whether or not WHO is organizing, hosting or sponsoring.

The Code of Conduct applies to all participants at a WHO event, including all persons attending or involved in any capacity in WHO event.

Any other entity responsible for a WHO event commits to implementing the Code of Conduct.

The Code of Conduct is not legal or prescriptive in nature. It supplements, and does not affect, the application of other relevant policies, regulations, rules and laws, including laws regulating the premises in which the WHO event takes place and any applicable host country agreements.

PROHIBITED CONDUCT

Harassment is any behaviour that is directed at another person and has the effect of offending, humiliating or intimidating that person; and the person engaging in the behaviour knows or reasonably ought to know would offend, humiliate or intimidate that other person. Harassment in any form because of gender, gender expression, gender identity, race, religion or belief, nationality, ethnic or social origin, age, sexual orientation, marital status, disability, language or any other reason is prohibited at WHO events.

Sexual harassment is a specific type of prohibited conduct. Sexual harassment is any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation. Sexual harassment may involve any conduct of a verbal, nonverbal or physical nature, including written and electronic communications, and may occur between persons of the same or different genders.

Examples of sexual harassment include, but are not limited to:

Making derogatory or demeaning comments about someone's sexual orientation or gender identity	Name-calling or using slurs with a gender/sexual connotation	Making sexual comments about appearance, clothing or body parts	Making comments about or rating a person's attractiveness
Asking for sexual favours or repeatedly asking a person for dates	Staring in a sexually suggestive manner	Unwelcome touching, including pinching, patting, rubbing or purposefully brushing up against a person	Making inappropriate sexual gestures, such as pelvic thrusts
Sharing sexual or lewd anecdotes or jokes	Sending sexually suggestive communications in any format	Sharing or displaying sexually inappropriate images or videos in any format	Attempted or actual sexual assault, including rape

COMPLAINT PROCESS

A participant who feels that they have been harassed at a WHO event may report the matter to the organizer of the WHO event or relevant security authority, and a participant who witnesses such harassment should make such a report. The organizer of the WHO event will be expected to take appropriate action in accordance with its applicable policies, regulations and rules.

Examples of appropriate action may include, but are not limited to:

Requesting the offender to immediately stop the offending behavior	Suspending or terminating the offender's access to the WHO event or refusing registration at future WHO events, or both	Conveying the complaint to any investigative or disciplinary authority with jurisdiction over the person accused of harassment	Conveying a report to the employer or entity with jurisdiction over the person accused of harassment for appropriate follow-up action

The victim of alleged harassment may also seek help from other relevant authorities, such as the police, bearing in mind the applicable legal framework. A participant should never knowingly make a false or misleading claim about prohibited conduct.

PROHIBITION OF RETALIATION

Threats, intimidation or any other form of retaliation against a participant who has made a complaint or provided information in support of a complaint are prohibited. WHO or other entity responsible for a WHO event will take any reasonable appropriate action needed to prevent and respond to retaliation, in accordance with its applicable policy, regulations and rules.

World Health Organization

Cross-cutting aspects

Irena Prat

Assessment capacity and 2024 assessment sessions

Expansion of assessors' network and consolidation of the team's permanent capacity

- Integration of NRAs (mature and maturing):
  - 5 mature NRAs
  - 10 other NRAs
- Full implementation of assessment sessions
- Units of work: new dossiers, assessments of corrective action plans, assessments of dossier gap analysis, EUL dossier reviews, ERPD technical documentation and QMS documentation reviews and change reviews
- Currently 39 active PQ applications and 40 active change requests

Session	Units of work
Feb	16
Apr	26
Jun	26
Aug	30
Oct	42
Dec	25*
Total	**165**

Prequalification: highlights

Irena Prat

PQ eligibility expansion

First time stepping into NCDs

In-vitro diagnostic medical devices for monitoring of blood glucose in capillary blood; and

Haemoglobin A1c point of care analysers for professional use

Dedicated webinar held for manufacturers

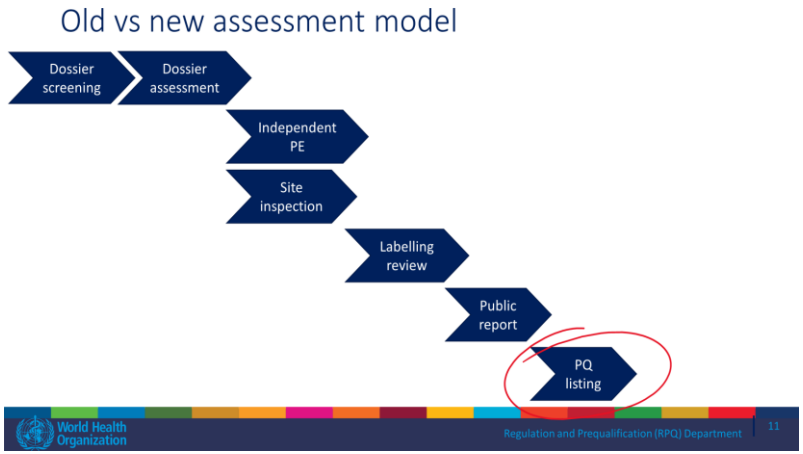
Coming next: 2025

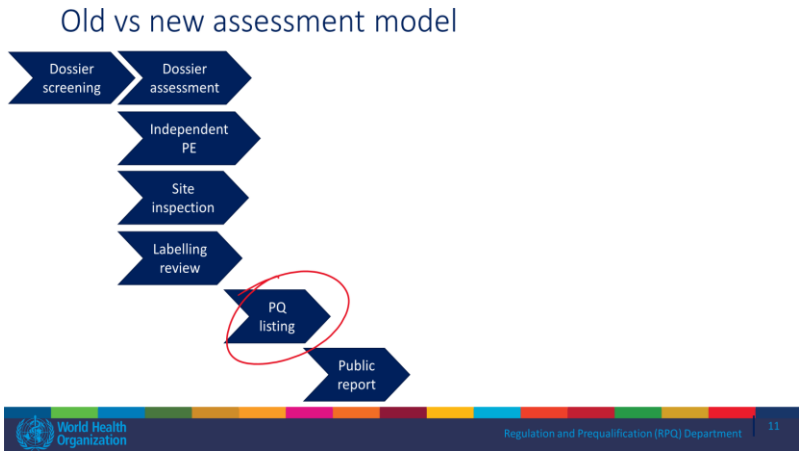
TB LAM

STIs

PQ assessment process: implemented shift

Streamlined process with amplified concurrent activities

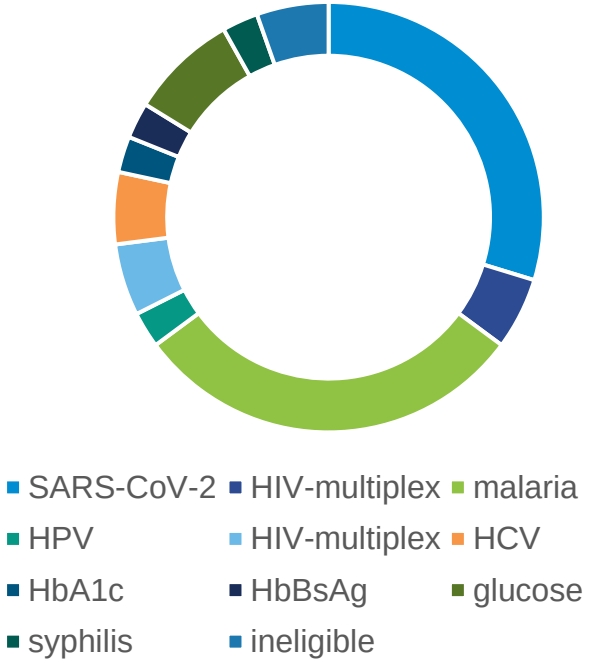




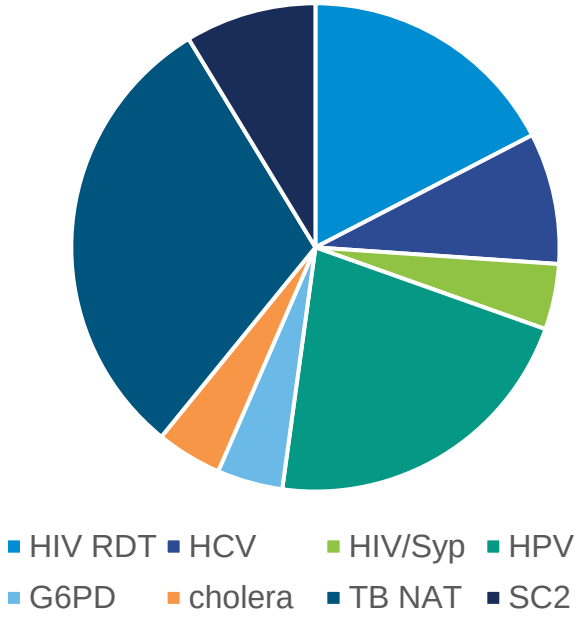
- Earlier labelling review and integration in assessment sessions
- PR publication after PQ listing

2024 PQ pipeline

37 PSFs received so far



IVDs under assessment



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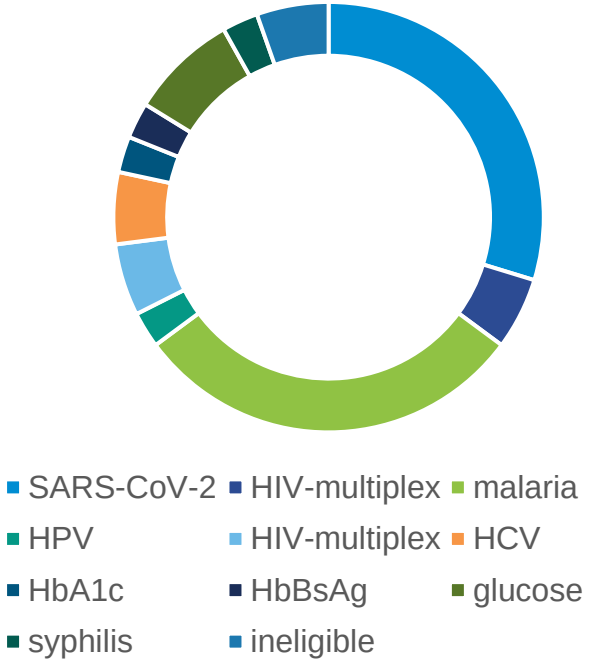
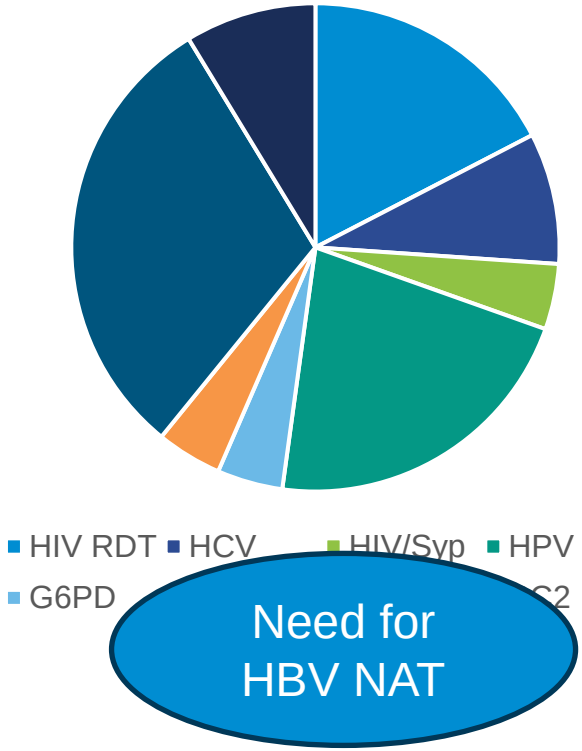


