



# Risks and Alternatives to Gain-of-Function Studies

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**HARVARD**  
SCHOOL OF PUB I



CENTER *for*  
COMMUNICABLE  
DISEASE DYNAMICS



Models of Infectious  
Disease Agent Study

Funded by the National Institutes of Health

# Views are my own

Not necessarily the views of NIH or NIGMS, my funders

# Key points

- Estimating risk: probability x consequence
  - *Example calculation*
- Alternative approaches to achieve science and public health goals
- Role of alternatives:
  - opportunity cost
  - MARGINAL benefit, not total benefit

# Risk: Probability x consequence

Probability of pandemic from one “unit” of GOF research

x

Consequence of pandemic of GOF strain

# Risk: Probability x consequence

Probability of pandemic from one “unit” of GOF research

= Pr (LAI | 1 unit of research)

x

Pr (Pandemic | 1 LAI)

# Risk: Probability x consequence

Probability of pandemic from one “unit” of GOF research

$\geq 0.2\%$  / BSL-3 year

x

Pr (Pandemic | 1 LAI)

2004-10 Henkel et al.  
*Applied Biosafety* 2012

# Risk: Probability x consequence

Probability of pandemic from one “unit” of GOF research

$\geq 0.2\%$  / BSL-3 year

x

5%-60% for flu-like  $R_0$

2004-10 Henkel et al.  
*Applied Biosafety* 2012

Merler, Ajelli et al. *BMC Med* 2014

J Lloyd-Smith et al.  
*Nature* 2005

M Lipsitch et al.  
*Science* 2003

# Risk: Probability x consequence

Probability of pandemic from one “unit” of GOF research

$\geq 0.2\%$  / BSL-3 year

x

5%-60% for flu-like  $R_0$

~1 in 10,000 – 1 in 1000

per BSL3 lab-yr of GOF on flu

# Adjustments to Probability Estimates

- Control measures (already factored into Merler study)
  - Vaccination, prophylaxis of lab workers (imperfect)
  - BSL3+ vs BSL3
  - Molecular biocontainment
- 
- + Undercounting of infections, overcounting lab-years in U.S.  
Select Agent program – limitations of Henkel et al.
  - + Non-US standards in other countries

# Risk: Probability x consequence

Mortality consequence of a pandemic =

Expected pandemic attack rate

x

Case-fatality risk

x

Global population

# Risk: Probability x consequence

Mortality consequence of a pandemic =

24-38%

x

Case-fatality risk

x

Global population

Van Kerkhove et al. *IORV* 2013; USG  
Community Mitigation Guidance 2007

# Risk: Probability x consequence

Mortality consequence of a pandemic =

24-38%

x

up to 60% (consider 1% if highly attenuated from H5N1)

x

Global population

Van Kerkhove et al. *IORV* 2013; USG  
Community Mitigation Guidance 2007  
Van Kerkhove et al. *Science* 2012; Toner et al.  
*CID* 2013

# Risk: Probability x consequence

Consequence of an H5N1 pandemic (mortality) =

24-38%

x

1%-60%

x

7,000,000,000

= 2 million – 1.4 billion fatalities

# Adjustments to Consequence Estimates

- Virulence reduced even below 1% (can't assume *a priori*)
- + Non-mortality costs: nonfatal health loss, \$, loss of scientific credibility, school closures etc.

