

DATE: November, 24 2010

RE: CLARIFICATION MEMO #1 for P1096 "Phase 1 Study to Determine the Safety, Infectivity, Immunogenicity and Tolerability of 2 Doses of Live Attenuated Recombinant Cold-passaged (cp) 45 Human Parainfluenza Type 3 Virus Vaccine, rHPIV3cp45, Lot PIV3#102A, Delivered as Nose Drops to HPIV3-Seronegative Infants and Children 6 to 36 Months of Age, at a 6 Month Interval"

TO: IMPAACT Principal Investigators & Study Coordinators at Sites Participating in IMPAACT P1096

FROM: P1096 Protocol Team

This is Clarification Memo #1 for P1096 "Phase 1 Study to Determine the Safety, Infectivity, Immunogenicity and Tolerability of 2 Doses of Live Attenuated Recombinant Cold-passaged (cp) 45 Human Parainfluenza Type 3 Virus Vaccine, rHPIV3cp45, Lot PIV3#102A, Delivered as Nose Drops to HPIV3-Seronegative Infants and Children 6 to 36 Months of Age, at a 6 Month Interval" Version 1.0 dated October 17th, 2010.

This Clarification Memo can be obtained from the P1096 protocol specific web page (<http://www.impaactgroup.org>). The document is located under the section titled "Current Protocol Related Documents".

The purpose of this memo is to clarify the following typographical errors:

1. The primary objectives of the study have been modified to state:
"To determine the safety and immunogenicity of 2 doses of rHPIV3cp45, Lot PIV3#102A in 6-36 month old (through 36 months, 30 days) **HPIV3** seronegative infants by:
 - Determining the frequency of vaccine-related reactogenicity events (REs) and other adverse events (AEs)
 - Determining the amount of serum antibody induced by the vaccine in each recipient"

This clarification will affect Section 3.1 of the protocol "Primary Objectives".

2. The following text in Section 4.2.3 of the protocol has been modified to state:
"Randomization numbers will be assigned by the **FSTRF Subject Enrollment System as previously described.** ~~unblinded pharmacist when the vaccine is prepared.~~"

This clarification will affect Section 4.2.3 "Randomization, Stratification, Blinding and Unblinding".

3. The minimum number of evaluable subjects to be enrolled between both HPIV3 companion studies is 30 subjects, combined. To obtain this minimum number of 30 evaluable subjects, the two studies will likely need to enroll up to 40 subjects combined.

This clarification will affect Section 1.0, Section 4.1, Section 4.2.10 and Section 6.0 of the protocol.

4. The following text in Section 5.3.1 of the protocol has been modified to state: "If there is an **immunocompromised** child in the household who is <5years of age, their last CD4 must be >15%."

This clarification will affect Section 5.3.1 "Inclusion Criteria".

5. The following text in Section 5.3.2 of the protocol has been modified to state: "NOTE: Sites should ask the parent/caregiver what the **child's household members** recent CD4 count was; this can be accepted verbally if the parent/caregiver seems sure. If the parent/caregiver is unsure of the child's CD4 count, the site will need to verify this value from clinic records."

This clarification will affect Section 5.3.2 "Exclusion Criteria".

6. The following text in Section 5.3.3 of the protocol has been modified to state: "Subject has received short-term systemic antibiotics ~~or systemic steroid therapy~~ for an acute illness within the previous 5 days prior to vaccination; or is currently receiving long-term prophylactic antibiotics (NOTE: Topical steroids, topical antibiotics or topical antifungal preparations are permitted)."

This clarification will affect Section 5.3.3 "Temporary Exclusion Criteria".

These clarifications will be included in the next version of the protocol when it is amended. Please contact the Protocol Team at impact.teamhiv3@fstrf.org with any questions about this correspondence.

Thank you for your participation in IMPAACT P1096.