IVDs under assessment



2024 Prequalified products

Year prequalified	Type of assay	Product name	Regulatory version	Manufacturer
2024	HIV NAT	Accupower HIV-1 Quantitative RT-PCR	RoW	Bioneer Corporation
2024	Malaria RDT	Wondfo Malaria P.f (HRP2/pLDH) Test	RoW	Guangzhou Wondfo Biotech Co., Ltd
2024	HPV Virological Technologi		CE-marked	Roche Molecular Systems, Inc.
2024	HIV NAT	Xpert HIV-1 Viral Load XC		Cepheid AB
2024	HCV RDT for Self-Testing	OraQuick Hepatitis C Self-Test		OraSure Technologies, Inc.,
2024	HIV NAT	Alinity m HIV-1	CE-marked	Abbott Molecular Inc.
2024	Malaria RDT	ONE STEP Malaria (Pf/Pv) Tri-line Test	RoW	InTec PRODUCTS, Inc
2024	Malaria RDT	ONE STEP Malaria (Pf) Test	RoW	InTec PRODUCTS, Inc
2024	HIV NAT	Xpert HIV-1 Qual XC	CE-marked	Cepheid AB

+3 IVDs close to listing

+2 IVDs advanced

CRP & Dossier Review updates

Dr. Susie Braniff

Collaborative Registration Procedure (CRP)

Aims to accelerate country registration of prequalified IVDs through information sharing between WHO PQ and National Regulatory Authorities

PRINCIPLES

Voluntary for Mx of prequalified IVDs

Product sameness must be guaranteed

Confidentiality of data shared

Target timeline: **maximum 90 days**

WHO PQ REPORTS SHARED

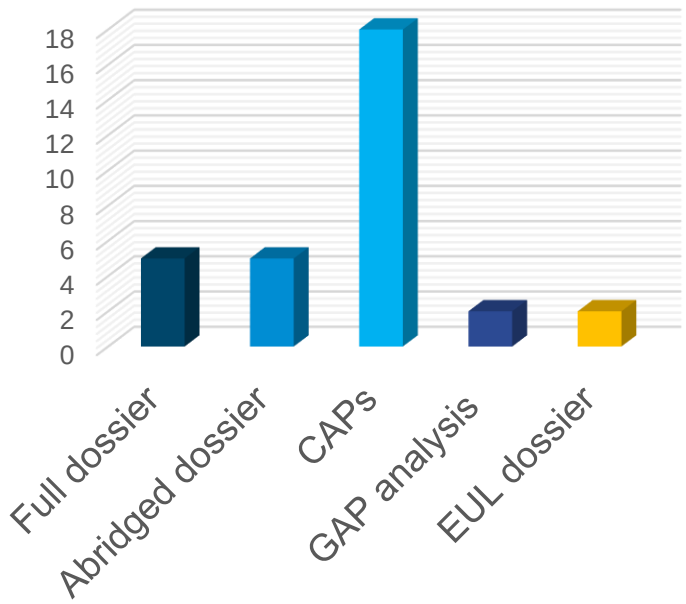
- Dossier review & Change requests
- Site Inspection
- Performance Evaluation

35 Countries participating

https://extranet.who.int/prequal/vitro-diagnostics/collaborative-procedure-accelerated-registration

20 products registered by CRP in 2024

Dossier review at Assessment Sessions



Assessment sessions were piloted by PQT-IVD in 2023 and implemented in 2024 with 6 sessions held

- Increase pool of technical experts
- Ensure standardization of technical reviews conducted
- Capacity building

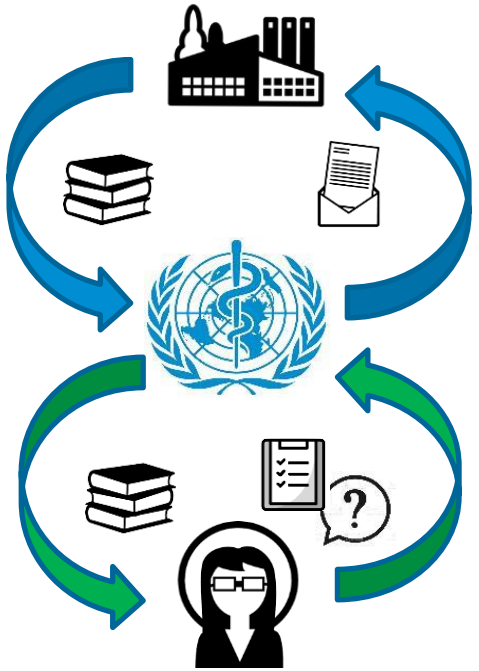
6 sessions scheduled for 2025

1. 10 - 14 February	**4.** 25 - 29 August
2. 7 - 11 April	**5.** 13 - 17 October
3. 16 - 20 June	**6.** 8 - 12 December

Materials for review received 15 days prior to an assessment session will be available for assessment

Dossier review process

- Dossier sent to subject matter expert for technical review
- Expert provides completed dossier review report and notes any deficiencies in the dossier
- WHO prepares dossier review letter for manufacturer requesting additional information and/or clarifications
- Manufacturer submits a corrective action plan (CAP) – *Round 1*
- Expert reviews new information and amends the dossier review report for WHO
- Further clarification by the manufacturer (CAP) may be required to address any additional requests – *Round 2*

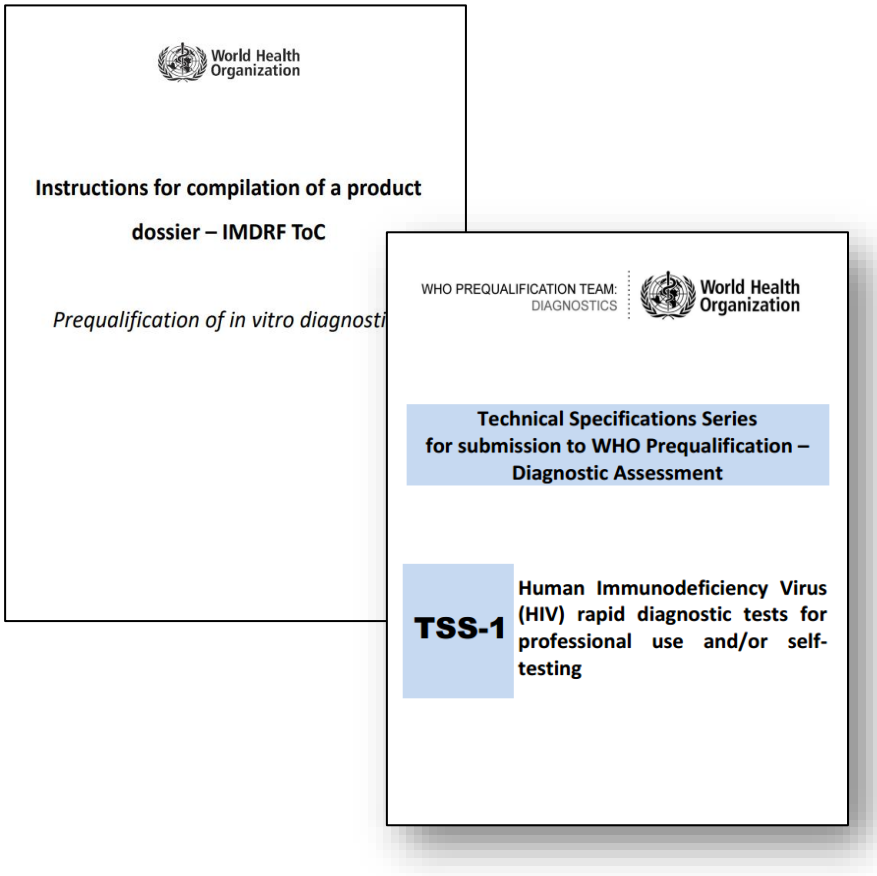


Preparing a product dossier

2 Essential documents

- ❖ Instructions for compilation of a product dossier
- ❖ TSS relevant to the IVD

- Dossier submitted to PQ must be in IMDRF “Table of Contents” format
- Each performance study must include:
  - Study description & identifier
  - IFU version used and kit lot numbers
  - Full study protocol and report
- Provide evidence that the IVD meets TSS requirements



Requests and CAPs

Maximum extension time for dossier = 6 months

Dossier review letter prepared by WHO has 3 modules

A response to the requested information must first be submitted as a corrective action plan (CAP)

For each outstanding issue the plan should state:

- Availability of the requested data
- Date of planned submission of data and any steps (e.g., performance studies) needed to be undertaken by the manufacturer to address the issues

The CAP is due one month from the date of the letter

- If it cannot be provided in time, please notify WHO before the due date with a written request for a time extension, including the reasons for the request
- To formulate the CAP the letter contains a table with the requests

Module A

- Administrative
- Submission context (Product Info)
- Analytical performance and other evidence
- Labelling
- QMS, production & service control

Module B

- Stability

Module C

- Clinical evidence

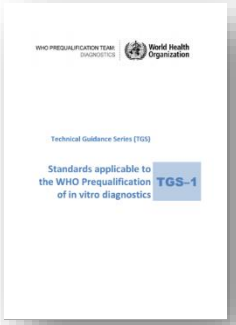
PQ-IVD Technical Specifications Series: UPDATE

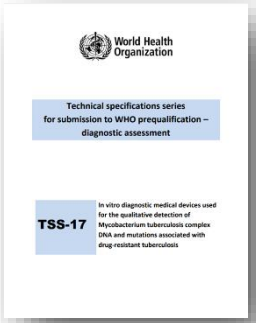
Dr. Ute Ströher

Outline

- Overview of PQ-IVD technical specifications series (TSS) documents published in 2024
- PQ-IVD TSS in development
- PQ-IVD TSS under revision
- PQ-IVD TSS planned for 2025/2026

PQ IVD Guidance documents





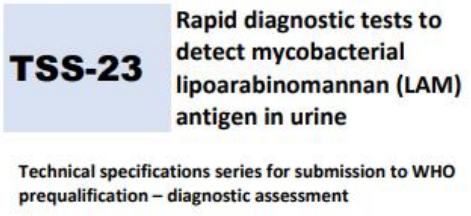
Technical Guidance Series (TGS)

- Applicable to all IVDs
- Focus on the needs of WHO Member States
- Each TGS provides detailed guidance on a specific aspect related to IVD performance

Technical Specifications Series (TSS)

- Written for a specific analyte/pathogen/IVD
- Summarize minimum performance requirements for WHO prequalification
- Specific requirements tailored to types of infections, conditions, etc.
- Requirements that address needs of Member States incl resource limited settings

PQ-IVD TSS published in 2024



World Health Organization

- Rapid Immunochromatographic test, Lateral flow test
- Qualitative detection of MTBC LAM antigen
- POC
- Professional use
- With or without reader
- Aid in the diagn of TB in individuals with signs/symptoms of TB
- HIV pos, CD4 <200cells/mm^3 (inpatients) or CD4 <100cells/mm^3 (outpatients)
- Urine or concentrated urine
- Controls recommended, but optional (can be sold separately)