# Risk: Probability x consequence

Probability of pandemic from one “unit” of GOF research

x

Consequence of pandemic of GOF strain

# Risk: Probability x consequence

$\geq 10^{-4}$  to  $10^{-3}$  / BSL-3 lab-year

x

$2 \times 10^6$  to  $1.4 \times 10^9$  fatalities | GOF pandemic =

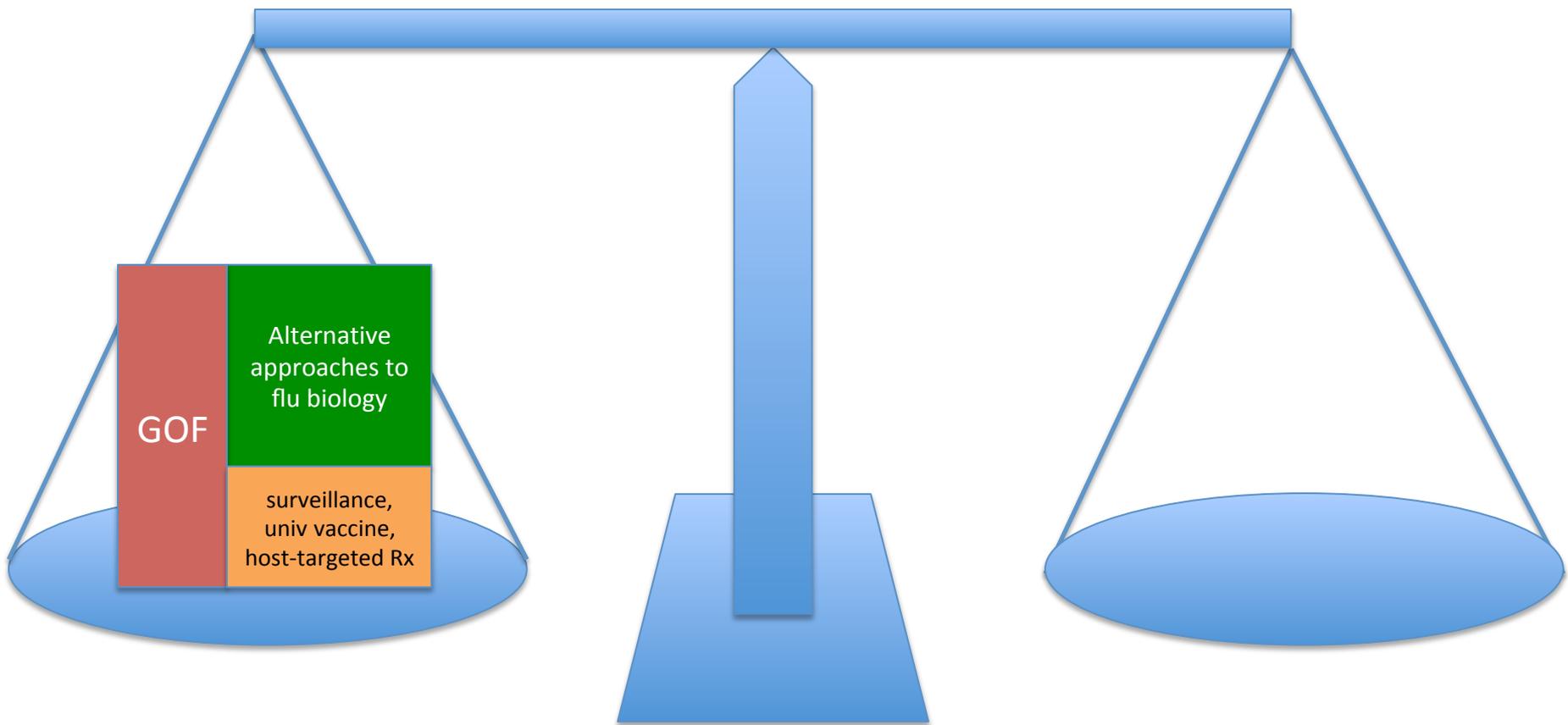
**2,000-1,400,000 fatalities / BSL-3  
lab-year using these (provisional)  
numbers**

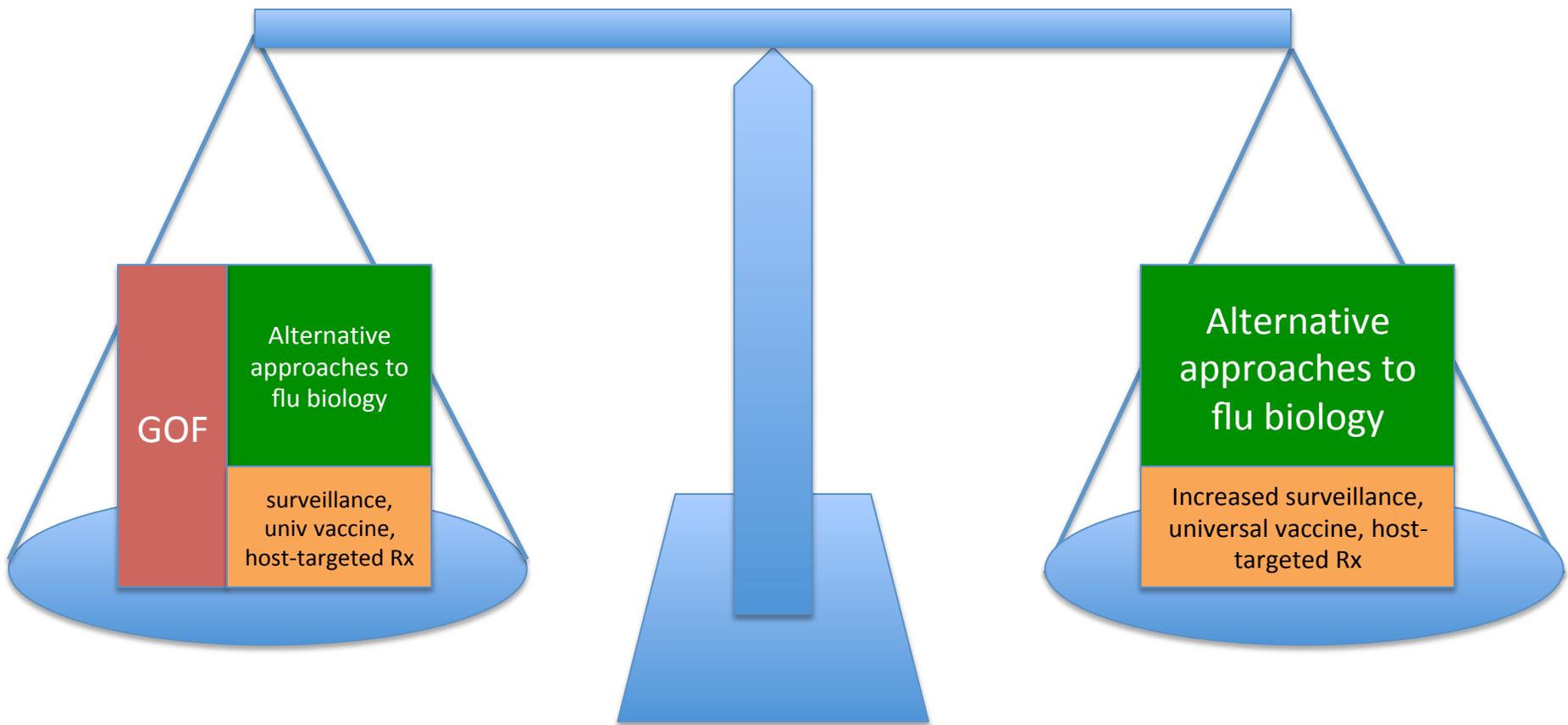
# Alternative ways to study and *defeat* influenza

Approach	Risk to life	Cost	Throughput	Generalizability
PPP	High	\$\$\$	-	-
Defective viruses in vitro	~0	\$	+++	++
Analysis of natural bird vs. human strains	Low	\$\$	+	+
<i>Universal vaccine</i>	~0	\$\$	++	+++
<i>Accelerate vaccine production</i>	~0	\$\$	++	+++
<i>Host-targeted therapeutics</i>	~0	\$\$\$	?	+++

More complete list with citations at [Lipsitch & Galvani PLoS Med 2014](#)