PQ-IVD TSS in development

TSS-22 Haemoglobin point of care analysers

- Expansion of PQ: non-communicable diseases (NCD), risk class B
- Technical consultation (Apr 2021 → June 2023): 18 experts
- Public comment period: Q2 2024
- Publication: pending

Intended Use
professional use
screening for anaemia, monitoring of haemoglobin levels
diagnosis of anaemia/aid in the diagnosis of anaemia
capillary blood, venous blood

TSS-24: In vitro diagnostic medical devices used for the qualitative detection of *Neisseria gonorrhoeae, Chlamydia trachomatis* and *Trichomonas vaginalis* nucleic acid

- Technical consultation: Q3 2024
- Public comment period: Q4 2024

Intended Use
professional use
screening, diagnosis, or aid to diagnosis
sexually active population, pregnant people
urine, vaginal swabs, cervical/endocervical swabs, liquid PAP smears, urethral swabs, anorectal swabs, penile meatal swab and oropharyngeal swabs

TSS-25: Rapid diagnostic tests to detect *Neisseria gonorrhoeae* antigen

- Technical consultation: Q3 2024
- Public comment period: Q4 2024

Intended Use
professional use
screening, diagnosis, or aid to diagnosis
sexually active population (including adolescents), populations at increased risk of STIs
urine, vaginal swabs, endocervical swabs, penile meatal and/or anorectal swabs

TSS-26: Rapid diagnostic tests to detect *Chlamydia trachomatis* antigen

- Technical consultation: Q3 2024
- Public comment period: Q4 2024

Intended Use
professional use
screening, diagnosis, or aid to diagnosis
sexually active population (including adolescents), populations at increased risk of STIs
urine, vaginal swabs, endocervical swabs, penile meatal and/or anorectal swabs

PQ-IVD TSS under revision

TSS-27: Syphilis rapid diagnostic tests for professional use and/or self-testing

Revision of TSS-6: Syphilis rapid diagnostic tests

- Technical consultation: Q3 2024
- Public comment: Q4 2024

Scope of the revision:

- Add Usability Studies to support claim for **self-testing**
- Format changes → align with IMDRF ToC chapter numbering

TSS-3: Malaria rapid diagnostic tests, 2nd edition

- Technical consultation: June 2023
- Public comment period: Q2 2024

Scope of the revision:

- Format changes → align with IMDRF ToC chapter numbering
- Availability of WHO International Standard for Pf & Pv (analytical studies)
- Clinical evidence to support claim for the detection of parasites with HRP2/3 deletions (applicable to all IVDs that detect Pf non-HRP antigens, e.g. LDH)

PQ-IVD TSSs planned for 2025/2026 (2027)

Revision of TSS 4: In vitro diagnostic medical devices (IVDs) used for the detection of high-risk human papillomavirus (HPV) genotypes in cervical cancer screening

- self-collection
- mRNA tests

NEW TSS xx1: Targeted next-generation sequencing based in vitro diagnostic medical devices used for the detection of drug-resistant tuberculosis

NEW TSS xx2: In vitro diagnostic medical devices (IVDs) used for the qualitative detection of Dengue virus, Zika virus and /or Yellow fever virus nucleic acid

NEW TSS xx3: In vitro diagnostic medical devices (IVDs) used for the enumeration of CD4 T-cells at or near POC (Monitoring of HIV infection)

Performance evaluation

Anne-Laure Page

Performance evaluations conducted in 2024

Evaluations finalized (final report) in 2024: 4

- HIV quantitative NAT: 2
- TB NAT: 1
- HPV NAT: 1

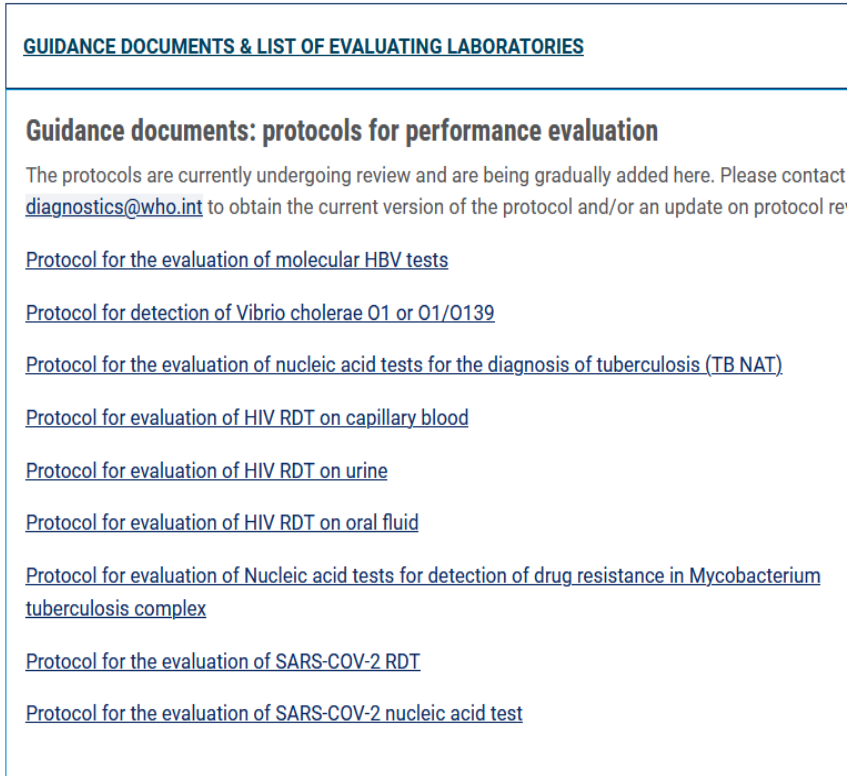
On-going evaluations, close to completion: 6

- HIV serology: 2
- TB NAT: 2
- HIV-syphilis dual test: 1
- HPV NAT: 1

- **Highlights**
  - First evaluations of TB NAT
  - First evaluation of HIV rapid test on urine

Performance evaluation protocols

- New protocols
  - SARS-CoV-2 NAT
  - SARS-CoV-2 Ag RDT
- In development
  - TB-LAM
  - STI protocols
    - *N. gonorrhoeae / C. trachomatis*
    - NAT and RDT
- Publication on website
  - Gradually for new or revised protocols
  - Currently 9 protocols posted



GUIDANCE DOCUMENTS & LIST OF EVALUATING LABORATORIES

Guidance documents: protocols for performance evaluation

The protocols are currently undergoing review and are being gradually added here. Please contact diagnostics@who.int to obtain the current version of the protocol and/or an update on protocol re

Protocol for the evaluation of molecular HBV tests

Protocol for detection of Vibrio cholerae O1 or O1/O139

Protocol for the evaluation of nucleic acid tests for the diagnosis of tuberculosis (TB NAT)

Protocol for evaluation of HIV RDT on capillary blood

Protocol for evaluation of HIV RDT on urine

Protocol for evaluation of HIV RDT on oral fluid

Protocol for evaluation of Nucleic acid tests for detection of drug resistance in Mycobacterium tuberculosis complex

Protocol for the evaluation of SARS-COV-2 RDT

Protocol for the evaluation of SARS-COV-2 nucleic acid test

https://extranet.who.int/prequal/vitro-diagnostics/performance-evaluation-0

Specimen panel for the evaluation of HIV / HIV-syphilis tests

- Renewal of the specimen panel used for the evaluation of HIV serology tests validated on serum/plasma
- Increasing the panel for evaluation of HIV-syphilis tests (A1 in HIV diagnostic algorithm)

- 1196 specimens collected from 6 PELs
  - From clinics / blood banks
  - 516 HIV positive including 7 HIV-2 positive
  - 155 Tp (syphilis) positive
  - will be complemented with Tp-positive specimens from syphilis panel

- Final panel will consist of 1000 specimens
  - 400 HIV-positive (7 HIV-2 positive) and 600 HIV-negative
  - 200 Tp-positive (including approx. 100 HIV-pos) and 800 Tp- negative

- Status: testing with prequalified RDTs to ensure consistency with previous panel
- Protocols to be revised

Performance evaluation – Other considerations

- Option 1/ option 2
  - Majority of submissions received in 2024 requested Option 1
  - Trend has changed
- Increased coordination with product dossier assessment
  - Where a performance claim is not verified, but not considered as sufficiently critical to fail
  - May request additional information from manufacturer to support the claim or investigate discrepant data
- HbA1c point of care tests and blood glucose meters
  - Performance evaluation is waived

Performance evaluation laboratories (PEL)

- Laboratories listed for conducting the PQ performance evaluation (*not required for manufacturer's validation studies*)

- Currently 15 listed laboratories listed for one or several analytes
  - 6 in Africa
  - 4 in Asia
  - 3 in Europe
  - 1 each in America and Australia

- In 2024
  - 2 existing PELs listed for evaluation of SARS-CoV-2 tests
  - 2 PELs successfully re-assessed
  - 1 PEL re-assessment on-going

- List of PELs available at

https://extranet.who.int/prequal/vitro-diagnostics/prequalified/performance-evaluation-laboratories

PEL meeting

- PEL meeting in May 2024
  - At least one participant from each PEL
  - Topics included challenges faced by PELs, ethics, quality and standardization of PQ performance evaluation
- Some challenges reported by PELs
  - Pressure from manufacturer
  - Product submitted is not the same as in PQ evaluation (IFU / RUO)
  - Software update during evaluation
  - Short shelf-life of kits submitted
  - Delays in receiving the kits

Changes to prequalified and EUL-listed IVDs assessment

Fatima Gruszka
Helena Ardura

Content

- Presentation of Post-PQ activities
- Overview of Change Request Assessments
- WHO Specifications
- 2024 Main Figures
- Perspectives & Revised Guidance

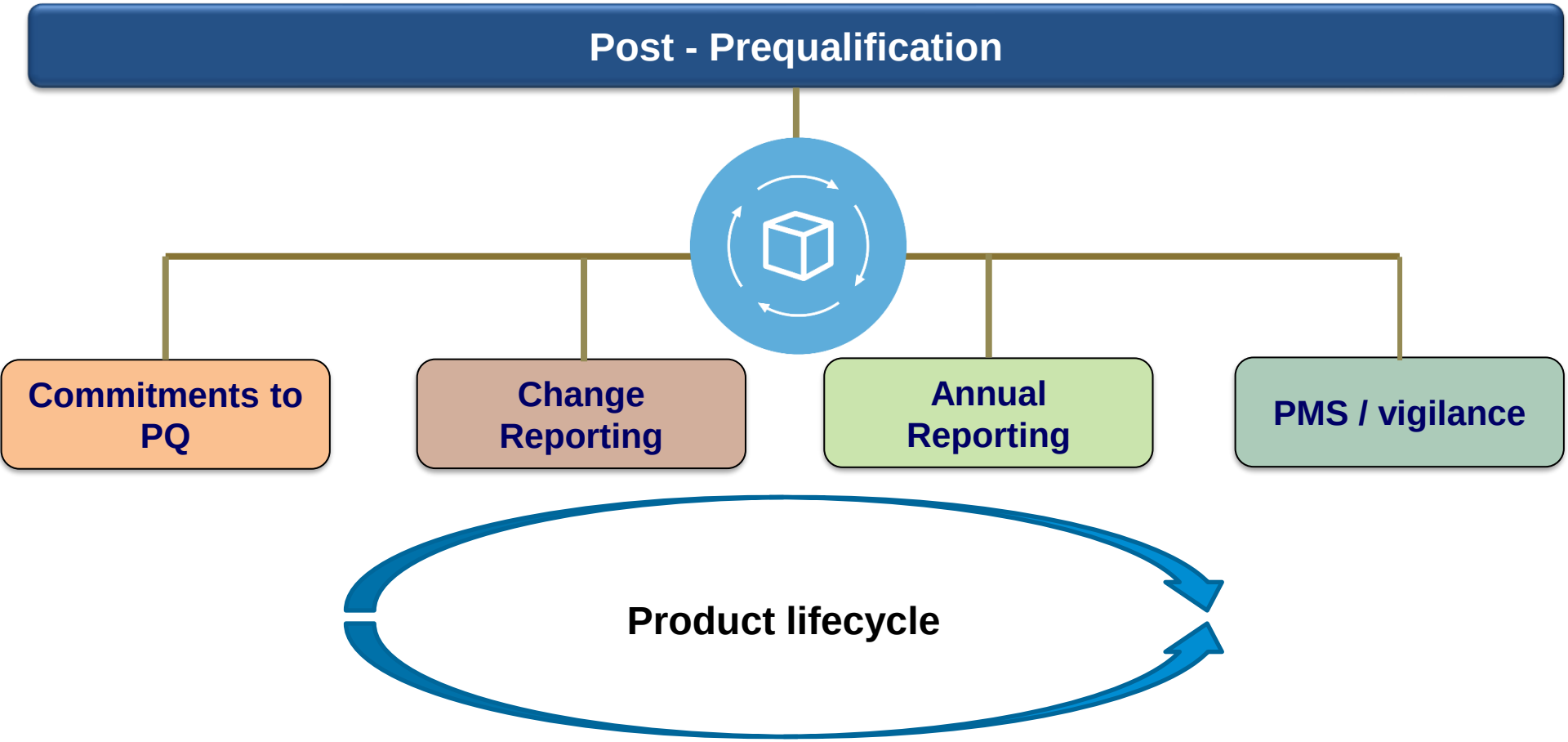
Presentation of Post-PQ activities

PQ of IVDs scope

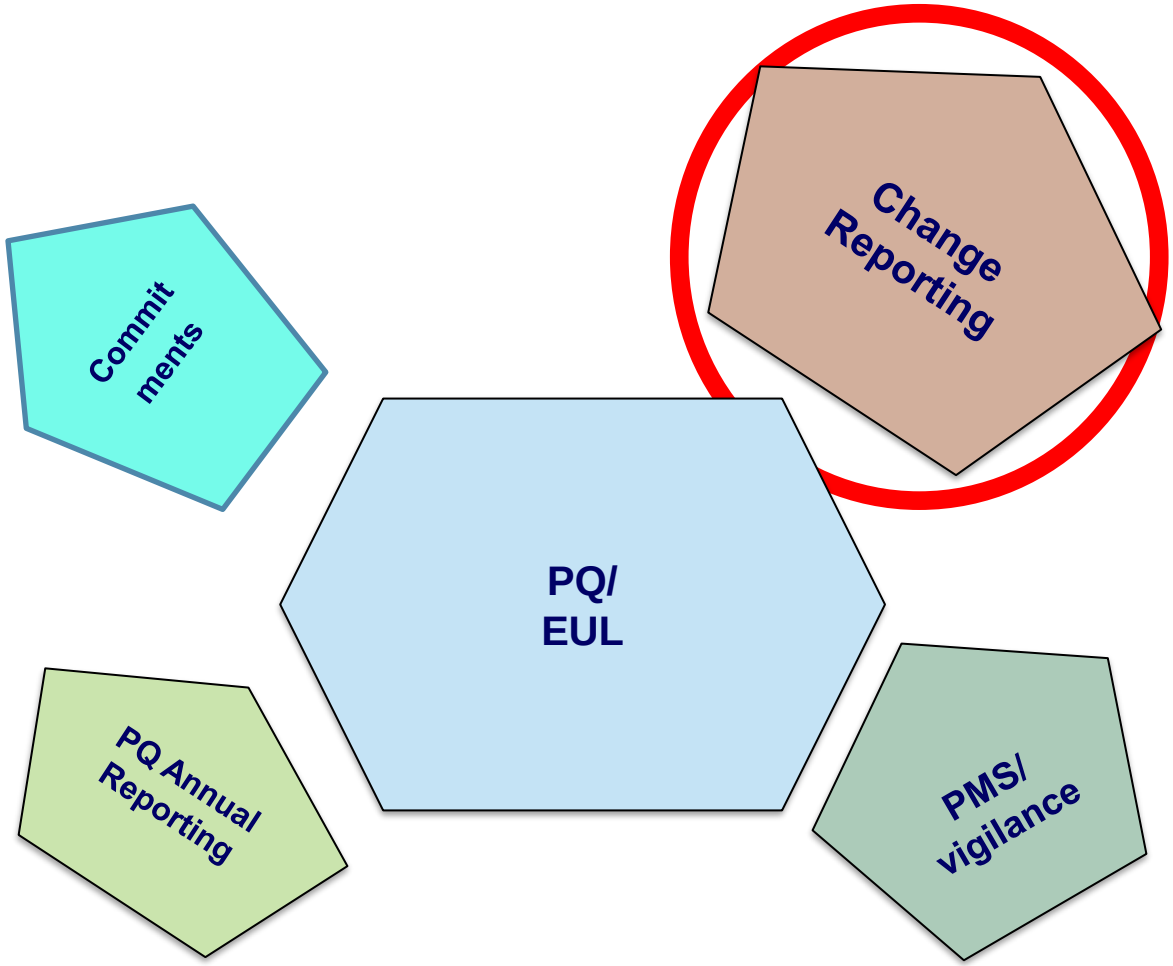
IVD products currently eligible for submission for prequalification	
Analyte/Pathogen	**Technology**
HIV	RDT, EIA, NAT
HIV-1/HIV-2	RDT
HIV-1/HIV-2	Flow cytometer, NAT for viral load
Hepatitis C virus (HCV)	RDT, EIA
HCV	NAT
Hepatitis B surface antigen (HBsAg)	RDT, EIA
Hepatitis B virus	Quantitative NAT
Malaria parasites	RDT
Human papilloma virus	NAT
G6PD enzyme	POC technologies/formats
Toxigenic Vibrio cholerae	RDT
Treponema pallidum (syphilis)	RDT
Mycobacterium tuberculosis complex and resistance to first and/or second line anti-TB drugs	Qualitative NAT
SARS-CoV-2	RDT, Qualitative NAT
Blood glucose	Handheld systems
HbA1c	POC analyzers

Post - Prequalification Activities

Maintenance of PQ status



Post-Prequalification/EUL Activities



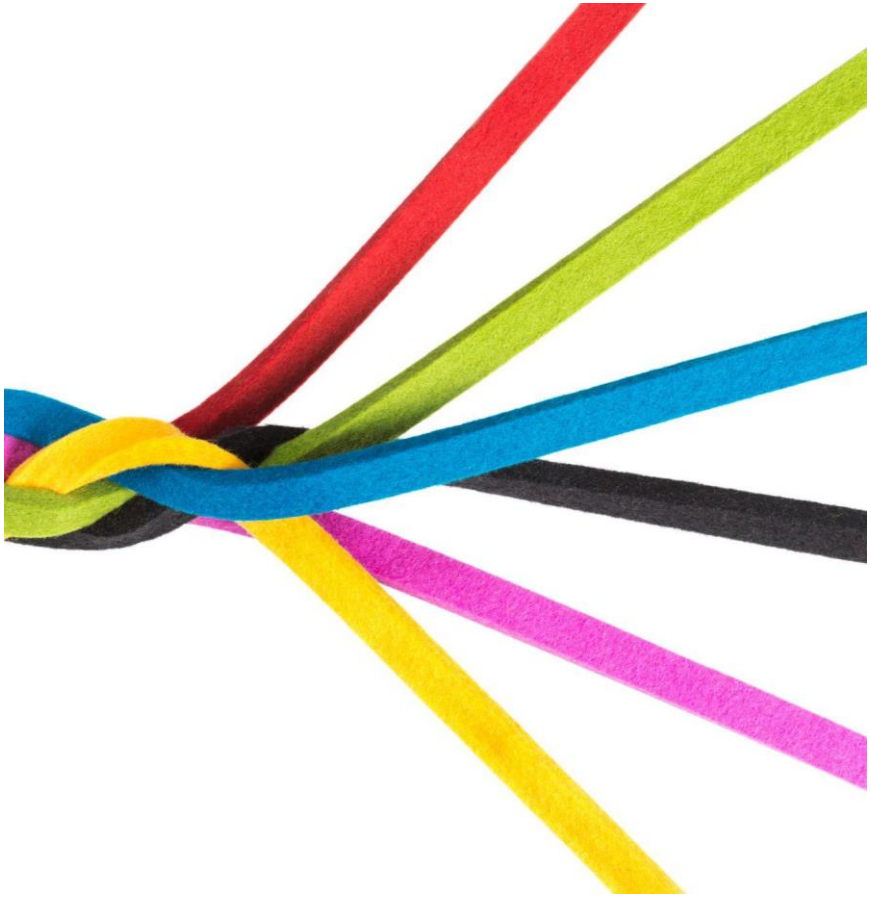
Reportable Changes

WHO Specifications

WHO reference documentation

The PQDx programme is aligned with international best practice for IVDs

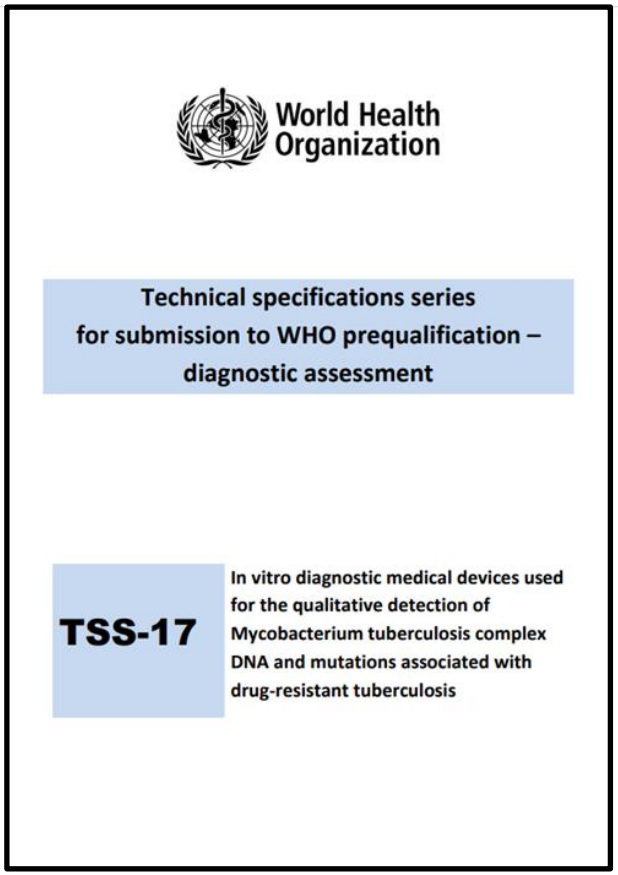
- ISO standards
- GHTF/IMDRF guidance
- CLSI guidance
- Requirements of recognized national regulatory authorities (maturity level 4) including: FDA, EU, TGA, HC, Japanese Ministry of Health, Labour and Welfare



Technical Specifications Series (TSS)