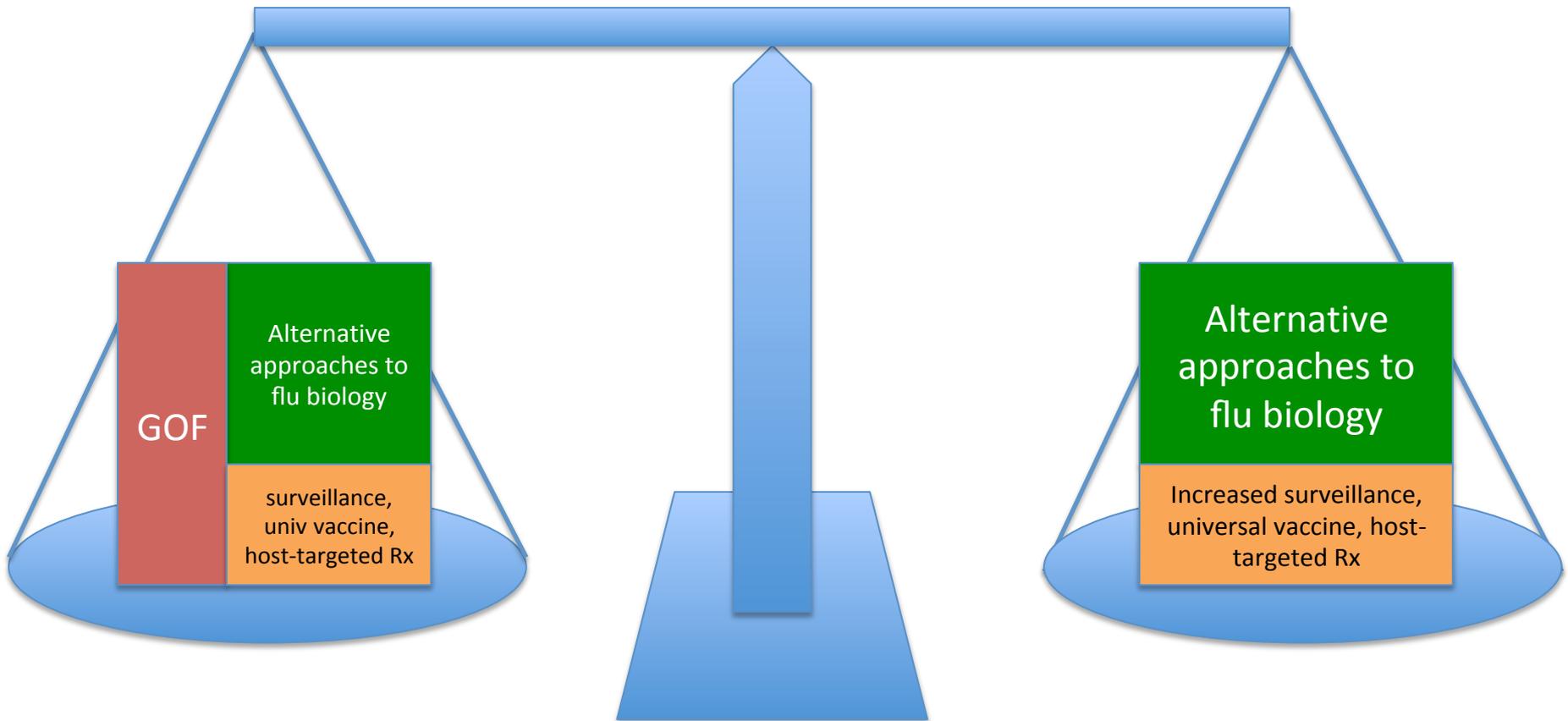
Why alternatives?