WHO reference documentation

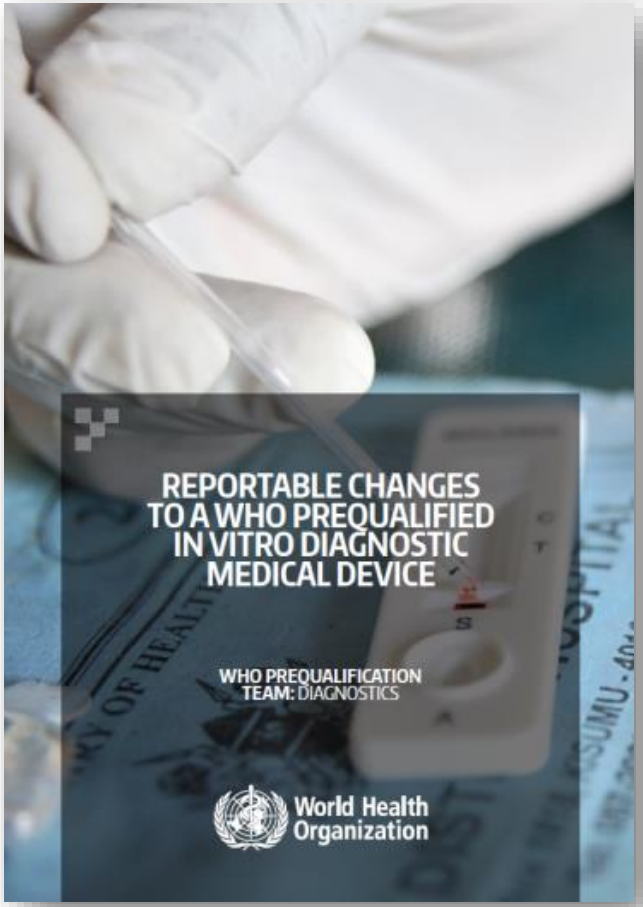
- Written for a specific analyte/pathogen/IVD
- Summarize minimum performance requirements for WHO prequalification
- Specific requirements tailored to types of infections, conditions, etc.
- Requirements that address needs of Member States incl resource limited settings
- Developed in alignment with relevant international and national standards, literature and best practise
- Benchmark for both manufacturers and assessors (standardization)



Overview of Change Request Assessment

Current guidance on reporting changes to PQ

Published in 2016



Notification and submission of changes to prequalified IVDs relating to:

- Product (e.g. materials used)
- Manufacturing
- QMS

Overview of change request procedure

1. Manufacturer submits Change Report Form along with supporting evidence

2. PQDx coordinates the selection of independent reviewer qualified for the specific review (evidence + template report)

3. Reviewers produce an assessment report with recommendations for PQDx

4. PQDx team sends a decision letter to the manufacturer (accepted, rejected, additional information is required, or a new application is needed)

Assessment Sessions

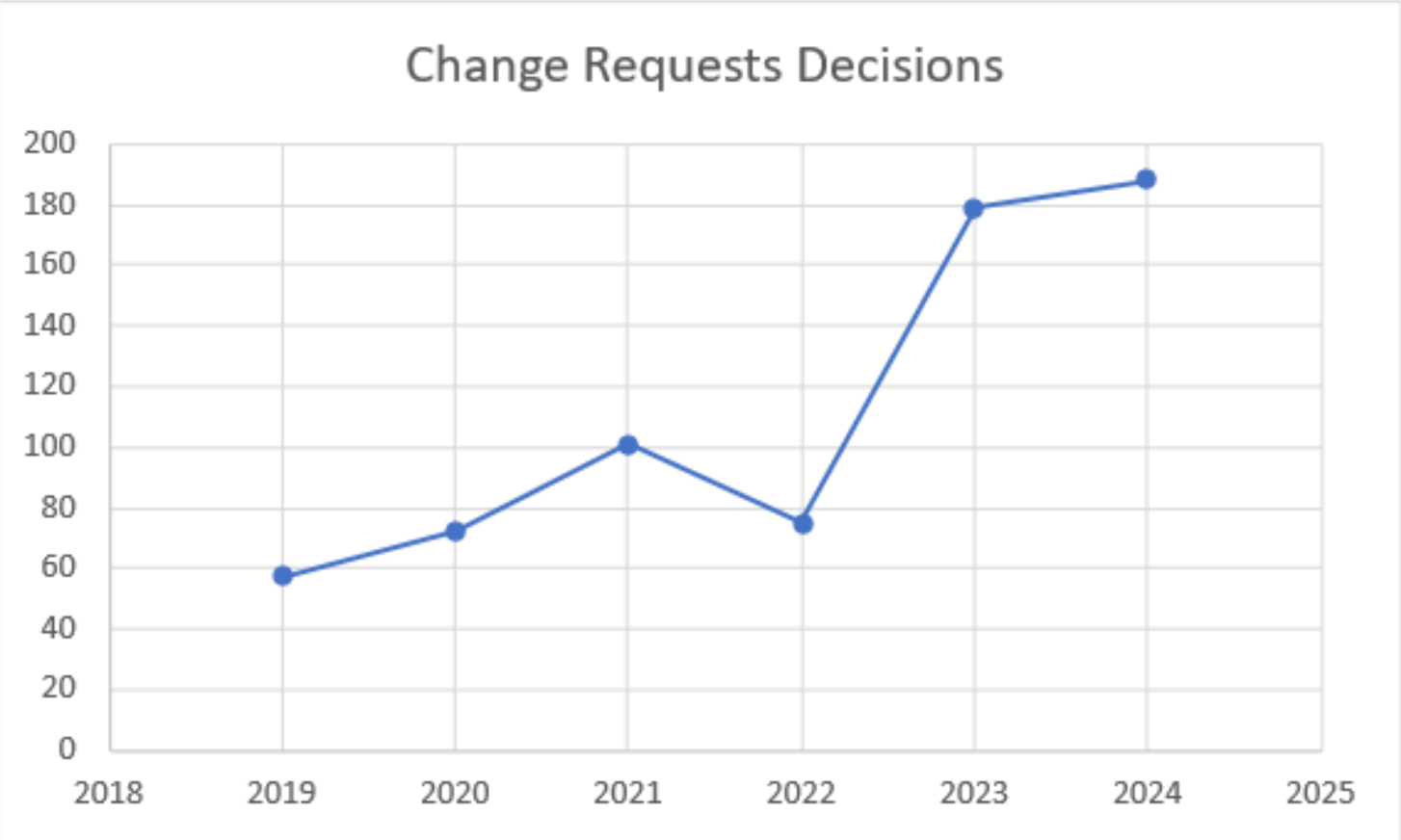
Assessments every two months since 2023:

- Technical and regulatory experts work with WHO in assessment groups to streamline PQ and Post PQ review processes.

- Objectives: Evaluate PQ dossiers, amendments, and change requests. Onboard new assessors and collaborate with NRAs. Standardize expert review processes.

2024 Main Figures

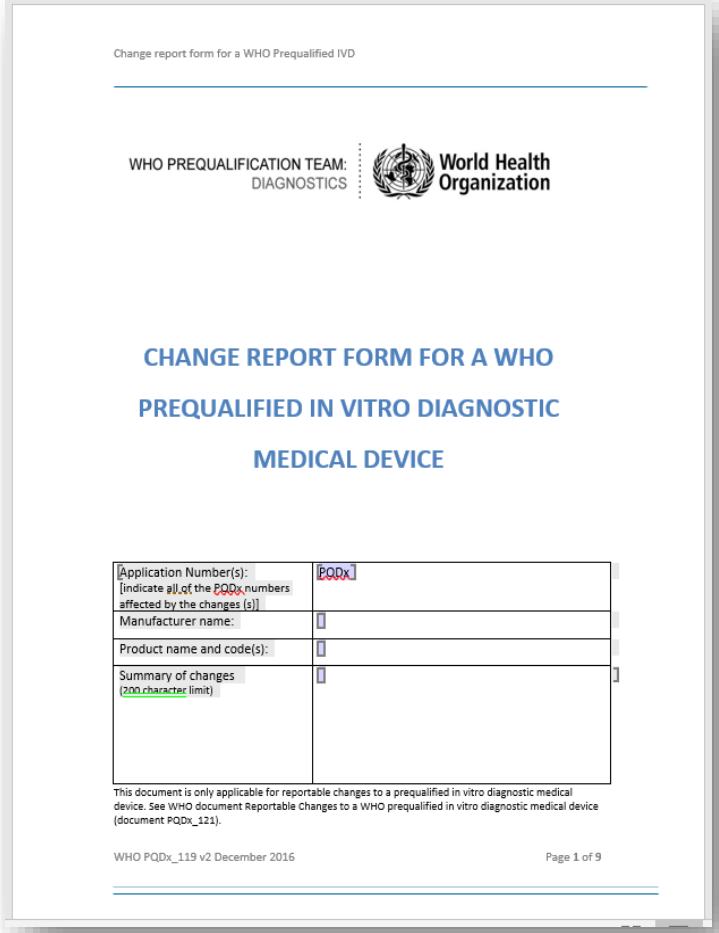
Changes requests



Revised Guidance document and Application form for reporting changes to a PQ/EUL product

Change request guidance & form

Published in 2016



Change report form for a WHO Prequalified IVD

WHO PREQUALIFICATION TEAM: DIAGNOSTICS

World Health Organization

CHANGE REPORT FORM FOR A WHO PREQUALIFIED IN VITRO DIAGNOSTIC MEDICAL DEVICE

[Application Number(s): [indicate all of the PQDx numbers affected by the changes (s)]	PQDx
Manufacturer name:	
Product name and code(s):	
Summary of changes (200 character limit)	

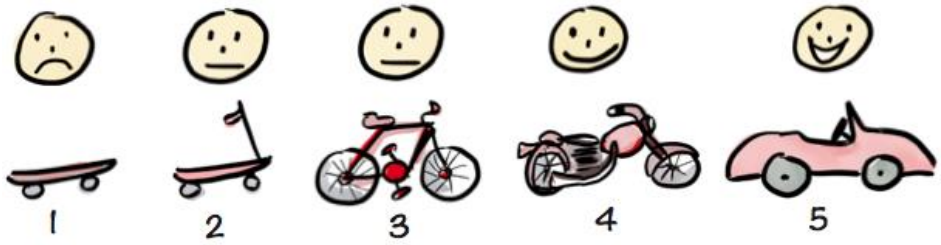
This document is only applicable for reportable changes to a prequalified in vitro diagnostic medical device. See WHO document Reportable Changes to a WHO prequalified in vitro diagnostic medical device (document PQDx_121).

WHO PQDx_119 v2 December 2016 Page 1 of 9

https://extranet.who.int/prequal/vitro-diagnostics/changes-prequalified-ivds

Premises for CR process review

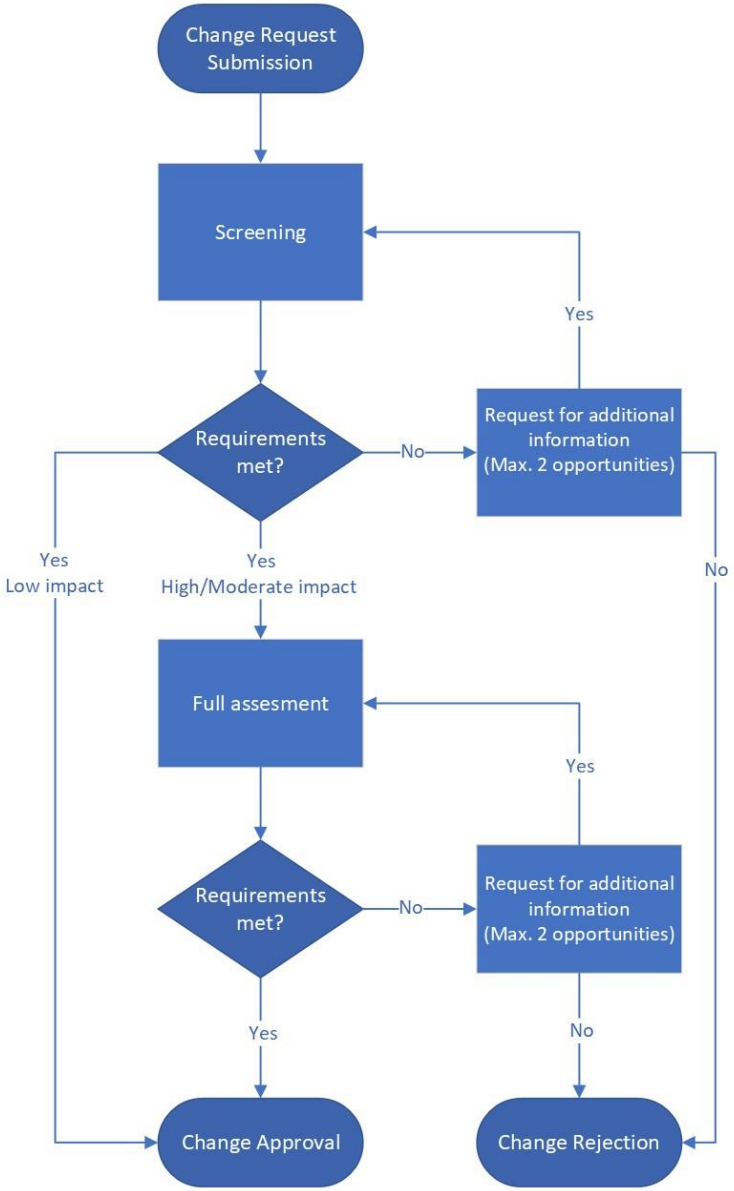
- Risk-based approach
- Alignment to international best practices
- Regulatory reliance
- Efficiency



What is new?

- Inclusion of EUL products in the document (as practiced since 2020)
- Reportable changes categorization in low and high/moderate impact
- Streamlined process for low-impact (low-risk) and RA assessed and approved changes
  - Reduced documentation
  - Abridged assessment

What is new?


Change Request Submission
Screening
Yes
Requirements met?
No
Request for additional information (Max. 2 opportunities)
Yes
Low impact
Yes
High/Moderate impact
No
Full assesment
Yes
Requirements met?
No
Request for additional information (Max. 2 opportunities)
Yes
No
Change Approval
Change Rejection

What is new?

Guidance

Appendix 1: EXAMPLES OF POTENTIAL IMPACT OF REPORTABLE CHANGES (Non-exhaustive)

	Type of reportable change	Potential impact	
		Low	High/Moderate
	Design changes and changes to intended use		
1.	Change to the intended use, indications for use or conditions of use of the device.		X
2.	Change to test protocol such as specimen preparation procedure, test procedure, reading time, workflow, incubation time, operational conditions, reagents, volumes, etc.		X
3.	Change to intended purpose, i.e., the manufacturer-defined automation process (including change to a new smaller/larger model if the IVD is an instrument) or the change from a manual procedure to an automated procedure for use.		X
4.	Change to the method principle, operating principle; including preanalytical conditions, analytical or interpretation methods.		X

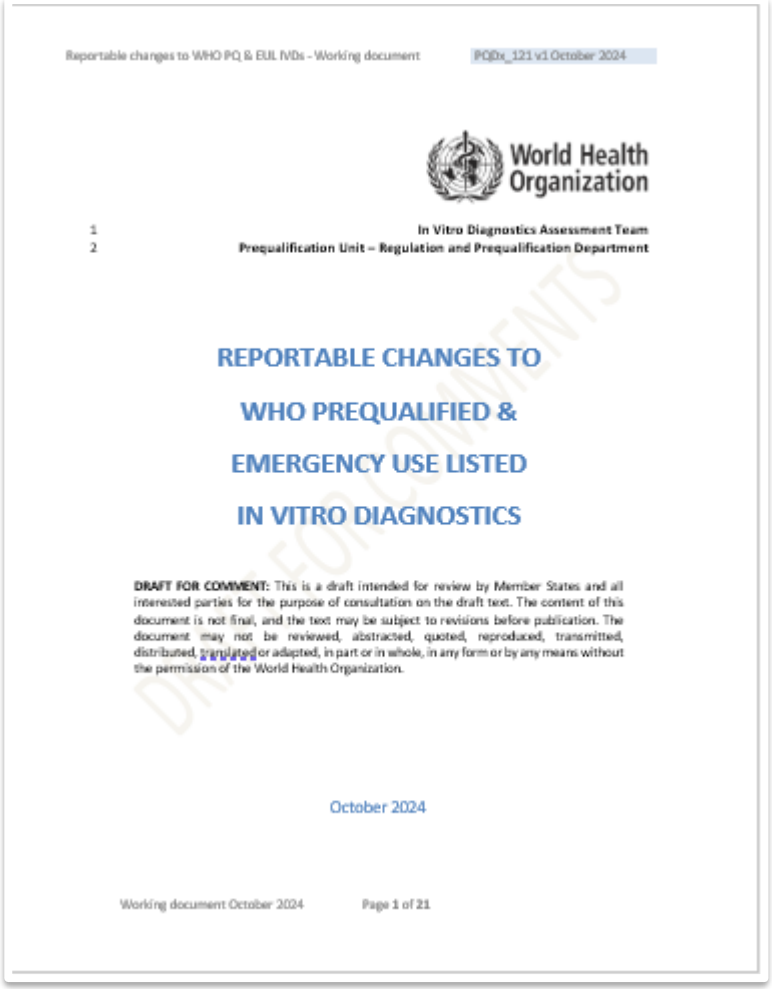
What is new?

Form

2 General information on the change(s)

#	Information to be submitted as applicable	Change request L impact application	Change request M/H Impact application	Summary information/Rationale/ Reference to supporting annexes/justification if not applicable
1.	Detailed description of the change	X	X	
2.	Reasons for the change	X	X	
3.	Impact categorization as per internal assessment and justification	X	X	☐ L Impact ☐ M/H Impact
4.	Has the change been stringently assessed by a stringent regulatory	X	X	☐ Change SRA approved ☐ Change not SRA approved

Public Consultation



Reportable changes to WHO PQ & EUL IVDs - Working document PQDx_121 v1 October 2024

World Health Organization

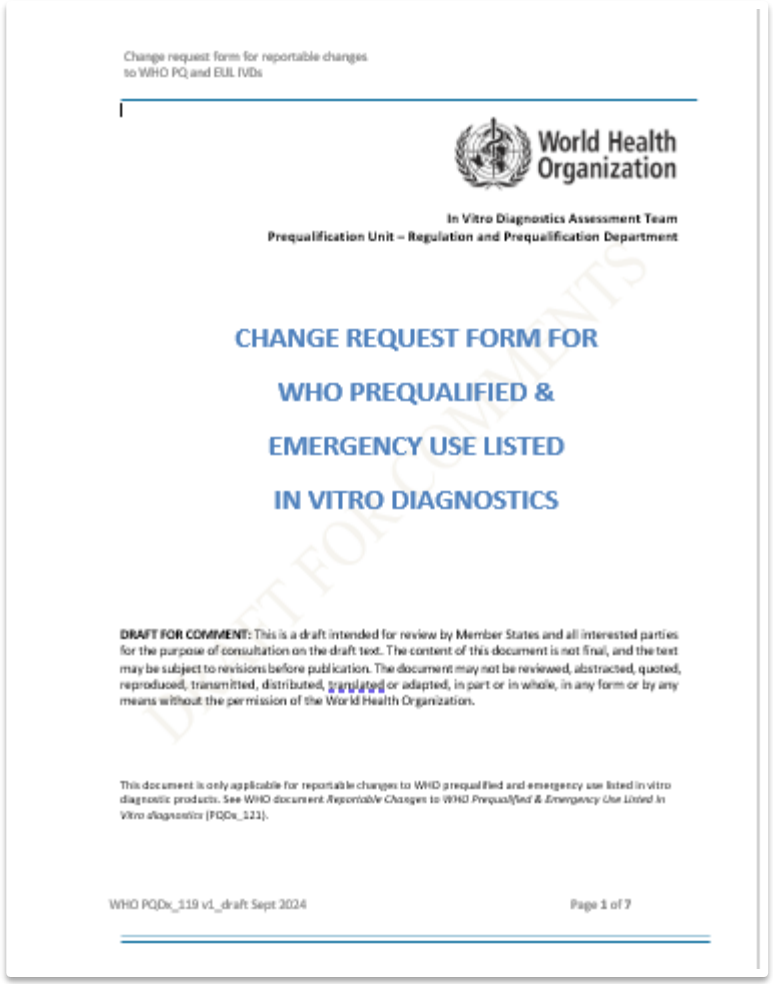
In Vitro Diagnostics Assessment Team
Prequalification Unit – Regulation and Prequalification Department

REPORTABLE CHANGES TO
WHO PREQUALIFIED &
EMERGENCY USE LISTED
IN VITRO DIAGNOSTICS

DRAFT FOR COMMENT: This is a draft intended for review by Member States and all interested parties for the purpose of consultation on the draft text. The content of this document is not final, and the text may be subject to revisions before publication. The document may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.

October 2024

Working document October 2024 Page 1 of 21



Change request form for reportable changes to WHO PQ and EUL IVDs

World Health Organization

In Vitro Diagnostics Assessment Team
Prequalification Unit – Regulation and Prequalification Department

CHANGE REQUEST FORM FOR
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This document is only applicable for reportable changes to WHO prequalified and emergency use listed in vitro diagnostic products. See WHO document *Reportable Changes to WHO Prequalified & Emergency Use Listed In Vitro diagnostics* (PQDx_121).

WHO PQDx_119 v1_draft Sept 2024 Page 1 of 7

Capacity building of assessors, Mx and NRAs

Irena Prat

Communication and education

Strengthened communication and education
Information session for assessors at each assessment session
Monthly webinars on different topics
Webinars at PQ expansion or EUL opening
Workshop for African manufacturers held in Kigali (July 2024) with Mx from 16 different countries

Jan 2025: workshop for Asian Mx

2025: workshop for Latin American Mx

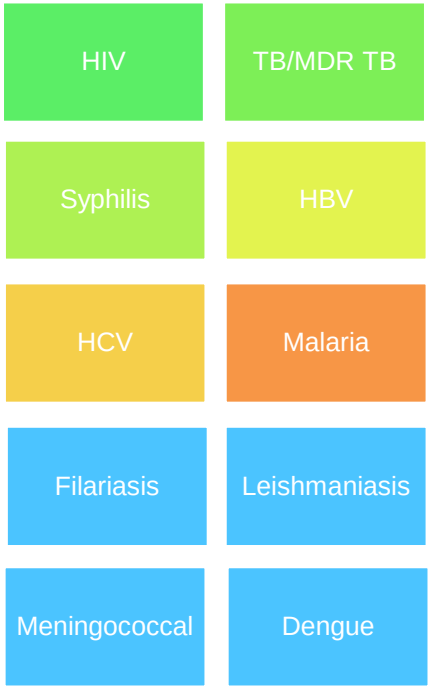
Expert review panel

Deirdre Healy

ERPD in 2024

36 ERPD applications received in 2024

The majority applications (22/36) were initial reviews, and 14 resubmissions/extension requests



Emergency Use Listing

Dr. Ute Ströher

SC2 IVD: Transition EUL to PQ

Procurement of IVDs during the transition period

For products transitioning to PQ the EUL listing validity will be maintained until a PQ decision is taken. For products not transitioning to PQ the EUL listing validity will not be extended beyond the existing EUL validity (and not beyond Jan 31, 2024).