Favors GOF

Favors alternatives



GOF

Alternative approaches to flu biology

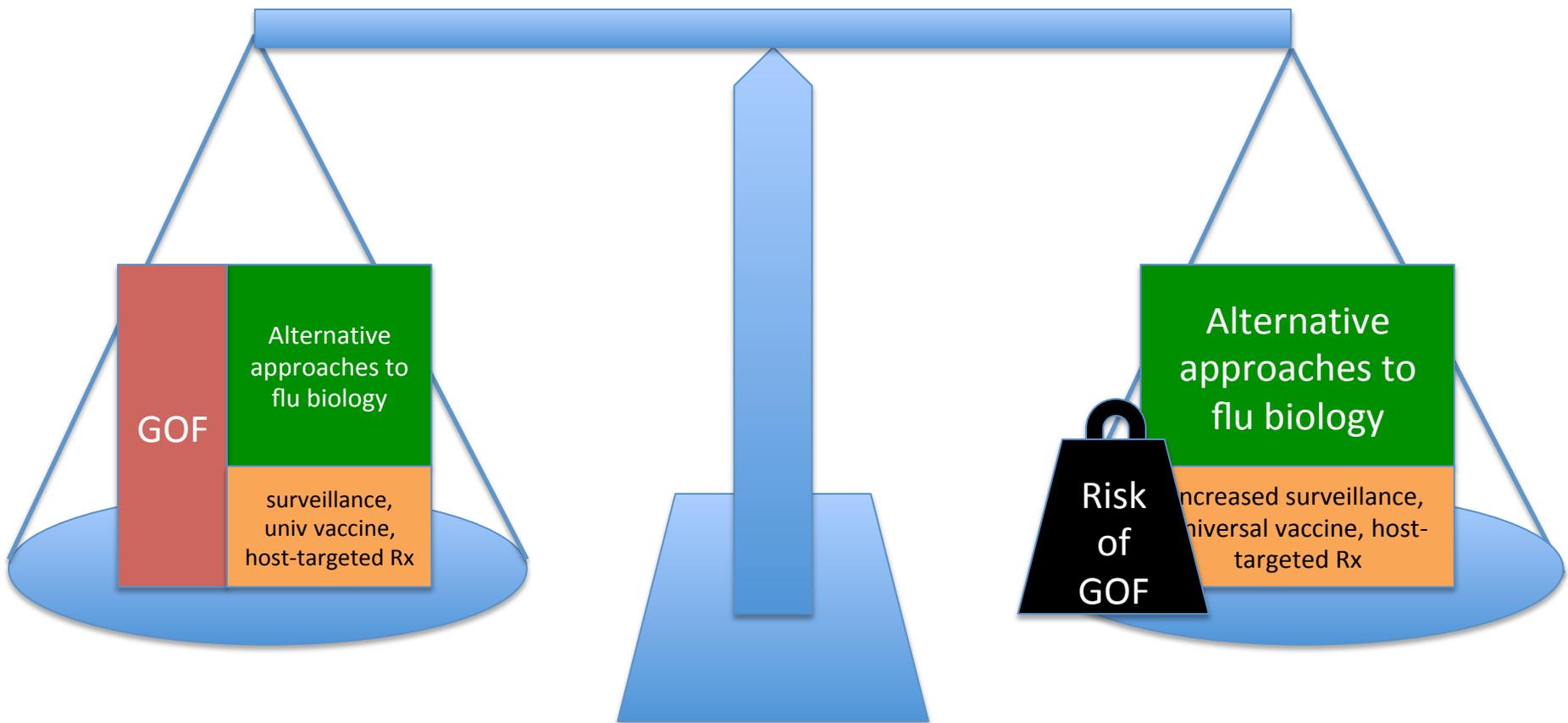
surveillance, univ vaccine, host-targeted Rx