Status December 2023

- 40 products EUL listed (22 NAT, 13 AgRDT, 5 AgRDT-ST)

Interest in PQ (questionnaire based responses)

- 12 yes, 9 no, 15 undecided

Interest in PQ

- 13 EOIs received (PQ numbers assigned)

Status November 2024

- 3 products under assessment

EUL for IVDs in context of the mpox PHEIC

- 23 Jul 2022 – Jul 2023: the WHO DG declared that the outbreak of mpox (clade II) constitutes a PHEIC
- 14 Aug 2024: the WHO DG declared that the outbreak of mpox (clade I) constitutes a PHEIC
- 28 Aug 2024: manufacturers of IVDs for the detection of **MPXV nucleic acid** are invited to submit an EOI for assessment of candidate IVDs under the EUL procedure

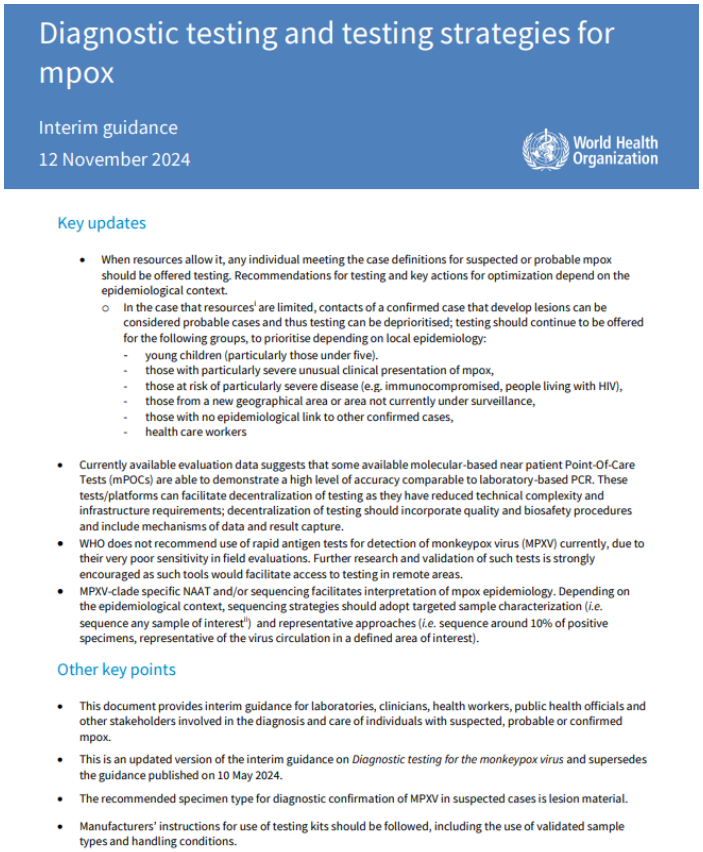
Scope

- IVDs for the detection of mpox nucleic acid (multiplex assays, detecting more than one non-variola Orthopox virus targets, at least one target must be Monkeypox virus specific)
- Differentiation of Monkeypox virus clades I and II is preferred but not required.
- Not eligible: single target tests, multi pathogen test

- 9 Sep 2024: WHO publishes 'Emergency Use Listing of IVDs **Instructions for Submission Requirements**: In vitro diagnostics detecting Monkeypox virus nucleic acid' (version 1)
- December 2024: 'Emergency Use Listing of IVDs **Instructions for Submission Requirements**: In vitro diagnostics detecting Monkeypox virus nucleic acid' (version 2)

And what about MPXV antigen RDTs?

- WHO EUL is aligned with WHO testing recommendations



Diagnostic testing and testing strategies for mpox

Interim guidance

12 November 2024

World Health Organization

Key updates

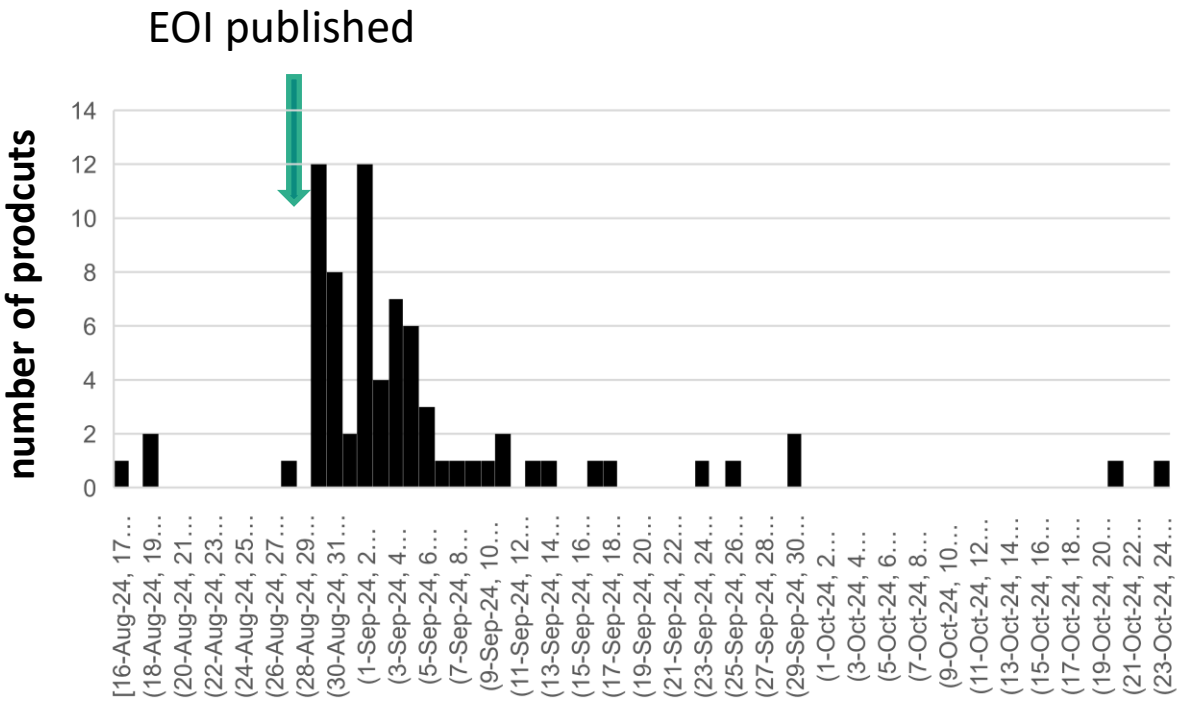
- When resources allow it, any individual meeting the case definitions for suspected or probable mpox should be offered testing. Recommendations for testing and key actions for optimization depend on the epidemiological context.
  - In the case that resources' are limited, contacts of a confirmed case that develop lesions can be considered probable cases and thus testing can be deprioritised; testing should continue to be offered for the following groups, to prioritise depending on local epidemiology:
    - young children (particularly those under five).
    - those with particularly severe unusual clinical presentation of mpox,
    - those at risk of particularly severe disease (e.g. immunocompromised, people living with HIV),
    - those from a new geographical area or area not currently under surveillance,
    - those with no epidemiological link to other confirmed cases,
    - health care workers
- Currently available evaluation data suggests that some available molecular-based near patient Point-Of-Care Tests (mPOCs) are able to demonstrate a high level of accuracy comparable to laboratory-based PCR. These tests/platforms can facilitate decentralization of testing as they have reduced technical complexity and infrastructure requirements; decentralization of testing should incorporate quality and biosafety procedures and include mechanisms of data and result capture.
- WHO does not recommend use of rapid antigen tests for detection of monkeypox virus (MPXV) currently, due to their very poor sensitivity in field evaluations. Further research and validation of such tests is strongly encouraged as such tools would facilitate access to testing in remote areas.
- MPXV-clade specific NAAT and/or sequencing facilitates interpretation of mpox epidemiology. Depending on the epidemiological context, sequencing strategies should adopt targeted sample characterization (*i.e.* sequence any sample of interest[h]) and representative approaches (*i.e.* sequence around 10% of positive specimens, representative of the virus circulation in a defined area of interest).

Other key points

- This document provides interim guidance for laboratories, clinicians, health workers, public health officials and other stakeholders involved in the diagnosis and care of individuals with suspected, probable or confirmed mpox.
- This is an updated version of the interim guidance on *Diagnostic testing for the monkeypox virus* and supersedes the guidance published on 10 May 2024.
- The recommended specimen type for diagnostic confirmation of MPXV in suspected cases is lesion material.
- Manufacturers' instructions for use of testing kits should be followed, including the use of validated sample types and handling conditions.

- WHO **does not recommend** use of rapid antigen tests for detection of monkeypox virus (MPXV) currently, due to their very **poor sensitivity** in **field evaluations**. Further research and validation of such tests is strongly encouraged as such tools would facilitate access to testing in remote areas

Interest in WHO EUL - MPXV IVDs



- 66 manufacturers
- 81 products
  - 76 **NAT**
    - ≥ 8 NAT (single target)
    - ≥ 2 NAT (multipathogen)
  - 3 antigen detection tests
  - 2 unknown

EUL MPXV IVD: Application status

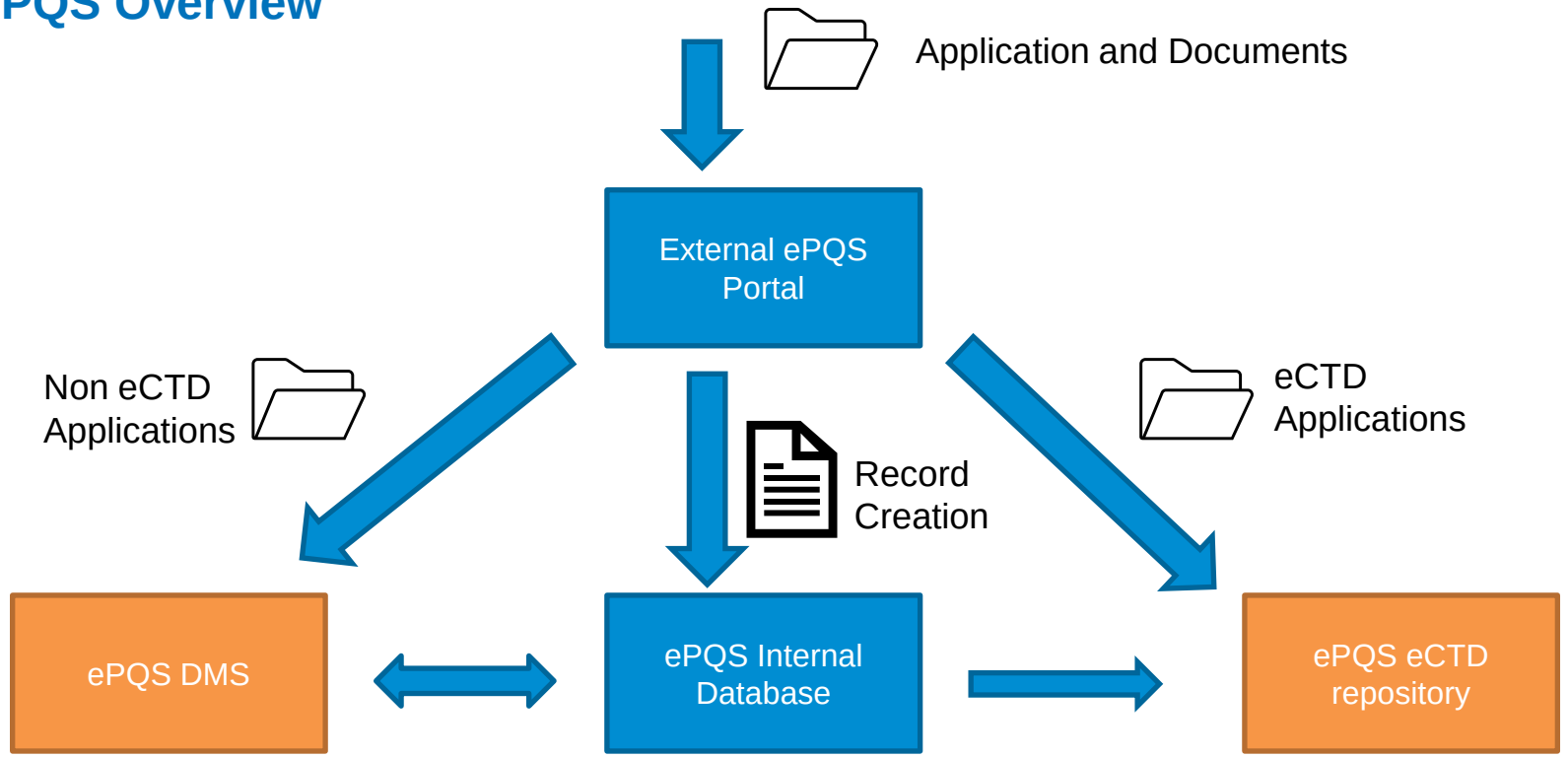
- 38 pre-submission calls
  - 9 letters of applications
  - 8 dossiers received
    - 3 products listed – abridged assessment
    - 4 full assessments ongoing
    - 1 application closed

https://extranet.who.int/prequal/vitro-diagnostics/mpox-disease-pheic-emergency-use-listing-procedure-eul-ivds

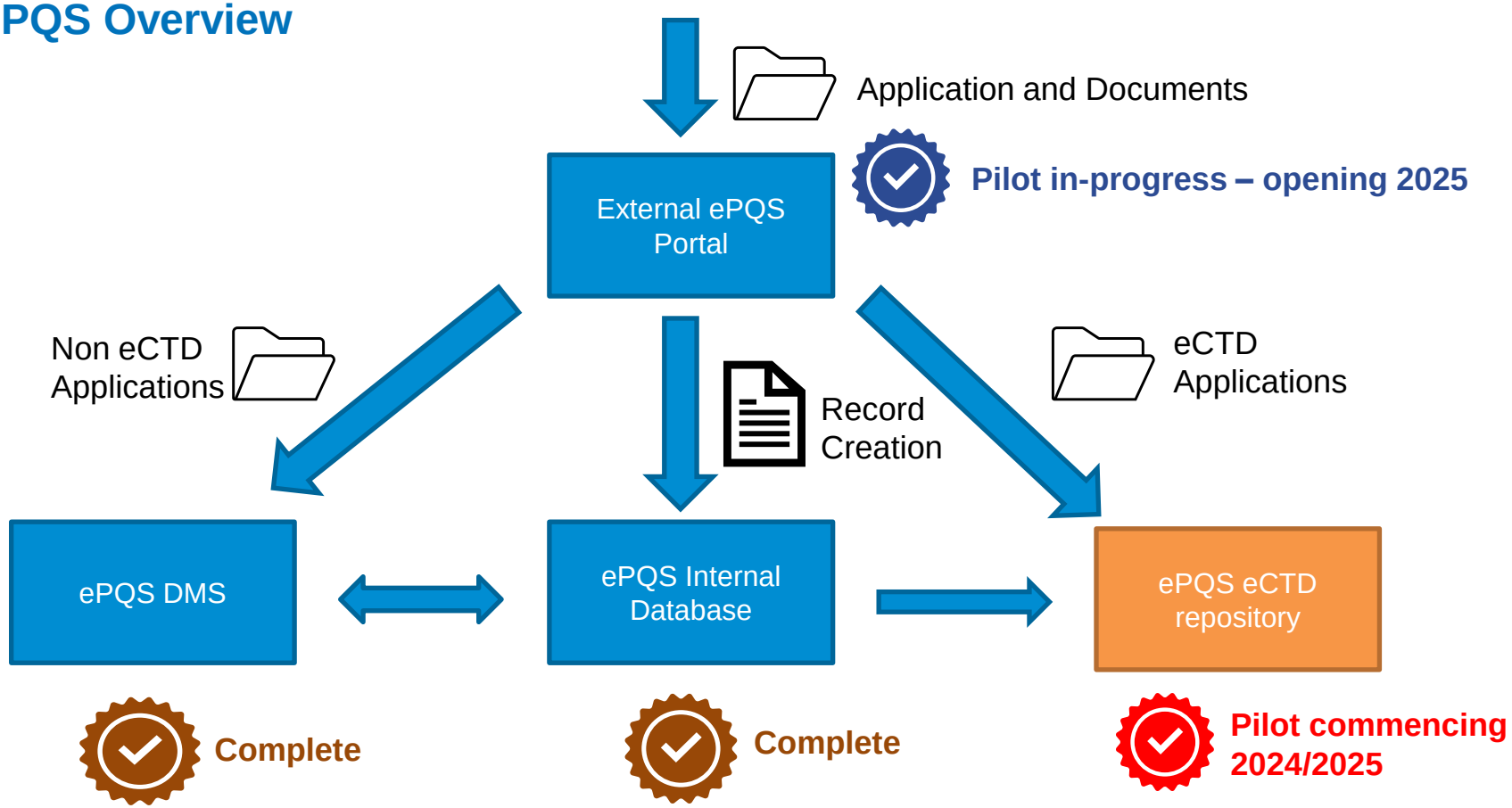
ePQS Update

Helena Ardura

ePQS Overview



ePQS Overview

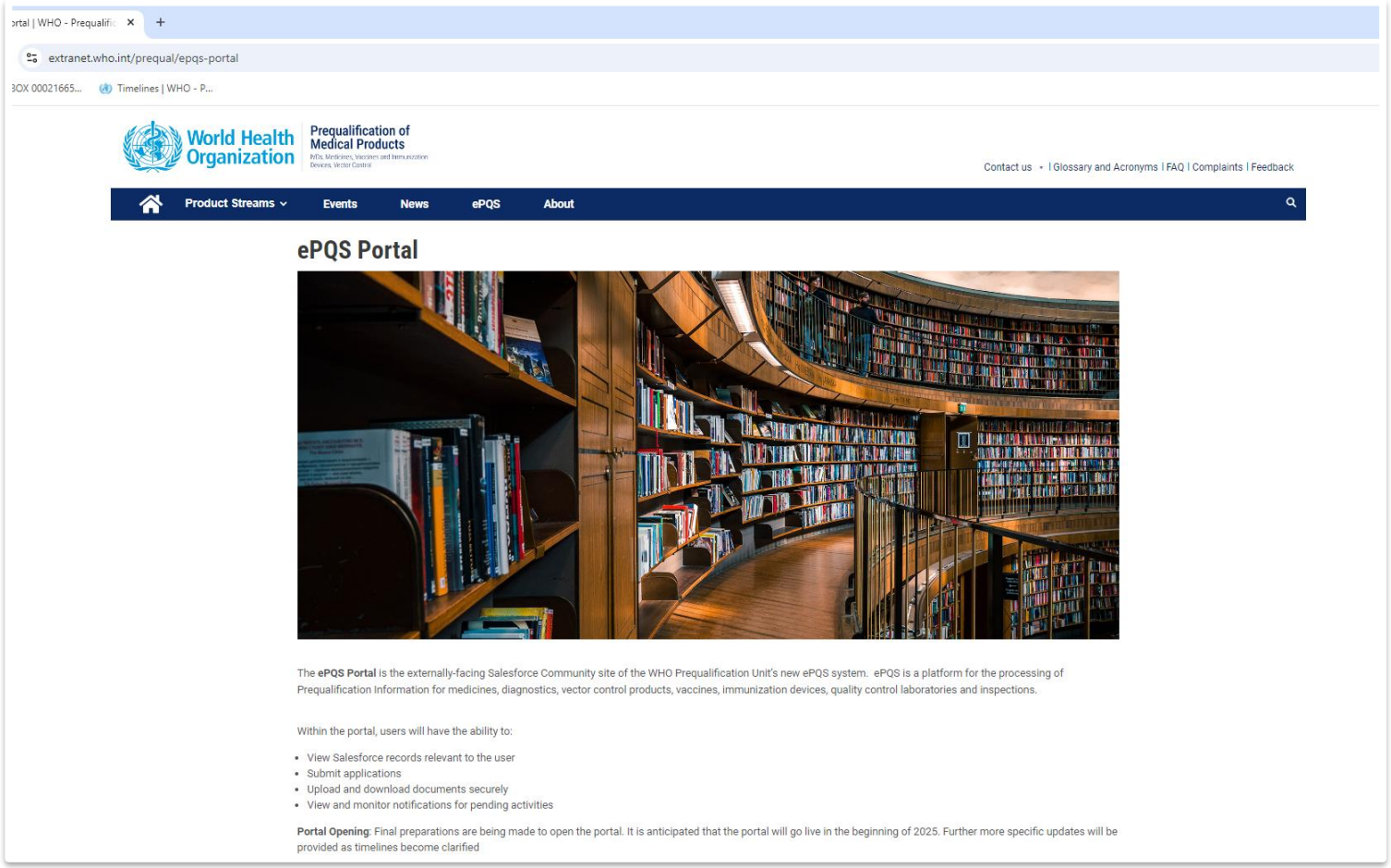


ePQS Portal

- A secure platform for external users.
- It uses WHO's Microsoft Azure Active Directory, which ensures only authorized users with the right username and password are granted access to the ePQS portal and all related systems.
- Applicants, NRAs, External experts each have different visibility of records.
- Permits filing of applications, responses and general tracking of applications.
- Secure document transfer to and from WHO.

ePQS Portal

Portal website: https://extranet.who.int/prequal/epqs-portal



Pilot has commenced. Opening Q1 2025

Communications

Irena Prat

Ongoing efforts

Regular broadcasting of news
Quarterly newsletters
Regular input into RPQ newsletter
Webinars
Workshops
Press releases
Social media

Next steps

Irena Prat

PQ assessment process and new changes guidance: public consultation

2 consultations launched in October
- changes guidance consultation
- process changes consultation

Aiming at increased efficiency and resource optimization

Implementation schedule:
- new changes guidance: 1.1.2025
- new process: Q2 2025

PQDx and ERPD scope expansion

PQ:

- TB LAM
- STIs
- Multiplex tests

ERPD:

- continue supporting GF/UNITAID
- VPDs – GAVI
- NTDs

Thank you!

Q&A