Alternative approaches to flu biology

Increased surveillance, universal vaccine, host-targeted Rx

Favors GOF

Favors alternatives



GOF

Alternative approaches to flu biology

surveillance, univ vaccine, host-targeted Rx

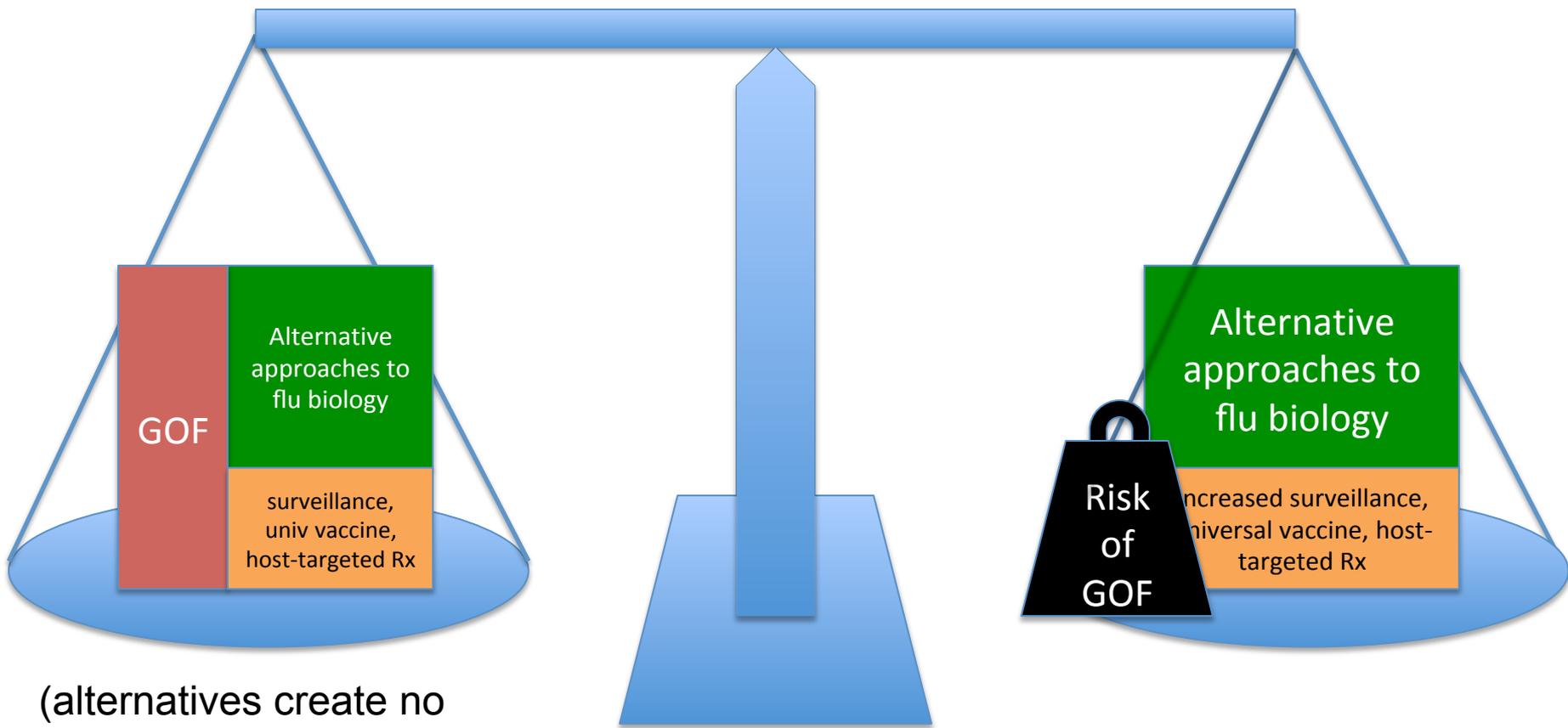
Alternative approaches to flu biology

increased surveillance, universal vaccine, host-targeted Rx

Risk of GOF

Favors GOF

Favors alternatives



(alternatives create no significant public health risk)

# Conclusions

- Open, quantitative, disinterested process needed to estimate risks
- Values exist for key elements of risk analysis, producing alarming risk estimates even if individual elements reduced by orders of magnitude
- Benefits should be considered as *marginal* benefits within a portfolio of investments in flu preparedness, accounting for opportunity cost – what do we gain by adding GoF and reducing other investments
- Risks should be considered in marginal terms too, but marginal = total risk when considering GoF. Alternatives present minimal risk.